

Banner Surgery Center – Ironwood

Joint Replacement Pre-Operative Education



Mission: To provide exceptional care and outstanding customer service to every patient, every time.

Banner Surgery Center – Ironwood

37200 N. Gantzel Rd., Suite 100, Queen Creek, AZ 85140 | 480.307.6741



Banner Surgery Center – Ironwood

Your physician has scheduled you for surgery at Banner Surgery Center – Ironwood, an Arizona State licensed, Medicare certified, and Joint Commission accredited Ambulatory Surgery Center.

Please go online at <https://onemp.com/fid/1466> to complete your Registration and Medical History.

1. Select the “Register button” to create an account & follow the prompts
2. If you already have an account just log in

Absolutely no food or drink of any kind after midnight the day before your surgery unless explicitly ordered by your surgeon (that includes: gum, candy, mints, and throat lozenges). If you use tobacco of any type or alcohol, please refrain after midnight prior to surgery date.

If you take any prescription medications or over the counter medications (including ALL vitamins and supplements), refer to your surgeon’s instructions, especially for blood thinners. If you are instructed to take medications on your day of surgery, please take them with a small sip of water only.

Patients who begin to run a fever over 100 degrees, have a productive cough, general cold symptoms, vomiting or diarrhea 48 hours prior to surgery should contact their surgeon immediately as surgery may need to be rescheduled.

Any patient having sedation in our center will need to be accompanied by a responsible adult who must be present at the facility before discharge and accompany them home. Patients should also have someone 18 years or older available to them up to 24 hours after surgery. Using a bus or car sharing service, such as Lyft or Uber, for transportation is not permitted for your safety.

You will need a picture ID, your medical insurance card, your COVID-19 vaccine card if vaccinated, and any money due for your surgery. Please leave all valuables and jewelry at home. We will contact you prior to the scheduled procedure to discuss any financial responsibility you may have.

Following these guidelines will decrease the possibility of your case being canceled.

Thank you for entrusting us with your surgery. We look forward to providing you with excellent patient care!

Banner Surgery Center – Ironwood

37200 N. Gantzel Rd.
Suite 100
Queen Creek, AZ 85140

Pre-Admission Testing

480.687.7336
Stephany Rhoades
Pre-Admission Testing
Nurse

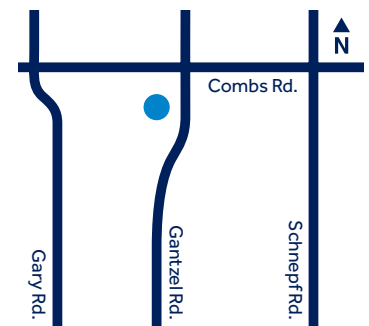
More Information

480.307.6741
Bannerhealth.com/surgerycenters

Procedure Date:

Time:

Time subject to change and will be confirmed prior to date of procedure





Centro Quirúrgico Banner – Ironwood

Su médico le programó una cirugía en el Centro Quirúrgico Banner- Ironwood, un centro quirúrgico ambulatorio certificado por el estado de Arizona, certificado por Medicare, y acreditado por la Comisión Conjunta (the Joint Commission).

Por favor vaya en línea a <https://onemp.com/fid/1466> para llenar su registro e historia médica.

1. Seleccione "Register button" (botón de registro) para crear una cuenta y siga las instrucciones.
2. Si ya tiene una cuenta, solamente inicie una sesión.

No debe comer o beber absolutamente nada después de la medianoche el día antes de su cirugía, a menos que el cirujano le haya ordenado explícitamente lo contrario (esto incluye: goma de mascar, dulces, mentas, y pastillas para la garganta). Si usa tabaco o cualquier tipo de alcohol, por favor absténgase después de la media noche el día anterior a su cirugía.

Si toma cualquier medicina recetada o de venta sin receta (incluyendo TODAS las vitaminas y suplementos), consulte las instrucciones de su cirujano, especialmente para los anticoagulantes. Si le indican que debe tomar medicinas el día de su cirugía, tómelas con un pequeño sorbo de agua.

Los pacientes que tengan fiebre arriba de 100 grados tengan una tos productiva, síntomas generales de resfriado, vómito o diarrea 48 horas antes de la cirugía, deben comunicarse con su cirujano inmediatamente ya que puede ser necesario reprogramar la cirugía.

Cualquier paciente que reciba sedación en nuestro centro debe estar acompañado por un adulto responsable que deberá estar presente en el centro antes que le den de alta y acompañarle a su casa. Los pacientes también deben tener a una persona mayor de 18 años disponible las siguientes 24 horas después de la cirugía. Por su seguridad, no se permite que use el autobús o un servicio como Lyft o Uber como transporte.

Necesitará una identificación con fotografía, su tarjeta de seguro médico, su tarjeta de vacunación de COVID-19 si esta vacunado, y cualquier suma adeudada para la cirugía. Por favor deje todos sus objetos de valor y joyas en su casa. Nos comunicaremos con usted antes del procedimiento programado para hablar sobre la responsabilidad económica que pueda tener.

Seguir estas instrucciones reducirá la posibilidad de que se cancele su caso.

Gracias por confiarnos su cirugía. ¡Esperamos proporcionarle una atención excelente!

Centro Quirúrgico Banner- Ironwood

37200 N. Gantzel Rd.
Suite 100
Queen Creek, AZ 85140

Exámenes previos al ingreso

480.687.7336
Stephany Rhoades
Enfermera de exámenes previos al ingreso

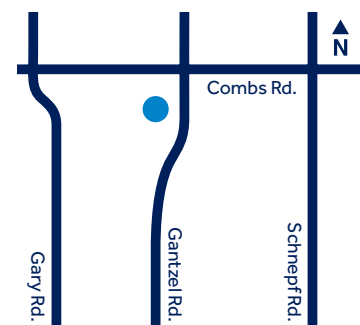
Para más información

480.307.6741
Bannerhealth.com/surgerycenters

Fecha del procedimiento:

Hora:

La hora está sujeta a cambios y se le confirmará antes de la fecha del procedimiento



Patient Registration Guide

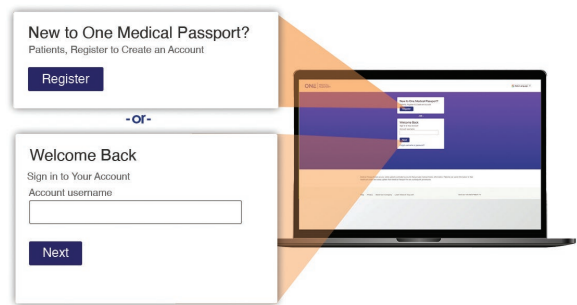
Physician Name: _____ **Procedure Date:** _____

Your procedure is scheduled at **Banner Surgery Center – Ironwood**. Our priority is your safety, and we are committed to providing excellent service. We ask that you please register and complete a Medical Passport, an online registration form allows patients to provide complete, accurate medical information and allows us to communicate important clinical care instructions and insurance information. Thank you for trusting Banner Surgery Center – Ironwood. Please see information below on how to get started:

How to Complete Your Medical Passport Online

First Time Users Only:

- Start at <https://onemp.com/fid/1466>
- Click the **'Register'** button to create a Medical Passport. Choose the state and location at which your procedure is scheduled.
- Answer the questions on each page, then click **'Save & Continue.'** Once complete, click **'Finish'** to submit your information to us. The information you provide is kept on a secure site, is password protected by you, and is never shared with anyone other than your healthcare team.



Returning Users Only:

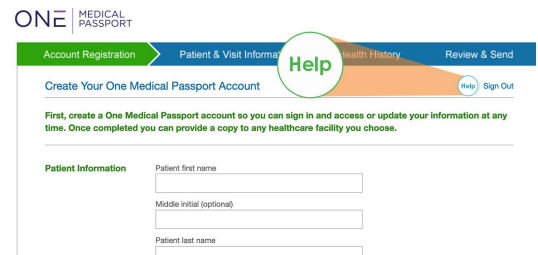
- If you've previously created a One Medical Passport Account and are having another procedure at the same or a different surgical facility, you will need to verify and/or update your information. Enter your original username and password in the 'Welcome Back' area and click **'Sign In.'**

Note the username and password you select:

Username: _____ **Password:** _____

Need Help Completing a Medical Passport?

- Each page has a 'Help' link you may click for assistance. If you are unable to complete your medical history online, a pre-admission nurse from our facility will contact you by phone close to the date of your procedure to complete your history with you.



Please Note: Questions regarding arrival/procedure time, medical concerns/test results must be directed to your physician's office. Questions regarding billing/co-pays please contact the central billing office at 480.292.8541 press option 2, then select option 1.

Guía de Registro de Pacientes

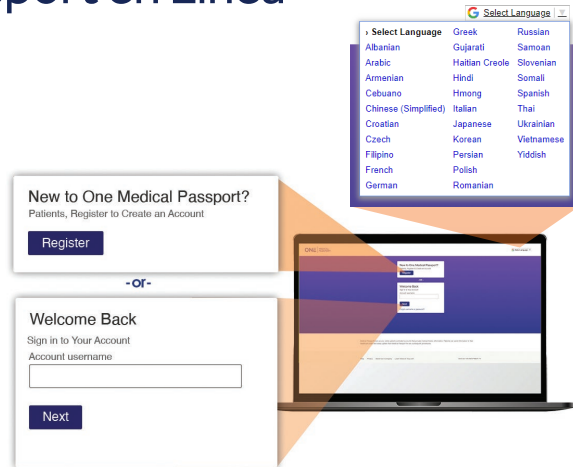
Nombre del Doctor: _____ **Fecha del Procedimiento:** _____

Para brindarle una excelente atención y minimizar largas entrevistas por teléfono y papeleo, **Banner Surgery Center – Ironwood** requiere que usted complete un Medical Passport (Pasaporte Médico), el cual es un formulario de registro en línea que permite a los pacientes proveer de información médica completa y precisa a su equipo de cuidado de la salud para así proporcionar una experiencia de atención al paciente de manera segura y óptima. *Puede que usted reciba también una llamada telefónica, un email o un mensaje de texto de parte de One Medical Passport indicándole que complete su historial médico.*

Cómo Completar su Medical Passport en Línea

Usuarios por Primera Vez:

- Comience en <https://onemp.com/fid/1466>
- Haga clic en el botón **'Register'** (Registrar) para crear un Medical Passport. Elija el estado y la ubicación donde su procedimiento fue programado.
- Conteste las preguntas en cada página y dé clic en **'Save & Continue'** (Guardar y Continuar). Una vez completado, haga clic en **'Finish'** (Finalizar) para enviar su información a nosotros. La información que usted proporcione es mantenida en un sitio seguro, es protegida por su contraseña y nunca se comparte con nadie que no se sea su equipo de atención médica.



