TOTAL JOINT REPLACEMENT:
PATIENT EDUCATION GUIDE

Your Joint Replacement is scheduled with:

Dr. _____

On

Date: _____

Indian Lake
SURGERY CENTER

127 Saundersville Road
Hendersonville, TN 37075
615-265-8038

www.indianlakesurgerycenter.com

WELCOME TO INDIAN LAKE SURGERY CENTER

The entire staff at Indian Lake Surgery Center welcomes you to our outpatient surgery center. We are dedicated and uniquely qualified to provide you with optimal care and high-quality outcomes in Total Hip and Knee Joint Replacement Surgery. To date, we have performed over 1,600 total joint replacement surgeries.

MISSION

To provide high quality, safe, and cost-efficient ambulatory surgery services in a personalized and compassionate manner for the patients we serve.

VISION

To be the ambulatory surgery center of choice for the residents and physicians in our service area.

VALUES

- Committed to service excellence
- Dedicated to patient and employee safety
- Respect and kindness
- Personalized attention
- Honesty, integrity and trust
- Continuous quality improvement
- Partnership and teamwork
- Financial accountability

GOALS

- Early mobilization of patients
- Prevention of surgical site infection
- Prevention of deep vein thrombosis (DVT)
- Patient/Caregiver involvement with education opportunities
- Reduce perioperative blood loss
- Exceed patient satisfaction

You will find important instructions and information to prepare you for your surgery in this educational packet. It will answer many of the questions you may have, and clearly outline the things you need to do before and after surgery. Planning tools, advice on medications, diet, and exercise recommendations are also included. Keep in mind; your knowledge and participation are vital to achieving success and the best possible outcome. We look forward to meeting you!

Thank you for choosing us,

Your Indian Lake Surgery Center Team

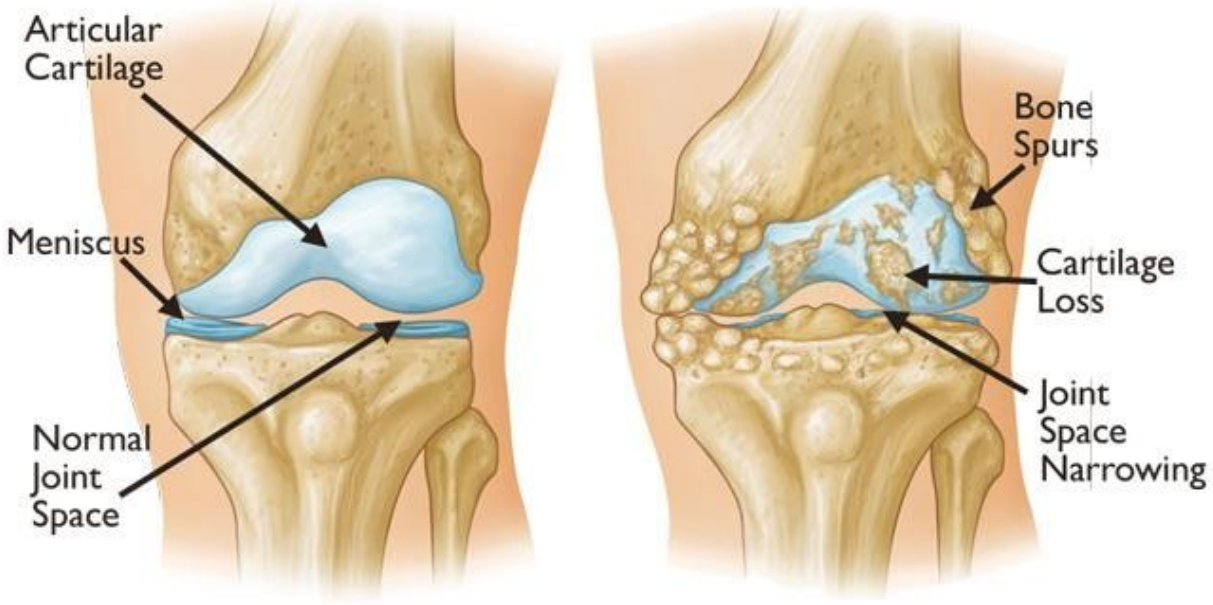
INDIAN LAKE SURGERY CENTER TOTAL JOINT REPLACEMENT GUIDE

TABLE OF CONTENTS

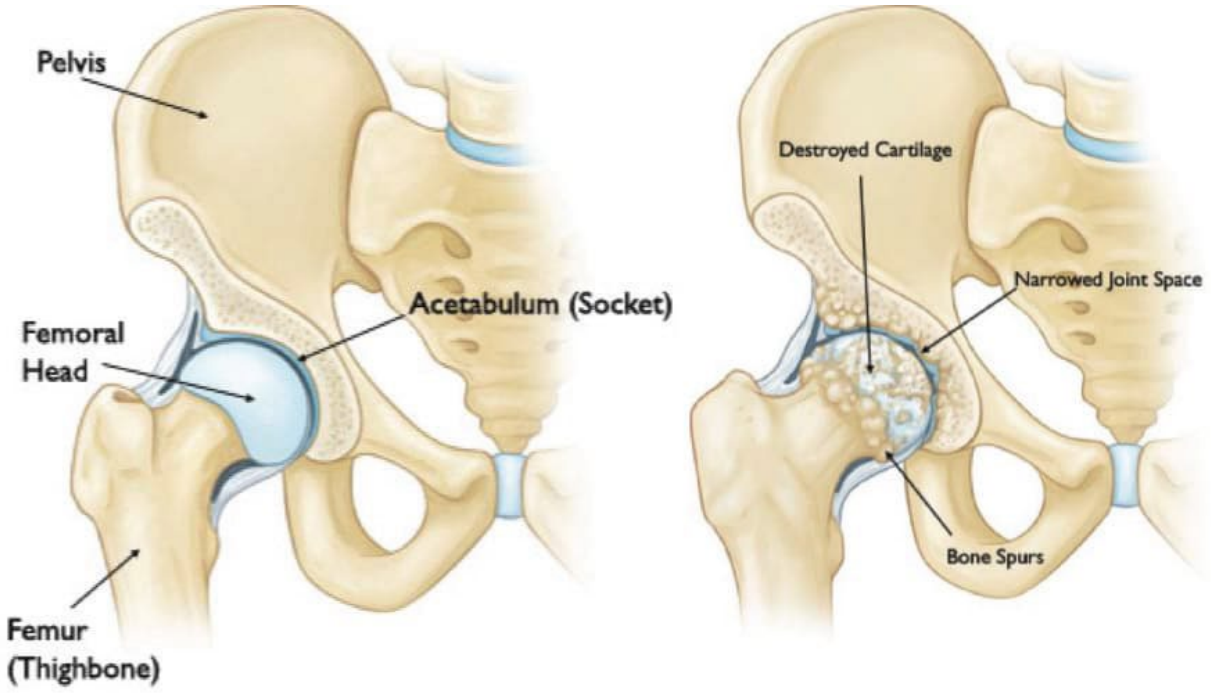
Understanding Total Joint Replacement Surgery

