



# JOINT REPLACEMENT PROGRAM

CREATING THE NEXT  
GENERATION  
OF CARE



424 SAVANNAH ROAD • LEWES, DELAWARE 19958

YOUR PATH TO RECOVERY

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## OUR VISION

*Our vision is for Sussex County  
to be one of the healthiest  
counties in the nation.*

## OUR MISSION

*Our mission is to encourage  
healthy living, prevent illness  
and restore optimal health to  
the people residing, working,  
or visiting the communities  
we serve.*

Our **VALUES** are  
Reflected in our Decisions

### WE PLEDGE TO

Do what it takes to  
**keep EVERYONE SAFE**  
*Do it right the first time*  
**EVERY TIME**  
Treat **EACH** individual  
with *respect and dignity*  
Build **TRUSTING RELATIONSHIPS**  
with *compassion*  
and *kindness*  
achieving amazing accomplishments  
through *exceptional teamwork*  
Act with *passion and love* for others  
**TO MAKE A DIFFERENCE**  
*Listen carefully*  
Have the courage to communicate  
**honestly and effectively**  
Dedicate yourself to being an  
**expert in your field**  
always learning, always growing



## **Welcome to Beebe Healthcare**

Thank you for choosing our facility for your total joint replacement surgery.

Our goal is to provide you with the best postoperative outcomes by preparing you physically, mentally, and emotionally for your surgery.

Our comprehensive, interprofessional team is highly skilled and has received national recognition.

You are the most important member of the health care team.

We know the better prepared you are for your surgery the easier and faster you will recover.

Please review this information and ask us any questions you may have to the Orthopaedic Service Line Nurse 302-645-3104.

### **Helpful Phone Numbers**

Beebe Healthcare	302-645-3300	Orthopaedic Nursing Unit	302-645-3720
Same Day Surgery	302-645-3502	Pre-op Nurse/Anesthesia	302-645-3366
Pre-op Class (Ortho Service Line)	302-645-3104	Chaplain	302-645-3759
Stress Less Surgery	302-645-3528	Case Management	302-645-3313
Patient Advocate	302-645-3547	Rehabilitation Services	302-645-3235

## **We want to keep you safe during the COVID-19 Pandemic!**

During the COVID-19 pandemic, we have worked to continue providing safe care for our patients, while also focusing on the safety of our team members, vendors, and visitors.

Patients are already used to a high standard of safety and quality at all Beebe care sites. The pandemic has created a need for an innovative expansion on those efforts. For this reason, patients will experience many safety measures in place at all of Beebe's care sites, conveniently located throughout Sussex County.

Everyone entering the hospital, including staff and patients, will have their temperature taken and will be asked COVID screening questions.

Your care team will be wearing a surgical mask and face shield to help keep you safe.

You may also notice:

- Physical barriers like Plexiglas at registration areas
- Visual cues on floors and other places to remind everyone about physical distancing
- Reminders about the requirements of face coverings
- Pre-surgery COVID-19 testing for all surgery patients
- Scheduled appointments for all lab and imaging visits
- Waiting room modifications
- Car-side registration/waiting in some locations
- Extra cleaning and disinfecting protocols.

### **Patients having surgery will:**

- Quarantine for 10 days, or as instructed by surgeon
- Be tested for COVID
- Be allowed one visitor to come to the hospital with them on the day of surgery. This visitor must wear a facial covering and will complete COVID screening questions upon arrival. After you are prepared for surgery, the visitor can stay with you in the Same Day Surgery area until you are taken back to surgery. At this point, the visitor may wait in the designated waiting area until your surgery is complete or they may leave the hospital. The surgeon will call your loved one at completion of surgery. For your safety, loved ones will not be able to visit you in the hospital after surgery.

## Preparing For Surgery

Complete this preoperative checklist:

- ☐ Attend preoperative class: Phone - Orthopaedic Service Line Nurse @ 302-645-3104 or Orthopaedic Nurse Manager @ 302-645-3679
- ☐ Pre-op nurse will call prior to your surgery: 302-645-3366
- ☐ Complete any dental work needed several weeks prior to your surgery
- ☐ Stop taking medications such as aspirin, ibuprofen, or blood thinners as directed by your physician.
- ☐ Obtain medical clearance/blood work/EKG as ordered
- ☐ Obtain your durable medical equipment as instructed prior to your surgery. This includes your walker and commode.
- ☐ The hospital will call you the business day before your surgery for arrival time
- ☐ Do not eat any solid food after midnight before your surgery. You may drink clear liquids up to 2 hours prior to your scheduled arrival time. This may include: water, clear juice, coffee and tea without creamer/milk, popsicles, kool-aid, and plain jello. No alcoholic beverages after midnight.
- ☐ Bring a complete list of medications to the hospital, photo ID, and lab envelope (if applicable)
- ☐ Leave all valuables such as jewelry or money at home
- ☐ Bring comfortable, loose fitting clothing. You will be getting dressed when appropriate.
- ☐ Shower with soap each day for 4 days prior to your surgery and in the morning before you come to the hospital, leave on skin 1 minute then rinse
- ☐ Use Hibiclens solution as instructed 4 days prior to your surgery and in the morning before you come to the hospital, leave on skin 1 minute then rinse
- ☐ Prepare your home and support system for going home
- ☐ If you smoke, now is the time to stop
- ☐ Notify your surgeon of any infection, fever or if any change in your medical conditions occurs
- ☐ Do pre-op exercises as instructed in class

## **Preoperative Bathing Instructions**

You play a key role in your own health. Before surgery, it is important to reduce the number of germs on your skin. In addition to the information included in the “Surgery Guide: What to Expect” pamphlet, the instructions below are provided to help you carefully wash your skin before your surgery.

Use soap and a special soap called chlorhexidine gluconate (CHG). A common name for this soap is *Hibiclens*®, but any brand of 4% CHG is ok to use. Do the preoperative bath/shower, one time a day, for **4 days** before surgery and then take your last bath/shower the day of your surgery, before coming to the hospital. If you have any questions, please call your doctor.

### **Before you bathe or shower:**

1. Read the directions and warnings on the CHG product label.
2. Do not use the product if you are allergic to CHG or other ingredients listed. Please tell your doctor.

### **When you bathe or shower:**

1. Wash your hair as usual with your regular shampoo. Rinse hair and body thoroughly to remove any shampoo residue.
2. Wash your entire body with soap. Apply the soap directly to your skin and wash gently using a clean wash cloth. Allow the soap to remain on your skin for 1 minute before rinsing your body. \*Use a clean wash cloth each time you bathe/shower.
3. Wash your entire body from the neck down with CHG soap. Apply just enough CHG to cover the skin and wash gently using the clean wash cloth. Allow the CHG to remain on your skin for 1 minute before rinsing your body. ***Warning: Do not apply CHG to the face, mouth, ears, genitals, or open wounds.***
4. Rinse your body thoroughly with warm water.
5. Pat yourself dry with a clean, soft towel. *(Do not apply lotions, powders, or perfumes)*
6. Put on clean clothes.

**Other information:** CHG soap may be provided by your doctor. You can purchase 4% CHG soap at local pharmacies.

## Day of Surgery

### ***Enter the parking garage using the West entrance***

Park on the 1<sup>st</sup> level of the garage

Enter the hospital from the 1<sup>st</sup> floor- Main entrance

**To ensure your safety in our hospital**, you must wear a mask to enter the hospital.

In the lobby of the main entrance, you will be greeted by members of our Beebe team. They will take your temperature upon arrival and ask you COVID screening questions.

There is an elevator across from the information desk to take you to the registration area on the second floor.

***There is no valet parking at this time.***

***Please have your photo ID & Insurance Cards***

## Same Day Surgery

After registration you will be taken to the Same Day Surgery Area to be prepared for surgery. An armband with your name and date of birth is placed on your wrist. This will be used to verify your identity prior to any treatment or medication being given to you. After your IV is started, your family can wait in the holding area with you until you are taken back to the Operating Room. The Anesthesiologist in charge of your care will meet with you and discuss which type of anesthesia will be used. Please inform the anesthesia department of your previous anesthesia experiences. After all of your questions have been answered, a sedative is given to help you relax. You may not remember much after the medication is given. Preparation, surgery, and recovery take between 3 and 4 hours.



## **Anesthesia**

You will meet with your anesthesiologist the morning of your surgery to discuss what type of anesthesia is best for you based on your medical history.

Tell the anesthesiologist any prior anesthesia history, any anesthesia related problems, or any preferences you have regarding your anesthesia.

The types of anesthesia used for total joint replacements at Beebe Medical Center are:

1. General anesthesia: You are completely unconscious.
2. Spinal anesthesia: You are numb in the area of the surgery. Additional medication may be given into your IV to help you relax.

Sometimes a nerve block may be given in conjunction with your anesthesia for postoperative pain control.