Usuarios que Regresan:

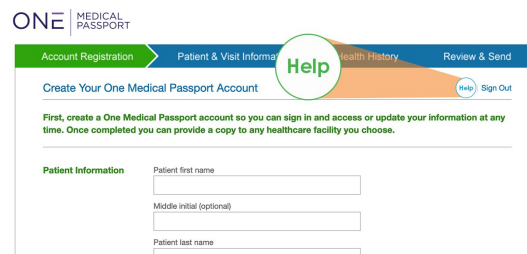
- Si usted ha creado un One Medical Passport cuenta previamente y va a tener otro procedimiento en el mismo o en diferente centro de cirugía, necesitará verificar y/o actualizar su información. Introduzca su nombre de usuario y contraseña original en el área de 'Welcome Back' (Bienvenido) y dé clic en **'Sign In'** (Iniciar Sesión).

Anote el nombre de usuario y contraseña que eligió:

Usuario: _____ **Contraseña:** _____

¿Necesita Ayuda para Completar un Medical Passport?

- Cada página tiene un enlace de ayuda (**Help**) que puede dar clic para asistencia. Si no puede completar su historial médico en línea, una enfermera de preadmisión de nuestro centro le contactará por teléfono en una fecha cercana al día de su procedimiento para completar su historial con usted.



Tenga en cuenta lo siguiente: Para preguntas respecto la hora de llegada a su procedimiento, facturación/copagos, instrucciones previas al procedimiento, resultados de pruebas o alguna preocupación médica, debe dirigirlas directamente a la oficina de su doctor o al centro de cirugía.

Your Joint Replacement Coordinator will be your medical concierge.



Although we may view joint replacement surgery as routine, it might be a new experience for you and can sometimes feel overwhelming. Your Joint Replacement Coordinator will be your guide and primary point of contact who can answer your questions and provide you with a road map to understanding your procedure.

Your Joint Replacement Coordinator will personally contact you two weeks before surgery. This call will help your Joint Replacement Coordinator get to know you, find out what is important to you and help you reach your recovery goals and expectations.

Before surgery, the Joint Replacement Coordinator will provide education regarding how to prepare for surgery, including preoperative exercises to help with muscle strengthening, which should be started two weeks prior to surgery. By doing these exercises preoperatively, your recovery process will be improved. Your coordinator will also help you know what you need to do in order to prepare your home and plan for your recovery.

After surgery, your Joint Replacement Coordinator will contact you to address any questions or concerns you may have.

Your Joint Replacement Coordinator is Stephany R, RN

Email: bscironwoodjoints@atlashp.com

Phone: 480.687.7336



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Welcome to Banner Surgery Center – Ironwood



Our team is pleased to have you at our facility for your joint replacement surgery. We strive to provide exceptional care and outstanding customer service to every patient, every time. This maxim has become our organizational Mission Statement because our team believes and lives this every day. Our Joint Replacement Program was built with our patients in mind to ensure that during your time with us, our primary focus is on your education, care, and recovery back to your normal life.

Your time with us will be short, but the care you receive will be impactful; both for you and for us. We will continue to evolve and improve upon everything we do so that our patients always experience the very best in healthcare for years, and decades, to come.

In this booklet, we have compiled some important information you should know prior to your surgery. Please note that the information in this booklet is not meant to conflict with any advice your physician has previously given you.

Best wishes for a speedy recovery,

Your Care Team at Banner Surgery Center – Ironwood

Your Joint Replacement Journey

Joint replacement surgery can relieve pain and help you live a fuller, more active life.

Once you and your doctor have determined that joint replacement is right for you, you will need several weeks to prepare, both physically and emotionally. By planning ahead, you can help ensure a smooth surgery and recovery.

After surgery, you may expect life to return to the way it was – but without the pain. In many ways, you are right, but it will take time. Your doctor will encourage you to use your “new” joint as soon as possible. Although it may be challenging at times, following your doctor’s instructions will speed your recovery.

You are a partner in the healing process. The success of your surgery is dependent upon your commitment to your recovery. This information will help you get started.

We offer a unique program that is designed to return you to an active lifestyle as quickly as possible. Each step of the program is carefully choreographed to give you the best possible results.

Patients who undergo joint replacement surgery recover quickly. Generally, you will be able to return to many of the activities that you enjoy in just a few short weeks.

We believe that recovery is a “joint” effort between you and your ‘coach’ (support person at home) as well as your surgeon and our team members. That is why we want to involve both you and your coach in your treatment and throughout each step of your surgical journey. Your healthcare team is dedicated to providing you with exceptional care and outstanding customer service.

Thank you for choosing Banner Surgery Center – Ironwood. Our team appreciates the opportunity to help you on the road to your recovery.

Your time at Banner Surgery Center – Ironwood will be a unique experience. Because you are not “sick”, but instead are choosing to have surgery to improve the quality of your life, the focus of your experience is on wellness. We are dedicated to providing you with the best possible path to recovery.

Features of your experience include:

- Coordination of all your pre and post-operative needs through patient centered discharge planning that starts today.
- A program that includes your family and friends (your coaches) so they can feel better prepared to help care for you both during and after your surgery.
- A team of world-class physicians and nurses that specialize in the care of our patients.

Your Joint Replacement Journey (cont.)

Your Surgery Timeline

2-4 Weeks Prior to Surgery:

- Your Surgeon determines you are a candidate for outpatient joint replacement surgery and provides you with your Pre-Operative Education Booklet
- You will schedule appointment with your primary care physician for any pre-surgical testing and clearances
- You will contact your orthopedic surgeon's office to schedule your surgery date
- You will receive an email from One Medical Passport with introductions and instructions on how to complete your online Medical Passport
- Introduction to your Joint Replacement Coordinator and complete One Medical Passport profile, clearance with your primary care physician, lab work completed, and follow training schedule in One Medical Passport

Days Prior to Surgery:

- You will be contacted by the Pre-Admission Team and Financial Responsibility Team

1 Day Prior to Surgery:

- You will be contacted by your Joint Replacement Coordinator to answer any last minute questions and help you prepare for surgery

Congratulations, you have made it to surgery day!

Your Team at Banner Surgery Center – Ironwood

Orthopedic Surgeon

The surgeon that you have chosen will perform your surgery and will also direct your care. This physician will guide your rehabilitation and follow you through post-operative office visits.

Anesthesiologist

Your Anesthesiologist specializes in giving patients anesthesia, or medicine that controls pain and will put you to sleep during surgery. They will continue to monitor you while you are under the effects of these drugs after surgery.

Registered Nurses (RNs)

These are professional nurses who are responsible for managing your bedside nursing care following your surgery. Nurses follow your surgeon's instructions to guide your care. RNs provide education to you, your coach and your family about your health and safety needs. This includes information that will help you plan for your discharge from the center.

Joint Replacement Coordinator

They are here to listen to you and your family members and help ensure a quality experience. They will help you and your family members voice any concerns/opinions of the care that you are receiving. Develop reasonable solutions to any situation that makes you feel uncomfortable or interferes with your ability to heal. They will follow up with you and be a part of your support system.

Before Your Surgery

The time before your surgery can be a busy one, and it does require a little planning. Use the following information as your guide.

Last minute things for your home:

There will be items that you need for everyday use. Purchase these items ahead of time so that you do not need to worry about shopping in the first week or two following your surgery.

- Refill regular prescriptions ahead of time. Ask your family doctor if you can get a 90-day prescription.
- Find out if you can pay bills by phone or on-line. If not, write out the bills that will be due in the first few weeks following your surgery and have them ready to mail.
- Buy thank you cards and stamps. Many people will help you in the weeks following your surgery. When you want to say thank you, you can do it immediately, so you won't forget anyone.
- Purchase bottles of water and place them in the refrigerator. It is easier to carry water in bottles than in a glass. It will also prevent spills that may cause you to slip and fall. Keeping well-hydrated is important after any surgery, so keep a bottle of water close by.
- Purchase a thermometer. For the first 10 days or so after your surgery it is a good idea to check your temperature each day. A low-grade temperature (below 100°) is not unusual. Make sure you are staying as active as possible.

Last minute things:

There will be a few tasks to accomplish prior to your surgery date. Please check with your surgeon to see what needs to be taken care of.

- Depending on your health history, your surgeon may require you to obtain medical and anesthesia clearance for surgery. This will be done by your family physician and/or any medical specialist. Your surgical team needs to be aware of any existing health conditions in order to avoid potential problems during your surgery. If a potential problem is detected, then additional steps will be taken to ensure a successful surgery.
- Make an appointment for pre-operative tests with your primary care physician: Your surgeon will give you a letter specifying the tests you need to have done prior to your surgery. This may include lab work, a chest x-ray, or an EKG.
- Start your pre-operative exercises. Over the years, pain has prevented you from exercising and, in some cases, strictly limits routine movement. The lack of activity tends to weaken the muscles. It is important to start strengthening your muscles before your surgery in order to get a jump-start on your recuperation. You should be able to complete the exercises in about 15 to 20 minutes. Make a point of exercising at least twice each day. Doing more per day will only serve to enhance your overall condition and enhance your chances of a quicker recovery. If certain exercises cause too much pain, then stop. You can gradually build up to the recommended number of repetitions.

