

Recovering from a Total Joint Replacement



STRATEGIES FOR BETTER HEALTH



Hello!

The VNA of Middlesex-East is pleased to help you manage your recovery from a Total Joint Replacement and hopes this booklet will further assist you in reaching your optimal health. We are here to help you incorporate these changes in your life.

While you are being cared for by us, you will learn about Total Joint Replacement and receive recommendations on how to manage your lifestyle for a complete recovery. Advice will be given on appropriate medication management, diet tips, and exercise.

Please do not hesitate to call your nurse or rehabilitation therapist at any time.

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STRATEGIES FOR BETTER HEALTH

Recovering from a Total Joint Replacement

What is a Total Joint Replacement?

Total joint replacement is a surgical procedure that involves the removal of an arthritic or damaged joint that is replaced with an artificial joint, called a prosthesis. Types of joint replacements include hips, knees, and shoulders. For the majority of people who have joint replacement surgery, the procedure results in:

- A decrease in pain
- Increased mobility
- Improvements in activities of daily living
- Improved quality of life



Precipitating Medical Conditions

Individuals who suffer from **osteoarthritis**, **rheumatoid arthritis** or a **fracture** are candidates for total joint replacement.

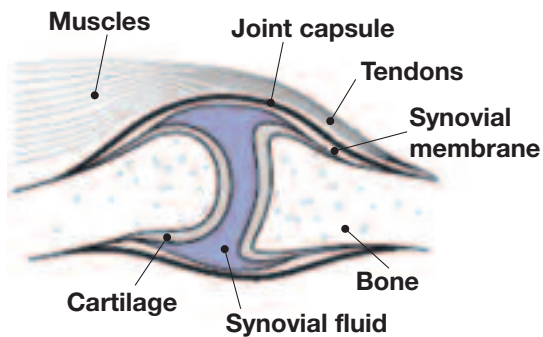
Osteoarthritis

Osteoarthritis is the most common type of arthritis, and is seen especially among older people. Sometimes it is called degenerative joint disease.

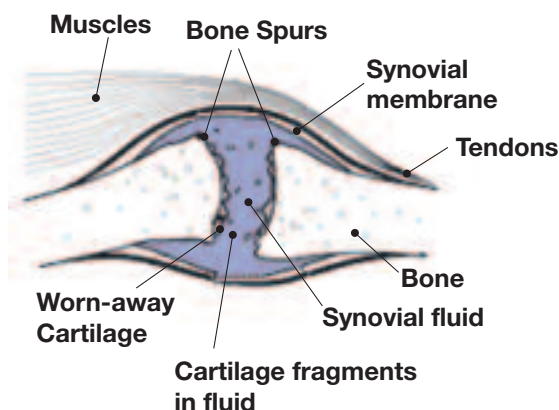
Osteoarthritis mostly affects cartilage, the hard but slippery tissue that covers the ends of bones where they meet to form a joint. Healthy cartilage allows bones to glide over one another. It also absorbs energy from the shock of physical movement. In osteoarthritis, the surface layer of cartilage breaks down and wears away. This allows bones under the cartilage to rub together, causing pain, swelling, and loss of motion of the joint. Over time, the joint may lose its normal shape. Bits of bone or cartilage can break off and float inside the joint space. This causes more pain and damage.

People with osteoarthritis usually have joint pain and some movement limitations. Unlike some other forms of arthritis, osteoarthritis affects only joint function and does not affect skin tissue, the lungs, the eyes, or the blood vessels.

