Congratulations!

You have made the first step in recovery from your hip or knee pain. We are pleased that you have chosen St. Luke’s for your joint replacement surgery. We are committed to making your recovery a comfortable and successful one.

This manual is your guide and we urge you to read and refer to it frequently. It will provide you with a comprehensive overview of your upcoming experience.

Members of our team are dedicated to your well-being and satisfaction. Each attending surgeon is supported by a staff that may include physician assistants, orthopedic residents, anesthesiologists, nurses, physical/occupational therapists, care management staff and administrative personnel. The staff is here to serve you. Any medical concerns you have should be discussed with your surgeon and team of physicians. Your active participation in treatment is vital to your full recovery.

We welcome your comments and input to help improve our Total Joint Program. On behalf of all of the members of our service, we hope that this educational booklet helps answer many of the questions regarding your condition, treatment and what to expect before and after your surgery.

Please feel free to contact your surgery scheduler if you have any questions or require additional information.
At today’s visit, you received some medication prescriptions. It is important that you fill these prescriptions as soon as possible. You will begin taking some before surgery and others will start after surgery. See information below.

**Pre-Op Vitamins - Start before surgery:** You surgeon prescribed you iron (ferrous sulfate), vitamin C and folic acid plus a multi-vitamin. To get the most benefit from these vitamins, you should start taking them 3 to 4 weeks before your surgery. It is best to take the iron and vitamin C together to maximize the absorption rate.

**Anticoagulant - Start AFTER surgery:** An anticoagulant, or blood thinner, comes in several forms and is used to prevent blood clots after surgery. Lovenox (enoxaparin) syringes, Eliquis (apixaban) or aspirin are some of the commonly used brands. We prescribe this now so we can work out any insurance required co-payments or authorizations which can cause delays. We want you to have this medication on hand and ready for your return home after surgery. **It is very important that you DO NOT start this medication until after your total joint surgery.** Your surgical team will provide instructions on how to take this medication and when to start. Taking it before surgery will **require your surgery to be canceled.**

Please reach out to your Nurse Navigator with any questions.
## Important Phone Numbers

**St. Luke’s University Health Network**, for any location, speak with operator:

484-526-4000

**Outpatient Physical Therapy at St. Luke’s**:

484-526-5025

**St. Luke’s Orthopedic Care**:

484-526-1735

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<tr>
<th>Location</th>
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<tr>
<td><strong>Allentown</strong></td>
<td>1736 Hamilton Street, Allentown, PA 18104</td>
<td>Report to the South Lobby to check in.</td>
<td>610-628-8352</td>
<td>610-628-8639</td>
</tr>
<tr>
<td><strong>Anderson</strong></td>
<td>1872 St. Luke’s Boulevard, Easton, PA 18045</td>
<td>Report to the Registration Desk inside the main hospital entrance.</td>
<td>484-503-0504</td>
<td>484-503-1430</td>
</tr>
<tr>
<td><strong>Bethlehem</strong></td>
<td>801 Ostrum Street, Bethlehem, PA 18015</td>
<td>Report to the Admitting Department in Lobby B.</td>
<td>484-526-493 or 4495</td>
<td>484-526-4441</td>
</tr>
<tr>
<td><strong>Geisinger St. Luke’s</strong></td>
<td>100 Paramount Boulevard, Orwigsburg, PA 17961</td>
<td>Report to the Reception Desk inside the main hospital entrance.</td>
<td>272-639-1054</td>
<td>272-639-1113</td>
</tr>
<tr>
<td><strong>Lehighton</strong></td>
<td>211 North 12th Street, Lehighton, PA 18235</td>
<td>Report to the Reception Desk inside the main hospital entrance.</td>
<td>610-377-7275 until 5 pm</td>
<td>610-377-7073 until 5 pm</td>
</tr>
<tr>
<td><strong>Miners</strong></td>
<td>360 West Ruddle Street, Coaldale, PA 18218</td>
<td>Report to the Reception Desk inside the main hospital entrance.</td>
<td>272-212-0447</td>
<td>272-212-1435</td>
</tr>
<tr>
<td><strong>Monroe</strong></td>
<td>100 St. Luke’s Lane, Stroudsburg, PA 18360</td>
<td>Report to the Reception Desk inside the main hospital entrance.</td>
<td>272-985-1020</td>
<td>272-985-1114</td>
</tr>
<tr>
<td><strong>Upper Bucks</strong></td>
<td>3000 St. Luke’s Drive, Quakertown, PA 18951</td>
<td>Report to the Reception Desk inside the main hospital entrance.</td>
<td>272-76-4646</td>
<td>272-76-4588</td>
</tr>
<tr>
<td><strong>Sacred Heart</strong></td>
<td>421 West Chew Street, Allentown, PA 18102</td>
<td>Report to the Reception Desk inside the main hospital entrance.</td>
<td>610-776-4646</td>
<td>610-776-4588</td>
</tr>
<tr>
<td><strong>Warren</strong></td>
<td>185 Roseberry Street, Phillipsburg, NJ 08865</td>
<td>Report to the Reception Desk on the 2nd floor inside the main hospital entrance.</td>
<td>908-847-8860</td>
<td>908-847-2161</td>
</tr>
</tbody>
</table>

