Hip & Knee Replacement
Patient Guidebook

Connecticut Orthopaedic Institute
St. Vincent’s Medical Center
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Welcome to the Connecticut Orthopaedic Institute at St. Vincent’s Medical Center
2800 Main Street, Bridgeport, CT 06606

On behalf of COI at St. Vincent’s, 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 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 and bring it with you to all appointments.

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 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.

To register for the class, please call 833.431.0013

When registering, please indicate you are having surgery at St. Vincent's Medical Center. After you have scheduled your class, you will receive a confirmation letter by mail.

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

Coach support is strongly encouraged throughout the process.

My class

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<th>Date</th>
<th>Time:</th>
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Location:
Pre-Admission Center (PAC)

The Pre-Admission Center at St. Vincent’s Medical Center offers comprehensive pre-operative testing and medical clearance for all patients scheduled for elective surgery. All joint replacement patients will make one visit to the Pre-Admission Center before the surgery for the following:

SERVICES

- Anesthesia evaluation
- Patient Education for Enhanced Recovery After Surgery
- Pre-op nasal screening for reducing infection risk
- Blood draw for Type and Screen if required for your procedure
- A physician or APRN can provide a medical clearance exam

In addition, the Pre-Admission Center Testing can complete any needed testing for medical clearance including EKG, blood draw for labwork and chest x-ray if needed. Please indicate to your surgeon’s office or Primary Care Provider that you would like your pre-op testing completed here.

APPOINTMENTS

- Patients may schedule an appointment by calling 475.210.5682
- Surgical coordinators may schedule for you

LOCATION

- St. Vincent’s Medical Center
- 2800 Main Street, Bridgeport CT 06606
  - Enter via Main Entrance, report to Registration in the Main Lobby
  - Parking will be validated for this visit

HOURS

Monday to Friday 8am to 3pm
Closed weekends and major holidays
St. Vincent's Mission and Vision

Our vision is to be nationally respected for excellence in patient care and most trusted for personalized, coordinated care.

At St. Vincent’s Medical Center, our mission is to provide quality, holistic care to all faiths in order to sustain and improve the health of individuals and communities. Our vision is to be nationally respected for excellence in patient care as we set the standard for care you can trust.
RecoveryCOACH™

An interactive online coach designed to help you feel prepared and comfortable throughout your surgical journey.

It’s designed to help you every step of the way, right when you need it—before, during and after your surgery:

- Review educational materials prior to surgery
- Communicate with your St. Vincent’s team about preparation for surgery, and then later, your recovery progress
- Understand what to expect after surgery and manage your recovery with exercises and self-care
- Share information with family members so they can better support you

How do you access RecoveryCOACH?

Your orthopaedic navigator will automatically enroll you when your surgery is scheduled. You will receive an email with login instructions. This is a personalized tool you or a designated family member can use on any computer, tablet or smartphone.

For technical support, or to reset your password, contact the Help Desk at 1.833.419.2509 or patientcare@myrecoverycoach.com.

The mobile app is available for iPhone users on the App Store and on Google Play for Android users. Search RC-COACH to download.

www.myrecoverycoach.com
Directions to St. Vincent's Medical Center
2800 Main Street, Bridgeport, CT 06606

St. Vincent’s Medical Center is located at 2800 Main Street in Bridgeport. It is easily accessible from the Connecticut Turnpike (I-95) and the Merritt Parkway (Route 15). The Medical Center occupies a city block in Bridgeport’s North End.

Via the Connecticut Turnpike from either direction—New Haven or New York
Take Exit 27A in Bridgeport onto Route 8/25 toward Trumbull to Exit 4 (Lindley Street). Exit left on to Lindley and proceed three blocks to Hawley Avenue. Turn Left onto Hawley and proceed two blocks. Turn right into the driveway. The 10-story building is highly visible from Route 8/25.

Via Merritt Parkway (Route 15) from New York City
Take Exit 48 onto Main Street and proceed 2.5 miles. The Medical Center is on your left. Turn left onto Hawley Avenue (first street past Medical Center) and proceed to the driveway on the left.

Via Merritt Parkway (Route 15) from New Haven
Take Exit 52 onto Route 8 toward Bridgeport. Keep right after the merge with Route 25. Take Exit 5 (Boston Avenue) and bear left to Summit Street. Proceed on Summit and then turn left onto Main Street. Continue three blocks, passing the Medical Center on your left, and turn left onto Hawley Avenue. Proceed one block and turn left into the Medical Center driveway. Alternate route is to remain on the Merritt Parkway to Exit 48. Turn left on Main Street and proceed for 2.5 miles to Medical Center.
Lodging

Trumbull Marriott
Located 4 miles from St. Vincent’s, the Trumbull Marriott offers comfortable and convenient accommodations. For online reservations: Marriott.com – use code: S5U
If you are calling directly, please mention our St. Vincent’s rate.