All About Coaching

How do you describe a coach? Just like the coach of any team, the associates at Banner Surgery Center - Ironwood define your coach as someone who understands which choices need to be made for your success. It should be someone who can make difficult calls, encourage you when you have doubts, and applaud you for a job well done.

Friends and family are a major part of everyone's life, and during this experience, their involvement is very important. We encourage you to choose a family member or close friend to act as your coach as you go through the joint replacement process. Your coach will work with you the entire time, from pre-operative preparation through your time at Banner Surgery Center - Ironwood and after your discharge home. Their help and support will make your journey easier.

In order for our team to be successful, your coach will need to understand exactly what to expect. Our team will provide your coach with the information and training to assist you in the following areas:

At home after discharge:

- Making sure you do your exercises. No exceptions.
- Seeing that you use your walker until your surgeon tells you that you no longer need it.
- Encouraging you to increase your activity level and do things gradually
- Overseeing that you are following your post-operative instructions



Pre-Operative Activity and Exercise

1. Take short, but frequent walks to your tolerance throughout the day and if needed use an assistive device for safety, i.e. a cane or front wheeled walker.
2. Get out of any sedentary position (bed, chair, recliner) every waking hour to improve your upright posture and increase your level of activity throughout the day.
3. Remember not to hold your breath when exercising. Relaxed muscles are stronger and have more endurance than tight muscles.
4. Exercises: You may need to ask for help if the movement is too difficult.



Hip Replacement Exercises

Exercises should be done before surgery to increase strength and after your hip replacement surgery, to increase mobility and strength. Perform only those exercises indicated by your Healthcare Provider or Physical Therapist. For all exercises, perform 20 repetitions slowly unless otherwise noted.



1. Ankle Pumps

Gently point toes up towards your nose and down towards the surface and in circles. Do both ankles at the same time or alternating feet.

- **Note:** Perform throughout the day, 10 per hour while awake. This is not only good for strengthening, but it also helps to prevent blood clots.



2. Quad Sets

Slowly tighten thigh muscles of legs, pushing knees down into the surface. Hold for count of 5.

- **Note:** Look and feel for the muscle above the knee to contract. As strength improves, the heel should come slightly off the surface.



3. Gluteal

Squeeze the buttocks together as tightly as possible. Hold for count of 5.

- **Note:** You can place hands on gluteal (buttocks) area and feel for equal muscle contractions.



4. Heel Slides

Bend knee and pull heel towards buttocks. If needed, assist by pulling with a bed sheet or towel placed under the foot for increased knee bend.



5. Short Arc Quads

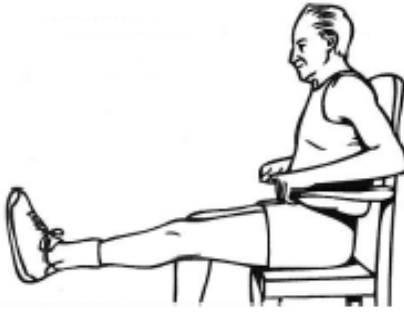
Place a large, rolled towel under the leg. Straighten knee and leg. Hold straight for a count of 5.

- **Note:** Work full extension (straightening) of the knee. A partner can assist by placing a hand under the heel, encouraging lifting the foot from the hand.



6. Abduction and Adduction

Slide leg out to the side. Keep kneecap and toes pointing toward ceiling. Gently bring leg back to pillow. May do both legs at the same time.



7. Knee Extension

Slowly straighten operated leg and try to hold it for a count of 5. Remember to completely straighten the knee.



8. Standing Heel Raises

Hold on to a walker. Rise up on toes slowly for a count of 5. Come back to foot flat on the floor. Do not lean back when lifting up.



9. Standing Knee Flexion

Holding on to a walker, bend the knee, lifting foot towards buttocks. Hold for a count of 2. Keep a straight line from the shoulder to the knee, do not lean forward.



10. Standing Squats

Physical Therapist will direct you when to start this exercise.

Holding a walker, chair, or kitchen sink, slowly squat by bending your knees and slightly pushing your buttocks out, as if you are about to sit down. Keep both feet on the floor. Keep straight posture with eyes forward and do not bend at the waist.



11. Standing Rocks

Physical Therapist will direct you when to start this exercise.

Holding onto the walker, chair, or kitchen sink, place your surgical leg behind you. Rock your weight back and forth over the surgical leg keeping the knee straight. Keep the knee on the surgical leg straight and keep weight equally through both legs.

Notes: _____

Knee Replacement Exercises

Exercises should be done before surgery to increase strength and after your knee replacement surgery, to increase mobility and strength. Perform only those exercises indicated by your Healthcare Provider or Physical Therapist. For all exercises, perform 20 repetitions slowly unless otherwise noted.



1. Ankle Pumps

Gently point toes up towards your nose and down towards the surface and in circles. Do both ankles at the same time or alternating feet.

- **Note:** Perform throughout the day, 10 per hour while awake. This is not only good for strengthening, but it also helps to prevent blood clots.



4. Hip and Knee Bending

While lying on your back, slide the heel of the involved leg along bed so that the hip and knee bend, then slide foot back down. Gradually try to increase the amount of bend in your knee.



2. Quad Sets

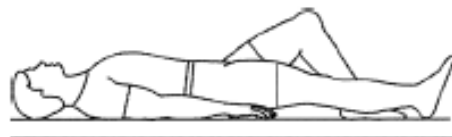
Slowly tighten thigh muscles of legs, pushing knees down into the surface. Hold for count of 5.

- **Note:** Look and feel for the muscle above the knee to contract. As strength improves, the heel should come slightly off the surface.



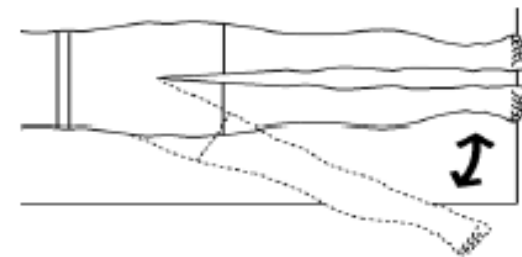
5. Knee Straightening

Place a large, rolled towel under your knee. Straighten knee by lifting your foot off the bed. Hold straight for a count of 5.



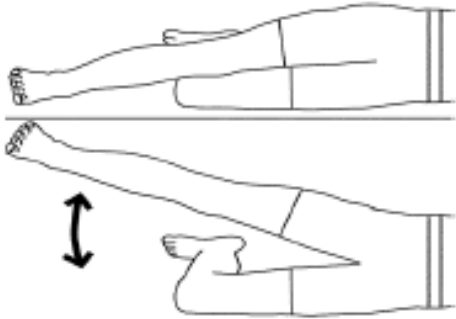
3. Straight Leg Raises

Bend your non-surgical knee. Lift operative leg up, keeping the knee straight and slowly lower leg down to the bend.



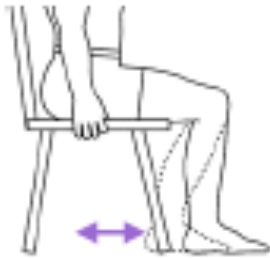
6. Supine Hip Abduction

Slide operative leg out to the side, keeping your leg straight. Then bring operative leg back in towards the non-operative leg.



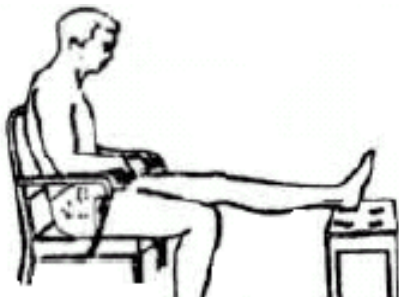
7. Side lying Hip Abduction

Lay on your side with your operative leg on top. Lift your operative leg two to three (2-3) inches. Hold for a count of three (3) and then lower leg.



8. Active Knee Bending

Sit in a chair with feet flat on the floor. Slide foot of the operative leg as far back as possible. Hold for a count of ten (10), then relax and slide foot forward.



9. Knee Extension Stretch

Sit in a chair with foot resting on a stool. Allow gravity to help straighten your knee completely. **DO NOT** stay in this position for longer than 30 minutes.

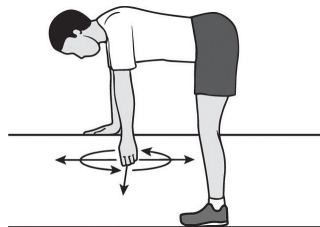
Notes: _____

Shoulder Replacement Exercises

Regular exercises should be done before surgery to increase strength as well as after to restore motion and flexibility to your shoulder and a gradual return to your everyday activities and are important for your full recovery after shoulder surgery.

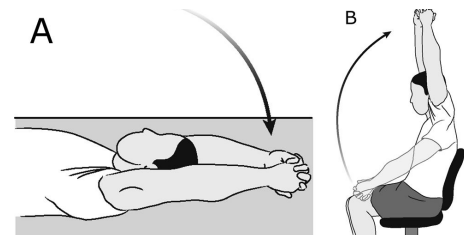
Your orthopedic surgeon may recommend that you exercise for 10 to 15 minutes, 2 or 3 times a day during your early recovery period. They may suggest some of the exercises included in this guide. They may also recommend additional exercises to help prevent stiffness in your elbow and hand.

Check with your orthopedic surgeon before performing any of the exercises shown below. In addition, remember to always use pain as your guide when exercising.



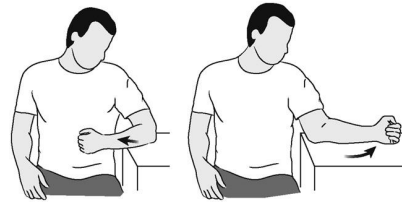
1. Pendulum, Circular

Bend forward 90 degrees at the waist, placing your uninvolved hand on a table for support. Rock body in a circular pattern to move arm clockwise 10 times, then counterclockwise 10 times. Keep your arm relaxed during the exercise. The circular pendular movement should occur through your shoulder joint. Do 3 sessions a day.