## **Operating Room**

You may notice the temperature in the Operating Room is cooler than other areas, but you will be kept warm with a special hot air blanket. The surgical team “scrubbed in” will be wearing “space suits” to keep everything over your incision sterile.

## **Post Anesthesia Care Unit (PACU) or Recovery Room**

You will be monitored closely in the PACU for at least an hour. The length of time in PACU varies for both medical reasons and the availability of the appropriate room for the patient. The doctor may give you an estimate, but don't be alarmed if the patient remains in the PACU for a longer time. Visiting patients in this area is restricted.

***The surgeon will talk with family after surgery is completed.***

## Physical Therapy

Helps you regain your mobility, range of motion, and strength after surgery

Reinforces safety awareness

Begin preoperative exercises @ home

Quad sets

Gluteal sets

Ankle pumps

After surgery:

You will have a bedside evaluation the day of surgery or the 1<sup>st</sup> day after surgery

Testing of circulation, sensation & motor function

Instruction in exercise program

Progress from sitting @ bedside to standing & ambulating with a walker

**Total hip patients** will be instructed in hip precautions to avoid dislocation of their new hip replacement:

1. Do not cross your legs (while in bed, pillows or an abduction pillow will be in place)
2. Do not plant your feet & twist at the waist
3. Do not flex your hip beyond 90 degrees

Each day you will continue to progress walking further, gaining your strength, learning your exercises/precautions, & be taught how to climb stairs.

***To ensure your safety, patients will be provided with a surgical mask while walking in the hallways.***

# **Occupational Therapy**

Occupational Therapy (OT), helps you to re-learn the activities of daily living such as dressing, bathing, toileting & meal prep. You will be seen once daily during your hospitalization if you are having your hip replaced.

## **Goals of occupational therapy:**

1. Able to dress with adaptive equipment if necessary  
(please bring loose fitting, comfortable clothing to practice dressing)
2. Independent with toileting
3. Able to stand approximately 5 minutes to perform functional activities such as combing hair or preparing a sandwich
4. Independence with hip precautions if hip replacement patient

## **Preparing your home for when you are discharged:**

1. Pick up throw rugs
2. Buy a cordless phone
3. Move frequently used items to waist level
4. Remove clutter
5. Keep walkways well lighted
6. Prepare food ahead of time and freeze
7. Set up your support system for when you are discharged to home

## Occupational Therapy (cont.)

Adaptive Equipment for hip replacement patients:



# 1

# 2

# 3

# 4

- #1 Dressing Stick- used to push socks off
- #2 Long Handled Reacher- used to reach things from the floor to maintain
- #3 Long Handled Shoe Horn- to put shoes on to maintain hip precautions
- #4 Long Handle Sponge- used to reach legs or back when in the shower, can also be used to clean tub or tops of objects

Also in kit, not pictured above:

Sock aid  
Elastic Shoelaces  
Cushion

## Case Management

### What does a Case Manager do?

Assist with discharge planning

Please obtain your durable medical equipment several weeks prior to surgery

- Walker
- 3 in 1 commode

Insurance liaison while in the hospital

Approval for needed services at time of discharge

- Verifies benefits
- Informs of co-pay for services

### Length of stay:

Plan on discharge the 1<sup>st</sup> or 2<sup>nd</sup> day after your surgery

The morning of discharge very busy & usually occurs @ mid-day

1. AM physical therapy session needed – possible PM
2. Final visit from case manager
3. Delivery of equipment
4. Written discharge instructions given
5. Final teaching if needed (incision care, etc.)

### Goals To Meet For Safe Discharge to Home

1. Able to get out of bed with minimal or no assistance
2. Able to get on & off a toilet
3. Able to walk about 120 ft. with assistive device
4. Able to negotiate steps
5. Able to demonstrate hip precautions if hip replacement patient

### Options for follow-up care after discharge

#### **1. Home with visiting services**

- Most common
- Must be homebound – able to go to doctors' appointments
- Intermittent visits (not every day)
- Physical therapy most frequent service provided
- Nursing visits possibly once weekly:
  - Check incision
  - Draw blood work for Coumadin regulation
  - Teaching about nutrition
  - Check bowel & bladder function

#### **2. Home with outpatient physical therapy & outpatient lab**

You will need someone to drive you to appointments

#### **3. Inpatient Rehabilitation**

- Offered in different settings (sub-acute and acute)
- Must be medically necessary for insurance approval
- Options presented for patient to choose
- Individual review of insurance benefits at your hospital bedside

