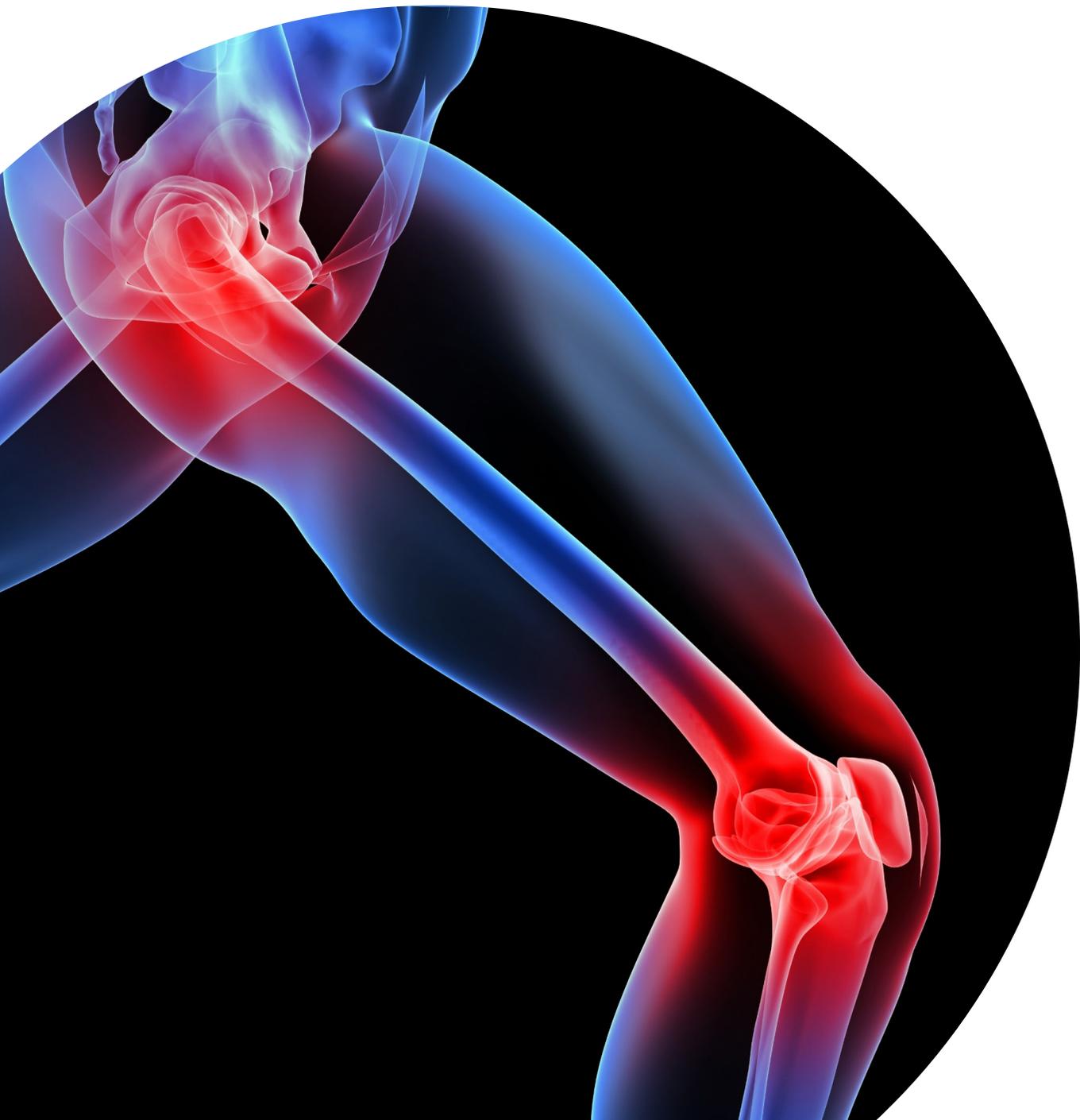




Joint Replacement Surgery **Patient Handbook**





Our goal is to prepare you for your joint replacement surgery by informing you of what to expect before, during and after your surgery and to ensure a safe discharge to home.

- Ranked among the top hospitals in the nation by U.S. News and World Report.
- Since 2019, we have been recognized as an advanced certified total hip and knee joint replacement program by the Joint Commission on Accreditation of Healthcare.
- A Center for Excellence for Joint Replacement.
- Since 2011, we have been recognized by The American Nurses Credentialing Center (ANCC) as a Magnet Organization for quality patient care, nursing excellence and innovations in professional nursing practice.

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Joint replacement surgery

The purpose of hip or knee replacement surgery is to relieve pain, help the joint work better and improve your function and quality of life. Osteoarthritis, rheumatoid arthritis and/or situations involving trauma to the hip or knee joint are conditions in which joint replacement surgery is an option after conservative measures have been unsuccessful.

Joint replacement surgery removes damaged parts of a joint and replaces them with new, artificial parts. The medical term is “Arthroplasty”.



Preparing for surgery

Before surgery you will:

- Choose a family member or friend to be your support coach throughout your experience.
- Complete primary care and specialist appointments.
- Complete pre-op tests and lab work ordered.
- Review the Joint Replacement Guide with your coach.
- Make plans for help after your surgery (with your coach, family members and/or friends).
- Plan a safe mode of transportation back home after your surgery.
- Plan to be in the hospital one night.