2. Shoulder Forward Elevation

This exercise can be done either lying down (A) or sitting down (B). Clasp hands together and lift arms above head. Keep your elbows as straight as possible. Maintain the elevation for 10-20 seconds, then slowly lower your arms. Slowly increase the elevation of your arms as the days progress, using pain as your guide. Repeat 10-20 times per session. Do 3 sessions a day.



3. Supported Shoulder Rotation

Keep elbow in place and shoulder blades down and together. Slide forearm back and forth, as shown. You can also perform this exercise using a stick or cane to assist your arm outwards (keeping your elbow at your side). Repeat 10 times per session. Do 3 sessions a day.

- **Note:** Your surgeon may restrict the degree of outward movement (external rotation) of your operated shoulder after surgery. Before performing this exercise, check with your surgeon or physical therapist to determine if you have an external rotation limit.

4. Walk Up Exercise

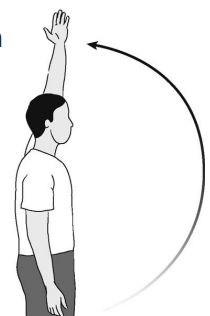
With elbow straight, use fingers to "crawl" up a wall or door frame as far as possible. Hold for 10-20 seconds. Repeat 5-10 times per session. Do 3 sessions a day.



5. Shoulder Forward Elevation

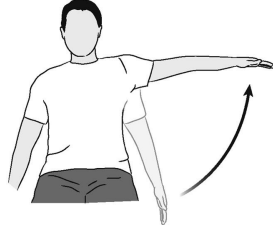
Raise arm upward to point to ceiling, keeping elbows straight and leading with your thumb, as shown. Hold for 10 seconds. Repeat 5-10 times per session. Do 3 sessions a day.

- **Tip:** Avoid hiking or bringing up your shoulder blade. It may be beneficial to watch yourself do this exercise in front of a mirror.



6. Shoulder Abduction

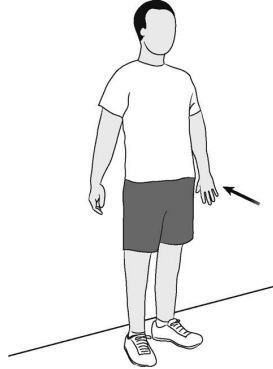
Raise arm out to side, with elbow straight and palm downward. Do not shrug your shoulder or tilt your trunk. Repeat 3 times per session. Do 3 sessions a day.



- **Note:** This exercise may not be recommended after certain surgeries. Check with your surgeon or physical therapist to ensure that it is appropriate for you.

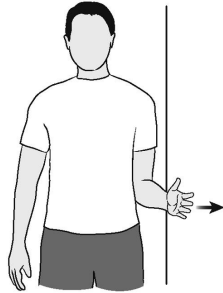
7. Shoulder Extension

Stand with your back against the wall and arms straight at your sides. Keeping your elbows straight, push your arms back into the wall. Hold for 5 seconds, and then relax. Repeat 5-10 times per session. Do 3 sessions a day.



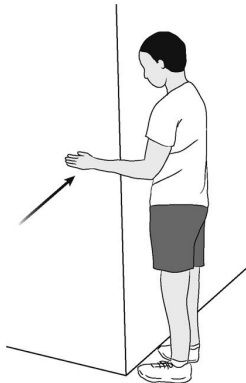
8. Shoulder External Rotation

Stand with the involved side of your body against a wall. Bend your elbow 90 degrees. Push the back of your hand slowly into the wall. Hold for 5 seconds, and then relax. Repeat 10 times per session. Do 3 sessions a day.



9. Shoulder Internal Rotation

Stand at a corner of a wall or in a door frame. Place your involved arm against the wall around the corner, bending your elbow 90 degrees. Push the palm of your hand into the wall. Hold for 5 seconds, and then relax. Repeat 10 times per session. Do 3 sessions a day.



10. Shoulder Adduction

Place a small pillow between your inner arm and the side of your chest, as shown. With your arm, squeeze the pillow against the side of your chest. Hold for 5 seconds, and then relax. Repeat 10 times per session. Do 3 sessions a day.



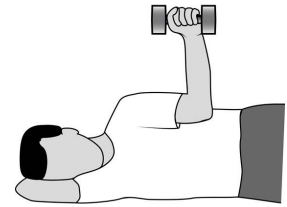
11. Shoulder Abduction

Resisting upward motion to the side, slowly and gently push your arm against the back of chair. Hold for 5 seconds, and then relax. Repeat 10 times per session. Do 3 sessions a day.



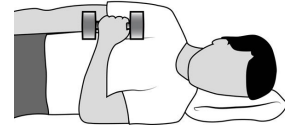
12. Shoulder Internal Rotation

Lie on your involved side. Keep your elbow bent at 90 degrees. Holding a light weight, raise hand toward stomach. Slowly return. Repeat 10 times per session. Do 3 sessions a day.



12. Shoulder External Rotation

Lie on your uninvolved side. Keep your elbow bent at 90 degrees. Holding a light weight, raise hand away from stomach. Slowly return. Repeat 10 times per session. Do 3 sessions a day.



Notes: _____

Pre-Operative Home Checklist

Preparing for your homecoming before your surgery will make your recovery at home go much smoother. Being prepared is the key to a relaxed recovery. This list is meant to assist you with some things that will help. You might think of others.

- Make arrangements to have someone stay with you for at least 24 hours after your discharge from the center. Initially you may need help with meals, driving, medications, etc.
- Have enough food on hand or arrange for someone to go shopping for you.
- Do the laundry, change the linens, etc. before leaving for the center.
- Have a pair of shoes and slippers with good support, non-skid soles and a back. NO FLIP- FLOPS.
- Have easy access to a bed and bathroom on the floor level where you will be spending most of your time.
- Install a handrail, if possible, for any steps you will be using routinely.
- Make arrangements for mowing the lawn and bringing in the mail.
- Take care of any financial matters such as bills paid/ready to put in the mail.
- Arrange your plates, pans and kitchen utensils within easy reach so that you can reach them without having to use a step stool.
- Have a telephone within easy reach with emergency numbers handy.
- Have a comfortable chair or couch with arms to help you when rising. Make sure it is not too soft or too low.
- Tend to any scheduled procedures, such as teeth cleaning, before your surgery.
- Have a full tank of gas.
- It is recommended that you arrange to have any pets boarded until your follow-up appointment. If pet hair is in the air, it can get into your incision causing infection

Home Safe Home

Before your surgery, it is a good idea to take a walk through your home and make some safety checks. Look closely around your home for safety hazards and make any necessary safety changes *before* you arrive at the center. This section will take you room to room and give you guidelines to perform your safety check.

Entrance:

- Make sure any railing going into your home is secure.
- Make sure sidewalks and steps are in good condition. Walking on an uneven surface presents a fall risk. If your walkway is gravel covered, remove any large stones or weeds and rake the surface.
- Make sure the pathway leading up to your home has adequate lighting. Small solar lights are inexpensive and can be placed along the walkway to light it at night. Replace the light bulb in your porch light and be sure to turn it on if you will be discharged late in the afternoon.

Living Room:

- Make sure any pathways around furniture are clear and wide enough for your walker. Be sure to move any coffee tables far enough away from your couch or chair that you will not accidentally strike your surgery site against the edges or corners as you sit down.
- Set up a "recovery zone". Make sure the TV remote and telephone are accessible from your favorite seat. If you do not already have one, you may want to purchase a cordless telephone so you can keep it in easy reach without the worry of tripping over the cord.
- Make sure you can reach your lamp and/or light switch from your favorite seat.
- You may want to keep a small table nearby for the remote control and any small necessities such as bottled water, snacks or tissues.
- Remove any obstacles that might cause you to trip: throw rugs, extension cords, low hanging bedspreads, pets/pet toys, etc.

Kitchen:

It may be painful and unsafe to bend down or reach up to get things. Therefore, you should:

- Place frequently used dishes and glasses on lower shelves that are easy to reach.
- Place frequently used dish soaps or cleansers on top of the counter near the sink.
- Place frequently used pots and pans on top of the stove or in a cupboard that can be reached easily.
- Make sure you have safe access to the stove, refrigerator, and microwave when using your walker or crutches.
- Place things in lighter/smaller containers to make them easier to carry.
- Make sure your kitchen chair is sturdy and the seat height allows you to get on and off the chair easily. Secure any seat cushions with ties. Avoid swivel chairs or chairs with rollers for the first few weeks after your surgery.
- Place your garbage can in an accessible area.
- Make sure you have equipment at hand to clean up any spills (i.e. a long-handled mop).

Bedroom:

- Keep a nightstand near your bed with the telephone, your medications, and water within easy reach.
- Place a lamp on the nightstand so you will not need to get in and out of bed to turn the light on or off.
- Keep frequently used items of clothing in the top dresser drawers or hanging in the closet for easy retrieval.
- Make sure your shoes and slippers are in an easy to reach place.
- Make sure there is enough room around your bed to safely get in and out of bed, and to be able to maneuver your walker or crutches.
- Remove any scatter rugs from around your bed.

Bathroom:

- Place non-skid mats/stickers in the tub or shower to prevent slipping.
- Place frequently used hygiene items within safe reach of the sink or counter. Is your bathroom door wide enough to fit a walker through?
- Place towels, washcloths, and toilet paper in an easily accessible place such as a basket near your tub/toilet.
- Make sure you can safely reach the toilet paper without leaning too far forward.
- Check to see if there is a need for grab bars and/or a shower chair and a toilet seat riser.