## **Postoperative Nursing Care**

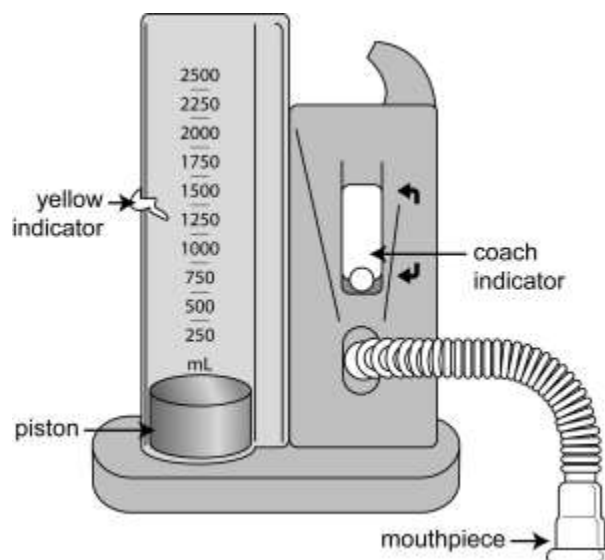
- Vital signs assessed frequently on arrival to the nursing unit
- You may have a foley catheter. This will be removed the morning after surgery.
- Will possibly have a drain in the area of the incision. This will be removed prior to discharge.
- Nasal oxygen on and pulse oximeter to determine adequate oxygenation
- Compression device on feet or legs to promote blood flow
- Do frequent ankle pump exercises
- Incentive spirometer to keep lungs clear
- On arrival to nursing unit, a liquid diet is started and will progress to solid food as tolerated
- See pain management section for pain control explanation
- Dressing changes per physician order
- Anticoagulation therapy (blood thinner medication)
- Blood tests to monitor & assess blood count
- Stool softeners ordered to prevent constipation
- Laxative, suppository/enema as needed prior to discharge
- Nurses report to the next shift at the bedside to include you in your plan of care.
- You may call extension 8000 from you hospital phone for any concerns or complaints related to meals, housekeeping, noise, etc.



## Using Your Incentive Spirometer

*The Incentive Spirometer helps you get back to breathing your best, and avoid complications such as pneumonia or a collapsed lung. The Incentive Spirometer (IS) will show you how well you are breathing.*

1. Sit upright, or as far upright as you can.
2. Breathe normally a few times.
3. After you exhale normally, close your lips around the mouthpiece.
4. Breathe in slowly & steadily through your mouth until your lungs are full. The volume indicator will rise to show how much air you have breathed in.
5. Hold your breath until the volume indicator goes back down to the bottom.
6. Breathe out slowly.
7. Take a few normal breaths
8. Repeat steps 3 – 6 approximately ten times per hour & cough to help clear the mucus out of your lungs.



## Postoperative Pain Management

We care about your comfort and are committed to managing your pain after total joint replacement surgery.

In order to be successful with managing your pain, it is important that you communicate with your health care team. You are the only person who knows what your pain is, and if the medication that your surgeon has ordered is doing the job!

The Pain Scale is used to gauge the intensity of your pain/discomfort before and after you receive pain medication. Please take a minute and become familiar with YOUR acceptable level of pain. Your pain will be assessed frequently throughout your hospitalization.



**0**= no pain

**1-3**=Mild pain- you can feel it. Able to focus on reading, TV.

**4-6** =Moderate pain-Losing focus. Thinking about pain

**7-9** =Severe- Unable to focus on anything other than pain

**10**=worst possible pain

Your surgeon will order pain medicine to be given intravenously (IV) after your surgery. You will progress to oral medications when able to tolerate a diet.

**Please tell your nurse if:**

- **The pain medicine doesn't decrease your pain.** Although we can't guarantee that you will be 'pain-free', we want your pain to be under control so you can participate in your therapy.
- **If the pain medicine makes you feel nauseated.** We can give you medication to control those symptoms, or we can call the surgeon to obtain a different medicine.
- **If you feel constipated.** You will be encouraged to eat a fiber rich diet and drink plenty of fluids, but sometimes you need a little help. Your surgeon has ordered certain medications to help.



## Discharge Information

It is very important to include your total joint replacement as part of your medical history for the rest of your life. Call your doctor before any dental or surgical procedures. Antibiotics may be needed to prevent infection.

Keep your incision clean and dry. If you have staples, they will be removed in approximately two weeks at your follow up appointment at the surgeon's office. Prior to performing a dressing change, wash your hands and use aseptic technique as instructed by the hospital nurse. Apply a dry sterile dressing daily to keep the incision clean.

