

Patient Guide

Hip and Knee Replacement



ORTHOPAEDIC INSTITUTE

Our Mission | To serve through healing, education and discovery

Be Mindful of Your Planned Surgery Location

If you have any questions or concerns before your surgery, please contact:

- If your surgery is scheduled at the University Orthopaedic Surgery Center, please call the Pre-Op Nurse: 865-558-4400
- If your surgery is scheduled at The University of Tennessee Medical Center, please call the Patient Navigator: 865-305-8848

To ensure timely assistance, please be mindful of your surgery location and contact the appropriate number.

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Welcome

Thank you for choosing us to take care of you during your Joint Replacement Journey. Preparing for surgery can be overwhelming. Everyone is different. Your care team will create a recovery program just for you.

We are now offering two locations to have your surgery.

- Main Operating Room at UT Medical Center
- Our new orthopaedic surgery center, University Orthopaedic Surgery Center, in the Orthopaedic Institute located at UT Research Park at Cherokee Farm.

Your care team will determine which location is best for you to have your surgery.

This booklet will help you:

- Get ready for surgery.
- Find out what to expect.
- Plan for recovery.

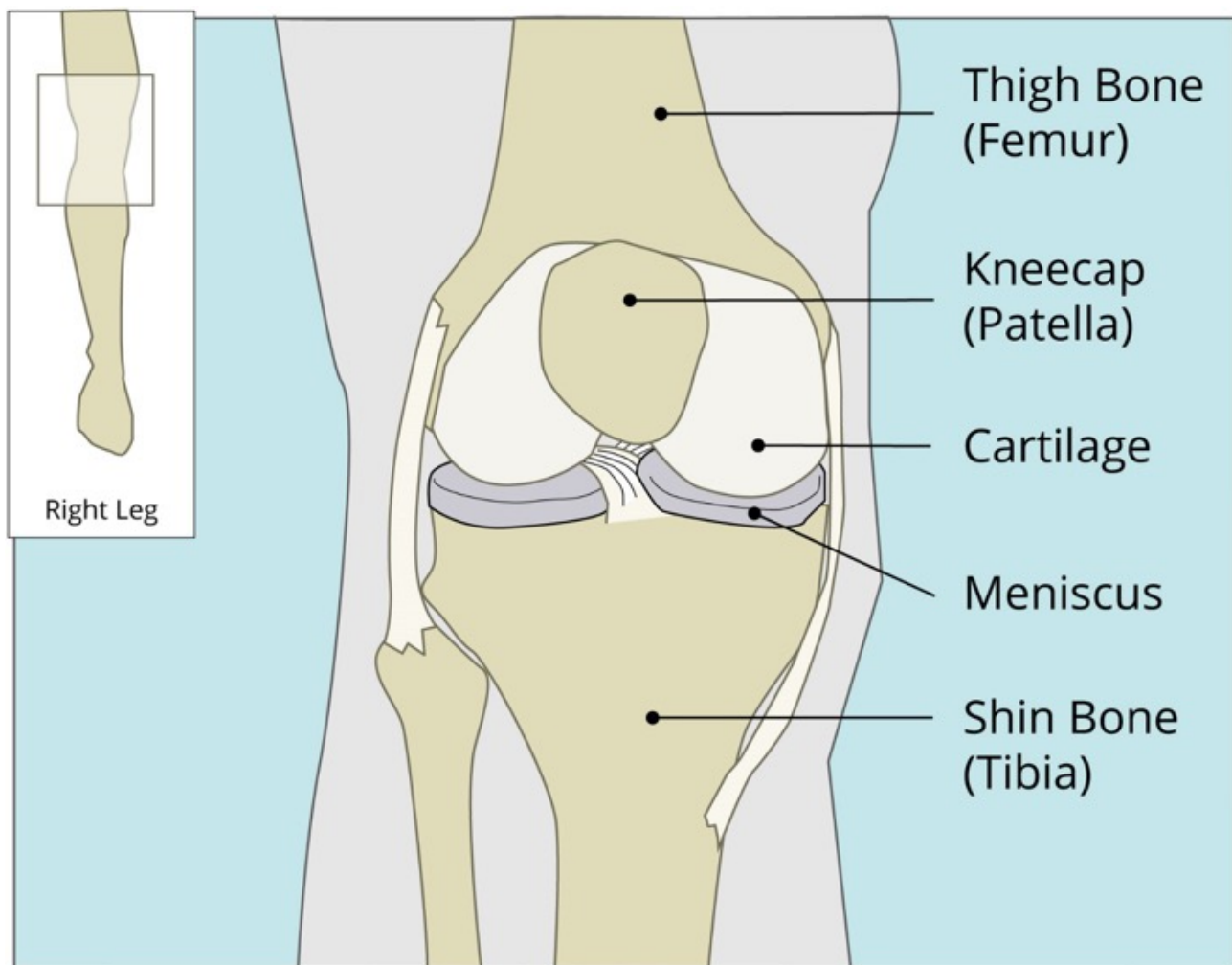
Near the end of the booklet there are checklists to help you and your family keep up with important steps.

You may call our office at 865-305-8848 for procedures at UT Medical Center or 865-558-4400 for procedures at University Orthopaedic Surgery Center if you have questions prior to arrival.

Your Knee Joint

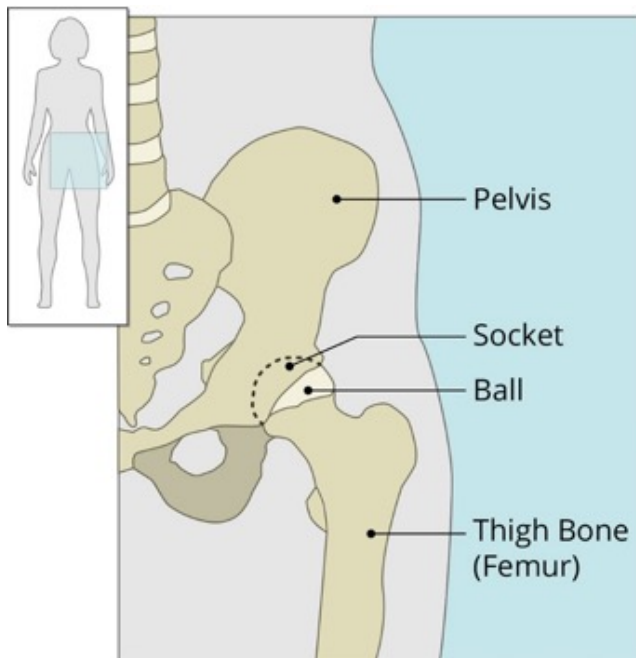
Your knee is made up of 3 bones.

- On top is your thigh bone: the femur [FEE-mer].
- On the bottom is your shin bone: the tibia [TIB-ee-uh].
- In the middle, is your kneecap: the patella [puh-TEL-uh]. Between the bones you have a shock absorber called the meniscus [mi-NIS-kuhs]. The ends of the bones are covered in a smooth material called cartilage [KAHR-til-ij].



