



BaylorScott&White

SURGICAL HOSPITAL

FORT WORTH

Joint ownership with physicians

Patient Pathway to a RAPID RECOVERY from Hip or Knee Surgery



Contact Information

Baylor Scott & White Surgical Hospital Fort Worth

1800 Park Place Avenue
Fort Worth, Texas 76110

682-703-5600 - Main Desk

Welcome to Baylor Scott & White Surgical Hospital Fort Worth

Hello!

Your decision to have your knee or hip surgery by one of our doctors give you an opportunity to form a team with our staff who will be part of your successful recovery.

At Baylor Scott & White Surgical Hospital Fort Worth, our doctors and staff are here to take care of your needs. Our team has made a “pathway” that will guide you through pre-surgery preparation, education, hospital care, and post-surgery physical therapy.

Your path begins with education for you and anyone else who will be assisting you through your surgery and recovery. If you have not signed up for our joint class, please contact the Joint Team by calling the main desk phone number.

This book will give you important information to guide you through your surgery. It is your workbook! Please bring this book with you to the joint class and the hospital during your stay.

We look forward to partnering with you for a successful surgery and recovery. Thank you for choosing Baylor Scott & White Surgical Hospital Fort Worth.

Paul DeBona, MS-HCAD, BSN, RN, CASC, CNOR
Chief Executive Officer

Laura Sittler, RN, MBA, BSN, NEA-BC, CNOR
Chief Nursing Officer/Chief Operating Officer

Baylor Scott & White Surgical Hospital Fort Worth

FINANCIAL INFORMATION

Your Hospital and Surgery Financial Responsibility

Baylor Scott & White Surgical Hospital Fort Worth focuses on caring for the needs of our patients and their families. Below is information related to the bills you will receive from the hospital, doctors, and other professionals involved in your care.

The Hospital:

- Using the information your doctor gives us we will talk with your insurance company to estimate your total out of pocket bill
- The estimated out of pocket bill can change if your hospital stay is longer than planned
- Your hospital fee covers the costs associated with the hospital, nursing care, and supplies used for your surgery
- One of our Patient Financial Advocates will call you before your surgery to talk about payment options.

Your Doctors:

- You will get a separate bill from your doctor's office
- Please talk with your doctor's office to get an estimated cost for your surgery

Anesthesia:

- The anesthesiologist, the doctor that puts you to sleep for the surgery, and their team are not employees of the hospital
- You will get a bill from this group, you can ask your doctor the name of the group they use to get an estimate

Doctor's Surgery Team:

- If your doctor uses a Physician's Assistant (PA), Nurse Practitioner (NP) or a Registered Nurse First Assist (RNFA), they may bill for their services separately
- Please ask your doctor if they will use any of these specialist for your surgery

Lab work & Pathology:

- If you have lab work drawn at our hospital before or after your surgery you may receive a separate bill for this service

**Feel free to
contact us at:**

682-703-5712

Medical Equipment:

- Medical equipment, such as a walker, cane, crutches or sequential compression sleeves (SCD/IPC sleeves), that you use at home are not a part of your hospital fee
- The case managers and physical therapy team will help you decide what items you will need to purchase

Questions to Ask Your Insurance Company

1. Is the anesthesia group in my network?
Anesthesia group: _____
2. Does my policy cover home physical therapy care?
 - a. How many sessions per calendar year?
 - b. What is the co-payment for each session?
3. Does my policy cover outpatient physical therapy care?
 - a. How many sessions per calendar year?
 - b. What is the co-payment for each session?
4. Does my policy cover durable medical equipment and is there a co-payment?
 - a. Walker or cane _____
 - b. Raised toilet seat _____
 - c. Shower chair _____
 - d. Bedside commode _____

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PREPARING FOR SURGERY

Knee or Hip Replacement Surgery

Thanks to advances in medical technology, patients are now benefiting from having total joint replacement surgery in a surgical hospital. Your orthopedic doctor performs many of these procedures at our facility because we offer many benefits to patients including a shorter length of stay.

Benefits to Patients

Although not all patients meet the requirements to have their surgery done at a surgical hospital, those who qualify usually elect to undergo this pathway to recovery. Patients who have their surgery performed in a surgical hospital setting enjoy short-term benefits without losing any long-term results. The surgical hospital setting is generally a safer, more convenient, and less stressful environment when compared to bigger hospitals.

Other benefits to patients include:

- Returning home within one to three days of surgery
- Easier access – registering, checking-in and checking-out is often easier when compared to a large hospital
- Lower risk of infection because the facility does not have “sick” patients
- More comfort because you rehab at home during the early stages of recovery
- Reduced recovery time due to less invasive procedures
- Quicker return to your normal activity level

Family Member/Caregiver Support

Family members, a close friend or a caregiver are important members of the surgical team. They help you prior for surgery and during your recovery. Please review this book with your family members/caregivers prior to surgery and remember to introduce these team members to your doctor.

Please invite your family member/caregiver to attend the joint class prior to your surgery. The physical therapist and nurse will explain how they may need to help you at home. Family members/caregivers will need to help with:

- Getting you to and from the surgical facility
- Providing support around the home during the first week after you leave the hospital
- Meal planning and chores

Due to advances in medical technology, many patients are experiencing the benefits of having surgery at a surgical hospital.

PRIOR TO SURGERY

Pre-Surgery Testing

Plans for your pre-surgery tests will be made with you, the surgical hospital, and your doctor's office. These test include:

- Laboratory tests
- History/physical examination
- X-rays
- Dental clearance (within 6 months)
- Other evaluations, as indicated (MRSA screening)

Those who carry these organisms typically have it in their nose and may have it on their hands and skin. MRSA is passed from person to person by touch from someone who carries it. Without precautions, this bacteria can get into a MRSA carrier's surgical incision after surgery.

Your doctor may test you for this bacteria before your surgery. If it is present they will prescribe a regiment for you to follow to remove the bacteria from your body. Testing for MRSA is simple, and treatment is also very easy. Based on your doctor's orders we may swab your nose to check for MRSA. If it is present your doctor will prescribe a nasal ointment or preoperative skin scrub in order to limit the chances of an infection.

Lowering the Risk of Infection

Baylor Scott & White Surgical Hospital Fort Worth takes every precaution to reduce your risk of infection after your surgery. Certain bacteria — called Methicillin Resistant Staphylococcus Aureus or MRSA — can cause an infection after an operation. Typically patients who get an infection already carry this bacteria in or on their body without symptoms before surgery.

PREOPERATIVE BATHING

Preoperative Skin Preparation

The purpose of a pre-surgical bathing is to lower the risk of infection. During your pre-surgery education, the Joint Team will review the bathing instructions and how to use the special soap. You will find instructions for use of the special soap below. If you have questions about the process, please contact the Joint Team.

