



Mountain View Hospital

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Joint Replacement Surgery Guide



This booklet is designed to help guide you in your surgery preparation & recovery.

- What you need to do to prepare for your surgery
- What you can expect during your hospital stay
- What you should expect after your surgery
- What you can do to prevent falls

Your physician, nurse, or therapist may add to or change any of the recommendations. *ALWAYS CONSIDER THEIR RECOMMENDATIONS FIRST* and ask questions if you need clarification. Keep this guide as a handy reference as you go through your total joint replacement journey.

Thank you for choosing Mountain View Hospital to help restore you to optimal comfort, independence, and health. We are confident your experience with our facility and staff will be a positive one. Mountain View Hospital is pleased to be your partner as you move forward with the decision to have joint replacement surgery.

We want you to have success every step of the way. As you embark upon the journey of having a total joint replacement, there will be many milestones along the way. This guide will help you prepare for the journey, recognize the milestones, and reach your goal of a successful outcome. The information presented here is designed to provide you with information, answer questions, and guide you step by step through your total joint replacement surgery and recovery.

Thank you for entrusting Mountain View Hospital with your orthopedic care. We are dedicated to making sure you have the best possible experience as you walk the path of a total joint replacement. We congratulate you for taking this journey to greater mobility!

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Surgical Preparation Checklist:

Preparing Your Body

Check your blood pressure. Let your doctor know if it's high for you. High blood pressure may cause your surgery to be cancelled.

If you are diabetic, monitor your blood sugars daily. A stable blood sugar is important for wound healing. Uncontrolled blood sugars may cause your surgery to be cancelled.

If you smoke, now is a good time to stop. (Nicotine increases the risk of infection & blood clots, slows recovery, and interferes with wound healing).

Eat nutritiously in the weeks leading to surgery.

Drink plenty of fluids and eat more fiber. Increasing daily fluids and fiber intake in the weeks before surgery will help prevent constipation after your surgery.

Stop taking herbal supplements and vitamin e. They may interfere with blood clotting.

If you are taking blood thinners like Coumadin or Aspirin, talk to your surgeon to see if you will need to discontinue those prior to surgery.

Exercising, up to the day before your surgery, helps improve your strength, range of motion, and endurance. Regular exercise leads to a more successful outcome and recovery.



Preparing Your Home

- Move furniture to make it easier to access your bedroom, bathroom, and kitchen areas with your walker.
- If you have a multi-level home, prepare a place to sleep on the main floor to reduce stair climbing.
- Make sure walkways are free of clutter, electric or phone cords, throw rugs, or loose carpeting that you could trip over.
- Do your laundry and put it away. Make sure your bed linens and bath towels are clean.
- Place night lights in the kitchen, bathroom, and hallways.
- Store your medications in a location that's easy for you to access, but out of reach of small children.
- Consider a toilet riser, shower chair, tub bench, and/or grab bars in your bath/shower. *Note: Most insurance plans do not pay for these. You can pick them up at any medical equipment store, discount retailer, or pharmacy.*
- Stock your pantry and freezer with easy to prepare food items for meals and snacks.
- If you have pets, you may need someone to care for them while you are recovering.
- Do any needed yard work ahead of time or arrange to have it done during your recovery time.

Preparing Your Support System

Let family and friends know you are having surgery and will need help.

Arrange for someone to drive you to and from the hospital. You will need someone to drive you home when you are discharged from the hospital.

Arrange for someone to stay with you for a few days at home once you are released from the hospital.

Arrange for transportation to and from your post-operative appointment with your surgeon.

If you are using outpatient physical therapy, arrange for someone to drive you to and from your physical therapy appointments.

Anticipate any other needs you may have and remember to ask family and friends for help.

Preparing Your Insurance & Important Paperwork

Contact your insurance company to find out about your co-pays, deductibles, and what is covered.

Durable medical equipment—most insurance plans do not pay for wheelchairs, hospital beds, shower chairs, or toilet risers. You may want to check with your insurance provider to see if your plan covers these items. If they are covered by insurance, a doctor's order is usually required.

