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TotalKnee
Replacement
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TOTAL JOINT REPLACEMENT CERTIFIED

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CERTIFIED

Joint Replacement Center of Excellence

great care, great value



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OakLeaf Surgical Hospital Awarded Certification for Total Hip and Total Knee Replacement from the Joint Commission

- Achieving Total Hip and Total Knee Replacement Certification recognizes **OakLeaf Surgical Hospital's commitment to provide care in a safe and efficient manner for patients.** OakLeaf is proud to be one of the few hospitals in the state to achieve this status.
- The certification, established in 2016, **focuses on clinical evidence-based patient care** as it relates to pain management, quality of life issues, functional limitation in mobility and the return to normal daily activities.
- The certification will help OakLeaf Surgical Hospital **better provide coordinated and comprehensive care** to patients undergoing a total hip or total knee replacement.
- The certification reflects that OLSH **meets or exceeds** stringent requirements to provide care to total hip and knee replacement patients.

Pre- and Post-Operative Surgery Videos

For your convenience, we have placed our pre- and post-operative videos on our website.

To view the videos, use the green navigation bar at the top and hover over **Patient Information**. A drop-down menu will appear with some options. Click on the menu item titled **Pre/Post-op Videos**. Once on the page, scroll down to the section and click on the videos(s) indicated. Your selection will pop up in the window. When you are ready to view, click on the video to play.

Your physician has suggested the following video(s) for you:

- Hip Arthroscopy**
Hip Arthroscopy Care & Therapy Video
- Direct Anterior Total Hip Replacement**
Total Hip and Knee Class – Part 1
Total Hip and Knee Class – Part 2
Direct Anterior Total Hip Arthroplasty Care & Therapy Video
Compression Sock Assistive Devices
Hip Dressing Changes
- Posterior Total Hip Replacement**
Total Hip and Knee Class – Part 1
Total Hip and Knee Class – Part 2
Posterior Total Hip Arthroplasty Care & Therapy Video
Compression Sock Assistive Devices
Hip Dressing Changes
- Hip Resurfacing**
Hip Resurfacing Care & Therapy Video
Compression Sock Assistive Devices
Hip Dressing Changes
- Total Knee Replacement**
Total Hip and Knee Class – Part 1
Total Hip and Knee Class – Part 2
Total Knee Replacement Care & Therapy Video
Compression Sock Assistive Devices
Knee Dressing Changes
- Total Shoulder Arthroplasty**
Total Shoulder Arthroplasty Care & Therapy Video



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Preparing for Your Knee Surgery

History and Physical Exam

It is important to schedule a primary care physician appointment 7–10 days prior to the day of your surgery. They need to do a health history and physical examination. You may also have blood work, an ECG (electrocardiogram) of your heart and a chest x-ray. Your surgeon will not do surgery unless this examination is completed. This is needed to evaluate your current health status and safeguard against any potential complications. Do not miss this appointment.

Medications

Discuss with your primary care physician the medications you take including prescription, non-prescription, herbal products, vitamins and supplements. You may need to stop taking certain medications before surgery but recommendations vary depending on the patient, medical professional and reason for the medication. If you would like to take over the counter pain medications, please verify with your primary care physician prior to consuming to ensure it is appropriate prior to your surgery. Examples of over the counter medications to verify with your physician include:

Ingredient(s)	Brands
Ibuprofen	Advil Motrin
Naproxen	tAleve All Day Relief Flanax Pain Relief Naprosyn Pamprin All Day Relief Max
Aspirin	Aspir-81 Aspir-Low Ecotrin St. Joseph Low Dose
Acetaminophen	Tylenol
Acetaminophen/Aspirin/Caffeine	Excedrin Headache Relief Bayer Migraine Migraine Formula Headache Formula Pain Reliever Plus Pamprin Max
Aspirin/Citric Acid/Sodium Bicarbonate	Alka-Seltzer Antacid/Pain Relief

Preparing for Your Knee Surgery (cont.)

Medications (cont.)

If you are diabetic, please also discuss with your primary care provider about possible dosage changes around the time of your surgery.

Remember to ask your primary care provider these questions during your visit prior to your surgery:

1. **Which medications should I stop taking prior to surgery? If yes, when should the medication be stopped?**
2. **Which medications should I take the morning of surgery with a sip of water?**
3. **Inform your provider about all supplements, herbal products and vitamins; ask which medication can be taken prior to surgery?**

Please do not start taking any medications after your pre-operative appointment without discussing it with your primary care provider.

Metal Allergy

If you have a metal allergy, please be sure to let your surgeon know as soon as possible because your joint implant is made of metal. You may need additional testing before surgery.

Lifestyle

Health problems such as diabetes and high blood pressure will need to be controlled before surgery.

Follow your doctor's recommendations for exercise. It is important to be in the best possible overall health to promote the best possible surgical experience. Developing upper body strength is important to help you maneuver a walker or crutches after surgery. Strengthening the lower body to increase leg strength before surgery helps reduce recovery time.

Preparing for Your Knee Surgery (cont.)

Weight Management & Healthy Eating

Nutrition before surgery is just as important as after surgery. Food is your body's fuel. You can't live without it. The key is to give your body enough nutrients and energy without eating too much. Reading food labels can help you make healthy choices. Learning new eating habits will help you manage your weight. Here are some tips for healthy eating and cooking.

Eat Fewer Unhealthy Fats

Choose more fish and lean meats instead of fatty cuts of meat.

Remove skin from chicken and turkey.

Trim extra fat from meat before cooking.

Eat fewer high-fat dairy foods like cheese, ice cream, and whole milk.

When you add fat, use canola or olive oil instead of butter or lard.

Try new cooking methods such as broiling, roasting, baking, steaming, or microwaving.

Cook in broth instead of fat.

Go Light on Salt

Keep the saltshaker off the table.

Limit high-salt ingredients, such as soy sauce, bouillon, and garlic salt.

Instead of adding salt when cooking, season your food with herbs and flavorings. Try lemon, garlic, and onion, or salt-free seasonings.

Limit convenience foods, such as boxed or canned foods and restaurant food.

Read food labels and choose lower-sodium options.

Limit Sugar

Pause before you add sugars to your food and beverages. This includes white and brown table sugar, syrup, honey, and molasses. Try cutting your usual amount by half.

Swap out sugar-filled soda and other drinks. Remember water is always the best choice.

Read labels and choose foods with less added sugar.

Cut the sugar in recipes by 1/3 to 1/2. Boost the flavor with extracts like almond, vanilla, or orange. Or add spices such as cinnamon or nutmeg.

Preparing for Your Knee Surgery (cont.)

Weight Management & Healthy Eating (cont.)

Eat More Fiber

Eat fresh fruits and vegetables every day.

Boost your diet with whole grains such as oats, whole-grain rice, and bran.

Add beans and lentils to your meals.

Drink More Water

Be sure to drink plenty of water. Drinking water before sitting down to eat can help you lose weight. Thirst can be mistaken for hunger. When you satisfy your thirst, feelings of hunger diminish. Water also helps to keep your digestive system working smoothly.

Other Tips

Don't skip meals. This often leads to overeating later on. It's best to spread your eating through out the day.

If you find yourself eating when you're not hungry, ask yourself why. Many of us eat when we're bored, stressed, or just to be polite. Listen to your body. If you're not hungry, get busy doing something else instead of eating.

Eat slower, shooting for 20 to 30 minutes for each meal. It takes 20 minutes for your stomach to tell your brain that it's full.

Limit your intake of simple carbohydrates because they are more easily converted into glucose which raises your blood sugar. Examples of food with simple carbohydrates:

Baked goods made with whole flour

Cake

Candy

Carbonated drink

Most packaged cereals

Pasta made with whole flour

Sugar

Preparing for Your Knee Surgery (cont.)

Nicotine Use

Nicotine use affects healing, infection rates, loosening of implants, and scar formation. There is also an increased need for knee manipulations due to scar formation. Here are some of the best ways to stop using nicotine.

Keep Trying

Most people who use nicotine make many attempts at quitting before they are successful. It's important not to give up.

Go Cold Turkey

Most former nicotine users quit cold turkey (all at once). Trying to cut back gradually doesn't seem to work as well, perhaps because it continues the habit.

Get Support

Support programs can be a big help, especially for heavy nicotine users. These groups offer lectures, ways to change behavior, and peer support. Here are some ways to find a support program:

Free national quitline (800) QUIT-NOW (800) 784-8669

Hospital quit-smoking programs

American Lung Association (800) 586-4872

American Cancer Society (800) 227-2345

National Cancer Institute's Smoking quitline (877) 448-7848

Support at home is important too. Friends and family can offer praise and encouragement. If the nicotine user in your life finds it hard to quit, encourage them to keep trying.

Over-the-counter Medicines

Nicotine replacement therapy may make quitting easier. Certain aids, such as the nicotine patch, gum, and lozenges, are available without a prescription. It is best to use these under a doctor's care. The skin patch provides a steady supply of nicotine. Nicotine gum and lozenges give temporary bursts of low levels of nicotine. Both methods reduce the craving for nicotine.

Prescription Medicines

After reviewing your nicotine use patterns and past attempts to quit, your doctor may offer a prescription medicine.

Preparing for Your Knee Surgery (cont.)