Pre-Surgery Bathing Instructions

We take every precaution to prevent surgical infections, and **you** are an important part of the process. Three days prior to your surgery, your doctor wants you to shower with a special soap, called Chlorhexidine Gluconate [CHG], to lower the risk of infection during surgery. The soap removes bacteria from your skin to prevent surgical site infection. ***This product should not be used if you are allergic to Chlorhexidine Gluconate (CHG).***

Pre-Surgery Shower (no baths) Schedule:

1. Three days prior to surgery, shower from neck to feet
2. Two days prior to surgery, shower from neck to feet
3. Night prior to surgery, shower from neck to feet
4. Morning of surgery, shower from neck to feet

Showering Steps

1. In the shower rinse your body with water and wash your hair with your normal shampoo
2. Rinse hair and body thoroughly to remove shampoo
3. Turn water off to prevent rinsing off the CHG soap too quickly
4. Use at least 2 tablespoons (enough to fill up a ping pong ball) of the CHG soap
 - DO NOT use CHG near the eyes, ears or genitals to avoid irritation to those areas
 - Use a new bath scrunchie or a freshly laundered cloth for each shower
 - Wash your body gently for five full minutes
 - Do not scrub the skin too hard
5. Wash your whole body with CHG, pay attention to the area where the surgery or procedure will be done
 - **Do not wash with regular soap after the CHG is used**
6. Turn the water back on and rinse your body thoroughly
7. Pat dry with a clean, soft towel
 - If possible allow the area of the surgical procedure to air dry
8. If you lose the special soap, CHG soap can be purchased at most pharmacies without a doctors order
9. Be sure to use the entire bottle of CHG during the 4 shower schedule



PREPARING FOR SURGERY

Home Safety Steps

It is important to set up your home prior to surgery so it is as safe as possible for you while you are recovering. Consider these points BEFORE SURGERY:

Stairs:

- Look at the number of stairs you have to get in and around your home
- Having a family member or caregiver present to assist you up and down stairs is recommended

Bathroom:

- Patients with stand-up shower stalls may need a shower chair for safety while bathing
- Grab bars are helpful when getting in and out of the tub or shower
- Your physical therapist will make equipment recommendations to ensure safety at home
- ***Please consult with the physical therapist prior to buying any equipment***

Bedroom and Common Living Areas:

- Before surgery move items that could be a trip hazard such as low tables, rugs, and cords.
- Arrange items in cabinets and dresser drawers so things you commonly use are close to counter height – not too high and not too low. You should not bend over for items below your waist and you should not stand on stools.
- Measure the height of bed from the top of the mattress to the bottom of the floor
- Record the bed height here for your physical therapist: _____ inches

Children and Pets:

- You may need to explain to children that they have to be careful around you for a few weeks. You should not carry them and they should not jump on you
- Have sanitizing hand gel available for guests, children, and caregivers. Everyone should use sanitizing hand gel often to avoid potential infections.
- Make a plan for your pets for your recovery. Pets can trip you or knock you over if they get too excited.
- Pets may also be a source of germs so keep your pet clean and avoid letting them sleep on you until your surgery site is completely healed (no scab or skin breakage)

Pre-Surgery Medication Safety Checklist

Some medications you take may lead to a higher risk surgery because they cause your blood to thin and a lead to a higher risk of bleeding after surgery. If you take medications that contain **aspirin, anti-inflammatories** (such as Ibuprofen, Naproxen, Motrin®, Advil®, Aleve®, etc.), **blood thinners** (such as Coumadin®, Xarelto®, Eliquis®, Plavix®, Lovenox® or Pradaxa®) or **arthritis medications**, ask your doctor when to stop taking these medications. Also, let your doctor know if you are taking any vitamins or herbal supplements. **Your doctor and pre-assessment nurse will instruct you on which medications or supplements to stop taking before surgery.**

Below are the some medications that can affect your surgery. Be sure to tell your doctor about ALL the medications you take including over-the-counter products. **Please do not take your usual medications the morning of your surgery unless you are told to do so by your doctor; take these medication with a small sip of water.**

Heart Medications

Heart medications are usually taken the morning of surgery. If you see the cardiologist on a regular basis, your doctor may require a clearance from your cardiologist.

Blood Pressure/Anti-Hypertensive Medications

Blood pressure medications are usually taken the morning of surgery and following surgery. Even if you are not supposed to eat or drink on the day of surgery, your doctor may recommend that you take your blood pressure medicine with a sip of water. **If your blood pressure is not under control the day of surgery, your surgery could be delayed or rescheduled.**

Blood Thinners/Anti-Coagulants

Blood thinners such as aspirin, Coumadin®, Xarelto®, Eliquis®, Lovenox® or Pradaxa® should be stopped before surgery. Your doctor will tell you how far ahead of time to stop your medication. In some cases, you take a shorter acting blood thinner that can be taken up until a few hours before surgery. You will restart blood thinners after surgery as soon as your doctor feels it is safe, usually within 24 hours.

Diabetes Medications

If you take insulin or oral diabetes medications, tell your doctor. Surgery can raise your blood sugar, so your insulin dose may need to be adjusted on the day of surgery and during recovery. In addition, some oral diabetic medications should be stopped before you are given anesthesia.

Steroid Medications

If you have recently taken a course of steroids, make sure to tell your doctor and anesthesiologist. Steroid medications, such as Prednisone®, can interfere with the healing process.

PRIOR TO SURGERY

Dietary and Herbal Supplements

Tell your doctor about any over-the-counter dietary supplements and herbals you are taking because they can interact with medications that may be needed during or after your surgery.

Pre-Surgery Nutrition

Drink enough fluids prior to surgery

Drink enough water, about 8 glasses a day, prior to surgery. Limit the number of drinks high in sugar, caffeine, or sodium. Your doctor may change these guidelines if you have other medical conditions, please discuss your case before your surgery.

Make sure your protein intake is adequate EVERY day: 2 or more servings a day

Protein helps your body heal. It can be found in meat, fish, poultry, eggs, dairy products and beans.

Eat More Fiber

Some of the medications you will be taking can lead to constipation, difficulty having a bowel movement, after surgery. By eating more fiber, found in foods like raw fruits, vegetables, whole-grain breads or muffins, cereals, nuts and beans you can avoid constipation. You may need a stool softener after surgery which can be bought from your local pharmacy.

Make sure you are getting enough iron

Take iron and vitamin C as directed by your doctor. Dietary iron is in lean red meat, dark green leafy vegetables, egg yolks, raisins and prunes. Avoid taking iron with milk.

Make sure you are getting enough calcium: 1,500 mg daily is recommended

Calcium is needed by your body to strengthen your bones. Milk, yogurt or cheese all have calcium, spread out how these foods throughout the day.

REMEMBER: You need vitamin D to absorb calcium. Vitamin D is found in multiple vitamins, milk products, fortified cereals and calcium supplements.

Stop smoking

Patients who smoke get more infections. Talk to your doctor about how you can quit smoking. Some doctors will not perform surgery until their patient stops smoking.

Limit your alcohol intake

It is recommended that you drink less than two alcoholic drink per day and none at all for two days before your surgery. Excessive alcohol intake can lead to complications with healing. Talk to your doctor about ways to quit or limit your drinking.

STAYING ACTIVE PRIOR TO SURGERY

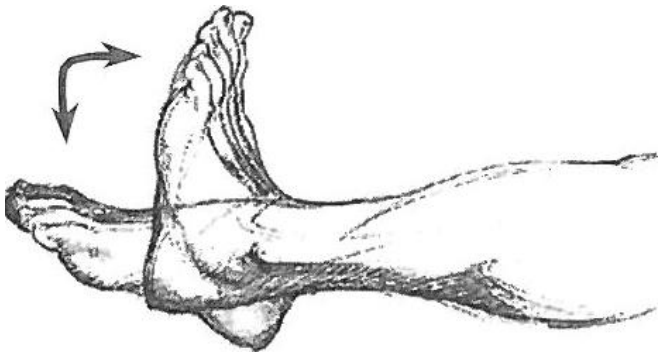
Continue your normal activities for as long as you can until your surgery. Do not begin any new stressful exercise or activities. You may have a pre-physical therapy appointment or your doctor may recommend pre-surgery exercises to improve your strength and range of motion.

Exercises to Prepare for Recovery

The following exercises will help prepare you for surgery. If you experience extreme pain change the order of exercises or don't do the certain exercise that cause the extreme pain. ***This is the first step of your recovery after surgery, it is important that you know these before surgery.***

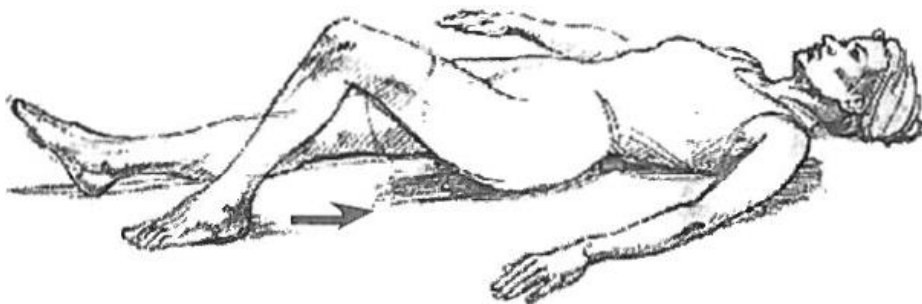
Exercises Prior to Knee or Hip Surgery

Do 10 each of the following exercises twice a day, unless your doctor tells you otherwise.



