Welcome to the
Connecticut Orthopaedic Institute
at MidState Medical Center

435 Lewis Avenue, Meriden CT 06451

On behalf of the Connecticut Orthopaedic Institute at MidState Medical Center, we welcome you and extend our thanks for choosing us to be your orthopaedic surgery provider. We recognize you have a choice when deciding where to receive care and appreciate you giving us the opportunity to exceed your expectations.

Our goals at the Connecticut Orthopaedic Institute are to ensure the highest standards of medicine and to provide a high quality experience for you. We are committed to keeping you informed, and helping you become an active participant in your healthcare. We will do everything possible to make your stay with us outstanding.

In this patient education guidebook you will find important instructions and information to prepare you for your upcoming surgery. The guidebook is intended to answer many of the questions you may have. It outlines the things you need to do before and after surgery. Planning tools, advice on medications, as well as diet and exercise recommendations are included. We encourage you to read the entire guidebook carefully.

Please keep in mind this is only a guidebook – your surgeon may specify certain aspects of your experience throughout this journey.
Joint Replacement Class

It is the expectation of your surgeon that you attend one of the COI joint replacement classes offered every month. For your convenience, these classes are offered at various locations and times. In the class, you will learn how to prepare for surgery and what to expect during your hospital stay. It is recommended that you attend class at least 2 weeks before your surgery.

In order to register for a class, please contact one of our orthopaedic nurse navigators at: 860.384.8614 or 203.464.7819.

Please bring this guidebook and a family member or Coach with you to class.

Coach support is strongly encouraged throughout the process.

MY CLASS DATE: ______________________________

LOCATION: ______________________________
Pre-Admission Center (PAC)

The Pre-Admission Center (PAC), located at the Connecticut Orthopaedic Institute at MidState Medical Center, offers comprehensive pre-operative care for all patients scheduled for elective surgery.

All patients must have a surgeon affiliated with Hartford HealthCare to participate.

SERVICES

- Pre-operative testing, including blood draw, EKG, and nasal screening
- Anesthesia evaluation, if requested by the patient’s surgeon
- Patient education for Enhanced Recovery After Surgery
- Pre-operative history and physical for those unable to obtain an appointment with their primary care provider within 30 days of surgery. This includes those who have not yet secured a primary care provider and/or prefer to complete their pre-operative testing at PAC in a single visit.

APPOINTMENTS

- Patients may request an appointment at PAC by calling the appointment line at 203.694.8191

LOCATION

- Connecticut Orthopaedic Institute at MidState Medical Center, Pre-Admission Center
- 435 Lewis Avenue, Meriden, CT 06450
- Phone: 203.694.8194
- Fax: 203.694.7622

HOURS

- Monday to Friday, 8 a.m. to 4:30 p.m.
- Closed weekends and major holidays
MidState’s Mission and Vision

“Our mission is to improve the health and healing of the people and the communities we serve.”

“Our vision is to be nationally respected for excellence in patient care and most trusted for personalized coordinated care.”
## Table of Contents

1. Directions .......................................................... 7
2. Lodging ............................................................. 8
3. Preparing for Surgery ............................................. 9
4. Arriving at Connecticut........................................... 16
   Orthopaedic Institute
5. Welcome to the Unit .............................................. 21
6. Your Hospital Stay ................................................ 23
7. Transitioning Home ............................................. 30
8. Knee and Hip Replacement .................................... 35
   Milestones

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**Connecticut Orthopaedic Institute**

at MidState Medical Center
Driving Directions to the Connecticut Orthopaedic Institute at MidState Medical Center
435 Lewis Avenue, Meriden, CT 06451

From Interstate 95-South
- I-95S To exit 48 (I-91N)
- I-91N to Exit 17, (I-691-W)
- Travel I-691 W to Exit 6 (Lewis Ave.)
- At end of exit ramp, take left to Main Entrance on right

From Interstate 95-North
- I-95N to exit 48 (I-91N)
- 91N to Exit 17, (I-691-West)
- Travel I-691 W to Exit 6 (Lewis Ave.)
- At end of exit ramp, take left to Main Entrance on right

From Interstate 91-South
- I-91S to Exit 18, (I-691-W)
- Travel I-691 W to Exit 6 (Lewis Ave.)
- At end of exit ramp, take left to Main Entrance on right

