



# **Step-By-Step Guide to Hip Replacement**

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# Hip Replacement Patient Guidebook

**Dr. Michael J. Latteier, M.D.**

KANSAS CITY BONE & JOINT CLINIC

## WELCOME TO YOUR CARE TEAM

Dear Patient,

Thank you for choosing Kansas City Bone & Joint for your care. We know you have options, and we are honored to care for you.

You've decided to move forward with joint replacement surgery, an important step toward less pain and better mobility. This guidebook will walk you through everything you need to know before, during, and after your procedure.

### **Our commitment to you:**

- To provide excellent medical care using the latest techniques
- To keep you informed at every step
- To help you become an active partner in your recovery
- To support you throughout your journey back to the activities you enjoy

## How to Use This Guidebook

This guidebook answers the most common questions patients have about joint replacement surgery. It covers preparation, what to expect on surgery day, recovery at home, and long-term care. While every patient's experience is unique, this roadmap will help you navigate the process with confidence.

Read through this guide carefully and keep it handy as a reference throughout your recovery. You do not need to read this entire guide all at once. Most patients do better reading it in sections as you prepare for surgery. We are always available if you have questions.

**Before calling our office, please check this guidebook first.** We have worked hard at gathering all necessary information here. If you have questions after reading this guide, please call us at (913) 652-6464.

## Important Contact Information

### Kansas City Bone & Joint Clinic

#### Overland Park Office

10701 Nall Ave., Suite 200  
Overland Park, KS 66211

#### Lee's Summit Office

2737 NE McBaine Drive Suite A  
Lee's Summit, MO 64064

**Main Office Line:** (913) 381-5225

**Dr. Latteier's Clinical Assistant Direct Line:** (913) 652-6464

#### Surgical Facilities:

- Advent South Overland Park: (913) 373-5853
- Menorah Medical Center: (913) 498-6030
- Overland Park Surgical Suites: (913) 469-6777
- Surgery Center of Lee's Summit: (816) 272-2370
- Lee's Summit Medical Center: (816) 282-5543

## SCHEDULING YOUR SURGERY

### Surgery Scheduler

Now that we've decided surgery is your best option, you'll work with our surgery scheduler and clinical assistant. This person will guide you through the entire process, coordinate your preoperative appointments, surgery date, and serve as your main point of contact for questions throughout your recovery.

### Important planning considerations

There are many steps to complete before surgery. When selecting your surgery date, make sure you have enough time to complete all required preparations. **If you are concerned about having enough time, let us know immediately so we can adjust your surgery date.**

### About surgery day timing

The hospital or surgery center may adjust the order of cases on your scheduled day based on clinical and operational needs. You'll receive a call the day before surgery with your exact check-in time. Any time we give you beforehand is tentative. **Please keep the day open and flexible.**

### If You Need to Reschedule

Life happens. If you need to postpone your surgery, call us as soon as possible at (913) 652-6464. The sooner we know, the better we can accommodate you and offer your time slot to another patient. There is no penalty for rescheduling due to illness, family emergency, or other valid reasons.

## Same-Day Discharge vs. Overnight Stay

Joint replacement surgery is now considered an outpatient procedure. Most patients go home the same day as surgery. Modern surgical techniques and improved anesthesia protocols make this safe and reasonable. While insurance plans classify joint replacement as an outpatient procedure, the hospitals we work with allow for an overnight stay when appropriate. The right choice depends on several factors.

### Same-day discharge works well when:

- Your surgery is at an outpatient surgery center (designed for discharge 2-3 hours after surgery).
- Your surgery is scheduled early in the day at a hospital.
- You are in good overall health without significant heart or lung conditions.
- You have reliable support at home.

### Overnight stay may be better if:

- You have serious heart conditions or complex medical issues.
- Your hospital surgery is scheduled late in the day.
- You prefer extra monitoring for peace of mind.
- Your surgeon recommends it based on your specific situation.

### Your Discharge Plan:

We will discuss the discharge plan when scheduling your surgery so you and your care partner can prepare accordingly. Once you have scheduled your surgery date with us, please make note of the discharge plan we made by checking the appropriate box below. **If you are unsure about your discharge plan please confirm it with us.**

**Surgery Date:** \_\_\_\_\_

I plan on Same-Day discharge home.

I plan on staying Overnight and discharge home the next day.

# SURGERY TIMELINE

To make preparation easier, the next section outlines a clear timeline, so you know exactly what to do—and when. **We will start with a checklist, followed by more detailed information below.**

## YOUR PRE-SURGERY CHECKLIST

You will receive a copy of this checklist and check off items as you complete them.

### IMMEDIATE (Within 1 Week of Scheduling Surgery):

- Schedule medical clearance appointment with your primary care doctor (PCP).
- Schedule specialist clearances if needed (cardiology, pulmonology, etc.).
- Schedule dental checkup if you have any dental issues.
- Begin pre-operative physical therapy (if prescribed).
- Start tobacco cessation program (if applicable).
- Start a weight loss program (if applicable—BMI must be below 40 to proceed with surgery).
- Choose your care partner.
- Begin pre-operative home exercises (find in the appendix).

### 4-6 WEEKS BEFORE SURGERY:

- Confirm our office has received written medical clearance from your PCP.
- Confirm our office has received specialist clearances (if needed).
- Complete all necessary dental work (fillings, cleanings, extractions).
- Complete tobacco cessation (you must be smoke-free for 4 weeks before surgery).
- Schedule cotinine (nicotine) test with our office (if you quit tobacco).
- Return completed DVT Risk Assessment form to our office.
- Return completed Opioid Agreement form to our office.
- Submit FMLA paperwork (if needed) with \$20 fee - hand-carry or mail only.
- Verify current pharmacy information with our office.
- Verify your medication list with us—note which medications to stop and when.

### 3-4 WEEKS BEFORE SURGERY:

- Hospital patients:** Schedule Pre-Admission Testing (PAT) appointment.
  - Menorah Medical Center: (913) 498-6030
  - Advent South Overland Park: (913) 373-5853
- Surgery center patients:** Schedule lab work and EKG.
- Complete pre-operative physical therapy (if prescribed - typically 6 weeks).
- Attend Joint Replacement Education Class.
- Begin preparing your home (remove rugs, install nightlights, etc.).
- Obtain a walker and any assistive equipment (shower chair, raised toilet seat, etc.).
- Create advance directive (optional but recommended, see section in the appendix).

## 2-3 WEEKS BEFORE SURGERY:

- Complete lab work and EKG (labs must be within 30 days of surgery).
- Surgery center patients: Take prescription to lab/PCP office.
- Hospital patients: Completed at PAT appointment.
- Pre-register with surgical facility (provide insurance, sign consent forms).
- Contact your insurance company to verify coverage and out-of-pocket costs.
- Confirm co-pays or fees due at check-in with facility billing department.
- Ensure all pre-authorization requirements are completed (therapy, weight loss, tobacco test).

## 1-2 WEEKS BEFORE SURGERY:

- Pick up ALL post-operative prescriptions from pharmacy (will be sent 7 days before).
- Surgery center patients: Expect intake call from nurse 7-10 days before surgery.
- Confirm your care partner's availability for surgery day and first 48 hours.
- Arrange transportation to and from surgical facility.
- Arrange pet care, meal delivery, etc.
- Complete final home preparations.
- Complete heavy housework (vacuuming, mopping, yard work).
- Stop shaving the surgical leg or groin at least 7 days before surgery.

## 5 DAYS BEFORE SURGERY:

- Begin nasal antibiotic (Mupirocin) twice daily (Menorah & Surgery Center of Lee's Summit)
- Continue all other preparations.

## THE DAY BEFORE SURGERY:

### During the Day:

- Receive a confirmation call with your exact arrival time. If you have not received a call by 3:00 PM, contact our office.
- Review arrival instructions—confirm parking location, entrance, and check-in area.
- Finish all home preparations.
- Pack your surgery bag (see "What to Bring" section).
- Arrange for care partner to stay overnight with you after surgery.
- Take medications as directed (see your specific medication list).
- Put clean sheets on your bed.

### Evening Routine:

- Eat a normal dinner (no alcohol).
- Stay well-hydrated - drink plenty of water or clear fluids throughout evening.
- Take evening medications as directed (see your specific list).
- Preoperative shower #1 with Hibiclens (see detailed instructions below).
- DO NOT shave anywhere below your neck.
- Put on clean pajamas and sleep in clean sheets.
- Set your alarm. If your surgery is in the morning, you will need to be up early. Your surgical drink must be finished 2 hours before arrival time. Plan time for another Preoperative Shower in the morning.

### **After Midnight:**

- NOTHING to eat or drink except your prescribed pre-operative drink (if prescribed).
- No gum, candy, or mints, etc.

### **Morning of Surgery**

- Preoperative shower #2 with Hibiclens (see detailed instructions below).
- DO NOT apply any lotions, powders, deodorant, or skin products after shower.
- DO NOT shave.
- Drink pre-operative beverage (if prescribed) - MUST finish 2 hours before arrival time
- Example: 6:30 AM arrival time means you must finish drink by 4:30 AM.
- Take ONLY the specified morning medications with a small sip of water (see your specific list).
- Dress in clean, loose-fitting comfortable clothes.
- Wear non-slip, closed-toe shoes, such as sneakers - not sandals or flip-flops.
- Remove ALL jewelry, piercings, contact lenses (glasses are okay).
- Leave valuables at home.
- Bring required items (see "What to Bring on Surgery Day" below).
- Keep phone accessible - facility may need to reach you.
- Arrive at surgical facility at designated time.

## UNDERSTANDING YOUR SURGERY

We've found that understanding what will happen—and why—significantly reduces anxiety. Before discussing surgery itself, it helps to understand what is happening inside your joint and why replacement may be the best option for relieving pain and improving function.

### Total Hip Replacement

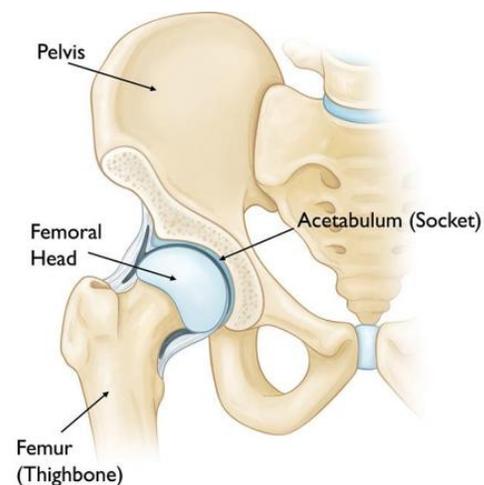
Also called Total Hip Arthroplasty or THA

#### Hip Pain and Arthritis

The most common cause of chronic hip pain and disability is arthritis. Over time, with wear and tear or chronic inflammation from arthritic conditions or injuries, the cartilage surfaces of the hip deteriorate and become rough.

#### The progression of arthritis:

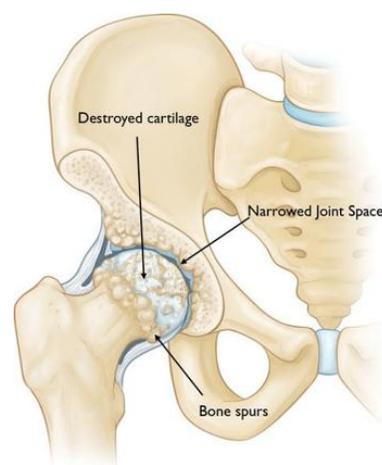
- Cartilage begins to wear and becomes rough
- Bone spurs form along the edges of the joint
- Eventually, cartilage can wear completely through
- Underlying bone begins to rub bone-on-bone—like sandpaper on wood
- This causes severe pain, stiffness, and reduced function



#### Important to understand:

Worn cartilage does not heal and does not regenerate. Hip replacement surgery provides the most reliable relief from severe arthritis pain.

A hip replacement provides a long-term solution by creating new, smooth bearing surfaces in the joint, eliminating friction and inflammation.



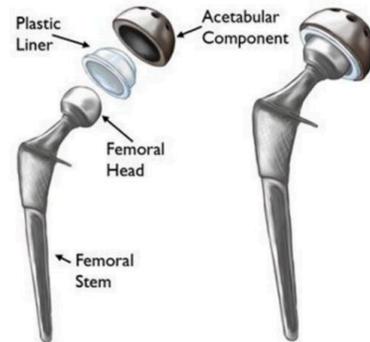
## The Total Hip Replacement Procedure

Now that you understand why your hip joint is causing pain, let's review what happens during your hip replacement surgery and how the damaged joint is replaced.

In total hip replacement, we remove damaged bone and cartilage and replace them with prosthetic components.

### The Steps We Perform:

- 1. Remove the damaged femoral head.** The worn ball at the top of your thighbone is removed.
- 2. Prepare the femur (thighbone).** A titanium stem is placed into the hollow center of your thighbone. This stem has a rough, sandpaper-like finish that provides a tight fit against the bone.
- 3. Attach the new ball.** A ceramic ball is placed on the upper part of the stem, replacing your damaged femoral head.
- 4. Prepare the socket.** The worn hip socket (acetabulum) is prepared by removing the damaged cartilage surface.
- 5. Insert the new socket.** A titanium socket (cup) is placed in the prepared acetabulum. This may be secured with screws for extra stability.
- 6. Insert the bearing surface.** A smooth plastic liner is placed inside the titanium socket. This liner provides the bearing surface that the ball glides against.



**Hip Replacement Components**



**After Hip Replacement**

### How the Implant Stays in Place

The titanium stem and socket have a rough, porous surface with tiny grooves and holes. This provides an initial scratch fit against your bone. Over 2-3 months, your bone grows into these pores and grooves, permanently locking the implant in place.

Screws can be placed through holes in the titanium socket if necessary for extra fixation, keeping the implant stable enough for immediate weight-bearing while bone growth occurs.

These components work together to recreate the smooth, gliding surface of a healthy hip joint, eliminating the bone-on-bone contact that causes pain.

## Different Approaches to Hip Replacement

There are different surgical techniques that can influence both your initial recovery experience and long-term outcomes.

While all hip replacement procedures involve removing damaged bone and cartilage and replacing them with prosthetic components, there are different surgical approaches—different ways to access the hip joint.

### Traditional Posterior Approach

The posterior approach is the traditional method for hip replacement. The incision is made on the back or side of your hip. To reach the joint, we must split and detach muscles from the back of your thighbone.

### Anterior Hip Replacement Approach

In the anterior approach, the incision is made in the front of the hip/thigh, typically 3-4 inches long. Unlike the posterior approach, we don't split or detach any muscles. Instead, we work between the natural spaces between muscles in the front of your hip, accessing the joint without detaching muscles.

