

Welcome

Thank you for choosing UF Health Central Florida (The Joint Center at UF Health Leesburg Hospital and The Joint Institute at UF Health The Villages® Hospital). Our commitment to patient care is focused on improving the health and quality of life of the individuals and the communities we serve. Your decision to have elective joint replacement surgery is the first step towards a healthier lifestyle.

Your physician has explained your procedure and what to expect following surgery. The purpose of this guide is to provide you with more information about what to expect prior to recovery and during recovery, what you can do to prevent complications, and how you can maximize your outcome. Although the health care team will assist you in your recovery, **you and your family** are the most important members of the team. We believe knowledge and preparation before and after the operation will make your recovery easier. If you have any questions along the way, be sure to ask. We are here to help you achieve your goals and we want you to be satisfied with your experience. Our goal is **excellent service**, from start to finish.

Feel free to write notes, add personal information, or mark important pages for easy reference. We encourage you to keep any additional materials that you receive throughout this process in your guidebook. Bring this guidebook with you to your appointments and on the day of surgery.



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Overview of The Joint Center

We offer a unique program. Each step is designed to encourage the best results leading to a safe discharge from the hospital as early as possible. Features of the program include:

- Dedicated nurses and therapists trained to work with joint patients
- Casual clothes (no drafty gowns)
- Private rooms
- Emphasis on group activities
- Family and friends participating as “coaches” in the recovery process
- A Joint Care Coordinator who helps coordinate pre-operative care and discharge planning
- A comprehensive patient guide for you to follow from six weeks before surgery until three months after surgery and beyond

Who are the members of the orthopaedic team?

- **Coach**—A coach is someone you dedicate to help you in this journey. It can be your spouse, friend, or relative. The coach’s role is to attend the pre-op class with you, drive you to and from appointments, and encourage and motivate you to do your physical therapy/exercises.
- **Orthopaedic Surgeon**— performs the surgery and directs your care.
 - Advanced Practice Registered Nurse (APRN)—an advanced practice registered nurse that assists with your care.
 - Physician Assistant (PA)—assists with your care; works closely with the surgeon.
- **Anesthesiologist**—a physician who administers medication during the surgery and controls your comfort. You will meet your anesthesiologist on the day of surgery before going into the operation room.
- **Pre-op, Operating Room, and Post-op Team**—the team that supports the surgeon and you before, during, and after surgery.
- **Registered Nurse (RN)**—provides your direct care on a daily basis after surgery, gives you medication, and teaches you and your coach about your care after surgery.
- **Physical Therapist (PT)**—the physical therapist helps you become independent after surgery by teaching you exercises to increase your strength, how to use an assistive device, and how to follow safety precautions to prevent injury.
- **Occupational Therapist (OT)**—the occupational therapist will guide you on performing daily tasks such as bathing and dressing with your new joint. They may demonstrate special equipment used in your home after you receive your replacement; including shower benches and rails and raised toilets.

- **Orthopaedic & Surgical Charge Nurse**—from pre-op education to preparing you and your coach for surgery, the orthopaedic & surgical charge nurse will assist with any questions you may have as well as help with discharge planning or needs. They can be reached Monday – Friday between the hours of 8 a.m. and 4 p.m. A message may be left to call if they are not available.

UF Health Leesburg Hospital

Orthopaedic & Surgical Charge Nurse
352.323.2229

UF Health The Villages® Hospital

Orthopaedic & Surgical Charge Nurse
352.751.8495

Coming together
is a **beginning**.
Keeping together
is **progress**.
Working together
is **success**.

~ Henry Ford ~
purehappyllife.com

Total Hip Replacement

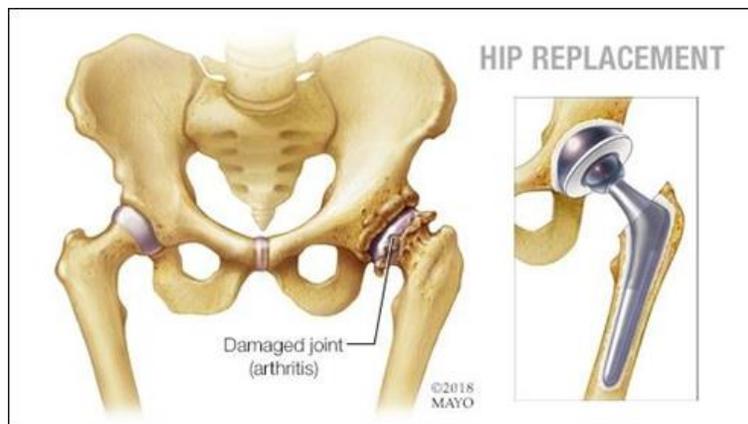
The hip is one of the body's largest joints. It is a ball-and-socket joint. The socket is formed by the acetabulum, which is part of the large pelvis bone. The ball is the femoral head, which is the upper end of the femur (thighbone).

The bone surfaces of the ball and socket are covered with articular cartilage, a smooth tissue that cushions the ends of the bones and enables them to move easily.

A thin tissue called synovial membrane surrounds the hip joint. In a healthy hip, this membrane makes a small amount of fluid that lubricates the cartilage and eliminates almost all friction during hip movement.

Bands of tissue called ligaments (the hip capsule) connect the ball to the socket and provide stability to the joint.

Your hip joint will be replaced with an artificial hip joint, called prosthesis. The prosthesis is designed to work in the same manner as your natural hip. Your surgeon will choose the best prosthesis for you.



Please note your surgeon may select you to go home on the same day of your surgery. This is outpatient surgery. Outpatient surgery has certain criteria, and your physician will discuss this option with you, if applicable.

Frequently Asked Questions

We are glad you have chosen UF Health Central Florida to care for your hip. People facing joint surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon or the Joint Care Coordinator. We are here to help.

How long will I be in the hospital?

You will likely stay in the hospital for one to three days depending on your rehabilitation protocol and how fast you progress with physical therapy. This is highly dependent upon your condition before surgery, your age, and medical problems which can influence your rehabilitation. A safe discharge plan will be arranged for you by the orthopaedic team. There are several goals that must be achieved before discharge. You may also have an option to be discharge the same day as surgery.

How long does it take to recover?

The majority of people who undergo total hip replacement are able to participate in a majority of their daily activities by six weeks. By three months, most people have regained much the endurance and strength lost around the time of surgery and can participate in daily activities.

