



**For any questions, please
contact the Orthopedic Care
Coordinator at 229-353-2663**

Find out your arrival time at the hospital

Call 229-353-7710 after 2 P.M. the day
before surgery (or on the Friday before if
your surgery is on a Monday) to find out
what time you should arrive for your
surgery.



Binder for Anterior Hips

Patient Checklist

Appointment Location	Appointment Time and Date	Completed
History and Physical Pre-Op Appointment Surgeon's Office 2227 US Hwy 41 North Tifton,GA 31794		
Pre-admission Testing (PAT) Day Surgery (Hospital) 20th Street Tifton, GA 31794		
Pre-Op Class 3rd Floor MSK Building 2227 US Hwy 41 North Tifton, GA 31794		
Date of Surgery Day Surgery (Hospital) 20 th Street Tifton, GA 31794		
Post- OP Follow Up Surgeon's Office 2227 US Hwy 41 North Tifton,GA 31794		



Binder for Hips

Important Phone Numbers:

Orthopedic Care Coordinator: 229-353-2663

Arrival Time to Hospital #: 229-353-7710

Georgia Sports Medicine: 229-386-5222

Surgery Scheduler
(Celeste Rutland or Paula Edwards): 229-387-1196

GSM Nurse Manager: 229-387-1180

Tift Regional Ortho Floor: 229-353-7680

Important Information:

- ☐ You will need to provide a urine sample at your Pre-Admission Testing Appointment
- ☐ Have co-payments ready if applicable - (for questions/arrangements contact Ms. Jean Drawdy at 229-387-1163)
- ☐ Read your Binder
- ☐ Choose a 'coach' to assist in your recovery - have them attend the Pre-Operative Education Class with you
- ☐ Plan your discharge someone will need to be with you the first 3-5 days you are home
- ☐ Prepare your home for after surgery (Remove all throw rugs)
- ☐ Follow doctor's directions for stopping any blood thinner medications prior to surgery
- ☐ Follow directions for preparation the morning of surgery



Binder for Hips

Medication List

Please fill out the Medication List with the requested information and bring with you to your pre-admission testing (PAT) appointment.

Name:		Family Doctor:	
Medication Name/Dosage	Instructions	Reason for Therapy	Duration
What is the name of your medication? What is the dosage?	When and how do you take this medication?	Why are you taking this medication?	How long have you been taking this medication?



Binder for Hips

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Binder for Hips

Section One:

Before Surgery

Welcome

We are pleased you have chosen The Joint Replacement and Spine Care Center at Tift Regional Medical Center to have joint replacement surgery.

The goal of surgery is to:

- Relieve your pain.
- Restore your independence, and
- Return you to an active lifestyle.



Using the Binder

The Binder will assist you with:

- What to expect.
- Preparing for surgery
- How to care for your new joint.

Your doctor, nurse, or therapist may add or change any of the recommendations in this binder based upon your specific situation. Always use their recommendations first. Ask questions if you are unsure.

Joint Replacement Center Overview

We offer a unique program to encourage discharge from the hospital one to three days after surgery. Program features include:

- Nurses and therapists trained to work with joint patients
- Private rooms
- Individual therapy sessions
- Family and friends as “coaches”
- An Orthopedic Care Coordinator (OCC) who coordinates pre-operative care and discharge planning
- Patient Binder
- 1 Mile Walk Celebration for former patients

We strive to enable patients to walk the day of surgery and return to normal activity in six to 12 weeks.

Binder for Hips

Your Joint Replacement Team

Orthopedic Surgeon - will perform the procedure to repair your damaged joint.

Physician Assistant (PA) - will check your status after surgery and communicate with surgeon, nurses and therapists to ensure pain is controlled and any medical needs are addressed.

Registered Nurse (RN) - will help to manage your pain, ensure treatments ordered by your doctor are completed, and assist with mobility as needed.

Physical Therapist (PT) - will guide you through functional daily activities and teach you exercises to regain your strength/motion.

Occupational Therapist (OT) - will guide you on performing tasks such as bathing/dressing and demonstrate home equipment use.

Orthopedic Care Coordinator (OCC) will:

- Answer questions and coordinate hospital care.
- Act as your advocate throughout treatment.
- Review at-home needs after surgery.
- Coordinate discharge plan with your care team.



Binder for Hips

Hip Replacement



Healthy Hip



Arthritic Hip



Total Hip
Replacement



Binder for Hips

Get Started – Four to Six Weeks Before Surgery

Plan for Leaving the Hospital

The Orthopedic Care Coordinator (OCC) and discharge planners will develop a discharge plan that meets your needs. Expect to go directly home to recover in the privacy and comfort of your own surroundings after 1 day in the hospital. Prepare your home for your return after surgery prior to your surgery.

Importance of Your Coach

**Involving a friend or relative
as your coach is very
important.**

Your coach should plan to come with you to attend pre-operative class and to visit during your hospital stay to provide support during exercise classes, and to keep you focused on healing.

Medical Clearance and Pre-admission Testing

Make sure to attend your scheduled pre-admission testing (PAT) appointment to have lab work and any other necessary tests completed 2-3 weeks prior to your surgery.

You may be asked to visit your primary care doctor and/or other specialists depending on your medical history and condition. If asked to do so, make sure to complete all appointments at least 2-4 weeks prior to surgery in order to prevent delay or cancellation of your surgery.



Medications That Increase Bleeding

Your doctor should tell you when to stop any medications before surgery. For example, discontinue all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may increase bleeding. If you are taking a blood thinner, you will need instructions for stopping the medication. Anesthesia Provider will instruct you about your other medications.

Binder for Hips

Herbal Medicine

Herbal medicines and supplements can interfere with other medicines. Check with your doctor to see if you need to stop taking your herbal medicines before surgery.

Examples of herbal medicines: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.



Healthcare Decisions

Advance Medical Directives are printed instructions that communicate the patient's wishes regarding healthcare. There are different directives. Consult your attorney concerning the legal implications of each.

- **A Living Will** explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.
- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) lets you name a person (your agent) to make medical decisions if you become unable to do so.
- **Healthcare Instructions** are your choices regarding use of life-sustaining equipment, hydration, nutrition, and pain medications.

If you have an Advance Medical Directive, bring a copy of the document with you to the hospital.