Health Benefits of Quitting

The benefits of quitting start right away and keep improving the longer you go without using nicotine. These benefits occur at any age. Some of these benefits include:

20 minutes Blood pressure and pulse return to normal

8 hours Oxygen levels return to normal

2 days Ability to smell and taste begin to improve as damaged nerves regrow

2 to 3 weeks Circulation and lung function improve

1 to 9 months Coughing, congestion, and shortness of breath decreases; tiredness decreases

5 years Risk of lung cancer decreases by half; risk of stroke becomes the same as a nonsmokers

For more on how to quit nicotine, try these on line resources:

Smokefree.gov

“Clearing the Air” booklet from the National Cancer Institute:

Smokefree.gov/sites/default/files/pdf/clearing-the-air-accessible.pdf

Dental Work

Germs in your mouth could enter your bloodstream and infect your new joint. The following is recommended:

Prior to your surgery

Ideally at least 4 weeks prior to surgery, schedule any pending dental care and be sure all your dental care is up-to-date.

After your surgery

You will need to take antibiotics prior to any dental care. The American Dental Association and the American Academy of Orthopaedic Surgeons recommend antibiotics be administered to patients who have had a joint surgery prior to any dental care, including routine cleaning, for the rest of your life. Call or ask your surgeon or primary care physician for more details.

Preparing for Your Knee Surgery (cont.)

Future Surgery/Procedure

If you are having an invasive surgery or procedure such as a colonoscopy or endoscopy, call your primary care physician's office regarding the need for antibiotics.

Discharge Planning

A Case Manager will call you to discuss and assist you with your discharge planning needs, including equipment, family preparation, home safety and additional needs.

Medications

A Pharmacist will call you to discuss the medications that you are taking. The Pharmacist will let you know if you need to bring any of your medications to the Hospital.

Flu Shot

If you are planning to get a flu shot, it needs to be at least 2 weeks before your surgery date.

Preparing for Your Knee Surgery (cont.)

Illness or Infection Prior to Surgery

Call your surgeon's office if you have any cold or flu symptoms.

Call your surgeon's office if you notice any sign of potential infection, such as the flu, colds, boils, abscesses, lesions, in-grown toenails, poison ivy, etc. This will need to be addressed before surgery and treated to prevent your surgery from being postponed.

If you have been on antibiotics within 10 to 14 days of your surgical date we will need to postpone your surgery. Studies have shown that the antibiotics change the bacterial types in your GI system and on your skin and INCREASE the risk of infection. Call your surgeon's office if you have been on antibiotics to reschedule your surgical date.

If you have a history of a MRSA infection please contact your surgeon.

Open Areas or Rashes

If you have any open areas or rashes, please call your surgeon's office.

Pre-Operative Phone Call

Three weeks before your surgery an OakLeaf registered nurse will call you. If you are not home during the day, a message will be left asking you to contact a nurse in the Pre-Op Department at **715.831.8130** or **800.635.6197** between 9:00 am and 2:00 pm. During this call, they will discuss the following:

- Medical and surgical history**
- Allergies**
- Specific instructions**
- Your questions or concerns**
- Advance directives**

A day before your surgery you will be called with the expected arrival time which is usually 2 hours prior to surgery. If your surgery is on Monday, you will be called on Friday.

Preparing Your Home

In anticipation of your return home, make sure your home is safe and free of hazards. Ask friends and family to help you arrange household items if needed.

General Household Tips

Be sure you have a good chair to sit in when you come home. You will want a chair that not too deep or too soft. The chair should be firm and have arms which will help you get out of the chair. The seat height should allow your feet to be flat and your hips slightly higher than your knees.

Keep items you use often within easy reach.

It's a good idea to carry a portable phone with you, especially when you're home alone.

Put clean linens on your bed.

Prepare meals and freeze them or purchase prepared meals or contact your nearest Meals-on-Wheels—see Aging and Disability Resource Center information contained in this binder on 54.

Mow the grass and tend to the garden and other yard work.

Pick up throw rugs and tack down any loose carpeting.

Remove or tape down electrical cords and other obstructions in walkways.

Install nightlights in bathrooms, bedrooms and hallways.

Have a cart available to move hot, heavy or large items.

Install a railing along one side of the staircase.

Arrange for someone to collect your mail and newspaper.

Arrange for someone to care for your loved ones or pets.

Preparing Your Home (cont.)

Bathroom Tips

Use a rubber-backed bathroom rug to avoid slipping outside your shower.

Apply adhesive strips or rubber mat inside tub or shower to avoid slipping. These can be purchased at your local home improvement or discount store.

Consider installing a handheld showerhead for easier bathing.

Consider installing grab bars in your shower or tub for support as you get in and out.

Consider purchasing a shower bench or chair.

For your comfort you may want to use a commode chair or have an elevated toilet seat to raise the height of your toilet. The height is different for every person. A good rule of thumb to follow is—your hips must be slightly higher than your knees.

A listing of equipment vendors is located on page 52.

Your physician will let you know when you can shower.

Arrange Transportation

You will need someone to drive you home from the Hospital.

You will need someone to drive you to and from your:

Physical therapy sessions

Follow-up appointments with your surgeon, and

Twice-weekly lab draw appointments on Mondays and Thursdays only if you are on Coumadin

If you need help with transportation contact your county Aging & Disability Resource Center to see if there are volunteer drivers available. A list of Aging & Disability Resource Centers is located on page 54.

Preparing Yourself for Discharge

Driving

You will be able to drive when you are off all narcotic pain medications and have regained your strength and mobility.

Handicap Parking Permit

Temporary permit forms are available at
OakLeaf Surgical Hospital

The form needs to be signed by a health care specialist

The form can be mailed to the DMV in Madison or taken
to your local DMV

Pillows

On the day of your discharge, you may wish to have your caregiver bring a couple of pillows to aid in your comfort for the ride home. The use of pillows is solely for your comfort and may be used as needed.

Help At Home

Make plans for someone to help you at home for the first 4 to 7 days. Based on your prior health and confidence after surgery we recommend that someone is at home with you for the first 4 to 7 days until you are confident that you can get around your house safely; for example getting in and out of bed, assisting you when you are fatigued and with general daily personal cares. If this is not possible and you need assistance, please let the nurse know during your pre-op phone call. There may be options available that we can assist you with; for example, an extended stay at a swing-bed facility or a short-term rehab unit at a skilled nursing facility or home health care. If it is not possible for you to return home and insurance has approved skilled nursing or home health care for you, discharge planning will assist you with this. Always have a plan for going home from the hospital in case your insurance will not cover a swing-bed or skilled nursing facility stay.



This style of walker is recommended for your rehabilitation.



For safety reasons, this style of walker is **NOT** recommended for your rehabilitation.

What to Pack for the Hospital

Your photo ID and insurance card.

Comfortable, clean non-skid supportive shoes which are easy to get on and off and have a back to wear during physical therapy.

A list of your allergies and reactions.

Glasses, hearing aids and other personal care items you use daily.

Comfortable, loose-fitting clothing such as shorts, sweat pants, t-shirts or knit tops for your hospital stay.

Comfortable, loose-fitting clothing that is seasonally appropriate for your ride home.

Leave all keys, money, credit cards, jewelry or other valuables at home.

Copy of your advance directives, living will and/or durable power of attorney for health care, if you have one. Though not required in order for you to have surgery, they are encouraged. For your convenience, forms are available at OakLeaf Surgical Hospital.

Comfort items such as music, books, books on tape, movies, streaming device, knitting, cards, etc.

A handy checklist is located in the front pocket of this binder.

Equipment

Bring a walker and/or crutches with you and label it with your name.

Physical therapy recommends a front wheeled walker. Have your family bring your walker and/or crutches to the hospital so the physical therapist can adjust them as needed.

You can borrow equipment from someone you know or rent the equipment.

You can check with your County Health Department to see if they have equipment available for you to use.

You can also check with the Aging & Disability Resource Center in your county and they can direct you on where to find loaner equipment. Their website is www.dhs.wisconsin.gov/adrc/consumer/index.htm

A list of resources where you can purchase or rent a walker is included in the back of this binder on page 52.

Two Days Before Your Surgery

Shower

Shower following the directions that come with the StartClean cleansing kit on how to use the kit. You will be using the kit for 3 separate showers, beginning 2 days before your surgery date, for a total of 3 showers, including the day of surgery.

This will be your first shower using the kit.

Do not apply lotion after you start taking showers using the StartClean cleansing kit.

Do not shave your legs or underarms within 3–4 days of surgery to avoid any cuts. Cuts increase your risk for infection.

The Day Before Your Surgery

Follow your regular diet.

Follow the instructions your surgeon or the Pre-op RN gave you on when to stop eating and drinking. Do not smoke or chew anything— not even gum after this time. Doing so may cause your surgery to be delayed or postponed.

Shower

Shower following the directions that come with the StartClean cleansing kit on how to use the kit. This will be your second shower using the kit.

Remember to shampoo your hair using your own favorite shampoo.

Use a fresh clean towel to dry, and dress in your clean clothing.

Remove all jewelry, body piercings, makeup and nail polish including toenail polish. If you have acrylic nails, please remove one nail from a finger, so we can monitor your oxygen levels during surgery.



On the Day of Your Surgery

At Home

On the morning of your procedure, you may brush your teeth and rinse your mouth, but do not swallow any water. You may be asked to take some of your routine medications with a sip of water, but please follow instructions given to you by either your surgeon or pre-op nurse.

Shower following the directions that come with the StartClean cleansing kit on how to use the kit. This will be your third shower using the kit.

Do not apply any makeup.

Pre-Op

Arrive at the hospital at the scheduled time to register. Please arrive on time. In some cases, lateness can result in moving your surgery to a later time that day.