From Interstate 91-North
- I-91N to Exit 68W, (I-691-W)
- Travel I-691 W to Exit 6 (Lewis Ave.)
- At end of exit ramp, take left to Main Entrance on right

From Interstate 84-East
- I-84E to Exit 27, (I-691-E)
- Travel I-691 E to Exit 5 (Chamberlain Hwy.)
- At end of exit ramp, left onto Chamberlain Hwy. to third traffic light
- Right at traffic light and proceed approx. 1/2 mile to Lewis Ave.
- Right onto Lewis Ave. and then left at first traffic light

From Interstate 84-West
- 84E to Exit 27, (I-691-E)
- Travel I-691 E to Exit 5 (Chamberlain Hwy.)
- At end of exit ramp, left onto Chamberlain Hwy. to third traffic light
- Right at traffic light and proceed approx. 1/2 mile to Lewis Ave.
- Right onto Lewis Ave. and then left at first traffic light

When you arrive onto the MidState Campus proceed to the entrance located near the large flag pole. Valet parking is available at the entrance.
Lodging

For the convenience of your family and caregivers, two nearby hotels offer discounted rates to COI patients and caregivers.

**Inn at Middletown**
The Inn at Middletown, located less than 10 miles from the Connecticut Orthopaedic Institute, offers comfortable and charming accommodations for overnight guests. To reserve a room at a discounted rate ($109 a night, with breakfast), visit innatmiddletown.com and enter the promotional code: ORTHO or call 860.854.6300.

70 Main Street
Middletown, CT 06457

**Courtyard New Haven Wallingford**
The Courtyard New Haven Wallingford, located less than seven miles from the Connecticut Orthopaedic Institute, offers guests convenient access to MidState Medical Center and desirable amenities. To reserve a room at a discounted rate ($120 a night, plus tax), visit Marriott.com and enter online booking code “HFA” or call 1-888-236-2427 and ask for the “Connecticut Orthopaedic Institute rate.”

600 Northrop Road
Wallingford, CT 06492

Transportation

We understand that traveling to and from the hospital may be difficult for some patients. We have partnered with a local travel company to set up transportation for patients. If you have a transportation issue, please contact your surgeon’s office and they can help set up the necessary transportation needs to or from our facility.
Preparing Your Body for Surgery

TOBACCO
STOP smoking at least six weeks before surgery. Smoking is a modifiable risk factor that can increase complications after surgery. Nicotine hinders the healing process and the bone needs to grow on the new implant. Smoking cessation education programs can help combat these complications and facilitate recovery. If you have not stopped smoking, your surgeon may postpone your surgery. For more information on smoking cessation, please contact the nurse navigators.

ALCOHOL
NO alcohol use one week prior to surgery. Also, please inform your healthcare team of your drinking history because serious harm can result from alcohol withdrawal when not properly managed.

DENTAL CARE
If you need dental work, get it done at least two weeks before surgery. After a joint replacement your surgeon may want you to take antibiotics before any future dental work. Depending on your dental history, your surgeon may require you to obtain pre-operative clearance from your dentist.

EXERCISE
Keeping your muscles toned will help you to recover after surgery. If you have access to a stationary bike please utilize that 3-4 times a week and attempt to increase the amount of walking you do daily.

NUTRITION
Proper nutrition is important before and after surgery. Proper nutrition will help ensure you have the strength for rehabilitation. You are encouraged to eat healthy, well balanced meals. Examples include:
• Iron rich foods (meat, fish, poultry, whole grain foods)
• Vitamin C to help absorb iron (multivitamins, juices and fruit)
• High fiber foods (raw fruits and vegetables, beans, whole grain foods)
• Always drink plenty of fluids

Depending on your nutritional status prior to surgery, your doctor may request that you see a nutritionist.

A blood tests performed prior to surgery is called Hemoglobin A1c. This measures of how well your blood sugar has been controlled over the past three months. An elevated Hemoglobin A1c may cause your surgeon to postpone surgery in order to prevent complications.
Importance of Having a COACH

It is important that you choose a family member or friend to be your COACH. COACHES are people who help you throughout this journey. It should be someone who can assist with your daily activities in the immediate post-operative period, and when you return home. COACHES may be required to drive you to appointments or therapy sessions until you are cleared by your surgeon.