Stop Smoking

Smoking:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.

If you quit smoking before surgery, you will increase your ability to heal. If you need help quitting, ask about smoking cessation resources.

Smoking can impair oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process.

Binder for Hips

When you are ready:

- Decide to quit smoking.
- Choose a date.
- Limit the area where you smoke; don't smoke at home.
- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches or prescription aids.

Start Pre-Operative Exercises

Many patients with arthritis of the hip avoid using their painful leg. Muscles become weaker, making recovery slower and more difficult. Beginning an exercise program before surgery can help make recovery faster and easier.

It is important to be as flexible and strong as possible before having hip surgery.

Exercising Before Surgery

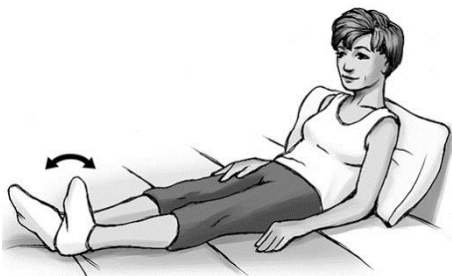





Your doctor may refer you to outpatient physical therapy prior to your surgery. If not, consult your doctor before starting pre-operative exercises. Twelve exercises are listed below that your doctor may instruct you to start doing and continue until your surgery. Take 15 to 20 minutes, twice a day to do your exercises. Perform exercises on both legs.



It is also important to strengthen your entire body, not just your legs before surgery. Strengthen your arms by doing chair push-ups because you will be relying on your arms when walking with the walker or crutches; getting in/out of bed and chairs; and on/off the toilet. Perform light endurance activities for your heart and lungs – walking for 10 to 15 minutes each day.


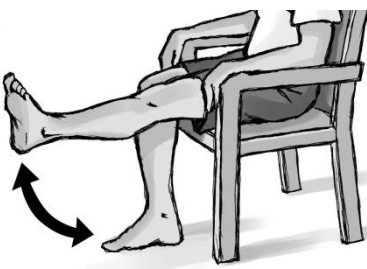



Total Hip Replacement Exercise Program

All exercises performed 20 repetitions – SLOWLY.

1. Ankle Pumps	2. Quad Sets
	
<p>Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly.</p>	<p>Slowly tighten thigh muscles of legs, pushing knees down into the surface. Hold for 5 seconds. <i>Coach's Note: Look and feel for the muscle above the knee to contract. Done correctly, the heel should come slightly off the surface.</i></p>
3. Gluteal Sets	4. Abduction and Adduction
	
<p>Squeeze the buttocks together as tightly as possible. <i>Coach's Note: Patient can place hands on right and left gluteal (buttocks) area and feel for equal muscle contractions.</i></p>	<p>Slide leg out to the side. Keep kneecap and toes pointing toward the ceiling. Gently bring leg back to center. May do both legs at the same time.</p>
5. Heel Slides	6. Short Arc Quads
	
<p>Pull heel toward buttocks, to no more than 90 degrees.</p>	<p>Place a large can or rolled towel (about 8" diameter) under the leg. Straighten knee fully. Slowly lower foot back to the surface.</p>

Total Hip Replacement Exercise Program

All exercises performed 20 repetitions – SLOWLY.

7. Straight Leg Raises	8. Knee Extension
	
<p>Keep operated leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg just off the surface. Lower it slowly, keeping the muscle tight. <i>Coach's Note: Make sure the leg is kept straight during the lift. If needed, put hand under foot for assistance.</i></p>	<p>Slowly straighten operated leg. Slowly lower foot back to the floor. <i>Coach's Note: Encourage patient to completely straighten knee.</i></p>
9. Standing Heel Raises	10. Standing Knee Flexion
	
<p>Holding on to an immovable surface, rise up on toes slowly, then lower back down. Do not rock back on your heels. <i>Coach's Note: When lifting up, do not lean backward.</i></p>	<p>Holding on to an immovable surface, bend the operated leg up behind you towards your buttocks. <i>Coach's Note: Encourage them to keep their thigh pointed towards the floor.</i></p>
11. Standing Hip Abduction	
	
<p>Holding on to an immovable surface, slowly lift your operated leg out to the side, keeping the knee straight. Slowly return to the starting position. Keep your hip, knee, and foot pointed straight ahead. Try to keep your back straight and do not bend sideways.</p>	

Binder for Hips

Prepare Your Home

- Put things you use often on a surface that is easy to reach.
- Check railings to make sure they are not loose; if you do not have handrails on your steps consider having them installed to improve safety.
- Complete house cleaning, do laundry, and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install nightlights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub and put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets while you are in the hospital.



Breathing Exercises

To prevent problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest.

Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- Breathe out as if you were blowing out a candle. Notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

Coughing

- Take a slow deep breath. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying.
- Repeat.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs. Repeat all steps twice.

Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.



Binder for Hips

Surgery Preparation Timeline

Two to Three Weeks Before Surgery

Pre-Register

Call 229-353-7371 at least 1 week prior to your scheduled Pre-admission testing (PAT) appointment to pre-register at the hospital.

Pre-admission Testing (PAT) Appointment

Attend your scheduled Pre-admission testing (PAT) appointment. Bring your medication list and advanced directive (if you have one). This appointment may last as long as 90 minutes and will require for you to give a urine sample.

Pre-operative Class

Attend the pre-operative class for joint surgery patients. Bring your coach. If you cannot attend, inform the Orthopedic Care Coordinator. Average class time: approx. 1 hour.

Class Outline:	- Understanding Your Procedure	- Review Pre-operative Exercises
	- What to Expect During Your Hospital Stay	- Learn About Assistive Devices and Joint Protection
	- Physical and Occupational Therapy	- Discharge Planning/Insurance/Equipment
	- Pain Management	-Role of the Caregiver/Coach

Medical Clearance Appointments

You may be asked to visit your primary care doctor and/or other specialists depending on your medical history and condition. If asked to do so, make sure to complete all appointments at least 2-4 weeks prior to surgery in order to prevent delay or cancellation of your surgery.



Binder for Hips

Day Before Surgery

Find Out Your Arrival Time at the Hospital

Call 229-353-7710 after 2 p.m. the day before surgery (or Friday if surgery is Monday) to find out what time you should arrive for your surgery.