ANATOMY

KNEE

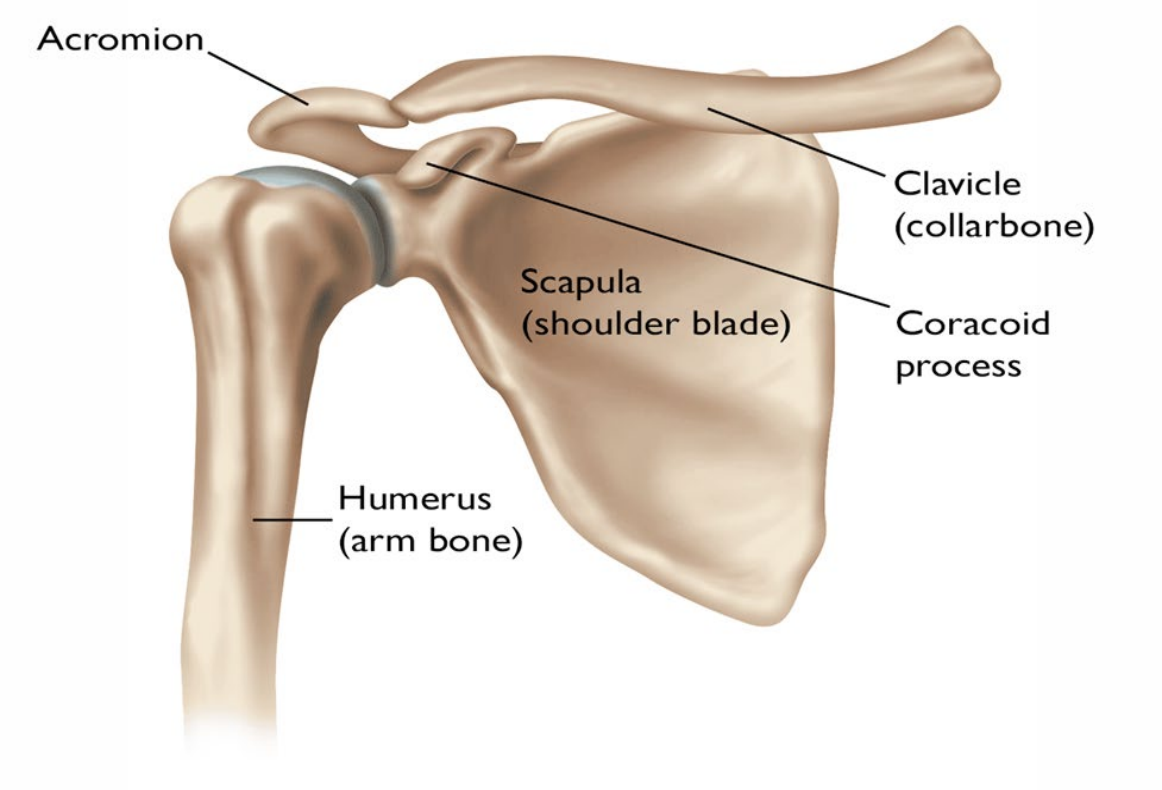


HIP



ANATOMY

SHOULDER



COMMON CAUSE OF JOINT BREAKDOWN: OSTEOARTHRITIS

Symptoms of osteoarthritis can include:

- Sore and achy joints
- Pain that increases with overuse or when joint is inactive for a long period of time
- Joint swelling
- Stiffness
- Limited range of motion

What causes osteoarthritis?

Osteoarthritis is the most typical form of arthritis. It can occur due to injury, obesity, genetics, or age. Women are at an increased risk among the nearly 21 million Americans affected. Osteoarthritis can affect any joint in the body, although it occurs most often in the knees, hips, and spine. It breaks down the cartilage resulting in swelling, pain, and difficulty moving.

Osteoarthritis can begin gradually but will worsen over time. Scientists are now recognizing it more as a disease rather than just the wearing down of the joint.

Why do I need surgery?

Total joint replacement surgery is recommended when non-surgical treatments are ineffective to relieve pain and/or disability. These non-surgical treatments can range from medications, changes to everyday activities, and physical therapy.

TYPES OF JOINT REPLACEMENT SURGERY

Total Knee Replacement

All three compartments of the knee are affected by osteoarthritis. The damaged bone and cartilage are removed from the joint and replaced with prosthetic components that resemble the shape and movements of a natural knee joint.

Total Hip Replacement

The hip joint is made up of two main parts: the head of the thigh bone (femur) and the hip socket. Total hip replacement surgery is recommended for patients with end-stage hip osteoarthritis or other conditions that end in hip joint destruction. The damaged femoral head and cartilage surface of the socket (acetabulum) are removed. A spacer is inserted between the new socket and ball to allow for a smooth gliding surface.

Total Shoulder Replacement

Shoulder replacement surgery is done to alleviate pain and other symptoms caused by damage to the shoulder joint. Osteoarthritis, fractures, and rotator cuff injuries are common causes of shoulder joint damage. During shoulder replacement surgery, damaged areas of bone are removed and implants are inserted.

Components of all joint replacements can be made of plastic, ceramic, or metal.

THE RISKS OF JOINT REPLACEMENT SURGERY

Every joint replacement is a MAJOR surgery**.** Although advances in technology and medical care have made the procedure very safe and effective, risks exist. These risks should be considered carefully before you decide to have surgery. Discuss the potential risks with your surgeon, anesthetists, personal physician(s) and family.

THE MOST COMMON RISKS INCLUDE:

- **Deep Vein Thrombosis (DVT)**: DVTs, also known as blood clots, can form in the veins in your legs and/or lungs after total joint replacement surgery. They are more common in patients who are older, obese, have a history of clots or patients with cancer.
- **Hematoma:** Bleeding in the tissue can occur during surgery or after and may be accompanied by acute pain, swelling and discoloration.
- **Infection:** Patients who take corticosteroids, use tobacco, or have chronic health conditions such as diabetes or liver disease, have an increased risk.
- **Wound Healing:** The surgical incision may heal slowly. Especially if you take certain medications, use tobacco, or have certain medical conditions.
- **Limited Range of Motion:** Starting the day of surgery, you will begin exercises to help improve the flexibility of your new joint. These are very important to help prevent stiffness while allowing you to restore strength and mobility.

HOW TO REDUCE YOUR RISKS/COMPLICATIONS

- Reducing or eliminating the use of tobacco products containing nicotine before your surgery. Continuing the use of tobacco could delay your healing process and increase your risk of complications.
- Being compliant with managing your diabetes, if applicable. High glucose levels could increase risk for post-op infection and/or delay your healing process.
- Maintaining a healthy diet. Poor diet choices could affect healing and strength.
- Using good hand washing techniques. Poor hand hygiene could lead to a post-op infection.
- Working hard on your exercises as directed by physical therapy. Not completing therapy could lead to frozen joint.
- Limiting high impact activities, as directed by your surgeon. Engaging in these activities could lead to damaging the prosthesis.
- Continue with ankle pumps and frequent ambulation. These will decrease your risk of developing a blood clot.

PREPARING FOR TOTAL JOINT REPLACEMENT SURGERY

SCHEDULING YOUR SURGERY

Once it has been determined that surgery is your best option, your surgeon will complete a history and physical, review aspects of your overall health, and discuss your surgical plan. The office scheduler will obtain a surgery date that works best for you and your surgeon. Indian Lake Surgery Center will work closely with your surgeon's office to optimize your experience throughout your total joint replacement.

Approximately 2 weeks prior to your surgery date, someone from Indian Lake Surgery Center will call you to verify your insurance and personal information. You will then be transferred to a nurse, if available, to obtain your medical history and medication list. Your arrival time will not be given until the day before your surgery date, due to frequent changes in the schedule.

It is very important that you and your caregiver thoroughly review this entire packet as soon as possible. Please read each section carefully. Make a list of any questions you might have. These can be addressed when the nurse calls to obtain your medical history and medication list. Reviewing and understanding the "Recovering at Home" section prior to surgery will help ensure a successful recovery.

HEALTHY HABITS TO IMPROVE RECOVERY

We recommend you make changes to ensure you are promoting a healthy lifestyle! Increase the amount of water you drink each day, eat a well-balanced diet, decrease alcohol consumption, and eliminate tobacco and drug use completely. We suggest that you increase your daily activity to promotion better circulation and muscle strength. Doing all of these things will set you up for a faster recovery, quicker healing, and better overall success after your total joint replacement. Have a conversation with your physician about what you can do to improve your diet and maintain a healthy weight.

NUTRITION AND HYDRATION

Your body burns a lot of energy during surgery. Healthy eating in the weeks and days before your surgery will help your body prepare for the best recovery.

Hydration before surgery is very important. Good hydration makes it easier to start your IV and helps limit the chance for post-operative dizziness and nausea/vomiting. Focus on increasing fluid intake the day before your surgery. During the preoperative phone call, a nurse will instruct you to:

- **NOT** eat after midnight before your surgery.

