

Montefiore Center for Joint Replacement Surgery
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Bronx, New York 10466
718-920-2060

Montefiore Einstein Advanced Care Westchester
555 Taxter Road
Elmsford, NY 10523
914-457-4130

Montefiore, the University Hospital for Albert Einstein College of Medicine, is recognized among the top hospitals nationally and regionally by U.S. News & World Report.

montefiore.org/surgery-orthopaedic-joint-replacements

Montefiore Einstein

**The Montefiore Center
for Joint Replacement Surgery**

Your Guide Through Total Joint Replacement Surgery



In 2019 the Montefiore Center for Joint Replacement Surgery was awarded Certificate of Distinction for Advanced Certification in Total Hip and Knee Replacement by the Joint Commission. Montefiore is only 1 of 8 medical centers in the state of New York to achieve this Advanced Certification.

Montefiore Einstein

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THANK YOU FOR ALLOWING TO PARTICIPATE
IN YOUR CARE THE MONTEFIORE CENTER FOR
JOINT REPLACEMENT SURGERY TEAM

IMPORTANT PHONE NUMBERS

Orthopaedic Surgeon’s Office
718-920-2060

Taxter Road Office
833-691-8326

Hospital Main Number
718-920-9000

Hospital Inpatient Units:

6 North
718-920-9525

6 East
718-920-9126

Social Worker
718-920 -9950

Nutrition Services
929-263 3519



Your Journey Through Total Joint Replacement Surgery

YOUR JOURNEY through total joint replacement has begun. You are now on the road to better mobility.

Our surgical team is committed to providing you with the most up-to-date surgical techniques using evidence-based guidelines. We use minimally invasive techniques and prostheses designed for each patient. We are committed to providing you with a rapid recovery pathway, decreasing your pain post operatively and returning you to the highest level of function possible. We need the commitment of you and your family to understand and participate in the preoperative and postoperative process. We understand that it takes a lot of planning to achieve an outstanding experience. You and your family are important members of this team. Every member of the team will work hard for you so that your experience will be positive.

We understand that it takes a lot of planning and teamwork to achieve an outstanding experience. The ultimate goal is to improve quality of life, returning each patient to full functioning as quickly as possible.

We have prepared this manual for you so that you will have a better understanding of your journey through total joint replacement surgery. Please read it, refer to it and discuss any questions that you have about it with your surgical team.

Sincerely,
The Montefiore Center for Joint Replacement Surgery Team

Patient and Family Centered Care at Montefiore

The Montefiore Center for Joint Replacement Surgery integrates the Patient and Family Centered Care Model, into the Orthopaedic delivery of care. Your surgical team will create partnerships with you and your family based on your individualized needs. Our aim is to ensure that each patient's individual goal is met.

At the Montefiore Center for Joint Replacement Surgery, we commit to:

- Providing you with the most up to date surgical techniques available
- Providing a warm, friendly, kind, and supportive environment
- Providing you with the highest quality of medical care available.
- Involving you and your family in your healthcare decisions.
- Showing respect to you and your family

CONCEPTS OF PATIENT AND FAMILY-CENTERED CARE

Dignity and respect

Information sharing

Family participation is encouraged

Collaboration of patients and families with the healthcare system

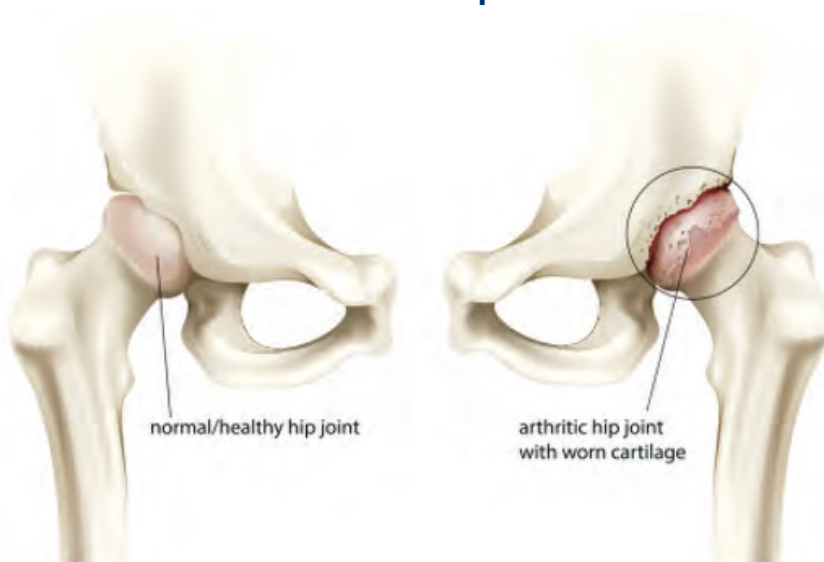
Why Total Hip Replacement

Hip replacements are performed for arthritis and other conditions

The hip joint is a ball and socket structure which has a number of different components. The hip socket or acetabulum is part of the pelvis. The femoral head or ball is part of the femur or thighbone. Within the joint there is cushioning material known as cartilage, covering the ends of the bones. When the cartilage becomes damaged, it begins to wear

away, and the bones rub together. This results in pain and difficulty with movement. Total hip replacement involves replacing the worn portions of the hip joint with artificial parts (prosthesis). The prosthesis substitutes for the worn-out portions of the joint. The new joint allows for smooth and comfortable movement.

Arthritis of the Hip Joint



Why Total Knee Replacement

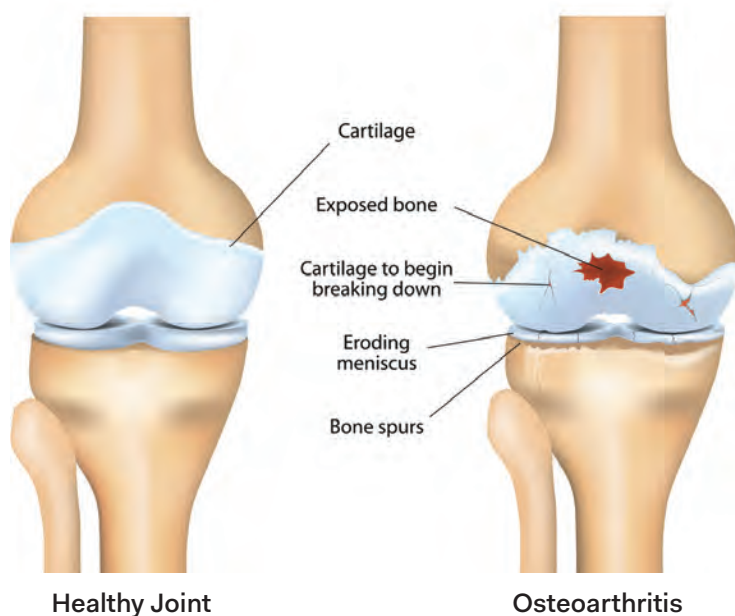
Knee replacements are performed for arthritis and other conditions

The knee joint is a hinged joint made up of 3 bones. The top of the shin bone or tibia, the end of the thigh bone or femur and the kneecap, or patella. Within the knee joint, there is cushioning material known as cartilage covering the ends of the bones. When the cartilage becomes damaged it begins to wear

away, and the bones grind against each other. This results in pain and difficulty with movement.

