Welcome to the UPMC Hamot Hip and Knee Center, where our mission is to decrease your pain and return you to a more active lifestyle. Our surgeons and technical staff are performing orthopaedic procedures every day, and make no mistake about it, experience makes the difference.

A dedicated staff member from UPMC Hamot will provide you with one-on-one, pre-operative education. This visit is arranged by your surgeon’s office as part of your preoperative process and usually takes place a week or two before your scheduled surgery. You are welcome to bring a person who will be involved with your care so that we can answer any questions you and they may have.

UPMC Hamot is dedicated to bringing you and your physician all the services and support needed to make your surgery a success. Our orthopaedic surgeons are board-certified, and our surgical nurses and operating room technicians have been specially trained in hip and knee replacement procedures. We provide dedicated operating rooms equipped with state-of-the-art air filtration systems that reduce the chance of infection, and we use only the highest-quality prostheses.

Following surgery, you will go to our orthopaedic floor, complete with a physical therapy unit. The nursing staff and therapists on this unit are trained to care for patients who have undergone hip and knee replacement surgery.

For more information or questions, call your physician’s office or UPMC Hamot’s Hip and Knee Center at 814-877-5646.

Sincerely,

V. James Fiorenzo
President, UPMC Hamot
Knee Replacement

UPMC Hamot is committed to providing you the resources and information needed to help you prepare for your surgery. The success of this surgery requires a team effort, and YOU are a vital part of that team.

Start the exercise program as soon as possible. Improving your muscle strength before surgery can decrease the time and effort you spend recovering from your surgery.

Please call UPMC Hamot Rehabilitation Services at 814-877-2537 with any questions or concerns.

Beginning Your Exercise Program

You should be aware that there will be limitations to the movement available at your arthritic joint while exercising before the surgery. This limit is signaled by pain. Therefore, when you exercise your arthritic knee before your replacement surgery, stay within the limits of your pain tolerance.

- Do exercises 1 to 2 times a day, each day before surgery.
- Do 10 repetitions of each exercise to begin. Gradually increase this by 1 to 2 repetitions each day as tolerated until you can perform a total of 20 to 30 repetitions of each exercise. Continue with 20 to 30 repetitions of each exercise until your surgery.
- Do take short rest periods between exercises if needed.
- Do use slow, steady movements while exercising.
- Take slow deep breaths while exercising. Breathe out during the most difficult part of the exercise. Counting your repetitions out loud can help you remember to breathe.
- Do not over exert yourself.
- Do not exercise in a cold room or immediately after meals.
- Do not continue with an exercise if it causes increased pain or discomfort. However, you may be able to “modify” that exercise without eliminating it. For example, if that exercise causes you increased pain when you do 10 repetitions, try doing the exercise the next time with just 5 repetitions. You can gradually add more repetitions as you are able.
- Stop exercising and contact your physician if you notice chest pain, dizziness, or excessive perspiration while exercising.
Knee Replacement Exercises
These exercises are designed to improve the strength and maintain the mobility of your legs as you prepare for surgery. They also will be used to improve the strength and mobility of your operated knee following surgery. The first seven exercises are performed while lying on your back.

**Ankle Pumps**
Move your feet up and down through the full range of movement available.

**Ankle Circles**
Move your feet around in circles — clockwise, then counterclockwise.

**Quadriiceps Setting**
Tighten your thigh muscles, pressing the back of your knee down into the bed. Hold this contraction for a count of 5, then relax. It is important that you see the knee cap glide up and down during this exercise. This indicates you are using the correct muscle. You may prefer to sit up during this exercise to see this movement.

**Gluteal Setting**
Squeeze your buttocks together. Hold the contraction for a count of 5 and relax.
**Straight Leg Raises**
Bend your knee and plant your foot flat on the bed. Raise the opposite leg off the bed, keeping the knee straight. Gently lower your leg to the bed maintaining a straight knee.

**Heel Slide**
While lying flat on your back, place a plastic bag under one foot. Slide that foot up to bend your knee as much as possible, then slide your foot back down.

**Short Arc Quads**
Place a firm roll under your knee. Keep your knee on the roll as you raise your foot up to straighten the knee. Hold the knee straight for a count of 5, then slowly lower your leg. For a firm roll, you may use a 2-liter soda bottle, filled with water, with a towel wrapped around it for cushioning.

**Knee Extension**
This example is performed from a sitting position. Raise your leg to straighten your knee. Hold this position for a count of 5, then slowly lower your leg.

Exercise to add after surgery:

**Knee Flexion**
Bend your knee, moving your foot as far back as you can. Use your unoperated leg to help push your foot back farther.

*This should only be done after the replacement.*
Precautions Following Knee Replacement Surgery

- Use chairs that have arms.
- Do not use chairs with wheels unless they have wheels that can be locked.
- Remember to scoot to the edge of the chair (bed) and push up from the sitting surface to stand. Do not pull on the walker.
- Do not twist to wipe yourself during toileting or to flush the toilet.
- Do not sit in the bathtub.

Standing and Sitting Following Knee Replacement

Before sitting, keep in mind that it will be harder for you to stand up from low chairs. A chair with armrests will make it easier for you to get up.

Standing

Scoot to the edge of the chair keeping the operated leg extended.

Push up with the help of your arms and good leg.

Reach out and take hold of the walker. Take a minute to make sure you feel steady before walking.
Sitting
Do the same movements as for standing, but in reverse.

Back up with the walker until you feel the chair behind your unoperated leg.

Slide your operated leg forward. Reach back for the armrests, one hand at a time.

Use your hands to lower yourself into the chair, sliding your operated leg forward as you sit.

Scoot back into the chair with the help of your arms.
Bed Transfers Following Knee Replacement

Getting Out of Bed

Push up with your elbows and hands until you are sitting, supporting yourself with your hands as shown above.

Getting into Bed

Slide your legs out, one at a time, until you are sitting at the edge of the bed, supporting yourself with your hands.

Slide your legs onto the bed, one at a time, using your hands to support you, until you are in the long sitting position.

Lower yourself gently with the help of your arms.

Turning in Bed Following Knee Replacement

While on your back, bend your hips and knees. Place one to two pillows between your knees to keep your legs apart.

Turn to your side, keeping the pillows between your knees. Keep the pillows in place for comfort or as long as you need.
Getting In and Out of the Shower Following Knee Replacement

You will need to get your surgeon’s okay before you get your incision wet. When you first begin taking showers after your surgery, it is best to have someone help you into the shower stall or tub. You should not attempt to step over the side of the tub by yourself. A shower seat is important for people who cannot tolerate standing to shower. Do not attempt to sit in the tub.

Place the shower seat firmly in the tub. Stand with your back toward the bathtub with your walker in front of you.

Lower yourself onto the shower seat while reaching back with one hand. Do not plop down! Slowly lift your unoperated leg over the side of the tub.

Use your arms to gently lift your operated leg over the side of the tub.

Slide your bottom back to make sure you are in a safe, comfortable sitting position. Have your reacher nearby if needed. We recommend you fit your shower with a hand-held sprayer prior to surgery.

To get out of the tub, lift your operated leg as you use your strong leg to help turn your body. Place your feet flat on the floor before you attempt to stand up.

Caution: Be aware of wet floors!
Car Transfers

It is better for you to ride in the front passenger seat of a mid-size or large car with regular seats. Stand with your back toward the car. Put your operated leg out in front of you.

Sit down slowly. Use your arms and strong leg to scoot back and slide your operated leg onto the seat. Placing a plastic trash bag under your bottom makes it much easier to slide over cloth car seats. Keep moving backwards until your operated leg is totally supported by the seat.

To get out of the car, just reverse your movements. Push straight up with your arms and your strong leg.
Bilateral Replacements
We see many patients who are having both knees replaced at the same time, and we will educate you on how to safely adapt your activities.

When going from sitting to standing with bilateral knee replacements, try to bend both knees as much as possible.

Standing Following Bilateral Knee Replacements

Scoot to the edge of the chair, bending your knees as much as possible. Try to slide your feet back under you as far as you can. It makes standing easier.

Push up from the chair with the help of your arms.

Reach out and take hold of the walker, one hand at a time.
Sitting Following Bilateral Knee Replacements

Back up to the chair using a walker until you feel the chair pressed against the back of your legs. Take a small step forward with each foot.