Ankle Pumps

Bend ankles to move feet up and down, alternating feet.



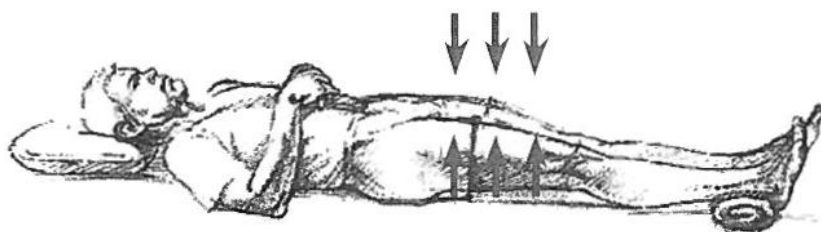
Heel Slides

Slide one foot at a time towards your buttocks and slide back out.



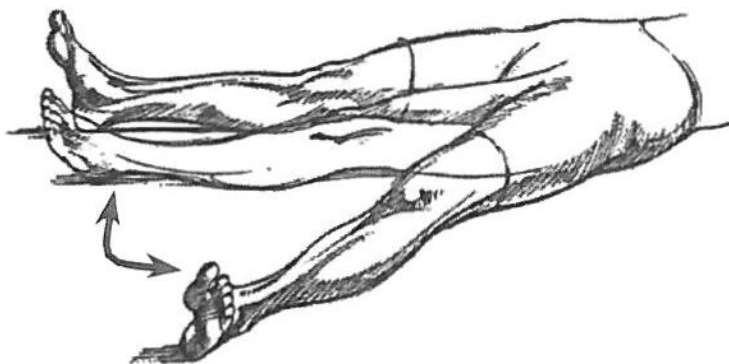
Buttock Squeezes

Squeeze buttocks muscles as tightly as possible hold and count out loud to 10.



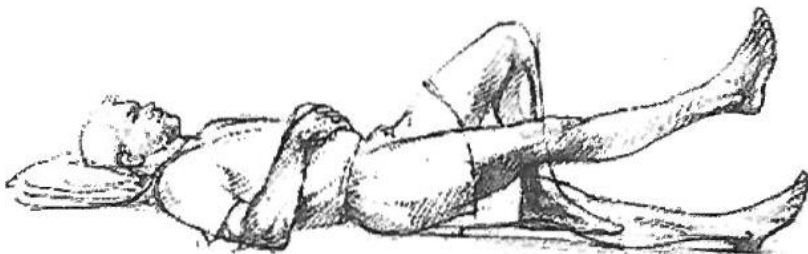
Quad Squeezes

Slowly tighten thigh (upper leg) muscles one leg at a time, hold and count out loud to 10. Repeat with other leg to complete set.



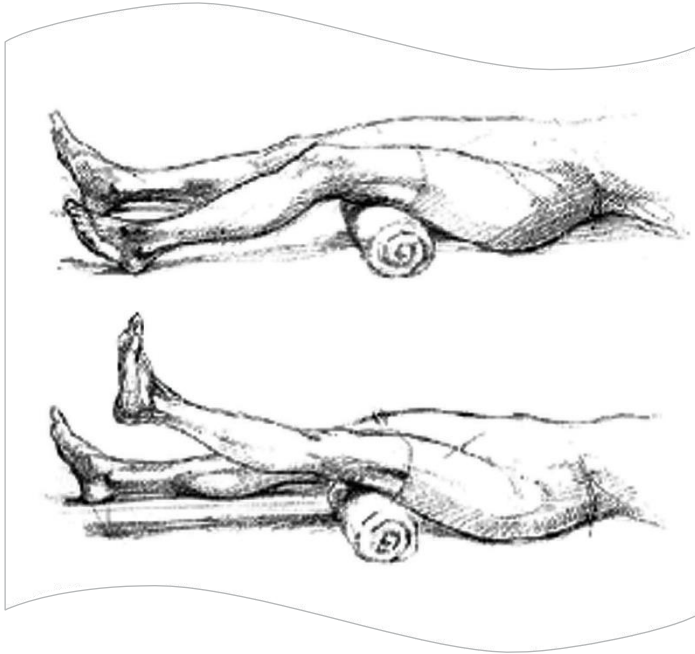
Hip Range of Motion

Keep your toes pointed toward the ceiling. Move your leg out to the side as far as possible. Slowly return to the starting position and relax.



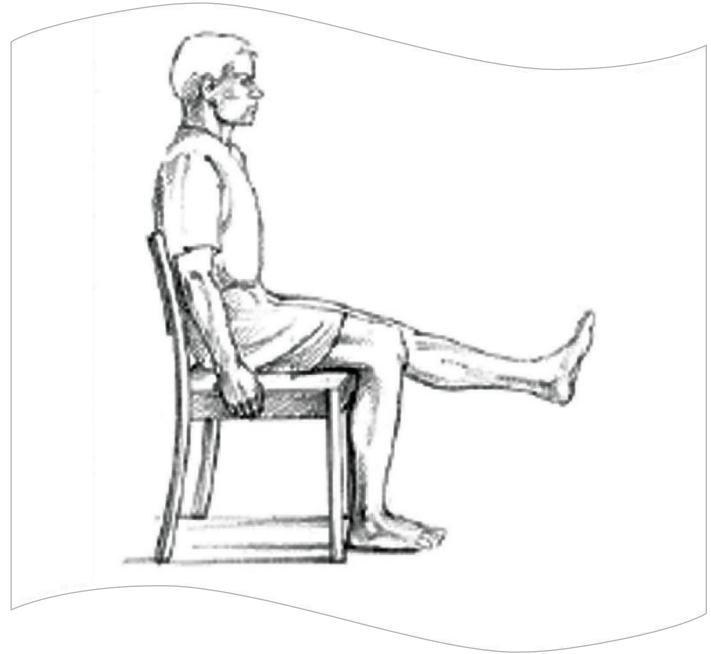
Straight Leg Raises

Bend one leg. Keep your other leg as straight as possible and squeeze the muscles on top of thigh. Slowly lift straight leg 6 inches from bed and hold for 10 seconds. Lower it, keeping muscles tight for 10 seconds. Repeat with the other leg.



Short Leg Extensions

Place a rolled towel under your knee. Raise the lower part of your leg until your knee is straight. Hold for 10 seconds.



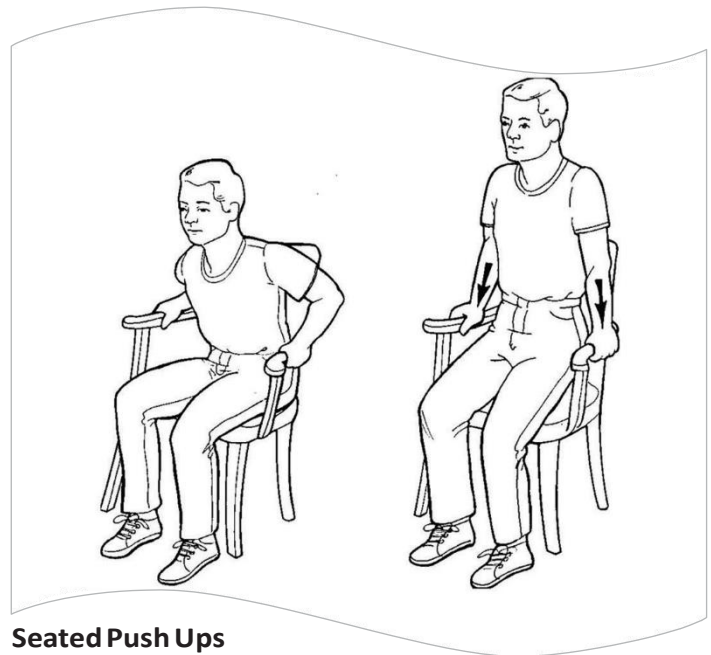
Long Leg Extensions

While sitting in a chair straighten one leg and hold it for 10 seconds. Lower the leg and repeat with the other leg



Knee Slides

Slowly slide your foot forward in front of you until a stretch is felt in the knee and hold for 10 seconds. Then slide your foot back as far as you can and hold for 10 seconds.