Total knee replacement involves replacing the worn portion of the knee joint with artificial parts (prosthesis). The prosthesis substitutes for the worn-out portions of the joint. The new joint allows for smooth and comfortable movement.

Arthritis of the Knee Joint







SECTION ONE

Caring For Yourself Before Surgery

YOUR GOALS

YOU and your surgeon have decided together that total joint replacement surgery is the best option for managing your disease. The goals of joint replacement surgery are to increase your activities of daily living and function, to decrease your level of pain with these activities, and return you to optimal independent function as soon as possible.

You will be discharged home with the help of your Care Coach. You will be scheduled for physical therapy at home or in an outpatient facility depending on your insurance and your location.

You will be scheduled for total joint replacement surgery when:

- **You have identified a Care Coach.** A Care Coach is someone who you can assist in the pre-operative process, accompany you home after surgery and help with the post-operative process. Most likely your Care Coach will be a family member or a close friend.

- You are ready to participate in the exercise program following joint replacement surgery.
- You are physically and emotionally prepared for the surgery.
- You have discussed healthy lifestyles with a member of your surgical team if needed, including but not limited to:
 - Good nutrition and weight management
 - Quitting Smoking
 - Alcohol use
 - Drug use

Your joint replacement team can help you get ready for surgery. Please advise us about any lifestyle changes we can help you make

Maintaining some form of exercise will help you get ready for your new joint replacement.

SUPPORT TO QUIT SMOKING BEFORE SURGERY

Research shows that quitting smoking before hip or knee replacement surgery may decrease the risks of complications after surgery and can improve outcomes.

- Smoking can interfere with your body's ability to heal after surgery due to decrease in oxygen carrying capacity of your body.

- Smoking is associated with increased risks of infection and other problems including blood clots, pneumonia, stroke and urinary tract infections.
- The incidence of re-operation because of complications is higher among smokers than non-smokers.

We strongly encourage all our patients to quit smoking *BEFORE* joint replacement surgery.

STEPS TO TAKE TO HELP YOU QUIT SMOKING:

- Pick a date to **QUIT**
- Make an appointment with your primary care physician

**CALL NY STATE QUIT HOT-LINE
866-697-8487**

- Find local support groups
- Enlist a friend or family member to help you



DIET AND NUTRITION PRIOR TO SURGERY

Healthy eating and good nutrition before and after surgery have been shown to have a beneficial effect on the surgical outcome and the healing process. Patients that have a high body weight or poor nutrition can be referred to our registered dietitians for weight management and healthy eating guidance plans. Nutrition counselling pre and post op is available to all patients.

We recommend incorporating the following food groups to achieve health benefits from proper nutrition:

Fruits, Vegetables: Aim to eat a minimum of 5-7 servings of fruits, vegetables each day. These provide you with the vitamins and minerals you need to get into the best nutritional shape to prepare your body for surgery and an easier recovery.

Fiber: Choose whole grains such as whole wheat pasta, brown rice and whole grain breads over their white or refined versions. Adequate fiber helps to prevent constipation and promote normal bowel movements, which may be a problem due to decreased activity. Whole grains are also a good source of minerals needed for optimal nutrition. Look for versions with at least 2g/serving.

Protein: Choose a variety of protein rich foods such as poultry, lean meat, seafood, beans, peas, unsalted nuts and seeds, and nut butters.

Fluids: Drink adequate fluids to stay well hydrated (at least 6-8 cups of fluid/day). Choose water most often and avoid sugar sweetened beverages.

Calcium: Make sure you are consuming adequate calcium for strong bones. Choose milk, yogurt, cheese, and dark green leafy vegetables.

Vitamin C: Eat foods high in vitamin C including oranges, cantaloupe, strawberries, broccoli, and green leafy vegetables. Vitamin C helps the body heal.

Consider a multivitamin with minerals during this period. Always check with your physician first.

MEALS

Arrange for help with your meals and perishable foods (milk, fruits and vegetables). Freeze pre-made dinners before your surgery, preferably in microwaveable containers. Stock up on non-perishable foods (boxed, canned, and frozen) to make it easier to prepare meals after surgery. Check out grocery delivery services.

Diabetes Guidelines and Blood Glucose Management

Managing your blood glucose is always important, but it is extremely important before surgery. Uncontrolled and elevated blood glucose makes it more difficult for your body to heal. Making sure your blood glucose is under control can help reduce the risk of problems after surgery, such as infection and prolonged hospitalization.

Eating the same amount of carbohydrates at regular meal times is best, along with avoiding meal-skipping, sugar sweetened beverages and refined carbohydrates. Your doctor can refer you to a Registered Dietitian (R.D.) Should you need assistance.

Diet and Nutrition After Surgery

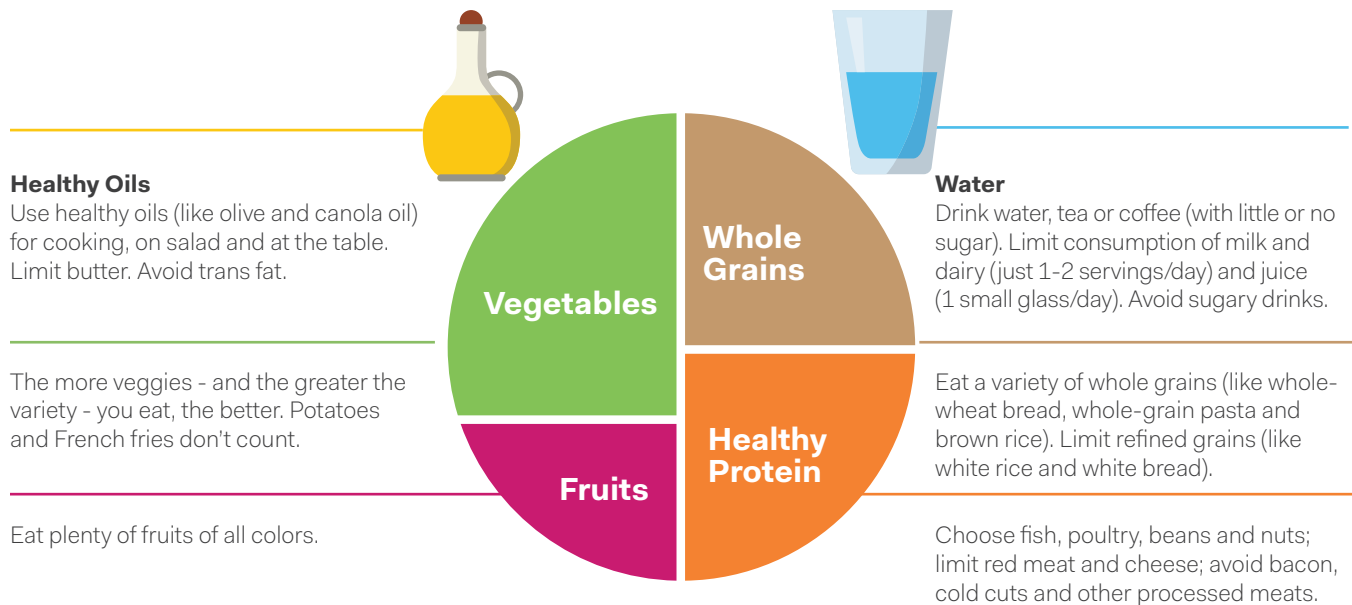
Resume your normal diet as tolerated and include plenty of fruits, vegetables, and foods rich in protein. Also, remember to drink adequate amounts of fluid (at least 8 cups/ daily). Your appetite may decrease after surgery. This may be due to the anesthesia and your medications. Eat small frequent meals throughout the day to ensure you're getting enough nutrients for healing.