Here at the Connecticut Orthopaedic Institute we believe patients respond well to assistance of their COACH. Their encouragement and support will help you progress during recovery. If you live alone, consider having a friend or family stay with you for the first few nights.

Coordinate
Orthopaedic
Awareness &
Collaborate
Healing
Preparing Your Home for After Surgery

It is a good idea to prepare your home for your hospital discharge **BEFORE** you go to the hospital. The following is a list of suggested items that may help you during your recovery.

- Check with your insurance plan to verify which items are covered.
- You may find these items at medical supply companies; also many town senior centers have DME loaner programs.
- In the unlikely event that you are going to a facility with a rehabilitation program, the facility will order the equipment for you.

### Durable Medical Equipment (DME)

<table>
<thead>
<tr>
<th>Personal Aids</th>
<th>Bathroom</th>
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</thead>
<tbody>
<tr>
<td>Rolling walker</td>
<td>3-in-1 commode</td>
</tr>
<tr>
<td>Crutches/ Straight cane</td>
<td>Shower chair</td>
</tr>
<tr>
<td>Elastic shoe laces</td>
<td>Sock aid</td>
</tr>
<tr>
<td>Sock aid</td>
<td>Raised toilet seat</td>
</tr>
<tr>
<td>Long-handled reacher/ grabber</td>
<td>Grab bar for shower/tub</td>
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<tr>
<td>Long-handled shoehorn</td>
<td>Hand-held shower head</td>
</tr>
<tr>
<td>Long-handled bath sponge</td>
<td></td>
</tr>
</tbody>
</table>
Making Your Home Safe

Here are some things you can do before to surgery to better prepare your home when you return from the hospital

- Remove all throw rugs, loose rugs, electrical cords and clutter from your hallways/walking areas as those pose an increased risk for falling.

- Though you will be required to perform stairs with your physical therapist prior to returning home, it is recommended to set up a temporary sleeping area on the first floor if your bedroom is upstairs. For the immediate discharge time-frame this may alleviate the necessity to go up and down the stairs multiple times, until you have mastered the stairs with your at home physical therapist.

- Consider installing safety bars, especially in the shower/bathroom. There are both permanent and removable items that can be purchased at medical supply stores or drug stores like CVS/Walgreens/Rite Aid.

- Check your cabinets for items that you routinely use and place them at a level where you will not need to bend, reach, or use a step ladder to access.

- Make preparations for pets that may be underfoot.

- Make arrangements for your COACH (a family member or friend) to stay with you for the first few days once you return home from the hospital.

Blood Thinners Prior to Surgery

- If you are on a blood thinner CURRENTLY, you will be directed by your surgeon when you should STOP taking that medication BEFORE surgery.

- Once your surgery is completed, you will begin back on blood thinners as directed by your surgeon.

- Keep in mind your surgeon may start you on a different blood thinner after surgery before returning back to your regular medication.

- This will also be discussed with your surgeon at your pre-op visit or with the orthopaedic team as an inpatient.
Night Before and Day of Surgery Preparations

Bathing Instructions

Before surgery, you can play an important role in your own health. Because skin is not sterile, we need to ensure that your skin is free of germs before your surgery. You can reduce the number of germs on your skin by carefully cleansing before surgery. Following the instructions provided by your surgeon will help you to ensure that your skin is clean before surgery to prevent infection.

You will need to shower with a special anti-bacterial soap called chlorhexidine gluconate (CHG). A common brand name for this soap is Hibiclens, but any brand of CHG is acceptable to use.

Your surgeon may use CHG wipes instead. Whichever product is used by your surgeon, the office will provide you with the proper directions for application and when to apply these products.

Caution: CHG is not to be used by people allergic to chlorhexidine. If you have an allergy to chlorhexidine please speak with your surgeon regarding alternative anti-bacterial soaps.

