



HIP & KNEE REPLACEMENT

WHAT YOU NEED TO KNOW

ST.  ANTHONY
Regional Hospital



1 FIRST LEVEL PARKING GARAGE ENTRANCE
(SURGERY PATIENT PARKING AVAILABLE)

2 SECOND LEVEL PARKING GARAGE ENTRANCE

3 ATRIUM ENTRANCE

4 NURSING HOME ENTRANCE

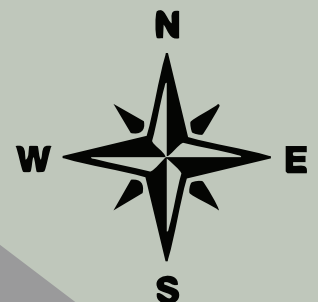
5 EMERGENCY/PATIENT REGISTRATION ENTRANCE

6 CARROLL CLINIC ENTRANCE

H HELICOPTER

P PATIENT & VISTOR PARKING

P EMPLOYEE & CONTRACTOR PARKING



WELCOME

Thank you for choosing St. Anthony Regional Hospital for your healthcare needs and surgical procedures! This informational booklet will help you prepare for your surgery and recovery. At St. Anthony, we are dedicated to improving the health of the people we serve and are committed to providing outstanding quality care.

FOR MORE INFORMATION

St. Anthony Regional Hospital 712-792-3581

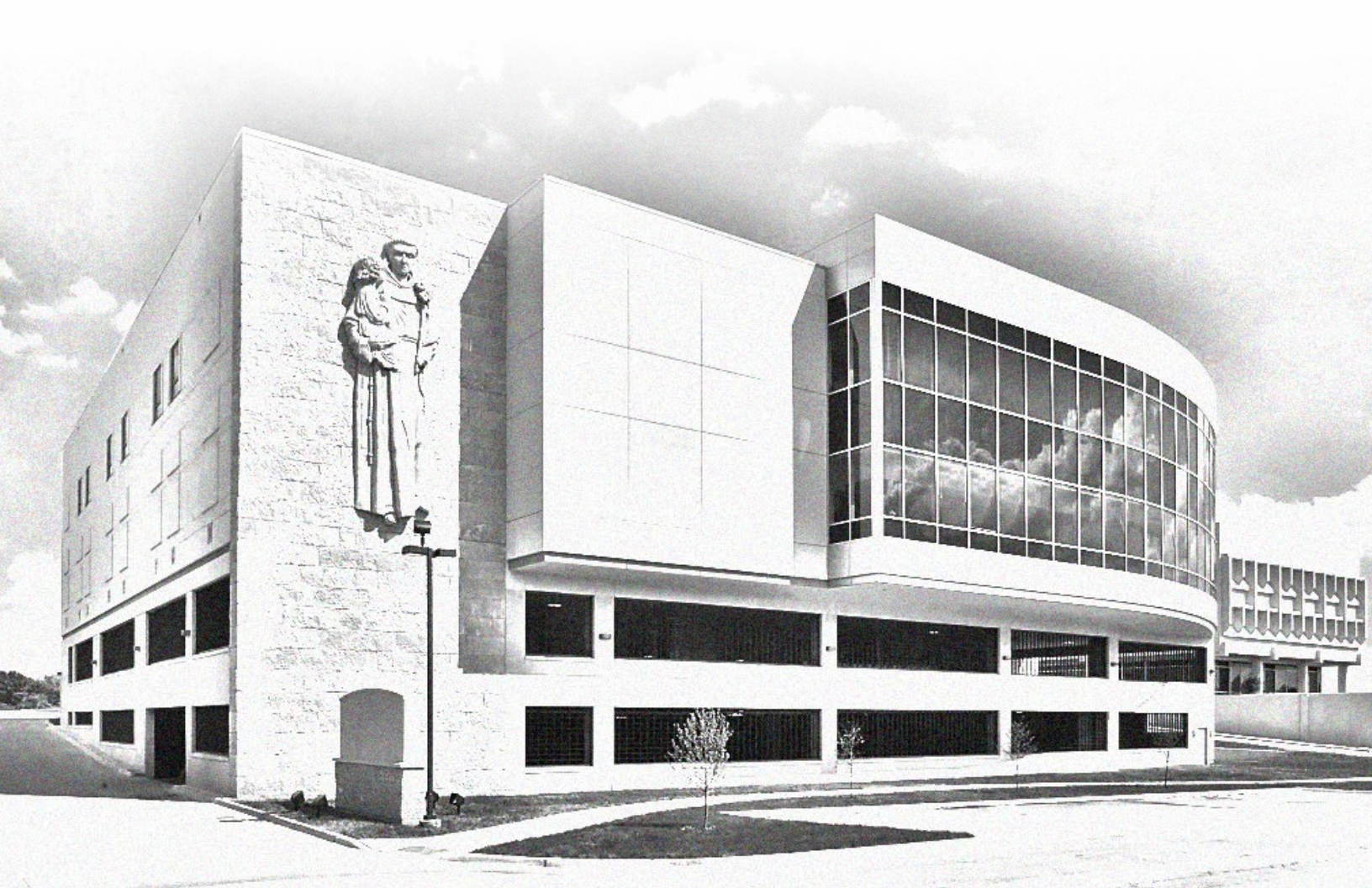
St. Anthony Orthopedics 712-794-5536

St. Anthony Preadmissions Office 712-794-5733

311 S. Clark Street
Carroll, IA 51401

www.stanthonyhospital.org

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SURGICAL CHECKLIST

Prepare for a successful joint replacement with this checklist from St. Anthony Orthopedics. Follow the steps and contact your care team with any questions.