During the healing and recovery process, your body needs increased amounts of **calories**, **protein**, **vitamin A** and **C**, and possibly, the **mineral zinc**. Eat a wide variety of food in order to get all the nutrients you need.

HEALTHY EATING starts with filling your plate with fresh ingredients and whole foods in the right amount. Refer to the Healthy Eating Plate Guide on the next page for tips on general healthy eating.



HEALTHY EATING PLATE



If you are not eating well after surgery, a multivitamin may be needed. If your intake is significantly reduced, a nutrition supplement may be beneficial. Contact your health care provider for guidance.

After you have recovered from surgery, it's important to maintain a healthy body weight. To help in your recover and to get the most benefit from your new joint replacement, it is important to achieve and maintain a healthy weight. Excess weight puts undue pressure and stress on

joints. A balanced diet where you consume all the nutrients needed for healing while losing weight is recommended. Your doctor can provide a referral to a Registered Dietitian (R.D.) To help you lose weight and achieve your health goals.

NUTRITION SERVICES
929-263-3519

MEET OUR JOINT REPLACEMENT TEAM

- Orthopedic Surgeons
- Anesthesiologists and Anesthesia and Pain Management Team
- Certified Registered Nurse Anesthetists (CRNAs)
- Medical Doctors
- Nurse Practitioners
- Physician Assistants
- Registered Nurses
- Certified Nursing Assistants (CNAs)
- Physical Therapists
- Occupational Therapists
- Social Workers
- Dietitians
- Nutritionists
- Secretarial Staff
- Administrators
- Housekeepers
- Patient Experience Leaders
- Respiratory Therapists





SECTION TWO

The Pre-Operative Process

APPOINTMENTS BEFORE SURGERY

Medical evaluation and surgical clearance

- Preoperative medical clearance- this will be a telemedicine or in-person visit with our medical team. If other medical appointments are necessary, they will be obtained. Please bring your current medication list, including vitamins and supplements, to your appointment. Lab work and diagnostic testing will also be obtained.
- Some patients will be scheduled to see our anesthesia team preoperatively
- Some patients will be scheduled for a nutrition consultation preoperatively

Preoperative education

- Patients have the option for an interactive Zoom based preoperative education session or a non-interactive video presentation
- Education sessions topics include:
 - What to expect before during, and after your surgery
 - The role of a Care Coach
 - Anesthesia and Pain Management
 - Physical therapy
 - Preventing complications
 - Home discharge planning

Appointments with your surgical team

- Your surgical team will review the surgical process, discuss the risks of surgery, review and answer all questions, X-ray studies will be taken as needed, and you will sign consent for surgery.
- You will complete a patient reported outcome survey preoperatively and postoperatively. These surveys will help us track your surgical progress and surgical outcomes.

You will be prescribed medications to take TWO days prior to your surgery to help with your pain. Do not take those medications on the day of surgery.

THE DAY BEFORE SURGERY

Use CHG skin prep wipes at the following times:

- The evening before surgery (around 6:00 or 7:00 pm).
 - Again, after arriving at the hospital
-

You may not eat after midnight

Some patients are allowed to drink clear liquids until 2 hours before their hospital arrival time. If you were told to take any medications, you may take them the morning of surgery with water. Speak with your surgical team regarding your instructions.

Clear liquids include only the following:

- Water
 - Apple juice
 - Clear Gatorade
 - Clear Powerade
 - Plain tea
 - Black coffee – no cream or sugar
-

Your health care proxy

Complete your health care proxy and bring it to the hospital with you if you wish.

You will receive a phone call 1-2 business days before your surgery between 8 AM–4 PM from a staff member who will provide you with more detailed instructions and the time of arrival for surgery.



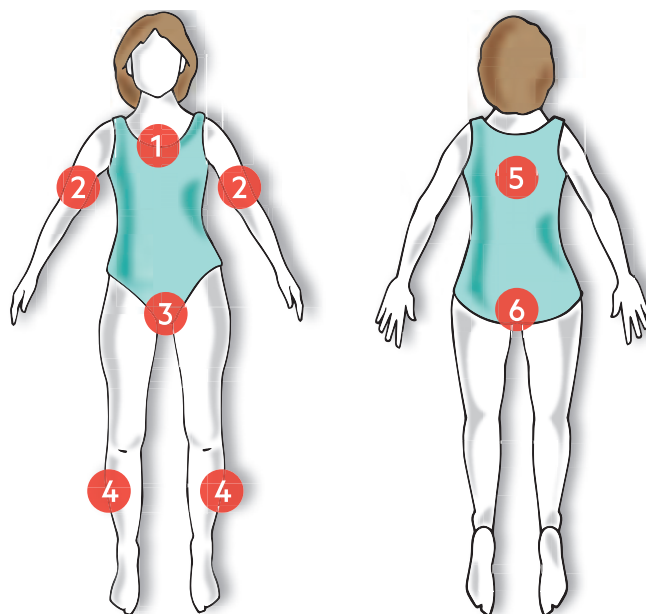
PREPARING THE SKIN FOR SURGERY

You will be given antiseptic wipes to clean your skin before surgery in order to reduce the risk of infection at the surgical site. You will be

given one antiseptic skin wipe package to use at home the evening before surgery. Please shower before using the wipes. You will be given another package of wipes at the hospital, to use before you go into the operating room.

