

Journey Guide

for hip or knee surgery



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At UT Southwestern Medical Center, we want your hip or knee surgery and recovery to go as smoothly as possible. Our orthopaedics team will be by your side throughout your surgical journey. We are offering you this guide to help you prepare for surgery and better understand what to expect during and after surgery. Working together, we can get you back to normal activities in a safe and timely manner. Thank you for choosing us to be your surgical team.

Your Guide to a Successful Surgery

You're in great hands at UT Southwestern. We rank among the best hospitals in the nation for orthopaedics, according to *U.S. News & World Report*. This is based on a number of categories, including patient outcomes, volume of high-risk patients, key programs, services and staff, and professional recognition of the hospital.

UT Southwestern has one of the most comprehensive orthopaedic practices in North Texas. Our board-certified orthopaedic specialists are leaders in the newest surgical procedures available. We offer comprehensive surgical treatment plans that incorporate physical therapy before and after surgery for optimum results. Our orthopaedic surgeons are uniquely skilled, and they strive for the best outcomes.



Get Started

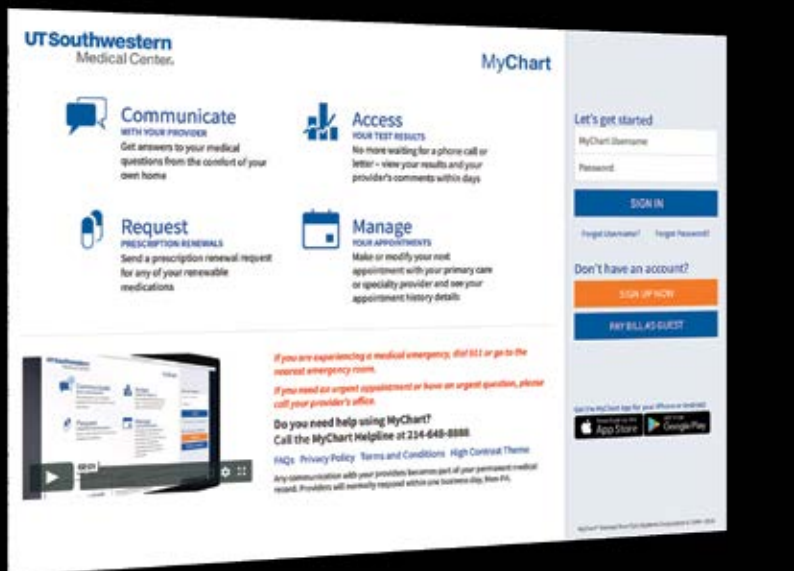
Use this booklet to help guide you through your hip or knee surgery journey.

- Bring it with you to appointments, classes, and your stay in the hospital.
- Review important dates, complete the checklists, and learn more about what you should and shouldn't do before and after surgery.
- Find key phone numbers inside and use this guide to write down questions and take notes.

MyChart Electronic Medical Record

UT Southwestern offers patients an online health resource that allows you to communicate with your health care providers, request appointments and prescription renewals, and access portions of your UT Southwestern electronic medical record using an encrypted, secure internet connection.

If you are not already using MyChart and would like to, please call the MyChart help line at 214-648-8888 or ask for a sign-up link at your next appointment.



Patient	Surgeon	Procedure
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Important Dates and Activities

Event	Date <i>(if applicable)</i>	Time and Location	Notes	Completed
Imaging: Complete diagnostic testing (X-rays, MRI, CT)				
Get healthy for surgery: Take important steps to prepare for surgery			Learn more on page 6	
Get ready for surgery: Surgery evaluation			Learn more on page 7	
Joint Replacement Class: All about your upcoming surgery			Learn more on page 15	
Confirmation of surgery: The hospital will call to tell you what time to arrive			Learn more on page 19	
Preventing infections: Follow instructions to cleanse your skin			Learn more on page 22	
Discharge planning: Meet with your care team				
Home journey: Visit with your home care team				
Follow-up appointment: Talk about progress and next steps				
Recovery and rehabilitation: Visit an outpatient therapy center				

If you have any questions, please call 214-645-3300.

Name	Phone Number
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Your Orthopaedic Surgery Team

A team of orthopaedic professionals will care for you during your surgical journey. This team is committed to keeping you safe and providing compassionate, world-class treatment services.

Orthopaedic Surgeon

Your surgeon and surgical care team will guide your care and perform your hip or knee surgery.

Physician Assistant (PA)

The physician assistant will work with your surgeon and other members of the team to manage your care.



Anesthesia Team

An anesthesia physician or advanced practice nurse will evaluate your anesthesia needs. This team is specially trained to keep you safe during surgery and in recovery.

Registered Nurse (RN)

Your nurse is trained in orthopaedics and will follow your surgeon's plan for your recovery. The

nursing team will teach you how to stay safe and healthy during the various stages of your journey.

Physical Therapist (PT)

Your physical therapy team will plan the best way for you to be your strongest both before and after surgery.

Occupational Therapist (OT)

Your occupational therapist will help you plan to safely complete daily activities after your surgery, like dressing and bathing. He or she will teach you how to be independent at home.

Case Manager

Your case manager is trained as a registered nurse or social worker. The case manager will work with your care team to prepare you for discharge and can also answer discharge-related insurance questions.





Getting Healthy for Surgery

It's important to be and feel as healthy as possible in the weeks leading up to your surgery. Review this section to take an active role in your health as you prepare for surgery.

Get Surgical Clearances

You may be required to see your primary care physician for surgical clearance. You may also need clearance from your cardiologist, rheumatologist, neurologist, or other specialist. Your care team will let you know if additional clearances are required.

See Your Dentist

It is recommended that you schedule an appointment with your dentist to obtain surgical clearance. Ensuring that your teeth are healthy will help lower the chance of infection after surgery.

Choose a Personal Champion

- The person you pick will motivate you to be your very best during your journey. Select a family member or friend who can be by your side to help you stay on track to complete your checklists and be successful.

- Your personal champion will help you meet your surgery planning and recovery goals. He or she will be a second set of eyes and ears to learn with you as you attend the Joint Replacement Class.
- Your personal champion will help you become independent faster. He or she will learn the appropriate exercises and encourage these daily activities when you go home.
- When you first arrive home, your personal champion can stay with you for a few days or visit daily. This home support will encourage you during your recovery journey.

Stop Smoking – It Will Help You Heal Faster

When you stop smoking, your body recovers faster and infection can be prevented. We want to provide you with the best outcome; therefore, ***all patients must stop smoking or using any tobacco or nicotine-containing products at least eight weeks prior to surgery and continue to abstain for eight weeks after surgery.***

This includes:

- Smoking
- Dipping/smokeless tobacco
- Vaping
- Hookah
- Nicotine patch and gum

Please consider UT Southwestern's free tobacco cessation program to help you quit smoking or using tobacco products. It is led by facilitators certified in nicotine cessation. The program can help you change habits, reduce stress, and teach you how to prevent relapses. Call 888-980-6050 or email canceranswerline@utsouthwestern.edu for more information or to register.

Pay Attention to Nutrition

Start taking a multivitamin and increase your protein intake.

Eat well-balanced meals to be healthy for surgery. In addition, one month prior to surgery:

- Begin taking a multivitamin with iron, calcium, vitamin D, and zinc once a day.
- Begin drinking a nutritional protein shake or eating a protein bar once or twice a day.

Stop Certain Medications and Supplements Prior to Surgery

Make a list of your medications to go over with your care team. Pay attention to which medications you must stop prior to surgery.

Medications to STOP 30 days prior to surgery (to help prevent the risk of a blood clot):

- Hormone replacement medications (estrogen, testosterone, progesterone, growth hormone, etc.). Notify your surgeon if you have an IUD or implant.

- Birth control pills – stop at end of menstrual cycle four weeks prior to surgery and stay off for one month after surgery.

Medications to STOP 7 days prior to surgery (to help prevent excess blood loss):

- Fish oil/omega-3 fatty acids
- Herbal supplements (ginkgo biloba, ginseng, echinacea, ephedra, St. John's wort, ginger, garlic, dong quai, hoodia). Herbal products need to be treated as medicine; natural substances can be harmful.
- Anti-inflammatory medications such as ibuprofen and naproxen
- Narcotic pain medications (discuss this with your orthopaedics team)

You may continue taking any acetaminophen product (such as Tylenol) as needed for pain, as directed on the bottle or by your care team.

You must tell your orthopaedic surgeon if you are on any anticoagulants (blood thinners), prednisone, or other medications for rheumatoid arthritis, psoriatic arthritis, or inflammatory arthritis.



If you have any questions, do not hesitate to ask your surgeon or any orthopaedics team member.

Take Control of Diabetes

It is very important to control your blood glucose levels during your journey.

When you control your blood glucose, you will heal faster, prevent wound complications, and assist in preventing infection. The orthopaedics team can assist you in finding help with your glucose control.

Find Out If You Need to Lose Weight

If you have an elevated body mass index (BMI), your care team will talk to you about losing weight before surgery and can make a referral to a dietitian to assist you at the UT Southwestern Center for Human Nutrition at 214-648-2890. Losing weight prior to surgery can help prevent an infection and further enhance the results of your surgery.

Prepare to Return to Work

If you work, start planning for when you can go back after surgery. Ask your surgeon's office for an estimated back-to-work date and, if needed, secure a temporary handicap parking permit. Your care team will help you prepare to go back to work. Understand that the type of work you do will determine how soon you can safely return to work. Contact your employer for the appropriate paperwork, and fill out your portion before bringing it to the clinic.



An anatomical illustration of a human knee joint. The femur (thigh bone) is at the top, and the tibia (shin bone) is at the bottom. A total knee replacement is shown, consisting of a femoral component on the femur and a tibial component on the tibia. The components are light-colored, likely representing metal or plastic, and are shown in a cross-sectional view. The background is a dark red color.

Home & Equipment Needs

To help ensure a successful recovery, you will need to prepare your home and secure some needed equipment beforehand. This section will guide you on what to do.

Home Readiness Checklist

Set up your home for the easiest transition when you return after surgery.

- Make/purchase healthy, easy-to-prepare meals.
- For your safety, put your favorite things in places you can easily reach.
- Delay your mail or arrange for someone to pick it up for you.
- Secure help for taking care of any children and/or pets.
- Secure someone to do your yardwork.
- Do laundry prior to surgery.
- Clean your home prior to surgery.
- Make sure all stairs inside and outside have a sturdy railing.
- Pathways must be clear where you walk. Pick up, remove, or be aware of anything that could be in your way or could cause you to slip or trip. This includes loose rugs, uneven surfaces, wires, and cords.
- Make sure areas where you will be walking are well lit. Replace burnt-out light bulbs and consider adding extra lighting to dimly lit areas.
- Have a steady chair with armrests to easily get up from a sitting position. Make sure the chair is not too low.
- If your bedroom is upstairs, consider other sleeping options for when you first get home.
- Place a raised toilet seat in your bathroom and a shower chair/bench in the shower or tub-shower.

Borrow or purchase any other items that will help you become independent after surgery. Review the list of equipment you'll need on the following page.

Medical Equipment Needs

The following is a list of safety items and equipment you will need to be independent and safe at home after surgery.

Assistive Devices (such as a walker or crutches)

- If you do not already have a walker, you can either purchase one prior to surgery or our care coordinators will make sure you leave the hospital with one. For our older adult patients, we do not recommend the use of crutches.
- If you own this equipment already, pack it in your car before your surgery so you can use it when you are discharged.
- Your walker should have two wheels in the front only. Walkers with four wheels create a high risk for fall postsurgery.



Raised Toilet Seat or Bedside Commode

- You will need a raised toilet seat with handrails and a locking clip. Make sure it fits your toilet.
- You can also use a 3-in-1 commode/bedside commode chair.
- It can be purchased online, at a pharmacy, or at a medical equipment store.

Tub Transfer Bench

- This will help you get in and out of the bathtub/shower. If you have a tub-shower, remember no tub soaks until your incision is healed. Ask your care team when it is permissible to soak.
- It can be purchased online, at a pharmacy, or at a medical equipment store.

Shower Chair

- It can be purchased online, at a pharmacy, or at a medical equipment store.
- You will sit on this while taking a shower. Make sure it fits your shower.
- If you have a built-in shower bench, be sure to place a towel on the bench to avoid slips and falls.

Specialized Ice Machine (optional)

- Ice helps control pain and reduce swelling.
- You will have the OPTION to rent or purchase a specialized ice machine (not covered by insurance).
- A representative from an ice machine vendor can explain how the machine is programmed and how to wear the pad that comes with it. You will have an opportunity to ask questions and ensure proper fit.





Presurgery Countdown

It will take some time and effort to get ready for your surgery. Read the information in this section carefully and ask questions if you need any clarifications.

4-6 Weeks Before Surgery

Appointments overview

In the weeks prior to your surgery, your care team will work with you to schedule the following appointments.

Anesthesia Phone Call

You will receive a phone call from a member of your presurgery testing team to determine if you are ready for surgical anesthesia. In some cases, the team member may determine that an in-person visit is needed; if so, the visit will occur in the hospital just prior to surgery.

Presurgery Testing

This in-person visit will take place just prior to surgery.

- Lab work: May be done at presurgery testing clinic or other laboratory sites at UTSW. No fasting is required.
- Make sure your hip or knee questionnaire is completed prior to your presurgery testing visit.

Joint Replacement Class

You will be scheduled to attend this educational session to learn everything you need to know about your upcoming surgery and recovery. You will have an opportunity to meet members of the orthopaedics team and to ask questions. This class is an overview of the surgery process and will help guide you throughout your journey. Please bring your personal champion.

Pre-Op Exercises

It's important to build strength through exercise prior to surgery. This will help you prepare for activities after surgery. At your Joint Replacement Class, you will receive a handout with individualized exercises for you to perform at home.

Medications to STOP 30 Days Prior to Surgery:

- Hormone replacement medications (estrogen, testosterone, growth hormone, progesterone, etc.)
- Birth control pills – stop at end of menstrual cycle four weeks prior to surgery and stay off for one month after surgery.

Reminder: You must stop smoking and/or using any tobacco- or nicotine-containing products.

Secure After-Surgery Equipment

Review the “Medical Equipment Needs” list on page 12.

POSH Program Available to Help Seniors Prepare for Surgery

Presurgery Service

The UT Southwestern Perioperative Optimization of Senior Health (POSH) program provides comprehensive evaluation of older adults who are planning to undergo surgery. It is designed to ensure that surgery for our older patients is safe and their recovery is smooth.

Postsurgery Service

After the procedure, UTSW POSH care team members continue to provide consultative management of medical conditions, make recommendations for delirium prevention, and assist with a safe transition out of the hospital. Please let us know if you would like more information about this program, or call 214-645-8600 to contact the POSH program directly.



The Week Before Surgery

Follow these instructions for safety and infection prevention.

Medications to STOP 7 Days Prior to Surgery:

- Fish oil/omega-3 fatty acids
- Herbal supplements (ginkgo biloba, ginseng, echinacea, ephedra, St. John's wort, ginger, garlic, dong quai, hoodia). Herbal products need to

be treated as medicine; natural substances can be harmful.

- Anti-inflammatory medications
- Narcotic pain medications (discuss this with your orthopaedics team)

You may continue taking any acetaminophen product (such as Tylenol) as needed for pain (as directed on the bottle).



Expect a Phone Call From the Hospital the Day Before Your Surgery

You will receive a confirmation call from this hospital the day before your surgery. If you have further questions, call your surgeon's office.

Secure After-Surgery Equipment

Review the "Medical Equipment Needs" list on page 12.

As a reminder, you will need a raised toilet seat and a tub or shower chair/bench (often not covered by insurance). It can be purchased online, at a pharmacy, or at a medical equipment store.

Get Ready for At-Home Infection Prevention Therapy

Make sure you have picked up the mupirocin nasal ointment from your pharmacy. You will begin to use it two days before surgery. See instructions on page 21.

Locate the Hibiclens wash given to you by your orthopaedics team. You will use it the night before and the morning of surgery from the waist down. See instructions on page 22.

Do You Think You May Have an Infection?

Call your surgeon's office if you feel sick or think you may have an infection of any kind, such as a respiratory, bladder, skin, or tooth infection. Please note that if you have an infection there is a chance your surgery may be postponed.

Do You Have Any Open Wounds?

Check your skin for open sores, wounds, and rashes. If you have any questions, call your orthopaedic surgeon's office. Open wounds can increase your risk of an infection.

Complete the "Home Readiness Checklist" on page 11.



2-3 Days Before Surgery

Please review the following information to help you prepare in the two to three days leading up to your surgery.

If You Have a Walker, and/or Crutches, Pack Them in Your Car

If you have your own equipment, please bring it.

Have You Secured the Additional After-Surgery Equipment You Will Need?

Hopefully, you have already secured the equipment you will need at home after your surgery, such as a raised toilet seat. Review the medical equipment list on page 12 to ensure you have everything you need.



A woman with long brown hair, wearing a white top, is smiling and looking down at a black suitcase. She is packing folded grey clothes into the suitcase. The background is a bright, out-of-focus indoor setting.

Start Your Infection Prevention Therapy


Two days before surgery, begin application of the mupirocin ointment. Apply it with a Q-Tip to both nostrils, twice a day, starting two days before surgery and continuing the day of surgery and two days after surgery.

If You Did Not Already, Please Complete the “Home Readiness Checklist” on Page 11

For a successful and quick recovery, your home will need to be in order and ready for you to return.

Pack Your Bags

Review the “What to Bring” checklist on page 23.

A vertical bar on the right side of the page, consisting of five colored squares stacked vertically: orange, light blue, pink, green, and dark blue.

Night Before Surgery

Please review each item and follow the instructions. Completing this checklist to the best of your ability will help ensure a safe and successful surgery.

- Eat a light dinner.***
Remember that you can't eat, chew gum, or use lozenges after 11 p.m. the night before your surgery.
- Keep drinking water.***
You may have up to 20 ounces of water between midnight and up to two hours prior to your surgery.
- Remove all nail polish from your fingernails and toenails.***
- Don't shave.*** It is especially important to avoid shaving near the area where you will be having surgery.
- Continue the infection prevention nasal ointment.*** Apply twice a day to both nostrils starting two days prior to surgery, the day of your surgery, and two days after.
- Use the special soap.***
Wash with Hibiclens from the waist down the night before and morning of your surgery. Dry with clean towels.
- Wear freshly washed clothes and sleep in clean sheets.*** This will help prevent infection.
- Do not use any lotion, powder, makeup, deodorant, or perfume.***
- Pack your bags if you have not already.***
Please complete the "What to Bring" checklist on page 23.



Presurgery Eating/Drinking Guidelines

- Patients should refrain from eating any solid food after 11 p.m. the night before their scheduled procedure.

On the day of the scheduled procedure:

- All outpatients will be allowed up to 20 ounces of either water or clear Gatorade up to two hours prior to their procedure.
- Diabetic patients may drink up to 20 ounces of clear apple juice up to two hours

prior to their procedure if their glucose check prior to arrival is low or they are feeling symptomatic.

- Patients should refrain from any further liquids by mouth two hours prior to their procedure.

- CPAP machine for sleep apnea, if you use one at home
- List of home health providers you prefer

What to Bring to the Hospital

- A great attitude. You are on your way back to an active lifestyle!
- This journey guide
- A walker, if you already have one. (If not, one will be at the hospital for you.)
- Phone numbers of anyone you may want to contact during your stay in the hospital
- An accurate medication list
- Your insurance card
- A photo ID
- A prescription card, if you have one through your insurance company
- Two outfits to wear while at the hospital. Bring loose-fitting clothing such as T-shirts and drawstring or elastic-band shorts or pants.
- Clothing to layer in case you get cold
- Two to three pairs of underwear. To prevent pressure on the incision, hip replacement patients should buy underwear one size larger than they usually wear.
- Comfortable walking shoes and socks. Make sure your shoes are wide enough to allow for possible swelling. No flip-flops, sandals, or Crocs.

Please do NOT bring:

- Jewelry
- Valuables such as credit cards, checks, or large amounts of money
- Medications. Your UT Southwestern care team will give you all necessary medications while you are in the hospital. If there is a special medication that you are concerned will not be available to you, please discuss this with your care team member.



Day of Surgery

Please review the following information to help ensure a safe and successful surgery.

UT Southwestern Surgical Locations

- ❑ William P. Clements Jr. University Hospital (CUH)
6201 Harry Hines Blvd.
Dallas, TX 75390
- ❑ Zale Lipshy Pavilion (Zale)
5151 Harry Hines Blvd.
Dallas, TX 75390
- ❑ Outpatient Surgery Center (OSC)
1801 Inwood Road
Dallas, TX 75390
- ❑ UT Southwestern Medical Center at Frisco
12500 Dallas Parkway
Frisco, TX 75033

- Arrive two hours before your scheduled surgery (or when advised by the surgical team). Valet parking is available for patients and visitors for a small fee each day.
- Check in on the first floor, and you will be escorted to the presurgery area.
- Bring an accurate, current list of medications you are taking.
- In the presurgery area, we will review your medical history and medications and start an IV in your arm. The anesthesiologist will discuss an anesthesia plan with you.
- Members of the orthopaedic surgery team will review the surgical plan with you and mark your surgical site. You will be given medication for comfort and antibiotics prior to surgery.
- Family/friends/your personal champion may stay in the presurgery room until surgery.

Reminder: Stop drinking all liquids two hours before your scheduled surgery time.



What to Expect in the Hospital

At UT Southwestern, we want to make your stay with us as comfortable and safe as possible. Here's what to expect.

A Word About Medications

We will use a combination of narcotic and non-narcotic medications to safely minimize your discomfort after surgery. Be open to trying this regimen; you will be pleasantly surprised how well it works. Narcotic medications may have side effects, which include nausea, vomiting, itching, drowsiness, constipation, and hallucinations, which can impede your recovery.

We will work with you to decrease your risk of addiction and abuse, which can be managed if the medications are used properly, for a short period of time, and for the right reasons. Non-narcotic medications can decrease the number of stronger medications used, which will reduce the risk of side effects. Our goal is to create a smooth, safe, comfortable recovery while reducing complications.

Pain Management

Your orthopaedics team will work with you to manage

your pain after surgery. You will need to notify us with your call system when your pain starts to feel unmanageable. Please note that no pain medication will be scheduled. You will use a pain scale as a guide to ask for medication based on how you feel. We will strive to give you enough pain medication to keep you moving without leaving you feeling nauseous or sleepy.

Postsurgical Movement and Activity

Moving as soon as possible after surgery has been proven to enhance outcomes and minimize complications after surgery. With the aid of a physical therapist or nurse, you will get out of bed the same day as your surgery. Movement helps your circulation, breathing, and digestion. Movement will also reduce the risk of a blood clot (or deep vein thrombosis) and will open up your lungs to prevent pneumonia and postoperative fevers.

Your safety and fall prevention are a priority, so please do not get out of bed without assistance from our team. Do not hesitate to use your call system anytime you need help moving.

Blood Clot Prevention

Your surgeon and his or her care team will determine the medical treatment you need to prevent a blood clot.

After surgery, you will be given a blood-thinning agent based on your medical history. This could include aspirin or other medications used to help prevent blood clots.

If you feel your needs are not being met while you are in the hospital, please do not hesitate to alert your nurse.

Additional blood clot/deep vein thrombosis prevention:

- Wear your compression socks or stockings for five days after surgery during the day; these will be given to you in the hospital.
- Take your deep vein thrombosis prophylaxis (blood clot prevention medication) as prescribed after surgery.

You are encouraged to move your feet, ankles, and knees while in bed, and also to walk every one-and-a-half to two hours each day with your walker or crutches to increase blood flow, reduce swelling, and decrease joint stiffness.

Pneumonia Prevention

A member of the nursing or respiratory team will bring a breathing device called an incentive spirometer to your room and teach you how to use it. This is to improve the movement of air and the airflow in your lungs. Getting out of bed to walk and using a spirometer will help you take deeper breaths and increase airflow to the lungs. Spirometry also helps with postoperative fevers, so please use as directed.

Nutritional Needs/ Gastrointestinal Issues

Some people can experience an upset stomach after surgery due to anesthesia and pain medication. You will have anti-nausea medication available after surgery; please notify the nurse if you need this medication. Eating small meals

and taking frequent sips of water will help with nausea and dehydration.

Protein is an integral part of healing, so you will receive a protein drink with each meal, along with water. Drink plenty of fluids.

Some people can experience constipation due to anesthesia, pain medication, and lack of activity. You will be started on a bowel regimen to include the following three products:

- Senokot (senna) – to be taken twice daily as needed
- Metamucil – midmorning in juice or water (1 tablespoon)
- MiraLAX – to be taken twice daily in juice or water (1 capful)

Continue this combination until your bowels return to their normal sequence. It can take a few days after surgery for a bowel movement.



Postoperative Occupational and Physical Therapy

Your therapists will visit you once you are settled in your hospital room after surgery. The *occupational therapist* will give you a kit that may include a “reacher” and a tool to help with putting on socks, along with a tool to help you lift your leg. Your therapist will review activities of daily living with you to help with your transition home and to determine what tools you will require for home.

The *physical therapist* is going to teach you goals for postoperative mobility, including how to:

- Get in and out of bed
- Walk with a walker
- Climb stairs
- Perform exercises

Your goal in the first six weeks after surgery is healing. We want you to have balance and be mobile on your assistive device (walker, crutches, etc.) while you work on your gait (the way you walk) and your mechanics. The physical therapist will see you each day while in the hospital and help ensure you are safe walking before your discharge. Please alert the therapist of any obstacles you have at home that have not been mentioned previously.

Postoperative Surgeon and Physician Assistant Visit

Your surgeon will be up to see you by the end of the day after surgery. He or she will discuss your surgery and answer any questions. Prior to leaving the hospital, you will receive

discharge instructions that will include information regarding medications, activity restrictions, dressings, and wound care. The PA will also review your postoperative care for rehabilitation activities, ice, elevation, and prescriptions.

Length of Stay

Although it is common to go home the same day of or the day after surgery, you will have to successfully reach a few parameters before you are released. You will need to have your pain controlled on oral medications, and you must be approved to go home by the physical therapy team. This means you must be able to get in/out of bed, walk to the bathroom, and demonstrate proficiency with a walker or crutches. Please note that the length of stay in the hospital varies for different patients and their type of surgery. Every patient is unique.





Discharge – Going Home

Are you ready to leave the hospital?

Since the beginning of your journey, our team has been working with you through your preoperative care, surgery, and now your discharge home and rehabilitation. Our goal is to relieve your pain and get you back to the activities you enjoy. This requires active involvement on your part.

Throughout your stay we will be monitoring your progress, strength and endurance abilities, and all of the resources required for your safe recovery.

You will be able to discharge from the hospital once your pain is controlled with oral medications and you have passed the expectations of physical therapy.

Review Your Discharge Instructions

A nurse will review your discharge information with you. Please ask questions so you understand what is expected of you. Be sure to find your physician “discharge instructions,” which will include dates for dressing changes, follow-up appointments, medications, and information on ice and elevation.

Let Us Know Where You Are Going

The care coordinators and social workers at the hospital will help set up the care you need upon discharge and help facilitate all your discharge needs. If you have a home health or other facility that you prefer to use, please bring the name, address, and phone number with you and give these to the care coordinator involved in your care.

If your destination is home, a home health physical therapist will come post-operatively once you are

discharged. The timing and length of home health can vary, depending on your surgery.

If you are going to a nursing or rehabilitation facility, the care coordinator or social worker will arrange for your transportation.

Leaving the Hospital

Whatever your destination, at the hospital you will be transported by wheelchair to the patient pick-up area. Be sure to gather all of your belongings. This includes any dressings or incision care items that have been given to you at the hospital.

Physical Therapy

You will participate in post-operative physical therapy for about 12 weeks after surgery, consisting of:

- Up to 6 weeks of home health therapy
- 6 weeks of outpatient physical therapy

Care-at-Home Checklist

- Wear shoes that have enough support to prevent slips and falls. Do not wear backless or open-toe shoes.
- Stand up slowly to prevent feeling faint.
- Prevent stiffness by changing positions as much as possible or by taking short walks.
- Do not lift heavy objects.
- Do not sit in low places. (Ask your physical therapist for guidance about this.)
- Go to all of your health care wellness checks.
- Do not consume alcoholic drinks until after your follow-up appointment with your surgeon.
- Get up and walk every one-and-a-half to two hours.
- Do not stay up on your walker more than 30 minutes at a time.
- Rest between walking sessions; do not overdo your exercise or walking.
- Ice your surgical site and elevate your leg with “toes above nose” at least three times a day.



Staying Healthy

Eat Healthily

Eat a balanced and healthy diet and manage your weight.

Stay Smoke-Free

Being smoke-free means you care about practicing preventive medicine. Also, try to avoid smoking environments. Secondhand smoke can increase your risk of poor healing and infection.

Live a Healthy Lifestyle

You can maintain better health by being aware of certain aspects of your body. Proper blood pressure, glucose levels, cholesterol, and weight are necessary to maintain a

healthy body. This commitment to ensuring your body is healthy should be life-long, and not just during the period of your surgery. Improve your overall health by getting checkups regularly to live your best health at any age.

Mention Dental Appointments or Upcoming Surgeries

If you have any other surgery or dental appointments approaching, remember to tell your doctor or dentist that you have had recent surgery or a joint replacement. You and your physician can discuss the need for antibiotic treatment before the appointment or procedure to prevent a possible infection. This applies to routine dental cleanings. It's also important to maintain good dental hygiene.

Exercise to Keep Your Body Strong

Once you are cleared by your surgeon, try to exercise regularly, three to four times per week, 20 to 30 minutes at a time. This commitment will allow you to maintain your strength, balance, and, especially, good posture. Proper mechanics and posture will help your joint to function in a smooth and pain-free manner. Try to do a variety of exercises, including weightlifting, bodyweight exercises that use your own weight to provide resistance against gravity, and aerobics (walking, biking, swimming).



Important Phone Numbers

- UT Southwestern
Orthopaedic Surgery
Clinic – Dallas:
214-645-3300
- UT Southwestern
Orthopaedic Surgery
Clinic – Richardson/Plano:
972-669-7179
- UT Southwestern
Outpatient Surgery
Center:
 - Guest and Patient
Services **214-645-3395**
 - Admissions Department
214-645-6730
- William P. Clements Jr.
University Hospital:
 - Guest and Patient
Services **214-633-4710**
 - Admissions Department
214-633-4140
- Zale Lipshy Pavilion:
 - Guest and Patient
Services **214-645-4101**
 - Admissions Department
214-645-4637
- UT Southwestern Medical
Center at Frisco:
469-604-9070
- Financial Counseling
(for all locations):
214-633-4036
- POSH Program – Division
of Geriatric Medicine:
214-645-8600
- Tobacco Cessation
Program:
214-761-3139
- UT Southwestern Center
for Human Nutrition:
214-648-2890
- UT Southwestern Weight
Wellness Program:
214-645-2800

Home Health Agency:

Outpatient Therapy Center:

Primary Care Physician:

Dentist:

Specialist(s):



Notes and Questions

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UT Southwestern
Medical Center