Night Before Surgery

Shower Prep

After completing your regular bathing routine with antibacterial soap, dry off completely and then use the SAGE preoperative skin preparation cloths provided at Preadmission Testing.

Complete instructions on how to use CHG wipes can be found on Page 19

Your surgeon will provide instructions for the night before surgery. Generally: Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed.

Day of Surgery

Follow instructions given to you at your PAT appointment for the night before surgery. Generally: Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed.

Come to Day Surgery (20th Street entrance) at the time you are instructed to arrive. It is important you arrive on time in order to be properly prepared prior to your surgery.

Items to Take to the Hospital

- Personal hygiene items (toothbrush, deodorant, battery-operated razor, etc.)
- Loose fitting clothes (shorts, tops)
- Slippers with non-slip soles; flat shoes or tennis shoes
- Battery-operated items (NO electrical items)
- Binder
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license, or photo I.D.
- Co-payment required by insurance company

Binder for Hips

2% CHG Cloth for Total Hip Replacements

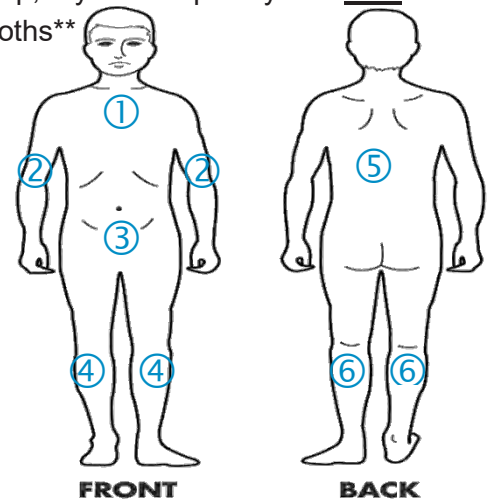
*****DO NOT USE ON THE FACE*****

After completing your regular bathing routine with antibacterial soap, dry off completely and wait one hour to use the SAGE preoperative skin preparation cloths

Prepping your skin, the night before: (wait one hour After bathing)

- Use one clean cloth to prep each area of the body in order as shown in steps 1 through 6. Wipe each area in a back-and-forth motion for about 15 seconds. Be sure to wipe each area thoroughly. Assistance may be required.
- Use all 6 cloths in the packages.
- Do not allow this product to come in contact with your eyes, ears and mouth.
- Do not rinse or apply any lotions, moisturizers or makeup after prepping.
- Allow your skin to air dry. Do not rinse off (There may be a temporary “tacky feeling” until solution is completely dry; about 3-5 minutes).
- Discard cloths in trash can. Do Not Flush.

Note: If redness, rash and/or burning should occur. Discontinue use and wash skin



Steps:

Cloth #1-Wipe your neck and chest.

Cloth #2-Wipe both arms, starting each with the shoulder and ending at the fingertips. Be sure to thoroughly wipe the arm pit areas.

Cloth #3-Wipe your right and left hip followed by your groin. Be sure to wipe folds in the abdominal and groin areas.

Cloth #4-Wipe front of both legs, starting at the thigh and ending at the toes.

Cloth #5-Wipe your back starting at the base of your neck and ending at your waist line. Cover as much area as possible. Assistance may be required.

Cloth #6-Wipe back of both legs, starting at the heels and ending at the buttocks.



Binder for Hips

Hospital Care - What to Expect

Before Surgery

- Your anesthesiologist/anesthetist will review your information to evaluate your general health and determine the type of anesthesia best suited for you. This includes your medical history, laboratory test results, allergies, and current medications.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).

During Surgery

- The anesthesiologist/anesthetist will manage vital signs — heart rate and rhythm; blood pressure; body temperature and breathing; as well as monitor your fluid and need for blood replacement if necessary.
- You will have may a catheter placed while asleep. It will be removed after surgery.

After Surgery

- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored, and an x-ray of your new joint may be taken.
- Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and/or chills.
- You will then be taken to the Joint Replacement and Spine Care Center.
- ***Only one or two very close family members or friends should visit on surgery day.***
- At some point on this day, you will be assisted out of bed to walk or sit in a chair. Physical Therapy will most likely begin today. Mobility helps to relieve discomfort. It is important you begin ankle pumps. This will prevent blood clots from forming in your legs.
- Begin using your Incentive Spirometer and doing the deep breathing exercises you learned.



Binder for Hips

Post-op Day One (1st Day After Surgery)-Discharge Day

- Expect to be out of bed, dressed in your own clothes, and seated in a recliner. Shorts/tops are best; long pants are restrictive.
- Your surgeon will visit.
- Physical & Occupational Therapy will begin if it was not started the day of surgery. Your coach is encouraged to be present.
- For patients being discharged today, you will walk in the halls and learn to climb stairs.
- If not discharged on this day you will have another therapy session after 1 p.m.

Post-op Day Two (2nd Day After Surgery) – Discharge Day

- Expect to be out of bed, bathed, dressed in your own clothes, and seated in a recliner. Shorts/tops are best; long pants are restrictive.
- You will walk the halls and up/down stairs.
- You will have physical therapy twice today; unless you are being discharged. It would be helpful if your coach participates.



Binder for Hips

Anesthesia for your Joint Replacement Surgery

Soon, you will be coming into hospital for your new knee or hip. This is called joint replacement surgery. You may be anxious about the anesthesia you will receive during surgery. There are 2 options of anesthesia: general and spinal. Before your surgery you will meet with an anesthesia provider who will review your health history and discuss the options for anesthesia. Ultimately, the final decision is made jointly between you and your anesthesiologist.

General anesthesia involves a complete loss of consciousness, while regional anesthesia numbs a specific area of the body without altering brain or breathing functions. Occasionally, an anesthesiologist will strongly recommend one over the other because of a patient's current medical condition or because of the type of procedure.

At first, many patients say, "Just knock me out; I don't want to remember anything." If that is your concern, there is no need to worry, even if a regional anesthetic is used, you will be given sedatives, will be asleep throughout the procedure and will not remember the surgery.

Prior to choosing which anesthesia will be best for you, your anesthesia doctor will consider several factors including:

- Have you had anesthesia before, what type and what was your reaction/experience?
- Do you smoke, drink or use recreational drugs?
- Are you currently overweight?
- Are you being treated for any condition other than your joint replacement?
- What medications, nutritional supplements, vitamins, or herbal remedies are you taking?
- Do you have any allergies, drug or otherwise?
- Have you ever experienced bad side effects from a drug?