Directions for using CHG wipes:

- Remove cellophane film and discard.
- Use scissors to open all three packages (a total of six wipes).
- Use one clean wipe to prep each area of the body in the order shown, using a new wipe for each of the six areas shown.



- Do not allow product to come in contact with eyes, ears, mouth or mucus membranes.
- Wipe each area thoroughly with a back-and forth motion (assistance may be required).
- Use all the wipes in the packages.
- Do not rinse after using wipes.
- Do not apply lotions, perfumes or makeup after using wipes.
- Discard wipes in trash can.
- Allow skin to air dry. Dress in clean clothes or pajamas.
- You may need assistance at home when using the wipes.

WHAT TO BRING TO THE HOSPITAL

- Legal, government sponsored photo ID, (e.g. driver's license, passport, etc.)
- Insurance card
- Health Care Proxy Form completed
- Flat, non-slip, supportive walking shoes
- Comfortable loose clothes to go home in
- Eyeglasses, hearing aids and dentures (if necessary)
- An updated medication list or your medications
- Sleep apnea machine if applicable

Do not bring to the hospital

- Jewelry, piercings, and valuables
- Remove all make up before surgery
- Nail polish should be removed before your surgery
- Remove contact lenses and wear eyeglasses, if applicable





SECTION THREE

The Day of Surgery

WHAT TO EXPECT ON THE DAY OF SURGERY

- A member of the Orthopedic Team will meet you in the hospital lobby to escort you to the preop area
- You will be given a copy of the current visitor policy before surgery

The address of the hospital is:

Montefiore Hospital Wakefield Campus
600 East 233rd Street
Bronx, New York 10466

The preoperative area

In the preoperative area you will be accompanied by the nursing staff to a room where you will change. You will be assisted in using the antiseptic skin wipes again, and nasal swabs to help prevent infection.

You will see your surgeon. Your surgeon will mark the surgical site that is being operated on. After the anesthesia process begins, you will be escorted into the operating room. The estimated time for the procedure is one to two hours.

ANESTHESIA AND PAIN MANAGEMENT

Our anesthesiologists and pain management team will review all your information prior to your arrival and stay in touch with your surgical team throughout your procedure.

Pre-operative:

- Oral medications may be given to you for several days before surgery that will reduce your body's inflammatory response and help with pain control.
- The anesthesia team will start an intravenous line (IV) to provide fluid and medications as needed
- Peripheral nerve blocks will be performed prior to surgery to numb the nerve pathways that carry pain to the operative site. Pain medication can be given in the area around the nerve as a single injection, or as a continuous infusion, to decrease pain after surgery. The medication that is used depends on the type of surgery you are having. This will be explained to you in detail by our regional nerve block team. The nerve block will be performed under sterile conditions, using ultrasound guidance to ensure accuracy and the highest level of safety

Intra-operative:

- Anesthesia for joint replacement is done most safely and most frequently under spinal anesthesia. This anesthetic is very safe and will be explained in significant detail on the morning of surgery by your anesthesiologist. Spinal anesthesia for surgery is associated with many benefits, including improved pain control, faster recovery, the ability to wake up faster from anesthesia, absence of side effects such as nausea, less incidence of blood clot formation, and less blood loss during surgery. You will be asleep during the procedure. General anesthesia is used when regional anesthesia is not an option.
- In addition to spinal anesthesia, you will have intravenous sedation. The level of sedation will be tailored to your specific needs to allow you to wake up as soon as surgery is completed. A member of the anesthesiology team will remain with you at all times throughout your procedure.
- You will receive additional medication during your surgery that will have a profound effect on improving your pain control over the next several days.



Post Operative

After surgery, you will spend several hours in the PACU (post anesthesia care unit). Some patients will go home the day of surgery and some patients will stay overnight. Once you have met all the requirements for discharge, you will go home with your Care Coach.

Nerve Blocks

- Expect the effect of your nerve block to last anywhere from 8-12 hours. It is **NOT** unusual to have persistent numbness or unusual sensation in your leg beyond this. In the vast majority of cases, any prolonged numbness wears off spontaneously over a short period of time.

Things to pay close attention to include:

- Redness, discharge or swelling at the site of the nerve block injection
- Complete inability to move your foot beyond 12 hours
- Fever
- **BE CAUTIOUS WHEN AMBULATING. ASK FOR HELP TO AVOID FALLS.** Even if it feels like the effect of your nerve block has worn off, the strength in your leg may be significantly reduced.

DISCHARGE PLANNING

Your joint replacement team including social workers and discharge planners are here to ensure your discharge is safe and comfortable. Some patients will be discharged home on the same day as surgery. Some patients will be discharged home the day after surgery. Please ensure that your care coach is available to take you home at discharge. After surgery, a social worker will visit you to confirm your plans for returning home. Most patients can be discharged home with in-home physical therapy. Some patients have special

discharge needs. Please discuss these needs with your surgeon and social worker.

Depending upon your insurance plan, you may be set up for in home physical therapy. If your insurance does not cover in home physical therapy, you will begin outpatient physical therapy.

Upon discharge she will receive comprehensive postoperative instructions to ensure that you understand how to care for yourself after surgery and return safely to home.





SECTION FOUR

The Postoperative Process

POST OPERATIVE APPOINTMENTS

You will see your surgeon several times within the first year of surgery

- 10 days to 14 days postoperatively
- 6 weeks postoperatively
- 3 months post operatively (complete a patient reported outcome survey)
- 1 year post operatively (complete a patient reported outcome survey)
- You will see your surgical team at intervals following your annual visit



PHYSICAL THERAPY AND YOUR REHABILITATION PROGRAM

- You must take an active role in your physical therapy program
- Your physical therapy program begins in the hospital right after surgery
- You will continue physical therapy at home for 2-3 weeks postoperatively (if covered by your insurance)
- You will continue physical therapy on an outpatient basis after your home physical therapy has ended. Your surgical team will give you a referral to outpatient physical therapy

- You will need to exercise at home throughout the day. Use this guidebook to assist with exercises and instructions
- If in home physical therapy is not covered by your insurance you will be referred to outpatient physical therapy

The outcome of surgery will depend on your participation in this program.



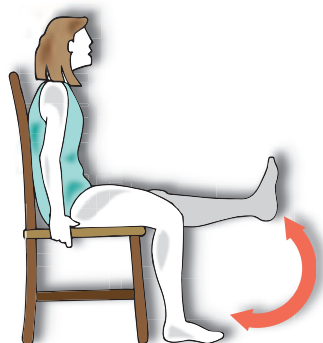


EXERCISES FOR HIP AND KNEE REPLACEMENTS

Do as many of these exercises as you can throughout the day. Hold each position for 10 seconds.