Check in with reception located in our main lobby. You will then be directed to registration where you will need to present your photo ID and insurance cards.

After you have registered, a pre-op nurse will greet you in the main lobby and accompany you to our pre-op area, where you will prepare for surgery. This includes:

- Changing into hospital clothing (gown, TEDS/compression stockings).

- Verifying your medical and surgical history along with any allergies.

- Signing any necessary consent papers pertaining to your surgery.

- Providing education about your surgery including information on recovery, pain management and answering further questions.

- Starting your IV and drawing any necessary lab work.

- Prepping your surgical site.

- Checking your blood sugar. If blood sugar is greater than 180, there is a much greater chance that your surgery will be cancelled.

Your surgeon may order medication for you to receive before your surgery. The Pre-op nurse will go over any medications that your surgeon orders for you in Pre-op.





Pre-Op (cont.)

You will meet with your anesthesiologist who will interview you and discuss your options for anesthesia (please see anesthesia section below for more information).

You will meet with your operating room nurse and your surgeon who will mark the site with their initials—a safety measure to ensure the correct surgical site.

Types of Anesthesia

Your personal comfort and care is our top priority while you are here. Decisions regarding your anesthesia are tailored to your personal needs and health history. On the day of your surgery, you will be meeting with an anesthesiologist to discuss whether a general or spinal anesthesia will be used (see description below). At that time, any questions or concerns regarding the type of anesthesia will be addressed.



Regional/Spinal Anesthesia

Provides an injection of local anesthetic for numbness, loss of pain and loss of sensation to a large region of the body. Medications are also administered through your IV to make you drowsy throughout your surgery.

General Anesthesia

Medications are given through your IV which allows you to be asleep during the entire procedure.

Surgery

You will be brought to the operating room where your surgical and anesthesia teams which includes physicians, nurses, surgical techs, x-ray techs and anesthesia staff will monitor you during your surgery. Don't be surprised that there are several people in the operating room. Your surgery will last approximately 1 to 3 hours. Your family/friends will return to our main lobby or they may visit our Bistro and enjoy a meal prepared especially for them.



Post-Op / Recovery Room

Following your surgery, you are taken to the recovery room where you are cared for by a registered nurse. You will remain there from 1–2 hours, or until you have met our established criteria for transfer to the Second Floor Unit.

Depending upon the type of anesthesia used, you may wake up with an oxygen mask over your nose or a nasal cannula in your nose. This provides you with extra oxygen while you are still sleepy. When you awaken, you may experience blurred vision, a dry mouth, chills and/or nausea. It is normal to experience these, we will do everything we can to minimize this.

You may also experience some discomfort during your time in recovery. Everyone has a different level of comfort. We will monitor your vital signs and provide proper pain management so that you are kept comfortable.

Your friends and family will be unable to visit you while you are in the Recovery Room. However, they will be notified when you are transferred to your inpatient room and they will be able to join you there. We ask that you please be patient with this process. Nursing staff will make every attempt to keep your family updated on your progress.

In Your Room

Once your stay in recovery is complete, a registered nurse from the Second Floor Unit will care for and assist you in managing your post-operative recovery needs.

We recommend that visitors are kept to a minimum on the day of your surgery to allow for your rest and recovery. Sleep and rest are beneficial and an important part of your recovery. There are no set visiting hours.

A “Hospitalist” or an “Internal Medicine” doctor will see you while you are here. They are responsible for your medical care outside the surgeon’s scope of care. Your surgeon will request a Hospitalist to manage your medical conditions while you are recovering from surgery. The Hospitalist assists in monitoring any pre-existing medical conditions, such as: diabetes, high blood pressure, respiratory issues, etc.

The Physician Assistant or Nurse Practitioner who works with your surgeon may also be seeing you and managing your care while you are here.



In Your Room (cont.)

Your nurse will instruct you on activities once you are settled in your room. We encourage you to do the following activities at least once an hour:

Ankle Pumps

Begin these right away to reduce risk of blood clots from forming. This exercise can be done by flexing your ankles and feet up and down.

Coughing and Deep Breathing

Begin coughing and deep breathing to prevent lung congestion.

Incentive Spirometer

You will be given the incentive spirometer by your pre-op nurse. The nurse will educate you on its use before surgery and your inpatient nurse will reinforce that teaching once you arrive in your room. Typically, you will do ten repetitions at least once an hour while awake. This is used to prevent post-operative pneumonia.

Diet

You will be started on oral fluids if you are not experiencing any problems with nausea. Initially, after surgery we encourage you to eat lightly. You will progress to a regular diet as tolerated. Diabetic, vegetarian and gluten free meals are available for our patients.

Activity

Generally within the first four hours of getting to your room nursing will be getting you up. The goal is to have you walk in the hall. Medications will be prescribed to help with your tolerance to activities and physical therapy. Expect to experience some discomfort.

We will be getting you up to a chair for meals.

You will have physical therapy starting the morning after surgery.

In Your Room (cont.)

Elimination/Bowel and Bladder

Many patients experience constipation after surgery as a result of the pain medication, decreased activity and diet alterations. To prevent constipation, you will be given stool softeners prophylactically starting the night of your surgery. You should drink plenty of fluids and increase your fiber intake throughout your stay. More information on stool softeners is covered under the Medications section following page 57.

If constipation persists, your nurse will administer laxatives to assist you in having a bowel movement.

If you have a catheter inserted, it will drain your bladder of urine. The catheter will be removed as soon as possible.

Patient Portal

The Patient Portal is an online tool which allows you to see your health information. All the information in the Portal comes from your OakLeaf Surgical Hospital Electronic Health Record. This ensures that you have access to the most accurate, up-to-date information possible. If you desire, a staff member will meet with you to assist you in logging into the patient portal while you are in the hospital. You and authorized family members are the only ones who can access your Portal.

Clothing

The day after your surgery you will change into the comfortable, loose-fitting clothing you brought from home. We recommend clothing such as shorts, sweat pants, t-shirts or knit tops. We do not recommend blue jeans.

Equipment Used After Your Surgery

SCD's (sequential compression devices)

A soft, plastic Velcro wrap will be applied to your calves. These will periodically fill with air, massage your legs and then deflate. SCD's are used to increase circulation to your legs and help prevent blood clots. The SCD's will not be needed at home

TEDS (thromboembolic device/compression stockings)

This white elastic sock will be applied to your non-surgical leg in pre-op and to your surgical leg after surgery when appropriate. The TEDS help with circulation and help prevent blood clot formation. You will continue to wear these stockings at home as directed by your physician, and usually for the length of time you are on Coumadin (blood thinning medication). This is approximately 3 weeks.

Oxygen Therapy

Most patients require oxygen for a short period of time after surgery. How long you receive the supplemental oxygen is patient specific. However, being consistent with your respiratory exercises will shorten the time it is needed.

CPM (continuous passive motion machine)

The CPM is designed to bend and straighten the knee in a gentle manner in order to keep your knee mobile.

Your physician may order the CPM before your surgery. The CPM representative will set it up in your home before surgery so it will be ready for you when you come home.

Use of the CPM combined with exercises taught by physical therapy will help to achieve maximum flexibility of your knee.



Equipment Used After Your Surgery (cont.)

Cold Therapy

This is a cooling device that allows ice water to circulate through the pad. This is applied immediately to your surgical site after surgery to help keep swelling to a minimum and reduce your pain. You will wear this as much as possible throughout your stay and also when you go home. A towel will be placed next to your skin before placing the cooling pad to protect your skin. Consider freezing small 8 ounce water bottles to keep the water cold instead of using ice cubes. Instructions will be provided for you on its use throughout your stay.

IV Therapy

You will receive fluids through your IV for hydration, antibiotic therapy and pain management after surgery.

Hemovac Drain

For some patients having a joint replacement, a drain may be necessary to collect any excess fluid from around the surgical site. Your nurse will remove this the morning after surgery.

Medication

Your surgeon will order medication for you after your surgery. More information on the medications that are commonly ordered is covered in more detail under the Medications section following page 57. During your stay our staff will provide education on the medications you are taking.

Anticoagulation

After any joint replacement, anticoagulation is used to keep your blood from clotting. Based on your health history your doctor will order an anticoagulant such as Coumadin (warfarin sodium) or Xarelto (rivaroxaban).

More information on Coumadin therapy is covered in the Medications section following page 57.

Information on Xarelto is covered in the Medications section following page 57.



We aim to aid in your comfort and ensure the best possible patient experience for you and your family during your hospitalization. Your recovery is our priority.