Will the surgery be painful?

Pain following hip replacement has come a long way over the years with increased use of regional nerve blocks, spinal blocks, and various other modalities used for pain control. Early ranges of motion and rehabilitation protocols are also designed to reduce early stiffness and pain, making the procedure in general much less painful. Everyone is unique and handles and perceives pain differently. Keep in mind that while pain management has greatly improved, a pain-free surgery is unlikely. You may have relatively mild pain following the procedure, or you may have a more difficult time than others. Everyone is unique and handles and perceives pain differently. You will want to take your pain medicines as directed by your physician.

How long and where will my scar be?

There are a number of different techniques used for hip replacement surgery. The type of technique will determine the exact location and length of the scar. Your surgeon will discuss which type of approach is best for you. Please note that there may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears with time.

When can I walk after surgery? Will I need a walker or cane?

Most surgeons and hospitals today emphasize getting you out of bed quickly. Most people are walking with the assistance of a walker on the day of surgery or day after surgery. Early ambulation has been shown to reduce the risk of post-operative blood clot and is an important part of your recovery.

When can I drive?

Most surgeons allow patients to drive at four to six weeks after surgery, and sometimes sooner if the operative leg is the left leg. You should **not** drive while on narcotics and should discuss returning to driving with your operating surgeon. Go by your surgeon's recommendation.

What restrictions will I have after surgery?

Depending on how your surgeon performs your surgery, you may have slight differences in your rehabilitation instructions including restrictions. In general, most surgeons prefer that you avoid certain positions of the hip that can increase your risk of dislocation of the hip for about six weeks following surgery. After six weeks, the soft tissues involved in the surgery have healed, and restrictions are often lifted—allowing more vigorous activity.

Will I need help at home?

Yes for the first few days or weeks, depending on your progress. If you go directly home from the hospital, the case manager will arrange for a home health nurse and physical therapist to come to your house as needed. Family member or friend need to be available to help if possible.

Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. The case manager will help you arrange for an outpatient physical therapy appointment. If you need home physical therapy, we will arrange for a physical therapist to provide therapy in your home. Following this, you may go to an outpatient facility three times a week to assist in your rehabilitation. The length of time for this type of therapy varies with each patient.

Will my new hip set off security sensors when traveling?

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



Are there complications to total hip replacement?

- Total hip replacement is an excellent pain-relieving procedure, and most patients receive approximately 95% pain relief.
- Although complications are relatively rare (1-5% of patients), patients may experience a complication in the postoperative period. These include very serious and possibly life-threatening complications such as heart attack, stroke, pulmonary embolism and kidney failure.
- Infection (1%) is one of the most debilitating complications and often requires prolonged antibiotics with several additional surgeries to rid the infection.

- A blood clot in the leg is also a relatively common complication requiring some type of blood thinner following surgery to reduce the incidence.
- The implants used can also fail over time due to wear of the bearing components or loosening of the components from the bone, both of which usually occur over many years.
- Another complication specific to hip replacement is dislocation of the joint that may require additional surgery if dislocation becomes recurring.
- Leg length differences following surgery are also a possibility and may be difficult to avoid sometimes in order to ensure a stable hip. Often this leg length discrepancy is mild and rarely needs treatment.

Understanding Anesthesia

You will see your anesthesiologist and/or anesthesia nurse practitioner before your surgery. He/she will review your medical history and perform a brief physical exam. The anesthesiologist will discuss with you the options you have for surgery. Keep in mind your anesthesiologist may suggest a particular anesthetic technique based on your history, physical exam, type of surgery, and other factors.

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during, and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

- **General Anesthesia:** this type of anesthesia is used less often, unless your physician determines it is the best choice. This type of anesthesia involves pre-medication with sedating drugs and requires a tube in your throat to protect your airway.
 - Allows fast and painless surgeries/medical procedures
 - Recommended for lengthy surgeries or those that require a patient to be held in a specific position
 - Affects whole body with no surgical pain and no memory of the procedure
 - May cause nausea or stomach upset after surgery
 - May feel cold or shiver immediately after surgery
 - Most no eat after midnight with this type



- **Regional Anesthesia**

- **IV Sedation** – this is a twilight sedation (a light sleep) that does not require a tube in the throat.
 - i. Meds can easily be delivered through an IV during the procedure
 - ii. Patient awakens with minutes of medication drip being turned off
 - iii. Much less nausea reported compared to general anesthesia
- **Regional blocks** – Nerve blocks “block” the pain signals to the brain. Nerve blocks require less anesthetic medication, and allow patient to be more alert post-op.
- **Spinal**
 - i. Less side-effects post-op. This may not be an option for more complex surgical cases.
 - ii. Sensory and motor responses are “blocked” which helps relaxation
- **Epidural**
 - i. Produced by injecting local anesthetic agent into the epidural space of the spinal canal
 - ii. Numbs all areas below the injection
 - iii. Can cause headaches and back discomfort
- **Femoral/Iliacus; Sciatic**-injection of anesthetic medication into a large nerve or nerve roots, blocking the pain signals to the brain.
 - i. Improved post-op pain relief
 - ii. Improved post-op responsiveness
 - iii. Shorter recovery period compared to general anesthesia

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses will do everything possible to relieve pain and keep you safe. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale to better assess your pain level.

What can I expect after the operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely.

Getting Ready for Surgery

Your pre-surgical appointments are part of our commitment to ensure you have the best outcome. These appointments gather important information about your health and are necessary in order to proceed with surgery. We recommend that you bring your coach with you so that they have an opportunity to ask questions as well.

Total Joint Class

You and your coach should be ready to attend the “Bone Camp” Total joint pre-op class offered before your surgical date. Your physicians’ office will schedule the class once surgery is decided. The class will provide you with information regarding getting ready for surgery, what to expect at the hospital, and how to prevent complications after surgery.



Obtain Medical and Anesthesia Clearance

When you are scheduled for surgery, you should have received a medical clearance letter from your surgeon. Please follow the instructions in the letter. You will need to see your primary care doctor; it will be for pre-operative medical clearance. (This is in addition to seeing your surgeon pre-operatively.) The primary care doctor may order additional physician consults (i.e. cardiology, pulmonology) after discussing your medical history. Call the surgeon’s office if you have any questions. Please bring all medication with you to your pre-op appointments. If you don’t bring your medications, make sure you bring a list of medications both prescriptions and over the counter supplement the dosage and frequency.

