

Welcome to the Newport Orthopedics Total Joint Program

We are delighted that you have chosen the Newport Orthopedics Total Joint Program for your joint replacement surgery.

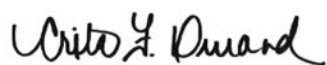
Joint replacement is one of the most effective ways to reduce pain and restore mobility for arthritis sufferers. Newport Hospital works closely with the orthopedic surgeons at Newport Orthopedics, as well as with nurses, physical and occupational therapists, rehabilitation specialists and more to develop comprehensive total joint services. We're proud that Blue Cross/Blue Shield of Rhode Island has named our hospital a Blue Distinction Center of Excellence for knee and hip replacement because of the fast recovery and excellent outcomes of our patients.

Our total joint program focuses on patient education and holistic preparation for surgery, exceptional surgical technique, excellent nursing care, and consistent postoperative therapy in a welcoming and comfortable setting. Our program extends beyond your hospital stay to ensure a successful recovery. We make sure you have the information, care, and support you need to get you back on your feet and moving without pain.

At Newport Hospital we value your right to understand and participate in your care. As a first step, we hope you read this guide so you know what to expect, and we encourage you to write down any questions. Please bring this guide with you to all your appointments and on the day of your surgery.

Thank you for choosing Newport Hospital for your surgery. We look forward to providing you with exceptional care.

Sincerely,



Crista F. Durand

President, Newport Hospital

Important Appointments

Primary care physician

Date and Time: _____

Specialist (cardiologist, pulmonologist)

Date and Time: _____

Pre-admission testing

Date and Time: _____

Pre-hab at Vanderbilt Rehabilitation Center

Date and Time: _____

Surgery

Date and Time: _____

Post-surgery follow-up

Date and Time: _____

Other appointment (if needed)

Date and Time: _____

Important Phone Numbers

Newport Orthopedics: 401-845-1474

Newport Hospital: 401-845-1640

Patient Financial Services: 401-444-6966 or 800-884-6966

Pre-admission Testing: 401-845-1459

Vanderbilt Rehabilitation Center: 401-845-1845

Visiting Nurse, Home, and Hospice Care: 401-682-2100

Total Joint Replacement at Newport Hospital

Total Knee Replacement

Total knee replacement is also called total knee arthroplasty. It is done to remove and replace the damaged parts of your knee joint, relieving pain and restoring function. It does not replace the entire knee, only the damaged surfaces.

Your knee is made up of the lower end of the thigh bone (femur), the upper end of the shin bone (tibia), and the kneecap (patella), which slides in a groove on the end of the femur. Large ligaments that attach to the femur and tibia stabilize your knee, and the long thigh muscles give it strength.

The surfaces where the bones touch are covered with a specialized tissue called articular cartilage. This serves as a cushion and works in combination with a lubricating fluid produced by tissues around the knee joint to reduce friction during movement.

Normally, these components work together smoothly, but disease or injury can result in degeneration and loss of the specialized cartilage cushion, leading to increased friction, pain, weakness and reduced function.

During this surgery, the damaged surfaces of your knee joint are removed and replaced with an implant made of metal and rugged plastic. Total knee replacement surgery can decrease or eliminate your pain and improve movement, making standing, sitting and walking easier.

Total Hip Replacement

Total hip replacement, also called total hip arthroplasty, is surgery to replace a hip joint damaged by wear and tear, injury, or disease.

The hip joint is your largest weight-bearing joint. In this “ball-and-socket” joint, the ball-shaped top of the femur (thigh bone) sits in the acetabulum (the socket) in your pelvis.

Cartilage, a firm, flexible material, cushions the bones, and in combination with a lubricating fluid produced by surrounding tissues, allows the joint to move smoothly.

Arthritis, infection, injury or loss of blood supply to the ball of the femur can result in degeneration and loss of the specialized cartilage cushion, leading to increased friction, pain, weakness and reduced function. If you have these problems, you may need a total hip replacement.

During a total hip replacement, your surgeon will remove the damaged portions of your hip joint and replace them with components made of metal, ceramic and rugged plastic. Total hip replacement surgery can decrease or eliminate your pain and improve movement, making standing, sitting and walking easier.

Total Shoulder Replacement

Shoulder replacement is most commonly performed to treat degenerative joint disease (osteoarthritis) and has been highly successful in relieving pain and restoring function. It also is used to treat severe rotator cuff tears, rheumatoid arthritis, post-traumatic conditions, and avascular necrosis.