Seated Push Ups

With your hands on the arm rests, push yourself up using your arms and hold for a few seconds. Slowly lower your body back into the seated position.

THE DAY BEFORE SURGERY

Preoperative Phone Call

A nurse will call you in the afternoon the day before your surgery to answer any remaining questions and verify your arrival time. You will also be given directions to the surgical hospital.

During this phone call you will be told to avoid all food and liquid after midnight the night before surgery.

DO NOT eat or drink anything (including water, candy, gum and mints) after midnight the night before your surgery.

Medications to take the morning of surgery:

What to Bring to the Surgical Facility

Things to bring or do:

- Advanced Directive or Living Will
- Wear loose-fitting comfortable clothing
- Medical equipment that you have been told to bring
- Medications from home — in original containers (except sedatives, narcotics, and anxiety medications)

Things NOT to bring or do:

- Valuables that are not essential during your stay

Your doctor has asked that you wear “street clothes” as soon as possible in order to easily participate in rehabilitation. Keep clothes loose fitting, such as:

- Loose shorts/pants with wide leg openings
- **AVOID** sweat pants with elastic cuffs
- T-shirt tops
- Loose undergarments

It is important that you bring appropriate shoes to the surgical hospital. Things to consider when deciding what shoes to bring:

- Shoe with a low heel (less than 1 inch, gym or walking shoes are fine)
- **DO NOT** bring bedroom slippers or flip flop style shoes
- **DO NOT** bring shoes with an open toe or no heel
- The foot on your operated leg may be swollen after surgery, so bring a shoe that could fit the larger size (can be a slip-on or tie shoe)

NOTE: You may want to purchase elastic shoe strings (available at most pharmacies). This product will help avoid the need to tie your shoes following surgery.

DO NOT eat or drink anything after midnight the night before your surgery

THE DAY OF SURGERY

Check-In

Upon arrival at the hospital, you will register and finish any business office details.

Pre-Surgery Holding

Following your check-in at the hospital, the staff will prepare you for surgery. A family member or caregiver may stay with you in pre-surgery holding area until you are moved to the operating room. You may be in pre-surgery holding for a few hours. In pre-surgery holding, you can expect the following:

Nursing (PreOp)

- Confirm name, date of birth, medication allergies, surgical site and procedure
- Review of your medical history
- Review of all medications including:
 - Names of all medications you currently take – including over-the-counter medications
 - Dose of each medication
 - How often you take each medication
 - Last dose taken
- Review of advanced directive
- Current vital signs
- IV start
- Clipper shaving of the operative site
- Neck to toe CHG wipe skin prep

Doctor (Surgeon)

- Bedside interview
- Legible mark surgical site
- Answer final questions

Anesthesiologist/Anesthesia Provider

- Bedside review
- Answer any questions related to Anesthesia

Operating Room Nurse

- Reconfirm necessary information on surgery consents and essential health history

Infection Prevention

An antibiotic will be given within an hour of your surgery and may be continued for 24 hours after surgery based on your doctor's orders. Your doctor may give you a prescription for the antibiotic to continue at home.

Anesthesia Care Team

Anesthesia care is directed by board-certified anesthesiologists. You will meet the anesthesia team in the pre-surgery holding area. The anesthesia team works together to provide you with a safe anesthetic experience.

Pre-Surgery Preparatory Work

Preparatory work for your surgery begins in the pre-surgery area. The anesthesia care team will review your medical history and laboratory reports followed by a brief physical exam. The available anesthesia options will be based on your medical history, preferences and the planned surgical procedure. After discussing your various anesthetic options with you, the anesthesiologist will explain the specific anesthesia plan.

General Anesthesia

General anesthesia will put you to sleep following an injection of medications into your IV. After you are asleep, a breathing tube will be placed into your mouth to help you breath during the surgery.

During the surgery, you will be receiving additional medications in your IV and through your breathing tube that will ensure that you remain asleep. At the end of the operation, the breathing tube will be removed when appropriate.

Regional Anesthesia (Nerve Block)

Regional anesthesia refers to numbing a part of your body with an injection of local anesthetic. For joint replacement surgery, regional anesthesia will involve an injection near the nerves in your leg. This medication is very effective for pain management, because it blocks the message of pain that the nerve is trying to send to the brain.

It is very important that you inform your surgeon and anesthesiologist if you are on blood thinners such as Warfarin. If you are using a prescription blood thinner, additional blood tests may be needed to decide if it is safe to use this type of anesthesia.

Should you choose to have a nerve block, sedative medications will be given to you through your IV during the procedure. A small amount of these medications may be given to you before starting a regional anesthetic to relax you and to minimize your discomfort or anxiety. Because of the effects of these medications, it is very unusual that a patient would remember any of this process.

What to Expect

Following a nerve block, you can expect the leg to be very numb, tingling or feel heavy for much of the first day. As all the numbing medication wears off, you will notice more movement and sensation. When you begin to experience pain, take your pain medication before the pain becomes severe.

Pain Medications

As part of the pain management program you will be offered oral and IV medications to help with pain management before and after your surgery. These medications are to be taken in addition to the other modalities described above.

Risks

Anesthesia is very safe, but it does have recognized risks and complications. At the time of your surgery, your anesthesia care team will discuss the anesthetic risks with you in detail.

Operating Room

Inside the operating room, you will be cared for by doctors, nurses and surgical technicians. The total time for surgery differs from patient to patient based on the procedure and work required. Generally, most surgeries last from 1 to 3 hours, however this does NOT include the preparation and recovery times.

Family members and caregivers will be updated if there is a delay. Keep in mind that a delay does not necessarily mean the doctor is having any problems.

PACU (Recovery)

After your surgery, you will be transported to the recovery area. Your doctor will meet with your family members and caregivers to provide a post-surgery update.

Phase 1 of Recovery:

During the first stage of recovery, a nurse will monitor you as the effects of anesthesia wear off. Common side effects include feeling groggy and disoriented. You will spend about 45 minutes in this area.

Phase 2 of Recovery:

Your family will join you at your bedside as the effects of anesthesia continue to wear off. Our nursing staff will complete the following:

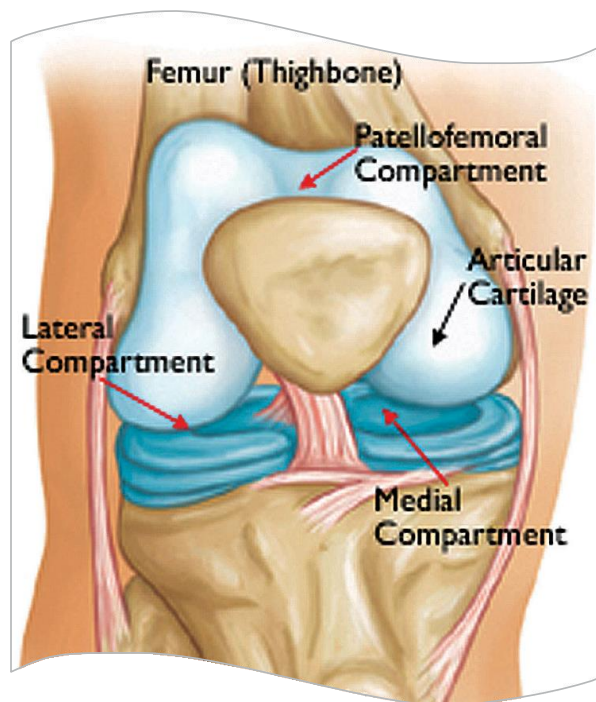
- Vital signs
- Administer IV fluids and antibiotics
- Check your blood oxygen level with a sensor on your finger
- Check the dressing for drainage
- Neurologic checks
- Manage your pain
- Monitor the compression devices that help prevent blood clots