Advance Medical Directives

It is our policy to place patients’ wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Directives are a means of communicating to all caregivers the patient’s wishes regarding health care. If a patient has a Living Will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family, or hospital staff, the Medical Center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

On admission to the hospital, you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your Medical Record. Advance Directives are not a requirement for hospital admission.

Preparing your Home

It is important to have your house ready for your arrival back home.

Preventing Falls:

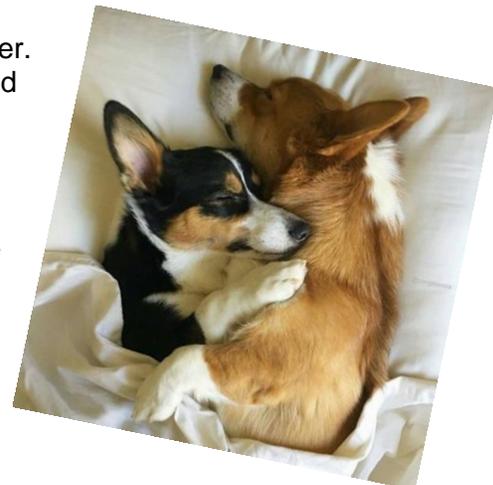
- Remove loose rugs and bath mats that might cause you to trip.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Clear pathways and halls of any items that prevent you from being able to move with a walker safely throughout your home.
- Install night lights in the bathroom, bedrooms, and hallways so these areas are well lit.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms and firm sit. It makes it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed
- Put things that you use often (like an iron or coffee pot) on a shelf or surface that is easy to reach.
- Install grab bars in the shower/bathtub. Put adhesive strips in the bottom of the tub.

Food:

- Prepare some meals ahead of time and have them in the freezer. Prepare to have food product prior to going into surgery to avoid having to go shopping right after surgery.

Pet Care:

- Depending on the needs of your pets you may need to arrange someone to care for them.
- If your pets normally sleep in your bed we ask that you refrain from them sleeping with you, but if not able to we ask that you have them lay on separate blanket to prevent the spreading of bacteria to your incision.



Equipment:

- Front wheeled walker—after hip replacement surgery, patients start out using front wheeled walkers. Your physician will provide you with a prescription you will be able to get filled. Most walkers can be purchased at most medical supply or large chain retail stores.
- Raised toilet seat—if you have a low toilet seat in your bathroom, consider purchasing a raised toilet seat.
- Optional equipment you might want to purchase—Hip Kit: hip kit contains devices that make activities of daily living (ADL) such as bathing and dressing easier.
 - Sock Aid—helps put your socks on without bending over.
 - Long Handled Sponge—helps you reach your lower legs and back when showering.
 - Long Handled Shoehorn—helps you to put your shoes on your feet without bending over.
 - Reacher—helps pick up things off the ground, assist in putting on your undergarments and pants.



Pre-operative Check List for Home

- Do you have full time help at home after you leave the hospital?
- Have you cleared a pathway in your home to walk with your walker?
- Have you picked up all throw rugs/removed obstacles/cleared electrical cords around your home?
- Do you have a chair with armrests?
- Do you have a handrail on your steps/stairs inside or outside your home?
 - If no, can you install one?
- Do you have a bedside commode/raised toilet seat?
 - If no, can you borrow one?
- Does your insurance cover a bedside commode?
- Do you have a rolling walker and a cane?
 - If no, can you borrow one?
- Does your insurance cover a walker?



Preparing Your Body

Eat well. Good nutrition plays an important role in healing after surgery. A well-balanced diet includes fruits, vegetables, and protein-is essential for proper wound healing. If you are a diabetic you will be put on a diabetic diet to keep your blood sugar under control. People with diabetes take longer to heal and the more your blood sugar is kept under good control, the faster you will heal.

Exercise. It is important that you are as active as your body will allow. You should continue to do simple exercises that will strengthen the rest of your in body preparation for surgery. We also encourage you to do the exercises in the physical therapy section of this book several weeks before surgery so that you become familiar with them.

Smoking. Nicotine increases your risk of complications during and after surgery. Nicotine can interfere with the healing process of your incision, makes your heart have to work harder, and increases your risk for infections. If you need help quitting please ask about resources.

Alcohol. If you consume alcohol on a daily basis, it is important that you discuss this with your surgeon. Alcohol can affect your recovery and increases complications after surgery.

Protecting your skin. You play an important role in your own health. Scratches, cuts, or any open area can cause bacteria to enter your body and cause an infection. Protect your skin. If you have any scratches, cuts, or open area before surgery, it is important to contact your surgeon.

Medication. You will receive specific instructions regarding any medications that you take on a regular basis at your medical clearance appointments. If you have any questions regarding your medications, please contact your physician or the total joint program coordinator.

A Few Things to Remember

- Stop taking all anti-inflammatory (examples: meloxicam, Motrin®, Aleve®, ibuprofen, and Advil®) prior to surgery. Your physician will instruct you on when to stop medication. Pre-admission nurse will instruct you about what to do with you other medications.
- If you are taking a low dose aspirin (81mg) check with your physician regarding continuing or stopping prior to surgery.
- Stop taking herbal medicines prior to surgery (7days) unless instructed otherwise.

Final Preparations for Surgery

Below is a list to help you prepare for surgery. Contact the total joint program coordinator if you have any questions.

What to Bring to Hospital	What NOT to Bring to Hospital
<ul style="list-style-type: none"> • List of medications including vitamins and over the counter medication • Your insurance card, driver’s license or photo ID, co-payment required by your insurance company • Advance Directives if not already on file • 3 full sets of clothes-loose fitting and easy to take on and off • Comfortable shoes with secure back • CPAP with Distill water (if necessary) • Cell phone and charger/Battery powered items (tablets) • Glasses or hearing aids, if needed • Personal hygiene items (if desired, we do have supplies) • A POSITIVE ATTITUDE ABOUT MOVING! 	<ul style="list-style-type: none"> • Physical medications • Do not wear contact lenses • Cash/credit cards (unless co-pay is required) • Jewelry (must come off prior to surgery)

Special Instructions

You will be given specific instructions from your surgeons regarding medications, skin care, and showering.