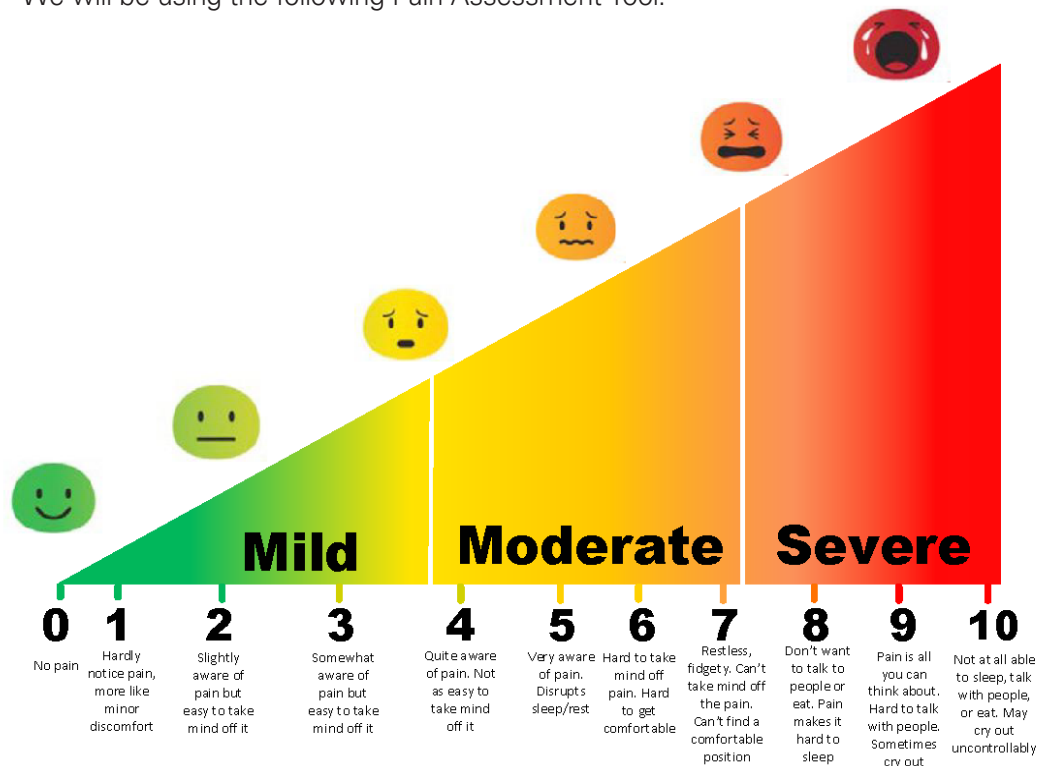
Pain Management

Our goal is to individualize your care and to manage your pain using multiple methods that will assist you in functioning to the best of your ability. Pain will be managed by techniques within the operating room which will result in minimal need for additional pain medications including opioids. After surgery you may have some discomfort. If a tourniquet is used during surgery you may also have thigh discomfort. Pain medications will be reserved for pain preventing you from participating in expected activities. Your healthcare team will work with you during your stay to assure that you are able to perform expected activities with a tolerable level of pain. You will have some numbness on the outside of your knee from the incision.

We provide a menu of different options that will meet your comfort needs.

- Medication
- Relaxation options
- Comfort items and actions
- Personal care items

We will be using the following Pain Assessment Tool:



We ask that you report to us if you are experiencing pain.

Rate your pain using the Pain Assessment Tool.

Tell your nurse if the methods used to control your pain aren't working.

Pain Management (cont.)

You may need pain medication for the first few days after you leave the hospital. If you are running low on your medication, call your surgeon's office during regular business hours. Should you feel any unusual symptoms or reactions to the medications at any time, do not hesitate to call your surgeon or our OakLeaf Second Floor Unit, where we have nursing staff available 24-hours-a-day, 7-days-a-week, including holidays. You can reach us at **715.895.9551** or **800.635.6197**.

If you are not getting your medications as prescribed by your physician because of insurance or financial reasons contact your physician.

Relaxation TV Channel

To help support your recovery and provide you comfort, we offer a relaxation channel on the television. This is a restful alternative to commercial television and may assist you with reducing your anxiety and managing your pain.

The channel provides nature imagery and instrumental music which has been chosen specifically to support a healing environment.

Your nurse will help you choose the relaxation TV channel once you are in your room.

First Day After Surgery

**GOAL: Increase oral fluids and food intake.
Participate in physical therapy 2 times a day.
Preparing for return home.**

If your surgeon feels you are a candidate to be a Fast Track patient you may be discharged to home the same day of surgery and may not need to stay in the Hospital overnight.

Your surgeon or physician assistant (who works with your surgeon during your surgery), will check in on you, see how you are recovering and answer any questions you may have.

You will have physical therapy twice-a-day; once in the morning and once in the afternoon. This includes exercises and walking in the hallway to increase your strength and mobility.

Your physical therapist will educate you on how to get dressed and use devices that assist in performing daily activities such as putting on socks, reaching for household items and bathing. You will be given an ADL Kit containing these devices to take home with you. You will be taught how to go up and down stairs along with getting into and out of a vehicle.

ADL Kit



If you have a support person to help you at home, we encourage them to be active participants in your therapy sessions. This will allow them to be better prepared to care for you and your needs once you return home.

You will also continue to use your cold therapy, to aid in your comfort and decrease surgical site swelling.

You will continue to use your incentive spirometer, perform coughing, deep breathing and ankle pump exercises along with use of your SCD's and foot pumps.

Your IV fluids will be discontinued once you can eat and drink and your antibiotics are done.

If you have a surgical site drain, it will be removed early in the morning.

Discharge

Your surgeon or physician assistant (who works with your surgeon during your surgery), will check in on you, see how you are recovering and answer any questions you may have.

The decision for your discharge will be made collectively by your care team including you, your surgeon, physician assistant or nurse practitioner, physical therapist, nurse, and case manager.

The care team will review your recovery and medical necessity and discuss with you if it is recommended you go to a rehab facility. Insurances vary on their coverage and requirements to obtain authorization for a skilled nursing facility rehab stay. Your case manager will work with you, the rehab facility and your insurance to obtain this authorization if needed. Case management will also coordinate Home Health Care services if needed. It is important to note that even though you may have a skilled nursing facility rehab insurance benefit it is not guaranteed your insurance will approve a rehab stay for this (episode) recovery.

If you need to go to a rehab facility and meet medical necessity, you could potentially stay 3 days in the Hospital before going to a short term rehabilitation facility. Medicare requires a 3 day stay in a Hospital, whereas other insurances may not.

You will need someone to drive you. Ideally, this is the person who will help care for you at home.

Discharge (cont.)

Discharge teaching will be given to you along with teaching sheets that are yours to keep. We will review the following with you and your family/friend:

Follow-up appointments with your surgeon, physical therapist, and lab if needed.

Appointments for your twice-a-week lab draw for the Protime/INR blood test if needed.

Medications and prescriptions. A pharmacist will meet with you to review all of your medications and side effects.

Exercises to do at home.

How to use your cold therapy.

How to do dressing changes.

Other informational items specific to your care.

Sample Discharge Instructions

Discharge Instructions: After Your Orthopedic Surgery

Once you are home, if you have questions about your discharge instructions, call OakLeaf Surgical Hospital at **715.831.8130**. If you would like to speak to your physician, you can reach out to Chippewa Valley Orthopedics at **715.832.1400**. We will be offering you a follow-up phone call. If you accept this offer, a nurse from OakLeaf Surgical Hospital will call to check on your progress and answer questions.

Going Home

Have someone stay with you for the first few days after surgery.

Don't make important decisions or sign legal papers for the first 24 hours.

Resume your home diet as tolerated; drink plenty of fluids and increase fiber intake.

Change dressing daily. Cover with dry gauze and tape lightly unless directed otherwise by your Surgeon.

Continue using your Incentive Spirometer at home, 10 times per hour while awake.

Wear compression support (stockings, shorts, leggings, ace wraps) during the day, and off at night.

Attend all follow up appointments that have been scheduled.

Sample of Discharge Instructions (cont.)

Coping with Pain

Take medications as prescribed. Alternatives to medication to help relieve pain include ice, elevation, distraction, ambulation, stretching or relaxation.

To get the best relief possible:

- Take some food with pain medication.

- Allow at least 20 to 30 minutes for medicine to work.

- Don't wait until your pain becomes severe before you take your medicine.

- Drink plenty of fluids and take stool softeners to assist with constipation.

- When taking pain medicine, do not drink alcohol. It can cause dizziness and slow your breathing.

Managing Nausea

- Take pain medicines with food, to prevent nausea.

- If you were on a special food plan before surgery, ask your healthcare provider if you should resume this food plan.

- Don't push yourself to eat. Your body will tell you when to eat and how much.

- Start with clear liquids and soup. They are easier to digest.

- Next try semi-solid foods, such as mashed potatoes, applesauce, and gelatin, as you feel ready.

- Slowly move to bland solid foods.

- Eat small amounts throughout the day.

If You Have Obstructive Sleep Apnea

You were given anesthesia medicine during surgery to keep you comfortable and free of pain. After surgery, you may have more apnea spells because of this medicine and other medicines you were given. The apnea may last longer than usual.

At Home

Keep using your continuous positive airway pressure (CPAP) device when you sleep. Unless your healthcare provider tells you not to, use it when you sleep, day or night.

Sample of Discharge Instructions (cont.)

When to call your healthcare provider

Call your healthcare provider if:

- Pain does not improve with medicine, rest or ice.

- Continued bleeding through the bandage.

- Shaking chills or a temperature of 101 degrees or higher.

- Experience nausea and vomiting that lasts greater than 24 hours.

- Excessive skin changes such as rash, itching, hives, increased redness, excessive swelling or any drainage around the incision.

Discharge to Another Facility (if necessary)

Our overall goal is to assist you in returning home.

If you are not physically/medically able to and insurance approves further rehab the discharge planners will assist you with this.

Your care team will be continuously evaluating your abilities to return home.