YOUR SURGERY AND RECOVERY

Understanding Knee Replacement Surgery

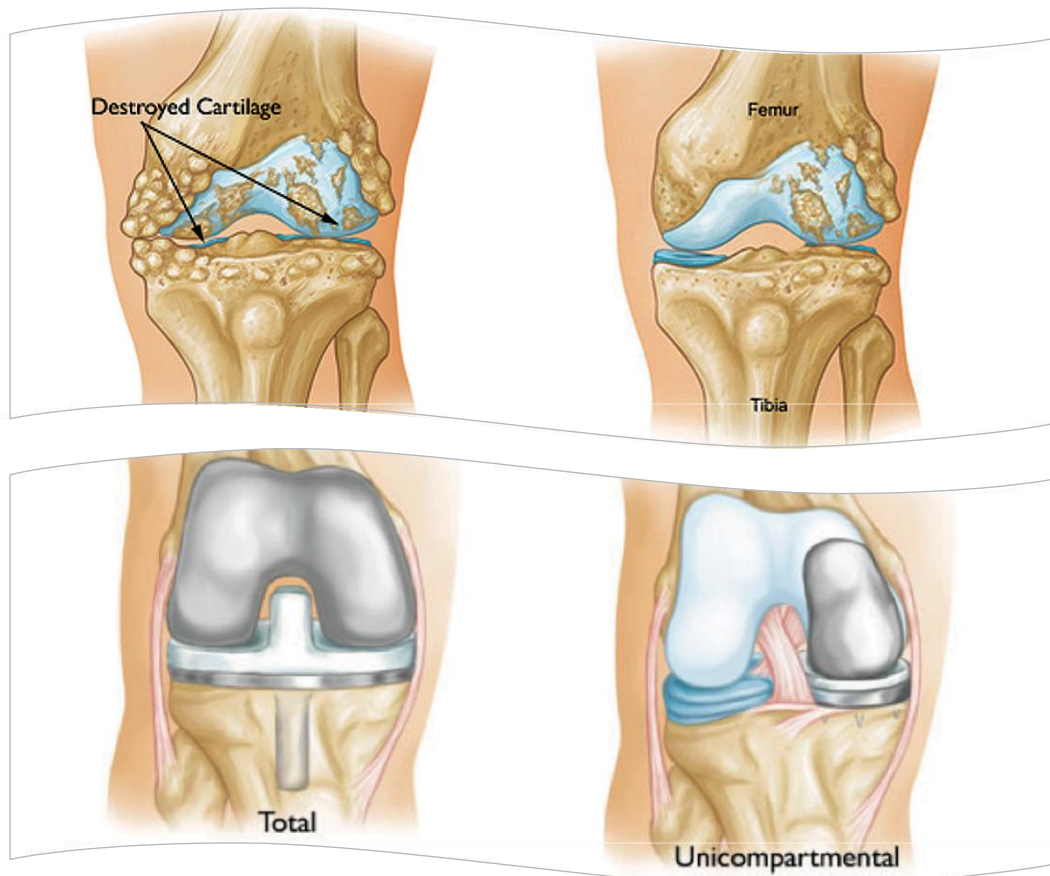
The knee is one of the biggest joints in the body and helps people perform everyday activities like walking and athletic activities. The knee involves the lower end of the thigh bone – the femur [fee-mer] – and the upper end of the shin bone – the tibia [tib-ee-uh]. The kneecap – the patella [puh-tel-uh] – is in the middle. The ends of these three bones meet and are protected by cartilage, which also helps the bones move easily. The menisci [mi-nis-kuh s] are located between the thigh and shin bones, cushioning the joint and acting like a shock absorber. Ligaments [lig-uh-muh nt] hold the thigh and shin bone in place, providing strength and stability to your knee. The remaining surfaces of the knee are covered by a layer that lubricates the knee joint.

Prior to surgery there are other therapies including physical therapy, cortisone injections, and oral medications to relieve the pain. If those methods fail, a patient is considered for surgery.



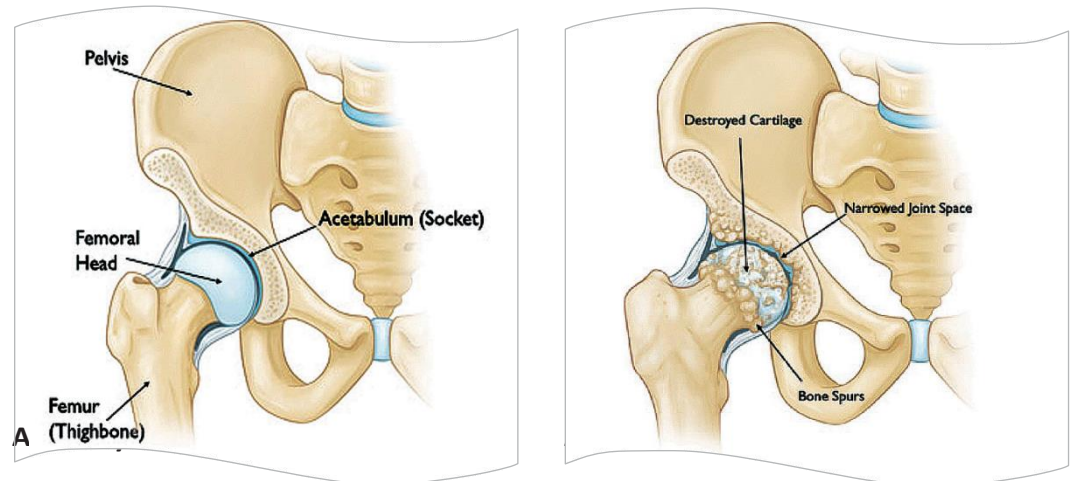
Arthritis or injury can cause severe pain in your knees. Surgery of those joints can be the best way to regain function and restore quality of life. Joint replacement involves surgery to replace one or both ends of the bones in a damaged joint to create new joint surfaces.

Surgeons use different surgical tools to make sure that the leg is straight at the end of operation. Another surgical goal is to have the knee extend completely (straighten out) and bend (flex) as much as possible to allow stair climbing, getting in and out of a car and sitting comfortably. Like a normal knee, it is important that the main ligaments on the side of the knee provide stability against the knee moving to the side and being unstable.



Understanding Hip Replacement Surgery (Total Hip Surgery)

Arthritis or injury can cause severe pain in your hip(s). Reconstruction of those joints can be the best way to improve use and restore quality of life. The hip enables us to bend and straighten our body and move our lower limbs. Total joint replacement involves surgery to replace the ends of both bones in a damaged joint to create new joint surfaces.



Prior to surgery there are other therapy options including physical therapy, cortisone injections, and oral medications to relieve the pain. If those methods fail, a patient is considered for surgery.

When the hip is replaced, the original joint is replaced with an artificial one normally consisting of a metal ball attached to a stem that fits inside the femur or thigh bone. The ball moves in an artificial socket that is implanted to the cup portion of the pelvis or acetabulum [as-i-tab-yuh-luh m]. The surgical implants are secured in place with different materials based on your needs.



The Components and Replacement

Pain Assessments and Management

Talking about pain is an important to help nursing manage your pain successfully. We want you to talk with your nurses and doctors about any pain you experience.



Tell us as much as possible:

- Where is the pain?
- How often do you feel pain?
- On a scale of 0 to 10, where 10 is the worst pain imaginable (example: surgery without anesthesia), how would you rate your pain?
- Is there anything that makes the pain go away?