**After 5pm call**

570-645-8105

**Important Phone Numbers**

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**St. Luke’s Orthopedic Care**:

484-526-1735
A Closer Look at Total Hip Replacement (THR)

To understand THR, you should be familiar with the structure of the hip joint, a ball-and-socket joint. The ball component is attached to the top of the femur (long bone of the thigh). The acetabulum (socket) is part of the pelvis. The ball rotating in the socket permits you to move your leg forward, backward and sideways.

With a healthy hip, smooth cartilage covering the ends of the thigh bone and pelvis allows the ball to glide easily inside the socket.

With a problem hip, the worn cartilage no longer serves as a cushion. As the diseased or damaged bones rub together, they become rough, and the resulting pain causes difficulty in walking.

THR consists of replacing the worn-out socket with a durable plastic or polyethylene cup with or without a metal titanium shell. The femoral head is replaced with either a chromium-cobalt alloy metal ball or a ceramic ball and that is attached to a metal stem of titanium or chromium cobalt metal alloy.

There are several ways to fasten the components (implant to the bone) during the hip replacement procedure. With a cemented THR, the prosthesis is held in place by bone cement. In a non-cemented THR, fixation occurs as the bone grows on and into the implant surface.

Bearing surfaces include metal-on-polyethylene (plastic), ceramic-on-ceramic, and ceramic-on-polyethylene. The most commonly used FDA approved bearing surface is metal with highly cross-linked polyethylene. The best bearing surface for you will be decided in consultation with your surgeon.

Clinical and biomechanical research has steadily improved the methods and materials available for THR. Prosthesis durability varies with the usage demands of each patient.
A Closer Look at Total Knee Replacement (TKR)

To understand TKR, you should be familiar with the structure of the knee joint.

With a healthy knee, smooth, weight-bearing surfaces allow for painless movement. Muscles and ligaments provide side-to-side stability.

A membrane lines the joint. Cartilage acts as a cushion between the femur and tibia and is lubricated by synovial fluid.

With an arthritic knee, the cartilage cushion wears out. The bones rub together and become rough. The resulting inflammation and pain cause reduced motion and difficulty in walking.

The weight-bearing surfaces of a total knee replacement are smooth, as in a normal knee. A femoral component covers the end of the thigh bone. A tibial component covers the top of the shin bone, and the patellar component covers the underside of the kneecap.

• Most femoral components are metal alloys (cobalt chromium) or metal ceramic alloys (oxidized zirconium).
• The patellar component is plastic (polyethylene).
• The tibial insert component is also plastic (polyethylene).
• The tibial tray component can be made of the following materials:
  – cobalt chromium (metal alloy)
  – titanium (metal alloy)
  – polyethylene (plastic)

Clinical and biomechanical research has steadily refined knee replacement methods and materials. Prosthesis durability can vary from patient to patient because each patient’s body places slightly different stresses on the new knee. However, the average patient can expect to obtain greater mobility and freedom from pain, which will in turn, improve ability to walk.
Preparing for Surgery

Getting ready for surgery is no small task! Use this checklist to help you stay on track prior to surgery.

☐ Review this booklet in its entirety.

☐ Complete Pre-Admission Testing.

☐ Attend medical clearance and any other clearance/consult appointments set up by your scheduler.

☐ Attend your Joint Education and Pre-Admission Nurse meeting.

