



Hackensack
Meridian *Health*

TOTAL HIP REPLACEMENT **GUIDEBOOK**

Hackensack Meridian *Health* is pleased to provide access to the resource material contained herein. This material is provided for informational use only and is not intended to be medical advice. It is important that you discuss any questions you may have with your physician or health care provider.

TABLE OF CONTENTS

I. WELCOME

Introduction.....	3
The Joint Replacement Guidebook.....	4

II. SELF MANAGEMENT PLAN

Preoperative Overview	5
Preparations Prior to Surgery	5
Medication Management Prior to Surgery	9
Preparing for Your Hospital Arrival	9
Insurance Benefits.....	10

III. YOUR SURGICAL EXPERIENCE

Day of Your Surgery.....	10
Pain Management and Integrative Health & Medicine.....	12
Immediately Following Your Surgery	13
Your Discharge Day.....	13

IV. CARE TRANSITIONS

Expectations of Discharge.....	14
Postoperative Care.....	15
Postoperative Exercise Plan	24

V. RESOURCES

Advance Directives	27
Joint Replacement Program and Pre-Admission Testing Contacts	27
Links for Visiting Hours, Directions, Parking and Dining Options	28
Insurance Benefits Check List	28
Integrative Health & Medicine Resources	29
Home Safety Assessment Check List	31
Notes	32

I. WELCOME

Welcome to Hackensack Meridian *Health*, New Jersey's largest and most integrated health network. Our orthopedic and rehabilitation teams are committed to serving you and partnering throughout this important life event, ensuring a personal and coordinated experience every step of the way.

We have assembled a dedicated team of health care professionals who take great pride in ensuring that you receive the best quality care. Each year, more than 13,000 patients make us the provider of choice for all of their orthopedic needs – including joint replacement, spine treatments, sports medicine procedures and specialized surgery.

Access to State-of-the-Art Technology and Advanced Procedures

You can have confidence in the specially trained team of orthopedic surgeons and clinicians who use the latest technology and advanced procedures to deliver exceptional patient results. Hackensack Meridian *Health* continuously invests in the latest technologies, facilities and innovative procedures to ensure that the community has access to comprehensive care while ensuring the highest level of patient safety and quality outcomes.

Leaders in Their Field

The physicians aligned with our orthopedic program are committed to clinical and research excellence and are established leaders in their field. Many have appeared in publications such as the American Journal of Orthopedics and The Journal of Bone and Joint Surgery, and hold memberships in prestigious national specialty societies like the American Academy of Orthopedic Surgeons, the American Association of Sports Medicine and more.

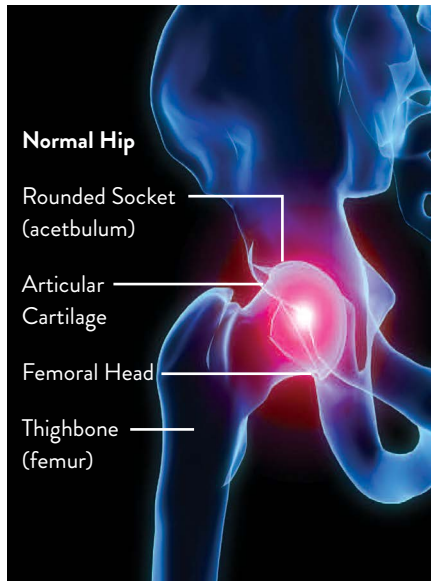
Specialty-Trained Team of Orthopedic Surgeons and Clinicians

At every step of your care experience, you will be treated by a team of specialty-trained orthopedic experts. This team includes board-certified and fellowship-trained physicians, pain specialists, physician assistants, nurse practitioners, nurses, nursing assistants, case managers, and physical and occupational therapists specializing in total joint care.

Awards and Third-Party Endorsements

The hospitals of Hackensack Meridian *Health* consistently receive national recognition for providing high-quality and safe care. This includes recognition in U.S. News & World Report, disease specific Gold Seals of Approval™ by The Joint Commission, and earning clinical quality specialty awards from Health Grades. These third-party endorsements speak to the exceptional level of care we provide for hip, knee and spine procedures. Likewise, our nursing teams have received Magnet recognition from the American Nurses Credentialing Center for nursing excellence and high-quality patient care.

Your Hip



Anatomy of the Hip

One of the body's largest joints, the hip is made up of the top of the thigh bone (a ball) and it fits into a socket in the pelvis (acetabulum). It is surrounded by ligaments, tendons, and muscles to give the hip a combination of stability and movement. There is also a smooth, durable covering (articular cartilage) that is a cushion between the joint. All the parts normally work together to allow easy pain-free movement.



The Total Hip Replacement

There are many different materials and designs used for hip replacement. Prior to your replacement, your orthopedic surgeon will choose the type that is best for you. During your surgery, the damaged parts of your joint will be replaced by a new ball and socket that fit together to maximize your motion and function.

The Joint Replacement Guidebook

You have decided that total joint replacement is the correct course of treatment. Prior to your surgery, you will have to prepare yourself and your home. After your surgery, there is also a lot you must do as you return to a healthy and active lifestyle.

This guidebook provides you with the information and tools needed to prepare for and recover from your total joint replacement surgery. It is divided into sections to provide information at each stage of the process. Remember, this is a guide. Your clinical team may add to or change recommendations.

Surgical Approaches

There are several different surgical approaches for total hip replacement. Your surgeon will discuss which is best for you.

II. SELF MANAGEMENT PLAN

Preoperative Overview

During the next couple of weeks, there are a number of items to coordinate and complete to ensure you have the optimal experience and outcomes for your joint replacement procedure. It is critical that you engage with our team to familiarize yourself with the process and commit to a plan to manage your care journey. The following section outlines some of the critical components.

Obtain Medical and/or Specialist Approval for Surgery

You will receive instructions from your surgeon's office regarding receiving a medical and/or specialty physician exam and approval to proceed with surgery. This may also include a dental exam. These evaluations and approvals are required prior to undergoing anesthesia.

Pre-Admission Testing

Prior to surgery, in addition to your medical and/or specialist appointments, you may need to come to the hospital for additional tests and screenings. If required, you will be contacted to schedule the visit.