- **DO NOT** use perfume, deodorant, powders, or creams after using the skin cleanser.
- Remove all gel nail polish.
The Night Before Your Surgery

DO NOT eat or drink anything 8 hours prior to surgery.
- No food, hard candy, or gum
- Water is allowed up until 1 hour prior to arrival at the hospital
- No coffee

Please note: Your surgeon may instruct you to drink PowerAde or Gatorade the morning of surgery to help maintain electrolyte balance. Ask your surgeon about this prior to surgery. If indicated, you will be instructed by your surgeon.

The Morning of Your Surgery

- You may shower and brush your teeth. Do not swallow water, unless your surgeon tells you otherwise.
- **DO NOT** use perfume, deodorant, powders, creams, makeup or nail polish.
- Wear comfortable clothing that is easily removed.
- Wear comfortable non-skid or rubber soled shoes.
- **DO NOT** bring any home equipment (canes, walkers etc.) to the hospital unless you currently require them to walk.

**IMPORTANT MEDICATION INSTRUCTIONS:**

Your surgeon will instruct you on what at-home medications are **safe** and what are **not safe** to take on the morning of your surgery.

If you are instructed to take medications the morning of surgery please do so with water or your approved electrolyte drink.
**Items to Bring to the Hospital**

✓ Two forms of Identification
  » Picture Identification
  » Insurance Cards

✓ Eyeglasses with case *(NO CONTACTS)*

✓ Hearing aids with case

✓ Cell Phone, tablet, Kindle etc.

✓ **DO NOT** bring money or valuables

✓ **DO** remove all jewelry (wedding rings must be removed)

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✓ **Clothing/Footwear**
  » Loose fitting clothes (shorts)
  » Slip resistant shoes (rubber sole)
  » Special shoes (diabetic)
  » **NO** open-back shoes

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✓ **CPAP/BiPAP**
  » Be sure to know the proper settings on your machine at home. Please write the settings down if you are unable to remember them
  » You will be evaluated by a member of our respiratory therapy team
  » Bring your home mask or mouth guard
  » The hospital will supply a machine for you
Arriving at Connecticut Orthopaedic Institute at MidState Medical Center

When you arrive at the hospital, you may use our free valet services or park in the parking lot near the flagpole outside of the Connecticut Orthopaedic Institute.

Once you have entered the Connecticut Orthopaedic Institute, please check in at the registration desk located immediately inside the entrance. A staff member will register you and guide you to the preoperative area, where you will change into a hospital gown and have a short physical assessment.

Then the surgical team will be introduced to you, and anesthesia will discuss their plan. Your surgical site will also be identified.

A staff member will direct your family member or COACH to the waiting area. When you surgery is complete, a staff member will notify your family member or COACH and arrange for them to speak with the surgeon.
Valet Parking Services

MidState Medical Center offers all patients convenient access to the hospital with free valet service provided by LAZ Parking.

**Valet parking business hours**
- 5 am to 8:30 pm, Monday to Friday

**Valet parking during business hours**
- Patient vehicles that pull up to the curb outside the Connecticut Orthopaedic Institute or Medical Office Building will receive a ticket from a parking ambassador.
- All valet vehicles will be parked on the MidState Medical Center campus.
- When it is time to retrieve your car, a staff member will contact a parking attendant.

**How to retrieve your vehicle after business hours**

To pick up your vehicle after 8:30 pm, please follow this procedure:
- Use the Patient Info Line by picking up the black phone on the wall beside the desk at the galleria entrance (Pavilion A). The phone will directly connect to the switchboard. No dialing required.
- Inform the switchboard operator about which vehicle you’re retrieving by using the information on the valet ticket.
- Switchboard will dispatch a Public Safety officer, who will retrieve the keys and escort you to your vehicle.
- Please wait for the Public Safety officer in the seating area adjacent to the Patient Info Line phone.
Meet your team at the
Connecticut Orthopaedic Institute

**Surgeon:** The doctor who is responsible for evaluating the need for surgery and performing the surgery itself. The surgeon will manage your orthopaedic care during your hospitalization and in the office following surgery.

**Primary Care Provider:** A doctor who manages a preoperative evaluation and medical clearance for surgery. They do not manage surgical issues during hospitalization, but may be called upon to assist with any medical issues during your hospitalization.

**Physician Assistant:** Professionals who practice under the supervision of a physician. When your surgeon is not available for immediate hands-on care, the PA will round daily on patients to assist with medication adjustments, dressing changes, test-result monitoring and communicate daily with the orthopaedists on patient care needs.