- Drink a 12oz White Frost Gatorade **OR** a Clear Pre-Surgery Ensure on the day of surgery. FINISH your drink 2 hours before your scheduled arrival time. For example, if your arrival time is 8 a.m., the beverage should be finished before 6 a.m.

    - Arrival Time:_____
    - Finish drinking beverage by:_____

- Avoid red, blue, and purple Gatorade.
- Do not substitute with any other drinks unless your doctor or ILSC staff tell you to.

MEDICATIONS AND SUPPLEMENTS BEFORE SURGERY

A nurse from Indian Lake Surgery Center will call you approximately one week prior to your surgery to review your medications. Please be prepared to provide a complete medication list and take notes on specific instructions.

MEDICATIONS YOU MUST STOP PRIOR TO SURGERY

- **1-2 weeks prior:**
    - Prescription diet medications
    - Herbal supplements and/or vitamins (including multi-vitamins)
    - Methotrexate, Humira, Remicade, and other rheumatoid arthritis medications (unless otherwise directed by your physician/specialist).
    - **Blood thinners, anticoagulants, and antiplatelet agents:** Coumadin, Eliquis, Plavix, Jantoven, Brilinta, Pradaxa, Xarelto and Effient must be stopped prior to surgery. ***Your physician, surgeon, and/or specialist will provide specific instructions.***

- **7 days prior:**
    - Over-the-counter NSAIDS/ anti-inflammatories: Ibuprofen, Motrin, Advil, Aleve, Naproxen, Naprosyn, and Aspirin (unless otherwise directed by your physician/specialist)
    - Prescription anti-inflammatories: Relafin, Meloxicam, Diclofenac and Voltaren.
- **Day before surgery:**
    - If you take nightly insulin, only take ½ of your regular dose.
- **SURGERY DAY: (Per Anesthesia providers)**
    - Do not take Diabetic medications.
    - Do not take these specific Ace-Inhibitors (drugs ending in "pril"): Enalapril, Lisinopril, Perindopril and Ramipril.
    - Do not take these specific high blood pressure medications (drugs ending in "sartan"): Valsartan, Irbesartan, Candesartan, Losartan and Olmesartan.

MEDICATIONS TO TAKE PRIOR TO YOUR SURGERY

The following medications will be called into your pharmacy. Please follow instructions carefully and notify Indian Lake Surgery Center if you have any issues obtaining these items.

- Bactroban 2% Ointment. Apply ointment inside nose with a Q-tip twice daily for 5 days prior to and the morning of surgery.
- Apply Scopolamine Patch 1.5mg behind one ear the night before surgery (does not apply for patients over 65 or who have had prostate surgery).
- Start Chlorhexidine (CHG) wash three nights before and morning of surgery focusing on surgery site.

BATHING INSTRUCTIONS

Starting **THREE NIGHTS BEFORE** your surgery, you will shower and do the following:

- REMOVE ALL JEWELRY – must remain off until after surgery.
- Take a shower with your normal soap, shampoo & conditioner.
- Rinse off your normal soap products & turn off the water.
- Using a clean, wet, washcloth, pour some Hibiclens onto the cloth and wash from your NECK DOWN. Scrub gently – focusing on the area of surgery.
- Do not use Hibiclens near your eyes, ears, or genital area.

- Leave the Hibiclens soap on for five (5) minutes.
- Rinse off and dry off with a CLEAN towel.
- DO NOT use any powders, lotions, oils, deodorants, make-up or hair products after this shower.
- Wear clean pajamas and sleep on clean sheets after taking the Hibiclens shower.
- Please do not allow pets to sleep on or in bed with you.

The **MORNING OF** your surgery you will shower and do the following:

- You may wash your hair with your normal shampoo and conditioner.
- DO NOT use your normal soap – ONLY use the Hibiclens soap.
- Using a clean, wet, washcloth, pour some Hibiclens onto the cloth and wash from your NECK DOWN. Scrub gently – focusing on the area of surgery.
- Do not use Hibiclens near your eyes, ears, or genital area.
- Leave the Hibiclens soap on for five (5) minutes.
- Rinse off and dry off with a CLEAN towel.
- DO NOT use any powders, lotions, oils, deodorants, make-up or hair products after this shower.
- Wear clean comfortable clothes to the facility.
- Nail polish and acrylic (non-natural) nails must be removed prior to surgery.

HOW YOU CAN PREVENT SURGICAL SITE INFECTION

- **DENTAL WORK**: You must have any dental work (including cleanings) completed 6 weeks prior and wait 6 – 12 weeks after your surgery (surgeon specific). You must call the surgeon if any dental problems arise before your scheduled surgery date.
- **SHAVING**: DO NOT shave your legs or use any hair removal products near the surgical site 5 days prior to surgery. Studies show an increased risk of surgical site infection associated with shaving attributed to microscopic cuts in the skin that allow bacteria to enter.
- **HANDWASHING**: Hand hygiene is essential. You will notice your caregivers at Indian Lake using an alcohol-based hand sanitizer before and after patient contact. We also strongly encourage your family and friends to utilize this cleanser and to wash their hands frequently to prevent the spread of infection.

- **ILLNESSES: If** you become ill near your surgery date, PLEASE notify your surgeon! We may have to postpone your surgery to prevent surgical site infection.
- **SKIN INTEGRITY:** Broken skin, burns or rashes must be reported to your surgeon immediately for evaluation.
- **BATHING: You** will be instructed to shower with Chlorhexidine (CHG) also known as Hibiclens soap, purchased at your pharmacy.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES YOU MAY NEED

- **Walker –** You will receive a walker the day of surgery. If you already have a walker, please bring in the morning of surgery.
- **Cryotherapy (Ice) Machine** – This works for any total joint replacement. A machine may be offered to purchase when you schedule your surgery. The cost is $150. Most insurance companies, including Medicare, do not cover the cost of ice machines. Detailed instructions and information about this ice machine can be found on pages 31 – 37 of this packet.
- **Gel / Ice (cold) packs** – These are reusable, cost efficient, and can be used as an alternative to the cryotherapy (ice) machine. Pharmacies, medical supply stores, and Amazon carry a wide array of gel / ice packs. If you opt to use these, please purchase at least two and do so prior to the day of surgery. Please refrigerate / freeze them prior to the day of surgery as well. After surgery, you will need to keep one cold (in the fridge / freezer) while using the other. You should have a cold one readily available for use when the one you were using is no longer cold.
- **TED Hose** – These are stockings that help prevent blood clots and swelling in your legs. We will provide you with these in pre-op the day of your surgery.
- **Sequential compression devices (SCDs)** – SCDs are used on your calves to squeeze your legs at regular intervals to circulate blood to help prevent clotting. These may be set up prior to surgery or sent home with you on the day of surgery, if ordered by your surgeon. Most insurance companies will pay for SCDs. However, if they do not, the cost is $150. Detailed instructions and information about SCDs can be found on pages 38 – 39 of this packet.
- **Incentive spirometer** – This is a handheld, plastic, medical device that helps you take deep breaths and prevent lung complications such as pneumonia after surgery. We will provide you with an incentive spirometer to use at home. Detailed instructions and information can be found about the incentive spirometer on page 40 of this packet.
- **Elevated toilet seat**- May be needed after total hip replacement surgery, if ordered by surgeon.
- **Pre-op prescribed medication**- A pre-admission nurse from Indian Lake Surgery Center will call these into your pharmacy approximately 5 days prior to your surgery. Please follow the instructions given for each medication.

- **Post-op prescribed medication** – Have any prescriptions you will need after surgery filled and picked up prior to your surgery day. If unable to pick up prior to surgery, verify prescriptions are called into preferred pharmacy.