Hip precautions

After total hip replacement and until the new hip is fully healed, you will learn ways of moving that will protect your new hip joint from dislocation. Your surgeon and rehab team will discuss these hip precautions with you.

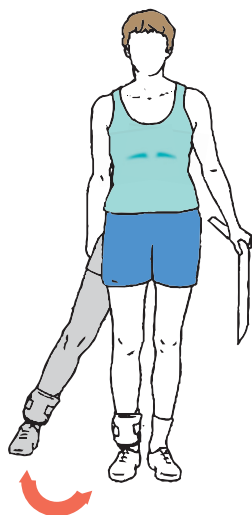


Sitting Knee Bend

Bring operated leg out in front of you and hold it as straight as possible for a few seconds. Relax. Repeat.

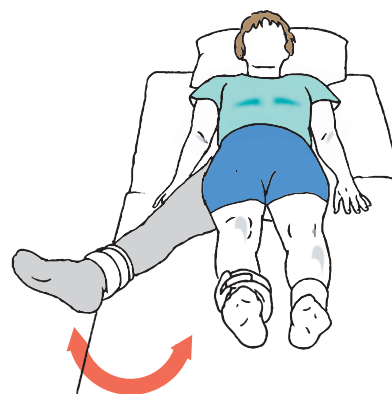


Gently push operated leg back with other leg and hold until stretch is felt. Hold for a few seconds. Relax. Repeat.



Hip Abduction (Standing)

- Stand with feet flat.
- Lift leg out to side.
- Hold for 2 second then lower.



Hip Abduction (Supine)

- Slide leg out to the side.
- Keep kneecap pointing up.
- Gently bring leg back to center.

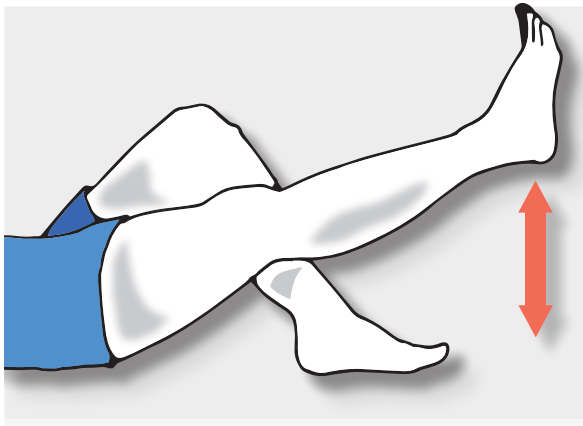
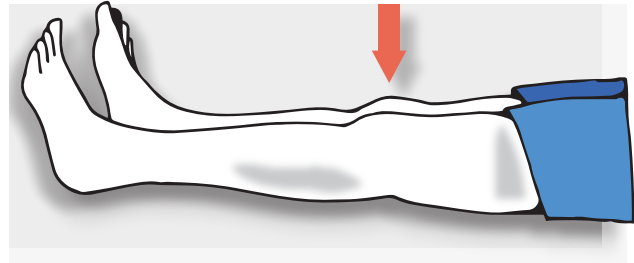


Ankle Pumps

Sitting or lying down point toes up, keep both heels on the floor. Then press toes to the floor, raising heels. Repeat 30 times.

Quad Sets

Slowly tighten muscles of the thigh of the straight leg. Count to 10 and repeat with opposite leg.



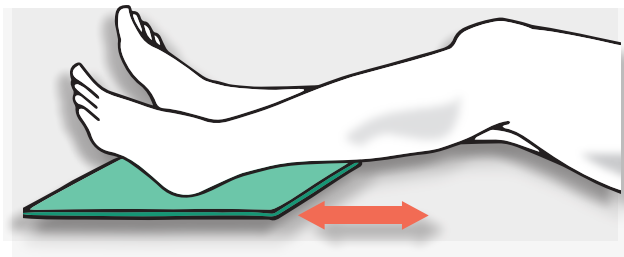
Straight Leg Raises

- Lie in bed. Bend one leg. Keep your other leg straight on the bed.
- Lift your straight leg as high as you comfortably can, but not higher than 12 inches. Hold for a few seconds, then slowly lower the leg.

Heel Slides

- Lie down or sit with your legs stretched out in front of you. Put a plastic bag or cookie sheet under one foot to help it slide.
- Slide the heel toward your buttocks while keeping it on the bed. Move it as far back as you comfortably can.

Hold for a few seconds, then slide your heel back.



USING A WALKER: WEIGHT-BEARING

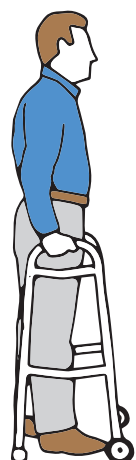
Roll the walker (or lift it if you are using an unwheeled walker) forward about 12 inches.



Step forward with the surgical leg first. Use the walker to help you keep your balance as you take the step, and use the correct amount of weight ordered by your doctor.



Bring your non-surgical leg forward to the center of the walker.



USING A WALKER: SITTING AND STANDING

Back up until you feel the chair behind you. Place your surgical leg out in front of you.



Reach behind you with one hand and grab the armrest or the side of the chair. Do the same with the other hand. Be sure to kick out your leg a little.



Lower yourself onto the center of the chair then slide back.



How to stand up: Place your surgical leg out in front of you. Push up off of the chair, do not pull yourself up on the walker.



USING A WALKER: DOWN STAIRS

Turn the walker sideways so the crossbar is next to you. Place the first two legs on the step above you. Hold the walker with one hand and the handrail with the other.



USING A WALKER: DOWN STAIRS

Turn the walker sideways so the crossbar is next to you. Place the back two legs on the step beside you. Hold the walker with one hand and the handrail with the other.



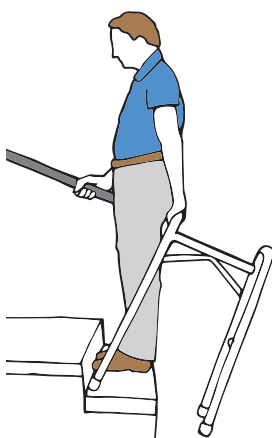
Support your weight evenly between the handrail and walker. Step up with your good leg.



Support your weight on your good leg. Step down with your operated leg.



Bring your operated leg up. Then lift the walker to the next step.



Support your weight evenly between the handrail and your walker. Slowly bring your good leg down. Then move the walker down to the next step.