PRE-SURGERY PREPARATION CHECKLIST

- ☐ Complete physical within 30 days of your surgery by:
- ☐ Schedule follow-up or specialist appointments and testing as needed (cardiologist, pulmonologist, etc.)
- ☐ Start daily exercises before surgery
- ☐ Arrange for a support person to stay with you after surgery for at least 3 days
- ☐ Complete pre-op imaging at SARH Radiology Department
- ☐ Watch total joint video
- ☐ Complete Iovora Treatment if applicable

HOME PREPARATION

- ☐ Remove rugs and tripping hazards
- ☐ Ensure pathways/walkways are clear and arrange furniture if needed
- ☐ Install handrails or grab bars if needed
- ☐ Obtain a walker and assistive equipment (toilet riser, grab bars, reacher)
- ☐ Plan for meals or stock up on groceries
- ☐ Arrange care for pets or family members if you are a caregiver

A WEEK BEFORE SURGERY

- ☐ Stop these medications:
- ☐ Start your skin preparation with Hibiclens soap and nasal ointment
Report any skin problems to your surgeon right away

PACK FOR SURGERY

- ☐ Loose-fitting comfortable clothing and stay-on-your-feet shoes (no boots, flip flops, slippers)
- ☐ Walker
- ☐ CPAP
- ☐ Personal items: glasses, hearing aids, dentures, cell phone and charger, hygiene items
- ☐ Current insurance cards
- ☐ Specific medications to bring:

RIGHT BEFORE SURGERY

- ☐ Pre-Admission Nurse will call you about 2 days before your surgery
- ☐ Nothing to eat or drink after midnight
- ☐ Drink the pre-operative beverage provided as instructed by pre-admission nurse at:
- ☐ Take Celebrex the night before surgery if ordered

DAY SURGERY

- ☐ Take these medications with a sip of water:
- ☐ Report to St. Anthony Surgery Center at:



SURGERY AND HOME PREPARATION



PREPARING FOR SURGERY

- **Schedule your history and physical with your primary care provider.** This needs to be done within 30 days of your surgery or it will have to be repeated. You will have labs drawn, an EKG done, and possibly a chest X-ray. We suggest scheduling this early so there is ample time to see any specialists such as a cardiologist or pulmonologist or have additional testing done if needed.
- Begin the exercises in the Physical Therapy Section of this book. Practice them twice daily before surgery.
- Remove all nail polish or artificial nails in advance.
- **Arrange for a support person.** You will need someone to stay with you for the first 3 days, possibly longer, following your surgery. This person will need to be able to assist you with bathing, transferring, food preparation, and transportation home and to appointments.
- You will need someone to help with pets, yard work, housekeeping, etc. for a few weeks.
- Schedule any needed dental work before your surgery. You should not have any dental work for 3 months after a total joint replacement surgery.



PREPARING YOUR HOME

- Prepare your home environment to prevent falls and to make your recovery easier. Remove floor rugs and any tripping hazards, like cords, that may be in the way. You may even need to arrange furniture to make using your walker in your home easier. Do a practice run with your walker through your home to make sure you can get around safely. Make sure you can get in and out of your home; check that rails are secure and pathways are clear.
- Make sure your bathroom can safely accommodate you. Install grab bars and obtain a shower chair or additional healthcare aids like a toilet riser or handheld showerhead if needed.
- You may want to get groceries, arrange for meal delivery, or stock up on easy to make meals that will make caring for yourself easier after surgery.
- If you are a caregiver for another person or pet, you should arrange for someone else to care for them during your recovery.



ADAPTIVE MEDICAL EQUIPMENT

The items pictured below can be purchased in kits at Walmart, Amazon, medical equipment supply stores, or found at second-hand stores. You can borrow equipment from friends or family. St. Anthony also has a loan closet that may be able to help you obtain some equipment; please try to make arrangements in advance.



Walker

A standard walker or front wheeled walker.



SHOWER CHAIR/ BATH BENCH

Helps you sit while bathing and assists with transferring in and out of the bathtub.



ELEVATED TOILET SEAT

Can be attached to your toilet to elevate height.



DRESSING STICK



SOCK AID



LONG-HANDLED SHOE HORN



LEG LIFTER



REACHER



LONG-HANDLED BATH SPONGE



GRIPPER SOCKS



INSURANCE AND BILLING

What you can do to help ensure a smooth billing process:

- **Present** your current insurance card and information along with your mailing address to the registration staff when you arrive.
- **Review** the insurance benefits allowed for your scheduled procedure before your surgery. You will be billed for all non-covered services.
- **Confirm** with your insurance company that St. Anthony Regional Hospital is a network provider.
- **If your procedure is due to a work-related injury**, please verify that your employer or workman's compensation carrier has been notified that you are scheduled for this surgery. Provide the workman's compensation billing information to the registration staff upon admission.

St. Anthony will also contact your insurance company regarding any requirements for prior authorization. In addition, claims will be filed with your insurance company for the anesthesia and hospital surgery charges. Patient finance will monitor the claims processing and reimbursement. You will not receive a bill until all insurance reimbursement has been satisfied. You will receive one bill from St. Anthony for your anesthesia services and facility charges. You may also receive a bill from your surgeon, pathologist, radiologist, and durable medical equipment supplier.