Your Hip Joint

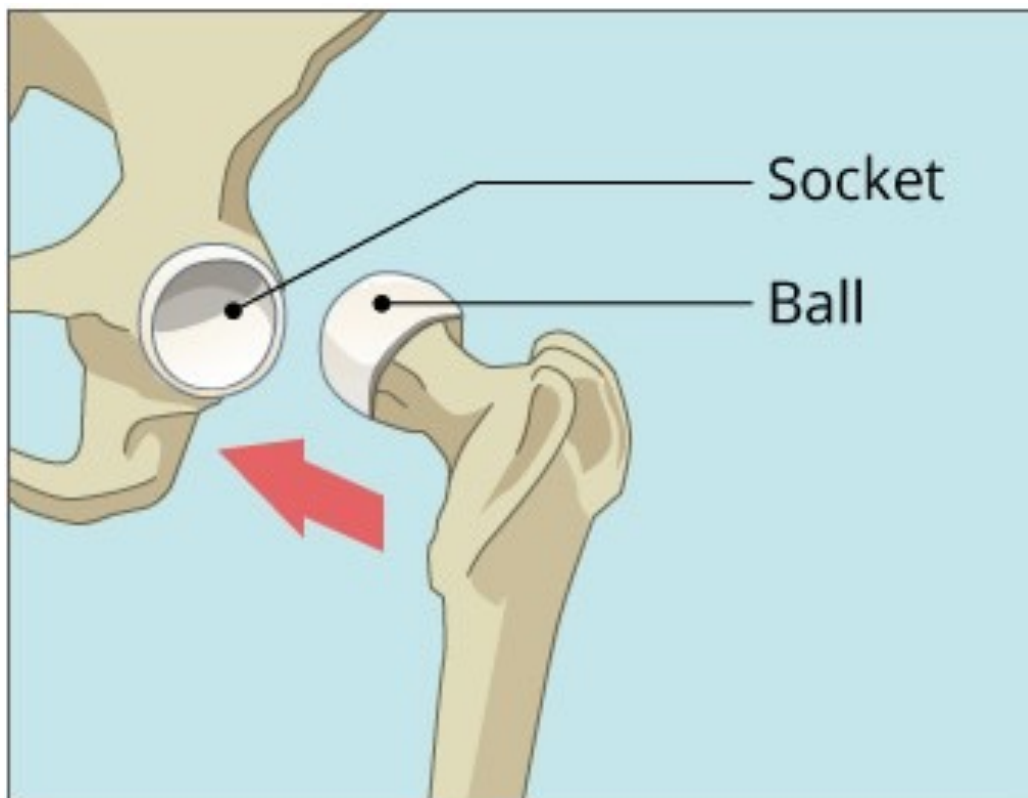
The hip joint is where 2 bones meet.



On top is a large bone called the pelvis [PEL-vis].

On the bottom is your thigh bone called the femur. The top of the thigh bone looks like a ball. This ball fits into a round, cup-shaped area in the pelvis called the socket.

The ends of these bones are covered with a smooth material called cartilage. This ball-and-socket joint allows your hip to move and bend.

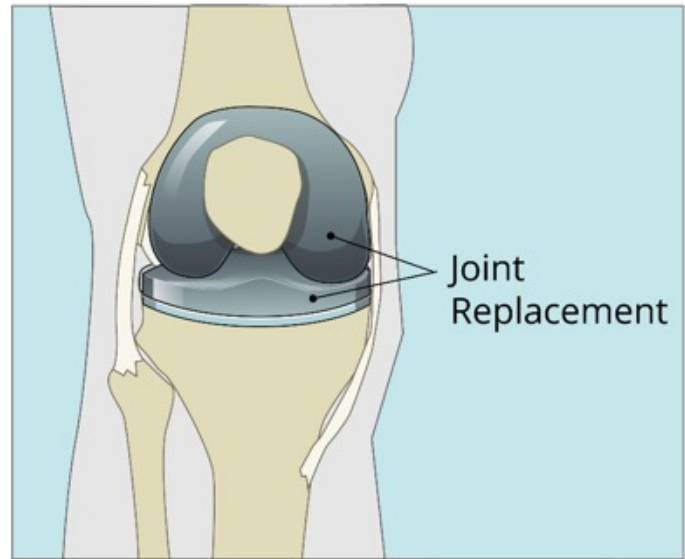


When is a Hip or Knee Joint Replaced?

Over time aging, high-impact activities, sports and extra weight can put stress on the knee or hip.

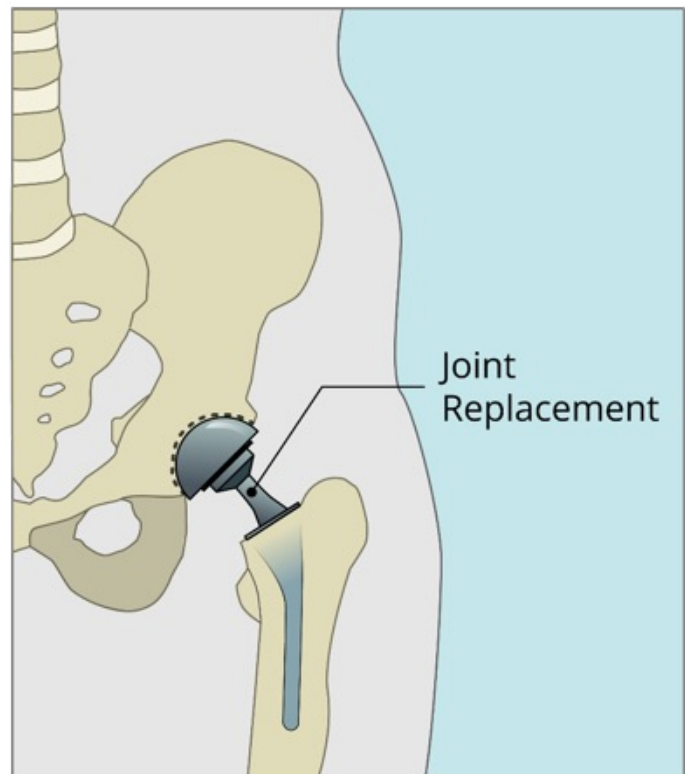
Osteoarthritis

The smooth cartilage on the ends of the bones can become thin and worn out causing one bone to rub on another bone. In the knee the shock absorber (meniscus) can also tear. This wear-and-tear leads to a condition called osteoarthritis[os-tee-oh-ahr-THRAHY-tis].



Osteonecrosis

Your bones also need blood to stay healthy. Taking steroids, drinking alcohol, and other diseases can also decrease blood flow to the bones. Decreased blood flow to a joint may cause a condition called osteonecrosis. Osteonecrosis also causes pain, stiffness, loss of motion, and leg weakness.



Revision of Total Hip or Total Knee Replacement:

Total Hip and Knee Replacements permits patients to participate in most activities of daily living in a pain-free manner. Over time, the implants themselves may wear out and loosen, resulting in pain, stiffness or instability in your hip or knee. Your surgeon will compare a series of your x-rays to observe changes in implant position or the condition of the surrounding bone. Revision may be needed for infection, pain, or other factors as determined by your surgeon.

Patient Reported Outcome Measures (PROMs) Surveys:

Your insurance and surgeon may ask that you complete a survey before and after your joint replacement surgery. Survey of patients before and after their surgery demonstrates that joint replacements improve quality of life allowing patients to get back to their normal activities. The results of these surveys allow our surgeons and researchers to continue making improvements in joint replacement care.

Appointments

There are appointments before and after surgery that are necessary for a safe surgery and healthy recovery. Below are common appointments be sure to reference your appointments given to you when you registered for surgery.

Pre-Anesthesia Testing (PAT) – UT Medical Center

First, you will need to check in at the main Patient Registration (see map on page 39). After getting your patient arm band, you will go to Pre-Anesthesia Testing located in building A, Suite 140.

Pre-Anesthesia Testing (PAT) is a medical evaluation process provided by UT Medical Center to assess patients before they undergo anesthesia for surgery. If you cannot attend this testing, please call 865-305-9641.

Please arrive 15 minutes before your appointment. You may eat and drink fluids prior to having testing done.

Pre-Anesthesia Testing (PAT) – University Orthopaedic Surgery Center

If you are having surgery at University Orthopaedic Surgery Center, you will have your PAT appointment at the surgery center prior to surgery.

Total Hip and Knee Replacement Pre-Operative Class Video

This video will cover important information to help you prepare for surgery. If you have issues viewing the class video or have general questions, please call 865-305-8848.

Prehabilitation Physical Therapy

Your Prehabilitation Physical Therapy appointment is your time to meet with a physical therapist who can help you plan for recovery after your surgery. If you cannot make this appointment, please call 865-558-4400.

Surgeon Post-Op Appointment

You will have a follow up appointment with your surgeon about 2 weeks after your surgery. This appointment will be set up for you when you schedule your surgery. If you need to reschedule this appointment, please call 865-558-4400.

Outpatient Physical Therapy

You may or may not require outpatient physical therapy after surgery. If you need an appointment, this will be set up for you. If you are unsure if you will need outpatient physical therapy after surgery, please contact your surgeon's office at 865-558-4400.

