



HIP & KNEE

REPLACEMENT
EDUCATION



TALLAHASSEE
MEMORIAL
HEALTHCARE



DIRECTIONS

P6 Surgical Pre-Admission Clinic and Outpatient Procedures

Enter the **P6** parking lot in front of the M.T. Mustian Center from Medical Drive.

Please note this lot is designated for outpatient appointments. Overnight parking is not permitted in this lot.

For overnight parking or stays longer than six hours, please park in **P2 and enter through the atrium.**

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WELCOME TO

Your Joint Replacement Surgery AT TALLAHASSEE MEMORIAL HEALTHCARE

Hi _____, your surgery and your preoperative appointment will take place in the M.T. Mustian Center, located at the corner of Miccosukee Road and Medical Drive on Tallahassee Memorial HealthCare’s main campus at 1300 Miccosukee Road.

For questions, please call **850-431-1155**, press one and dial **ext. 38122**.

PREOPERATIVE QUESTIONS

For questions, please call the Surgical Pre-Admission Clinic at 850-431-1155 and dial ext. 38122 between 8 am and 5 pm, Monday through Friday.

ARRIVAL TIME

- To obtain your day-of-surgery arrival time, please call the Surgical Pre-Admission Clinic at 850-431-1155 and dial ext. 38122 at 3 pm the business day before your surgery. Call Friday if your surgery is the following Monday.
- Your surgeon’s office will contact you after 2 pm on the business day before your surgery to inform you of your day-of-surgery arrival time.

UPDATES AND PIN NUMBER

TMH colleagues are unable to give out patient information without a personal identification number (PIN). If you want to ensure your loved ones have access to your information and status, provide them with the PIN below. They will also be updated via calls and text messages, and we ask that you please provide one contact number to receive these updates.

Your loved one can contact the Surgical Care Unit for patient updates at:

- 850-431-1155 ext. 31241
- 850-431-1155 ext. 38241

PIN: _____

ACHIEVING

THE BEST OUTCOME

Self-preparation before surgery is important. These tips can help ensure a successful surgery and recovery.

- 1. Stop smoking today.** Smoking increases your heart rate, raises your blood pressure and makes your blood vessels smaller. All of this increases your risk for blood clots, slower healing and infection. If you must smoke, please do not smoke for at least 48 hours before your surgery.
- 2. Pause your alcohol intake.** Do not drink alcohol for at least 24 hours before surgery.
- 3. Cut back on opioid pain medications.** If your body is more tolerant of opioid pain medications, your pain may be more difficult to control after surgery. Decrease your use of these medications as much as possible before your surgery.

WHAT IS YOUR PERSONAL GOAL FOR SURGERY?

Example: Get back to swimming, play with my grandchildren, play pickleball, etc.

Your Health Coach: _____

Who will take you home when discharged and help you into your home?

IMPORTANT DATES

TMH Hip and Knee Replacement Class Date: _____

Preoperative Appointment at TMH: _____

Surgery Date: _____

Postoperative Follow Up Appointment: _____

Before Surgery

WHAT TO EXPECT AT

PREOPERATIVE APPOINTMENTS

When your surgery is scheduled, preoperative appointments will be arranged:

- You will first meet with your surgeon's team. This typically happens close to your surgery date.
- You will also have a pre-admission appointment at the M. T. Mustian Center five to seven days prior to your surgery.

YOUR PREOPERATIVE APPOINTMENT WITH YOUR SURGEON

At your preoperative appointment with your surgeon, notify them if...

- You have a history of blood clots.
- You are or have been a smoker within the past five years.
- You have sleep apnea.
- You had a heart stent placed in the last year.

WHAT QUESTIONS SHOULD I ASK MY SURGEON AT MY APPOINTMENT?

Please review your entire medication list with your surgeon, including herbal supplements. Your surgeon should give you guidance on any medications that should be held prior to surgery and when they can be resumed.

- Are there any other types of medications that I need to stop before my surgery? (Example: Vitamins, supplements or herbs) The American Society of Anesthesiologists recommends some herbal supplements be stopped one to three weeks before surgery. Let your surgeon know if you are taking herbal supplements.
- How many days before my surgery do I stop taking my blood thinner? If you take blood thinners (for example, aspirin, Warfarin, non-steroidal anti-inflammatory drugs containing Ibuprofen or Naproxen), please ask your surgeon when they are to be stopped before your surgery.
- When should I resume my blood thinner after surgery?
- When can I continue or begin any other medication or supplement, including over-the-counter medications such as Tylenol and Advil?
- Discuss your discharge plan with your surgeon. Do they plan for you to discharge the same day or to spend the night?

YOUR PRE-ADMISSION APPOINTMENT AT THE M.T. MUSTIAN CENTER:

You will be contacted by TMH about your pre-admission appointment. This appointment is about an hour long. Your surgeon may order additional tests such as a blood test or EKG. These tests can all be completed at the M.T. Mustian Center.

WHAT TO BRING TO YOUR PREOPERATIVE APPOINTMENT AT TMH:

- A full list of medications (including over-the-counter and herbal medications)
A medication chart is on pages ____.
- Your driver's license.
- Your health insurance card and medication card.
- The result of a recent EKG (if you have it).
- A copy of your advance directive form or living will.
- Information regarding your medical history and your allergy status (you will be asked).

DISCHARGE AND**RECOVERY PLANNING**

Your discharge planning should start now.

Our goal is for you to leave the hospital and reclaim your quality of life in the comfort of your own home as soon as possible. In many cases, you may go home the same day of surgery or spend only one night in the hospital and go home the next morning. A shortened length-of-stay in the hospital corresponds with better outcomes for patients.

If your surgeon has planned for you to spend the night, please arrange for transportation to arrive at the hospital by 9 am the next day to receive discharge instructions, so you may leave by 11 am.

NOTIFY YOUR MEDICAL PROVIDERS

Please inform your medical providers of your upcoming surgery. They may have additional instructions for you to follow based on your unique health needs and medical history.

IDENTIFY A HEALTH COACH

We strongly encourage you to have someone to help you along the way, such as a health coach. A health coach is someone who can participate and support you through your surgery process. This is often a spouse, relative or friend.

Your health coach should...

- Attend the TMH Hip and Knee Replacement Class.
- Attend preoperative appointments.
- Bring you to the hospital on your surgery day.
- Discuss your discharge plan with your surgeon.
- Pick up prescriptions you have not already picked up.
- Pick you up from the hospital when you're discharged.
- Provide assistance getting into and around your home.
- Stay with you for at least 24 hours after your surgery.

TIP: If you haven't already, list your health coach on page 3 of this guide.

HOME SAFETY CHECKLIST

USE THIS CHECKLIST TO HELP MINIMIZE THE RISK OF FALLS IN YOUR HOME.

APPROACH TO HOUSE

- Park close to your door.
- Be sure there is a clear pathway from the car to the door.
- Make sure there is a good light to show the way to the door.
- If you have stairs, are the handrails steady and secure?
- Is the door an appropriate width to get through with an assistive device?
- Make sure the door is easy to open and close.

BEDROOM

- Light switch should be within reach of bed. Nightlights are helpful in walking paths.
- Bed should be appropriate height.
- Use commode near bed or urinal (for men) if you have difficulty with walking (needs special shoes, braces, etc.).
- Remove all floor rugs.
- Have the television remote next to the bed to avoid having to get up to turn it on and off.
- Have a telephone close to the bed so you can reach it without getting out of bed.

BATHROOM

- Use the proper equipment in bathroom such as commode over toilet, shower chair, non-slip mat or decals. Make sure commode and shower chair are appropriate height. Shower chairs with a back are preferred.
- Use securely-fastened grab bars for bathtub/shower and toilet. Grab bars should be located at the entrance to the shower (positioned straight up and down) and on the far wall (on an angle upwards toward the front). Wherever you put your hand on the wall naturally for support should be the middle of the grab bar.

- Consider a nightlight in the bathroom or from the bedroom to bathroom.
- Use only a rubber backed rug or mat beside the tub to step on when getting out of the tub. No other throw rugs or towels on the floor.

LIVING ROOM

- Be sure the pathways are clear of electrical wires, cords or excess furniture.
- Have good lighting in the room.
- Be sure light switches are easy to reach and are at the entrance to the room.
- Make sure you have the telephone near and access to turn the television off and on without getting up from your chair.
- If you have floor rugs, remove them and wear non-slip, low-heeled shoes or slippers with rubber soles.

FAST FACTS ABOUT FALLS

- More than one-third of people age 65 and older fall each year, and those who fall once are two to three times more likely to fall again¹.
- Among older adults, falls are the leading cause of both fatal and nonfatal injuries and are responsible for significant disability, hospitalization, loss of independence and reduced quality of life¹.
- Most falls occur in bedrooms, bathrooms and on stairs. Most fractures among older adults are caused by falls¹.

¹Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online].

HOME SAFETY CHECKLIST

KITCHEN

- You can push pots or pans (especially heavier ones) along the countertops to make walking safer.
- Store objects within easy reach of where you use them the most.
- No pet dishes in walking path.
- Stove should have clearly visible and understandable controls.
- A chair in the kitchen to sit on may be helpful with endurance.
- A rolling cart can be used to transport items.

WALKING SURFACES
THROUGHOUT HOME

- No throw rugs. Make sure carpets are tacked down. Medium to short pile carpets are better than thick carpet.
- No highly polished floors.
- Thresholds and moldings should be clearly visible.
- All walking paths should be free of obstacles, such as telephones, electric cords or furniture.
- Make sure the path or sidewalk up to the entrance of your home is clear.

STAIRS AND STEPS

- Stairway is well lit. Stairway lights have a switch at the top and bottom of stairway.
- Baseboards, doorway outlines and stair handrails are painted in a contrasting color.
- Stair treads with edges are marked in alternative colors. Top and bottom steps are marked with contrasting tape.
- Repair any broken or loose steps.