### Why We Recommend the Anterior Approach

#### Less tissue damage:

- Muscles remain intact and attached. We work between the natural intervals of the muscles in the front of your hip, gently moving them aside to access the joint without detachment
- Smaller incision (3-4 inches)
- Less pain after surgery
- Faster recovery

#### Lower dislocation risk:

- Because muscles aren't detached to access the joint, the joint is more stable.
- Much lower risk of the ball popping out of the socket (dislocation)

#### Fewer post-operative restrictions:

- You can bend forward normally
- Tie your shoes without worry
- Elevated toilet seat not needed
- Resume normal movements once healed

#### Better surgical precision:

- Use live X-ray imaging during surgery.
- More accurate placement of implant components
- Precise control of leg length and alignment
- Better restoration of normal hip anatomy

#### Lower nerve injury risk:

- Very low risk of sciatic nerve injury (which can cause foot and leg weakness)

Now that you understand the surgery itself and the benefits it provides, let's discuss potential risks and—more importantly—how we work to reduce them.

# UNDERSTANDING THE RISKS OF SURGERY

**The good news:** Serious complications are rare, and we take extensive precautions to minimize and reduce them. All surgeries carry some risk. Fortunately, joint replacement is one of the most studied and successful procedures in modern medicine. The risks listed below are uncommon. More importantly, we want you to understand specific steps to reduce them.

## Blood Clots

**The risk:** Blood can pool in leg veins after surgery, forming clots (deep vein thrombosis or DVT). DVT can cause severe leg swelling and pain. In rare cases, clots can break loose and travel through your veins to your lungs, causing a pulmonary embolism (PE), which can be life-threatening.

### We prevent blood clots through three key methods:

#### 1. Compression Stockings

**Purpose:** Help prevent swelling and keep blood from pooling in your legs.

**How to use:**

- You will be fitted and placed in compression stockings at the time of surgery.
- Wear them for 23 hours per day (remove only for showering).
- Typical duration: 2-4 weeks, depending on swelling and mobility.
- We will evaluate at your follow-up visit.

#### 2. Blood-Thinning Medication

Anti-coagulation therapy starts immediately after surgery and continues for 4-6 weeks.

Common medications:

- Most patients: Aspirin 81mg twice daily, proven effective at preventing blood clots.
- Higher risk patients: Eliquis or Xarelto based on medical history.
- If already on blood thinners: Usually resume your current medication.
- Take as prescribed for the full duration.

#### 3. Activity and Movement

Getting up and moving frequently throughout the day is one of the most effective ways to prevent blood clots.

**What to do:**

- We will get you walking within hours of your surgery.
- Walk briefly every hour while awake.
- Perform ankle pump exercises when sitting or lying down.
- Never sit for long periods without moving.
- Change positions frequently.

While most patients recover without complications, it is important to recognize warning signs that require attention.

## Warning Signs of Blood Clots

### Signs of DVT (Deep Vein Thrombosis)

#### Call Our Office

#### Watch for these symptoms in EITHER leg:

- Swelling in thigh, calf, or ankle that does not improve with elevation.
- Pain, heat, or tenderness in calf, back of knee, or groin area.
- Note: Blood clots can form in either leg, not just the surgical leg.

### Signs of PE (Pulmonary Embolism)

#### CALL 911

#### These symptoms are a medical emergency:

- Sudden chest pain
- Difficult or rapid breathing
- Shortness of breath
- Sweating
- Confusion

**Pulmonary embolism is life-threatening. Call 911 immediately if suspected. Do not drive yourself.**

## Infection

**The risk:** Postoperative joint infections are rare (less than 1-2% of patients) but serious when they occur. Bacteria can attach to the implant, which has no blood supply, making infections difficult to treat.

### Types of infections:

- **Superficial:** Affects only the skin/incision. Usually treated with antibiotics. Occasionally requires minor surgical cleaning.
- **Deep:** Affects the joint space. May require major surgery to wash out the infection or even remove the implant temporarily, followed by IV antibiotics for several weeks.
- **Late:** Can occur months or years later if bacteria from another infection (dental, urinary, skin) travel through your bloodstream to your joint.

### How we prevent infection:

- IV antibiotics during and after surgery
- Strict sterile techniques in the operating room
- Minimize operating room traffic during your procedure
- Ask you to shower with antibacterial soap before surgery
- Use a nasal antibiotic to reduce bacteria

### You can help prevent infection by:

- Reducing risk factors before surgery
- Keeping your incision clean and dry
- Taking antibiotics before all dental procedures (for at least 2 years)
- Reporting any signs of infection immediately
- Prevent infections anywhere in the body to protect the new joint

## Other Surgical Risks

### Nerve or Tissue Injury

Small sensory nerves near the incision are routinely affected during surgery, causing numbness around your scar. Sensation often improves over 6-12 months, though the area may remain partially numb. Injury to major nerves is extremely rare.

## **Wound Healing Issues**

Some patients heal more slowly, especially those with diabetes, poor circulation, or tobacco use. Swelling can delay healing. We'll teach you wound care techniques to promote healing.

## **Implant Wear**

Over time, components may wear or loosen due to normal use, activity level, and bone changes. With our modern implants we expect many to last 20-30 years or longer.

## **Persistent Pain or Implant Awareness**

Some patients remain aware of their implant or have sensitivity, especially early on. Early movement and weight-bearing helps your body adapt.

## **Dislocation**

In rare cases, the femoral head (ball) can come out of the socket. In these cases, it is usually happens in the first few months after surgery while the soft tissues are healing and related to certain movements or positions. This occurs in 1-3% of cases nationally; our rate is significantly lower, less than half a percent. To reduce risks of dislocation we do the following:

- Use large femoral head
- Restore soft tissue tension
- Precise positioning of the implant components
- Physical therapy will instruct you on certain movements to avoid to help prevent dislocation.

## **Leg Length Difference**

We take X-rays during surgery to match leg lengths as precisely as possible. Occasionally, we may need to put more tension on the tissues holding the hip in place to prevent dislocation. This may result in the lengthening of the leg by a few millimeters.

## **Fracture**

While placing the implants in the bone, there is a small chance that the surrounding bone may develop a hairline crack. If this happens, we secure it immediately with cables—it will heal but may slow your weight-bearing temporarily. Sometimes a fracture may occur after surgery, usually related to early falls, high impact or twisting activities early on before the bone has had time to grow into the implant. Using your walker and avoiding vigorous high impact or twisting activities will lower your risks of fracture.

### **Nerve Injury**

Major nerve injury is rare (<1%). The sciatic nerve runs behind the hip and can be injured in complex cases. A small sensory nerve in front may be stretched with anterior approach, leaving a numb patch on your outer thigh. This doesn't affect function but can sometimes cause a burning pain. This usually improves over the first few months after surgery but in some cases can last longer.

### **Hip Flexor Pain**

The hip flexor tendon runs across the front of the hip joint. In some cases, this tendon can get irritated as it rubs along the new joint, causing some groin pain. This usually improves over the months after surgery with physical therapy stretches. In rare cases where it persists, a minimally invasive arthroscopic procedure can be performed to lengthen the tendon.

### **Stiffness**

In rare cases, some patients can develop calcification in the tissue around the hip, called Heterotopic Ossification (HO), that can limit motion despite physical therapy. This is very rare with the anterior approach. If significant and limiting, this calcification can be removed surgically.

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## **Medical and Anesthesia Risks**

Surgery stresses your heart and lungs. That's why we require medical clearance beforehand. Even with medical clearance, complications can occur, though they are uncommon.

### **Potential risks include:**

- Heart complications (irregular rhythm, heart attack)
- Blood loss (minimized with medication during surgery)
- Breathing issues
- Kidney problems
- Temporary confusion (especially in older patients)
- Urinary retention
- Nausea

Your anesthesiologist will discuss specific risks based on your health history.

# HOW TO REDUCE YOUR SURGICAL RISKS

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*"An ounce of prevention is worth a pound of cure."* - Benjamin Franklin

Understanding risks is important, but what matters most is what YOU can do to reduce them. The single best way to improve your surgical outcome is preoperative optimization—getting your body in the best shape possible before surgery.

## Stop Smoking Immediately

Smoking dramatically increases your risk of:

- Deep joint infection (300% higher risk)
- Wound breakdown or failure to heal
- Implant loosening and failure
- Pneumonia and breathing problems

Nicotine constricts blood vessels, reducing oxygen to healing tissues. Your body needs oxygen to heal bones, skin, and fight infection.

**Timeline:** Stop all tobacco at least 4 weeks before surgery. We will test for nicotine before surgery. A positive result means postponing surgery for at least 4 weeks.

**We understand quitting is hard.** We have resources to help, including nicotine replacement programs, counseling, and medications. Please let us know so we can help.

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## Complete All Dental Work

Dental bacteria can get into your bloodstream and travel to your new joint. If you have any dental issues, get a checkup and complete all work (fillings, cleanings, extractions) at least 3-4 weeks before surgery. If you have a dental emergency during this timeframe, such as a toothache, infection or broken tooth, call us for instructions.

**After surgery:**

- Wait 3 months before any dental procedures.
  - Then take antibiotics before every dental visit for at least 2 years.
  - Always remind your dentist about your joint replacement.
- 

## Maintain Good Hygiene

Wash your hands frequently. Encourage visitors to do the same.

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## Control Blood Sugar

If you have diabetes, work to get your HbA1c below 7.5. High blood sugar dramatically increases infection risk. If your HbA1c is above 7.5, we must postpone surgery until it's controlled.

## Weight Management

If you are overweight, work to lose weight before surgery. Extra weight increases complications and puts stress on your new joint. Even losing a few pounds helps—every pound lost takes 3-6 pounds of pressure off your knees and hips. Your Body Mass Index (BMI) must be below 40 for surgery.

### Weight loss reduces:

- Surgical complications
- Stress on your new joint
- Recovery time
- Long-term implant wear

**We know losing weight can be challenging**, especially when joint pain limits activity. After surgery, increased mobility makes it easier to exercise and maintain a healthy weight. We have weight loss resources available. Please let us know so we can help.

---

## Improve Your Nutrition

Start eating healthier now to build up your body's reserves for surgery and healing.

### Focus on:

- Protein: Chicken, fish, eggs, beans (builds and repairs tissue)
- Iron-rich foods: Meat, whole grains (prevents anemia)
- Vitamin C: Fruits, citrus juices (helps absorb iron and build collagen)
- High-fiber foods: Vegetables, beans, whole grains (prevents constipation from pain medication)
- Plenty of fluids: Water, Gatorade, Pedialyte (hydration is critical)

Consider nutritional supplement drinks (like Ensure or protein shakes) if you have trouble eating regular meals after surgery.

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### No Alcohol One Week Before

Stop drinking alcohol 7 days before surgery. Alcohol interferes with anesthesia, pain control and healing. It can also cause dangerous withdrawal symptoms if your body is dependent on it. Please inform us about your drinking history so we can manage this safely.

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### Stop Shaving the Surgical Area

Do not shave your legs or groin area for 7 days before surgery. Shaving creates microscopic cuts that allow bacteria to enter and significantly increase infection risk. We'll handle any necessary hair removal in the operating room using clippers, which don't cut the skin.

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Many of the steps you will take before surgery are designed to reduce the risks discussed above. The following section explains how you can help prepare your body and your home for a safe recovery.

# PREPARING FOR SURGERY

Now that you understand the surgery, let's focus on the practical preparations you'll need to make.

## Physical Therapy and Exercise

Let's talk about preparing your body physically for surgery and recovery.

The effects of arthritis on your joints can result in loss of strength and difficulty with many functional activities. The goal of surgery is to restore you to a less painful and more functional level. Even though you may have functional limitations due to your arthritis, physical therapy has been shown to improve symptoms. It also helps prepare you for postoperative recovery. **Patients who are active in physical therapy before surgery recover faster.** Physical therapy is also required by most insurance companies for preoperative authorization for surgery.

### Preoperative Physical Therapy

If you have not had physical therapy recently, you will usually need to complete six weeks of therapy. Your physical therapist will:

- Give you exercises to work on at home
- Help prepare you to safely return home after surgery
- Teach you how to use assistive devices like a walker
- Strengthen the muscles around your joint



### If you've already completed physical therapy recently

Exercise is still important. Keeping your muscles toned will help you recover after surgery.

**Preoperative exercises are included in the appendix of this guidebook.** Performing these exercises regularly and correctly is one of the most important factors in speeding recovery. It also determines the long-term success of your new joint.

### Preoperative exercise plan:

- Do the exercises in the appendix 2-3 times a day
- Walk as much as your pain allows
- Gradually increase your activity level
- If exercises are too painful, use a stationary bike 3-4 times per week

**Important:** If you experience severe pain with any exercise, stop and contact us.

## Your Care Partner: Essential Support

Recovering from joint replacement surgery is a team effort. Having someone to provide support can make all the difference—not just at the surgery center or hospital, but throughout the weeks before and after your surgery.

Select a close friend or family member to serve as your care partner. This person will:

- Help you make decisions and manage your care before, during, and after surgery.
- Attend preoperative visits with you (we strongly recommend this).
- Serve as an extra set of ears for important information.
- Learn how to assist you safely at home.

### Planning Your Recovery Location

Decide where you'll recover:

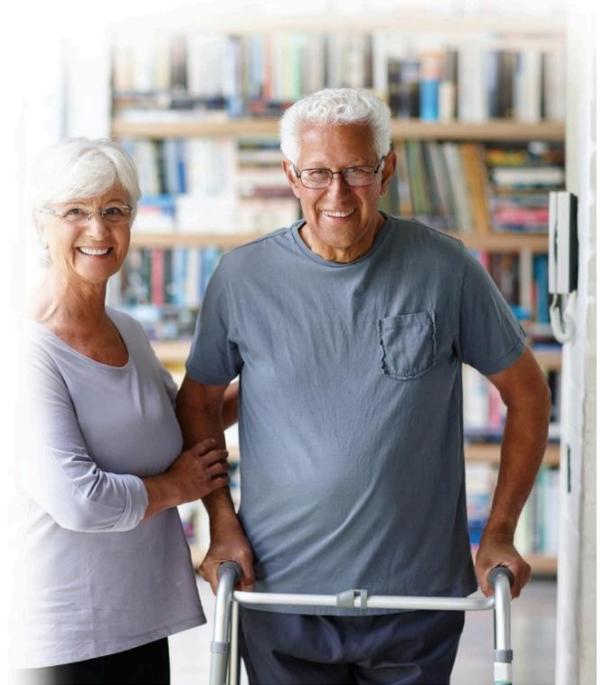
- Your own home
- A family member or friend's home
- Wherever you choose to recover, make sure the environment is prepared and safe.