Before surgery - Preparing your home

Clear pathways in your home. Make sure you have enough space to move with your walking aid which typically is a front wheeled walker.

Arrange for help from your coach, friends, or family to assist you after your joint replacement surgery with everyday tasks, such as:

- Picking up groceries
- Meals
- Picking up prescriptions
- Pet care
- Driving you to appointments

Before surgery, a Huntington Hospital RN from the perioperative health center will contact you via phone to review:

- List of your current medicines, including all over-the-counter medicines, vitamins, and herbs.
- Medical history, previous surgeries and procedures, other prior medical events, allergies, and pain.
- Social history, current level of function, and pain evaluation.

- Infectious disease risk screening.
- Doctor’s name, phone number and location where any prior lab work, EKGs, X-rays, or other diagnostic testing were performed.
- The nurse will ask whether you have an Advance Directive for Health Care or other document specifying your wishes as well as any Conservatorship/Durable Power of Attorney.

Appointments before your surgery

The Huntington Hospital call center will contact you to begin the registration process and schedule a pre-op testing appointment at the Perioperative Health Center

During the pre-op testing appointment, you will:

- Complete registration for your surgery.
- Complete any required pre-op required tests that have not been done.
- Complete Methicillin-Resistant Staphylococcus Aureus (MRSA) and COVID-19 testing.
- Receive special wipes along with instructions how to use them following your last shower prior to surgery.

Please bring the following to your pre-op testing appointment:

- Insurance card and authorization information.
- Photo identification.
- Paperwork from your doctor’s office.
- A copy of your Advance Directive for Health Care or other document specifying your wishes as well as any Conservatorship/Durable Power of Attorney.
- Other requested information

The location of your pre-op testing appointment is adjacent to Huntington Hospital's main campus:

Huntington Perioperative Health Center
625 South Fair Oaks Blvd., Suite 355
Pasadena, CA 91105
(626) 397-5905

- Please arrive on time for your appointment.
- Your pre-op testing appointment will take approximately 60 to 90 minutes.
- Give yourself enough time to park and find your way to the office.
- There is no parking validation.

Preventing infection before your surgery

Pre-surgery preparations

- Your surgeon will ask you to use special wipes to disinfect your skin before you arrive for surgery.
- You will receive a package of Chlorhexidine Gluconate (CHG) wipes at your pre-admitting appointment.
- CHG wipes are unscented cloth towels that are a combination of a special soap and aloe vera to help prevent infection.
- You will use the wipes after your last shower before coming to the hospital for your surgery.

Preventing infection

Rules approved by joint surgeons.

General skin care instructions:

- For 1 week before surgery, avoid activities that may cut or scratch your skin, especially on your legs.
- For 1 week before surgery, do not have a manicure or pedicure.
- For 3 days before surgery, do not shave below the waist.

- For 3 days before surgery, minimize contact with pets. Even the cleanest pet can shed germs and bacteria.
- **Do not** take a bath in a tub.
- **Do not** apply any lotion, powder, skin cream, deodorant, or makeup after your last shower before coming to the hospital.

What can I bring to the hospital?

- We encourage you to wear comfortable clothes that are easy to put on and takeoff, such as elastic-waist pants or shorts, loose shirts/tops or loose dresses.
- Bring shoes that are easily taken on and off with rubber, non-slip soles.
- Bring your glasses, hearing aids and dentures if applicable.
- You may bring your cell phone, tablet, or laptop, but please understand that the hospital cannot assume liability for personal property.
- We recommend that you leave your jewelry at home.

Night before and day of your surgery

- No food or drink past midnight the night before.
- The afternoon before your surgery, you will be notified what time to arrive at our Same Day Surgery Department (East Tower, 2nd Floor). It will be 2 - 3 hours before your surgery is scheduled.
- Follow your doctor's instructions about your blood pressure medication, heart medications, insulin, and any other medication your doctor wants you to take the morning of your surgery.
- For up-to-date visitation guidelines please check our website.
www.huntingtonhospital.org/visitors



SCAN ME

Surgery and recovery

Surgery day - When you arrive at the hospital

- You will enter the front entrance, main lobby.
- You will check in at the front lobby.
- You will be instructed on how to get to the Same Day Surgery.

While in Same Day Surgery

- You will change into a hospital gown.
- We will review the information from your pre-op testing appointment.
- We will insert an IV into your hand or arm.
- The anesthesiologist will come and speak with you.
- The surgeon will come visit you and mark the place where your operation will be on your body with a "YES".

Recovery Room

You will be in the recovery room for about 2 hours after surgery.

In recovery, nurses will:

- Check your blood pressure, breathing and temperature.

- Check your legs and bandages.
- Check your levels of pain and give you pain medication if needed.

After surgery, the surgeon will:

- Talk to your coach or designated contact person.

Medical devices that you will have on after your surgery:

Oxygen: To insure you are breathing in enough oxygen after surgery.

Pulse Oximeter: To monitor oxygen in your blood using a device placed on your finger.

Sequential compression device to prevent blood clots: You will wake up with compression leggings/sleeves on your legs.

