You are about to start a joint adventure with the Virginia Commonwealth University Medical Center. Our orthopaedic team recognizes you may have concerns about joint surgery. Please know you will not face this journey alone. You are part of a health care team that includes your family, physicians, nurses, care coordinator and other health care providers. Together we will strive to meet your ultimate goal: decreasing your pain and increasing your function.

This booklet is designed to address your expectations and answer questions regarding preparation for your surgery, hospitalization, discharge, recovery and follow-up.
Mission statement of the VCU Medical Center

The VCU Medical Center and its physicians are committed to:

- Providing superior, compassionate and innovative patient care for all individuals regardless of their ability to pay
- Educating the health care professionals of tomorrow
- Advancing the generation, dissemination and application of biomedical research
- Improving the health of the communities of which we are members

Every Day, A New Discovery.
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joint restoration program
About the program

The joint restoration program:

- Uses the most up-to-date technology to accurately diagnose your joint problem and select proper treatment
- Performs approximately 1,500 hip and knee surgeries each year
- Provides patients with education and knowledge in order to make decisions about surgery
- Uses a team approach to ensure a seamless transition through the continuum of care
Health care team

The following people are part of your health care team, making sure you receive the best possible treatment throughout your joint restoration surgery and recovery.

**Orthopaedic surgeon:** the physician who performs the actual joint surgery and is responsible for your overall health while you are in the hospital.

**Resident physicians:** medical doctors who are studying to be orthopaedic surgeons.

**Fellows:** orthopaedic surgeons who have completed orthopaedic residency, but are doing an extra in-depth year in joint restoration.

**Joint coordinators:** nurses who specialize in restoration, recovery and education of patients and family. They will be a resource to you and your family through the continuum of care and answer questions you may have.

**Anesthesiologist:** the physician who administers anesthesia during your surgery and oversees postsurgical pain control.

**Nurse practitioners:** nurses with advanced training that allows them to coordinate preoperative and postoperative care.

**Nurses:** take care of your daily health care needs in the hospital, others assist the surgeon in the operating room and still others work throughout the medical center.

**Physical therapist:** trained to help you regain strength and motion in your new joint.

**Occupational therapist:** trained to teach you how to perform daily activities, such as bathing and getting dressed.

**Home care coordinator:** nurse who coordinates your home health needs as ordered by your physician.

**Social worker:** works with patients and their families to arrange placement in nursing facilities or rehabilitation centers, as well as to provide financial resources and information.
Understanding your surgery

Causes of serious hip and knee problems
Problems with joints such as the hip and knee are most frequently the result of arthritis.

Osteoarthritis, the most common type, sometimes referred to as the “wear and tear” form of arthritis. It can result from a lifetime of overuse, injury or genetic predisposition, causing cartilage to crack and wear away. This allows exposed bone ends to rub together.

Rheumatoid arthritis is a common type of inflammatory arthritis in which the body's immune system turns on itself and causes joint pain and swelling. Inflammation begins in the joint lining, eventually causing damage to the cartilage and bone.

Total knee restoration surgery
The knee is composed of three parts: the end of the thigh bone (femur), top of shin bone (tibia) and the knee cap (patella).

Knee restoration involves resurfacing these three parts, much like “capping” a tooth. The procedure leaves all muscles, tendons and viable ligaments in place.

Total hip restoration surgery
The hip is composed of two parts: the round head or ball of the thigh bone (femur) and the cup or socket in your pelvis (acetabulum).

A metal ball or cap is attached to a stem that fits into your thigh bone. A liner with an outer metal surface is attached to the socket.

Your orthopaedic surgeon will discuss the type of prosthesis that best meets your individual needs.

General risk of joint restoration surgery
Joint restoration surgery is considered major surgery and there are potential risks and complications associated with any type of surgery. Please note these risks include but are not limited to:

- General anesthesia
- Infection
- Bleeding
- Blood clots/pulmonary embolism
- Damage to nerves or blood vessels
- Dislocation with hip replacement
- Fractures to bones
- Repeat surgeries
- Failure of surgery
- Leg length discrepancy
- Death

These are the most common risks associated with joint restoration surgery. Your surgeon will discuss them with you.
Expectations from joint restoration surgery
Joint restoration surgery generally relieves pain, corrects deformities and allows patients to resume a rewarding and active lifestyle. Nonetheless, recovery from joint replacement is work, with participation in exercises required for at least 3 months. (Remember, you play an active role in the success of your surgery.)