OTHER THINGS TO CONSIDER / PREPARE FOR PRIOR TO SURGERY

- You should always have access to a phone in the event of an emergency. If not, will someone always be staying with you while you recover? Remember, it is necessary that you have someone who will assist with your care after discharge. Make arrangements for help now.
- You may need a shower chair, grab bars, and / or a non-skid mat if you do not have a walk-in shower. A bedside commode may be necessary if your restroom is not on the main level of your home.
- Is your bed low enough that both feet touch the floor when sitting on the edge? If not, do you have a different option for sleeping?
- Prior to having surgery, you should make sure pathways / hallways throughout your home are clear. Things such as loose rugs and cords could be a hazard and should be secured well in advance of surgery. Pets can also be a tripping hazard.
- Wear shoes that fit and will not fall off your feet when you walk. Do not walk around in your socks only.
- Move items you use most frequently (medications, food, etc.) to counter level to avoid excessive bending or reaching.
- If you are having hip or knee surgery, you will need to utilize a walker for a short time post-operatively. Confirm now that a walker will fit through the doorways and hallways of your home.
- Prior to surgery, you should also familiarize yourself with the cryotherapy (ice) machine (IceMan) and / or the SCDs you will be using at home. Information and instructions for use for each piece of equipment can be found on pages 31 – 39 of this packet.
  Here is a link to a video with directions for use for the DonJoy IceMan cooling machine: https://www.bing.com/videos/riverview/relatedvideo?q=donjoy+iceman+video&mid=68280DECEFDB2DBD895A68280DECEFDB2DBD895A&FORM=VIRE
  Additionally, this link provides a video with directions for use for the SCDs: https://enovis.com/products/aircast/venago

SURGERY DAY

BEFORE YOU LEAVE HOME

- DO NOT shave your legs.
- Shower with Chlorhexidine (Hibiclens).
- Wear clean, comfortable clothes with an elastic waistband and wide pant legs.
- No body fragrances, creams, lotions, make up or nail polish.
- No valuables, jewelry, piercings or contacts.
- Do NOT eat mints, chew gum, suck on candies, smoke, chew tobacco, or vape.
- Take ONLY the medications as instructed with a sip of water.
- Bring your CPAP/BIPAP machine with you.
- Bring your walker with you if you already have one.
- **Bring your insurance card and picture ID.**

ARRIVING AT INDIAN LAKE SURGERY CENTER

- Arrival time will be approximately 1-2 hours prior to your scheduled surgery.
- Two family members are permitted in waiting room due to limited space.
- Check in at the front desk.
- Your name, date of birth, and allergies will be verified. An ID wristband will be applied to your wrist. If you have any allergies, you will also receive a red band.
- The day of surgery is a busy one. Several hours may pass between the time you check in and the time your surgery is completed.

SURGERY PREPARATION

You will be asked the following questions frequently for safety:

- Name, date of birth
- Allergies, health history
- Surgery type and side (left or right)

PRE-OP NURSE WILL:

- Take vital signs, start an IV, and give pre-op medications as ordered by the surgeon and/or anesthesia provider.
- Use clippers to remove hair from the surgical site.
- Cleanse the surgical site with pre-op skin prep.
- Assist anesthesia provider with a regional block (if one is ordered by surgeon).

ANESTHESIA PROVIDER WILL:

- Meet with you before your surgery to explain planned anesthesia and answer any questions.
- Perform an ultrasound-guided regional block (if ordered by surgeon). A regional block is an injection that numbs your operative extremity.
- Monitor you throughout your surgery.

OPERATING ROOM NURSE WILL:

- Meet you before your surgery.
- Assist the anesthesia provider in surgery.
- Monitor your comfort and safety.
- Communicate with your family, updating them of your status during your surgery.
- Place a blue Exparel band on your wrist. Exparel is a non-opioid analgesic injected into the surgical site.

POST-OPERTATIVE NURSE WILL:

- Ensure you pain is under control
- Monitor your surgical incision/dressing
- Monitor your vital signs
- Review important post-op discharge teachings

The length of your recovery phase will depend upon the effects of anesthesia. This phase may last anywhere from 2-6 hours. You will be ready to go home once you are able to:

- Walk safely with a walker, minimum of two times.
- Empty your bladder without difficulty.
- Pain and nausea are controlled.

Before you go home, we will make sure that all your discharge needs are met such as:

- Someone to drive you home and stay with you for at least 24 hours.
- Pain medications have been called in or picked up.
- Medical equipment is in place (walker, SCD, Ice machine, etc.).
- Physical therapy has been scheduled.

ANESTHESIA

Our expert anesthesia providers collaborate with you and your surgeon to tailor your anesthesia plan based on your medical conditions, previous anesthesia and surgical experiences. Careful planning ensures you have the best possible total joint replacement experience at Indian Lake Surgery Center both intraoperatively and postoperatively.

SPINAL ANESTHESIA VS. GENERAL ANESTHESIA

With both types of anesthesia, your anesthesia provider monitors your heart rate and rhythm, blood pressure, breathing, oxygen levels and temperature.

- Spinal anesthesia is an injection of local anesthesia into the spinal fluid, NOT the spinal cord. The injection of local anesthesia numbs the lower part of your body.
- General anesthesia for joint replacement surgery is a deep sleep where medications are given through your IV and affect your entire body. A breathing tube is placed after you are asleep. Intravenous medications and/or anesthesia gas can be used to keep you under general anesthesia until the surgery is over.

SPINAL ANESTHESIA IS RECOMMENDED FOR TOTAL HIP JOINT REPLACEMENT AND / OR TOTAL KNEE JOINT REPLACEMENT

There are several advantages to spinal anesthesia compared with general anesthesia including needing fewer overall medications, which in turn means fewer potential side effects. After surgery, you are more clear-headed and awake with less nausea and / or vomiting. Pain management after surgery also tends to be smoother as the spinal wears off. Research suggests there is less blood loss and decreased risk of blood clots with spinal anesthesia.

Sedation is given through your IV to make you sleepy during surgery. Typically, our anesthesia providers will give you sedating medication prior to having the spinal anesthesia done. In the operating room, you will be sitting up for the performance of the spinal. We will connect you to monitors and will ask you to put your chin to your chest, relax your shoulders and round out your lower back like an angry cat or the letter “C”. This helps to open up the spaces between the bones of your lower spine. Your back will be cleansed with an antiseptic scrub, and a sterile plastic drape is placed. The anesthesia provider feels the bones of your back and then numbs the site of injection. When the anesthesia provider reaches the spinal space, local anesthesia is injected into the fluid. Due to an unforeseen circumstance, spinal anesthetic may not be possible. In these rare cases, a general anesthetic will be safely performed.

We then lie you down and the lower part of your body will slowly become numb; sensation may last for several hours. As your surgical team starts to prep and drape, your anesthesia provider will start giving you medication to assist with falling asleep. At the end of the procedure, they stop the medication and wake you up.

As the spinal wears off in the recovery room, we will be assessing your pain and giving you pain medications as needed. The spinal can temporarily cause difficulty with urination.

NERVE BLOCK

For total joint replacements, our anesthesia providers routinely perform preoperative ultrasound-guided peripheral nerve blocks to decrease pain and sensation to your hip / knee / shoulder while maintaining strength in your leg. Typically, light sedation is given to you prior to the block. The anesthesia provider will confirm the surgical site with you and prep the area with antiseptic scrub. Your skin will be numbed with local anesthesia, and the anesthesia provider will use the ultrasound to identify the targeted nerves and blood vessels and other surrounding structures. Local anesthetic will then be injected next to these structures to provide temporary non-narcotic pain relief. Typically, the nerve block lasts 12-18 hours. In some cases, numbness may last longer. However, normal sensation usually occurs in less than 24 hours.

PAIN MANAGEMENT

Total joint replacement surgeries are painful. However, we will aggressively work with you to help manage your pain. If you are in pain or discomfort, please tell us. Good pain control is a partnership between you and your caregivers. Managing your pain will help you recover more quickly.

• To help us minimize your pain after surgery you will be asked to rate the intensity of your pain using a pain scale of 0-10 (0 is no pain, 10 is excruciating pain).

• It is best if you ask for medication when your pain level starts to rise. Do not allow your pain to get severe. If you maintain pain control, it takes less medication and less time to manage the pain.