You will have some pain, which is normal, after surgery. Our goal is to get your pain to a mild level where you can participate in physical therapy. When you have outpatient physical therapy, if you are still having pain, be sure to take pain medication 30 to 45 minutes before your scheduled therapy session.

The pain related with therapy will be managed with oral medications and the dose will become smaller when your pain level is lower.

My home pain medication:

Understanding Blood Clots

Pulmonary Embolism (PE)

A blood clot in the lung (pulmonary embolism) are difficulty breathing, sudden feelings of chest pain, cough and sometimes fainting. If you have these symptoms seek emergency care right away and call your doctor.

Deep Vein Thrombosis (DVT)

DVT is a disorder in which a blood clot forms in the deeper blood vessels, particularly in the legs. Having orthopedic surgery increases this risk so does being inactive.

The following symptoms may indicate the formation of a clot. If you notice any of these symptoms, please call your doctor right away:

- Calf is painful and feels warm to the touch
- Swelling of the foot, ankle or calf that does not go away with elevation of the leg
- Chest pain or difficulty breathing (If you have chest pain or shortness of breath that is sudden or severe, call 911 and seek emergency care right away)

Preventing Blood Clots

Clot Prevention

The following devices, activities and medications may be used during or after your surgery to prevent blood clots. Your doctor will tell you which options apply to your surgery and recovery

- Intermittent pneumatic compression (IPC) or sequential compression device (SCD)
- Ankle pumps
- Oral or injectable blood thinning medications such as Warfarin, Aspirin, Xarelto®, or Lovenox®
- Early activity such as walking

If your doctor has prescribed the blood thinner Lovenox®, please bring your medication with you for your surgery. The nursing staff will show you how to take this medication.

Physical Therapy

Following your joint surgery Physical Therapy (PT) is an important part of your recovery. PT will help you regain strength and range of motion with your new joint! Although you may feel more pain during and after PT, in the long run it helps with your recovery. Your nurses and doctors will work with you to manage your pain before and after PT.

P.R.I.C.E. - Here are ways that you can manage your pain and protect yourself after surgery:

- **Protection:** Using a walker to decrease the amount of weight on your leg.
- **Rest:** Allow for rest in between activities like walking and doing the dishes.
- **Ice:** Cold packs should be used for less than 30 minutes during times of increased pain.
- **Compress:** TED hose and ACE wrap are used to decrease swelling and prevent blood clots.
- **Elevation:** Has similar benefits to compression and should be done with a straight knee.

Before Your Surgery

- Attending our joint class, it will help prepare you for what is to come. Also, you get to meet some of our staff and ask any questions you have.
- Begin the exercises that are pictured in this book today. It will greatly improve your ability to do them after surgery and speed up your recovery.
- Looking for equipment you already have at home, such as walkers, shower chairs, and elevated toilets, will help you put items you need where you will need them prior to discharge from the hospital.
- Look around your home for stairs, high or low bed/chair surfaces, and narrow doorways that you typically use. Telling us about these items will help us work on goals for your success.
- Some level of assistance is typically needed for the first few weeks at home. Plan to have some help available such as family, friends, or a caregiver if possible.

Consult with your therapist prior to purchasing any equipment

Rehabilitation in the Hospital

- PT will begin shortly after surgery, on the same day in most cases!
- We encouraged you to have a family member or caregiver watch and participate in the therapy sessions. They will learn what to expect once you go home so they can provide you with better support.
- Hopefully, the same person that will be with you at the hospital and at home following your surgery can attend the joint class. Our team can help train them to provide you with assistance as you recover.
- We have a goal-oriented approach to care. This means that PT, nursing, case management and your doctor work together to prepare you for success after you leave the hospital.
- Some of these goals are getting in and out of bed, sitting and standing from a chair/toilet, moving around safely using a walker, and knowing the do's and don'ts for your surgery
- Typically some level of assistance needed for the first few weeks at home. Plan to have some help available such as family, friend or caregiver if possible.

Note: DO NOT attempt to get in/out of bed or on/off toilets or chairs on your own immediately after surgery. After any surgery you are at a higher risk of falling. Please use the hand held nurse call button when you need help. Also, your family member or caregiver should NOT try to get you out of bed. Let our highly trained staff help you while you are here because safety is our top priority. WE ARE HERE TO HELP YOU! Remember to call, and don't fall!

Continued Success at Home

- The best place for you to recover is at home. Because of this, your time at the hospital may be brief. We want to help you prepare for and understand the need to stay active and safe at home.
- Use the P.R.I.C.E. method to help improve your comfort at home. Your symptoms and risks such as pain and blood clots may remain for some time.
- Continue to perform the activities you have practiced at the hospital. In the first few weeks at home you will probably need assistance from your family, friends or caregiver to stay active.
- Based on your needs, services such as home health and out-patient physical therapy will be setup by our case managers before you leave the hospital.
- Continue to practice the basic exercises you have been doing before and after your surgery to prepare for continued success with your next PT!

HOME CARE PLANNING

Home Care Planning Process

Planning for your home care begins with education. Your care team begins getting ready for you to leave the hospital and go home from the moment you walk through the doors. You can help us by working with physical therapy and learning what you need to do to care for yourself when you get home. After all home care criteria are met, your doctor will send you home. If you require more therapy before you go home, our team will work with you to find the best place for you to continue recovering.

The BEST place for you to recover is in your own HOME. Because of this, our case manager will work with you to help you go home following surgery. Your recovery is important to the care team, so we will follow up after your discharge. A member of your care team will call you two or three days after you leave the hospital so we can track your progress and answer questions that you may have about your postoperative recovery. We may contact you a few more times up until three months after your surgery to check on your recovery.

General Home Care Criteria

The following are general criteria used to assess if you are ready to leave the hospital:

- You are medically healthy enough to leave the hospital setting
- All post-surgery goals have been achieved
- Physical therapy services have been set up
- Home support is available from a family member or caregiver

If you are being sent directly to home following your surgery. Please remember, your doctor has determined based on your pre-surgical status that you are safe to recover in the comfort of your home.

Once you get home, your recovery will be supported through an outpatient physical therapist that has specific instructions from your doctor. They will be there to support you as return to your normal activity level.

**The best place
to recover is
in your home!**

Home Care Instructions

Medications

- Look over the medication instruction sheet given to you by your nurse for your prescription medications
- Take prescription pain medication as directed by your doctor
- DO NOT take over-the-counter anti-inflammatory medications (Aspirin, ibuprofen, Aleve®, Advil®) until cleared by your doctor

Diet

- Enjoy a well-balanced diet
- We suggest that you take a multi-vitamin pill each morning for at least one month
- Pain medication may cause constipation – drink lots of fluids and increase your intake of fiber
- If your doctor prescribes Warfarin, please reference “Important Drug and Food Information” which can be found in this book

Incision Care

If you have **any** of these symptoms please call the surgeon’s office right away because they can indicate an infection:

- Lots of bright red drainage from your incision that does not change with rest and elevation
- Any green or bad smelling drainage from you incision
- If your incision becomes red and hot
- An oral temperature over 101 degrees

Showers (No Baths or Soaking)

Your nurse will tell you if you have a special dressing on your surgical incision. This dressing is waterproof and designed to cover the incision for up to 7 days after surgery. We will teach you how to remove this dressing. When showering, you should pat the incision dry—DO NOT rub your incision or apply creams or lotions. If you are unsteady standing, you should use a shower chair. If you have a traditional dressing over your incision, you will be instructed how to care for it prior to your discharge. You should not get this dressing wet until told to remove the dressing and shower by your doctor.

Support Stockings (TED Hose)

Your doctor may suggest that you wear support stockings after your surgery. The length of time that you wear them depends on your activity level and the amount of swelling. Most patients wear these stockings for 4 to 6 weeks after surgery. Report any heel pain, burning, itching, blisters or redness that does not go away to your doctor.

Swelling of the Ankle

You may have ankle swelling for about 3 months. If you lie down during the day and elevate your legs (follow your knee and hip precautions), the swelling should go away. If you still have swelling or if you have the swelling in both legs, call your doctor.