Trumbull Marriott
180 Hawley Lane
Trumbull CT 06611
203.378.1400

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, especially infections, after surgery. Nicotine delays 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 orthopaedic 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.

(Continued on next page)
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. After surgery, please talk to your surgeon to establish if you need antibiotics prior to future dental visits.

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. "Prehab" exercises before surgery are important to support your recovery after surgery. Please review the exercise pages included on pages 23-27 and set daily goals to your ability.

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, especially in the days just before and after your surgery.
- If your appetite is decreased after surgery, include protein in your diet. Protein shakes are a good addition to your daily intake if needed.

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

A blood test performed prior to surgery is called Hemoglobin A1c. This measures 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. Maintaining control over your blood sugar level is important after surgery for proper healing.
Importance of having a COACH

Coordinate Orthopaedic Awareness & Collaborate Healing

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, especially when you return home. COACHes should be available to drive you to appointments or therapy sessions until you are cleared by your surgeon to drive yourself.

The St. Vincent’s Orthopaedics team believes patients respond well to assistance from their COACH. Their encouragement and support will help you progress during recovery. If you live alone, it is important that you plan to have someone to stay with you for the first few nights at home. You will need to plan for this before surgery happens. Some people will have a team of “COACHes” who are available to help with errands, meals, household chores and rides in addition to having one of them stay with you for the first few nights at home. Please identify here who you can rely on after surgery and note their phone number for your convenience:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
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Preparing your home for after surgery

It is recommended 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. If you have a large co-pay or can purchase your own equipment, online retailers including Amazon, Home Depot and Walmart offer competitive pricing and home delivery.

- You may find these items at medical supply companies. Also, many town senior centers have DME loaner programs.

- The Seton Shoppe at St. Vincent’s Medical Center offers “the hip kit” at low cost. This kit includes a reacher, long-handled shoehorn and bathing sponge, dressing stick and sock aid for purchase for any patient. Please ask staff for assistance.

- 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>Total Hip Needs:</th>
<th>Total Knee Needs:</th>
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<tbody>
<tr>
<td>Walker w/2 wheels</td>
<td>Walker w/2 wheels</td>
</tr>
<tr>
<td>Cane</td>
<td>Cane</td>
</tr>
<tr>
<td>Toilet seat riser</td>
<td></td>
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</table>

### Recommended/Optional Items

- 3-in-1 commode
- Elastic shoe laces
- Hand-held shower head
- Long-handled shoehorn
- Long-handled reacher/grabber
- Long-handled bath sponge
- Permanent (installed) grab bar for shower/tub. No suction cup grab bars
Making your home safe

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

1. Light all walkways throughout the house – especially on stairs and along the area between the bedroom and bathrooms. Be sure walking areas are wide enough for you to get through with your walker.
2. Remove all throws or scatter rugs.
3. Tie up loose lamp cords, electrical cords or extension cords so the bottom of the walker or crutch cannot get caught.
4. Make sure the railings on all stairs are secure.
5. Wear footwear that fits well and has a nonskid sole, such as sneakers. Shoes that close with Velcro® and have a flat heel are recommended. Women should avoid wearing high-heeled shoes.
6. Have floors fixed that are uneven or in disrepair.
7. Apply non-slip surfaces to the bathtub and shower floors. A railing may be installed in the shower area for assistance.
8. In winter, have all sidewalk and driveway surfaces maintained in a dry condition clear of ice and snow.
9. Avoid highly polished floors.
10. Remove clutter in all walkways and from the stairs.
11. Chairs and sofas should be of a height to permit easy sitting and standing.
12. Arrange your kitchen work center for convenience. Keep all utensils, dishes, pots, and pans in a reachable area - not too high or too low.
13. Be cautious with pets – if you can, ask someone else to care for them temporarily. If they remain at home, consider adding a bell to the collar so you know their location easily. Even well-trained pets, large or small, can trip you accidentally.
14. If you are planning for same-day discharge, you will need someone present at home with you for the first 24 hours.

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.
Pre-op Showering Instructions

Before surgery, you can play an important role in your own health. You can reduce the number of germs on your skin by carefully cleansing before surgery. Following the instructions provided 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.

You need to shower daily with CHG soap the night before your surgery and in the morning before arriving at the hospital. Add at least two tablespoons of CHG soap to a clean washcloth to lather your skin taking care to avoid eyes, ears, and genital area.