- Your doctor will prescribe anti-coagulant medicine that prevents blood clots. You will take that at home.



- You will be instructed to pump your feet/ankles up and down as this also helps to prevent blood clots.

Incentive Spirometer:

To help normal and deep breathing after your surgery and prevent pneumonia, we will give you an Incentive Spirometer. You will be instructed to take a deep breath in using a plastic tube and then slowly breathing out. It also helps prevent fever after surgery. You will receive instructions how to use it.



After you leave the recovery room, nurses will

- Take you back to Same Day Surgery if you are leaving that same day.
- Take you to the orthopedic inpatient unit if you are staying the night.
- Check to see if you are in pain and provide you with pain medication if needed.
- Check your wound and bandages.
- Check that you have feeling and good movement in both of your legs.

Pain management

Remember, the goal of joint replacement surgery is to reduce the amount of pain you were having. However, pain is expected as your body heals from the operation. The goal for pain control is to decrease pain so you can resume normal activity. Pain medication may affect your balance and may increase your risk of falling.

Pain

Your surgeon and anesthesiologist will talk with you before your operation about pain control, including

- Nerve block
- Spinal anesthesia
- Injection
- Medication

Alternatives to pain medication

If you usually use any of these techniques to manage or minimize pain, you are welcome to use them after your joint replacement surgery.

- Relaxation
- Imagery
- Music
- Deep breathing

Cold therapy helps to relieve pain and decrease swelling in your surgical leg. Methods of cold therapy include:

- Ice cubes or crushed ice in a plastic bag. Place ice on hip or knee for 20-30 minutes every 2-3 hours during waking hours.
- Cold gel pack. Apply to hip or knee 20-30 min every 2-3 hours during waking
- Cold ice therapy system.

Pain after Surgery

- Stay ahead of your pain.
- Do not wait for your pain to worsen before asking for pain medication.
- By taking pain medicine 30-45 minutes before therapy, you will be able to do more with less pain during your session.

Preventing falls

- You are at risk for falling because of your operation, anesthesia, pain medication and general weakness.
- Please do not get up without help, even if you think you are able.
- Please do not get up to go to the bathroom without help.
- Please use your call button for help getting up when in the hospital.

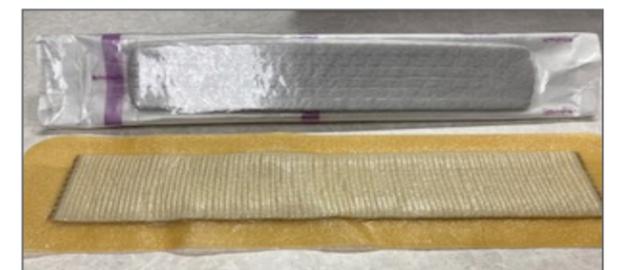
Preventing Constipation

Even if you have regular bowel movements prior to having surgery, you are likely to experience constipation because of anesthetics and pain medication. Changes in your diet, amount of fluid you drink, and less physical activity can also contribute to constipation.

- You will receive a laxative or stool softener to prevent constipation.
- Moving around may help.
- Try to eat a well-balanced diet with plenty of fiber and fluids.

Care of Your Incision

- Your joint surgeon will cover your surgical incision with a wound dressing.
- Your discharge instructions will include how to care for your wound dressing while at home.
- You and your coach will look for redness, oozing, foul smell and or changes around the wound. This is an indication that the wound needs to be checked.
- If you have any questions or concerns while in the hospital or at home, ask your nurse and/or your surgeon.
- Examples of surgical incision wound dressings:

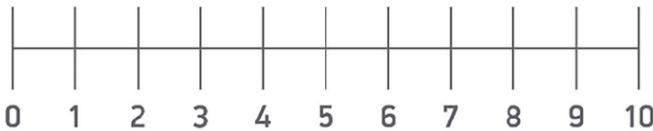




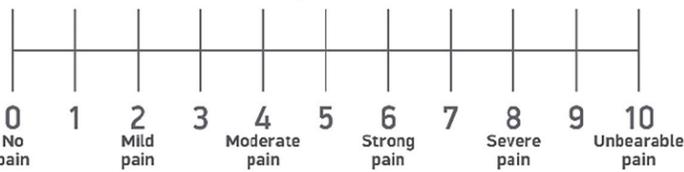
Pain scales

Below are various scales used to rate pain. Each patient chooses a preferred scale and it is then used consistently throughout to rate your pain.