If you are not covered by insurance or have questions about billing, please contact **St. Anthony Patient Finance**: Monday through Friday 8 a.m. to 4:30 p.m. to discuss payments or financial assistance at **712-794-5507**.



SOCIAL SERVICES

Your social worker will meet with you during your stay to ensure a smooth transition from the hospital to home. Social workers can help arrange for medical and adaptive equipment, home health services, lifeline, meals on wheels, or skilled nursing care.

SKIN CARE AND INFECTION PREVENTION

Proper skin care and infection prevention are vital steps in preparing for your surgery and ensuring a smooth recovery. Following these guidelines helps reduce the risk of infection and promotes a safe surgical experience. By adhering to these practices, you set the foundation for optimal healing and recovery.

7 DAYS BEFORE SURGERY

- Notify your surgeon if you develop any rashes, skin irritations, bug bites, scrapes, or unusual bruising in the week leading up to your surgery.
- Do not shave your legs for a week before your surgery.
- Start the **mupirocin ointment 7 days before surgery**; use a Q-tip to apply it inside both your nostrils once daily.
- Use freshly laundered sheets on your bed the week before surgery.
- Use your **Hibiclens (HCG) soap every day** starting 7 days before surgery. (Do not use it if you are allergic.)
 - Wash your hair and body as normal.
 - With a new clean washcloth, wash your body from your neck down (avoiding genitals and face), turn the water off and let it sit on your skin for 1-2 minutes.
 - Rinse the soap off completely.
 - Dry with a clean unused towel.
 - Dress with clean unworn clothing.
 - Do not apply any lotions, creams, powder, or deodorant to your body after use.
- You should put clean sheets on your bed again before coming home from the hospital.



WHAT TO BRING

- Loose-fitting, comfortable clothing for a one-day stay.
- Comfortable shoes that stay on your feet (like tennis shoes). No boots, flip-flops, slippers, or slide-on shoes/sandals.
- Personal hygiene items (the hospital provides these but feel free to bring your preferred ones).
- Cell phone and charger.
- Glasses, hearing aids, dentures.
- CPAP machine.
- Standard or front-wheeled walker.
- Adaptive equipment like reacher and sock aid.
- Current insurance card(s).
- Current list of your medications.
- A copy of your Living Will or Durable Power of Attorney if you have one to keep on file in your medical record.
- This binder.
- Specific medications the pre-admission nurse asked you to bring including inhalers, eye drops, new diabetic medications, and experimental medications.

Do Not Bring

- Any valuables, cash, medications or jewelry.

MEDICATIONS TO HOLD BEFORE YOUR SURGERY

7 DAYS PRIOR

Stop these medications seven days before surgery:

- Aspirin
- Herbal therapies and supplements including: Vitamin E, Omega 3 Fish Oil, Glucosamine, Garlic, Ginger, CoQ10, Ginseng, Ginkgo, Phentermine, Preservision, Echinacea, Ephedrine, St. John's Wart, Valerian
- NSAIDS (non-steroidal anti-inflammatory) including:
 - Advil (Motrin, Ibuprofen)
 - Aleve (Naproxen, Anaprox, Naprosyn)
 - Diclofenac (Cataflam, Voltaren, Zipsor)
 - Etodolac (Lodine)
 - Feldene (Piroxicam)
 - Fenoprofen, Flurbiprofen
 - Indocin, Indomethacin
 - Meclofen (Meclofenamate)
 - Meloxicam (Mobic)
 - Relafen (Nabumetone)
 - Sulindac
 - Tolectin, Tolmetin
- Weekly dosed GLP-1 Receptor Agonists including:
 - Bydureon, Byetta (exenatide)
 - Ozempic, Rybelsus, Wegovy (semaglutide)
 - Trulicity (dulaglutide)
 - Victoza (liraglutide)
 - Mounjaro (tirzepatide)

Ask your primary care provider when to stop prescription blood thinners including:

- Aggrenox (Dipyridamole)
- Brilinta (Ticagrelor)
- Coumadin (Warfarin)
- Eliquis (Apixaban)
- Plavix (Clopidogrel)
- Pletal (Cilostazol)
- Pradaxa (Dabigatran)
- Xarelto (Rivaroxaban)

3 DAYS PRIOR

Stop SGLT-2 Inhibitors three days prior to surgery including:

- Farxiga (dapagliflozin)
- Inpefa (sotagliflozin)
- Invokana (canagliflozin)
- Jardiance (empagliflozin)
- Steglatro (ertugliflozin)

Your primary care provider or the pre-admission nurse will instruct you on which medications you may take the morning of your surgery as well as any special instructions regarding insulin dosing.

***Do NOT stop taking your other prescription medications including inhalers unless you were specifically told to.**





PRE-OPERATIVE PHONE CALL

You will receive a phone call about two days before your surgery from a pre-admissions nurse. The nurse will review your medical history and medication list (including all over-the-counter and supplemental medications). The nurse will answer questions about your surgery and give you specific instructions about which medications you may take on the morning of your surgery.

During this call, you will be given your arrival time and other specific directions for surgery including: **no food, candy, gum, or smoking after midnight**. You will be instructed to drink a pre-operative carbohydrate-rich beverage that will provide energy, reduce your risk of nausea, and improve recovery after surgery.