Register/Attend Preoperative Education Class

The preoperative class provides you with the opportunity to learn about what to expect over the next few weeks along with key points to a successful recovery. The class is free and is taught by members from your professional orthopedic team. To register for the class, please call the orthopedic program phone number (located in the resource section of this guidebook) for the hospital where you are scheduled for surgery.

Preparations Prior to Surgery

Most patients can return safely directly to their homes after joint replacement surgery. You will be most comfortable and able to maneuver easily at home. To help make your recovery as smooth as possible, planning should begin well before your surgery. You and your family can prepare your home prior to surgery in order to make your transition home easier and prevent injury to your new joint. It is recommended that you have a safety network of friends, family or neighbors to provide a daily check-in, either by phone or in-person, arranged for once you reach home. (A checklist to prepare your home is at the back of this guidebook.)

Identify a Coach

We encourage you to designate a family member or close friend as your coach. Your coach will work with you during each step of your surgical process, beginning with the preoperative education class, to inpatient recovery, and then discharge home.

Your coach's role is to:

- Provide motivation and encouragement
- Assist with preparing your home for safe return
- Understand discharge instructions and medications
- Recognize signs and symptoms of complications



SOCIAL SUPPORT

- It can also be stressful to rely on others to help while you are healing. However, having support from friends and family is of great benefit. At Hackensack Meridian *Health*, resources are available (social workers, counselors, spiritual care, etc.) if you need additional support. Remember to ask for help when you need it.
- Have realistic goals and keep a positive outlook. Celebrate small achievements.

Preparing for Enhanced Surgical Recovery

A healthy body promotes good healing. Prior to your surgery, focus on the following:

- **Nutrition:** Eat healthy foods such as vegetables, fruits, nuts, whole grains and lean protein.
- **Smoking Cessation:** Quit smoking. Smoking impairs oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process. If you need assistance with quitting smoking, please notify your primary care physician.
- **Pre-op Exercise:** Start your preoperative exercise (see the exercise section). Exercise as much as your body can tolerate to improve and/or maintain muscle strength. (A preoperative exercise video is available online at HackensackMeridianHealth.org in the Orthopedic Services section.)

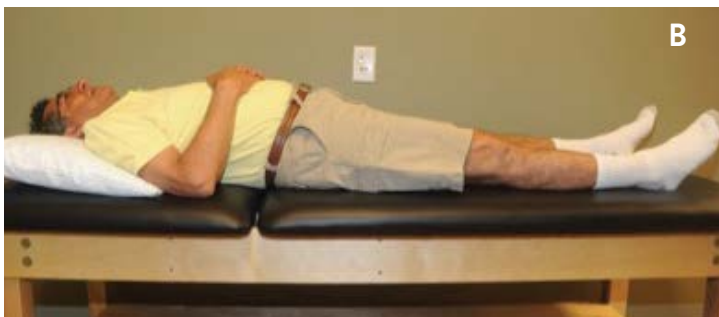
PRE-SURGERY EXERCISE PLAN

Perform each exercise 20 times.



A. Arm Push-Ups

- Sit in an armchair. Place your hands on the armrests.
- Straighten your arms, raising your bottom up off the chair, if possible.
- Feet should be flat on floor.



B. Gluteal Sets (Butt squeezes)

- Lie down or recline.
- Squeeze your buttocks muscles together. Hold for a count of five.



C. Quad Sets (Knee push-downs)

- Tighten the muscles on the front of your thigh.
- Try to fully straighten your knee and touch the back of your knee to the bed.
- Hold fully straight and count to five.



D. Hamstring Sets

- Lie on your back with leg bent slightly at knee.
- Push heel into bed by tightening the muscles of your hamstring
- Hold fully straight and count to five.



E. Heel Slides

(Slide heels up and down)

- Bend your knee and pull your heel toward your buttocks.
- Then straighten your leg.



F. Straight Leg Raises

- Keeping your legs straight, slowly lift each leg at least 45 degrees.
- Hold for a count of five and slowly lower to starting position.



G. Seated Hamstring Stretch

- Sit on bed or on couch with leg straight in front of you.
- Slowly lean forward from your waist.
- Hold this stretch position for 15 seconds.



H. Long Arc Quad (Knee kicks)

- Sit with your back against a chair, slowly extend your leg and straighten your knee.

Medication Management: Two (2) Weeks Prior to Your Surgery

Stop Medications that Increase Bleeding

Anti-inflammatory medications such as ibuprofen (Motrin[®], Advil[®]), naproxen (Aleve[®], Naprosyn[®]), vitamin E, etc. may cause increased bleeding. Speak with your surgeon for instructions on what you can take for discomfort. If you are taking a blood thinner such as warfarin (Coumadin[®]), clopidogrel (Plavix[®]), prasugrel (Effient[®]), ticagrelor (Brilinta[®]), apixaban (Eliquis[®]), dabigatran (Pradaxa[®]), rivaroxaban (Xarelto[®]), enoxaparin (Lovenox[®]), aspirin or any other blood thinning medication, speak with your surgeon and medical physician for instructions on stopping the medication.

Diabetes and Weight Loss Medications

Please follow the instructions that your medical team and surgeon provide regarding your diabetes and weight loss medications. Some of these medications will need to be stopped for a short period prior to your surgery. Patients who are diabetic please discuss with your medical or endocrine physician how best to manage your blood sugar the days prior to surgery.

Take Medications as Instructed by Your Clinical Team

You will be notified whether or not you should take any of your medications on the morning of surgery. It is common for heart, blood pressure, and thyroid medications to be taken leading up to, including and after the day of surgery.

Preparing for Your Hospital Arrival

What to Bring to the Hospital

- Bring a list of your current medications (both prescribed and over-the-counter) and your prescription card.
- Do not bring medications from home unless directed by your care team.
- Bring 1 – 2 sets of loose-fitting, comfortable clothes such as sweatpants, shorts and t-shirts for therapy.
- Bring comfortable, flat shoes that have an enclosed heel and toe, such as walking shoes or sneakers.
Non-skid or rubber-soled shoes are preferred.
- Bring personal hygiene toiletries and incontinence products. The hospital will provide basic toiletries. You may bring specific products from home if preferred.
- Bring any special devices that you use at home, such as wrist splints, orthopedic shoes or devices, CPAP machine and settings. Do not bring any equipment such as a walker, as you will use the facility's equipment.
- Bring your cellphone and charger.