Pre-operative – Preventing a Surgical Site Infection:

- Stay healthy. Follow a healthy diet, **STOP USE OF ALL TOBACCO AND NICOTINE PRODUCTS 3 WEEKS PRIOR TO SURGERY.** This includes snuff, vaping, cannabis etc. Avoid being around anyone that is ill.
- Make it a habit to wash your hands frequently.
- Follow your surgeon's directions regarding pre-operative bathing/showering the days/night before and morning of surgery.
- Do not shave the surgical site with a razor or blade. Preparation will be completed during pre-operative procedures at the center.
- Before you leave for the center, place clean linens on your bed and clean towels in the bathroom.
- Keep a bottle of hand sanitizer near the chair you will use most often once you are home.
- **If you are feeling ill in the days just before your surgery, call your surgeon's office. We want you in your best health for the best outcome.**

Eating Right for a Fast Recovery

A healthy lifestyle takes on great importance before, during and after your joint replacement surgery. Now is the time to take a proactive approach and give your body the building blocks it needs for a fast recovery. A little preparation now will make a big difference in your recuperation later. Do not wait for your surgery to be over. **START THE HEALING NOW.**

- Exercise to increase your muscle tone. (Please refer to the pre-operative exercise and activity section)
- Stop use of all tobacco and nicotine products three weeks prior to your surgery.
- Avoid alcohol usage especially 48 hours prior to your surgery.
- Begin your healthy eating plan at least 10 days before surgery and continue for at least 10 days after surgery.
- Eat a well-balanced diet rich in iron, vitamin C and calcium.

Why calcium is important:

The calcium found in milk is an important mineral needed for building new bone and maintaining existing bone strength. During your surgery, bone is removed from your joint and an implant was put in its place. Eventually, new bone will grow around the parts of the implant and make it more stable. A diet rich in calcium will help with this process. Your surgeon may also prescribe a calcium supplement.

Calcium Rich Foods	Mg/Serving	Serving Size
Yogurt (non-fat)	452	1 cup
Yogurt (low-fat)	415	1 cup
Cereal, fortified	300	1 cup
Cheese, Swiss	408	1 oz
Cheese, Cheddar	306	1 oz
Cheese, Mozzarella	203	2 oz
Almonds	150	2 oz
Skim milk	302	1 cup
1% milk	300	1 cup
2% milk	297	1 cup
Whole milk	291	1 cup
Calcium fortified orange juice	300	1 cup
Broccoli (cooked, no salt)	89	1 cup
Salmon	180	3 oz
Pizza with sauce and cheese	873	9" round

Why iron and vitamin C are important:

Iron is an important mineral for building red blood cells and preventing anemia. Vitamin C improves the absorption of iron. That is, vitamin C makes it easier for the iron to get into the body and work more efficiently. In addition, vitamin C helps with the production of collagen, the “glue” that makes tissues strong and flexible.

During surgery, you are bound to lose a certain amount of blood. Ample levels of iron and vitamin C in your body prior to surgery will help manufacture strong, iron-rich blood cells to replace those lost during the operation. Your surgeon may also prescribe an iron supplement.

Iron Rich Foods	Mg/Serving	Serving Size	Vitamin C Rich Foods	Mg/Serving	Serving Size
Beef, lean	7	3 oz	Oranges	70	1 whole
Spinach	6	1 cup	Strawberries	95	1 cup
Lima beans	2	½ cup	Cantaloupe	60	½ melon
Navy beans	3	½ cup	Kiwi	75	1 whole
Soy beans	5	½ cup	Grapefruit	40	½
Dried split peas	3	½ cup	Guava	165	1 whole
Dried peaches	3	½ cup	Broccoli	60	½ cup
Raisins	3	1 oz	Tomatoes	15	½ cup
Bran flakes	20	3 oz	Tomato juice	35	¾ cup
Prune juice	3	1 cup	Brussels sprouts	50	½ cup
Baked potato, medium	3	1	Spinach	14	½ cup
Cashews	6	3 oz	Kale	120	½ cup
Poultry, dark	2	3 oz	Green peppers	65	½ cup
Egg	1	1 egg	Cabbage (raw)	50	½ cup

It is not unusual to have a smaller appetite than usual after surgery. A normal appetite usually returns within a few days, especially as your activity increases. You may want to consider using a supplement such as Ensure, Boost, Glucerna, or Instant Breakfast until your appetite returns. Stock up on easy to prepare foods or cook and freeze favorite dishes before your surgery. Have a good supply of healthy snacks waiting for you at home.

Weight loss is not recommended in the weeks immediately before or after your surgery. It is best to wait until the healing process is complete before beginning a weight-loss diet.

Don't forget to drink plenty of fluids. Fluids are important for helping you to have regular bowel movements.

Let the Countdown Begin

Prior to your surgery, your surgeon may instruct you to start taking supplements to build up your body's healing mechanics. Typically, these are multivitamins with iron or iron taken separately.

Obtain medical clearance.

Your surgeon may have you schedule visits with your primary care physician, cardiologist, etc. in order to ensure you are medically stable prior to your joint replacement surgery

Review the Frequently Asked Questions section of your handbook.

You may have thoughts running through your mind. You can refresh your memory by looking back at this section.

Review the Home Safe Home section of your handbook.

Inspect your home and begin any necessary repairs or modifications.

Limit or eliminate any alcohol consumption per your surgeon's instructions and stop all tobacco and nicotine products 3 weeks prior to surgery.

Remember, you want your body in a healthy condition so that your healing process will go smoothly.

If you are not a smoker, you may skip this section.

Facts about smoking: Smoking can significantly slow your recovery process. The tar in cigarettes causes the tiny finger-like projections called cilia to stick to each other and to the surface of your airways. Cilia normally act much like a broom in helping to sweep secretions out of the airway, but when you smoke they are unable to do this job effectively, causing secretions to remain in the lungs. These stagnant secretions are the perfect environment for bacteria to grow, and this may cause pneumonia. The nicotine in cigarettes actually attaches to the red blood cells in the places where oxygen molecules normally attach. This means that you are getting less oxygen to your tissues. Oxygen is especially important for good wound healing. If you smoke, you will heal more slowly and have a greater chance of infection. Finally, the nicotine in tobacco products alters normal production of neurotransmitters, the powerful substances that help to regulate pain. Smoking can significantly alter your ability to obtain good pain relief.



7 to 10 Days Before Surgery

Your surgeon may ask you to shower with a special soap or use the wipes provided by your physician's office. Some surgeons may just have you use an anti-bacterial soap. In either case, please follow his directions for doing so.

Per your surgeon's instructions, you may need to stop certain medications prior to your surgery:

Discuss medications with your surgeon. They will determine if any medications need to be stopped prior to your surgery date.

- Your surgeon will tell you if and when you should take any of your prescribed medications the morning of your surgery (i.e. beta blockers, insulin, etc.)
- Alert your surgeon if you are currently taking a blood thinner like Coumadin/Warfarin, Plavix®, Xarelto® or Pradaxa®. Your surgeon will give you special instructions for stopping this medication.

Household tasks:

- Write out any bills that will need to be paid in the coming month. Organize them so that your coach will know when to drop them in the mail.
- Make sure you have your grocery shopping list ready for last-minute items that you want to have on hand.

A few days before your surgery, you will receive a text/email instructing you to opt-in to alert notifications through One Medical Passport. You will be asked to complete your medical history and provide a list of your daily medications. You will then be contacted by a pre-admission team member to review your information. This information will also be given to your doctor who will decide which medications will be continued or stopped during your time in the center.

The Day and Night Before Surgery

Review your pre-operative instructions. Make sure you know what time you will need to arrive for surgery at the center and confirm your time with your coach. Your surgeon's office will call the day prior to confirm your scheduled arrival time.

Remember, do not eat or drink anything per your surgeon's instructions.

Write down any last minute questions you may have. You will have an opportunity to talk with your surgeon and anesthesiologist before your surgery.

Place clean linens on your bed and fresh towels and washcloths in your bathroom.

Please remove all jewelry and nail polish. Please do not wear make-up to the center.

Prepare your recovery zone. Please refer to the "Home Safety" section in your handbook.

Please be sure to shower according to your surgeon's instructions.

Bring the following items with you to the center:

- A copy of your Advance Directive (if you have one)
- Your insurance card(s)
- Your driver's license or other photo ID
- Contact telephone numbers
- Wear loose, comfortable clothing
 - Supportive shoes (**no flip-flops or sandals**)
 - Socks
 - Loose-fitting shorts or sweatpants
 - T-shirts
- Your eyeglasses and/or hearing aids
- CPAP machine and cord

FOR YOUR PROTECTION, PLEASE DO NOT BRING:

- Valuables (jewelry, large amounts of money)

Do not eat or drink anything after the time you were instructed. Ice chips, gum, or mints are not allowed. If you were instructed to take any medications the morning of your surgery, please do so with only a sip of water. Do not take any insulin unless instructed otherwise. Yes, you may brush your teeth.

Banner Surgery Center - Ironwood does not accept responsibility for loss or damage to valuables, dentures, clothing or other personal items.

Frequently Asked Questions

A well-informed patient is one who will be able to take part in their care and rehabilitation. Knowing what to expect before, during and after surgery can help you to recover more quickly. It can also assist you and your coach/caregiver to avoid and recognize potential problems.

There are common questions patients have about joint surgery. It is best to discuss your specific questions with your surgeon.

What is arthritis and how does it affect my joint?

Arthritis is a condition that causes pain and swelling in the joints. Joints are places where two bones meet and flex. In a healthy joint there is a layer of cartilage that serves as a cushion or “shock absorber”. This allows for smooth motion of the joint.

In the hip, this cartilage covers the “ball” of the femur (thigh bone) and the “socket” of the pelvis.

In the knee the cartilage covers the lower end of the femur and the upper end of the tibia (shin bone) and the undersurface of the patella (knee cap). In time, this cartilage wears away causing “bone on bone” pain, swelling, and stiffness in your joint.

In the shoulder, this cartilage covers the “ball” of the humerus (arm bone) and the “socket” of the shoulder.