The scapula (shoulder blade) and clavicle (collarbone) connect with the top of the humerus (arm bone) to form the glenohumeral joint. This ball-and-socket joint comprises the humeral head (ball) and glenoid (socket). Because the humeral head is much larger than the glenoid (like a golf ball sitting on a tee) the shoulder is highly dependent on soft tissues (muscles, rotator cuff, labrum, capsule, and ligaments) for stability.

The shoulder is the most mobile — and least stable — large joint in the body. Its great mobility supports the vital function of the arm and hand. The smooth articular cartilage on the humerus and glenoid allows almost frictionless motion of the shoulder joint.

The rotator cuff, made up of four muscles and tendons that extend from the scapula to the humerus, is extremely important for normal shoulder motion, strength, and function.

Most patients undergoing shoulder replacement surgery — those with little or no damage to the rotator cuff — benefit from traditional total shoulder replacement, in which a high-density plastic component resurfaces the glenoid (socket) and a metal implant replaces the damaged humeral head (ball), mimicking the natural anatomy of the joint. Following recovery and physical therapy, patients regain range of motion, comfort, and function.

Patients who suffer from severe arthritis combined with a severely torn rotator cuff receive a reverse total shoulder replacement, which switches the position of the ball and socket. A metal ball is fixed onto the scapula and the socket is placed at the top of the humerus. Movement relies on the deltoid shoulder muscle. A reverse total shoulder replacement offers these patients pain relief and functional improvement



Preparing for Surgery

One of the keys to a successful recovery is good preparation for surgery. Follow these guidelines to get ready for your joint replacement.

Four weeks before surgery

- Before your surgery, we'll ask many questions about your medical history. Please let your health care team know of any medical conditions you have.

These are just a few examples of the questions we'll ask:

- Do you have heart disease, diabetes, or high blood pressure?
- Do you use tobacco, e-cigarettes, alcohol, or recreational drugs?
- Have you had previous surgeries?
- What medications do you take?
- If you smoke, try to cut back or, ideally, quit. Smoking can increase your risk of infection and slows healing.
- If you have diabetes, check your blood sugar regularly, and monitor what you eat. Uncontrolled blood sugar after surgery can increase your risk of infection and slow the healing process.
- Remain as active as you can in the weeks leading up to surgery. The stronger you are before surgery, the faster you will heal. Please do the simple muscle-strengthening exercises you were given to prepare your body.
- Medications: The pre-admission testing nurse and surgical team will give you specific instructions about your medications. Be sure to write them down, be sure to follow them.

Two or three weeks before surgery

- Make plans for your return home or discharge to a skilled nursing facility.
- Let your friends and family know your surgery date, ask them for help after your discharge, and work with them to prepare your home for your recovery.

- Ask your surgeon or your primary care doctor for recommendations to home care agencies or skilled nursing homes that they feel provide excellent service.
- Contact visiting nurse agencies if you have specific questions.
- Speak with your health insurance representative and a Newport Hospital financial services representative (401-444-6966) regarding coverage and copays.
- Refer to the Community Resources section included in this folder for more information.

One to two weeks before surgery

- Complete any pre-operative appointments you have been asked to schedule.
- Depending upon your medical status, we may ask you to have certain tests, such as a chest x-ray, blood work, a nasal MRSA culture, urinalysis, or an electrocardiogram (EKG).
- Visit Vanderbilt Rehabilitation for your pre-hab appointment. You will learn to use European (cuff) crutches, which allow a normal, reciprocal gait, unlike traditional crutches.
- See your primary care physician and any specialists you have for a pre-operative clearance.
- Get prescriptions from your surgical team for medications you will need before surgery and during your recovery. You may have prescriptions for these sent to your pharmacy. You can reach Lifespan Pharmacy, which will mail the medications to your home postage-free, at 401-444-4909. Carefully review and follow the instructions. Please call our office at 401-845-1474 if you have any questions.

- Receive Hibiclens antiseptic skin cleanser that you will use before your surgery.
- Eat high-fiber foods in the days leading up to your surgery. This will help prevent constipation as you recover.
- Stop taking anticoagulants, anti-inflammatory medicines such as ibuprofen or Aleve, aspirin, fish oil, vitamin E, and supplements as advised by your care team. You may continue taking Celebrex.
- Continue your prehab exercises and practice using your crutches to build strength and stamina.
- For one week before surgery, do not shave near the area where the surgery will be done. Shaving could increase your risk of infection.
- If you develop flu-like symptoms, a congested cough, severe vomiting or diarrhea, any open wounds or a rash, please call Newport Orthopedics right away at 401-845-1474.

Two days before surgery

- Begin taking your preoperative medications.
- If you haven't quit smoking, stop now.
- Continue pre-surgical exercises and practicing with your crutches to build strength and stamina.