When to Arrive at the Hospital

You will be contacted on the day prior to your surgery (or Friday evening for Monday surgery cases). You will be instructed regarding the time to report to the hospital prior to your surgery.

When to Stop Eating and Drinking

- Follow instructions given to you regarding when to stop eating or drinking before your surgery time.
This includes gum, hard candy, water, soda, coffee, tea, beer, wine or other alcoholic beverages.

Insurance Benefits

Health care benefits change constantly. Therefore, it is important for you to review your insurance benefits and/or any alternative plans for payment before you come to the hospital.

Find Out About Your Health Insurance Coverage

No individual insurance program or combination – federal, state or private – covers all types of care and expenses. Prior to surgery, understand the limits of both your inpatient and post-hospital medical insurance and rehabilitation coverage. This will allow you to make informed decisions about your care, both while in the hospital and during recovery. Read the written information you have at home regarding your insurance coverage. If you have any questions, call the number on the back of your insurance card. Let the insurance representative know that you will be having surgery. The service representative will speak in general terms and will not know all the details about your surgery.

Qualifying for Benefits

There is a difference between having a benefit and qualifying for a benefit. Qualifying for an insurance benefit is not a surgeon or primary care physician's decision. Your insurance company will determine your qualification for benefits based on its standards and policies.

III. YOUR SURGICAL EXPERIENCE

Our team is always available to answer any of your questions. Throughout your hospitalization, please inform the staff if we can do anything to help you have an outstanding hospital experience.

Day of Your Surgery

What to Expect in our Surgical Admitting Suite

- You will change into a hospital gown.
- Your health history and medication history will be reviewed by our nursing staff.
- An intravenous (IV) line will be started to provide you with fluids and medications.
- Your surgeon will visit you to identify your operative leg(s) and obtain surgical consent.
- A member of our anesthesia team will visit you to discuss the anesthesia plan and treatment.

What to Expect in the Operating Room

Decisions regarding your anesthesia depend on your medical and surgical condition, and on your overall health. Regional and general are the types of anesthesia most often used for hip replacement surgery. There are two types of anesthesia:

- *Regional anesthesia* involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and leg blocks. Medications are also given to make you drowsy and blur your memory.
- *General anesthesia* provides loss of consciousness. Anesthesia will be administered by your anesthesiologist or a certified registered nurse anesthetist, who is responsible for your comfort and well-being during and immediately after your surgical procedure.

What to Expect in the Post-Anesthesia Care Unit (PACU)/Recovery Room

After surgery, you will be in the PACU, monitored by a certified registered nurse.

- You may feel groggy. If you had spinal or epidural anesthesia, the numbness in both of your legs will slowly wear off.
- The nurse will ask you to pump your feet up and down to make sure you have feeling in your legs and feet and to help with circulation.
- You will begin your postoperative pain management regimen.
- Once you are fully awake and stabilized, you will transition to the post-operative unit.

You May Have the Following After Surgery

- Oxygen may be used overnight.
- A breathing exerciser (incentive spirometer) is used 10 times an hour, every hour you are awake.
- Elastic/anti-embolism stockings may be worn daily to help prevent blood clots from forming in your legs.
- Sequential compression devices (SCD) will be on your legs to help prevent blood clots.
- Cold therapy/ice will be applied to help prevent swelling and help reduce your pain.
- A drain that the surgeon places near your operative site to collect blood.

What Your Coach, Family Member or Friend Can Expect the Day of Your Surgery

- Once you are brought into the operating room, our staff will guide family members and friends to the surgical lounge.
- The surgeon will speak with family members or friends who are waiting at the completion of the operation.
- If your family member or friend will not be waiting at the hospital, please provide the nursing staff with the name and phone number of the person whom your surgeon should call at the completion of the operation.
- Family members and friends should take care of themselves while you are having surgery. They should be sure to get something to eat and drink.