Getting Ready for Surgery

The following section will help you and your caregiver plan for your upcoming surgery.

Pre-Anesthesia Testing

Bring the following items with you:

- Your insurance cards
- A printed or written list of any prescription and non-prescription medications.
- A list of any over-the-counter medications you take regularly (like aspirin, Tylenol®, and allergy medication like Benadryl®, eye drops, etc.)
- Name and phone number of your primary care doctor
- Any other important medical information, like allergies to medications, foods, or any kind of metal (like nickel), or any implanted devices

Get instructions from the prescribing doctor if you take a blood thinner like warfarin (Coumadin®), clopidogrel (Plavix®), apixaban (Eliquis), rivaroxaban (Xarelto) or Aspirin, find out if you should stop taking it in the days or weeks before surgery. These medications can cause bleeding during surgery.



If you have problems writing or typing your medication list, you can use a smartphone to take a picture of any medications you take.

You can also ask your pharmacist to print out a list of your prescription medications.

Over the Counter (OTC), Prescription Medications and Herbal Supplements to Hold 7 Days Prior to Surgery

Over the Counter Medications (OTC)

- NSAIDS (Nonsteroidal Anti-Inflammatories): Aleve (Naproxen), Aspirin 81mg, Motrin/Advil (Ibuprofen)

Prescription Medications

- GLP-1 Receptor Medications: (Diabetes and Weight Loss) Ozempic, Wegovy, Mounjaro or Bydureon BCise
- NSAIDs (Nonsteroidal Anti-inflammatories): Mobic (Meloxicam), Celebrex (Celecoxib), Indomethacin (Indocin), Relafen (Nabumetone), Vioxx (Rofecoxib)

Herbal Supplements

- Cinnamon **Bleeding
- Fish Oil (Omega-3 Fatty acids) **Bleeding
- Garlic **Bleeding and cause low blood pressure
- St John's Wort **Drug and anesthetic interactions

Blood Thinners

- Please get permission from your prescribing doctor to hold before surgery
Coumadin (Warfarin), Plavix (Clopidogrel), Eliquis (Apixaban), Effient (Prasugrel), Xarelto (Rivaroxaban), Pradaxa (Dabigatran), Brilinta (Ticagrelor), Aspirin 325mg prescribed by doctor

Dental Checkup

Make sure your mouth is healthy. Significant dental conditions need to be resolved before surgery. Infections in your mouth can travel to your new joint replacement and create an infection there as well. Please let your surgeon know if you have had any recent infections in your mouth, especially your teeth.

Be sure to see your dentist well before the day of your joint replacement surgery.

You may need an antibiotic:

- Before going to the dentist
- Before procedures that look at your bladder or colon
- Before surgeries that may let bacteria into your bloodstream, such as lower urinary tract or bowel surgeries
- If you have a bacterial infection on your skin

Before joint replacement surgery:

- Patients should avoid all dental work 3 days before their scheduled surgery - this includes cleanings, fillings, and crowns.
- Please discuss any major dental work such as root canals, extractions, and other procedures with your orthopedic surgeon if the need for dental work has been identified. Waiting for some time after your dental procedure to have your joint replacement surgery may be appropriate.

Losing Weight

If you are overweight, losing **any** weight (even a few pounds) will help you recover better. This takes stress off your new joint and helps it last longer.

Stop Smoking

Smoking, vaping (e-cigarettes), or chewing tobacco can cause serious problems with healing after Joint Replacement Surgery. Your bones need good blood supply to heal well. Nicotine limits blood flow and makes it hard for your body to heal after surgery. Studies show that people who use nicotine in the weeks before surgery are more likely to have problems with their heart, lungs, or surgical wounds during or after surgery. And they need to stay in the hospital longer.

Your doctor may tell you to stop using any kind of tobacco or nicotine at least 4 to 6 weeks before surgery. Others should NOT smoke around you in the weeks before surgery.



For support in quitting, including free quit coaching, a free quit plan, free educational materials, and referrals to local resources, call 1-800-QUIT-NOW (1-800-784-8669).

Drug and Alcohol Use

Before surgery, it is important to be honest with your health care providers about your drug and alcohol use. Tell your health care provider how many drinks you have per day (or per week). This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

Chronic Pain Management

If you are receiving treatment for chronic pain, it is important to speak with your surgeon prior to surgery to plan effective pain control strategies for after surgery.

Who Speaks for You?

Your doctor and family need to know who speaks for you if a decision needs to be made about your care during or after surgery and you are unable to speak for yourself.

The person who speaks for you needs to know what treatments (like CPR) you would or would NOT want. It is best to create an advance directive (living will) to document what you would want or not want. It is a good idea for everyone to have a Living Will and to talk with their family about it. You can change your Living Will at any time.

If you have an advance directive (Living Will), bring a copy to the hospital with you on the day of surgery.

If you don't have one, we can help you make one.

TIP

Find the advance directive forms of your state on the internet here:

<https://www.utmedicalcenter.org/plan-your-visit>

Or scan this code:



Pick Your Coach

Choose one friend or family member who can be a part of your care team to help make decisions and manage your care before, during, and after surgery.

If you take care of anyone (like children, an older parent, or pets), you will need help caring for them. If you do not have people nearby who can help you in the first week at home, talk with your nurse navigator. **It's a good idea to have someone stay with you for the first week after surgery.**

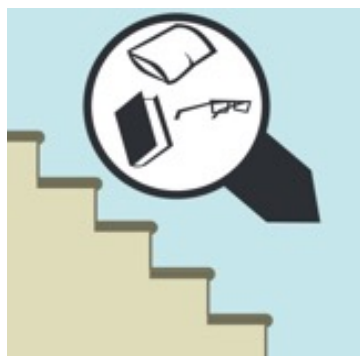
Set up Your Home

Before you go to the hospital, set up your home to make it safe for your recovery after surgery.

Move Items and Pick a Space

Put anything you use often at waist and shoulder height, so they are easy to reach. Remember to do this in the kitchen and the bathroom!

Pick a safe area in your home that you will be recovering after surgery. Have items that you may need close by.



If you usually sleep upstairs, talk with physical therapy about this before and after surgery.



Eating Healthy

It may be hard to shop after surgery so buy food ahead of time that is easy to make.

Protein can help your body heal. It is a good idea to eat foods high in protein like eggs, chicken, nuts, beans, and dark leafy greens.

Make meals ahead of time and freeze. Then you will have easy meals to heat up.



TIP

Other Helpful Tips:

- Add pillows to any low chairs. This will make it easier to get out of the chair after surgery.
- Move furniture out of the way so there is enough room to move with a walker.
- Put a nightlight in the bathroom and hallways so you do not fall.
- Move any throw rugs so you do not trip on them.
- Use a bag or basket that attaches to your walker to carry things from place to place as you move around with a walker.
- A “grabber” (reacher) with a long handle can help you reach or pick things up without bending over. A sponge with a long handle is helpful in the shower.
- Some people install grab-bars and a handheld shower hose in the bathroom before surgery.



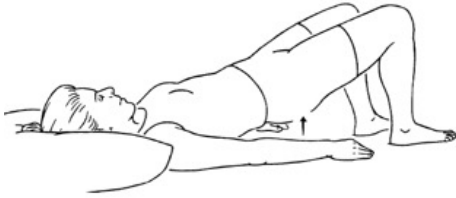
Optional Assistive Equipment

The items below can be very helpful after hip or knee replacement surgery. These items can be found at stores like Wal-Mart or CVS. You may also check with resale shops, churches, or people you know to get a free one. Typically, insurance does not pay for these, but you may want to call and ask. If they do cover these items, your surgeon will write a prescription for you. You may or may not need these items for your recovery.



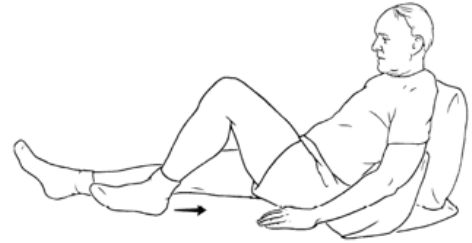
Preoperative Exercises

Making your muscles strong before you have surgery can help you recover quicker after surgery. Use the exercises listed below to help you get stronger before surgery. You should do the exercises 3 times a day 10 times each. If the exercises make your pain worse you should stop doing that exercise.