If you have questions or have not received a call the day before your surgery contact the Pre-Admissions Nurse at 712-794-5733.

THE DAY OF YOUR SURGERY

- Do not wear any makeup or jewelry on the day of your surgery.
- Bring your bag with the items listed prior.
- Arrive by your designated time to the St. Anthony Surgery Center 1st floor parking garage and enter through the double doors. There will be elevators off to the right, please take them to the 3rd floor to the Surgery Center. You will check in at the registration desk. Remember to bring your insurance cards.

SAME DAY SURGERY

You will be brought to your assigned room and asked to change into a hospital gown. Lab personnel may draw blood if any labs are ordered.

YOUR NURSE WILL:

- Verify your name, date of birth, planned surgery, and surgeon, and ask you to sign a consent form.
- Review your health history and medications and ask the last time you have taken each of your medications.
- Check your vital signs and perform a head-to-toe assessment.
- Start your IV.
- Shave and prep your skin if needed to prevent infection.
- Apply a compression stocking (TED hose) to your non-operative leg, and compression sleeves to both legs to prevent blood clots and swelling.
- Teach you how to use your incentive spirometer to prevent pneumonia.
- Swab your nose with an alcohol-based nasal swab and administer an antibiotic through your IV to prevent infection.
- Administer medications to pre-treat for pain and nausea.

YOUR SURGEON WILL:

- Visit with you before surgery to answer any questions you have.
- Verify and initial your surgery site.

YOUR ANESTHETIST WILL:

- Review your medical and surgical history and past experience with anesthesia.
- Explain your anesthesia and pain control options and make a plan with you. This could include a regional block, epidural, spinal, general anesthesia, or a combination of these. They will ask you to sign an anesthesia consent form.
- Monitor you throughout your surgery and give you medications to treat pain and prevent nausea.

Your visitors will be asked to wait in your same day surgery room or the waiting room during your surgery. Your surgeon will visit with them when your surgery is completed. The staff will then direct them to your new room.

Meet our Orthopedic Surgeons



Richard Goding, M.D.



Michael Dirx, D.O.

RECOVERY ROOM

After your surgery is completed, you will be taken to the recovery room to allow the anesthesia to wear off. The nurses will closely monitor your vital signs, pain level, and surgery site. They will administer medications to keep you comfortable and safe. The amount of time you spend there can vary, but is generally 1 to 2 hours.

You may require oxygen for a short period after surgery, and warm blankets may be provided to keep you comfortable. If you had spinal anesthesia, the numbness may take a few hours to wear off. You will leave the recovery room when you are alert, have stable vital signs, and your pain and nausea are well controlled. Staff will ensure you're ready to transition to the next stage of your care.



AFTER YOUR SURGERY

- Select patients may be a candidate for going home on the day of surgery. If you and your surgeon feel this may be a good option for you, you will return to the Same Day Surgery area. Otherwise, you will be taken to the Medical/Surgical Unit.
- You will be observed closely and your vital signs will be checked frequently.
- You will be given ice chips or water and then slowly given other fluids and foods as tolerated.
- Start using your incentive spirometer 10 times each hour!
- The nurse will frequently ask you to rate your pain on a 0-10 scale and assess you for nausea. We will do our best to keep your discomfort minimal so that you can begin your recovery. It is reasonable to expect some pain, we are unable to make it go away completely.
- Physical Therapy will begin working with you soon after surgery, starting with getting up out of bed and sitting in the chair for 2-3 hours and walking 10-15 feet the afternoon of surgery.
- It is important to change position even when you are in bed every 1 to 2 hours.

WOUND CARE

- Leave your bandage on until your follow-up appointment with your surgeon.
- You may shower over this dressing. Do not soak the incision in a bathtub, hot tub, or pool for 6 weeks or until permitted by your surgeon.
- No lotions, creams, or powders near your incision for 6 weeks.
- Notify your surgeon immediately if you notice any signs or symptoms of infection: fever, redness, increased swelling or pain, or drainage from your incision.

PAIN MANAGEMENT

It is reasonable to expect that you may have some pain after surgery. Our goal is to keep you as comfortable as possible so that you can eat, sleep, and move around. Be sure to tell your nurse when you are having pain before it becomes severe. You may be given medications through your IV or by mouth.

- A combination of pain medications and activity will help you manage your discomfort.
- Your prescriptions will be sent to your preferred pharmacy.
- In the days following your surgery, it is important to take your pain medication as prescribed. We will use a combination of narcotic and non-narcotic medications to treat your pain. As your pain improves you can extend the time between doses and discontinue the use of narcotic medications altogether. We recommend stopping these by 6 weeks after surgery.
- Get enough sleep. Adequate sleep improves your body's ability to cope with pain and speeds up healing and recovery.
- Do not sit too long. Getting up and walking every 1- 2 hours during the day helps prevent stiffness and decreases the risk of blood clots.
- Increase your physical activity in increments each day increasing time and distance. Perform your physical therapy exercises twice each day.
- Ice packs or a cold therapy machine are important to decrease pain and prevent swelling. Ice 4-5 times daily for 30-45 minutes for the first 2 to 3 weeks.
- Elevate your leg and reposition for comfort.
*No pillow under the operative knee for total knee replacement patients.
- Distraction: Watch a movie, invite friends over, play a game, get out of the house- anything that allows you to distract yourself from your discomfort.

PAIN SCALE



10

UNABLE TO MOVE

Bedbound with severe pain—need to go to the ER for help.