WHAT TO EXPECT

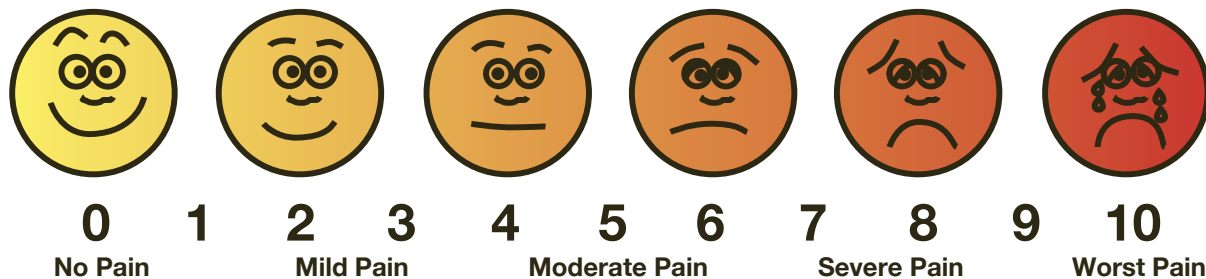


Pain Management

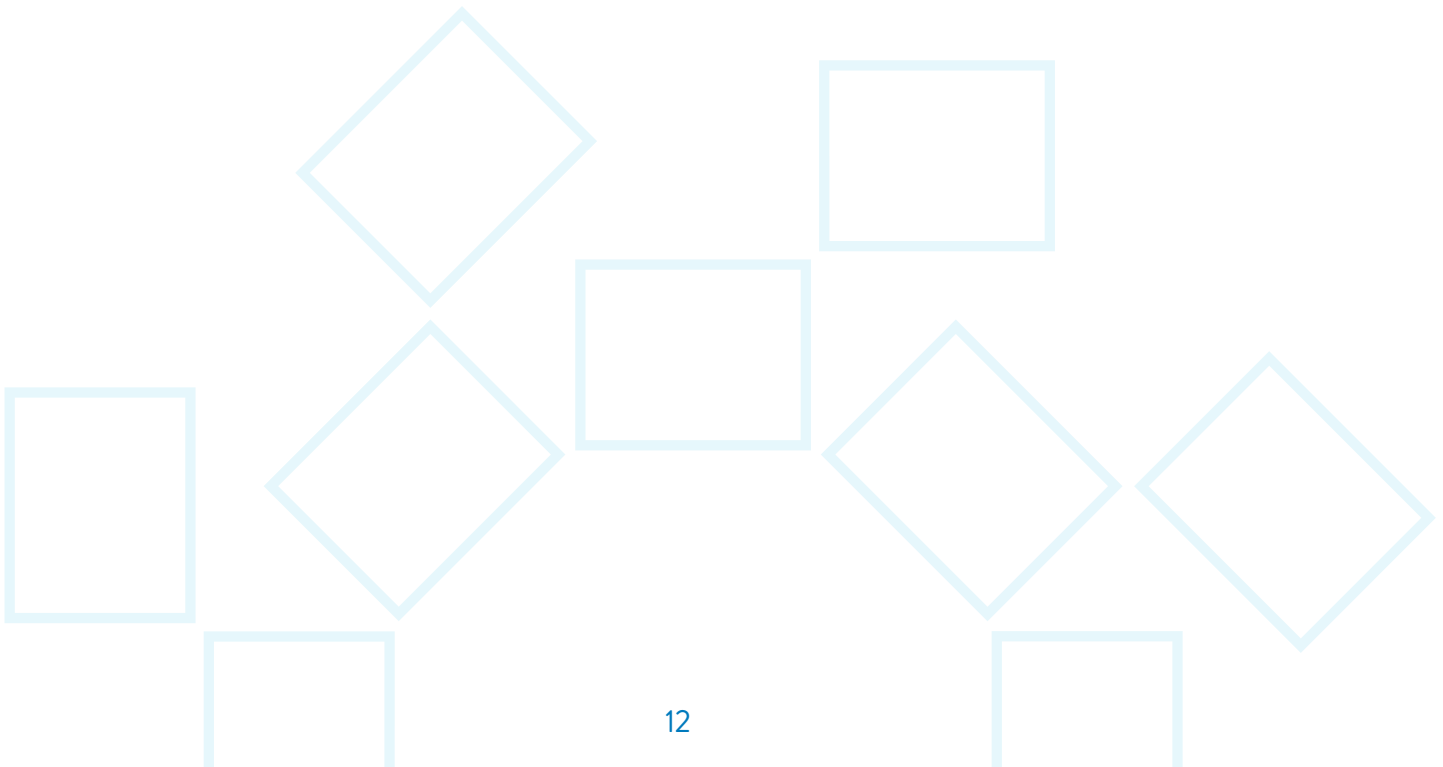
Pain that is poorly controlled can interfere with recovery, sleep, appetite, activity, relationships and your emotional outlook. Your physicians, nurses and therapists have developed a multi-modal plan for you. Our pain management approach uses medications and non-narcotic treatments to help in your recovery. Pain is expected following joint replacement surgery, but together, we will be able to successfully manage the pain for active participation in your recovery.

Ways You Can Help Us Manage Your Pain

- Your therapists and nurses will ask you to rate your pain after activity, therapy and at rest.
- Describe the type of pain, such as throbbing, shooting, aching, burning, or pressure. This will assist the clinical team in getting you the right type of pain control.
- We will ask you to rate your pain on a scale of 0 to 10. A rating of 10 reflects the worst pain you could ever imagine, a rating of 5 means you feel a moderate amount of pain, and a 0 rating reflects no pain.



There are many forms and types of medications used to treat pain. You may be on a combination with some taken orally (by mouth) and some through your intravenous (IV) line. Common side effects include nausea, itching, constipation, sedation and confusion. If you experience these side effects or any others, tell your health care professional right away.



Immediately Following Your Surgery

Post-Operative Unit

Our nursing staff will monitor you regularly. During this time, we will check on your pain, comfort, bathroom, and personal needs. We will not wake you if you are sleeping, unless you or your physician has asked us to do so.

Early Mobilization Program

- Early physical therapy and movement is as important as the operation itself for regaining function. The success of your rehabilitation depends on your participation.
- Your physical therapist will evaluate you on the day of surgery, help you to stand and take a few steps.
- Do not attempt to get up without assistance. PLEASE CALL our staff for assistance.

You should review your total hip directions. Please see the postoperative section in this guidebook.

Your Discharge Day

- Prior to leaving the hospital, our team will review your discharge instructions including medications, physical therapy, home equipment, post-op surgeon appointment and home health services, if needed. Be sure to ask questions if you do not have a complete understanding of the instructions.

GOING HOME



IV. CARE TRANSITIONS

Expectations of Discharge

Your clinical team will identify the most appropriate setting and services to help with your recovery. Most of our patients get discharged directly to their home. There is nothing like being in your own home when you are recovering from an illness or injury, but sometimes your recovery may be made easier with the assistance of medical or safety equipment like walkers, canes, crutches, commodes, and bath benches. Our discharge planner (Care Management) will help you arrange for any necessary assistive equipment you may need, please note not all equipment is covered by your insurance and you may be instructed to obtain items on your own.

Prior to surgery, it is important for you to make plans for support at home. You will be expected to coordinate appropriate transportation as you will be unable to drive. As you start the next phase of recovery, Hackensack Meridian Health offers a full continuum of care and resources to help with your recovery with either outpatient rehabilitation or home care. Physical Therapy and exercise are critical to your recovery. A physical therapist will continue to focus on improving your motion, strength and mobility. To avoid any gaps in rehabilitation, be sure to contact outpatient physical therapy to schedule your appointments.



Postoperative Care

Post-Surgical Do's and Don'ts

You may or may not have post-operative hip precautions. Your surgeon may have addressed this with you prior to surgery, but if not, you will receive specific instructions on any precautions post-operative by your physical therapist before discharge.

Post-Operative Appointments with Your Surgeon

You will require a post-operative appointment with your surgeon. Your care team will discuss this with you at the time of discharge.

Caring for Yourself at Home

When you go home, there are a variety of things you need to know for your safety, speedy recovery and comfort.

