



**Mount
Sinai**

Knee Replacement Surgery Information Guide

Your Road to Recovery



Joint Replacement Program



Welcome

Orthopedic problems involving the hips and knees affect millions of Americans every year. At Mount Sinai Health System our orthopedic surgeons can surgically treat these conditions using state-of-the-art techniques, and implants, in a compassionate and caring environment.

We are here to provide you with the most up-to-date medical care available. Our goals for you are to eliminate pain and discomfort, improve your function, and return you to the highest possible quality of life as quickly as possible.

At Mount Sinai Health System our orthopedic team is committed to making your stay and recovery our top priority; to achieve the goals of being pain-free, improved function and a full quality of life.

This booklet was developed to provide you with information you will need to help you recover quickly and completely. It will explain what to expect after surgery, the reasons for special equipment, the exercises that will help you recover, and ways to prevent problems from occurring.

Your health care team includes physicians, physician assistants, physical and occupational therapists, and nurses. We will work together to tailor the treatments to fit your specific needs. It is important that you become an active partner in your care to achieve these goals.

Your satisfaction is important to us. We would like to thank you for choosing our health system for your joint replacement surgery.

Sincerely,

Mount Sinai Joint Replacement Team

Frequently Asked Questions About Joint Replacement Surgery

How long will I be in the hospital after surgery?

Most patients usually stay in the hospital for two days. Longer stays may be needed if there are medical problems that need to be addressed.

Where will I go after my hospital stay?

The goal is for most patients to go home after their surgery. Please make arrangements for someone to pick you up from the hospital on your day of discharge. According to your progress and the input from your health care team (doctors, PA's nurses, physical and occupational therapists and social workers) a recommendation will be made about the best option for you. On occasion a patient may require a short stay in a rehabilitation unit in a skilled nursing facility.

What should I ask my insurance company about my post-operative care?

(Their phone number is usually on the back of your insurance card.)

We encourage you to know your rights and benefits. It is important to know what your insurance benefits will cover before your surgery and before admission to the hospital. Please contact your insurance

company (the phone number is usually on the back of your insurance card) and ask the following questions:

1. I am about to undergo a Total Knee Replacement and I will be hospitalized for a few days. I would like to know more about my health coverage once I am ready to leave the hospital.
2. With my coverage, if I go home after I leave the hospital, does my insurance cover home care service, specifically Physical Therapy?
3. After undergoing a total joint replacement, there is often a need for Durable Medical Equipment, such as a walker, tub-transfer bench and commode. Does my insurance cover this?

Who will contact the insurance company when I am in the hospital?

The case manager or social worker assigned to you will contact your insurance company. You will be involved with all discussions and decisions that are made for you after you leave the hospital.

Will I need any special equipment after surgery and how will I get it?

If you need equipment it will be ordered by the hospital staff and delivered to your hospital room or your home (if your insurance covers this). Please check with your insurance company to see if they will cover Durable Medical Equipment which may include a walker and a commode.

I live alone; what do I need to do to be prepared to return home?

It is helpful to make arrangements with family or friends in advance. Be sure to read the Home Preparation Checklist for Post-Operative Patients included in this booklet. If needed your social worker will guide you in selecting a Certified Home Care Agency (if your insurance covers this). Certified Home Care Agencies provide physical therapy and nursing care if needed but your insurance must cover these services for you to get them at home.

How will I know what I need to do at home?

Before your discharge, your therapists will review with you the exercises you need to do at home. Your nurses and doctors will discuss the medications you will be taking at home. You will also be given written instructions on the exercises and medications you will need.

What about medication prescriptions?

In most cases after a total joint replacement you will be on a blood thinner to prevent the formation of clots in your legs. It is usually taken for 3 weeks. You will receive information about this at your pre-operative meeting with your Doctor or Physician Assistant. The staff in the hospital will teach you about this medication and how to take it.

What if I have questions once I go home? Who do I call?

You should call your clinic doctor's office or the home care agency you are using. For an emergency, call 911.

Important Names and Phone Numbers

Surgeon/Physician Assistant (PA): _____ Phone: _____

Medical Doctor: _____ Phone: _____

Nurse Manager: _____

Physical Therapist (PT): _____

Occupational Therapist (OT): _____

Social Worker (SW): _____

Pre-Admission Testing: _____

Other key names/notes: _____



Your Pre-Op Check List

Please bring the following to the hospital on the morning of your surgery:

- Bring in "Prevent Infection" sheet which you received in the pre-op joint class
- List of medications (and doses) that you have been taking
- Copy of lab results or medical clearance (if given to you by your doctor)
- Personal toiletries
- Supportive walking shoes or sneakers
- Loose comfortable clothes (baggy shorts or pants, loose pajamas or night gowns)
- Telephone numbers of people you may want to contact while in the hospital
- Small amounts of money for newspapers
- Eyeglasses
- Insurance card and prescription card
- Health Care Proxy
- Photo ID
- Cell phone and charger



Please **DO NOT** bring:

- Valuables, computers, jewelry, or large amounts of money

A Home Preparation Checklist for Post-Operative Patients

Falls are often due to hazards that are easy to overlook, but are easy to fix. This checklist will help you find and fix those hazards in your home. The checklist is separated into sections by room. For each hazard, the checklist will tell you how to fix the problem. Use this checklist prior to your surgery, so that when you return home, you will remain safe from falls.