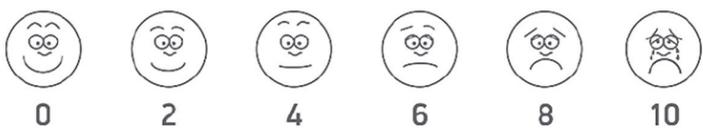
Horizontal number scale



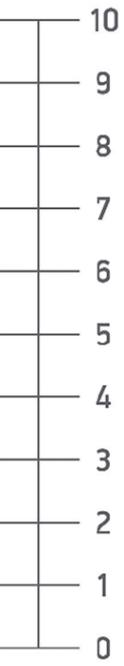
Descriptor scale



Faces scale



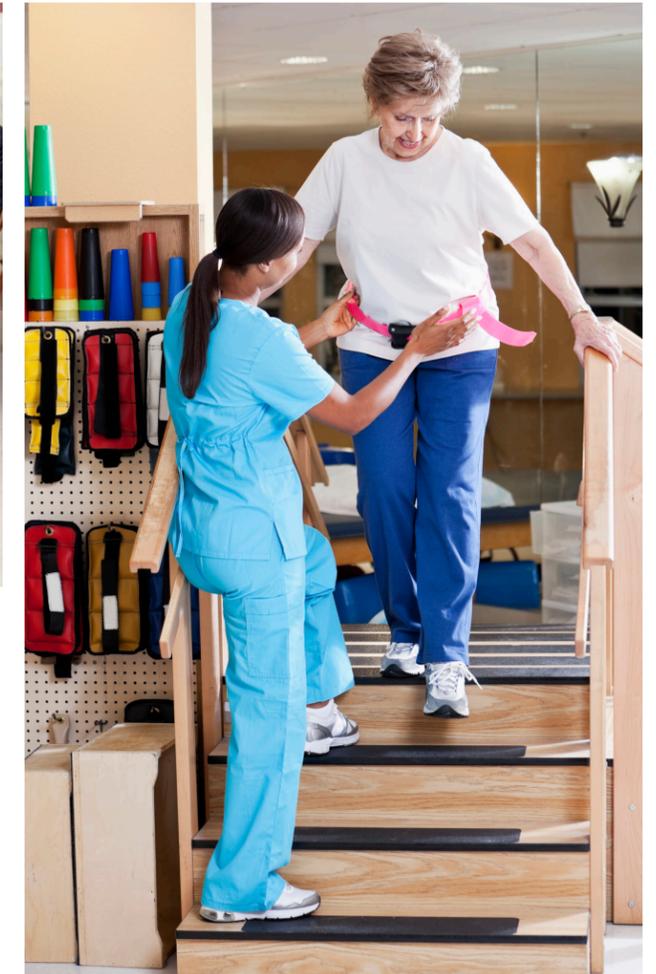
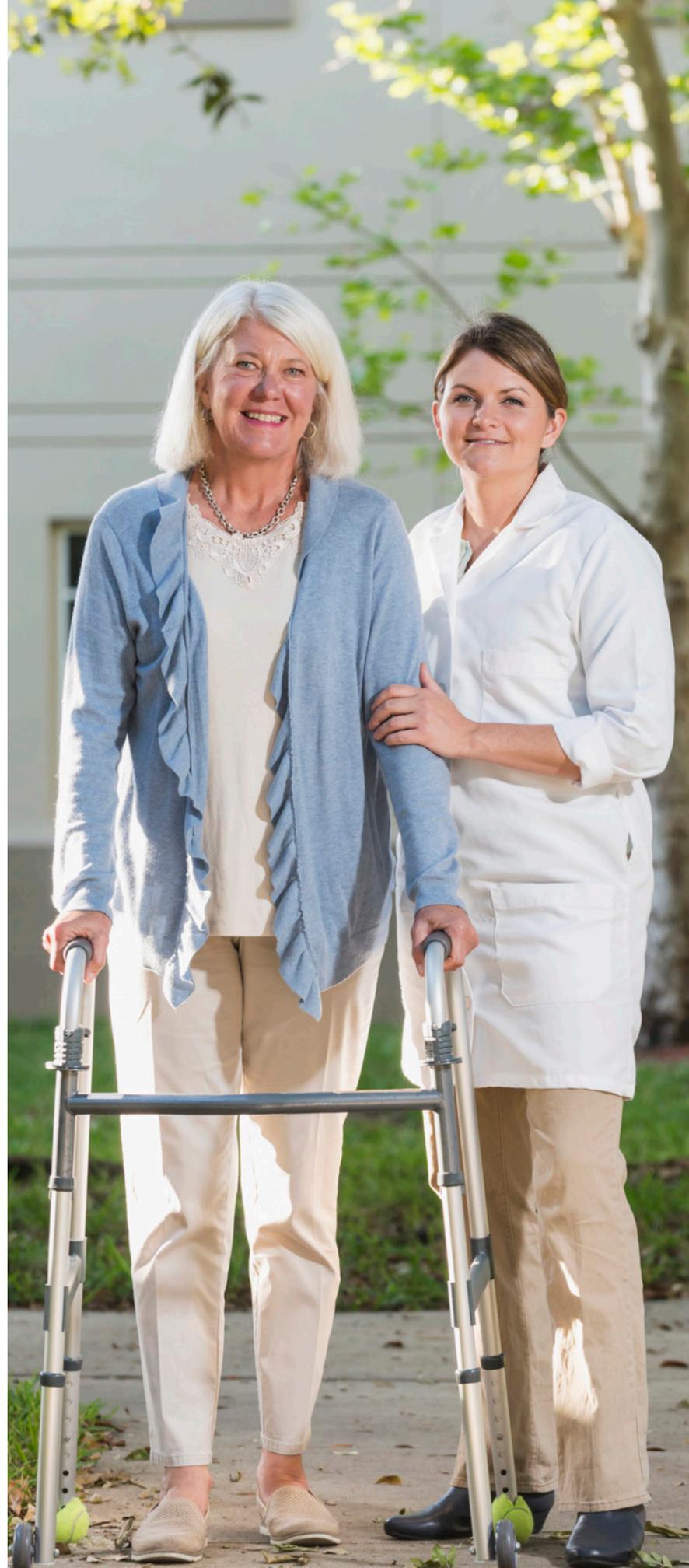
Vertical number scale





Mobility Begins on Day of Surgery

Your joint replacement team of physical therapists, nurses, and patient care associates will work with you on mobility after you return from the recovery room. This includes getting in and out of bed/chair, standing, and walking with a assistive device. Evidence-based literature supports that early mobilization can reduce the risk of post-op complications. A physical therapist will spend time with you to achieve a level of mobility that allows you to move around safely at home. They will teach you exercises to increase your strength, range of motion, endurance, and balance.