What To Expect When Discharging To A Skilled Nursing Facility

A Guide To The Most Frequently Asked Questions

1. How is my skilled stay paid for?

How your stay is paid for will depend on your particular insurance. Medicare (Part A) will pay for up to a 20 day stay in short term rehab, provided that you have had a 3 day qualifying inpatient stay. Your length of stay at OakLeaf is based on your medical needs, determined by your care team. Most private insurances do not require a 3 day stay, but do require prior authorization. This means that information from your hospital stay is sent to your insurance provider, who will then determine if a rehab stay is the right fit for you based on your discharge needs. Some of the managed Medicare plans, like Humana and Advocare Security Health Plan, do not require a 3 day stay either, but do require prior authorization. There may be some instances where supplemental or secondary insurance would cover partial benefits. These are determined on a case-by-case basis. If you do not have a qualifying stay, or in the event that your insurance denies the prior authorization for rehab, you still have the ability to privately pay for rehab services.

2. How long will I be at the facility?

The amount of time that you will spend in a rehab facility will be dependent on your needs. These needs are determined through physical and occupational therapy and through discussions with your care team at the facility. Patients that are discharged from OakLeaf, typically spend 4–14 days in a rehab facility. There are instances where a stay may be extended beyond this time frame, based on need.

3. What services will be available to me at the facility?

Services vary from facility to facility, but generally most include: physical therapy, occupational therapy, nutrition services, laundry services and activities and entertainment.

4. What should I bring with me?

For a skilled facility stay, you should bring comfortable clothes that allow you to participate in physical therapy. You should also bring non-slip soled footwear. Many people choose to bring their own toiletries. Most people bring their cell phone, tablet or laptop, along with the chargers for these devices. In addition, you may wish to bring puzzles or books. Many people are curious if they should bring their home medications. This varies by location and will be addressed per facility.

What to Expect When Discharging to a Skilled Nursing Facility (cont.)

5. How will I transport from OakLeaf to the facility? What about transportation to outside appointments?

Transportation will vary from facility to facility. Many of the local area facilities offer van transport service that is included in the fee for your rehab stay. In the event that van service is not included for the facility that you are discharging to, you can choose to pay for a van ride, or arrange transportation with a family member or friend. If during the course of your rehab stay you have an appointment that is outside of the facility, the facility will arrange transportation for you. This may be through their own in-house service or may be through a contracted provider. Health problems such as diabetes and high blood pressure will need to be controlled before surgery.

6. What is the environment at the facility? Will I have a private room?

Each facility's environment is unique and specific to the needs of the patients staying at them. Most of the local area facilities offer a private room, however, some do not. This is an important question to ask when considering locations for skilled nursing. Most facilities offer common areas for dining and entertainment, as well as designated areas for therapy services.

7. How will my pain be managed?

Your pain will be managed with the prescriptions that have been discussed with you while in the hospital. These prescriptions will be provided to the facility when you leave OakLeaf. However, you will need to ask for your pain medication, as it will not be automatically administered as it was while you were in the hospital. Facilities do have the ability to contact your prescribing physician if your pain is not adequately controlled.

8. What will physical therapy be like at the facility?

Physical therapy services will vary from facility to facility, based on equipment, space and therapist availability. Upon arrival to the facility, with the exception of some weekends and holidays, you will be evaluated by a Physical Therapist who will establish a treatment plan tailored to your needs.

9. What will be available for meal service?

Meal service will be available at every facility. At some facilities, you will have the ability to order an individualized meal while at other facilities they may have a buffet or specials for you to choose from. Meals can be delivered to your room, or you can choose to eat in the common area.

What to Expect When Discharging to a Skilled Nursing Facility (cont.)

10. Can my family, friends or pets come visit me?

Most facilities are open to visitors. While you are in rehab, facilities welcome your family and friends visiting. In addition, some facilities allow your pets to visit as well. If you are interested in whether your pet is able to visit you during your rehab stay, call the facility and determine their policy related to pets.

11. What staff will be available to assist me if needed?

Facilities can have a wide variety of staff available to assist you. Staff at facilities typically include Nurses, Certified Nursing Assistants, Physical Therapists, Social Workers, Activity Directors and Administrators. The amount of patients to one nurse will vary per facility. On average, nursing staff have a greater number of residents under their care, than they do in a hospital setting.

12. What will happen when I discharge from the skilled facility?

Prior to discharging from a skilled rehab facility, you will be evaluated to determine your ability to discharge to the setting you were in prior to your hospital admission. For example, if you were in your own home prior to admission, your goal at discharge from skilled rehab, would be to discharge you to home. Sometimes, you may still need additional therapy or medical services even though you are discharging from the facility. These services will be set up by your care team at the facility and will be on an outpatient basis.

If there are additional questions or concerns that you have relating to discharging to a skilled nursing facility for rehab following your hospital stay, please contact the Case Management department at OakLeaf, who will assist you. They can be reached Monday through Friday from 7:00 am – 5:00 pm at **715.895.9561** or **715.895.9564**.

What To Expect When Discharging With Home Health Care Services

A Guide To The Most Frequently Asked Questions

1. Do I qualify for home health care services?

While in the hospital, a physician, along with your care team, will determine the need for Home Health Services. If you need Home Health Services, the physician will certify you as homebound while you are recovering from your surgical stay. Homebound means there is an inability or extreme difficulty with leaving the home. Leaving the home would require considerable effort and the need for assistive devices. Absence from the home must be infrequent and short in duration, which can include healthcare treatment, religious services or to attend adult day care programs.

2. How will home health care services be paid for?

Home Health Services coverage varies depending on your particular insurance plan. Most Medicare plans cover Home Health Services as long as you have met the homebound requirements. Private insurances tend to cover Home Health Care services at a particular percentage depending on deductible. If you are interested in particular coverage for Home Health Care services, your insurance company would be able to answer these questions for you, or you can contact Case Management services at OakLeaf for help with navigation. You also have the ability to privately pay for Home Health Care services in the event that you do not have coverage or insurance denies the service.

3. How long will I have home health services?

The amount of time that you will have in home health services depends on your particular needs. A nurse will come to your home shortly after you have been discharged from the hospital to evaluate your needs and set up a schedule. The more services that you need, the more involved your care will be and your services may have a longer duration.

4. What services will be available to me through home health care?

Services vary from agency to agency, but generally most include: skilled nursing care including incisional care/wound management, physical therapy, home health aide, social services, case management, infusion services, medication management and home safety. Not all of these services may be recommended for you. It is dependent on your discharge needs and the skilled nursing evaluation.

What to Expect When Discharging with Home Health Care Services (cont.)

5. Who should I expect for visits and how does this get set up?

The first home health care staff that you will meet will be a registered nurse. They will come to your home and perform an evaluation. Service needs will be determined and other professionals will begin coming to your home, if needed. These services will be set up by the OakLeaf Case Management team. The Home Health nurse will contact you to set a time for the initial visit.

6. How will my pain be managed?

Your pain will be managed with the prescriptions that have been discussed with you while in the hospital. These prescriptions will be provided to you when you discharge from OakLeaf. You and your Home Health Care provider will discuss your medication routine and make sure that you have a safe and effective plan.

7. What will physical therapy be like at home?

Physical therapy services will vary from agency to agency, based on therapist availability. Physical therapy will consist of home exercises and in-home safety planning.

8. What will happen when I discharge from home care services?

Prior to discharging from Home Health Care services, you will be evaluated to determine your ability to safely and independently function in your home. Sometimes, you may still need additional therapy or medical services even though you are discharging from the Home Health agency. These services will be set up by your care team and will be on an outpatient basis.

9. How do I seek additional services within the community related to my needs?

While in the hospital, the OakLeaf Case Management team will work with you to determine any community based needs that you may have and work to get you connected with these resources. Following discharge, you may wish to access additional community based resources. All geographic areas have County level Aging and Disability Resource Center that are able to help you navigate community resources. These centers specialize in locating equipment, community resources and helping to file disability related documentation. For a list of Aging and Disability Resource Centers, visit the following link to find direct access information to your local resources. <https://www.dhs.wisconsin.gov/adrc/consumer/index.htm>.

If there are additional questions or concerns that you have relating to discharging with Home Health Care services following your hospital stay, please contact the Case Management department at OakLeaf, who will assist you. They can be reached Monday through Friday from 7:00 am – 5:00 pm at **715.895.9561** or **715.895.9564**.

What To Expect When Discharging To A Swingbed Facility

A Guide To The Most Frequently Asked Questions

1. How is my swingbed stay paid for?

How your stay is paid for will depend on your particular insurance. Medicare (Part A) will pay for up to a 20 day stay in short term rehab, provided that you have had a 3 day qualifying inpatient stay. Your length of stay at OakLeaf is based on your medical needs, determined by your care team. Swing bed level care is considered a higher level of care than a skilled nursing facility. Due to this fact, some private insurance companies and managed Medicare plans do not cover Swing bed stays. There may be some instances where supplemental or secondary insurance would cover partial benefits. These are determined on a case-by-case basis. If you do not have a qualifying stay, or in the event that your insurance denies the prior authorization for rehab, you still have the ability to privately pay for rehab services.

2. How long will I be at the facility?

The amount of time that you will spend in a rehab facility will be dependent on your needs. These needs are determined through physical and occupational therapy and through discussions with your care team at the facility. Patients that are discharged from OakLeaf, typically spend 4–14 days in a rehab facility. There are instances where a stay may be extended beyond this time frame, based on need.

3. What services will be available to me at the facility?

Services vary from facility to facility, but generally most include: medical care, physical therapy, occupational therapy, social services, pastoral care and nutrition services.

4. What should I bring with?

For a swingbed facility stay, you should bring comfortable clothes that allow you to participate in physical therapy. You should also bring non-slip soled footwear. Many people choose to bring their own toiletries. Most people bring their cell phone, tablet or laptop, along with the chargers for these devices. In addition, you may wish to bring puzzles or books. Many people are curious if they should bring their home medications. This varies by location and will be addressed per facility.

