**About Lafayette General Medical Center**

Lafayette General Medical Center (LGMC) staffs a total of 377 beds and is the largest full-service, acute care medical center in the nine-parish area of Acadiana.

Lafayette General has the busiest Emergency Department in Acadiana and handles the highest level of trauma in the region. The hospital’s 32-bed adult Intensive Care Unit is staffed 24/7 by intensivists (physicians specializing in critical care).

The hospital employs one of the top Orthopedic groups in the state, specializing in hip fracture and hip, shoulder and knee replacement surgery.

Over the years, LGMCM has expanded its services and facilities to meet the community’s growing needs, including Center of Excellence status in Minimally Invasive Gynecology and Neuroscience, as well as the distinction as an Accredited Cancer Program, Advanced Certified Primary Stroke Center and Accredited Center for Metabolic and Bariatric Surgery. A leader in technology, LGMC was the first to bring the da Vinci® (a robotic surgical system), CyberKnife® (a stereotactic radiosurgery system) and Medtronic O-Arm® (a surgical imaging system) to Acadiana.

Lafayette General Medical Center is recognized by federal and state tax laws as a 501c(3) not-for-profit corporation. As a community-owned and managed hospital, all decisions are made locally by an experienced administrative team and a volunteer Membership Corporation and Board of Trustees.

**WHAT IS A HIP REPLACEMENT?**

In a Total Hip Replacement, the damaged bone and cartilage is removed and replaced with prosthetic components.

**Reasons for a Hip Replacement**

The most common cause of chronic hip pain and disability is arthritis. Although there are many types of arthritis, most hip pain is caused by just three types: osteoarthritis, rheumatoid arthritis and post-traumatic arthritis.

Other types include Avascular Necrosis and childhood hip disease.

**WHAT IS A KNEE REPLACEMENT?**

Total Knee Replacement surgery involves the removal of diseased parts of bones in the knee. Typically, bone surfaces are shaved down to remove worn cartilage. The surfaces are replaced with man-made materials. Next, bones are fitted with knee replacement implants, which are cemented in place. Then, a bearing surface made of special, medical-grade polymer is inserted to act as the joint surface. This procedure removes the worn-out bone edges and replaces them with smooth materials.

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**Knee and Hip Replacement**

**AFTER SURGERY GUIDE**

**Realistic Expectations for Knee or Hip Replacement Surgery**

- Dramatic reduction in pain
- Improvement in daily living activities
- Improvement in quality of life

**Spinal anesthesia** is the anesthesia of choice for total knee and hip replacement patients. If spinal anesthesia is ineffective or unsuccessful, general anesthesia will be considered. Your throat may be sore if you undergo general anesthesia, as it uses a tube that goes in your throat during the surgery, which can cause some hoarseness and discomfort. Drinking cool fluids may help with this, as well as time.

**Post-operative Expectations**

You will go to the recovery room after your surgery, where you will be monitored to assure you are awake enough to go to your room. You will stay one to two nights, depending on how you are doing. You may wake up and feel a tube (urinary catheter) that drains your urine from your bladder. This is removed the day after surgery. It is important that you are able to urinate without your catheter prior to going home. Your IV will still be in place, but will be removed when you are taking fluids well, pain is under control and you are free of nausea and vomiting. You will be given antibiotics for 24 hours after surgery to help prevent infection. You will be evaluated by a physical therapist on the day of surgery. We will get you up and walking around as soon as possible after your surgery. We encourage early mobility, but please call the nurse to assist you. Walking helps prevent pneumonia, constipation and DVT (deep vein thrombosis). Special stockings and a special device may be used to massage your feet and/or legs as well.

You will experience some level of pain the first few days after surgery and will be given pain medication to assist in relieving this. Prior to getting up, you should raise your bed into a sitting position and decrease the height from the floor to the lowest position, ease yourself to the edge, and then lower your legs slowly. Healing will take time and you will have discomfort, tenderness, swelling and bruising at the operative site for up to three months following surgery. This is normal and will get better with time.
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DISCHARGE INSTRUCTIONS
The success of your surgery can depend on how well you follow your orthopedic surgeon's instructions at home during the first few weeks after surgery.

Wound Care
• Keep your incision clean and dry for two weeks. DO NOT WET THE INCISION.
• Change dressing as instructed by your surgeon.
• No lotions, ointments and/or creams on the incision.
• Avoid soaking the wound in water until cleared by your surgeon – NO tub baths, saunas, hot tubs or pools until cleared by your surgeon.
• Staples, if present, will be removed at your follow-up appointment that will be set before you leave the hospital.
• You will be able to shower after your staples are removed.

Diet
Loss of appetite is common after surgery and may last several weeks. It is important to eat a well balanced diet and add foods high in iron and protein to your daily diet. Together, this will promote proper tissue healing and restore muscle strength. We will also want you to take a multi-vitamin with iron everyday for one month after discharge.

Activity
KNEE – You will have full weight-bearing ability on your new knee.
HIP – You will have partial weight-bearing ability on your new hip.

You should be ready to resume your normal activities of daily living within three to six weeks after knee or hip surgery.

Some pain is expected with activity, and pain at night is very common for the first few weeks following surgery. It is important that you do your home exercises daily and attend outpatient physical therapy as instructed by your surgeon, especially the first few weeks after surgery.

Elevate your affected extremity above the level of the heart and use ice packs as needed for swelling. No heavy lifting, pulling, pushing or straining. You will need to take it easy for a while.

Expected activity
• Recreational walking, swimming, golf
• Driving – in four to six weeks (after you are no longer using pain medications or a walker)
• Light hiking, recreational biking
• Ballroom dancing, normal stair climbing

Additional Guidelines
• Use a pillow between your legs at night when sleeping until you are advised by your orthopedic surgeon that you can remove it (hip only)
• Decreased weight bearing status (hip only)
• Follow your surgeon’s instructions closely
• Use prescribed assistive devices (walker/cane/crutches/bedside commode/transfer tub bench)

PREVENTING COMPLICATIONS
Preventing Blood Clots
• Continue with your prescribed blood thinner as directed by your surgeon. If you were on a blood thinner prior to surgery, you will resume this on discharge.
• Increase your walking distance daily.
• Wear an anti-embolism hose for two to six weeks, until the swelling decreases, or until otherwise instructed by your surgeon.

Preventing Infection
• After surgery, you will need to be treated with antibiotics before any dental or surgical procedures are performed. The most common causes of infection following total joint replacement surgery are from bacteria that enter the bloodstream during dental procedures, surgical procedures, urinary tract infections or skin infections. Bacteria can lodge around your joint replacement and cause an infection.
• You will need to practice proper hand washing with dressing changes and Lovenox injections.
• Perform dry dressing changes as instructed by your doctor.

Avoiding Falls
A fall during the first few weeks after surgery can damage your new joint, and may result in the need for further surgery. You should use your prescribed assistive device (walker/crutches/cane) until it is discontinued by your physician or therapist. Stairs are a particular hazard until your joint is strong and flexible. If you have stairs or steps at home without a handrail, you should consider installing rails to assist with safe mobility or ensure that someone is always with you to help until you have improved your balance, flexibility and strength. It is also very important to use caution in rooms with a water source (kitchen/bathroom), as this can increase the chance of a slip or fall.

HIP precautions (until otherwise instructed by your surgeon):
• Do not cross legs
• Do not bend your hips more than a right angle (90 degrees)
• Do not turn your feet inward or outward

Dangerous activities following a KNEE or HIP replacement:
• Jogging or running, contact sports
• Jumping sports
• High impact aerobics

Activities exceeding usual recommendations following a KNEE or HIP replacement:
• Skiing
• Repetitive lifting in excess of 50 lbs.
• Vigorous walking
• Repetitive aerobic stair climbing

Notify your surgeon if the following occurs:
• Unusual redness, swelling or foul-smelling drainage at the incision site
• Shaking chills
• Temperature greater than 101º F, measured by a thermometer, that does not respond to fever reducing medication
• Pain at surgical site unrelated by pain meds


The Future of Your New Knee/Hip
HIP – You may feel some numbness in the skin around your incision. You also may feel some stiffness, particularly with excessive bending activities. Those differences often diminish with time, and most patients find these are minor compared to the pain and limited function they experienced prior to surgery.

KNEE – You may feel some numbness in the skin around your incision. You also may feel some stiffness, particularly with excessive bending activities.

Improvement of knee motion is a goal of total knee replacement, but restoration of full motion is uncommon. The motion of your knee replacement after surgery is predicted by the motion of your knee prior to surgery. Most patients can expect to almost fully straighten the replaced knee, and to bend the knee sufficiently to go up and down stairs and get in and out of a car. Kneeling is usually uncomfortable, but it is not harmful.

Occasionally, you may feel some soft clicking of the metal and plastic with knee bending or walking. These differences often diminish with time, and most patients find these are minor compared to the pain and limited function they experienced prior to surgery.

Your new knee or hip may activate metal detectors required for security in airports and some buildings. Tell the security agent about your knee/hip replacement if the alarm is activated. Also, inform technicians before getting an MRI or CT scan.

You may also get a card from your surgeon’s office to keep in your purse or wallet.

Warning signs of a blood clot in your leg:
• Increasing pain in calf
• Tenderness or redness above or below the hip
• Increasing swelling of your calf, ankle or foot

Warning signs that a blood clot has traveled to your lungs (REPORT TO THE ER OR CALL 911 IMMEDIATELY):
• Sudden onset or increase in shortness of breath
• Sudden onset of chest pain
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Preventing Constipation

- Walking/exercise helps prevent constipation.

Diet

- Drink at least six glasses (8 oz.) of water each day.
- Increase fiber in your diet.
- Take a stool softener (over the counter) one to two times per day while on pain meds.
- Use a laxative (over the counter) as needed while on narcotics.

Consultation with Your Orthopedic Surgeon

- You will be able to shower after your staples are removed.
- You may get a card from your surgeon’s office to keep in your purse or wallet.

You should inform your orthopedic surgeon that you can remove it (hip only)