General anesthesia affects the entire body, acting on the brain and nervous system to induce a deep sleep. Usually, it is administered by injection or by breathing in special gasses. Some of the side effects from general anesthesia can include:

- Having a sore throat or hoarse voice after surgery, due to a tube being placed through the mouth and into your windpipe to control breathing.
- Historically there has been an increase in nausea after general anesthesia, although with modern drugs and techniques, this occurs much less.
- Some older patients report more confusion after waking up, or family members notice a patient's confusion, this "cognitive decline" may be permanent. Your anesthesia team will do everything they can do to minimize this as much as possible.

There are two types of regional anesthesia: an epidural and a spinal block. Generally, for a joint replacement surgery a spinal block is used. During a spinal block, a fine needle is used to inject a numbing medicine between the bones in your back (spine), and into the fluid-filled space that surrounds the brain, spinal cord and nerve roots. The injection site is located below the level where the spinal cord stops so there is no risk of injuring the spinal cord. Medications also are given first, which help the patient to relax before a spinal block is started. Most patients never even remember having the spinal block placed.



Binder for Hips

A spinal block produces a rapid numbing effect typically at the level of, and below the injection site. After the block is placed and it is certain the patient is numb where the surgery will be done, the anesthesia provider will administer different medicines by IV and the patient simply sleeps, but still is breathing on his or her own. Again, be reassured that patients do not feel anything or remember (or care) that they are having the surgery.

Although both general anesthesia and spinal blocks are safe, we encourage patients to have the spinal block when appropriate because fewer side effects are seen.

Benefits of regional anesthesia include:

- Patients do not use a breathing tube, so there is no irritation to the throat and airway.
- During a spinal block, medications also can be administered to keep the patient as sleepy as they want to be.
- There tends to be less blood loss during surgery, because regional anesthesia lowers the blood pressure during surgery, potentially reducing the need for a transfusion.
- A number of studies have reported a lower incidence of deep vein thrombosis (DVT), which is the forming of blood clots and lower rates of surgical site infection. They have also found less chance of stroke, cardiac arrest, and kidney complications, not only on the day of surgery, but within the first 30 days after surgery.
- Patients tend to wake up in the recovery room more smoothly and with less pain.
- Patients also tend to wake up feeling better, especially because there is less nausea.
- Sometimes older patients are more vulnerable to confusion after general anesthesia. When using a spinal block we see much less confusion in this group.
- When asked patients feel much better almost immediately after surgery and routinely report the next morning how clear-minded and well they feel. Hence, they want to go home much more quickly, which leads to a shorter hospital stay.

Many patients who have had general anesthesia in the past, often report how vastly different and better it was to have a spinal block for surgery.

However, for some patients a regional anesthetic simply is not appropriate, and for those who do have general anesthesia, they also do well with surgery.

And, while many patients do choose to have a spinal block rather than general anesthesia, it is important that you consider all of the options and discuss them with your anesthesia doctor, so the right method with the best outcome can be chosen for you.

While you are recovering, whether you have a General anesthetic or a Spinal block, you will receive anti-nausea medicine, should you need it. You are having surgery, so know that you will not be pain free after surgery. Our goal is to help you keep the pain at a manageable level. We will use what is called multi-modal analgesia to treat your pain. This means we use many different kinds of medicine that use different pathways to treat your pain. By doing this your pain can be controlled using fewer narcotics, which cause many side effects such as nausea, vomiting, decreased breathing, constipation, sleep disturbance and addiction.

Binder for Hips

Section Two:

At the Hospital

Understanding Anesthesia

Anesthesiologists

The Operating Room and Post Anesthesia Care Unit (PACU) at the hospital are staffed by board certified and board eligible doctor anesthesiologists and anesthesiologists.

Types of Anesthesia

- **General anesthesia** - produces temporary unconsciousness.
- **Regional anesthesia** - involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to the body (spinal blocks, epidural blocks and leg blocks).

Side Effects

Your anesthesiologist/anesthetist will discuss the risks and benefits associated with each anesthetic option, as well as complications or side effects that can occur.

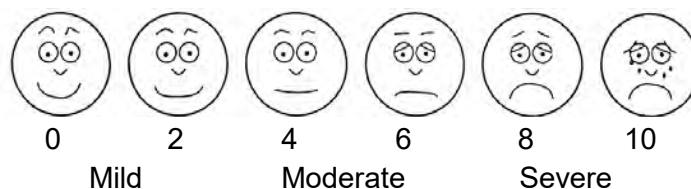
You will be given medications to treat nausea and vomiting which sometimes occurs with the anesthesia. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your discomfort should be minimal, but do not expect to be totally pain free. Staff will teach you the pain scale to assess your pain level.

Understanding Pain

Pain can be chronic (lasting a long time) or intense (breakthrough). Your pain will change as you move through the recovery process.

Pain Scale

Using a number to rate your pain can help the Joint Replacement Team understand and help manage it. "0" means no pain and "10" means the worst pain possible. You may also hear the terms "mild", "moderate" or "severe". With good communication, the team can make adjustments to make you more comfortable.



Binder for Hips

Incentive Spirometer Instructions

An incentive spirometer is used to perform deep breathing exercises and prevent respiratory complications after surgery.

- Sit in an upright position if possible
- Hold or stand incentive spirometer in an upright position
- Breathe out normally, and then place your lips tightly around the mouthpiece
- Breathe in **slowly**, raising the white piston, while keeping the yellow piston in the “Best” range
- Continue to breathe in slowly, completely filling your lungs
- When you are unable to breathe in anymore, remove the mouthpiece and hold breath for 10 seconds, then breathe out normally
- Allow the white piston to return to the bottom

Repeat the above steps 10 times resting in between exercises if needed.

Please ask your Respiratory Therapist if you have any questions or concerns. You may contact the Tift Regional Respiratory Department by dialing extension 37526.





Binder for Hips

Therapy Schedule

Note: Times are approximate and represent a typical schedule. Physical therapist will advise you if times will change.