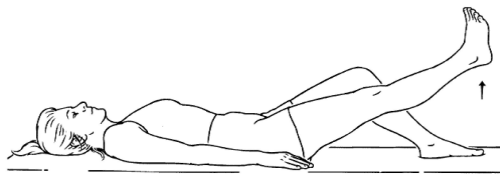
Bridging

Bend both knees up and put feet flat on bed. Squeeze buttocks and lift buttocks off the bed. Hold for 3 seconds. Relax. Repeat.



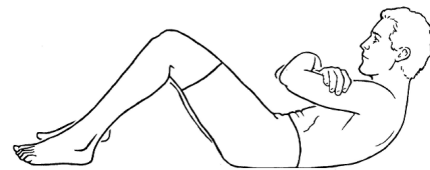
Heel Slides

Bend your knee, sliding your heel toward your buttocks. Slowly lower leg. Repeat.



Straight Leg Raises

Bend your unaffected leg and put foot flat on bed. Lift your affected leg 8 inches off the bed, holding the knee straight. Hold for 3 seconds. Lower slowly. Repeat.



Crunch

Bend both knees, put hands across chest, and raise head and shoulders off bed 6 inches. Hold 3 seconds. Do not hold your breath. Lower slowly. Repeat.



Long Arc Quad

Sit in a chair with arms and slowly straighten the knee to lift the foot out in front. Hold for 3 seconds. Lower slowly. Repeat.



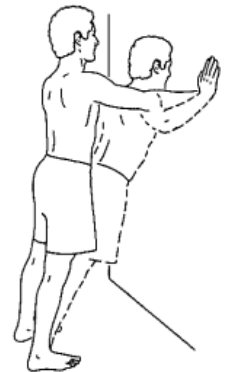
Chair Push-Up

Sit in a sturdy chair with arms. Place hands on arms of chair and push down while lifting yourself up from the seat of the chair. Hold for 4 to 5 seconds. Relax. Repeat.



Sit to Stand

Sit on edge of chair with your feet flat on the floor. Stand upright, extending knees fully. Repeat.



Wall Push Ups

Place hands flat against the wall. Slowly lower body to the wall. Push body away from wall to return to starting position.

1 Week Before Surgery

Please call the following numbers if you have not:

- Viewed the Total Hip & Knee Replacement Class video
- Had an appointment with Pre-Anesthesia Testing
- Received the CHG soap

Surgery at UT Medical Center: Please call your Orthopaedic Nurse Navigator at **865-305-8848**

Surgery at University Orthopaedic Surgery Center: Pre-Admission Nurses at **865-558-4400**

If you are feeling sick, have a toothache, or have any health issues that have changed since your PAT appointment, call your surgeon's office at 865-558-4400.

If you need to cancel your surgery for ANY reason, please call your surgeon's office 865-558-4400.


Arrange for transportation. You will need someone to drive you to the hospital and pick you up the day you go home. You will need someone to drive you to your post-op appointments and to physical therapy until your surgeon clears you to drive.

Stop any medications that you were told to stop taking before surgery.

Two Days Before Surgery:

Two days before your surgery, you will need to take a shower using the CHG soap.

The CHG soap helps get rid of bacteria on your skin. Please follow these steps:

- Get in the shower and wash your hair with your regular shampoo. Rinse the shampoo out of your hair.
- **Do not** use your regular soap after applying and rinsing Hibiclens CHG soap.
- Once your whole body is wet, turn the water off. Clean your body with the CHG soap.
- **Do not** get the CHG soap in your eyes, ears, mouth, nose, or genital area.
- **Do not** apply any lotions, deodorant, powders, or perfumes to the body area that has been cleaned with Hibiclens CHG soap.
- Turn the water back on and rinse the soap off.
- Use a *clean towel* to gently pat your skin dry.
- Put on *fresh, clean clothes* and put *clean sheets* on your bed.
- **Do not** shave your legs or any of the hair by your groin (bikini area). Shaving can cause infections because it creates tiny cuts in the skin. If any hair needs to be removed on or near your hip or knee, your surgeon will remove it with an electric hair clipper on the day of surgery. 

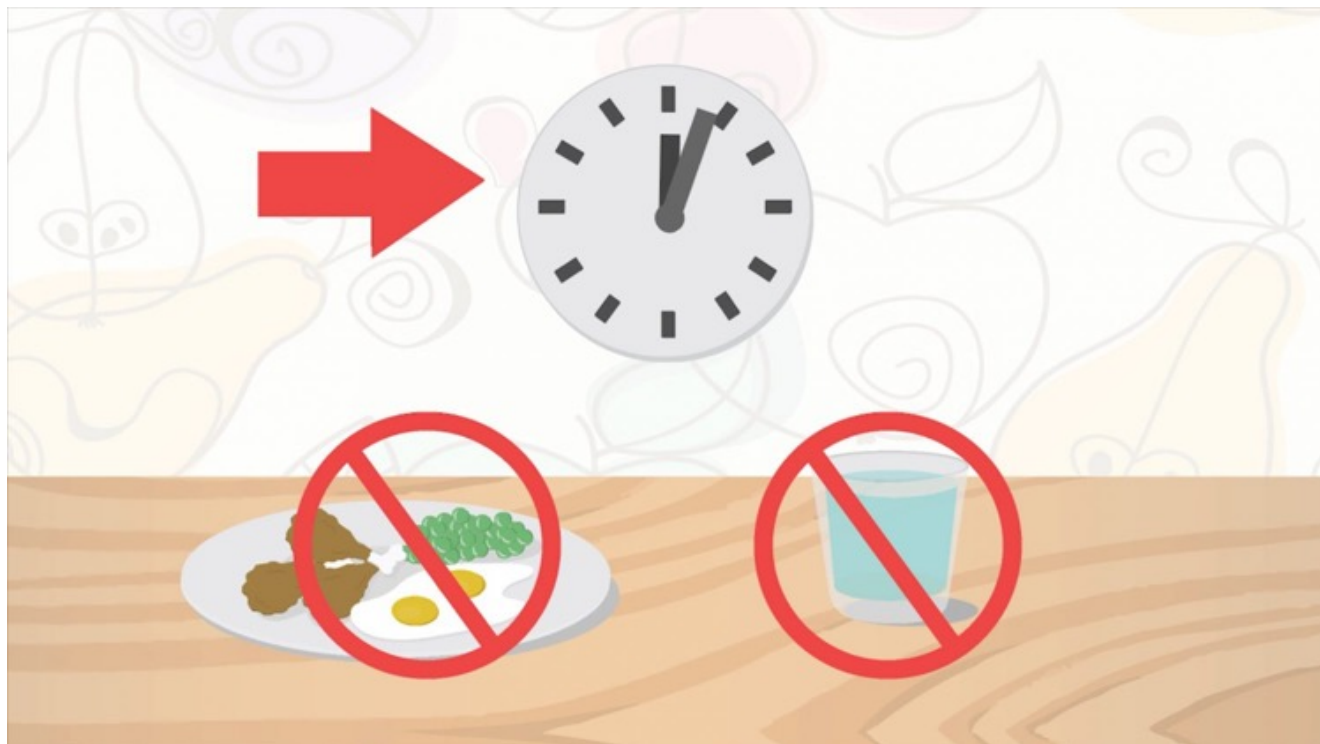
Do not use:

- If you are allergic to chlorhexidine gluconate or any other ingredient in this preparation.
- On head, face, eyes, ears, mouth or genital area.

For external use only. Do not use: if you are allergic to chlorhexidine gluconate or any other ingredients in the soap. When using this product: keep out of eyes, ears, and mouth. May cause serious and permanent eye injury if placed or kept in the eye during surgical procedures or may cause deafness when instilled in the middle ear through perforated eardrums; if contact occurs in any of these areas, rinse with cold water right away. Stop use and ask a doctor if: irritation, sensitization, or allergic reaction occurs and lasts for 72 hours. These may be signs of a serious condition. Keep out of reach of children. If swallowed, get medical help, or contact a Poison Control Center right away.

