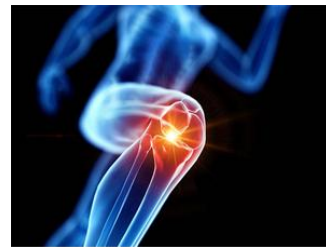
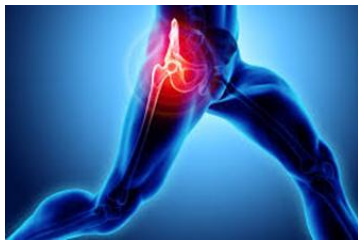




23 Sunnybrook Rd.
Raleigh, NC 27610
(919)322-4800

JOINT REPLACEMENT PATIENT REFERENCE GUIDE HIP/ KNEE/ & SHOULDER



This Facility Achieved



Advanced Orthopaedic Certification

Surgical Checklist

Date of Surgery: _____ Time of Surgery: _____

Time to Arrive at Surgical Center: _____

Date to stop specified Medications/ Supplements: _____

Medications to Stop: _____

Stop nonsteroidal anti-inflammatory (Ibuprofen, Naproxen, Advil, Aleve, Motrin), Aspirin, and supplements such as fish oil, omegas, turmeric

Medication (s) to take the day of your Surgery: _____

Shower prior to completing the skin preparation based on the instructions. See page 28

Do not have anything to eat after midnight before surgery, to include gum or mints.

You may have clear liquids until: _____

Clear liquids include water, sports drinks, apple/cranberry juice, coffee/ tea without cream/milk

Items to Bring:

- ☐ ID card, Insurance card
- ☐ Copy of Living Will/ Power of Attorney
- ☐ List of Current Medications
- ☐ Case For Glasses/ Contact Lenses
- ☐ Hearing aids
- ☐ Denture cup and cleaning tablets, if applicable
- ☐ Medical Equipment
 - Walker
 - Portable Compression Devices (may be provided by Surgical Center)
 - CPAP machine (leave in car, may not be needed)
 - Sling (Shoulder Only)

Do Not Bring These Items:

- Opioid pain medications (oxycodone, hydrocodone, Percocet, ext.)
- Jewelry or other valuable items

Contact Information

Capital City Surgery Center
23 Sunnybrook Rd.
Raleigh NC, 27610
(919) 322-4800

Orthopedic Navigator: ext. 1059

Physician Office Contact Information	
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The Bone and Joint Surgery Clinic	Wake Orthopedics
--	-------------------------

3801 Wake Forest Road, Suite 220
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3701 Wake Forest Rd
Raleigh, NC 27609

(919) 872-3171

George Edwards III, MD

James Post, MD

Timothy Luchetti, MD

For urgent issues please follow the telephone prompts for each office.

Please attempt to contact your surgeon before going to an emergency room, but do not delay medical attention for emergency care.

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Knee Replacement Surgery

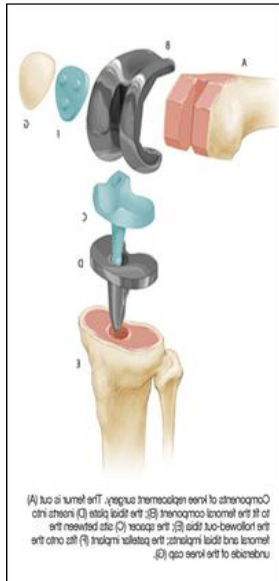
The Basics

Your knee joint is made up of three bones the femur (thigh bone), the tibia (shin bone), and the patella (kneecap). The bones come together to form three compartments of the knee the lateral, medial and patellofemoral compartments.



Knee Replacement Surgery

Knee replacement surgery, also called a knee arthroplasty, is the process of replacing the bone surfaces of the knee joint with metal implants and using a plastic spacer to prevent the metal components from touching during movement. A knee replacement can be a total meaning all three compartments are replaced, or can be a unicompartmental, also called a partial knee replacement. A partial refers to only one compartment being replaced, either the lateral or medial compartment.



Recovery Expectations

Your recovery starts before your surgery and includes eating healthy, continuing to exercise, making sure any health conditions you have are well controlled. Most people will be back to normal activities within 6 weeks, but full recovery may take up to a year. You will likely require assistive devices while walking for the first few weeks. You should not drive until cleared by your surgeon and this may take 3-6 weeks.

One of the keys to an effective recovery is to be an active participant in your physical therapy. This means treating pain before physical therapy to allow for better participation and to continue exercises as instructed when at home. It is important that you follow any restrictions from your surgeon to prevent injuries.

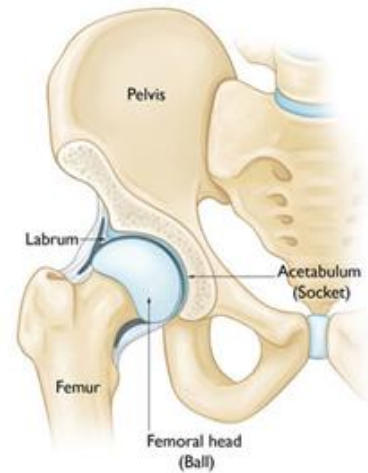
After Recovery Restrictions

Your level and type of activity can impact how long the implanted components last. High impact activities such as jogging, racquetball, or skiing could reduce the life of the implants. Lower impact activities like golfing, swimming, walking, or bicycling are preferred activities after a knee replacement.

Hip Replacement Surgery

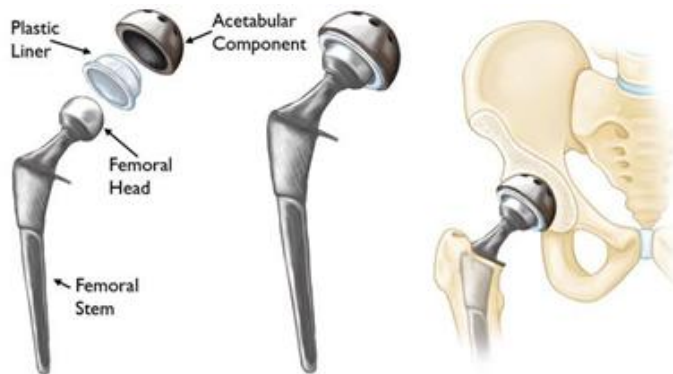
Anatomy Basics

Your hip joint is made up of your femur (thigh bone) and your pelvis. The hip is a ball and socket joint. The femoral head (the ball) is located against the acetabulum (the socket) of your pelvis and allows your leg to have a large range of motion.