Day of Surgery	Most patients will be seen by the physical therapist the afternoon of surgery for their post-operative evaluation.
1st Day After Surgery	<p>If you were not evaluated on the day of surgery, the physical therapist will come to your room to evaluate you between 7 a.m. and 10:30 a.m. in the morning after your surgery.</p> <p>Coaches are encouraged to attend.</p> <p>Occupational therapy will complete a evaluation and begin treatment.</p> <p>Discharged home after therapy.</p>
2nd Day After Surgery	<p>Physical therapy will take place in the morning between 7 a.m. and 10:30 a.m. You will have another therapy session after 1 p.m. unless discharged.</p> <p>Individual physical and occupational therapy sessions will be scheduled as needed with your therapists/assistants.</p>



Binder for Hips

Discharge Options

Going Directly Home

- Have someone pick you up.
- Receive discharge instructions concerning medications, physical therapy, activity, etc.
- Confirm equipment delivery; hospital will make arrangements if needed.
- Take your Binder with you.
- If Home Health services are needed, the hospital will arrange.

Going to a Sub-Acute Rehabilitation Facility

- Someone needs to drive you, or ask your discharge planner to arrange for transportation.
- Transfer papers will be completed by nursing staff.
- Your doctor or a doctor from sub-acute facility will care for you in consultation with your surgeon.
- Sub-acute stays must be approved by your insurance company. In order to transfer to a sub-acute rehabilitation facility, you must meet admission criteria established by the facility in accordance with your insurance company or Medicare.



Binder for Hips

Section Three:

At Home After Surgery

Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort.

*Try not to nap
during the day so
you will sleep at
night.*

Be Comfortable

- Take pain medicine per schedule and at least 30 minutes before physical therapy.
- Wean off prescription medication to non-prescription pain reliever following the instructions provided for you at discharge from the hospital and at your follow up appointments with your surgeon.
- Change position frequently (every 45 minutes – 1 hour) to prevent stiffness.
- Use ice for pain control at least 30 minutes each hour. Use before and after exercise program.

Body Changes

- Appetite may be poor, but your desire for solid food will return.
- Drink plenty of fluids.
- You may have difficulty sleeping.
- Energy level will be low; this may last for up to the next four weeks.
- Pain medication that contains narcotics promotes constipation. Take a laxative as needed for constipation. High fiber foods such as fruits, vegetables, whole wheat breads/cereals, prune juice, etc. are helpful in preventing constipation. *Limit your intake of green leafy vegetables to ½ cup per day if taking Coumadin.

Blood Clots

You may be given a blood thinner to help avoid blood clots in your legs. The amount may change depending on how your blood thins. If you were given Coumadin, it will be necessary to do blood tests once or twice weekly to monitor the medication's effectiveness and adjust the dose.

- If discharged home with home health services, a home health nurse will come out twice a week to draw blood for a bleeding time test. Results are called to your doctor who will adjust your dose if necessary.
- If you DO NOT utilize home health nursing, you will go to an outpatient medical lab and have the bleeding time test drawn there. Your doctor will monitor your lab results and contact you to adjust the dose of blood thinner medication if necessary.
- If transferred to a skilled nursing or rehabilitation facility, a doctor will monitor your progress and adjust your blood thinner dosage if needed. When discharged, home health or outpatient blood monitoring will be arranged by the facility staff.



Binder for Hips

Compression Stockings

You will wear special stockings to compress veins in your legs. This helps keep swelling down and reduces chance for blood clots.

- If swelling in operative leg is bothersome, elevate leg for short periods. Lie down and raise leg above heart level.
- Wear stockings continuously, removing one to two hours twice a day.
- Notify your doctor if pain or swelling increases in either leg.
- Wear stockings for two weeks after surgery.

Incision Care

- Keep incision clean and dry.
- Wash hands with soap and water prior to changing your dressing.
- Change dressing everyday as needed.
- After daily shower clean incision with antibacterial soap and paint incision with betadine or alcohol. Apply gauze dressing.
- Notify surgeon if increased drainage, redness, pain, odor, or heat around the incision.
- Take temperature if feeling warm or sick. **Call surgeon if temperature/fever exceeds 101.5 degrees, you have severe pain that is unrelieved by pain medication, have excessive swelling around your incision, shortness of breath, chest pain, calf or groin pain.**

Dressing Change Supplies

- 4 X 4 Gauze
- Paper Tape
- Alcohol or betadine
- Antibacterial Soap

Restrictions

- No driving until instructed by physician.
- DO NOT turn your leg or foot to the side of your body. Keep foot pointed straight ahead when standing and towards the ceiling when lying on your back.
- DO NOT extend your hip past a neutral position. This means you should not bend your new hip back more than you do in normal walking.
- DO NOT cross your surgery leg high over your other leg when sitting to put on shoes or socks.
- Do not sit in low chairs/commodes or chairs without arms.
- Follow all hip precautions as reviewed by your therapist. Use pillow or abductor splint between legs when sleeping and turning.



Binder for Hips

Recognizing and Preventing Potential Complications

Infection

Signs	<ul style="list-style-type: none">• Increased swelling and redness at incision site.• Change in color, amount, and odor of drainage.• Increased pain in hip.• Fever greater than 101.5 degrees.
Prevention	<ul style="list-style-type: none">• Take proper care of incision.• Notify dentist, doctor or surgeon before having dental work or other invasive procedures done—prophylactic antibiotics are generally prescribed.

Blood Clots

Surgery may cause the blood to slow and coagulate in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

Signs	<ul style="list-style-type: none">• Swelling in thigh, calf, or ankle that does not go down with elevation.• Pain, heat, and tenderness in calf, back of knee, or groin area.• Blood clots can form in either leg.
Prevention	<ul style="list-style-type: none">• Perform ankle pumps.• Walk several times a day.• Wear compression stockings.• Take blood thinners as directed.

Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — **CALL 911**.

Signs	<ul style="list-style-type: none">• Sudden chest pain.• Difficult and/or rapid breathing.• Shortness of breath.• Sweating.• Confusion.
Prevention	<ul style="list-style-type: none">• Perform ankle pumps.• Walk several times a day.• Wear compression stockings.• Take blood thinners as directed.



Binder for Hips

Post-operative Goals

Weeks One to Two

The goal is for you to be discharged from the hospital within one day of having surgery. Most patients go directly home.

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 500 feet with walker or support.
- Sponge bathe or shower (after staples are removed) and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.