Keep pets away from your incision. **DO NOT ALLOW PETS TO SLEEP WITH YOU.**

You will be prescribed a blood thinner after discharge. Please continue this medication until your surgeon discontinues it.

If you are on Coumadin: Weekly blood work is required to regulate your Coumadin dose (see discharge instructions to explain how this will be accomplished). Please take the Coumadin at 6 PM each day and be aware of your dose so you can inform the doctor of what you are taking when the office calls you.

Continue your exercise program and use the assistive device recommended by your physical therapist. Follow up physical therapy instructions will be given to you at the time of discharge.

Refer to your discharge list of medications to know what medications you are to take. Be sure you are aware of side effects of your medications prior to discharge from the hospital.

Call your doctor if:

- Fever greater than 101°/chills
- Uncontrolled pain
- Persistent vomiting or nausea
- Excessive bright red bleeding, swelling around the incision,
- Redness, streaking or pus-like drainage
- Difficult urination or severe constipation/ persistent diarrhea
- Any other problems or questions

## Infection Prevention

### *Before your surgery:*

- Tell your doctor about all medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. According to CDC, patients who smoke are at greater risk for infections.
- Do not shave near area you will have surgery. Shaving with a razor can make small openings in your skin and make it easier to develop an infection.
- Use soap and Hibiclens soap when bathing or showering for 4 days before your surgery and the morning of surgery. Leave soap on for one minute then rinse off. Then lather with Hibiclens soap. Leave on for one minute and then rinse. If your surgery is in an area that you cannot reach, such as your back, have someone assist you. (You may use a clean back brush.) Use a clean washcloth and towel each day.

### *When you are discharged:*

- Make sure you have clean sheets on your bed for when you return home.
- Make sure you understand how to care for your wound, including dressing changes before you leave the hospital.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- Always clean your hands before and after caring for your wound.
- DO NOT let your pet near your incision. DO NOT allow your pet to sleep with you until your doctor determines it is safe to do so.
- If you have any symptoms of an infection, such as redness and pain at the surgical site, or fever, call your doctor immediately.

## **Cryo/Cuff Therapy (Total Knee Replacements Patients)**

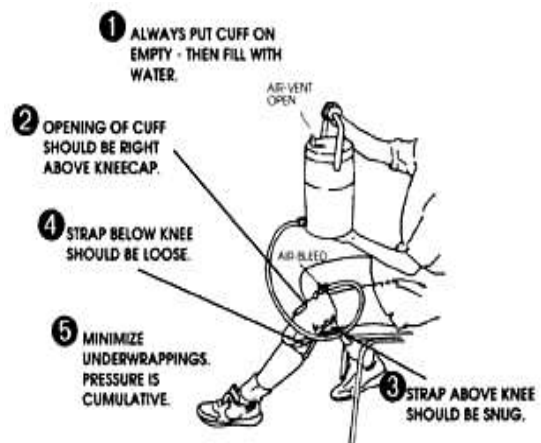
**The Cryo/Cuff provides two functions:**

1. Compression - to keep swelling down after knee replacement surgery .
2. Ice Therapy - to keep swelling down and to help minimize pain.

**The Cryo/Cuff has four main parts:**

1. The Cuff - a pouch like device that is filled with ice cold water.
2. The Tube - goes from Cuff to Canister, and is detachable. It allows you to exchange the water in the Cuff.
3. The Canister with lid- holds ice and water. Lid has a pump to circulate water

At the time of surgery the Cryo/Cuff will be placed on the knee after the dressings are applied.



## Cryo/Cuff Therapy cont..

### Prepare Equipment

1. Connect blue tube to cooler.
2. Fill cooler with water to water line located inside the canister/cooler
3. Add ice to top of cooler to ice line located inside the canister/cooler
4. Place insulation disk on top of ice.
5. Attach cooler lid snugly. Allow 5 minutes with occasional shaking to chill water.

