



E A S T A L A B A M A
Ambulatory Surgery Center

**Thank you for choosing East Alabama Ambulatory
Surgery Center for your Outpatient Total Joint
Replacement Surgery.**



900 Camp Auburn Rd., Suite 200

Auburn, AL. 36832

Total Knee Replacement

A total knee replacement surgery involves replacing the damaged surfaces of the knee joint with artificial components. This procedure is typically performed to relieve pain and improve function, particularly in cases of arthritis or injury.

What happens during the procedure?

Anesthesia:

General and regional anesthesia is used to ensure the patient is comfortable and pain-free during the surgery. Be sure to tell the anesthesia team if you have had any previous problems with anesthesia.

Incision:

The surgeon makes an incision over the front of the knee to access the joint.

Bone preparation:

Damaged cartilage and bone are removed from the femur (thighbone), tibia (shinbone), and patella (kneecap).

Implant placement:

Artificial metal and plastic components are fitted onto the prepared bone surfaces to replace your damaged joint.

Closure:

The incision is closed with stitches or staples.

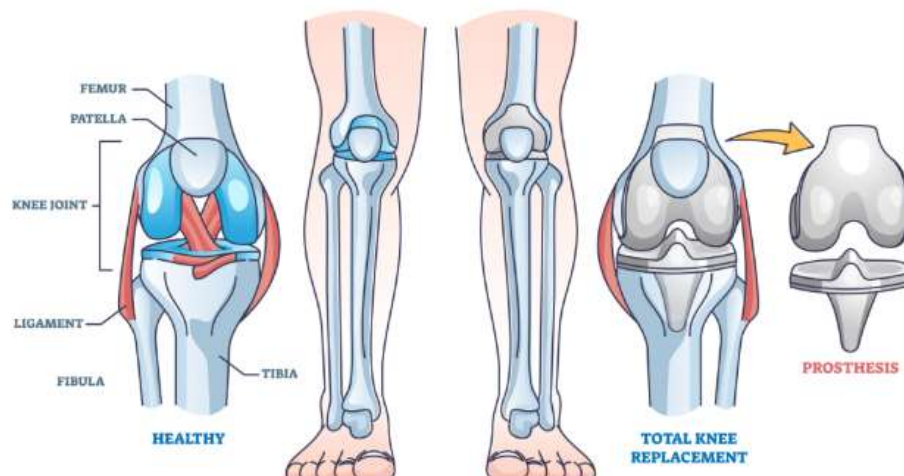
What to expect after surgery?

Physical therapy:

Physical therapy is crucial for regaining strength, mobility, and function in the knee. Following your surgeon's instructions regarding therapy is very important.

Recovery:

The recovery process can take several weeks or months, and individuals may need crutches or a walker for a period of time.



Total Hip Replacement

A total hip replacement involves replacing the entire hip joint with an artificial implant. This procedure is typically recommended for patients experiencing severe pain and disability due to conditions like osteoarthritis, rheumatoid arthritis, or other joint problems. The surgery replaces both the ball (femoral head) and socket (acetabulum) with artificial components.

What happens during surgery?

The surgeon makes an incision, removes the damaged bone and cartilage, and then replaces the hip joint with an artificial implant consisting of a ball (femoral head) and socket (acetabulum).

Anesthesia:

General and regional anesthesia is used to ensure the patient is comfortable and pain-free during the surgery. Be sure to tell the anesthesia team if you have had any previous problems with anesthesia.

Types of implants:

The implant may be cemented or press-fit, depending on the patient's bone quality and other factors.

Closure:

The incision is closed with sutures and covered with a water-tight dressing.

What to expect after surgery?

Physical therapy:

Physical therapy is crucial for regaining strength, mobility, and function in the knee. Following your surgeon's instructions regarding therapy is very important.

Recovery:

Most patients can start walking with assistance shortly after surgery. A walker is recommended to aid in patient safety and stability.