- **DO NOT take medication for diabetes on the day of surgery.**
- **Fill prescriptions prior to hospital admission.**
- **Please leave jewelry, valuables, and large amounts of money at home.**
- **DO NOT wear lotion; make up, creams, oils, or fragrance day of surgery.**

- **DO NOT shave your operative leg within 72 hours prior to surgery.**
- **Notify your surgeon if you have signs of illness (i.e. fever, flu symptoms, sore throat) or skin problems (such as bug bites, cuts, or rash).**
- **Do your skin prep with wipes as instructed by the pre admission nurse.**

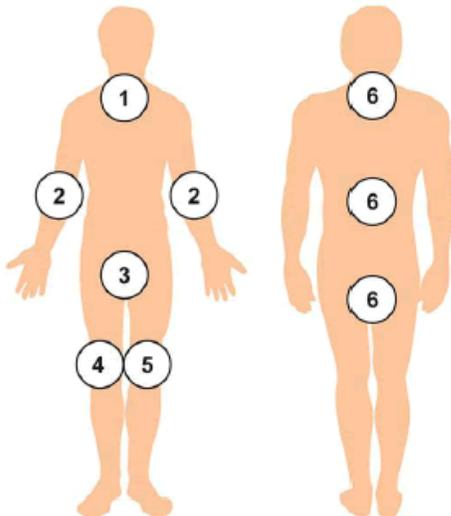
The Day before Surgery

Find out your arrival time to the hospital

On the day before your surgery (or on Friday if your surgery is on Monday) the hospital will call to remind you what time your procedure is scheduled. You will be asked to come to the hospital before the scheduled surgery to give the nursing staff sufficient time to start IV's, prep, and answer questions. As surgical cases sometimes run longer or shorter than anticipated, please be aware that this time may be subject to change on short notice. Surgical cases are sometimes juggled around once our surgical day begins in order that we may better serve you and reduce the amount of time you spend in the preoperative phase of your surgical stay

The Night before Surgery

- Stop eating, drinking, and chewing gum before surgery as instructed
 - NO chewing gum, breath mints, cough drops, lozenges or sucking ice chips
- Change bed linens, shower with antibacterial soap or a cleanser recommended by your physician.
- Apply surgical wipes (provided to you at your pre admission appointment). Follow instructions given to you with the wipes.
- Remove all jewelry including body piercings



Follow instruction given to you with the wipes.

Change bed linens prior to applying wipes

Shower with antibacterial soap or a cleanser recommended by your physician prior to applying wipes

HOSPITAL CARE PLAN – TOTAL HIP ARTHROPLASTY

Safety and Fall Precautions at the Hospital:

UF Health is committed to the safety of our patients. There are certain procedures that might be implemented to provide for your safety while at the hospital.

- Nonskid socks—either nonskid socks or a good rubber sole with back shoes must be worn while ambulating.
- Rolling walkers—will be provided while at the hospital (for hospital use only). A rolling walker will be ordered for home if you don't already have one prior to coming in for surgery.
- Armband—a special fall risk armband will be placed on you during your hospital stay.
- Fall signs—your door will have a fall risk sign to alert the staff of high fall risk.
- Bed/chair alarms—these will be used to alert the staff. Bed/chair alarm are used to bring awareness to the staff if patients are trying to exit their bed or chair without assistance. After surgery you may be experiencing numbness in your legs which make it difficult to stand on your own.



Your safety is important to us. If you need to get up, use the call button for assistance.

Day of Surgery

Arrive at the surgery center at the instructed time. Proceed to the front desk where you will be greeted by our staff for check in. After you check in, you and your coach will be instructed on happenings for the day. What to expect:

Peri-operative Area

Pre-operative suites:

- Nurse will go over information to make sure records are up-to-date.
- Change into a hospital gown
- Vital signs (blood pressure, heart rate, etc.) will be monitored
- IV started for fluids, antibiotics, and medications
- Head to Toe preparation for surgery. (surgical wipes, oral solution, nasal solution)
- Anesthesiologist will discuss medications that are used during surgery
- Surgeon will discuss surgery and mark the area for surgery



Operating Suites:

- The procedures usually take 2 to 3 hours.

Post Recovery Suites/Post Anesthesia Care Unit (PACU)

- Vital signs will be monitored
- Pain controlled
- X-ray of your new joint
- Provide updates to your family/caregiver
- The skilled team will work on making you comfortable as possible

You are in skilled and caring hands.

Same Day Discharges

You may have discussed a same day discharge with your physician. This means that you will actually be going home later the same day of your surgery. This is usually pre-determined, and your coach needs to be involved as much as possible. Therapy will be seeing you in the post-operative area to make sure you are able to get up and mobilize safely.

Please bring clothing, plus an extra set of clothes, and your rolling walker with you for discharge

Your skilled post-operative nurse will ensure that you are up in a chair, that your bladder is functioning properly and assess your readiness to go home.

Welcome to THE JOINT INSTITUTE:

Day of Surgery:

You will be taken to The Joint Institute where your skilled staff will greet you and get you on the road to recovery. Your coach will also be directed where to go to meet you.

- Vital signs will be monitored
- Medication will be reviewed
- Pain will be assessed and treated
- Your surgical site will be monitored
- IV antibiotics will be given
- Your therapy and mobilization will begin
- Discussion regarding discharge
- Education on prevention of complications



Our expectation is for you to get out of bed the day of surgery **with staff assistance**, unless there is a special circumstance.

Remember, the orthopaedic team supports early mobility. We encourage you to be up, active and eating your meals in the chair as soon as possible. Nursing or therapy can assist you with these activities. Moving is the **BEST** way to prevent blood clots and breathing problems post-operatively. Your new joint is meant to be moved, not rested.

ALWAYS HAVE STAFF ASSISTANCE WITH TRANSFERS AND AMBULATION. Rolling walkers must be used at the hospital and until therapy or your surgeon advises you to discontinue their use.

Post op Day 1:

- Today, you may go home if you are moving well and your pain is managed. Discuss this plan with your physician.
- Make sure your coach is involved in all planning.
- We want you up and walking with staff assistance to and from the bathroom if condition permits.
- You will be assisted with daily activities of bathing and dressing, this will be done early in the morning.
- Your surgeon and medical doctor/hospitalist will visit you during the day.
- Physical therapy will work with you twice a day as your condition permits.
- Occupational therapy may begin, if needed.
- Case management will start planning your discharge with you. This plan should have been determined before you procedure. Case managers are very knowledgeable and can help with any unforeseen needs.