### Application of Cuff to the Knee

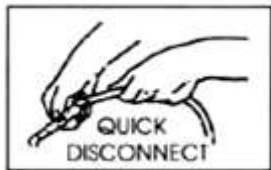
6. Place empty cuff on knee with white valve on thigh and patella opening approximately one finger –breath above patella.
7. Tighten proximal strap so it is comfortably snug.
8. Attach distal strap to Velcro, with no tension on strap

### Filling the cuff

9. Connect blue tube to cuff.
10. Raise cooler no more than 15” above the cuff for approximately 30 seconds while the cuff fills. **TO AVOID EXCESSIVE PRESSURE DURING USE, DO NOT RAISE THE COOLER HIGHER THAN 15 “ABOVE THE CUFF.**

### Maintenance

11. Correctly position cooler- place cooler on stable surface. The cooler base should be even with the cuff.
12. Turn cooler on- Plug power supply into wall outlet and connect cord to lid.
13. To refill cooler- When ice has melted, unplug the cooler, drain all the water (including cuff), then repeat steps 2-12.
14. Check skin integrity and neurovascular status in lower extremity.



## **Anticoagulation Therapy**

You will be on a blood thinner to prevent blood clots after surgery for approximately 4 weeks after you are discharged from the hospital. Your surgeon will decide the most appropriate blood thinner for you. Examples of common blood thinners used after joint replacement surgery: Xarelto, Coumadin, Aspirin, Lovenox, etc.

Gentlemen: Please use an electric razor while you are on a blood thinner

### **Possible Side Effects:**

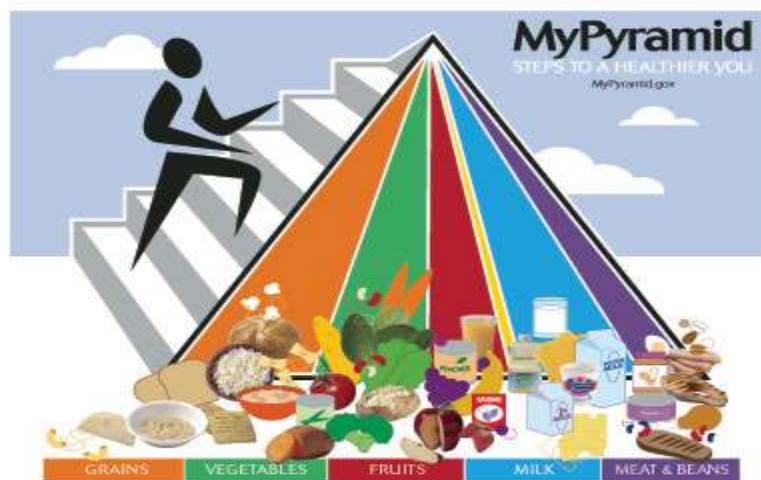
- Allergic reaction: Itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness, trouble breathing.
- Bleeding from your gums or nose, bruising easily, coughing up blood.
- Decrease in how much or how often you urinate.
- Difficulty breathing or swallowing.
- Dizziness or lightheadedness.
- Fever, chills, sore throat, cough
- Heavy menstrual bleeding or bleeding from cuts or wounds that does not stop.
- Purple discoloration of your toes or soles of your feet.
- Red or dark brown urine, or red or black stools
- Swelling in your hands, ankles, or feet.
- Yellowing of your skin or whites of your eyes.

**Call your doctor right away if notice any of these side effects.**

## **Vitamins/Herbs/Supplements**

Please stop taking all vitamins, herbal/mineral supplements, and weight loss medications two weeks prior to surgery. If you are unsure of an over-the-counter medication, please contact your surgeon's office.

Do NOT stop taking any prescribed medications unless instructed to do so.



### Good Nutrition Is Essential While Your Body Is Healing From Surgery!

Grains	Vegetables	Fruits	Milk	Meat & Beans
Eat 6 oz every day	Eat 2 ½ cups every day	Eat 2 cups every day	Get 3 cups every day	Eat 5 ½ oz every day
Eat at least 3 oz of whole-grain cereals, breads, crackers, rice or pasta every day.  1 oz. is about 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal or pasta	Dark green veggies like broccoli, spinach & other dark leafy greens.**  Eat more orange vegetables like carrots and sweet potatoes.  Eat more dry beans and peas like pinto beans, kidney beans and lentils	Eat a variety of fruits  Choose fresh, frozen, canned or dried fruit  Go easy on fruit juices	Go low-fat or fat free when you choose milk, yogurt and other milk products.  If you don't like milk or can't consume milk, choose lactose free products or other calcium sources such as fortified foods and beverages.	Choose low-fat or lean meats and poultry.  Bake it, broil it or grill it.  Vary your protein routine-choose more fish, beans, peas, nuts, and seeds.

(based on a 2,000 calorie diet)

\*\*If on Coumadin, avoid drastic changes in your dietary habits. Consuming large amounts of green leafy vegetables when you *normally do not*, may increase the amount of Vitamin K in your system. Vitamin K can interfere with the blood thinning effects of Coumadin.