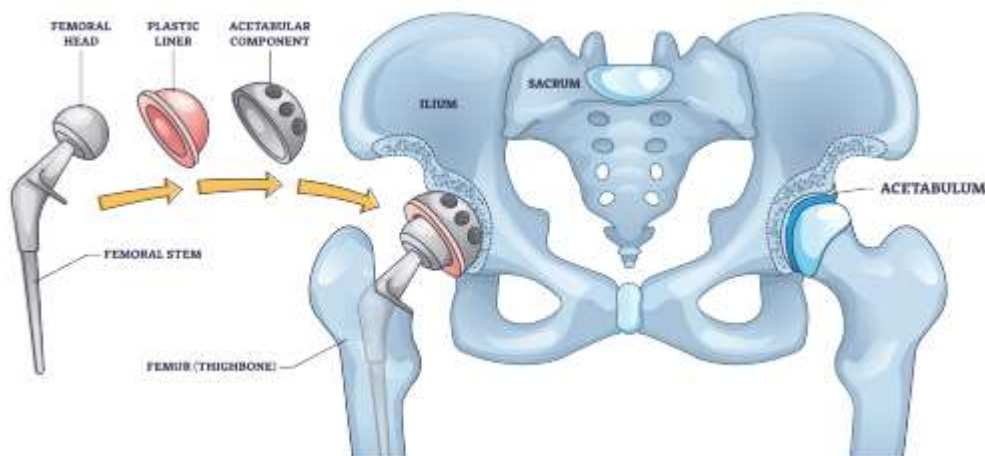


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Scan the QR code to view pre-op instructions, patient forms, and more detailed directions to the surgery center.

THIS EDUCATION GUIDE HAS BEEN CREATED TO BETTER PREPARE YOU FOR SURGERY AND YOUR RECOVERY. WE ARE EXCITED TO WALK YOU THROUGH THIS JOURNEY.

This information is not intended to replace the instructions provided by your physician, but to supplement them. We encourage you and your identified care-giver to review this information together.

While reviewing the following pages, write down any questions that you may think of on the questions page. You will be able to ask these when the surgery center staff calls you to review your medical history.

Surgeon: _____

Date of Surgery: _____

Follow Up/Physical Therapy Appointment: _____

Important Dates BEFORE Surgery

Date to BEGIN my CHG/Hibiclens showers (3 days before surgery): _____

Date to STOP my _____ ; _____

Date to STOP my _____ ; _____

Date to STOP my _____ ; _____

Date to STOP my _____ ; _____

YOU MUST HAVE YOUR LAB WORK COMPLETED AS SOON AS POSSIBLE AFTER SCHEDULING YOUR SURGERY.

You will receive a pre-operative phone call from the East Alabama Ambulatory Surgery Center Nursing Staff at least one week prior to your surgery. This will include:

- A review of your medical history and lab results
- Medication list review
- Preop education review
- CHG/Hibiclens education
- Day of Surgery Expectations
- Answer any questions you have

BASELINE HT: _____ WT: _____ B/P: _____

Preop Preparation = Postop Success

- **NUTRITION** Good nutrition is essential to healing and recovery. It is important to stay hydrated and increase your protein intake before and after surgery. This will help your body heal. We recommend that you start taking a multivitamin and drinking a high-protein supplement drink (such as Ensure) with meals one week before your surgery and two weeks after surgery.
- **BLOOD SUGAR CONTROL** If you have diabetes, keeping your blood sugar within your recommended range before, during and after surgery can reduce your risk of infection and complications with wound healing.
- **ALCOHOL USE** Be honest with your care team about what you drink and how often. No alcohol should be consumed within 12 hours prior to your surgery. Withdrawal symptoms can begin within 6-12 hours of your last drink, depending on how much you typically drink. More information can be found at americanaddictioncenters.org/alcohol/withdrawal-detox
- **STOP SMOKING** Nicotine reduces the blood supply to your tissues and can increase your risk of infection and delay in healing. Even refraining from smoking for 48 hours prior to surgery can offer benefit to your postoperative recovery. If you need help to quit, call 1-800-QUIT-NOW
- **THC or CANNABIS USE** These products can make it harder to keep your pain under control after surgery. It is best to quit using at least 72 hours before surgery.
- **LONG TERM NARCOTIC PAIN MEDICATION** If you take narcotic/opioid medications regularly, it may be more difficult to control your pain after surgery. Talk to your prescribing physician about reducing your use of opioid medications before surgery and make sure to tell your surgeon & anesthesia provider about your long-term pain medication use.
- **MOUTH CARE** Proper mouth care can reduce your risk of infection and complications after surgery. It is recommended that you brush your teeth/dentures at least twice per day and use mouthwash to prevent germs from building up in your mouth. Any dental work, including cleanings, should be completed at least a month prior to surgery.
- **EXERCISE** Physical activity before surgery will prepare your mind and body for recovery. There are simple exercises that you can do to strengthen your muscles and endurance.

MAKE SURE YOUR HOME IS SAFE & READY FOR YOUR RETURN

COMPLETE THIS CHECKLIST TO GET YOUR HOME READY:

- ☐ Remove throw rugs and fix any loose carpeting that could cause you to trip and fall.
- ☐ Remove electrical or phone cords from your walking paths.
- ☐ Consider placing night lights or leaving lights on throughout your home, especially at night.
- ☐ Install support/grab bars in the shower or around the toilet if needed.
- ☐ If you have stairs leading into your home or inside your home, make sure you have handrails.
- ☐ Organize any belongings you may need so they are easy to reach. This may include items that you use on a daily basis such as clothing, shoes, toiletries, towels, food items, drinks, etc.
- ☐ Organize the furniture in your home so you do not have to walk around items to get to your destination (such as your bathroom).
- ☐ Place fresh sheets on your bed before leaving for surgery so you will have a clean bed for your return home.
- ☐ Consider pet gates if you have animals inside your home. Pets can increase your risk for falls and infection.