Life expectancy of your joint depends upon age, weight and activity level.
preparing for surgery
Steps in preparing for surgery

1. **Complete physical examination**: To be done 3 to 4 weeks before the date of surgery.

2. **Preoperative education class**: The Department of Orthopaedic Surgery offers a class to prepare you for surgery and for your role in the postoperative/recovery phase. Your surgeon’s office will register you for this class and inform you of the date, time and location. If you have not received a date for this class, please contact your surgeon’s office. (Please note: You may bring a snack to eat during class.)
   - Bring a list of current medications, including dosages, frequencies and the reason you are taking them.
   - Bring a list of previous surgeries.
   - Bring a family member or caregiver who will be assisting you after surgery.

3. **Pre-anesthesia appointment**: You will be scheduled before or after your preoperative class. We will make every effort to schedule your labwork and anesthesia appointment on the same day.

Medications

- Please stop taking anti-inflammatories (i.e., Advil, Motrin, Aleve, BC powder, ibuprofen) or prescription arthritis medicine 5 days before surgery because these medications increase your risk of bleeding during surgery.
- If you are currently taking 325mg of aspirin, stop and begin taking 81mg of aspirin 5 days before surgery. If you are currently taking 81mg of aspirin, continue taking.
- Please notify the nurse or physician if you are taking herbal supplements. Many supplements interact with other medications and can cause complications.
- If you are currently taking Coumadin (warfarin), Plavix or other blood thinners, please check with the physician who prescribed these medications for instructions on when to stop before your surgery.
- If you are currently taking inflammatory arthritis medications, such as methotrexate or Humira, please check with your physician for instructions on when to stop and restart these medications.
- If you are currently taking any other medications, such as those for blood pressure and diabetes, please talk with the anesthesiologist or your physician to clarify which medications should be taken the morning of your surgery.
- You may take Extra Strength Tylenol for pain because it does not affect bleeding.
Discharge planning

Equipment you may need for home

- 3-in-1 bedside commode (raised toilet seat). This is most commonly needed for patients who have had hip replacement surgery.
- Walker or crutches (forearm or underarm).
- Cane.
- Bars in the shower.

Transportation needs

You will need someone to pick you up from the hospital at noon on the day you are discharged. You can expect to be discharged approximately one to two days after surgery.

Meal planning

Prepare and freeze or purchase small, readily prepared meals to assist your independence at home.

Organize and place frequently used kitchen items at waist level. This will help you reduce unnecessary stress to your joints during recovery.

Accident proofing your home

- Remove scatter rugs from around the house.
- Plan to use a portable phone if available.
- Keep clear paths through your home to ensure safety while walking with crutches or walker.
- Arrange for care of pets during recovery to maintain safety and decrease risk of infection.
- Select a chair in your home with a firm elevated seat cushion, a back and arms, which you can designate as “your chair” when you return home from your surgery.

Help at home

Arrange for a friend or family member to assist you at home for the first few days after your discharge from the hospital.
Preparing for the hospital stay

- Please do not bring large sums of money, jewelry or credit cards.
- To avoid skin irritation, please do not shave near surgical area 48 hours prior to surgery.
- Please remove nail polish and makeup prior to surgery.