9

SEVERE

Pain is all I can think about. I can barely talk or move due to pain.



8

INTENSE

It is hard to think of anything else. Talking and listening are difficult.



7

UNMANAGEABLE

I am in pain all the time. It keeps me from doing most activities.



6

DISTRESSING

I think about pain a lot, I give up doing some activities due to pain.



5

DISTRACTING

I think about pain. I give up doing a few needed activities due to pain.



4

MODERATE

I am aware of my pain, but can continue most activities.



3

UNCOMFORTABLE

My pain bothers me, but I can ignore it most of the time.



2

MILD

Low level of pain. I am aware of my pain only when I pay attention to it.



1

MINIMAL

My pain is hardly noticeable.



0

NO PAIN

I have no pain.

POST-OPERATIVE SYMPTOM MANAGEMENT

NAUSEA

Take anti-nausea medications as prescribed. Do not take pain medication on an empty stomach. Try chewing mint gum or using essential oils to decrease nausea.

CONSTIPATION

Increase your fluids and fiber after surgery, increase activity as tolerated, and use laxatives or stool softeners- especially if taking narcotic pain medications.

BLOOD CLOTS

Take blood thinners prophylactically as prescribed after surgery. Do ankle pumps. Get up and walk frequently.

INFECTION

Use good hand-washing, apply clean sheets to your bed, use caution with pets, and keep your incision clean and dry.

RESPIRATORY COMPLICATIONS

Use your incentive spirometer or cough and deep breathing exercises 10 times each hour when you are awake.

SWELLING

It is normal to experience some swelling for up to several months. Use your compression stockings as directed. You do not need to wear them at night. Keep doing your ankle pumps and wiggling your toes.

Take breaks 3-4 times each day to lie down and elevate your leg on several pillows so that your foot is above your heart especially the first 3 days after surgery. Avoid prolonged sitting; get up and move each hour.

BRUISING

You may develop bruising in your operative leg. For patients who had hip surgery, the bruising can be in the groin or down the leg to the knee. It will gradually go away on its own as the body reabsorbs the blood.



NOTIFY THE PHYSICIAN IF:

- A fever above 100.5 with chills
- Pain that is unrelieved by the pain medication provided
- Impaired circulation, numbness, or tingling in toes
- Continued nausea and vomiting
- Signs of infection (redness, swelling, heat or foul-smelling drainage from incisional site)
- Calf Pain
- Chest pain
- Shortness of breath
- Anxiety



DRIVING

You are allowed to operate an automobile when you are comfortably walking with a cane or without any support. You cannot drive if you are still taking narcotic pain medications. For some patients, this will be within 3 to 4 weeks, for others it will be longer. If you do not feel that you are safe to drive, wait until you feel ready.

PHYSICAL THERAPY EXERCISES

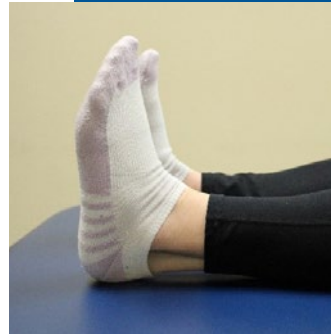
If you are able, begin these exercises 4-6 weeks before your surgery. These are also the exercises you will do after surgery.

ANKLE PUMPS

Reps: 10 on each leg, **Frequency:** 2 times a day

Set Up: Lie on your back with your legs straight.

Movement: Slowly point your toes up toward your body as far as possible, then slowly point your toes away from your body as far as possible.



Ankle Pumps

QUAD SET

Reps: 10, **Frequency:** 2 times a day

Set Up: Lie on your back with your legs out straight and relaxed. Bend your unoperated leg so your foot is firmly placed against the bed. Keep the operated leg straight.

Movement: Straighten out your operated legs as much as possible, tightening the muscles on top of your thigh. Hold this position for 5 seconds, and then relax.



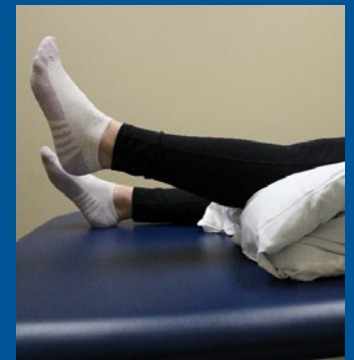
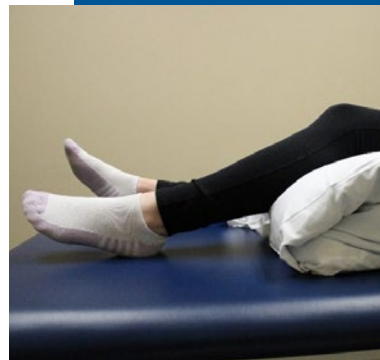
Quad Sets

KNEE STRAIGHTENING EXERCISE

Reps: 10, **Frequency:** 2 times a day

Set Up: Lie on your back with a large towel roll under your knee.

Movement: Straighten your knee as you lift your heel off the bed. Hold for 3 seconds. Slowly lower your leg to the starting position and relax.



Knee Straightening

HEEL SLIDES

Reps: 10, **Frequency:** 2 times a day

Set Up: Lie on your back with your legs straight.

Movement: Slide the heel of your surgical leg towards your buttocks as your knee and hip bend. Hold a gentle stretch and slowly slide your leg back straight and relax.