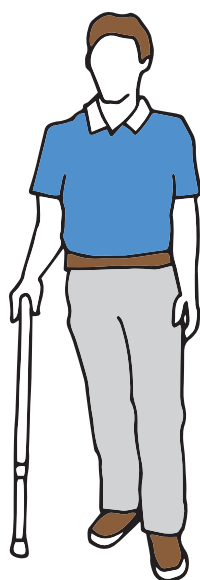
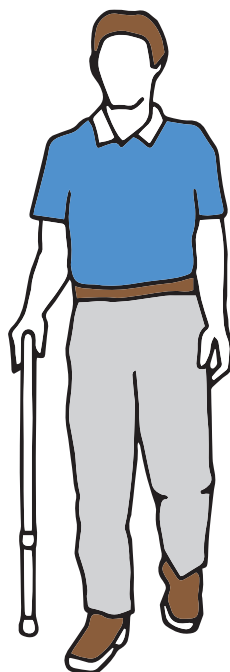
USING A CANE

Position the cane

- The top of your cane should reach to the crease in your wrist when you stand up straight.
- Your elbow should bend a bit when you hold your cane.
- Hold the cane in the hand opposite the side that needs support.

Walking

When you walk, the cane and your operated leg swing and strike the ground at the same time.



To start, position your cane about one small stride ahead and step off on your operated leg. Finish the step with your normal leg.

Stair Climbing

To climb the stairs, grasp the handrail (if possible) and step up on your good leg first, with our cane in the hand opposite the operated leg. Then step up on the operated leg.



To come down stairs, put your cane on the step first, then your operated leg, and finally the good leg, which carries your body weight.







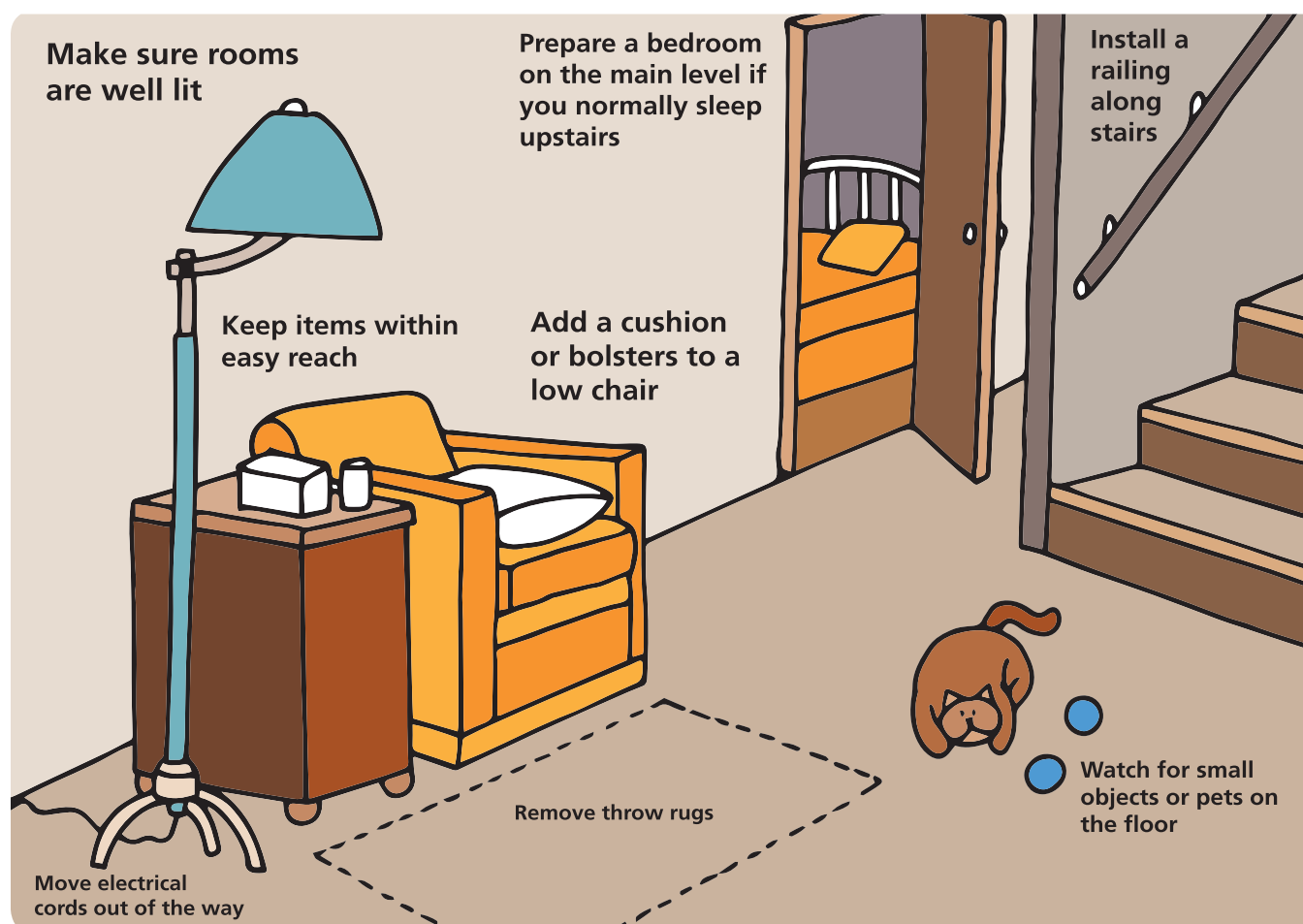
SECTION FIVE

Caring for Yourself at Home

PREPARING YOUR HOME

You may want to do some preparation of your home to make it more comfortable and safer for

your return. Try to arrange things so you do not have to climb stairs several times a day. Remove any items that you may trip on. Stock up on food and items that you will need at home.





PREPARING YOUR HOME CHECKLIST

- ☐ Make sure rooms are well lit.
- ☐ Install night lights when needed.
- ☐ Move electrical cords out of the way.
- ☐ Take up all throw rugs.
- ☐ Arrange furniture so pathways are wide to accommodate a walker and a cane.
- ☐ Remove household clutter.
- ☐ Use sturdy chairs with arms and avoid low seats.
- ☐ Keep items within easy reach.
- ☐ Install a railing along stairs if needed.
- ☐ Watch for small pets on the floor.
- ☐ Prepare a bedroom on the main level if possible.
- ☐ Keep a cell phone or portable phone close by.
- ☐ Keep a list of important phone numbers.
- ☐ Prepare and freeze food ahead of time so that you can have meals.
- ☐ Stock up on groceries ahead of time.
- ☐ Prepare care for your pets ahead of time.
- ☐ Consider a raised toilet seat.
- ☐ Consider grab bars for your shower.

WHAT YOU WILL NEED AT HOME

Rolling walker

You will be using a rolling walker for about one to two weeks after surgery.

Straight cane

You will use a cane for a short time after you have finished using the walker.

Medications

Before you leave the hospital the medications you need will be electronically sent to the pharmacy of your choice for pick up.

Instructions

Before you leave the hospital, you will be given postoperative instructions which will include caring for your surgical site.