- Please pack the following items:
  - Personal toiletries and accessories
  - Tennis shoes or flat, rubber-soled shoes
  - One or two loose-fitting outfits for the hospital stay and ride home (i.e., gym shorts, short pajamas, warm-up suits)
  - Walker or crutches (please keep these in your car for the ride home)
  - This handbook

Pre-surgery checklist

- Schedule your preoperative physical. Date: ____________________________
  Time: ____________________________

- Attend preoperative education class. Date: ____________________________
  Time: ____________________________

- Complete pre-anesthesia/blood work appointment. Date: ____________________________
  Time: ____________________________

- Stop taking arthritis medication, anti-inflammatories and herbal supplements 5 days before surgery. Date: ____________________________

- If taking 325mg of aspirin, stop and begin taking 81mg of aspirin 5 days before surgery. Date: ____________________________

- Report to Gateway Building, fifth floor the morning of your surgery. Date: ____________________________
  Time: ____________________________

- If taking Coumadin (warfarin), Plavix or other blood thinners, check with prescribing physician regarding instructions on when to stop taking these medications. Date: ____________________________

Reporting to the hospital

The night before surgery (or on Friday for Monday surgeries), the hospital will call to confirm your time of arrival for surgery, etc. If you miss the call, you may call (804) 828-5341.

On the day of your surgery, report to Gateway Building, fifth floor. (See map in the back of this handbook for directions.) Valet parking is available in front of Gateway Building for a small fee.
surgery
About your surgery

Surgical time is variable based on the complexity of the procedure, but in most instances, your surgery will last approximately 2 hours for both knee and hip restoration procedures.

Your family or friends may be contacted by the surgeon via pager or telephone when your surgery is completed.

Following surgery, you will be moved to the post-anesthesia care unit (PACU/recovery room). Your time in the PACU will vary based on your progress. If you have an epidural anesthetic you may remain in the PACU for a longer period of time.

Once you are stable you will be transferred to the orthopaedic floor. Occasionally you may need special monitoring after surgery and will be transferred to a telemetry or intensive care unit.
in the hospital
Hospital stay

The average length of stay in the hospital after a hip or knee restoration is **2 days**.

During your hospital stay, you may receive:

- Intravenous fluids
- Antibiotics
- Drainage tubes
- Urinary catheters
- Support stockings
- Medication to thin blood
- Oxygen

Pain medication and pain control

There will be several forms of pain control available. You, your physician and your anesthesiologist will work to determine the best option.

Methods of pain control are:

- Nerve blocks
- Epidurals
- Patient-controlled analgesia

When appropriate, you will be transitioned to oral pain medication.

Pain rating and scale

**Your comfort is important!**

Our health care professionals use this pain scale to monitor your comfort. Help us to care for you by using this scale to tell us about the pain you may have.

<table>
<thead>
<tr>
<th>No pain</th>
<th>Mild pain</th>
<th>Moderate pain</th>
<th>Severe pain</th>
<th>Very severe pain</th>
<th>Worst pain possible</th>
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<th>Fuerte dolor</th>
<th>Bastante dolor</th>
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**Su comodidad es importante!**

Nuestros profesionales de salud usan esta escala para determinar el nivel de su dolor. Por favor señale al número que mejor lo describe en este momento.
Hip: Post-surgical exercises

- **Ankle pumps**: to increase circulation and decrease risk of blood clots.
- **Coughing and deep breathing**: to prevent lung congestion.
- **Turning in bed**: to prevent skin breakdown.
- **Walking**: begins the evening of or morning after surgery (unless otherwise indicated by your surgeon).

Hip precautions (posterior)

- Do not cross your legs.
- Do not bend or sit with your hip angled at more than 90 degrees.
- Do not turn your leg in or out (internal/external rotation).
- Do not drive for at least 4 weeks after surgery unless directed by your physician.

Hip precautions (anterior)

- Do not turn leg out
- Do not hyperextend leg
- Do not drive for at least 4 weeks after surgery unless directed by your physician.

The physical therapist will review with you the activities and positions which may cause trouble or lead to a dislocation.
Knee: post-surgical exercises

- **Ankle pumps**: to increase circulation and decrease the risk of blood clots.
- **Knee flexion and extension exercises**: to promote early range of motion.
- **Continuous passive motion machine (CPM)**: promotes circulation and your knee’s range of motion during hospitalization. CPM will begin the evening of or morning after surgery (unless otherwise indicated by your surgeon). The goal is 90 degrees of flexion, prior to discharge.
- **Coughing and deep breathing**: to prevent lung congestion.
- **Turning in bed**: to prevent skin breakdown.
- **Walking**: begins the evening of or morning after surgery (unless otherwise indicated by your surgeon).