Weeks Two to Four

The goal is for you to gain more independence. Follow your home exercise program to achieve the best results.

- Achieve one- to two-week goals if not already accomplished.
- Move to cane as comfortable. Use it in the hand opposite your surgical hip.
- Walk at least one-quarter mile.
- Shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.
- Begin driving if you had surgery on your left hip - with permission from your doctor.

Weeks Four to Six

The goal is for you to recover to full independence. Your home exercise program is very important.

- Achieve one- to four-week goals if not already accomplished.
- Walk with cane as needed.
- Walk one-quarter to one-half mile.
- Drive a car (regardless of which hip had surgery) - with permission from your doctor.
- Complete home exercise program twice a day.



Binder for Hips

Post-operative Goals

Weeks Six to 12

The goal is to resume all of your normal activities.

- Achieve one- to six-week goals if not already accomplished.
- Walk without cane — and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Improve strength to 80%.
- Resume activities including dancing, bowling, and golf.

Binder for Hips

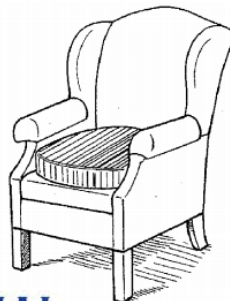
Precautions

- Follow these precautions for 2 to 3 months as directed by your surgeon.
- Your new hip has limited range of motion right after surgery. While the chance for dislocation following this surgery is minimal, these precautions will help protect your new hip while the muscles heal.
- **DO NOT** turn your leg or foot out to the side of your body, called external rotation. Keep your foot pointed straight ahead when standing and towards the ceiling when lying on your back.
- **DO NOT** extend your new hip joint beyond a neutral position. This means you should not bend your new hip back more than you do in normal walking
- **DO NOT** cross your surgery leg high over your other leg when sitting to put on shoes or socks. This is to prevent external rotation of the new hip. You can cross your legs at the ankles, just not high over the other leg.

NO!



You may find it helpful to use an elevated toilet seat and to add a pillow or cushion to raise the seat height on a chair. You may find it hard to get up from a low couch or chair, although it is not a problem for your new hip position to sit on a lower chair.



Binder for Hips

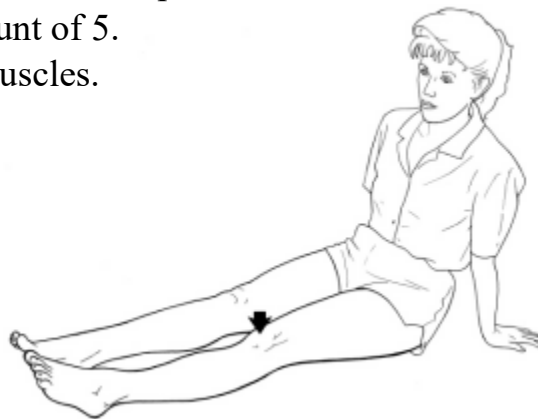
After surgery exercises

- You may need help with these exercises at first.
 - Exercise 3 times each day. Do 10 to 15 repetitions of each exercise.
 - Do all exercises slowly with smooth motion.
- **Ankle pumps** – this exercise can be done while lying in bed or sitting in a chair.
1. Move your foot up and down as if pushing down or letting up on a gas pedal in a car.
 2. Do this exercise with both feet.



□ **Quad sets (Knee press)**

1. Lie or sit with your leg out straight and a towel rolled up under your ankle.
2. Tighten the muscle on the top or front of your thigh and flatten your knee onto the bed. To get the idea, have someone place a hand under your knee. Push your knee into the person's hand.
3. Hold for a count of 5.
4. Relax your muscles.



Binder for Hips

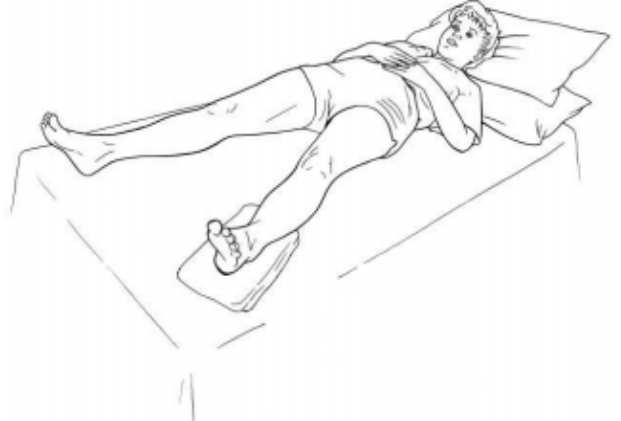
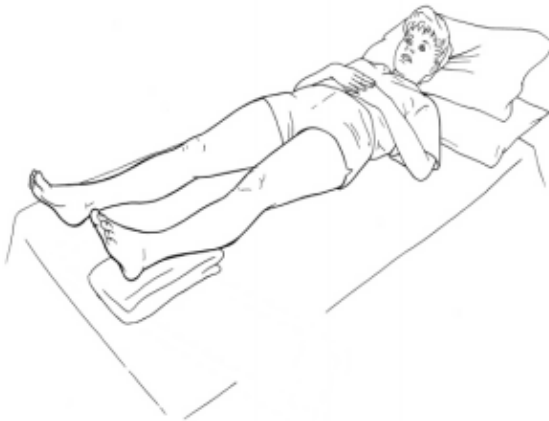
□ **Hip flexion** – a plastic trash bag or small towel under your heel may help reduce friction.

1. Lie on your back and slide your heel toward your buttocks, bending your knee up. Do not lift your heel off of the surface. Keep your knee pointed towards the ceiling, so you do not turn your leg in or out.
2. Pause and then slide your heel forward and straighten your knee.



□ **Hip abduction** – a plastic trash bag or small towel under your heel may help reduce friction.

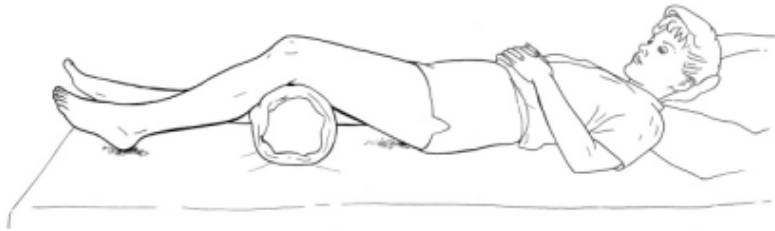
1. Lie on your back with your legs straight. Pointed your toes to the ceiling.
2. Slide your surgery leg out to the side, like opening a pair of scissors.
3. Pause and then slide your leg back to the starting position. Do not cross the midline of your body.