Bed mobility

Bed mobility is being able to get in and out of bed by yourself. Important things to know are:

- How high is the bed you will be using?
- What side of the bed do you get off of at home? Seems easy – but can be hard to do! Practice at home before your surgery.

Transfers

Transfers include your ability to get on and off any surface you will encounter at home. This includes getting up from your bed or toilet and getting in and out of a chair or car.

If available, push up from the armrests of the seating surface.

Otherwise, place one hand where you are sitting and one hand on the walker (examples: bed and car).

Walking

Your physical therapist will help you learn to walk with an assistive device, usually a front-wheeled walker.

Weight bearing status is the amount of weight you can place on your surgical leg. Your physical therapist will review this with you.

Initially, the goal is to walk short distances with a front-wheeled walker in your home. The distance you walk will gradually increase as your pain lessens.

The goal is to walk as normally as possible without limping.

Quality, not quantity

Most patients use a walker for a few days or weeks following surgery.

For your safety, you may transition to a cane before walking without any device.

Stairs

Physical therapy helps you go up and down stairs. Important questions to ask yourself:

- How many stairs or steps do you have at home?
- What side are the handrails on?

When using stairs, remember “up with the good”, and down with the surgical leg.



Special instructions for hip replacement patients

- Hip replacement patients will have an abductor pillow placed between their legs to help keep the hip aligned after surgery.
- The abductor pillow will be discontinued per your surgeon's order.
- Your physical therapist will discuss whether there are any precautions to follow after your surgery as ordered by your surgeon.



Therapeutic Exercises

Your physical therapist will teach you exercises to help increase strength and flexibility.

Try these exercises before surgery so you are familiar with them.

Do these exercises at least 3 times per day when you get home.



Helpful tips and positioning

- Your surgical leg will be swollen after surgery. The swelling may last a few weeks.
- Elevate your surgical leg when sitting the first 2 weeks after surgery to help decrease swelling. Elevate your surgical leg above your heart when lying down.
- Place ice on the surgical hip or knee for 20-30 minutes every 2-3 hours for the first month. Ice will help decrease pain as well as the swelling in your surgical leg.
- Sleeping on your back is preferable. If you are a side sleeper, you can sleep on your non-surgical leg side.

Recommended medical equipment for home use.



Front-wheel walker

Special Instructions for Knee Replacement Patients

- Patients with knee surgery need to work hard to increase the range of motion and strength of their new knee.
- The initial goal is to get your surgical knee to bend to a 90-degree angle as soon as possible.
- The surgical knee also needs to achieve "full extension", or to be as flat as possible.
- **Do not place a pillow directly under your surgical knee in bed; place the pillow under the ankle to help you gain full extension.**
- You will need to work on increasing the strength of the quadricep muscles with exercises such as straight leg raises.

Planning for what happens after surgery

Planning for what happens after surgery

Discharge planning begins before your surgery. Your surgeon will discuss how long you will need to be in the hospital.

Plan for the following:

- Where are you going after you leave the hospital?
- Who is your coach and who will help you at home?
- Who will pick you up and drive you home?
- Do you have a front wheeled walker?

The joint replacement care team led by your surgeon will make recommendations for what you need when discharged from the hospital and a case manager or discharge planner will assist you.

Before your surgery, your surgeon will give you a post-discharge follow-up appointment for after your surgery.

Going Home - What is next?

Home Health Physical Therapy (PT)

- You may need home physical therapy for a few sessions.
- A physical therapist will come to your home twice a week for approximately 2 weeks.
- Take your pain medication 1 hour before they arrive.

Post-op follow-up appointment with your Joint Replacement Surgeon

- You will have a post-op appointment with your surgeon who will evaluate your joint replacement recovery.
- The need for ongoing physical therapy in an outpatient physical therapy program will be determined.

Outpatient Physical Therapy

- Your joint surgeon may decide that outpatient physical therapy is indicated to help speed your recovery.
- The outpatient physical therapist will focus on improving your lower extremity strength, range of motion, balance, and coordination.
- You will continue to work on walking and progress to a single-point device such as a cane and then possibly to no assistive device.
- Outpatient physical therapy has extensive therapeutic equipment and resources available to get you to your highest level of function.



Managing activities of daily living (ADLs) after your joint surgery may be a little challenging initially.

- Examples of activities of daily living include dressing, bathing, and toileting.
- Occupational Therapy will provide recommendations and tips for safely doing everyday tasks.