GENERAL SAFETY

- Use furniture with armrests and knee level height. Try to sit by armrest to assist with sit to stand. Firm furniture provides more support and helps with getting up from a sitting position.
- Stools, rocking chairs or chairs on wheels should not be your first choice for sitting due to safety concerns.
- Make sure walkers are adjusted to proper height. A walker bag or basket can be used on the walker to carry items.
- Wear shoes with good tread for best support and to help prevent slipping.
- Personal emergency response system: carry a cordless or mobile phone in your walker bag or basket.
- When entering and exiting doors that do not stand open freely, go backwards when using a walker. To keep both hands on the walker at all times. Make sure you test unfamiliar doors first with your heel to make sure you apply only the appropriate pressure with your backside to push the door open. If it is a light door, do not apply too much pressure. Go slow!
- The appropriate rise over run on a ramp is 1 foot long for every inch tall. This means, if your step is 5 inches high, your ramp should be 5 feet long.

REHABILITATION

Our Case Management team will assist you in making arrangements for your rehabilitation and equipment. Someone will contact you to discuss your choices a day or two before your surgery.

OPTION 1: GOING HOME WITH HOME HEALTH CARE
PHYSICAL THERAPY

Most patients go home with home health care physical therapy after a joint replacement. Going home offers better opportunities for a quicker recovery and fewer complications. A physical therapist will come to your house two to three times a week for about two weeks following your surgery. There are multiple choices of home health care services you can choose from, and they can be found on page 48. Your insurance provider determines which home health care agencies they will cover.

OPTION 2: GOING TO OUTPATIENT PHYSICAL THERAPY

If your insurance doesn't cover home health care physical therapy, outpatient physical therapy will be your next option. There are multiple outpatient physical therapy providers. Contact your insurance provider to determine what companies they will cover beforehand, so physical therapy can be started soon after surgery. After you have determined what local outpatient facility you can use, simply call them to set up your first evaluation and treatment appointment.

OPTION 3: GOING TO A CARE FACILITY

Inpatient rehabilitation is used only if you meet the required criteria and gain insurance approval. You are encouraged to discuss your rehabilitation needs with your surgeon prior to surgery. You must confirm with your insurance that inpatient rehabilitation is an option for you. It is always a good idea to arrange for help at home, just in case your rehabilitation plans change.

A ROLLING WALKER WILL BE REQUIRED REGARDLESS
OF YOUR THERAPY PLAN

Use of a standard rolling walker is necessary following surgery. A rolling walker will be arranged for you and will be provided after surgery. Other assistive devices are helpful but are not covered by insurance. More information about other assistive devices can be found on page 37.

If you have questions, please call Tallahassee Memorial HealthCare Case Management Department at **850-431-2910**.

GENERAL

STRENGTHENING EXERCISES

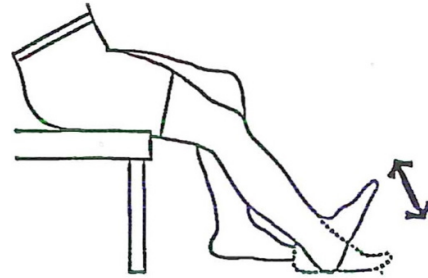
These are four exercises you can practice now that will be used during physical therapy.

1

- Lying on back or sitting up
- Move foot up and down as shown

Special Instructions:

- Rest 1 minute between sets
- Perform 3 sets of 20, hourly while awake

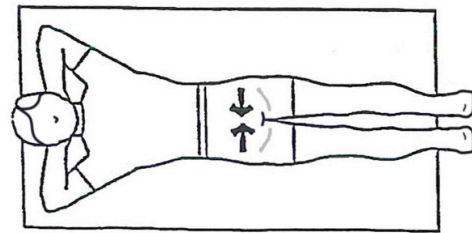


2

- Lay on back
- Squeeze buttocks together

Special Instructions:

- Rest 10 seconds between sets
- Hold exercise for 6 seconds
- Perform 1 set of 10 repetitions, hourly while awake

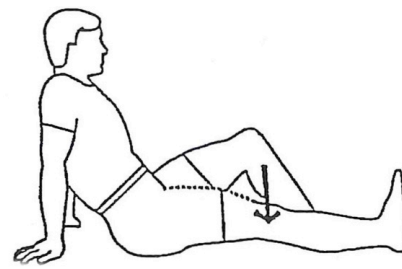


3

- Lying on back with knee straight
- Tighten quad muscles on front of leg, trying to push back of knee downward

Special Instructions:

- Do not hold breath
- Rest 10 seconds between sets
- Hold exercise for 6 seconds
- Perform 1 set of 10 repetitions, hourly while awake

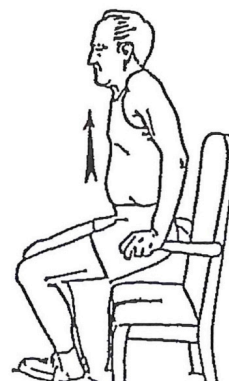


4

- Put hands on arms of chair and push body up out of chair

Special Instructions:

- Repeat 5 times, 3 times a day



SKIN PREPARATION AND

SHOWER INSTRUCTIONS

Preparing the skin before a surgery can reduce the risk of infection at the surgical site. Please follow these steps to prep your skin for your surgery.

- Remove nail polish, hairpins, hair ties with metal and jewelry, including body piercings.
- Please do not shave or remove any hair at or near the surgical site for at least 48 hours prior to surgery.
- If it has been provided to you, we recommend showering prior to your surgery with Chlorhexidine Gluconate (CHG) antiseptic soap to reduce the risk of infection. If you have not been given CHG antiseptic soap or are allergic, we ask that you shower using any soap you have at home prior to surgery.
- It is preferred you shower twice before your surgery: The night before and then morning of your procedure. Shower first then rinse. Stand outside the running water and wash from the neck down, allowing the antiseptic soap to sit on your skin for two minutes (avoid head and genitals), then rinse.
- Use freshly laundered bath linens, clothes and sheets after you shower.
- After showering, do not use lotions, perfumes, after-shave, deodorant or hairspray.
- Please do not allow your pets to sleep in your bed before or after surgery.

MEDICATIONS ON

THE MORNING OF SURGERY

The morning of surgery, do not take the following (unless otherwise instructed by your surgeon):

- Oral diabetes medicines.
- Medicines that must be taken with food.
- Water pills (diuretics) unless combined with another type of blood pressure medicine.



DIET AND

FASTING REQUIREMENTS

You are encouraged to drink clear liquids up to three hours before your surgery. It is very important to stop eating food and drinking milk, dairy or milk-like products the night before your surgery.

ADULTS	
Clear liquids	Stop 3 hours before surgery
ALL food and milk or milk-like products	Stop at midnight before surgery

Clear liquids include water, sports drinks, black coffee or the pre-surgery carbohydrate drink. You must not have any milk products (i.e. creamer, half and half, soy milk, almond milk, etc.). Once you start fasting, you may brush your teeth and rinse your mouth, but do not swallow. Do not chew or consume gum, candy, cough drops, chewing tobacco or ice chips. Clear liquids approved for diabetic patients include water, Gatorade zero or black coffee.

YOUR PRE-SURGERY NUTRITION PLAN

Your doctor has recommended a schedule of specialized Ensure® drinks to help your body prepare for—and recover from—surgery.

WHAT IS ENSURE® PRE-SURGERY CLEAR CARBOHYDRATE DRINK, AND WHY IT IS IMPORTANT

Surgery creates unique nutrition needs for your body. Ensure® Pre-Surgery is formulated for those needs with carbohydrates and antioxidants to help your body recover after surgery.

Your healthcare provider has recommended this specialized Ensure® nutrition drink to help your body prepare for—and recover from—surgery. It's important that you follow your doctor's nutrition recommendations to help with recovery.

Drink Ensure® Pre-Surgery as indicated below:

DRINK 1 BOTTLE 1 HOUR BEFORE YOUR SCHEDULED ARRIVAL TIME TO THE HOSPITAL FOR YOUR SURGERY.

Notes: Consume 1 bottle Ensure Pre-Surgery 3 hours prior to your surgery's scheduled start time (which should be approximately 1 hour prior to arrival time at hospital). Ensure Pre-Surgery drink is not recommended for patients with diabetes.



REMINDERS WHEN

PACKING YOUR BAG

Leave all personal items in your car when you check in for surgery. Your support person can bring them in once you arrive in your recovery room after surgery.

WHAT TO BRING

- TMH Hip and Knee Replacement Education book.
- A small bag of personal items with:
 - Comfortable clothing such as loose-fitting pants, shorts or house dress to fit easily over the bulky dressing.
 - Well-fitting, flat shoes. Avoid shoes with no backs such as slip-ons or flip-flops.
 - Please wear your glasses instead of contacts. If you must wear contacts to the hospital, please bring a container to store them in during your surgery.
 - If you have a pacemaker or automatic internal cardiac defibrillator (AICD), please bring your device identification card, if not already provided at your preoperative appointment.

ADDITIONAL ITEMS IF YOU ARE STAYING OVERNIGHT

- Mobile phone with charger.
- Personal care items such as a toothbrush and deodorant.
- CPAP with mask, if you use one.
- Activities to pass the time such as reading material, crossword puzzles, etc.

WHAT NOT TO BRING:

- **Valuables such as cash, credit cards, jewelry, laptop or tablet.**
- **Medications or supplements (unless directed otherwise).**



Surgery

SURGERY DAY

After your arrival, you will be taken back to a private room and prepared for surgery. Your surgeon and anesthesiologist will both greet you and discuss your surgery and answer any final questions.

PREOPERATIVE AREA

- When you arrive, a patient care assistant (PCA) will collect your weight and measurements. You will then be escorted to your private room to start initial preparations for your surgery, review your paperwork and start your IV to administer preoperative medications.
- You will meet your multidisciplinary team, including your anesthesiologist, to discuss anesthesia and pain control. If you have any concerns regarding anesthesiology, please make a note in the back of this book and address them with your care team prior to surgery.
- Your surgeon will meet with you to mark the surgical site and to answer any questions you may have.