One day before surgery

- Shower with Hibiclens as instructed, drying with a fresh towel.
- Have nothing to eat after midnight except the Ensure pre-surgery drink that was provided by your care team (see folder insert).
- Eat a regular dinner, nothing too heavy or rich.
- Take all your regular medications, except those you have previously been instructed to stop. If you have any questions about which medicines to take, please call Newport Orthopedics at 401-845-1474.

Prepare Your Home for Your Return

Please walk through your home and make small yet important changes to ensure that you will be safe when you return after your surgery.

- Remove throw rugs in any room of your home that you will be using during your recovery.
- Be sure you have a cell phone and charging cord or portable phone handy.
- Rearrange furniture to clear all walkways between the main rooms of your home.

Kitchen

- Place frequently used items in accessible cabinets so you won't have to reach too high or low.
- Keep counters clear of clutter.
- Make sure floor is not slippery.
- Buy juices/milk, etc., in small containers.
- Prepare and freeze a few meals before your surgery.

Bedroom

- Have a lamp and telephone on the bedside table.
- Put fresh linens on the bed.
- Use a nightlight to illuminate the path to the bathroom.
- If possible, arrange a bedroom on the first floor. You may need this only for the first few days you are home.
- Place frequently used clothing in higher drawers.
- Move a chair with arms into the bedroom to use while you are getting dressed.

Bathroom

- Use a nonskid mat in the tub.
- Consider installing suction-cup grab bars by the toilet and the tub.

Living Room

- Pick out a chair that will be appropriate to sit in when you come home. A firm chair with arms is best. Avoid rockers and chairs on wheels.

Stairways/Halls

- Keep stairs and hallways free from clutter.
- Make sure all stairs have sturdy railings.
- Plan to have a loved one or friend help you manage stairs the first few times.

Outdoor Areas

- Make sure hedges, shrubs and trees do not interfere with outdoor walkways.
- Arrange for outdoor pathways to be clear when you return home, especially during autumn (fallen leaves) and winter (snow).

Assistance from Your Loved Ones

Ask friends, family, or neighbors for some assistance with the following tasks while you are in the hospital and during the first two weeks after you return home:

- seasonal yard work/snow removal
- grocery delivery
- mail and newspaper pickup
- pet care (walking, feeding)
- taking trash to the curb
- carrying laundry to the basement

Home Equipment for Your Recovery

Ask friends and family or contact local organizations (see the Community Resources section) about borrowing the following items:

- walker, cane, crutches (if needed)
- raised toilet seat or a commode
- shower chair or bench
- grabber/reacher

Clothing that will make your recovery easier includes:

- roomy garments (sweatpants, house dresses, loose shorts)
- walking shoes with nonslip soles
- comfortable socks
- apron with pockets; bag or basket for your walker if you're using one



Insurance Questions

Insurance coverage for doctor visits, hospital visits, surgeries, therapies, and equipment is dictated by your policy. Please contact your insurance carrier with any questions about your cost for these services. Ask if any of the following apply to your insurance coverage, and get explanations:

- surgery deductible
- hospital stay deductible/co-pay
- coverage for a cold therapy (ice) machine
- copay for a walker, cane, crutches (if needed)
- copay for therapy visits
- copay for home physical therapy
- copay for skilled nursing facility stay (if necessary)

If you have any additional questions, please call Patient Financial Services at 401-444-6966.

What to bring with you to the hospital

- ☐ This patient guide
- ☐ Insurance cards and ID
- ☐ Credit card or other form of payment
(unless copayment was provided in advance)
- ☐ Copy of your health care directive, if you have
not already provided a copy to the hospital
- ☐ Picture of your medications (line up containers and
take a picture with your phone)

Medical Equipment

- ☐ CPAP machine if you use one
- ☐ European (cuff) crutches
- ☐ Sling, for shoulder surgeries

Clothing and Personal Items

- ☐ Comfortable shoes with nonskid soles
- ☐ Undergarments and socks
- ☐ Loose-fitting pants (sweatpants work best, as
they are easy to put on and take off)
- ☐ Blouse or shirt
- ☐ Glasses or contact lenses
- ☐ Dentures
- ☐ Hearing aid
- ☐ Chewing gum or hard candy
- ☐ Lip balm

Do Not Bring

- ☐ Jewelry or other valuables
- ☐ Medications

The Day of Surgery

What You Should Know About Your Surgical Experience:

- **Shower with Hibiclens as instructed**, drying with a fresh towel, before leaving for the hospital.
- **Please use free valet parking**, available between 7 a.m. and 4 p.m.
- **Enter through the main entrance** of the hospital, 20 Powel Avenue, at the time you were instructed to arrive. Your family can also park in the lot directly across the street (patient/visitor parking) after dropping you off.
- **Registration:** The admitting office is just off the Hill Courtyard. The admissions staff will confirm your identity and insurance coverage, give you an identification bracelet, and register you for your surgery and hospital stay. The admitting staff will escort you to the surgical unit.
- **The Surgical Liaison and Waiting Area:** The liaison will familiarize you and your loved ones with the surgery suite and waiting area, which has free wi-fi, television, and comfortable seating. The liaison will make sure your loved ones remain informed about your surgery's progress.
- **Pre-Op Unit:** The pre-operative department completes your preparation for surgery. You will change into a warming gown, and an intravenous line will be started. Your personal belongings and clothing will be collected and labeled with your name.

A team of nurses and anesthesiologists will review your paperwork, vital signs and laboratory results. You will be asked your name, date of birth, and planned surgery by many members of the hospital team. This is part of the routine safety checks done in preparation for surgery.

You will see your surgeon in the pre-op area. After reviewing paperwork and answering any questions, the surgeon will initial your surgical site as another safety check.

Once you are prepared, a loved one or friend may keep you company while you wait to be taken to the operating room.

- **Anesthesia:** Anesthesia is administered to make you comfortable during surgery. Depending on your surgery, you may receive a local nerve block to help with pain both during and after the surgery. General anesthesia is not used in our ERAS (enhanced recovery after surgery) approach. Spinal anesthesia is preferred in most cases as we find that patients experience less nausea and fatigue and are more clear-headed following surgery; this also makes it easier to move soon after the procedure, a best practice.
- **Surgery:** After all the pre-operative checks have been completed you will be taken into surgery. You may be given a sedative to make you sleepy. The OR staff will make you comfortable, the anesthesiologist will administer your anesthesia, and the surgeon will begin the operation.
- **Post-Anesthesia Care Unit:** Once your surgery is done, you will be transferred to the PACU. When you wake, you will be wearing a blood pressure cuff, a heart monitor, a clip on your finger that measures your oxygen level, and devices on your legs that help blood circulate. After two hours you will be assessed for discharge home or transfer to an inpatient unit.

The nurses in the PACU will make sure that you are safe and comfortable after surgery.

Your Hospital Stay

- Your inpatient care team comprises highly trained registered nurses, nurse practitioners, certified nursing assistants, and unit secretaries. In addition, physical therapists, occupational therapists, and case managers will be caring for you during your stay.
- **Visitors:** Family members and friends may visit as soon as you are settled in your room.
- **Physical Therapy:** Once you have been cleared by the anesthesia team to get out of bed, our nursing and/or physical therapy team will begin to work with you. This generally occurs within hours of your procedure. Getting moving quickly has been shown to reduce post-operative complications and encourage a speedier recovery.

Pain Management After Your Surgery

It is normal to experience pain after surgery. It can feel like a dull ache, pulling, tightness, cramping, burning, stabbing, or other unpleasant sensations. It can range from mildly irritating to severe.

Controlling pain is an important step in your recovery. The nursing and physician staff will work closely to give you optimal pain control throughout your stay. An advantage of our enhanced recovery after surgery protocol is that we anticipate your pain and begin treating it before your joint replacement. It is important to not over- or under-estimate your pain.

While you are in the hospital, your care team will ask you frequently (about every three hours) about your pain level. Tell them honestly when and where you feel pain, if the pain medication isn't working, if you're nauseated, or if you aren't as alert as you think you should be. So your care team can properly provide the medication you need, make sure you don't exaggerate or minimize your pain.

Pain control and moving about will foster a faster healing process. Your care team may try different types or amounts of medication, possibly given at different time intervals, to manage your pain effectively.

- Oral pain medications are used for mild and moderate pain (pain scores ranging from 3 to 7).
- Injectable or intravenous pain medications may be used for severe pain (pain scores ranging from 8 to 10).

Your surgeon will prescribe an appropriate combination of pain medications to provide pain relief for you.

Side Effects

You may experience some side effects from medications after your surgery, such as nausea, vomiting, constipation, itching, dizziness, and drowsiness. We will work with you to minimize these.

Bowel Management

Some of the medications, particularly narcotic medications, that you receive while you are in the hospital may cause constipation. Your doctor will prescribe medications that prevent constipation and help you have a bowel movement. These include stool softeners and laxatives. Moving about will help "wake up" your digestive system.