Physical therapy—Your doctor may order continued physical therapy after you leave the hospital. You may choose to have therapy at an outpatient facility or in your home through a home health agency. You may want to contact your insurance company in advance to find out the number of physical therapy sessions allowed and which local providers are in network for you.

You may want to complete a Living Will or Healthcare Power of Attorney if you have not done so.

Prepare Your Body a Few Days Before Surgery

Follow your doctor's instructions for pre-operative body washing.

Continue to check your blood pressure. Notify your doctor if it's high - high blood pressure may cause your surgery to be cancelled.

If you are diabetic, monitor your blood sugars daily. Notify your doctor if it's high - high blood sugars may cause your surgery to be cancelled.

Continue to eat healthy to fortify your body. Eat lightly the week prior to help reduce risk of constipation.

Continue to drink plenty of fluids and eat more fiber.

Follow your doctor's orders for stopping blood thinners like Coumadin, Plavix or Aspirin.



The Day Before Surgery

Do not eat anything after midnight or as instructed by the Pre-Op call nurse. Ice chips, mints, or gum are not allowed.

Do NOT smoke or vape.

Shower and clean your entire body with soap; shampoo your hair and dry it with a clean towel. *Follow your Doctor's instructions for pre-operative body cleansing—making sure to use a freshly laundered towel, clean clothes, and clean bed linens.

Do NOT shave your legs 24 hours prior to surgery. Nursing staff will remove hair as necessary and prepare the surgical area.

Do NOT apply lotions, oils, or perfumes to your skin or hair. Remove toenail polish - including clear coat.

Follow your provider's orders if you are taking a GLP-1 agent.

Packing Your Bags

Your driver's license or photo identification.

Your insurance cards, Medicare, or Medicaid cards.

A copy of your Advanced Directives, if applicable.

A list of your current medications, including the dosages and how often you take them. Note which ones have been stopped. Do NOT bring your own medications (excluding inhalers for Asthma/COPD) unless instructed by the Pre-Op call nurse.

Information on your pacemaker or internal defibrillator.

Bring your inhalers for Asthma/COPD.

A list of your allergies with your reactions.

A list of your medical and surgical history.

Emergency contact name and phone number.

Eyeglasses, dentures, and hearing aids with extra batteries – labeled with name.

CPAP machine with tubing, if applicable – labeled with first & last name.

Comfortable, loose-fitting pants that are easy to take off and on such as sweat pants, gym shorts, or PJs – avoid tight jeans or leggings.

Comfortable shoes with a non-skid bottom. Do NOT wear flip flops, sandals, or high heels.

Your personal walker or crutches if you would like PT to adjust them for you – labeled with first & last name. The hospital will provide you with a walker or crutches to use while in the hospital and to take home if needed.

Do NOT bring: ANY VALUABLES—including rings, cash, credit cards, check book, etc. *If you forget and bring any of these items, please send them home with a trusted person.



Day of Surgery

- Shower again the morning of surgery. Follow your Doctor's instructions for pre-operative body cleansing—making sure to use a freshly laundered towel and clean clothes.
- Do NOT shave your legs.
- Do NOT apply make-up, lotions, oils, perfumes, or deodorant.
- Brush your teeth and rinse your mouth. Do NOT swallow any water.
- Do NOT eat or drink anything - including gum, cough drops, hard candy, etc.
- Do NOT smoke, vape or use tobacco.
- Remove all jewelry including wedding rings and all bodily piercings.
- Do NOT wear contact lenses - wear glasses if needed.
- Only take medications you were instructed to take by the Pre-Op call nurse.

Your Hospital Stay

- You will be asked to arrive at the hospital approximately 1-2 hours prior to your scheduled surgery time. Please be on time. Wheelchairs are available at the front entrance.
- Check in at the admissions desk to register for surgery and provide requested information. After you register, you will be directed to our surgical waiting area.
- A Pre-Op surgical nurse will come get you when it is time to prepare you for your surgery. You may have one person accompany you to the preparation area.
- You will be asked to review and sign a FALL PREVENTION AGREEMENT.