FLOORS: Look at the floor in each room.

1. When you walk through a room, do you have to walk around furniture?
 - Ask someone to move the furniture so your path is clear.
2. Do you have throw rugs on the floor?
 - Remove the rugs or use double-sided tape or non-slip backing so the rugs won't slip
3. Are there papers, books, magazines, boxes, blankets, or other objects on the floor?
 - Pick up all items on the floor and put them away, or store them at a comfortable height if used frequently.
4. Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?
 - Coil or tape cords and wires next to the wall. If needed, have an electrician install another outlet.

STAIRS AND STEPS: Look at the stairs you use both inside and outside of your home.

1. Are there papers, shoes, books, or other objects on the stairs?
 - Pick up the things that are on the stairs. Always keep the stairs clear of any items.
2. Are some steps uneven or broken?
 - Fix any loose or broken steps.
3. Is there carpet on the stairs? Is it loose or torn?
 - Make sure that the carpet is attached at every step. Remove the carpet if needed and replace with non-skid rubber treads on the stairs.
4. Are there handrails on the stairs? Are they broken or loose?
 - Fix any loose or broken handrails. Install new if needed. Make sure handrails are on both sides of the stairs and are as long as the stairs.

KITCHEN: Look at your kitchen and eating area.

1. Are the things you use often on high shelves?
 - Have someone help you move everything you will be needing at waist level, and easy to reach.

BATHROOMS: Look at all of your bathrooms.

1. Is the tub or shower floor slippery?
 - Put a non-slip runner mat or self-stick strips on the floor of the tub or shower.
2. Do you need some support when you get in and out of the tub or up from the toilet?
 - You can have someone install grab bars inside the tub and/or next to the toilet.
3. Is the toilet seat high enough?
 - If required, you will receive a commode or raised toilet seat before leaving the hospital.

BEDROOMS: Look at all of your bedrooms.

1. Is the light near the bed hard to reach?
 - Place a lamp closer to the bed so it is easier to reach.
2. Is the path from your bed to the bathroom dark?
 - Put in a night-light so you can see where you are walking, especially at night.
3. Are there any objects on the floor in the walking pathway?
 - Pick up any items that are on the floor and place them at a height that is easy to reach.
4. Are your clothes easy to reach in the closet and/or dresser?
 - Arrange clothes so that they are easy to reach.

Other Things You Can Do to Prevent Falls:

1. Exercise regularly. Exercise makes you stronger and improves your balance and coordination.
2. Get up slowly after you sit or lie down.
3. Prepare meals before your surgery so that you do not have to cook while recovering.
4. If you are using an assistive device – such as a cane, walker or crutches – the PT will make sure that the device is the correct size for your height and is working properly.
5. Wear properly fitting shoes with rubber soles or wear non-slip socks
6. Be careful of small pets near your feet when walking

Information in this checklist has been provided by the Centers for Disease Control and Prevention and can be found at www.cdc.gov/injury

Joint Replacement Timeline

Starting 1-2 Weeks Before Your Surgery

1-2 weeks before surgery:

- Stop warfarin (Coumadin) or any blood thinners as instructed by your physician. Ask your surgeon about stopping aspirin, NSAIDS (such as Celebrex) and other medications or supplements.
- Pre-op testing appointment.
- Medical clearance appointment.
- Stop shaving the leg scheduled for surgery one week before to avoid nicks in skin.
- Prepare your home for your return by clearing paths and removing small rugs.
- Make arrangements with family or friends to give you a ride home from the hospital and help you at home.

5 days before surgery:

- We ask all our patients to shower and use the Hibiclens solution that you were given in the joint replacement class. You will do this for 5 days including the day of surgery. First use your regular shower soap all over your body. Then use the Hibiclens on the knee area that will be operated on. The

last time you will use it is on the day of your surgery. Avoid your eyes and genital area when using Hibiclens.

4 days before surgery:

- Continue the same washing routine as the day before

3 days before surgery:

- Continue the same washing routine as the day before

2 days before surgery:

- Pack for hospital; bring only a few personal things, no valuables, no credit cards, and no jewelry.
- Prepare a complete list of medications and dosages that you are currently taking and bring it with you to the hospital.
- Continue the same washing routine as the day before.

The day before surgery:

- If you feel sick or suspect you have an infection, contact your doctor.
- Pre Admission Testing will call you between 1 – 5 pm telling you when to arrive on the day of surgery. They will review pre-op instructions and answer questions.
- Do not eat or drink anything after midnight. You may take only a sip of water with medication in the AM if directed to do so.
- Take a shower using a washcloth and the same soap and wash your body well.

Day of surgery:

- Take **another** shower, using Hibiclens soap as before.
- Do not use lotion or powder on your skin.**
- Come to the hospital on the day of surgery at the time you were given on the phone.
- After you check in with Admitting you will be directed where to go to meet with a nurse to review your medical history

You will meet with the anesthesiologist:

- Discuss anesthesia, have questions answered. Inform anesthesiologist of medications you have taken and food eaten.

Consent form for anesthesia is signed.

- You will meet with the surgeon, resident or physician assistant: Discuss procedure, have questions answered.