Reach back for the armrests of the chair, one hand at a time.

Use your arms to lower yourself slowly into the chair, sliding both of your feet forward a little bit at a time as you sit. This will ease the discomfort of your knees bending as you sit.

Once seated, scoot back into the chair with the help of your arms.

**Note:** Often, patients have one knee that will bend a little more than the other knee; this may make standing a little easier.

After surgery, we also will show you how to adapt stair climbing to fit your situation at home.
Hip Replacement

UPMC Hamot is committed to providing you the resources and information you need to help you prepare for your surgery. The success of this surgery requires a team effort, and YOU are a vital part of that team.

Start the exercise program as soon as possible. Improving your muscle strength before surgery can decrease the time and effort you spend recovering from your surgery.

Please call UPMC Hamot Rehabilitation Services at 814-877-2537 with any questions or concerns.

Beginning Your Exercise Program

You should be aware that there will be limitations to the movement available at your arthritic joint while exercising before the surgery. This limit is signaled by pain. Therefore, when you exercise your arthritic hip before your replacement surgery, stay within the limits of your pain tolerance.

- Do exercises 1 to 2 times a day, each day before surgery.
- Do 10 repetitions of each exercise to begin. Gradually increase this by 1 to 2 repetitions each day as tolerated until you can perform a total of 20 to 30 repetitions of each exercise. Continue with 20 to 30 repetitions of each exercise until your surgery.
- Do take short rest periods between exercises if needed.
- Do use slow, steady movements while exercising.
- Take slow deep breaths while exercising. Breathe out during the most difficult part of the exercise. Counting your repetitions out loud can help you remember to breathe.
- Do not over exert yourself.
- Do not exercise in a cold room or immediately after meals.
- Do not continue with an exercise if it causes increased pain or discomfort. However, you may be able to “modify” that exercise without eliminating it. For example, if that exercise causes you increased pain when you do 10 repetitions, try doing the exercise the next time with just 5 repetitions. You can gradually add more repetitions as you are able.
- Stop exercising and contact your physician if you notice chest pain, dizziness, or excessive perspiration while exercising.
**Hip Replacement Exercises**

These exercises are designed to improve the strength and maintain the mobility of your legs as you prepare for surgery. They also will be used to improve the strength and mobility of your operated hip following surgery. Exercises one through six are performed while lying on your back.

- **Ankle Pumps**
  Move your feet up and down through the full range of movement available.

- **Ankle Circles**
  Move your feet around in circles — clockwise, then counterclockwise.

- **Quadriceps Setting**
  Tighten your thigh muscles, pressing the back of your knee down into the bed. Hold this contraction for a count of 5, then relax.

- **Gluteal Setting**
  Squeeze your buttocks together. Hold the contraction for a count of 5 and relax.
Heel Slide
While lying flat on your back, place a plastic bag under your foot. Slide that foot up, bending your hip as much as possible, then slide your foot back down. As you get stronger, you may lift your foot off the bed and continue to bend your hip to 90 degrees.

Hip Abduction
With the plastic bag under your foot, slowly slide your leg out to the side as far as possible. Then slide it in. Do not let your foot cross the midline.

Knee Extension
While sitting, lift your leg up to straighten your knee. Hold this position for a count of 5, then slowly lower your leg.
Precautions Following Hip Replacement Surgery

• Do not lean forward when standing up.
• Use chairs that have arms.
• Do not use chairs with wheels unless they have wheels that can be locked.
• Remember to scoot to the edge of the chair (bed) and push up from the sitting surface to stand. Do not pull on the walker.
• Do not twist to wipe yourself during toileting or to flush the toilet.
• Do not sit in the bathtub.

Range of Motion Precautions Following Hip Replacement Surgery

As you recover from your hip replacement surgery, your hip heals by forming scar tissue. This process helps to stabilize your new hip joint. During the initial 6 to 12 weeks following your surgery, you will be asked to follow certain “hip precautions.” These precautions have been designed to help you avoid positions that could cause your hip to become unstable and dislocate. These are not lifetime restrictions. Nevertheless, they should be strictly followed for a period of 6 to 12 weeks following your hip replacement. Please consult your surgeon before discontinuing these precautions.

1. Do not bend your hip past 90 degrees.
   Therefore:
   • Do not lean forward while sitting or while attempting to stand.
   • Do not sit in a low chair, sofa, or recliner. While sitting, your knees should not be higher than the level of your hips.
   • Do not bend forward to put on your shoes and socks.
   • Do not use an exercise bike until the surgeon permits.
   • Avoid waterbeds until the surgeon permits.
   • Use an elevated toilet seat.

2. Do not cross the midline of your body with your operated leg.
   Therefore:
   • Do not cross your legs at any time.
   • Always place a pillow between your knees when lying on one side.
   • Keep your knees apart at all times, especially while getting in and out of bed. If you find it difficult to remember this, keep a pillow between your knees.

3. Do not twist your leg in or out.
   Therefore:
   • Do not pivot on either foot while turning. Instead take small steps as you turn. While performing any activity, think about what you are doing to ensure that you follow these precautions.
Standing and Sitting Following Hip Replacement
Before sitting, keep in mind that it will be harder for you to stand up from low chairs. A chair with armrests will make it easier for you to get up.

**Standing**

Scoot to the edge of the chair keeping the operated leg extended.

Push up with the help of your arms and good leg. Do not lean forward as you stand.

Reach out and take hold of the walker. Take a minute to make sure you feel steady before walking.
Sitting
Do the same movements as standing, but in reverse.

Back up with the walker until you feel the chair behind your unoperated leg.

Slide your operated leg forward. Reach back for the armrests, one hand at a time.

Use your hands to lower yourself into the chair, sliding your operated leg forward as you sit.

Scoot back into the chair with the help of your arms.

Hip Replacement
Bed Transfers Following Hip Replacement

Getting Out of Bed

Push up with your elbows and hands until you are sitting, leaning backwards and supporting yourself with your hands as shown above.

Slide your legs out, one at a time, until you are sitting at the edge of the bed, supporting yourself with your hands behind you. Always keep your knees apart.

Getting Into Bed

Hint: Stay in the sitting position until you have both legs on the bed.

Once you are sitting on the edge of the bed, bring your unoperated leg onto the bed.

Gradually scoot your hips toward the center of the bed. Slowly, bring your operated leg up onto the bed without twisting. Make sure you keep your knees apart.

Once you are in the position shown, gently lower yourself with the help of your elbows.
Turning in Bed Following Hip Replacement

While on your back, bend your hips and knees. Place one to two pillows between your knees to keep your legs apart.

Turn to your side keeping the pillows between your knees. Keep the pillows in place for comfort or as long as you need.

Car Transfers

It is better for you to ride in the front passenger seat of a mid-size or large car with regular seats. Stand with your back toward the car. Put your operated leg out in front of you.

Sit down slowly. Use your arms and strong leg to scoot back and slide your operated leg onto the seat. Placing a plastic trash bag under your bottom makes it much easier to slide over cloth car seats. Keep moving backwards until your operated leg is totally supported by the seat. Use a pillow behind your back to ride comfortably.

To get out of the car, just reverse your movements. Be sure not to break hip precautions by leaning forward to grab your walker. Push straight up with your arms and your strong leg.
Getting In and Out of the Shower Seat Following Hip Replacement

Using a Shower Seat with a Walker
You will need to get your surgeon’s permission before you get your incision wet. When you first begin taking showers after your surgery, it is best to have someone help you into the shower stall or tub. You should NOT attempt to step over the side of the tub by yourself. The shower seat is important for people who cannot tolerate standing to shower. Do NOT attempt to sit in the tub.

Place the shower seat firmly in the tub. Stand with your back toward the bathtub with your walker in front of you.

Lower yourself onto the shower seat while reaching back with one hand. Do not plop down! Slowly lift your unoperated leg over the side of the tub.

Use your arms to gently lift your operated leg over the side of the tub.

Slide your bottom back to make sure you are in a safe, comfortable sitting position. Be sure to maintain hip precautions, if needed, by NOT bending forward to reach for your soap, shampoo, or faucets. Have your reacher nearby. We recommend you fit your shower with a hand-held sprayer prior to your surgery.

To get out of the tub, lift your operated leg as you use your strong leg to help turn your body. Place your feet flat on the floor before you attempt to stand up.