Incision Care/Dressing Changes

- Your incision should remain dry until seen at your post-operative visit (surgeon will give specific instructions on bathing). Do not put any creams on your incision unless otherwise directed by your physician.
- Notify your physician if you experience an increase in redness, excessive drainage, or odor at the incision site. Call your surgeon's office if you notice these changes.
- Avoid touching your incision.
- Wash your hands before and after changing your dressing.

Reducing Risk of Blood Clots After Surgery

- Swelling in the operative leg is expected, please elevate the leg for short periods throughout the day.
- Icing your surgical area will also assist in controlling the swelling.
- You may have an air compressive device on your calf or foot while in the hospital to assist with circulation. It will intermittently inflate and deflate.
- You may be required to wear special white stockings. The stockings are used to help compress the veins in your legs. This helps to keep swelling down and may reduce the occurrence of blood clots. Wear the stockings as instructed.

Pain Management

- It is important to take pain medication with food and as prescribed by your surgeon. It may be helpful to take your pain medication about 30 minutes before your planned therapy/exercise session.
- Don't wait until discomfort becomes severe to take medication.
- Do not drink alcohol or drive while taking pain medication.

As you have less discomfort, start to decrease how many pain pills you are taking and how often you are taking them. Eventually, you will no longer need pain medication. Applying an ice pack to your hip for 20 minutes several times per day can help the discomfort.

Constipation

Constipation may result from pain medication. To avoid this drink plenty of fluids and eat high-fiber foods (e.g. whole wheat grains or bread, high fiber cereals like Raisin Bran, vegetables, beans, prunes/prune juice, and dried fruit). We recommend taking an over the counter stool softener or laxative e.g. docusate sodium/colace, Miralax, Metamucil, or senna until your bowel function returns to normal.

Activity

- It is important to progress your activity as recommended by your physician and/or physical therapist.
- RETURN TO DRIVING based on your surgeon's instruction.

Resuming Intimacy

- Resuming sexual relations after surgery may take several weeks. You must allow enough time for the incision and the muscles around the hip to heal. Discuss with your physician when you can resume these activities.
- You may discuss when to resume sexual activity with your surgeon at your follow-up visit. You may also discuss the safe positions for sex without causing any injury to the hip.

Call Your Surgeon

Monitor and call your doctor if you experience the following:

- Increased redness, heat, or swelling around incision.
- Increased fluid draining from incision.
- Increased pain in the hip.
- Persistent fever greater than 101.5° F, or chills, body aches.
- Unusual pain or swelling in your calf muscle.
- If you have fallen, even if you feel the injury is minimal.

Contact your primary care doctor if you think you may have an infection elsewhere. This includes bladder, sinus, tooth, etc.

Prevention of Complications

Medication

Compare your home list of medication with your discharge list of medication and be sure to ask any questions that you may have. Check to see if the dose or frequency has changed or if the medication has been discontinued.

Avoiding Infection

Hand washing (or an alcohol-based hand cleanser) is the most important step for preventing infection. You and your caregiver need to wash your hands prior to changing the dressing over your incision. Eating a healthy diet and drinking plenty of fluids can also help prevent infection.

Anticoagulant Therapy

Anticoagulant medication (e.g., aspirin) prevents blood clots from forming. Take this medication for as long as directed by your doctor.

Signs of Adverse Effects of Blood Thinners

Blood thinners can cause bleeding if your blood becomes too thin. Call your doctor right away if any of these signs and symptoms is present.

- Excessive bleeding from your surgical wound
- Excessive bleeding from your gums while brushing your teeth
- Frequent or severe bruising
- Nosebleed for more than a few minutes or it does not stop with pressure
- Dark or bloody urine
- Bowel movements that look black, tarry or are bright red
- Unusual bleeding

Call your doctor if you sustain any falls or injuries while taking blood thinners.

Signs of Blood Clots

- A blood clot in the leg can travel to the lung. This can lead to shortness of breath, chest pain, coughing up blood, or unexplained anxiety, especially with breathing.
- **Call 911 for this medical emergency.**

To Help Prevent Blood Clots

- Perform your exercises; don't forget your ankle pumps.
- Walk several times a day.
- Wear your compression stockings if ordered.
- **Take your anticoagulants (blood thinners) as directed.**



GETTING AROUND

You will begin walking with a walker or crutches. Our physical therapist will teach you how to use a walker or crutches safely.



I. Using a walker

- Move the walker a few inches in front of you.
- Lean on the walker with your arms.
- Step into the walker with the operated leg first, then follow with your other leg.



J. Stair climbing

- Going up stairs: non-operated leg moves up first “Up with the Good.”
- Going down: operated leg moves down first “Down with the Bad.”



K. Using the toilet

Sitting on a commode with armrests

- Back up to the toilet until you feel it touch the back of your legs.
- Reach back with both hands for the armrests.
- Gently lower yourself onto the toilet.
- Slide your operated leg out in front of you.

Getting up from the toilet

- Use armrest to push up.
- Stand up.

Sitting on a toilet with a raised seat

- Back up to the toilet until you feel it touch the back of your legs.
- Keep one hand on the walker, reach back for the edge of the raised seat with your other hand.
- Gently lower yourself onto the toilet.
- Slide your operated leg out in front of you.

Getting up from the toilet

- Place one hand on your walker and your other hand on the edge of the raised seat.
- Stand up.

Showering/Bathing

- For your safety and comfort you may want to use a tub transfer bench with a hand-held shower (in a bathtub) or shower chair (in a shower stall) following surgery. These items are not covered by insurance and best purchased by you prior to surgery so you have available to use once your surgeon clears you to shower.
- Do not use a towel rack or toilet paper holder to assist you in standing or sitting.
- Use a long handled bath sponge if needed to reach your legs.



Getting into and out of bed

Getting into bed

- Sit at the edge of bed.
- Slide back onto the bed as far as you can, using your arms and non-operated leg for support.
- Lift your leg onto the bed while moving around facing the foot of the bed.
- Move your body as a unit.
- Keep your legs apart and do not roll onto your side.

Getting out of bed

- Move your hips to the edge of the bed.
- Sit up while lowering your non-operated leg to the floor.
- Move your operated leg to the floor.
- Get your balance.
- Push off the bed to a standing position with one hand, with your other hand on the walker.