Ice packs

Used to decrease inflammation and pain.

3 In 1 commode

If you have had hip replacement surgery a 3 in 1 commode may be ordered for you.



HIP KIT

If you are having a total hip replacement, a hip kit is useful. You can purchase a hip kit online or at a surgical supply store. Your surgical team can assist you in obtaining a hip kit.

The hip kit contains the following items:

- Reacher / Grabber
- Long Handle Shoehorn
- Long Handle Sponge
- Sock Aide for Dressing
- Dressing Stick

If you have had a Total Hip Replacement your physical therapist will show you how to use each item in the Hip Kit.



CARING FOR YOUR SURGICAL SITE

Upon being discharged from the hospital you will be given specific instructions on how to care for your surgical site at home. Please remember to wash your hands before touching your surgical site. Do not apply creams, lotions, or vitamins to your incision until your surgeon permits you to do so.

Showering

Most patients will be able to shower the day after they get home. Some dressings are waterproof and can be left on while you shower. Some dressings can be removed before showering and a new dressing may be reapplied. Follow instructions given to you upon discharge from the hospital.

Medications

Make sure you have all of the medications that you need at home. Your surgical team will assist you with this.

Exercise

Make sure you continue to exercise at home, all day long.

Ice

Keep ice in your freezer to apply around your surgical site to reduce pain and swelling. Do not apply ice on top of your incision. Place a thin piece of cloth over your skin and place the ice on top of the cloth. Do not put ice directly onto your skin.



RECOGNIZING AND PREVENTING POTENTIAL COMPLICATIONS

Preventing blood clots

After total joint replacement surgery, clots, called deep vein thrombosis, may form in the veins of the legs. In rare cases, these clots may travel to the lungs. To decrease the risk of blood clots forming after surgery, your medical team will prescribe medications that have been demonstrated to lower these risks. Your medical team will determine which medication you will be placed on. You will be instructed on how to take this medication while you are at home. If you were on blood thinning medication before your surgery, you will probably be placed back on that medication after surgery.

Aspirin or lovenox

Most people will be discharged home on aspirin 81 mg (baby aspirin) twice a day for

5 weeks unless otherwise directed. Some patients will receive Lovenox 40 mg injections to be administered once daily for 5 weeks.

WHEN TO CALL YOUR SURGEON'S OFFICE

(718) 920-2060

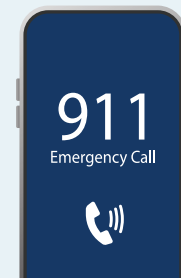
(833) 691-8326 (Taxter Road Patients)

- Fever over 101 degrees Fahrenheit
- Drainage around the surgical site
- Increased swelling or redness at the incision site
- Pain and/or swelling, heat and tenderness in either calf

SIGNS THAT MAY INDICATE A PULMONARY EMBOLISM

WHEN TO CALL 911

- Difficulty breathing
- Sudden onset chest pain
- Shortness of breath
- Delirium or confusion







SECTION SIX

Moving Forward

YOUR NEW JOINT REPLACEMENT

Most patients experience significant reduction in pain and greater ability to participate in activities of daily living after joint replacement surgery. With active participation in physical therapy and following the post op process, most patients achieve their preop goals within several months after surgery. Although full recovery time varies for each patient, the average full recovery time is about 9-12 months

The range of motion that you can achieve after surgery will depend upon several factors including your participation in the physical therapy program and the range of motion you were able to achieve before surgery.

About exercising

Maintaining some form of exercise will help keep your new joint, as well as the rest of your body, in better shape. Your physical therapist will provide you with a home exercise program. There are many low-cost gyms and centers that you can join to continue good exercise habits for a lifetime. There are pieces of equipment that you can use at home to continue exercising.

Do not participate in:

- High impact activities
- Extreme twisting and or bending activities

For patients who had hip replacement surgery
– maintain hip precautions

About your implant

All of the joint replacement surgeons at Montefiore use the most technologically advanced implants that are available for patient use. Your Surgeon will choose the size and shape of the implant that is right for you. Some features of the implants include:

- Variety of brands of implants
- High flexion designs
- Minimally invasive techniques
- Several approaches to hip replacements

Your implant is made of a technologically advanced metal alloy and also contains a plastic material which is very strong and resistant to wear. The metal may be detected when going through some security systems. You can inform the agent that you have a metal implant.

The metal in your implant is non-magnetic, therefore, it is SAFE FOR YOU TO HAVE AN MRI SCAN.

Driving after total joint replacement surgery

Most patients are able to return to driving between 4 and 8 weeks after surgery.

There are many factors that influence your “return to driving” after Total Joint Replacement Surgery.

- You must be completely off of sedative or narcotic medications
- You must be able to stop the car and brake in an emergency situation
- You must be able to get in and out of the car easily and safely

You will see your surgeon at post-operative visits. Make sure you speak with your surgeon about your readiness to “return to driving” before you drive after total joint replacement surgery.

Sex after total joint replacement surgery

Talk with your doctor about resuming sexual relations after total joint replacement surgery. Most patients are able to resume sexual activity in about 6 to 8 weeks after surgery. You need to feel comfortable with your new joint. Preventing complications such as hip dislocation is important. In general, after total hip replacement surgery extreme flexion of the hip joint should be avoided. Hip precautions need to be maintained.

If you need further information, speak with your surgeon or physical therapist

ABOUT FOLLOW UP VISITS

Scheduled follow up visits include: 2 weeks postoperatively, 6 weeks postoperatively, 3 months postoperatively, and 1 year postoperatively. After your annual visit you will see your surgeon as needed.

Do not hesitate to call your surgeon regarding any questions you may have.

PREVENTING INFECTION

Guidelines for preventing infection in patients who have had total joint replacement surgery

Caring for your surgical site

Some patients are at an increased risk of developing an infection in the new joint replacement. Undergoing certain procedures may increase the risk of developing an infection. We recommend undertaking dental, genital urinary, digestive and respiratory elective procedures before surgery or waiting for three months following your joint replacement. Non elective or emergency procedures are permitted. Please tell your health care providers that you have a joint replacement so they can prescribe the appropriate antibiotics for you.

Dental work

For two years after your joint replacement surgery, you may be at a higher risk of developing an infection. We ask that you tell your dentist about your new joint replacement, and have the dentist prescribe an antibiotic before your appointment date. You will take the antibiotic one hour before your scheduled dental appointment. Below is a suggested table for antibiotic use for dental prophylaxis for patients not allergic to Penicillin, as well as for those who are allergic to Penicillin.

The following guidelines are based on the recommendations of the American academy of orthopaedic surgeons.