Safety when using a walker

- Do not hold or carry other items when using a walker.
- Remove throw rugs to prevent tripping.
- Tie a bag or apron to your walker to carry your cell phone, snacks, or remote control.
- Move frequently used items to higher drawers or shelves for easier reach.
- Keep a cell phone nearby in case of emergency.

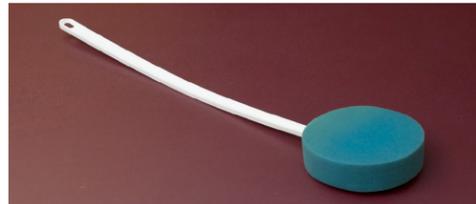
Helpful clothing tips

- Consider wearing elastic-waist pants or shorts.
- Put your pants on surgical leg first, then the non- surgical leg.
- Flat, slip-on shoes are the easiest to put on.
- Refer to dressing aids equipment.

Helpful dressing aids



Reacher



Long Bath Sponge



Long Shoehorn



Sock Aid

Helpful toilet equipment

After surgery, normal toilet seats may feel too low. There is equipment that can help.

Toilet seat riser

- Molded plastic seat that comes with or without arm rests.
- Preferably, choose a riser with a lock-on feature.

3 in 1 commode

- Adjusts in height.
- Feet should be flat on the floor.
- Can be used next to the bed with a bucket.
- Can be used over the toilet (without bucket).
- Can be used in the stall shower as a shower seat.



3 in 1 commode



Toilet seat riser with or without arms

Bathing precautions

- Sit for safety, especially when washing your legs.
- You may need to use a long bath brush or sponge to wash below your knees.
- You may want to consider installing a mounted grab bar.
- Do not take the walker or cane into the shower. They should not get wet.
- Try using a hand-held shower hose.
- Use a rubber bathmat.

Walk in shower stall tips using “step-back method”

- Have someone place the commode or shower chair facing the door.
- Step backward in the shower with strong non- surgical leg first.
- Sit on the commode or shower chair facing the shower door.
- Exit the shower, holding onto the walker, stepping with the surgical leg first.

Transferring to a shower that is in a bathtub.

- This requires that you be able to put all your weight on each leg before stepping over the edge of the tub.
- Try using a shower chair once you can safely step over the tub edge.
- If there is no sliding door with the tub, you may try a tub transfer bench.



Shower chair



Tub transfer bench

At Home – We will check in with you

A member of the joint replacement program will call you after your return home. They may ask you about:

- Pain management
- Concerns regarding your surgery, drainage, swelling, redness, and fever.
- Follow-up appointment with your surgeon.

- Education at discharge and care during hospitalization.
- Did our team provide you with a positive experience in the hospital?

Activity, sports, and exercise

- You can return to an active lifestyle following hip and knee replacement surgery.
- Walking and leg exercises will be your main activity at first.
- Your surgeon will let you know when you can drive again.
- Your surgeon will also let you know when you can resume activities such as swimming, golfing, bicycling and mild hiking.
- High impact activities such as running, and jumping are not recommended as they will affect how long your new knee or hip will last.



Summary

- Designate the family member or friend helping you as your support coach.
- Complete all pre-op appointments requested by your joint surgeon.
- Write down questions you have for your surgeon and review them with him/her before your surgery.
- Your RN will provide patient education before you are discharged. To evaluate our teaching effectiveness, we will ask you to repeat back key information to confirm that you understand.
- Physical Therapy will review exercises and how to use a walker. You will demonstrate back to the therapist confirming that you understand this.
- Contact the Joint Coordinator at (626) 397-3797 if you have questions or concerns about the Joint Replacement Program before, during or after your surgery.
- Contact your joint surgeon for any medical or medication questions.



Be positive!

A good attitude and staying positive is important during your recovery.

The journey of life begins with a single step.”

- Gandhi

Appendix

Education Handouts from the American Association of Hip and Knee Surgeons

- How to Get the Most out of Your Joint Replacement
- Good Health = Good Recovery after Joint Surgery
- Decreasing Your Risk of Infection
- Opioid Use before Hip or Knee Surgery Can Mean Trouble

Nutrition Handouts

- 4 Steps for Eating Healthier
- Nutrition after Surgery



How to Get the Most out of Your Joint Replacement

Hip and knee replacement surgeries are considered to be among the most successful treatments in the history of modern medicine. Because of the high rate of success of these procedures, your quality of life most likely will improve, and you most likely will return to the routine daily activities you performed before joint pain set in.

The majority of people experience significant improvement in pain and regain the ability to walk, climb stairs, get in and out of the car and tie their shoes; however, some people who have a hip or knee replaced are dissatisfied with the results after the procedure. Patient satisfaction after hip and knee replacement surgery is important to surgeons as they strive for high quality and cost-effective care of their patients. **Studies have shown that there are steps you can take before and after surgery to improve the likelihood that you are satisfied with the results.**

How well are you getting around?

One study found that those who were getting around very well prior to hip replacement were less likely to experience meaningful improvement after surgery. In other words, **the less you have to gain, the less happy you will be with your outcome.** If you have severe arthritis, but your activities aren't significantly limited because of it, you may opt to delay surgery. The definition of "significantly limited" is different for everyone; however, it is important to weigh those limitations in your routine activities against the risk of having surgery.

How high are your expectations?