☐ Take medication as prescribed. You will receive special instructions regarding your medications from the Pre-Admission Testing department.

☐ Discontinue nicotine products as soon as possible.

☐ Arrange for a capable caregiver to assist you with care and transport following surgery.

☐ Familiarize yourself with the dental antibiotic requirement.

☐ Complete the Home Preparation Checklist on the next page to ensure your home environment is ready for you when you return from surgery.

Blood Management Program – A common side effect of joint replacement surgery is blood loss. This blood loss could lead to a condition called anemia, which means there are not enough red blood cells to transport oxygen to your body’s tissues. The body’s other systems have to work harder to compensate and you may feel tired, weak, dizzy, or short of breath.

Preventing and treating anemia can be achieved with the combination of medications and good nutrition. Your surgeon will order several medications for you (Multivitamin, Iron, Vitamin C, and Folic Acid). We recommend you take these medications for 3-4 weeks before your surgery.

Outpatient Physical Therapy Evaluation Before Surgery – The physical therapy examination before surgery will begin the planning for a safe and effective recovery. Mobility, strength, balance and walking will be assessed. Your virtual home assessment and home preparation checklist will be reviewed. Your physical therapist will teach you the correct use of assistive devices for walking, stair climbing and car transfers. They will also review a home exercise program and allow you to ask questions regarding the rehabilitation process. At the conclusion of your visit, you can set up your first post-op appointment with your physical therapist if not already scheduled.
Home Preparation Checklist

General

☐ Arrange for a relative or friend to stay with you for 3-7 days post-op
☐ Arrange shopping/housekeeping/pet care for 4-6 weeks post-op
☐ Attach a basket or bag to your walker for carrying small items
☐ Keep a foot stool nearby for elevating your legs
☐ Pre-shop for items that will make life easier after surgery such as a long-handled reacher, sponge or shoe horn, elastic waist pant/shorts, shirts with pockets, sock aids and/or elastic shoe laces

Your Home

☐ Arrange for single level living, if possible
☐ Clear pathways to allow space for walking around your home
☐ Remove potential tripping hazards like throw rugs or cords
☐ Ensure carpeting is secure and without wrinkles
☐ Rearrange closets, dressers, nightstands, kitchen and bathroom so your most frequently used items are within reach (waist to chest height)

Lighting

☐ Make sure pathways are well lit
☐ Place motion sensors or nightlights in bathroom and bedroom

Bedroom

☐ Adjust your bed height to make it easier to get in and out

Bathroom

☐ Install grab bars in the shower or tub and near the toilet for safety and support
☐ Add a bath/shower seat or transfer bench as needed
☐ Install non-slip rubber mat or strips on the floor of your shower/tub
☐ Replace fixed shower heads with hand-held shower heads

Meals

☐ Stock up on pre-made meals
☐ Prepare and freeze meals in advance
☐ Use paper plates and plastic utensils to avoid bending over to place items in your dishwasher

Medications

☐ Keep medications at waist to chest height for easy access
☐ Have a note pad/pen available to record usage

Pets

☐ Place bells on small pets to alert for tripping hazard

Posterior Hips Only

☐ Avoid low or deep sofas or recliners
☐ Try to sit in an elevated chair with arms that will aid with standing up
☐ Purchase an elevated toilet set to prevent bending beyond 90°

Create a Comfort Center

Identify a space where you can relax between exercises, walks and sleeping. Include things you will frequently need like your phone, laptop, TV remotes, notebook and pen, emergency numbers, snacks, drinks, books and tissues.
**Day Before Surgery**

Notify your surgeon’s office right away if you become sick with a fever, cough or flu-like symptoms in the days leading up to your surgery.