Replacement Surgery

During a hip replacement surgery, the head of the femur is removed, and the bone is remodeled to accept the implant. The acetabulum is prepared to accept the acetabular component. A plastic liner is used to prevent the implant components from contacting each other.



Recovery Expectations

Your recovery starts before your surgery and includes eating healthy, continuing to exercise, making sure any health conditions you have are well controlled. Most people will be back to normal activities within 6 weeks, but full recovery may take up to a year. You will likely require assistive devices while walking for the first few weeks. You should not drive until cleared by your surgeon and this may take 3-6 weeks.

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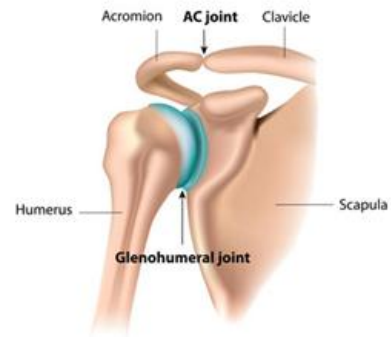
After Recovery Restrictions

Your level and type of activity can impact how long the implanted components last. High impact activities such as jogging, racquetball, or skiing could reduce the life of the implants. Lower impact activities like golfing, swimming, walking, or bicycling are preferred activities after a hip replacement.

Shoulder Replacement Surgery

Anatomy Basics

The shoulder is a ball and socket joint that is made up of the head of the humerus (upper arm bone) and the glenoid cavity of the scapula (shoulder blade). The humeral head is the ball and fits into the glenoid cavity (the socket).



Shoulder Replacement Surgery

Replacing the shoulder joint is the process of removing the head of the humerus and replacing it with an implant component. In a traditional total shoulder replacement, the humeral implant has the ball and fits into the new socket created by an implant on the glenoid cavity. With a reverse total shoulder replacement, a glenoid sphere (the ball) is placed in the glenoid cavity and the humeral implant has a capped end. The partial shoulder replacement or hemiarthroplasty is the replacement of the humeral head with an implant while leaving the existing glenoid cavity in place.

Recovery Expectations



Your recovery starts before your surgery and includes eating healthy, continuing to exercise, making sure any health conditions you have are well controlled. Most people will be back to normal activities within 6 weeks, but full recovery may take up to a year. You should not drive until cleared by your surgeon and this may take 3-6 weeks.

One of the keys to an effective recovery is to be an active participant in your physical therapy. This means treating pain before physical therapy to allow for better participation and to continue exercises as instructed when at home. It is important that you follow any restrictions from your surgeon to prevent injuries.

After Recovery Restrictions

Your surgeon will discuss any physical limitations you will have based on your specific surgery. In general, you should see a great improvement in your mobility and use of that shoulder. High use activities of the shoulder such as weightlifting, or tennis may have an impact on the longevity of the implants. Discuss restrictions of any high shoulder use activities with your surgeon.

Preparing for Your Surgery

Pre-Operative visits

You may require appointments with a few different providers prior to your surgery, including.

- Your surgeon may require one or more visits prior to your surgery to complete your health history, provide educational materials, and order any needed medical equipment
- Your primary care provider may need to complete a medical clearance. This is to ensure that any medical conditions you have are well managed before you have your surgery.
- A cardiologist or another specialist may need to clear you for surgery. This is again to ensure that any condition you have managed by a specialist is well managed. A specialist may also help the surgeon in making medication decisions, such as with stopping and restarting “blood thinning” medications.
- A physical therapist may have you complete a “prehab” visit in which they provide education on exercises and restrictions after your surgery.
- The pre-operative visit with Capital City Surgery Center is to complete pre-registration, orient you to the center, provide education about the care pathway, and complete a pre-anesthesia assessment with an anesthesiologist.

Identify your Support Team

- It is recommended that you have someone **with you for the first 72 hours** after your surgery to assist with tasks that you may not be able to complete on your own during the early part of your recovery.
- You should encourage your support person to participate in the pre-operative visits, when possible, to ensure they have the resources to help take care of you during your recovery.
- Consider asking multiple friends or family members to help after your surgery, particularly if your primary support person has any of their own physical limitations.

Preparing Your Home

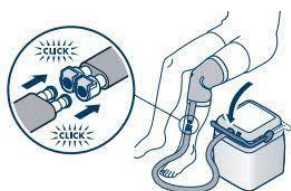
Remember, when you first go home you will not be fully mobile and may have some restrictions on what you are able to do. Prior to your surgery, think about things you normally do and make some adaptations. For example:

- Place items (kitchen and elsewhere) that you use regularly within arms reach, so you do not have to reach up or bend down. For example, if you keep your mugs, plates, etc. in a low cupboard, consider moving them to a more accessible place for a short while after your operation.
- If you must cook for yourself, consider making or buying some ready meals that are easy to prepare when you come home.
- Consider completing all household chores like cleaning and laundry prior to your surgery. You won't be able to do these in the first few weeks after your operation.
- To avoid using stairs, consider temporarily changing rooms—for example, by making your living room your bedroom.
- Rearrange furniture to give yourself enough room to maneuver with a walker or crutches.
- Remove loose carpets and rearrange electrical cords in the areas where you will be walking. Remove clutter to avoid tripping hazards.
- A footstool will be useful for keeping your operated leg straight out in front of you when you sit.
- Set up a “recovery center” in your home, with the phone, television remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials and medications within easy reach.
- You may want to place a stool or a tall chair in the kitchen to sit on while washing dishes and/or preparing meals.
- Be sure any handrails for stairs, inside and outside, are in good repair.
- You may need to arrange for a friend or family member to assist you with caring for your pets.
- You may need to arrange for a friend or family member to ensure sidewalks and outside stairs are not slippery or icy during inclement weather.