**Anesthesia Team:** Responsible for safely administering and monitoring anesthesia during surgery and in the recovery room. They will monitor you during your postoperative care for any issues related to anesthesia.

**Nurses:** Nurses are essential in the recovery of all patients after surgery. They have expertise in the care of orthopaedic patients and your postoperative needs.

**Clinical Care Associate:** Under the direction of a licensed nurse, the clinical care associate performs vital sign monitoring, and provides bathing and toileting assistance.

**Physical Therapists/Occupational Therapists:** Therapists are trained to help patients safely start to move after surgery. They will provide reinforcement and education on the surgeon’s directions for walking, sitting, dressing, and movement after surgery.

**Care Management, Nurse Social Worker and Nurse Navigators:** Licensed staff who assisting in the planning, coordination, and monitoring of medical services for the patient with emphasis on quality of care, continuity of services and cost effectiveness.
Anesthesia

There are several anesthetic techniques that may be chosen for total joint replacement surgery. You and your anesthesiologist will discuss all necessary factors prior to surgery and agree upon a plan for your anesthetic.

❖ **Regional Anesthesia (most common)**
  - This is a technique that will numb a particular area or region of the body.
  - Examples include:
    » Spinal Anesthesia
    » Peripheral Nerve Blocks

**Spinals:** A spinal will make you numb from about the waist down to your toes. It lasts only a few hours and you may have a numbing sensation to your legs in the immediate post-operative period.

**Peripheral Nerve Blocks:** A peripheral nerve block may also make your extremity numb and generally lasts for 24-48 hours.

❖ **General Anesthesia**
  - Anesthesia that affects the whole body. You are completely unaware of your surroundings and will not respond to stimulation.

Duration of Surgery

Your surgery will last approximately 1-2 hours. Once the surgery has been completed your family member will be notified a staff member. The surgeon will meet with your family member or COACH and update them on your progress.
Recovery—PACU

- The Post-Anesthesia Care Unit is also referred to as PACU.
- After surgery you will be brought to the PACU where you will be closely monitored as anesthesia wears off.
- The length of stay in the PACU will be determined by many factors such as the type of procedure and the nature of the anesthetic used. You may be in the PACU between one to two hours, but it will depend on your clinical need.
- We may ask that visiting time be limited.
- Please note that no food or drink is allowed for visitors.

While you are in the PACU, the nurses will monitor your blood pressure, temperature, respirations, heart rate and oxygenation levels, as well as continually assess your pain level.

You may have a urinary catheter in place during your surgery, which will likely be removed at the end of your case.

Once the staff determines that you are ready to be transferred to your inpatient room, they will contact the unit and provide a report of your surgical case and time spent in the PACU.
Welcome to the Connecticut Orthopaedic Institute Inpatient Unit!

Inpatient Unit:
Congratulations! You are now ready to start the journey to recovery. Once you have been transported to the inpatient unit, you will be greeted by staff members who will provide direct care to you in the hospital.

These staff members include your nurse, certified nursing assistant, physician assistant, physical therapist, and occupational therapist. They will help you get settled in your room, perform assessments and notify your family member when it is safe to enter your room. You will be working with your physical therapist the day your surgery.
# Mobility

**Mobility Is Medicine!**
Research has shown that early mobilization following surgery can decrease complications. Mobilization (getting in and out of bed, going to bathroom, transferring to a chair) will happen on the day of surgery.

<table>
<thead>
<tr>
<th>Mobility includes</th>
<th>Transfers (includes car transfer training)</th>
<th>Toileting</th>
<th>Stair training</th>
<th>Walking with an assisted device (cane or walker)</th>
</tr>
</thead>
</table>

**Getting Started**

- Mobility may begin on the day of surgery.
- You will receive a Physical and/or Occupational Therapy evaluation and a customized therapy program will be developed.
- **DO NOT** get out of bed without the assistance of a healthcare team member for toileting, transfers, or walking.
- It is best to take your pain medication **prior** to your therapy session to allow better participation.
Your Hospital Stay

Pain Management: Keeping You Comfortable

You will experience surgical pain following surgery. However, we will work with you to help manage your pain appropriately. If you are in pain or discomfort, please tell us. Good pain control takes partnership between you and your caregivers. Managing your pain will help you recover more quickly.