You should not drive for 4 weeks after surgery unless directed by your physician.
Discharge from the hospital

When you are medically stable and walking with a walker or two crutches, you will be ready to return home.

Prior to going home you will be given:

- A prescription for pain medication
- A recommendation for an over-the-counter stool softener
- A prescription for blood thinner (if ordered)
- Equipment or supplies (if needed)

Driving home

- Arrange for a friend or family member to pick you up at noon for discharge.
- Try to avoid riding home in a compact car or sports car, which may be difficult to get into.
- Move the front passenger seat back as far as possible.
- If you have a long drive home, stop, get out and walk around approximately every hour.
recovery at home
Your recovery time at home may take 6 to 12 weeks. Each day you will be able to do more and more activities. Remember, however, that each person recovers at his or her own pace.

**Medications**

**Blood thinners:** Take medication (i.e., Coumadin, Lovenox®, aspirin, etc.) as directed. Please note that dosages of these medications may change based on lab results. You will be notified of any alterations to your medication. Do not take aspirin or anti-inflammatory medications while taking your blood thinner, unless prescribed by your orthopaedic surgeon.

**Pain medicines:** Take your prescribed pain medication as directed. You may take your medicine more frequently when you first get home. As your pain decreases, you may increase the length of time between doses and/or decrease the number of pills throughout the day. Remember to take your pain medication approximately one hour before you exercise.

**Stool softeners/laxatives:** If you experience problems with constipation, you may take over-the-counter laxatives or stool softeners such as Colace, Dulcolax, Senokot, Milk of Magnesia, etc. Ask your pharmacist for suggestions.

**Things you need to know**

**Blood clots or deep vein thrombosis (DVT)**

Blood clots can occur following joint restoration. Taking your blood thinner as prescribed, wearing your support stockings and doing prescribed exercises are ways to decrease the risk of clot formation. As a precaution, it is important to recognize the signs of a possible blood clot.

**Warning signs of blood clots in the leg:**

- Increased pain in the calf of your leg
- Tenderness or redness in the calf of your leg
- Increased swelling of the thigh, calf, ankle or foot that does not decrease overnight or with elevation

**Note:** If you experience any of these symptoms, please call your doctor immediately.

**Warning signs of blood clots in the lungs:**

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing, or when taking a deep breath

**Note:** If you experience any of these symptoms, please call 911 or go to the nearest emergency room.

**Infections**

The most common cause of infection is from bacteria entering the blood stream through the mouth, urinary tract or skin.
Things you need to know (cont.)

Warning signs of a possible infection:

- Persistent fever (oral temperature greater than 101.5 degrees) after the first week
- Shaking or chills
- Increased redness, tenderness, swelling or drainage from incision
- Increased pain unrelieved by pain medication

Note: If you experience any of these symptoms, please report these to your physician.

Exercise

The first few weeks after surgery you may have a home-health physical therapist. He or she will help you perform the exercises you learned in the hospital and progress you toward independence. Do your exercises 3 to 4 times a day.

Activities

Showering: A waterproof Aquacel dressing is applied at the time of surgery and removed 10 days after surgery. Please do not put tape on this dressing, as it removes waterproofing seal. You may shower as soon as you are safe getting in and out of the shower.

Changing surgical dressing: Once the Aquacel dressing is removed, you may leave the incision open to air. However, if drainage is present, please cover with gauze and tape and contact your physician’s office.

Climbing stairs: If you must climb stairs, ascend using your good leg first; descend with your operated leg first. You may use your steps once or twice a day until you increase your strength.

Sitting: Use chairs that have arms, backs and firm seats. Do not sit on low stools, chairs or toilets. Hip patients should reach for things between the knees and not to the outside. Use a grasper to help.

Walking: Take short walks approximately every 2 hours, increasing the amount of time each day. Always use your walker or two crutches and avoid overdoing it. Do not walk on uneven surfaces such as lawns or gravel.

Activities to avoid

Until you see your doctor for your first postoperative appointment, do not do any of the following:

- Return to work.
- Drive a car.
- Participate in sports.
- Take a tub bath.
- Engage in sex (if you have a total hip replacement).