Consent form for surgery is signed.

Go to the operating room. Anesthesia begins.

(Please note that if the surgery before yours takes longer than expected, you may have to wait. Please be patient.)

After your surgery:

- You will be brought to the PACU (Post Anesthesia Care Unit/ Recovery Room), where you will recover.
- The surgeon will inform your family about the procedure.
- Your family may visit you briefly in the PACU/Recovery Room.

Joint Replacement Timeline (continued)

After your surgery (continued):

- Depending on your surgery your therapy may begin in the PACU/ Recovery Room.
- You will be transferred to your room on the Orthopedic Care Unit after about 4-6 hours. Family and friends can visit you there.

After your operation:

- Many patients will get out of bed on the day of surgery **with the assistance of the staff.**
- Preventing infections is very important.** Visitors must wash their hands and should not sit on your bed.

Day #1 after surgery:

- Nursing care: medications/personal care/toileting.
- Physical/Occupational therapy will begin or continue. A combination of exercises may be used: out of bed to chair, walking with walker, crutches or cane.
- Social Worker will visit to begin a discussion of your discharge planning process.

- Nurse Manager will visit.
- Physician, Physician Assistant or resident will visit.
- A member of the Pain Management team may visit.
- If all criteria are met, and with your physician's order, you may be discharged.

Day #2 after surgery:

- Physical/Occupational Therapy – will continue helping you become more independent:
 - Walking with staff and a walker, crutches or cane.
 - Practice on stairs as needed for discharge to home.
- If all criteria are met, and with your physician's order you may be discharged.
- Transportation can be addressed by the Social Worker before your leave the hospital, if needed; but is usually not covered by insurance.

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Total Knee Replacement

What is a total knee replacement?

A total knee replacement is an operation in which the doctor removes the arthritic portion of your knee joint and replaces it with metal or plastic.

When is it done?

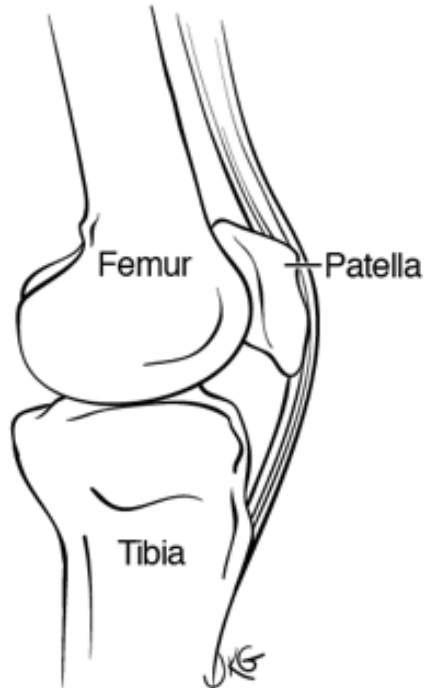
It is done when your knee pain cannot be relieved with medications, injections, activity modifications, weight loss (if applicable), and physical therapy.

What happens during the operation?

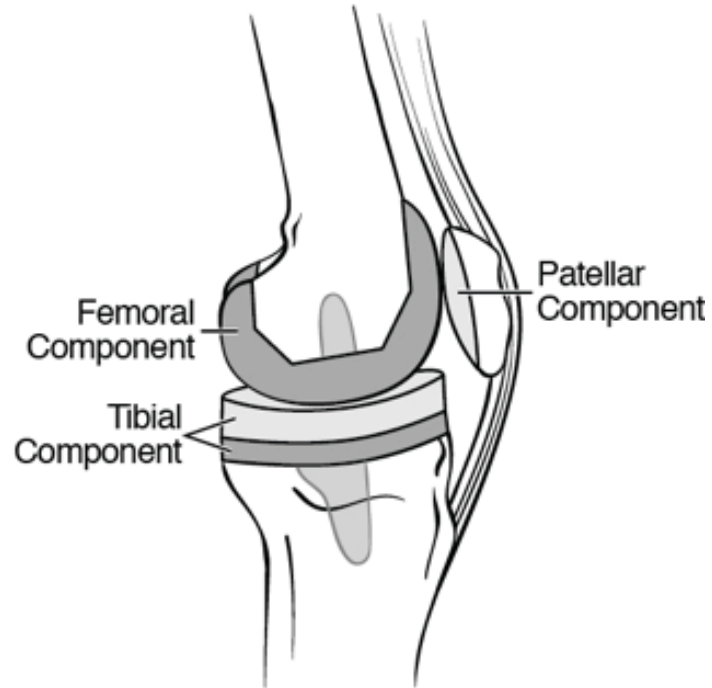
There are different types of anesthesia that can be used. General anesthesia puts you to sleep. Spinal anesthesia numbs the area below where it is injected and you are often given sedation along with this type of anesthesia. The decision about anesthesia is made by you and the anesthesiologist.

At the beginning of the operation, the surgeon will position and prepare your leg. An incision will be made over your knee to expose the knee joint. The

Normal Knee, Side View



Total Knee Replacement



surgeon will then remove the arthritic parts of your knee and replace it with an artificial knee. The incision will then be closed, a soft rubber drain may be placed in the incision to collect extra fluid, and a bandage will be placed around your knee.