Gather Medical Equipment

Medical equipment is an important aspect of your recovery. It is very important that you review manufacturer recommendations for use of all medical devices. Your surgeon may order certain devices that will be required during your recovery, while others may only be recommendations. If you are unsure if a medical device is right for your recovery, contact your surgeon.

- **Walker/crutches/cane:** These devices are used to assist with walking. It is important to discuss with your surgeon which the best option for you would be. See education sheets for more information
- **Portable compression devices:** Help reduce the risk of developing blood clots in your legs after surgery. See education sheet for more information
- **Raised toilet seat/bedside commode:** A raised toilet seat can help reduce the effort needed to stand up and sit down while using the restroom
- **Leg raiser:** A leg raiser is a small rod with loops at both ends that is used to help raise your leg while getting in bed or in your vehicle.
- **Sock donner/ doffer:** These devices can help put on and take off your socks during your recovery, most often used by patients after a hip replacement
- **Reaching aid:** These can be helpful to reach lighter items that are out of reach. It is important to ask for help with heavier or bulky items.
- **Polar Care/ Ice Machine:** These devices circulate cold water through a pad that would be applied to the surgical site. There are several different brands and pads available. It is important that you follow the instructions from the manufacturer of whichever device you choose to use.
- **Shoulder Sling:** The shoulder sling is an important item for recovery after a shoulder replacement. The positioning of the arm within the sling can have a significant impact on pain level. See education sheet for more information.



Schedule Your Follow-up Appointments

Prior to your surgery you should try to get at least your initial follow-up appointments scheduled.

- Many of the surgeons will want to see you in their office within 10-14 days after your surgery. If you need to confirm or reschedule an appointment you will need to contact your surgeon's office.
- Many patients will also need an appointment with physical therapy. This is going to be completed based on the recommendations/ the order from your surgeon. Physical therapy is an important aspect of your recovery.
- If you expect to need any assistance with transportation to your follow-up appointments, please communicate with your surgeon/ primary care provider to identify any potential resources.

The Day Of your Surgery

At home preparations:

- Make sure that any items you need to bring with you, have been gathered the night before. Surgery is a stressful event and having things organized ahead of time can ease some of the stress.
 - Including any required medical devices such as walker, portable compression devices, or sling.
- Complete the skin preparation as instructed. See page 26-28
 - If your surgery is first thing in the morning you may shower the night before and complete the skin preparation.
 - If your surgery is later in the morning, please shower the morning of your surgery and complete the skin preparation.
- Make a list of any questions you want to ask the surgeon. This will help your healthcare team ensure you have all your concerns addressed prior to your discharge.

Arriving at Capital City Surgery Center

Upon arriving at Capital City Surgery Center, notify the front desk of your arrival. You will register shortly after your arrival.

- During registration, the staff will walk you through signing some documents related to the services provided by Capital City Surgery Center
- They will also collect any payment that is due prior to the surgery.

When your care team is ready, you will be called back to the preoperative area to begin the preparation for your outpatient procedure.

A Support person must accompany you to the Center on the day of your procedure. With your permission they can join you in the pre-op area or they are welcome to wait in the waiting area. With your consent, your surgeon will update them on the surgery and your condition after your surgery is completed.

Pre-operative Care

There are several things that will be completed in the pre-operative area to get you ready for your surgery.

- Baseline information will be collected including accurate weight and baseline vital signs (heart rate blood pressure, etc.)
- You will be asked to change out of your clothes and place a gown on. A bag for your personal items will be provided.
 - While you are changing you will need to repeat the skin preparations for infection prevention.
 - We ask that your support person hold on to your belongings during your surgery, so please be mindful of the number of items you bring to the center.
- The pre-operative RN will complete an admission assessment and you will meet with the anesthesiologist.
- Any documents that require your signature will be completed.
- At least 1 IV will be started, possibly 2 based on the medications prescribed to you. You will receive IV fluids and medication deemed necessary by your surgeon and/or anesthesia provider.
- You may be given oral medications to help manage your pain after your surgery.
- Based on your surgery, and surgeon orders you may receive a nerve block to help manage your pain. Be aware this is not an option for all patients and your anesthesia provider will discuss your plan for anesthesia with you.
- Your surgeon will meet with you prior to your surgery. He/she will place a mark on your skin near the operating area.
- Several members of your surgical team may ask you the same questions, such as your name, birth date, allergies, and what procedure you are having. This is to maintain your safety.
- Once you are ready for your surgery, you will meet the operating room nurse and the nurse anesthetist (CRNA), and they will bring you back to the operating room. Your support person will be asked to wait in the waiting area.

Care in the Operating Room

- The CRNA will give you some medications through your IV, that will help you remain calm as they prepare you for surgery. Often these medications will prevent you from remembering your time in the OR.
- In the OR you will be asked to move from the Stretcher to the OR table and the OR staff will assist you in getting into a comfortable position.
- The anesthesia team will then begin to give you medications to help get you off to sleep for the remainder of the procedure.
- If you have questions about the surgery, please review the appropriate information sheet.
Hip replacement pg.1 Knee replacement pg.2 Shoulder replacement pg.3
- The average outpatient total joint procedure takes up to 1-2 hours. Please be aware there are several factors that may lead to the surgery taking a little longer than expected.
- If your support person feels it has been a while without an update, they can ask for an update from the receptionist.
- Once your surgery is finished, your surgeon will provide your support person with an update on your procedure and care with your permission.

Care in Recovery/ Post-Anesthesia Care Unit (PACU)

- Immediately following your procedure, you will be taken to a private recovery room in our Post-Anesthesia Care Unit (PACU). Where you will be cared for by a Registered Nurse.
- The early part of recovery will be focused on making sure you are stable and safe. We will manage nausea and pain, as needed.
- Management of your pain may feel a little conservative in the beginning. This is because of the medications you have already received. We need to make sure that you are not given too many medications, as this can lead to unwanted side effects and delay your recovery.
 - It is important to note that **pain is expected during recovery**, even with the medications you are given. We will do our best to get you comfortable, while also being considerate of your safety and unwanted side effects.