• Before you leave, our nurses will go over all of your pain medications and answer any questions you have.

RECOVERING AT HOME

MEDICATIONS

- Avoid alcohol or driving while taking narcotic pain medication.
- Resume home medications and supplements as instructed by your surgeon or primary doctor.
- You may experience constipation with narcotics, begin laxatives day 1 of surgery. Also, drink more water, prune juice, and increase fiber intake.

REDUCING RISKS AND COMPLICATIONS POST-OPERATIVELY

- Your caregiver **MUST** be with you at least the first 24 hours.
- Wear TED hose for 4 weeks, 24/7 unless directed otherwise by surgeon/physical therapist. Wash TED hose in cold water, line dry.
- SCDS for approximately 2-4 weeks to prevent blood clots.
- Stairs: Up with the good, down with the bad. Keep affected leg as straight as possible. The secure handrail should be used when going up and down stairs.
- When sitting, do not sit in recliners.
- No driving, resistance training, or swimming until cleared by surgeon.
- Maintain good body mechanics - do not: twist, cross legs, place pillows under knee.
- Remove / secure items that are considered tripping hazards: cords, loose throw rugs, pets, etc.

INCISION CARE

- Dressing care is individualized and specific to surgeon. Please follow instructions provided to you.
- Do not submerge in water.
- Do not allow pets near wound or in bed.
- Swelling peaks 3-7 days; may last months.
- Ice therapy every 2 hours even if site does not hurt. Do not place ice directly on skin, use a pillowcase or towel between skin and ice pack.
- Elevate ankle above the knee and the knee above the hip to reduce swelling when you are not doing exercises or walking.
- Do not place anything under the knee; you may place a small towel under the ankle. It is ok to bend and straighten the knee.
- Small amount of bleeding and bruising are normal. If dressing becomes saturated, please contact your surgeon.

DIET

- Decreased appetite after surgery is normal.
- Eat nutritious foods to promote healing, especially proteins and vegetables.
- Drink plenty of fluids to stay well hydrated.

ACTIVITY

- You can bear weight on the extremity as tolerated.
- Gradually increase your activity. Need to be up moving every 1-2 hours for no more than 5-10 minutes at a time.
- Difficulty sleeping is common.
- May sleep on back or side with pillow between your knees.
- Specific exercises will be done during physical therapy with instructions for you to do on your own.
- Do not hesitate to ask questions at any time if you have concerns regarding exercises or the ability to do them.
- Do not drive until instructed by your surgeon and/or physical therapist.
- Avoid high impact activity such as running, jumping, heavy weightlifting, or contact sports.
- Take pain medicine 1 hour prior to physical therapy appointment.

For Total Hip Precautions:

- No adduction: Do not cross legs when standing, sitting, and / or lying. Use pillow to keep legs apart in bed.
- Limit hip flexion: Do not bend forward at hips past 90 degrees while standing, sitting, and lying down.
- No internal/external rotation: Do not twist affected leg inward or outward. Keep leg pointed straight. Keep foot pointed forward in bed. Use towel roll to prevent rotation.

WHEN TO CALL YOUR SURGEON

- If you fall.
- Uncontrollable pain (but it is normal to experience a deep ache through the bone or a burning sensation).
- Change in color of leg, foot, and / or toes. Grey, mottled, pale. Coolness that does not get warm after covering.
- Numbness, tingling or burning that persists even after ice application, elevating, changing position, or moving.
- Active bleeding or yellow drainage from incision site.
- Increased swelling that is getting worse.
- Warmth and/or redness around the incision.
- A fever of more than 101 degrees.
- Inability to walk or do exercises.

Call 911 or go to the nearest ER if you have chest pain and / or difficulty breathing.

DISCHARGE INSTRUCTIONS

Total joint replacement discharge instructions for hip, knee and / or shoulder replacement are very similar. Below is an example of discharge instructions for total hip replacement.

ANESTHESIA

*****IN AN EMERGENCY, CALL 9-1-1 OR GO TO THE NEAREST EMERGENCY ROOM*****

1. No driving or operating heavy equipment today.
2. DO NOT make important personal or business decisions or sign legal documents for 24hrs.
3. You may experience light-headedness, dizziness or sleepiness following surgery. Please DO NOT STAY ALONE. A responsible adult should be with you for 24 hours.
4. Call your doctor's office immediately if you experience:
    - Excessive or abnormal bleeding/ swelling
    - Persistent or increasing nausea, vomiting.
    - Difficulty in breathing or shortness of breath.
    - Increased or persistent redness at iv or procedure site.
    - Persistent fever > 101° or chills.
    - Significant increase in severity of pain uncontrolled by prescribed medication.
    - Numbness or tingling of operative leg.

BLOOD CLOT WARNING SIGNS

DVT in the leg:

- Cramping/aching in calf
- Swelling and redness in leg

PE in the lung:

- Shortness of breath
- Chest Pain or Heart Palpitations
- Anxiety or unexplained sweating
- Coughing up blood

Prevention of DVTs/PEs:

- Exercise regularly
- Do not smoke
- Ankle pumps/SCDs at home
- Walk every 2-3 hours
- No restrictive clothing
- Drink water, limit alcohol and caffeine

DIET

Begin with liquids and light food (tea, toast, etc.) Progress to your normal diet, if not nauseated.
Drink plenty of fluids.
No alcoholic beverages for 24 hours and/or while taking pain medication.

DRESSING

You will leave the surgery center with a dressing covering your hip. Unless your orthopedic surgeon instructs you otherwise, leave the dressing on until it is removed by your orthopedic surgeon. Keep dressings clean and dry until your follow-up appointment. You may shower after 72 hours, make sure dressings and incisions remain dry.

ICE

Icing has shown to decrease pain, improve sleep and decrease the need for pain medications. This can be as simple as putting a bag of ice on the injured area or using the cold therapy device. If you elected to get a cold therapy device, please refer to the device handout for instructions for proper usage. Apply ice for 20 minutes out of every hour as needed to relieve swelling and pain. Be careful not to leave the ice on too much longer than this to prevent any serious injury to the skin. Icing is especially important for the first week after surgery.

DRIVING

It is illegal for you to drive if you have any disability from your hip or if you are taking narcotic pain medication. You may drive when your hip is pain free, you are walking normally, and you are not taking narcotic pain medications. This is generally 3-6 weeks after hip replacement.

DRIVING

It is illegal for you to drive if you have any disability from your hip or if you are taking narcotic pain medication. You may drive when your hip is pain free, you are walking normally, and you are not taking narcotic pain medications. This is generally 3-6 weeks after hip replacement.

ACTIVITY

Activity is a particularly important part of your recovery. Use your walker and put as much weight on your operated hip as you can tolerate unless otherwise instructed. As you get comfortable, try to wean off the walker and start walking on your own in the house. The goal is to be off the walker by the time you come in for first physical therapy appointment.

For the first 2-3 weeks, limit ambulation to household distances to control swelling. Get up and move every 2 hours for a few minutes. Remember to go upstairs with your non-operated leg first and down with your operated leg first. Exercise is an important aspect of successful total hip replacement surgery. You must do your hip exercises routinely, at least twice daily, in order to regain motion in your hip. **No lunges or excessive hip extension as it could result in dislocation. No passive hip flexion past 90 degrees.** The physical therapist will review these exercises with you.

It may take several months to gain full confidence and trust with your new hip. The greater your activity, the better you will feel.

BLOOD CLOT PREVENTION

Unless you were on blood thinners previously, start on the first day after surgery taking an Aspirin 81mg, 1 tablet, twice a day for one month to decrease the risk of blood clots.

Report any of the following signs to your doctor:

Red or brown urine	Red or black bowel movements (stools)
Cuts that will not stop bleeding	Unusual bleeding from any part of the body
Nosebleeds	Bruises that increase in size
Bleeding gums	An unusually heavy monthly period/menstruation
Pregnancy	

INFECTION PRECAUTIONS

Prior to any invasive procedure or dental work, you should take an antibiotic to decrease the risk of having your hip replacement infected. These antibiotics should be taken one hour prior to surgical procedures, footwork, or dental procedures for the first two years after your hip surgery.