Blood transfusion

Infrequently patients may require a transfusion.

After your surgery: what will be done

After you return to your room the nurses will monitor your progress.

Your blood pressure, pulse and respirations will be checked regularly, as will the circulation in your legs and your ability to move them.

You may receive fluids through an intravenous tube to replace fluids lost during surgery. You will have a large dressing on your knee where the operation was done. It should be kept clean and dry.

There also may be a soft rubber tube located near the incision to drain fluid from your knee wound for a day or two.

You may have a Foley catheter to drain urine for a day until you can get up and go to the bathroom.

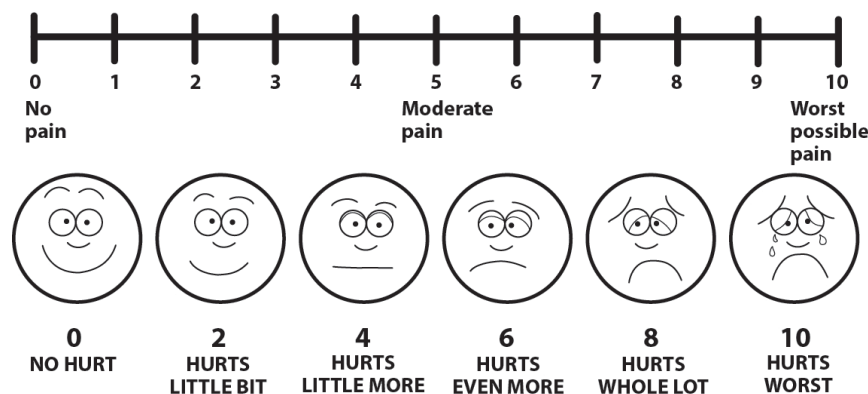
You will be asked to breathe deeply and to use your incentive spirometer to prevent lung complications from fluid that could collect in your lungs.

You will meet with both a physical and occupational therapist to help you walk and get back to your activities of daily life. You will also be asked to do simple leg exercises to prevent complications from lying still.

Pain Management

Mount Sinai's anesthesiologists and surgeons are experts in pain management after total joint replacement. We use a variety of different methods, known as "multi-modal anesthesia and analgesia" to control your pain so your recovery can be as pain-free as possible.

Some pain is normal after surgery but there is no need to "grin and bear it."



Your nurse, physical or occupational therapist will ask you questions about your pain and will ask you to rate your pain on a scale of 1-10 with 10 being the worst pain possible. You will receive medication in the form of injections or pills. If your pain is not relieved let the nurse know. You should let your nurse know as soon as the pain starts. Pain is easier to control if you do not allow it to become very severe before taking pain medication.

Regional Blocks

In the Recovery Room (Post Anesthesia Care Unit) the anesthesia team may give you a nerve block for pain control. The nerve block uses ultrasound to guide a catheter which is placed in your groin on the operated side. This catheter delivers pain medication to the nerve that is causing the pain. It is connected to a pump and delivers the pain medication continuously. The catheter will be removed by a member of the anesthesia team at the appropriate time.

Oral Pain Medication

During your hospitalization you will be given several types of pain medication along with the nerve block. You will receive a long-acting narcotic which will be given to you every 12 hours. You will also receive short acting narcotics every 4 hours if you need them. You may also receive a strong anti-inflammatory medication twice a day for one to two weeks. It's important for you to communicate with the nursing staff and other providers regarding your pain in

order to help relieve your pain. Possible side effects of these medications are dizziness, sleepiness, dry mouth and constipation.

Cooling (Ice Packs/Machine)

Ice reduces swelling and therefore reduces pain. An ice machine or ice packs will be placed on your operated knee in the Recovery Room (Post Anesthesia Care Unit). You will receive ice continuously while you are in bed. If it becomes uncomfortable the nurse can adjust it for you.

Prevent Lung Problems

After surgery it is important to exercise your lungs by taking deep breaths. Because of the surgery your normal breathing pattern can change. Therefore you will be given an incentive spirometer by the nursing staff. The nurses will show you how to use it to help you take deep breaths. You should use it several times each hour to expand the small air sacs of your lungs and to help clear the air passages of mucus.



Prevent Infections

Infections are a risk for all surgical procedures no matter how minor or major they are. We make a strong effort to prevent infections. Before your surgery we perform a nasal swab to check for MRSA (a staph infection). If the nasal swab is positive you may be at higher risk of developing an infection. You will be called on the phone if the swab is positive and will be started on an antibiotic ointment for 5 days.

We ask all our patients to shower and use the Hibiclens solution provided to you during the joint replacement class. Please use it as instructed before surgery, including the day of surgery.

During your hospitalization you will receive a total of 3 doses of IV antibiotics within the first 24 hours to help prevent an infection. Also your operative site will be checked daily and the dressings changed as needed.

Prevent Blood Clots: Medications

Sometimes your doctor will order a blood thinner (anticoagulant) to prevent blood clots in your legs, called deep vein thromboses (DVT). These may occur as a result of the surgery and decreased mobility. Some of the oral medications used for this are aspirin, warfarin (Coumadin), rivaroxaban (Xarelto), and enoxaparin (Lovenox), an injection. These are only a temporary measure and will be used for a few weeks after surgery. If you have these medications ordered for you, you will receive special instructions

about them. Possible side effects are bleeding and bruising.