Caution: Be aware of wet floors!
Preparing for Surgery

Preoperative Instructions for Medications
Your current medications will be provided by the hospital. Bring a list of your prescriptions with you on the day of admission. We will check your list to verify that we have the most current information. On rare occasions, the hospital will not have the medication you need, but we will make every effort to secure it for your stay.

Blood Thinners (Anticoagulants)
If you take anticoagulant medication such as aspirin, Coumadin® (warfarin), Prada® (dabigatran), Plavix® (clopidogrel), heparin, Ticlid® (ticlopidine), Persantine® (dipyridimole), or Lovenox®, these will need to be stopped at least 7 days prior to your surgery. Your primary care physician must be consulted before discontinuing these medicines.

Diabetes Medications
Diabetic patients need to contact their physician prior to surgery. Most diabetic medication needs to be adjusted the evening before or the morning of surgery.

Rheumatoid Arthritis
If you are taking Enbrel® (etanercept), Remicade® (infliximab), or others, let your physician know you are going to have total joint replacement surgery. These medications need to be stopped prior to your surgery and cannot be restarted without the permission of your orthopaedic surgeon. The use of anti-inflammatory medications, such as aspirin, ibuprofen, and naproxen needs to be discontinued 1 week prior to surgery.

Estrogen-Containing Medication
Any medication containing estrogen, like an oral pill, a patch, or a topical cream, should be stopped one week prior to surgery and not resumed until you are fully active again. Patients taking Evista® (raloxifene HCl), should also discontinue use, as either forms of medication could increase the risk of blood clots during recovery.

Herbal Supplements
Stop taking any herbal supplements, including fish oil and daily vitamins, 7 days prior to surgery. Please bring a complete list of all herbal supplements, vitamins, or any over-the-counter medication you may be taking, to review with your surgeon.

Additional Information
Smoking is always discouraged because it increases the chances of postoperative infection, blood clots, and breathing problems. If you cannot quit, please do not smoke for 24 hours before your surgery.
Preparing for Surgery

Time of Admission
A surgical scheduler from UPMC Hamot will call you the day before your procedure between 2 and 4 p.m. to tell you when to report to the hospital. If your procedure is scheduled on a Monday, you will receive this call on Friday. If you’re scheduled the day after a holiday, someone will call you on the last working day before the holiday.

Please note that schedules can change if emergencies arise. For this reason, please provide the scheduler a phone number where you can be reached before arriving for your surgery, so adjustments can be made.

If you have questions regarding your schedule or did not receive a phone call, please call 814-877-3330.

What to pack for your hospital stay
- Personal care
- Toothbrush/toothpaste
- Shaving equipment
- Deodorant
- Eyeglasses/contact lens case
- Hearing aid and extra batteries
- Dentures
- Medicine list and dosage times

Clothing
After surgery, you will be required to get up and move around for physical therapy. During these times, we recommend the following clothing:
- Total knee replacement patients: Loose-fitting shorts or capris with a comfortable shirt.
- Total hip replacement patients: Loose-fitting pants, such as sweat pants and a comfortable shirt.
- We will provide you with non-skid footies to wear during therapy sessions.

We recommend that you do not keep valuables, such as jewelry or large sums of money in your room. If you do bring valuable items, please ask your nurse to place them in the safe. UPMC Hamot does not accept responsibility for items of value, unless they are placed in the safe.

The Day Before Surgery
To prepare for your procedure — for your safety — you should have absolutely nothing to eat or drink after midnight the night before. This includes the morning of your surgery — no food or beverages (including coffee). Try to relax and have a quiet evening.
Preparing Your Home

We want you and your family to understand the care you will need after you go home. The staff will begin your discharge teaching at your pre-surgery visit to the hospital — before you have had your surgery. Please let us know if we can help you with any additional health education needs that you may require.

There are many things that you can do before surgery to make your recovery easier and safer. Preparing your home before surgery makes less work for your family while you are in the hospital and also makes your discharge smoother.

Make sure all floors are clear of tripping hazards:
- Remove all throw rugs.
- Secure all loose cords to the floor or carpet with tape.
- You may need to rearrange some furniture so there is enough clearance for a walker.
- Make sure your pets stay out of your way when you use a walker.

Rearrange things for easy access:
- Place the phone within easy reach.
- Make sure you have good lighting and that switches are accessible.
- Purchase a nightlight(s).
- Attach a bag or light basket to the walker to carry lightweight objects, if needed.
- In the kitchen, have someone remove your frequently used items from the top shelves and bottom cabinets and place them on the countertop.
- Store all food and other supplies between your waist and shoulder level.
- Do not use step stools or reach for objects on your tiptoes.
- If you normally sleep on the second level of your house, it is best that you limit going upstairs to one or two times a day. You may consider preparing a room on the first floor with all the needed supplies, so that you can rest during the day.
Your Family

Hotel and Lodging Options
If you plan on staying close to UPMC Hamot, these hotels are within a short drive. You can call 814-877-2135 (Ext. 2135 from inside the hospital) or stop by the desk at the UPMC Hamot Women’s Hospital main lobby, and a customer service representative can help you with local hotel reservations.

Downtown Erie
Sheraton Bayfront Hotel
55 West Bay Dr.
814-464-2005

George Carroll House Bed & Breakfast
(The Hamot Family House)
401 Peach St.
814-459-2021

West Side Erie
Bel-Aire/Clarion Hotel & Conference Center
2800 W. 8th St.
814-833-1116

Comfort Inn
3041 W. 12th St.
814-835-4200

Off of Interstate 79, Exit 180
Erie Homewood Suites
2084 Interchange Rd.
814-866-8292

Fairfield Inn
2082 Interchange Rd.
814-868-0985

SpringHill Suites
2087 Interchange Rd.
814-864-5000

Off of Interstate 90, Exit 24
Comfort Inn
8051 Peach St.
814-866-6666

Country Inn & Suites
8040 Oliver Rd.
814-864-5810

Courtyard by Marriott
7792 Peach St.
814-860-8300

Econo Lodge
8050 Peach St.
814-866-5544

Hilton Garden Inn
2225 Downs Dr.
814-866-1390

Holiday Inn Express
8101 Peach St.
814-217-1100

Residence Inn by Marriott
8061 Peach St.
814-864-2500

Off of Interstate 90, Exit 27
Days Inn
7415 Schultz Rd.
814-868-8521

La Quinta Inn & Suites
7820 Perry Highway
814-864-1812

Quality Inn & Suites
8040 Perry Highway
814-864-4911
Directions & Parking

Directions
The map below shows directions to UPMC Hamot. If you need additional directions from outside the area shown below, alternative directions are available at UPMCHamot.org.

Parking

Valet Parking
Monday to Friday, 6 a.m. to 8 p.m.
Saturdays, Sundays, and holidays, 10 a.m. to 8 p.m.

For a small fee, valet parking is ideal for patients and visitors who are from out of town or who find walking longer distances a challenge. It also allows the caregiver or family member to stay with the patient, rather than having to drop him or her off and park the vehicle.

A valet will greet you at the main entrance to UPMC Hamot on State Street and take your vehicle to be parked. Fifteen minutes before you are ready to leave, call 814-877-5454, and your vehicle will be returned to the front entrance. Valet parking provides a more convenient experience while you’re at the hospital.
For Shorter Stays
Metered parking lots are located at Third and French streets near UPMC Hamot’s Emergency Department and south of Third Street between State and French streets. A public parking ramp operated by the Erie Parking Authority is located just south of UPMC Hamot, between State and French streets. To park in this ramp, enter on East Third Street. Hourly and daily rates are offered.

For Longer Stays
For extended visits, temporary parking passes may be available at a discounted rate. Check with the ramp parking attendant for more information.

For patients and guests who prefer parking in a free lot, the Park & Ride shuttle service is available. The shuttle costs a small fee, and is offered Monday through Friday by the Erie Metropolitan Transit Authority from the Park & Ride lot on the Bayfront Highway (about one mile west of UPMC Hamot). The shuttle service also runs Monday through Saturday from the Erie Intermodal Transportation Center located northeast of the Bayfront Highway and Holland Street intersection. Passengers are dropped off at the main entrance to UPMC Hamot.

For more information on where to park and how to pick up the shuttle, including a schedule, updated fares, and a map, visit www.ride-the-e.com, or call 814-877-7007.