Note: At your follow-up visit with your surgeon you may discuss any changes or additions to your activities.
living with your new joint
Joint restoration follow-up appointments

You will need a follow-up appointment with your orthopaedic surgeon 2 to 6 weeks after your surgery. In addition, your surgeon will need to see you at 1 year post-joint restoration. You will then need to have your hip or knee re-evaluated every 1 to 2 years and have X-rays taken according to your surgeon’s instructions. These future follow-up appointments are necessary to evaluate the condition of your implant and to detect potential problems.
Preventing infection

Because infections commonly enter the body through the mouth, you must take certain precautions before having dental work. Tell your dentist that you have had joint restoration surgery. Take an antibiotic before having dental work done if it is recommended by your orthopaedic surgeon or your dentist.

Also note that any invasive procedure such as a colonoscopy or those related to gynecological and urinary areas as well as dental work should be avoided for 3 months after surgery. Always make sure that any physician who cares for you is aware of your joint replacement. (See perforated antibiotic protocol on pages 37 and 38. Please remove this protocol, and make copies and share with your physicians.)
Recommendations for antibiotic prophylaxis

Who needs antibiotic prophylaxis after total joint replacement?

- All prosthetic joint replacement patients, for lifetime
- Immunocompromised/immunosuppressed patients
  - Inflammatory arthropathies (e.g.: rheumatoid arthritis, systemic lupus erythematosus)
  - Drug-induced immunosuppression
  - Radiation-induced immunosuppression
- Patients with co-morbidities
  - Previous prosthetic joint infections
  - Malnourishment
  - Hemophilia
  - HIV infection
  - Diabetes
  - Malignancy

The following procedures require antibiotic prophylaxis:

1. High-risk dental procedures
   - Dental extraction
   - Periodontal procedures including surgery, subgingival placement of antibiotic strips/fibers, scaling and root planning probing, recall maintenance
   - Dental implant placement and reimplantation or avulsed teeth
   - Endontic (root canal) instrumentation or surgery only beyond the apex
   - Initial placement of orthodontic bands but not brackets
   - Intraligimentary and/or intraosseous local anesthetic injections
   - Prophylaxis cleaning of teeth or implants where bleeding is anticipated

Suggested antibiotic regimens for dental procedures*:

- For patients not allergic to penicillin: cephalexin, cefradine or amoxicillin, 2 grams orally 1 hour prior to dental procedure
- For patients not allergic to penicillin and unable to take oral medications: cefazolin, 1 gram IM/IV 1 hour prior to procedure or ampicillin, 2 grams IM/IV 1 hour prior to procedure
- For patients allergic to penicillin: clindamycin, 600 mg orally 1 hour prior to dental procedure
- For patients allergic to penicillin and unable to take oral medications: clindamycin, 600 mg IV 1 hour prior to the procedure

* No second doses are recommended for any of these dosing regimens.
2. High-risk urological procedures

- Any stone manipulation (includes shock wave lithotripsy)
- Any procedure with transmural incision into urinary tract (does not include simple ligation with excision or percutaneous drainage procedure)
- Any endoscopic procedures of upper tract (ureter and kidney)
- Any procedure that includes bowel segments
- Transrectal prostate biopsy
- Any procedure with entry into the urinary tract, except for transurethral catheterization, in individuals with higher risk of bacterial colonization:
  - Indwelling catheter or intermittent catheterization
  - Indwelling ureteral stent
  - Urinary retention
  - History or recent/recurrent urinary tract infection or prostatitis
  - Urinary diversion

Suggested antibiotic regimen for urological procedures:

- A single systemic-level dose of a quinolone (e.g., ciprofloxacin 500 mg, levofloxacine 500 mg or ofloxacin 400 mg) orally 1 to 2 hours preoperatively
- Ampicillin 2 grams IV (or vancomycin 1 gm IV, over 1 to 2 hours, in patients allergic to ampicillin), plus gentamicin 1.5 mg/kg IV 30 to 60 minutes preoperatively

For some procedures, additional or alternative agents may be considered for prophylaxis against specific organisms.
medical history form
**Important medical history**

**Patient name:**
- First ______________________
- Last ______________________

**Home phone:** ________________ **Cell phone:** ________________

### Allergies

- No known allergies

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### Medical history:
(Please check appropriate box.)