Prevent Blood Clots: Sequential Compression Devices

After surgery you will have compression devices placed on your lower legs while you are in bed. These inflate and deflate periodically which increases the blood flow in your legs and prevents clots from forming.

TEDS stockings are support stockings placed on your legs to prevent clots from forming.

Activity/Walking

Your activity immediately after surgery will be restricted and supervised by nurses and occupational and physical therapists. When you are in bed your legs will be positioned in a special way so that healing will take place. You will start walking with staff assistance as soon as possible.

As early as the day of surgery or the first day after surgery you may be able to sit on the edge of the bed, stand, and even walk with assistance.

Equipment that will help your recovery can be purchased before you leave the hospital. The staff will make arrangements. The cost of the equipment may not be covered by your insurance.

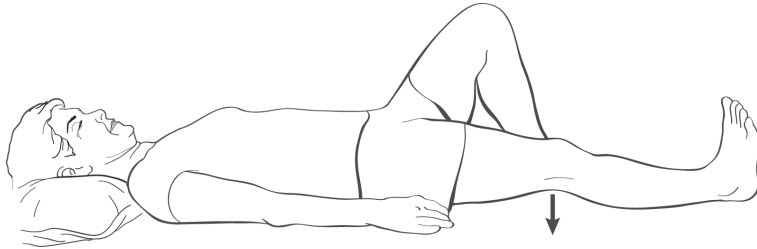
Four Summary Points:

1. Never put a pillow under your knee as it will prevent your knee from ultimately being able to fully straighten.
2. When laying in bed, or on a sofa, place a towel under the ankle (surgery side) and focus on getting your knee straight.
3. Dangle the knee off the side of the bed to 90 degrees at least three times a day. Long slow stretches will ultimately lead to better knee flexion (avoid aggressive and forceful bends).
4. Do straight leg raises – your doctor or therapist will tell you how many – every hour while awake until your thigh muscle is as strong as the other side.

Exercises in Bed

1) Quad Sets

Pull toes toward towards your knee (surgery side), tense muscles on the front of thigh, and simultaneously squeeze buttocks. Keep leg and buttock flat on the floor. Hold for 5 seconds.



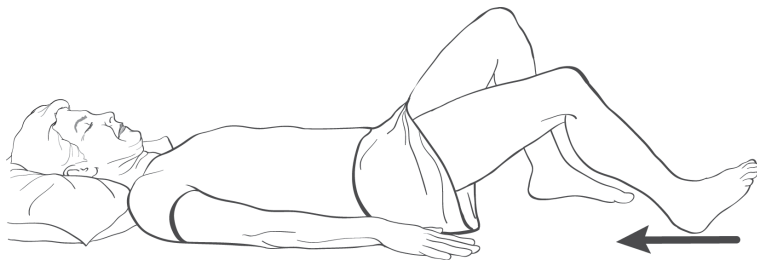
Repeat _____ times per set.

Do _____ sets per session.

Do _____ sessions per day.

2) Heel Slide

Slide your heel (surgery side) towards buttocks until a gentle stretch is felt. Hold 5 seconds. Relax.

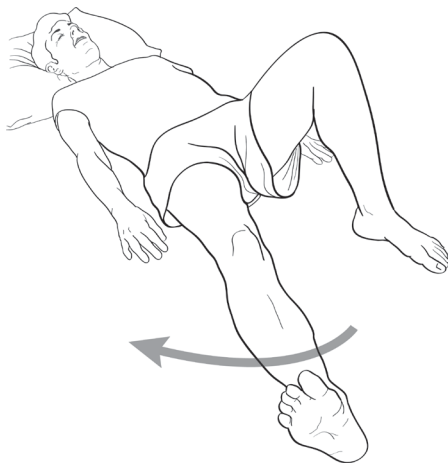


Repeat _____ times per set.

Do _____ sets per session.

Do _____ sessions per day.

3) Hip Abduction



Bring your leg (surgery side) out to side and return. Keep this knee straight. Bend opposite leg to decrease strain on lower back.

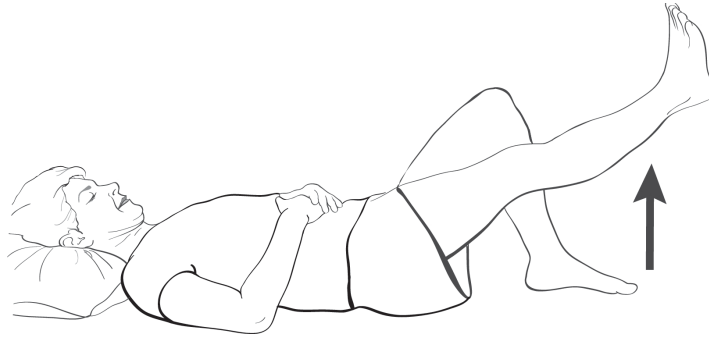
Repeat _____ times per set.

Do _____ sets per session.

Do _____ sessions per day.

4) Straight Leg Raise

With your leg straight (surgery side) , other leg bent, raise straight leg 12 to 18 inches.