Pre-Op Preparation Area

- The nursing staff will weigh you, collect a urine sample, and show you to your private pre-op bay.
- The nurse will go over your surgical consent, review your health history, allergies and medications.
- You will change into a hospital gown and get into your gurney.
- Nursing staff will apply compression socks if ordered to prevent blood clots.
- Perform a physical assessment and take your vital signs.
- Start an IV for fluids, antibiotics and other medications.
- Identify and mark the site of surgery with a pen.



Anesthesia

- Your anesthesia provider will meet with you to discuss anesthesia options for surgery. These may include General Anesthesia or a Spinal Block. The details of each will be explained, and together you will decide which option may be best for you. Feel free to ask questions.
- An assessment will be performed.
- Medications may be given orally and/or through your IV to help you relax. You may feel warm, dizzy, or drowsy. This is normal.
- An anesthesia provider may also be involved in controlling post-op pain.

Time for Surgery

- The operating room staff will take you to the operating room on the gurney.
- Your family/friends will be asked to return to the surgical waiting area and will be notified when your surgery is complete.
- Once surgery is completed, the surgeon will meet with them in a private conference room to discuss your surgery and answer any questions they may have.



Recovery Area

- After your surgery, you will be taken to the recovery area, which is on the main floor.
- You will be in the recovery area for approximately 1-2 hours where your pain level, breathing, blood pressure, and other vital signs are monitored.
- You will be given pain and nausea medications through your IV as needed.
- A staff member will notify your family when you are ready to be transported to your room on the first floor.

Your Hospital Room

- After your stay in the recovery area, you will be transferred to your private room in the Med/Surg unit on the first floor.
- Your family will continue to wait in the waiting area until your nursing staff has admitted you to your room and addressed your immediate needs.
- Your family will be able to join you when this process is completed. Your safety is our primary concern. We appreciate your patience with this process.
- While in your room, a nursing staff member will check on you at regular intervals to assess your needs and answer any questions.
- Your vital signs will be monitored often in the first few hours after you have arrived to your room.
- You will be asked to move your feet and legs often to help blood flow in your legs.
- You may need supplemental oxygen for 1-2 days after surgery. This is normal. Your nurse will get you set up for home oxygen if necessary. Your nurse and respiratory therapist will work with you to perform deep breathing exercises in order to keep your lungs clear and prevent pneumonia.
- Rest is an important part of your recovery. Please let a staff member know if you are uncomfortable, hungry, thirsty, or need to use the restroom. We want to make your stay with us as comfortable as possible.
- **PLEASE DO NOT ATTEMPT TO GET OUT OF BED ON YOUR OWN.** Your surgery and medications may make you weak, dizzy, and unsteady. You may have multiple tubes and/or machines connected to you. Don't risk a fall. Please use the call light/TV control unit or the nurse call buttons on either side of your bed side rails for assistance. We are here to help you.



Call, Don't Fall!

Pain Control

- Pain management is important following surgery. You will experience pain after surgery; even with medication, pain cannot be completely eliminated. We will do our very best to keep your pain at an acceptable level so you can rest. Your nurses will check on your pain levels throughout your stay.
- You will be asked to rate your pain on a scale from 0 to 10 with 0 being no pain and a 10 being severe pain. However, a zero on the pain scale is not a realistic goal. A realistic goal is to be comfortable enough to sleep, participate in therapy, and perform necessary activities.
- Pain is controlled best when you take medication before the pain becomes severe. It is important to stay on top of your pain. Be sure to call your nurse when you are having pain or you feel your pain increasing.
- It may be beneficial to take your pain medications before your physical therapy so you can maximize your sessions.
- The nurse will offer nonmedical pain relief measures such as ice bags, extra pillows, and repositioning. This is a good time to use your comfort items.
- Our goal is to make your stay as comfortable as possible. If there is anything we can do to improve your experience, please let us know. We will do everything in our power to accommodate your requests.
- A common side effect of pain medications is constipation, a stool softener will be recommended to alleviate this.

Physical Therapy

- If your surgery was early in the day and you are able, a therapist may come to visit you in the afternoon on the day of surgery. Otherwise, it will be the morning after your surgery.
- A Physical Therapist will come to your room to show you how to get out of bed, walk in hallway, navigate stairs and get in and out of a chair safely.
- A therapist will teach you a few exercises you can do in the hospital and at home to help strengthen your legs and help with flexibility.
- A walker/crutches will be provided for you to use while in the hospital. If needed, you may take these home with you when you discharge from the hospital.
- You may need continued physical therapy after you leave the hospital. You may choose to do this at an outpatient facility or through a home health agency. A case manager will visit you to discuss your options before you leave for home.