MEDICATIONS

You will be prescribed narcotic pain medication to help relieve discomfort following surgery. Narcotic pain medication is constipating, so it will be important to eat a high fiber diet and drink plenty of water while taking them.

- If you have not had a bowel movement within 2 days after surgery, you may use over-the-counter Milk of Magnesia as directed on the bottle for relief.
- Take pain medication 1 hour prior to physical therapy.

APPOINTMENTS

You should have follow-up appointments to see your surgeon and physical therapist following surgery. Your therapy appointment should be in 4-7 days and your surgeon appointment should be in 10-14 days following surgery.

Your follow-up appt is scheduled for _____ at _____.
Your first physical therapy appt is scheduled for _____at _____.

*We hope things go smoothly during your recovery period. Thank you for having surgery at **Indian Lake Surgery Center.***

LIFE AFTER TOTAL JOINT REPLACEMENT

TRAVELING

- No long-distance travel by plane or car until cleared by surgeon to prevent blood clots.
- If traveling short distances, within 2 weeks of your surgery, you should wear your SCDs and change positions frequently.
- Ankle pumps should also be performed if you need to sit for long periods of time.
- Because your new artificial joint may contain metal components, security systems at airports or shopping malls may alarm. Most TSA agents will ask if you have metal in your body or the presence of a joint replacement. Please let them know and they should let you go through the scanner or metal detector without issue.

REDUCING RISKS FOR INFECTION IN YOUR NEW JOINT

Notify your dentist that you have had a total joint replacement. A prescription antibiotic may be needed prior to each dental cleaning and / or procedure for at least 2 years (surgeon specific). You will need to remind your dentist / dentist's office each time you schedule an appointment.

FOLLOW-UP CARE

It is important to attend all follow-up appointments with your surgeon and physical therapist. You can expect a successful outcome for your total joint replacement surgery. Generally, patients experience less pain and more mobility allowing them to resume activities enjoyed before the onset of arthritis. Long-term studies have shown that over 90% of artificial joints are still intact and fully functional after 15 years or more. This could last longer if you maintain your ideal weight, exercise and undergo routine follow-up examinations.

Appointments prior to surgery

Surgeon_____

Primary Care Physician/Medical Clearance_____

Specialty Physician _____

Labs: CBC, PT, APTT, BMP, MRSA, URINE (physician specific) _____

EKG, Chest x-ray (physician specific) _____

The purpose of pre-admission testing is to ensure it is safe for you to be given anesthesia and have surgery.

Dental work must be completed at least 6 weeks prior to surgery. If you have any problems with your teeth or gums prior to surgery, please notify your surgeon.

Durable Medical Equipment and Supplies you may need (surgeon specific)

____Pre-operative prescribed medications ____Post-operative prescribed medications
____Front wheeled walker ____Cane ____Elevated toilet seat ____Portable toilet

Day of Surgery

____Photo ID ____Insurance Card ____Walker ____Someone to drive you home
____Comfortable clothes to wear home ____ CPAP/BIPAP (if applicable)

This is for patient use only, not required to be completed.

RESOURCES

Osteoarthritis. Retrieved from: https://www.arthritis.org/diseases/osteoarthritis on 29 January 2020.

Total Hip Replacement. American Academy of Orthopedic Surgeons, August 2015. Retrieved from: https://orthoinfo.aaos.org/en/treatment/total-hip-replacement/ on 29 January 2020.

Total Hip Replacement Exercise Guide. American Academy of Orthopedic Surgeons, February 2015. Retrieved from: https://orthoinfo.aaos.org/en/recovery/total-hip-replacement-exercise-guide/ on 29 January 2020.

Total Knee Replacement. American Academy of Orthopedic Surgeons, August 2015. Retrieved from: https://orthoinfo.aaos.org/en/treatment/total-knee-replacement/ on 29 January 2020

Total Joint Replacement. American Academy of Orthopedic Surgeons, June 2014. Retrieved from: https://orthoinfo.aaos.org/en/treatment/total-joint-replacement/ on 29 January 2020.

Total Joint Replacement Post-Op Exercises. Cleveland Clinic, 15 July 2016. Retrieved from: https://my.clevelandclinic.org/ccf/media/Files/Ortho/patient-education/total-joint-replacement-patient-guide.pdf?la=en on 29 January 2020.

Shoulder Replacement Surgery. Mayo Clinic, 02 February 2024. Retrieved from: https://www.mayoclinic.org/tests-procedures/shoulder-replacement/about/pac-20519121#:~:text=Shoulder%20replacement on 23 October 2025.

Quick Start Guide

DONJOY®

DonJoy® IceMan CLASSIC³™ Cold Therapy Unit with Universal Wrap-On Pad - Shoulder Application

- THIS DEVICE CAN BE COLD ENOUGH TO CAUSE SERIOUS INJURY.
- DO NOT USE THIS DEVICE WITHOUT A PRESCRIPTION FROM A PHYSICIAN.
- READ AND UNDERSTAND ALL WARNINGS AND INSTRUCTIONS FOR USE BEFORE USING THIS DEVICE. ADDITIONAL WARNINGS APPEAR IN THE INSTRUCTIONS FOR USE.

Directions for use of the IceMan CLASSIC³™

1 

Add ice to fill line.

2 

Add cold water to fill line.

3 

Place lid on device making sure the label is facing up. Secure the lid by raising the handle, which will engage the lid locking mechanism.

4 

Connect cold therapy hose to cooling pad. To ensure a reliable connection, "snap" or "click" hoses together into place so that the fit is tight and snug.

5 

To turn device on, insert cord into connection on the back of the device and plug power supply into the wall outlet.

Directions for use of the Wrap-On Pad

A 

Place barrier on shoulder. Position wrap-on pad on shoulder with tube down. Place round flap on core of shoulder.

B 

Take short strap and wrap from one side of pad under the arm. Wrap should be snug but not tight.

C 

Fold flaps in towards the center

D 

Wrap long strap under uninvolved arm and across torso as shown

E 

Secure long strap to itself to keep everything flat.

- Apply cold pad and barrier to affected area, making sure to use your prescription.
- WARNING! - When applying the cold pad, DO NOT let any part of the cold pad touch your skin.
- Always use with a barrier between your skin and the cold pad.
- Check for moisture on the barrier between your skin and cold pad.
- If moisture is present on the barrier, immediately discontinue use of this device.
- Do not use this device without a prescription from a physician.

Product Support | +1.888.405.3251

WARRANTY: DJO, LLC will repair or replace all or part of the unit and its accessories for material or workmanship defects for a period of six months from the date of sale.

DJO

T 800 336 6569 D 760 727 1280 F 800 936 6569
2900 Lake Vista Drive | Lewisville, TX 75067 | U.S.A.
DJOGlobal.com/donjoy

WARNINGS & PRECAUTIONS

- The barrier between your skin and the cold pad may develop moisture during use, which may create colder temperatures on the skin. Temperatures that are too cold may result in serious injury, including tissue necrosis. **ALWAYS** check for moisture on the barrier between your skin and the cold pad. If moisture is present on the barrier, immediately discontinue use of this device.
- Poor connections between hoses may cause leaking, which may result in serious injury, including infection and tissue necrosis. **ALWAYS** listen for a "snap" or "click" when connecting the IceMan® cold therapy unit hose to the cold pad hose. Use only IceMan® cold pads.
- Use of the IceMan® with wet hands or in a wet location may result in electrical shock and serious injury. **DO NOT** handle transformer or power cord with wet hands or in a wet location. The power supply unit is the mains power disconnect. Do not position the equipment to make access to the disconnect difficult. Only connect equipment to the power supply provided for this product.
- **DO NOT** use the IceMan® near flammable anesthetics or oxygen enriched environment, which may result in explosion and serious injury.
- Keep power cord, hose, small parts, and packaging materials away from children and animals. These items pose a risk for suffocation or strangulation.
- It could be unsafe to use accessories, detachable parts and materials, or interconnect to other equipment not described in these instructions, or otherwise modify the equipment.
- Care must be taken when operating this device adjacent to other equipment. Potential electromagnetic or other interference could occur to this or other equipment. Try to minimize this interference by not using other electronic equipment in conjunction with this device.
- To avoid the risk of electrical shock, do not disassemble the IceMan®. If device is not functioning properly, please contact DonJoy product support.