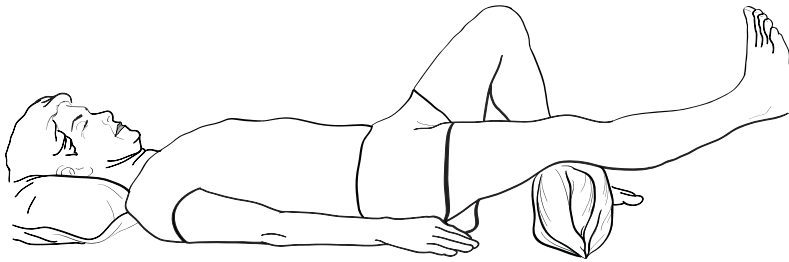
Repeat _____ times per set.

Do _____ sets per session.

Do _____ sessions per day.

5) Knee Extension

With _____ knee over rolled pillow, straighten knee by tightening muscles on top of thigh. Keep bottom of knee on pillow.



Repeat _____ times per set.

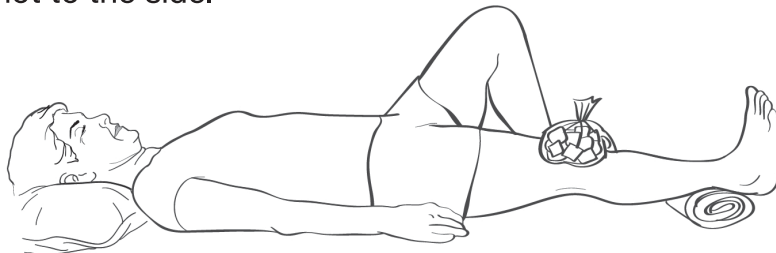
Do _____ sets per session.

Do _____ sessions per day.

Note: Do **NOT** keep pillow under your knee other than for this exercise.

6) Heel Prop

Prop your heel (surgery side) upon a towel roll for 10 minutes with an ice pack on your knee. While doing this stretch your knee cap and foot should always be facing upward, not to the side.



Repeat _____ times per day.

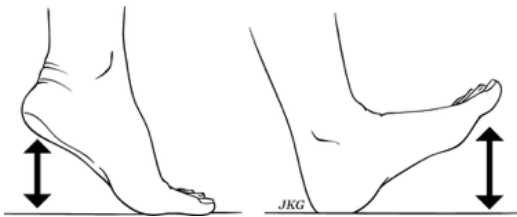
Sitting Exercises

(Please do not get up without assistance)

1) Foot Exercises

While sitting in a chair move the heel of your operated leg up and down.

While sitting in a chair move the toes of your operated leg up and down.



Repeat _____ times per set.

Do _____ sets per session.

Do _____ sessions per day.

2) Knee Extension

While sitting on a chair, extend your operated leg out and back.

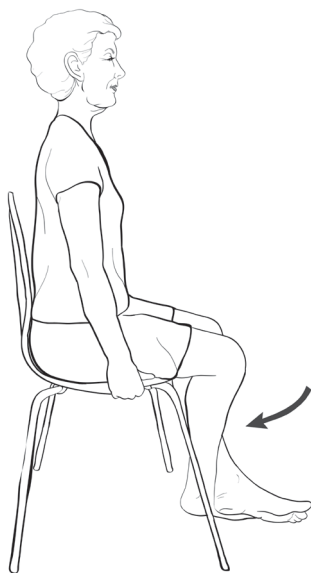
Repeat _____ times per set.

Do _____ sets per session.

Do _____ sessions per day.



3) Knee Flexion (Bending)



While sitting on a chair, bring your foot (surgery side) under the chair. Use your good foot to push the operated side ankle as far under the chair as possible. Hold the end position for 5 seconds.

Then use your good leg to help bring the surgery leg forward to the starting position.

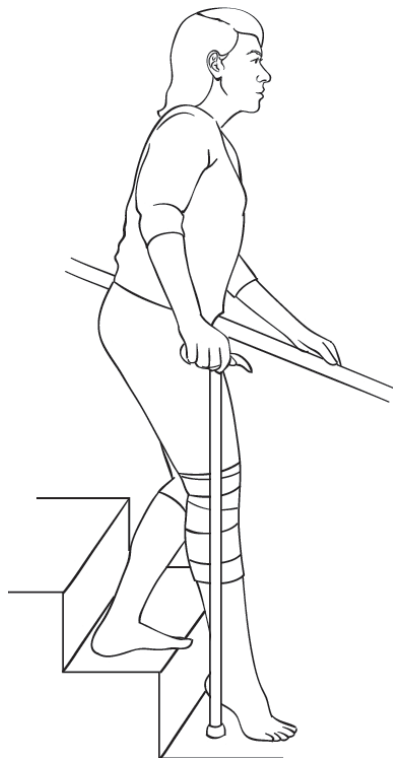
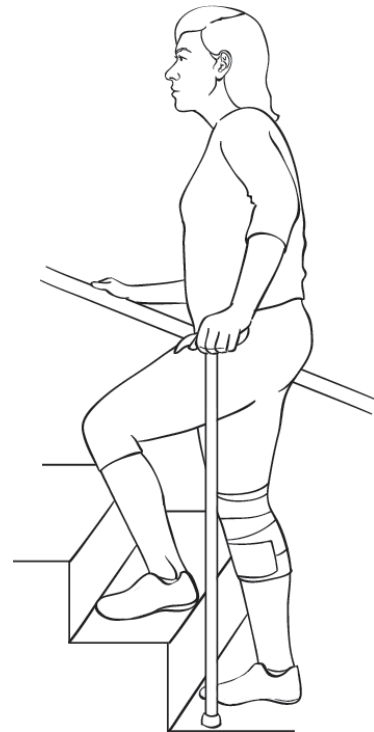
Repeat 10 times per set.