- **DO NOT** shave any body part in the 24 hours prior to your surgery
- **DO NOT** use any other soap or body rinse on your skin during or after the antiseptic showers
- **DO NOT** use lotion, powder, deodorant, or perfume/aftershave of any kind on your skin after your antiseptic showers
- **DO NOT** eat or drink anything, including water, coffee and tea, after midnight on the night prior to your procedure, unless otherwise instructed by your physician

**To-Do List:**

- Place clean sheets on your bed the night before surgery
- Get clean towels and washcloths ready (enough for two showers). Set aside clean underwear, pajamas and clothes
- **On the evening before surgery, take a shower with antiseptic soap to decrease the amount of bacteria on your skin**
  1. Shampoo your hair with regular shampoo and then rinse your hair and body completely
  2. Use a clean washcloth to apply antiseptic soap from the neck down to your toes
  3. Pay close attention to the area where your incision will be and lather this side for about 2 minutes
  4. Rinse antiseptic soap completely
  5. Dry off with a clean towel
  7. Put on clean underwear and clean clothes after completing the bathing process
  8. Sleep with clean sheets on your bed

- You will receive a call on the day prior to your surgery with an arrival time. Most calls are made in the late afternoon or early evening.
  - If you are having surgery on a Monday, you will receive a call on Friday.
  - If you have not received a call by 7 PM on the night before your surgery, please call 484-526-4000 and inform them that you are calling to confirm your arrival time for surgery. Ask to be connected to the Hospital Supervisor at the campus where you are having surgery. You will be directed to the appropriate staff to obtain this information.
Your Surgery Day

- Take a shower with antiseptic soap to decrease the amount of bacteria on your skin
  1. Shampoo your hair with regular shampoo and then rinse your hair and body completely
  2. Use a clean washcloth to apply antiseptic soap from the neck down to your toes
  3. Pay close attention to the area where your incision will be and lather this side for about 2 minutes
  4. Rinse antiseptic soap completely
  5. Dry off with a clean towel
  6. Before getting dressed in clean clothing: Use one CHG cloth on your surgical joint making sure to wipe vigorously for 3 minutes
  7. Allow the area to dry completely, do not rinse
  8. Use the second CHG cloth on your surgical joint making sure to wipe vigorously for 3 minutes. Throw these cloths in the trash. DO NOT FLUSH THEM
  9. Allow the area to dry completely; do not rinse. Dress in clean clothes

- DO NOT FORGET to take your shower with antiseptic soap and use the CHG cloths on the morning of surgery.
- Please DO NOT wear make-up, nail polish or jewelry when you arrive for your procedure.
- Please DO NOT chew gum, eat hard candies or mints the day of surgery.
- Please DO NOT bring any money, credit cards, jewelry, medications or other valuables. The hospital cannot be responsible for the security of your personal property.
- Please inform your anesthesiologist about any concerning past medical history or any previous issues with anesthesia.

Things to Bring When You Come to the Hospital

- A legal picture identification (driver’s license)
- Your insurance cards
- A list of current medications with dosages
- Non-slip, supportive athletic or walking shoes
- Loose fitting clothing to return home
- Eyeglasses, not contact lenses
- Hearing Aids

Where to Report for Surgery

After traveling to the hospital, you should report to the Registration Desk in the lobby of the hospital where your surgery is scheduled. Please see page 3 for additional campus specific location information.
Your Hospital Stay Following Surgery

Managing Pain

• Pain management begins with you. Your care team’s approach to pain management can help reduce your discomfort, which will speed up your recovery. Since no objective test exists to measure what you are feeling, you must help staff by describing the pain, pinpointing the location and judging its intensity. While it is reasonable to expect some discomfort following surgery, the current treatment options can reduce the level of pain most patients have.

• Pain control following surgery is an important part of your care. Our goal is to optimize comfort and function by managing your pain so you can participate in therapy and be an active part of your recovery after surgery.

• Every patient’s experience is unique. You are the expert about how you feel. Be sure to tell a member of your health care team when you have pain. Keep in mind that your pain is more easily controlled if you do not allow it to become severe before taking pain medication.

St. Luke’s Orthopedic Care Pain Medication Policy

A few reminders about our Pain Policy:

• Pain after surgery will be managed using a variety of tools such as nerve blocks, non-medication treatments (ice/heat), opioid medications and non-opioid medications. This combination will allow you to safely transition off opioid medications as you continue to heal after surgery.

• Patients will only be prescribed narcotic medication after surgery. They will not be prescribed any narcotic medication before surgery.

• The maximum quantity of prescribed narcotic medication will cover a 7-day supply.

• Your healthcare team will determine what treatments and medications are appropriate and safe for you.

• You will be required to sign a Narcotic Pain Medication Contract prior to your surgery.