In a recent study, researchers found that **people with high expectations for their hip replacement surgery experienced greater satisfaction.** You should not be afraid to have high expectations following your replacement surgery. You should also realize that there may be certain limitations following surgery. It is important to discuss what your expectations for your new joint are with your surgeon prior to the procedure; however, don't be afraid to "shoot for the stars" in your recovery!

How committed are you to your overall health?

The same study that looked at expectations before surgery also looked at how actively involved people are with their medical treatment and how much they feel in control of their overall health. **Those who take a more active approach to their health are less likely feel their outcome after surgery is out of their control.** The more proactive you are about managing your overall health before hip or knee replacement surgery, the more likely you will have greater satisfaction, better pain relief and better mental health following surgery. Conversely, if you, view your overall health as fair or poor, you may experience higher levels of depression and feel less in control of your health and recovery. Additionally, there is an association with a higher risk of dissatisfaction. It is important to be sound of mind *and* body when signing up for surgery. The recovery is not always easy, but the more you put into it, the more you will get out of your joint replacement.

Good Health = Good Recovery after Joint Surgery

Your overall health is important and can have a major impact on how well you do after hip or knee replacement surgery. It is important to discuss your health with your physician so they can help you prepare in the time leading up to surgery. Your surgeon will want to know your health history, surgical history, medicines you are taking, allergies you may have, family history and social activities. You will also likely have a discussion about optimizing your health before surgery.

Health History

There are certain health issues that increase your risk of complications during and after joint replacement surgery. Your primary physician and surgeon will determine which risk factors can be changed with improvements to your health (modifiable) and which factors cannot be changed, but must be addressed as best as possible (non-modifiable).

Modifiable Risk Factors	<p>These are problems that can be improved or fixed before having surgery. Examples are:</p> <ul style="list-style-type: none"> • Getting blood sugar under good control if you have diabetes • Stopping smoking if you smoke • Losing weight if you are obese <p>Your surgeon may recommend delaying surgery if you have modifiable risk factors that need to be improved.</p>
Non-Modifiable Risk Factors	<p>These are problems that cannot be fixed before surgery, but that your surgeon will address and determine if you can proceed with surgery. Examples are:</p> <ul style="list-style-type: none"> • Cancer • Rheumatoid arthritis • Lung disease <p>Some patients have severe health problems that can create a greater risk of problems with surgery. In these situations, you should have a discussion with your surgeon about other options for treatment.</p>

Surgical History

Your surgeon will want to know what surgeries you have had in the past. This may affect your joint replacement surgery even if they weren't orthopaedic surgeries. Certain surgeries, such as abdominal surgery or vascular surgery, can put you at risk for problems after joint replacement surgery. It is important to know if you had problems after any previous surgery such as infection, poor wound healing or a blood clot in the leg, arm or lung (deep vein thrombosis or pulmonary embolism).

Medication

It is important to provide details about all medications you take. This includes prescription and over-the-counter medicines and supplements. Many medicines can interfere with healing or place you at risk for problems like increased bleeding. Examples of this are medicines used to treat rheumatoid arthritis that alter the immune system or blood thinners such as aspirin or warfarin used for various health issues.

Allergies

It is important to inform your treatment team of any allergies you have. This includes allergies to medicines, foods and metal. Knowing about medicine allergies are very important because many medicines will be given around the time of your surgery. Medicine reactions can be severe and even life threatening.

Decreasing Your Risk of Infection

Infection is a difficult problem that affects one out of 100 people after joint replacement surgery. If your joint becomes infected after surgery, it usually means additional surgery will be needed to treat the infection. It also means, your results will not be as good as they could be.

Your overall health is very important to prevent infection. **Research shows that any health issues made better before surgery could decrease your surgical infection risk.** The three most common problems that increase infection risk are obesity, tobacco use and uncontrolled diabetes.

Obese or Overweight

Obesity means a person has a body weight that is more than normal based on height. Physicians define this by a measure called body mass index (BMI). This takes your height and your weight and generates a number that tells if you are a healthy weight or weigh more than normal. You can use an online calculator such as the one provided by the American Diabetes Association to see what your BMI is and where you fall on the scale.

Being overweight or obese is a concern for a successful joint replacement surgery. Research on joint replacement in obese patients found an increased risk of having a problem after surgery. **If you are obese, the decision to proceed with surgery must be made between you and your surgeon.**

There are usually other medical problems that go along with obesity like heart disease, diabetes mellitus and poor nutrition. These other medical problems put you at an even higher risk of having a problem after surgery. Your surgeon may recommend against surgery based on your weight and health.

If your surgeon determines you should lose weight before surgery, there are options such as working with a nutritionist or your primary physician or having weight-loss surgery.

Smoking and Tobacco Use

Tobacco puts you at risk of having problems after your joint replacement. This includes blood clot, infection and poor wound healing. Nicotine is the main addictive chemical in tobacco, and it causes blood vessels to narrow. This means less blood makes it to your healing joint replacement and increasing the chances of your joint replacement getting infected.

Your surgeon may require you to quit using tobacco and anything with nicotine before surgery. It is recommended to stop all these products for at least 4-6 weeks before surgery. Your primary provider and surgeon can frequently provide resources such as prescription medicines and smoking cessation programs to stop this damaging habit.