Post op Day 2 and beyond:

- You will be assisted with daily activities of bathing and dressing, this will be done early in the morning.
- Physical therapy will work with you twice a day as your condition permits. You should be doing your exercises with your coach or on your own at least 2-3 times a day.
- Pain management will be discussed
- Discharge planning will be discussed



Discharge Day: and Same Day Discharge

Plan to be discharge in the afternoon. In order to safely discharge home, your team will be sure you meet the following goals: Make sure your coach is involved in all planning.

- Successfully walk using your walker
- Demonstrate safe use of the bathroom
- Able to tolerate solid foods
- Any discomfort managed with oral medication
- Demonstrate going up and down stairs safely, if applicable
- Demonstrate exercises
- Demonstrate safe movement in and out of bed while following your hip precautions

Discharge instructions:

Remember to follow your surgeon's instructions regarding diet, exercise, and medications. Your nurse will review discharge instructions with both you and your coach.

These instructions include but not limited to:

- Medications your physician has prescribed
- How to care for your incision
 - Do not apply oils, creams, or ointment to the wound. Keep site clean and dry
 - Do not soak or submerge the wound in water and no swimming until physician says
- Do not drive until your surgeon recommends
- Showers
- How to prevent complication post-surgical
- What to watch for and when to call your surgeon
- Post-operative appointment with your surgeon and primary care physician

On the Road to Recovery

Although joint replacement surgery is designed to improve your quality of life, we expect some discomfort initially after surgery.

Understanding Pain

Many patients are concerned about pain after surgery and how it will be controlled. All patients have a right to have their pain managed. Your pain will be controlled to a level that is tolerable for you. Orthopaedic staff members are experienced in helping patients in pain to be more comfortable.

We utilize a pain scale to determine your level of discomfort.

Understanding the severity of your pain will help your nurses and care team make the best decision to help manage your pain. Please note,

“10” represents the worst pain imagined, and “0” indicates absence of pain.

You should be aware that your pain will not disappear, but will be managed so that you can walk and move efficiently to prepare you to go home either the same day or the day after surgery.

It is important for you to plan on taking your pain medications around your physical therapy schedule. Most patients prefer to take the medication about 30 minutes before beginning their therapy.

It is important for you to tell us any time you feel you are not getting adequate pain relief. BE ADVISED that we cannot get rid of all your pain; you will have some discomfort. We will manage your pain so you can function and participate in your recovery.

Multimodal Approach:

There are different ways to address pain. Here at UF Health Central Florida, we use a multimodal approach to pain management which involves the use of more than one method of controlling pain. Anesthesia, blocks, ice packs, motion, and oral medication is part of the multimodal approach.

Ice. Ice not only numbs the surgical incision but also helps decrease the amount of swelling. The more swelling you have the more discomfort you may have. We recommend that you apply ice at least 5 times a day over your incision area for about 30-40 minutes. Recommend using it before and after your exercises.

Elevation. Elevating your leg on pillows will help decrease swelling. We recommend that you do this at the same time you are placing ice on your incision.



Walking and Exercise. Not moving may increase your amount of stiffness and discomfort. The initial steps that you take met with a little discomfort, but you should notice every step get a little better.

Sleep. Sleep is important so that your body is able to recover and heal. It is not unusual for your sleep pattern be disrupted for a few weeks after surgery.

Preventing Complications

Infection/Surgical Infection

It is important to prevent infections after having surgery. Antibiotics may be necessary if you are having any dental work, surgeries or other procedures (e.g. colonoscopy). It also is important to notify your dentist and other health care providers that you have a hip prosthesis.

Signs of infection:

- Persistent fever (greater than 100.5)
- Increasing redness, swelling, tenderness, or red streaks at the site of your incision
- Excessive drainage of fluid of any type or color from the incision
- Chills
- Increase pain with both rest and activity

→ Notify your surgeon's office if you have any of the above symptoms.

Decreasing your risk of infection:

- Take proper care of your incision as instructed by your nurse any surgeon.
- Keep all cuts and scrapes clean and covered
- Take prophylactic (preventative) antibiotics when having dental work or other potentially contaminating procedures if advised by your doctors.
- Notify your physician and dentist that you have a joint replacement.
- Wash your hands often with soap and water or use alcohol based hand sanitizer (family and friends also).
- Avoid submerging in water, hot tubs, and pools until your incision has fully healed and advised by your surgeon.
- Monitoring and maintaining a healthy weight.
- Monitor and control your blood sugar levels—If you are diabetic it is very important that your blood sugar is well controlled for surgery and during recovery.
- Quit smoking.
- Keep pets off of your bed or chairs and away from your incision.
- Do NOT soak in a bathtub, go swimming, or sit in a hot tub until your health care team says it is OK.

Blood Clots

Patients who have hip or knee surgery are at risk for developing blood clots in their legs, which can be dangerous if they break away and travel to the lungs. Surgery may cause the blood to slow and thicken in the veins of your legs, creating a blood clot. This is why you take measures to prevent blood clots post operatively.

To Help Prevent blood clots

- Perform ankle pumps
- Walk and changing positions frequently throughout the day.
- Wear your compression stockings/ace wraps. You will wear your compression stockings/ace wraps for a few weeks after surgery. Your orthopedic care team will advise you how to apply, remove, and clean your stockings. Your surgeon will advise you on when to use and how long to wear your compression stockings/ace wraps. You will also wear sequential compression device while in the hospital that helps circulate the blood in your legs. Sequential compressions are cloth sleeves attached to a pump that hooks onto the end of your bed. Air is then pumped into the sleeve through the hoses and then released.
- Blood thinner/anticoagulants. You will be given a blood thinner/anticoagulant to help avoid blood clots in your legs. The duration of treatment will depend on your individual situation. Be sure to take as directed by your surgeon. Follow all instructions given to you by your surgeon and your orthopedic team.

Signs of blood clots in legs

- Swelling in thigh, calf, or ankle that does not improve with elevation.
- Pain, heat, and tenderness in calf, back of knee or groin area.

NOTE: blood clots can form in either leg.



Notify your surgeon's office if you have any of the above symptoms.