A HEALTHY JOINT



A JOINT WITH OSTEOARTHRITIS



Rheumatoid Arthritis

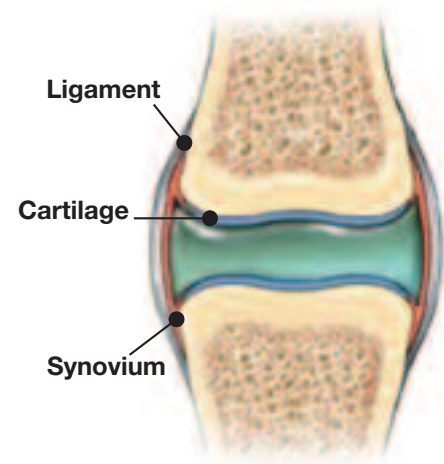
Rheumatoid arthritis is the second most common form of arthritis in which the immune system attacks the tissues of the joints, leading to pain, inflammation, and eventually joint damage and malformation. It typically begins at a younger age than osteoarthritis, causes swelling and redness in joints, and may make people feel sick, tired, and uncommonly feverish.

Hip Fracture

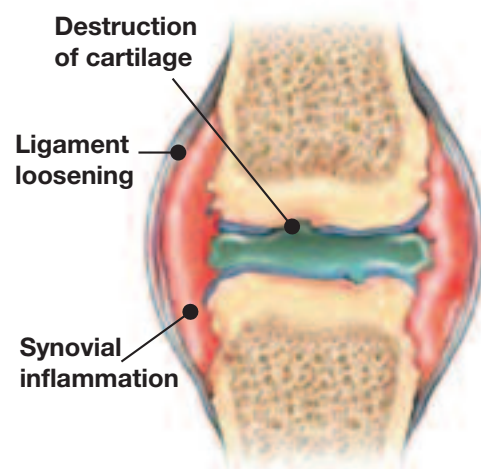
A fracture is a medical term meaning a crack or a break of a bone. A hip fracture occurs near the upper part of the femur (thigh bone). A partial hip replacement may be done to replace the broken upper part of the thighbone (femur) with artificial parts. In some cases a total hip replacement may be done if the hip joint area was already damaged before the fracture by arthritis or an injury and the joint was not functioning correctly. A hip replacement is often done when the blood supply to the top of the thighbone is damaged and there is a chance that the bone might die or when the fractured bones cannot be properly aligned.

Shoulder Fracture

A humeral fracture occurs near the upper part of the humerus (arm bone). A partial shoulder replacement may be done to replace the broken upper part of the humerus with artificial parts. In some cases, a total shoulder may be done if the shoulder joint area was already damaged before the fracture by arthritis or an injury and the joint was not functioning correctly.



HEALTHY JOINT



DAMAGED JOINT WITH RHEUMATOID ARTHRITIS

What to Expect After a Total Joint Replacement

After your surgery, the next step is rehabilitation – changing some old habits and rebuilding your strength with gentle therapy exercises. In general, your orthopedic surgeon will encourage you to use your “new” joint shortly after your operation. After total hip or knee replacement, you will often stand and begin walking the day after surgery. Initially, you will walk with a walker, crutches, or a cane.

Your “new” joint can give you an improved quality of life through greater independence and healthier pain-free activity. Your commitment to the recovery process, however, is essential to achieving this goal. But you will have lots of help getting there; your healthcare team will work with you closely to return to a more active lifestyle.

Healthcare Team

Our multi-disciplinary team will help you through the post surgical process when you return home from the hospital. We provide instruction on increasing strength, decreasing swelling and stiffness, as well as weight bearing precautions and gait training. Your team may include nurses, physical and occupational therapists and home health aides.



Nursing

A nurse may be indicated if you need teaching regarding your medications, monitoring lab work, removing staples, and addressing pain control.

Physical Therapy

Your physical therapist (PT) will work with you to establish an exercise program to improve range of motion, strength and endurance, improve your mobility (walking with devices, transferring in and out of bed, on and off chairs, and in and out of cars), teach and practice total joint precautions, reduce fall risk, and assess and teach home safety. Your PT will be a great resource should you have questions about your condition, surgery, and pain control.

Occupational Therapy

An occupational therapist (OT) may work with you to improve your ability to perform activities of daily living. These activities may include bathing, dressing, toileting, meal preparation, and home management. Some of these activities may require special equipment such as a tub seat, raised toilet seat, reacher, long-handled shoe horn, or sock aid. If you have a total shoulder replacement, your OT may work with you on improving range of motion and strength in your arm.