For more information on the benefits of quitting tobacco, follow this link:

<https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/cessation-fact-sheet#q1>



Opioid Use before Hip or Knee Surgery Can Mean Trouble

“Doc, I know I need to do the surgery, but can you give me some oxycodone for pain until then? I’ll stop once I have the surgery.”

This is a common conversation in the office of a joint replacement surgeon. In the past, narcotic medication, commonly known as opioids, were given by physicians hoping to alleviate their patients’ pain and suffering. Unfortunately, we have learned that these medications may do more harm than good.

Opioids are powerful prescription pain-reducing medications that have benefits and potentially serious risks. Common opioid medications prescribed include oxycodone, hydrocodone, morphine, Norco (acetaminophen/hydrocodone), Vicodin (acetaminophen/hydrocodone), Percocet (acetaminophen/oxycodone), hydromorphone (Dilaudid), and tramadol.

Overuse of opioids has become an epidemic in the United States. According to the Centers for Disease Control and Prevention, “From 1999 to 2017, almost 218,000 people died in the United States from overdoses related to prescription opioids. Overdose deaths involving prescription opioids were five times higher in 2017 than in 1999” (<http://wonder.cdc.gov>). Many states have now adopted new laws that limit opioid prescriptions.

Could short-term use of these opioids in weeks or months prior to total hip arthroplasty (THA) or total knee arthroplasty (TKA) still be considered safe? According to multiple studies, **the answer is NO.** While easing symptoms of pain, use of opioids has negative, long-term consequences such as developing tolerance, drug dependence and hyperalgesia - a condition in which sensitivity to pain increases as a result of taking opioids.

If you suffer from arthritis pain, multiple strategies other than using opioids can be employed for pain control before surgery is necessary. Read this article about how to relieve hip and knee pain without surgery: <https://hipknee.aahks.org/relieving-hip-and-knee-pain-without-surgery>. Potential therapies include nonsteroidal anti-inflammatories (NSAIDs), injections, weight loss, and physical therapy. **If these non-operative methods eventually stop working, pain can become severe enough to warrant surgery.** Pain in the time between deciding to move forward with surgery and actually having surgery can be difficult to endure. But one thing is clear: **opioids are not a viable treatment option for the vast majority of patients.**

Multiple studies show that people who use opioids prior to THA and TKA have **worse** outcomes after surgery. Additional studies have shown that they also have **more difficulty with pain control after**

4 Steps for Eating Healthier

Changing the way you eat can improve your health. It can lower your cholesterol and blood pressure, and help you stay at a healthy weight. Your diet doesn't have to be bland and boring to be healthy. Just watch your calories and follow these steps:



Step 1. Eat fewer unhealthy fats

- Choose more fish and lean meats instead of fatty cuts of meat.
- Skip butter and lard, and use less margarine.
- Pass on foods that have palm, coconut, or hydrogenated oils.
- Eat fewer high-fat dairy foods like cheese, ice cream, and whole milk.
- Get a heart-healthy cookbook and try some low-fat recipes.

Step 2. Go light on salt

- Keep the saltshaker off the table.
- Limit high-salt ingredients, such as soy sauce, bouillon, and garlic salt.
- Instead of adding salt when cooking, season your food with herbs and flavorings. Try lemon, garlic, and onion, or salt-free herb seasonings.
- Limit convenience foods, such as boxed or canned foods and restaurant food.
- Read food labels and choose lower-sodium options.

Step 3. Limit sugar

- Pause before you add sugars to pancakes, cereal, coffee, or tea. This includes white and brown table sugar, syrup, honey, and molasses. Cut your usual amount by half.
- Use non-sugar sweeteners. Stevia, aspartame, and sucralose can satisfy a sweet tooth without adding calories.
- Swap out sugar-filled soda and other drinks. Buy sugar-free or low-calorie beverages. Remember water is always the best choice.
- Read labels and choose foods with less added sugar. Keep in mind that dairy

Nutrition After Surgery



Some people feel a little nauseated after surgery. This is often due to medicines, dehydration, or simply the stress of surgery. Don't push yourself to eat. Listen to your body and you'll know what to eat and when. If you were on a special diet (such as low-salt) before surgery, ask your healthcare provider if you should follow it during recovery.

Special note: Be sure to follow any specific post-op instructions from your surgeon, nurse, or dietitian.

Start slowly

- Start off with clear liquids and soup. They are easier to digest.
- Progress to a semisolid (soft) diet (mashed potatoes, applesauce, and gelatin) as you feel ready and can tolerate.
- Slowly move to solid food. Don't eat fatty, rich, or spicy foods at first.
- Eat smaller amounts, more often.

Drink fluids

- It's normal to lose fluids during surgery. Rehydrating your system is important as it helps you feel better and balances the chemicals in your body called electrolytes.
- Unless told not to, drink at least 6 glasses of clear liquids (such as water, apple juice, or ginger ale) a day. You may want to avoid carbonated drinks or let them lose their fizz before drinking them.

Good nutrition

- Good nutrition helps your body build and repair tissue and heal wounds.
- Eat a low-fat, high-protein diet or as directed by your healthcare provider.
- Whole grain cereal, and the protein in foods like fish and chicken may help repair tissue affected by surgery.

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