### First Days at Home.

Plan for your care partner to be available for the first 48 hours at home. They'll help with:

- Preparing meals
- Ensuring you don't fall
- Assisting with daily activities
- Providing emotional support
- Helping you follow your recovery plan

Having this support in place before surgery reduces stress and improves outcomes.



# PREPARING YOUR HOME FOR RECOVERY

Start preparing your home now. After surgery, you'll have limited mobility for the first few weeks. Planning ahead prevents frustration and injury.

## Safety Modifications

### Reduce fall hazards:

- Remove all throw rugs and floor mats.
- Clear walkways and hallways of clutter.
- Secure or remove electrical cords from walking paths.
- Install nightlights in bathrooms, bedrooms, and hallways.
- Ensure good lighting throughout your home.

### Bathroom safety:

- Get non-slip bathmats for shower/tub (textured patterns in tubs are not enough).
- Install grab bars (permanent or clamp-on). **Never use suction-cup bars**, as they can detach unexpectedly.
- Evaluate if you need a raised toilet seat or shower chair.
- Get a handheld showerhead if possible.

### Stair safety:

- Install railings if you have more than one step without support.
- Consider setting up a temporary bedroom on the first floor if your bedroom is upstairs.
- Practice stairs with your physical therapist before going home.

## Furniture and Layout

### Arrange for easy movement:

- Move furniture to create wide pathways for your walker.
- Get a firm chair with armrests (avoid wheeled or swivel chairs).
- Make sure your bed height is appropriate. Your feet should just touch the floor when you sit on the edge of your bed.
- Ensure space around your bed to maneuver with a walker.

### Keep essentials within reach:

- Move frequently used items to waist height (avoid bending or reaching).
- Set up charging stations near where you'll rest.
- Create a command center with medications, water, a phone, and a remote control.
- Use a bag or basket attached to your walker to carry items.

## Preparing for Basic Needs

### Before surgery:

- Stock your refrigerator and freezer with easy-to-reheat meals.
- Do laundry and put away clean clothes.
- Put fresh sheets on your bed.
- Complete heavy housework (vacuuming, mopping).
- Finish outdoor work (lawn care, gardening).

### Arrange help for:

- Grocery shopping
- Meal preparation
- Laundry
- Light housekeeping
- Pet care (walking dogs, cleaning litter boxes)
- Mail collection and trash removal

Your care partner should plan to stay with you for at least the first 48 hours after surgery.

## Assistive Equipment

### Walker (required)

**You must have a walker to use immediately after surgery.** Many insurance plans cover walkers—we'll provide instructions on how to obtain one through your insurance or where to purchase one. Two wheeled walker preferred as pictured.

### Proper walker fit is critical for safety:

- When your arms hang relaxed at your sides, the walker grips should align with the crease of your wrist.
- When holding the walker, your elbows should be slightly bent.
- Your shoulders should be relaxed, not hunched.

Bring your walker to a preoperative physical therapy visit or on surgery day so we can adjust it properly.



## Other Helpful Equipment

### Cane

Helpful for transitioning off the walker, but don't use it until your physical therapist clears you. A cane is much less bulky than a walker and easier to maneuver as you progress.

### 3-in-1 Commode

Functions as a raised toilet seat, grab bars, and a shower chair. Very helpful if:

- Your toilet is low
- You're tall
- Bending causes pain
- You have difficulty getting on/off your toilet



### Shower Chair or Tub Transfer Bench

Makes showering safer and helps you avoid slipping on wet surfaces. Essential if you have difficulty standing for extended periods.

### Handheld Showerhead

Easier to use while sitting. Helps keep your surgical dressing dry.

### Ice Packs

Using ice is important after surgery. Gel cold packs are easy to place around your joint. They are convenient and can easily be reused. They are easy to find at drug stores or online. A bag of frozen vegetables placed inside a freezer-safe Ziploc bag and wrapped in a towel also works well. Refreeze after each use.

### Ice Machine

Ice machines provide continuous cold therapy to reduce swelling and pain. They are more convenient than cold packs but not essential. (Our office has these available for sale if interested.)

### Long-Handled Sponge and Grabber

Helps you reach without excessive bending in the early recovery period.

### Sock Aid

Allows you to put on socks without bending over.



**Where to find equipment:**

- Medical supply stores
- Pharmacies (CVS, Walgreens)
- Online retailers (Amazon, Walmart)
- Thrift stores (often have like-new equipment at discounted prices)
- Senior center loaner programs

With your home prepared and equipment ready, it is time to focus on the medical preparations required before surgery.

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## MEDICAL CLEARANCE

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An evaluation by your primary care provider (PCP) for medical clearance is required for joint replacement surgery. This ensures your overall medical health (heart, lungs, diabetes control, etc.) is optimized. It also minimizes the risk of anesthesia and surgical complications. We focus on preoperative optimization of all modifiable risk factors.

Contact your primary care doctor and schedule your medical clearance appointment as soon as you decide to have surgery. Bring any forms we've provided.

**What your doctor will evaluate:**

- Overall health status
- Heart and lung function
- Chronic conditions (diabetes, high blood pressure, etc.)
- Medications you're taking
- Risk factors for surgery and anesthesia

You may require additional clearance from specialists based on your medical history. Any concerns or recommendations should be reported to us immediately.

**Common specialists who provide clearance:**

- Cardiologist (heart conditions)
- Pulmonologist (lung conditions)
- Endocrinologist (diabetes)
- Hematologist (blood disorders)

**Start this process early**—getting appointments and completing testing takes time.

# PREOPERATIVE LABS AND TESTING

Lab work (blood tests) and an EKG (heart test) are also needed prior to surgery. This is for safety and optimization, ensuring your body is as prepared as possible for the stress of surgery and anesthesia. These tests provide your surgical and anesthesia teams with a **clear, up-to-date picture of your internal health** so they can tailor your care plan to your specific needs and avoid dangerous surprises.

## These tests check for:

- Infections
- Anemia
- Blood clotting function
- Electrolyte imbalances
- Kidney and liver function
- Heart health and function
- Other medical issues that could complicate surgery

## Timing:

Lab work must be done within 30 days of surgery to be current. The EKG can be done earlier—at any time once surgery is scheduled. **Schedule lab work early in the 30-day window.** If results are abnormal, we will need time to address problems before surgery.

## Where to get your testing done:

Lab work and testing be done depends on where you are scheduled for surgery.

### Hospital Facilities:

- If your surgery is scheduled at one of our hospitals, this will be done at your Pre-Admission Testing (PAT) appointment. PAT is a comprehensive one-stop appointment that includes:
  - Blood draw and lab testing
  - Patient education about surgery protocols
  - EKG (heart rhythm test)
  - Anesthesia evaluation and review of your medical history
- Schedule your PAT appointment by calling:
  - Menorah Medical Center: (913) 498-6030
  - Advent Health South Overland Park: (913) 373-5853
- If you have had lab work and / or an EKG done as part of your preoperative clearance with your PCP within 30 days of surgery, let us know so we can send the results to PAT. You will not have to repeat them.

### Surgery Centers:

If your surgery is scheduled at one of our surgery centers, here are your options:

- You will be given a prescription for the required lab work and testing.
- Most PCP offices can perform lab work and EKGs with the prescription we give you. Reach out to your PCP office to see if they can arrange this.
- This can be done during your medical clearance appointment (if within 30 days of surgery).
- Local lab facilities like **LabCorp** or **Quest Diagnostics** can also perform the lab work. You can make an appointment online or walk into most labs with your prescription.
- If your PCP cannot perform the EKG, it can also be scheduled at any hospital diagnostic department

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## PRE-REGISTRATION

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If your surgery is at a hospital, you may need to pre-register (provide insurance information, sign consent forms, etc.). This can often be done during your PAT appointment or at some facilities online.

If your surgery is at Overland Park Surgical Suites, a nurse will call about one week before surgery to review medications and collect necessary information. At Surgery Center of Lee's Summit you will receive information on how to register online.

### What you may need for pre-registration:

- Driver's license or photo ID
  - Insurance cards (health and prescription)
  - Employer information
  - Emergency contact information
  - Payment for any copay or deductible
- 

## JOINT REPLACEMENT EDUCATION CLASS

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We strongly recommend attending a joint replacement class if offered at your facility. These classes are typically one hour and scheduled weekly.

### What you'll learn:

- What to expect before, during, and after surgery
- How to prepare your home safely
- Wound care and infection prevention
- Pain management strategies
- Using walkers and other assistive devices
- Activity restrictions and progression
- Warning signs to watch for

### Benefits:

- Opportunity to ask questions in a supportive group setting
- Meet other patients going through the same experience
- Hands-on practice with equipment
- Reduces anxiety by knowing what to expect

Your class may be scheduled on the same day as your PAT appointment if you plan ahead. Bring your care partner, they will benefit from the education too. We will provide information for the class based on the facility where you will be having your surgery.

# MEDICATION MANAGEMENT BEFORE SURGERY

Managing your medications correctly before surgery is critical for your safety and helps reduce bleeding, infection, and anesthesia-related risks. Let's review the medication guidelines carefully.

In general, you may continue taking your prescription medications before surgery, but some will need to be temporarily discontinued in the weeks or days before surgery. Some medications and supplements increase bleeding risk, can interfere with anesthesia, or can increase risks of infection or blood clots.

We'll make sure you know:

- Which medications to stop and when
- Which medications to continue
- Which medications to take on the morning of surgery

**Important timing:** Follow your stop schedule precisely. Some medications need to be stopped up to a month before surgery to clear from your body. Others can be stopped just days before. Follow your specific instructions carefully, so it doesn't delay surgery.

**We'll provide you with a detailed medication plan tailored to your specific medications and medical conditions. Below are some general guidelines.**

## Medications to STOP Before Surgery—General guidelines

### Stop 4 Weeks Before Surgery:

- Hormone replacement pills and birth control pills (Transdermal patches/gels do not need to be stopped)
- RA biologics: Remicade, Orencia

### Stop 2 Weeks before Surgery:

- RA biologics: Enbrel, Humira, Kineret, Plaquenil

### Stop 7-10 days before Surgery

- NSAIDs: ibuprofen, naproxen, meloxicam, diclofenac, etc.
- All herbal supplements: fish oil, Vitamin E, turmeric, ginkgo, etc.
- CBD/THC products
- Aspirin (unless cardiologist recommends that you continue taking)
- Alcohol consumption

### Stop 1 Week Before Surgery:

- GLP-1 medications (weekly dosing): Ozempic, Wegovy, Mounjaro, Trulicity

### Stop 5 Days Before Surgery

- Blood Thinner: warfarin/Coumadin (if prescribed)

### Stop 3-4 Days Before Surgery:

- SGLT2 inhibitors: Jardiance, Farxiga

### Stop 3 Days (72 Hours) Before Surgery

- Blood Thinners: Eliquis or Xarelto (if prescribed)

### Stop Day of Surgery:

- Stop daily GLP-1 medications (Saxenda, Rybelsus)
- Certain blood pressure medications: lisinopril, losartan, valsartan, ACE inhibitors, ARBs
- Diuretics furosemide (Lasix), hydrochlorothiazide (HCTZ)
- Diabetes pills metformin, glipizide

### Other Blood Thinners:

- Stop blood thinners including Pradaxa (dabigatran), Plavix (clopidogrel), and Brilinta (ticagrelor) per PCP / Cardiologist recommendations.

## Medications to TAKE on Surgery Morning

Take these with a small sip of water or pre-surgery drink at **least 2 hours before** your arrival time:

### Must take - Do NOT skip:

- Beta-blockers: metoprolol, atenolol, carvedilol
- Thyroid medication: levothyroxine
- Reflux medications: omeprazole (Prilosec), pantoprazole (Protonix), esomeprazole (Nexium), lansoprazole (Prevacid), famotidine (Pepcid), cimetidine (Tagamet)
- Asthma inhalers: (bring them to the hospital)

### Usually continue:

- Antidepressants and anxiety medications: SSRIs, SNRIs, Benzodiazepines
- Psychiatric medications

### DO NOT take on surgery morning:

- Blood pressure medications: lisinopril, losartan, valsartan, ACE inhibitors, ARBs
- Diuretics: furosemide (Lasix), hydrochlorothiazide (HCTZ)
- Diabetes medications: metformin, glipizide

### Insulin guidelines:

- Long-acting insulin: insulin glargine (Lantus), insulin detemir (Levemir), insulin degludec (Basaglar): **Take 50% of your normal dose** the night before or morning of surgery
- Short-acting insulin: insulin lispro (Humalog), insulin aspart (Novolog): **DO NOT take**
- **Insulin pumps:** Keep running at basal rate only unless instructed otherwise by your endocrinologist.

# INFECTION PREVENTION PROTOCOLS

Preventing infection is one of our highest priorities. Here's what you need to do before surgery to minimize infection risk.

## Nasal Decolonization

Your nose naturally harbors bacteria, including *Staphylococcus aureus*, which can cause surgical infections. Treating your nasal passages significantly reduces this risk. **Note:** There are two protocols for treating your nose. The protocol to use depends on your surgical facility.

### Protocol #1 Menorah Medical Center & Surgery Center of Lee's Summit:

**Medication:** mupirocin (Bactroban) 2% nasal ointment (a prescription will be sent to your pharmacy)

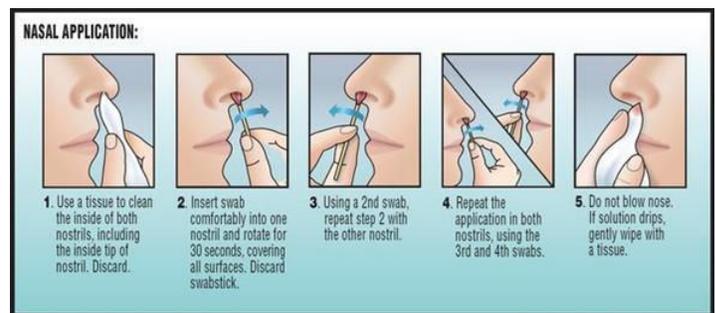
**Schedule:**

- Start 5 days before surgery
- Apply twice daily (morning and evening)
- Continue through the morning of surgery

**Application instructions:**

1. Wash your hands thoroughly
2. Squeeze a small amount (match-head size) onto a clean Q-tip

3. Apply to the inside front portion of one nostril
4. Use a fresh Q-tip for the other nostril
5. Gently pinch your nose for 1 minute to spread the ointment



### Protocol #2 Advent South Overland Park & Overland Park Surgical Suites:

These facilities will administer a one-time Iodine or Alcohol based nasal swab the morning of surgery that will achieve the same result.

## Pre-Surgery Antibacterial Showers

Showering with special antibacterial soap before surgery reduces bacteria on your skin and significantly lowers infection risk.