Heel Slides

PHYSICAL THERAPY EXERCISES

(CONTINUED)

STRAIGHT LEG RAISE

Reps: 10, Frequency: 2 times a day

do not start this until 2 weeks post-op for total hip patients

Set Up: Lie on your back with the surgical leg straight and the other knee bent.

Movement: Lift your surgical leg about 6-8 inches and tighten the muscle on top of your thigh. Hold for 5 seconds, then slowly lower your leg and relax.



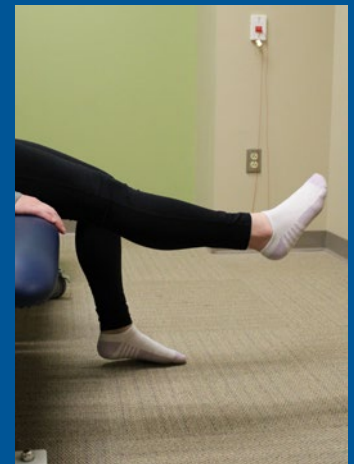
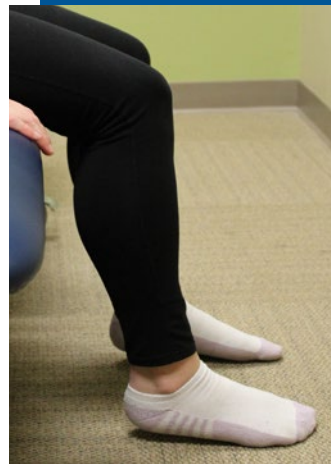
Straight Leg Raise

SEATED LONG ARC QUAD

Reps: 10, Frequency: 2 times a day

Set Up: Begin sitting upright in a chair.

Movement: Slowly straighten your leg making sure your quads are fully contracted. Hold for 3 seconds and then slowly return to the starting position. Keep your spine straight and avoid using your momentum by performing slow movements throughout the exercise.



Seated Long Arc Quad



Standing Heel Raise with Chair Support

STANDING HEEL RAISE WITH CHAIR SUPPORT

Reps: 10, Frequency: 2 times a day

Set Up: Begin in a standing position with your hands resting on a chair or table for support.

Movement: Keeping your legs straight, slowly raise your heels off the ground as far as you can, then return them to the floor.

PHYSICAL THERAPY EXERCISES

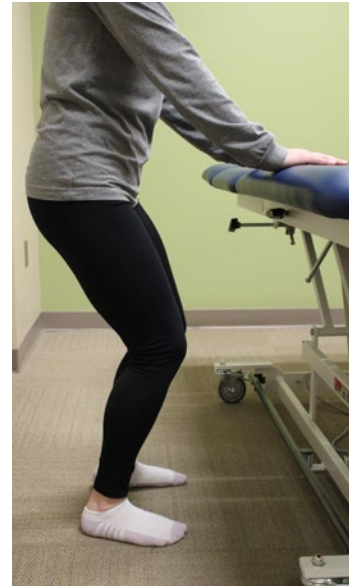
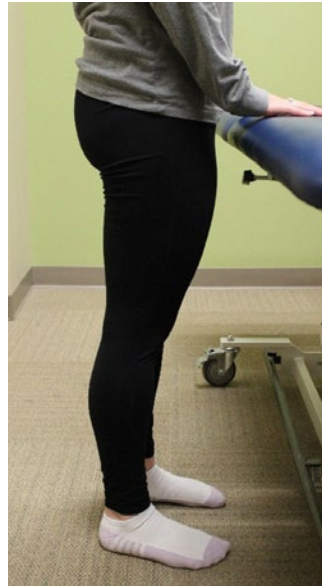
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PARTIAL SQUAT WITH CHAIR SUPPORT

Reps: 10, **Frequency:** 2 times a day

Set Up: Begin in a standing position with your hands resting on the back of a chair in front of you for support.

Movement: Bending at your knees and hips, squat down partially to about a 30-40 degree bend at your knees. Make sure to keep your back straight but can lean forward at the hips.



Partial Squat with Chair Support

PHYSICAL THERAPY EXERCISES

ADDITIONAL EXERCISES FOR TOTAL HIP REPLACEMENT

SUPINE HIP ABDUCTION

Reps: 10, **Frequency:** 2 times a day

Set Up: Lie on your back with legs straight.

Movement: Move one leg out to the side as far as you can without bending at your side. Keep your leg straight the entire time.

GLUTEAL EXERCISE

Reps: 10, **Frequency:** 2 times a day

Set Up: Lying down with legs straight.

Movement: Squeeze your buttock muscles together and hold for 5 seconds.

STANDING HIP ABDUCTION

Reps: 10, **Frequency:** 2 times a day

Set Up: Begin in a standing position with your hands resting on the back of a chair in front of you for support.

Movement: Slowly move your surgical leg out to the side 4 to 6 inches with your toes pointing forward and hold for 1 second, then return to starting position. Keep your back and legs straight.



Standing Hip Abduction

ACTIVITIES OF DAILY LIVING

USING A WALKER

- Push up from the surface you are sitting on, do not pull yourself up using your walker.
- Do not use your walker to stabilize yourself when bending or reaching.
- Keep your toes pointed forward.
- Do not twist with the walker while your foot is planted.
- Always place all four legs of the walker on the floor.
- Do not let your walker get too far in front of you.