SUGGESTED ANTIBIOTIC PROPHYLAXIS REGIMENS.*

PATIENT TYPE	SUGGESTED DRUG	REGIMEN
Patients not allergic to penicillin	Cephalexin, cephradine or amoxicillin	2 grams orally 1 hour prior to dental procedure
Patients not allergic to penicillin and unable to take oral medications	Cefazolin or ampicillin	Cefazolin 1 gram or ampicillin 2 grams muscularly or intravenously 1 hour prior to the dental procedure
Patients allergic to penicillin	Clindamycin	600 milligrams orally 1 hour prior to the dental procedure
Patients allergic to penicillin and unable to take oral medications	Clindamycin	dental procedure*

*No second doses are recommended for any of these dosing regimens

OTHER PROCEDURES

Below is a list of other procedures for which you may need antibiotic prophylaxis before the procedure to protect your new joint replacement.

Please discuss this with the physician who is in charge of your care for the procedure. Your dentist or primary care provider should be able to prescribe these antibiotics for you. If your dentist has any questions, they should feel free to contact our Joint Replacement Team.

PROCEDURE	ANTIMICROBIAL AGENT	DOSE	TIMING	DURATION
Dental	Cephalexin, cephradine, amoxicillin	2 gm PO	1 hour prior to procedure	For All Procedures Discontinued within 24 hours of the procedure. For most outpatient/office-based procedures a single preprocedure dose is sufficient.
Ophthalmic	Gentamicin, tobramycin, ciprofloxacin, gatifloxacin, levofloxacin, moxifloxacin, ofloxacin, or Neomycin-gramicidin-polymyxin B cefazolin	Multiple drops topically over 2 to 24 hours or 100 mg subconjunctivally	Consult ophthalmologist or pharmacist for dosing regimen	
Orthopaedict	Cefazolin, Cefuroxime OR Vancomycin	1-2 g IV 1.5 g IV 1 g IV	Begin dose 60 minutes prior to procedure	
Vascular	Cefazolin OR Vancomycin	1-2 g IV 1 g IV	Begin dose 60 minutes prior to procedure	
Gastrointestinal				
Esophageal, gastroduodenal	Cefazolin	1-2 g IV	Begin dose 60 minutes prior to procedure	
Biliary tract	Cefazolin	1-2 g IV		
Colorectal	Neomycin + erythromycin=base (oral) OR metronidazole (oral)	1 g 1 g	Dependent on time of procedure, consult with GI physician and/or pharmacist	
Head and neck	Clindamycin + gentamicin OR cefazolin	600-900 mg IV 1.5 mg/kg IV 1-2 g IV	Begin dose 60 minutes prior to procedure	
Obstetric and gynecological	Clindamycin + gentamicin OR cefazolin	1-2 g IV 3 g IV	Begin dose 60 minutes prior to procedure	
Genitourinary	Ciprofloxacin	500 mg PO or 400 mg IV	Dependent on time of procedure, consult with GI physician and/or pharmacist	



SECTION SEVEN

Risks Of Joint Replacement Surgery

Total joint replacement is a major surgical procedure. Complications are uncommon, but as with any surgery, there are possible risks and complications. Some of the more common complications are outlined below.

Infection

Infection occurs in less than 1% of all total joint replacements. It can be as minor as a superficial wound infection requiring oral antibiotic therapy, or as significant as a deep infection of the implant which may require implant removal. Antibiotics are administered in the perioperative period to minimize this risk. Our office will assist you with antibiotic protocols. We advise you to take these precautions for two years following joint replacement surgery.

In the period immediately after surgery, the most common causes of infection are bacteria that enter your bloodstream and travel to the site of your implant. Implant infection is rare but can be related to bacteria from dental procedures, infections of the kidney, bladder, skin, or other circumstances. It is, therefore, important to take antibiotics before any dental work, as well as certain medical or surgical procedures. Be sure to notify your dentist or surgeon that you have a new joint replacement before undergoing any new procedure.

Should a deep infection develop, treatment may require a series of surgical procedures, including implant removal and re-implantation after a treatment period of 6 to 10 weeks. This type of infection is, of course, a devastating occurrence. Fortunately, it occurs extremely infrequently.

Blood clots

Blood clots can form in the veins of your leg following surgery. Rarely they can also break away and travel to your lungs. This is called a pulmonary embolism. We attempt to minimize the risk of developing blood clots through a variety of means, including stockings that rhythmically compress your legs, an early exercise program, treatment with blood thinning agents, as well as testing for blood clots when necessary.

Knee motion

For those patients undergoing knee replacement surgery, the level of knee motion achieved postoperatively depends in great measure on how hard you work on your rehabilitation. In a small percentage of patients, the range of motion in the knee joint is limited following surgery. This is usually addressed by the structured physical therapy program, and your cooperative efforts. However, if the range of motion remains limited, your surgeon may need to gently bend or manipulate the knee under anesthesia.

Lack of pain relief

Most patients (approximately 90–95%) experience a tremendous amount of pain relief following joint replacement surgery. It is possible, however, that the surgery will not relieve all of your pain.

Implant wear and implant failure

Your new joint is made of mechanical parts that undergo wear and tear. With normal activity, your joint replacement should function well for many years. In some cases, or over many years, the components may wear out, come loose or break. In such cases, revision of the joint replacement may be required.

Reaction to materials

Total joint replacements are made out of materials that are foreign to your body. Whenever the body comes in contact with a foreign material, there is some risk of an allergic reaction. With joint replacements, this risk is very low, as all of the implanted materials have been thoroughly tested and have proven to be well tolerated. In the rare event that your body has an allergic reaction to your implant, call your surgeon's office.

Blood loss

At the Montefiore Center for Joint Replacement Surgery, we do everything we can to minimize blood loss during and after surgery. Our blood conservation methods are very effective, and we do not routinely recommend autologous blood donation. On rare occasions, however, a blood transfusion may be necessary.

Anesthesia complications

There are risks associated with anesthesia. Your anesthesiologist and your surgeon will discuss the different types of anesthesia available and their associated risks. When your physicians determine the best type of anesthesia with the lowest risk for your individual case, they will also consider your wishes about the type of anesthesia you might prefer. With joint replacement surgery, local and regional anesthesia are used most often.

Other complications

Joint replacement is a surgical procedure, and no surgical procedure is without risks. Unexpected situations can arise that very rarely may lead to undesired occurrences, such as injury to blood vessels or nerves, bone fracture, and other complications up to and including perioperative death. These occurrences are very rare, but you must take them into consideration prior to your surgery. Please feel free to discuss this with the team should you have any questions.

IMPORTANT PHONE NUMBERS

Taxter Road Office
833-691-8326

Hospital Main Number
718-920-9000

Hospital Inpatient Units:

6 North
718-920-9525

6 East
718-920-9126

Social Worker
718-920 -9950

Nutrition Services
929-263 3519