TYPES OF ANESTHESIA

Before surgery, your anesthesiologist will discuss types of anesthesia. There are a couple different types, and they will review the process and the risks. Review the information below for each type of anesthesia and prepare any questions you might have.

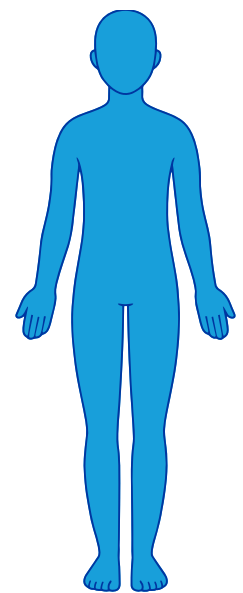
GENERAL ANESTHESIA

General anesthesia involves intravenous (IV) drugs and inhalation agents that affect the entire body and put you into a deep sleep. To ensure proper breathing while you are under general anesthesia, a breathing tube will be inserted into your throat.

General anesthesia risks:

(Including but not limited to)

- Soreness of the throat or hoarseness.
- Teeth and dental prosthetics may become loose, broken or dislodged.
- Nausea and vomiting.
- Aspiration (inhaling stomach contents into the lungs), asthma attacks and pneumonia.



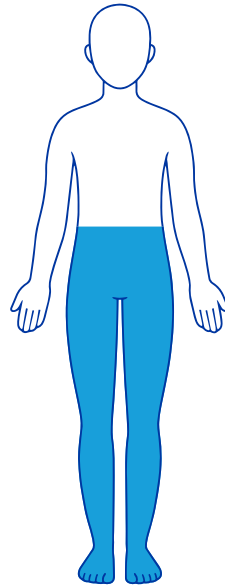
SPINAL ANESTHESIA

Spinal anesthesia involves an injection directly into the fluid surrounding the spinal cord in the back. You will be awake during the injection, which is described as feeling like a “bee sting.” You will be numb from the waist down, lasting several hours. In addition to the spinal anesthesia, you will be given “twilight” sedation to make you sleepy.

Spinal anesthesia risks:

(Including but not limited to)

- Headache.
- Swelling, tenderness, bleeding or bruising at injection site.
- Decrease in blood pressure.
- Nausea and vomiting.



DURING SURGERY

- You will be under the care of your operating team, which consists of your surgeon, the anesthesiologist, an operating room nurse and technicians.
- The goal is to complete your surgery and move you to recovery. The length of time in the operating room is about 1.5 to 2 hours; however, depending on the complexity of your procedure or unforeseen delays, the time may be longer.
- After your surgery, anesthesia will be reversed and you will be transferred to the recovery room.

TIPS FOR

NAVIGATING THE HOSPITAL

TMH CARE TEAM MEMBERS' UNIFORM COLORS

Who's caring for you? Reference the color chart below to see who's providing your care on the day of surgery.

Surgeon/Anesthesiologist	Nurse	OR Team
Patient Care Assistant	Housekeeping/EVS	Respiratory Therapist
Patient Transporter		

VISITATION OF

FAMILY AND GUESTS

Visitor policies are subject to change at any time. For the most up-to-date information, please visit TMH.ORG/Visitors.

At TMH, we're proud to provide patient- and family-centered care and recognize the important role loved ones play in healing.

Following joint replacement surgery, the number of people at the bedside at any one time will be determined together by the patient, family and care team.

All visitors not in the patient room should wait in our waiting rooms. After your surgery, we strongly recommend limiting visitation at night to promote healing and recovery. All inpatient units observe quiet hours daily from 1 - 3 pm and 9 pm - 6 am to support the healing process. Please limit noises during these times if present in an inpatient unit.

Children younger than 16 years old must be supervised by an adult caregiver other than the patient.

Please note, these guidelines may be changed at any time based on the clinical needs of the patient.

TRACKING BOARDS AND UPDATES FOR SUPPORT PEOPLE

Your support person or family should remain on the floor where you are having surgery—this is where the surgeon will come to speak with them when your surgery is complete. They can watch your progress on the tracking board in our waiting rooms.

For patient privacy, the name on the tracking board will display as follows: first two letters of the last name “..” last letter of last name, first letter of first name. For example, Robert Smith would display as “Sm..h, R.”

If you will be admitted to the hospital after surgery, the recovery staff will provide updates and notify you when your loved one will be transferred to your room. Please feel free to check with the reception desk for updates.

Patient	Pre-op	Surgery	Recovery	Post-op	Destination
KI..H,S--11535	5:38 AM	7:20 AM	7:40 AM	8:09 AM	Home@10:55 AM
LI..N,C--11891	5:29 AM	7:30 AM	9:07 AM	10:43 AM	@12:29 PM
MI..R,S--11568	8:22 AM	9:57 AM	10:48 AM	11:41 AM	@1:33 PM

WHAT TO EXPECT

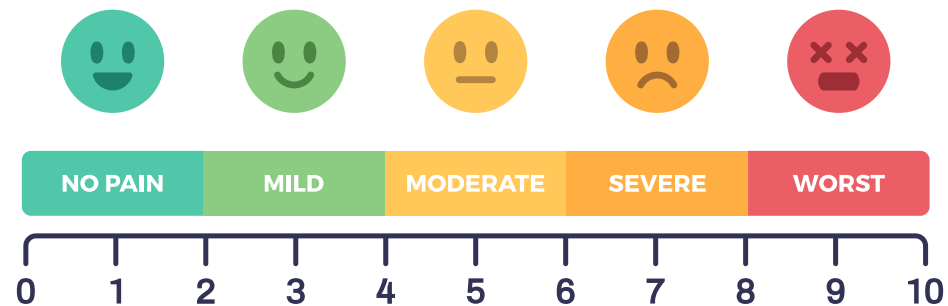
IN RECOVERY

Once your surgery is over and you have been moved from the recovery room, you will either be transported to an inpatient room or taken to the Surgical Care Unit where the nurses will get you ready to go home.

MANAGING PAIN AND NAUSEA

If you are experiencing pain following your surgery, please tell your nurse. Pain includes many types of discomfort and can occur anywhere in your body. It can feel like a dull ache, or it can be severe and unbearable. Pain can include pulling, tightness, cramping, burning, stabbing or other unpleasant sensations.

The pain rating scale is a helpful tool you can use to describe how much pain you are feeling and to measure how well treatments are relieving your pain.



On a scale of 0 to 10, 0 means “no pain” and 10 means “the worst possible pain.” The middle of the scale (around 5) describes “moderate pain.” A 2 or 3 rating would be “mild pain;” a rating of 7 or higher is “severe pain.”

It is very important to talk with your nurse or physician honestly and openly about your pain so you can receive the proper treatment. If you still have questions after reading this booklet, speak with your physician or nurse.

Please notify your nurse if you are experiencing continued nausea. Your nurse will assess your nausea/vomiting and discuss your treatment options with you. Your nurse may give you medications or intravenous fluids as ordered by your physician. They may also use complementary therapy such as instructing you how to apply pressure to the P6 point on your wrist as seen in the diagram on the following page, or offering you aromatherapy or rubbing alcohol.



WHAT DO I NEED TO KNOW BEFORE GOING HOME?

Before leaving TMH, you must meet certain discharge criteria.

You will be asked to urinate before going home after certain surgical procedures. If you had a spinal anesthetic, you may be sent home with special instructions about what you should do if you cannot urinate within a certain time period.

Your nurse will go over your postoperative (after surgery) instructions with you and your loved one(s). The goal is to teach you how to best care for yourself at home.

TIPS TO HELP YOU THROUGH YOUR RECOVERY AT HOME

Common side effects of anesthesia and your procedure include:

- Slight sore throat: Popsicles or cold liquids may help relieve a sore throat.
- Nausea: If nauseated or vomiting, we recommend you don't eat greasy or spicy foods. In addition, it may be helpful to start or return to a clear liquid diet such as water, Gatorade, Jell-O and tea and advance to your normal diet as tolerated.
- Discomfort and/or slight bruising where the IV was placed: This should diminish over time.
- Dizziness and sleepiness: Do not engage in activities that require you to be alert or coordinated for the next 24 hours such as driving, cooking, biking, using heavy machinery or power tools.
- Clumsiness: Change positions slowly and use assistance devices if you have them (crutches, cane, walker). Have your caregiver assist you.
- Short term confusion or memory loss and mood changes: We recommend you have a caregiver stay with you for the first 24 hours. Do not make any important decisions, sign important documents or make expensive purchases as your judgment may be impaired.

After Surgery

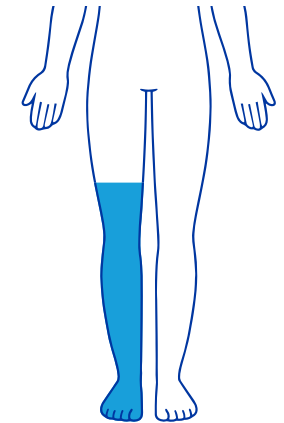
YOUR GUIDE TO

PAIN MANAGEMENT

Your surgeon will provide different approaches to help you manage pain following your surgery. The goal will be to reduce inflammation and decrease your pain.

LOCAL ANESTHETIC

You will be given a local anesthetic during surgery that you may feel the effects of for a couple days. The numbing medication is not a narcotic and does not hinder movement but can cause weakness. After the medication begins to wear off, your pain may increase. The goal is for the local anesthetic to work in conjunction with your oral pain medication.



ORAL PAIN MEDICATION

A prescription for pain medication will be provided by your surgeon. Most surgeons prescribe the medication before surgery, and it can be picked up before your surgery day. The pain medication may be an opioid such as oxycodone or hydrocodone. Take medications as prescribed.

Managing your pain properly at home will improve your recovery.