(Reprinted from [www.mypyramid.gov](http://www.mypyramid.gov))

## **Beebe Healthcare's Falls Prevention Program**

Everyone having a total joint replacement is at risk to fall due to the surgery, the medications, and an unfamiliar environment. You will have a yellow armband on to signify that you are at risk for fall until you are no longer at risk for falling.

### **Safety Guidelines for Preventing Falls**

- Always follow your physician's orders and the nurse's instructions regarding whether you must stay in bed or require assistance to go to the bathroom.
- When you need assistance, use your call light by your bed or in the bathroom and wait for the nurse/assistant to arrive to help you. It is our policy to take you to the bathroom and stay with you and monitor you while you are in the bathroom. Studies show that over half of all falls happen when patients are trying to, or using the bathroom. Falling in the bathroom can result in serious injuries, even death, due to the hard surfaces.
- Remain lying or seated while waiting for assistance. Please, be patient, someone will answer your call as promptly as possible.
- Ask the nurse for help if you feel dizzy or weak getting out of bed. Remember you are more likely to faint or feel dizzy after sitting or lying for a long time. If you must get up without waiting for help, sit in bed for a period of time before standing. Then rise carefully and slowly begin to walk.
- It is recommended you wear rubber-soled or crepe-soled slippers or shoes whenever you walk in the hospital. Non-skid socks will be provided if needed.
- Walk slowly & carefully when out of bed. Do not lean or support yourself on rolling objects such as I.V. poles or your bedside table.
- Never attempt to get off of a stretcher or out of a wheelchair unaided. Unless brakes are engaged they are very unstable, and will roll freely away from you.
- Do not tamper with side rails or restraints that may be in use. If restraints need adjustment, ask your nurse. Side rails & restraints are reminders to stay in bed & are designed to ensure your safety.
- Family members & visitors should make sure that phone, call bell, water, & personal items are within sight & reach of the patient before leaving the room. It may help to leave the bathroom light on also.
- Keep your nurse & doctor informed on how you are feeling. If you feel weak, dizzy, or unsteady, let them know.

**Caring For The Spirit**  
**PASTORAL CARE SERVICES**

**OUR SERVICES**

**COUNSEL AND PRAYER**

We can meet with you privately, or with your family and friends to share in prayer and to talk about spiritual and religious concerns. You can ask us to provide emotional and spiritual support in times of crisis or during important meetings with family and/or hospital staff. Appointments can be made for pastoral care prior to and following medical procedures. Our team practices under the standards and guidelines of the Association of Professional Chaplains.

**PASTORAL REFERRALS**

The Chaplaincy Team maintains a network of connections with area clergy and religious organizations. At your request, we can contact persons or groups who can best meet your spiritual and sacramental needs.

**CHAPEL**

The inter-faith chapel is open to patients and visitors as a sanctuary for quiet reflection and personal devotional practices. It is open during regular visitation hours, and located on the first floor between Integrative Health and the X-ray Department.

**CHAPLAINS' PRAYER BOOK**

Each morning and evening, we pray for the people listed in our Chaplains' Prayer Book. If you wish to be remembered in our daily prayers, please contact the chaplains' office. In keeping with the hospital's guidelines for safety and privacy, confidentiality is assured.

**CATHOLIC COMMUNION**

The Extraordinary Ministers of Communion from St. Jude the Apostle Catholic Church seek to visit all Catholic patients daily. For details, please contact the chaplains' office

**WHEN SHOULD I ASK FOR A CHAPLAIN?**

Life's path takes us across many ups and downs. It takes us to places of certainty and doubt, and on the way we often feel sorrow and joy. Wherever we might be on this path, we do not have to go it alone. Chaplains are available to support your spiritual and emotional needs during your time in the hospital. Call on us when you...

- want to share in prayer
- feel stressed, angry, lonely or sad
- need to talk about your faith life
- are preparing for medical procedures
- have concerns about family, work or friends
- desire the blessing of a sacrament or desire the inspiration of scripture
- are ready to voice your feelings of joy, praise or thanksgiving
- need help reaching people from your faith community.
- are facing a crisis

To request the services of a member of the Chaplaincy Team, please speak with your nurse or another member of the hospital staff. They can arrange for a page to the Chaplain on duty. **If you would prefer to leave a personal and confidential phone message for the chaplain, please call extension 3759. From outside the hospital, call 302-645-3759.**



## Intimacy After Total Joint Replacement



Total joint replacement is major surgery & healing takes time. You will experience some limitation in your movement and pain.