Assistive Devices

It is important that you use assistive devices, such as walkers, as instructed by your doctor or physical therapist. By your first post-surgery visit, the doctor may tell you to use a cane instead of a walker or crutches.

Daily Activity

Walking and exercise is very important for the success of your surgery – but, you must avoid the extremes of too little or too much.

- Use chairs with arms and ***do not sit for longer than 30 to 45 minutes at a time***
- You may experience discomfort in your operated joint, and you may have difficulty sleeping at night. This is part of the recovery process, getting up and moving around can ease some of the discomfort.
- You may nap during the day if you are tired, but DO NOT stay in bed all day
- It is okay to go up and down stairs, but do one step at a time using your “good” leg up and surgical leg down. Always use a railing if one is available and have someone close by to help you as needed.
- You may be a passenger in a car, but you should sit on a firm cushion or folded blanket to avoid sitting too low and be careful to avoid excessive bending of the operated joint getting in and out of the car
- Your doctor will tell you as to when you may resume driving and normal physical activity.

While daily activity and exercise is vital to your recovery, it is important you don't overdo it!

Lifelong Fitness

The goal of your surgery is a joint that will enable you good motion and the ability to perform everyday activities without pain. Avoid sports or other activities that put a pounding stress on the joint until cleared by your doctor. It is important to stay as active while you are recovering from your surgery. Talk with your doctor and therapist about activities and exercises that are right for you following your surgery.

Oral Anti-Coagulant Medications (Blood Thinners)

Why is this drug prescribed?

Anti-coagulant medications, also known as blood thinners, lower the body's ability to form clots and prevent harmful clots from forming in the blood vessels. These clots can cause serious medical problems because they can move to other parts of your body.

When should it be used?

Your doctor will tell you when to begin taking your blood thinners. It is important to take your blood thinners at the SAME TIME EVERY DAY so find a time that works with your life.

What special instructions should I follow while using this drug?

Upon discharge from the hospital, you will be given instructions about the blood thinner your doctor has decided to give you. Please follow these instructions carefully, and contact your doctor if you have any questions.

What should I do if I forget to take a dose?

Take the missed dose as soon as possible on the same day. DO NOT take a double dose of blood thinners the next day to make up for the missed dose. Finally, if you forget to take a dose and cannot take a dose on the same day, call your doctor.

What side effects can this drug cause?

Patients taking blood thinners have an increased risk of bleeding complications.

Call your healthcare provider right away if you have:

- Bleeding that does not stop from cuts or from your nose
- Red or dark brown colored urine or red or black stool you go to the bathroom
- More bleeding than usual when you brush your teeth
- Bruising for unknown reasons anywhere on your body
- Vomiting or coughing up blood
- More bleeding than usual when you get your menstrual period or unexpected bleeding from the vagina
- Severe headache, dizziness, weakness or trouble breathing

AFTER SURGERY – AT HOME

Postoperative Exercises

Your rehabilitation process continues once you leave the surgical facility. Doing your post-surgery daily exercises is important for recovery and for maintaining your strength. These exercises are in the section called “Staying Active Prior to Surgery” of this book.

Home Follow-Up

Prior to surgery, your doctor’s office will schedule a post-surgery follow-up appointment. If you do not have this appointment, please call your doctor’s office to schedule one.

Preventing Infection

Preventing infection is extremely important for the rest of your life. Bacteria from a different source can pass into your body and enter the area surrounding your new joint. This can cause it to become loose and painful. A list of possible sources of infection are listed below along with what you can do to lower the risk of infection.

Future Procedures and Sources of Infection

Prior to any of the following procedures, you **may** need antibiotics to lower the risk of infection risk:

- Dental work (cleaning, drilling, extraction, root canal)
 - Take antibiotics the day of your dental work
 - Call your doctor’s office for a prescription
- Urinary tract or bladder infection
 - Symptoms: Pain, burning, fever, blood in the urine, increased need to urinate
 - See your general doctor immediately
- Infection in the ears, throat, vagina, cut, etc.
 - Pain, fever, redness or drainage
 - See your general doctor immediately.
- Any medical procedure (proctoscope, cystoscope, endoscope)
 - Inform the doctor doing the procedure that you have a joint replacement and you may need to be given antibiotics.

Controlling Pain at Home

You need to control your pain so you can walk more and gradually increase your activity level. Following the prescribed exercise program will lead to decreased reliance on pain medications.

- **You should understand that you cannot expect to be pain-free immediately after your surgery**
- Not moving to avoid pain will ultimately contribute to more pain and swelling
- It is okay to take medication when pain is limiting your walking, exercises or sleep

Guidelines for Use of Pain Medication

- Only take pain medications according to the directions from your doctor. Be sure not to exceed the number of tablets for each dose or how often you can take the medication
- Many medications, including over-the-counter medications and prescriptions, contain acetaminophen (Tylenol).
- Limit the total amount of acetaminophen (Tylenol) to 4,000mg a day. Taking more than this amount can be harmful to your liver.
 - Include your prescription medications that contain acetaminophen (Tylenol) when calculating your daily total
- Take pain medication with meals or with something in your stomach
- Do not wait until the pain is severe
 - Pills take 30 to 45 minutes to begin to work
 - If the pain is severe, relief will be slower and less effective
- Use pain medication at night and before therapy as needed
- Notify your doctor if pain medication causes you to vomit, be nauseated, shaky, disoriented, or unsteady when walking.
- Do not drink alcohol while you are taking pain medication
- Some pain medications cause constipation which can be avoided by drinking extra fluids, increasing activity, and eating prunes or other foods high in fiber
- ***Do not take aspirin or anti-inflammatory medications until you are done with your prescription blood thinner and your doctor has cleared you to use these products***

Alternative Measures to Increase Comfort

- Establish a pattern of activity that does not increase pain or swelling from over use
- Plan for time to rest after activities
- Get dressed every day (this makes you feel less like a patient)
- Use ice frequently, especially after physical therapy for 20-30 minutes See the instructions below
- Talk with your physical therapist about positions that help relieve pain
- Gradually increase walking and other activities
 - Change positions every 30 to 60 minutes
 - Do not sit too long without moving
- Find activities that will take your mind off surgery
- Use relaxation techniques such as deep breathing and meditation

Icing and Elevation

Instructions for Icing

After any joint surgery swelling is expected. Swelling can cause increased joint pain and limit your range of motion, it helps to take steps to reduce the swelling. Using a cooling unit or an ice pack can help with swelling.

There are several types of “ice packs” you can use:

- A cooling unit (“Ice Man”)
- A commercial ice bag
- Ziploc bags, one inside of another, half filled with ice
- Commercial gel packs that you refreeze
- Large bags of frozen peas that can be refrozen

Here are some tips to avoid injuring your skin when using ice:

- Never apply ice directly to the skin
- Place a towel or cloth between your skin and the ice pack
- Ice should never be applied longer than 30 minutes. (Exception: a cooling unit may be applied continuously throughout the day)
- Ice should be removed if the area becomes numb regardless of how long it has been applied

YOUR RECOVERY

Tips for effective knee icing:

- An ACE™ bandage wrapped loosely around your knee will help hold the ice pack in place
- Ice can be placed both on top of the knee and under the knee so the entire joint is covered
- Ice for 20 - 30 minutes
- Ice can be applied as often as once an hour to help with pain and swelling

Instructions for Elevation

Knee Patients: You may use pillows to help elevate your leg. Elevating your leg, along with ice can help reduce swelling. If you use pillows to help elevate your leg, elevate your entire leg all the way down to your ankle. DO NOT put a pillow behind your knee. Your knee should always be straight when it is elevated.