• Pain Management Specialists are available for consultation if needed.
Preventing Blood Clots

Medications

Medications like Lovenox (enoxaparin), Eliquis (apixaban) or aspirin are prescribed for use AFTER total joint replacement surgery (hip or knee) to prevent blood clots. They may also be used to treat existing blood clots in the lungs or veins. These medications may be used for other purposes. Ask your health care provider or pharmacist if you have questions.

IMPORTANT: Do not start these medications until AFTER your surgery, unless otherwise instructed. Before starting, you will receive instructions and/or training on how to use these medications properly. You will also receive instructions on when to stop taking this medication.

What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions:

• Bleeding disorders, hemorrhage or hemophilia
• Infection of the heart or heart valves
• Kidney or liver disease
• Previous stroke
• Prosthetic heart valve
• Recent surgery or delivery of a baby
• Ulcer in the stomach or intestine, diverticulitis or other bowel disease
• An unusual or allergic reaction to enoxaparin, heparin, pork or pork products, other medicines, foods, dyes or preservatives
• Pregnant or trying to get pregnant
• Breastfeeding
Preventing Complications

Leg Pumps

During your stay in the hospital, you will be required to wear pumps on your legs or feet while you are in bed and at rest. These pumps consist of tubular devices placed around your legs or feet which will inflate and deflate to keep blood circulating. This circulation or movement of blood will help prevent the formation of blood clots. These pumps should be on your legs or feet anytime you are sitting or laying down, approximately 18 hours per day.

Breathing Exercises

Taking deep breaths after surgery is important for keeping your lungs healthy and for preventing pneumonia. After surgery, it may be harder to take deep breaths because of the medications you received during your procedure and because you are less active. Therefore, you will be given a small device called an incentive spirometer. Using this machine will help open up your airways, making it easier for you to breath and less likely for fluid and mucous to build up in your lungs. Your nurse will give you instructions on how to use it. You need to use this at least 10 times every hour while you are awake. If you received an incentive spirometer before your surgery, please leave it at home. A new one will be provided to you while in the hospital.

Getting Out Of Bed

Getting out of bed and back to walking as soon as possible will help prevent blood clots from forming and reduce the possibility of developing pneumonia. You should expect to be out of bed for meals, toileting, mobility sessions and be walking with a walker on the day of surgery. This will help you achieve your treatment goals and minimize the risk of complications. Your medical team (physicians, nursing, rehabilitation) will assist with out of bed activities and encourage you to move/walk with assistance while in the hospital.
Therapy in the Hospital

Your therapy program will begin once you are medically stable. For a majority of patients, it will begin the day of surgery.

During your therapy sessions you will work on the things you need to do to leave the hospital safely and successfully, like walking with your walker, dressing and maneuvering stairs. You will be seen for therapy throughout the duration of your hospital stay.

The staff will assist you in the following exercises:

• Sitting on the bed with your legs dangling
• Transferring in and out of bed safely
• Walking with the aid of a walker
• Climbing stairs
• Dressing, bathing and personal grooming

With each session you will increase the distance and frequency of walking. Motivation and participation in your physical therapy program is vital in having a successful surgery and overall recovery. It is imperative that you play an active role in your recovery and therapy from the start!
Home Exercise Program

These are the exercises you will be doing following your surgery. Your therapy team will instruct you on how to perform each one properly. If you feel well enough to practice these prior to your surgery, we encourage you to do so. **Begin with 1 set of 10, then gradually increase to 3 sets of 10 as tolerated.**

1. **Ankle Pumps**
   Pull left/right foot towards face then push away. Repeat.

2. **Gluteal Sets**
   Squeeze your buttocks together as tightly as possible.
   Hold for 5 seconds. Relax. Repeat.

3. **Quad Sets**
   Tighten the muscle on the front of your left/right thigh by pressing your knee into the surface. Hold for 5 seconds.
   Relax, Repeat.

4. **Heel Slides**
   Slowly slide your left/right foot toward your buttock bending the hip and knee. Slowly straighten your leg.
   Repeat.

5. **Straight Leg Raise**
   Tighten muscle on the front of left/right thigh then lift leg 8-10 inches from surface keeping knee locked. Hold 5 seconds. Lower slowly. Repeat.

6. **Knee Extension Over Roll**
   Place roll under left/right knee. Knee should be bent with foot on surface. Straighten knee by tightening muscle on top of thigh. Hold 5 seconds. Lower slowly. Repeat.