Here are some strategies for managing pain:

- Pain should be expected after surgery.
- Establish a proper pain management goal. Having a proper pain management goal will decrease anxiety and establish a realistic outcome. Your goal should keep pain in a tolerable range. Avoid expectations of a zero pain level within the first few weeks after surgery. See page 24 for more instructions on tolerable pain.
- Consistency is key to pain management. Having a plan and sticking to it is the answer to proper pain management.

Pharmacy at TMH

Located across the street from Tallahassee Memorial Hospital, on the corner of Miccosukee Road and Magnolia Drive, Pharmacy at TMH is a full-service retail pharmacy offering personalized support for all your medication needs. We provide quick, convenient service both in store and with our drive-through. Our pharmacists and staff are here to help you with all your prescription needs. Patients leave our pharmacy with the medications and supplies they need to make a full recovery. In addition, we carry a variety of convenience and gift items along with over-the-counter medicine.

Monday - Friday: 7:30 am to 7:30 pm
Saturday - Sunday: 9 am to 5 pm

Phone: 448-209-2010

ESTABLISHING REALISTIC PAIN MANAGEMENT EXPECTATIONS

Intolerable Pain

- Pain interferes with my daily activities such as getting out of bed, showering and getting dressed
- The pain is so intense that I am unable to focus on other activities such as watching TV, talking to loved ones, reading, etc.
- The pain is so intense I am unable to complete my physical therapy
- The pain is so intense it is hard to ignore, and I cannot focus on anything else
- The pain is making me feel irritable most of the time

Tolerable Pain

- The pain is barely noticeable
- The pain is noticeable but I can complete all my daily activities such as getting out of bed, showering and getting dressed
- The pain is there when I do exercises, but does not distract me from completing my daily physical therapy goals
- The pain is noticeable even at rest but is not intense

PRECAUTIONS

Review any medication leaflets provided to you for further information.

- Follow your prescription as prescribed. Do not take more medication or more often than what your surgeon has prescribed.
- While taking medication, do not drive, drink alcohol or use illicit/recreational drugs.
- Pain medication may cause side effects such as light headedness and nausea.
- Do not take pain medication if you can't stay awake for meals and daily activities.
- Do not have someone wake you up to take pain medication.

WHAT DO I DO IF MY MEDICATION IS CAUSING NAUSEA?

- Eat something before you take your medications such as a few crackers. Food taken with pain medication can help protect the stomach from irritation.
- Reduce the dose and/or frequency of medication.
- Rotate pain medication. (i.e. If possible: take opioid then next dose due take a non-opioid pain reliever approved by your surgeon)

MEDICATION REFILLS

Keep track of your pills to make sure you will not run out.

Contact your surgeon's office at least 48 hours before you run out. Be mindful of your surgeon's office refill policy.

HOW TO READ YOUR PRESCRIPTION BOTTLE

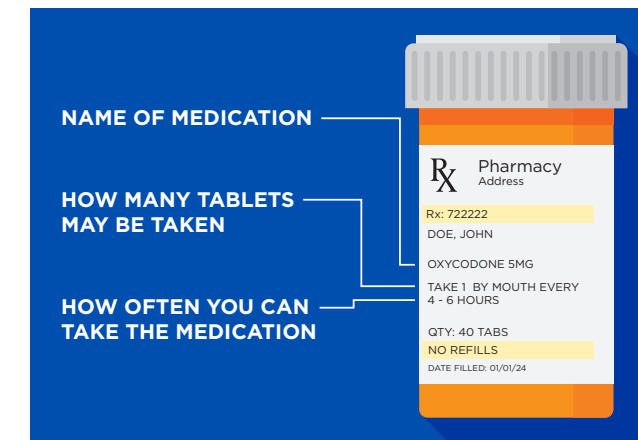
This is only an example and does not reflect what you will receive from your surgeon.

The prescription reads:

Medication prescribed is: Oxycodone
 Dosage: 5 mg
 Frequency: Every 4 - 6 hours

To decrease gradually:

If you take one tablet of oxycodone 5 mg at 8 am and at the next dose (12 pm), you find your pain is well controlled, then you can put off taking your next dose for one hour (1 pm). At 1 pm, you should assess your pain. If your pain has increased and you deem it necessary to take a dose, you can now change your usage to every five hours.



HOW TO CREATE A PAIN MANAGEMENT SCHEDULE

To help you create a pain management schedule when you arrive home, please ask your nurse these questions before you leave the hospital:

- What time was the last pain medication given?
- What is the name of the paid medication given?
- What was the dosage?

Starting your pain management schedule example:

If the nurse stated that you received one tablet of oxycodone 5 mg (milligrams) at 8 am, and your prescription at home states you may have one to two tablets of oxycodone 5 mg, every four to six hours, then when is your next dose due and how much do you take?

Your next dose due is four hours later, which is 12 pm. You should take one tablet.

Now you know to take one tablet every four hours to maintain your pain management.

Day, Date	Time taken	Soonest next dose can be taken	Pain level (Ranked from 0-10, with 10 representing the most.)
Monday, 10/23	8 am	12 pm	Tolerable or pain level 3 out of 10

Pain management charts on page 49.

USING THE INFUBLOCK

Some surgeons may prescribe an InfuBlock Continuous Peripheral Nerve Block solution to total knee replacement patients for post-operative pain control. This device is a pain pump to prolong your pain relief following your surgical procedure by delivering an anesthetic (numbing) medicine. It will not completely relieve all pain, but you will decrease your need for oral pain medication while it is working.

If your pump alarms or stops working, please refer to the manual or call InfuBlock's 24/7 Nursing Hotline at 1-844-724-6123 for assistance. *(Please note, this is the pump manufacturer's hotline, not a number for TMH or your physician's office.)*

TIPS FOR DAILY INFUSION PUMP USE

- Do not get the pump wet. Do not shower; you may sponge bathe.
- The pump will automatically give you a continuous amount of medication through the tiny tubing to keep your nerve numb. You will hear a buzz as medication is released.
- Be careful to not wiggle or pull the tubing or it will dislodge from targeted nerve site.
- The screen of the pump should be viewable through the window on your carrying case. The pump screen will be blank. To light the screen, press the select button.
- Once the screen is lit, you will see "HOME" and the pump information on the screen.
- The green stripe at the top will have the word "RUNNING" displayed on it.
- Begin taking your oral pain medications as directed by your physician at the first sign of discomfort.

USING THE INFUSION PUMP DOSE BUTTON (IF DOCTOR ORDERED)

- Press the PCA blue dose button, an extra dose will be given, the machine will buzz, and the green stripe will say PCA dose.
- If you press the dose button and a dose is not able to be given, the display will show "PCA dose not available. Currently locked out."



TURN OFF OR CLAMP PUMP AND CALL YOUR SURGEON'S OFFICE (OR GO TO THE EMERGENCY DEPARTMENT) IF ANY OF THE FOLLOWING SYMPTOMS DEVELOP.

- Skin rash or hives
- Mouth, lips, or tongue numbness or tingling
- Metallic taste in mouth
- Ringing in ears
- Slurred speech
- Blurred vision

END OF INFUSION

- You will have the infusion system at home for two or three days.
- The pump will alarm reservoir volume low (low volume) when there is 5ml (about 30 – 45 min.) left in your pump. Once volume is completed, the pump will alarm: Reservoir volume zero, Press "Acknowledge" to stop alarm, press ON/OFF button on side of pump, press "YES" to power down.

TO REMOVE THE CATHETER

If you have been instructed to remove your catheter, follow your doctor's instructions.

PUMP RETURN INSTRUCTIONS

Once the catheter is removed from the patient:

1. Remove the extra batteries from the return box.
2. Remove the plastic IV medication bag from black carrying bag.
3. Cut the tubing on right and left sides of the pump and discard with the catheter and medication bag.
4. Place the pump in the plastic zip-lock bag (there will be some remaining tubing attached).
5. Place the zip-lock bag with the pump and the black carrying case inside the return box.
6. Seal box with the stickers provided.
7. Return via **US Postal Service**: Place the box into your mailbox, hand to your mail carrier or drop off at your local post office. Postage is Prepaid - No additional postage is required

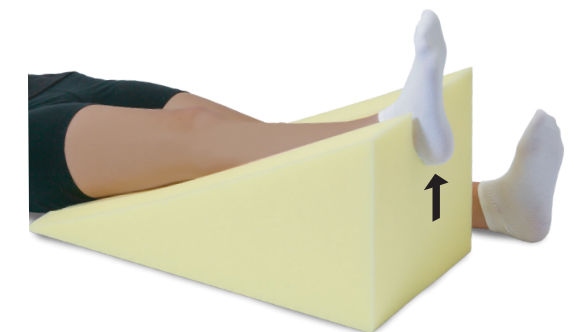
TYPES OF

SWELLING MANAGEMENT

Swelling is a natural part of recovery.

LEG RAISER UPPER PILLOW (LRU)

Knee replacement patients will receive the leg raiser upper pillow after surgery. It will elevate the knee 20 degrees and guide the leg straight. Use six hours a day. Intermittent use is recommended (every other hour). The heel of your foot should be suspended just beyond the end of pillow with the ankle supported. Sleeping with the pillow at night is not necessary.



DIRECT COLD THERAPY

Cold therapy is encouraged after surgery to help reduce swelling and pain. Apply cold packs five times a day for 20 minutes each time. It is mandatory to protect your skin from direct cold therapy by placing a barrier, such as a washcloth or pillowcase, between the cold pack and your skin. In addition, do not sleep while using the cold pack. Directions for making your own cold pack are on page 43.

JETSTREAM FOR KNEE REPLACEMENT PATIENTS

The JeStream Therapy Unit has been prescribed by your physician for cold therapy to assist in reducing pain, swelling and inflammation after your procedure. This machine is a cooler with a motor that provides cold therapy through a therapy blanket. The directions are on top of the cooler, and provide instruction for warm and cold therapy. **Only use cold therapy.** Apply five times a day for up to one hour each session. It is mandatory that you place a barrier, such as a washcloth or pillowcase, between the therapy blanket and your skin. It is not recommended that you sleep with this device at night.