5. How will I transport from OakLeaf to the facility?

For transportation to a swingbed facility, you can choose to pay for a medical van ride, or arrange transportation with a family member or friend. There are some county services where volunteer drivers may be available to assist with transportation. This can be arranged through Case Management services at OakLeaf.

What to Expect When Discharging to a Swingbed Facility (cont.)

6. What is the environment at the facility? Will I have a private room?

Each facility's environment is unique and specific to the needs of the patients staying at them. Most of the local area facilities offer a private room, however, some do not. This is an important question to ask when considering locations for rehab.

7. How will my pain be managed?

Your pain will be managed with the prescriptions that have been discussed with you while in the hospital. These prescriptions will be provided to the facility when you leave OakLeaf. Similar to your OakLeaf stay, your pain will be assessed regularly and you will have the option to request pain medications, as ordered by your physician. There will be a medical provider available to assist with any care plan changes during your swingbed stay.

8. What will physical therapy be like at the facility?

Physical therapy services will vary from facility to facility, based on equipment, space and therapist availability. Upon arrival to the facility, with the exception of some weekends and holidays, you will be evaluated by a Physical Therapist who will establish a treatment plan tailored to your needs.

9. What will be available for meal service?

Meal service will be available at every facility. At some facilities, you will have the ability to order an individualized meal, while at other facilities they may have a buffet or specials for you to choose from. Meals will be delivered to your room.

10. Can my family, friends or pets come visit me?

Most facilities are open to visitors. While you are in rehab, facilities welcome your family and friends visiting. Due to the hospital environment of swingbed facilities, pets are not often permitted. If you are interested in whether your pet is able to visit you during your rehab stay, call the facility and determine their policy related to pets.

11. What staff will be available to assist me if needed?

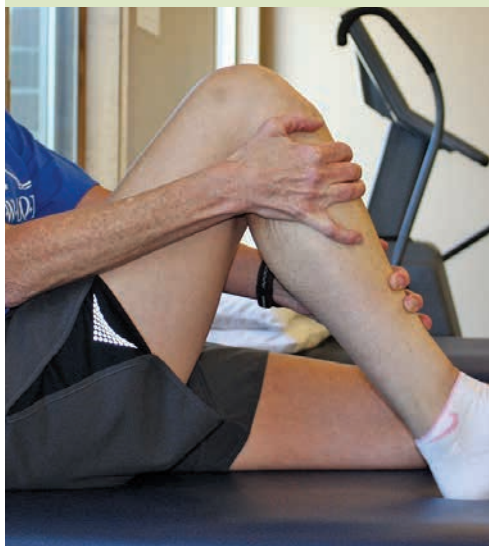
Facilities can have a wide variety of staff available to assist you. Staff at swingbeds typically include: Physicians, Nurse Practitioners, Nurses, Certified Nursing Assistants, Physical Therapists, Occupational Therapists, Social Workers, Chaplains and Administrators. The amount of patients to one nurse will vary per facility.

What to Expect When Discharging to a Swingbed Facility (cont.)

12. What will happen when I discharge from the swingbed facility?

Prior to discharging from a swingbed facility, you will be evaluated to determine your ability to discharge to the setting you were in prior to your hospital admission. For example, if you were in your own home prior to admission, your goal at discharge from swingbed, would be to discharge you to home. Sometimes, you may still need additional therapy or medical services even though you are discharging from the facility. These services will be set up by your care team at the facility and will be on an outpatient basis.

If there are additional questions or concerns that you have relating to discharging to a swingbed facility for rehab following your hospital stay, please contact the Case Management department at OakLeaf, who will assist you. They can be reached Monday through Friday from 7:00 am – 5:00 pm at **715.895.9561** or **715.895.9564**.



Caring for Yourself at Home

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

Avoid Limping/Use of Assistive Device

Do not rush to stop using your walker, crutches, or cane. Limping will create stiffness and pain in your knee delaying your progress.

Walk with correct heel/toe pattern, using your assistive device for balance, support, and pain control.

Wear Your Compression Stockings

These are designed to reduce swelling and can prevent blood from pooling in your legs. The stockings compress the veins in your legs and promote the return of blood to your heart.

You don't need to sleep with them on, but put these on first thing in the morning before you get out of bed and before your legs start to swell.

Compression stockings are recommended for the first 3 weeks after surgery or as long as you are taking the anticoagulation medicine.

If you find the stockings curling up on you or binding, they are not working properly. Please call your surgeon's office for instructions on using an ace wrap as an alternative.

Care Instructions: Hand wash in sink, then let air dry overnight. No dryer, no bleach.

Exercises

Continue the exercises and stretches given to you by physical therapy to aid in your comfort and recovery.



Caring for Yourself at Home (cont.)

Cold Therapy

Use your cold therapy. Applying it to your affected joint will decrease your discomfort and swelling. Make sure to replenish the ice often and keep a towel between your skin and the cold therapy.

Diet and Nutrition

Proper nutrition and diet is important for your recovery. It is important to have protein at every meal. Your body needs nourishment to build strong muscles and heal bones. Some examples of foods that are high in protein are listed below.

Beef	Dairy products	Pork
Beans	Fish	Poultry
Eggs	Nuts and seeds	Protein shakes

Narcotics used for pain management after surgery can increase smooth muscle tone of the intestinal muscle wall, decreasing movement of products through the digestive tract and causing constipation. Getting enough fiber and fluids in your diet, along with limiting refined and processed foods (fast food, pizza, bacon, fries, deli meat), can help manage this side effect.

Fluids help to soften stools and make them easier to pass. Drinking 6 to 8 glasses of water a day can help prevent constipation.

There are two types of dietary fiber: soluble and insoluble. Soluble fiber absorbs water during digestion to increase stool bulk, and insoluble fiber promotes the normal movement of food through the intestines.

Caring for Yourself at Home – Diet and Nutrition (cont.)

The recommendations for fiber are:

Males 18 to 50 years old—38 grams/day

Males 51 years and older—30 grams/day

Females 18 to 50 years old—25 grams/day

Females 51 years and older—21 grams/day

Most Americans only get half of the recommended amount of fiber daily.

You can increase your fiber by:

Sprinkling oat bran or wheat germ over salads, soup, cereal, or yogurt

Choosing a breakfast cereal with at least 5 grams of dietary fiber per serving

Looking for bread with the highest amount of fiber per slice

Cooking with brown rice instead of white rice

Substituting whole grain noodles for traditional pasta noodles

Adding beans to salads or soups

Making it a goal to get 5 servings of fruit and vegetables a day

Choose fresh fruit over juice; juice does not have fiber

Try fresh fruit for dessert

Add fruit to cereal or vegetables to sandwiches

Snacking on nuts like almonds and pistachios or air-popped popcorn

It is important to gradually increase the amount of high-fiber foods in your diet to prevent negative gastrointestinal side effects like bloating and gas. Beginning to increase your fiber intake before surgery will help to prevent these side effects.

Use stool softeners or laxatives, such as milk of magnesia, if the food recommendations aren't working.

Caring for Yourself at Home – Diet and Nutrition (cont.)

High Fiber OakLeaf Menu Choices

Here is a sample of OakLeaf Surgical Hospital menu choices that are high in fiber.

Breakfast

Eggs or omelet with wheat or rye toast	(2 grams/slice)
Fresh seasonal fruit	(3 grams/cup)
Oatmeal	(4 grams/cup)
Raisin Bran	(7 grams/cup)

Lunch

Sandwich on wheat bread	(2 grams/slice)
with coleslaw	(4 grams/cup)
Any deli salad	(4–8 grams)
Veggie burger	(3 grams/patty)

Dinner

Stir fry, with meat or vegetables only	(3–4 grams)
Any entrée with a side salad, vegetable of the day, and baked potato	(4–6 grams)

Caring for Yourself at Home – Diet and Nutrition (cont.)

Dietary Fiber in Foods

Use this as a reference to help you make food choices that are high in fiber.

Food Group	Food Product	Portion	Fiber (grams)
Fruits	Apple	Medium	4
	Banana	Medium	3
	Blueberries	1/2 cup	4.4
	Orange	Large	2.4
	Pear	Medium	4
	Raspberries	1/2 cup	4.6
	Strawberries	1 cup	3
Grains	Brown rice	1/2 cup	5.5
	Oatmeal	1 cup	4
	Popcorn, air-popped	3 cups	3
	Raisin Bran	1 cup	5
	White Bread	1 slice	1
	Whole Wheat Bread	1 slice	3
	Whole Wheat Pasta	1 cup	5.6
Legumes	Baked Beans	1 cup	16
	Black Beans	1 cup	19.4
	Kidney Beans	1 cup	19.4
Nuts	Almonds	1/4 cup	2.4
	Pistachios	1/4 cup	3
Vegetables	Broccoli	3/4 cup	7
	Carrots	1/2 cup	3.4
	Celery	1 stalk	1
	Corn	1/2 cup	5
	Peas	1/2 cup	6.7
	Spinach, cooked	1/2 cup	7
	Squash	1/2 cup	3.5
	Sweet Potato	Medium	3

Caring for Yourself at Home (cont.)

Taking Blood Thinners

Coumadin (warfarin) helps keep your blood from clotting. It is important that you take this medication at the same time each day as instructed. While taking Coumadin, blood tests for INR/Protime (clotting time of your blood) will need to be drawn twice a week on Mondays and Thursdays at your local lab or clinic. Our staff will assist you in setting up your first appointment. Your surgeon's office will contact you with any Coumadin dose changes.