Dressing

Putting on underwear and pants

- Sit down.
- Put your operated leg in first and then your non-operated leg.
- Use a reacher or dressing stick to guide the waist band over your foot.
- Pull your pants up over your knees, within easy reach.
- Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off underwear and pants

- Back up to the chair or bed where you will be undressing.
- Unfasten your pants and let them drop to the floor. Push your underwear down to your knees. Lower yourself down to chair or bed, keeping your operated leg out straight.
- Take your non-operated leg out first and then the operated leg.
- A reacher or dressing stick can help you remove your pants from your foot and off the floor.



L

L. Putting on socks/elastic stockings

- Slide the sock onto the sock aid.
- Hold the cord and drop the sock aid in front of your operated foot.
- Slip your foot into the sock aid.
- Pull the cords until the sock is on your foot and the sock aid pulls out.

Taking off socks/elastic stockings

- Use the dressing stick to hook the back of the sock above the heel.
- Push sock off your foot. Do not turn your foot inward or outward.



M

M. Putting on and taking off shoes

- Use your reacher, dressing stick, or long-handled shoehorn to slide your shoe in front of your foot.
- Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
- Lift your leg and place your toes in your shoe.
- Step down into your shoe, sliding your heel down the shoehorn.
- **Note:** Wear sturdy slip-on shoes, or shoes with Velcro® closures or elastic shoe laces. Do not wear high-heeled shoes or shoes without backs.



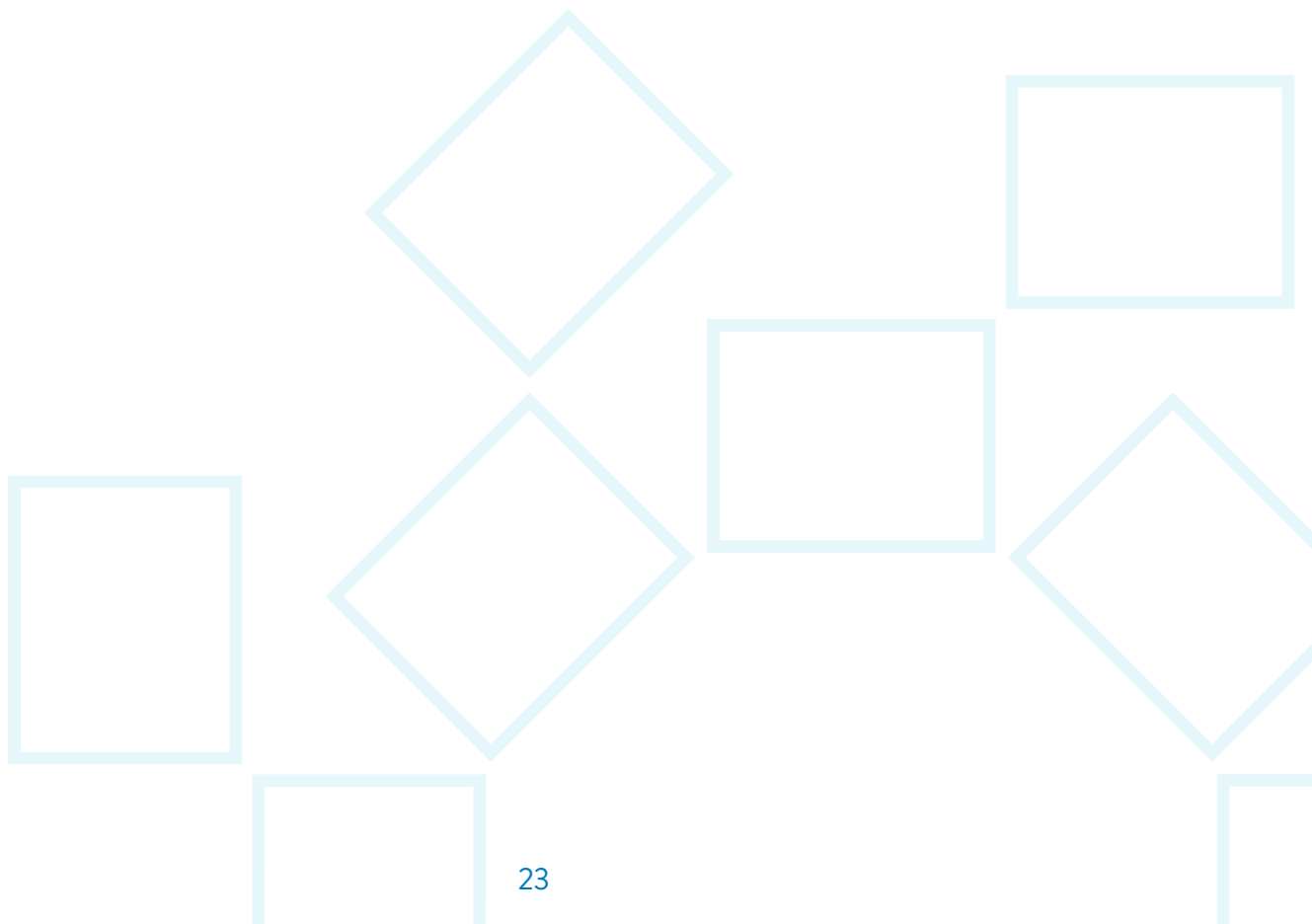
M

Reaching

- Do not bend down to reach items on the floor or in low storage areas.
- Use the self-help reacher device or ask for help.
- Avoid twisting or reaching across your body to pick up items. Turn and face the items as you reach for them.

Getting into and out of a car

- Move the front passenger seat all the way back to allow the most leg room.
- Using your walker, back up to the front passenger seat.
- Balance yourself using one hand on the walker and with the other hand reach back for the seat.
- Lower yourself down keeping your surgical leg straight out in front of you.
- Turn frontward, leaning back as you lift your left leg then your right leg into the car.



Postoperative Exercise Plan

Exercising is essential for a complete recovery from your surgery. These exercises help to improve your range of motion, flexibility and strength. Perform 10-20 reps, rest as needed.



N. Ankle Pumps

- Move your ankle up and down, pulling your toes toward you and then pushing them away.



