

Healthy Driven[™]

Edward-Elmhurst
HEALTH

PATIENT GUIDE

TOTAL KNEE REPLACEMENT SURGERY

What to expect during your total knee replacement surgery at Elmhurst Hospital

(331) 221-1000

EEHealth.org/orthopedics



ELMHURST HOSPITAL
A GUIDE TO TOTAL KNEE REPLACEMENT SURGERY

WELCOME

WELCOME

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Welcome to Elmhurst Hospital

As you prepare for total joint replacement surgery, it is normal to feel anxious and nervous. Knowing what to expect will ease your anxiety and help with your recovery. We are providing this binder to you and your family to guide you through your surgical experience at Elmhurst Hospital. The doctors, nurses and other healthcare team members strive to provide you with the safest and best medical care possible. Please do not hesitate to ask your surgeon, nurse or other healthcare team member any questions before, during, and after your operation.

This education binder will also help you organize important information you will receive during your hospital stay. We ask you to bring the binder with you to the hospital on the day of your surgery and keep the binder in your room until you go home.

Remember, this is a guide. Your surgeon and their team may add to or change any of the recommendations. Always follow their instructions and ask questions if you are unsure or do not understand.

Directions and Contacts

Directions

Address: 155 E. Brush Hill Road
Elmhurst, IL 60126

Hospital website: <http://www.eehealth.org>

From the home page, click on Find a Location, then choose Elmhurst Hospital – Main Campus.

Contacts

Pre-admission Testing (PAT)

Phone: (331) 221-0460

FAX: (331) 221-3885

Pre-op and Recovery Unit

Phone: (331) 221-1072

Surgery Reception Desk

Phone: (331) 221-0490

Service Line Director– Orthopedics, Spine, Neuroscience

Phone: (331) 221-0112

Email: Lrempal@emhc.org

Discharge Planning Case Manager or Social Worker

Phone: (331) 221-1146

Outpatient Rehab Services

Scheduling: (331) 221-6050

Inpatient Rehab Services

Phone: (331) 221-0590

Patient Accounts (Billing)

Phone: (331) 221- 6600

Visit our website at: <https://www.eehealth.org/services/orthopedics>

TOTAL KNEE REPLACEMENT

Main Campus

155 E. Brush Hill Road,
Elmhurst, IL 60126

February, 2016

1 Emergency Department

PARKING

- 2** Valet
- 3** Expectant Mothers

RETAIL

- 4** Walgreens
- 5** The Wild Rose Floral & Gift Shop
- 6** WILDFLOWER Café
- 7** Starbucks
- 8** Falling Water Boutique

DIAGNOSTICS

- 9** Diagnostics Main
- 10** Diagnostics East

OUTPATIENT

11 Registration

BUS STOP

12 PACE

E Entrance



Live a Healthy Driven Life and Take a Free 5 Minute Health Aware Test Today!

Our assessments provide a quick analysis of your health and suggested next steps if you are found to be at risk. In just five minutes, you can gauge your risk of developing diseases or disorders that can weaken your health and affect your lifestyle.

Learn.

Take the free, confidential assessment and learn if you are at risk.

Listen.

If eligible, accept the free clinical screening where you'll learn what Steps to take to improve your health.

Live Healthy Driven.

Follow the clinical recommendations and visit your doctor for a longer, healthy driven life.

Find our assessments at www.eehealth.org/healthy-driven/health-aware

<p>DIABETES AWARE</p> <p>I want to catch diabetes early before it leads to serious complications.</p>	<p>STROKE AWARE</p> <p>I want to protect myself from stroke to avoid serious after effects.</p>	<p>ADDICTION AWARE</p> <p>I want to uncover an alcohol or drug problem to save what matters most.</p>	<p>DEPRESSION AWARE</p> <p>I want to know if I have depression so I can treat it and feel better.</p>
<p>LUNG AWARE</p> <p>I want to detect a lung problem early to breathe easier and live better.</p>	<p>BREAST AWARE</p> <p>I want to detect breast cancer early, when it's most treatable.</p>	<p>COLON AWARE</p> <p>I want to know my risk for colon cancer so I can stop it before it starts.</p>	<p>SLEEP AWARE</p> <p>I want to find out if I have a sleep disorder to protect my long-term health.</p>
	<p>HEART AWARE</p> <p>I want to learn my risk for heart disease to escape this often silent killer.</p>	<p>ANXIETY AWARE</p> <p>I want to know if I have anxiety so I can get relief and get on with life.</p>	

HOSPITALIST PROGRAM

Staying at Elmhurst Hospital? You're in good hands. You can be assured that one of our hospitalists will be dedicated to you while you stay with us.

What is a hospitalist?

Hospitalists are physicians who focus on the general medical care of hospitalized patients. Think of each hospitalist as your “on-site expert”— someone in constant communication with your primary care physician who has access to all of your medical records but is only a few footsteps away.

What are the benefits of a hospitalist?

Hospitalists spend most or all of their day in the hospital and are more readily available to you. By focusing on hospitalized patients, they can dedicate themselves to the unique aspects of your needs during your hospital stay.

Once your hospital stay is complete, the hospitalist will refer you back to your primary care physician or a physician from our medical staff should you not already have one.

After all, your needs are what matters most.

Please contact the Hospitalist Support Team, at [\(331\) 221-8952](tel:331-221-8952).

Monday–Friday, 8:00 am–4:00 pm with questions.



ELMHURST HOSPITAL

A GUIDE TO TOTAL KNEE REPLACEMENT SURGERY

WHAT YOU NEED TO KNOW

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Total Knee Replacement

If your knee is severely damaged by arthritis or injury, it may be hard for you to perform simple activities, such as walking or climbing stairs. You may even begin to feel pain while you are sitting or lying down.

If nonsurgical treatments like medications and using walking supports are no longer helpful, you may want to consider total knee replacement surgery. Joint replacement surgery is a safe and effective procedure to relieve pain, correct leg deformity, and help you resume normal activities.

Knee replacement surgery was first performed in 1968. Since then, improvements in surgical materials and techniques have greatly increased its effectiveness. Total knee replacements are one of the most successful procedures in all of medicine. According to the Agency for Healthcare Research and Quality, more than 600,000 knee replacements are performed each year in the United States.

Whether you have just begun exploring treatment options or have already decided to have total knee replacement surgery, this article will help you understand more about this valuable procedure.

Anatomy

The knee is the largest joint in the body and having healthy knees is required to perform most everyday activities.

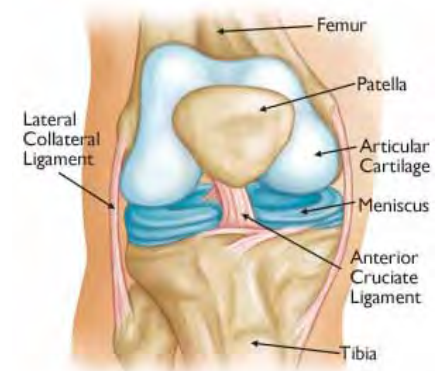
The knee is made up of the lower end of the thighbone (femur), the upper end of the shinbone (tibia), and the kneecap (patella). The ends of these three bones where they touch are covered with articular cartilage, a smooth substance that protects the bones and enables them to move easily.

The menisci are located between the femur and tibia. These C-shaped wedges act as “shock absorbers” that cushion the joint.

Large ligaments hold the femur and tibia together and provide stability. The long thigh muscles give the knee strength.

All remaining surfaces of the knee are covered by a thin lining called the synovial membrane. This membrane releases a fluid that lubricates the cartilage, reducing friction to nearly zero in a healthy knee.

Normally, all of these components work in harmony. But disease or injury can disrupt this harmony, resulting in pain, muscle weakness, and reduced function.



Normal knee anatomy.

Cause

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

- **Osteoarthritis.** This is an age-related “wear and tear” type of arthritis. It usually occurs in people 50 years of age and older, but may occur in younger people, too. The cartilage that cushions the bones of the knee softens and wears away. The bones then rub against one another, causing knee pain and stiffness.
- **Rheumatoid arthritis.** This is a disease in which the synovial membrane that surrounds the joint becomes inflamed and thickened. This chronic inflammation can damage the cartilage and eventually cause cartilage loss, pain, and stiffness. Rheumatoid arthritis is the most common form of a group of disorders termed “inflammatory arthritis.”
- **Post-traumatic arthritis.** This can follow a serious knee injury. Fractures of the bones surrounding the knee or tears of the knee ligaments may damage the articular cartilage over time, causing knee pain and limiting knee function.

Description

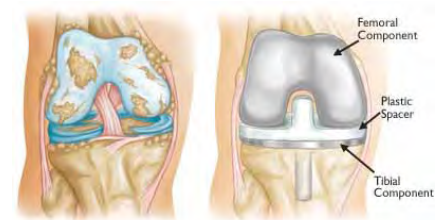
A knee replacement (also called knee arthroplasty) might be more accurately termed a knee “resurfacing” because only the surface of the bones are actually replaced.

There are four basic steps to a knee replacement procedure.

- **Prepare the bone.** The damaged cartilage surfaces at the ends of the femur and tibia are removed along with a small amount of underlying bone.
- **Position the metal implants.** The removed cartilage and bone is replaced with metal components that recreate the surface of the joint. These metal parts may be cemented or “press-fit” into the bone.
- **Resurface the patella.** The undersurface of the patella (kneecap) is cut and resurfaced with a plastic button. Some surgeons do not resurface the patella, depending upon the case.
- **Insert a spacer.** A medical-grade plastic spacer is inserted between the metal components to create a smooth gliding surface.



Osteoarthritis often results in bone rubbing on bone. Bone spurs are a common feature of this form of arthritis.



(Left) Severe osteoarthritis. **(Right)** The arthritic cartilage and underlying bone has been removed and resurfaced with metal implants on the femur and tibia. A plastic spacer has been placed in between the implants. The patellar component is not shown for clarity.

Is Total Knee Replacement for You?

The decision to have total knee replacement surgery should be a cooperative one between you, your family, your family physician, and your orthopaedic surgeon. Your physician may refer you to an orthopaedic surgeon for a thorough evaluation to determine if you might benefit from this surgery.

When Surgery Is Recommended

There are several reasons why your doctor may recommend knee replacement surgery. People who benefit from total knee replacement often have:

- Severe knee pain or stiffness that limits your everyday activities, including walking, climbing stairs, and getting in and out of chairs. You may find it hard to walk more than a few blocks without significant pain and you may need to use a cane or walker
- Moderate or severe knee pain while resting, either day or night
- Chronic knee inflammation and swelling that does not improve with rest or medications
- Knee deformity – a bowing in or out of your knee
- Failure to substantially improve with other treatments such as anti-inflammatory medications, cortisone injections, lubricating injections, physical therapy, or other surgeries

Candidates for Surgery

There are no absolute age or weight restrictions for total knee replacement surgery.

Recommendations for surgery are based on a patient's pain and disability, not age. Most patients who undergo total knee replacement are age 50 to 80, but orthopaedic surgeons evaluate patients individually. Total knee replacements have been performed successfully at all ages, from the young teenager with juvenile arthritis to the elderly patient with degenerative arthritis.



A knee that has become bowed as a result of severe arthritis.

Orthopaedic Evaluation

An evaluation with an orthopaedic surgeon consists of several components:

- **A medical history.** Your orthopaedic surgeon will gather information about your general health and ask you about the extent of your knee pain and your ability to function.
- **A physical examination.** This will assess knee motion, stability, strength, and overall leg alignment.
- **X-rays.** These images help to determine the extent of damage and deformity in your knee.
- **Other tests.** Occasionally blood tests, or advanced imaging such as a magnetic resonance imaging (MRI) scan, may be needed to determine the condition of the bone and soft tissues of your knee.

Your orthopaedic surgeon will review the results of your evaluation with you and discuss whether total knee replacement is the best method to relieve your pain and improve your function. Other treatment options – including medications, injections, physical therapy, or other types of surgery – will also be considered and discussed.

In addition, your orthopaedic surgeon will explain the potential risks and complications of total knee replacement, including those related to the surgery itself and those that can occur over time after your surgery.

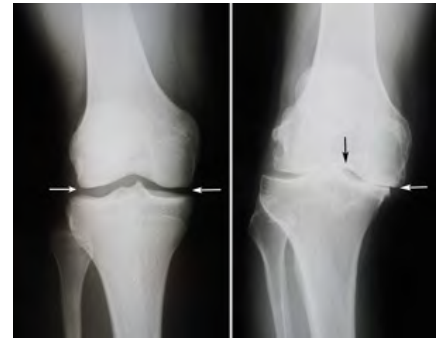
Deciding to Have Knee Replacement Surgery

Realistic Expectations

An important factor in deciding whether to have total knee replacement surgery is understanding what the procedure can and cannot do.

More than 90% of people who have total knee replacement surgery experience a dramatic reduction of knee pain and a significant improvement in the ability to perform common activities of daily living. But total knee replacement will not allow you to do more than you could before you developed arthritis.

With normal use and activity, every knee replacement implant begins to wear in its plastic spacer. Excessive activity or weight may speed up this normal wear and may cause the knee replacement to loosen and become painful. Therefore, most surgeons advise against high-impact activities such as running, jogging, jumping, or other high-impact sports for the rest of your life after surgery.



(Left) In this x-ray of a normal knee, the space between the bones indicates healthy cartilage (arrows). **(Right)** This x-ray of a knee that has become bowed from arthritis shows severe loss of joint space (arrows).

Realistic activities following total knee replacement include unlimited walking, swimming, golf, driving, light hiking, biking, ballroom dancing, and other low-impact sports.

With appropriate activity modification, knee replacements can last for many years.

Possible Complications of Surgery

The complication rate following total knee replacement is low. Serious complications, such as a knee joint infection, occur in fewer than 2% of patients. Major medical complications such as heart attack or stroke occur even less frequently. Chronic illnesses may increase the potential for complications. Although uncommon, when these complications occur, they can prolong or limit full recovery.

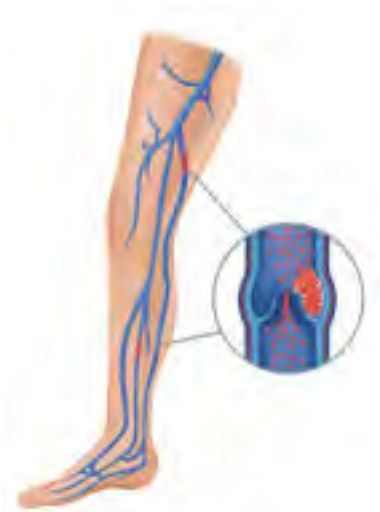
Infection. Infection may occur in the wound or deep around the prosthesis. It may happen while in the hospital or after you go home. It may even occur years later. Minor infections in the wound area are generally treated with antibiotics. Major or deep infections may require more surgery and removal of the prosthesis. Any infection in your body can spread to your joint replacement.

Blood clots. Blood clots in the leg veins are one of the most common complications of knee replacement surgery. These clots can be life-threatening if they break free and travel to your lungs. Your orthopaedic surgeon will outline a prevention program, which may include periodic elevation of your legs, lower leg exercises to increase circulation, support stockings, and medication to thin your blood.

Implant problems. Although implant designs and materials, as well as surgical techniques, continue to advance, implant surfaces may wear down and the components may loosen. Additionally, although an average of 115° of motion is generally anticipated after surgery, scarring of the knee can occasionally occur, and motion may be more limited, particularly in patients with limited motion before surgery.

Continued pain. A small number of patients continue to have pain after a knee replacement. This complication is rare, however, and the vast majority of patients experience excellent pain relief following knee replacement.

Neurovascular injury. While rare, injury to the nerves or blood vessels around the knee can occur during surgery.



Blood clots may form in the leg veins.

Preparing for Surgery

Medical Evaluation

If you decide to have total knee replacement surgery, your orthopaedic surgeon may ask you to schedule a complete physical examination with your family physician several weeks before the operation. This is needed to make sure you are healthy enough to have the surgery and complete the recovery process. Many patients with chronic medical conditions, like heart disease, may also be evaluated by a specialist, such as a cardiologist, before the surgery.

Tests

Several tests, such as blood and urine samples, and an electrocardiogram, may be needed to help your orthopaedic surgeon plan your surgery.

Medications

Tell your orthopaedic surgeon about the medications you are taking. He or she will tell you which medications you should stop taking and which you should continue to take before surgery.

Dental Evaluation

Although the incidence of infection after knee replacement is very low, an infection can occur if bacteria enter your bloodstream. To reduce the risk of infection, major dental procedures (such as tooth extractions and periodontal work) should be completed before your total knee replacement surgery.

Urinary Evaluations

People with a history of recent or frequent urinary infections should have a urological evaluation before surgery. Older men with prostate disease should consider completing required treatment before undertaking knee replacement surgery.

Social Planning

Although you will be able to walk on crutches or a walker soon after surgery, you will need help for several weeks with such tasks as cooking, shopping, bathing, and doing laundry.

If you live alone, your orthopaedic surgeon's office, a social worker, or a discharge planner at the hospital can help you make advance arrangements to have someone assist you at home. They also can help you arrange for a short stay in an extended care facility during your recovery, if this option works best for you.

Total Knee Replacement cont.

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Home Planning

Several modifications can make your home easier to navigate during your recovery. The following items may help with daily activities:

- Safety bars or a secure handrail in your shower or bath
- Secure handrails along your stairways
- A stable chair for your early recovery with a firm seat cushion (and a height of 18 to 20 inches), a firm back, two arms, and a footstool for intermittent leg elevation
- A toilet seat riser with arms, if you have a low toilet
- A stable shower bench or chair for bathing
- Removing all loose carpets and cords
- A temporary living space on the same floor because walking up or down stairs will be more difficult during your early recovery

Your Surgery

You will most likely be admitted to the hospital on the day of your surgery.

Anesthesia

After admission, you will be evaluated by a member of the anesthesia team. The most common types of anesthesia are general anesthesia (you are put to sleep) or spinal, epidural, or regional nerve block anesthesia (you are awake but your body is numb from the waist down). The anesthesia team, with your input, will determine which type of anesthesia will be best for you.

Procedure

The procedure itself takes approximately 1 to 2 hours. Your orthopaedic surgeon will remove the damaged cartilage and bone, and then position the new metal and plastic implants to restore the alignment and function of your knee.

After surgery, you will be moved to the recovery room, where you will remain for several hours while your recovery from anesthesia is monitored. After you wake up, you will be taken to your hospital room.



Different types of knee implants are used to meet each patient's individual needs.



(Left) An x-ray of a severely arthritic knee. **(Right)** The x-ray appearance of a total knee replacement. Note that the plastic spacer inserted between the components does not show up in an x-ray.

Your Hospital Stay

You will most likely stay in the hospital for several days.

Pain Management

After surgery, you will feel some pain, but your surgeon and nurses will provide medication to make you feel as comfortable as possible. Pain management is an important part of your recovery. Walking and knee movement will begin soon after surgery, and when you feel less pain, you can start moving sooner and get your strength back more quickly. Talk with your surgeon if postoperative pain becomes a problem.

Blood Clot Prevention

Your orthopaedic surgeon may prescribe one or more measures to prevent blood clots and decrease leg swelling. These may include special support hose, inflatable leg coverings (compression boots), and blood thinners.

Foot and ankle movement also is encouraged immediately following surgery to increase blood flow in your leg muscles to help prevent leg swelling and blood clots.

Physical Therapy

Most patients begin exercising their knee the day after surgery. In some cases, patients begin moving their knee on the actual day of surgery. A physical therapist will teach you specific exercises to strengthen your leg and restore knee movement to allow walking and other normal daily activities soon after your surgery.

To restore movement in your knee and leg, your surgeon may use a knee support that slowly moves your knee while you are in bed. The device is called a continuous passive motion (CPM) exercise machine. Some surgeons believe that a CPM machine decreases leg swelling by elevating your leg and improves your blood circulation by moving the muscles of your leg.

Preventing Pneumonia

It is common for patients to have shallow breathing in the early postoperative period. This is usually due to the effects of anesthesia, pain medications, and increased time spent in bed. This shallow breathing can lead to a partial collapse of the lungs (termed “atelectasis”) which can make patients susceptible to pneumonia. To help prevent this, it is important to take frequent deep breaths. Your nurse may provide a simple breathing apparatus called a spirometer to encourage you to take deep breaths.



A continuous passive motion machine (CPM).

Your Recovery at Home

The success of your surgery will depend largely on how well you follow your orthopaedic surgeon's instructions at home during the first few weeks after surgery.

Wound Care

You will have stitches or staples running along your wound or a suture beneath your skin on the front of your knee. The stitches or staples will be removed several weeks after surgery. A suture beneath your skin will not require removal.

Avoid soaking the wound in water until it has thoroughly sealed and dried. You may continue to bandage the wound to prevent irritation from clothing or support stockings.

Diet

Some loss of appetite is common for several weeks after surgery. A balanced diet, often with an iron supplement, is important to help your wound heal and to restore muscle strength.

Activity

Exercise is a critical component of home care, particularly during the first few weeks after surgery. You should be able to resume most normal activities of daily living within 3 to 6 weeks following surgery. Some pain with activity and at night is common for several weeks after surgery.

Your activity program should include:

- A graduated walking program to slowly increase your mobility, initially in your home and later outside
- Resuming other normal household activities, such as sitting, standing, and climbing stairs
- Specific exercises several times a day to restore movement and strengthen your knee. You probably will be able to perform the exercises without help, but you may have a physical therapist help you at home or in a therapy center the first few weeks after surgery.

You will most likely be able to resume driving when your knee bends enough that you can enter and sit comfortably in your car, and when your muscle control provides adequate reaction time for braking and acceleration. Most people resume driving approximately 4 to 6 weeks after surgery.



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Avoiding Problems After Surgery

Blood Clot Prevention

Follow your orthopaedic surgeon's instructions carefully to reduce the risk of blood clots developing during the first several weeks of your recovery. He or she may recommend that you continue taking the blood thinning medication you started in the hospital. Notify your doctor immediately if you develop any of the following warning signs.

Warning signs of blood clots. The warning signs of possible blood clots in your leg include:

- Increasing pain in your calf
- Tenderness or redness above or below your knee
- New or increasing swelling in your calf, ankle, and foot

Warning signs of pulmonary embolism. The warning signs that a blood clot has traveled to your lung include:

- Sudden shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing

Preventing Infection

A common cause of infection following total knee replacement surgery is from bacteria that enter the bloodstream during dental procedures, urinary tract infections, or skin infections. These bacteria can lodge around your knee replacement and cause an infection.

After knee replacement, patients with certain risk factors may need to take antibiotics prior to dental work, including dental cleanings, or before any surgical procedure that could allow bacteria to enter the bloodstream. Your orthopaedic surgeon will discuss with you whether taking preventive antibiotics before dental procedures is needed in your situation.

Warning signs of infection. Notify your doctor immediately if you develop any of the following signs of a possible knee replacement infection:

- Persistent fever (higher than 100°F orally)
- Shaking chills
- Increasing redness, tenderness, or swelling of the knee wound
- Drainage from the knee wound
- Increasing knee pain with both activity and rest

Avoiding Falls

A fall during the first few weeks after surgery can damage your new knee and may result in a need for further surgery. Stairs are a particular hazard until your knee is strong and mobile. You should use a cane, crutches, a walker, hand rails, or have someone to help you until you have improved your balance, flexibility, and strength.

Your surgeon and physical therapist will help you decide what assistive aides will be required following surgery and when those aides can safely be discontinued.

Outcomes

How Your New Knee Is Different

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 can be predicted by the range of motion you have in your knee before surgery. Most patients can expect to be able to almost fully straighten the replaced knee and to bend the knee sufficiently to climb stairs and get in and out of a car. Kneeling is sometimes uncomfortable, but it is not harmful.

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

Most people also feel or hear some clicking of the metal and plastic with knee bending or walking. This is a normal. These differences often diminish with time and most patients find them to be tolerable when compared with the pain and limited function they experienced prior to surgery.

Your new knee may activate metal detectors required for security in airports and some buildings. Tell the security agent about your knee replacement if the alarm is activated.

Protecting Your Knee Replacement

After surgery, make sure you also do the following:

- Participate in regular light exercise programs to maintain proper strength and mobility of your new knee.
- Take special precautions to avoid falls and injuries. If you break a bone in your leg, you may require more surgery.
- Make sure your dentist knows that you have a knee replacement. Talk with your orthopaedic surgeon about whether you need to take antibiotics prior to dental procedures.
- See your orthopaedic surgeon periodically for a routine follow-up examination and x-rays, usually once a year.

Extending the Life of Your Knee Implant

Currently, more than 90% of modern total knee replacements are still functioning well 15 years after the surgery. Following your orthopaedic surgeon's instructions after surgery and taking care to protect your knee replacement and your general health are important ways you can contribute to the final success of your surgery.

To learn more about the full value of total knee replacement surgery:

www.anationinmotion.org/value/knee/

OrthoInfo.org provides expert information about a wide range of musculoskeletal conditions and injuries. All articles are developed by orthopaedic surgeons who are members of the American Academy of Orthopaedic Surgeons (AAOS). To learn more about your orthopaedic health, please visit orthoinfo.org.



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A GUIDE TO TOTAL KNEE REPLACEMENT SURGERY

PREPARING FOR YOUR SURGERY

PREPARING FOR YOUR SURGERY

Healthy Driven
Edward-Elmhurst
HEALTH

Patient Pre-Op Checklist for Total Joint Total Replacement

The items on this checklist will help you prepare for surgery.

PRIOR TO SURGERY:

- The Pre-Admission Testing (PAT) department will contact you to complete your pre-admission assessment by phone. You will need a list of all your medications (prescribed, over the counter, vitamins, supplements, and herbal preparations) or will need to have labeled bottles in front of you for this call.
- Attend Discharge Planning Clinic before surgery.
 - Pre-operative Physical Therapy evaluation. Follow the pre-operative strengthening exercises to optimize outcomes.
 - Discuss and plan for discharge with Case Management
- Call your insurance company to notify them of your planned surgery
- Pre-Operative Primary Care Physician appointment: _____ for medical clearance
 - Complete ideally 10-14 days before surgery
 - Complete any medical specialty visits (such as Cardiology) 10-14 days before surgery IF REQUIRED
- Complete all tests and blood work within 28 days of surgery.
- Prepare your home for your return after surgery.
- Arrange for post-operative assistance
- Purchase any required equipment or aides
- Check with your primary physician or cardiologist before stopping any prescription medication and to get directions on what medications you should continue to take around the time of your surgery

TOTAL KNEE REPLACEMENT

- Please follow specific instructions provided by your physician or the PAT nurses for the following types of medications:
 - Blood thinners (examples are: Coumadin, Plavix, Xarelto, Pradaxa, Eliquis)
 - Non-steroidal anti-inflammatory drugs (examples are: aspirin, ibuprofen, naproxen sodium)
 - Blood pressure, heart, and diabetic medications
- 14 days prior to surgery STOP taking herbal preparations, Vitamin E, Fish Oil, and appetite suppressants (diet aides)
- You can continue taking:
 - Tylenol arthritis, acetaminophen
 - Ultracet/Ultram (Tramadol)
- Help fight infection by bathing with Hibiclens soap for the 3 days before surgery (See Instruction Sheet). If your surgeon has instructed you to use Chlorhexidine (Hibiclens or Betasept) soap, please follow the instructions as provided. If you have not been instructed to use Chlorhexidine, please use **Dial Gold Antibacterial Body Wash** (Antibacterial liquid soap) for 3 days prior to your surgery.
 - Dial Antibacterial Bar Soap may also be used, but you will need to use a new bar of every day.
 - Be sure to pay special attention to skin folds and area for surgery.
 - Sleep on clean sheets and use clean clothing after bathing.
- Arrange for transportation home from the hospital

Please contact your surgeon's office for any questions or concerns.

Preparing Your Home before Your Surgery

Consider these changes to make your transition home easier.

- Arrange for a relative or friend to live with you 3-7 days after surgery
- Arrange shopping/housekeeping/pet care for 4-6 weeks after surgery
- Arrange for single level living if possible
- Clear pathways to allow space for walker in hallways and rooms (approximately 20 inches wide)
- Remove any potential tripping hazards: throw rugs, electrical cords, clutter, make sure carpet is secure without ripples
- Make sure pathways are well-lit
- Install motion sensing lights or night lights in bathroom and bedroom
- Put bells on small pets to alert for tripping hazard
- Rearrange closets/dressers/nightstands/kitchen/bathroom/medications so that most frequently used items are within easy reach (waist height)
- Stock up on pre-made meals. Prepare and freeze in advance or buy healthy microwaveable meals
- Use paper plates and plastic utensils to avoid bending over to load the dishwasher
- Adjust your bed height to make it easier to get in and out of
- Install grab bars prior to surgery in shower/tub/near toilet for safety and support
- Use non-slip mat or strips in shower
- Add bath/shower seat or transfer bench as needed
- Purchase and pre-install elevated toilet seat after total knee replacement (posterior approach)
- Replace shower head with hand-held
- Attach a basket or bag to your walker, or wear shirts with large pockets to carry small items
- Anticipate and pre-shop for any items that will make your life easier after surgery. For example: long handled reachers, long handled sponges, a shirt with big pockets, elastic waist pants or shorts

TOTAL KNEE REPLACEMENT



Create a “recovery center” where you will relax between exercise, walks, and sleeping. Choose a space and prearrange the area so everything you need is within reach.

Items to consider for your “recovery center”:

- Stool to elevate legs
- Phone
- Emergency numbers
- Tissues
- Books
- Laptop
- Notepad and pen
- Garbage pail
- Snacks
- Water pitcher and glass

Preparing Your Skin before Your Procedure

Please follow your doctor’s instructions for the type of antibacterial soap to buy. Your doctor will tell you to buy a liquid soap that contains either Chlorhexidine Gluconate (CHG) or Dial Gold Antibacterial Body Wash. You will need enough soap for THREE (3) antibacterial liquid soap treatments or about 10 ounces.

Liquid soap brand	Where to buy
Walgreens brand (CHG liquid soap)	Sold over the counter at the following stores: Walgreens, CVS Pharmacy, Target, Jewel and Walmart
Hibiclens (CHG liquid soap)	
Betasept (CHG liquid soap)	
Dial Gold Antibacterial Body Wash (Antibacterial liquid soap)	

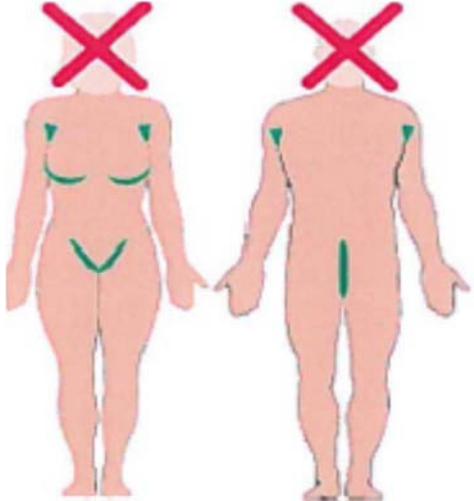
Preparation Schedule

One (1) Week before procedure	DO NOT remove any body hair below the neck; face shaving is ok
Three (3) days before procedure	Shower or bathe with liquid soap (CHG or Dial) once daily for 3 total antibacterial liquid soap treatments. Please fill in the dates of your procedure and antibacterial liquid soap treatments: _____ Date of procedure _____ Complete 1st Treatment _____ Complete 2nd Treatment _____ Complete 3rd Treatment (the morning of your procedure)
24 Hours before procedure	DO NOT apply lotion, powder, or deodorant to your body

TOTAL KNEE REPLACEMENT

Step-by-step Instructions for CHG or Dial Gold Antibacterial

Please take a moment to read through this entire instruction sheet before you begin your antibacterial liquid soap treatments. We thank you for helping to prepare your skin for your procedure and reduce the risk of infection.

1	Wash your hair, face, and body with your normal shampoo/conditioner and soap. Rinse completely.
2	Step out of the shower/bath water, if you took a HOT shower/bath, allow your skin to cool down before using the liquid soap.
3	Pour a quarter-size amount of liquid soap onto a clean, wet washcloth.
4	Use the soap-filled washcloth to clean your entire body from the neck down (see pictures below). Add more soap to the washcloth when needed.  <p>With the soap-filled washcloth, use a back-and-forth motion to rub the soap onto the skin.</p> <p>Clean your entire body including:</p> <ul style="list-style-type: none">• Armpits• Under breast tissue• Between skin folds• And the “hair bearing areas” of groin and between buttocks <p>These areas have the most germs (bacteria). We want to reduce the bacteria to prevent infection.</p> <ul style="list-style-type: none">• Do not use soap on your head, face, or private parts• Keep soap away from eyes, ears, and mouth
5	Let the soap stay on your skin for THREE (3) minutes. After THREE (3) minutes, rinse the soap off of your body.
6	Notify your Doctor right away if you have skin irritation such as redness, blistering, peeling, swelling, or a noticeable rash.
7	Repeat daily for a total of THREE (3) antibacterial liquid soap treatments. Please fill out the dates you completed your antibacterial liquid soap treatments on the front side of this sheet.
8	The morning of your procedure (after your bath) wear fresh, clean clothes.
9	At the hospital, your Nurse will ask you how many antibacterial soap treatments were completed. Please give this sheet to the Nurse.

Night Before and Day of Surgery

The Night before Surgery

NPO - Do Not Eat or Drink

- Do not eat or drink anything, EVEN WATER, after midnight unless otherwise instructed to do so.
- If you must take medication the morning of surgery, do so with a small sip of water.
- Take medications as instructed by the PAT nurses with sip of water (unless instructed differently)
- You may brush your teeth, rinse and spit.

What to Bring to the Hospital

- Advance directives and living will
- Insurance card and ID
- Personal hygiene items (toothbrush, powder, deodorant, razor, etc.)
- Bring loose-fitting t-shirts, and shorts or sweat pants with an elastic waistband
- Well-fitting non-skid shoes with a back – slippers are a good option
- Loose-fitting warm-up suit for the ride home
- For safety reasons do NOT bring electrical items (hair dryers, personal fans, etc.)
- A favorite pillow with a pillowcase in a pattern or color so it will not end up in the hospital laundry
- Please leave your valuables at home
- Do not wear jewelry or denture adhesive on the day of surgery
- Please remember to bring ALL X-rays or discs with MRI's or CT scans that were not done at Elmhurst WITH YOU ON THE DAY OF SURGERY
- Bring ID bracelet if one was given to you when your blood was drawn

Day of Surgery:

Arriving at the Hospital:

Park in the blue or green color-coded parking lot. The green lot is closer to the Surgery Reception desk and the blue lot is closer to the inpatient unit. Enter the hospital through the Main Entrance. Wheelchairs are available if needed. You will proceed to the main elevators that will take you to the Interventional Platform on the second floor of the hospital. Turn left when you get off the elevators and head to the Surgery Reception Desk. Here you and your family will be checked in and escorted to a preoperative room to be prepared for surgery. Up to two family members may wait with you until you are taken to surgery. Your family may then wait in the Surgical Waiting room until notified by the surgeon that the surgery has been completed. A volunteer will take down contact information so that your family may be easily reached when it's time to speak with the surgeon. Your family will be given a gift card for a complimentary coffee in the Wildflower Café. The Café, Starbucks, Walgreens, Wild Rose Floral & Gifts and the Resource Center are located on the first floor.

Pre-op, Operating Room, and Post Anesthesia Care:

In the preoperative room, you will be prepared for surgery. The team will be checking your vital signs, starting your IV, validating your medications, health history, lab results and any follow up for additional testing needed. At this time, they will obtain your consent for surgery and answer any questions you may still have. Your anesthesiologist and surgeon will see you and your family prior to your surgery. The surgeon will mark your surgical site. You will be escorted to the operating room by cart. Your family can stay with you until you are taken to the Operating Room. Following surgery you will be taken to the Post Anesthesia Care Unit (PACU) where you will recover for approximately an hour. During this time, pain and nausea control will be established and your vital signs will be monitored. You will then be taken to the orthopedic unit where our specialized staff will care for you. Friends and family can see you at this time.

TOTAL KNEE REPLACEMENT

Once you are on the Orthopedic Unit:

For the rest of this day, you will begin with liquids advancing to soft foods. We encourage you to drink plenty of water. We will instruct you on breathing exercises, benefits of early ambulation, ankle pumps, compression stockings, and sequential compression devices (SCD's). Our staff will **assist** you out of bed to the chair or walking in the hallway. Initially, your pain will be managed with oral and IV medication. There will be a dressing over your Incision. You may have a catheter to your bladder that will be removed as soon as you are able to walk.

Understanding Pain Management

Goal: Manage your pain so you can actively participate in your recovery.

The amount of discomfort you experience depends on multiple factors, especially the kind of surgery you are having. You will receive pain medication through your IV after surgery and by mouth once you are recovering in the hospital. Your physicians and nurses will do everything possible to relieve your pain and discomfort using medications and other techniques. Though your discomfort should be tolerable, you should not expect to be totally pain free.

Communication is an important part of helping us manage your discomfort and pain. We encourage you to share information with your nurses about any pain you experience. Be as specific as possible. Where is the pain? How often do you feel pain? What does the pain feel like? Is it sharp or dull? On a scale of 1 to 10, where 10 is the worst pain imaginable, how would you rate your pain? Is there anything that makes the pain go away?

Most patients will receive oral pain medications along with intermittent low-doses of pain medication into their IV. Generally, these oral pain medications are the same medications you will take at home once you are discharged from the hospital. Throughout your hospital stay, your surgeon and nurses will assess your physical condition and look for signs of pain and side effects. Pain Service physicians and APN's are available when needed and consulted to help optimize your treatment program. Using this approach, most of our patients have very satisfactory pain control after surgery.

It is very important for you to provide accurate information to your surgeon about the amount of pain medication you have been taking. Inaccurate information could result in a needlessly stressful post-operative course.

Please contact your surgeon's office for any questions or concerns.



ELMHURST HOSPITAL

A GUIDE TO TOTAL KNEE REPLACEMENT SURGERY

DURING YOUR HOSPITAL STAY




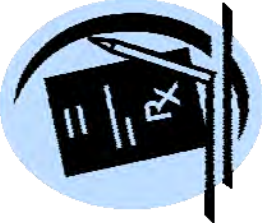

DURING YOUR HOSPITAL STAY



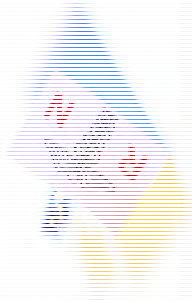
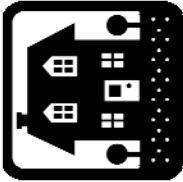

Healthy Driven[™]
Edward-Elmhurst
HEALTH

Roadmap to Recovery: What to Expect After Your Total Knee Replacement Surgery

Elmhurst Hospital

These are general guidelines for what you can expect during your recovery. Of course, each person is different and recovery may vary slightly from patient to patient.

Day of Surgery		Postoperative Day #1	Postoperative Day #2
<p>Main Goals</p>  <ul style="list-style-type: none"> •Pain and nausea should be well-controlled •Be prepared to move today (level of activity ordered by your surgeon) 	<p>Always ask for assistance when getting out of bed</p> <p>You should be able to eat solid food and participate in Physical Therapy</p> <ul style="list-style-type: none"> •Get out of bed at least 3 times to: <ul style="list-style-type: none"> ○Move in and out of bed ○Sit in bedside chair ○Eat your meals ○Use the bathroom ○Walk using a device •Dress in clothing from home 	<p>Always ask for assistance when getting out of bed</p> <p>Pain and nausea should be well-controlled</p> <p>You should be able to eat solid food and participate in Physical Therapy</p> <ul style="list-style-type: none"> •Get out of bed at least 3 times to: <ul style="list-style-type: none"> ○Move in and out of bed ○Sit in bedside chair ○Eat your meals ○Use the bathroom ○Walk using a device •Practice: Technique for dressing <ul style="list-style-type: none"> ○Dress in clothing from home 	<p>Pain controlled with receive oral pain medication</p>  <p>Education:</p> <ul style="list-style-type: none"> •Safe use of all medication including blood thinners •Name, purpose, and side effects of each medication <p>Be sure to ask questions as needed. We want to be sure that you have all the information that you need.</p>
<p>Medications</p>  <p>Goals: control pain and prevent complications.</p> <p>Expect pain medicine to be given by mouth and/or through an IV.</p> <p>Medications may include:</p> <ul style="list-style-type: none"> •Pain and nausea medication, stool softeners, blood thinners, antibiotics to prevent infection, and others per your physician •Your nurse will review your medication information with you 	<p>Transition to oral pain medication Your nurse will review your medication information with you</p> <p>Education:</p> <ul style="list-style-type: none"> •Safe use of all medication including blood thinners •Name, purpose, and side effects of each medication <p>Be sure to ask questions as needed. We want to be sure that you have all the information that you need.</p>	<p>Transition to oral pain medication Your nurse will review your medication information with you</p> <p>Education:</p> <ul style="list-style-type: none"> •Safe use of all medication including blood thinners •Name, purpose, and side effects of each medication <p>Be sure to ask questions as needed. We want to be sure that you have all the information that you need.</p>	<p>Begin on a regular diet or alternative diet depending on your medical needs. Snacks are available; please ask nursing staff for assistance.</p>
<p>Diet</p>  <ul style="list-style-type: none"> •Start with clear liquids •Slowly progress to regular diet as tolerated 			

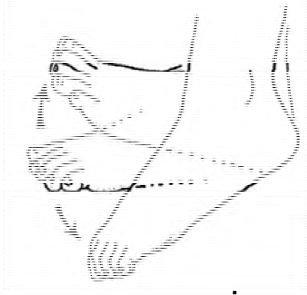
	Day of Surgery	Postoperative Day #1	Postoperative Day #2-3
<p>Exercise/Therapy</p> 	<p>•Be prepared to move today (level of activity ordered by your surgeon)</p> 	<ul style="list-style-type: none"> •Physical Therapy (PT) 2x/day and Occupational Therapy (OT) 1-2 times •Check the whiteboard at the foot of your bed for therapy times •While in bed, keep your knee flat. Do not use a pillow behind your knee. •While in a chair, change your position every 45 minutes (active sitting) •Mobility goal by time of discharge: able to straighten within 5 degrees of straight and bend to 90 degrees <p>You will learn techniques and precautions for:</p> <ul style="list-style-type: none"> •Moving in and out of bed •Transfers out of bed to a chair •Transfers on and off the toilet •Using assistive devices to walk and get dressed •Transfers in and out of a car, climbing stairs 	<p>You can help prevent complications by:</p> <ul style="list-style-type: none"> •Coughing, deep breathing using incentive spirometer (10 times per hour) •Ankle pumps •Getting up and moving! <p>Expect:</p> <ul style="list-style-type: none"> •Blood draws for necessary tests •Cold therapy
<p>Nursing Care</p>  <p>Nursing Checks: Temperature, pulse, blood pressure, dressings, leg circulation, pain, and bowel status</p>	<p>You can help prevent complications:</p> <ul style="list-style-type: none"> •Coughing, deep breathing using incentive spirometer (10 times per hour) •Ankle pumps •Getting up and moving! <p>After surgery, you may have:</p> <ul style="list-style-type: none"> •Support stockings and/or compression devices •A catheter to drain urine •A surgical drain •Cold therapy 	<p>You can help prevent complications:</p> <ul style="list-style-type: none"> •Coughing, deep breathing using incentive spirometer (10 times per hour) •Ankle pumps •Getting up and moving! <p>Expect:</p> <ul style="list-style-type: none"> •Blood draws for necessary tests •Removal of surgical drain •Cold therapy •Removal of the catheter for urine 	<p>You can help prevent complications by:</p> <ul style="list-style-type: none"> •Coughing, deep breathing using incentive spirometer (10 times per hour) •Ankle pumps •Getting up and moving! <p>Expect:</p> <ul style="list-style-type: none"> •Blood draws for necessary tests •Cold therapy
<p>Discharge Planning</p> 	<p>A Social Worker will:</p> <ul style="list-style-type: none"> •Be available to help you with discharge planning •Continue the discharge plan that was started prior to your surgery 	<p>Your Social Worker will:</p> <ul style="list-style-type: none"> •Discuss discharge options based on physician and therapist recommendations •Facilitate arrangements for your discharge 	<p>You will receive:</p> <ul style="list-style-type: none"> •Information and written instructions on how to care for yourself when you are discharged •Prescriptions •Your cold therapy machine for use at home
<p>Family/Friend Support</p> 	<p>Encourage patient to:</p> <ul style="list-style-type: none"> •Keep a positive outlook •Do breathing and ankle exercises each hour •Tell us if he/she is experiencing any pain •Get out of bed, sit in a chair or walk (only with staff assistance) 	<p>Encourage patient to:</p> <ul style="list-style-type: none"> •Ask questions regarding his/her care, medications, or discharge plan •Ask for ice as needed for cold therapy 	<p>Support patient by learning:</p> <ul style="list-style-type: none"> •How to assist the patient to move and use adaptive equipment •The exercise program to follow at home •Incision and dressing care •Signs and symptoms of infection •Medication uses and side effects

Exercises Throughout Your Hospital Stay

The exercises below will be reviewed with you during your first physical therapy session. You should then perform them on your own throughout your stay. Your therapist will do additional exercises with you during your therapy treatment sessions. Mobility is a very important part of your recovery and we encourage you, with assistance, to complete your exercises, get dressed every day, sit up in your chair for all meals and walk with nursing in addition to your scheduled therapy sessions in order to maximize your recovery in the hospital.

Ankle Pump

Lying on your back or sitting.



Bend and straighten your ankles briskly.

Repeat **20** times



Heel Slides/Hip Flexion/Extension

Lying on your back.

Slide your heel towards your body to bend your leg.

Straighten it back down.

Repeat **10** times. Rest. Repeat an additional **10** times.

Quad Sets



Lying on your back with legs straight.

Bend your ankles and push your knees down firmly against the bed.

Hold **5** seconds. Relax. Repeat **20** times

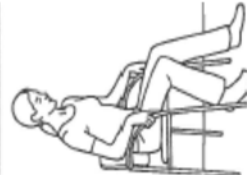


Sitting Knee Extension/Long Arc Quads

Sit on a chair

Pull your toes up, tighten your thigh muscle and straighten your knee.

Hold Approximately **5 seconds** and slowly relax your leg. Repeat **10** times. Rest. Repeat an additional **10** times.



Sitting Knee Flexion

Sit on a chair with your feet on the floor

Bend your knee as far as possible, hold for **3** seconds.

Repeat **10** times. Rest. Repeat **10** additional times.



Remember to continue to use your Incentive Spirometer **10** times an hour!

Common Medication and Side Effects

The table below lists the most common medications that are used in the hospital, what the medication is for and the common side effects associated with the medication. The medications you are prescribed will vary based on your medical conditions and type of surgery. Please ask your nurse or pharmacist if you have questions about any of your medications.

MEDICATION	PURPOSE	SIDE EFFECTS
<u>Pain Relievers</u>		
Acetaminophen (Tylenol)	Pain or Fever	Rash
Hydrocodone with Acetaminophen (Norco)	Moderate to Severe Pain	Dizziness, Drowsiness, Nausea, Vomiting, Constipation
Hydromorphone (Dilaudid) Morphine	Pain	Dizziness, Drowsiness, Nausea, Vomiting, Flushing, Sweating, Itching, Dry Mouth
<u>Antacids</u>		
Famotidine (Pepcid)	Treat Stomach Ulcers, Acid Reflux	Headache, Dizziness, Diarrhea
Pantoprazole (Protonix)	Acid Reflux	Headache, Nausea, Gas
<u>Anti-anxiety</u>		
Lorazepam (Ativan)	Relieves Anxiety, Agitation	Drowsiness, Dizziness, Weakness
<u>Antibiotics</u>		
Ciprofloxacin (Cipro)	Treat or prevent Bacterial Infection	Nausea, Vomiting, Diarrhea
Piperacillin-Tazobactam (Zosyn)	Treat a Bacterial Infection	Upset Stomach, Diarrhea
<u>Anticoagulants (Blood Thinners)</u>		
Apixaban (Eliquis)	Prevents Strokes and/or Blood Clots	Bleeding, Headaches, Swelling
Dabigatran (Pradaxa)	Treats Current Blood Clots and Prevents Future Blood Clots	Stomach Pain, Bruising, Bleeding, Swelling
Enoxaparin (Lovenox)	Prevents Blood Clots	Irritation or Burning at Injection Site, Bruising, Bleeding
Heparin	Prevents Blood Clots, Stops the growth of Blood Clots	Redness, Pain, Bruising at Injection Site, Bruising, Bleeding
Rivaroxaban (Xarelto)	Treats Current Blood Clots and prevents Future Blood Clots	Muscle Spasms, Bruising, Bleeding
Warfarin (Coumadin)	Prevent Blood Clots	Gas, Bloating, Bruising, Bleeding
<u>Anti-Nausea</u>		
Ondansetron (Zofran)	Prevent Nausea and Vomiting	Headache, Constipation

TOTAL KNEE REPLACEMENT

MEDICATION	PURPOSE	SIDE EFFECTS
<p><u>Anti-platelet</u></p> <p>Aspirin (Baby—81mg)</p> <p>Aspirin (Full Dose—325 mg)</p> <p>Clopidogrel (Plavix)</p> <p>Prasugrel</p>	<p>Heart Health</p> <p>Prevents Blood Clots</p> <p>Prevents Blood Clots</p> <p>Prevents Blood Clots</p>	<p>Bruising, Bleeding, Upset Stomach</p> <p>Bruising, Bleeding, Upset Stomach</p> <p>Bruising, Bleeding, Upset Stomach</p> <p>Dizziness, Tiredness, Cough</p>
<p><u>Sleep Medications</u></p> <p>Temazepam (Restoril)</p> <p>Zolpidem (Ambien)</p>	<p>Treats Insomnia (Difficulty Falling or Staying Asleep)</p> <p>Treats Insomnia (Difficulty Falling or Staying Asleep)</p>	<p>Drowsiness, Dizziness, Nausea, Vomiting</p> <p>Drowsiness, Tiredness, Headache</p>
<p><u>Steroids</u></p> <p>Methylprednisolone (Solu-Medrol)</p> <p>Prednisone</p>	<p>Swelling, Redness, Itching, Inflammation, Allergic Reactions</p> <p>Swelling, Redness, Itching, Inflammation, Allergic Reactions</p>	<p>Weight Gain, Restlessness, Indigestion</p>
<p><u>Peripheral Neuropathy Medication</u></p> <p>Gabapentin (Neurontin)</p> <p>Pregabalin (Lyrica)</p>	<p>Restless Leg Syndrome, Nerve Pain</p> <p>Nerve Pain</p>	<p>Dizziness, Drowsiness, Fatigue</p> <p>Swelling, Dizziness, Tiredness, Weight Gain</p>
<p><u>Stool Softeners/Laxatives</u></p> <p>Docusate Sodium (Colace)</p> <p>Senokot S/Senna Fruit</p>	<p>Soften Stools</p> <p>Stool Softener and Laxative</p>	<p>Abdominal Discomfort, Diarrhea</p> <p>Diarrhea, Abdominal Discomfort, Nausea</p>
<p><u>Diuretics</u></p> <p>Bumetanide (Bumex)</p> <p>Furosemide (Lasix)</p>	<p>Heart Failure, Swelling</p> <p>Heart Failure, Swelling</p>	<p>Frequent Urination, Dizziness, Low Potassium</p> <p>Frequent Urination, Dizziness, Low Potassium</p>
<p><u>Cholesterol-Lowering Medications</u></p> <p>Atorvastatin (Lipitor)</p> <p>Simvastatin (Zocor)</p>	<p>High Cholesterol</p> <p>High Cholesterol</p>	<p>Headache, Stomach Ache, Muscle Aches</p> <p>Headache, Stomach Ache, Muscle Aches</p>
<p><u>Cardiac Medications</u></p> <p>Captopril (Capoten)</p> <p>Enalapril (Vasotec)</p> <p>Lisinopril (Prinivil, Zestril)</p> <p>Losartan (Cozaar)</p> <p>Valsartan (Diovan)</p> <p>Atenolol (Tenormin)</p> <p>Carvedilol (Coreg)</p> <p>Metoprolol (Lopressor, Topral XL)</p> <p>Amlodipine (Norvasc)</p> <p>Diltiazem (Cardizem)</p> <p>Verapamil (Calan)</p>	<p>High Blood Pressure, Heart Failure</p> <p>High Blood Pressure, Heart Failure</p> <p>High Blood Pressure, Heart Failure</p> <p>High Blood Pressure, Heart Failure</p> <p>High Blood Pressure, Heart Failure</p> <p>High Blood Pressure, Heart Failure</p> <p>High Blood Pressure, Heart Failure</p> <p>High Blood Pressure, Heart Failure</p> <p>High Blood Pressure, Heart Failure</p> <p>High Blood Pressure, Abnormal Heart Rhythms</p> <p>High Blood Pressure, Abnormal Heart Rhythms</p> <p>High Blood Pressure, Abnormal Heart Rhythms</p>	<p>Dizziness, Headache, Dry Cough</p> <p>Dizziness, Headache, Dry Cough</p> <p>Dizziness, Headache, Dry Cough</p> <p>Dizziness, Headache, Cough</p> <p>Dizziness, Headache, Cough</p> <p>Drowsiness, Dizziness</p> <p>Drowsiness, Dizziness</p> <p>Drowsiness, Dizziness</p> <p>Dizziness, Flushing</p> <p>Dizziness, Flushing</p> <p>Dizziness, Flushing</p>



ELMHURST HOSPITAL
A GUIDE TO TOTAL KNEE REPLACEMENT SURGERY

GOING HOME

GOING HOME

Total Joint Replacement Discharge Planning

Discharge Plans and Expectations

The plan for your discharge begins with your decision to have surgery. Our goal is for you to optimize your recovery in the comfort of your own home.

You will be admitted to the hospital on the morning of your surgery. The average length of stay for total joint patients is 2 to 3 days. As early as the day of surgery, you may start physical therapy in the hospital. These sessions will include individual training and group therapy sessions with other total joint patients. You need to discuss your discharge options with your doctor and family PRIOR to your surgery. Case Management and nursing staff will collaborate with your surgeon for the most appropriate discharge plan. While most patients go directly home, sometimes the services of home physical therapy or a sub-acute rehabilitation facility are needed. If so, the Social Worker will work with you to arrange the appropriate referrals.

After your discharge, we encourage our patients to start physical therapy as soon as possible. In some cases, a home health nurse and physical therapist will come to your home to work with you until you are able to leave the house to attend outpatient physical therapy and the other required medical follow-up. We believe that you will benefit the most from physical therapy in an outpatient center setting and strongly encourage outpatient appointments as soon after surgery as possible.

Patients who need to be discharged to a sub-acute rehabilitation center prior to returning home must meet their insurance company's specific criteria before approval can be granted. If approved, you can anticipate a 7-10 day length of stay at the sub-acute rehabilitation center. If you do not meet these criteria, but strongly wish to pursue a sub-acute rehabilitation center, you have the option to pay privately for your stay.

Our team will also assist you in arranging the appropriate transportation (Medivan vs. ambulance) based on your needs. There is an out of pocket fee for transportation. You can discuss this further with the Social Worker.

Please contact your surgeon's office for any questions or concerns.

Discharge Checklist for Patients

Your Edward-Elmhurst Health care team is dedicated to making every possible effort to have you ready for discharge by 12 noon. Please communicate your discharge plan with your care partner in order to arrange safe transportation home. Our goal is to assist you with a safe and timely discharge, supporting your health and well-being.

- I will be involved in my discharge planning process
- The doctor and nurse have answered my questions prior to leaving the hospital
- I understand where I am going after I leave this facility and what will happen to me once I arrive
- I have a name and phone number of a person I should contact if a problem arises following my discharge
- I understand what symptoms I need to watch out for and who to call should I notice them
- I have what I need at home (home health, equipment, oxygen)

Medications

- I've received my medication list with side effects
- I understand how to fill my prescriptions and where to pick them up
(select one)
 - Electronic prescriptions
 - Walgreens
 - Paper copy

Transportation

- My family has been notified of my anticipated discharge time
- I have a ride home scheduled
- Someone is available to care for me and knows what I need once I leave the facility

Follow up appointments

- I know when to follow up with my physician and I have transportation to this appointment
- I have transportation to any other already scheduled follow up appointments

Home Health Care

Your physician and hospital healthcare providers may determine that you will benefit from home healthcare. Elmhurst Hospital has a home healthcare agency, Residential Home Health. The staff members planning your discharge will assist you with these arrangements.

Residential Home Health focuses on continuing care and education that was started during your hospitalization. This care can include:

- Helping you regain your strength and mobility
- Showing you how to reduce the chance of falling
- Additional information about your medical condition and medications
- Monitoring your progress and reporting to your physician

If you feel that you may need assistance after your discharge, please let a member of the healthcare team know.

The home care team is composed of many skilled clinicians. Depending on your needs, you may receive the services of registered nurses, physical therapists, medical social workers, or home health aides.

Most insurances and Medicare cover the cost of home healthcare services. It is always best to check with your insurance plan to see if your insurance covers these services.

For more information, call Residential Home Health at (866) 902-4000.

HELPING PATIENTS RECOVER FASTER AFTER ORTHOPEDIC SURGERY



Residential's 30-day
readmit rate for all
joint replacement
patients was <2%
in 2014.

Residential Home Health's Joint Replacement Home Therapy Program:

- Safe and smooth transitions from hospital to home
- Customized care plans
- Lower risk of unplanned hospital readmissions
- In-home therapy and nursing
- Dedicated care team of physical therapists, occupational therapists, and nurses
- Covered 100% by Medicare for eligible beneficiaries

p: (866)902-4000 www.residentialhomehealth.com



p: (866)902-4000 | www.residentialhomehealth.com

Residential's Approach to Joint Replacement Recovery

In order to support orthopedic surgeons and joint replacement patients, Residential offers:

ORTHOPEDIC CARE SPECIALIST

A dedicated Orthopedic Care Specialist is available to every patient to aid in the transition from hospital to home:

- Provides educational resources and answers patients' questions before and after surgery
- Facilitates delivery of equipment and medical supplies to each patient's home
- Helps with coordination of home care prior to discharge
- Assists in scheduling post-surgical physician appointments
- Identifies potential health issues, including comorbidities that could lead to rehospitalization
- Establishes communication with patients, eliminating unnecessary calls to physicians' offices

EARLY INTERVENTION & TIMELY CARE

- Therapy care begins within 24 hours of discharge
- Timely assessment of post-op pain and medications
- Initiation of manual techniques, safety assessment, and individualized care plan to prevent development of adhesions and to boost range of mobility
- Progressive visit goals to normalize range of motion and develop self-management of pain and home therapy program

ACCESSIBILITY

- 24-hour availability for patients helps reduce office calls and provide confidence and reassurance to patients and caregivers
- Residential can deploy all disciplines 7 days/week to readmit and treat patients, ensuring care happens when it's needed most

DEDICATED CARE TEAM & INDIVIDUALIZED CARE

Physical and Occupational Therapy

- Provide exercises to improve mobility, balance, and strength
- Evaluate the home environment for potential hazards and label or remove them as necessary
- Incorporate StepWise, Residential Home Health's fall prevention and awareness program, to assess and reduce future fall risk
- Offer Solaris Light Therapy for joint and muscle pain control, inflammation, and tissue repair

Nursing Services (if needed)

- Blood draws
- IV antibiotics and anti-coagulants, including dosage services if necessary
- Wound care
- Medication management

"Activity is the key component to recovery from joint replacement."

-American Academy of Orthopedic Surgeons

ELMHURST HOSPITAL

SKILLED NURSING FACILITY PREFERRED PARTNERS

Elmhurst Hospital is committed to ensuring you or your loved one a smooth transition from the hospital to your chosen skilled nursing facility. We have recommended five skilled nursing facilities that we have partnered with to provide the highest quality care possible.

Choosing one of these five facilities ensures:

- ▶ A dedicated Nurse Practitioner or Facility-Based Physician will work hand in hand with your physician to coordinate your care.
- ▶ That the Facility has met Elmhurst Memorial's quality standards and is regularly monitored by us.
- ▶ Should your condition dictate that you visit the hospital again, your re-admission will be carefully coordinated by Elmhurst Memorial and the Facility.



111 E. Washington St.
Bensenville, IL 60106
630-766-5800

Amenities: Designated wing for short term rehab with private rooms and suites; Each guest is provided with a mini fridge, cable television, phone, microwave and Wi-Fi; State of the art rehab center; stained glass chapel, memorial gardens, fireside lounge, hair salon, bistro, complimentary laundry; Transportation and escorts to medical appointments available. Dedicated and Compassionate staff. Bridgeway is part of a 26 acre park-like senior community also offering independent and assisted living apartments amidst beautifully landscaped grounds.

General Programs: Advanced physical, occupational and speech therapy offered 7 days a week. Post-acute rehab (after a hospital stay) either for in-patient or outpatient care; 24 Hour skilled nursing with Memory program, Respite arrangements, Hospice and Palliative Care. Accept Medicare, Medicaid and most insurance. Recreational activities and social programs scheduled daily with community bus for outings. Our full-time chaplain leads regular worship services and spiritual support for mind, body and soul.

Clinical Specialties: Nurse Practitioner/Medical Director present 6 days a week to coordinate care with Elmhurst Memorial Hospital. Complex Wound Care Program with certified specialists, Cardiac and Pulmonary medical team; Respiratory Therapist, Registered Dietician, Optometrist, Podiatrist, Psychiatrist, Psychologist, Dentist and Audiologist available. Labs, x-rays on-site.



Elmhurst Extended Care Center
"Where Family Matters"
200 E. Lake St
Elmhurst, IL 60126
630-516-5000

elmhurstextendedcarecenter.com

Amenities: Privately owned and operated since 1960. Private and semi-private rooms, flat screen televisions, wireless internet access, beautiful landscaped fountain and patio, aviary with a variety of colorful birds, beauty salon, family lounge, and interdisciplinary care team. CARF Accredited Program (Commission on Accreditation of Rehabilitation Facilities).

General Programs: Sub-acute rehabilitation (7 days a week), physical therapy, occupational therapy, speech therapy, in-patient hemodialysis, restorative nursing, cardiovascular, wound management, pain management, IV antibiotic and central catheter, ostomy care, certified Alzheimer's/dementia care, respite stay, hospice, and activities.

Clinical Specialties: In-patient hemodialysis, cardiologist, nephrologist, wound care physician, psychologist, psychiatrist, registered dietician, podiatrist, dentist, and audiologist.

TOTAL KNEE REPLACEMENT



420 West Butterfield Rd.
Elmhurst, IL 60126
630-832-2300
www.lexingtonhealth.com

Amenities: Private rooms, Suites and Semi-private rooms, State-of-the-Art Therapy gyms with Specialized Rehabilitation Equipment including AlterG Anti-Gravity Treadmill, OmniVR, OmniCycle Elite Motorized Rehabilitation System. Wi-Fi access facility with loaner tablets, Flat-screen TVs, Direct phone lines, Family lounge with complete kitchen. Dining options include Room Service or Buffet style dining, complimentary laundry service, salon/spa services, Gift shop and two outdoor garden patios.

General Programs: Post-Acute Transitional Rehabilitation offered 7 days a week (Physical therapy, Occupational therapy and Speech therapy), Orthopedic Rehabilitation, Pulmonary Rehabilitation, Cardiac Management, Complex Wound Care Program, IV Antibiotic and Infusion Therapy, Kidney Disease Management, Neurological/Stroke rehabilitation, Restorative Program, Respite Care, Palliative /Hospice Services, Skilled Nursing. Joint Commission Accreditation.

Clinical Specialties: Daily on-site Physicians, Full-time Nurse Practitioner 7 days a week, Cardiologist, Pulmonologists and Respiratory therapist, Nephrologist, Physiatrist, Psychologist, Wound care MD and Certified Wound Care Nurse, After hours MD coverage via ESNF. Transitional Care Nurses, Transitional Planning Coordinators, Registered Dietitian. Optometrist, Podiatrist, Dentist and Audiologist also available. On-Site Diagnostics including EKG, Labs, X-Rays and Arterial/Venous Dopplers.



2013 Midwest Road
Oak Brook, IL 60523
630-495-0220
www.oakbrookcare.com

Amenities: Boutique-style private and semi-private rooms, Wi-Fi access, room service, Cable TV, concierge services: salon, spa and massage; manicure & pedicure; complimentary laundry service, valet, outdoor patios.

General Programs: Skilled nursing, Post-acute transitional rehab, Therapy services 7 days a week utilizing progressive technology, including virtual rehabilitation, electrical stimulation and ultrasound, Pain management, Wound management, Cardiac care, Respiratory care, Home adaptation, Wellness programs, Respite care, Palliative and Hospice care, Memory Care with all staff specially trained.

Clinical Specialties: Full-time Nurse Practitioner, Physiatrist, Cardiologist, Pulmonologist, Wound Care MD, Dietician, Infectious Disease Specialist, Nephrologist, Psychiatrist, Psychologist, Clinical nurse liaison, on-site diagnostics, Joint Commission Accreditation and Rehabilitation Certification.



1150 S. Euclid Ave.
Elmhurst, IL 60126
630-936-4100
www.providencelifeservices.com

Amenities: Private and semi-private rooms. Wi-Fi, flat screen televisions, direct phone lines. Beauty shops, outdoor patios, multiple therapy gyms. Chaplain. Transportation.

General Programs: Marionjoy therapy focusing on short term post-acute rehabilitation. Distinct orthopedic floor. A Continuing Care Retirement Community which additionally offers independent living, assisted living and memory support services.

Clinical Specialties: Nurse Practitioner, Seven Day per Week Physician coverage including: Physiatrist, Cardiologist, Gerontologist, Wound Care M.D., Infectious Disease M.D., Psychiatrist, Psychologist, Registered Dietitian. Joint Commission Accreditation including Post Acute certification



Illinois Statutory Short Form Power of Attorney for Health Care

NOTICE TO THE INDIVIDUAL SIGNING THE POWER OF ATTORNEY FOR HEALTH CARE

No one can predict when a serious illness or accident might occur. When it does, you may need someone else to speak or make health care decisions for you. If you plan now, you can increase the chances that the medical treatment you get will be the treatment you want.

In Illinois, you can choose someone to be your “health care agent.” Your agent is the person you trust to make health care decisions for you if you are unable or do not want to make them yourself. These decisions should be based on your personal values and wishes.

It is important to put your choice of agent in writing. The written form is often called an “advance directive.” You may use this form or another form, as long as it meets the legal requirements of Illinois. There are many written and online resources to guide you and your loved ones in having a conversation about these issues. You may find it helpful to look at these resources while thinking about and discussing your advance directive.

WHAT ARE THE THINGS I WANT MY HEALTH CARE AGENT TO KNOW?

The selection of your agent should be considered carefully, as your agent will have the ultimate decision making authority once this document goes into effect - in most instances after you are no longer able to make your own decisions. While the goal is for your agent to make decisions in keeping with your preferences and in the majority of circumstances that is what happens, please know that the law does allow your agent to make decisions to direct or refuse health care interventions or withdraw treatment. Your agent will need to think about conversations you have had, your personality, and how you handled important health care issues in the past. Therefore, it is important to talk with your agent and your family about such things as:

- (i) What is most important to you in your life?
- (ii) How important is it to you to avoid pain and suffering?
- (iii) If you had to choose, is it more important to you to live as long as possible, or to avoid prolonged suffering or disability?
- (iv) Would you rather be at home or in a hospital for the last days or weeks of your life?
- (v) Do you have religious, spiritual, or cultural beliefs that you want your agent and others to consider?
- (vi) Do you wish to make a significant contribution to medical science after your death through organ or whole body donation?
- (vii) Do you have an existing advanced directive, such as a living will, that contains your specific wishes about health care that is only delaying your death? If you have another advance directive, make sure to discuss with your agent the directive and the treatment decisions contained within that outline your preferences. Make sure that your agent agrees to honor the wishes expressed in your advance directive.

WHAT KIND OF DECISIONS CAN MY AGENT MAKE?

If there is ever a period of time when your physician determines that you cannot make your own health care decisions, or if you do not want to make your own decisions, some of the actions your agent could take are to:

- (i) talk with physicians and other health care providers about your condition.
- (ii) see medical records and approve who else can see them.
- (iii) give permission for medical tests, medicines, surgery, or other treatments.
- (iv) choose where you receive care and which physicians and others provide it.

- (v) decide to accept, withdraw, or decline treatments designed to keep you alive if you are near death or not likely to recover. You may choose to include guidelines and/or restrictions to your agent's authority.
- (vi) agree or decline to donate your organs or your whole body if you have not already made this decision yourself. This could include donation for transplant, research, and/or education. You should let your agent know whether you are registered as a donor in the First Person Consent registry maintained by the Illinois Secretary of State or whether you have agreed to donate your whole body for medical research and/or education.
- (vii) decide what to do with your remains after you have died, if you have not already made plans.
- (viii) talk with your other loved ones to help come to a decision (but your designated agent will have the final say over your other loved ones).

Your agent is not automatically responsible for your health care expenses.

WHO SHOULD I CHOOSE TO BE MY HEALTH CARE AGENT?

Your agent will have the responsibility to make medical treatment decisions, even if other people close to you might urge a different decision. The selection of your agent should be done carefully, as he or she will have ultimate decision-making authority for your treatment decisions once you are no longer able to voice your preferences. Choose a family member, friend, or other person who:

- (i) is at least 18 years old;
- (ii) knows you well;
- (iii) you trust to do what is best for you and is willing to carry out your wishes, even if he or she may not agree with your wishes;
- (iv) would be comfortable talking with and questioning your physicians and other health care providers;
- (v) would not be too upset to carry out your wishes if you became very sick; and
- (vi) can be there for you when you need it and is willing to accept this important role.

WHAT IF MY AGENT IS NOT AVAILABLE OR IS UNWILLING TO MAKE DECISIONS FOR ME?

If the person who is your first choice is unable to carry out this role, then the second agent you chose will make the decisions; if your second agent is not available, then the third agent you chose will make the decisions. The second and third agents are called your successor agents and they function as back-up agents to your first choice agent and may act only one at a time and in the order you list them.

WHAT WILL HAPPEN IF I DO NOT CHOOSE A HEALTH CARE AGENT?

If you become unable to make your own health care decisions and have not named an agent in writing, your physician and other health care providers will ask a family member, friend, or guardian to make decisions for you. In Illinois, a law directs which of these individuals will be consulted. In that law, each of these individuals is called a "surrogate".

There are reasons why you may want to name an agent rather than rely on a surrogate:

- (i) The person or people listed by this law may not be who you would want to make decisions for you.
- (ii) Some family members or friends might not be able or willing to make decisions as you would want them to.
- (iii) Family members and friends may disagree with one another about the issue being decided.
- (iv) Under some circumstances, a surrogate may not be able to make the same kinds of decisions that an agent can make.

WHAT IF THERE IS NO ONE AVAILABLE WHO I TRUST TO BE MY AGENT?

In this situation, it is especially important to talk to your physician and other health care providers and create written guidance about what you want or do not want, in case you are ever critically ill and cannot express your own wishes. You can complete a living will. You can also write your wishes down and/or discuss them with your physician or other health care provider and ask him or her to write it down in your chart. You might also want to use written or online resources to guide you through this process.

WHAT DO I DO WITH THIS FORM ONCE I COMPLETE IT?

Follow these instructions after you have completed the form:

- (i) Sign the form in front of a witness. See the form for a list of who can and cannot witness it.
- (ii) Ask the witness to sign it, too. There is no need to have the form notarized.
- (iii) Give a copy to your agent and to each of your successor agents.
- (iv) Give another copy to your physician.
- (v) Take a copy with you when you go to the hospital.
- (vi) Show it to your family and friends and others who care for you.

WHAT IF I CHANGE MY MIND?

You may change your mind at any time. If you do, tell someone who is at least 18 years old that you have changed your mind, and/or destroy your document and any copies. If you wish, fill out a new form and make sure everyone you gave the old form to has a copy of the new one, including, but not limited to your agents and your physicians.

WHAT IF I DO NOT WANT TO USE THIS FORM?

In the event you do not want to use the Illinois statutory form provided here, any document you complete must be executed by you. Designate an agent who is over 18 years of age and not prohibited from serving as your agent, and state the agent's powers. It need not be witnessed or conform in any other respect to the statutory health care power.

If you have questions about the use of any form, you may want to consult your physician, other health care provider, and/or an attorney.



Illinois Statutory Short Form Power of Attorney for Health Care

MY POWER OF ATTORNEY FOR HEALTH CARE

THIS POWER OF ATTORNEY REVOKES ALL PREVIOUS POWERS OF ATTORNEY FOR HEALTH CARE.

My name (Print your full name): _____

My address: _____

I WANT THE FOLLOWING PERSON TO BE MY HEALTH CARE AGENT (an agent is your personal representative under state and federal law):

(Agent name) _____

(Agent address) _____

(Agent phone number) _____

MY AGENT CAN MAKE HEALTH CARE DECISIONS FOR ME, INCLUDING:

- (i) Deciding to accept, withdraw, or decline treatment for any physical or mental condition of mine, including life-and-death decisions.
- (ii) Agreeing to admit me to or discharge me from any hospital, home, or other institution, including a mental health facility.
- (iii) Having complete access to my medical and mental health records, and sharing them with others as needed, including after I die.
- (iv) Carrying out the plans I have already made, or, if I have not done so, making decisions about my body or remains, including organ, tissue, or whole body donation, autopsy, cremation, and burial.

The above grant of power is intended to be as broad as possible so that my agent will have the authority to make any decision I could make to obtain or terminate any type of health care, including withdrawal of nutrition and hydration and other life-sustaining measures.

I AUTHORIZE MY AGENT TO: (Please check only one box; if more than one box or no boxes are checked, the directive in the first box below shall be implemented.)

- Make decisions for me only when I cannot make them for myself. The physician(s) taking care of me will determine when I lack this ability.
- Make decisions for me starting now and continue after I am no longer able to make them for myself. While I am still able to make my own decisions, I can still do so if I want to.

LIFE-SUSTAINING TREATMENTS

The subject of life-sustaining treatment is of particular importance. Life-sustaining treatments may include tube feedings or fluids through a tube, breathing machines, and CPR. In general, in making decisions concerning life-sustaining treatment, your agent is instructed to consider the relief of suffering, the quality as well as the possible extension of your life, and your previously expressed wishes. Your agent will weigh the burdens versus benefits of proposed treatments in making decisions on your behalf.

Additional statements concerning the withholding or removal of life-sustaining treatment are described below. These can serve as a guide for your agent when making decisions for you. Ask your physician or health care provider if you have any questions about these statements. **SELECT ONLY ONE STATEMENT BELOW THAT BEST EXPRESSES YOUR WISHES (optional):**

- The quality of my life is more important than the length of my life. If I am unconscious and my attending physician believes, in accordance with reasonable medical standards, that I will not wake up or recover my ability to think, communicate with my family and friends, and experience my surroundings, I do not want treatments to prolong my life or delay my death, but I do want treatment or care to make me comfortable and to relieve me of pain.
- Staying alive is more important to me, no matter how sick I am, how much I am suffering, the cost of the procedures, or how unlikely my chances for recovery are. I want my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards.

SPECIFIC LIMITATIONS TO MY AGENT’S DECISION-MAKING AUTHORITY:

The above grant of power is intended to be as broad as possible so that your agent will have the authority to make any decision you could make to obtain or terminate any type of health care. If you wish to limit the scope of your agent’s powers or prescribe special rules or limit the power to authorize autopsy or dispose of remains, you may do so specifically on the lines below or add another page if needed:

YOU MUST SIGN THIS FORM, AND A WITNESS MUST ALSO SIGN IT BEFORE IT IS VALID.

My signature: _____ Today’s date: _____

HAVE YOUR WITNESS COMPLETE THE FOLLOWING AND SIGN:

I am at least 18 years old, and (check one of the options below):

- I saw the principal sign this document, or
- The principal told me that the signature or mark on the principal signature line is his or hers.

I am not the agent or successor agent(s) named in this document. I am not related to the principal, the agent, or the successor agent(s) by blood, marriage, or adoption. I am not the principal’s physician, mental health service provider, or a relative of one of those individuals. I am not an owner or operator (or the relative of an owner or operator) of the health care facility where the principal is a patient or resident.

Witness printed name: _____

Witness address: _____

Witness signature: _____ Today’s date: _____

SUCCESSOR HEALTH CARE AGENT(S) (optional):

If the agent I have selected is unable or does not want to make health care decisions for me, then I request the person(s) I name below to be my successor health care agent(s). Only one person at a time can serve as my agent (add another page if you want to add more successor agent names):

(Successor agent #1 name, address and phone number)

(Successor agent #2 name, address and phone number)



ELMHURST HOSPITAL

A GUIDE TO TOTAL KNEE REPLACEMENT SURGERY

REHABILITATION

REHABILITATION

REHABILITATION SERVICES



We partner with you, your family and your physician in order to provide the highest possible care. Our dedicated rehabilitation team consists of physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants and speech-language pathologists.

We offer a comprehensive range of physical, occupational and speech-language therapy programs with leading experts in the field of rehabilitation. All of our clinicians have graduated from accredited programs and participate regularly in continuing education to provide the most up to date clinical care, and many have advanced certifications.

PHYSICAL THERAPY

Our physical therapists develop and implement programs to help improve muscle strength, coordination and balance.

Specialties include:

- Sports rehabilitation
- Women's health management
- McKenzie Method treatments
- Fall prevention
- Vestibular rehabilitation
- Pelvic health management
- Orthopedic rehabilitation
- Lymphedema rehabilitation
- Neuromuscular rehabilitation
- Occupational health
- LSVT
- Pre-Operative Joint Evaluations
- Concussion management
- IASTM
- Spine Care

OCCUPATIONAL THERAPY

Our occupational therapists are committed to helping patients function at their best at home, work and within the community. This therapy helps improve muscle strength, coordination, sensory/perceptual and cognitive abilities, as well as activities of daily living.

Specialties include:

- Hand therapy
- Splint fabrication
- Neuromuscular rehabilitation
- Arthritis therapy
- Orthopedic rehabilitation
- Equipment recommendations for improved home safety
- Occupational health
- Ergonomic evaluations
- Adaptive Equipment Education

SPEECH-LANGUAGE THERAPY

We provide complete evaluations and individualized treatment plans to help our patients achieve maximum communication skills, including comprehension, expression of thought, memory and problem solving. We can also access and enhance swallowing ability through state-of-the-art video fluoroscopic swallowing studies (VFSS).

Additional specialties include:

- Dysphagia management
- Airway management for speech production
- Voice management
- Aural rehabilitation
- Fluency management
- Cognitive rehabilitation
- Aphasia

TOTAL KNEE REPLACEMENT



Find the care you need at one of our convenient locations:

Edward Elmhurst Health Center - Addison

303 West Lake Street , First Floor
Addison, IL 60101
(331) 221-1636

Center for Health

1200 South York Road, Suite 1300
Elmhurst, IL 60126
(331) 221-6044

Neurosciences Physical Therapy at the Center for Health

1200 South York Road, Suite 1166
Elmhurst, IL 60126
(331) 221-9696

Physical Therapy North Elmhurst

429 North York Road
Elmhurst, IL 60126
(331) 221-5590

Edward Elmhurst Health Center - Lombard

Pediatrics

Pediatrics 1st Floor
130 South Main Street
Lombard, IL 60148
(331) 221-5840

Adult 3rd Floor Suite 301

130 South Main Street, Suite 301
Lombard, IL 60148
(331) 221-5810

Edward Elmhurst Health Center -Hinsdale

8 Salt Creek Lane
Hinsdale, IL 60521
(331) 221-6050

TOTAL KNEE REPLACEMENT

Map of Rehabilitation Service Locations

- 1** Edward Elmhurst Health Center—Addison
303 West Lake Street
First Floor
Addison, IL 60101
(331) 221-1636
- 2** Center for Health
1200 South York Road
Suite 1300
Elmhurst, IL 60126
(331) 221-6044
- 3** Edward Elmhurst Health Center—Hinsdale
8 Salt Creek Lane
Hinsdale, IL 60521
(331) 221-2464
- 4** Edward Elmhurst Health Center—Lombard
130 South Main Street
Suite 301
Lombard, IL 60148
(331) 221-5810
- 5** Edward Elmhurst Health Center—Lombard
130 South Main Street
First Floor
Lombard, IL 60148
(331) 221-5840
- 6** Neurosciences Physical Therapy at the Center for Health
1200 South York Road
Suite 1166
Elmhurst, IL 60126
(331) 221-9696
- 7** Physical Therapy North Elmhurst
429 North York Road
Elmhurst, IL 60126
(331) 221-5590



TOTAL KNEE REPLACEMENT

Elmhurst Hospital Outpatient Rehabilitation Services

Elmhurst Center for Health 1200 S York Street, Elmhurst, IL	Lombard Health Center 130 S. Main Street, Lombard, IL
<p style="text-align: center;">Main Floor Suite 1300 6am- 8pm M-Th, 6am- 5:30pm F, 8-12 Sa</p> <p>Services Offered:</p> <ul style="list-style-type: none"> Physical Therapy Occupational Therapy Speech Therapy <p>Specialty Services Available: Lymphedema (Mon- Friday 6am- 5p)</p> <ul style="list-style-type: none"> Concussion Management (M- Th 9- 4p) Vestibular General Orthopedic/Sports Medicine McKenzie Approach Occupational Medicine Hand Therapy Splint Fabrication Fall Prevention Dysphagia Voice Management IASTM Pre & Post Natal Care 	<p style="text-align: center;">Adult Rehab Suite 301 7am- 8p M-Th, 7a- 5:30p Fr</p> <p>Services Offered:</p> <ul style="list-style-type: none"> Physical Therapy Occupational Therapy <p>Specialty Services Available</p> <ul style="list-style-type: none"> Lymphedema Vestibular McKenzie Approach General Orthopedic/Sports Medicine Occupational Medicine LSVT Parkinson Treatment Hand Therapy Splint Fabrication Fall Prevention IASTM Pre & Post Natal Care
<p style="text-align: center;">Neurosciences at CFH 1st Floor</p> <p>Services Offered:</p> <ul style="list-style-type: none"> Physical Therapy <p>Specialty Services Available:</p> <ul style="list-style-type: none"> Pelvic Health (M- Fri 10am- 6:30 pm) Advanced Manual Therapy Skills Chronic Pain Management Orthopedic Rehabilitation Neuromuscular Rehabilitation IASTM Pre and Post Natal Care McKenzie Approach 	<p style="text-align: center;">Pediatric Rehab 1st Floor</p> <p>Services Offered:</p> <ul style="list-style-type: none"> Physical, Occupational & Speech Therapy <p>Specialty Services Available</p> <ul style="list-style-type: none"> Autism spectrum disorders Neurological disorders and injuries Genetic disorders Orthopedic injuries/conditions Sensory Integration Disorders Feeding Disorders Augmentative and Alternative Communication Therapeutic Listening Program
<p style="text-align: center;">Addison Health Center Physical Therapy 303 W. Lake Street Addison Mon- Thurs 7am- 7 pm; F 8-12p</p>	<p style="text-align: center;">Hinsdale Health Center Physical Therapy 8 Salt Creek Lane Hinsdale Mon- Thurs 7:30 – 6:30 pm</p>
<ul style="list-style-type: none"> General Orthopedic/Sports Medicine McKenzie Approach Occupational Medicine IASTM 	<ul style="list-style-type: none"> General Orthopedic/Sports Medicine Occupational Medicine IASTM Muscle Activation Technique (MAT)

For appointments at any of our locations please call **331-221-6050**

ELMHURST HOSPITAL

HEALTHY DRIVEN VAN

Elmhurst Hospital has partnered with Superior Ambulance to offer a patient transportation service for patients who need help with transportation from home to the hospital for medical visits. The service provides transportation to patients who live in communities surrounding the hospital campus. An experienced driver will provide service from a patient's door and with stops at the Main Entrance of Elmhurst Hospital, the Elmhurst Memorial Center for Health, the Nancy W. Knowles Cancer Center, and the Edward-Elmhurst Health Center in Lombard.

The Healthy Driven Van is available for the following services:

Nancy W. Knowles Cancer Center

- ▶ Chemotherapy/Infusion
- ▶ Radiation oncology
- ▶ Cyberknife

Ambulatory Clinics

Diabetes Education Center

Wound Center

Clinics – Congestive Heart Failure, Atrial Fibrillation, COPD

Bariatric and Weight Management

Radiology

PET scans	X-ray
MRI	Ultrasound
CT	Dexascan
Mammography	Nuclear Medicine

Rehab Services

Physical Therapy
Occupational Therapy
Speech Therapy

Phase II Cardiac Rehab

Pulmonary Rehab

Please note:

The service is not available for patients being discharged from the hospital.

Patients must be ambulatory or wheelchair independent. Oxygen can be transported if properly secured. Patients must have their own oxygen. Let the service know at the time the appointment is scheduled so that mounting equipment can be provided.

Travel boundaries

The Healthy Driven van is available for patients who live in a 7-10 mile radius of the hospital. If you have a question about whether you live within the boundaries, please call (331) 221-RIDE (7433) to learn more.

- ⇒ North to Thorndale/Irving Park Rd. including Bensenville/Wood Dale
- ⇒ East to Harlem
- ⇒ South to I55 including Burr Ridge/Darien excluding Bolingbrook
- ⇒ West to N/S Park Blvd/Glenn Ellyn Rd. including Glen Ellyn/Wheaton

Hours of operation

Monday through Friday from 7 a.m. to 5 p.m. The last available home pick-up appointment is 4 p.m.

Cost

\$5 charge for one-way
\$10 for two-way
Payment will be collected by the driver.

To schedule a ride

Call (331) 221-RIDE (7433) 24-48 hours prior to the scheduled appointment. A scheduling representative is available 24 hours a day/7 days a week. For the return visit, hospital departments must call the service 30 minutes in advance of pick-up.

ELMHURST HOSPITAL

HEALTHY DRIVEN VAN—Q & A

Who can use the Healthy Driven Van service?

The van is available for patients who need help with transportation from home to the hospital for medical visits. The service is available for patients who live within a 7-10 mile radius of the hospital.

Where does the Healthy Driven Van stop?

The van provides service from a patient's door and with stops at the Main Entrance of Elmhurst Hospital, the Elmhurst Memorial Center for Health, the Nancy W. Knowles Cancer Center, and the Edward- Elmhurst Health Center in Lombard.

Can patients with wheelchairs or oxygen use the service?

Patients who are wheelchair independent (do not require someone to push the chair) can use the service. Patients on oxygen can also use the service if they bring their own oxygen. They will need to make arrangement at the time the appointment is scheduled so that mounting equipment can be provided.

Can a patient bring someone with them?

Under special circumstances, a patient may bring someone with them to their visit.

What are the hours of operation?

The van operates Monday through Friday from 7:00 a.m. to 5:00 p.m. The last available home pick-up is 4:00 p.m.

What does the service cost?

\$5 charge for one-way; \$10 for two-way. Payment will be collected by the driver.

How do patients schedule a ride?

Patients can call (331) 221-RIDE (7433) , 24-48 hours prior to the scheduled appointment. A scheduling representative is available 24 hours a day/7 days a week. For the return visit, hospital departments must call the service 30 minutes in advance of pick-up.

Can patients use the van to schedule a ride home from an inpatient stay?

The service is not available for patients being discharged from the hospital.

Who has oversight of the program?

The Healthy Driven Van Program is managed by Mark Hoffman, Director of Ambulatory and Hospital Services. Mark can be reached at (331) 221-6085 or mhoffma@emhc.org.

Adaptive Equipment for Bathroom

The following equipment may assist you with your transition home after discharge. Your therapist will discuss what will work best for you.

 <p>Raised Toilet Seat</p> <ul style="list-style-type: none">• With handles• Without handles	 <p>Hand-Held Shower</p>	 <p>Tub Transfer Bench</p>
 <p>Grab Bars</p>	 <p>Tub Clamp</p>	 <p>Toilet Safety Frame</p>
 <p>Commode</p> <ul style="list-style-type: none">• 3-in-1• Drop arm	 <p>Shower Chair</p> <ul style="list-style-type: none">• With back• Without back	<p>Other Recommendations:</p>

Adaptive Equipment for Dressing

The following equipment is easy to use and assists an individual with their dressing needs, including putting on socks, pants and shoes. There is also equipment available to aid in bathing.

The items we recommend for you are checked below:

 <p>A white fabric sock aid with two dark red cylindrical handles and a white strap.</p>	 <p>A long-handled white reacher with a black handle and a yellow and black gripper at the end.</p>	 <p>A long-handled blue bath sponge with a yellow foam head.</p>
 <p>A long wooden dressing stick with a black handle and a metal hook at the end.</p>	 <p>A long-handled white shoe horn with a metal hook at the end.</p>	 <p>A bundle of grey elastic shoelaces tied together.</p>

Total Knee Arthroplasty Exercises

Ankle Pumps



Lying on your back

Bend and straighten your ankles. If you keep your knees straight during the exercise you will stretch your calf muscles.

Begin with 1 set of 10 repetitions and progress to 3 sets of 10, as tolerated

1-2 times per day

Gluteal Sets



Lying on your back.

Squeeze buttocks firmly together. Hold approx. 10 secs.

Relax.

Begin with 1 set of 10 repetitions and progress to 2 sets of 10, as tolerated

1-2 times per day

Quad Sets



1. Sit or lie on your back with involved leg straight
2. Press the back of your involved knee downward
3. This will tighten the muscle on top of your thigh and move your kneecap as shown
4. Hold 10 seconds

Begin with 1 set of 10 repetitions and progress to 2 sets of 10, as tolerated

1-2 times per day

Heel Slides



1. Lie flat on back
2. Slide involved heel toward your buttocks, bending the knee to tolerance
3. Hold 5 seconds
4. Slowly release and straighten the knee

Begin with 1 set of 10 repetitions and progress to 3 sets of 10, as tolerated

1-2 times per day

Bridging

Lying on your back with your knees bent and feet on the floor

Lift your pelvis and lower back off the floor. Hold the position 5 seconds. Lower down slowly returning to starting position.



Begin with 1 set of 10 repetitions and progress to 2 sets of 10, as tolerated

1-2 times per day

Calf/hamstring stretch

Lying on your back.

Squeeze buttocks firmly together. Hold approx. 10 secs.

Relax.

Begin with 1 set of 10 repetitions and progress to 2 sets of 10, as tolerated



1-2 times per day

TOTAL KNEE REPLACEMENT

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Sex Positions After Joint Replacement

You've had joint replacement surgery, and your healthcare provider has said it's OK to have sex. You may be wondering what positions are safe. These positions should be safe after either a hip or a knee replacement. Try to avoid putting too much pressure on your new joint. Also, take the same care getting out of a position as you did getting into it. If you have had a hip replacement, always keep the joint within a safe range of motion.

For hip replacements

After a hip replacement, be sure the knee on the affected side:

- Remains level with or below the hip.
- Does not cross the belly button (the body's midpoint)

Setting the scene

Having sex can be a little easier if you plan ahead. Here are a few tips:

- Take a mild pain medication about 20 to 30 minutes before sex. This can help prevent minor aches. Avoid taking medication so strong that it masks warning pain.
- Have pillows and rolled towels nearby. They can be used for body support.
- Relax. Do a few easy stretches within a safe range of motion.

Face-to-face



- This position works after either a hip or a knee replacement. Being on the bottom is safe for a man or a woman with a new joint.
- The partner on the bottom keeps his or her legs apart and turned out slightly. Use pillows to support the legs on the outside.
- Depending on comfort, the person on the bottom can recline propped up on pillows or lie flat.
- If the man has a new hip joint, place pillows between his knees. This keeps his knees from crossing his body's belly button, or midpoint.

Sitting in a chair

- This position works after a hip or knee replacement. It is a safe position for a man or a woman with a new joint.
- The man sits on a straight chair. His feet are supported or are flat on the floor.
- The woman sits on the man's lap.



Woman lying and man kneeling

- This position works for a woman with a new hip or knee joint.
- The woman lies on the bed on her back, buttocks near the edge of the bed. Both feet should be supported or flat on the floor.
- The man kneels in front of the woman, on pillows placed on the floor. His hands are placed on either side of her body.

Side-lying position

- This position works for a man with a replaced knee joint.
- He should lie on his side, with the new joint on the bottom.
- A woman with a replaced hip or knee joint can also use this position. She lies on her side, with the new joint on the bottom.
- Use pillows for support.



Man propped on elbows



- This position is for a man with a new hip joint.
- He lies on top of his partner.
- His legs are stretched out behind him, with a pillow between his knees.
- He supports his weight on his elbows.

Special note

If your partner has had a hip replacement:

- Make sure your partner's provider says it's OK to have sex.
- Help your partner stay within a safe range of motion.
- Control the amount and speed of movement during sex.
- Don't put all your weight on your partner's hips.

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Knee Precautions

- No kneeling
- No pillow under the operative knee in bed

Car Transfers

Car Transfer: Front Seat

This page will tell you how to safely get in and out of the front seat of a car. Getting into and out of a car requires a great deal of bending. The following tips will make it easier for you.



1. Be sure the front seat is as far back as it will do. Recline the seat back if you'd like.

2. The car should be parked several feet away from the curb. With the front door open, stand on the street, as close to the car as possible.

3. Turn so your back is facing the seat. Back up until you feel the car seat behind both legs.

4. Place one hand on the back of the car seat. Place your other hand on the car dash board. Never use the car door for support.

5. Carefully lower yourself onto the car seat.

Slide back until your knees are on the seat (see picture at right). If you've had a total hip replacement, remember your precautions. Lean backwards, keeping your shoulders behind your hips as you slide back.



6. Bring your legs into the car one at a time. Move each leg a few inches at a time. If you need to, use your hands to help move your legs (see picture at right).

7. Continue to do this slowly until you are facing forward. Be sure that your hips and knees are at the same level while seated (below).

TOTAL KNEE REPLACEMENT

Safety tips

- If you have had a total hip replacement and the car seat causes your knees to be higher than your hips, use a firm pillow to raise the level of the seat.
- Place the pillow in a garbage bag, and then put it on the seat. This will make it easier for you to move on the seat.
- Use pillows to cushion your back, if your doctor says you may.
- Always wear your seat belt.



Note: Your therapist may show you different ways to get in and out of a car depending on your situation. Follow the instructions you are given.