- Once you are stable and waking up, we will begin to encourage you to get out of bed. Our goal is to have you up and out of bed within 2-3 hours after your surgery.
 - It may initially be just to sit in a chair
 - If you had a hip or knee replacement it will be required that you demonstrate an ability to walk the halls and up and down the 3-step practice staircase.
- The PACU RN will review discharge instructions with your support person, you may not remember the discharge instructions due to anesthesia. You will be given written discharge instructions for you to review within the next day or two.
- Once you have met our discharge criteria you will be discharged home under the care of your support person.

After Discharge

Pain Management

Pain management after surgery can be a challenge. It is important to follow the instructions from your surgeon. Below are some of the options for pain management.

- Apply ice packs or your ice machine to the incision, 20 minute per hour or longer as instructed by your surgeon. Always make sure there is a barrier between cold products and your skin.
- Positioning can help in reducing pain as well. Best positioning varies by surgery. Your surgeon will include any specific limitations/ guidance in the discharge instructions. Otherwise finding a position of comfort can help make your pain more manageable.
- Elevation is a key component in reducing swelling. You should be trying to elevate your surgical site/ extremity at times you are resting.

The medications below may not be the best option for you, please discuss your plan for pain management with your surgeon

- Non-steroidal Anti-Inflammatory Medications (NSAIDS):
 - Ibuprofen (Motrin, Advil), Naproxen (Aleve)
 - Use caution when taking other NSAIDs such as Aspirin, or if you have a history of stomach/intestine ulcers.
 - Discuss use of NSAIDS with your surgeon before use
- Acetaminophen (Tylenol)
 - Maximum dose is 3000mg from all sources
 - May be included in opioid pain medications
 - Use caution if you have a history of liver problems
- Gabapentin (Neurontin)
 - Classified as an antiseizure medication but used for management of nerve related pain.
 - Gabapentin may cause vision changes, clumsiness, unsteadiness, dizziness, drowsiness, sleepiness, or trouble with thinking.
 - This medication needs to be prescribed, follow prescription instructions

- Opioid Pain Medications
 - This medication needs to be prescribed, follow prescription instructions
 - Several different options, some rapid release, some long acting, some in combination with acetaminophen.
 - Common side effects are drowsiness, dizziness, nausea, and constipation.
 - Do not drive, operate machinery, or make important decisions while taking these medications.
- Management of your pain should include non-medication therapy and medication. You should try to rely on non-opioid medications as much as possible.
- It is important to manage your pain appropriately to ensure you can participate in physical therapy.

Caring for My Incision

- Each surgeon has specific instructions for dressing changes and incision management
 - Follow the instructions provided by your surgeon
- Before changing your dressing, it is important to wash your hands thoroughly with soap and water.
- When changing your dressing look at the incision, note any increasing redness, drainage, foul odor, or separation of the incision. If you see any of these notify your surgeon.

Showering after my Surgery

- When you can shower is based on the dressing used by your surgeon. This should be included in your discharge instructions.
- It is not typically advised to submerge or let water spray directly on the incision, and you should not aggressively scrub the incision.
 - In some cases, the surgeon may have used a medical adhesive to close the skin, aggressively cleaning the incision may lead to early removal of the adhesive or increase trauma to the tissue resulting in poor healing.

- Do not apply any lotions, creams, or ointments to the incision unless directed by your surgeon.

When to Seek Help

- If you experience any of the following during your recovery you should seek medical attention immediately.
 - Shortness of breath/ Difficulty breathing
 - Chest pain
 - Pain in calf or a “hot spot” in your calf (signs of blood clots)
 - Active bleeding from incision
 - Slurred speech, facial drooping, numbness/ paralysis of one side of the body.
 - Loss of consciousness
- If you have any urgent concerns regarding any of the following contact your surgeon’s office
 - Poor pain control
 - Excessive nausea/vomiting
 - Signs of infection
 - Bleeding concerns
 - Discharge instructions

Patient Education Sheets

Preventing Fall after Surgery

A fall after surgery can have serious consequences on your recovery. It is important that you follow the instructions and any limitations your surgeon has recommended to maintain your safety.

Factors contributing to falls:

- Anesthesia medications used to help keep you comfortable may cause you to feel dizzy, lightheaded, or disoriented for up to 24 hours after your surgery.
- Use of pain medications: there are several medications that may have been given that can cause dizziness, fatigue, and/ or disorientation.
- Limited mobility prior to surgery
- Greater than 60 years of age.
- Joint replacement or spinal surgery.

Preventing Post-operative Falls:

- Prepare your home:
- Remove throw/decorative rugs from walkways.
- Remove any clutter from walkways.
- Be aware of raised thresholds/ steps between rooms.
- Remove any wires that run across walkways.
- Be cautious around small children, crowds, and pets.
- Assistive devices:
 - Use assistive devices as recommended by your surgeon.
 - Make sure assistive devices are adjusted for your height.
- While walking:
 - Take your time, rushing may increase your risk of falling.
 - Do not multitask, your full focus should be on walking.
 - Get help when going up or down stairs the first few times after your surgery, especially if you had surgery on your legs or spine.
 - Make sure your shoes are well fitted with adequate tread and are tied.
 - Avoid uneven or rough terrain.

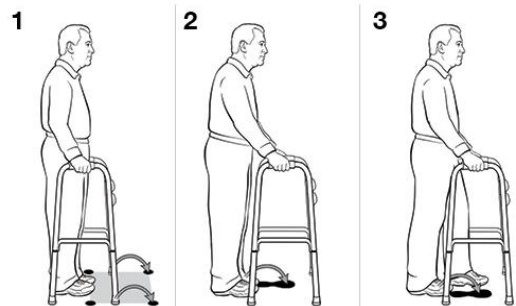
Using a Walker

Keys to remember when using a walker:

- Always stand up straight. Leaning forward can cause you to lose balance and fall.
- Always look straight ahead. You may be tempted to look at your feet, but this can lead to dizziness, tiring faster, or cause you to run into something.
- Do not hang things from your walker that may cause it to be off balance.
- When standing to the walker push up from what you are sitting on, do not use the walker to pull yourself up.