**Product:** 4% Chlorhexidine Gluconate (CHG) soap

- Brand name: Hibiclens (or any brand of CHG soap will work)
- Available at any pharmacy (CVS, Walgreens, Walmart) in the first aid section
- No prescription needed. A 4 oz or 8oz bottle will be sufficient

**Important:** Do not use if you're allergic to chlorhexidine. Call us for alternatives.

**Shower schedule:**

1. The night before surgery
2. The morning of surgery

**How to shower correctly:**

**Step 1:** Wash your hair and face first with your regular shampoo and soap. Rinse completely.

**Step 2:** Turn off the water. Apply Hibiclens to a clean, wet washcloth.

**Step 3:** Scrub your entire body from the neck down. Pay special attention to the surgical area (hip or knee). Be gentle but thorough. Do not scrub so hard you irritate your skin.

**Step 4:** NEVER use Hibiclens on:

- Your face
- Your eyes or ears
- Any sensitive or irritated skin
- Your hair
- Your genitals

**Step 5: Wait 2 minutes before rinsing.** This is critical—the soap needs time to work on your skin. Do not rush this step.

**Step 6:** Turn the water back on and rinse thoroughly with warm water.

**Step 7:** Pat dry with a clean towel. Put on freshly washed clothes. Sleep in clean sheets the night before surgery.

**Important rules:**

- Do NOT use regular soap after Hibiclens (it neutralizes the antibacterial effect)
- Do NOT shave your legs or surgical area (we'll handle hair removal safely in the operating room)
- Do NOT apply lotion, powder, deodorant, or any skin products after showering
- Do NOT use Hibiclens after surgery, it will irritate your skin with continued use.

**Note:** Older protocols recommended 5 days of showers. Recent studies show that the two-shower protocol is just as effective, with less skin irritation than the longer protocol. If Hibiclens causes itching or redness, stop using it and rinse immediately. Contact us for alternative instructions.



# PRE-SURGERY CARBOHYDRATE DRINK

Traditional fasting (nothing after midnight) was standard for decades. Modern research shows that drinking a specific carbohydrate beverage before surgery actually improves outcomes by:

- Reducing Metabolic Stress
- Maintaining hydration
- Decreasing postoperative nausea
- Speeding recovery

**Product:** Ensure Pre-Surgery Clear

- Will be given bottle at:
  - Menorah Medical Center PAT appointment
  - Surgery Center of Lee's Summit Joint Class
- Can purchase at our office
- This is NOT regular Ensure
- Do not substitute another drink

## Schedule:

- Morning of surgery: Drink 1 bottle
- Critical timing rule: Finish the morning bottle no later than 2 hours before your arrival time (not your surgery time—your check-in time).
- Example: If you arrive at 6:30 AM, finish drinking by 4:30 AM. You may need to set an alarm if you have an early morning surgery.

**After you finish the morning drink: NOTHING else by mouth.** No water, coffee, gum, candy, or mints. Remember, other than this drink, do not eat or drink anything after midnight before surgery.

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## IMPORTANT SAFETY EXCEPTIONS

**You MUST skip the pre-surgery drink and fast from midnight if you have:**

### 1. GLP-1 Agonist medications:

- Semaglutide (Ozempic, Wegovy), tirzepatide (Mounjaro, Zepbound), dulaglutide (Trulicity), liraglutide (Saxenda), semaglutide (Rybelsus)
- These medications slow stomach emptying significantly
- Your stomach may still have contents even after fasting overnight

### 2. Severe reflux (GERD):

- Frequent heartburn despite medication
- History of regurgitation or aspiration

### 3. Gastroparesis:

- Delayed stomach emptying (often from long-standing diabetes)

**If you have any of these conditions, strictly follow "nothing by mouth after midnight" for your safety during anesthesia.**

If you're unsure whether the pre-surgery drink applies to you, call us before surgery day.

# DAY OF SURGERY

The day you've been preparing for has arrived. Here's what to expect throughout the day. Knowing what to expect can help reduce anxiety. The next section walks you through the day step by step.

## What to Bring on Surgery Day

With all your preparations complete, here is what to pack for surgery day.

### Required documents:

- Photo ID (driver's license)
- Health insurance card
- Prescription insurance card
- Payment method for copay or deductible

### Medical information:

- Complete medication list with doses and frequency (or photos of all medication bottles)
- Contact information for your primary care doctor
- This guidebook

### Comfort items:

- Book, tablet, or phone (Wi-Fi is usually available, and there will be waiting time)
- Phone charger

### If staying overnight:

- CPAP machine (if you use one for sleep apnea)
- Toiletries (toothbrush, toothpaste, deodorant)
- Change of comfortable clothes

### Optional:

- Advance directive copy

### What to wear:

- Clean, loose, comfortable clothing (sweatpants or athletic pants)
- Comfortable non-slip shoes with closed toes and backs (sneakers, not flip-flops or sandals)
- Dentures, contact lenses, or hearing aids can usually be worn until just before surgery, when staff will ask you to remove them.

### What NOT to bring:

- Any jewelry, including wedding rings, earrings, or body piercings
- Valuables (we cannot be responsible for personal items)

**If you are staying overnight:** Leave your overnight bag in the car initially. Your care partner can bring it to your room after surgery.

**Bring your walker if you have one already.** We'll check it for safety and adjust the height.

## Arrival and Check-In

Arrive at the designated time—typically 2 to 3 hours before your scheduled surgery. This gives the facility and nursing staff adequate time to prepare you for surgery. Arriving late may result in your surgery being delayed or rescheduled.

**Your care partner can stay with you** until you're taken to the operating room. Then they'll wait in the family waiting area.

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## Preoperative Preparation

### In the pre-op area, we will:

- Have you change into a surgical gown (your clothes will be stored safely).
- Place an identification wristband on your wrist (verify all information is correct).
- Add an allergy wristband if you have allergies.
- Take your vital signs (blood pressure, heart rate, temperature, oxygen level).
- Start an IV for fluids and medications.
- Give you IV antibiotics to prevent infection.
- Prepare and clean your surgical site.

### Your surgical team will visit you:

- Dr. Latteier will confirm which joint is being operated on and mark the surgical site with a special marker.
  - Your anesthesiologist will review your medical history and anesthesia plan.
  - You will have the opportunity to ask any last-minute questions.
- 

## Anesthesia Details

You will meet your anesthesiologist immediately before your surgery. This is an important part of your surgical experience. Your anesthesiologist will review all information needed to evaluate your general health, including your complete medical history, lab results, any allergies (especially to medications), and current medications and supplements.

**Based on this information,** your anesthesiologist will determine the type of anesthesia best suited for you and your specific surgery.

With our current enhanced recovery protocols, we typically use a combination of anesthetic techniques designed to:

- Maximize pain control
- Minimize side effects like nausea
- Speed your recovery
- Reduce stress on your body

### This multi-modal approach includes:

- General anesthesia so you sleep comfortably through the procedure
- Long-acting local anesthetics for extended pain relief
- Medications to prevent nausea and inflammation

Using this approach gives better pain control, fewer side effects, and a faster recovery compared to the traditional anesthesia approaches. You will discuss the specific anesthesia plan that's right for you when you meet with your anesthesiologist.

**Common anesthesia side effects:**

- Nausea (we will treat with medication)
- Sore throat from breathing tube (temporary)
- Drowsiness
- Temporary confusion (especially in older adults)

Your anesthesia team monitors your vital signs continuously throughout surgery.

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## For Your Care Partner: The Waiting Area

Once you're taken to the operating room, your care partner and any additional support will be directed to the family waiting area.

**What to expect:**

- Surgery typically takes 2 hours.
- Additional time is needed for anesthesia and preparation.
- Dr. Latteier will speak with your family after surgery is completed.
- Updates may be provided during the procedure if it takes longer than expected.

**We recommend your care partner brings:**

- Phone charger
  - Book or something to do
  - Snacks or lunch
- 

## In the Operating Room

Here the staff will verify your name, date of birth, and the surgical procedure that will be performed. In addition to Dr. Latteier, your surgical team includes:

- Physician assistant
- Surgical nurses
- Surgical technicians
- Anesthesia team (anesthesiologist and nurse anesthetist)

**The surgery process:**

- You will be positioned safely on the operating table
- General anesthesia will be administered; you will be completely asleep.
- We use strict sterile techniques throughout
- The joint replacement procedure will be performed using modern, less invasive techniques.
- The incision will be closed with dissolvable sutures and surgical glue.
- A dressing will be applied.
- The time in the operating room will be about 2 hours.
- You will not remember any of this—you will wake up when it is over.

# RECOVERY AFTER SURGERY

Your surgery is complete. Recovery begins immediately after surgery. Understanding what is normal during the first days and weeks will help you heal safely and confidently.

## In the Recovery Room (PACU)

After surgery, you'll spend approximately 1-2 hours in the Post-Anesthesia Care Unit (PACU). This is where you wake up from anesthesia.

### Your PACU nurses will:

- Monitor your vital signs closely (blood pressure, heart rate, oxygen, breathing).
- Manage your pain with IV medication initially.
- Start ice therapy to reduce swelling.
- Check your surgical dressing.
- Encourage you to cough and take deep breaths.
- Help you sit upright when you are ready.

### As you become more alert:

- We will transition pain medication from IV to pills.
- You will start eating and drinking.

**Your family will be updated** on your progress. Dr. Latteier will speak with them after surgery. If you are going home the same day, your family can join you in the PACU once the anesthesia has worn off and you are awake and alert. If you are staying overnight, you will be able to see your family once you get to your room.

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## If Staying Overnight

Once the PACU team determines you are stable and ready, you will be transferred to a hospital room.

### During your overnight stay:

#### Evening of surgery:

- Your care partner can stay with you (reclining chair provided).
- You will have IV fluids.
- Compression sleeves placed on your legs (inflate and deflate to prevent blood clots)
- Regular vital sign checks
- Pain medication as needed
- Light meal if tolerated
- We will work to get you up and walking if possible.

#### Overnight:

- Vital signs monitored
- Pain controlled as needed
- Hospitalist team (internal medicine doctors) will manage your overall medical care

**Next morning (Post-Op Day 1):**

- Lab work to check blood counts
- Visit from Dr. Latteier or physician assistant
- Physical therapy session (walking, stairs, exercises)
- Occupational therapy assessment if needed
- Help with bathing and dressing

**Discharge criteria—you can go home when:**

- Medically stable
- Pain controlled with oral medication
- Able to urinate
- Nausea controlled
- Physical therapy clears you for safety
- Can perform basic mobility tasks with walker
- Your care partner is available for transportation and home support

## If Going Home the Same Day

For same-day discharge, you'll move to Phase 2 recovery. At hospitals, this may be a different area of the PACU. At surgery centers, you'll stay in the same bay. Your care partner can join you at this point.

**Phase 2 recovery goals:**

- Sit up in a chair comfortably.
- Physical therapist or nursing will begin gentle exercises.
- Practice standing and walking with your walker.
- Tolerate food and fluids without nausea
- Do ankle pump exercises.
- Able to urinate (you cannot leave until you do).
- Walk with your walker safely.
- Navigate stairs if needed to enter your home.
- Pain controlled with oral medication.
- Understand all discharge instructions.
- Both you and your care partner feel confident about going home.

**Discharge criteria:**

- Cleared by surgeon and anesthesiologist.
- Demonstrate safe mobility with assistive device.
- Pain and nausea well-controlled.
- Function independently with care partner supervision.
- Care partner present.
- Able to urinate.

**Typical timeline:**

Most patients at the surgery centers are ready to go home 2-3 hours after surgery. Hospital timing varies based on when your surgery is completed and staffing availability.

## GOING HOME: THE FIRST 24 HOURS

Congratulations! You're heading home. Here is how to manage the critical first day safely.

### The Ride Home

Your care partner must drive you home—you cannot drive yourself.

#### Make the trip comfortable:

- Recline the seat slightly
- Use a pillow for support
- Have an ice pack available
- For long trips, stop every hour to change position and walk briefly
- You can do ankle pump exercises during the ride

Once home, take it easy for the first 24 hours while anesthesia fully wears off.

**Keep your leg elevated** to prevent swelling. Ice your joint for 20 minutes every 1-2 hours.

**CRITICAL SAFETY: FALL PREVENTION—FIRST 24 HOURS**  
**DO NOT get up on your own for the first evening at home.**

Anesthesia can make you lightheaded and unsteady. You could fall and seriously injure yourself or your new joint.

#### Safety rules:

- **Call your care partner for help EVERY time you need to get up**
- Always have someone help you stand.
- Get up slowly—sit on the edge of the bed for a minute before standing.
- Stand at your walker for a full minute before taking your first step.

Over the next few days, as anesthesia clears and your strength returns, you'll be able to move around more independently. Always use your walker for safety. Keep your phone within reach at all times.

## PAIN MANAGEMENT AT HOME

Now let's discuss managing your pain effectively at home so you can participate in physical therapy and recover successfully.

### Your Multi-Modal Pain Management Plan

We use multiple medications that work through different pathways to control pain more effectively with fewer side effects than using one strong medication alone.

Even so, you will have surgical pain. Our goal is to keep it manageable so you can participate in physical therapy and recover successfully.

## Your Postoperative Medications

We will send prescriptions to your pharmacy the week before surgery so you will have time to pick them up beforehand. **Make sure we have your current pharmacy information.** If you need to change pharmacies, notify us immediately—transfers can delay medication availability, including pain medications.

## Understanding Your Pain Timeline

### The local anesthetic effect:

- The local anesthetic placed around your hip tissues during surgery can provide excellent pain relief for 18-24 hours after surgery. During this time, you may have only mild pain.
- When the anesthetic wears off pain can increase suddenly—within minutes—faster than oral pain medication can take effect.

Expect a temporary spike in pain when it wears off. This is normal and why we emphasize staying ahead of the pain.

**The key principle:** "It's easier to smother the spark than to quell the blaze." Treat pain early, don't wait until it becomes severe. Take your medications on schedule, especially for the first 36 hours.

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## For the First 36-48 Hours, Follow This Schedule:

### **Celecoxib (Celebrex) 200mg—Anti-inflammatory**

- Take 1 capsule the evening of surgery.
- Then take twice daily (morning and evening) for 2 weeks.
- Then take once daily for 4 weeks.
- Take with food to prevent stomach upset.
- Reduces inflammation, swelling, and pain.

### **Acetaminophen (Extra Strength Tylenol) 500mg—Baseline pain control**

- Take 2 tablets (1000mg total) every 8 hours.
- Maximum dose: 3000mg per day (6 tablets).
- Can be taken with or without food.
- Take regularly for the first week, then can take as needed.

### **Gabapentin (Neurontin) 300mg—Nerve pain control**

- Take 1 capsule at bedtime starting the night of surgery.
- Continue taking nightly for 30 days.
- May cause drowsiness (which helps with sleep).
- Reduces nerve-related pain and sensitivity.
- Some patients can have side effects such as feeling confused or unsteady. If so, please stop taking it and let us know.