Drinking plenty of water and eating foods high in fiber will help prevent constipation.

If you have a tendency toward constipation on a regular basis or after surgical procedures, please let your nurse know.

Alternatives to Pain Medicine

- Simply changing your position may help alleviate pain.
- Cold therapy provided by an ice machine, ice packs — even bags of frozen peas — often work well to control pain as well as relieve itching and muscle spasms.
- Relaxation techniques such as meditation help relieve anxiety and tension. They produce a relaxation response that reduces stress.
- Distraction therapy reduces pain by taking your mind off it. Listening to music or doing crosswords or puzzles are examples.
- Individuals who stay upbeat and think positive often feel less pain or are less bothered by it.

Monitoring Your Condition

From time to time, your care team will check your vital signs, as well as draw blood for testing. This information will be shared with your physician before making decisions about your care plan.

Preventing Blood Clots

- After surgery you may wear compression stockings and/or calf compression pumps while you are in bed. The pumps wrap around your calves and provide intermittent pulsation. They help circulate blood and prevent clots.
- You will be encouraged to walk and to spend as much time as possible out of bed, which will help prevent blood clots.
- Your doctor will also treat you with medications to help prevent blood clots. Your nurse will give you information about the blood thinner your surgeon has prescribed, and he/she will answer any questions you may have.

Preventing Falls

No one plans to fall, but because of medications and the nature of joint replacement surgery, your balance and strength may be compromised. It is extremely important that you call a nurse for assistance before getting out of bed or moving from the bed to the chair.

Other Precautions

After a knee replacement

For safety and proper healing of your knee:

- Do not sit longer than 45 minutes at a time. Being sedentary can allow the muscles around your knee to stiffen.
- Do not put a pillow or any support directly behind your knee. Instead, you may elevate your leg so that it is higher than your heart and apply icepacks.

After a hip replacement

After undergoing a hip replacement, you will need to learn ways to move your new joint and will be advised to avoid extreme motions.

Your physical therapist may add precautions specific to you.

After a shoulder replacement

You will wake up from surgery wearing a special sling to support your shoulder and arm in the proper position. You will be instructed how to adjust the sling, when to wear it, and when you can remove it.

Physical Therapy

Physical therapy (PT) is an important part of your recovery that helps you regain normal mobility.

Day of Surgery: The physical therapist will see you shortly after you arrive in your room to complete an evaluation. Depending on your progress during your first session, the therapist may return a second time, or your nurse may help you get out of bed later in the evening. The physical therapist will also help you get dressed in comfortable clothes that you have brought from home.

During Your Hospital Stay: The physical therapist will review an exercise program and ensure that you can get in and out of bed, up from a chair, into the restroom; dress yourself, walk typical household distances, and complete stair training if this is needed for you to go home safely.

Your care team will encourage you to be out of bed for all meals and walking with assistance from your therapist or nursing staff several times during your stay.

Occupational therapy services may include evaluations of your home and suggestions for adaptive equipment that may make routine tasks easier for you when you return home. After your total joint replacement you will work with a member of the rehabilitation team (an occupational or physical therapist) to assess your ability to complete personal care and household tasks so that

you may return home safely. After discharge from the hospital, you may receive occupational therapy at home through a visiting nurse service.

Adaptive Equipment Needs

Following your total joint replacement, you may have some difficulty performing personal care tasks. You may find it challenging to reach your feet to wash; to put on pants, socks, and shoes; or to bend to pick up something from the floor.

Most people find it helpful to use some pieces of adaptive equipment to perform these tasks while they recover. The most commonly used are a reacher, a sock aid, a long shoehorn, a long-handled sponge, elastic shoe laces, a raised toilet seat, and a tub bench. Your therapist will teach you how to use this equipment to maintain your independence while you recover.

Because these items are not typically covered by insurance, there is a small out-of-pocket cost. You may call Lifespan Home Medical and request a “hip kit,” and, if needed, a raised toilet seat and tub seat. They will either deliver or mail the items to your home. These aids also are available at some pharmacies, at medical supply companies, and online. Check the Community Resources handout in this folder.

FAQ: How long will I be in the hospital?

The length of a patient’s stay varies with each person. We have certain goals you must meet in order to be safely discharged to your home. Most patients progress very rapidly and meet all discharge goals by the day after surgery. Your care team will provide an anticipated discharge time. Please make sure you have an adult to drive you home and let them know when to arrive.