Security Escorts
If you are leaving UPMC Hamot after dark, a member of the UPMC Hamot Security Team will be happy to escort you to the nearby parking areas. Ask the staff at the Information Desk in the Main Lobby to call Security for you or call 814-877-6666.
Day of Surgery

The Day of Surgery

- You may brush your teeth, but do not swallow anything.
- You may shower and use deodorant, but do not put on cologne, perfume, powders, makeup, hairspray, or nail polish.
- Wear comfortable clothes that are loose enough to fit around a postoperative bandage, which may be bulky. (Your clothes will be placed into a bag, so wear things that can be folded easily.)
- If you wear contacts or glasses, remember to bring your lens case.
- Bring with you any reports or printed materials given to you by the physician or laboratory staff.
- Remember to bring your driver’s license and any insurance cards.
- Bring your prescription medications with you. These need to be verified in our computer system.

Your Surgery
Date: _______________________________ Time: _______________________________

When You Arrive
When arriving for surgery, please enter through UPMC Hamot’s State Street entrance and check in at Outpatient Scheduling, where you will receive your ID wrist bracelet before proceeding to the second floor waiting room. Plan to arrive 2 HOURS prior to your scheduled surgery time.

Holding Area
Up to two family members may wait with you in the Holding Area until you go into surgery.

Spiritual care is available to you. A chaplain will pray or talk with you at any time. Please let your nurse know if you would like to see a chaplain before your surgery.
Surgery
Surgery usually lasts 1 to 2 hours for a single joint and 2 to 3 hours for two joints or a revision. During your surgery, your family can wait in the surgery waiting room on the second floor.

PACU (Recovery Room)
When the surgeon speaks to your family following surgery, you will still be in the operating room suite. It takes approximately 20 to 30 minutes for you to be transported to the Recovery Room. Once you’re in the Recovery Room, the nurses need to make sure you are stable and pain controlled before family may visit, which is approximately 45 to 60 minutes. Up to two family members are permitted in the Recovery Room for a short visit during the recovery period prior to your being transported to your room on the fourth floor. If you request no visitors, your family will be informed of this and given updates on how you are doing. Occasionally, the time in the Recovery Room is so short the family is not brought in for a visit. Your family may then visit you in your room on the fourth floor.

Second Floor Patient and Family Reception Area
While you are in surgery, your family can wait in the second floor patient and family reception area. This area is staffed by a patient care assistant from 5 a.m. to 8 p.m., Monday through Friday. Coffee, tea, and juice are provided during these hours. Rooms are available for private consultation among physicians, patients, and family.

Cell phones may be used in this area. There is a bank of phones on the wall that may be used free of charge for local calls. Phone cards are available in the gift shop on the first floor of the hospital, if your family needs to make a long-distance call.

A pager system is used so the staff can locate your family, if needed. The pagers work throughout the hospital and outside the building. If your family leaves the UPMC Hamot campus, please have them inform the staff at the reception desk. If you leave and need to call back to the reception area, the number is 814-877-7779 (or Ext. 7779 from any UPMC Hamot phone).

Family Spokesperson
We believe that communication is important. For this purpose, we ask that you designate a family spokesperson.

This person should be your immediate next of kin or medical power of attorney. They will be the first person contacted by the nurse or physicians. Also, a yellow privacy card with an identification number will be given to the designated family member. To receive any information about your care, they must give this number.
### Patient Care Guide

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<td><strong>Diet and Elimination</strong></td>
<td>Before Surgery: Do not eat, drink, or take medication after midnight, unless instructed by your physician. Do not smoke for at least 24 hours prior to surgery.</td>
<td>After Surgery: Your IV fluids will be continued until you are able to eat and drink. You will start liquids. You may have difficulty urinating due to anesthesia or being in bed. A catheter may be placed during surgery. The nurse will check your status.</td>
<td>You may return to your regular diet. If a catheter has been placed, it will be removed this morning.</td>
<td>You may eat a regular diet with whatever modifications you prefer. You may ask for a laxative if you have not had a bowel movement.</td>
<td>It's time to leave the hospital. Your schedule for the day will be: Get up at 6 a.m. Take some pain pills. Eat breakfast. Get cleaned up. Go to physical therapy. Have your family member come for you by noon.</td>
</tr>
<tr>
<td><strong>Comfort and Pain Control</strong></td>
<td>Before Surgery: Relax and get a good night's rest. Shower or bathe with CHG soap for 2 days prior to surgery. Do not wear nail polish, artificial nails or makeup. Wear easy-to-remove, comfortable clothing. Bring leisure activities you enjoy doing. Plan to arrive 2 hours prior to your scheduled surgery time, unless otherwise instructed by pre-op screening.</td>
<td>After Surgery: Our goal is for your pain to be under control so you can participate in your care. Please tell us when you begin to hurt. You may receive pain medication through your IV or by oral pills. Be sure to take pain medication 30 minutes prior to your physical therapy. Take pills at breakfast and 4 hours later at lunch in preparation for therapy.</td>
<td></td>
<td></td>
<td>Be aware that after your surgery you will most likely set off metal detectors at the airport. Tell airport personnel prior to being scanned that you have a joint prosthesis.</td>
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</tbody>
</table>

### Hip and Knee Center

- Phone: 814-877-5646
- Website: UPMCHamot.org
<table>
<thead>
<tr>
<th>Patient Care Guide</th>
<th>Before Surgery</th>
<th>After Surgery</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Discharge Day 3</th>
<th>Special Notes</th>
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<tr>
<td>Safety and Activity</td>
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<td></td>
<td><strong>Breathe deep</strong> and use your incentive spirometer often.</td>
<td><strong>Physical therapy will work with you twice a day while you are in the hospital.</strong></td>
<td><strong>You will learn transfers and how to navigate stairs in physical therapy.</strong></td>
<td><strong>Your incision staples will be removed at your post-op visit.</strong></td>
<td><strong>An evaluation of your hospital experience will be mailed to you in the next few weeks. We need your comments and suggestions to improve our service to you.</strong></td>
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<tr>
<td></td>
<td><strong>Exercise your legs often.</strong></td>
<td><strong>Sequential compression devices will be used to prevent blood clots in your legs and to decrease swelling.</strong></td>
<td><strong>You may begin an occupational therapy program if indicated.</strong></td>
<td><strong>Hip Patients:</strong></td>
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<tr>
<td></td>
<td><strong>You will have a thick bandage and possibly a drain in your hip/knee.</strong></td>
<td><strong>Hip Patients:</strong></td>
<td><strong>Continue hip precautions per your surgeon’s instructions.</strong></td>
<td><strong>No driving until cleared by your physician.</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>The nursing staff will help you turn to unoperative side.</strong></td>
<td><strong>Physical therapy will work with you twice a day while you are in the hospital.</strong></td>
<td><strong>You may begin an occupational therapy program if indicated.</strong></td>
<td><strong>Continue your exercise program at home. You should put weight on your affected side (weight-bear) as your physician instructs.</strong></td>
<td></td>
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<tr>
<td></td>
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<td><strong>No driving until cleared by your physician.</strong></td>
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<tr>
<td>Going Home</td>
<td><strong>Plan to have a care partner at your home for at least the first week after discharge.</strong></td>
<td><strong>If you have any discharge needs, a case manager will discuss these with you and your family.</strong></td>
<td><strong>Make sure you have a family member or friend accompany you during discharge.</strong></td>
<td><strong>Hip Patients:</strong></td>
<td><strong>Your goal is to go home, but for those who need it, extended care facilities and rehabilitation units are an option. Home care services also are available to assist in your recovery.</strong></td>
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<td><strong>Plan to have a care partner at your home for at least the first week after discharge.</strong></td>
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</table>
What Is a Surgical Site Infection?

A surgical site infection occurs when bacteria (germs) enter your body at or near the incisional site, causing damage that prevents the wound from properly healing.

**Common Symptoms:**
- Unusual redness and excessive pain at the area of surgery.
- Drainage of cloudy and/or foul smelling fluid from the surgical wound.
- Fever/chills.

**Where Does the Bacteria Come From?**
1. Self-contamination — migration of the patient’s own natural bacteria (which is present on the skin, mucous membranes, or intestinal tract) to the surgical site.
2. Direct contact — transfer from surgical equipment or the hands of medical personnel.
3. Airborne dispersal — air contaminated with bacteria that deposit onto the wound.