You will receive a bottle of CHG soap at your pre-operative joint replacement class or when you visit the Pre-Admission Center. Below is a picture and instructions on how to apply the CHG soap.

**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.

![Image of showerhead and CHG bottle]

**Turn the shower on and rinse off your entire body.**

1. Using a CLEAN wash cloth, apply the solution to your body.
2. Wash completely from the neck down, avoiding the private areas.
3. Allow the solution to dry for 2-3 minutes.
4. Turn the shower back on and rinse off completely. Dry off with a clean towel.
5. **DO NOT** use perfume, deodorant, powders, or creams after using the skin cleanser on the day of surgery.
6. Avoid shaving your legs for at least three (3) days prior to surgery. Any needed hair removal will be done at the hospital with surgical clippers.
The **night before** your surgery

**Do not eat anything after midnight**
(at least 8 hours before surgery)

You may drink clear liquids up to two hours prior to arrival at the hospital. This includes water, Gatorade, Powerade, or apple juice. General guidelines are to drink between 8-16 ounces to help reduce nausea and dehydration after surgery.

**FOR DIABETIC PATIENTS** – we encourage you to substitute G2, a low sugar version of Gatorade.

- No food, hard candy, or gum on the morning of surgery.
- Water is allowed up until 2 hours prior to arrival at the hospital.

The **morning of** your surgery

- Shower using the CHG solution per instructions on the previous page.
- You may brush your teeth.
- **DO NOT** use perfume, deodorant, powders, creams, makeup or nail polish.
- Wear comfortable clothing that is easily removed. Pack a clean, comfortable outfit for the next day.
- 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.
Items **to bring** to the hospital

- Two forms of Identification
  - Picture Identification
  - Insurance Cards
- Eyeglasses with case (NO CONTACTS)
- Hearing aids, or dentures, with case – these will be removed and stored during surgery
- Cell Phone, tablet, Kindle etc. Please have your family member hold these for you while in surgery.
- **DO NOT** bring large amounts of money or valuables. You will only need a form of payment for any surgical copays or to fill prescriptions at the Outpatient Pharmacy when you are discharged.
- **DO** remove all jewelry (wedding rings must be removed)
- Clothing/Footwear – pack a fresh outfit for the next day
  - Loose fitting clothes (shorts, sweatpants)
  - Slip resistant shoes (rubber sole)
  - Special shoes (diabetic)
  - **NO** open-back shoes, flip flops or loose slippers
- CPAP/BiPAP
  
  Please bring your device with you if you expect to spend the night at the hospital.

What **not to bring**

- Money
- Valuables / Jewelry
Arriving at the Connecticut Orthopaedic Institute at St. Vincent’s Medical Center

When you arrive at SVMC, you may park yourself or use the free valet service. Enter through the Main Entrance and take the Main Lobby Elevator to the 3rd floor. Please enter the Galleria where our Registration Associate will check you in and verify your information. It is important to have your identification and insurance cards with you. Once you are checked in, please remain in the Galleria until the team calls for you.

A staff member will escort you inside the Pre-op Holding Area and begin asking questions about your health history. You will be asked to change into a hospital gown and there is a brief physical exam. Your family or COACH will join you once this is completed. Your nurse will start an IV in your arm. The anesthesia team will introduce themselves and explain their part of the procedure. Your surgeon or the physician assistant working with your surgeon will talk with you and mark the surgical site with a special pen. Please DO NOT mark yourself; regular pens interfere with cleansing preps and may leave tiny openings that allow germs to enter.

You will be provided with chlorhexidine wipes and an oral rinse as part of the infection prevention protocol. Your nurse will explain how to use them and apply an anti-microbial solution (povidone-iodine) to the inside of your nose as a final step before entering the OR.

When it is time to enter the Operating Room, your family member or COACH will be directed to the waiting area. Your surgeon will contact a family member or person chosen by you after the surgery.
Valet parking services

St. Vincent’s offers all patients convenient access to the hospital with free valet service provided by LAZ Parking.

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

**Valet parking during business hours**
- Patient vehicles that pull up to the curb outside the main entrance will receive a ticket from a parking ambassador.
- All valet vehicles will be parked on the campus.
- When it is time to retrieve your car, return to the valet podium with your valet ticket.

**How to retrieve your vehicle after business hours**
To pick up your vehicle after 8pm, please follow this procedure:
- Any keys left after 8pm will be turned over to the Security Department
- Please ask any staff member to call Security at 210-5543 for assistance – have your valet ticket available.
Meet your team at St. Vincent's Medical Center

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

**Hospitalists:** Hospitalists are internal medicine physicians, physician assistants or APRNs who specialize in seeing patients only in the hospital. Hospitalists have the same training as other internal medicine doctors including medical school, residency training, and board certifications. A hospitalist may be included to assist in managing any medical concerns during your hospital stay.