### **Oxycodone 5mg—Opioid pain medication for Moderate-Severe pain relief**

- Take 1 tablet every 4-6 hours for at least the first 36 hours, even if pain is mild, unless we instruct you otherwise.
- If pain increases, you may take 2 tablets at once.
- As pain improves over the first week, stretch the time between doses.
- Take with food to reduce nausea.

**Hydromorphone (Dilaudid) 2mg**—*Opioid pain medication for Severe breakthrough pain only*

- Prescribed for patients with same-day discharge home.
- Take 1-2 tablets every 6 hours only for severe pain not controlled by oxycodone.
- Good to use if there is increased pain when the local anesthetic wears off.
- This is a very strong medication—use sparingly.
- Can be taken in addition to oxycodone if needed.
- No refills available.

**Important guidelines:**

- Even if your pain is mild initially, take at least one oxycodone every 4-6 hours to keep ahead of the pain for the first 36 hours.
- Once pain stabilizes (usually after the first 36 hours), you can start spacing out the oxycodone.
- Most patients still benefit from pain medication before physical therapy and at bedtime for several weeks.
- Let us know if you have had side effects with oxycodone in the past, we can substitute hydrocodone, tramadol, or suzetrigine (Journavx) instead.
- **Never drink alcohol while taking opioid pain medication.**

## Additional Pain Relief Methods

You can use these methods for pain in addition to medication:

- Cold therapy: Apply ice packs for 20-30 minutes every 1-2 hours, or as needed. Use a towel between ice and skin. If you have an ice machine, use it continuously.
- Elevation: Keep your ankle above your heart when resting to reduce swelling and pain.
- Positioning: Use pillows to support your leg comfortably.
- Distraction: Music, TV, reading, meditation, deep breathing, or prayer can help manage pain perception.

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## Managing Constipation from Pain Medication

Opioid pain medications such as oxycodone and hydromorphone (Dilaudid) slow your digestive system, which causes constipation in most patients.

**Prevention starts immediately.** Prevention is essential. Have these medications ready and begin the evening of surgery:

**Senna/docusate (Senokot-S or Peri-Colace)** (stool softener with laxative):

- Take 2 tablets in the morning and 2 tablets at night.
- Continue every day until you stop taking opioid pain medication.
- Start the evening of surgery—don't wait.

**Polyethylene glycol 3350 (Miralax)** (gentle laxative):

- Mix 1 capful (17g) in 8oz of juice or water once daily.
- Start the evening of surgery.
- Continue daily until you have a bowel movement then as needed if no BM in over 24 hours.

**Hydration is essential:**

- Water is the "engine oil" for your digestion.
- Drink at least 6 glasses of fluids daily.
- Good choices: water, coffee, Gatorade, Pedialyte.
- Avoid: excessive tea, alcohol, and milk.

If you develop diarrhea (loose stools), stop Senokot-S and Miralax immediately.

**Diet Adjustments While Taking Opioids**

- Avoid dairy products: Dairy naturally slows digestion. Minimize milk, cheese, and ice cream while using opioids.
- Limit fatty and processed foods: These are difficult to digest and worsen constipation. Reduce fast food and junk food.
- Increase fiber: Eat fruits, vegetables, beans, and whole grains.

**If Standard Measures Don't Work**

If you have not had a bowel movement after 3-4 days on this protocol:

Contact our office if you notice the following:

- Significant swelling or distension of your stomach
- Abdominal pain
- Not passing any gas

Otherwise you can try:

**2nd Line treatment: Dulcolax (bisacodyl) suppository 10mg**

Fast-acting rectal laxative that stimulates bowel muscles and softens stool

1. **Unwrap:** Peel off the plastic wrapper.
2. **Position:** Lay down on your left side, with right knee bent towards chest.
3. **Insert:** Gently insert the suppository, pointed end first, into the rectum.
4. **Retain:** Keep it in for about 15 to 20 minutes for it to work.
5. **Fast Relief:** Can work in as little as 15 to 60 minutes.

**3rd Line Treatment: MiraFast Soft Chews OR Magnesium Citrate**

- MiraFast Soft Chews: 2 chews followed by 8 oz glass of water.
- Or Magnesium Citrate: 10oz bottle: Drink half a bottle followed by 8 oz glass of water.
- Wait 45-60 minutes.
- If no relief, repeat: 2 more chews, OR second half of bottle, followed by 8oz glass of water.
- Relief generally occurs within 30 minutes to 6 hours.
- Do not take if you have any history of Kidney Disease.

**Call our office if these measures don't work or if you have questions.**

## Transitioning to Non-Opioid Pain Relief

As your pain improves, the Extra Strength Tylenol reduces constipation risk and other side effects.

### Acetaminophen (Extra Strength Tylenol) 500mg:

- As noted above, take 2 tablets every 8 hours for the first week.
- After first week you can take 1-2 tablets up to three times a day as needed for mild to moderate pain
- Use this **instead of opioid pain pills** (oxycodone) as your symptoms improve
- Maximum dose: 3000mg per day (6 tablets total)

## Managing Other Medication Side Effects

Besides constipation, medications and anesthesia can cause other side effects. These can be managed effectively with the right approach.

### Nausea or upset stomach:

- **Ondansetron (Zofran) 4mg:** We prescribe this for same-day discharge patients.
- If you did not receive this prescription or need more, call our office.
- Eating small, frequent meals helps reduce nausea.
- Avoid greasy or spicy foods.

### Itching:

- **Diphenhydramine (Benadryl) 25mg:** Take 1-2 tablets every 4-6 hours for itching
- This is available over-the-counter.
- Be aware: causes drowsiness (can also help with sleep).

### Difficulty sleeping:

- Over-the-counter sleep aids may help: **Melatonin, Unisom, or Benadryl.** Choose only ONE. Do not combine these medications as many contain the same active ingredient).
- Do not nap too much during the day, can make it harder to sleep at night.

### Managing side effects requires:

- Taking medications as prescribed
- Maintaining good eating habits
- Making healthy food choices
- Staying well-hydrated

**It's important to let us know if you don't feel well.** We can adjust your medications or provide additional support.

Every patient is unique and has different needs. You may not need all the medications on this list. Call us if you have questions or concerns.

## ACTIVITY AND EXERCISE

Movement is a key part of your recovery. The following section explains how physical therapy helps restore strength, motion, and confidence after joint replacement.

It's normal to experience some discomfort after surgery. Movement and gradually increasing weight-bearing will reduce sensitivity and promote healing. Medications help manage symptoms and encourage participation in walking and physical therapy.

### Important medication guidelines:

- Take pain medications with a meal or snack to reduce stomach upset
- Consider taking pain medication 30 minutes before physical therapy exercises
- **Never drink alcohol while taking pain medication.**
- **Do not drive while taking opioid pain medication.**

## Physical Therapy: Essential for Success

We will arrange your postoperative physical therapy (PT) with an at-home physical therapy provider. This may be with either a local physical therapy clinic or a Home Health agency. They will contact you to coordinate visits. If you do not hear from them by **the day before surgery**, please contact our offices and let us know.

## Physical Therapy Timeline: Hip Replacement

### Phase 1: At Home Physical Therapy (Days 1-14)

- A physical therapist will visit your home 1-2 times a week for the first 2 weeks.
- Assess your safety with mobility and daily activities.
- Help you navigate your home safely.
- Practice stairs if you have them.
- Review exercises for recovery.
- Answer questions and address concerns.
- Your physical therapist will help teach you what to do and avoid.

### Phase 2: Home Exercises (Weeks 2-6)

- Physical therapy for Hip Replacements is not very demanding. We like to allow time for the bone to grow into your new hip implant before doing vigorous activities.
- Once you complete your home physical therapy visits, just continue the simple exercises you have learned on your own. It is ok to increase your walking as you improve.
- We can consider outpatient therapy if needed when we see you at your six-week postoperative appointment.

## Hip Precautions

Although rare, hip dislocation, where the ball comes out of the socket is a risk, especially during the early healing phase—first 6-8 weeks. By avoiding certain movements, you can reduce this risk.

- Your physical therapist will help teach you what to do and avoid.
- Do not move your operated leg backward (hip extension). This means avoiding taking large steps backward or kneeling only on the surgical hip.
- Do not **rotate** your operated leg or toes outward excessively (external rotation).
- Try to keep your toes pointing forward when walking or lying down.

### STANDING PRECAUTIONS



Do not step backwards with your surgical leg or extend your surgical leg behind you.



Do not pivot on your surgical leg.



When turning, pick your feet up and move your entire body.



Avoid turning your leg outwards when standing.



Avoid crossing your legs at the ankles when standing.



Keep your knees and toes pointing straight ahead when standing and walking.

## Using Assistive Devices

Upon discharge, use your walker when getting up and moving around. Your physical therapist will tell you when it's safe to switch from your walker to a cane. Wait for their clearance—switching too early risks falls.

## Balancing Activity and Rest

Movement, walking, and exercise are important, but you must find the right balance.

### The risk of overdoing it:

If you attempt more than your body is ready for, it will react with increased pain and swelling. This creates a frustrating cycle where you then avoid activity because you're afraid of triggering more pain.

### Listen to your body:

Your body has natural warning signs when it needs rest. However, as you improve, it is easy to overdo activities. You may not realize you have done too much until that evening or the next day.

**The key:** **Pace yourself slowly** as you increase activities.

**The exception:** When working with your physical therapist, challenge yourself appropriately. They know how to push you safely to achieve optimal recovery.

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## Daily Activity Guidelines

### Exercise routine:

- Continue exercises as instructed by your physical therapist **2-3 times every day**.
- Consistency is one of the most important factors in your recovery.

### Weight-bearing:

- You may bear full weight on your surgical leg as tolerated unless specifically instructed otherwise.
- Most patients can put full weight on their leg immediately.

### Walking:

- Get up and walk every hour using your walker or cane for support.
- Continue using your assistive device until your physical therapist advances you.
- As you improve, take short walks twice daily (start with 3-5 minutes, gradually increase).

### Safety precautions:

- Keep pets away when walking. They can cause falls or sudden twisting
- Never rush or hurry
- Use good lighting, especially at night
- Always have your phone accessible in case you need help

# MANAGING SWELLING

Swelling is completely normal after joint replacement surgery. Expect swelling in your joint, leg, foot, and ankle. It usually peaks around 7 days and gradually improves over weeks to months. Although swelling usually improves over several months and sometimes up to a year after surgery, some patients have longer-term swelling.

## To minimize swelling:

### Elevation:

- Keep your leg elevated with ankle above your heart when resting.
- Use pillows or a recliner for proper positioning.

### Movement:

- Regular walking and exercises help pump fluid out of your leg.
- Perform ankle pumps when sitting or lying down.

### Compression:

- Wear compression stockings as prescribed.

**Call if severe swelling persists or worsens despite these measures.**

## Bruising

Bruising common and normal. It may appear immediately or days to weeks after surgery as blood tracks through tissue. It will gradually fade.

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## Applying Cold Therapy

### Ice pack application:

- Keep cold pack on for 20-30 minutes at least every 2-3 hours for the first week.
- **Never apply ice directly to skin**—always use a barrier (dish towel, pillowcase).
- Allow at least 30 minutes for skin to return to normal temperature before reapplying.
- Repeat as often as needed.
- Continue as long as swelling or pain persists (days or weeks).
- Ice remains beneficial throughout recovery.

### Ice machine (if you have one):

- Can be used continuously.
- Refill ice as needed or freeze small water bottles and rotate them.
- **Important:** Don't put the plastic sleeve directly on your skin—use a cloth barrier.

## PREVENTING BLOOD CLOTS

As reviewed in the Surgical Risks section above, developing blood clots is a potential risk after all joint replacement surgeries.

### We prevent blood clots through three key methods:

- Compression Stockings
- Blood-Thinning Medication
- Activity and Movement

Be sure to review the warning signs of blood clots in the earlier section and remember:

- Signs of DVT (Deep Vein Thrombosis) - Call Our Office
- Signs of PE (Pulmonary Embolism) - CALL 911

## LUNG EXERCISES

Anesthesia and pain medication can cause shallow breathing, allowing fluid to accumulate in your lungs. You will be encouraged to perform simple lung exercises after surgery. Deep breathing and coughing exercises prevent lung complications like pneumonia.

### Using Your Incentive Spirometer

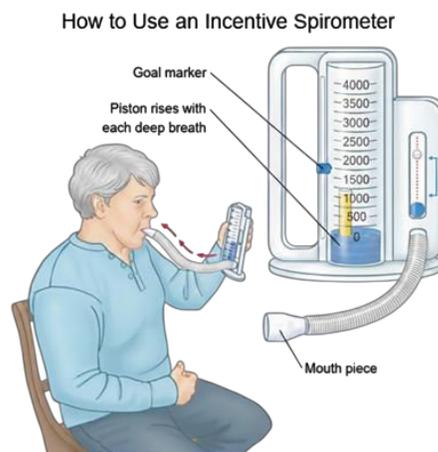
An Incentive Spirometer is a device that helps you take deep breaths and fully expand your lungs.

#### How to use it:

1. Breathe in slowly and deeply through the device (like sucking through a big straw).
2. Try to raise the indicator to your target level.
3. Hold your breath for 2-3 seconds.
4. Exhale slowly.
5. Rest briefly and repeat.

#### How often:

Use 5-10 times every hour while awake for the first few days after surgery.



**Critical reminder: Do NOT smoke, vape, or chew tobacco for at least 4 weeks after surgery.**

# INCISION CARE

## About Your Wound Closure

### The technique we use:

We use a "plastic surgery" closure with dissolvable sutures under the skin with surgical glue on the surface. The incision is covered with a clear plastic dressing.

**No external clips, staples, or stitches.**

## Caring for Your Dressing

### Clear plastic dressing (until 2-week follow-up):

- Leave in place until your follow-up appointment.
- The dressing is water-resistant (not waterproof)
- You may shower carefully over it.
- Do not scrub or immerse in water.
- Do not soak in pool, bath, or hot tub until incision is completely healed (4-6 weeks).
- If your stomach hangs over your incision, **keep a clean dry washcloth in the crease of your hip** to prevent friction against the incision and eliminate moisture from accumulating.

### Check the dressing daily. Let us know immediately if:

- **There is ANY drainage or moisture that accumulates under the dressing.**
- **If water gets through and the wound gets wet.**
- The dressing starts coming off.