Tips:

- Keep as level as possible by placing the unit on a chair or stool.
- The machine cycles off and on, which allows for longer use.
- You are not required to use the JetStream and may use cold pack instead. Remember that ice packs can only be used in 20-minute sessions.

1. It is mandatory to use a skin barrier.
2. Do not sleep with it over night.

CONTRAINDICATIONS

Please read thoroughly the risks and if you have any of the listed contraindications, ask your healthcare provider for alternate treatments.

WHEN NOT TO USE COLD THERAPY

DO NOT use cold therapy on patients with any of the following contraindications:

- History of cold injury, frostbite or adverse reactions to cold therapy.
- Incoherent due to sedation, anesthesia, coma or sleep.
- Decreased skin sensitivity or localized circulation or wound healing problems, including those caused by multiple surgical procedures.
- Local tissue infection.
- Circulatory syndromes due to Raynaud's disease, Buerger's disease, peripheral vascular disease, vasopastic disorders or hypercoagulable clotting disorders.
- Hand/wrist or foot/ankle surgery exhibiting polyneuropathy.
- Hypersensitivity to cold.
- Children 12 and under.
- Diabetes.

SKIN INSPECTION

Frequent skin inspection is necessary to avoid thermal burns. To assess your skin for thermal injury, check for:

- White spots on your skin. Your skin may look blotchy or mottled.
- Skin that looks blue or pale.
- Skin that feels waxy or hard.

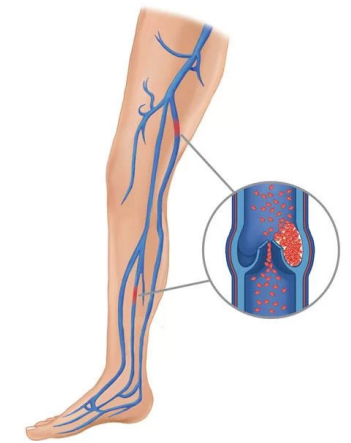
Discontinue use immediately and reach out to your surgeon.

PREVENTION OF

BLOOD CLOTS

Blood clots are uncommon, but they do pose a risk after any surgery. They can occur in specific places, such as the top of the foot, ankle, calf, thigh or groin. They can occur in either leg, not just your surgery leg.

To prevent blood clots, an oral blood thinner will be prescribed and you will be directed to wear compression stockings. The oral blood thinner begins the day after your procedure (unless directed otherwise). The type of medication, as well as how long you will take the medication, varies depending on your personal medical history.



COMPRESSION STOCKINGS

Compression stockings should be worn on both legs for a total of six weeks. During the first two weeks, wear them night and day. After the first two weeks, wear the stockings in daytime and take them off before bedtime. Take them off to shower. You may take them off a few times a day for one hour at a time if they are uncomfortable. Compression stockings will be given to you on the day of your surgery. Stockings may be washed in the washing machine and air dried.



For tips on compression stockings, see page 38.

EXERCISE

Exercise and walk each day. Exercise increases blood flow and helps prevent blood clots.

SIGNS OF A BLOOD CLOT

- Swelling in the leg.
- Red, discolored or white skin.
- A cord in the leg vein that can be felt.
- Rapid heart beat.
- Fever.
- Skin is warm to touch.
- Visible surface veins.
- Dull pain, tightness or tenderness in the leg.

IF YOU THINK YOU MAY HAVE A BLOOD CLOT, GO TO THE EMERGENCY DEPARTMENT.

PREVENTION OF

INFECTION AND BANDAGE CARE

The postoperative bandage, called a Mepilex, is unique because it is both antimicrobial (the bandage contains silver) and is showerproof. Some surgeons use an additional dressing called a “bulky” dressing. The bulky dressing may consist of some or all items such as padding, gauze, tape and an ace bandage.

You may shower with the Mepilex bandage once the bulky dressing is removed. Bandage changes are not required and the Mepilex bandage **SHOULD NOT** be removed until your follow up appointment with your surgeon.

Protect your Mepilex by showering only, and do NOT immerse the bandage in water such as a bath, swimming pool or hot tub. Keep all pets away from the incision and refrain from using creams, lotions or powders on or near the bandage.

Your specific discharge instructions from your surgeon will tell you when you may remove the bulky dressing.



Mepilex bandage



Bulky dressing

WHAT TO KNOW ABOUT YOUR BANDAGE

- Mepilex bandage must remain until your follow up appointment with your surgeon.
- At-home bandage changes are not required and strongly discouraged.
- Protect your bandage. Call your surgeon if your bandage comes off or is saturated.

SIGNS OF INFECTION

NORMAL	INFECTION
Low grade temperature (99° or 100°) after surgery	Fever over 100.5° for 24 hours or more
Bruising, redness, swelling, warm to touch	Increased redness and pain, swelling extended beyond the perimeter of the bandage, red streaks
Bloody discharge on bandage	Green, yellow, foul-smelling discharge on bandage

BLEEDING

Bleeding from the incision is normal and should not cause alarm. However, if bleeding will not stop, apply the pressure techniques described below.

- Apply direct pressure on the cut or wound with a clean cloth, tissue or piece of gauze until bleeding stops.
- If blood soaks through the material, don't remove it. Reinforce with more cloth or gauze by placing on top of the wound and applying pressure until bleeding is controlled or stops.
- If bleeding continues and/or saturates your bandage, please reach out to your surgeon.

BEST PRACTICE FOR

CONSTIPATION PREVENTION

Constipation is common after surgery and while using opioids. You will need to be proactive to prevent constipation. There are multiple methods to implement, as well as over-the-counter medications that are available.

1. A stool softener should be taken daily. The stool softener will help prevent hard, dry stool and improve ease of bowel movements.
2. Drink plenty of water. Water intake should be at least eight cups, or 64 ounces a day. If drinking water is difficult, flavoring it can be helpful. Limit drinks full of sugar, sodium and caffeine.
3. Decrease caffeine intake. Caffeine can stimulate the bowels; however, it is a diuretic and can contribute to constipation. It is fine to consume caffeine daily in moderation.
4. Increase fiber intake. Fiber, which is found in fruits and vegetables, will help get food moving through the digestive tract. Food recommendations can be found in the nutrition guide on page 33.
5. Daily exercise. Exercise will help your colon be more active and alleviate symptoms of constipation.
6. It is likely you will need to use laxatives. If you don't have a bowel movement within 48 hours after surgery, it is time to introduce a laxative.

TIPS TO AVOID CONSTIPATION

- Be vigilant! Constipation prevention starts on day one!
- Continue the constipation regimen until you are done using opioids.
- If you begin to have frequent loose stools, you should discontinue laxative medication.
- Call your surgeon if you still have symptoms of constipation after seven days.

BEST PRACTICE FOR

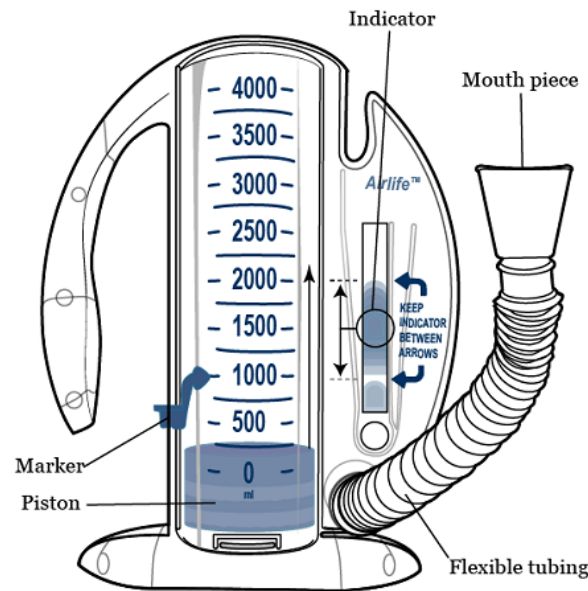
PNEUMONIA PREVENTION

Pneumonia can occur because patients may not be as active as directed when they go home. We have small little sacs in our lungs called alveoli sacs. When they are not regularly inflated by deep breathing, they can collapse which can lead to bacteria forming in the alveoli sacs. To prevent pneumonia from occurring, you will be given an incentive spirometer to take home with you. An incentive spirometer is a device to exercise your lungs.

This device will be given to you after surgery. The goal is set according to height and age. You should use this device by performing 10 repetitions every hour while awake. You can discontinue this device once you become more active.

To use this device:

1. Determine your goal
2. Sit up straight
3. Place mouth on mouthpiece
4. Inhale deeply through the mouthpiece (suck on mouthpiece like a straw) and:
 - Keep the range indicator in target zone
 - Breathe in until the piston hits goal marker
5. Hold your breath for three to five seconds
6. Remove mouthpiece from your mouth
7. Exhale



This is one repetition

WHEN TO SEEK MEDICAL TREATMENT

Call Your Doctor	Go to Emergency Department	Call 911
Fever over 100.5° for 24 hours or more	Signs of infection, and it is after office hours	Difficulty breathing
Increased redness, pain, swelling that extends beyond the perimeter of the bandage	The bandage is coming off or is 90% saturated with discharge, and is after office hours	Chest pain
Bandage is coming off or is 90% saturated with discharge	Signs of a blood clot: redness, pain, swelling, warm to touch located at top of foot, ankle, calf, thigh, or groin.	
No bowel movement within 7 days after surgery	Signs of pneumonia: difficulty breathing, fever, chest pain, cough	
Any kind of fall	Any kind of fall, and it is after office hours	
You need a prescription refill		

THE IMPORTANCE OF

NUTRITION AFTER JOINT REPLACEMENT

What you eat before and after surgery can help you recover, heal wounds, strengthen bones and muscles and help to get you back on your feet.

NUTRITION BEFORE SURGERY

It is important to enter surgery well-nourished. Nutrition before and after surgery is very similar, with a focus on protein and fiber, as well as key nutrients like vitamin C, zinc, calcium and vitamin D. By eating foods rich in these nutrients, you will optimize your nutrition and fuel your body through recovery. Be sure not only to include the foods mentioned below after surgery, but during the time before your surgery as well. Hydration is also very important. Be sure to drink eight cups or 64 oz of water a day to ensure you are getting enough fluid each day.