Binder for Hips

□ Short arc quads

1. Place a blanket roll or 3-pound coffee can under the knee of your surgery leg.
2. Resting your thigh on the roll or can, lift your heel off the bed and straighten your knee as much as you can.
3. Pause and then lower your heel down to the starting position.



Binder for Hips

Bed Transfers - getting out of bed:

1. Scoot hips to edge of bed.
2. Sit up while lowering non-surgical leg to floor.
3. If necessary, use leg-lifter to lower surgical leg to floor.
4. Scoot to edge of bed.
5. Use both hands to push off bed. If bed is low, place one hand in center of walker while pushing off bed with other.
6. Balance before grabbing walker.

Lying in bed:



Keep pillow between legs when lying on back. Position leg so toes are pointing to ceiling – not inward.



To roll from back to side, bend knees slightly, place pillow between legs so surgical leg does not cross midline. Roll onto side. If rolling toward Surgical Side, do NOT turn completely onto the side.

Walking:

1. Push rolling walker forward.
2. Step forward placing foot of surgical leg in middle of walker area.
3. Step forward the non-surgical leg. Do NOT step past front wheels of walker.

Note:

- Take small steps. Keep walker in contact with floor, pushing it forward like shopping cart.
- If using a rolling walker, advance from basic technique to normal walking pattern. Holding onto walker, step forward with surgical leg, pushing walker as you go; try to alternate with equal step forward using non-surgical leg. Continue to push walker forward. When you first start, this *may not* be possible, but you will find this gets easier. Make sure your foot does not go past the front of the walker when taking a step. Ideally, the foot should land in the center of the walker.

Stair Climbing:

1. Begin climb (ascend) with non-surgical leg first (up with good).
2. Go down (descend) with surgical leg first (down with bad).
3. Always hold on to railing!

Binder for Hips

Tub Transfers - getting into tub using bath seat:

1. Select bath seat that is tall enough to ensure hip precautions can be followed.
2. Place bath seat in tub facing faucet.
3. Back up to tub until you feel it at back of knees. Be sure you are in line with bath seat.
4. Reach back with one hand for bath seat. Keep other hand in center of walker.
5. Slowly lower onto bath seat, keeping surgical leg out straight.
6. Move walker out of way, but within reach.
7. Lift legs over edge of tub, using leg lifter for surgical leg, if necessary. Hold onto shower seat or railing.

Tub Transfers - getting out of tub using bath seat:

1. Lift legs over outside of tub.
2. Scoot to edge of bath seat.
3. Push up with one hand on back of bath seat while holding on to center of walker with other hand.
4. Balance before grabbing walker.



Note:

- Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
- Use rubber mat or non-skid adhesive on bottom of tub or shower.
- To keep soap within reach, make soap-on-a-rope by placing bar of soap in toe of old pair of pantyhose and attach it to bath seat.

Binder for Hips

Car Transfers:

1. Push car seat all the way back; recline seat back to allow for adequate room to get in and out, but always have it upright for travel.
2. Back up to car until you feel it touch back of leg.
3. Hold on to immovable object – car seat or dashboard – and slide surgical foot out straight. Watch your head as you sit down. Slowly lower yourself to car seat.
4. Lean back as you lift surgical leg into car. Use your cane, leg lifter, or other device to assist.



Binder for Hips

Dos and Don'ts for Rest of Your Life

Exercise

With permission from your orthopedic surgeon and primary care doctor, you should be on a regular exercise program three to four times per week, lasting 20 to 30 minutes.

- Impact activities such as running and singles tennis may put too much load on the joint and are generally not recommended.
- High-risk activities such as downhill skiing are discouraged because of risk of fractures around the prosthesis and damage to prosthesis itself.

Exercise – Do

- Choose low impact activity.
- Recommended exercise classes.
- Home program outlined in Binder.
- Regular one- to three-mile walks.
- Home treadmill (for walking).
- Stationary bike.
- Aquatic exercises.
- Regular exercise at fitness center.
- Low-impact sports such as golf, bowling, gardening, dancing, swimming, etc.
- Consult surgeon or physical therapist about specific sport activities.



Exercise – Don't

- Do not run or engage in high-impact activities or activities that require a lot of starts, stops, turns, and twisting motions.
- Do not participate in high-risk activities such as contact sports.
- Do not take up new sports requiring strength and agility until you discuss it with surgeon.

Binder for Hips

Importance of Lifetime Follow-up Visits

When should you follow-up with your surgeon?

- Every year, unless instructed differently.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain.

There are reasons for routine follow-up visits with your orthopedic surgeon.

If you have a cemented hip, the integrity of cement needs to be evaluated. With time and stress, cement may crack. A crack in cement does not necessarily mean you need another surgery, but it means things need to be followed more closely.

Your hip could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening.

Second reason for follow-up is weight bearing surfaces in the hip prosthesis may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis (similar to what can happen with cement).

X-rays taken at follow-up visits can detect problems. New x-rays can be compared with previous films to make these determinations. This will be done in your doctor's office.

If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.

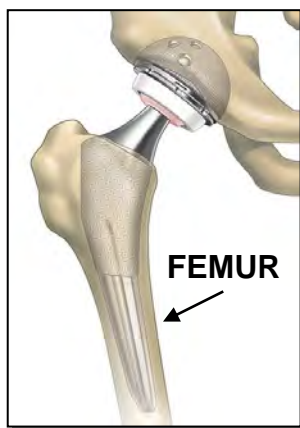


Binder for Hips

Frequently Asked Questions (FAQs)

What is osteoarthritis and why does my hip hurt?

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Joint cartilage is tough, smooth tissue that covers the ends of bones where joints are located. It cushions the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Trauma, repetitive movement, or for no apparent reason, the cartilage wears down exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, swelling and loss of motion.



What is total hip replacement?

The term total hip replacement is misleading. The hip is not replaced, but rather an implant is used to re-cap the worn ends of the bone.