Length of Stay

- Everybody's recovery will be different. Patients are typically in the hospital less than 23 hours or up to 1-2 days depending on how they are progressing and type of surgery they had.
- You will be discharged when your surgeon, along with your care team, determine you are doing well enough to go home safely.
- A case manager/discharge planner will meet with you during your stay to assess your home needs for physical therapy, in-home care, and/or medical equipment.
- Your prior level of function and family support are considerations in these decisions. Most patients exceed their own expectations!

Discharge Criteria

For your safety, certain benchmarks, as listed below, need to be reached before leaving the hospital.

- Safely walk household distances with your walker or crutches.
- Get in/out of bed with minimal assistance.
- Get in/out of a chair with minimal assistance. You may use your walker or crutches.
- Understand and perform the physical therapy exercises as instructed.
- Understand and maintain your weight bearing status and/or precautions.
- Ambulate to and from the restroom, including getting on and off the toilet safely.
- Go up and down steps safely using hand rail or with walker or crutches.
- Pain and nausea are well controlled using oral medications.
- Vital signs are stable.
- Able to eat and urinate.

If you need additional time to reach these benchmarks, your surgeon and your case manager will discuss an alternate plan of care with you.

Discharging from the Hospital

- We must receive a discharge order from your doctor before your nurse can start the discharge process.
- Once your discharge order is received, your IV will be removed.
- You may then get dressed and gather your personal belongings. Please ask for assistance if needed.
- Your nurse will prepare your discharge packet and call in prescriptions if needed.
- If applicable, your nurse will notify the home health agency of your choice and send all the required paperwork.
- Your nurse will come to your room to deliver your discharge instructions and have you sign your discharge paperwork.
- Your ride will be asked to bring their car to the patient pick up location.
- An aide will bring a wheelchair to your room, take a last set of vital signs, wheel you out to the patient pick up location, then assist you getting into your vehicle.

Discharging Instructions

- A nurse will meet with you and give you a folder to take home with printed instructions regarding your
 - Medications
 - Incision care and infection prevention
 - Bathing and activity limitations
 - Physical therapy and home health
 - A follow up appointment with your surgeon
- We will review this important information with you and your family members and answer any questions you have prior to your discharge. Remember to ask questions!



After Your Hospital Stay:

Extended Rehabilitation

On rare occasions, a patient may need to transfer to a rehabilitation facility. We encourage you to check with your insurance company in advance to see if this is a covered benefit for you. You may not meet the requirements for medical necessity even if you live alone or your spouse is disabled. You should still have a back-up plan for going home just in case.

Medications for Home

You will be given a written prescription for pain medication, or we will set you up with our program "Meds to Beds." Please call your surgeon if additional pain medications are needed. NOTE: Doctors' offices are closed on the weekends. It generally takes 48-72 hours to get a refill on pain medications. Please plan accordingly. You will also be given stool softener tablets to take home.

You will be instructed on how to use these medications.

It is critical that you verbalize understanding of how and when to use these medications at home.

Dressings & Bandages

Your dressing will be reinforced or changed as needed while you are in the hospital. Your surgeon will provide instructions on home care for your wound and dressings. Nursing staff can assist you with understanding those instructions prior to going home.