PRECAUTIONS

When to exercise special care when prescribing the IceMan®

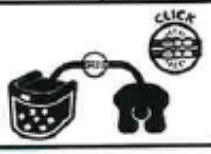
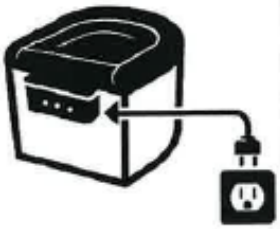
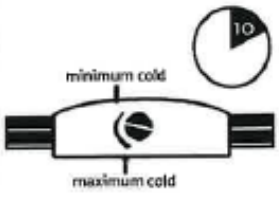
Exercise special care prescribing this device for the following patients: those with arthritic conditions; peripheral vascular disease; children under the age of 12; those with decreased skin sensitivity; poor circulation, or compromised local circulation; hypercoagulation disorders; diabetes or neuropathies.

PATIENT INFORMATION

Directions for use of the IceMan®

- A physician must prescribe treatment to be rendered by this device, which must state a temperature (for the IceMan® CLASSIC), how long and how often the device should be used and the length of breaks between uses. You must follow the individual prescription provided to you by your physician.
- This device can be cold enough to cause serious injury, including tissue necrosis. You must be able to check your skin condition under the cold pad. DO NOT use if you cannot check your skin condition frequently (at least every hour). People are sensitive to cold in diverse ways and may react differently to cold treatment.
- Check for increased pain, burning, numbness, tingling, increased redness, discoloration, itching, increased swelling, blisters, irritation or other changes in skin condition under the cold pad or around the treatment area. If you experience any of these conditions, immediately discontinue use of this device and contact your physician.
- Inform your physician if any of the following apply to you: arthritic conditions; peripheral vascular disease; under the age of 12; decreased skin sensitivity; poor circulation or compromised local circulation; hypercoagulation disorders; diabetes or neuropathies.
- Check for moisture on the barrier between your skin and cold pad. If moisture is present on the barrier, immediately discontinue use of this device.
- Do not cast or bandage over IceMan® cold pads.
- Use only approved IceMan® cold therapy pads with the IceMan® units.
- To ensure a reliable connection between the IceMan® and IceMan® cold pad, "snap" or "click" hoses together into place so that the fit is tight and snug. Monitor hose connections during use.
- This device is intended for single patient use.
- Follow all precautions necessary to avoid electrical shock, fire, burns, or other personal injury from electrical power by using the device indoors, with dry hands, and in a dry location. Keep all electrical connections away from water.
- Never use this device if the power cord or plug is damaged.
- The IceMan® is non-sterile and is not intended to be sterilized. Do not attempt to sterilize the unit by any means.
- Rx only.

OPERATING INSTRUCTIONS

1	Add ice to fill line inside the device.	
2	Add cold water to fill line.	
3	**3a. CLEAR³ Lid** – Place lid on the device making sure the lip inserts into the groove. Then press the lid down to close and secure. **3b. CLASSIC and CLASSIC³ Lid** – With the handle down, place lid on device making sure the label is facing up. Secure the lid by raising the handle, which will enage the lid locking mechanism.	 3a  3b
4	Connect the IceMan® hose to the cold pad hose. To ensure a reliable connection, "snap" or "click" hoses together into place so that the fit is tight and snug.	
5	To turn the device on, insert cord into connection on the back of the device and plug power supply into the wall outlet. (To turn off the device unplug it.) **WARNING!** When applying the cold pad, **DO NOT** let any part of the cold pad touch your skin. Always use with a barrier between your skin and the cold pad. Apply cold pad to patient. Refer to application instructions provided with cold pad. Check for moisture on the barrier between the patient's skin and cold pad. If moisture is present on the barrier, immediately discontinue use of this device.	
6	**For IceMan® CLASSIC** Set temperature control on the hand console starting at the white dot. Allow 10 minutes after the cold pad is placed on the patient for the temperature to stabilize. Then adjust the temperature to the range prescribed by the physician. **DO NOT** use if you do not have a prescription.	

STORAGE & CLEANING INSTRUCTIONS

- Unplug the power supply from the electrical outlet.
- **TO AVOID DANGER OF ELECTRICAL SHOCK, DO NOT UNPLUG THE POWER SUPPLY WITH WET HANDS.**
- Disconnect pad from hose.
- Drain cooler and wipe dry.
- Drain pad by holding so that the hose is hanging downward.
- Press in the buttons at the end of the hose and allow all water to drain out of the pad.
- If cleaning is necessary: wipe down device and hand wash pads and wraps with mild soap and warm water. Air dry.

ENVIRONMENTAL & SERVICE LIMITS

- Operating Temperature Range: 5°C - 40°C
- Operating Relative Humidity Range: 15% - 90%
- Storage and Transportation Temperature: -25°C - 70°C
- Storage and Transportation Relative Humidity Range: up to 90%
- Atmospheric Pressure Range: 700 hPa - 1060 hPa
- Shelf Life: 10 Years
- Service Life: 400 Operating Hours

POWER SUPPLY

- To order a replacement power supply contact DJO Global Customer Support.
- DonJoy® IceMan® CLASSIC & CLEAR³ Power Supply: DJO P/N 25-4882
- DonJoy® IceMan® CLASSIC³ Power Supply:DJO P/N 25-4041

WARRANTY

DJO, LLC will repair or replace all or part of the unit and its accessories for material or workmanship defects for a period of six months from the date of sale.

SAFETY CLASSIFICATIONS

Mode of Operation – Continuous Operation	
External Electrical Power Source – Class II Equipment	
Degree of Protection Against Electric Shock – Type BF Equipment	
International Protection Marking Code which indicates that the device has been tested to Standard IEC 60529 for ingress protection.	IP21

LEGEND / SYMBOL DESCRIPTION

Attention / Read Manual	Class II Equipment	Cold Temperature	Warning Sign
			

Manufacturer	Rx Only	Type BF Equipment	Temperature Limits
			

Safety Mark	Humidity Limits	Atmospheric Pressure Limits	This device must be separated from household waste and recycled as electronic waste
			

Blue – Action Required by User
Yellow – Proceed With Caution
Orange – Warning

TROUBLESHOOTING

Pump will not turn on

- Check all electrical connections and make sure the wall plug has power.

Cold pad will not cool down/Cold pad pressure is low

- Make sure trapped air is out of cold pad once power is applied.
- Make sure cooler is filled with ice and water.
- Check all hose connections and make sure cold pad is wrapped properly to allow water to flow.

No water flow

- Check water level. Add water if necessary.
- Check and clean filter cap located under pump assembly.
- Cold pad and hose are wrapped too tightly or the hose is kinked. Unwrap and rewrap the cold pad with cold therapy unit running, making sure water is circulating freely throughout the cold pad and the hose is not kinked.
- Make sure connection between the cold therapy unit hose and cold pad hose is properly connected.

Water leak at connector

- Connector between cold therapy unit hose and cold pad hose is not properly connected. Stop machine, disconnect hose, and reconnect hose listening for a "snap" or "click", and restart the unit.
- Check barrier to ensure it is dry. Replace with dry barrier, if it is wet.
- Check o-rings.

WEBSITE

For more details please refer DJO Global website: djoglobal.com

VenaGo™

Patient Quick Start Guide

PLEASE READ THE IFU **(INSTRUCTIONS FOR USE)** COMPLETELY AND CAREFULLY.
CORRECT APPLICATION IS VITAL TO THE PROPER FUNCTIONING OF THE DEVICE.