The Night Before Surgery

- Take another shower with the CHG soap.
- Remove any fingernail or toenail polish.
- **Do not eat or drink anything after Midnight.** This includes anything that increases saliva production such as smoking, chewing tobacco, eating mints, candy, gum, etc. This is for your safety during surgery.



The Day of Surgery

- Shower using the CHG soap before coming to the hospital.
- Only small sips of water if you have morning medications that you need to take.

TIP

**Do not eat or drink anything the day of surgery.
If you do, your surgery will be canceled.**

Medications

Remember to find out what medications you should and should not take the morning of surgery.

If your surgical team tells you to take any pills, take them with a small sip of water.

Leave your medications at home. We will give you any medications you need while you are here.

Your Belongings

Leave your valuables at home or give them to a friend or family member for safekeeping.

Please bring the following with you:

- ☐ Your walker. Leave your walker in the car that will transport you from the hospital.
- ☐ Your health insurance cards
- ☐ A photo ID, like a driver's license
- ☐ A loose comfortable pair of elastic waist pants or shorts, an extra pair of underwear, a short sleeve shirt and light jacket
- ☐ A list or photos of your medications, including how much you take and how often you take them
- ☐ A way to pay your deductible or copay
- ☐ A copy of your advance directive (Living Will) if you have one
- ☐ Bring your CPAP machine with settings if you use one for sleep apnea

What to Wear	What not to Wear
If you wear glasses or use a hearing aid, be sure to wear them.	Do not wear any jewelry, including wedding rings, earrings, or body piercings.
Wear loose, comfortable clothes, like elastic waistband shorts or pants and t-shirt.	Do not bring flip-flops or slippers. It's better to have a shoe with a back that's more secure, so you don't fall.
Bring shoes that have a closed back and closed toe, like sneakers or tennis shoes.	Contact lenses cannot be worn during surgery.

Arrival on Day of Surgery

Surgery at UT Medical Center

- UT Medical Center offers Valet Parking from 7:30 am - 5:00 pm. Cost: \$5.00.
- Park in Garage 1. Arrive at the hospital at the time you were told to arrive.
- Go through the Heart Hospital/Fountain circle main entrance to the Main Registration/Admitting Office on the 1st floor of the hospital in the Heart Hospital Lobby. You will be registered for surgery, go over forms, and receive ID bracelets.
- You will then be directed to the surgery waiting room on 2 North. Your family can go with you to the surgery waiting room area.

Surgery at University Orthopaedic Surgery Center (UOSC)

- Parking in the upper parking lot, designated for patient parking.
- Come through the front doors, straight ahead is the main entrance to the surgery center. Please check in with the front desk receptionist
- You must have an adult over the age of 18 to remain with you until you are discharged.
Your surgery will be cancelled if your driver does not remain at facility.
- You will be registered for surgery, go over forms, and receive ID bracelets.
- Your family can stay with you in the lobby until you are called back for surgery.

We will do our best to keep things on schedule. Sometimes there are delays and you may have to wait. Bring a book or something to do just in case.

What to Expect for Surgery

Pre-Op (Before Surgery)

- A nurse will come for you in the surgery waiting room and take you back to prepare you for surgery. **Usually, your family member is not allowed back in the pre-op area.** It will be several hours before you will see your family again.
- In the pre-op area, a small tube (an IV) will be placed in your arm for fluids and medications.
- You will meet your anesthesiologist to discuss your anesthesia options and begin the anesthesia process.
- Your surgeon and/or advanced practice provider will see you before surgery and will mark the location and body part where the surgery will be performed.

The OR (Operating Room)

- Your surgical nurse will take you from the Pre-Op Area to the Operating Room for your surgery.
- Your surgery will take between 1 ½ hours - 2 hours for either the hip or knee replacement.
- During surgery, your family will be updated on your status.

The Recovery Room

- Most people are in the recovery room for about 2-3 hours.
- Once you are awake, you may get something to drink.
- The surgeon will speak with your family in the waiting room and talk with them after your surgery.

Going Home

The goal is for you to return home on the same day of surgery.

Surgery at UT Medical Center

- After the recovery room, you will go to Phase 3 Recovery.
- You will be assisted with walking. When you are ready to be discharged home, your nurse will go over discharge instructions with you and your coach that came with you to surgery.
- Your new prescriptions will be sent to the medical center's outpatient pharmacy on the main floor of the hospital to for pick-up before leaving.
- Most patients stay in Phase 3 Recovery for a few hours and then discharge home.

Surgery at University Orthopaedic Surgery Center

- If your surgery at UOSC, after you recover in the Recovery Room, your coach can join you.
- The nurse will go over discharge instructions and give information about your prescriptions to your coach.

Preventing Falls

Your safety is our highest priority. One of the biggest safety risks of joint replacement is falling.



Do not get up alone. Always ask for help.

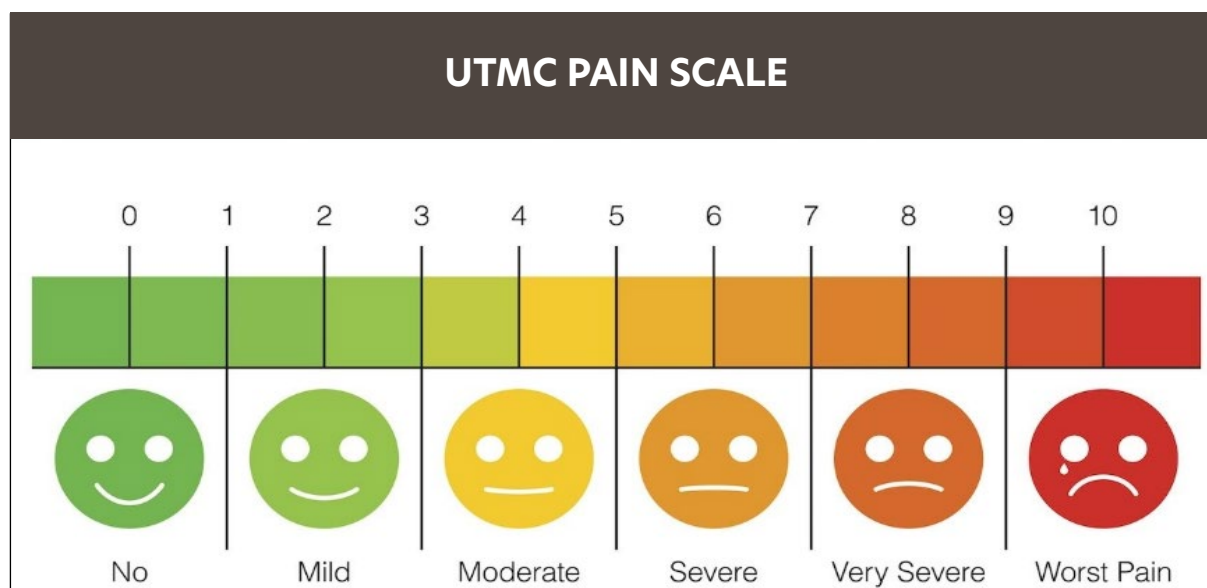
Always use your call light whenever you need to move, get out of bed, or go to the bathroom.

"Call. Don't Fall!"

Pain Relief After Surgery

All patients will have some pain after surgery. Our goal is to help manage your pain.

Pain is an expected part of recovery. Pain levels vary per person. We will give you cold packs or wraps to manage your pain and reduce swelling. Oral pain medication will be prescribed for you and available at discharge. While you are with us, we will ask you to rate your level of pain.



To help manage your pain:

- You may get opioid pain medications as needed.
- You may get medication like acetaminophen (Tylenol).
- You may get cold packs.

Opioid Pain Medication

Opioids [OH-pee-oids] are strong pain medications. You may have heard of drugs like morphine, oxycodone (Oxycontin®), Vicodin®, Norco®, and Dilaudid®. This kind of medication is used only if you need it because:

- It can make people feel sick to their stomach.
- It can slow down your recovery.
- **It can be addictive.**
- It can make it difficult or painful to have a bowel movement or poop (constipation).