Home Health Aide

You may need a home health aide after your joint replacement if you require assistance with bathing and dressing. You will regain your independence more quickly if you practice the skills you have learned with the OT while working with the home health aide.

You and Your Family

During your recovery you will have good days and bad days. But if you follow your rehabilitation program closely, there will be more good days and your condition will begin to improve. Your family's support will be important while you recover and readjust. They can assist you with your exercise program and also help you with equipment until you can use it on your own. Their words of encouragement can help you stay positive during the recovery process.

The Healing Process

Your Incision

Staples

Your doctor will determine when your staples are to be removed. The date for staple removal will be scheduled when you are discharged from the hospital. The doctor may remove them at your next appointment, or may arrange for a nurse to remove them. A dressing is usually not required by the time you are discharged from the hospital, but you can apply a gauze pad for comfort if you wish.

Infection

You should check your incision for infection. Signs and symptoms of infection include increased pain, redness, drainage, swelling, and/or temperature greater than 100 degrees. Should any of these symptoms occur, call the VNA immediately (800-607-4299). Keep in mind that some pain, redness and swelling is normal. The signs to look for are a change in your typical pain, redness and swelling.

Nutrition

While there is no special diet for patients undergoing a joint replacement, a well balanced diet and adequate hydration (drinking plenty of fluids) will speed up the healing process and provide you with fuel you need to participate fully with your rehabilitation program. There are dietary restrictions for patients on Coumadin, a medication used to prevent blood clots. (See page 8 for further instructions.)



Reducing Blood Clots

Patients undergoing joint replacement surgery are at risk for blood clots. The following are methods that reduce this risk.

Blood Thinners

These are medications prescribed to reduce the risk of blood clots following your surgery. You will probably keep taking one of the medications until you are walking frequently and well, often at least three weeks. The typical blood thinners prescribed after joint replacement surgery include Coumadin and Lovenox:

Coumadin

Coumadin is a medicine for people who are at an increased risk for harmful blood clots that can block the flow of blood to the heart or brain. It is prescribed to prolong the time it takes blood clots to form. This medication comes in pill form and requires a blood sample to determine the appropriate dose. Lab work (PT/INR) is usually done twice a week. PT/INR can be done in the following ways:



Hemosense Monitor: A hemosense monitor may be left at your home during the course of your treatment.

This simple to use monitor tests your small blood sample for its ability to clot. Your physician will use the results to determine your dosage of Coumadin. It is important that you promptly call in your results to your doctor's office. A nurse will instruct you on the use of this easy to use machine.

Venipuncture: A nurse will draw a blood sample and take it to the lab for patients who are not appropriate for hemosense monitoring. The doctor/lab will call with your new Coumadin dose.

Dietary Restrictions for People on Coumadin

If your doctor has prescribed Coumadin, the vitamin K in your diet can react with the medicine to cause an undesirable affect. The amount of vitamin K you eat affects your dose of medicine. Your blood thinning medicine is balanced with your diet to give the best drug effect. The foods listed below have vitamin K in amounts that can affect your clotting therapy. Eating more of these foods than you usually do could make your medicine less effective. Eat your normal diet so your medicine needs will not change.

Foods High in Vitamin K	
Beef Liver	Broccoli
Brussel Sprouts	Cabbage
Cauliflower	Lettuce (Head and Leaf)
Mayonnaise	Mung Beans
Scallions	Soybean Oil
Soybeans	
Foods Very High in Vitamin K	
Green Tea	Chickpeas
Nettle Leaves	Seaweed
Canola Oil	Lentils
Leafy vegetables such as kale, spinach, turnip greens, collard greens, endive mustard greens, parsley, watercress	
Foods with Olestra (Olean) often have fat soluble vitamins added, including vitamin K. These foods should be considered as a source of vitamin K if they are included in your diet.	
Alcohol	
Avoid drinking alcohol while you are taking Coumadin because alcohol can change the way your body responds to the medicine.	
Herbs	
Tell your doctor or pharmacist if you are taking any herbal preparations or using any herbal teas or other products. Even though herbs are “natural” products, they may not be safe with your medicines.	
Cranberry Juice	
Cranberry Juice should be avoided or at least limited while taking Coumadin.	