Our Goals:

• Develop a pain relief plan
• Decrease pain to a level that is tolerable
• Determine if pain medication is needed and the appropriate amount

Pain Assessment:

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

• Realistically, a pain score of zero is not attainable after surgery, but a score between a four or five is attainable and acceptable for most patients.

• It is best if you obtain 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.

Pain Scale (0-10)
Lung Exercises—Coughing and Deep Breathing

You will be encouraged to perform simple lung exercises like deep breathing and coughing after your surgery. This prevents lung complications, like pneumonia, from occurring.

What Is An Incentive Spirometer?

• An incentive spirometer helps with deep breathing.
• It is best to use it five to ten times every hour when awake for the first few days after surgery.

Beginning Physical Therapy

There will be physical therapists and occupational therapists assisting you with gaining strength, providing exercises that help increase range of motion and mobility. It is important to do these both before and after surgery. Besides strengthening your arms and legs you are also instilling muscle memory. Prior to surgery you can perform one to three sets of each exercise for ten to thirty repetitions, as tolerated. After surgery, consult with your physical therapist for the appropriate number of exercise, sets, and repetitions.

EXERCISES TO START NOW AND CONTINUE AFTER YOUR HOSPITAL STAY.

Ankle Pumps

• Stretch your toes back towards your knees. Next point them forward away from you.

Hip Abduction/Adduction

• Lie on your back with your knee straight and your toes pointed up. Move your leg out to the side as far as you comfortably can, then slide your leg back to the starting position. If it is too difficult to slide foot along the sheet, you may do this exercise while standing.
Short-Arc Quad Sets
- Roll up a towel or a small blanket and place it under your knee. Straighten your knee while lifting your heel off of the bed. Hold this position for 5 seconds then bring your foot back down to the bed.

Knee Extension
- While sitting upright in a chair straighten your knee. Hold this position for 5 seconds then slowly return to the starting position.

Heel Slides
- Bend your knee and pull your foot back towards your buttocks and then slide it back to the starting positions. If you have hip precautions after surgery this exercise should be done while reclining in bed.

Straight Leg Raises
- Straighten your knee and tighten your thigh muscles. Lift your leg several inches off the bed, and then slowly return it back down to the starting position.
Gluteal Sets

- Squeeze your buttock muscles together. Hold this position for 5 seconds then relax.

Quad Sets

- Tighten your thigh muscles by pushing the back of your knee down into the bed. Hold this position for 5 seconds then relax.

Modified Squats

- Stand while holding onto a counter or table. Bend your knees and squat pushing your buttocks back as though you were going to sit in a chair. Knees should remain behind your toes. Maintain a straight back. If you have hip precautions after surgery, make sure you do not bend more than 90 degrees.

HEEL RAISES

- Stand while holding onto a counter or table. Raise your heels off of the floor, then return to the starting position.
Walking/Ambulation: Your physical therapist will instruct you how to properly transfer out of bed, chairs, and cars. Your therapist will also review assistive devices helping you with proper balance and walking safely. It is expected that you sit up for a few hours in a reclining chair each day, including the day of your surgery.

- **DO** make every attempt each day to increase your walking distance.
- While you are in the hospital you will learn to walk into the bathroom, in the hallway and up and down stairs.

**Hip Precautions Following a Posterior/Lateral Total Hip Replacement**

- **DO NOT** bend at the waist beyond 90°.
- **DO NOT** step until your walker is flat on the floor
- **DO NOT** cross your legs at the knees for at least eight weeks.
- **DO NOT** bring your knee up higher than your hip.
- **DO NOT** lean forward while sitting or as you sit down.
- **DO NOT** try to pick up something on the floor.
- **DO NOT** turn your feet excessively inward or outward.
- **DO NOT** reach down to pull up blankets when lying in bed.
- **DO NOT** stand pigeon-toed.
- **DO NOT** kneel on the knee of the non-operated leg (the good side).
- **DO NOT** use pain as a guide for what you may or may not do.
- **DO NOT** sit in a low chair, soft chair or sofa.
Knee Replacement Precautions