Getting In and Out of Your Car

- Move the front passenger seat all the way back to allow the most leg room
- Recline the back of the seat if possible
- If you have fabric seat covers, place a plastic trash bag on the seat cushion to help you slide in once you are seated
- Using your walker, back up to the front passenger seat
- Steady yourself using one hand on the walker, with the other hand, reach back for the seat and lower yourself down keeping your surgical leg straight out in front of you. Be careful not to hit your head
- Turn towards the front of the car, leaning back as you lift your legs into the car
- Return the seat back to a sitting position
- When getting out of the car, reverse these instructions

FREQUENTLY ASKED QUESTIONS

Patient Education FAQs

Why should I have my surgery in a surgical hospital?

Surgical hospitals are designed for surgeries that require a short hospital stay after the surgery. Because of our smaller size, scheduling is easier and patient care is more personalized. Surgeries rarely run behind due to emergency or other sudden delays found in bigger hospitals.

Can a surgical hospital handle a complicated surgery like a joint replacement?

Yes. Because surgical hospitals specialize in surgery and caring for the needs of the surgical patient, we provide your doctor with a high-quality safe environment. We train our staff to handle your surgery and your recovery because surgery is all we do.

What happens if I get an infection during surgery?

It is not likely that you will get an infection during or after your surgery. Surgical hospitals have a low infection rates because we don't see patients that are sick. This is different than a bigger hospital because they are designed to treat and care for patients that are sick. While bigger hospitals do all they can to prevent infections, because they care for patients that are sick there is a higher risk of infection.

When my father had replacement surgery 10 years ago, he couldn't get out of bed or walk on his own for weeks. How can I be expected to go home within a couple of days?

There have been many advances in total joint replacement surgery. Not only have the implants improved, but the medications used for anesthesia and to manage your pain are better as well. This means you can get up faster after surgery and your recovery time is shorter.

What are the benefits to be being able to go home so soon?

Being at home speeds up recovery because you are more comfortable and have a lower risk of infection. Also, by recovering at home your bill will be smaller because you are not using hospital services. Because we are focused on your surgery and recovery, you have more chances to work with physical therapy and nursing so you are ready to go home within a few days of your surgery. However, if your doctor and the care team do not think you are ready to go home, we will work with you to find the best place for you to recover.

How do I prepare myself for recovery at home?

This handbook will help explain the plan of care from the pre-surgery phase through recovery and rehab. Before surgery, you and your family will be educated on what to expect, how to prepare your home and what you will need to do to care for yourself well before you have your surgery. Your plan of care will contain educational material that you can refer to before and after your surgery. During your stay, the nurses will review all of the post-surgery instructions with you and your family to make sure that you are ready to recovery in the comfort of your home.

What if something happens after I get home?

The caring staff in the surgical hospital will not send you home without carefully preparing you for a successful recovery. If you have chest pain or shortness of breath, you should call 9-1-1 right away. If you have problems with pain, nausea, vomiting, problems going to the bathroom, or any other non-life threatening problem, please call your doctor's office any time of the day or night.

What are the chances of complications?

There is always the chance that something could happen during your surgery. However, your doctor evaluated your total medical history prior to suggesting a surgical hospital as the location for your surgery. By looking at your medical history your doctor has decided that you are at a low risk for complications.

What can I do now to prepare my home for surgery?

One of the best things you can do to is to go through your home and look for things you could trip on. Remove rugs and other items to avoid falling. If your bedroom is upstairs, that's fine but you should consider bringing some of your bathroom items and clothing close to where you will be recovering. This will make it easier for you to use those items by limiting the number trips up and down the stairs.

Will I need to purchase a new bed or furniture?

No, there is no need to purchase new furniture. You can sleep in your own bed and will learn how to get in and out. You won't need any special furniture, but chairs with arms are easier to get in and out of. Recliners are great and you can sleep in one for a few days after surgery.

Will I be able to keep my pets after my surgery?

Yes, but when you first arrive home it is best to have them out of the house for few days or in another area of the house. Also, pets can lead to falls if they get excited or rest under your feet. Also, pets can carry germs be sure to use hand sanitizer or wash your hands after touching or holding pets.

What are the biggest risks?

The biggest risks with joint replacement surgery are falls and infection after you get home.

How can I prevent falls at home?

Falls typically happen when you are weak, tired, or when you are still under the influence of medications. Also, floors and walkways that are slippery, wet, or obstructed can cause you to fall. You can prevent falls by identifying and removing obstacles before your surgery. Remove rugs and watch for uneven flooring or low-level items that might pose as tripping hazards. Each year, millions of people are injured by falls that can be prevented. Educate yourself and take the necessary steps to avoid falling after surgery.

How can I prevent infection at home?

Infections can happen under the best of circumstances, but just a few, small habits can greatly reduce your risk. First of all, hand washing with soap and water prior to changing dressings and touching your incision can go a long way in preventing infection. If soap and water is not available then use anti-bacterial gel. Remember, everything that is on your hands will transfer to anything you touch – including your incision site. Encourage the people around you to keep their hands clean and remind them to do so often. It's also important to keep your living space clean. Have your bedding changed every day and sleep in clean pajamas at night. Keep your clothes clean during the day and bathe regularly to keep bacteria off of your skin.

Are there any other risks that I need to be aware of?

As with any surgery there is a risk of blood clot formation, also known as deep vein thrombosis. Preoperatively, your care team will design a plan of care to minimize this risk and will review this with you and your care partner before your surgery and again after your surgery.

“Normal Activities” FAQs**When can I walk up and down stairs?**

The physical therapist and nurses will practice stair with you before you leave the hospital.

When can I drive?

When you are allowed to drive again depends on your type of surgery and the side of surgery (right vs. left). You can work with your physical therapist and speak with your doctor at your follow-up office visit to determine when you are safe to drive.

When can I go back to work?

This varies depending on what your job entails and the physical demands of your job. You can work with your home therapist on simulating your work environment and speak to your doctor at your follow-up office visit to determine when you are safe to return to work.

Can I do water aerobics, swim and take baths?

You must wait until your incision is well healed to avoid infection. You can speak to your doctor to discuss when your incision is healed enough to perform these activities.

When can I return to golfing, jogging or other sports?

Your new joint can take up to a year to be completely healed. Strenuous activities should be avoided until your doctor gives you clearance to perform them.

When can I resume sexual activity?

In general, it is safe to resume intercourse approximately 4 to 6 weeks after surgery if okay with your doctor. Both males and females may prefer to resume intercourse in a passive manner as this generally requires less energy expenditure. After a few months, you can resume sexual activity in any comfortable position. If you still have questions, feel free to ask your doctor.

Following surgery, do I need to make special considerations when I travel?

Airlines have various accommodations for people traveling with assistive devices (crutches, wheelchairs, etc.). It is best to call the airline ahead of time to explain your specific needs to make sure yours will be accommodated. Consider how you might need assistance, such as help entering the aircraft and getting to your seat or assistance with luggage. Try to choose nonstop flights if possible, and make reservations early so the best seats for you will be available. Flying has some unique characteristics that can further increase your risk for blood clots. If you intend to travel within 90 days of your surgery or if you have a history of blood clots, you need to take extra preventive measures. The following is a list of things you should discuss with your surgeon before getting aboard the plane:

- Wear loose-fitting clothing during the flight
- Walk around the cabin every 30 to 60 minutes if possible during flights of 3 hours or longer
 - If you have a layover, take a brisk walk in the airport
- If possible, elevate your legs during travel and do ankle flexion exercises while seated
- Stay hydrated before, during and after the flight
 - Limit alcohol and caffeine, which may contribute to dehydration
- Allow extra time for TSA screening at the airport
 - There is no card available which will preclude you from screening
 - Inform the attendant that you have a joint replacement and he or she will instruct you further for your screening
 - You may request a private screening as well

THANK YOU

Thank you for choosing Baylor Scott & White Surgical Hospital Fort Worth for your knee or hip procedure. Your success and satisfaction is important to us, if at any time you have questions, please contact the Joint Team. Your success is a partnership which we continue to value!

Sincerely,

Baylor Scott & White Surgical Hospital Fort Worth Care Team

Notes:

[illegible]



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