- Head of femur is removed.
- Metal stem is inserted into femur shaft and topped with a metal or ceramic ball.
- Worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner.
- No longer does bone rub on bone, causing pain and stiffness.

How long will my new hip last and can a second replacement be done?

All implants have a limited life depending on an individual's age, weight, activity level, and medical condition(s). A joint implant's longevity will vary in every patient. An implant is a medical device subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last for any specified length of time. A revision or second replacement may be completed after adequate discussion with your surgeon.

What are the major risks?

Most surgeries go well, without complications. However, infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners.

How long will I be in the hospital?

Most patients will be hospitalized for one to two days after surgery. Mobility begins the day of surgery. Using a walker, your nurse or physical therapist will help you walk and sit in a chair. Patients are generally discharged to home once they are able to sit, stand and walk safely with the walker or other assistive device.

Binder for Hips

What if I live alone?

Three options are available to you.

- Return home and receive help from a relative or friend.
- Have a home health nurse you at home for two or three weeks if there is a medical need.
- Stay in a sub-acute facility following your hospital stay if necessary



What happens during surgery?

Hospital reserves approximately one to two hours for surgery. Time will be taken by operating room staff to prepare you for surgery. You may have general anesthetic - “being put to sleep.” Some patients prefer a spinal or epidural anesthetic, which numbs the legs and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologist.

Will surgery be painful?

You will have discomfort following surgery, but we keep you comfortable with appropriate medication. Most patients will receive oral pain medication with some additional IV medication for “breakthrough” pain.

Will I need a walker, crutches, or a cane?

Patients progress at their own rate. We recommend you use a walker, crutches, or a cane for four to six weeks. The OCC or Case Manager can arrange for equipment as needed.



Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. The OCC, physical therapist and surgeon will help with this decision and make necessary arrangements. Check with your insurance company to see if you have sub-acute rehab benefits.

Binder for Hips

Will I need help at home?

For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. Family or friends need to be available to help. Preparing before surgery can minimize the amount of help needed. Having laundry done, house cleaned, yard work completed, clean linens, and single portion frozen meals will reduce the need for help



Will I need physical therapy when I go home?

Physical therapy is not usually needed after your discharge home. You will be instructed in at home exercise program to follow.

Will my new hip set off security sensors when traveling?



Your joint replacement is made of metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on the security screening procedure. You should carry a medic alert card indicating you have an artificial joint. Check with your surgeon on how to obtain one.



Binder for Hips

Section Four: Appendix

Glossary

- **Abdomen:** Part of body commonly thought of as the stomach; it's situated between hips and ribs.
- **Ambulating:** Walking.
- **Assistive Devices:** Walker, crutches, cane, or other device to help you walk.
- **Compression Stockings:** Special stockings that encourage **circulation**, i.e.: **TEDS™**.
- **Dorsiflexion:** Bending back foot or toes.
- **Dressings:** Bandages.
- **Embolus:** Blood clot that becomes lodged in a blood vessel and blocks it.
- **Incentive Spirometer:** Breathing tool to help exercise lungs.
- **Incision:** Wound from surgery.
- **IV:** Intravenous.
- **Osteolysis:** Condition in which bone thins and breaks down.
- **OT:** Occupational therapy.
- **Prothrombin:** Protein component in blood that changes during clotting process.
- **PT:** Physical therapy.



Tift Regional Medical Center

901 East 18th Street, Tifton, Georgia 31794

- **Tift Regional Joint Replacement & Spine Center** is located on Tift Regional Medical Center 2nd Floor



Musculoskeletal Center

2227 Hwy 41 North, Tifton, Georgia 31794

- **Georgia Sports Medicine** located on the 1st Floor of the Musculoskeletal building.
- **Pre-Op Class** is located on the 3rd Floor of the Musculoskeletal building.



TRMC - 20th Street Lobby

- **Pre-Admission Testing** is located at the Tift Regional Medical Center 20th Street Lobby.

TIFT REGIONAL
JOINT REPLACEMENT
& SPINE CARE CENTER



Going Home with Mepilex Border Wound Dressing

- **Check your dressing every day.**
- **If your wound is draining or is painful**, lift the dressing edges carefully to look at the wound to make sure it is healing properly with no signs of infection.
- Signs of infection include:
 - New drainage, green or yellow or foul smelling from wound/drain site.
 - Increased and spreading redness around wound / drain site.
 - Increased temperature (fever) above 38°C or 101°F.
 - **Call your surgeon/General Practitioner (Family Doctor) if you have signs of infection.**
- If your wound has no signs of infection the dressing can be reapplied, as the border is made of a resealable silicone.
- Mepilex Border dressing can be left in place for up to a **maximum of 7 days** after application.
- **The dressing should be replaced if:**
 - The dressing pad is stained or wet beyond 80% (more than 3/4).
 - Drainage is seeping out into the border edges of the dressing.
 - The wound looks wet and white - like your skin does when it has been in water too long.
- Once drainage from the wound has stopped, the dressing can be peeled back and removed. The wound can then be left open to air even with the staples in.
- When applying ice with this dressing in place, your skin must be protected with a light cloth between the ice or icing device and the skin.

Changing the dressing if required

1. Wash your hands with soap and water.
2. Remove and dispose of old dressing.
3. Cleanse the wound with normal saline and gauze.
4. Open the new Mepilex Border dressing or gauze without touching the side that will be placed on your wound.
5. Place the dressing over the incision. Ensure you get a seal of the edges of the Mepilex Border by molding the entire bandage to your skin with your hands. If using gauze, loosely tape the gauze and do not wrap tape in a circle around the knee/leg.



Example: Mepilex Dressing

Showering

- Mepilex Border is viral, bacterial and water resistant.
- You may shower with your Mepilex Border Dressing, but before getting into the shower you will need to **ensure the edges around the dressing are secure** by smoothing down the edges of the dressing.
- Mepilex Border dressing is water resistant but not waterproof. You may shower, but do not take a bath, go into pool or hot tub with this dressing.

Purchasing Dressings

- Patients are responsible to purchase additional dressings.
- Mepilex Border Dressings are available at some local pharmacies. Please call pharmacy of your choice to inquire about availability and prices.
- Alternatively, gauze and paper tape may be used.