**Can Surgical Site Infections Be Treated?**
Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given will depend on the bacteria causing the infection. Sometimes another surgery is necessary to thoroughly clean the infected wound.
What Are Some of the Things the Hospital Is Doing to Prevent Surgical Site Infections?

To prevent surgical site infections, doctors, nurses, and other health care workers:

- Wash their hands and arms up to their elbows just before surgery.
- Clean their hands between caring for each patient.
- May use clippers to remove hair from the area where surgery will take place. (They should NOT use a razor).
- Clean skin around the surgical site with antiseptic.
- Wear special masks, gowns, and gloves to keep the surgical area clean.
- Give you antibiotics before your surgery. In most cases this occurs within 1 hour before the surgery starts. The antibiotics should be stopped 24 hours after surgery. (Prolonged use increases the risk of side effects, such as stomach ache and diarrhea).
- It is important to note that there are instances when it is necessary to continue an antibiotic for more than 24 hours.
- Keep you warm.
- Keep your blood sugar monitored (if you have diabetes).
What YOU Can Do to Prevent Infections After Surgery

When You Meet with Your Surgeon:
- Bring an up-to-date list of all medications/supplements you take and those you are allergic to.
- Tell the surgeon if you have diabetes.
- Ask if you will be getting an antibiotic prior to your surgery.
- Stop smoking, as it increases your risk for infection. Tell your surgeon if you smoke and need help stopping during your hospital stay. (UPMC Hamot is a non-smoking hospital.)

The Day and Night Before Your Surgery:
- Do not shave anywhere near your operation site.
- Do keep warm. Keeping warm before surgery lowers your chance of getting an infection.
- Do shower or bathe the night before and the morning of your surgery, using an antibacterial soap such as Dial® or Hibiclens®. Use a clean towel each time you dry off.

At the Time of Your Surgery:
- Find out how you will be kept warm during and after your surgery. Feel free to ask for extra blankets.
- Do not be afraid to ask your doctors and nurses to clean their hands in your presence before they care for you. They must always wash or sanitize their hands before and after patient care.
After Your Surgery:

- Clean your hands! Practicing good hand hygiene is the most important step in preventing infection. Wash or use waterless hand sanitizer often — especially after using the bathroom and touching soiled surfaces.
- Make sure your visitors clean their hands, and ask them to stay home if they feel ill.
- Tell your nurse if your wound dressing is loose and/or wet.
- Keep your wound clean and dry.
- Tell your nurse if your IV (intravenous catheter) dressing is loose, wet, red, or painful.
- Tell your nurse if your urinary catheter or drainage tube feels loose or comes out.
- Perform breathing exercises as directed to prevent pneumonia.
- Closely follow your physician’s instructions for cleaning and caring for your wound.

Seek Medical Advice if You:

- Notice an increase in drainage, foul smelling drainage, or redness around your incision.
- Experience chills and/or a fever above 101°F.
- Have burning, frequency, or urgency upon urination.
Am I at Risk for Blood Clots? (Deep Vein Thrombosis)

What is Deep Vein Thrombosis (DVT)?
DVT occurs when a blood clot forms in a vein deep in your body. Deep veins are in the legs, thighs, and hips. The most common site for DVT is in the legs.

A blood clot is a solid mass of material that forms inside a vein and can interfere with the normal flow of blood — this is called thrombosis. Blood clots are helpful when there is an injury to a vein — the blood clot, or scab, seals the vein wall and prevents further bleeding. Blood clots are harmful when they occur inside the vein and block the flow of blood, as illustrated to the right. Blood clots in the veins also can break off and travel through the blood stream — called an embolism. The traveling blood clot could potentially cause conditions such as a heart attack, pulmonary embolism, and stroke.

Am I at risk for DVT?
There are many risk factors for DVT. As with many medical conditions, your risk for DVT is higher if you have had a blood clot before or if you have a family history of blood clots. The other risk factors of DVT are listed below. Keep in mind, the more risk factors you have, the more likely you are to develop DVT.

Damage to a vein
There are many causes of damaged veins. The most common causes are:

- Having a foreign item in your body (large IV tube, artificial heart valve)
- Smoking
- Varicose veins

Poor blood flow
Poor blood flow can be caused by the following:

- Heart or lung conditions
- Increasing age — 50 years of age or older
- Long periods without activity — being bedridden or sitting for many hours
- Obesity
- Pregnancy — during pregnancy and the first 6 weeks after giving birth
- Recent surgery or trauma
Preventing Blood Clots

**Thickening of blood**
Many things can cause your blood to thicken, including:

1. Medicines, such as those that treat cancer, and those that contain estrogen, as in hormone replacement therapy and birth control.
2. Certain medical conditions, such as thrombophilia (condition that causes blood clots to form without injury to the blood vessel), cancer (may increase the substances necessary for blood clotting), kidney disease, blood disorders, and autoimmune disorders.

**What are the signs and symptoms of DVT?**
Often, people have no signs or symptoms of DVT. Over a period of time, though, you may begin to see or feel any of the following in your hips, thighs, or legs:

- Swelling
- Hard, worm-like veins that may be felt through your skin
- Painful, tender, red, and warm areas
- Purplish-colored skin (not related to any recent surgical incisions or sites)
- Pain or tenderness when standing and walking

**How can I prevent DVT while in the hospital?**
Your nurse will measure your risk for DVT. If you are at risk, you will be given treatment that will be designed to your individual needs. Preventive treatments during hospitalization include:

- Stockings that squeeze your legs — these stockings help move the blood in your legs back up into your body. They prevent the blood from pooling in your legs, which can form clots.
- Early walking — walking and moving your legs frequently during your hospital stay helps move your blood through your legs.
- Blood thinners (anti-coagulants) — blood thinners decrease your blood’s ability to clot. Blood thinners come in the form of a pill, as an injection under your skin, or through your IV tube.
How can I prevent DVT at home?
Talk to your nurse about how you can prevent DVT at home. You may continue the same treatments you are receiving at the hospital. Below is a list of other preventive measures you can take:

- Avoid becoming dehydrated.
- Change body positions often.
- Elevate your legs.
- Maintain your ideal body weight.
- Quit smoking.

Where can I find more information about DVT?
If you would like more information about DVT while you are in the hospital, please ask your nurse. For more information after you leave the hospital, you can visit the following websites:

- Medlineplus
- National Heart Lung and Blood Institute
- American Medical Association
- Cleveland Clinic
  http://my.clevelandclinic.org/disorders/Blood_Clots/hic_Deep_Vein_Thrombosis_DVT.aspx
- Centers for Disease Control and Prevention
  www.cdc.gov/ncbddd/hbd/clotting.htm
- American Heart Association
  www.americanheart.org/presenter.jhtml?identifier=3010041
- Vascular Disease Foundation
  www.vdf.org/diseaseinfo/dvt/index.php
During Your Stay

The orthopaedic unit is located on the fourth floor of the medical center. The patients on this unit have bone, joint, or muscle problems. During your stay, a team of professionals will be caring for you. The team will develop and follow a plan of care that reflects your individual needs. Rooms have a dry-erase board on the wall that will be updated each shift to let you know the name of the nurse and patient care assistant (PCA) who will be giving you direct care. They work with your physicians and other staff — such as care managers and others, depending on your particular needs.

Nurses and support staff are here to care for you 24 hours a day. Our management team is available to help you with your questions, concerns or special needs.

Unit Manager       814-877-6326
Hip and Knee Unit (M–F) 814-877-5646

It is important to realize the role you play in your recovery. Be determined to do your best in physical therapy.

Pain Management
As a patient at UPMC Hamot, you can expect:

- Information about pain and pain relief measures.
- Concerned staff, committed to pain prevention and management.
- Health professionals who strive to respond quickly to reports of pain.
- State-of-the-art pain management.
As a patient at UPMC Hamot, we encourage you to:

- Ask your physician or nurse what to expect regarding pain and pain management.
- Discuss pain relief options and possible side effects with your physicians and nurses.
- Work with your physician and nurse to develop a pain management plan.
- Ask for pain relief when pain first begins.
- Tell your physician or nurse if your pain is not relieved.
- Tell your physician or nurse about any worries you have about taking pain medication.