EQUIPMENT NEEDS:

*optional

- ☐ Walker with only 2 wheels on the front NO ROLLATORS OR WALKER WITHOUT WHEELS (a prescription will be provided on day of surgery if you don't already have one)
- ☐ Cane (if needed) *
- ☐ Bedside commode/elevated toilet seat (if needed) *
- ☐ Hand-held shower head*

Any equipment except for the walker should be obtained and in place before your surgery date. You may be able to borrow medical equipment from someone. It does not hurt to ask! Your surgeon can write a prescription for any equipment covered by your plan.

The surgery center will also send you home with rechargeable compression sleeves for your use at home. You should wear these as instructed to help prevent blood clots after surgery.

You will need to identify at least one adult family member or friend that will be your resource caregiver after surgery.

This should be an able-bodied adult (at least 18 years of age). Your caregiver will come with you on the day of surgery and take you home after discharge. They need to spend the first night after surgery with you in your home. They will drive you to therapy and appointments as you will not be able to drive until your surgeon approves. You will need help with tasks such as preparing meals, getting your mail, picking up groceries or prescriptions, and feeding/managing pet schedules (if you have pets).

NOW IS THE TIME TO ASK!

3 Days Before Surgery

Hydrate!

1. Use your CHG/Hibiclens wash as instructed below:
(Do not use if allergic to chlorahexidine).
 - a. Take a shower using your normal body soap and shampoo, rinse and turn off the water.
 - b. Open the surgical scrub that was provided to you and wash your body from neck down for 5 minutes. Do not use it on your face. Please pay special attention to the area where your surgery will be performed. The sponge side of the surgical scrub is for your body and the brush side/plastic stick is for cleaning under your finger and toenails.
 - c. After the 5-minute period, turn the water back on and rinse the soap off.
 - d. Pat your body dry with a clean towel and put on clean, dry clothes.
2. Do not shave near your surgery site within the next 3 days.
3. Make sure you have stopped any medications as instructed (see important dates).

The Day/Night Before Surgery

- You will receive a call with your arrival time on the afternoon of the last business day before your surgery date.
- Wash your hair.
- Take your second CHG/Hibiclens shower (instructions above).
- Place fresh sheets on your bed after your 2nd CHG/Hibiclens shower so you will have a clean environment to return home to after surgery.
- Confirm your driver is ready for tomorrow.
- Remove ALL jewelry and nail polish.

After midnight, do not eat any solid food or drink any thick liquids such as milk, milk products and pulped juices, or add cream/sugar to any clear liquid drink. WE ENCOURAGE YOU TO DRINK CLEAR LIQUIDS UP TO 2 HOURS PRIOR TO YOUR SCHEDULED ARRIVAL TIME TO THE SURGERY CENTER. Clear liquids include drinks such as Gatorade, Powerade, water, and plain black coffee.



Do not eat or drink the following after midnight:

Solid food of any kind	Tomato juice	Cream soups or any soup other than broth
Milk or cream milkshakes	Orange juice	Alcoholic beverages
	Grapefruit juice	

YOUR SURGERY MAY BE DELAYED OR CANCELED IF THESE GUIDELINES ARE NOT FOLLOWED.

What to Expect the Morning of Surgery

- ☐ Take the last CHG/Hibiclens shower and dress in clean, appropriate, loose-fit clothing.
- ☐ Do NOT put on any lotion, perfume/cologne or make-up.
- ☐ Wear or bring items such as glasses or hearing aids that you will need to sign your consent forms and participate in education before and after surgery. If you wear contact lenses, please bring a case and solution so you can take them out prior to surgery.
- ☐ Take your morning medications that were approved by your surgeon.
- ☐ Remove any remaining items that you can take out or off. Bring remote controls to any implanted devices. Examples:
 - Blood glucose monitors
 - Bladder stimulators
 - Pain or insulin pumps

What to Expect at the ASC on the Day of Surgery:

- When you arrive, you will come to the second floor of the building and check in at the desk in the lobby. Our staff will complete your registration and get you back to the Preop area to start getting ready for your surgery
- You will complete another CHG bath with wipes in the Preop area.
- ONE caregiver is allowed to accompany you in the Preop area.
- Your surgeon will visit with you in Preop to identify and mark the surgical site. This is the time to ask any remaining questions.
- Your anesthesiologist will visit you to discuss anesthesia plans. This procedure typically requires GENERAL Anesthesia and patients having a total knee replacement may also receive a REGIONAL BLOCK.
 - A regional block is conducted by injecting a numbing medication around the nerves in your leg to help with pain control in the immediate postoperative period.
- Your surgery will take approximately 1-2 hours to perform and your surgeon will update your caregiver after the procedure is complete.