Goals for Discharge Home

- ☐ Get out of bed to the chair
- ☐ Pain at a tolerable level
- ☐ Walk household distances (50 feet)
- ☐ Perform bathroom tasks
- ☐ Understand any movement precaution (if applicable)
- ☐ Get dressed
- ☐ At minimum, pass gas
- ☐ Stair training

Planning for Your Discharge and Recovery

The Role of Case Manager

The case manager will:

- review your discharge options and ensure you are prepared
- see you the day after your surgery and continue to monitor your progress and facilitate your safe discharge from Newport Hospital

Determining Your Discharge Plan

- It is your right to choose the providers, services and agencies that help you to recover after your surgery. Choice can be limited for many reasons, including your insurance coverage. Please gather information before your surgery from your insurer and Newport Hospital financial services (401-444-6966).
- The team's goal is to identify the best and safest discharge option for you. Case managers work closely with you and the care team to develop your discharge plan.
- Discharge plans can change for a variety of reasons. We encourage you to maintain flexibility in planning for discharge, and the team will help guide you through this process.

Recover at Home with Outpatient Therapy: Option 1

Many of our patients who have support from friends and family are discharged directly home. Recovering at home promotes a quicker return to normal activities, including sleeping and eating better. You remain in control of managing your medication and other needs, and your care team continues to oversee your recovery. This is highly recommended if you have a loved one or friend to drive you to physical therapy appointments and provide general help.

Recover at Home with Visiting Services: Option 2

- If you reach a reasonable level of independence while working with physical therapists in the hospital and have some support, you may go home and receive therapy and visiting nurse care there. People tend to sleep and eat better in their own homes. You remain in control of managing your medication and other needs, and your care team continues to oversee your recovery.

Skilled Nursing Facility: Option 3

- This option is only for patients who can't safely return home because they do not have support, cannot safely walk household distances, or have difficulty maintaining their balance. A list of skilled nursing facilities is available on request.
- There may be an out-of-pocket expense for transportation by ambulance or wheelchair van from the hospital to a skilled nursing facility. Please contact your insurance company for details.
- Case managers are responsible for making referrals to rehabilitation facilities and/or agencies based on your choice. If a bed is not available at the facility of your choice, the case manager will seek alternatives.

About Recovering at Home

Taking proper care of yourself and following all the instructions you've been given will help speed your recovery. Walking and daily exercises will be part of your routine. You'll find that walking will become easier as your hip or knee regains strength.

Keep discomfort in check

- Take pain medicine as prescribed by your surgeon.
- Make sure to change position every 45 minutes or so throughout the day.
- Take short walks often throughout the day.
- For pain or swelling, elevate your leg above the level of your heart with cushions placed under the calf and apply an ice pack (or use an ice therapy machine).
- Apply ice packs before and after exercise for up to 20 minutes.
- To reduce pain or swelling, apply ice packs to your surgical site for 20 minutes on, 20 minutes off.