- Asthma
- Blood clots/pulmonary embolism
- Bleeding disorders
- Cancer/type ______
- Congestive heart failure
- Depression
- Diabetes
- High blood pressure
- Heart disease
- Other ______
- Reflux
- Sleep apnea
- Stroke

### Past surgical history

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### Family history

- Blood clots
- Cancer
- Diabetes
- Heart disease
- High blood pressure
- Other
Social history

Tobacco:  ☐ Yes  ☐ No ________ packs/day ________ Quit

Alcohol:  ☐ Yes  ☐ No ________ drinks/day ________ Last use

☐ Wine  ☐ Beer  ☐ Liquor

Drugs:  ☐ No  ☐ Cocaine  ☐ Heroin  ☐ Other

Medication list

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<th>Frequency</th>
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contact numbers
## Important contact numbers

**Surgeon**

<table>
<thead>
<tr>
<th>Peri-surgical suites (Check in, Gateway Building, 5th Floor)</th>
<th>(804) 828-5341</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopaedic unit: Main Hospital, 11th floor, Central Wing</td>
<td>(804) 628-3200</td>
</tr>
<tr>
<td>Gumenick Suites, 9th floor, East Wing.</td>
<td>(804) 828-0895</td>
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**Home health agency**

<table>
<thead>
<tr>
<th>Joint restoration coordinators</th>
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<tbody>
<tr>
<td>Bonnie Schmidt</td>
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<tr>
<td>Janet Muntean</td>
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<thead>
<tr>
<th>Hospital physical/occupational therapist</th>
<th>(804) 828-5068</th>
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<tr>
<td>Home health care coordinator</td>
<td>(804) 828-5046</td>
</tr>
<tr>
<td>Social worker</td>
<td>(804) 828-0212</td>
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<tr>
<td>Pastoral care</td>
<td>(804) 828-0928</td>
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<tr>
<td>Main Hospital information</td>
<td>(804) 828-9000</td>
</tr>
<tr>
<td>Gift shop</td>
<td>(804) 828-5999</td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</table>
exercises
Hip exercises

On the following pages, you will find exercises you may be instructed to do during your recovery. Your physician and physical therapist will advise you on which exercises are appropriate for you and the number of repetitions needed.

1. Bend ankles up and down, alternating feet.

You should do this exercise:
- Before surgery.
- In the hospital.
- At home.

2. Slowly tighten muscles on thigh of straight leg while counting aloud to 10.

You should do this exercise:
- Before surgery.
- In the hospital.
- At home.

3. Squeeze buttocks muscles as tightly as possible while counting aloud to 10.

You should do this exercise:
- Before surgery.
- In the hospital.
- At home.

4. Slide foot toward buttocks until it is flat on the bed. Make sure you lie flat in bed.

You should do this exercise:
- Before surgery.
- In the hospital.
- At home.
Hip exercises (cont.)

5. Push heel into bed and hold while counting to 10.

You should do this exercise:
- Before surgery.
- In the hospital.
- At home.

6. Step your leg forward to touch your heel to the ground, then step your leg back, touching your toe to the ground.

You should do this exercise:
- In the hospital.
- At home.

7. Using a chair for balance, take alternating steps in place.

You should do this exercise:
- In the hospital.
- At home.

8. With hands on hips, make circles with hips without moving shoulders. Do this in both directions.

You should do this exercise:
- In the hospital.
- At home.
9. Using stair or stool, step up then down with same leg 5 times. Repeat using other leg to complete set of 10 step-ups.

You should do this exercise:
- In the hospital.
- At home.

10. From a sitting position, practice standing up, then return to sitting position.

You should do this exercise:
- In the hospital.
- At home.
Knee exercises

On the following pages, you will find exercises you may be instructed to do during your recovery. Your physician and physical therapist will advise you on which exercises are appropriate for you and the number of repetitions needed.