Walking with a Walker:

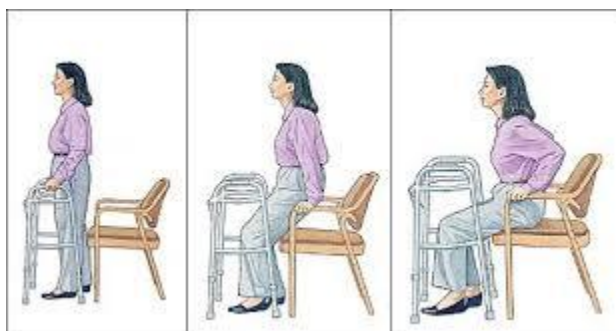
1. Lift the walker and place it a short distance in front of you, no more than an arm's length. Ensure all four legs are firmly on the floor.
2. Take a small **step with your operative leg first**. Then take a small step with your good leg, slightly ahead of your operative leg.
3. Take your time walking, walking too fast may cause you to lose your balance and fall.



Repeat steps 1 through 3

Sitting with Walker:

1. Slowly back up to the chair with the walker until you feel the chair with the back of your legs.
2. Move hands to hold onto the chair you are sitting in.
3. Slowly lower yourself, try to avoid letting yourself fall into the chair.
4. You may find it more comfortable to extend your operative leg out as you sit down.
5. When standing to the walker push up from what you are sitting on, do not use the walker to pull yourself up.



Navigating stairs/steps/curbs:

Know your limits. If this is the first-time navigating stairs since your surgery, have someone to help you.

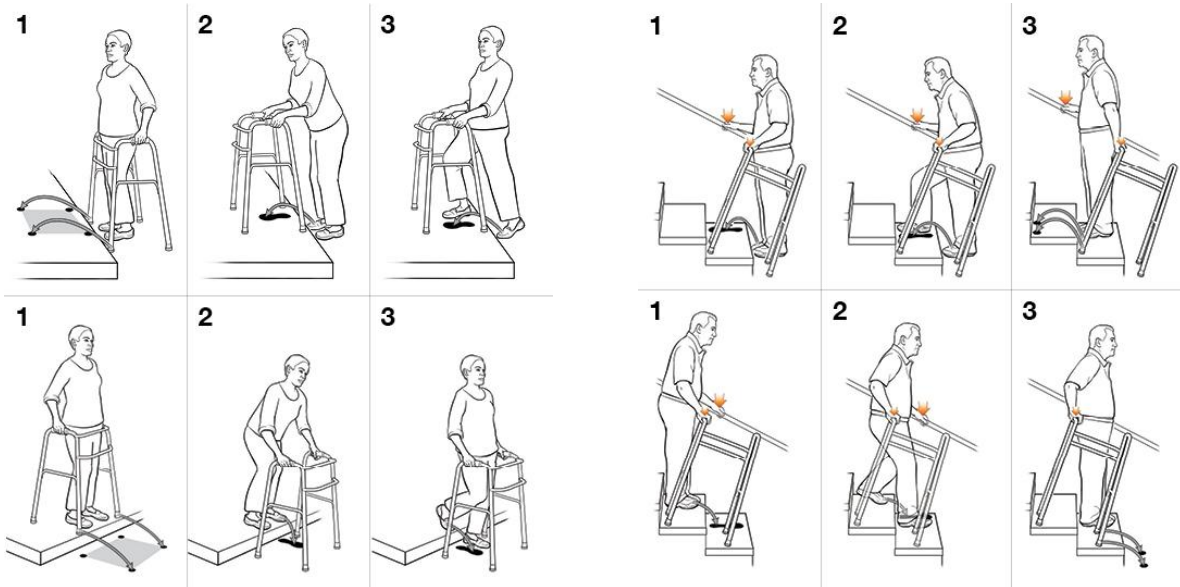
Remember **“Up with the good, down with the bad”**.

Going up:

1. Get close to the stairs and grasp the handrail.
2. Step up one step with your good leg.
3. Step up with bad leg to same step.
4. Take your time and take breaks as needed.

Going Down:

1. Get close to the stairs and grasp the handrail. Give walker to person helping or fold it up to carry.
2. Step down with the bad leg, one step at a time.
3. Step down with good leg to same step as bad leg.
4. Take your time and do not look down at your feet, keep your head up to keep your balance.



Up/Down Curbs

Up/Down Stairs

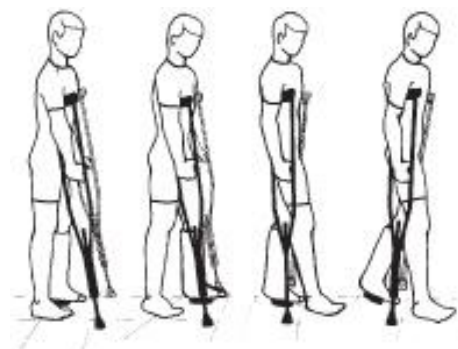
How to Use Crutches

How to properly position crutches:

- The shoulder support should be 1-2 inches below your armpit when standing.
- The handgrips should be even with your hips.
- When holding the handgrips your elbows should have a slight bend.
- When walking, your weight should be on the handgrips, not on the shoulder supports, as this may result in damage to the nerves and blood vessels in the armpit.

Walking:

1. Lean forward slightly and put your crutches in front of you up to 12 inches.
2. Begin your step as if you were going to use the operative foot or leg but, instead, shift your weight to the crutches.
3. Bring your body forward slowly between the crutches.
4. Step normally with your good leg.
5. Once your good leg is stable, move your crutches ahead for the next step. Keep your head and eyes forward to prevent dizziness and tripping.