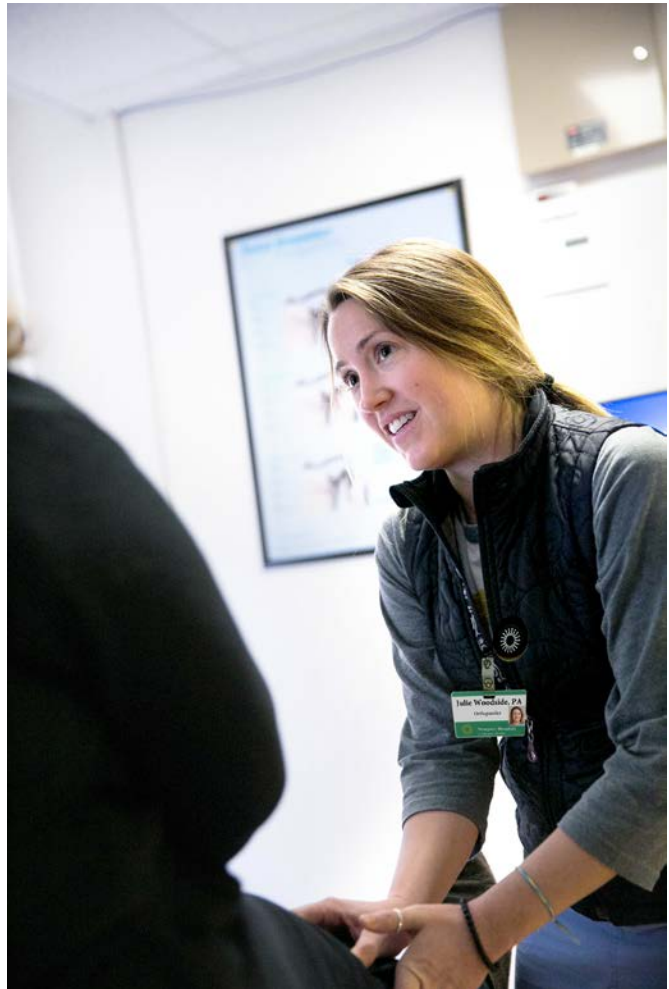
General Self-Care

- Drink lots of water to keep hydrated and avoid constipation.
- Expect your energy level to be lower than normal for as much as a month after surgery. Try to get at least eight hours of sleep a night. If you are uncomfortable during the night, get up and move about. It may relieve the discomfort. Nap if you're tired, but don't stay in bed.
- Pain-relieving medications may cause constipation. Using a stool softener and eating foods high in fiber will encourage regular bowel movements. Call Newport Orthopedics or your primary care physician if constipation persists.
- Rise slowly after sitting or lying down to prevent losing your balance.
- Don't lift anything heavy. Avoid lifting objects in a way that causes you to squat or bend. Don't use stepstools or climb ladders.

About Your Incision

Before going home from the hospital, you will be instructed how to care for your bandage and incision.

- A special bandage will be applied to your incision and will stay in place for a week. It will keep your incision clean and dry while it heals. You may remove the bandage yourself after a week.
- You will be able to shower, but don't submerge your incision (no tub baths, soaking in hot tubs, or swimming in fresh or salt water or swimming pools) for at least four weeks.
- Unless you're told to by your surgeon, don't apply anything to your incision.
- If you notice an increase in drainage, redness, or heat around your incision, have pain or detect an odor, call your surgeon or physician assistant immediately.



Frequently Asked Questions About Your Recovery

How long will I be in pain after surgery?

Most patients experience discomfort for two to four months after surgery. Your pain will typically lessen over time and you will usually be able to stop strong pain medications within one to three weeks after surgery. We prescribe both narcotic and non-narcotic pain medications.

How long will I be in the hospital?

The length of a patient's stay varies with each person. We have certain goals you must meet in order to be safely discharged to your home. Most patients progress very rapidly and meet all discharge goals by the day after surgery. Your care team will provide you with an anticipated discharge time. Please make sure you have an adult to drive you home and let them know when to arrive.

When can I start driving again?

Safely getting into and out of a car will be discussed during your physical therapy. Your surgeon will provide a time frame of when you may start driving, typically two to three weeks after surgery. You must also be off narcotic pain medications, have normal control of your arm or leg, and have normal reaction times before you can resume driving.

You may ride in a car sitting on a folded blanket or firm cushion to prevent sitting too low.

You may qualify for a temporary handicap parking permit from the Division of Motor Vehicles. Your surgeon can discuss this with you.

When can I resume playing sports such as golf?

You can return to your leisure activities as soon as pain allows. Always remember to follow your hip or knee precautions. For activities such as swimming, you should wait approximately six weeks. Please speak with your surgeon or rehabilitation providers if you have any questions.

When can I resume sexual activity?

You may resume sexual activity when it is comfortable for you, remembering to follow any hip or knee precautions.

Will I set off the metal detector at the airport? If so, do I need a medical ID card?

Patients may set off metal detectors. It's advisable to inform the Transportation Security Administration officer about the implant before screening. No medical ID card is necessary after total joint replacement, but if you travel frequently you may wish to get a TSA notification card. Visit www.TSA.gov

Will I be able to have an MRI now that I have a total joint replacement?

You can have an MRI safely.

How long will I be on a blood thinner?

You will be on your blood-thinning medication for a period that will be determined by your surgeon, usually four weeks. Then you will resume any blood thinners you were on before the surgery as directed by your physician.

Will I need a hospital bed if I choose to go home instead of to a skilled nursing facility?

Most patients don't require a special bed when they choose to go home. Speak with your therapist about your home arrangements, and they will help you determine if this is needed. Your case manager will arrange for a bed to be delivered if you decide you need one. Most health insurance companies cover the rental of a bed. Call your insurer to check.

When can I shower?

The special bandage that was applied after your surgery is waterproof and will stay on for one week. You may shower right away, but do not submerge your incision (that is, no tub baths, hot tub soaks, or swimming in fresh or salt water or swimming pools) for four weeks.

May I have dental work or other medical procedures done?

You must wait three months after your surgery before seeing the dentist unless it is an emergency. After the waiting period, it will be necessary to take antibiotics before having dental work or certain other medical procedures in order to prevent possible infection in your operated joint. Details about dental and other procedures are on the insert in this folder.