1. Bend ankles up and down, alternating feet.

You should do this exercise:
• Before surgery.
• In the hospital.
• At home.

2. Push heel into bed and hold while counting to 10.

You should do this exercise:
• Before surgery.
• In the hospital.
• At home.

3. Slowly tighten muscles on thigh of straight leg while counting aloud to 10.

You should do this exercise:
• Before surgery.
• In the hospital.
• At home.

4. Place a rolled towel under leg. Straighten knee and leg. Hold 5 seconds.

You should do this exercise:
• Before surgery.
• In the hospital.
• At home.
Knee exercises (cont.)


You should do this exercise:
- Before surgery.
- In the hospital.
- At home.

6. In sitting position, while keeping feet on floor, slide foot of operated leg back, bending knee.

You should do this exercise:
- In the hospital.
- At home.

7. Prop your foot on a footstool or chair for approximately 5 minutes. You should feel a stretch behind your knee.

You should do this exercise:
- In the hospital.
- At home.

8. Using a table or counter for balance, gently rise up on toes and roll back on heels.

You should do this exercise:
- In the hospital.
- At home.
Knee exercises (cont.)

9. Using a chair for balance, take alternating steps in place.

You should do this exercise:
• In the hospital.
• At home.


You should do this exercise:
• In the hospital.
• At home.

11. From a sitting position, with hands on armrests, lean forward to push up. Return to sitting position.

You should do this exercise:
• In the hospital.
• At home.


You should do this exercise:
• In the hospital.
• At home.
Knee exercises (cont.)

13. With operated leg on top and bottom leg bent, lift the top leg up toward ceiling. Keep knee pointing straight ahead and leg in line with body. Slowly lower.

You should do this exercise:
- In the hospital.
- At home.

14. Lying on your stomach, try to lift operated leg, keeping knee as straight as possible. Do not lift or turn hips.

You should do this exercise:
- In the hospital.
- At home.

15. Lying on your stomach, bend knee, bringing heel toward buttocks. Hold, then straighten. You can use the nonoperated leg to push the operated leg.

You should do this exercise:
- In the hospital.
- At home.
For joint restoration surgery patients

1. **When can I drive?** Approximately 4 to 6 weeks after surgery.

2. **When can I shower?** If you have a waterproof Aquacel dressing, you may begin to shower when you are safe getting in and out of the shower.

3. **When can I travel?** As necessary for appointments. For long trips, make frequent stops. Long-distance travel should be restricted for approximately 6 weeks or until you are given permission to do so from your surgeon.

4. **How long do I have to wear the support stockings?** The stockings need to be worn for 4 weeks after surgery to prevent blood clots. Wear during the day and remove at night.

5. **How long do I use a walker or crutches?** Approximately 3 weeks after surgery. Then you will go to a cane or a single crutch. You will use the cane or crutch as long as you feel it is needed for assistance and safety. This will depend on the individual.

6. **When can I put all my weight on my operative leg?** You may bear weight as tolerated on the operative leg with a walker or two crutches for the first 4 to 6 weeks unless otherwise directed by your surgeon.

7. **How long do I need physical therapy?** You will have physical therapy in the hospital daily. When you are discharged, your physician and physical therapist will decide on further physical therapy needs. The physical therapist will give you a list of exercises with instructions to do at home. The most important exercise for hips is walking. For knee restoration, you will need to do range-of-motion exercises 3 to 4 times a day to gain and maintain motion in your knee.

8. **Do I need antibiotics?** You will receive one dose of an antibiotic intravenously before surgery. When you go to the orthopaedic unit, you will receive 2 more doses of antibiotic through an IV. There will be no more antibiotics prescribed unless you have a complication or if ordered by your surgeon.

9. **When can I have intercourse?** Approximately 4 weeks after surgery. Please note: Hip restoration patients will need to use very careful positions in order to maintain hip precautions (see Page 26).

10. **What should I do if my foot or leg swells?** Lie down and elevate your foot for about 1 hour. You may also use ice to reduce the swelling. If the swelling does not go down, especially overnight, contact your surgeon.