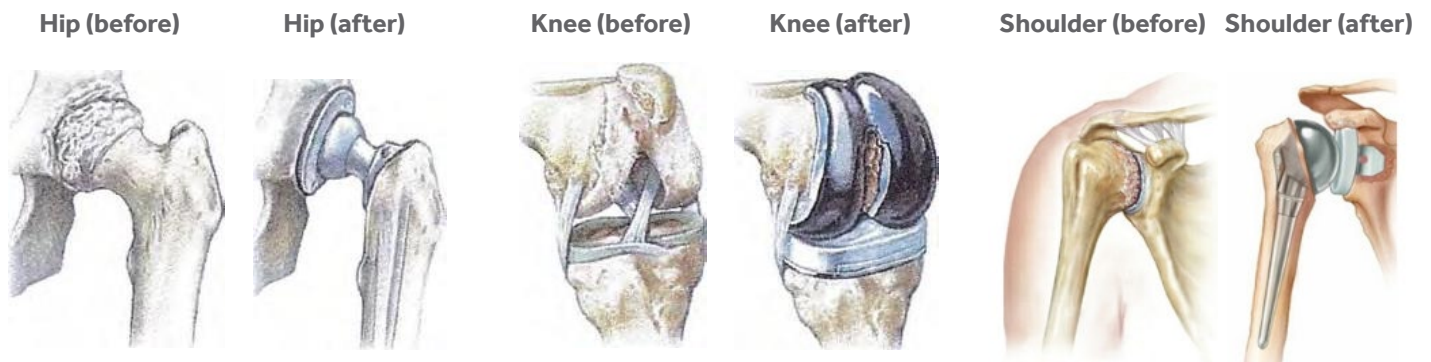
What is a joint replacement?

A hip replacement involves the removal of the top portion of the thigh bone where the “ball” part of the joint is situated and replacing it with a metal prosthesis. The “socket” portion of the joint, which is situated in the pelvis, is also replaced. This allows the “ball” to glide freely in the “socket” once more.

A knee replacement involves replacing the worn out cartilage with an artificial surface. This is done with a metal alloy on the femur and a plastic spacer on the tibia and patella.

A shoulder replacement involves replacing the worn out ball of your shoulder, placing a metal stem in the hollow canal of your arm bone.

The result of joint replacement is a functioning joint that does not hurt. There are several types of joint replacements. Your surgeon will know which type is best for you.



Frequently Asked Questions (cont.)

What are the risks with joint replacement surgery?

No surgery is without risk. Infection and blood clots are two serious complications that we work hard to prevent.

Skin is a natural barrier against infectious organisms.

Whenever skin is opened, there is a chance that organisms can move to the tissues below. To avoid infection, we use antibiotics. We also take special precautions in the operating room to reduce the risk of infection. Most importantly, we encourage **frequent hand**

washing for all members of your family as well as your healthcare workers. Hand washing is the single best way to prevent infection. Studies have shown that using an alcohol-based hand sanitizer is highly effective in preventing infections. If your hands are visibly soiled, washing with soap and water is advised.



Another common post-operative complication is atelectasis (a-tuh-lek-tuh-suhs), a condition that occurs when the lungs are not fully expanded, which can lead to pneumonia. Medications used for anesthesia and pain management often make you sleepy, therefore you do not breathe as deeply. In addition, lying still can affect how deeply you breathe. You take much deeper breaths when you are active than when you are resting. The small sacs at the ends of your breathing tree can collapse when they are not filled with air. This is known as atelectasis.

Early ambulation and sitting in your

chair instead of lying in bed will help prevent atelectasis. In addition, your nurse will teach you how to exercise your lungs. It is very important that you exercise your lungs by coughing and deep breathing every time a commercial comes on TV (or at least 10 times every hour) while you are resting, whether in bed or up in your chair.



Will I be asleep during the surgery?

There are different types of anesthetic: a general anesthetic will put you into a deep sleep, while a regional anesthetic will numb specific areas only. Normally regional anesthetics are given with another medication that will make you very relaxed and put you into a light dreamlike state. You will not remember the surgery once you awake. You and your anesthesiologist will discuss which method is best for you prior to your surgery. Feel free to discuss any concerns you may have.

What will my scar look like?

There are several techniques used for joint replacement. Your surgeon will discuss which technique is best for you. There may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears over time. Some patients notice a “clicking” when they bend the new joint. This is the result of the artificial surfaces coming together and is not serious. It is normal and not a cause for concern. It will subside as the joint surfaces begin to wear to the contours of your body.

Will I experience pain after my surgery?

Pain is expected after any surgery. We will do everything we can to keep your pain well managed. You will be educated about how to manage your pain at home before you are discharged.

Please refer to the “Pain Management” section for more information on pain management.

Will I need a walker?

We start every patient’s rehabilitation using a front wheeled walker. People progress at their own rate. Normally patients use an assistive device for about two to four weeks. Your surgeon will tell you when it is time to retire them. If you do not have a walker, one may be given to you at the surgery center.

Will I need help at home?

Yes. For the first several days to two weeks you should plan on having someone stay with you for support. Do as much as you can for yourself, as long as it is safe. You and your coach can make sure that you have scheduled a family member or friend to be available to help with household errands and chores. It is helpful to have prescriptions filled, laundry done, your house cleaned, and any yard work completed before you come to the center. Put fresh linens on your bed the night before your surgery so a cozy bed will be waiting for you when you arrive back home. You will also want to be sure that you have pre-prepared (frozen) meals, healthy snacks, and beverages to last for a few days. Remember, your job is to focus on recovering, not household tasks.

After I leave the center, when will I need to see my surgeon? How long until I can drive?

Your first follow-up appointment will be determined by your surgeon. Subsequent visits will also be at the discretion of your surgeon.

Your surgeon will know when it is right for you to return to driving as well as other activities. You MAY NOT drive while you are taking narcotic pain medication.

Frequently Asked Questions (cont.)

Are any activities better than others?

Ask your surgeon when it is safe for you to incorporate low-impact activities such as dancing, golf, hiking, swimming, bowling, gardening, etc. back into your normal routine.

Are there any activities that I should avoid?

Keeping your new joint moving will help your recovery process. However you should return to your normal activities gradually. In some instances you may have to work your way up to a particular activity. Taking a five mile walk on your first time out, for example, is not realistic.

Rather, walk until you begin to get tired. Add distance to each subsequent walk until you have reached your goal. Certain high-impact activities should be avoided, such as jogging, tennis, basketball, etc. until your surgeon allows these. Also, do not soak your wound in a tub, swimming pool or hot tub until cleared by your surgeon. We suggest that you continue with your post-operative exercises described in this handbook for three months following your surgery to regain the muscle strength you may have lost before surgery. This will promote the best possible function of your new joint.

When can I return to work?

The physical demands required for your job, as well as your own progress, will determine how soon you can return to work. Some people with sedentary jobs may return to work sooner. Your surgeon will tell you when you may return to work. Ask your surgeon to sign a work release form if needed. Request a minimum of 4-6 weeks off work with notice that rehabilitation may take longer.

Will my new joint set off security sensors at the airport?

The prosthesis is made of a metal alloy and may or may not be detected when going through some security devices. You may still be extensively screened.

Will I have to have my joint replaced again in the future?

Some people have a joint replaced that lasts their entire lives; other people need to have the procedure repeated. If the bone does not bond properly to the first replacement, the prosthesis becomes unstable and needs to be replaced again.

What is the success rate for joint replacement?

The success rate is very high. Joint replacement is one of the most common procedures done in the United States. With current materials and advances in technology the longevity can be up to 20 years for a joint replacement.

Your Time at the Center

Pre-Operative Preparation

When you arrive at the center, you will be greeted by the registration team. They will complete the admitting process. You will have an armband placed on your wrist that identifies you with your name and birth date as well as your medical record number. Please check your armband and make sure your name is spelled correctly and your birth date is correct.

You will be taken back to the pre-operative area where you will be prepared for your surgery. You will speak with your surgeon, anesthesiologist, and operating room nurse. They can answer any last-minute questions you may have.

As part of the surgical preparations, you will be given a gown to wear. If ordered by your surgeon, a compression device (TED stockings and/or sequential compression device (SCD sleeves)) will be applied to one or both of your lower extremities. You will have an IV started. This is necessary to administer fluids, pre-op antibiotics, and medications during and after the surgery. Your surgical area will be prepped/clipped, and the intended surgical site will be marked with your surgeon's initials. Consents for your surgical procedure and anesthesia will be signed.

Moving to Recovery

Following your surgery, you will be taken to the Post Anesthesia Care Unit (PACU) or recovery room. Your time in the PACU will depend on your individual recovery time. During this time, your blood pressure and other vital signs will be closely monitored. Pain management measures will be started. Once you are awake and if you do not have any nausea, you may be given ice chips and/or sips of water. Some type of cold therapy will be placed on your surgical incision. You may be instructed to use an incentive spirometer (breathing exercise device), that will be provided by the center. This will help to prevent pulmonary complications.

When awake and sensory/motor function returns and your pain and nausea are managed, your nurse will assist you to walk using a walker and gait belt. Once it is determined that you can safely use a walker, the nurse will assist you to get dressed and you will be transferred to your car with your belongings via wheelchair.



Pain Management

Pain management after surgery is one of the most common concerns of joint replacement patients. Surgery involves cutting, pulling or moving tissues in your body. Nerve fibers may also have had trauma to them. These all cause what is called post-operative pain. After surgery, pain can occur from swelling around the incision area or muscle spasms. Our goal is to manage your pain effectively for maximum comfort. Education about pain management reduces fear and helps you maintain your expectations.

There are several different types of pain management methods available that will keep you comfortable. Your surgeon will prescribe your pain medication for you based upon your medical history, the amount of pain you are having and your phase of recovery.

- Although not used for every patient, a nerve block and/or a spinal anesthetic may be administered and are effective methods of pain management. These prevent the pain signals from reaching the brain. Consequently, you may feel less pain 6-12 hours after surgery. Duration may be shorter or longer for each patient. Your surgeon and anesthesiologist will decide if this is appropriate for you.
- Ice
 - Ice is a good way to lessen pain
 - Ice should be used right after surgery around the incision
 - **Ice should never be placed directly on the bare skin. Keep ice packs wrapped in a towel or placed over clothing.**
 - Ice should be continued as long as you have pain from surgery.
 - Ice for 20 minutes at a time. Ice should be off at least 20 minutes.
- Stay Active
 - Get up and move around as instructed.
 - Change positions to help reduce pain.
- Relaxation
 - Rest - make sure you are getting enough good quality sleep.
 - Breathing Exercises - Slow, deep breathing can reduce stress and pain.
 - Guided Imagery - A method to guide your mind and help you relax.
 - Meditation - This can help focus your mind and let you relax.
 - Music - Find music that is calming or enjoyable to you . This can also help with relaxation.
- Prior to arrival at the center, you will be given a prescription for oral pain medication for use at home following your discharge from the center. Please follow the instructions carefully.