Go to the closest emergency room or call 911 for: shortness of breath, difficult or rapid breathing, chest pain, fast heart rate



Prevention of Pneumonia

After surgery, congestion from mucus in your lungs can occur. It is important to clear that mucus by frequently coughing and taking deep breaths to prevent pneumonia. To prevent potential problems such as pneumonia, it is important to understand and practice breathing exercises. Techniques such as deep breathing, coughing, and using an **Incentive Spirometer** may also help you recover more quickly.

You will be taught to use a device called an incentive spirometer that will help you with your deep breathing exercises. You will begin to use this right after surgery.

If you smoke, quitting before surgery will help your recovery and decrease your chances of getting pneumonia. Smoking is not allowed after surgery while you are in the hospital.

Prevention of Constipation

Pain medication and anesthesia can be constipating, so your doctor may prescribe stool softeners or laxatives after surgery. Passing gas is normal and lets us know that your bowel function is starting to come back, so don't be embarrassed. If you haven't had a bowel movement by day 2 after surgery, please ask your nurse about a laxative. If left untreated, it can progress and cause not only discomfort, but also become a medical emergency. If you normally have problems with constipation, let the doctors know what works best at home so we can try and do the same for you in the hospital.

Causes of constipation:	How to prevent and treat constipation
<ul style="list-style-type: none"> • Narcotic pain medications • Anesthesia • Dehydration • Reduced activity/walking 	<ul style="list-style-type: none"> • Drink plenty of water • Include fiber in your diet • Be active • Take medications as instructed

If these ideas have not helped, contact your physician. If you reach a point that you stop passing gas, this may be a medical emergency.

Goals and Activity Guidelines

While your physical therapy will be individualized for you and each person recovers at a different rate, below are some typical goals and timelines.

First 1 - 3 Weeks:

- Follow hip precautions to decrease the risk of hip dislocation.
- Walk at least 300 feet without limp using your walker; unless otherwise instructed.
- Climb and descend a flight of stairs (12-14 steps) with a rail once a day. (If available in your home.)
- Actively bend your knee at least 90 degrees.
- Straighten your knee completely.
- Independently shower when instructed to by your surgeon with appropriate equipment.
- Continue to do your therapy program.

3 - 4 Weeks

- Follow hip precautions to decrease the risk of hip dislocation.
- Transitioning from walker to cane
- Independently shower and dress.
- Resume homemaking tasks.
- Continue to do your therapy program.

4 – 6 Weeks

- Follow hip precautions to decrease the risk of hip dislocation.
- Drive a car (either right or left hip had surgery). If cleared by surgeon and therapist.
- Continue with home exercise program.

6 – 12 Weeks

During weeks 6-12 you should be able to begin resuming all of your activities. Your goals for this time period are to:

- Follow hip precautions to decrease the risk of hip dislocation.
- Walk without a limp, pain or an assistive device.
- Climb and descend stairs in normal fashion (foot over foot).
- Improve strength to 80%.

Physical Therapy

A large part of working toward having a successful hip replacement is a combination of following your home exercise program and attending physical therapy sessions whether in home or outpatient. The physical therapist is there to be your guide in reaching your goal and full potential. We encourage your coach to attend your sessions in the hospital, at home, and outpatient session to help reinforcement the therapist recommendations.

Weight Bearing Precautions

You will be instructed and educated about how much weight you may place on your leg. Follow your weight-bearing instructions from your surgeon and physical therapist.

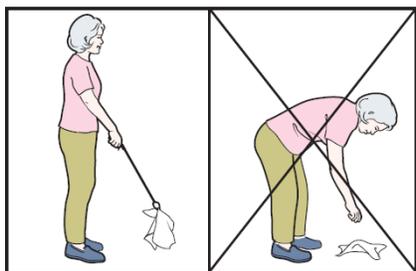
During your hospitalization, physical therapists will teach you how to properly follow weight-bearing instructions. Please maintain your weight-bearing status as instructed until your surgeon tells you otherwise.

Hip Precautions

Dislocation of an artificial hip is uncommon, but it may occur after surgery. So, there are some movements or positions that your surgeon asks that you avoid at all times for about 3 months after surgery. Following these hip precautions will allow your hip muscles time to heal and prevent dislocations.

These precautions will be discussed in greater detail during your hospital stay. Your physical therapist and occupational therapist will provide you with instructions and educations regarding your precautions.

Signs of dislocation	Prevention of Dislocation
<ul style="list-style-type: none"> • Severe pain • Rotation/shortening of leg • Unable to walk/move leg 	<ul style="list-style-type: none"> • AT ALL TIMES / For Posterior Approach • DO NOT cross legs while sitting or lying. • DO NOT twist side-to-side • DO NOT bend hip past 90 degrees while sitting or lying. • DO NOT turns toes inward • AT ALL TIMES / For Anterior Approach • No excessive extension of the operative leg (bad leg) • No excessive external rotation of the operative leg (bad leg). • No crossing of legs position with hip flexed, leg externally rotated.



WRONG



RIGHT

Activities and Exercise:

You will be expected to learn and use your total hip precautions as you do your exercises and normal daily activities, if your physician orders these precautions. Exercising is important to obtain the best results from total hip surgery. **Always consult your physician before starting a home exercise program.**

Here are some general rules to follow:

- Let pain be your guide when moving your leg or hip
- Use an elevated toilet seat (especially for posterior precautions) unless otherwise instructed by your physical and/or occupational therapist.
- Use the handicapped restroom in public spaces.
- Stand up to wipe after using the toilet.
- Do NOT sit straight in a chair or on the bed; always lean back (for posterior precautions) to avoid too much hip flexion.
- Use chairs with armrests to help you stand up and sit down.
- Always push up from the surface you are coming from; do not lean or pull on walker.
- Avoids low, soft sofas and chairs. If necessary, add firmness to low or soft chairs by using pillows or folded blankets.
- DO NOT drive for 4 weeks. You may ride in a car but try to keep the trips to less than one hour. If longer trips are necessary, you may need to take breaks each hour.
- DO NOT forget to use your dressing equipment (especially for posterior precautions), if needed.

Abductor Pillow:

Your physician may order you an Abductor pillow to be worn between your knees. The pillow should be on at all times while in bed, and strapped at night while asleep until surgeon releases.



Total Hip Replacement: Home Exercise Program

Do the following exercises 3 - 5 times a day. Do 10 repetitions of each.