O. Gluteal Sets (Butt Squeezes)

- Squeeze your buttocks together and hold for a count of five.



P. Quad sets (knee push-downs)

- Tighten muscles on the front of your thigh.
- Try to fully straighten your knee and touch the back of your knee to the bed.
- Hold fully straight and count to five.



Q. Abduction/Adduction (Slide heels in and out)

- Lie on your back with legs straight.
- Slowly slide your leg out to the side, keeping your knees and toes pointed up.
- Then slide your leg back to the middle.



R. Heel Slides (Slide heels up and down)

- Bend your knee and pull your heel toward your buttocks.
- Then straighten your leg.





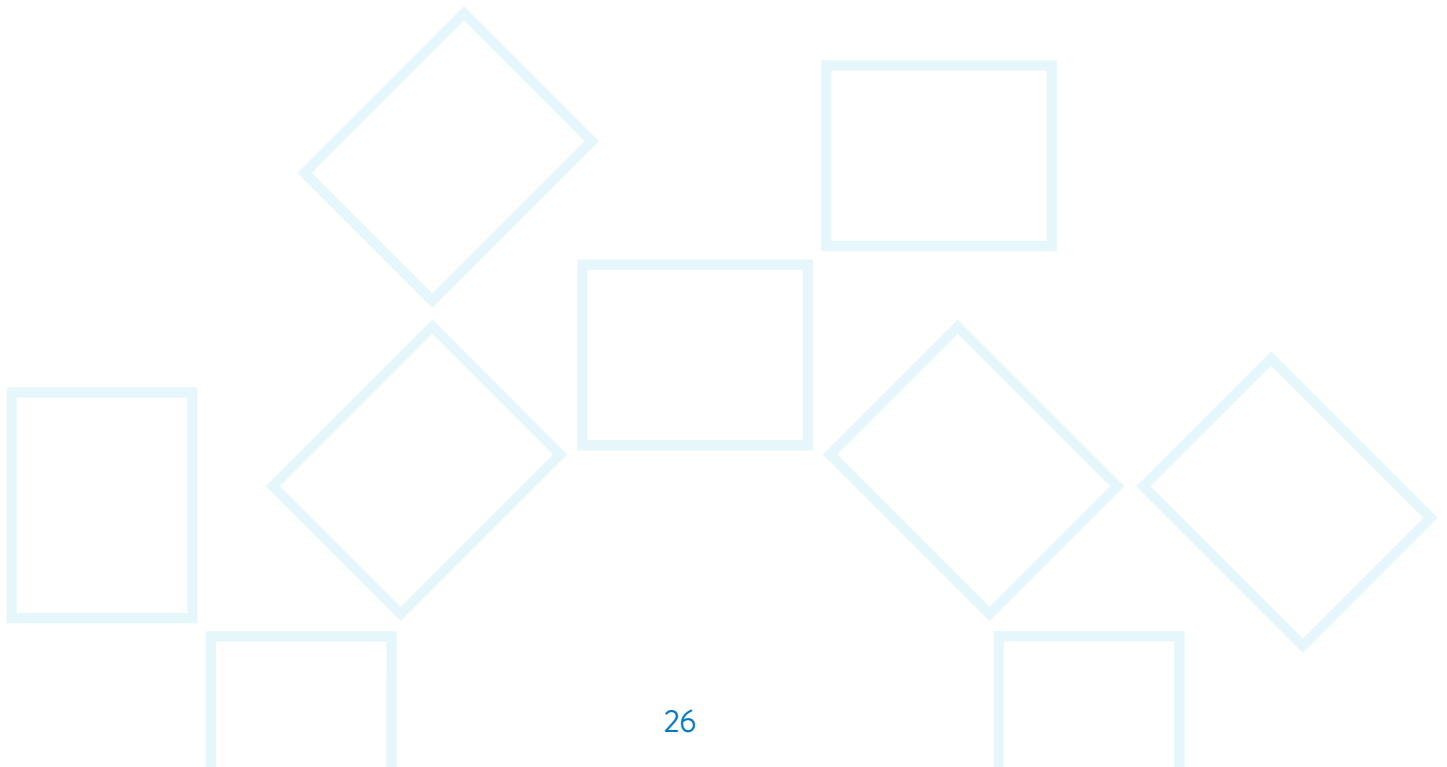
S. Straight Leg Raises

- Keeping your leg straight, slowly lift the leg at least 45 degrees.
- Hold for a count of five and slowly lower to starting position.



T. Long Arc Quad (Knee kicks)

- Sit with back against chair, slowly extend your leg and straighten your knee.



V. RESOURCES

Advance Directives

Put Your Health Care Decisions in Writing

The State of New Jersey, the hospitals within the Hackensack Meridian *Health* network, and the professionals who provide your care consider health care planning very important. For that reason, every patient is asked about and encouraged to prepare an advance directive. This allows a patient to place their wishes and individual considerations at the forefront of their care so the medical team can respect and uphold those wishes.

Under New Jersey Law, there are three kinds of advance directives.

- **Proxy Directive:** appoints a person (health care representative) and an alternate representative to make health care decisions when you are not able to do so. This is sometimes called a health care proxy or a health care power of attorney;
- **Instruction Directive:** states your treatment wishes and/or instructions. This is sometimes called a living will.
- **Combined Directive:** appoints a health care representative and states your treatment instructions.

An advance directive goes into effect when you are temporarily or permanently unable to make health care decisions. If and/or when you regain decision-making ability, you will resume making your own health care decisions. In the absence of an advance directive, your next-of-kin has the legal authority to make health care decisions for you (spouse, oldest adult child, etc.).

There is no specific form that must be followed in New Jersey and you do not need a lawyer to prepare an advance directive. In fact, the document is considered legal if it is witnessed by two adults (not named as a health care representative or alternate) or notarized.