Lovenox

This is an injectable medication that patients give themselves once or twice a day. Lab work may be required, but not at the same frequency as for Coumadin.

Elastic Stockings (TED)

These stockings, prescribed by your physician, are put on in the morning before you get out of bed and removed at bedtime. Helpful tip: Wearing dishwashing gloves will make it easier for you to pull the stockings on. You may also have a family member help you with them. The stockings can be cleaned in a washing machine but DO NOT put them in the dryer. Your doctor will inform you when you can discontinue use.

Bowel and Bladder

Constipation is one of the most frequent complaints during rehabilitation. This condition can be caused by decreased mobility or post anesthesia effects; it can also be a side effect of prescription pain medication. If untreated, constipation can lead to nausea and vomiting, bowel obstruction, or even sepsis, especially in the elderly patient. Patients should take a stool softener if on a prescription pain medication. Add a laxative if you do not have a bowel movement for one to two days. Drink plenty of water and keep moving to help maintain bowel function. Call the VNA (800-607-4299) if problems persist.

Drink plenty of water and keep moving to help maintain bowel function.



General Precautions

If you had a hip replacement, please follow these precautions:

- Do not bend hip beyond 90 degrees. This happens either by bringing your knee up to your chest or bending forward and bringing chest down to your knee.
 - Do not sit on low chairs or toilet (*this will bend your hip more than 90 degrees*).
 - Use commode or raised toilet seat
 - Consult with PT or OT to determine which sofas/chairs are most appropriate
 - Use long-handled equipment to avoid bending forward (*reacher, long-handled sponge, long-handled shoe horn, sock aide*)
- Do not cross your legs
 - Consider placing pillow between your legs when sitting or when in bed if crossing your legs is a habit
 - Place pillow between your legs if you lie on your side
- Do not pivot or twist on the operated leg
 - When walking with walker, make sure you always face forward when in the walker
 - When walking with crutches, make sure your feet are parallel with the crutches
 - When lying in bed, make sure toes point to ceiling and do not fall in or outward

If you had a hip or knee replacement

- Do not sit for prolonged periods of time or your total hip or knee will stiffen – get up and walk every 30 to 60 minutes.

Your physician will inform you when you can stop these precautions.



The Rehab Process

Exercise

Exercise is the most important part of your recovery process. A home exercise program will be created by your physical therapist and orthopedic surgeon that is tailored to meet your needs for a successful surgical recovery. Our therapists will help you with this program at home until you are ready to participate in an outpatient therapy setting.

Gentle exercises will help prevent circulation problems, as well as strengthen muscles and improve your range of motion. It is important you follow your exercise program closely for a successful recovery. Your personalized exercise plan can be found in the back pocket of this booklet.

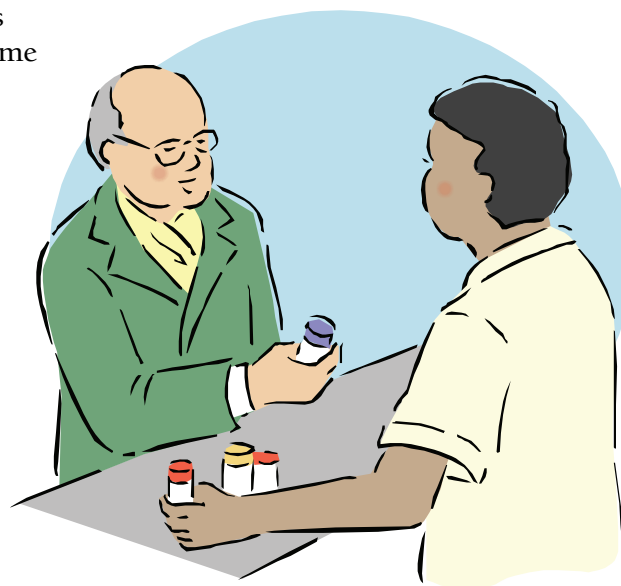
Pain Control

Pain inhibits the ability to fully participate in physical therapy. Our staff will provide education to help decrease pain and improve your activities of daily living. Coping strategies include medication and non-medication techniques. Take your medications as prescribed. This is especially important before therapy sessions as they will help you successfully complete your exercises.