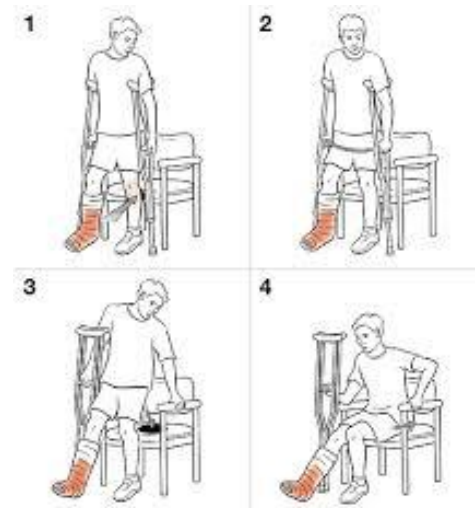
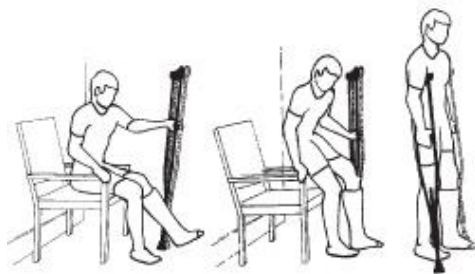
Sitting/ Standing:

To sit:

1. Back up to a sturdy chair.
2. Put your operative foot in front of you and move both crutches into one hand.
3. Move your other hand to the armrest of the chair.
4. Slowly lower yourself into the chair. Avoid falling into the chair.
5. When seated, lean your crutches in a nearby spot. It may be better to lean them upside down to prevent them from falling.

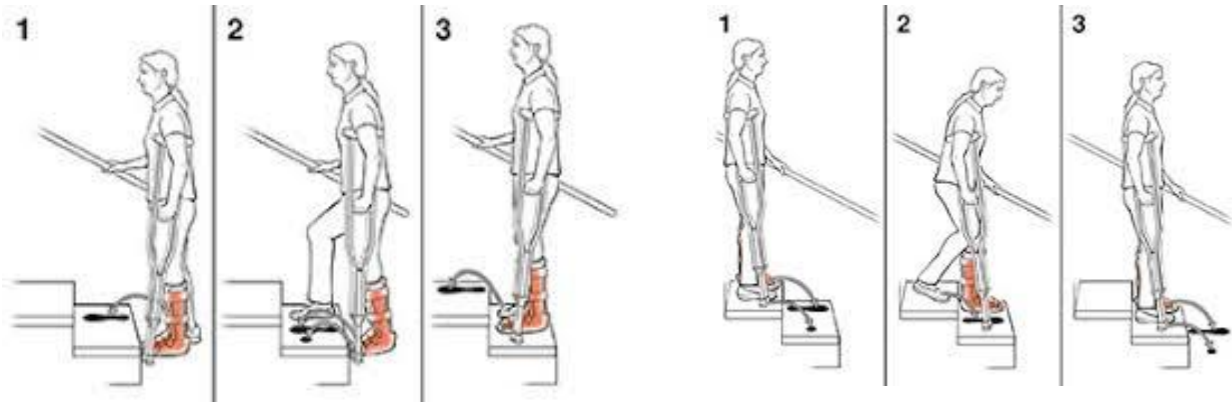
To stand up:

1. Move yourself to the edge of the chair.
2. Hold both crutches in the hand on the operative side.
3. Push up with support of the chair armrest and your crutches, placing weight on good leg.



Going Up or Down Stairs:

- To walk up and down stairs with crutches, you need to be strong and flexible.
- While facing the stairway, hold the handrail with one hand and tuck both crutches under your armpit on the other side.
- While going up, lead with your good foot, keeping your injured leg raised behind you. When you are going down, hold your injured leg up in front.
- Step up/down each step on your good foot. Take it one step at a time.
- Ask for someone to help you, especially at first.
- For stairways without handrails, use the crutches under both arms and move up or down each step on your good leg, using more strength.



If uncomfortable, it may be easier to sit on each step and move up or down.

- Sit on the lowest step with your operative leg out in front.
- Lay both crutches flat on stairs and hold with non-dominant hand.
- Raise bottom up to the next step, use hand and good leg for support.
- Face down the stairs when you go down the steps in this manner.

How to Use a Shoulder Sling

What is the purpose of the sling?

- The sling is intended to restrict mobility of your arm and shoulder to allow for adequate healing.
- The sling should provide enough support to hold your arm in a comfortable position without restricting blood flow.

How should my arm be positioned in the sling?

- Your elbow should be positioned as far back in the sling as you can
- Your wrist should remain above the level of your elbow to prevent swelling
- Your arm should be kept close to your body or a support pillow.
- There are certain procedures that the support pillow would be required to wear
- **Follow all instructions provided by your surgeon for care specific to you.**

Can I take the sling Off?

- Your surgeon will determine the frequency you should be wearing your sling.
- Your surgeon may want you to remove the sling only to complete specified exercises.
- You should not stop use of your sling without instruction to do so from your surgeon
- Your surgeon may allow you to switch from your regular sling to a shower sling to allow for showering.

How long do I have to wear the sling?

- The time you will be required to wear your sling will depend on the procedure that you had.
- If you did not receive specific instructions, contact your surgeon for clarification.

How do I put on the sling?

- There are many brands and styles of slings, it is important to follow the instructions from the manufacturer of the sling you will be using.

Application steps:

1. Place your elbow in the sling, make sure to support your arm anytime it is out of the sling.
2. Place the thumb strap between your thumb and index finger and secure.
3. Bring shoulder strap around opposite side of neck as injured arm adjust to proper positioning and comfort.
4. Bring waist strap around waist and secure in place to keep arm snugly against body/ support pillow.



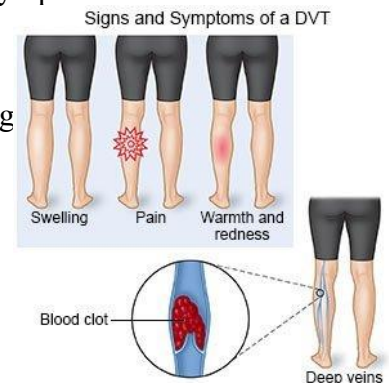
Identification and Prevention of Blood Clots/ Venous Thromboembolism (VTE)

What is a Venous Thromboembolism (VTE)?