Do 1 sets per session.

Do 4 sessions per day.

Climbing Stairs using a Cane:

- Hold the cane in one hand and with the other hand, hold the railing as directed by your therapist.
- Begin by raising your non-operated (good leg) up to the first step.
- Then bring your operated leg up to the same step.



Going Down the Stairs with a Cane:

- Grasp the hand rail with your free hand.
- Place your cane on the first step down.
- Bring your operated leg on the first step down.
- Then bring your good (non-operated leg) down to the same step.

Rehabilitation goals for your hospital stay

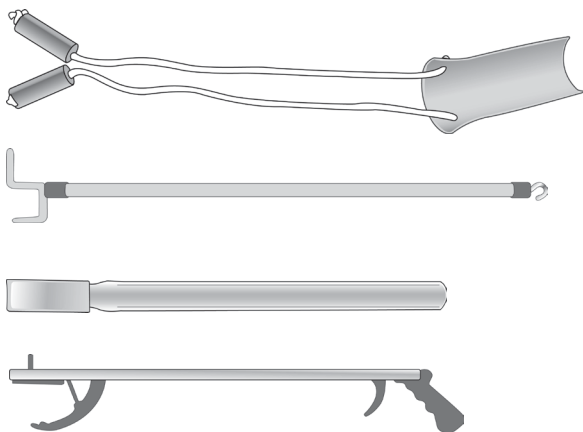
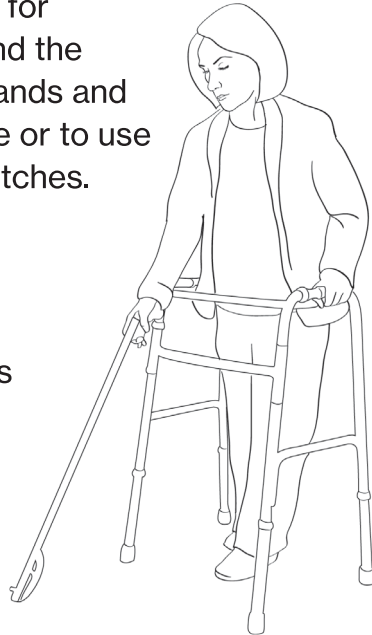
- During your hospital stay at Mount Sinai the rehabilitation team (physical therapy and occupational therapy) will work with you daily.
- When you leave the hospital you should be able to walk safely with an assistive device that is appropriate to your stage of recovery. This might be a walker, a cane or crutches.
- You should be able to climb up and down stairs, as tolerated.
- You will be given some exercises that will help you regain movement and strengthen your knee.
- Walking can be painful the first few days after your knee replacement but it is very important that you walk and spend time sitting up in a chair. It is important for increasing your muscle strength and to maintain proper circulation in your legs. To decrease the pain in your knee we encourage you to take your pain medication before you do your walking or exercises.
- You should be sitting in a chair for at least two or more hours each day. Gradually increase the amount of time you spend out of bed.
- When you go home your therapist will give you some more specific exercises to do at home to continue your progress.

Activities of Daily Living

Getting Ready To Go Home

Dressing:

- Some people find it helpful to wear clothes with pockets for carrying things around the house. This leaves hands and arms free for balance or to use a cane, walker or crutches.
- Use a long handled “reacher” to turn on lights or grab things that are beyond arm’s length. There are also devices to put on socks, shoes and help you shower.
- In order to dress your lower body, you may need the following devices:
 - Sock aid
 - Long handled shoe horn
 - Dressing stick or reacher



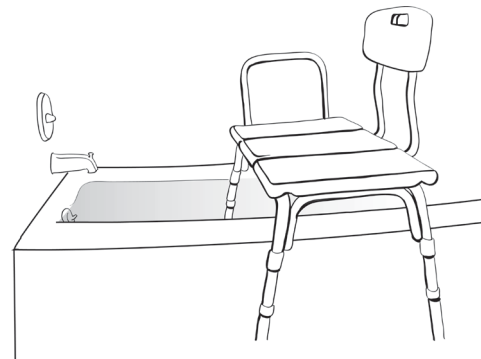
These can be purchased while in the hospital if needed. Insurance will not pay for these devices.

Bathing and Showering:

- Take a shower, not a bath, until you are told that it is OK to get into a bathtub.
- Use a tub transfer bench or stool in the shower. Hand held shower heads and grab bars may be helpful.

Tub Transfer:

- Put a tub bench in your bath tub facing the faucet.



- Back up to the side of the tub and sit down on the bench.
- Keeping legs straight, swing them around and into the tub, one leg at a time.
- Use a long-handled sponge and detachable shower head to wash.
- *Note:* Not all equipment is covered by insurance. The staff will let you know what is covered.