Lifestyle

Avoid alcohol because it can increase the effect of blood thinners in your body. Avoid smoking because it inhibits bone growth and repair.

Becoming Intimate Again

A total knee replacement is a major surgery and healing takes time. At first, you may be afraid that any activity, including sex could cause pain or injury. You may have many questions: How soon can I be active? How will my sex life be affected? When can I have sex again? The news is good. In fact, it is likely that you can return to sex sooner than many other activities.

Before surgery, knee pain may have greatly limited your movement. But now that the problem joint has been replaced, your pain should be lessened. And with time, your range of motion should improve. As you heal, you may feel ready to be more active again. You may also find a renewed desire for sex.

There are no safety restrictions after a knee replacement. You can probably have sex as soon as your pain allows. Comfort and range of motion may be your biggest issues.

Caring for Yourself at Home (cont.)

Dressing Change

You will need to change your dressing daily.

Follow the steps listed below to do your dressing change:

Get the dressing supplies handy before you begin.

Wash your hands with soap and water.

Loosen the tape and remove the dressing.

Dispose of the dressing in the garbage.

Check your incision for signs of infection. These include severe swelling, increased redness, and thick yellow or gray drainage that has a bad odor. If you have any sign of infection, notify your surgeon.

If your incision has steri strips or derma bond closure, leave them in place.

Take the gauze sponges directly out of the package and place them over the incision.

Use pieces of tape to secure the dressing in place.

Wash your hands with soap and water.

Recognizing and Preventing Complications

Wound Infection

Signs and Symptoms

Increased swelling and redness at incision site.

Change in color, amount and odor of drainage.

Increase in pain.

Temperature greater than 100.5 degrees F.

How to Prevent Infection

Take care of your incision as explained during your discharge from OakLeaf, and as outlined in your discharge instruction sheet.

Check with your surgeon regarding the need to take antibiotics prior to any dental or any invasive procedure.

Blood Clots

Blood thinners and compression stockings are ordered following surgery to reduce the potential for blood to slow and clot in your veins, creating a blood clot. Because blood clots can form in either leg, it is advised that you wear your stockings on both legs during the day at all times.

Signs and Symptoms

Abnormal amounts of swelling in thigh, calf or ankle that does not go down with elevation of the extremity.

Pain, warmth and tenderness in your calf.

How to Prevent Blood Clots

Performing foot and ankle pump exercises.

Walking.

Wearing compression stockings.

Taking your anticoagulation/blood thinning medication as prescribed, for example Coumadin, Xarelto, aspirin or Lovenox.

Recognizing and Preventing Complications (cont.)

Pulmonary Embolus

If unrecognized, a blood clot can break away from the leg and travel to your lungs. This is called a pulmonary embolus and is considered a medical emergency. If you experience any of the symptoms below, call 911 immediately.

Signs and Symptoms

Sudden chest pain.

Shortness of breath.

Difficulty and/or rapid breathing.

Sweating profusely.

Confusion.

How to Prevent Pulmonary Embolus

Make every attempt to follow your discharge instructions to prevent a blood clot from forming in your legs.

Learn to recognize the signs and symptoms (as listed above) of a blood clot in your legs.

The Importance of Follow-Up Care

Recommendations:

Notify your primary physician about your total joint replacement at your next visit.

Have an examination every year, unless instructed differently by your surgeon.

Seek medical attention any time you have moderate or severe pain that requires continuous medication or if you have any questions or concerns.

Frequently Asked Questions

1. How long will the surgery take?

Surgery times vary depending upon the difficulty of your surgery. Generally, you may spend 2 to 3 hours in surgery and 1 to 2 hours in the recovery room before being transferred to your room.

2. What type of anesthesia will I have?

On the day of surgery you will be meeting with an anesthesiologist (the doctor who puts you to sleep) who will discuss whether a general or spinal anesthesia will be used. Please see page 15.

3. Will my surgeon see my family after surgery is complete?

Yes. Your surgeon will make every attempt to meet with your family/friends after your surgery.

4. How long will I need to be in the hospital?

It will depend upon how you progress after surgery. If you are a Fast Track patient you may go home the day of surgery if you are doing well. Generally, a 1 to 2 day stay is common for a joint replacement.

5. Where do I get a walker or crutches?

We have assistive equipment for your use during your hospital stay. Our staff is happy to assess your needs and make the necessary arrangement for this equipment. You can also get a walker or crutches from a loan closet if you have one in your area. You can check with your County Health Department to see if they have equipment available for you to use. A list of vendors is provided on page 52 of this binder. You can also check with the Aging & Disability Resource Center in your county and they can direct you on where to find loaner equipment. Their website is www.dhs.wisconsin.gov/adrc/consumer/index.htm

6. When can I shower?

Follow your physician's recommendation on when you can shower.

7. What is my knee made of?

Most are made of poly, cobalt, chrome, and titanium.

Frequently Asked Questions (cont.)

8. How long will I need a cane, walker or crutches?

A good rule of thumb is when you are walking without a limp, although this is also determined by your surgeon and physical therapist. A walker or crutches will be needed for a few days to several weeks following surgery. If you are instructed to not put weight on your surgical leg, you may need assistive devices for a longer period of time. Your surgeon and physical therapist will provide instructions for you. During your stay with us, you may use our equipment. If necessary, our staff will be happy to make arrangements should you need this equipment after your discharge.

9 . When can I drive?

For most people this is several weeks after surgery. Driving is dependent upon your physician's approval.

10. Can family stay overnight in the room after surgery?

Yes, we have a twin sized sofa sleeper in every room so that one family member can stay overnight in the room.

11. Are there accommodations for visitors in the area?

A list of overnight accommodations for visitors in the Eau Claire and Chippewa Falls area is available on the OakLeaf Surgical Hospital web site under the Patient Information section.

12. Can I kneel?

Yes, you can kneel but you will want to kneel on something soft and for a short period of time. It will take 3 to 6 months before you will want to kneel.

13. Is it okay to bring my computer, kindle, iPad or cell phone for my stay at the Hospital?

Yes, you can bring your electronic devices along to use while you are at the Hospital. The Hospital offers free Wi-Fi.

14. What do I do if my insurance company authorizes a specific length of stay in the Hospital and I need to stay longer?

If you meet medical necessity for a longer stay in the Hospital, the Case Manager will call your insurance company to request approval for an additional time spent in the Hospital.

Spinal Anesthesia Question and Answer

1. What is spinal anesthesia?

Medication is injected into your back near the spinal cord. These medications numb regions of the body so you will not feel pain during the procedure.

2. What are possible benefits for spinal anesthesia?

Less nausea and vomiting

Less risk of infection and pneumonia after total joint replacement

Pain relief – can be used to reduce pain

3. What are possible benefits for spinal anesthesia?

Your anesthesia provider will discuss all the types of anesthesia risks with you. These risks depend on your age, your health, the type of surgery and how you respond to the medication that is used.

4. What are the side effects after having spinal anesthesia?

Pain – you will feel some pain and discomfort from your surgery as the anesthesia wears off. The nurse who is caring for you can assist in treating your pain.

Numbness or reduced feeling – You may have these side effects until the anesthetic wears off completely.

Reduced muscle control and coordination – These effects do not last long.

Incontinence – This is normal due to being numb and not feeling when you have to use the bathroom. This is a very common experience for those who have spinal anesthesia. As feeling returns, incontinence will no longer be a concern.

Light headedness – For the first 24–36 hours, patients may experience lightheadedness when changing positions from lying down to standing. Use caution when changing positions, such as from lying down to sitting up or standing.

Glossary

Anticoagulation Therapy

A medicine that will keep your blood from clotting. The drug is an anticoagulant. "Anti" means against and "coagulant" means to thicken into a gel or solid. Sometimes this drug is called a blood thinner. It helps your blood to flow easier and not clot.

Hospitalist

A physician, usually an internist, who specializes in the care of hospitalized patients.

Incentive Spirometer

This device is used to measure how healthy your lungs are by measuring how well your lungs fill with oxygen when you take a deep breath.

INR

INR (International Normalized Ratio) is the ratio between the coagulation time of a sample of blood and the normal coagulation time, when coagulation takes place in certain standardized conditions. Your Coumadin dose is based on this number.

Nasal Cannula

The nasal cannula is a device used to deliver supplemental oxygen to a patient or person in need of extra oxygen. This device consists of a plastic tube which fits behind the ears, and a set of two prongs which are placed in the nostrils. Oxygen flows from these prongs. The nasal cannula is connected to an oxygen tank, a portable oxygen generator or a wall connection in the hospital.

Pain Menu

A menu provided to you in the Hospital which lists pain management options during your Hospital stay.

Protime

The prothrombin time test belongs to a group of blood tests that assess the clotting ability of blood. The test is also known as the Protime or PT test.



Required Medical Equipment

You will need to use a walker or crutches to walk. You may borrow a walker or crutches or purchase a walker or crutches. We can order these items while you are in the hospital if you desire.

- 1 Front Wheeled Walker
- 2 Crutches

Optional Medical Equipment

This medical equipment is optional if you have someone at home with you, but will assist in your independent living.