- Venous thromboembolism is a term that collectively refers to a deep vein thrombosis (DVT) or a pulmonary embolism (PE).
- A DVT is a blood clot that forms within a deep vein within the body. Most often in the leg or pelvis but can also occur in the arm.
- A PE is a complication of a DVT and occurs when part of the DVT breaks off and travels to a lung.

What are the Signs/ Symptoms?

- Deep vein Thrombosis (DVT): Only 50% of people with a DVT will show symptoms.
- Swelling
- Pain/ tenderness
- Redness of the skin
- Pulmonary Embolism (PE): It is possible to have a PE without symptoms of a DVT.
- Difficulty breathing
- Faster than normal heart rate or irregular heart rate
- Chest pain/ discomfort, especially when deep breathing/ coughing
- Coughing up blood
- Lightheaded, fainting, or low blood pressure.



What are the Risk Factors of Developing a VTE?

- Injury to a vein, such as during a surgical procedure.
- Bed confinement/ reduced mobility
- Chronic medical conditions such as cancer, heart disease, lung disease, or irritable bowel disease
- Increased estrogen such as with pregnancy/ postpartum, birth control pill use, or hormone replacement therapies.
- Other factors including family history of VTE, age, obesity, and history of VTE.

How to Prevent VTE

- Early and frequent walking after surgery is a key to preventing VTE.
- Frequent leg exercise while sitting/ laying down by raising and lowering heels and toes, and by tightening and relaxing leg muscles.
- Your surgeon may also recommend the use of compression stockings, anticoagulants, and/ or compression devices.

If you are experiencing symptoms of a VTE seek medical attention immediately.

For more information, please go to www.cdc.gov/ncbddd/dvt/index.html

Use of Portable Compression Devices

What are they for?

- Portable compression devices are used to help reduce the risk of developing a blood clot in your legs after surgery.

How do they work?

- This device uses air to compress your calf muscles. This mimics real muscle contraction and moves blood back towards your heart. It helps prevent the build-up of blood in your legs (blood pooling) and reduces the risk of blood clots.

How do I use them?

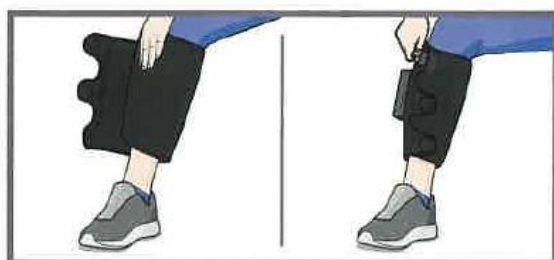
- These devices are most effective when worn continuously. A reasonable goal is to wear the devices for 18-20 hours out of each day, for at least 2 weeks, or until your mobility returns to normal, or as recommended by your surgeon. These are often used in addition to aspirin or other medications to further reduce the risk of blood clots.

General instructions: (Please Review User Manual for Your Specific Device Prior to Use)

- Depending on the device, a full charge will provide 8-12 hours of continuous use.
- Most devices can be charged during use, however, avoid charging while sleeping/napping
- Charging while asleep may increase risk of falls when waking up

Application:

- Apply devices to calf as shown in image below.
- Turn power on per manufacturer instructions.
- Most devices will have a pre-programmed mode that should begin working once the devices are turned on



1 Wrap sleeve around calf. Positioning power unit wherever it's most comfortable. Start at ankle and work up, securing hook & loop fasteners snugly, but not too tight.



2 Repeat on other leg, positioning power unit wherever most comfortable.

Identification and Management of Post Operative Urinary Retention (POUR)

What is Post-Operative Urinary Retention (POUR)?

- Post-operative urinary retention (POUR) is the inability to urinate or inability to fully empty the bladder after a surgical procedure.
- Common symptoms: difficulty urinating, urinating small amounts frequently, abdominal pain/discomfort, and persistent urge to urinate. **Many patients do not experience any symptoms.**

Risk Factors of POUR:

- Males are 2 times more likely to develop POUR compared to women.
- Orthopedic surgeries, including joint replacements and spinal surgeries increase the risk for POUR.
- Existing medical conditions: renal disease, diabetes, depression, and males with benign prostatic hyperplasia.

How to Prevent POUR:

- Early and frequent walking after surgery has been shown to reduce the risk of POUR.
- Application of a warm pack above the abdomen just above the pubic area has been demonstrated to reduce rates of urinary retention.
- Minimize the amount of opioid based pain medication you are taking. A side effect of opioid medications is urinary retention.
- For high-risk patients (multiple risk factors), a pre-operative alpha-blocker has been shown to be effective at reducing the risk of POUR.

Treatment of POUR:

- Initial treatment will focus on decompressing (emptying) the bladder. This is done with a catheter inserted into the bladder.
- Some patients will require a continuous urinary catheter while others may need to be catheterized intermittently based on symptoms. A discussion with your provider will determine the best option based on your needs.
- Your provider may prescribe medications to help improve your ability to void.
- A referral to a urologist may be required to better manage your symptoms.

When to seek medical Assistance:

- If you have not been able to void within the last 8 hours (**Medical Emergency**)
- If you have the urge to urinate or lower abdomen pressure/discomfort and you are unable to urinate.
- If you have difficulty when urinating and it seems like a small amount, or you have the urge to void immediately after urinating.

Post-Operative Constipation

Constipation is when a person has fewer than three bowel movements a week, has difficulty having a bowel movement, or has stools that are dry, hard, or larger than normal. A low-fiber diet, not taking in enough fluids, and taking certain medicines may make constipation worse.