Home Safety

- Remove all loose area rugs, throw rugs and runners.
- Remove all clutter from walking paths in home.
- Make sure a bathroom is easily accessible.
- Store frequently used items within easy reach.
- Prepare meals ahead of time and store in freezer.



What other special precautions should you take?

- Tell your doctor or dentist you have had a knee replacement before any treatment.
- Talk to your doctor about taking antibiotics before you have any invasive procedure, dental work or surgery, including but not limited to:
 - Teeth cleaning, extraction, or oral surgery
 - Any invasive procedure such as a colonoscopy, endoscopy, or gynecologic procedure.
- Do not take any injections in your operated leg.

When you go home

- Follow your doctor's instructions.
- Control your pain with medication to allow for physical and occupational therapy. Exercise is very important in your recovery.
- Work with a physical therapist, occupational therapist or other health care professionals to rehabilitate your knee.
- Continue to do your exercises at home, as instructed by your therapist(s).
- You can resume sexual activity 6 weeks after surgery or when advised by your doctor.
- Follow your doctor's instructions about caring for your incision.

Once I am home, when should I call the doctor?

Call the doctor immediately if:

- You develop a fever
- You see a lot of drainage from the incision
- You are in a lot of pain that isn't relieved by medication
- You have pain, tenderness or swelling in your leg
- You are short of breath or cough up blood
- You develop chest pain
- You have a lot of swelling, warmth or redness in your incision.

Preventing Falls: Information for Patients and Visitors in the Hospital

Your safety is very important to us. You can help us keep you safe by following these simple safety tips.

DO:

- Do ask for help before getting up.
- Do get up slowly and carefully. Sit and dangle your legs over the side of the bed for a few minutes before standing up.
- Do keep items you need within close reach.
- Do put the light on before getting out of bed at night.
- Do wear non-skid slippers or shoes

DON'T:

- Don't lean on furniture or equipment that has wheels.
- Don't walk barefoot or in socks.
- Don't lean over the side of the bed to reach for things.
- Don't climb over or between the side rails of your bed.
- Don't get out of a wheelchair or off a stretcher by yourself.

In the hospital, many things including the beds, bedside tables, stretchers, wheelchairs, IV poles, pumps and other

kinds of equipment have wheels. If you lean on these things, they can move and you could fall.

Be sure to wear non-skid footwear. The floors can be slippery. If you need some non-skid slippers, let us know and we can give you some.

Sometimes medicines, treatments and lying in bed for long periods of time can make you lightheaded or dizzy when you get up. Be sure to get up slowly. Sit on the side of the bed and dangle your legs for a few minutes before you stand. Ask for help if you need it.

Your hospital bed might be higher than your bed at home. Be sure your feet reach the floor before you try to stand.

When sitting down, make sure that you can feel the back of the chair before you sit. Don't try to turn and sit at the same time. Wheelchairs should be locked before you sit.

Keep items such as the call bell, phone, TV remote and your glasses close to you so you don't need to reach.

Use the side rails on your bed to help you move around in bed. Side rails can help prevent you from falling out of bed. If the side rails are up, don't try to climb over or between them. Call for help when you need to get up.

You may need to use the bathroom more often or more urgently than you do at home. This might be because of medication or treatments you are receiving, including IV fluid. Don't wait until the last minute to rush to the

bathroom. Get up slowly or ask for help. Also make sure the light is on. You may not be familiar with the room in the hospital.

Preventing Falls at Home

Falls frequently occur at home. People of all ages fall. Falls can be upsetting and cause serious injury. Falls can be prevented. Here are some ways to reduce your chances of falling.

- Find out if you are at risk for falling
- Stay in good health
- Make your home safe

Are you at risk for falling?

The most common reason for falling is poor balance. You can ask your primary care giver to test your balance. You may go to a physical therapist for this test. If you do have poor balance, there are a number of things you can do to correct it. Although it depends on the reason, some treatments include:

- Strengthening the muscles you use to keep yourself steady
- Learning how to concentrate on different parts of your body
- Gaining confidence in your footing

- Making adjustments to your eye glasses
- Making adjustments to your medications

Are you in good health?

Do the following to help prevent a fall:

- Exercise regularly to improve strength and balance (check with your health care provider first)
- Follow your health care provider's recommended diet
- Take all of your prescribed medicines
- Tell your health care provider about all the medications that you take, prescription medicines, over-the-counter medicines like aspirin and ibuprofen and herbs
- Have regular eye exams
- Tell your health care provider if you get dizzy, weak or feel faint
- Stand up slowly from a sitting or lying position

Is your home safe?

Follow these suggestions so you are not at risk for tripping and falling in your home:

- Be sure there is enough light in each room; use bright bulbs and nightlights
- Remove throw rugs or use nonskid padding and tack down loose ends
- Make sure electrical cords are not in your walking path
- Clean up clutter from the floor such as papers, magazines or toys
- Install handrails in your bathroom in the shower or tub
- Install a raised toilet seat to make it easier to get up and down
- Keep kitchen supplies where you can reach them easily
- Clean up spills right away
- Wear shoes that fit well and don't slip and don't walk around in stocking feet on floors
- If needed, arrange sturdy furniture along walking routes to use for balance

Notes