- **DO NOT** step until your walker is flat on the floor.
- **DO NOT** place a pillow directly under the knee. Place under your ankle to promote knee extension.
- **DO** sit in chairs with arms. This will allow you to get up and down more easily.
- **DO** change positions frequently to avoid knee stiffness.
- **DO** push to gain maximum motion of your knee during the first 6-8 weeks after surgery.
- **DO** stay active. When your therapist says you are ready, you should take daily walks, increasing your distance as your strength improves.
- **DO** step on with your operative leg first.
- **DO** ask for assistance, especially in the first few days.
- **DO** elevate your legs throughout the day and apply ice to your knee.
**Blood Clot Prevention**

- Deep Venous Thrombosis (DVT) is a blood clot in a vein. This could occur in either leg. The biggest danger is that a clot breaks off and travels to the lungs. This is known as a Pulmonary Embolism (PE) and it can be life-threatening.

- Signs and symptoms of a blood clot might be:
  - DVT (clot in the leg) - calf pain and/or swelling, warmth, redness, numbness/tingling
  - PE (clot in the lungs) - difficulty breathing, shortness of breath, chest pain, fast heart rate

- Frequent walking is important for blood clot prevention.
- Avoid sitting or lying in one position for long periods of time.
- Additional medical devices and blood thinner medication will be provided to decrease the risk of a blood clot. Be sure to take blood thinner medication as directed by your surgeon.

**Sequential Compression Sleeves**

These sleeves are placed on your calves after surgery. They inflate and deflate automatically and assist in the prevention of blood clots. They are worn while you are in bed and sitting up in a chair.
Transitioning Home

Medication Instructions

• Take all medication as prescribed by your doctor.

• Some people are discharged home with a prescription for injections to prevent blood clots. It is important that you or a family member learn how to perform these injections prior to leaving the hospital. Home care will not come to your home every day for each dose.

• You will be provided instructions about your medications to take after surgery. This will include a list of previous as well as new medications.

• Remember to check with your physician before you begin taking any over-the-counter medications, herbal remedies, and/or supplements.

• Avoid alcoholic beverages while you are taking pain medications.

• Pain medications will be prescribed after surgery.

• Constipation can occur secondary to narcotic pain medications. Increase your intake of water and add additional fiber to your diet. You may also need to take stool softeners and/or laxatives as needed.

• Ask your pharmacist questions you may have regarding your medications and associated side effects.
Showering/Bathing

- Keep your incision dry at all times.
- You may shower when your physician instructs you to do so. When you are able to shower, do **NOT** rub the incision.
- **NO** tub baths, hot tubs, spas, or pools until approved by your surgeon.
- You will receive instructions from your care team about wound-care management and showering.

Exercise

- Please follow the exercise plan that your doctor, physical therapist and/or occupational therapist have established for you.
- Your recovery process and continued health depends on good nutrition, rest and proper exercise.
- It is important to walk daily for short distances and frequently.
- There are no limitations to walking; however, you should avoid long distances, power walking, and treadmills.
- Keep pets away from you when you are walking as they may cause falls or twisting.
Care for Your Incision

Monitoring for signs/symptoms of infection is very important. Our nursing team will educate you on proper incision site management. We pride ourselves on having exceptionally low infection rates. It is important to keep your surgical incision protected and free from germs.

Surgical Dressing/Bandage

- There are different types of surgical dressings your surgeon may use after your surgery.
- Your nurse will discuss proper care of your dressing, as well as provide directions in your after-visit summary.
- Your surgeon will inform you when you are able to begin showering.
- Please cover your bandage while showering until you are told the incision can get wet by your surgeon.
- If skin glue was used, please leave it alone and let it release on its own.
- Do not apply creams, powders or lotions to your incision or the surrounding area.
- Do not scrub or soak your incision until cleared by surgeon.
Other Important Information

- Some degree of swelling is expected after joint replacement surgery. Elevation, ice and motion are helpful in decreasing the swelling. You should elevate your ankles above your heart during the day to decrease swelling. If severe swelling persists, call your surgeon.

- It is essential that you inform your dentist that you have had a total joint replacement, as you may need preventative antibiotics prior to having your teeth cleaned or other dental procedures.