Medications

Medications your doctor may recommend include:

- **Acetaminophen (Tylenol):** A medication commonly used to relieve pain; acetaminophen is available without a prescription. It is often a medication doctors recommend because of its safety relative to some other drugs and its effectiveness against pain.
- **Tramadol (Ultram):** A prescription pain reliever that is sometimes prescribed when over-the-counter medications don't provide sufficient relief. It carries risks that don't exist with acetaminophen, including the potential for addiction.
- **Mild narcotic painkillers:** Medications containing narcotic analgesics such as codeine or hydrocodone are often effective against osteoarthritis pain. Because of concerns about the potential for physical and psychological dependence on these drugs, doctors generally reserve them for short-term use.



Non-medications

- **Ice:** Ice may be used to help reduce the pain and swelling. A bag of crushed ice (or frozen peas or corn) may be placed in a towel over your joint for 15-20 minutes. Your sensation may be decreased after surgery, so use extra care to insure you do not freeze your skin.
- **Rest:** Find a good balance between exercise and rest. If you are experiencing a lot of pain, take longer rest periods. But remember that it is important to keep active for proper recovery.
- **Elevation for knee and shoulder replacement:** When resting, keep your limb elevated. This reduces inflammation and pain.

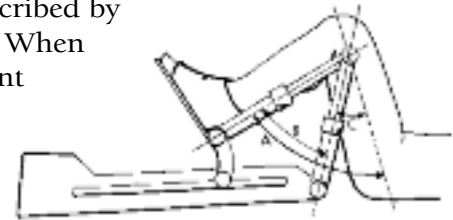
Promoting Mobility

Devices

Walkers, crutches and canes may be recommended to help you move around. Ask your therapist to check if your devices are the proper height for you. Gradually increase the amount of walking you do around your home.

CPM (Continuous Passive Machine)

This is a machine recommended for individuals recovering from a knee replacement. It should be used as prescribed by your physical therapist and physician. When the machine is delivered, the equipment company will show you how to use it. Your PT will also help you learn how to properly use this equipment.



CPM (Continuous Passive Machine)

Stairs

Have someone check the railing on your stairs before you begin to use them after a joint replacement. It is imperative that the railing is strong and secure. Do not use stairs until the PT has instructed you and a family member on how to navigate them properly. Proper technique is:



When going up stairs

GOOD foot forward first

Then BAD foot

Then ASSISTIVE DEVICE

When going down stairs

ASSISTIVE DEVICE FIRST

Then BAD foot

Then GOOD foot



Car Transfers

As a passenger, be sure the car seat is all the way back. An extra cushion on the seat will give you increased height in low cars. A step stool is useful for getting into high vehicles such as SUV's and trucks.



Activities of Daily Living

Bathing

Using a long-handled sponge and a shower hose may be beneficial after a joint replacement. Your therapist can show you how to use a shower bench or chair in the bathtub or shower stall. **Important!** Place a rubber mat down in your tub or shower stall for added safety.



Dressing

Long handled equipment such as a sock aid and a long-handled shoe horn can help you to put on and take off socks, stockings, and shoes. Other tools can help you put on underwear and pants.

Home management

A reacher can come in handy when you need to grasp objects that are too far below or above you. Try to store items at a convenient height. Small items can be carried in an apron or sweater with pockets, or in a walker basket.

Home Safety

Once you are out of the hospital and in your own familiar setting, it's easy to return to old habits. You may be used to bending, or standing up from a chair quickly. Because of your new joint, however, you won't be able to move as spontaneously as you used to, especially during this period of early recovery. To avoid injuring yourself, always think before you move.