Help your physician and nurse rate your pain by using the scale below:
Other Methods of Pain Relief

Ask your physician or nurse about other methods of pain relief including:

- Relaxation videos
- Exercise
- Massage or back rub
- Meditation or prayer

Personal Items

When you are not using personal items, such as eyeglasses and dentures, store them carefully in your bedside table. Please do not wrap your dentures in tissue paper or leave them on your meal tray where they might accidentally be discarded. UPMC Hamot is not responsible for loss or breakage of such items.

Medication

We are unable to use any medication brought in from home. Please send home any medicines you may have brought with you.

The hospital purchases medication from a variety of drug companies, so the pills you take here may not look like the pills you take at home. Please ask your nurse if you have questions about the medication you are receiving.

Call Button

The purpose of the call button is to contact your nursing care team. Our goal is to answer your call promptly and meet your needs.

Pastoral Services

UPMC Hamot is concerned about your spiritual and emotional needs. Chaplains visit the nursing units daily to talk with patients and meet their families. To request a visit, ask your nurse to make the contact or call Pastoral Services at Ext. 2336 from a hospital phone. You always can request prayer by calling PRAY (7729) from the hospital.

You and your family are encouraged to let your minister, priest, or rabbi know you are a patient at UPMC Hamot. However, a UPMC Hamot chaplain is always available. Anyone is welcome to worship at the UPMC Hamot Chapel, located on the first floor near the Main Lobby. For information on other places of worship, feel free to contact Pastoral Services or stop by the Information Desk in the Main Lobby.

Activity

Your physician will determine your activity orders. All joint replacement patients need to do ankle pumps and incentive spirometry 10 times every hour while awake. We will gladly assist you to the bathroom, to the chair, or to walk the hall. Please press the call button for help.
Patient and Guest Services

Communication Assistance
Please make sure our employees are aware if you have vision or hearing problems, do not speak English, or have other special needs. UPMC Hamot has special resources in place to assist those who need it.

Interpreter Services
UPMC Hamot offers free interpreter services for our foreign-language speaking patients, through a specialized tele-language service. These dual-handset telephones offer instant interpretation services for more than 170 languages, 24 hours a day. The interpreters receive advanced health care training that emphasizes the critical nature of accurate and confidential interpretation.

Hearing-Impaired Services
For our patients who are hearing-impaired, UPMC Hamot offers a variety of services to help with their stay. For those using sign language to communicate, we offer video-remote interpreting. The tele-video technology provides registered and nationally certified interpreters 24 hours a day, 7 days a week. We also have assistive listening devices on hand with headset/earpieces to amplify sounds, as well as hearing aid batteries and TTY (teletypewriter phones) with flashers to alert patients to incoming calls.

Blind/Low-Vision Patient Services
UPMC Hamot provides access to a wide range of adaptive equipment for patients who suffer from low vision or blindness, including magnifying glasses to read, large-button/amplified telephones, audio clocks, and large-print magazines.

Condition HELP
We rely on our patients and their families to be our partners in care. Condition HELP is a dedicated phone line for patients and families to use.

If you see a noticeable or urgent clinical change in the patient’s condition, please call the nurse. If you still feel that you need assistance, dial Ext. 7300 from any in-house phone, 24 hours a day, 7 days a week. After the call is placed, a Condition HELP will be activated, and a clinician will quickly respond to your needs.

Other Specialized Services
At UPMC Hamot, we strive to make every patient comfortable while they are in our care. Please let any one of our staff members know if there is something you need to help make your experience an easier one.
Discharge

We appreciate your patience when leaving the hospital.

Your physician will determine when you are ready to go home and will write the necessary orders. You will receive instructions about your care at home. If you have questions about your diet, medications, activities, follow-up appointments, or other matters, please be sure to ask.

We are counting on you to follow your physician’s instructions carefully. If you have any questions or problems after you are discharged, call your physician.

Personal Items
Check your room for any personal items you brought with you, and don’t forget to collect any valuables you have placed in our safe.

Transportation
Please have your transportation and care pre-arranged to leave the hospital on the day of discharge.

At the time of discharge, your family member or escort will be sent to bring a vehicle to the front circle of the hospital, and a staff member will transport you to your vehicle.

If it is necessary for you to be transported via an ambulance, your case manager will help you make arrangements. There is no guarantee of reimbursement for ambulance transportation from Medicare, Medicaid, or private insurance companies, even if it is physician-ordered. As with all medical expenses, the charges are subject to review and you will be responsible for any charges that are not covered.

Wheelchair-accessible vans also are available if you leave the hospital via a wheelchair. Wheelchair van transport is not covered by Medicare, and is rarely covered by private insurance companies. The case manager can provide you with a list of wheelchair van transport companies.

In either case, it is suggested that a family member transfer all personal belongings, if possible.

Bayside Pharmacy
You may choose any pharmacy you wish. However, Bayside Pharmacy is a convenient choice to fill prescriptions.

Located across from UPMC Hamot at 300 State St., it is open 8:30 a.m. until 5 p.m. weekdays and 8:30 a.m. until noon on Saturdays.
TOTAL JOINT DISCHARGE INSTRUCTIONS

<table>
<thead>
<tr>
<th>Activity:</th>
<th>Weight-Bearing Status:</th>
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<tbody>
<tr>
<td>Walk with:</td>
<td></td>
</tr>
<tr>
<td>_____ Walker</td>
<td>_____ Full weight</td>
</tr>
<tr>
<td>_____ Crutches</td>
<td>_____ Partial weight</td>
</tr>
<tr>
<td>_____ Cane</td>
<td>_____ Toe-touch</td>
</tr>
<tr>
<td>_____ RIGHT LEG</td>
<td>_____ No weight</td>
</tr>
<tr>
<td>_____ LEFT LEG</td>
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</tbody>
</table>

Other activity:  Incision care:
1. Remember to do your exercises daily.  2. May shower 2 to 3 days after surgery (no baths), then cleanse incision with Hibistat wipe.
2. DO NOT drive until you receive physician approval.  3. Leave incision open to air when no drainage.
3. Elevate your legs when sitting, recline back, toes above nose.  4. ________________
4. Get up once an hour during day and walk, increasing activity.  5. ________________
5. May resume sexual activity 4 to 6 weeks after surgery.  6. ________________

When to call for medical advice:
1. Pain in calf or thigh; increased swelling in calf.
2. Increased drainage or drainage becomes foul-smelling.
3. Chills or fever higher than 101 degrees Fahrenheit.
4. Shortness of breath, chest pain, or tightness.
5. Numbness/tingling in surgical leg.
6. Symptoms of wound infection or urinary tract infection.

Knee Reminders:  Hip Reminders:
1. Use ice packs at intervals to reduce swelling.  1. Do not bend forward when sitting or bring knees up higher than hip.
2. Use CPM machine (if ordered) minimum of 6 hours/day.  2. Do not turn your feet inward or outward.
3. DO NOT keep a pillow under the knee or keep knee in bent position.  3. Avoid twisting movements.
4. May sleep on back or either side.  4. DO NOT cross your legs for at least 8 weeks (check with your physician).

Remember to tell all your doctors and dentists about your joint replacement before any treatment. Please call your physician with any questions.
Postdischarge

Arrange for Help
Make arrangements to have someone stay with you, especially at night for the first couple of days. You will not be able to drive until your surgeon tells you it is OK. Ask a friend or family member if they will be able to buy groceries, run errands for you, and drive you to your appointments. You also may need help with cooking, bathing, and exercises.

Outpatient Services
Many patients will continue their physical therapy at an outpatient location. UPMC Hamot has our own outpatient rehabilitation centers. These centers provide expert care at the hands of highly qualified and dedicated staff to help patients recover fully and as quickly as possible. They are dedicated to helping restore function, improve mobility, relieve pain, and prevent disabilities for patients. The goal is to restore an optimal level of function and independence to your life. Outpatient rehabilitation centers are located throughout the community (see map on next page).

Additionally, patients also may require outpatient laboratory services.

Please locate an outpatient physical therapy clinic and medical laboratory that would be convenient if this is appropriate for you.
UPMC Hamot Centers for Rehab Services (CRS)

Erie Locations

1. CRS — Harborcreek
2101 Nagle Road
Tel: 814-877-7078
Fax: 814-899-5484
Physical therapy
Aquatic therapy
Lymphedema mgt.

