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# Caregivers Guide

## A Caregiver Resource for the Joint Replacement Patient at Home

As a home caregiver, your role is important for helping your friend or loved one recover from joint replacement surgery. When at home, there are a variety of things you need to know for the patient's safety, recovery, and comfort. This brochure will help you with some of the many questions and concerns as you prepare to care for your joint replacement patient.

### Home Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Place regularly used items such as remote controls, medications, and reading materials, in easy-to-reach locations.
- Widen furniture paths to accommodate a walker or cane.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs, this is a fire hazard.
- Do not let patient lift heavy objects for the first three months and then only with your surgeon's permission.
- Un-tuck bedding to allow for easier access into and out of the patient's bed.

### Body Changes

- The patient's appetite may be poor. Make sure they drink plenty of fluids to keep them from getting dehydrated. Their desire for solid food should return.
- Joint replacement patients may have difficulty sleeping, which is normal. Do not let the patient sleep or nap too much during the day.
- The patient's energy level will be decreased for the first month.
- Pain medication that contains narcotics promotes constipation. Follow the surgeon's recommendations for using stool softeners or laxatives such as milk of magnesia if necessary.

## **Blood Thinners**

Blood thinners may be given to help avoid blood clots in the patient's legs. Always follow the surgeon's recommendations regarding blood thinners.

## **Stockings**

The patient may be asked to wear special stockings. These stockings are used to help compress the veins in their legs. This helps to keep swelling down and reduces the chance for blood clots.

- If swelling in the operative leg is bothersome, help the patient elevate the leg for short periods throughout the day. It is best when the patient lies down and raises the leg above heart level.
- Make sure the patient wears the stockings continuously, removing for one to two hours twice a day.
- Notify the physician if the patient notices increased pain or swelling in either leg.

## **Incision Care**

- Keep the incision dry.
- Keep the incision covered with a light dry dressing until the staples are removed, usually 10-14 days.
- Patient should request showering/bathing instructions from surgeon.
- Notify the surgeon if there is increased drainage, redness, pain, odor, or heat around the incision.
- Take the patient's temperature if he or she feels warm or sick. Call the surgeon if it exceeds 100.5° F.

## **Changing the Dressing (ONLY IF DIRECTED BY SURGEON)**

1. Wash hands.
2. Open all dressing change materials (ABD pads, 4x4 if needed, Betadine® swab if indicated).
3. Remove stocking and old dressing.
4. Inspect incision for the following:
  - increased redness
  - increase in clear drainage
  - yellow/green drainage
  - odor
  - surrounding skin is hot to touch
5. If Betadine® is ordered, take one Betadine® swab and paint the incision from top to bottom. Then turn the swab over and paint the incision from bottom to top. Use remaining swab to paint the drain site.
6. Pick up ABD pad by one corner and lay over incision. Be careful not to touch the inside of the dressing that will lie over the incision.
7. Place one ABD pad lengthwise and place the other ABD crosswise to form a "T" (to cover drain site).
8. Tape dressing in place.

## Controlling Discomfort

- Pain medicine at least 30 minutes before physical therapy.
- Encourage patient to gradually wean him or herself from prescription medication. Follow the surgeon's recommendations for taking over-the-counter medication in place of prescription medication.
- Have patient change position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to the affected joint will decrease discomfort, but do not use for more than 20 minutes at a time each hour. Use ice before and after the patient exercises according to their prescribed program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer (to be used as an ice pack later).

## Recognizing & Preventing Potential Complications

### Infection

#### Signs of Infection

- Increased swelling and redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in hip
- Fever greater than 100.5° F

### Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of the patient's legs, creating a blood clot. This is why patients take blood thinners after surgery. If a clot occurs despite these measures, the patient may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

#### Signs of blood clots in legs

- Swelling in thigh, calf or ankle that does not go down with elevation.
- Pain, heat and tenderness in calf, back of knee or groin area. NOTE: blood clots can form in either leg.

#### Prevention of blood clots

- Foot and ankle pumps
- Walking
- Compression stockings
- Blood thinners such as Coumadin® or Heparin

## **Pulmonary Embolus**

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should CALL 911 if suspected.

### **Signs of a pulmonary embolus**

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

### **Prevention of pulmonary embolus**

- Prevent blood clot in legs
- Recognize a blood clot in leg and call physician promptly

## **Dislocation - Hip Only**

### **Signs of Dislocation**

- Severe pain
- Rotation/shortening of leg
- Unable to walk/move leg
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### **Prevention of Dislocation**

AT ALL TIMES

- DO NOT cross legs
- DO NOT twist side-to-side
- DO NOT bend at the hip past 90°