- If you have any procedures following your total joint replacement, inform that doctor that you have an implant. **Your joint replacement surgery is now an important piece of your past medical history.**

Transitional Care Planning

Length of Stay

Our goal is to have you recover at home as soon as possible in a familiar and comfortable setting. Occasionally, a stay at a rehabilitation center may be necessary. Be aware that a rehabilitation stay must first be approved by your surgeon and insurance company.

- Most people go home 1-2 days after surgery. **PLEASE NOTE:** length of stay in the hospital is based on medical necessity and not physical capabilities.

Patients are responsible for making their follow-up appointment with their surgeon post-operatively.

Home Care Services

If homecare services are medically required they will begin the day after you return home. The frequency of your services will be discussed with you prior to leaving the hospital. This service will be arranged prior to leaving the hospital.
DO NOT FORGET!

- It is important that you fully understand your transitional care plan to ensure your continued healing, safety, and comfort. You will receive these instructions in writing before you leave the hospital.

- Before you leave the hospital ask questions about all of your medications. Be sure you know what medications are being prescribed, the proper dosage, how, and when to take the medication.

- Be informed about your health condition (ask the care team if you do not understand any information shared with you) and what you can do to help facilitate your recovery.

- **NO** driving while on narcotic pain medication. When you are allowed to drive will be decided by your surgeon.
Milestones: Total Hip Replacement

**By the end of week two, make every attempt to:**

- Walk at least 500 feet or more with your walker, crutches, or cane as instructed
- Go up and go down a full flight of steps with a rail, one foot at a time as tolerated
- Bend your hip 90 degrees
- Straighten your hip completely by lying flat for 30 min several times per day
- Shower and dress by yourself with adaptive equipment
- Gradually resume light home duties with help as needed

**By the end of week four make every attempt to:**

- Complete any remaining goals for week 1-2
- Walk the distance of ¼ mile or greater without an assistive device
- Go up and go down a full flight of steps with a rail more than once per day
- Bend your hip to 90 degrees unless told otherwise
- Resume all light home duties with help as needed without bending forward beyond 90 degrees unless cleared by your doctor

**By the end of week six make every attempt to:**

- Complete any remaining goals from weeks 1-4
- Walk without an assistive device for ½ mile or more
- Go up and down stairs (with a rail) from one foot to another in a normal fashion
- Bend your hip to 90 degrees
- Resume all light home duties by yourself
- Return to light work duties if approved by our surgeon

**By the end of week twelve make every attempt to:**

- Complete any remaining goals from weeks 1-6
- Walk independently without a limp
- Go up and down stairs with a rail
- Resume all home duties and low impact activities
Milestones: Total Knee Replacement

By the end of week two, make every attempt to:

• Walk 500 feet or more independently, with your walker, crutches, or cane as instructed
• Go up and down full flight of steps with a rail as tolerated
• Bend your knee 90 degrees or more
• Straighten your knees completely by lying flat for 30 min several times per day, place a towel under your ankle
• Shower and dress by yourself
• Gradually resume light home duties with help as needed

By the end of week four, make every attempt to:

• Complete any remaining goals from week 1-2
• Walk approximately ¼ of a mile at a time with no breaks
• Go up and go down full flight of steps with a rail more than once per day
• Bend your knee to 105 degrees or more
• Straighten your knee by placing your foot on a stool for a ½ hour several times a day
• Resume light home duties with help as needed

By the end of week six, make every attempt to:

• Complete any remaining goals from weeks 1-4
• Walk the distance of approximately ½ mile at a time with no breaks
• Go up and down stairs with a rail
• Resume all light home duties by yourself
• Return to light work duties if approved by your surgeon

By the end of week twelve, make every attempt to:

• Complete any remaining goals from weeks 1-6
• Walk independently without a limp ½-1 mile with no breaks
• Go up and down stairs with a rail
• Maintain your knee flexion at 105 degrees or more
• Straighten your knee by placing your foot on a stool for half an hour several times a day
• Resume light home duties with help as needed
• Resume all work duties and low impact activities
CONGRATULATIONS!

You are well on your journey to recovery! Thank you for trusting us with your care.

Should you have any questions before or after your procedure please do not hesitate to call our nurse navigators at 203.464.7819 or 860.384.8614.