2. CRS — North East
2060 North Pearl St.
North East, PA
Tel: 814-877-7536
Fax: 814-725-0149
Physical therapy
Aquatic therapy

3. CRS — Erie
4934 Peach St.
Tel: 814-877-5097
Fax: 814-864-9583
Physical therapy
Anodyne therapy

4. CRS — Erie
1600 Peninsula Drive
Tel: 814-877-6303
Fax: 814-877-6322
Physical therapy
Sports rehab
Anodyne therapy
Lymphedema mgt.

5. CRS — Erie
3535 Pine Ave.
Tel: 814-480-6845
Fax: 814-480-6847
Physical therapy

6. CRS — Erie
1325 West 26 St.
Tel: 814-452-4447
Fax: 814-452-4437
Physical therapy
Women’s rehab
Men’s health
Aquatic therapy
Anodyne therapy
Neurologic rehab
Vestibular therapy

Please call 814-480-8806 or visit UPMC.com/ErieCRS for more information.
**Home Health Care**

Most people prefer the comfort and security of home to recover and rehabilitate from surgery. Home health care services are available for people who do not require 24-hour-a-day care, but still require ongoing medical care. Home care services range from highly skilled and technical nursing, to physical therapy care and assistance with the essential activities of daily living. Home care services are normally covered by insurance if there is a medical need, the service is ordered by a physician, and the patient is homebound. The specific services provided depend on your individual needs and what your physician prescribes. Home visits from a registered nurse or physical therapist are covered by Medicare, Medicaid, and many private insurance companies, if you have skilled care needs and are considered homebound.

You have the right to choose your home care provider. You will be offered a choice of home care agencies should your physician want you to have services in your home. UPMC Hamot has our own home care company, Great Lakes Home Healthcare (GLHH), that provides services to patients in Erie County. Please consider choosing this agency for your home care needs. GLHH can be reached at 814-877-6120.

Some patients will need assistance with bathing, meal preparation, and light housekeeping after discharge from the hospital. Medicare, Medicaid, or private insurance do not cover custodial care or extended care hours.

**Home Delivered Meals (Meals on Wheels)**

You may qualify for delivered meals service if you are unable to prepare or shop for food. Service is limited and is not available in all locations. Your case manager can assist you by identifying services that are available in your area. There is a charge for the delivered meals.

You may find it more feasible to purchase frozen dinners prior to your surgery to have available when you return home. Local grocery stores may deliver for an added charge.
Durable Medical Equipment

You may need some equipment to help you during your recovery. Some of this equipment is optional and insurance coverage varies. Your case manager will review any equipment needs with you and assist you in obtaining any durable medical equipment (DME) you will need at home after discharge.

DME for total joint patients may include walkers, continuous passive motion machines, crutches, and 3-in-1 commodes. DME can be delivered to the hospital or your home. You may obtain a prescription from your physician and obtain equipment before surgery. Please refer to the enclosed brochure for more information about the different types of durable medical equipment that could be helpful during your recovery.

You will have a choice of medical equipment providers. MedCare Equipment Company is a UPMC Hamot affiliate that can provide these products and services for you. They can be reached at 814-877-6121. They have a retail location at 1700 Peach St. in Erie and also provide free delivery and set-up of larger equipment items.

A physician’s order is usually required for a DME. Your insurance company’s guidelines will determine reimbursement. Insurance coverage is determined by benefits available and medical necessity as determined by your insurance plan administrator. Medicare and Medicaid have specific criteria for DME coverage. Equipment recommended by your health care team may not be covered by your insurance plan.
Extended Care Facilities, Skilled Nursing, and Rehabilitation Units

If you need additional rehabilitation after your acute hospital stay, your case manager will assist you. The case manager will review the physician recommendations, physical therapy progress, and your care needs to determine the level of care required. There are different levels of care available, including extended care facilities (skilled and intermediate care), transitional care units (skilled care), and rehabilitation hospitals (acute and subacute care). Placement is determined by the level of care you need (medical necessity), physician orders, bed availability, and payment source.

Because the timeline for selecting a facility can be very short, it is very important that you and your family discuss potential choices prior to your surgery, in the event that a transfer is necessary. The case manager or social worker can provide you with a list of facilities to visit and tour prior to your hospitalization.

Only your insurance company can provide information on coverage. Private insurance companies may have “preferred providers,” and benefits vary. Using a preferred provider will maximize your insurance benefit. Contact your insurance customer service representative to determine which preferred provider and benefits are available. If you are told that you do not have a benefit for this service, ask the insurance representative to look under “skilled care,” “convalescent care,” or “rehabilitation.” Medical necessity for inpatient rehabilitation is determined by your insurance company. Your progress and participation in physical therapy after surgery contributes significantly to their approval process. Custodial care or lack of a caregiver in the home does not constitute medical necessity.

The case manager/social worker will facilitate your transfer to the skilled nursing facility, including your medical records and mode of transportation. Based on your care needs, you may be transported by family car, wheelchair van, or stretcher ambulance. You will not be released from the hospital until your physician has written an order for your transfer.

The decision to continue your rehabilitation at another facility is a difficult one for most patients and families. We are here to help you with this process and want to make your transition a smooth and comfortable one.
Healthy Living

Changing your lifestyle to improve your health is one of the best gifts you can give yourself. UPMC Hamot offers many programs to give you the information, support, and encouragement you will need to be successful.

Tobacco Cessation
Are you ready to end your dependence on tobacco? Tobacco use is directly linked to degenerative back disease and inhibits wound healing in patients who require surgery. If you continue to use tobacco in any form, it is time for you to get help. The UPMC Hamot Health Connection offers several classes designed to help you kick the habit. For information call 814-877-6145.

Exercise
Once your surgery is complete, you will work with a physical therapist during your hospital stay and after discharge. You will gain valuable education on exercises and proper ambulation safety. It will be very important to continue your exercises at home, in therapy, and after discharge from physical therapy.

Nutrition
Healthy eating is always important, and it can help your body to be at its best before surgery, and the right foods can assist in healing. With a diet that is not as healthy, your body may heal more slowly or have a greater risk of infection.

For a healthy diet, eat a variety of foods each day from all food groups. Use the guide on the following pages to plan your diet. Do not try to lose weight before surgery, unless your physician tells you to do so. You also may have blood work drawn. If your diet needs to be improved, your physician may suggest that you meet with a dietitian.