Problems like constipation can be painful and serious. So, we may recommend other pain medications when possible.

Let us know if anyone in your family has an addiction. This way we can make sure we put together the best plan for you.

Walking After Surgery

- A few hours after surgery, we will help you get up and walk.
- We will help you use the bathroom or a commode.
- To prevent blood clots, it is good to move your feet and squeeze the muscles in your legs. You need to do this while lying in the bed or resting in a chair.

Deep Breathing After Surgery

To prevent lung infections (like pneumonia), We will show you how to take deep breaths every hour and how to use your breathing device (incentive spirometer pictured to the below).



Discharge

Total Joint Replacement Discharge Class Video

You and your coach will watch the Total Joint Replacement Discharge Class video from the comfort of your room. This information will also be printed out for you to take home.

Information reviewed in the Discharge Class Video:

- Activities after surgery
- Hygiene/incision care
- Preventing infections after surgery
- Medication management
- Constipation management
- Healthy eating
- When to call your surgeon

- You will **not be allowed** to go home alone or take a taxi by yourself.
- You will **not be allowed** to drive yourself home from surgery.
- If you need to go to a rehab center, you may need to wait for an open bed or for insurance to approve it.
- We will help you go home as soon as possible, but sometimes there are delays.

Discharge Instructions

Your nurse will give you the following information:

- Information about your recovery at home.
- Directions for how and when to take medications, like blood thinners.
- Prescriptions for any medications you need at home.

***Prescriptions can be filled before you leave. Confirm with your nurse if you would like to do this.**

If you start to run low on any of your medications, call your surgeon's office a few days before you will run out. Your surgeon requires 48 hours (2 Day) notice for all refills.

If any medications make you feel bad or cause any side effects, please call your surgeon's office at 865-558-4400. If we know, we can help. If any medications make you feel bad or cause any side effects, please call your surgeon's office at 865-558-4400. If we know, we can help.

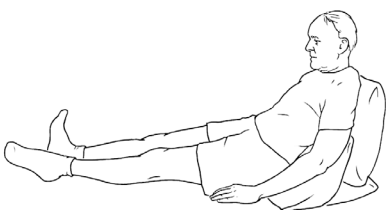
Follow-Up Appointment

You will have a follow-up appointment about 2 weeks after surgery with your Surgeon or your Surgeon's Advanced Practice Provider. This will be made prior to your surgery and given to you by your surgeon's office.

Recovery at Home for All Patients

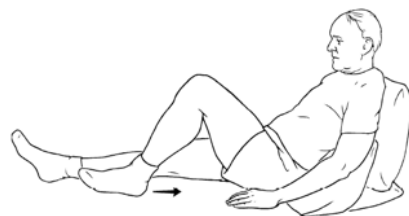
Exercises for After Surgery

You should do the following exercises 3 times a day 10 times each. These exercises will help make your muscles stronger and help you recover quicker. If you go to outpatient physical therapy, you will learn some exercises you can do with the ones listed below.



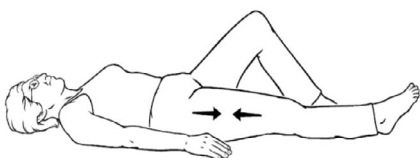
Ankle Pump

Bend ankles up and down, alternating feet.



Heel Slide

Bend knee & pull heel toward buttocks. Hold.



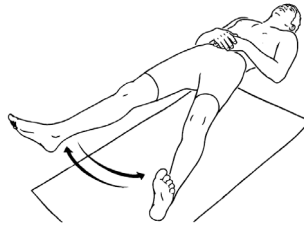
Quad Sets

Slowly tighten thigh muscles of straight leg while counting out loud to 10. Relax.



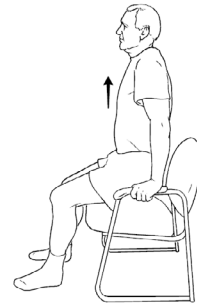
Gluteal Squeeze

Squeeze buttocks muscles as tightly as possible while counting out loud to 10. Relax.



Hip Abduction/Adduction:

With extended knee (supine) Bring leg out to side and return (with or without assistance). Keep knee straight.



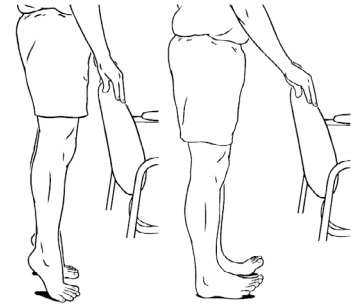
Chair Push-ups

With hands on armrests, push up from chair. Hold 3 to 5 seconds. Return slowly.



Short Arc Quad

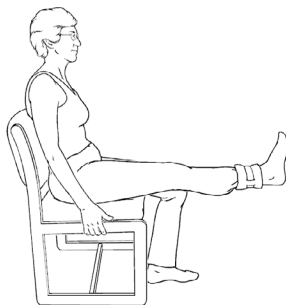
Place a large can or rolled towel under leg. Straighten leg. Hold 3 to 5 seconds.



Heel/Toe Raises

(Ankle Plantar Flexion and Dorsiflexion)

Hold a stable object, rise on toes. Hold 3 to 5 seconds. Then rock back on heels and hold 3 to 5 seconds.



Long Arc Quad

Straighten surgical leg and try to hold it 3 to 5 seconds. Slowly lower leg to floor.

Urinating

After surgery, people sometimes feel a frequent urge to urinate (pee). It may feel like some urine is still in their bladder. This usually goes away in a few days. Please call your surgeon if it does not go away, or if you have any pain or burning when you urinate. Pain or burning may be signs of infection in your body.

Taking Care of Your Surgical Wound

Different types of bandages are used, but most patients go home with a waterproof bandage.

- The waterproof bandage is to stay in place until your follow-up visit.
- The bandage should absorb the blood and fluid draining from the surgical wound.
- You can take a shower with your waterproof bandage on.
- **Do not** soak in the bathtub, swim, or sit in a hot tub until your surgeon says it is okay.

If you have any surgical staples, these will be removed in a couple of weeks when you see your surgeon for your follow-up visit.

Post-Op Bathing Treatment

Guide to Postoperative Bathing After Total Joint Replacement.

Why is Bathing Important: Bathing with Hibiclens CHG Foam after surgery helps prevent surgical site infections.

- Follow your surgeon's instructions regarding your surgical bandage.
- Clean surgical extremity once a day for 5 days after surgery. Be careful not to disturb your surgical bandage.
- **Do not** use your regular soap after applying and rinsing Hibiclens CHG soap.
- **Do not** apply any lotions, deodorant, powders, or perfumes to the body area that has been cleaned with Hibiclens CHG soap.

Do not use:

- If you are allergic to chlorhexidine gluconate or any other ingredient in this preparation
- On head, face, eyes, ears, mouth or genital area

When to Call for Help

Bandage or Incision Issues

- If your bandage is soaked with blood (touching 3 of the 4 borders of your bandage).
- If any blood or fluid starts to leak from your bandage.
- If the bandage moves and part of the wound is not covered.
- If the skin around your wound has become red and the red area is getting larger.
- If any fluid coming from your bandage smells bad.
- If your bandage becomes wet/moist on the inside.

Blood Thinner, Bleeding, or Bruising

While you take blood thinners, you may bleed or bruise more easily if you get a cut or if you fall.

- Call if you get a cut or a nosebleed that does not stop bleeding after you put pressure on it.
- Call if a bruise keeps getting bigger. This can be a sign of bleeding under the skin.
- Call if you see blood in your urine or stool.

Call Right Away

- If you have a fever of 102 degrees Fahrenheit or higher for more than 24 hours or after treating with Tylenol with no lowering of fever.
- If your wound is red and more painful.
- If fluid or pus is coming from your wound.
- If you feel sick to your stomach or you are throwing up.
- If your pain is worse and the pain medication does not help.
- If you have pain or swelling in your foot, ankle, thigh, or calf (back of your lower leg).
- If it is painful or hard to urinate (pee).
- If you have chills and you are shivering.
- If you have pain in your belly (may be constipation).

