



## Guide to Joint Replacement Surgery

# Welcome to Ochsner

Thank you for choosing us for your joint replacement surgery. Before, during, and after, we are committed to make your surgery and recovery a success.

**+ Please bring this guide to your appointments before and after surgery.  
You should also bring it to the hospital the day of your surgery.**

This information is general and applies to most patients. However, since each person has special needs, you may receive slightly different instructions to follow.


## Important phone numbers

### Ochsner Medical Center – Baton Rouge (O’Neal Lane)

Hospital Main Number (Operator) .....	225-752-2470
Orthopedics Clinic .....	225-754-3278
Surgery Center .....	225-755-4820
Admission/Prior Authorization.....	225-236-1120

### Ochsner Medical Complex – The Grove

Hospital Main Number (Operator) .....	225-762-5200
Orthopedics Clinic .....	225-761-5200
Surgery Center .....	225-726-2451
Admission/Prior Authorization.....	225-726-2412



Your care team is always available. Call the Ochsner Nurse Line at 855-524-6527 if you have any questions or concerns after your joint replacement.

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## Surgery Location and Arrival Time

Orthopedic surgeries are done at one of the following locations.

- **Ochsner Medical Center – Baton Rouge:** 17000 Medical Center Drive
- **Ochsner Medical Complex – The Grove:** 10310 The Grove Blvd.

Free parking is available in the parking areas shown on the maps on pages 2-3.



### Confirming Your Arrival Time

The day before your surgery, a member of our team will call to tell you what time to arrive at the hospital.

**If you have not heard from us by 2:00 p.m. the day before your surgery, call us at 225-761-5275 or 225-726-2412.**

Be sure to confirm your surgeon's office has your correct phone number.

Patient Name: \_\_\_\_\_

Date of surgery: \_\_\_\_\_

Location of Surgery: ☐ Ochsner Medical Center – Baton Rouge

☐ Ochsner Medical Complex – The Grove

Arrival Time for Surgery: \_\_\_\_\_

# Ochsner Medical Center - Baton Rouge

17000 Medical Center Drive, Baton Rouge, LA 70816



# Ochsner Medical Complex - The Grove

10310 The Grove Blvd., Baton Rouge, LA 70836



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## Financial and Insurance Information

At Ochsner, we realize the financial aspects of hospital services are often complicated and difficult to understand. Try not to worry. Ochsner personnel will contact your insurance company for detailed information about any coverage related to your surgery.

We want to make sure we meet your insurance company's billing requirements. When needed, we will get their authorization for our services. Your insurance company will tell us what your out-of-pocket payment will be. The amount you owe may include co-payments, deductibles, coinsurance, non-covered services or other insurance limitations. Call the phone number on your insurance card if you have additional questions about your coverage.



Ochsner financial counselors are available to assist you whether you have insurance or not.

You may want to contact your insurance company to

- Better understand your insurance policy for the expected hospital services
- Make sure the Ochsner facilities and physicians are approved by your insurance company
- Identify any out-of-pocket payments you will have to make
- Know and be able to pay your out-of-pocket payment before services are provided

Ochsner Admitting/Authorization staff will contact your insurance company to

- Obtain insurance coverage and benefit information
- Ask for authorization requirements and take the steps necessary to obtain authorization
- Take steps necessary to get authorization for healthcare services
- Determine your out-of-pocket payment

You may receive a telephone call from an Ochsner representative prior to your admission. This call is to let you know the amount of your out-of-pocket payment. If you have any questions, call the Admitting/Authorization Department at 225-236-1120 (O'Neal) or 225-726-2412 (The Grove).



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# Preparing for Surgery

## Appointments Before Your Surgery

To help you better prepare for surgery and have the best recovery possible, we offer a coordinated orientation class (Joint Camp) and pre-admission process. Our team will schedule these appointments for you. We make every effort to consolidate the process as much as possible.



We will schedule **3 important appointments** for you. **These must be completed no more than 30 days before your surgery.**

### 1. In-Person or Virtual: Joint Camp

In this **required** 1-2 hour orientation class, you will meet several people who will assist you in the hospital after surgery. This team includes nurses, physical therapists, occupational therapists, and social workers.

We offer both in-person and virtual Joint Camp classes. This orientation is mandatory because the more you understand, the more you can aid your own recovery. The more involved you are, the better your joint replacement results will be.

### 2. In-Person: Pre-Op Center Appointment

At this appointment, a doctor and nurse will review your lab work and previous images. They will also do a medical exam to make sure you are in good health for surgery. They will order any new tests needed and may contact your primary care provider or other specialists.

Additional tests might include blood work, an EKG, a urine test, or others based on your medical exam and health.

**If you have an active heart condition or a history of heart attack, you will need to see your cardiologist first** to make sure your heart is healthy enough for surgery. Examples of heart conditions that require cardiologist clearance before surgery include

- previous heart attack
- irregular heartbeat, arrhythmia (also called atrial fibrillation or AFib)
- heart valve replacement
- heart bypass surgery
- a pacemaker
- defibrillator implant (also called an ICD, or implantable cardioverter defibrillator)



**Bring a list of all your prescription and over-the-counter medications to this visit.** Include the dosage and strength of each medication. Check with your surgeon or anesthesiologist about which medications you should or should not take on the day of surgery.

If you are allergic to any medications, please inform your doctor or the nurse responsible for your care. Be sure to notify your doctor if you are diabetic and what medication you take for diabetes.

**At this appointment, BE SURE TO MENTION if you take weight-loss or diabetes medication by injection.**

Injectable weight-loss and diabetes medicines like those listed below (also called GLP-1 agonists) must be stopped 7 days before surgery. **Your surgery may be rescheduled if you do not follow the instructions below.**

- dulaglutide (Trulicity®)
- liraglutide (Victoza®, Saxenda®)
- semaglutide (Ozempic®, Wegovy®, Rybelsus®)
- exenatide (Byetta®, Bydureon®)
- tirzepatide (Mounjaro®)
- lixisenatide (Adlyxin®)



### Special instructions for patients taking weight-loss or diabetes medications known as GLP-1 agonists

**You must stop taking medications known as GLP-1 agonists before your surgery.** These medications slow the time it takes for food to leave the stomach. Food in the stomach could cause vomiting while under anesthesia, which is dangerous. That is why you must stop taking these medications prior to surgery.

**If you take medication by mouth every day** for weight loss or diabetes, do not take it up to 7 days prior to surgery. Examples of these medications include

- lixisenatide (Adlyxin®)
- exenatide (Byetta® or Bydureon®)
- liraglutide (Victoza®)
- semaglutide (Rybelsus®)

**If you inject medication every day**, do not take your injection for 7 days before surgery. Examples of these medications include

- exenatide (Bydureon®)
- semaglutide (Ozempic®, Wegovy®)
- tirzepatide (Mounjaro™)
- dulaglutide (Trulicity®)

**If you inject medication once a week**, you must have stopped your medication 7 days before your surgery. Example: if you take your injection on Mondays, your last injection must be BEFORE the Monday prior to your surgery. This means you will be off your medication more than a week.

If you take GLP-1 medication for diabetes and you must stop it for longer than your normal dosing schedule, **contact the provider who prescribed it.** You may need an interim medication to keep your blood sugar stable before the procedure.

### 3. In-Person: Orthopedics Clinic Appointment

One to two weeks before your surgery, you will see a Nurse Practitioner, Physician Assistant, or your surgeon in the Orthopedics clinic. They will make sure everything is ready for your surgery. You may need to have a special x-ray that measures the size of your joint. They will also give you anti-bacterial soap (Hibiclens®) to use before your surgery. You'll use this the night before and the day of your surgery.

At this appointment, you will also sign consent forms to allow your surgery to proceed. Make a list of any questions you would like to ask for this appointment. **If at all possible, the person who will take care of you at home should join you at this clinic visit.**



#### Extra equipment you may need at home

While you are in the hospital, we will work with you and your family to ensure you have any equipment you will need at home. Many of these are fully or partially covered by insurance. Others you may need to pay for yourself. Some common items that will help ensure a safe recovery include

- Walker and/or cane
- Raised toilet seat
- Reacher/grabber
- Shower chair or stool
- Ice packs or ice machine
- Dressing aids (zipper puller, sock puller/aid, shoe horn)
- Compression stockings or socks
- Compression devices
- Range of motion machine, also called continuous passive motion (CPM) machine

### Things you can do to help ensure a strong recovery

#### Quit smoking before surgery.

If you use any kind of nicotine products, try to quit *at least* 6 weeks before surgery. Stay nicotine-free after surgery. Nicotine increases your risk of complications after surgery. Smoking slows down wound and bone healing. It also increases your risk of infection, blood clots and other complications. **Ochsner has free programs to help you quit.** Talk to your provider about how to enter one of these programs, or scan the code to the right to learn more.



#### Limit the amount of alcohol you drink.

Alcohol can impair your ability to heal. It can also interact with pain medications. Be honest with your care team about how much alcohol you drink. We will keep anything you share confidential. Our goal is to help you prepare and recover from your surgery as quickly and safely as possible.

#### Fall-proof your home.

- Remove throw rugs, bath mats, door mats, kitchen mats.
- Check for cords, foot stools, or any other small objects that you might trip over. This includes small pets – can they stay out of the rooms you use most until you have recovered?
- Think about how you will use your bathroom. Adding a shower chair, grab bar, and raised toilet seat while you recover can be a big help.

- Set a place near your favorite seat so you can easily access things like a remote control, cell phone, glasses, etc.
- If possible, arrange to use a bed, bathroom, and sitting area all on the same floor.

### **Schedule dental work well in advance.**

If you need dental work before your surgery, such as having a tooth pulled or gum care, be sure to schedule this at least 1 month before surgery. Do not schedule non-emergency dental for 3 months after your surgery.

### **Arrange for help after surgery.**

You will need help at home after surgery. Be sure to arrange for someone to stay with you for at least the first 5 days. You may also need home health assistance such as a sitter help you bathe, dress, and prepare meals safely.

Most patients will have a series of physical and/or occupational therapy appointments to learn to use the new joint. Any home visits by a nurse or physical therapist usually happen 3-4 times a week and last about an hour. Talk to your care team about who will help you and when you'll need each kind of help.

### **Keep your appointments.**

Before and after your surgery, you'll have a number of appointments scheduled. Be sure to keep these appointments and bring any questions you may have.



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# Surgery Prep Checklist

## 4 Weeks Before Surgery

- ☐ Start making modifications to your home that you may need, such as extra supports or aids in your bathroom.
- ☐ Schedule necessary dental work – this should be completed at least 1 month before your surgery.
- ☐ Quit using nicotine – cigarettes, cigars, nicotine gum, vaping (e-cigarettes), patches.
- ☐ Attend your pre-op center, joint camp, and orthopedics clinic appointments.

## 2 weeks before surgery



### **ARRANGE FOR A FRIEND OR FAMILY MEMBER TO TAKE YOU HOME!**

You will not be allowed to drive yourself home from the hospital, even if you go home the day of your surgery. You will not be allowed to take a taxi or rideshare (Uber®, Lyft®) alone. **On the day of surgery, if you do not have someone to drive you home, we will have to reschedule your surgery.**

- ☐ Arrange for help getting to and from your therapy and follow up appointments until you have been given the okay to drive.
- ☐ Stock up on foods that are easy to prepare. We also recommend a nutritional drink such as Boost® or Ensure®.
- ☐ Begin limiting or stop drinking alcohol.
- ☐ Stop taking all herbal medications, remedies or supplements at least 2 weeks before surgery. Many herbal medications and herbal supplements can interfere with anesthesia.
- ☐ Talk to your doctor about your medications. If you take blood thinners or anti-platelet medications such as those listed below, you may need to stop this medication 3-5 days prior to surgery. Your surgeon and the provider who prescribed the blood thinner will decide when you should restart it.
  - rivaroxaban (Xarelto®)
  - apixaban (Eliquis®)
  - warfarin (Coumadin®)
  - Lovenox®
  - heparin
  - clopidogrel (Plavix®)

## 1 week before surgery

- ☐ Stop weight-loss or diabetes medication injections. You must stop these 7 days prior to surgery. See “Special instructions for patients taking weight-loss or diabetes medications known as GLP-1 agonists” on page 6.

## 1-2 days before surgery

We will contact you 1-2 days before your surgery to tell you what time to arrive and where for your surgery. **If you have not heard from us by 2:00 PM the day before your surgery, call us at 225-761-5275 or 225-726-2412.**

- ☐ Pack your bag for the hospital. See the list on page 11 of things to bring and leave at home.
- ☐ **Do not drink alcoholic beverages of any kind 24 hours before or after surgery.**

## Night Before Surgery

- ☐ **NO FOOD AFTER MIDNIGHT.** This includes gum, hard, candy, and mints.
- ☐ Wash your body with Hibiclens® or other antibacterial soap. You do not need to use Hibiclens on your face or hair.
- ☐ Wash your hair with regular shampoo.
- ☐ Remove nail polish and hair extensions. If you have artificial nails, remove at least one on each hand to enable us to monitor your oxygen level during surgery.
- ☐ Do not take any laxatives or stool softeners.
- ☐ Sleep in clean clothes on clean sheets.

## Morning of Surgery

- ☐ **NO FOOD THE MORNING OF SURGERY.**
- ☐ **DRINK PLENTY OF CLEAR FLUIDS UNTIL 2 HOURS BEFORE YOUR ARRIVAL TIME.**

For example, if you are told to arrive at the hospital at 7:00 AM, do not drink fluids of any kind after 5:00 AM.



Example of when to stop drinking fluids on the morning of surgery

**Example arrival time: 7:00 AM**  
**Stop drinking: 5:00 AM**

Clear Fluids OK to Drink	Fluids NOT OK to Drink
<ul style="list-style-type: none"><li>• water</li><li>• Gatorade® or Powerade®</li><li>• clear soda like Sprite® or 7UP®</li><li>• black coffee or black tea</li></ul>	<ul style="list-style-type: none"><li>• dairy like milk, cream, 1/2 &amp; 1/2</li><li>• creamer of any kind (NO CREAMER in coffee or tea)</li><li>• juices with pulp, like orange juice</li><li>• broths</li></ul>

- ☐ **Medicines:** If your surgeon or anesthesiologist advises that you take medication, swallow only the smallest amount of water with it. Be sure to inform the anesthesiologist or nurse on the day of surgery.
- ☐ **Brush your teeth:** You may brush your teeth and rinse your mouth. Do not swallow any water or toothpaste.
- ☐ **Shower:** Wash your body with Hibiclens or other antibacterial soap. You do not need to use Hibiclens on your face or hair.
- ☐ **Makeup, Perfume, Creams, Lotions and Deodorants:** Do not use any of these products on the day of surgery, including mascara. Remove any false eyelashes and body piercings.
- ☐ **Clothing:** A button front shirt and loose-fitting clothes are the most comfortable before and after surgery. We also recommend comfortable walking or tennis shoes.
- ☐ **Hair:** Avoid buns, ponytails or hairpieces at the back of the head. Remove or avoid any clips, pins or bands that bind hair. Do not use hairspray. Before going into the surgery room, you will need to remove any wigs or hairpieces. We will cover your hair during surgery. Your privacy regarding personal appearance will be respected.
- ☐ **Glasses and Contact Lenses:** Wear glasses when possible. If contact lenses must be worn, bring a lens case and solution. If glasses are worn, bring a case for them.
- ☐ **Hearing Aids:** If you rely on a hearing aid, wear it to the hospital on the day of surgery. This will ensure you can hear and understand everything we need to communicate with you.
- ☐ **Medical Equipment:** If you have been fitted for a brace to wear after surgery or you have been given crutches, bring those with you.



## + How to shower with Hibiclens

1. Washing your hair is optional. If you do, wash your hair with your normal shampoo. Rinse your hair and body thoroughly afterward to remove the residue.
2. Do not shave the area of your body where your surgery will be performed.
3. Turn the water off. Apply Hibiclens to your entire body from the jaw down. **Do not get Hibiclens in your eyes, ears, nose, mouth or genital area.** Wash thoroughly for five minutes, paying special attention to the area where your surgery will be performed. Do not scrub your skin too hard. Do not use regular soap.
4. Turn the water back on and rinse your body well.
5. Pat yourself dry with a clean, soft towel. Do not apply any lotions, creams, deodorants, perfumes or powders. Put on clean clothes.



What to Bring to the Hospital	What to Leave at Home
<ul style="list-style-type: none"> <li>• Photo ID and health insurance cards</li> <li>• Copy of advance directives, such as a Living Will or Durable Power of Attorney for Healthcare (Ask your care team if you do not have these. They can provide you with Ochsner's forms.)</li> <li>• Up-to-date medication list that includes drug name, dosage, and how often you take it. Be sure to include any over-the-counter medications or herbal supplements.</li> <li>• Inhaler for asthma or COPD</li> <li>• Hearing aids and case</li> <li>• Glasses and case. If you must wear contacts, you will need to remove them before surgery. Bring a lens case and lens solution.</li> <li>• If you use a CPAP/BIPAP machine, bring your mask.</li> <li>• Walker if you have one (leave in car until discharge)</li> <li>• Documentation or information card for implants or medical devices such as the following. If the device is controlled by a remote, please bring the remote. <ul style="list-style-type: none"> <li>• Pacemaker</li> <li>• Internal defibrillator</li> <li>• Artificial joint</li> <li>• Internal pain pump</li> <li>• Stimulator</li> <li>• Wire leads</li> <li>• Shrapnel</li> <li>• Insulin pump</li> <li>• Shunt</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Jewelry including body piercings</li> <li>• Valuables</li> <li>• Large amounts of cash</li> <li>• Wigs, hairpieces, hairpins, hair clips</li> <li>• False eyelashes</li> <li>• Remove fingernail and toenail polish. If you have acrylic or gel nails, remove at least one finger on each hand.</li> </ul>

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# What to Expect at the Hospital

## Before surgery

- Once you have checked in, a nurse will take your vital signs. Be sure to mention any allergies or medications you have taken that morning.
- You will change into a hospital gown. A member of your care team will clean your skin around the joint to help prevent infection.
- Your surgeon or a member of your surgical team will visit you before surgery.
- A member of the team will start an IV. This will be used to give you pain medication and antibiotics.
- You may receive a nerve block. A member of the anesthesia team will place the block.

If you have them on, you will be asked to remove the following before surgery.

- All non-permanent dental work.
- Wigs or hairpieces. A head covering will be provided.
- Hearing aids – bring a case if you have one.



### Before-Surgery Visiting Policy

You may receive visitors before you go into surgery. Your visitors must follow this policy.

- You may receive a total of 2 visitors, one at a time. Each will be allowed only one visit with you (they can only change places once).
- All visitors must be escorted in and out by a member of the Ochsner care team.

## After surgery

### Post-Anesthesia Care Unit (PACU or Recovery Unit)

- Once your surgery is complete, a member of the care team will take you to the PACU. Specially trained nurses will care for you as you recover from anesthesia.
- Your nurses will take your vital signs and give you any medication you may need. You may also have x-rays or receive a nerve block during this recovery time.
- While you are recovering, your surgeon will contact your loved ones to let them know how the surgery went.
- When your care team determines you are ready to leave the recovery area, they will start the process of either discharging you to go home or transferring you to a hospital room. Most patients who have this type of surgery go home within 24 hours.



## If you remain in the hospital overnight

If your surgeon decides it is best for you to remain overnight, you will be cared for by an experienced team of providers. Each day you may see your surgeon, resident, fellow, nurse practitioner or physician assistant, along with members of the anesthesia team.

If you had surgery at The Grove and need a higher level of care for any reason, your team will transfer you to Ochsner Medical Center – Baton Rouge (O’Neal).



### Overnight Visiting Policy

If your surgeon wants you to stay overnight, you may receive visitors once you are out of recovery and have been transferred to your hospital room.

- You may receive a total of 2 visitors, one at a time. Each will be allowed only one visit with you (they can only change places once).
- After surgery, your prearranged main caregiver should be your second visitor. That way they can learn your home care instructions when it is time for you to leave the hospital (discharge).
- All visitors must be escorted in and out by a member of the Ochsner care team.



# Preventing Falls During Your Hospital Stay

**All patients admitted to the hospital are at a higher risk for falls.** A fall increases your risk for injury. This could lead to an increased length of stay in the hospital or make your recovery period longer.

In the event that it is in your best interest not to be left alone, we will ask for a family member or friend to stay with you. Having a familiar person present can help to prevent falls. If that is not possible, you or your family may hire sitters to provide this kind of support. The cost for sitters is the responsibility of the patient/family and cannot be added to the hospital bill. A list of agencies offering sitter service is available upon request.

We ask that caregivers notify the nurse prior to leaving the patient's bedside so the nurse can best determine how to prevent falls. Bed exit or chair alarms may be turned on to alert the nurse that you are attempting to get up without help. Do not turn off these alarms; they are for your safety. Wait for staff to assist you in getting up. Do not bring your family member to the bathroom or leave them in the bathroom.

## Common Causes of Falls

There are many reasons that patients may be at greater risk of falling while in the hospital, including being in an unfamiliar setting, weakness from surgery or illness, adjusting to new medications, or being connected to medical equipment. **Patients, family members and Ochsner staff each have a role to play in preventing falls.**

### Patient/Caregiver Responsibilities



#### 1. Provide Information

- Current medications
- History of falls
- Bathroom routine
- Walking/transferring needs



#### 2. Press the Red Call Button

- For help getting out of bed/chair
- For help to the bathroom
- To grab items out of reach



#### 3. Before Standing

- Call for help
- Wait for your care team even if a caregiver is in the room
- Rise slowly if lying down
- Sit on the edge of the bed



#### 4. Before Walking

- Wear non-skid socks or fitted closed-toe shoes
- Use a walker or cane as needed

### Care Team Responsibilities

#### 1. While on Duty

- Orient you to your room
- Place your call light within reach
- Raise your bedrails
- Keep room well-lit and clutter-free
- Give clear medication instructions
- Encourage and assist with movement

#### 2. As Needed

- Place a "Fall Risk" band on your wrist
- Turn on your bed/chair alarm
- Use TeleSitter with camera to monitor you

#### 3. Movement Support

- Stay within arm's length to, from, and during toileting/dressing to ensure your safety
- Provide you with proper assistive devices as needed

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# Pain Management and Drug Safety After Surgery

## Managing your pain

After surgery, it is normal to feel some pain or discomfort. At Ochsner, our goal is to help you manage this pain safely. By controlling your pain, we can help you sleep better, be more active and recover faster. To do this, your physician may prescribe a combination of methods that should help control your pain. These may include

- **Non-medical treatment:** hot or cold packs, deep breathing and relaxation exercises, massage, relaxation, music or other distracting pastimes, positive thinking, or nerve stimulation (TENS).
- **Anesthetic treatment:** includes general anesthesia; spinal anesthesia, or nerve blocks; or pain medicine delivered either by a small tube in your back (an epidural catheter) or by an IV line in your arm.
- **Pain control medication:** measures may include oral medications (pain pills), intramuscular injections, suppositories, or medication delivered through a small plastic tube in your vein (an IV) or through an epidural catheter in your back.

## Pain relief medications

If your provider feels you need medication for pain relief, this may consist of

- **Fever reducers (also called Non-Narcotic Analgesics or Antipyretics).** Acetaminophen, (Tylenol®, Feverall®) is given to relieve mild to moderate pain and reduce fever.
- **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).** Meloxicam (Mobic®) and Celecoxib (Celebrex®) reduce swelling and soreness and relieve mild to moderate pain.

Or, your provider may include a short course of **prescription pain medication**, which can be used if other pain relief methods are not enough. These medications are also called opioids or narcotics.

When taken correctly, opioids are very good medicines for post-surgery pain. But they can be misused. This guide will help you understand how to take your prescription pain medication safely and keep others safe.

## How to use opioids safely

- **Take as directed.** Your physician and pharmacist will give you specific instructions for taking this prescription. Follow these instructions.
- **Keep it to yourself.** Don't share - this prescription is only for you. Sharing prescriptions is illegal and can put other people in danger.
- **Ask about your other prescriptions.** Some medications should not be taken at the same time as opioids because they can slow or stop your breathing. Talk to your physician or pharmacist if you are taking benzodiazepines (such as Ativan, Xanax, Valium), seizure medications, muscle relaxers, or psychiatric drugs.
- **Talk to your provider about other health conditions.** Tell us if you're pregnant, have a history of sleep apnea, mental health conditions, or substance use disorder.
- **Stay sober.** It can be very dangerous to use alcohol and other substances while you're taking an opioid pain medicine. Skip the alcohol, sleeping pills, or illegal drugs until you've stopped this medication.

- **Be cautious.** Don't drive or operate heavy machinery until you know how this medication affects you.

### How to store opioids safely

- **Keep it in the original container.** Don't transfer the prescription to another bottle or package. This way you will always know exactly what is in the container and who it is for.
- **Keep it where children can't see or reach it.** The safest place to store prescription pain medication is in a locked cabinet or on a high shelf.

### How to dispose of opioids safely

- **Discard properly when done.** Immediately after your pain is gone, dispose of any unused prescription pain medication.
  - Contact your local law enforcement agency or pharmacist to find a drug "take back" or disposal location near you. You can also find a location at this website: [www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations](http://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations).
  - If there is no take back or disposal location near you, check the FDA's Flush List. This is a list of drugs that CAN be flushed down the toilet [www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines#FlushList](http://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines#FlushList)
  - If your medication is not on the FDA Flush List, you can put it in the trash. To do so, remove the medication from its container and combine it with something unpleasant such as used coffee grounds or kitty litter. Place this mixture in a sealable bag in the garbage so it cannot leak or break out. Scratch out all personal information on the original container and throw it away or recycle it.

### Know the risks

- **If not used correctly**, prescription pain medications can be just as dangerous as illegal drugs.
- **Misuse can have serious consequences** including dependence, addiction, overdose, even death.
- **Get medical attention immediately** if
  - You have taken your medication incorrectly and you have
    - Overall low energy
    - Physical weakness
    - Nausea and/or vomiting
    - Trouble breathing
  - You have taken more medication than your prescription instructs

### How Ochsner providers prescribe opioids

We are committed to helping end opioid misuse and its serious consequences. To ensure we play our part, Ochsner providers are very careful about opioid prescriptions and refills. **We have strict policies to ensure your safety and the safety of those around you.**

1. Some opioid prescriptions cannot be refilled through your pharmacy. We may ask you to make a clinic appointment before your prescription pain medication is refilled. That way we can help manage your pain the best way possible and avoid overuse of opioids.

2. We will only consider refills three days (or less) before the end of your medication regimen. Be sure to take your medication as your provider directs.
3. We do not mail or ship prescription pain medication. Opioids are considered “controlled substances” by law and must be picked up in person.
4. We only use prescription pain medications for patients undergoing surgery or other procedures. If you have pain for other reasons, we have many other resources to help you, including our Pain Management specialists, physical therapists, and others.

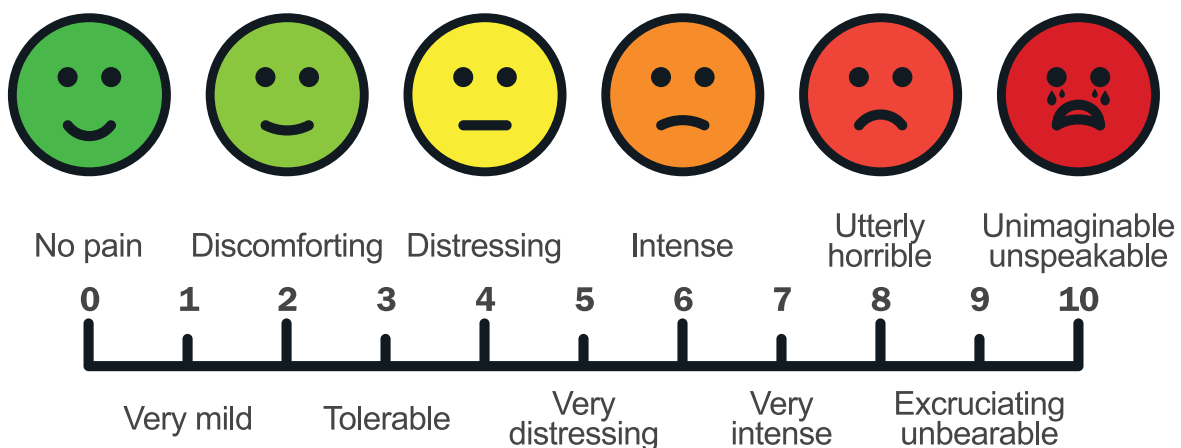
Ochsner does not prescribe medical marijuana, CBD or THC products at this time.

**To learn more, visit one of these sites or talk to your Ochsner provider**

- [www.drugabuse.gov](http://www.drugabuse.gov)  
National Institute for Drug Abuse
- [www.samhsa.gov](http://www.samhsa.gov)  
SAMHSA – Substance Abuse and Mental Health Services Administration or call the SAMHSA National Helpline at 1-800-662 HELP (4357) for treatment referrals
- [www.fda.gov/drugs/resources-you-drugs](http://www.fda.gov/drugs/resources-you-drugs)  
Find resources to answer regulatory and drug-related questions.

## Pain levels

At Ochsner, your well-being is an ongoing concern. Tell the doctor or nurse about pain that does not go away. They need to know how you are feeling. While your comfort is important, your pain may be a signal that you could be having a problem after surgery.



## What to Expect as You Recover

Recovering from a joint replacement takes many months. Many patients feel

- Tired and worn down for many weeks or months
- Numbness around the incision
- Joint stiffness
- Clicking of the joint (knee)

Nearly all of these symptoms improve over time.

You can help your recovery and healing go smoothly. As you recover, be sure to

- Rest regularly. Your body needs rest to heal.
- Limit alcohol use.
- Stay nicotine-free. Nicotine products can impair your ability to heal.
- Stay well hydrated. Drink plenty of fluids such as water, Gatorade® or Powerade®.
- Take at least one Boost® or Ensure® drink a day to be sure you get enough calories and nutrition



### When to Call Your Surgeon

Call your surgeon's office right away if you experience any of the following symptoms:

- Drainage from incision that soaks the dressing or leaks out of the dressing (a drop or two of blood is normal)
- Constipation
- Vomiting
- Fever over 101° F
- Your pain is not controlled with ice, elevation, or medication

**If you have chest pain or feel short of breath, go to the emergency room or call 911 immediately.**

## Preventing Blood Clots

It is possible for a blood clot to form in your leg after surgery. This can happen if you are not moving much after surgery.

A blood clot in the leg can be very painful and cause swelling. **A blood clot that travels to the lungs (pulmonary embolism) can be life threatening.** That is why we will take steps to prevent blood clots after your surgery.

**In the hospital** we will

- Get you up and moving as soon as possible
- Apply compression pumps to your legs





We may give you medicine to help prevent blood clots. If you have certain medical conditions or a history of blood clots, we may give you one of the following

- warfarin (Coumadin®)
- apixaban (Eliquis®)
- rivoroxaban (Xarelto®)

Which medication you take will depend on your medical history.

If we give you Coumadin, our Coumadin Clinic will give you instructions and monitor it for you. You can reach them at 225-754-3271 (O'Neal) or 225-761-5561 (The Grove) if you have any questions. You may have to follow specific dietary instructions to ensure the Coumadin works properly.

**At home,** you need to do specific exercises to help prevent clots from forming. These include

- Ankle pumps – these help blood continue to move through your veins
- Standing and walking regularly

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## Swelling After Surgery

After joint replacement, it is normal for your leg to swell. You may also notice bruises. These are also normal and may last several weeks. Some patients may see bruises from your hip or thigh all the way to your foot or toes.

Your body sends fluids to your new joint to help it heal. These fluids can collect in the lowest part of your body – your foot and ankle. The swelling will probably last a few weeks, then start to resolve. For the first few months after surgery, elevate your leg often.

- Elevate your legs above your heart for 30 minutes at a time. Do this 3-4 times each day.
- Avoid sitting for long periods. Sitting for long periods with your feet down can make swelling worse.
- Alternate periods of sitting with periods of walking.
- Do your ankle exercises.

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## Preventing Infection

### Caring for your surgical site

A member of your surgery team will remove your dressing at your post-op clinic visit. **Do not remove the dressing on your own. Do not let anyone else remove the dressing** before your post-op visit with your surgeon, unless instructed by your doctor.

**Do not get the dressing wet. Do not immerse the joint in water.** This means no tub baths until the dressing has been removed. Take sponge baths until the dressing has been removed at your post-op clinic visit.

You may have a suction bandage system over your surgical site. You may also hear it called a PICO wound vac or closure, Vacuum-Assisted Closure (VAC) or negative pressure wound therapy. This dressing is waterproof. You may shower with a PICO closure.

A moderate amount of blood on the bandage is normal. Call your surgeon's office right away if you notice

- Blood leaking out of the dressing
- Blood saturating the dressing
- Any kind of malfunction of the PICO suction bandage

Once the dressing has been removed in your surgeon's office, **do not use any of the following on the surgical site unless your doctor tells you to do so.**

- Rubbing alcohol
- Neosporin® or other antibiotic ointment
- Hydrogen peroxide
- Any other cleaners on the skin

When your surgeon says it is safe, you may wash the incision with soap and water. We recommend Dial® antibacterial soap.

## Preventing infection

Infection in a total joint replacement is uncommon. But it can happen during, right after, or several years after surgery.

### To help prevent infection, we will

- Give you Hibiclens (chlorhexidine gluconate) soap at your pre-op visit. Use it the night before and the morning of your surgery.
- Give you IV antibiotics before, during and after your surgery.
- Put a dressing over the incision in the operating room. This must stay on and stay dry until your surgeon removes it. **Do not remove it yourself. Do not let anyone else remove it.** This includes home health nurses or providers. Your surgeon's office is the only place it should be removed.
- Provide an antibiotic prescription for you to take after you go home, if needed.

### You can help prevent infection

- Follow any wound care instructions carefully.
- Do not get the dressing wet.
- Do not remove the dressing yourself or let anyone else remove it before your post-op visit.
- Take antibiotics exactly as prescribed. Follow the guidelines on the next page for taking antibiotics after joint replacement.



## Watch for these signs of infection

- Drainage from the incision
- Redness around the incision
- Fever, chills, night sweats
- New pain or swelling in the joint

## Talk to your provider

Some patients have a higher risk of infection of the new joint through the bloodstream. Be sure to tell your provider before your surgery if you have

- Rheumatoid arthritis
- Lupus
- Immunosuppression
- Previous joint infections
- Diabetes

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# Guidelines for Antibiotics After Joint Replacement

In rare cases, a replacement joint can become infected when an infection in another part of the body spreads through the bloodstream. That is why **it is important that you see a provider immediately if you suspect you have any kind of bacterial infection.**

This might include

- Respiratory infection (for example, sinus infection)
- Infection in the mouth (tooth or gums)
- Infected severe wound somewhere else on the body
- Urinary tract infection
- Infected or ingrown toenails or foot ulcers

Once you've had a joint replacement, you may need to take antibiotics before other kinds of surgery. **If you expect to have dental work or surgery for another reason, be sure to inform your doctor well in advance that you have a joint replacement. That provider should prescribe an antibiotic before your surgery.**

During an invasive procedure or dental work, bacteria from the skin or mouth can travel through the bloodstream to your replacement joint. That is why we recommend most patients take an antibiotic pill prior to any invasive procedure or dental work for one year after surgery.



**IMPORTANT: If at all possible, do not schedule elective surgeries or procedures for 90 days after your joint replacement surgery.**

You <b><u>WILL</u></b> need an antibiotic for	You <b><u>WILL NOT</u></b> need an antibiotic for
<ul style="list-style-type: none"> <li>Any dental work, including routine cleaning</li> <li>Skin (dermatological) procedures that involve cutting into the skin (not laser or freezing)</li> <li>Foot or ankle (podiatry) procedures that involve cutting into the skin, such as corn removal, bunion surgery, ankle surgery, hammertoe surgery, ingrown toenail removal, etc. This includes minimally invasive (robotic, laparoscopic) procedures</li> <li>Any other kind of surgery or procedure that involves cutting into the skin, even if minimally invasive</li> </ul>	<ul style="list-style-type: none"> <li>Injections (vaccines, steroid shots, insulin injections, etc.)</li> <li>Blood work</li> <li>Colonoscopy, endoscopy, sigmoidoscopy</li> <li>Manicure, pedicure</li> <li>Routine colds or flu</li> <li>Minor cuts and bruises that are not infected</li> </ul>

We recommend these antibiotics for total joint replacement patients:

- **For dental work**, take 1 hour prior to procedure: Amoxicillin 2 grams (If allergic to penicillin: 600 mg clindamycin)
- **For procedures cutting the skin**, take 1 hour prior to procedure: Cephalexin 2 grams



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## Frequently Asked Questions

### Can I get a flu shot?

Yes! You may have a flu shot any time after your surgery. We recommend joint replacement patients receive a flu shot every flu season. If you are over age 50, talk to your primary care physician about the pneumonia vaccine and any others you may need.

### When can I put weight on my joint?

Your surgeon will determine when you can put your full weight on the leg after surgery. Your surgeon and physical therapist will teach you how much weight you can put on the leg. They'll also let you know how to use your walker, cane, or crutches correctly.

### When does physical therapy start and what does it involve?

Your first visit from a physical therapist will be in the recovery (PACU) area right after surgery. A physical therapist will also work with you in your hospital room.

A physical or occupational therapist will help you

- Learn how to get in and out of bed safely
- Walk with a walker
- Climb stairs safely
- Perform exercises at home

When you are ready to go home from the hospital, you will also get orders for more physical therapy.

### When can I drive after surgery?

Do not drive any vehicle after surgery until your surgeon tells you it is safe for you to do so.

# Keep in touch after surgery with patientIQ

PatientIQ helps Ochsner stay in touch with each patient, before and after your procedure. We want to know how you're feeling to make sure we provide you with the best care possible.

## How does it work?

PatientIQ will contact you through email and/or text message. You'll be asked questions about

- your health
- how your procedure went
- how you are recovering

You may also receive links to educational videos or instructions for your recovery.

The emails or text messages will have the Ochsner logo. You may also see references to PatientIQ. *This is not a scam. PatientIQ is a trusted Ochsner partner.* The questions come from your care team. By answering all of them, you help us provide you with the best care we can. Please answer every question you receive.

## How long will it take me to answer the questions?

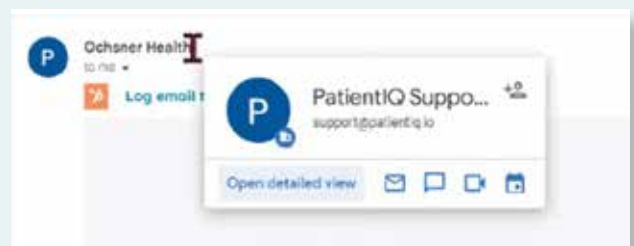
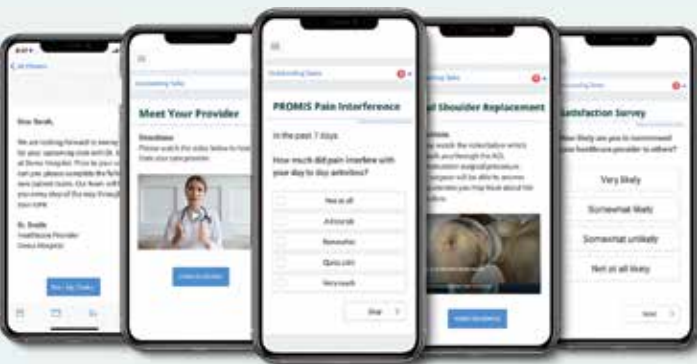
Just a few minutes. We promise not to take too much of your time. That's why we ask only the most important questions.

## How often will I get questions from Patient IQ?

Because your health can change often, it's important we check in with you often. PatientIQ and your care team work together to ensure we reach out to you at key times throughout your recovery. PatientIQ only sends text messages and/or emails when necessary.

## Are my answers private?

Yes. They are only seen by members of your care team.



**Sample PatientIQ email in inbox**

Legal Disclaimer: Information contained in this email, including any files transmitted with it, may contain confidential medical or business information intended only for use by the intended recipient(s). Any unauthorized disclosure, use, copying, distribution or taking of any action based on the contents of this email is strictly prohibited. Review by any individual other than the intended recipient does not waive or surrender the physician-patient privilege or any other legal rights. If you received this email in error, please delete it immediately and notify the sender by return email.

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**PatientIQ email will include a disclaimer like this example**

Notes

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