Helpful Phone Numbers

Orthopedic Program & Preoperative Class

Pre-Admission Testing

Bayshore Medical Center	732-739-5955	732-739-5962
Hackensack University Medical Center	551-996-3417	551-996-2099 option 3
Jersey Shore University Medical Center	732-776-4078	732-776-3680
JFK University Medical Center	732-321-7000 ext 65660	732-321-7000 ext 67156
Ocean University Medical Center	732-836-4615	732-836-4110
Old Bridge Medical Center	732-535-4746	732-360-4132
Raritan Bay Medical Center	732-535-4746	732-324-5040
Riverview Medical Center	732-530-2363	732-530-2363
Southern Ocean Medical Center	609-978-8900 ext 2086	609-978-8900 ext 2086

Individual Hospital Visitor Information

Information regarding visiting policies, directions, parking and dining options at each Hackensack Meridian *Health* facility can be found on the hospital websites.

Bayshore Medical Center – [HackensackMeridianHealth.org/BMC](https://www.hackensackmeridianhealth.org/BMC)

Hackensack University Medical Center – [HackensackMeridianHealth.org/HUMC](https://www.hackensackmeridianhealth.org/HUMC)

Jersey Shore University Medical Center – [HackensackMeridianHealth.org/JSUMC](https://www.hackensackmeridianhealth.org/JSUMC)

JFK University Medical Center – [HackensackMeridianHealth.org/JFKUMC](https://www.hackensackmeridianhealth.org/JFKUMC)

Ocean University Medical Center – [HackensackMeridianHealth.org/OUNC](https://www.hackensackmeridianhealth.org/OUNC)

Old Bridge Medical Center – [HackensackMeridianHealth.org/OBMC](https://www.hackensackmeridianhealth.org/OBMC)

Raritan Bay Medical Center – [HackensackMeridianHealth.org/RBMC](https://www.hackensackmeridianhealth.org/RBMC)

Riverview Medical Center [HackensackMeridianHealth.org/RMC](https://www.hackensackmeridianhealth.org/RMC)

Southern Ocean Medical Center – [HackensackMeridianHealth.org/SOMC](https://www.hackensackmeridianhealth.org/SOMC)

Questions to Ask About Your Insurance Benefits

- What is the name of the person with whom you are talking? _____
- Do I have home health benefits for in-home physical therapy or nursing? Yes / No
 - ☐ If yes, what are they?
 - ☐ Is there a preferred provider? _____
- How many days a week are physical therapy or nursing services covered?
- Do I have durable medical equipment benefits (walker, crutches, toilet seat extender)? ☐ Yes / ☐ No
 - ☐ If yes, what are they?
 - ☐ Is there a preferred provider? _____
- Do I have outpatient physical therapy benefits? Yes/No
 - ☐ If yes, what are they?
 - ☐ Is there a preferred provider? _____
- Do I have a limit on the number of physical therapy visits per year?
- Is there a deductible or copay for any of these services?
- Any additional questions? _____

Aromatherapy

Aromatherapy is the therapeutic use of essential oils from plants for the improvement of physical, emotional, and spiritual well-being. Integrative medicine research shows that therapeutic-grade essential oils have chemical properties that can reduce pain, nausea, and anxiety and improve sleep.

How does Aromatherapy work?

Inhaling an essential oil is a quick way to experience its benefits. Once inhaled, the fragrance enters through the nasal passage and travels to the olfactory bulb. The fragrance is sent to the center of the brain where it is processed and neurochemicals are released. Depending on the inhaled essential oil, these can be relaxing, stimulating or sedating. In the inpatient setting, we are currently offering five different inhalers available to patients, as a complementary therapy for symptom management. Your nurse will teach you how to use the aromatherapy inhaler.

Suggested Scents:

Peppermint/Ginger – Lessens nausea and upset stomach

Lavender – Promotes sleep and relaxation; decreases pain and anxiety

Calm – Promotes relaxation; supports an enhanced sense of well-being

Marjoram – Decreases pain; promotes muscle relaxation

Citrus – Mood enhancing; decreases nausea and promotes relaxation



INTEGRATIVE HEALTH &
MEDICINE RESOURCES



BREATHE

4-7-8 Breathing

This powerful breath technique, recommended by Andrew Weil, M.D. has a calming effect on mind and body, including slowing down the autonomic nervous system, which controls the heart. The key to doing this exercise properly is to ensure that your exhalation is twice as long as your inhalation.

Instructions:

1. Sit or lie comfortably with your back straight.
2. Place the tip of your tongue against the ridge of tissue just behind your upper front teeth and keep it there throughout the entire exercise.
3. Exhale completely through your mouth.
4. Close your mouth lightly and inhale through your nose quietly to a count of 4.
5. Hold your breath for a count of 7.
6. Exhale audibly through your mouth for a count of 8.
7. Repeat steps 4-6 three more times for a total of four breath cycles.
8. Breathe normally and observe how your body feels.

Tip: For one month, try using this practice twice a day and any other time you want to relax your body and mind. As you become comfortable with this technique, you can gradually increase the number of breath cycles to 8.

Home Safety Assessment

Review this home safety checklist to prepare your home for your return and safe recovery.

General Household Areas:

	Yes	No
Are light switches easily accessible upon entering the room?	☐	☐
Are throw rugs tacked down or is non-skid backing applied?	☐	☐
Are hallways free from clutter?	☐	☐
Are raised door thresholds clearly marked?	☐	☐
Are cords clear of walking pathways?	☐	☐
Do you have a portable phone with emergency numbers easily at hand?	☐	☐
Do you have furniture with good back and arm support that you can get in and out of easily?	☐	☐

Stairways:

Are stair treads in good condition?	☐	☐
Is there a sturdy handrail on both sides of the stairs?	☐	☐
Are the stairs brightly lit?	☐	☐

Bedroom:

Is there a lighted pathway from the bedroom to the bathroom?	☐	☐
Is there a clear pathway from the bedroom to the bathroom?	☐	☐
Do you keep a charged flashlight near your bed for emergencies?	☐	☐

Bathroom:

Do you have safety rails or grab bars?	☐	☐
Do you have skid resistant strips or rubber mat both in and in front of the bathtub?	☐	☐

Kitchen:

Do you use a wide-based sturdy step to reach into high cabinets?	☐	☐
Are spills immediately wiped up?	☐	☐
Do you avoid using a high gloss floor wax?	☐	☐
Do you store frequently used items at waist level and less frequently used items in higher cabinets?	☐	☐

NOTES

[illegible]

[illegible]



HackensackMeridianHealth.org