HOW TO SIT

- Back up to the bed, chair, or toilet until you feel it with the back of your legs.
- Slide your operative leg ahead.
- Reach back with both hands.
- Lower yourself gently to sit.

HOW TO STAND

- Scoot to the edge of your seat.
- Pull the non-affected foot back to push up on.
- Push up from the surface with both hands.
- Reach for the walker one hand at a time.

GETTING INTO BED

- Sit on the edge of the bed with both feet on the ground.
- Bearing weight on your hands, scoot your hips backward onto the bed. Keep your shoulders back.
- Lower yourself onto your forearms.
- Carefully slide your legs onto the bed, keeping the knee of your operative leg straight and toes pointed up.

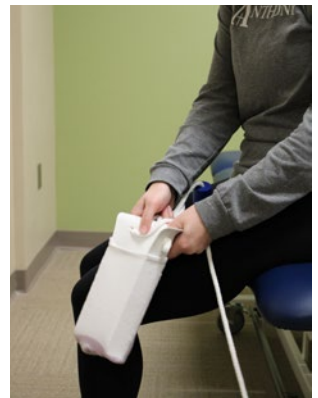
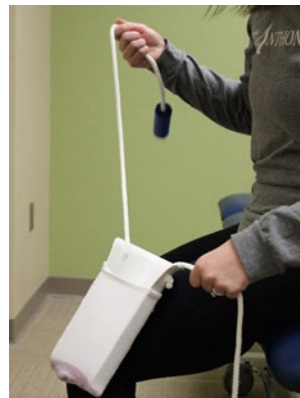
GETTING OUT OF BED

- Slide your legs toward the edge of the bed, keeping the operative leg straight and toes pointed up.
- Push up onto your forearms.
- Push up onto your hands.

- Slide your legs so your heels are over the edge of the bed.
- Scoot your hips forward until both feet are on the ground.

DRESSING

- Use a sock aid, reacher, and/or longhandled shoehorn as needed.
- Always dress the operative leg first while seated.
- Lower the pants to the floor on your operative side and over your foot, you will want to use the reacher to assist with this.
- Pull the pants up to your knees where you can reach them and continue to pull them up using both hands.
- Use the sock aid with the heel of the sock at the back side of the sock aid and the sock scrunched just below the knots, drop the sock aid in front of the operative leg. Slide your toes into the sock and pull on the cords until the sock is up over the heel, then pull the sock aid out.





GETTING INTO AND OUT OF A CAR

- Move the seat back as far as possible, you may also recline the seat slightly to create more room to lean back during the transfer.
- Back up to the car with your walker until you feel the seat behind both legs.
- Reach back for the seat and move the operative leg forward.
- Gently lower yourself to the seat and scoot your hips in as far as possible.
- Keep your operative leg in alignment with your hip.
- Pivot your buttocks and bring one leg in at a time.
- Helpful hints:
 - Have your driver park away from any steps or curbs to make it easier to get in and out of your vehicle.
 - Sit in the front seat (there is more room) rather than the back seat.
 - You can place a plastic bag on the seat to help you slide and make transfers easier.
 - Do not take long car trips for 1-2 weeks following surgery.

CLIMBING STAIRS WITH A WALKER

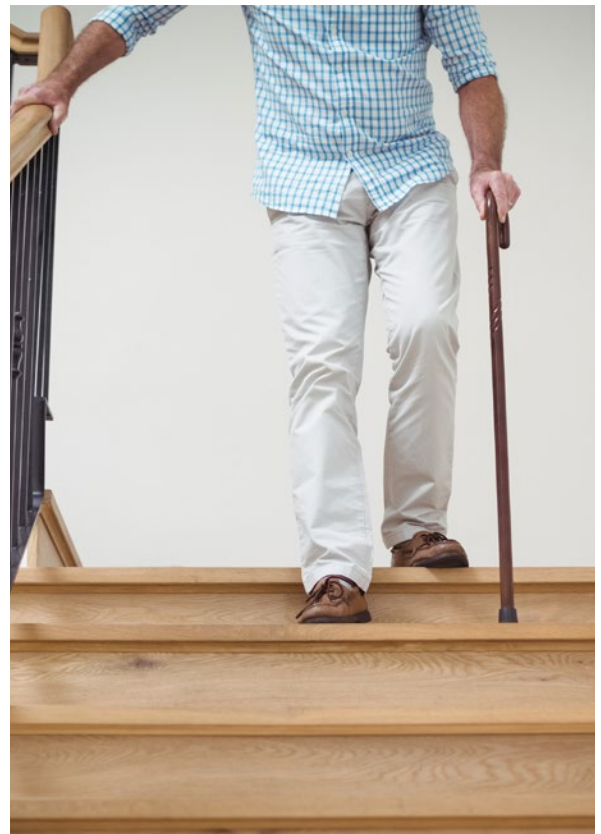
- Turn the walker sideways with the crossbar away from you or fold the walker and place it on the step.
- Put two legs of the walker on the step you are going to and the other two legs on the step you are on.
- Lean your hand on the top grip of the walker and step up with the unaffected foot. Bring the operative leg/foot up to the same step.

GOING DOWN THE STAIRS WITH A WALKER

- Turn the walker sideways with the crossbar away from you.
- Move to the edge of the step.
- Place two legs of the walker on the step you are going to and the other two on the step you are on.
- Lean on the upper hand grip and lower the operative leg to the next step.
- Step down to the same step with the unaffected leg.
- Advance the walker to the next step and continue.