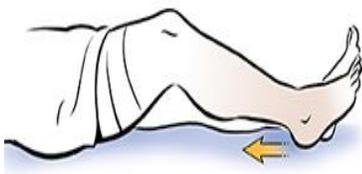
Ankle Pumps: This can be done lying on your back with your knees straight or elevated. This also, can be done in your recliner chair. **Movement:** Slowly make up and down motions with your feet or point and flex your foot. **Tip:** Continue doing ankle pumps until you are walking as much as you were before surgery. Start doing them again if you are on a long care trip.



Quad Sets: This can be done lying down or partially sitting up with your surgical leg straight. This can be done with a towel roll under your knee or with nothing under your knee. **Movement:** Keep your legs out straight and toes pointed up. Tighten the muscles in the front of your thigh and press your knee down. Hold for a count of 5, and then relax. **Tip:** Keep the back of your thigh and buttock relaxed.



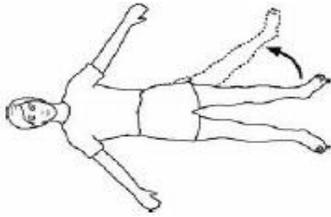
Glute Sets: Begin lying on your back with your hands resting comfortably. **Movement:** Tighten your buttocks by squeezing together, hold for a count of 5, and then relax. **Tip:** Make sure not to arch your low back during the exercise or hold your breath as you tighten your muscles.



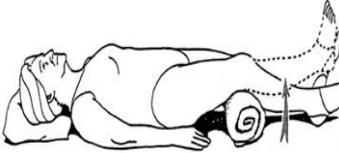
Heel Slides: Begin lying on your back with your legs straight. **Movement:** Slide one heel toward your buttocks, bending your knee as far as is comfortable, and then slide it back to the starting position and repeat. **Tip:** Make sure to keep your back flat against the bed during the exercise. Keep your knee away from the midline.



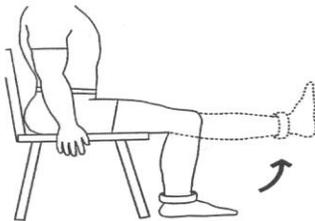
Mini Squat at Counter or Table: Begin in a standing upright position in front of a counter or a table surface for support. **Movement:** Slowly bend your knees to lower into a mini squat position. Hold briefly, and then press into your legs to return to a standing upright position and repeat. **Tip:** Make sure you keep your toes pointing forward and your heels on the grounds. Do not let your knees bend past your toes or collapse inward. Keep your knee away from the midline.



Abduction and Adduction: This can be done lying on your back. **Movement:** Slide leg out to the side. Keep kneecap pointing toward ceiling. Gently bring leg back to pillow. You may do both legs at the same time. **Tip:** Do **not** cross midline; perform slowly with 5 counts in and 5 counts out.



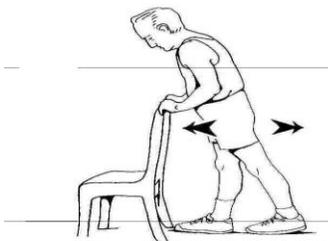
Short Arc Quads: This can be done lying with your head in an upright position. **Movement:** Place a rolled towel (about 8" diameter) under the leg. Straighten knee and leg. Hold straight for 5 count. **Tip:** Work for full extension (straightening) of the knee.



Long Arc Quads: This can be done sitting upright in your chair. **Movement:** slowly straighten operated leg and try to hold it for 5 sec. Bend knee, taking foot under the chair. **Tip:** Completely straighten knee. Do NOT bend forward at the hip.



Standing Knee Flexion: This can be done while standing holding on to a sturdy surface (chair, counter, or table). **Movement:** holding onto an immovable surface, bend the involved leg up behind you. Straighten to a full stand, with weight (as much as permitted) on both legs. **Tip:** The tendency is for the hip to come forward as the knee is bent. Make sure you maintain a straight line from the shoulder to the knee.



Standing Rocks: This is done while standing holding on to a sturdy surface (chair, counter, or table). **Movement:** Holding onto an immovable surface, step non-operative leg (good leg) forward. Rock weight back and forth over the operative leg (bad leg) keeping the knee straight. **Tip:** The tendency is for the operative (bad leg) to knee. Maintain a straight knee on the affected leg and equal weight bearing through both legs.

Safety Precautions: Walker

To help prevent injuries and accidents, follow these guidelines:

- Remove all throw rugs and plastic runners from walkways in your home.
- Remove or tape down extension cords.
- Stay off wet or waxed floors, ice and grass.
- If you must travel over a slick surface, take short and purposeful step. Wear rubber sole shoes or non-skid socks.
- If you have pets, be careful not to trip over them.
- If you must use the stairs, use stairs with sturdy handrails. (If your home has stairs, discuss this with your physical therapist during your hospital stay for problem-solving tips and practice, if needed.)

Walker Tips:

When getting up from a chair or toilet, do not use the walker for support. Push off of the armrest or seat with your hands.

Once standing, place both hands onto the walker handles. Keep your head up and look straight ahead.

Stand up straight.

When walking, use the wheels on the front of the walker to move you forward. (if it has wheels, glide it like a grocery cart.)

Ambulation (Walking):

Your physical therapist will teach you to walk properly with a walker. The assistive device will help you walk and take weight off your operative leg so that your muscles can recover. It is important that you do not plant your leg and twist or turn your hip joint; this could damage your muscles and the stability of the joint.



Gait Patterns Using a Walker

Gait pattern and techniques depend on your weight bearing status. Your physical therapists will educate you and make sure you are comfortable with ambulating.

<p>Walking forward:</p> <ul style="list-style-type: none">• Move walker first• Operated leg (Bad leg)• Non-operated leg (Good leg) <p>Taking steps backwards:</p> <ul style="list-style-type: none">• Step back with non-operative (Good leg)/"power" leg first• Operated leg (Bad leg)• Walker last <p>Stairs with 2 rails-Going up:</p> <ul style="list-style-type: none">• "Up with the Good, Down with the Bad"• Hold rails• Non-operated leg (Good leg)• Operated leg (Bad leg)	<p>Stairs with 2 rails-Going down:</p> <ul style="list-style-type: none">• Hold rails• Operated leg (Bad leg)• Non-operated leg (Good leg) <p>Stairs with 1 rail/1 crutch-Going up:</p> <ul style="list-style-type: none">• "Up with the Good, Down with the Bad"• Non-operated leg (Good leg)• Operated leg (Bad leg)• Crutch last <p>Stairs with 1 rail/1 crutch-Going down:</p> <ul style="list-style-type: none">• Crutch down first while holding rail• Operated leg (Bad leg)• Non-operated leg (Good leg)
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Speak with your therapist if you have stairs and what type of stairs you have in place. Also, speak your therapist in about ambulating on all surfaces.