Call early if you think something is wrong. Do not wait!

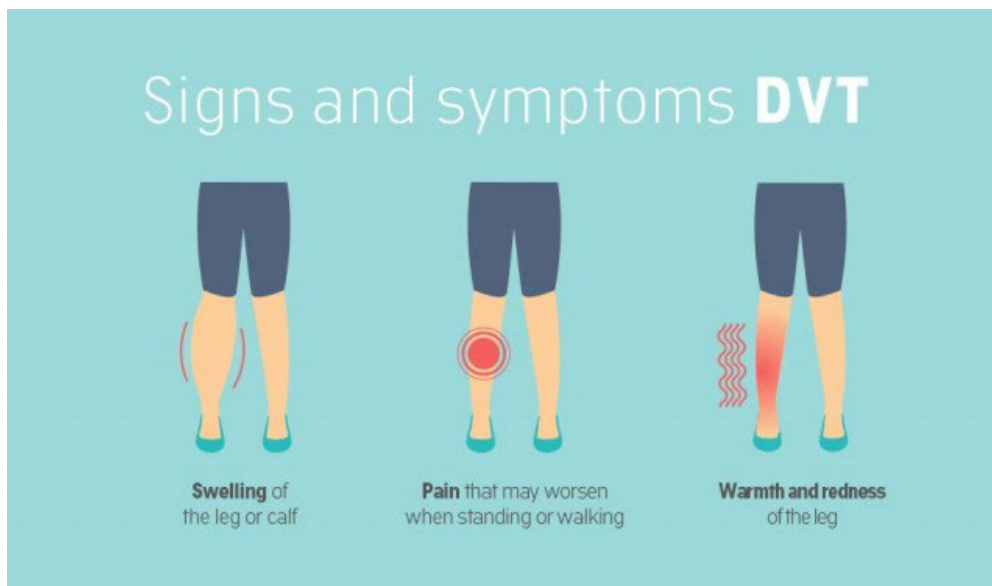
Call 911 or go to the Emergency Department

**If you have chest pain
If you have trouble breathing**

Signs of Infection

- Chills
- Increased redness
- Increased tenderness or swelling
- Increased pain unrelieved with pain medication

Signs of Blood Clot (Deep Vein Thrombosis-DVT)



Sleeping

Good sleep will help you heal and gives you the energy you need for physical therapy. Sometimes pain and even pain medication can make it hard to sleep well. Below are tips on how to get better sleep while recovering from your joint replacement surgery.

Avoid alcohol

- Even though alcohol can make you feel sleepy, you are more likely to wake up and have trouble sleeping.
- Do not drink alcohol while you are still taking pain medication. It is not safe.

Avoid caffeine, it will keep you awake

- Only drink a little coffee, tea, or soda during the day.
- Do not drink coffee, tea, or soda in the evening or at night.

Use cold packs to help with your pain

- Ask the nursing and physical therapy staff to show you how to use ice or cold packs.

TIP

If you have tried the above and are still unable to sleep, try the following:
Take ½ to 1 Benadryl tablet at night to help you sleep.

Knee Replacement Sleeping Positions

It is best to sleep on your back with pillows under your calf. **Do not** place pillows directly behind your knee joint, it can make it harder to regain your knee motion and heal well.



Hip Replacement Sleeping Positions

It is best to sleep on your back with pillows between your knees.

If you are a side sleeper, you may sleep on the side you did not have surgery on.

It helps to put 2 pillows between your knees, ankles, and feet.



Do not sleep on your stomach.

If you sleep on your stomach, your new hip could move out of place (dislocate).
As your surgeon when it is okay for you to sleep on your stomach again.

Eat Healthy

Your body will heal better and faster if you eat healthy.

Sometimes people do not feel like eating after surgery. In the days after surgery some foods may taste different and certain smells may make you feel sick to your stomach. If this happens, eat a lot of small meals throughout the day. Over time, you will be able to eat more.

No Smoking or Vaping

Do not smoke, vape (use e-cigarettes), or chew tobacco for at least 4 weeks after surgery. These products limit blood flow and make it hard for your body to heal well. They also make it hard to sleep well.

If you stopped smoking before your surgery, do your best to not start smoking again!



For support in quitting, including free quit coaching, a free quit plan, free educational materials, and referrals to local resources, call 1-800-QUIT-NOW (1-800-784-8669).

Walking and Sitting

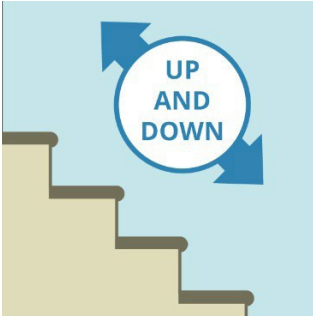
- Sitting for too long can also make you feel stiff.
- Walk as much as you can. You will be able to walk and do a little more each day as you get stronger.
- Walking lowers the chance of a blood clot and pneumonia.

TIP

For the first 3 months, it is best to sit in chairs with arms, so you can lift yourself out of the chair.

Stairs

You will be able to go up and down a few stairs right away. You will be able to go up and down stairs between floors in about a week.



When going up and down stairs:

- Have someone help you.
- Use the handrail on the side you did not have surgery on.
- Go up or down one step at a time.

"Up with the good and down with the bad"

TIP

If you have pain slow down!

Your Mood

Joint replacement surgery usually gives people more movement and freedom. But keep in mind, your body has been through a lot. And it may take a while before you feel like yourself again. You may feel sad or upset. These feelings usually go away as you heal.

- Call friends and family to talk.

If you feel very sad, overwhelmed, or helpless, and these feelings do not go away for many days or weeks, please let us know so we can make sure you recover well.

Driving

Do not drive until your surgeon says it is okay.

- Do not drive while taking pain medication.
- Most people can drive an automatic car 4 to 8 weeks after surgery.
- It may take longer before you can drive a stick shift.

Returning to Work

Returning to work is very “individual” and often depends on the type of work you do. Talk with your surgeon at your first follow up appointment.

- If your job involves heavy, physical work, like lifting, talk to your surgeon.
- Ask your employer if there are any rules about when you can return to work.
- If you need a return-to-work form or disability papers, get them to us as soon as possible or fax them to our office (see phone and fax numbers at the end of this booklet).
- The sooner you bring your forms the sooner the office staff can get them filled out.

Travel and Metal Detectors

When going through security at the airport or at a building with a metal detector, let them know you have a hip or knee replacement before you go through it. It is not a problem – and they may just use a wand to scan your hip or knee.

Sports, Activities, and Hobbies

Walking is usually good along with any physical therapy exercises. Your body is also using energy to heal.

If you feel tired or worn out:

- Take afternoon naps.
- Set small goals and try to do a little more each day.

Ask your surgeon when you can do other low-impact activities (like swimming, biking, or golfing) in the months after surgery.

Any high-impact sports or activities where you could fall or get hit are off limits for good (permanently).

- Do not run or jog in the weeks after surgery. Talk with your surgeon about when it may be okay for you to start jogging again.
- Do not play sports where you could get hit or fall, like football, basketball, hockey, or soccer.

Sex After Surgery

Intimacy is important and the point of joint replacement is to improve your quality of life. If you had hip pain before surgery, it may have made it difficult or painful to have sex. A hip replacement usually makes it possible to have less pain or no pain during sex.

It is okay to have sex once you feel up to it.

- About 4 weeks after a knee replacement
- 6 to 12 weeks after a hip replacement. But you still need to be careful, so your new hip does not move out of place.



If you have questions or concerns, ask your surgeon or physical therapist.
It is important to feel safe and get your questions answered.

Dental Procedures after Joint Replacement

- Avoid all dental work for 3 months. Contact your surgeon if you urgently need dental work during this 3-month period to discuss antibiotics.
- After 3 months, all dental work is allowed.
- We recommend that before any dental work, preventive antibiotics should be given to all patients who have had a joint replacement for a minimum of 2 years after surgery (regardless of the type of dental procedure or patient health status).