Don't forget to bring a POSITIVE, CAN-DO attitude!

What to Expect After Surgery

After surgery, you will be taken to the recovery room (PACU) where the staff will make sure you have recovered from anesthesia. You will be moved from your stretcher to a recliner as soon as it is safe to do so. Patients are typically in the PACU for a couple of hours before they are ready to go home. A combination of medications is given to patients to help make the pain more manageable. Tell your nurse if your pain is not tolerable.

PAIN AFTER A JOINT REPLACEMENT IS NORMAL AND SHOULD BE EXPECTED.

Your surgeon will send you home with several different medications to help with your recovery. This may include prescriptions or recommendations for over-the-counter medications. Common medications after joint replacement may include an anti-inflammatory medication such as Ibuprofen, a pain medication such as Acetaminophen, and aspirin to help prevent blood clots after surgery.

Patients may also receive a prescription for the following:

- narcotic pain medication
- antinausea medication
- antibiotics
- muscle relaxer*

*Please understand that each surgeon may prescribe a different regimen for their patients so the list above may not be exactly what your surgeon decides is best for you.

- Take your medications as instructed to help with pain control.
- Wean yourself off these medications as you are progressing with therapy.
- Swelling is usually the main reason for increased pain after surgery.
- ICE THERAPY can help to reduce pain and swelling.
- Elevating the leg, at or above the level of the heart, will help decrease swelling.
KNEE PATIENTS SHOULD NOT PLACE A PILLOW DIRECTLY UNDER THE KNEE.
Instead, place pillows under the ankle.
- MOVEMENT will help prevent stiffness and pain.
- Continue high-protein intake and pushing fluids.
- Use the incentive spirometer as instructed to prevent pneumonia.
- Leave your bandage in place until instructed to remove it.
- Wash your hands and encourage the use of hand sanitizer.
- Clean high-touch point items such as walker, arms of chairs/recliners, remotes, etc. frequently.
- Use the compression sleeves/do leg-pump exercises to help prevent blood clots.

Once cleared by physical therapy, you will need to walk and perform provided exercises every 1-2 hours during the day throughout your recovery process. This will help lower your risk of complications such as blood clots and pneumonia. All before-surgery exercises are safe and recommended to be performed after surgery.

- Walk as much as you can tolerate using your assistive device.
- Your surgeon will let you know when it is safe to stop using assistive devices.
- Take your medication as prescribed.
- The more you walk and perform your exercises, the quicker you will recover from surgery and the less pain that you will typically have.

THANK YOU for Trusting Us with Your Care!



For any questions or concerns, please contact us at (334) 364-3200.

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EXERCISES BEFORE & AFTER SURGERY

ANKLE PUMPS



Point, then flex, both feet. Do this 10-30 times each hour to help prevent blood clots in your legs.

QUADRICEPS SETS



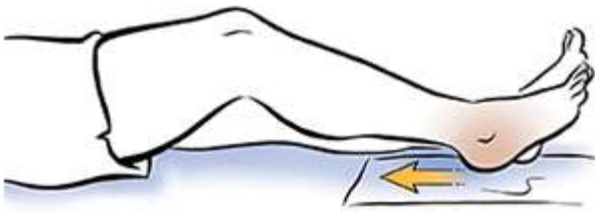
Lie in bed with your legs straight. Tighten your thigh muscle while pressing the back of your knee down into the bed. Hold for 5 seconds.

GLUTE SETS



Squeeze your buttocks together tightly. Your hips will rise slightly off the bed. Hold for 5 seconds, then release.

HEEL SLIDES



Sit with your legs straight in front of you.

Slide your heel along the floor toward you, bending your knee and keeping your foot flexed. Move it as close to you as you comfortably can. Hold for 5 seconds, then slide your heel back.

STRAIGHT LEG RAISE



Sit with your legs straight in front of you. Flex your foot and tighten the thigh muscle to raise your leg 6 inches off the floor. Don't arch your back.

Hold the leg in the air for 10 seconds if you can, then lower and switch sides.

SEATED KNEE EXTENSIONS



While sitting on the edge of a bed or in a chair with your feet on the floor, slowly raise one foot up until the knee is straight.

Hold this position briefly and then return your foot to the floor.

SEATED TOWEL SLIDES



Sit on the floor with your legs in front of you. Place a towel, sheet, or belt around the heel of your affected leg.

Gently pull the towel toward you to assist sliding your heel towards your bottom. Hold for 5 seconds, then straighten.