Occupational Therapy

For dressing and bathing, the Occupational Therapist may recommend adaptive equipment for you.

HIP KIT

These items can be purchased in the hospital's gift shop prior to surgery. Items are also available at medical equipment stores and some pharmacies.

Personal Care

Getting dressed—using a reacher:



1. Sit on the side of the bed or in an armchair.
2. Put your surgical leg in first. Use a reacher or dressing stick to guide the waistband over your foot.
3. Pull garment up with reacher. When garment is above the knee, grab the waist of the garment.
4. Use the reacher to open the waist and slip other foot through the leg opening. Pull garment up with reacher until above the knee.
5. Place reacher aside and pull garment as high as possible
6. Stand up with the walker in front of you and pull garment up. Do NOT use the walker to assist from the chair; use the arms on the chair.

Undressing:

1. When undressing, take the garment off the non-operative (good leg) first, using reacher to push it down and over foot. Then use reacher to slip off garment from the operated leg.

Getting dressed—using a sock aid and reacher:

1. Slide the sock onto the sock aid.
2. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come over the top of the plastic piece.
3. Holding onto the ends of the cord, drop the sock aid in front of your foot. Make sure not to bend over to prevent bending hips past 90 degrees.
4. Slip your foot into the sock aid and pull it on. Pointing the toe will make it easier.



To take socks off, use reacher to hook the back of the heel and push the sock off the foot.

Putting on shoes—Using reacher and long-handled shoe horn:

1. Use your reacher, dressing stick, or long handled shoehorn to slide your shoe in front of your foot.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Lean back, if necessary, as you lift your leg and place your toes in your shoe.
4. Step down into your shoe, sliding your heel down the shoehorn.

NOTE: This should be performed while sitting. Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoelaces.



DO NOT wear high-heeled shoes or shoes without backs.

Standing up from chair:

Do NOT pull up on the walker to stand!

Sit in a chair with arm rests when possible.

1. Extend your operated leg so the knee is lower than your hips.
2. Scoot your hips to the edge of the chair
3. Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the walker while pushing off the side of the chair with the other.
4. Balance yourself before grabbing for the walker.

Stand to sit:

1. Back up to the center of the chair until you feel the chair on the back of your legs.
2. Slide out the foot of the operated hip, keeping the strong leg close to the chair for sitting.
3. Reach back for the arm rest one at a time
4. Slowly lower your body to the chair, keeping the operated leg forward as you sit.

Transfer: When getting into bed -

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier.)
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around (if this is your surgical leg, you may use a cane, a rolled bed sheet, a belt, or your elastic band to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into the bed using the assistive device. Do not use your other leg to help as this breaks your hip precautions.

7. Scoot your hips towards the center of the bed.



Lying in Bed – How to maintain hip precautions.



Keep a pillow between your legs when back lying. Position your leg such that your toes are pointing to the ceiling – not inward or outward.



To roll from your back to your side, bend your knees slightly, and place a large pillow (or two) between your legs so that your operated leg does not cross the midline. Roll onto your side.

When getting out of bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-surgical leg to the floor.
3. If necessary, use a leg-lifter to lower your surgical leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Slide operated leg out in front of you when standing up.
7. Balance yourself before grabbing for the walker.

Transfer – Toilet

You will need a raised toilet seat or a three-in-one bedside commode over your toilet after surgery.

When sitting down on the toilet:

1. Take small steps and turn until your back is to the toilet. Never pivot.
2. Back up to the toilet until you feel it touch the back of your legs.
3. If using a commode with armrests reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand on the walker awhile reaching back for the toilet seat with the other.
4. Slide your surgical leg out in front of you when sitting down.

When getting up from the toilet:

1. If using a commode with armrests, use the armrests to push up. If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other.
2. Slide operated leg out in front of you only as much as needed when standing up.
3. Balance yourself before grabbing the walker.

Transfer - Tub

Getting into the tub using a bath seat:

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

Hold onto the shower seat or railing.

NOTE:

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

Travel

Riding in a Car

It is a good idea to stop about every 60 minutes to get out of your car and go for a short walk. This not only prevents stiffness but also decreases the risk of blood clots. Consider carrying ice packs with you if you anticipate being in the car for longer than a couple of hours.

Transfer - Car

Getting into the car:

1. Push the car seat all the way back; recline the seat back to allow access and egress, but always have it in the upright position for travel.
2. Back up to the car until you feel it touch the back of your leg.
3. Hold on to an immovable object – car seat, dashboard, or roll down the window and use to assist and slide the operated foot out straight. MIND YOUR HEAD as you sit down. Slowly lower yourself to the car seat.
4. Lean back as you lift the operated leg into the car. You may use your cane, leg lifter or other device to assist, only as needed.



Driving a Car

The data shows that after hip replacement surgery, it takes 4 – 6 weeks before people regain their normal reaction time for braking. For patients who have had right hip surgery, most are safe to drive around 4 – 6 weeks after surgery. For patients who have had left hip surgery, most are safe to drive around 4 weeks after surgery. Regardless of what hip you have had surgery on, you must be off ALL narcotic pain medication before you operate a vehicle. Talk with your surgeon to help you determine when it is safe for you to resume driving.

Contact Information after Your Total Joint Surgery

Please call if you have questions or concerns, we love to hear from you! Our multidisciplinary team will be happy to answer any of your questions. Your Joint Care Coordinator is only a phone call away to provide you with the answers you are looking for.

When to call 911

- Hard to breathe
- Coughing up blood
- Chest pain
- Increased anxiety when trying to take a breath
- Fall to the ground
- Stroke-like symptoms
- Life threatening concerns

When to call the surgeon's office

- Redness, pain or swelling at the incision site
- Incision opens
- Fluid of any type or color leaking from the incision
- Pain not controlled with pain medications
- Fever greater than 101 degree, not explained by another source of infection
- New rash anywhere on your body
- Numbness or weakness in the arms, hands, legs or feet
- Nausea, vomiting or recurring headache

When to call your primary care office

- Illness not part of your surgery
- Sore throat, high blood pressure, and sinus pain