7. **Hip Abduction**
   Move your left/right leg out to the side as far as possible.
   Keep your leg straight with toes pointing toward ceiling.
   Slowly return to starting position.

8. **Sitting Knee Extension/Flexion**
   Sit on chair or other firm surface. Slowly straighten out left/right knee. Hold for 5 seconds. Slowly lower leg bending knee. Repeat.
Preparing to Return Home

Research shows the best outcomes after total joint replacement are achieved when patients go directly home from the hospital and receive outpatient physical therapy. A majority of patients who undergo joint replacement surgery are discharged home the following day. You should plan to return home after discharge and attend your scheduled outpatient therapy sessions.

Your Nurse Navigator will call you before surgery to discuss your discharge plans. If you need help or have questions about your discharge plans, contact your Nurse Navigator before surgery or your inpatient Care Manager after surgery.

Care Management

The Care Management Department consists of nurses and social workers who will follow your progress while you are in the hospital. They will provide assistance in making arrangements prior to your discharge. The Care Manager will discuss your discharge needs with your physical therapist and surgical team to ensure the safest plan possible to maintain your independence. We encourage your involvement in discharge planning.

Some of the ways the hospital Care Manager can assist you include:

- Counseling to help you cope with illness or disability
- Discharge planning
- Obtaining durable medical equipment (walkers, commodes, etc.)
Guidelines for Recovering at Home

Please do not hesitate to contact your surgeon with any questions you have about your discharge instructions.

Care for the Surgical Site

There are several options for closing surgical site incisions. Some common forms of closure are staples, sutures, or internal sutures with external skin “glue”. The type of closure may vary based on the type of surgery and surgeon’s preference.

You will leave the hospital with a sterile dressing. Your physician will provide you with specific instructions on when your dressing will be changed. You may be instructed to leave your dressing in place until your first post-op visit with the surgeon, or it may be removed and re-dressed by members of your care team. Please refer to your After Visit Summary from the hospital for specific surgical site instructions.

If the dressing falls off after surgery and prior to being removed by your healthcare team, wash your hands, apply a sterile gauze dressing over the incision and secure it with tape, unless otherwise instructed. Once the staples or sutures are removed, you will most likely keep the incision uncovered.

Please notify the surgeon if you notice any increasing redness, drainage or swelling at the surgical site.

Pain Medication

- Take your pain medication as prescribed.
- To control pain, take your pain medication before the pain becomes severe.
- If your pain medication is not effective or you are experiencing unpleasant side effects such as slowed breathing, confusion, depression, increased pain, dizziness, constipation, nausea, or itching, do not hesitate to call your surgeon’s office for further instruction and assistance.
- If you are taking pain medication, do not drink alcoholic beverages or drive.
- It is important to notify your surgeon’s office if you require additional pain medications. It will take a few days to process your prescription, so call the surgeon’s office before your supply runs too low.
- If you experience discomfort during physical therapy, take your pain medication at least 45 minutes before your therapy sessions. This will allow enough time for the medication to take effect.
Preventing Infection

It is very important that you protect your artificial joint from potential infection. Some patients are at increased risk following total joint surgery as an infection can spread to the new joint through the bloodstream from another source in the body.

You play an important role in decreasing your risk for infection. Here are some things you can do before and after surgery to help reduce your chance of getting an infection:

Before Surgery:
• Quit smoking
• Talk to your primary care doctor about managing conditions that put you at increased risk of infection such as diabetes or obesity
• Perform pre-operative showering per the instructions outlined earlier in this book

After Surgery:
• Wash your hands with soap and water prior to changing your dressing
• Make sure that everyone who comes to visit you (family, friends, healthcare workers) washes their hands with soap and water, or uses an alcohol based hand sanitizer, before and after their visit
• Keep your incision clean, dry and covered until otherwise instructed by your surgeon
• Do not shower or submerge your incision in water until cleared by your surgeon
• Call your surgeon’s office right away with any signs of infection such as:
  - Fevers
  - Increased area of redness
  - Increased drainage
• Tell all of your healthcare providers that you have an artificial joint as they may need to prescribe antibiotics prior to invasive procedures
  - This is especially important before dental procedures and invasive urinary procedures. If you are unsure if a procedure is “invasive”, check with your surgeon.
  - Show your dentist and healthcare providers the recommendations for antibiotic use found on page 19.
Patients at potential increased risk for joint infection include:

- Immunocompromised / immunosuppressed patients
- Inflammatory joint arthritis, rheumatoid arthritis, systemic lupus erythematosus
- Disease, drug or radiation-induced immunosupression
- Insulin dependent (Type 1) diabetes
- Revision surgeries
- Previous prosthetic joint infections
- Malnourishment
- Hemophilia
- Increased Body Mass Index (BMI)

Call St. Luke’s Orthopedic Care at 484-526-1735 for concerns about pain medication, swelling, redness or signs of infection before going to your primary care doctor or the emergency room unless you are experiencing a life threatening emergency.
Antibiotic Use for Joint Replacement Patients

You have had surgery to replace one of your joints with a metal prosthesis. Going forward, you should take oral antibiotics before any dental work, including routine cleanings, any upper respiratory tract procedures, or any genitourinary/gastrointestinal procedures such as a colonoscopy. These procedures are a potential source of infection. If you develop an infection, it could spread to your operative joint and cause complications.

Please show the following guidelines to your medical doctor and dentist, so he/she can prescribe the appropriate medications.

The following information is recommended by the American Heart, Dental, and Orthopedic Associations:

**Standard General Prophylaxis**

- Amoxicillin for Adults: 500 mg – Take 4 capsules (2 grams) orally one hour before the procedure

If allergic to Penicillin:

- Clindamycin for Adults: 300 mg – Take 2 capsules (600 mg) orally one hour before the procedure
- Azithromycin for Adults: 250 mg – Take 2 capsules (500 mg) orally one hour before the procedure
- Cephalexin for Adults: 500 mg – Take 4 capsules (2 grams) orally one hour before the procedure

*NOTE: Cephalosporins should not be used if you have ever developed an immediate hypersensitivity reaction (i.e. hives, swelling, severe itching, difficulty breathing) to Penicillin.*

Please feel free to contact our office at 484-526-1735 with any questions or concerns.
Your New Joint is Different

Recovery from surgery takes time. You will likely feel tired and fatigued for several weeks and this is a normal response. It is important to plan periods of rest throughout the day. At times, you may notice clicking. This is common and is due to the plastic and metal implant surfaces rubbing together. These symptoms will gradually improve over several weeks and months. The benefits of total joint replacement usually become fully evident 6 to 8 months after surgery.

Sports Activities

After full recovery, some patients enjoy light sports activities. Activities you can enjoy after total knee replacement include walking, bicycling, bowling, swimming, golf, and doubles tennis. Skiing may be allowed but likely on green and blue trails only. Avoid high-impact activities, such as jogging, running, or jumping.

Showering Safety

You cannot take a bath or shower until your staples or sutures are removed. Your surgeon will give you specific instructions.

Transferring in and out of the shower may be difficult after surgery. It is important to be mindful of safety precautions as you enter and leave your tub/shower. You may want to equip your tub/shower with safety handrails and a proper seating surface (seat/bench) for your safety.

When to Begin Driving

Most patients are able to resume driving about four to six weeks after surgery. It depends upon which leg was operated on, your range of motion, strength, and coordination. Always check with your surgeon before you resume driving. You should not be driving if you are still taking pain medication.

Intimacy following Total Joint Replacement

Following joint replacement surgery, it is important to talk to your doctor about any restrictions with engaging in intimate activities. Some surgeries have more limitations than others and it is important to discuss your concerns with your surgeon to prevent any injury.
Schedule of Follow Up Visits

Expect to have routine follow up visits at your surgeon’s office. The follow up visits may vary slightly from patient to patient and surgeon to surgeon. Your initial follow up visit should be arranged for you when you schedule your surgery. These follow up visits are important to your full recovery.

Sample Schedule:

• Initial follow up visit 5–7 days after surgery.
• Staple removal 10-14 days after surgery
• 6-8 weeks following joint replacement surgery
• 3 months following joint replacement surgery
• 1 year following joint replacement surgery
• 3 years following joint replacement surgery
• 5-6 years following joint replacement surgery

In addition to meeting with your Orthopedic surgeon, it is important to schedule a follow-up visit with your Primary Care Provider. Please contact your Primary Care Provider to discuss when they would like to see you following your surgery.