## What's Normal vs. Concerning

### Normal:

- Bruising around the incision and thigh
- Tenderness around incision
- Numbness around incision
- Mild redness
- Increasing drainage, redness, or warmth
- Fever above 102°F
- Foul odor
- Signs of infection

### Call us immediately if:

## Post-Op Scar Care

Your dressing will be removed at the two-week follow-up visit. At this point you may leave it open to air. It takes several months for the deep sutures to dissolve, and the scar tissue to soften up. During this time you can do the following to help healing:

- Apply a thin layer of Aquaphor or Vaseline daily; this prevents hard scabbing and speeds up healing.
- At week three, you can transition to silicone scar sheets or strips (available at drug stores). Cut them to fit your incision with about a half-inch overlap on each side and rounding the corners to prevent peeling.
- Perform a gentle scar massage for 5 minutes twice a day to keep the tissue supple.
- Protect the scar from all sun exposure using SPF 30+ for one full year to prevent permanent darkening (hyperpigmentation).

## DIET AND NUTRITION

As before surgery, what you eat, and drink directly affects your recovery.

### Why nutrition matters:

A healthy diet promotes tissue healing and improves energy.

### Normal after surgery:

- Decreased appetite from medication or discomfort
- Usually resolves within a week
- Eat small, nutrient-dense meals

### Focus on:

- **Protein:** Chicken, fish, eggs, beans (tissue repair)
- **Iron:** Lean meat, spinach, whole grains (prevent anemia)
- **Vitamin C:** Citrus, berries, peppers (wound healing)
- **Fiber:** Fruits, vegetables, whole grains (prevent constipation)

### Hydration is essential:

- At least 6-8 glasses of water daily
- Dehydration increases medication side effects and delays healing
- Good choices: water, Gatorade, coconut water, Pedialyte

## REST AND SLEEP

Your energy will be lower than normal for at least the first month. Your body needs rest to heal.

### Sleep guidelines:

- Aim for 7-8 hours nightly—This will be hard at first.
- Take short rest breaks during the day as needed.
- **Don't nap excessively** or you will have trouble sleeping at night.

### Sleep difficulties are common:

Many patients have trouble sleeping after surgery. This is normal and gradually improves.

### Tips for better sleep:

- Take pain medication (oxycodone) before bed if not able to sleep well.
- Use pillows for comfortable positioning.
- Keep room cool and dark.
- Consider over-the-counter sleep aids if needed (Melatonin, Tylenol PM, Unisom).

## Sleeping Positions

### Best position:

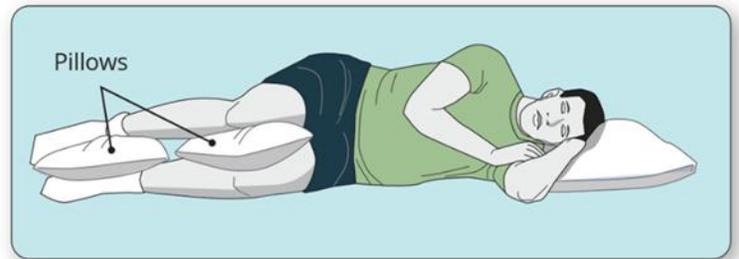
On your back with pillows under or between your knees.

### Alternative:

On the side you did NOT have surgery on, with two pillows between knees, ankles, and feet.

### Avoid:

**Do NOT sleep on your stomach** until cleared by your surgeon (usually 6-8 weeks). Rolling over into this position can put you at risk for hip dislocation.



## DRIVING RESTRICTIONS

**You cannot drive until ALL of the following are true:**

- Evaluated and cleared by your surgeon (minimum 2 weeks)
- Off opioid pain medications
- Adequate reaction time and strength for emergency braking
- Comfortable range of motion

**Typical timeline:**

- Left leg surgery (automatic transmission): 2-4 weeks
- Right leg surgery (automatic transmission): 4-6 weeks
- Manual transmission: Add 2-4 additional weeks
- You may ride as a passenger anytime.

## FOLLOW-UP APPOINTMENTS

You will be seen 2 weeks after surgery. This appointment was made when your surgery was scheduled. If you don't know when it is, call our office to confirm.

**Follow-up schedule:**

- **2 weeks:** Check incision, remove dressings, X-rays, assess progress
- **6 weeks:** Evaluate healing and function
- **As needed** until **1-year** follow-up
- **Every 5 years** for long-term monitoring

These visits may include routine X-rays and dressing changes. Wear comfortable clothing that can be easily removed to evaluate your incision, and that does not have zippers, snaps, or any type of metal.

## KNOW YOUR RECOVERY ZONE

### Green Zone: Normal Recovery

#### Your symptoms are under control if:

- Incision is clean with minimal to no drainage
- Mild pain controlled with medications
- Able to bear weight on surgical leg
- Can complete exercises and daily activities
- No shortness of breath, chest pain, or fever
- Regular bowel movements

**Keep following your recovery plan.**

### Yellow Zone: Call Our Office if:

- More swelling or pain than normal (Note: swelling for up to 6 months is not unusual)
- Fever greater than 102°F
- Drainage, redness, or odor at incision
- Calf tenderness, increasing swelling that does not improve with elevation, or increased warmth in either leg
- Unable to walk or bear weight
- New numbness or tingling
- Uncontrolled pain or unpleasant side effects
- Excessive bruising or bleeding
- Recurrent nosebleeds
- Bleeding from gums or blood in urine/stool
- Difficulty urinating
- No bowel movement for 4+ consecutive days.

**Call (913) 381-5225**

### Red Zone: Call 911 Immediately

#### If you experience:

- Severe shortness of breath at rest or sudden wheezing
- Pale, gray, or blue skin color
- Chest pain
- Coughing up blood
- Rapid heart rate
- Trouble speaking
- Numbness or weakness in face, arm, or leg
- Severe headache
- Sudden vision trouble or confusion

**DO NOT DRIVE YOURSELF TO THE EMERGENCY DEPARTMENT.**

## HELPFUL RECOVERY TIPS

- You may shower the day after surgery.
    - Have your care partner help you.
    - Use regular soap. **Do not use any leftover Hibiclens** it can irritate the skin if used too much.
  - Anesthesia may take 18-24 hours to wear off—use your walker and rise slowly.
  - Take pain medications as needed.
  - Use Ice 20-30 minutes every few hours as needed.
  - Elevate ankle above knee and knee above hip when resting.
  - Increase activity as pain and swelling improve.
  - Bear full weight as tolerated unless told otherwise.
  - • Remember your hip precautions.
- 

## LIFE AFTER JOINT REPLACEMENT

### Returning to Work

- **Desk/Sedentary Job:** When off opioid pain medications with energy to sit comfortably.  
Timeline: 4 weeks
- **Light Work (Occasional Standing/Walking):** Timeline: 6-8 weeks.
- **Heavy Labor (Lifting, Ladders):** Timeline: 3 months.

### Traveling

When traveling long distances:

- Change position or stand every hour.
- Perform ankle pumps while sitting.
- Stay hydrated.

#### **Airport security:**

Your joint replacement will set off metal detectors. This is normal. Notify TSA and they will complete appropriate screening.

**Please note:** Many airports now use advanced imaging scanners that are not triggered by joint replacements.

## Exercise and Activity

### Staying Active: Your Long-Term Exercise Plan

Regular physical activity is essential to strengthen the muscles supporting your new joint and maximize the lifespan of your implant. Current medical standards recommend a "Low Impact, High Activity" lifestyle to maintain cardiovascular health without placing excessive stress on the joint replacement. Your goal is to build up to 30 minutes of moderate activity, 5 days a week.

Walking is your primary exercise—start on flat surfaces and gradually increase your distance. Once your incision is fully healed and you are cleared by Dr. Latteier's team, consider these low-impact options.

#### Recommended low-impact activities:

- Walking (unlimited)
- Swimming / Water aerobics
- Cycling / Elliptical
- Golf
- Pickleball
- Light hiking
- Ballroom dancing
- Gardening

We generally advise against high-impact activities as the repetitive pounding can accelerate joint replacement wear and may cause loosening.

#### Avoid:

- Running
- Jumping
- Heavy Weightlifting
- Activities with risk of falls or impacts
- Contact sports
- High-impact sports

## Dental Care:

**Following joint replacement, notify your dentist you have a joint implant.** With dental work, there is a small chance that bacteria in your mouth can enter your bloodstream and travel to your new joint, causing serious infection during the healing period.

**For the first 3 months after surgery Do NOT have any dental work,** including cleanings and checkups. If you have a dental emergency, like a broken tooth, let us know.

**Essential requirement:** Obtain prophylactic antibiotics either from our office or from your dentist before any dental procedure for at least **2 years** after surgery. Remind your dentist before every appointment to reduce infection risk.

**Please see the Dental Prophylaxis Protocol in the appendix for detailed instructions.**

**Always remind any doctor, nurse, or dentist about your joint replacement before any procedure.**

# RECOVERY MILESTONES

These are target milestones for uncomplicated recovery. Every patient progresses at their own pace. Some may achieve these goals faster, others slower. **What matters is steady improvement, not the exact timeline.** Focus on your progress compared to last week, not compared to these benchmarks. Remember, **you will continue to improve throughout the year after surgery.** Discuss any concerns with us or your physical therapist.

## Hip Replacement Milestones

### By Week 2-3:

- Walk around your house and to the end of your driveway with a walker.
- Navigate a flight of stairs with rail, one step at a time.
- Bend hip to 90 degrees.
- Straighten hip completely (lie flat 30 minutes several times daily).
- Shower and dress with adaptive equipment.
- Resume light household duties with help.

### By Week 4-6:

- Continue working on remaining Week 2 goals.
- Walk a quarter mile or more without breaks.
- Use stairs with rail multiple times daily.
- Bend hip to 90 degrees unless told otherwise.
- Resume light household duties with help, following hip precautions.

### By Week 6-8:

- Complete remaining Week 4 goals
- Walk half a mile or more without breaks.
- Navigate stairs normally with rail.
- Resume all light household duties independently.
- Return to light work if cleared.

### By Week 12-14:

- Complete remaining Week 6 goals
- Walk independently without limp.
- Navigate stairs with rail normally.
- Resume all household duties and low-impact activities.

## LONG-TERM SUCCESS

You can typically expect excellent outcomes from joint replacement surgery.

**Remember:** Most patients are doing well by 3 months, but full recovery can take up to one year. Swelling continues to improve, strength and range of motion increase, and pain continues to subside throughout the year.

### Typical results include:

- Dramatic reduction or elimination of pain.
- Expect occasional mild aches or pains when the weather changes or when you overdo it.
- Increased mobility and function.
- Ability to resume most activities enjoyed before becoming limited by arthritis.
- High-impact activities should be avoided.

### Long-term implant success:

- Some studies have shown that over 85% of implants remain functional after 20+ years.
- If revision becomes necessary, though typically more complex, the procedure is similar to your original surgery. Many patients have successful revisions that last another 15-20 years.

**Our goal:** Return you to a higher quality of life with increased mobility and reduced pain.

# ADMINISTRATIVE DETAILS

## Forms and Documents

We know paperwork isn't anyone's favorite part of preparing for surgery, but completing these forms ensures we have everything ready for your procedure and helps us provide the safest care possible.

### **Required forms you'll need to complete:**

#### **Consent Form**

This explains your surgery in detail, including what to expect, possible risks, benefits, and alternative options. Signing this form gives us permission to schedule your surgery and begin preparations.

#### **DVT Risk Assessment Form**

This information helps us determine your risk of developing blood clots after surgery. We use your responses to select the most appropriate blood thinner for your specific situation.

#### **Opioid Agreement Form**

Outlines the terms, responsibilities, and risks associated with using opioid pain medication after surgery. This agreement helps ensure safe and appropriate pain management.

#### **Medical Clearance Form**

Your primary care physician (and specialists if needed) must complete this form confirming you are medically optimized for surgery. **Return this form to our office as soon as your doctor completes it**—we cannot proceed with surgery scheduling until we receive medical clearance.

#### **FMLA/Short-Term Disability Form (If Applicable)**

If you need Family Medical Leave Act (FMLA) documentation or short-term disability paperwork for your recovery period, complete the FMLA Release of Information (ROI) form included in your packet.

#### **Important FMLA requirements:**

- Your employer provides the FMLA paperwork—we do not supply these forms.
- **Hand-carry or mail** the completed ROI form with a \$20 processing fee (per set of forms).
- **Do not fax or email** FMLA paperwork.
- Allow 7-10 business days for processing.

# INSURANCE AND BILLING

## Understanding Your Coverage

Joint replacement surgery is a significant medical expense. Multiple providers will bill separately for their services, which may include:

- Hospital or surgical facility fees (typically the largest bill)
- Surgeon's fees
- Anesthesiologist's fees
- Surgical assistant fees
- Radiology services
- Physical therapy (outpatient or home health)
- Medical equipment and supplies

### What We Handle For You:

Our billing department and your surgical facility manage all insurance authorizations. Once your surgery is approved, our billing team will contact you to discuss:

- Any required pre-payments
- Your estimated co-pay amounts
- Outstanding deductibles
- Your expected out-of-pocket costs

**Important:** You are responsible for any deductible amounts not yet met before surgery.

## How to verify your coverage:

We strongly encourage you to contact your insurance company directly if you have questions about coverage. Understanding your benefits beforehand prevents surprises later.

### When you call your insurance company, have this information ready:

- Your insurance card
- Surgeon's name: Dr. Michael J. Latteier
- Procedure name and code (we'll provide this when you schedule)
- Surgical facility name and location (we'll provide this when you schedule)

### Call the customer service number on the back of your insurance card and ask:

- Is my surgeon in-network?
- Is my surgical facility in-network?
- What is my deductible, and how much have I met this year?
- What is my co-insurance percentage for this procedure?
- What is my out-of-pocket maximum?
- Do I need pre-authorization? (We handle this, but you should confirm)
- What is my estimated out-of-pocket cost?

Keep in mind that estimates are not guarantees of coverage or final costs. Actual charges may vary based on your specific procedure and recovery needs.

# SURGICAL FINANCIAL STATEMENT

## **Surgery Deposit**

If you have not met your insurance deductible or have a required co-pay or coinsurance, a surgery deposit will be required prior to your procedure. This deposit will be applied to your balance after your insurance has processed the claim. Our office will contact you in advance with the required pre-payment amount.

## **Verify Your Insurance Benefits**

Some insurance plans require patients to notify the insurance company before a scheduled surgery. We encourage you to review your benefits so you can plan for any out-of-pocket expenses. Our office will obtain surgical authorization with your insurance company as well as with the hospital or surgical center.

## **Charges You May Receive**

You may receive separate bills from multiple providers involved in your care, including but not limited to the surgeon, hospital or surgical facility, anesthesiologist, and laboratory or imaging services (if applicable).

## **Workers' Compensation**

If your surgery is covered under workers' compensation, you typically should not receive these bills. If you do receive a bill, please contact the billing provider and your employer promptly to ensure they have the correct insurance information on file.