NUTRITION AFTER SURGERY

Protein

After surgery, it is important to focus on foods that are high in protein. Making sure your snacks contain protein can be a great way to make sure you are eating enough as well. Protein is important for healing and is a key nutrient in bone building. Make sure to have protein with all your meals and snacks.

It is normal to have a decreased appetite, so it is important to focus on eating protein foods first at meals.

High-Protein Foods:

- Eggs
- Low fat dairy (low fat yogurt, cottage cheese or reduced fat string cheese)
- Baked or grilled chicken breast
- Baked or grilled fish
- Beef
- Pork
- Beans
- Lentils
- Quinoa
- Tofu
- Hummus

Snack Ideas:

- 1 piece reduced-fat string cheese
- 1 oz almonds
- ½ c. low-fat cottage cheese with fruit
- 1 or 2 tbsp hummus and vegetables
- 1 or 2 tbsp peanut butter on wheat crackers
- ½ can tuna and wheat crackers
- ½ c Greek yogurt and berries



POST SURGERY

Fiber

Fiber aids healthy digestion and can prevent constipation from pain medication after surgery. Try to eat 25 to 35 grams per day, and be sure to drink plenty of water to help process the fiber and move everything along.

High Fiber Foods:

- Whole grains – 100% whole wheat, oats, bran, brown rice or quinoa
- Beans and peas
- Fruit – especially prunes, apples and berries
- Raw or cooked vegetables

Vitamin C and Zinc

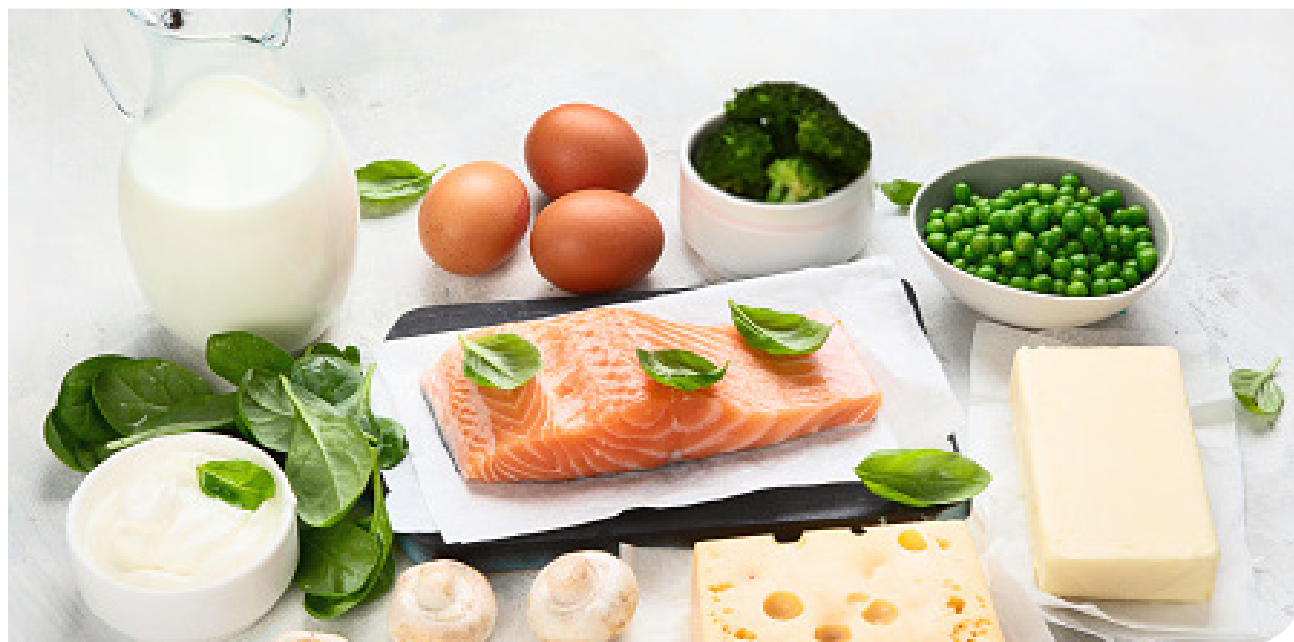
While many nutrients are important for healing, making sure you consume enough of these nutrients in your diet will be helpful in your recovery:

- Vitamin C aids in making collagen, which is found in tendons, ligaments and your skin. Citrus fruits are high in vitamin C (lemons, limes, and oranges), kiwi and strawberries. Certain vegetables also have vitamin C, like broccoli and bell peppers.
- Zinc is found in animal foods, whole grains, cereals, bean, peas and nuts. Zinc helps with immune function and collagen and protein synthesis, which helps with tissue repair.

Vitamin D and Calcium

Vitamin D and calcium are nutrients associated with healthy bones. The best sources of these nutrients are low-fat dairy foods, like yogurt, cheese and milk. Milk is fortified with vitamin D to help absorb calcium, so it is not necessary to buy the full fat version, skim or 1% also have vitamin D.

If you do not tolerate dairy, other good sources of calcium are orange juice fortified with calcium, soy products, collard greens, broccoli, okra and kale. Other sources of Vitamin D are fortified cereal, fatty fish (tuna and salmon) and egg yolks.



Good Blood Sugar Control

- If you are a diabetic, it will be very important to keep your blood sugar within a normal range. Typically, blood glucose readings of 80-130 mg/dl before meals and <180 mg/dl 1-2 hours after a meal is recommended, unless otherwise specified by your physician.
- Elevated blood sugar can delay the healing process and put you at a greater risk for infection.
- After surgery, your body will be more sensitive to carbohydrates than it usually is and not all carbohydrates are created equal. Avoid very sugary items and monitor the portion sizes of healthy carbohydrate options.
- Choosing carbohydrates that also contain at least 5g of fiber can help you reach your fiber goal and keep your blood sugar well controlled.

Foods to Limit:

- Sugary beverages (fruit juice, sweet tea, soda)
- Candy
- Cookies and other pastry items
- Refined grain products (white bread, sugary breakfast cereals, white rice, bagels, pre-packaged breakfast pastries, etc.)



Foods to choose:

- Brown rice – 22g in ½ C
- Whole wheat bread – 15g in 1 slice
- Fresh berries – 21g in 1 C
- Sweet potato – 27g in 1 C
- Oatmeal – 27g in 1 C
- Kidney beans – 19g in ½ C
- Lentils – 32g in ½ C



Resources

MEDICAL

EQUIPMENT RECOMMENDATIONS

The most common obstacles faced after surgery are tasks such as walking, using the restroom, showering and dressing. Although these obstacles are temporary, it is helpful to have assistive devices. These devices can assist in your daily tasks and help you perform them safely.

Required for all hip and knee surgeries:

- **Front-wheeled walker:** This is required for all hip and knee surgeries. The front-wheeled walker allows you to remain upright within the center of the walker and provides you with more stability than a walker with four wheels.

Follow these instructions to ensure your front-wheeled walker is the proper height and size for you:

- Stand inside of your walker with your normal posture. You should have space in between your hips and the handles. If your hips are touching the sides of the walker, do not follow the next steps; you will need a different size.
- Hang your arms down at your sides. The handles should be at the same height as the bend in your wrists or where you would wear a watch.
- Adjust the legs of the walker to fit this height. When your hands are on the walker handles, you should have a slight bend in your elbows.

Recommended but not required for all hip and knee surgeries:

Based on your individual needs, you may also consider the equipment listed below. The following equipment is not covered by insurance.

- Bedside commode
- Elevated toilet seat with or without handles
- Shower stool or shower chair with or without armrests
- Shower chair with transfer bench
- Hand-held shower hose
- Installed grab bars and safety rails
- Non-slip bathmats
- Hip and Knee Kit*
- Wedges or firm pillows

**A hip and knee kit can include multiple assistive devices, such as a long-handled shoehorn, long-handled sponge, or reacher to avoid awkward reaching. Equipment is available at retail stores as well as online. Keep in mind, that price points vary from location to location.*

COMPRESSION STOCKINGS

Compression stocking can be difficult to apply. Below are several tips and tricks to assist in putting them on.

The Bag Trick: Applying a bag to a bare foot before putting on stockings will reduce friction and allow the stockings to slide easily over the foot. After you have applied your stocking, the bag can be removed by pulling it out at the opening of the toes. To help perform this, a plastic grocery bag, sandwich bag or the bag the stockings came in can be used.

Stocking Application: The stockings are graduated which means that they have full strength at the foot and gradually reduce strength towards the knee.

To improve ease of application, follow the directions below:

1. Place hand inside stocking and pinch the heel.



2. Pull top of stocking down and stop at the pinched heel.



3. Remove hand from stocking and use the opening to place stocking on foot.



4. After the stocking is placed up to the heel, then take the top of stocking and pull it up to the bottom of the knee.



KNOW THE RISKS OF

OPIOID PAIN MEDICATIONS

Opioid pain medications can help with severe, acute pain. These medications can be an important part of treatment but also come with serious risks of addiction and overdose, especially with prolonged use. Some of the common names include oxycodone combined with acetaminophen (Percocet®); oxycodone (OxyContin®); hydrocodone combined with acetaminophen (Lortab® and Vicodin®); and tramadol (Ultram®).

1



THESE MEDICATIONS:

- Cause your brain to block the feeling of pain; they do not treat the underlying cause of pain.
- Are very addictive, especially if they are not used correctly.
- Increase your chances of accidental overdose, coma and death if taken with prescription medications, including anti-anxiety and sedating medications and alcohol.

2



WHAT ARE THE RISKS?

- Side effects like physical dependence, increased sensitivity to pain, depression, nausea and vomiting.
- Overdose
- Addiction
- Opioid Use Disorder

3

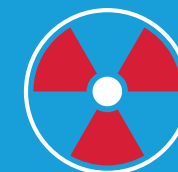


WHAT ARE ALTERNATIVES TO OPIOIDS?