Your partner may be concerned about hurting you and you may be concerned about the way you look. Sharing these feelings is a good way to be supportive of each other.

Talk with your partner about your concerns. Together you can decide which positions are best for you.

Keep a sense of humor and give yourselves plenty of time. Stay relaxed & remember intimacy involves both physical and emotional sharing.

You may want to take a mild pain medication 20 – 30 minutes prior to sex.

After hip replacement, there are certain positions to avoid until the joint has completely healed to prevent dislocation of the hip.

Do not allow your knee to cross the midpoint of your body.

Do not plant your foot & twist your body over the hip.

Do not raise your knee past the hip level.

(Keep a 90 degree angle between your thigh & chest)

Pillows are helpful for support and help maintain positions.

Try to avoid putting too much pressure on your new joint and be aware of the range of motion you are putting the joint through.

Talk with your surgeon about when sexual relations can be safely resumed.

After knee replacement, there are no safety restrictions. You can probably resume sex as soon as your pain allows.

## **Frequently Asked Questions by Patients**

### **Discharged after Total Joint Replacement Surgery**

Before calling your surgeon, please refer to the questions below.

If your need is not met after reviewing the FAQ, call your home health provider first and then your surgeon if necessary.

- **When should I call my surgeon?**

- If you are taking your pain medication and using ice/cold compresses and you still have uncontrolled pain
- Weakness, numbness or tingling of your leg
- Bright red bleeding from your incision (clear, pink oozing may be normal)
- Signs of infection; including fever greater than 101°, pus, excess warmth, swelling or redness/streaking
- Pain in either calf
- Shortness of breath
- Abdominal distention/constipation
- Diarrhea lasting longer than 72 hours
- Difficulty urinating
- *Call before any invasive procedure, such as dental work, including routine cleaning, and any surgical procedures. You may require an antibiotic to prevent infection.*

- **How often can I apply ice pack or Cryocuff to my incision?**

- Ice packs may be applied for 20 minutes every 2 hours, make sure the ice pack is not placed directly on bare skin
- Knee Cryocuff may be applied as often as desired.

- **When can I take a shower?**

- Keep your incision dry until your surgeon tells you that it is okay to shower.

- **When will home health come to my home?**

- If home health services have been arranged by your case manager, you should expect a visit within 2 days of leaving the hospital.
- If you have not been contacted by telephone 2 days after discharge, call the home health agency.
- You should find this number on your discharge instructions you received from the hospital.

- **What blood work is to be drawn?**

- If you are discharged on a blood thinner called Coumadin, this medication is regulated according to weekly blood work. This lab is called a PT/INR. Your surgeon's office will call if you need to change your dose of Coumadin.

## **Frequently Asked Questions Continued:**

- **When do I take my (blood thinner)?**
  - Your nurse will instruct you when to take your blood thinner at home. See your discharge medication list for the medication name, dosage, and frequency of the blood thinner/anticoagulant you are prescribed
  - Do not stop taking your blood thinner/anticoagulant unless your surgeon instructs you to
- **When will my blood work be drawn?**
  - The PT/INR will be drawn each week if you are on Coumadin
- **Who will draw my blood?**
  - As long as you receive home health services, your blood work will be drawn by the home health nurse or by a phlebotomist (lab technician). Once you are discharged from home health and are going to outpatient physical therapy, you will have to go out to a lab to have your blood work drawn.
- **When does home health end?**
  - Home health will end when you no longer need home physical therapy. Your therapist will discharge you when you are safe to leave your home and go to an outpatient rehab center. Until this occurs, you are considered to be **‘homebound’**.
- **What does ‘homebound’ mean?**
  - Homebound means that you are not yet safe to go out in the community **except** to go out for your doctor appointments. This means trips to the grocery store, restaurants, visiting with friends and family etc need to wait until you are no longer ‘homebound’. Medicare will not cover home services to patients who do not follow this rule.
- **How do I take care of my incision?**
  - It is extremely important to keep your incision clean and free from infection. Keep family pets away from your incision.
  - Your nurse will review how to care for your incision and bandage
- **When will my staples come out?**
  - If you have staples they will be removed 10-14 days post-op, home health staff working with you will coordinate this with your MD and they will either be removed in your physician's office or by the home health staff
- **When do I see my surgeon?**
  - Your follow-up appointment will be noted on your discharge instructions unless you are discharged over the weekend. You may have to call your surgeon to make your appointment, and that will be on your instruction sheet as well.

[illegible]