Causes

- Anesthesia medications, opioid pain medications may cause constipation after your surgery
- Certain medicines, such as antidepressants, pain medicine, iron supplements, antacids, and water pills may also contribute.
- Certain diseases, such as diabetes, irritable bowel syndrome (IBS), thyroid disease, or depression can make a person more susceptible to developing constipation

Signs And Symptoms

- Having fewer than three bowel movements a week.
- Straining to have a bowel movement.
- Having stools that are hard, dry, or larger than normal.
- Feeling full or bloated.
- Pain in the lower abdomen.
- Not feeling relief after having a bowel movement.

Treatment

Treatment will depend on the severity of your constipation and what is causing it. Some dietary treatments include drinking more fluids and eating more fiber-rich foods. If these diet and lifestyle recommendations do not help, your health care provider may recommend taking over-the-counter laxative medicines to help you have bowel movements. Prescription medicines may be prescribed if over-the-counter medicines do not work.

Home Care Instructions

- Eat foods that have a lot of fiber, such as fruits, vegetables, whole grains, and beans.
- Limit foods high in fat and processed sugars, such as french fries, hamburgers, cookies, candies, and soda.
- A fiber supplement may be added to your diet if you cannot get enough fiber from foods.
- Drink enough fluids to keep your urine clear or pale yellow.
- Exercise regularly or as directed by your health care provider.
- Go to the restroom when you have the urge to go. **Do not** hold it.
- Only take over the counter or prescription medicines as directed by your health care provider. **Do not** take other medicines for constipation without talking to your health care provider first.

Seek Immediate Medical Care If:

- You have bright red blood in your stool.
- Your constipation lasts for more than 4 days or gets worse.
- You have abdominal or rectal pain.
- You have thin, pencil-like stools.
- You have unexplained weight loss.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Preparing your Skin with Chlorhexidine Wipes

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, Capital City Surgery Center has chosen disposable bath cloths moistened with a rinse-free, 2% Chlorhexidine Gluconate (CHG) antiseptic solution.

Prep at Home Before Surgery

- The steps below outline the skin prepping process and should be followed carefully.
- Skin must be prepped at home. Your skin will also be prepped again at the Surgical Center on the morning of your surgery.
- If you want to shower, bathe, or wash your hair, you must do so at least one hour before you begin the prep process. It is important that your skin be cool and dry before the Chlorhexidine Gluconate bath clothes are applied.
- Do not shave your legs within 3 days prior to surgery.
- Sleep on clean bed sheets the night before your surgery.
- Do not apply the product to eyes, ears, mouth or mucous membranes.

Please note: This product may cause skin irritation such as temporary itching and/or redness. If itching or redness persists, rinse affected areas and discontinue use.

Directions:

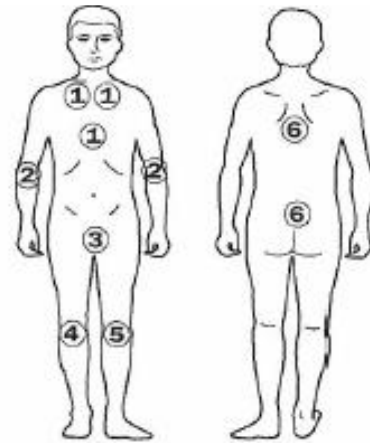
- DO NOT MICROWAVE PACKAGES! You may warm them in a sink of hot water for 10 minutes before using.
- Open the package according to package instructions.
- Reach into one of the three opened packages, remove two of the disposable cloths at a time and place onto a clean surface.
- **The antiseptic cloths are disposable, but not flushable.** After use, please throw them in the trash.

Prep Circled Areas Only (see image below)

Use one clean cloth to prep each area of the body in order shown below (Steps 1 through 6). Wipe each area thoroughly using a back-and-forth motion. You may need assistance. Use all cloths in the packages.

Application Instructions

1. Use one cloth to wipe the neck and chest.
2. Use a new cloth to wipe both arms, starting with each shoulder and ending at fingertips. Be sure to thoroughly wipe the arm pit areas last.
3. Use a new cloth to wipe the right and left hip followed by your groin. Be sure to wipe folds in the abdominal and groin areas.
4. Use a new cloth to wipe the right leg, starting at the thigh and ending at the toes. Be sure to thoroughly wipe the inner leg and behind your knee.
5. Use a new cloth to wipe the left leg, starting at the thigh and ending at the toes. Be sure to thoroughly wipe the inner leg and behind your knee.
6. Use one cloth to wipe your back starting at the base of your neck and ending by wiping the buttocks area.



After Prepping

- DO NOT RINSE YOUR SKIN! Allow your skin to air dry for at least 1 minute.
- Do not apply any lotions, moisturizers, or makeup after prepping.
- Dress in clean clothes/sleepwear.
- Discard used antiseptic cloths in the trash can. **Do not flush them down the toilet.**

Preparing Your Skin with Povidone Iodine Scrub

This Preparation Method Is Only Recommended For Those With Chlorhexidine Allergies

Preparing skin before surgery can reduce the risk of infection at the surgical site. The preference is to use 2% Chlorhexidine Gluconate (CHG) antiseptic solution. However, if you have a known reaction to chlorhexidine, you may be instructed to use a Povidone-Iodine shower.

Prep at Home Before Surgery

- The steps below outline the skin prepping process and should be followed carefully.
- Capital City Surgery Center will provide 2 bottles of Povidone -Iodine scrub
- Shower the night before your surgery, and the morning of your surgery. Both times use the scrub provided.
- Do not shave your legs within 3 days prior to surgery.
- Sleep on clean bed sheets the night before your surgery.
- Do not apply the product to face, eyes, ears, mouth, or hair.

Please note: This product may cause skin irritation such as temporary itching and/or redness. If itching or redness persists, rinse affected areas and discontinue use.

Directions:

- Wash Face and Hair with your preferred cleansers
- Use Povidone-Iodine Scrub on a clean washcloth to wash all skin surfaces from your neck to your toes.
- Thoroughly rinse product.
- **Note:** Povidone-Iodine can cause skin to have an orange tinge that will fade over a few days.
- Dry off with a clean towel
- Do not apply any lotions, moisturizers, or makeup after prepping.
- Dress in clean clothes/ sleepwear
- This product may stain your washcloth