It is important for you to communicate with your surgeon if the pain medication is not sufficient, if you are experiencing nausea or if you are not as alert as you feel you should be. Adjustments can be made to make you feel more comfortable.

Pain Rating Scale

You will be asked to rate your pain according to this scale:



0

No Pain



1-2

Present and noticeable
but does not interfere
with usual activities

MILD PAIN



3-4

Distracting but
can do usual
activities



5-6

Difficult to ignore,
usual activities or work
is interrupted or avoided

MODERATE PAIN



7-8

Pain is "awful"
Focus of attention is on
pain, difficult to do anything



9-10

"Excruciating"
Unable to do anything,
nothing else matters

SEVERE PAIN

Preventing the pain cycle

Pain has a cycle. It begins and increases until medication interrupts it. The aim of good pain management is to stop pain before it becomes intolerable.

Your nurse will ask you to rate your pain on a scale of 1 – 10. This will allow your nurse to determine the proper dosage of pain medication as ordered by your surgeon. The dose is based on how severe you rate your pain. Only you know what a tolerable level of pain is. PLEASE help us to keep your pain managed. This is one time that you do not want to tough it out. If the pain cycle takes hold, it is more difficult to manage.

Other methods of pain management:

- **Ice:** This is absolutely essential for pain management after joint replacement. Ice can reduce pain in combination with medication. It helps to reduce the swelling in your new joint which can add to your discomfort.
- **Rest:** Surgery takes a large toll on your body and for this reason you cannot expect to resume your regular activities until you have allowed yourself to recuperate. Think of it this way: the damage was caused over time; therefore, your healing and recovery will also need to happen over time. Pain, swelling, and over-activity are all related. The antidote to all three is rest. Being on your feet causes both pain and swelling. After your first week home, be active in short spurts. While walking is helpful to your rehabilitation, take it slowly. Walking for five minutes out of every hour will help increase your stamina.

It is important to remember that sometimes pain can persist for a few weeks. This is normal. When the early, sharp pain has subsided, it gets replaced with a deeper, aching pain. This second type of pain will still need to be treated. In addition, any physical activity may cause some pain in your joints. You can prepare yourself for this pain with a dose of medication about 30 minutes before any physical activity. Lastly, if you do get a sharp pain that you have not had before or if you experience pain that is not managed by your prescribed medication there may be an inflammation in one of your muscles or ligaments. If this happens, please call your surgeon for guidance.



Preventing Falls

Your safety is a top priority for us, and this includes preventing falls. Please read through this section so that you will understand how you can help us to keep you safe during your time at Banner Surgery Center - Ironwood and at home.

What factors increase your risk of falling?

Patients often experience weakness after surgery. Some common risk factors include:

- **A history of falling:** if you have had any previous falls, you are at a higher risk for falling again.
- **Medical problems or medications:** these can cause you to feel light-headed, dizzy or unsteady and this increases your risk of falling.
- **Walking aids:** using a walker without assistance puts you at risk for falling.
- **Unsteady gait:** walking by yourself after joint replacement surgery can put you at risk for falling. Walking to the bathroom without help is never a good idea.
- **Overestimating your ability:** even patients who did not need help at home can fall in the center when getting up without assistance. Getting out of bed without asking for help is a very common reason for falls.
- Clutter in your home can be a tripping hazard. Look for loose cords, rugs, etc.

What can you do to prevent falls?

One of the most important things you can do to prevent falling is to ask for help to get out of your bed or chair or when you need to get to the bathroom.

- Do not get up on your own, even to use the bathroom. Don't be afraid to use your call light at the center to ask for help to get out of your bed or chair.
- Keep your personal items within reach. This includes your call light, telephone, water, tissues, and eyeglasses.
- Discuss the side effects of your medications with your nurse.
- Avoid any quick, sudden movements
 - Change position slowly
 - Sit on the side of your bed before you stand up
 - Stand up slowly to get your balance before you begin to walk. If you feel light-headed, dizzy or unsteady, sit back down.
- Our team members will make sure that it is safe for you to get up and walk
 - You should have your non-skid socks on
 - If you normally wear eyeglasses or hearing aids make sure you have them on before you get up
 - Any tubing, equipment, etc. will be cleared away from your path
 - Proper lighting is important for your safety
 - Use your walker at all times when walking. This will provide extra stability. We will use a gait belt to keep you safe as you move around. This allows us to support you as we walk with you.



How to Use Crutches and Walkers

If you break a bone in your leg or foot, have a procedure on your knee or lower leg, or suffer a stroke, your doctor may recommend that you use a walking aid while you are healing or recovering. Using crutches, a cane, or a walker can help keep your weight off your injured or weak leg, assist with balance, and enable you to perform your daily activities more safely.

When you are first learning to use your walking aid, you may wish to have a friend or family member nearby to help steady you and give you support. In the beginning, everything you do may seem more difficult. With just a few tips and a little practice, though, most people are able to quickly gain confidence and learn how to use a walking aid safely.

Make Your Home Safer

Making some simple safety modifications to your home can help prevent slips and falls when using your walking aid:

- Remove throw rugs, electrical cords, food spills, and anything else that may cause you to fall.
- Arrange furniture so that you have clear, sufficiently wide pathways between rooms.
- Keep stairs clear of packages, boxes, or clutter. If necessary, add treads to stairs to prevent slipping.
- Walk only in well-lit rooms and install a nightlight along the route between your bedroom and the bathroom.
- In the bathroom, use nonslip bath mats, grab bars, a raised toilet seat, and a shower tub seat.
- Simplify your household to keep the items you need within easy reach and everything else out of the way.
- Carry things hands-free by using a backpack, fanny pack, or an apron with pockets. Many walkers also come with attached pouches.

Crutches

Proper Positioning

- When standing up straight, the top of your crutches should be about 1-2 inches below your armpits.
- The handgrips of the crutches should be even with the top of your hip line.
- Your elbows should be slightly bent when you hold the handgrips.
- To avoid damage to the nerves and blood vessels in your armpits, your weight should rest on your hands, not on the underarm supports.

Walking

- Lean forward slightly and put your crutches about one foot in front of you.
- Begin your step as if you were going to use the injured foot or leg but, instead, shift your weight to the crutches.
- Bring your body forward slowly between the crutches.
- Finish the step normally with your good leg.
- When your good leg is on the ground, move your crutches ahead in preparation for your next step.
- Always look forward, not down at your feet.

Sitting

To sit:

- Back up to a sturdy chair.
- Put your injured foot in front of you and hold both crutches in one hand.
- Use the other hand to feel behind you for the seat of your chair.
- Slowly lower yourself into the chair.
- When you are seated, lean your crutches in a nearby spot. Be sure to lean them upside down — crutches tend to fall over when they are leaned on their tips.

To stand up:

- Inch yourself to the front of the chair.
- Hold both crutches in the hand on your injured side.
- Push yourself up and stand on your good leg.

Stairs

To walk up and down stairs with crutches, you need to be both strong and flexible. You may want someone to help you, at least at first.

- Facing the stairway, hold the handrail with one hand and tuck both crutches under your armpit on the other side.
- When you are going up, lead with your good foot, keeping your injured foot raised behind you. When you are going down, hold your injured foot up in front, and hop down each step on your good foot.
- Take it one step at a time.
- If you encounter a stairway with no handrails, use the crutches under both arms and hop up or down each step on your good leg.
- If you feel unsteady, it may be easier to sit on each step and move up or down on your bottom.
- Start by sitting on the lowest step with your injured leg out in front.
- Hold both crutches flat against the stairs in your opposite hand.
- Scoot your bottom up to the next step, using your free hand and good leg for support. Face the same direction when you go down the steps in this manner.

How to Use Crutches and Walkers (cont.)

Walkers

If you have had knee replacement or hip replacement surgery, or you have another significant problem, you may need more help with balance and walking than you can get with crutches or a cane. A pickup walker with four legs will give you the most stability. A walker lets you keep all or some of your weight off of your lower body as you take steps. With a walker, you use your arms to support some of your body weight. As your strength and endurance get better, you may gradually be able to carry more weight in your legs.

Positioning

- When standing up straight, the top of your walker should reach to the crease in your wrist.
- Your elbows should be slightly bent when you hold the handgrips of the walker.
- Keep your back straight. Don't hunch over the walker.
- Check to be sure the rubber tips on your walker's legs are in good shape. If they become uneven or worn, you can purchase new tips at a drug store or medical supply store.

If you have had knee or hip replacement, a walker will provide the most stability.

Walking

- First, position your walker about one step ahead of you, making sure that all four legs of the walker are on even ground.
- With both hands, grip the top of the walker for support and move your injured leg into the middle area of the walker. Do not step all the way to the front.
- Push straight down on the handgrips of the walker as you bring your good leg up so it is even with your injured leg. Always take small steps when you turn and move slowly.

Sitting

To sit:

- Back up until your legs touch the chair.
- Use your hands to feel behind you for the seat of the chair.
- Slowly lower yourself into the chair.

To stand up:

- Push yourself up using the strength of your arms and grasp the walker's handgrips.
- Do not pull on or tilt the walker to help you stand up.

Stairs

- Never climb stairs or use an escalator with your walker



Caring for Yourself at Home

Often when patients return home from the center, they feel a bit lost. This is not unusual. You have lots of information to remember at a time when you are under a great deal of stress.

This section will provide the information that will help you recover safely, quickly, and comfortably once you are at home.