11. **Is it okay to have dental or other medical procedures performed?** You will need antibiotic treatment before certain dental and medical procedures. Please inform your dentist and other physicians caring for you that you have a joint replacement. They can order the appropriate treatment. Please wait 3 months from the date of your surgery to have dental work. This includes routine dental work as well. However, if you have an urgent issue that needs to be attended to, make sure you inform your dentist or physician about your joint replacement. If you have any questions regarding this issue, please contact your orthopaedic surgeon.
12. **When do I need to come back for my first appointment?** Approximately 2 to 6 weeks from the day of surgery, depending on your surgeon.

13. **Will I set off airport or building security systems?** It is possible the metal in your prosthesis will activate a security system. However, there are no legal identification cards that can be used to identify you as a joint recipient. The security personnel will use metal detectors to determine artificial joints.

14. **Is it normal for my incision line to feel numb?** Yes. You may experience some numbness and tingling around your incision for several months. If you have questions or concerns, please ask your surgeon.
Joint restoration program
directions and maps
Directions to the MCV Campus

Arriving from the east by Interstate 64W
- Take Exit 190 for 5th Street and Downtown/Coliseum.
- Turn left at the fourth traffic light onto Marshall Street.
- Drive six blocks and turn left onto 11th Street.
- Drive one block and turn right onto Clay Street.
- Go one and one-half blocks to the Patient and Visitor Parking Decks E and S.

Arriving from the west by Interstate 64E
- Follow I-64E which merges with Interstate 95S.
- Remain on I-95S to Exit 74C for West Broad Street.
- Proceed west on Broad Street and follow directions given under “Arriving from the South by Interstate 95N.”

Arriving from the south by Interstate 95N
- Take Exit 74C for West Broad Street.
- Proceed west on Broad Street for three blocks to 11th Street and take a right.
- Drive two blocks to Clay Street and turn right.
- Proceed one and one-half blocks to the Patient and Visitor Parking Decks E and S.

Arriving from the north by Interstate 95S
- Take Exit 74C to West Broad Street.
- Follow directions given under “Arriving from the South by Interstate 95N.”

Arriving by U.S. Route 60
- Follow U.S. Route 60 which merges with 9th Street.
- Remain on 9th Street and go one block past Broad Street to Marshall Street and turn right.
- Drive two blocks and turn left onto 11th Street.
- Drive one block and turn right onto Clay Street.
- Go one and one-half blocks to the Patient and Visitor Parking Decks E and S.

Note: Valet parking is available for a nominal fee at the Gateway Building, which is located at the corner of 12th and East Marshall streets.
Overview map of the MCV Campus

V = Valet Parking
The orthopaedic floor is located in the Main Hospital, 11th floor. The phone number is (804) 628-3200. If you would like to make a reservation for the Gumenick Suites (shown below), you may do so for an additional fee. The suites are located in the Main Hospital, 9th floor. Please contact your surgeon’s administrative assistant for further information regarding suite reservation.
The Hospital Hospitality House provides a “home away from home” for families of VCU Medical Center’s out-of-town patients. The HHH also serves same-day surgery patients and their families, as well as outpatients receiving continuing treatment at the VCU Medical Center.

Referrals
Guests may stay at the Hospital Hospitality House if a doctor, nurse, patient representative or hospital administrator from a participating hospital provides a referral to HHH. Referrals are necessary to make sure rooms are available to those in need.

Facility
The Hospital Hospitality House has more than 100 guest rooms available. The fifth floor is dedicated to adult transplant patients and caregivers, and the eighth floor is dedicated to pediatric patients and caregivers.

Guests have access to four fully stocked kitchens, a library with 3,000 books, a 24-hour laundry room and lounge areas. The HHH is open 24 hours a day, 365 days a year. Most guests are from Virginia, but HHH has served families in medical crisis from all 50 states and from 31 foreign countries.

Cost
Guests are encouraged to give a minimum donation, but no one is turned away if he or she is unable to pay. Please note a key deposit will be required at check-in and refunded at checkout.

For more information
Hospital Hospitality House
612 East Marshall Street
Richmond, Virginia 23219
Phone: (804) 828-6901
Fax: (804) 828-6913