CLIMBING UP AND DOWN STAIRS WITH A CANE.

- Use a handrail if available.
- Going up, lead with your unaffected leg, then your operative leg, and finally your cane.
- Going down, lead with your cane, followed by your operative leg, and finally your unaffected leg.



EXERCISE RECORD

[illegible]

MEDICATION LOG

[illegible]

NUTRITION

Good nutrition is important for your health and recovery from surgery. It is a great idea to start this the week before surgery and continue for at least a week after surgery as well.

PROTEIN

Increasing your protein intake may improve wound healing and decrease your risk of infection. You can supplement your diet with 1 or 2 high protein drinks or 2-3 high protein foods in addition to the protein foods you usually eat.

- **Boost: High Protein, Glucose Control Max Protein**
- **Carnation Instant Breakfast High Protein**
- **Ensure: Max Protein, High Protein, Enlive**
- **Premier Protein**
- **Nestle Impact Advanced Recovery**
- **2 ounces of meats, poultry, and fish**
- **2 ounces of cheese**
- **2 eggs**
- **½ cup nuts or seeds**
- **2 TBSP of peanut butter or nut butter**
- **6 oz of Greek Yogurt**

***If you have kidney disease or have been told to limit your protein intake, visit with your medical provider before adding protein or changing your diet.*



IRON

Iron is needed to make red blood cells. The most absorbable iron comes from animal sources such as meats. Red meat has the highest amount of iron. Try to include at least two 3 ounce servings of meat daily. Plant based foods such as dried fruit, beans, nuts, and whole grains also contain iron, but our bodies do not absorb these as well. Eating them with sources of vitamin C can improve absorption.

Your doctor may recommend an iron supplement. These are best absorbed on an empty stomach; however, if it upsets your stomach you can take it with a few crackers. Calcium interferes with iron absorption, so try to wait at least two hours between taking iron supplements and consuming milk, antacids, or calcium supplements. Limit coffee and teas, these drinks contain tannins that can reduce iron absorption by 40-60%.



VITAMIN C

Vitamin C is helpful for wound healing and helps your body absorb plant-based sources of iron. Some Vitamin C rich foods include:

- Citrus fruits and juices: oranges, grapefruits, lemons, and limes
- Strawberries, kiwi, pineapple, and mango
- Green and red bell peppers, broccoli, cauliflower, Brussels sprouts
- Tomatoes, tomato juice, and tomato sauces



CALCIUM

Calcium is important for bone health and healing your new joint. Your doctor may prescribe a calcium supplement, especially if you do not consume many dairy products. Some calcium rich foods include:

- Yogurt
- Milk
- Cottage Cheese
- Cheese
- Calcium-fortified orange juice
- Canned salmon
- Calcium-fortified cereals
- Leafy greens like kale, collard greens, and spinach
- Broccoli
- Seeds (sesame and chia seeds)
- Tofu
- Almonds and almond milk



FIBER

The use of narcotic pain medications, taking iron, and decreased mobility can all contribute to constipation. Increasing fiber in your diet can help (in addition to using stool softeners, Metamucil, milk of magnesia, senokot, or Dulcolax) prevent and treat constipation. Some foods high in fiber include:

- Whole grains and oats
- Vegetables: peas, spinach, corn, broccoli, potatoes, avocados, sweet potatoes, carrots, artichoke, kale
- Fruits: apples, pears, raspberries, blackberries, bananas
- Seeds
- Beans and lentils



AREA RESOURCES

ACCOMMODATIONS

Burke Inn Motel & Suites	712-792-5156
Carrollton Inn.....	712-792-5600
Days Inn by Wyndham	712-227-1403
Super 8 by Wyndham East.....	712-792-6666
Super 8 by Wyndham.....	712-220-3472

HOME HEALTH AGENCIES

Angels Care Home Health 712-263-2266
(Covers Crawford, Carroll, Harrison, Ida, Monona, Shelby, and Woodbury counties)

Carroll Area Nursing Service 712-792-1111
(Covers Audubon, Carroll, Cass, Crawford, Shelby, and parts of Sac, Calhoun, Monona, Greene, Harrison, Pottawattamie, and Guthrie counties)

St. Anthony Home Health 712-794-5279
(Covers 30 mile radius of Carroll)

MEDICAL EQUIPMENT/SUPPLIES

Apria Healthcare	712-792-6023
Home Care Medical	712-792-4591
Jackson Medical/Aero Care.....	712-775-1111
Topko (Denison).....	800-247-1031
Kinex (cold therapy machine).....	866-327-7088

PHARMACIES

Carroll Apothecary	712-792-2671
Clinic Pharmacy	712-792-5393
Hy-Vee (Carroll)	712-792-9093
Lincoln Highway Pharmacy.....	712-792-2402
Walgreens (Carroll)	712-792-4566
Wal-Mart (Carroll).....	712-792-3033

MEALS

Congregate Meals in Carroll.....	712-792-3058
Mom's Meals	866-971-6667
Sister's Home Style Entrees	515-332-1928

PHYSICAL/OCCUPATIONAL THERAPY

St. Anthony Regional Hospital	
Rehabilitation Dept.....	712-794-5000
Family & Specialty Medical Center...	712-792-4000
McFarland Clinic	712-792-1500

ADDITIONAL RESOURCES

Elderbridge Agency on Aging	712-792-3512
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ST. ANTHONY
Regional Hospital

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www.stanthonyhospital.org