Healing & Recovery at Home

- BE SURE SOMEONE IS WITH YOU FOR AT LEAST THE FIRST 24 HOURS WHEN YOU ARRIVE HOME.
- The home health agency you chose should contact you within 24 hours to set up a time for your first visit. If you have not heard from them within 24 hours, please call them. Their number will be listed in your discharge paperwork.
- Continue with the exercises shown you in the hospital until you begin your home health or outpatient physical therapy routine.
- Ambulate every 1-2 hours using your walker or crutches to enhance circulation and help prevent blood clots. Wear compression hose if instructed by your doctor.
- When first rising, sit at the edge of your bed for a few minutes to be sure you are prepared to stand and prevent falls.
- Make sure floor is clear of clothing, throw rugs, and cords to prevent falls.
- Continue to eat a healthy diet and drink plenty of water to promote wound healing.
- Review your discharge paperwork for clarification of instructions regarding incision care, medications, activity limitations, and potential complications to be aware of.
- Follow bathing instructions you received at discharge. Do not soak or submerge your incision. Be sure to keep your incision clean, dry, and covered. Do not apply any creams, ointments, or oils to your incision until approved by your surgeon.
- To prevent infection, wash your hands before changing your dressing or touching your incision. Use a clean towel after bathing and clean bed linens. Do not sleep with your pets. Pet hair, dander, and saliva are sources of infection.
- Monitor incision for signs of infection (increased redness, swelling, drainage, pain, or fever). Contact your home health nurse or your doctor if needed.

Although each person's healing journey is different, typically the joint recovery process takes six weeks to three months. Most patients continue to gain improvements up to one year after surgery. Your doctor and physical therapist will recommend the most appropriate activity level for you following your joint replacement surgery.

Fall Risk & Prevention Agreement: Partnership for Patient Safety

Falls can occur in any age group, at any time and most any place. While in the hospital, EVERYONE is at an increased risk for a fall. This happens because you are in a new, unfamiliar environment and medications, side effects of treatment, surgery or your illness itself may make you unsteady on your feet. We are here to help and want to prevent you from having a fall during your hospitalization.

What YOU can do to help us keep you safe:



Make sure to use your call light to ask for assistance EVERY TIME you need to get up. Call before your need becomes urgent. Make sure to tell your care team when you are feeling weak, lightheaded, faint or dizzy.



Since most falls occur going to and from the bathroom, ask for help from a care team member EVERY TIME you need to get up. Call before your need becomes urgent. In order to keep you safe, a care team member may need to stay with you the entire time.



Speak with your nurse about your bathroom habits so that we can anticipate your needs. A member of your care team will round every hour to ask about your comfort, discuss safety measures and address any personal needs you might have.



Store personal items you need in easy reach. When your care team member comes to your room for hourly rounds, they will help make sure your essential items (call light, phone, TV remote, snacks, water, books) are positioned close to you.



Wear your glasses and hearing aids. Ask for help from a care team member when you cannot see clearly in the room.



Do NOT ask your family members and friends to help you get out of the bed or chair.

This could result in injury to both you and a loved one. We are here to help, and would rather you ask for assistance from your health care team.



Use your walker, or other assistive device for support if ordered by your doctor. Use it and always keep it in reach. Do not walk without it.



Do NOT wear loose or flimsy shoes. Always wear non-skid socks or sturdy shoes like tennis shoes.

What WE may do to keep you safe:

- Remind you to use your call light EVERY time you need to get out of bed for anything or need assistance.
- Make sure you are oriented to your room and surroundings. Make sure there is enough light in your room.
- Put your bed rails up. Put your bed in a low, locked position.
- Give you non-skid socks to wear.
- Place a sign on your door informing our staff of your increased fall risk.
- Make rounds frequently to check on your pain, position and personal needs, make sure you know the plan and have all your personal items within reach.
- Remind family and friends to ask for help from a care team member rather than helping you themselves.
- Use a bed or chair alarm.
- Review your medications.
- Use a special belt to help you walk when you are out of bed.
- Use a mobility aid as needed for greater stability (walker, cane, crutches).
- Stay with you even while you are in the bathroom.
- Keep your room uncluttered and your pathways clear.

This agreement is a partnership between you and your MVH health care team. During your hospitalization, we will discuss any changes to this agreement. By signing below, you are stating that you received and understand this information and will participate as a full partner in your safety by following these guidelines as discussed.

Patient/Family Signature:

Date:

Time:

Nurses Signature:

Date:

Time:

**Fall Risk & Prevention Agreement:
Partnership for Patient Safety
Mountain View Hospital
Idaho Falls, ID**

Patient Sticker



We hope you are pleased with the care you received at Mountain View Hospital. Thank you for allowing us to assist you with your joint replacement journey.



Mountain View Hospital

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