## **Notice of Physician Ownership**

Some of our physicians have ownership interests in certain outside facilities. Please be advised that your physician may have a financial interest in the surgical facility used for your procedure. A list of physician owners and associated facilities is available upon request.

## **Charges After Surgery**

Office visits related to your surgery are generally included for a defined period following the procedure. However, you may still be responsible for charges related to X-rays or imaging, medical supplies and medications or injections, if performed. Your insurance may require a co-pay or coinsurance for these services. This post-operative coverage period is often referred to as the **global period**, which is typically 90 days. If your care is covered under workers' compensation, these charges are usually covered.

## **FMLA and Disability Forms**

Please refer to the attached form for information regarding completion of FMLA or disability paperwork. You may need to coordinate with your employer, human resources department, or insurance company to obtain the required information.

**Please do not bring these forms on the day of surgery. All paperwork must be completed prior to your surgical date.**

# PRESCRIPTION MEDICATION POLICY

We want to ensure you have the medications you need without interruption. To help us serve you better, please follow these guidelines:

## Routine Refills

We are happy to assist with medication refills during normal business hours (Monday through Friday, 8:00 AM to 5:00 PM).

**Please allow 24 hours** for all refill requests to be processed. This gives our clinical team time to review your chart, verify the medication is appropriate, and send the prescription to your pharmacy safely.

## Important Restrictions

To ensure patient safety and appropriate medication management:

- No opioid pain medication refills after 3:00 PM on Fridays.
- No prescription refills of any kind after business hours or on weekends.
- No early refills of controlled substances without documented medical necessity.

## How to avoid running out of medication:

- Check your medication supply before weekends and holidays.
- Request refills at least 48 hours before you'll run out.
- Call our office during business hours: (913) 652-6464.
- Plan ahead—we cannot provide after-hours refills.
- If you run out of non-opioid medication after hours, most pharmacies can provide a small emergency supply to bridge you until our office reopens.

## Emergency situations:

If you experience a medical emergency related to your medications after hours, call 911 or go to the nearest emergency room. Do not wait until our office reopens.

## FINAL THOUGHTS

### You've Made It Through the Guide!

You now have all the information you need for a successful joint replacement experience.

Remember:

- This guide is your reference - keep it handy.
- Your care team is here to support you.
- Every patient's journey is unique.
- Steady progress is what matters, not perfection.

It has been an honor and privilege to care for you. We wholeheartedly thank you for your trust in our skills and for allowing us to assist you on this journey.

We hope you have a speedy return back to **Your Life in Motion!**

**-Dr. Latteier and Kansas City Bone & Joint Clinic**

## WHEN TO CONTACT US:

### CALL 911 IMMEDIATELY (Red Zone symptoms):

- Chest pain
- Difficulty breathing
- Severe shortness of breath
- Signs of stroke
- Uncontrolled bleeding
- Loss of consciousness

### CALL DR. LATTEIER'S CLINICAL ASSISTANT: 913-652-6464

- For surgical or clinical related questions
- Yellow Zone symptoms during business hours
- Monday-Friday 8:30 AM - 4:30 PM for non-emergency concerns

### CALL MAIN OFFICE LINE: 913-381-5225

- To schedule appointments
- After Hours/ Weekend—Answering service will page on-call provider.
- Walk-in Urgent Care clinic is available Monday-Friday until 5:30 PM at

10701 Nall Ave., Suite 200

Overland Park, KS 66211

### GO TO EMERGENCY ROOM (if you can't reach us):

- High fever (>102°F) with chills
- Severe uncontrolled pain
- Inability to urinate for 12+ hours
- Signs of severe infection

### FOR URGENT QUESTIONS NOT REQUIRING IMMEDIATE MEDICAL ATTENTION:

- Leave a message and we'll call back within 24 hours
- Use the patient portal for non-urgent questions

# APPENDIX

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**Frequently Asked Questions**

**Joint Replacement Exercises**

**Dental Care & Your Joint Replacement**

**Advance Directives: Make Your Wishes Known**



# FREQUENTLY ASKED QUESTIONS

## Before Surgery

### **Do I need a preoperative appointment with Dr. Latteier?**

We would like you to return for a preoperative visit:

- If you have had surgery “penciled in,” over the phone, and have not had a formal preoperative discussion about surgery with us.
- If your surgery will be more than three months since your last visit with us.
- After you have completed working on preoperative requirements that need documentation prior to surgery such as weight loss, smoking cessation, physical therapy requirements, etc.

### **Should I start the exercises in this guidebook before surgery?**

Yes, it's always best to try the exercises before surgery. They help strengthen your muscles and prepare your body for recovery. However, if they significantly increase your pain, you can back off. As an alternative, try using a stationary bike 3-4 times weekly or increase your daily walking.

### **Do I need to donate blood before surgery?**

No. With our minimally invasive surgical approach and modern techniques, blood loss during surgery is minimal. Blood donation before surgery is not necessary or recommended.

### **Do I need to start taking iron tablets before surgery?**

If you currently take iron and it doesn't upset your stomach, you may continue. However, this is not a requirement for surgery.

### **What equipment do I need to purchase before surgery?**

You must have a walker ready before surgery. This is the only equipment required beforehand. We'll provide instructions on obtaining one through your insurance or where to purchase one. Other needed equipment discussed in this guidebook may be helpful but not required.

### **Do I need to call my insurance company for authorization?**

No. We along with your surgical facility handle all necessary authorizations. Our billing department will contact you once authorization is complete.

Total joint replacements are very costly procedures. The hospital will generate the largest bill. There are also bills for the assistant during surgery, anesthesiologist, home health care, and possibly outpatient physical therapy. It is important that you know your insurance policy and coverage. You may be responsible for any deductible that hasn't been met before surgery. You may want to contact your insurance company if you have questions regarding coverage.

### **Can I get a handicap parking permit?**

Yes. Temporary handicap parking permits can be obtained from our office. We will provide a form to take to the DMV, where you'll receive a placard to hang in your car. These permits can be picked up at our office or mailed to your home. We can only issue temporary placards after surgery, for up to 3 months at a time.

### **When will I find out my arrival time for surgery?**

A member of the hospital or surgery center team will call you the afternoon or evening before surgery with your arrival time. Please remain flexible on surgery day—times may change from what you were initially given in the office.

## **About Your Surgery**

### **Will my surgeon use a robot?**

Many studies are evaluating these emerging technologies and their impact on surgical success. Each technology has specific goals: improved accuracy in implant placement, more efficient surgery, etc. To date, research shows pros and cons without clear advantages, though more research is ongoing. Currently, we use robotic assistance for cases with abnormal anatomy due to prior fractures, retained hardware, or other complicating factors. If this interests you, let us know.

### **What is minimally invasive surgery?**

Minimally invasive surgery combines reducing incision length with lessening tissue disruption beneath the incision. This includes cutting less muscle and detaching less tendon from bone. Combined with advancements in anesthesia and pain management, these techniques allow you to feel better, have less pain, and regain function faster.

### **How big will my scar be?**

On average the incision will be 3.5-4 inches long for a hip replacement. Incision size varies based on patient size, surgery complexity. More importantly, we perform a “plastic surgery” closure with dissolvable sutures under the skin with surgical glue on the surface. This makes it water-tight and prevents drainage and infection. We focus on the best surgical outcome rather than the smallest possible scar.

### **What can I use on my incision to minimize scarring?**

Once the dressing is removed, you can apply a thin layer of Aquaphor or Vaseline daily. At week three, you can transition to silicone scar sheets or strips (available at drug stores), cutting them to fit your incision. Along with the silicone strips, perform a gentle scar massage for 5 minutes twice a day to keep the tissue supple. Finally, protect the scar from all sun exposure using SPF 30+ for one full year to prevent permanent darkening (hyperpigmentation).

### **Is joint replacement surgery very painful?**

Pain management has improved dramatically over the past 10-15 years with regional nerve blocks, local anesthetics, and multi-modal pain control. Early mobility and rapid rehabilitation protocols also reduce stiffness and pain, making the procedure much less painful than in years past. Everyone is unique and experiences pain differently—you may have relatively mild pain or find it more challenging than others.

## **Recovery and Rehabilitation**

### **How long does it take to recover?**

Although most of the recovery is within the first 6-8 weeks, it can take up to 3 months to return to most activities, and 6 months to 1 year to fully recover maximal strength and endurance. Recovery time depends on your condition before surgery, other medical issues, and your rehabilitation commitment.

### How long will I be in the hospital?

Plan for either same-day discharge or an overnight stay. We will discuss the plan with you when scheduling your surgery. Your specific situation and preferences will guide this decision. Occasionally, medical or safety issues may require an additional night.

### When can I shower?

You may shower as early as the day after surgery. We use water-resistant dressings that protect your incision. Limit shower time and minimize water on the dressing. No soaking in baths, pools, or hot tubs for 6 weeks to allow complete incision healing.

### When can I walk after surgery?

We emphasize early mobility. Most people are walking with walker assistance within hours of surgery and using a cane or walking independently by 2-4 weeks. Your physical therapist will guide your progression.

### When can I drive?

This depends on your recovery, and which leg was operated on. **You should not drive while taking opioid pain medication.** Discuss returning to driving with us before you start.

#### General timeline:

- **Right leg (driving leg):** 4-6 weeks after surgery
- **Left leg:** 2-4 weeks after surgery

Research indicates reaction time may not return to normal before 6 weeks. Use extra caution if driving before this point.

### When can I return to work?

This depends on your general health, activity level, and job demands:

- **Sedentary jobs** (computer work): 4-6 weeks
- **Moderate activity jobs:** 6-8 weeks
- **Physically demanding jobs** (lifting, heavy labor, travel): Up to 3 months

## Long-Term Considerations

### Will I have long-term restrictions after surgery?

**After hip replacement:** With the anterior approach we use, there are no long-term movement restrictions once you have healed. You can bend forward, tie your shoes, and move normally without worrying about dislocation. Most people return to usual activities and work, though heavy labor (construction, farming) may remain challenging. Most sports are fine but avoid high-impact activities like running or jumping.

### How long will my joint replacement last?

A common answer is 15-20 years, but a more accurate way to understand longevity is through annual failure rates. Current data suggests joint replacements have an annual failure rate between 0.5-1.0%. This means:

- 90-95% chance your joint will last 10 years
- 80-85% chance it will last 20 years

With improvements in technology, we expect these numbers will continue to improve.

## What kind of physical activity is safe after surgery?

### Recommended activities:

- Walking (unlimited—the best and safest exercise)
- Cycling
- Golf
- Light hiking
- Swimming or aqua therapy (wait until incision is fully healed)
- Dancing
- Gardening
- Pickleball

### Avoid:

- Running or jogging
- Jumping
- High-impact sports
- Heavy weightlifting
- Activities with risk of falls or impacts

## Dental Care and Medical Procedures

### Will I need antibiotics before dental procedures?

#### Our recommendation:

- **Minimum:** Take antibiotics before dental work for at least 2 years after surgery.
- **If you have medical conditions or increased infection risk:** Continue lifetime antibiotics.
- **Patient Preference:** Although not required after two years, you may continue lifetime antibiotics if it gives you peace of mind.

See our full protocol for details in the appendix

## Travel and Daily Life

### Can I travel by plane after surgery?

Yes, but be aware of blood clot risks. You're at increased risk for the first 6 weeks after surgery. After this point, risk decreases significantly.

#### When traveling in the first few months after surgery:

- Perform ankle pump exercises regularly during flight
- Wear compression socks
- Stand up and walk during long flights
- Stay well-hydrated

### Will my implant set off metal detectors?

Usually, yes. Joint replacements typically trigger metal detectors at airports, courthouses, and some buildings.

#### What to do:

- Inform the TSA screening agent that you have a joint replacement.
- You'll still require screening and must follow agent directions.
- You don't need to carry documentation proving you have a joint replacement.

Good news: Many airports now use advanced imaging scanners that are not triggered by joint replacements.

### Will I need a card to get through airport security?

No, you don't need one. However, if you would like an identification card for your joint replacement, let us know and we can provide one.

## Special Situations

### Will I need a machine to bend my leg after surgery?

No. We do not use Continuous Passive Motion (CPM) machines after surgery. Studies show they do not improve motion outcomes and may encourage patients to stay in bed rather than actively participating in rehabilitation. Active exercises and physical therapy are more effective.

### When can I resume sexual activity?

Intimacy is important, and improving your quality of life is the point of joint replacement. If you had joint pain before surgery, it may have made intimacy difficult or painful. Joint replacement usually eliminates or significantly reduces this pain.

#### It's safe to resume sexual activity once you feel ready:

- **After Hip Replacement:** 6-8 weeks (use caution with positioning to avoid hip dislocation during the healing period).

Discuss any concerns with us—we're here to help you return to all aspects of your life.

## Follow-Up Care

### Should I continue seeing my surgeon after I've healed?

Yes, regular follow-up is important. While most joint replacements last many years, we need to monitor your replacement to ensure it continues functioning well. Over time, components can start to wear or loosen.

#### Recommended follow-up schedule:

- 2 weeks after surgery
- 6 weeks after surgery
- 1 year after surgery
- Every 5 years thereafter

Regular monitoring helps us catch and address any developing issues early, before they become major problems. We are happy to see you in between these times as needed if you have any questions or concerns.

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## Additional Questions?

If you have questions not addressed in this FAQ, please don't hesitate to contact us. We're here to help you feel prepared and confident about your joint replacement journey.

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*This FAQ provides general information. Your specific situation may vary. Always follow the personalized instructions from your surgical team.*

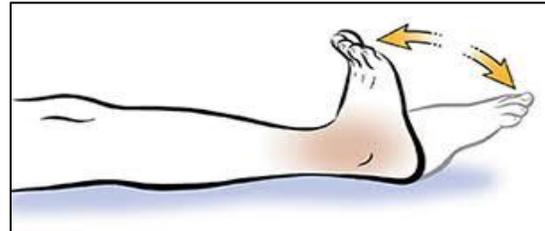
# JOINT REPLACEMENT EXERCISES

It is important to keep your body strong and flexible both before and after your joint replacement surgery. Following the exercise program presented below will help speed recovery and make doing everyday tasks easier and less painful during your rehabilitation period.

## Ankle Pumps

Lie on your back. Gently point and pull ankle of your surgical leg by pumping foot up and down.

- Repeat 10 times (1 set)
- Perform 2-3 sets a day

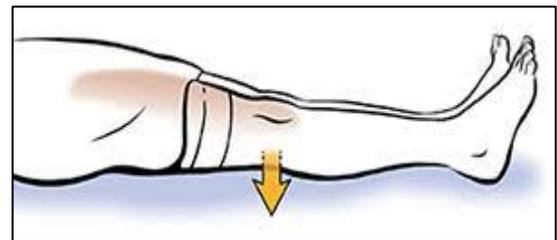


## Quadriceps Sets

Lie on your back with your legs straight. Tighten your thigh muscle by pushing your knee down into the bed.