Control your discomfort

It is human nature to avoid things that cause us discomfort. If you are in pain, you are less likely to move or do your exercises. Inactivity can cause your new joint to stiffen and will slow your recovery during your center stay. To keep your pain managed:

- Take your pain medication at least 30 minutes before you begin your exercises at home. This will make moving your new joint much easier. Remember, narcotic pain medication can cause constipation. Prevent this by drinking plenty of fluids. Water is best. Use stool softeners if necessary. If you have any concerns, please contact your surgeon.
- Change your position every 30-45 minutes throughout the day.
- Control discomfort by applying cold therapy to your new joint. The cold therapy that will be used in the center will be sent home with you. You will be instructed on how and when to apply this as part of your discharge teaching. Please continue to use your cold therapy until your surgeon tells you otherwise.
- Avoid becoming over-tired. This can decrease your pain tolerance significantly. Keep visits from friends and family brief, especially in the first few days.



If you have had knee or hip replacement, a walker will provide the most stability.

For Your Safety

Avoid wearing open-toed slippers or shoes without a back. **ABSOLUTELY NO FLIP-FLOPS.** This is a time when you need a shoe that will give you good support. The last thing you need is to slip and fall.

Sit in chairs that have arms to help in getting up and have seats that are not too low or too soft.

For Hip Replacement Patients

- Follow any hip precautions taught to you by your surgeon.
- Practice the exercises taught to you to strengthen the muscles around your new hip.
- Ask your surgeon how long you will need to follow any restrictions.
- Contact the surgeon right away if you note:
 - Wound drainage, especially bloody
 - New onset of severe hip or groin pain
 - Turning in or out of your leg that is new
 - Unable to walk or put weight on your leg
 - Increased numbness or tingling of the leg
 - Change in length of the leg
 - A bulge felt over the hip
 - IF YOU HAPPEN TO FALL

For Knee Replacement Patients

- Follow the knee precautions taught to you by your surgeon.
- Practice the exercises taught to you to strengthen the muscles around your new knee.
- Ask your surgeon how long you need to follow your post-operative instructions.
- It is difficult to dislocate a knee. However, it is important to maintain these precautions:
 - Do not stand, bend knees, and twist at the same time
 - Follow your surgeon's instructions regarding weight-bearing instructions
- Contact the surgeon right away if you note:
 - Wound drainage, especially bloody
 - New onset of severe knee pain
 - Turning in or out of your leg that is new
 - Unable to walk or put weight on your leg
 - Increased numbness or tingling of the leg or foot
 - Change in length of the leg
 - Knee appears deformed
 - IF YOU HAPPEN TO FALL

For Shoulder Replacement Patients

- Follow any shoulder precautions taught to you by your surgeon.
- Practice the exercises taught to you to strengthen the muscles around your new shoulder.
- Ask your surgeon how long you will need to follow any restrictions.
 - You should not use your arm to lift, pull or push weight. This includes pushing up out of a chair or bed.
 - Moving or using the arm too early can prevent proper healing. This may affect how your shoulder will work.
 - Your surgeon will tell you when you can do some gentle, passive arm exercises.
- Contact the surgeon right away if you note:
 - Wound drainage, especially bloody
 - New onset of severe shoulder pain
 - Increased numbness or tingling
 - IF YOU HAPPEN TO FALL

Body changes

You might not feel quite like yourself for several days once you are at home. This is completely normal. The following information will help you understand what you might be feeling:

- Your appetite may be poor for the first few days. Medications used during your surgery (anesthesia) can cause your digestive tract to be ineffective. This may result in feeling full or bloated and/or constipated. Remember, it is very important to drink plenty of fluids to keep from becoming dehydrated and also to prevent constipation. Activity also helps to restore normal digestion. "Mobility increases motility". Your desire for food will soon return. Other ways to avoid becoming constipated:
 - Eat fiber-rich foods like grains, fresh fruits and vegetables to keep your system moving.
 - Avoid alcohol. It also causes dehydration and contributes to constipation.
 - Wean yourself off of narcotic pain medications as soon as possible. (see page 7.4)
- You may have difficulty sleeping. This is not abnormal. Try not to sleep or nap too long during the day and avoid caffeinated drinks in the evening. If sleep disturbances continue, you may call your surgeon for guidance.
- Your energy level will be decreased for the first month. Keep visits from friends and family brief, especially for the first few days. Accept help to get household chores done.
- Plan time for sunshine. Studies have shown that spending time in the fresh air and sunshine helps your body produce vitamin D. This in turn helps our body absorb calcium. Remember that calcium is important for building strong bones.

Weaning Yourself From Narcotic Pain Medication

In the first few days following your surgery, you will notice your need for narcotic pain medication is decreasing. Your surgeon will instruct you on replacing narcotic medications with non narcotic medications like Tylenol®/acetaminophen, Ibuprofen/Motrin. Gradually increase the number of substitutions until you are no longer taking narcotics. Ensure that you are not exceeding 4000 mg of Tylenol®/acetaminophen in 24 hours. (Remember that Lortab, Percocet and some other narcotic pain medications have Tylenol®/acetaminophen in them. This needs to be included in the 4000 mg maximum daily dose.) ***If you are taking a blood thinner, check with your doctor prior to taking any other type of pain relievers.*** Many common over-the-counter pain relievers may interact with your blood thinner and cause problems.

Continuing care and follow-up appointments

Although your joint may feel fine, it is important to remember that your joint has artificial components. Your orthopedic surgeon will instruct you about your follow-up appointment schedule.

Post-Joint Replacement Surgical Procedures

If you are scheduled for any surgeries after your joint replacement, even minor surgery, you must take antibiotics before and after the procedure. Please check with your surgeon prior to any surgical intervention. This also applies to any invasive procedure using a special scope, such as a cystoscopy, bronchoscopy or colonoscopy. For dental procedures, your surgeon may request prophylactic antibiotics,

Important Emergency Information

Caring for your incision

It is extremely important to prevent a post-operative infection in your incision. For this reason you must be diligent in caring for your incision. Follow these instructions very carefully:

- Keep your incision clean and dry. Do not let your incision become saturated. This means no swimming, no tub bathing, and no hot tubs until you are cleared by your surgeon.
- Follow instructions from your surgeon for dressing care and changing your dressing. **REMEMBER TO WASH YOUR HANDS** before changing your dressing.
- Do not use any ointments, lotions, etc. on your incision unless instructed to do so by your surgeon.
- After your original dressing is removed, examine your incision daily and report any signs of infection:
 - Increased redness, heat, swelling or **NEW** bruising around the incision
 - Increased drainage, or drainage that is foul-smelling
 - Increased pain in your new joint
 - Persistent temperature above 101° F

What to do if you suspect blood clots in your legs

By exercising, wearing your TED hose and taking your anticoagulant medication faithfully according to your surgeon's instructions, your chance of developing a blood clot is minimal. However, it **CAN** happen. Prompt treatment usually prevents further complications.

- Call your surgeon **IMMEDIATELY** if there is swelling in your thigh, calf or ankle that does not decrease if you lie down with your feet elevated above heart level.
- Contact your surgeon if there is pain and tenderness in the calf of **EITHER** leg. **DO NOT** take a "wait and see if it gets better" attitude.

If a clot occurs, it may be necessary to be admitted to a hospital to receive IV (intravenous) anticoagulant therapy for a short period of time.

Pulmonary embolism

A pulmonary embolism is a blood clot that breaks away from the vein and travels through the blood into the lungs. **THIS CAN BE LIFE THREATENING!**

CALL 9-1-1 IMMEDIATELY
if you experience a sudden onset of chest pain,
experience rapid difficult breathing,
shortness of breath, sweating or confusion.
DO NOT take the time to call your surgeon.
DO NOT drive yourself to the center.

The best way to avoid a pulmonary embolus is to recognize and treat any potential blood clots. If you suspect a blood clot, **CALL YOUR SURGEON IMMEDIATELY.**

Post-Operative Goals

Weeks one and two

During your first two weeks at home, your recovery goals are to:

- Do your home exercises three times a day. *Coach assistance and encouragement needed.*
- Shower according to your surgeon's instructions (keeping your wound dry).
- Walk at least 200 consecutive feet twice a day. Use your walker as directed by your surgeon.
- Your surgeon may prescribe physical therapy as part of your treatment plan.
- Walk up curbs, ramps, etc. with caution.
- Gradually resume activities of daily living (ADLs).
- You may be instructed to continue use of your incentive spirometer (10 times each hour while awake).

Weeks three and four

Your recuperation is now well underway. You should notice that everyday activities are becoming easier. Continue doing the home exercise program. Exercise is the fastest way to achieve the best outcome. During these next two weeks, your recovery goals are to:

- Do your home exercises three times a day. *Coach assistance and encouragement needed.*
- Achieve week one and two goals.
- Wean from your walker to a cane as instructed.
- Walk at least two blocks each day (weather permitting).
- Resume ADL's without assistance.

Exercising for Optimal Recovery

Exercising after your surgery is an extremely important part of your recovery. It is to your benefit to keep active. This will not only help you recover faster but will also keep your pain to a minimum while keeping your muscles and joints from becoming stiff.

The list of exercises will be provided to you as part of your discharge instructions. Remember these key points:

- Have your coach help you during the first week or two after you return home
- Get up and walk for at least 5 minutes out of every hour while awake
- Use your walker to help maintain your balance and posture
- Use ice to your incision to prevent swelling and reduce pain
- Follow any special precautions to protect your joint

Important Information

Date of Surgery: _____

Date of First Post-Operative Appointment: _____

Important telephone numbers

My orthopedic surgeon: _____ Phone number: _____

My primary care physician: _____ Phone number: _____

My primary insurance provider: _____ Phone number: _____

My secondary insurance provider: _____ Phone number: _____

My pharmacy/location: _____ Phone number: _____

Date of Physical Therapy Start (if prescribed): _____ Phone number: _____

Banner Surgery Center - Ironwood Contact Information

Main number: 480.307.6741

Financial Services: 480.292.8541

Joint Replacement Coordinator: bscironwoodjoints@atlashp.com