Many non-opioid treatments may control pain effectively with fewer side effects such as:

- Physical therapy and/or exercise
- Non-opioid medications such as acetaminophen or ibuprofen
- Massage Therapy
- Cognitive behavioral therapy (CBT)
- Chiropractic solutions
- Acupuncture

4



HOW DO I DISPOSE OF OPIOID MEDICATIONS?

- Do not flush your medicines down the toilet or down the drain. Many pharmacies and the Tallahassee Police Department offer safe drug disposal kiosks. If this is not available, dispose of old medications in the trash.

5



PROPER DOSAGE:

- Never share your prescription with anyone. Most addiction begins with medication from a friend or family member.
- It is imperative that you keep your medications out of the reach of young children, but also safely protected from any individuals living in or coming into your home.

AS YOUR HEALTHCARE PROVIDERS, WE PROMISE TO:

MANAGE

Provide the best possible treatment to manage your pain. Non-opioid pain relievers, physical therapy and cognitive behavior may be useful alternatives.

CUSTOMIZE

Work closely with you to set pain management goals and develop a treatment plan that will help you achieve your goals.

COLLABORATE

Assess the risks and benefits of prescription opioids together, and prescribe opioids only when their benefits outweigh their risks.

IF YOU ARE PRESCRIBED A MEDICATION, ASK YOUR DOCTOR IF IT IS AN OPIOID OR IF THERE IS RISK FOR ADDICTION. IF THE ANSWER IS YES, ASK FOR ALTERNATIVES.

HOW CAN I GET HELP?

If you or a loved one have a problem with painkillers, call 2-1-1 Big Bend by dialing the three digit number 2-1-1.

ALTERNATIVES TO OPIOIDS

PAIN MEDICATIONS

Talk to your health care provider about how to treat your pain. Create a safe and effective treatment plan that is right for you.

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects.
- Can reduce exposure to opioids and dependency.

DISADVANTAGES:

- May not be covered by insurance.
- May not be effective for severe pain.

NON-OPIOID MEDICATIONS

Acetaminophen (Tylenol): Relieves mild-moderate pain, and treats headache, muscle aches, arthritis, backache, toothaches, colds and fevers. Overdoses can cause liver damage.

Non-steroidal Anti-inflammatory Drugs (NSAIDs): Aspirin, Ibuprofen (Advil, Motrin), Naproxen (Aleve, Naprosyn): Relieves mild-moderate pain and reduces swelling and inflammation. *Risk of stomach problems increases for people who take NSAIDs regularly. Can increase risk of bleeding.*

Nerve Pain Medications: Gabapentin (Neuraptine), Pregabalin (Lyrica): Relieves mild-moderate nerve pain (shooting and burning pain). *Can cause drowsiness, dizziness, loss of coordination, tiredness and blurred vision.*

Antidepressants: Effexor XR, Cymbalta, Savella: Relieves mild-moderate chronic pain, nerve pain (shooting and burning pain) and headaches. *Depending on medication, side effects can include: drowsiness, dizziness, tiredness, constipation, weight loss or gain.*

Medicated Creams, Foams, Gels, Lotions, Ointments, Sprays and Patches: Anesthetics (Lidocaine), NSAIDs, Muscle Relaxers, Capsaicin, Compound Topicals: Can be safer to relieve mild-moderate pain because medication is applied where the pain is. Anesthetics relieve nerve pain (shooting and burning pain) by numbing an area; NSAIDs relieve the pain of osteoarthritis, sprains, strains and overuse injuries; muscle relaxers reduce pain by causing muscles to become less tense or stiff; and capsaicin relieves musculoskeletal and neuropathic pain. Compounded topicals prepared by a pharmacist can be customized to meet a patient's specific needs. *Skin irritation is the most common side effect. Capsaicin can cause warmth, stinging or burning on the skin.*

Interventional Pain Management: Includes anesthetic or steroid injections around nerves, tendons, joints or muscles; spinal cord stimulation; drug delivery systems; or permanent or temporary nerve blocks. Medicates specific areas of the body. Can provide short-term and long-term relief from pain. *Certain medical conditions and allergies can cause complications.*

Non-opioid Anesthesia: Opioids can be replaced with safer medications that block pain during and after surgery. A health care provider or an anesthesiologist can provide options and discuss side effects.

ALTERNATIVES TO OPIOIDS

THERAPIES

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects.
- Can reduce exposure to opioids and dependency.
- Treatment targets the area of pain—not systemic.
- Providers are licensed and regulated by the State of Florida.*
(appsmqa.doh.state.fl.us/MQASearchServices)

DISADVANTAGES:

- May not be covered by insurance.
- Relief from pain may not be immediate.
- May not be effective for severe pain.

SELF-CARE

Cold and heat: Ice relieves pain and reduces inflammation and swelling of intense injuries; heat reduces muscle pain and stiffness. Can provide short-term and long-term relief from pain. *Too much heat can increase swelling and inflammation.*

Exercise and movement: Regular exercise and physical activity can relieve pain. Simply walking has benefits. Mind-body practices like yoga and tai chi incorporate breath control, meditation and movements to stretch and strengthen muscles. *Maintaining daily exercise and overcoming barriers to exercise can be a challenge.*

COMPLEMENTARY THERAPIES

Acupuncture: Acupuncturists* insert thin needles into the body to stimulate specific points to relieve pain and promote healing. Can help ease some types of chronic pain: low-back, neck and knee pain and osteoarthritis pain. Can reduce the frequency of tension headaches. *Bleeding, bruising and soreness may occur at insertion sites.*

Chiropractic: Chiropractic physicians* practice a hands-on approach to treat pain including manual, mechanical, electrical and natural methods, and nutrition guidance. Can help with pain management and improve general health. *Aching or soreness in the spinal joints or muscles sometimes happens—usually within the first few hours after treatment.*

Osteopathic Manipulative Treatment (OMT): Osteopathic physicians* use OMT—a hands-on technique applied to muscles, joints and other tissues—to treat pain. Clinically-proven to relieve low-back pain. *Soreness or stiffness in the first few days after treatment is possible.*

Massage therapy: Massage therapists* manually manipulate muscle, connective tissue, tendons and ligaments. Can relieve pain by relaxing painful muscles, tendons and joints. Can relieve stress and anxiety—possibly slowing pain messages to and from the brain. *At certain points during a massage, there may be some discomfort—especially during deep tissue massage.*

Transcutaneous electrical nerve stimulation (TENS): TENS is the application of electrical current through electrodes placed on the skin with varying frequencies. Studies have shown that TENS is effective for a variety of painful conditions. The intensity of TENS is described as a strong but comfortable sensation. *Allergic reactions to adhesive pads are possible.*

REHABILITATION THERAPIES

Occupational therapy: Occupational therapists* treat pain through the therapeutic use of everyday activities. Can relieve pain associated with dressing, bathing, eating and working. Therapy includes activities that increase coordination, balance, flexibility and range of motion. *Therapy interventions and recommendations will not help if the patient does not practice as instructed.*

Physical therapy: Physical therapists* treat pain by restoring, enhancing and maintaining physical and functional abilities. *Therapy interventions and recommendations will not help if the patient does not practice as instructed.*

BEHAVIORAL AND MENTAL HEALTH THERAPIES

Psychiatrists*, clinical social workers*, marriage and family therapists* and mental health counselors* provide therapies that identify and treat mental disorders or substance abuse problems that may be roadblocks to pain management. *When used to manage pain, these therapies can take time.*

**Sources: American College of Surgeons, Centers for Disease Control and Prevention, National Institutes of Health, the Food and Drug Administration, Harvard Health and Wexner Medical Center (Ohio State University)*

INSTRUCTIONS FOR MAKING

HOME REUSABLE COLD PACK

Items Needed:

- Two large Zip-lock bags
- One bottle of rubbing alcohol
- One thin t-shirt, or similar thickness cloth

HOW TO MAKE A COLD PACK

Fill one Zip-lock bag one-third full with three parts water and one part rubbing alcohol. Eliminate all the air from this Zip-lock bag and seal tight. Then place the water-alcohol mix bag inside another Zip-lock bag, again squeezing out all of the air and seal. Place the double alcohol-water mixture in the freezer. Allow 4-5 hours of initial cooling period. The rubbing alcohol will keep the mixture from freezing solid. The second Zip-lock bag is extra leakage prevention.

USING A COLD PACK

After the cold pack has remained in the freezer long enough to become very cold and slushy, remove and place inside a thin t-shirt. Place cold pack wherever needed and leave on for approximately 15-20 minutes. Remove cold pack from t-shirt and return to freezer.