Becoming more aware of hazards in your home is very important.

Follow these safety tips:

- Rearrange furniture to make a clear pathway
- Move electrical cords out of the way
- Remove throw rugs
- Make sure your stairs have railings and they are secure
- Keep a portable phone with you
- Add pillows to low chairs
- Store items within easy reach
- Watch for small pets or objects on the floor
- Use a night light in your bedroom and bathroom

Outpatient Rehab

Your physical therapist may recommend transitioning to outpatient therapy following your home care services. The therapist can assist you in arranging with an outpatient provider.

Moving Towards Greater Independence

The key to becoming independent is sticking with your recovery program and working at it consistently. Good lifestyle habits such as healthy eating and regular exercise speeds the healing process and helps you maintain overall good health.

Nutrition

After you leave the hospital, your diet continues to be important for successful healing, as well as for building muscle structure and strength. Eat a well-balanced diet that is rich in whole grains, fresh fruits and vegetables, lean meats and low fat dairy products. Calcium and iron rich foods will help you build red blood cells and strengthen your bones. An excellent source of information about healthy diets is the United States Department of Agriculture's website MyPyramid.gov. Visit this website to help you choose the foods and amounts that are right for you. The food pyramid is reproduced here for your reference.

If you are interested in weight loss, discuss the appropriate time to begin a program with your physician and registered dietitian.

Exercise

Exercise, in combination with a healthy diet is one of the best things you can do for a successful and lasting recovery. It helps you maintain a healthy weight, improves circulation, reduces cholesterol and high blood pressure, and helps reduce stress. Your PT will suggest a daily exercise program that is right for you. Your commitment to following it closely will make a difference.

Remember! A healthy lifestyle will speed the recovery process and help your new joint work at its optimum level.

MyPyramid

STEPS TO A HEALTHIER YOU

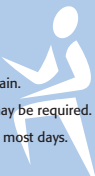
MyPyramid.gov



GRAINS	VEGETABLES	FRUITS	MILK	MEAT & BEANS
Make half your grains whole	Vary your veggies	Focus on fruits	Get your calcium-rich foods	Go lean with protein
<p>Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day</p> <p>1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or 1/2 cup of cooked rice, cereal, or pasta</p>	<p>Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens</p> <p>Eat more orange vegetables like carrots and sweetpotatoes</p> <p>Eat more dry beans and peas like pinto beans, kidney beans, and lentils</p>	<p>Eat a variety of fruit</p> <p>Choose fresh, frozen, canned, or dried fruit</p> <p>Go easy on fruit juices</p>	<p>Go low-fat or fat-free when you choose milk, yogurt, and other milk products</p> <p>If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages</p>	<p>Choose low-fat or lean meats and poultry</p> <p>Bake it, broil it, or grill it</p> <p>Vary your protein routine – choose more fish, beans, peas, nuts, and seeds</p>
For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.				
Eat 6 oz. every day	Eat 2 1/2 cups every day	Eat 2 cups every day	Get 3 cups every day; for kids aged 2 to 8, it's 2	Eat 5 1/2 oz. every day

Find your balance between food and physical activity

- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.



Know the limits on fats, sugars, and salt (sodium)

- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening, and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, trans fats, and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.



U.S. Department of Agriculture
Center for Nutrition Policy and Promotion
April 2005
CNPP-15



USDA is an equal opportunity provider and employer.

Congratulations

You have now successfully completed the Recovering from a Total Joint Replacement teaching program. Our hope is that you are now comfortable and feel you have the control to manage your recovery in order to maximize your quality of life.

Remember, much of your continued success rests in your hands; however if there is anything VNA of Middlesex-East can do to help, please call us. Even if you have what you may think is a simple or redundant question, do not hesitate to call us!

Call 1-800-607-4299; press 0 for the operator and ask to speak to a clinical manager.

Thank you for entrusting us to help you enhance your lifestyle.



back pocket

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