Diabetic patients will be encouraged to maintain good blood sugar control prior to surgery and as you recover after being discharged. Updated diabetes and nutritional guides can be provided and every effort is made by our Great Lakes Diabetes Institute to contact diabetic patients by phone prior to surgery, if indicated.
<table>
<thead>
<tr>
<th>Foods</th>
<th>Recommended</th>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breads, Cereals, Rice, and Pasta</strong></td>
<td><strong>6–11 servings each day</strong></td>
<td></td>
</tr>
<tr>
<td>Serving size = one slice bread</td>
<td>Whole-grain breads, muffins, bagels, or pita bread</td>
<td>Scan food labels for bread and cereal products listing whole-grain or whole-wheat as the first ingredients. Look for cooked and ready-to-eat cereals with at least 2 g of fiber per serving.</td>
</tr>
<tr>
<td>1 cup ready-to-eat cereal</td>
<td>Rye bread</td>
<td></td>
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<tr>
<td>1/2 cup cooked cereal, rice or pasta</td>
<td>Whole-wheat crackers or crisp breads</td>
<td></td>
</tr>
<tr>
<td>1/2 bun, bagel or English muffin</td>
<td>Whole-grain or bran cereals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oatmeal, oat bran or grits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wheat germ</td>
<td></td>
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<tr>
<td></td>
<td>Whole-wheat pasta or brown rice</td>
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</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td><strong>3–5 servings each day</strong></td>
<td>Remember the peelings on fruits and vegetables contribute fiber.</td>
</tr>
<tr>
<td>Serving size = 1 cup raw leafy</td>
<td>All vegetables; in particular asparagus, broccoli, cabbage, carrots, cauliflower, celery, corn, greens, green beans, green pepper, onions, peas, potatoes (with skin), snow peas, spinach, squash, sweet potatoes, tomatoes, and zucchini</td>
<td></td>
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<tr>
<td>1/2 cup cooked or chopped</td>
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<tr>
<td>3/4 cup juice</td>
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<td></td>
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<tr>
<td><strong>Fruits</strong></td>
<td><strong>2–4 servings each day</strong></td>
<td>Eat raw fruits and vegetables — they have more fiber than cooked or canned foods or juice. Dried fruits also are a good source of fiber.</td>
</tr>
<tr>
<td>Serving size = 1 medium size</td>
<td>All fruits, in particular apple, banana, berries, grapefruit, nectarine, orange, peach, and pear.</td>
<td></td>
</tr>
<tr>
<td>1/2 cup chopped</td>
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<td></td>
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<tr>
<td>1/4 cup dried</td>
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<td></td>
</tr>
<tr>
<td><strong>Milk, Yogurt, and Cheese</strong></td>
<td><strong>2–3 servings each day</strong></td>
<td>Dairy foods provide little fiber. Boost fiber by adding fresh fruit, whole-grain or bran cereals, nuts, or seeds to yogurt or cottage cheese.</td>
</tr>
<tr>
<td>Serving size = 1 cup milk or yogurt</td>
<td>All</td>
<td></td>
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<tr>
<td>1–1/2 oz. natural cheese</td>
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<td></td>
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<tr>
<td>2 oz. processed cheese</td>
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<tr>
<td><strong>Meat, Poultry, Fish, Dry Beans and Peas, Eggs, and Nuts</strong></td>
<td><strong>2–3 servings or a total of 6 oz. daily</strong></td>
<td>Increase fiber in meat dishes by adding pinto beans, kidney beans, black-eyed peas, bran, or oatmeal. If you are following a low-fat diet, use nuts and seeds only in moderation.</td>
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<tr>
<td>Serving size = 2–3 cooked; count 1 egg, 1/2 cup cooked beans, 2 Tbsp peanut butter or 1/3 cups nuts as 1 oz. of meat</td>
<td>All beans and peas, in particular garbanzo beans, kidney beans, lentils, lima beans, split peas, and pinto beans. All nuts and seeds, in particular almonds, peanuts, Brazil nuts, cashews, peanut butter, walnuts, sesame, and sunflower seeds. All meat, poultry, fish, and eggs.</td>
<td></td>
</tr>
<tr>
<td><strong>Fat, Snacks, Sweets, Condiments, and Beverages</strong></td>
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<td></td>
<td>Popcorn, whole-wheat pretzels, or trail mix made with dried fruit, nuts, and seeds</td>
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<tr>
<td></td>
<td>Cakes, breads, and cookies made with oatmeal, fruit, and nuts</td>
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</table>
**Nutrition Therapy for Anemia**

You need iron for healthy blood. The iron in your blood carries oxygen throughout your body. Oxygen helps turn food into energy. Iron-poor blood, called anemia, can make you tired, weak, and more likely to get sick. It can lead to pale skin, shortness of breath, and poor appetite.

Eat foods high in iron every day. Your body uses more iron when you eat a food high in vitamin C at the same meal. You also can improve your body’s use of iron by limiting the use of foods such as coffee and tea when you eat iron-rich foods.

Eat an iron-rich food and vitamin C-rich food at each meal. Foods that may reduce your body’s ability to use iron should be eaten between meals. Include a good source of folic acid in your diet each day.

**Eat iron-rich foods at each meal:**
- Liver, liverwurst
- Peas such as green, split, or lentils
- Red meats
- Tuna fish
- Shellfish
- Cereals with added iron
- Collard greens
- Spinach
- Kale
- Game meats
- Turnip greens
- Dried fruits
- Prune juice
- Egg yolk
- Molasses
- Beans such as lima, pinto, or kidney

**Eat a vitamin C-rich food with your iron-rich food:**
- Orange juice
- Grapefruit juice
- Kiwi fruit
- Tomato juice
- Broccoli
- Strawberries
- Brussels sprouts
- Oranges
- Cantaloupe
- Cabbage
- Green pepper
- Cauliflower
- Watermelon
- Tomatoes
Fiber
By incorporating a high-fiber diet into your lifestyle, you can help prevent and treat constipation. For some people, it also may help to lower blood cholesterol and control blood-sugar levels. A high-fiber diet provides 20 to 35 grams of fiber per day.

Please note: A high-fiber diet may not be appropriate for people with certain medical conditions. Please check with your physician before beginning a high-fiber diet.

Important Points to Keep in Mind
- The foods that supply the most fiber are whole-grain breads and cereals, grains, fruits, and vegetables.
- As you add more fiber to your diet, do it gradually. Too much fiber added too quickly may cause gas, cramping, bloating, or diarrhea.
- Drink plenty of fluids, at least eight glasses every day.

Sample Menu for a Diet High in Fiber

<table>
<thead>
<tr>
<th>Time</th>
<th>Items</th>
</tr>
</thead>
</table>
| **Breakfast** | Grapefruit  
|          | Whole-grain cereal with raisins  
|          | Whole-grain toast with margarine and jam  
|          | Milk and coffee or tea |
| **Lunch**   | Split pea soup with whole-wheat crackers  
|          | Hamburger with mustard, ketchup, sliced tomato, onion, and lettuce  
|          | Fresh fruit salad  
|          | Water |
| **Snack**   | Bran muffin  
|          | Milk |
| **Dinner**  | Tossed salad with vinegar and oil dressing  
|          | Broiled chicken breast  
|          | Herbed brown rice  
|          | Steamed broccoli  
|          | Whole-grain roll with margarine  
|          | Low-fat frozen yogurt with fresh blueberries  
|          | Iced tea with lemon |

UPMC Hamot dietitians are happy to answer your questions. Just call the “Dial-a-Dietitian” line at 814-877-6142.

Thank you for choosing UPMC Hamot for your joint replacement surgery. You will be receiving a survey that will ask you questions about your experience. We appreciate your comments and suggestions on what we could do to improve our service.
Frequently Asked Questions

1. **How long will I need to stay in the hospital?**
   The average length of stay is three to four days. For example, if your surgery is on a Monday, you can expect to be ready for discharge on Thursday.

2. **Will I need to go to a rehab facility?**
   Most of our patients are discharged to home. Your progress will be monitored and a determination will be made for discharge to home or a rehab facility.

3. **What if I live alone?**
   It would be best to have someone stay with you, or you could make plans to stay with someone for a few days, until they are confident that you are safely able to take care of yourself.

4. **What do I need to do to get into a rehab facility?**
   Our care managers will assist you with discharge planning, provide you with a list of facilities to choose from, and obtain insurance authorization for your stay. Check with your insurance provider to see if they will provide a list of facilities that are covered under your plan. This will save time and eliminate delays caused by insurance denial. You may be asked to choose at least two facilities, in case your first choice does not have a bed available at your time of discharge.

5. **What equipment will I need?**
   **Walker:** A walker with wheels on the front will be dispensed to you if you are being discharged to home and do not have one.

   **Shower Chair or Bench:** (optional) You might not need this if you have a walk-in shower. Having a chair or shower bench makes it easier and safer to transfer into a tub by sitting down on the seat, then swinging your legs into the tub. This is typically not covered by insurance.

   **Hip & Knee Kit:** (optional) Contains reacher, grabber, long-handled shoe horn, sock-aid, and a long-handled sponge for bathing. These tools will be demonstrated by the occupational therapist, are available for a fee, and can be purchased during your stay.

   **Extended Toilet Seat:** (hip replacement) You will need to know if your toilet bowl is round or oblong, since the device we obtain for you will differ accordingly. Knee replacement patients who are tall also may need an extended seat.
6. **When can I shower?**
   You may shower (no tub baths) after discharge from the hospital. You will be instructed in the care of your incision. Use bath mats to prevent slipping. Consider grab bars if you do not already have them. Suction-type bars are available at medical supply stores if you do not want to put up a permanent one.

7. **When can I drive?**
   This can vary from three to six weeks and depends on:
   - Which leg you had surgery on (right or left).
   - Which joint was replaced — hip or knee.
   - Your mobility.
   - The amount of narcotic medication you still require.

8. **Will I need physical therapy after discharge?**
   Yes, usually for about six weeks, but this can vary.

   Our care managers will arrange physical therapy prior to your discharge. You have the following options:

   A) In-home therapy three times per week for two weeks, then outpatient therapy, also three times per week (most choose this option).

   Or:

   B) Starting outpatient therapy three times per week immediately after discharge.

   Some insurance companies do require a copay with each outpatient therapy visit. Check with your insurance provider so you know what to expect and can be prepared for this expense.