Joint Replacement Information and Phone Numbers

University Orthopaedic Surgery Center

Call if you have a question about:

- Medical concerns
- Medication refills
- Surgery cancellations
- Billing and insurance
- FMLA

Your doctor's office at	Phone
UT Research Park: Orthopaedic Institute 1600 Accelerator Way, Suite 200	865-558-4400 Fax: 865-546-9047
Parkside Plaza - Turkey Creek	865-558-4400
Health Center - Sevierville	865-558-4400

Pre-Anesthesia Testing (PAT)

Call if you have any questions about your medications before surgery or if you need to re-schedule this visit:

PAT - UT Medical Center	Phone
Pre-Anesthesia Testing (PAT) Scheduling	865-305-9641
Pre-Admission - University Orthopaedic Surgery Center	
Pre-Admission Nurse	865-558-4400

Orthopaedic Institute Office

Call if you have general questions:

Amber Gass, RN	Nurse Navigator	865-305-8848
Keekey McKissick, RN	Orthopaedic Coordinator	865-305-3270
Prescription Refills	Surgeon's Office	865-558-4400

University Joint Replacement Center 7 East

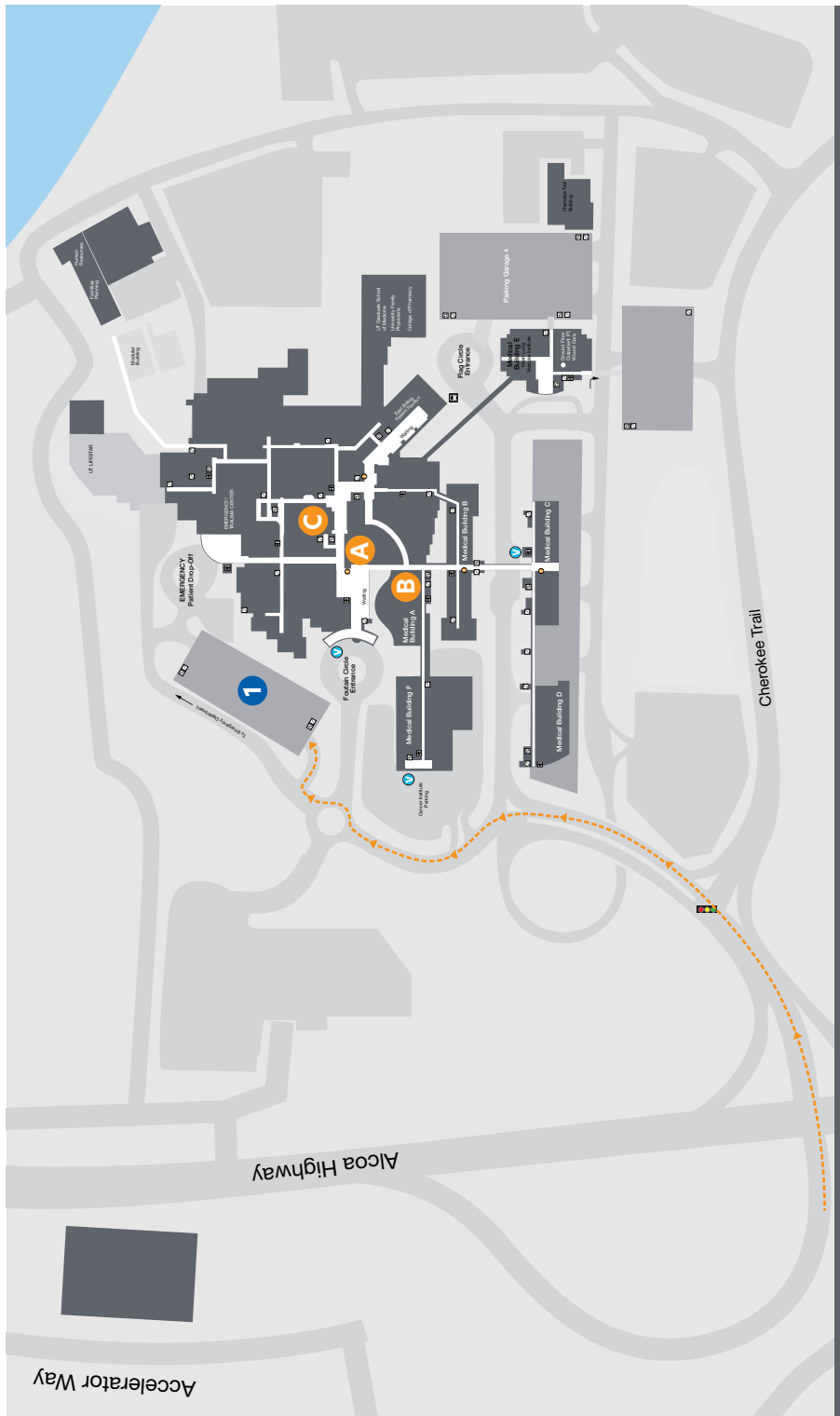
Call if you have questions related to your stay on the Joint Replacement Unit:

	Phone
Inpatient Unit	865-305-9871
Whitney Owen, RN Nurse Manager	865-305-6110

University Orthopaedic Surgery Center

Department	Phone
Main/Front Desk	865-558-4400
Billing Enquiries	865-558-4400
Insurance Enquiries	865-558-4400
Pre-Admission Nurse	865-558-4400
Miranda Smart, RN Clinical Manager for Pre-Op and Recovery	865-558-4400

Site Map



Directions for Your Surgery

Parking Garage 1 (\$3)
Hospital Valet Parking (\$5) is available
at the Fountain Circle entrance.

- 1** Parking Garage 1
- A** Patient Registration
- B** Pre-Anesthesia Testing
- C** Main OR (2nd Floor)



TIP

You may download the “UTMC Way” App to your phone
to help find your way around campus.

Checklists

One Month Before Surgery

- ☐ Get a copy of your medical records to bring to your appointments.
- ☐ Choose who speaks for you if you cannot speak for yourself.
Talk with them about your wishes. And create an advance directive: <https://www.utmedicalcenter.org/plan-your-visit>
- ☐ Meet with your health care team to review your medical history.
- ☐ Eat healthy. Protein (chicken, eggs, fish) can help your body heal.
- ☐ If you are overweight, losing any weight will take stress off your joint.
- ☐ If you smoke, vape, or chew tobacco, work with your doctor to quit in the weeks before surgery.

A Week Before Surgery

- ☐ Make sure you have the CHG soap for taking a shower.
- ☐ Put things where they are easy to reach (waist or shoulder height).
- ☐ Move furniture and rugs out of the way to make sure you can get around with a walker.
- ☐ Buy food and other supplies.
- ☐ Put nightlights in the hallways so you do not fall.
- ☐ Find out what medications you need to stop the day of surgery.
- ☐ **Do not** shave your legs or any of the hair by your groin (bikini area).

Two Days Before Surgery

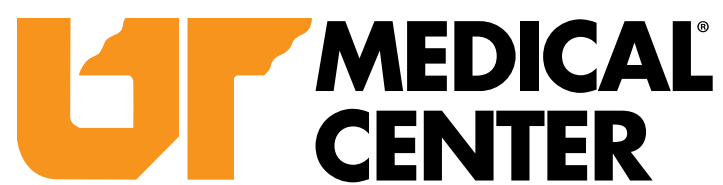
- ☐ Shower using the CHG soap.
- ☐ Do not shave legs or groin area.

The Night Before Surgery

- ☐ **Nothing to eat or drink after Midnight (12:00 am), the night before surgery.**
- ☐ Shower the night before surgery using the CHG soap.
- ☐ Pack your photo ID, a list of your medications, your health insurance card.
- ☐ Pack a copy of your advance directives (living will) if you have one.

The Morning of Surgery

- ☐ Shower using the CHG soap.
- ☐ If you were told that you will be staying overnight in the hospital or having surgery at KOC; bring your belongings and CPAP machine (if you use one for sleep apnea). Remember to write down your CPAP settings and bring it to the hospital with you.
- ☐ Take any medications with a sip of water.
- ☐ Leave your medications at home.



ORTHOPAEDIC INSTITUTE