HOME HEALTH CARE AND INPATIENT REHAB INFORMATION

HOMEMAKER AND COMPANION SERVICES	SKILLED NURSING FACILITIES
Home Instead 850-297-1897 Hopewell 850-336-5552	Signature Healthcare at the Courtyard (Marianna) 850-526-2000 Chipola Health & Rehab Center 850-526-3191 Marianna Health & Rehab 850-482-8091 Jackson County Swingbed (Marianna, FL) 850-718-2515
HOME HEALTH CARE	
TMH HOME HEALTH CARE ^{CHP} 850-431-6800 Amedisys Home Health Care ^{CHP} 850-553-9201 Capital Home Health 850-553-4003, 850-553-4002 Covenant HHC 850-515-4998 Encompass Company ^{CHP} 850-391-4754 Encompass Company-Blountstown ^{CHP} 850-674-5455 Centerwell Home Health ^{CHP} 850-878-2191 Interim Health Care ^{CHP} 850-422-2044 NHC Home Care Chipley ^{CHP} 850-638-8118 NHC Home Health Care Crawfordville ^{CHP} 850-926-7044 NHC Home Health Care Carrabelle - Port St. Joe ^{CHP} 850-697-2400 NHC Home Health Care Quincy/Tallahassee ^{CHP} 850-627-6374 Signature Home Now (NW Counties) 850-638-8500 Suncrest Omni ^{CHP} 850-222-5552	Jefferson County Brynwood Center ^{CHP} 850-997-1800 Cross Landings Health & Rehab 850-997-2313 Lafayette County Lafayette Nursing and Rehab 386-294-3300 Madison County Cross Winds Health & Rehab 850-948-4601 Lake Park of Madison 850-973-8277 Madison County Memorial Hospital Swingbed (Madison, FL) 850-973-2271 Madison Health & Rehab 850-973-4880 Suwannee County Good Samaritan Center 386-658-5550 Taylor County Aspire at Big Bend 850-584-6334 Doctors Memorial Hospital Swingbed (Perry, FL) 850-584-0884 Wakulla County Eden Springs Health & Rehab ^{CHP} 850-926-7181
HOSPICE CARE	LONG-TERM ACUTE-CARE HOSPITALS
Big Bend Hospice ^{CHP} 850-878-5310 Covenant Hospice ^{CHP} 850-575-4998 Gentiva Hospice Marianna 850-526-3577	Kindred Hospital (Orange Park, FL) 904-284-9230 Select Specialty Hospital ^{CHP} 850-219-6900
REHABILITATION HOSPITALS	EQUIPMENT
Brooks Rehabilitation Hospital (Jacksonville, FL) 904-345-7600 Encompass Rehabilitation Hospital (Tallahassee, FL) 850-656-4800	American Home Patient ^{CHP} 850-222-1723 Apria Healthcare 850-383-1188 Archbold Health Services 800-762-0354 Bailey's Medical Equipment and Supplies 850-765-5795 Barnes Health Care Services ^{CHP} 850-894-4480 Capital Medical & Surgical ^{CHP} 850-942-0198 Capital Medical Corporation 850-386-1978 Clinicare, East Point 850-670-5555 Desloge Home Oxygen & Medical Equipment ^{CHP} 850-656-8900
SKILLED NURSING FACILITIES	HOME INFUSION
Tallahassee Nursing Facilities Tallahassee Memorial Rehab Center ^{CHP} 850-431-5440 Centre Pointe ^{CHP} 850-386-4054 Consulate Health Care of Tallahassee ^{CHP} 850-942-9868 Heritage Health Care (60 and older) 850-877-2177 Miracle Hill ^{CHP} 850-224-8486 Pruitt Health Southwood 850-204-3485 Seven Hills ^{CHP} 850-877-4115 Westminster Oaks ^{CHP} (62 and older) 850-878-1136 Calhoun County Blountstown Health & Rehab 850-674-4311 Calhoun/Liberty Hospital Swingbed (Blountstown, FL) 850-674-5411 River Valley Rehab 850-674-5464 Franklin County Arabella Health & Wellness of Carrabelle ^{CHP} 850-697-2020 Weems Memorial Hospital Swingbed (Apalachicola, FL) 850-653-8853 Gadsden County River Chase Care Center ^{CHP} 850-875-3711 Gulf County Cross Shores Care Center 850-229-8244 Jackson County Signature Healthcare of North Florida (Graceville) 850-263-4447	BriovaRX Infusion Services (Ambient) 850-656-4566 Barnes Healthcare Services ^{CHP} 850-894-4480 Crescent Healthcare/Option Care (Panama City) 800-284-7411 Coram 850-469-4100

Form current as of April 2024. Please check Medicare.gov for the most current ratings.

BOLD ITALIC: Denotes affiliation with TMH
^{CHP}: Denotes Capital Health Plan and Capital Health Plan Advantage

FREQUENTLY ASKED QUESTIONS

- What kind of material is my prosthetic made of?**
 The different components of a prosthetic are made of metals, plastic and sometimes ceramic.
- How long does the surgery last?**
 Most surgeries last 1.5 to 2 hours.
- When is my follow up appointment after surgery?**
 Your postoperative appointment is scheduled 10 – 14 days after surgery. This date is listed in the paperwork received from your surgeon's office.
- When do my stitches/staples come out?**
 Stitches/staples will be removed during your postoperative appointment that is scheduled 10 – 14 days after surgery.
- Will I receive a prosthetic card to go through medical detectors?**
 Your surgeon can give you one at your postoperative follow up appointment which happens 10 – 14 days after surgery.
- When can I travel?**
 Permission to travel is approximately four to six weeks after surgery. After your first postoperative appointment, your surgeon can give you a better idea on when you will be permitted to do so.
- Who do I call to get a pain medication refill?**
 Call your surgeon's office. Managing your medication is of high importance. Being attentive to how much you have left is important to allow your surgeon time to place a refill. Avoid last minute phone calls for pain medications and be mindful of your surgeon's office refill policy.
- When can I drive?**
 A general recommendation is that patients do not drive until they are no longer on pain medications and have approval from their surgeon. You will have a follow up appointment in 10 – 14 days after your procedure. At that appointment, your surgeon will assess you and determine if you are ready to drive.
- I have had a knee replacement before - can't I just bring my LRU pillow and jet stream cooling unit to the hospital instead of getting a new one?**
 No, infection prevention is at the highest priority for you and other patients. Bringing porous material such as the LRU pillow into the hospital and operating room increases risk of infection.

FREQUENTLY

ASKED QUESTIONS

- **How long after my surgery is recommended to wait before sexual activity?**

Sexual activity and low impact sports activity time ranges are the same. After your first postoperative appointment and evaluation, your surgeon can give you a specific time range. Modified positions can help support and protect your new knee/hip joint.

- **How long will I be using an assistive device (rolling walker and/or cane)?**

The length of using an assistive device is specific from patient to patient; however, most patients use the rolling walker for two to three weeks and the cane for two to three weeks.

- **When can I shower?**

Because some surgeons use a bulky dressing (padding, gauze material and/or ACE bandage) in addition to the gray mepilex dressing, shower instructions are specific to each surgeon. Although the mepilex dressing is showerproof, you cannot shower until bulky dressing is removed. Your specific instructions from your surgeon will let you know when you may remove the bulky dressing **only**. Typically it is anywhere from 1 - 3 days.

- **How do I know what exercises to do after surgery?**

The physical therapist will do an evaluation and give you specific exercises and repetitions to do each day. You may use the exercises listed on page 12 until your physical therapist evaluation.

- **Should I take antibiotics prior to any dental work?**

The American Academy of Orthopedic Surgeons states that you should take antibiotics before seeing your dentist for at least one year. Some of our surgeons recommend taking them prior to invasive procedures. Speak with your surgeon for more details.

- **When can I go back to work?**

After your postoperative follow up appointment, your surgeon can be specific on when it is appropriate for you to return to work.

- **When can I resume my home medication?**

Resuming home medications is directed by your surgeon. This can often be found in your discharge paperwork from the hospital. Over the counter anti-inflammatory medications such as ibuprofen (Advil, Motrin) and naproxen (Aleve) may be taken after the anticoagulant (blood thinning medication) has been completed.

RESOURCES

ATM

For your convenience, an automated teller machine (ATM) is located on the ground floor of the M.T. Mustian Center, just outside the Eyes of Texas Café.

CELL PHONES

Cell phone use is allowed in most areas of the hospital, except in areas where signage states it is not as it could interfere with the monitoring system. Charging stations are available in the M.T. Mustian Center Lobby.

WIFI

To access WiFi, please select the Guest Access network and accept the terms and conditions on your device. This will allow for complimentary WiFi throughout the hospital.

myTMH PATIENT PORTAL

The online patient portal provides you with free, secure access to view certain medical records, check test results, pay bills and send medical information to other healthcare providers from the convenience of your home or office.

If you have not already signed up for myTMH Patient Portal but would like to do so, please call 850-431-5782 Monday-Friday from 8 am to 4:30 pm. For general information about myTMH Patient Portal or to sign up after you have been discharged, please visit TMH.ORG/PatientPortal. To purchase a copy of your complete medical record after discharge, please call 850-431-5454.

CAFETERIA

Our cafeteria, known as Café 1300, is located on the ground floor of the Main Hospital, near Elevator B. A wide variety of food is served during the following times:

Breakfast: 7 - 10 am

Lunch: 11 am - 2 pm

Dinner: 5 - 7 pm

Midnight Service: 12 - 3 am

Some type of food service is available at all hours with the exception of 10:30 to 11 am. Vending machines offering assorted snacks and beverages are also available on many floors. They are accessible 24 hours a day.

EYES OF TEXAS CAFÉ

Located in our M.T. Mustian Center lobby, the Eyes of Texas Café serves Lucky Goat Coffee and an assortment of hot and cold food during the following times:

Monday - Friday: 7 am - 4 pm

Saturday - Sunday: Closed

HOME SCHEDULE

Wake up: take pain medication, shower, eat breakfast

_____ : Elevate Cold Therapy Incentive spirometer Exercises

_____ : Physical therapy exercises and walking

_____ : Elevate Cold Therapy Incentive spirometer Exercises

_____ : Physical therapy exercises and walking

_____ : Elevate Cold Therapy Incentive spirometer Exercises

_____ : Physical therapy exercises and walking

_____ : Elevate Cold Therapy Incentive spirometer Exercises

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_____ : Elevate Cold Therapy Incentive spirometer Exercises

_____ : Physical therapy exercises and walking

_____ : Elevate Cold Therapy Incentive spirometer Exercises

PAIN MANAGEMENT CHART

Medicine: _____	Dose: _____ every _____ hours, only as needed		
Day, Date	Time taken	Soonest next dose can be taken	Pain level (Ranked from 0-10, with 10 representing the most.)

Medicine: _____	Dose: _____ every _____ hours, only as needed		
Day, Date	Time taken	Soonest next dose can be taken	Pain level (Ranked from 0-10, with 10 representing the most.)

Medicine: _____	Dose: _____ every _____ hours, only as needed		
Day, Date	Time taken	Soonest next dose can be taken	Pain level (Ranked from 0-10, with 10 representing the most.)



**TALLAHASSEE
MEMORIAL**
HEALTHCARE