APPLICATION:

CALF CUFF APPLICATION
Wrap the cuff around the calf and secure the hook and loop tabs to hold it in place. Make sure the wrap is snug, but not too tight.

CUFF PLACEMENT
When both wraps are secured on your legs they should look like the picture above.

TURNING THE DEVICE ON
When the wraps are secured on your legs PRESS and HOLD the WHITE power button for ~2 seconds until the light is illuminated on each unit.

USING THE DEVICE
The device makes a "humming" sound when inflating on your leg. Each minute, the device cycles (inflate / deflate) – do not be concerned if the device seems to be off.

CHARGING YOUR VENAGO™:

When you wear and operate the VenaGo™ while charging, it will take **<6 hours** to fully charge (from a completely depleted battery). If the unit is not in use, a complete charge will take **<4 hours**.

PLEASE NOTE: Units are not shipped fully charged. Charge unit before use.

What is DVT? (Deep Vein Thrombosis)
DVTs usually form in the lower leg or thigh when blood forms a blockage (or a clot) inside your veins. A DVT could break off from the wall of the vein, travel up the body, and get stuck in the lungs. This type of clot, called a PE (Pulmonary Embolism), can be fatal. With so many clot-related deaths every year, it is important to learn how to prevent DVT.

POWER INDICATORS:

If the power button illuminates GREEN, the units are fully operational and battery level is **>50%**.

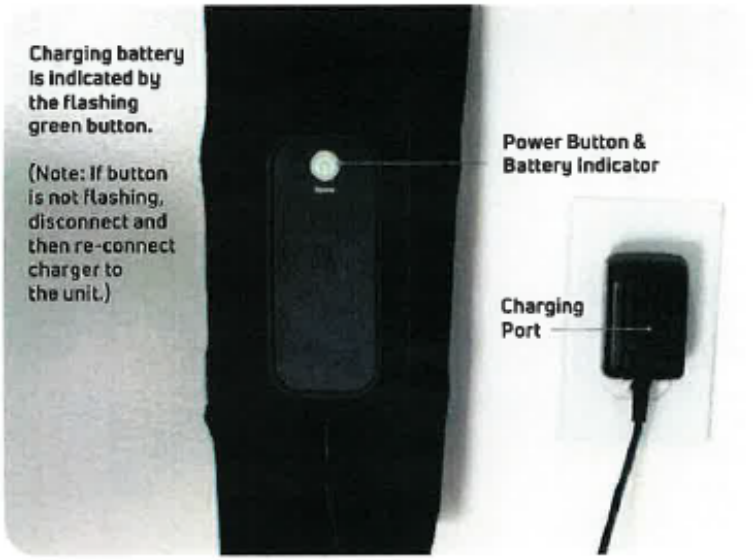
When the device is powered on and the power button is ORANGE, the battery level is **<50%**.

When the device is powered on and the power button is RED, the battery level is low and needs to be charged. If the power button is flashing RED and digital display shows **"LO"** (along with an alarm sounding), the battery level is critical and will power down automatically.

IF both units are plugged in AND turned ON, the POWER BUTTON FLASHES GREEN (and both batteries WILL charge at the same time).

When the unit is turned OFF and plugged in, the battery is charging and the POWER BUTTON FLASHES GREEN.

Once the battery reaches full charge, the POWER BUTTON WILL BE GREEN and REMAIN SOLID

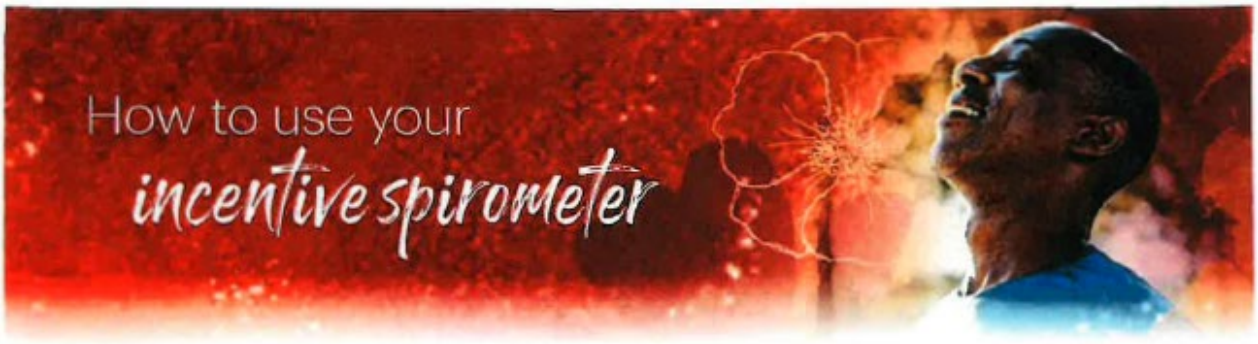


WHAT TO DO IF THE PUMP ALARMS:

The alarms are there to ensure the units are operating correctly and do not indicate a major reason for concern.

BATTERY CRITICAL
When the battery voltage is severely low, the device will turn off automatically after the following sequence: the red light under the ON/OFF button flashes quickly, the digital display shows **"LO"**, and the buzzer beeps for 10 seconds.

LOW PRESSURE OR LEAK
If the RED light under the ON/OFF button keeps flashing quickly, the display shows **"LP"**, and the alarm buzzes for ~10 seconds, make sure wrap is attached snugly to the leg. To reset the alarm, turn the unit OFF and then back ON. If the unit continues to ALARM after this step, DO NOT try to fix the device.



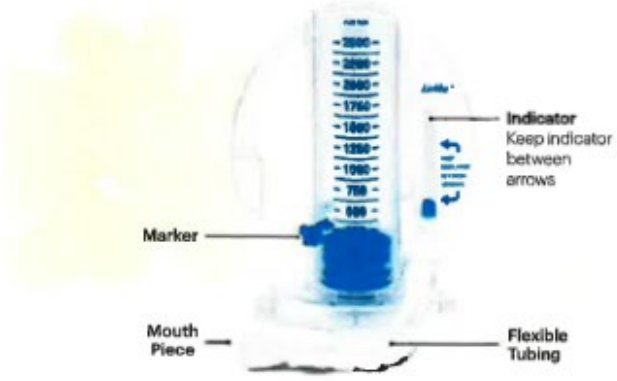
An incentive spirometer is a simple tool that can help you learn to take long, deep breaths to keep your lungs clear and active.

With regular use it helps:

- Improve how much air goes in and out of your lungs when you breathe
- Clear anesthesia from your lungs
- Loosen mucus from your lungs
- Prevent lung complications, such as pneumonia

Tips:

- Avoid using the spirometer at mealtime
- Breathing too quickly may cause dizziness or cause you to pass out
- Keep the incentive spirometer within reach, so you remember to use it as directed
- Ensure your pain is controlled, so you can more easily take a deep breath
- If you have an incision on your chest or abdomen, place a pillow or a rolled-up towel firmly against the incision when you cough to help reduce pain
- When you can, get out of bed and walk around often to help prevent blood clots and pneumonia



How to use your incentive spirometer:

1. Sit up fully in a comfortable position.
2. Breathe out normally.
3. Insert the mouthpiece and close your lips tightly around it.
4. Breathe in as slowly and deeply as you can (like sucking a milkshake through a straw), keeping the indicator between the arrows.
5. Hold the breath for 5 seconds, or for as long as you can.
6. Remove the mouthpiece and breathe out normally.
7. Rest for a few seconds and take a few normal breaths.
8. Repeat 9 or more times (or as instructed by your provider).
9. Cough a few times to help clear your lungs.
10. Move the marker to the highest number you achieved.

Complete this cycle (10 breaths) each hour when awake or as instructed by your provider.

How to clean your spirometer:

1. Avoid placing it in water, as this can damage the device.
2. Sani-wipe the base only.
3. Clean tubing and mouthpiece with liquid detergent and water, rinse well.
4. Shake remaining water from tubing and place on paper towel to dry.