- 3 Quad Cane
 - Height adjustable for proper fit.
 - Flat top helps reduce hand stress.
- 4 Single pointed Cane
 - Is height adjustable for proper fit.
 - Flat top helps reduce hand stress.
 - Comes in black, bronze, and designer patterns
- 5 Commode
 - Can be used bedside or, with backrest removed, can act as a toilet safety frame or raised toilet seat
- 6 Dressing Stick
 - Allows you to dress without bending.
 - Use the lightweight dressing stick with all types of clothing.
 - The 5/8" (16mm) diameter dowel has a "C" hook at one end, and a push-pull hook at the other end.
 - Ideal for persons with decreased hip flexion or limited upper extremity movement.
 - Plastic-coated hooks reduce scratches and snags.



7

Optional Medical Equipment (cont.)

7 Flexible Sock Aid

The sock aid slides a sock completely onto the foot.

The unique shape of the flexible sock aid keeps socks on the aid until the sock is pulled all the way onto the foot.

The soft plastic aid rolls into the sock and creates an opening for the foot.

Loop handle measures 36" (91cm) long.

Requires the use of two hands.



8

8 Juzo Sock Aid

The sock aid allows you to slide a sock completely onto the foot.

The stocking can then be pulled up over the leg.

Requires the use of two hands.



9

9 Hand Held Shower

Allows you to adjust the height of the shower head for easier showering



Optional Medical Equipment (cont.)

13 Shower Chair

Allows you to sit while showering



14 Transfer Bench

Helps make transfers in and out of the bathtub safer and more comfortable.



15 Toilet Seat Riser without Arms

Raises the toilet 4.5 inches.

Clamp-on locking mechanism tightens easily with one hand.



16 Toilet Seat Riser with Arms

Raises the toilet 4.5 inches.

Adjustable arms allow you to use your arms to get on and off the toilet

Clamp-on locking mechanism tightens easily with one hand.

Equipment Vendors

Grace Home Respiratory

2204 Hillcrest Parkway, Altoona WI 54720 715.832.7377

Mayo Clinic Health System Pharmacy & Home Medical

1400 Bellinger Street, Eau Claire WI 54703..... 715.838.1815

Value Center Health Mart Pharmacy

2157 East Ridge Center, Eau Claire WI 54701 715.833.6760

Walgreens

1106 West Clairemont Avenue, Eau Claire WI 54701 715.852.0023

Walgreens

1819 South Hastings Way, Altoona WI 54720..... 715.834.6642

Walgreens

849 Woodward Avenue, Chippewa Falls WI 54729..... 715.720.0241

Wal-Mart Pharmacy

3915 Gateway Drive, Eau Claire WI 54701 715.834.5966

Wal-Mart Pharmacy

2786 Commercial Boulevard, Chippewa Falls WI 54729 715.738.2418

Sock Aid Vendors

These stores and pharmacies offer compression stockings and have some appliances for getting them on and off. You can also check the stores and pharmacies in your area.

Apria Healthcare

2021 Kern Avenue, Rice Lake WI 54868 715.234.6961

Express Medical Inc

312 W 9th Street N., Ladysmith WI 54848 715.532.5154

Home Medical Products & Services

1590 Macauley Avenue, Rice Lake WI 54868 715.234.5000

Home Medical Products & Services

15907 US Hwy 63, Hayward WI 54843 715.634.1300

Mayo Clinic Health System Pharmacy & Home Medical, Inc.

1400 Bellinger Street , Eau Claire WI 54703 715.838.1815

Medicine Shoppe

603 N Bridge Street, Chippewa Falls, WI 54729 715.723.9192

Osterbauer Drugs

312 W Knapp Street, Rice Lake WI 54868 715.234.3969

Walgreens Pharmacy

502 S Main Street, Rice Lake WI 54868 715.736.0120

Information from the Aging & Disability Resource Center of Eau Claire County

Adult Day Care

Grace Adult Day Care, 2441 New Pine Dr., Altoona	715.832.8811
Helping Hands Adult Day Care, 903 Harlem St., Altoona	715.271.0401
Partners Place, 4620 Tower Dr., Eau Claire	715.839.0576

Food & Nutrition

Augusta Food Pantry, 204 N. Stone St., Augusta	715.225.4965
Bag Ladies Grocery Delivery, Eau Claire	715.836.9100
Catholic Charities, 448 N. Dewey St., Eau Claire	715.832.6644
Community Table, 320 Putnam St., Eau Claire	715.835.4977
Fall Creek Food Pantry – Faith Evan. Free Church, Fall Creek	715.877.2330
Fare For All, Eau Claire	715.875.4494
.....or	715.875.4724
Food Share Program, Dept. of Human Services, Eau Claire.....	715.839.2300
Grace Lutheran Church Food Pantry, 202 W. Grand Ave., EC.....	715.832.9713
Hmong Mutual Asst., 423 Wisconsin St., Eau Claire	715.832.8420
Meals on Wheels of Eau Claire County, Senior Dining Meal Sites, Liquid Supplement.....	715.839.4886
Salvation Army, 2211 S. Hastings Way, Eau Claire	715.834.1224
St. Francis Food Pantry, 1221 Truax Blvd., Eau Claire	715.839.7706

Home Care

Skilled Licensed Nursing Services

Aurora Community Health, 406 Technology Dr., Menomonie	888.301.5897
LifeNet, 1280 W. Clairemont Ave., Ste. 5, Eau Claire	715.835.4111
Moore’s Genuine Care, 711 Anderson St., Augusta	715.286.2734
Mayo Clinic Health System Home Health & Hospice, PO Box 2060, Eau Claire	715.831.0100
ResCare HomeCare, 1324 W. Clairemont Ave., Eau Claire	715.871.0631
St. Joseph’s Home Care, 2661 Co. Hwy. I, Chippewa Falls	715.726.3485

Supportive – Non-Medical

CEK Family Companion Care	866.691.4064
Comfort Keepers, PO Box 1016, Hudson	715.833.2197
Gemini Cares, 800 Wisconsin St., Eau Claire	715.830.0546
Good People.....	800.608.8003
Hmong Home Care Services, 1708 Westgate Rd., Eau Claire	715.379.7201
Home Instead Senior Care, 515 S. Barstow St., #116, EC.....	715.552.8040
Kathy’s Helping Hands LLC, Altoona	715.833.1727
LifeNet, 1280 W. Clairemont Ave., Ste. 5, Eau Claire	715.835.4111
Moore’s Genuine Care, 711 Anderson St., Augusta	715.286.2734
Mayo Clinic Health System Home Health & Hospice, PO Box 2060, Eau Claire	715.831.0100
St. Joseph’s Home Care, 2661 Co. Hwy. I, Chippewa Falls	715.726.3485
Visiting Angels, 1303 Badger Ave., Eau Claire	715.833.7006

Home Medical Supplies

American Legion, 634 Water St., Eau Claire	715.834.4091
Apria Health Care, 1316 N. Hastings Way, Eau Claire	715.834.7517
Ctr. for Independent Living, 2920 Schneider Ave., Menomonie.....	800.228.3287
Grace Home Respiratory, 2204 N. Hillcrest Pkwy., Altoona	715.832.7377
Mayo Clinic Health System Pharmacy & Home Medical, 1400 Bellinger Street, Eau Claire.....	715.838.1815
Mayo Clinic Health System Pharmacy & Home Medical, 2839 Mall Dr., Eau Claire.....	715.838.1458

Home Medical Supplies (cont.)

Value Center Health Mart Pharmacy,
2421 E. Clairemont Ave., Eau Claire 715.833.6760
Walgreens Home Care, 3405 Truax Ct., Eau Claire 715.833.7322

Nursing Homes

Augusta Area Nursing Home, 215 Brown St., Augusta 715.286.2266
Clearwater Care Center, 2120 Heights Dr., Eau Claire 715.832.1681
Dove West Healthcare, 1405 Truax Blvd., Eau Claire 715.552.1030
Oakwood Villa, 2512 New Pine Dr., Altoona 715.833.0400
Syverson Lutheran Home, 816 Porter Ave., Eau Claire 715.832.1644

Transportation

Abby Vans, W5621 Todd Rd., Neillsville 800.236.8438
Delivery Fix, 1813 Brackett Ave., Eau Claire 715.835.5853
Eau Claire Transit, 910 Forest St., Eau Claire 715.839.5111
Handilift, 10-35 10th Ave., Cumberland 800.989.7433
New Freedom Transportation Program..... 715.233.1070 or 800.228.3287
Patients Express, 17009 Co. Trk. I, Chippewa Falls 866.336.7915
Tender Care Transport, 1592 118th St., Chippewa Falls 715.835.2435

Short-term Rehabilitation

Colfax Health & Rehabilitation Center, 110 Park Dr., Colfax 715.962.3186
Dove Healthcare Bloomer, 2217 Duncan Rd., Bloomer 715.568.9770
Dove Healthcare Rice Lake, 910 Bear Paw Ave., Rice Lake 715.234.2604
Dove Healthcare South, 3656 Mall Dr., Eau Claire 715.552.1035
Dove Healthcare Wissota, 2815 Co Hwy. I, Chippewa Falls 715.723.9341
Grace Lutheran Communities, 286 N Willson Dr., Altoona 715.598.7800

Overnight Accommodations for Visitors

A list of overnight accommodations for visitors in the Eau Claire and Chippewa Falls area is available on the OakLeaf Surgical Hospital web site under the Patient Information section.

Medications

Preoperative Medications

Prior to your surgery, your physician will prescribe certain medications to be given to you by your preoperative nurses. Some of these medications are on the pages that follow.

In Your Room Medications

Following your surgery during your recovery, you may receive many of the same medications you received preoperatively in addition to some new ones. Some of these medications are on the pages that follow.