Outpatient Rehabilitation Services After Total Joint Replacement

Outpatient rehabilitation is recommended to help you maximize your new joint's performance and get back to the activities you want to enjoy. You may still need additional strength training, assistance with bending or straightening your new joint, or help discontinuing use of the crutches or cane. Outpatient physical therapy can help you accomplish these goals. Outpatient physical therapy begins once you have completed home care and are easily able to leave your home and get into and out of a car.

Once you have completed your formal course of therapy, we highly recommend that you join a gym or work with a personal trainer to continue exercising.

On your first visit to the outpatient rehabilitation clinic, the therapist will:

- perform an examination
- obtain a history of your medical and surgical procedures
- assess your pain
- obtain a history of your prior and current functional status
- take several measurements
- observe your range of motion, strength, and balance
- identify your goals for therapy
- observe you during transfer, walking and stair-climbing
- develop a unique treatment plan for you

Depending on how your recovery is progressing, treatment may begin the same day if time is available.

The frequency and duration of outpatient therapy varies, since each patient progresses differently. Patients may be seen two or three times per week for four to eight weeks or more.

Equipment you may work with includes (but is not limited to):

- a stationary bike to improve range of motion, strength, and endurance
- a treadmill to practice gait sequencing and build your walking endurance
- stairs to promote balance training and safety
- mat exercises to improve your range of motion and strengthen the affected limb
- weights and machines to improve flexibility, strength, and range of motion
- specialized treatments to alleviate pain and swelling
- hands-on, manual therapy techniques to improve flexibility, strength, and range of motion
- assistive devices, progressing to walking with the least restrictive device or without a device

Newport Hospital offers outpatient rehabilitation at its award-winning Vanderbilt Rehabilitation Center. The staff is experienced in treating orthopedic patients and is dedicated to providing expert one-on-one care. The goal of therapy is to maximize your independence and ensure optimal benefit from your surgery. We work closely with your care team and provide timely communication regarding your progress. Free valet parking is available.

Community Resources

Department of Elderly Affairs (DEA)

www.dea.ri.gov or 401-462-3000

This is the state's primary agency that monitors community programs and services for seniors. They provide information about programs such as financial assistance, home care, and more.

Meals on Wheels

Nonprofit food delivery service for qualified seniors. For more information, call 401-462-3000.

Online grocery shopping and delivery

Services such as Instacart.com and Stop & Shop's peapod.com, are available.

LogistiCare

855-330-9131

Provides transportation to and from medical appointments. Available to all patients with Medicaid and to patients age 60 and older who qualify.

RIDE Program

401-461-9760 or 1-800-479-6902

Curb-to-curb transportation to people with disabilities is available for therapy, doctor appointments, medical tests, and more. Reservations are required. Call to find out if you qualify.

Medicare Information

www.medicare.gov or 800-633-4227

Rhode Island Freemasons

Robert J. Allen Medical Equipment Distribution Center
401-246-0865 or email rimason@rimasons.org

This organization lends gently used durable medical equipment with the understanding that the equipment will be returned once it is not needed.

Open on Fridays from 9 a.m. to noon, Long Street, Warwick, RI (use second entrance gate at the Buttonwoods Masonic Youth Center).

For additional resources, contact your local religious groups, Shriners, Knights of Columbus, Elks Club, and senior centers.

Outpatient Rehabilitation Services

(This is not an exhaustive list of facilities.)

Section 1802 of the Social Security Act "seeks to ensure that free choice is guaranteed to all Medicare Individuals." The law states: "Any individual entitled to insurance benefits under this title [i.e., Medicare] may obtain health services from any institution, agency, or person qualified to participate under this title if such institution, agency, or person undertakes to provide him such services." This statement gives patients freedom to choose whom they want as their provider of post-hospital services.

There are other companies not listed here. A patient has the right to find one of his or her own choosing.

Vanderbilt Rehabilitation Center, Newport Hospital
20 Powel Avenue, Newport, RI 02840
401-845-1845

Olympic Physical Therapy
1812 Main Road, Tiverton, RI 02878
401-625-9855

OPT Physical Therapy & Foot Orthotics
Locations in Barrington, Bristol, Middletown, Tiverton, Wakefield, and Warren
www.opt-ri.com

Lifespan Home Medical

401-335-9000 or toll free: 1-800-480-2273

Delivers or mails equipment

directly to your home

To learn more: www.LifespanHomeMedical.org

Apria Healthcare

401-435-8500 or www.apria.com

Independence Home Health Wares

35 Agnes St., East Providence, RI, 02914

401-273-8888 or www.homehealthwares.com

Vanguard Home Medical Equipment

401-468-1300

Equipment also may be purchased online.



Notes: