

The Medical-Surgical Unit (Main Floor) is where you will spend the majority of your time during your hospitalization after surgery has been completed. Most patients spend 3 – 5 days after surgery being cared for by professional, competent nurses and accomplished, motivating physical and occupational therapists. The following information should help inform you about your experience:

### Addressing Pain

Your pain level is assessed frequently after surgery. The pain scale is a system of rating your pain. It ranges from 0 (no pain) to 10 (the worst possible pain). We use a “multi-modal” approach to pain management, which means that we use a variety of medications and techniques to help control your pain. You may be given intravenous pain medication, given directly into your vein and monitored by your nurse. You will also be given pain medication in pill form to take by mouth. Ice to the surgical site is used frequently, and we help you readjust your position in bed as needed.

We encourage you to speak up, if you feel your pain management plan needs to be modified to meet your individual needs.

### Monitoring Vital Signs

Vital signs include blood pressure, temperature, heart rate, respiratory rate, oxygen saturation in your blood and pain level. Once you are on the Medical-Surgical Unit vital signs are monitored frequently and are reviewed by your doctor and/or physician assistants on a daily basis. If there are any concerns during your hospital stay, your nurse will notify your medical provider.

### IV Fluids

After surgery you will be given fluids intravenously, directly into your bloodstream through your vein. You will be asked to stop drinking liquids before surgery, during and immediately after the surgery. In addition, you may have lost some blood during your surgical procedure, therefore the goal of IV fluid use is to rehydrate and nourish you.

### Diet

After surgery the digestive tract often works slower than

usual. You will be started out on small amounts of ice chips, then progress to clear liquids, including water, juices, popsicles, coffee, tea and broths. Your diet will be advanced to regular food as tolerated. Due to the combination of anesthesia, limited activity level and pain medication use, your appetite will often be decreased during your hospital stay.

### Activity

After you arrive on the Medical-Surgical Unit we encourage you to settle in and begin bedside exercises as tolerated. If you have had a knee replacement a physical therapist will bring a machine that goes underneath your operative leg called a Continuous Passive Motion (CPM) machine. A CPM will move your leg toward your body and away from your body to assist you in early motion of your new joint.

You will have a venodyne on the non-operative leg. A venodyne is a piece of cloth wrapped around the leg from below the knee to the ankle. It is attached to a machine that inflates the cloth around your leg. Venodynes are used to help the circulation of your leg while lying in bed. The movement helps prevent blood clots from forming. Over the course of your hospital stay you will become more active and the venodynes can be removed.

The day after your surgery a physical therapist will come back to work with you. They will help you get out of bed and have you take your first steps to improve the motion of your new joint as you are able.

### Bathrooming

During your surgery a Foley catheter will be put in place. This is a tube that drains the urine from your bladder. The catheter will remain in place until the 2nd day after surgery.

A collaborative effort between Champlain Valley Orthopedics and Porter Hospital

### Lung Exercises

It is important to perform lung exercises while you are recovering from your surgery. A device called an incentive spirometer (IS) will help keep your lungs active and clear. The IS helps you to take deep breaths. You may also be encouraged to cough to help keep the lungs expanded.

### Discharge

Three to five days after your surgery you will be discharged from the hospital. You may return home and continue your rehab with a Home Health/ Visiting Nurses Association physical therapist and nursing services or you may benefit from a short-term stay at a rehabilitation facility. RN discharge planners and social work staff will help you to arrange equipment and services that you will need upon your discharge from Porter Hospital.

### Medications After Your Surgery

After surgery you will restart your regular medications according to your usual schedule. Certain medications may be substituted with equivalent medications on our hospital formulary. In addition, you will receive several other medications which are described here:

#### Antibiotics

Antibiotic medications are given to prevent bacterial infection. The antibiotics are given intravenously; one dose will be administered just before your surgery, followed by a few doses after surgery.

#### Pain Medication

You may be given narcotic pain medication through your IV or by mouth. Oral narcotics (Vicodin/ hydrocodone & acetaminophen, Percocet/oxycodone & acetaminophen) are given as soon as you start to experience pain, when they tend to be most effective. You may also be given acetaminophen/Tylenol and/or Celebrex, an oral anti-inflammatory medication, which can help decrease post-operative pain.

#### Blood Thinners (anticoagulants)

During the first few weeks after hip or knee replacement surgery there is an increased risk of blood clots in the legs. Anticoagulant medications help thin the blood to prevent it from clotting. Anticoagulants including warfarin (Coumadin), Lovenox or aspirin are medications that may be prescribed in the hospital and continued until your first post-operative office appointment.

#### Stool Softeners

Stool softeners are generally prescribed after joint replacement surgery to help avoid constipation caused by a decrease in your activity level and narcotic pain medication use.

#### Iron Supplements

Iron is prescribed following joint replacement surgery to improve the amount of iron in your blood. If you decide to donate your own blood prior to surgery (Autologous Blood Donation) through the American Red Cross, your surgeons office will ask you to start taking iron one week before your donation date. You can expect to continue taking iron until your first post-operative office appointment.

Please notify us ahead of time if you have a history of medication, iodine, latex or adhesive tape allergies.

Thank you for your interest in Porter Hospital's Medical - Surgical services.  
We look forward to caring for you.

[www.ccfjr.com](http://www.ccfjr.com)

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