**Do NOT hold your breath**

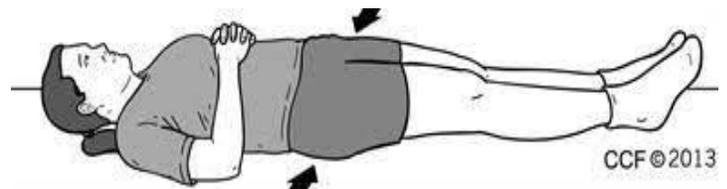
- Repeat 10 times (1 set)
- Perform 2-3 sets a day



## Gluteal Sets (buttock)

Lie on your back with your legs straight. Squeeze buttock together and tighten buttocks muscles. Do NOT hold your breath.

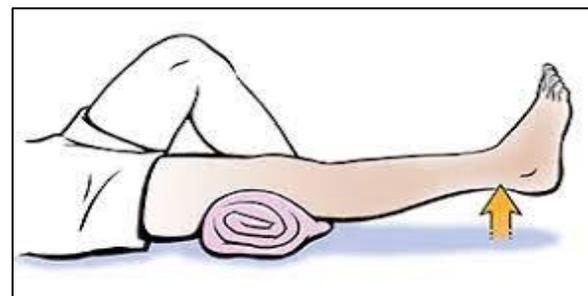
- Repeat 10 times (1 set)
- Perform 2-3 sets a day



## Short Arc Quads

Lie on your back with a towel rolled under your knee. Slowly straighten your surgical knee by lifting your foot up while keeping your thigh on a roll

- Repeat 10 times (1 set)
- Perform 2-3 sets a day

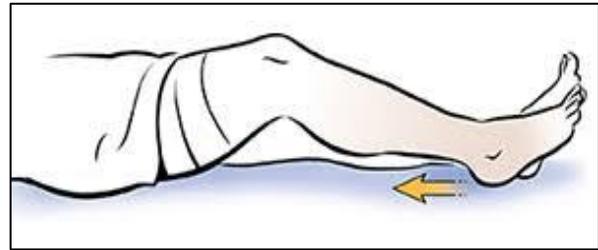


## Heel Slides

Lie on your back. Bend your surgical knee by sliding your heel toward your buttocks.

- Repeat 10 times (1 set)
- Perform 2-3 sets a day

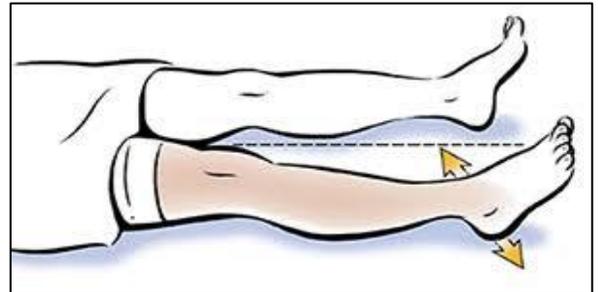
You may be instructed to pull on a bed sheet hooked around your foot to help you slide your heel.



## Hip Abduction/Adduction

Lie on your back. Keep your knee straight and toes pointing toward the ceiling. Slide your surgical leg out to the side and back to the center. Do NOT allow your surgical leg to cross the midline.

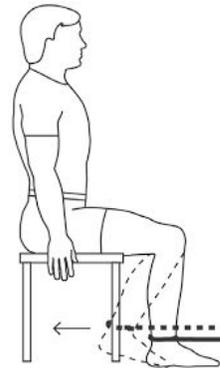
- Repeat 10 times (1 set)
- Perform 2-3 sets a day



## Sitting Knee Flexion

Sit up straight on a bench or chair. Your feet should be flat on the floor. Slide one foot back, bending your surgical knee. Hold for 5 seconds, then slide your foot forward.

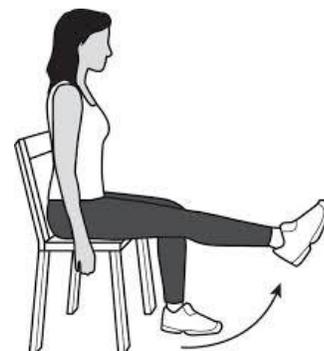
- Repeat 10 times (1 set)
- Perform 2-3 sets a day



## Sitting Knee Extension

Sit up straight on a bench or chair. Your feet should be flat on the floor. Straighten your surgical leg. Hold for 5 seconds, then allow it to come back down.

- Repeat 10 times (1 set)
- Perform 2-3 sets a day



### **Hip Abduction, Standing**

While standing, raise your leg out to the side. Keep your leg straight and keep your toes pointed forward the entire time. Hold for 5 seconds. Use your arm if needed for balance and safety.

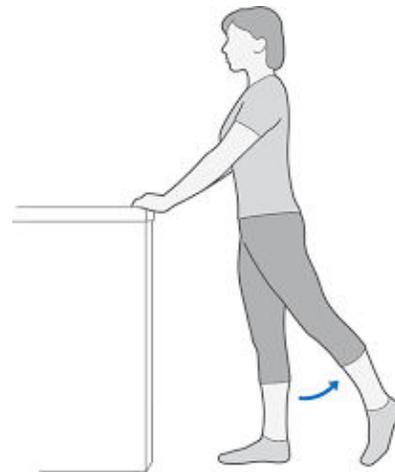
- Repeat 10 times (1 set)
- Perform 2-3 sets a day



### **Hip Extension, Standing**

While standing, move your leg back. Hold for 5 seconds. Use your arms if needed for balance and safety.

- Repeat 10 times (1 set)
- Perform 2-3 sets a day



### **Hip Flexion, Standing**

While standing lift your knee up until your thigh is level with the floor. Hold for 5 seconds.

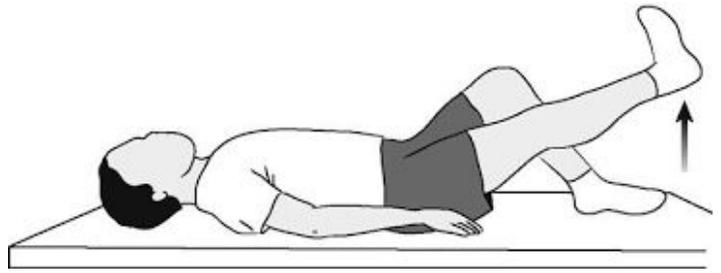
- Repeat 10 times (1 set)
- Perform 2-3 sets a day



## Straight Leg Raise

Lie on your back with your non-surgical leg bent. Tighten your knee on surgical leg and slowly lift your leg to the level of the bent knee, then lower it back down. Keep your back flat on the surface.

- Repeat 10 times (1 set)
- Perform 2-3 sets a day



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## Chair Slides

Sitting with back against chair, scoot to the edge of the chair, then scoot back. Remember to use both arms during this activity.

- Repeat 10 times (1 set)
- Perform 2-3 sets a day



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## Chair Push-ups

Sitting on the edge of the chair, place hands on arms of the chair and push body up out of the chair. Lower body slowly back into the chair. Remember to use both arms during this activity.

- Repeat 10 times (1 set)
- Perform 2-3 sets a day



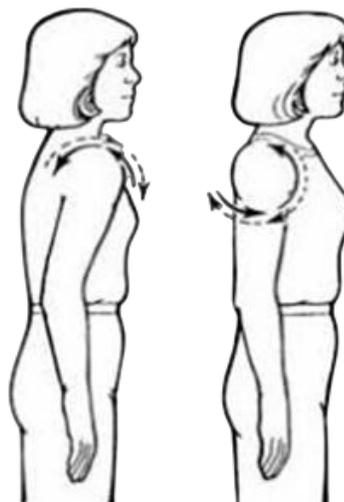
## Upper Body Conditioning/Strengthening Exercises

Strong arms make it easier to use your walker/cane and get in and out of bed after surgery. If you do not have weights available, soup cans or bottles of water provide resistance. The following exercise program should be started 4-6 weeks before surgery. These exercises should be done daily if possible or at least 5 times per week.

### Shoulder Rotation

Move shoulders forward in a circular motion for a count of 10. Then, move shoulders backward in a circular motion for a count of 10.

- Repeat 10 times (1 set)
- Perform 2 sets a day



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### Bicep Flexion

Standing or seated with one arm bent to 90 degrees at side. Slowly bend elbow and raise the weight toward the shoulder. Remember to keep the palm up. Repeat with the opposite arm. Movements should be slow and controlled.

- Repeat 10 times (1 set)
- Perform 2 sets a day



## Tricep Extension

Stand or sit and bring arm up so the elbow is near the ear. Support the arm that is holding the weight with the other hand by the elbow. Now slowly straighten the arm then bend it. Repeat using the opposite arm.

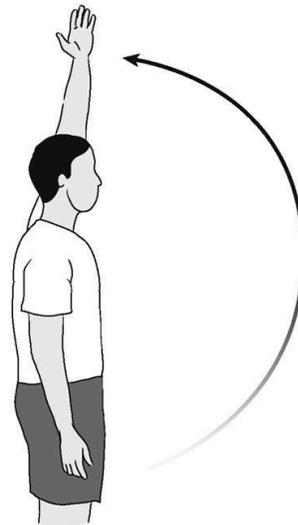
- Repeat 10 times (1 set)
- Perform 2 sets a day



## Shoulder Flexion

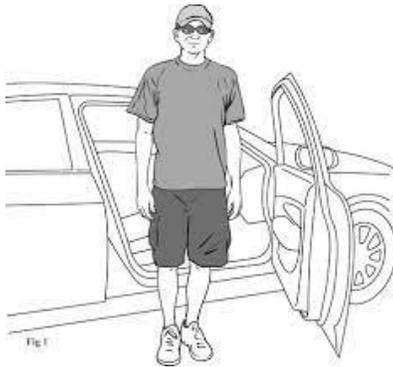
Keep Elbow straight and raise arm above head. Very slowly return arm to side. This exercise may be performed sitting or standing. Repeat with opposite arm.

- Repeat 10 times (1 set)
- Perform 2 sets a day



# GETTING IN AND OUT OF A CAR AFTER SURGERY

1. The front passenger car seat should be pushed all the way back before you enter the car.
2. Have the driver park on a flat surface and/or near the driveway ramp.
3. Walk toward the car using the appropriate walking device.
4. When close to the car, turn and begin backing up to the front passenger car seat. Never step into the car! (Fig. 1)



5. Placing a plastic bag on fabric seat may make moving easier.
6. Reach with your right hand and hold the door frame or headrest. Place your left hand on the car seat or dashboard. (Fig. 2)



7. Slowly lower yourself to the car seat. (Fig. 3)



8. Slide yourself back onto the car seat. (Fig. 4)



9. Swing your legs into the car. Try to move one leg at a time. Keep your toes pointed upward. (Fig. 5)



10. Do NOT cross your legs!
11. Reverse these steps to get out of a car.

When taking extended car rides, make sure to take breaks every 30 to 45 minutes. Get out of car and walk/stand for a few minutes so you do not become too stiff.

While riding in the car is fine, generally, driving is not recommended for 4-8 weeks after surgery. Please ask us if you have any questions about when it is safe to resume driving.

## DENTAL CARE & YOUR JOINT REPLACEMENT

Protecting your new joint is our top priority. One potential source of infection for joint replacement is bacteria entering the bloodstream during dental procedures. While the risk is low, the consequence of a joint replacement infection is serious. We follow safety protocol for your dental care. To maximize your safety, we recommend the following timeline for antibiotic use:

1. **The First 2 years (Required)** For the first **2 years** after your surgery, you **must** take antibiotics prior to any dental procedure. This is the critical period when you are healing, and your bone is still actively integrating with the implant.
2. **High-Risk Patients (Lifelong)** If you have certain health conditions, we recommend taking antibiotics for life before dental work. These conditions include:
  - Diabetes (especially if A1C is > 8)
  - Rheumatoid Arthritis, Lupus, or other autoimmune diseases
  - A weakened immune system (due to medications or illness)
  - A history of previous joint infections
3. **Patient Preference (Optional)** If you are past the 2-year mark and are healthy, you are not strictly required to take antibiotics. However, if taking them gives you peace of mind, we support your decision to continue using them.

### Antibiotic Protocol

Please take your antibiotic **1 hour prior** to your dental appointment.

- **Amoxicillin:** 2 Grams (4 x 500mg pills)
- **Cephalexin (Keflex):** 2 Grams (4 x 500mg pills) if allergic to Amoxicillin / Penicillin
- **Azithromycin (Zithromax):** 500 mg (2 x 250mg pills OR 1 x 500mg pill) if allergic to Amoxicillin and Cephalexin

*Note: If your dentist is uncomfortable prescribing these, please contact our office at least 48 hours before your appointment, and we will call the prescription in for you.*

### The Changing Guidelines:

*Why might my dentist say I don't need this?*

Recent large-scale studies suggest that for healthy patients, dental work is rarely the cause of joint infections. These organizations are also trying to reduce antibiotic resistance and allergic reactions.

**Why we still recommend it:** While the statistical risk is low, a prosthetic joint infection is a devastating complication that often requires additional surgery. We believe a "conservative approach" (better safe than sorry) is appropriate, particularly in the first two years of healing or for patients with other health risks.

# ADVANCE DIRECTIVES

## **Make Your Wishes Known**

Most of the time, surgery goes smoothly. However, everyone should make sure their doctor and family know their wishes in case complications arise.

## **Healthcare Power of Attorney**

If a decision needs to be made about your care during surgery, or if you cannot speak for yourself after surgery, your medical team needs to know who speaks for you. This person is called your **healthcare power of attorney** or **healthcare proxy**.

## **Important discussions to have:**

Make sure this person knows what treatments you would or would NOT want if there was a serious problem. This includes treatments like:

- Cardiopulmonary resuscitation (CPR)—an emergency lifesaving procedure performed when the heart stops beating
- Mechanical ventilation
- Feeding tubes
- Other life-sustaining measures

## **Creating an Advance Directive**

It is best to create an **advance directive** (also called a living will) to document what you would or would not like done to keep you alive. This is a good idea for everyone, not just surgical patients.

## **Benefits of an advance directive:**

- Ensures your wishes are followed
- Relieves family members of difficult decisions
- Provides clarity for your medical team
- Can be changed at any time

## **Action steps:**

- **If you have an advance directive:** Bring a copy to the hospital on surgery day.
- **If you don't have one:** We may be able to help you create one before surgery.
- Find a sample advance directive form for your state at:
  - <https://bit.ly/StateForm>
  - <https://www.fivewishes.org>

Take time to discuss your wishes with your family. Having these conversations now prevents confusion and stress later.