**Advanced Practitioners:** These are healthcare professionals including Physician Assistants (PAs) and Nurse Practitioners (APRNs) who practice under the supervision of a physician. When your surgeon is not available for immediate hands-on care, the PA or APRN 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. At SVMC, we have a dedicated team of Orthopaedic Physician Assistants on-site 24 hours per day, 7 days per week. The hospitalist team includes PAs and APRNs who are also available with 24 hour coverage. The anesthesia team also includes APRNs.

**Anesthesia Team:** This team is 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 to care in the recovery of all patients after surgery in both the recovery room and on the orthopaedic floor after surgery. They have expertise in the care of orthopaedic patients and your postoperative needs. Many of our nurses have an orthopaedic certification – a mark of excellence among those in the profession who are committed to providing the best care for orthopaedic patients.

**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:** Physical Therapists are trained providers who teach patients and families how to walk and exercise after surgery to regain mobility and improve overall physical strength and ability. Occupational Therapists work with you to ensure you can accomplish daily activities like bathing and dressing with any physical limitations during the recovery process. Both will ensure you follow any activity precautions you may have as directed by your surgeon.

**Care Management, and Orthopaedic Navigators:** These are licensed staff that assist in the planning, coordination, and monitoring of medical services for the patient with emphasis on quality of care, continuity of services and cost effectiveness. The Orthopaedic Navigators will be in contact with you prior to surgery, throughout the process, and then up to 90 days after your surgical procedure. Your navigator is there as a resource for you; please do not hesitate to call with any questions before, during or after your hospital stay. The Ortho Navigators work as a team and will be assigned to you based on which pre-op class you attend.
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 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.

Sedation is given through your IV with the spinal anesthetic so you will be sleeping comfortably throughout your surgery.

**Peripheral Nerve Blocks:**

A peripheral nerve block may also make your extremity numb and generally lasts for 24-48 hours. These are used in addition to anesthesia to help reduce post-operative pain.

**General Anesthesia**

Anesthesia that affects the whole body. You are completely unaware of your surroundings and will not respond to stimulation. General anesthesia is reserved for use in cases where spinal anesthesia may not be possible or recommended.

**Duration of surgery**

Your surgery will last approximately 1-2 hours. Once the surgery has been completed, your family member or COACH will be notified by a staff member. The surgeon will also meet with your family member or COACH to 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 30 minutes to two hours, depending 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, respiarations, heart rate and oxygenation levels, as well as continually assess your pain level.

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 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, PA/APRN, physical therapist, and occupational therapist. They will help you get settled in your room, perform assessments and notify your family member or COACH when it is safe to enter your room. You will be working with your physical therapist the day your surgery. You will be walking with staff assistance on the day of your surgery and most patients will begin therapy that afternoon or evening.
Mobility

Mobility is medicine!
Research has shown that early mobilization following surgery can decrease complications and will increase the quality and speed of your recovery.

Getting started

- Mobility will begin on the day of surgery.
- You will receive a Physical and/or Occupational Therapy evaluation where a customized therapy program will be developed for you.
- **DO NOT** get out of bed without the assistance of a healthcare team member for toileting, transfers, or walking.
- If needed, you may take pain medication prior to therapy sessions to allow for better participation.
- Patients staying in the hospital will be assigned to a joint class session for the next day. Encourage your COACH to attend with you for additional education and support.

Mobility includes

- Transfers (includes car transfer training)
- Toileting
- Stair training
- Walking with an assisted device (cane or walker)
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 that is multimodal (using a variety of options) and minimizes opioid use.
- Ensure you are at a level of comfort that is tolerable--allowing you to walk, exercise and participate with therapy.

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.
- Do not allow your pain to get severe. Keeping your level of comfort more consistent usually means you need less opioids. It is recommended that you take Tylenol (acetaminophen) on a schedule for a few weeks to help support this.

Pain scale (0-10)

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<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Can do most activities with rest periods</td>
</tr>
<tr>
<td>1-2</td>
<td>Unable to do some activities because of pain</td>
</tr>
<tr>
<td>3-4</td>
<td>Unable to do most activities because of pain</td>
</tr>
<tr>
<td>5-6</td>
<td>Unable to do any activities because of pain</td>
</tr>
</tbody>
</table>

Pain is present but does not limit activity

Pain is present but does not limit activity

Pain is present but does not limit activity

Pain is present but does not limit activity

Pain is present but does not limit activity
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 to keep your lungs healthy 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, mobility and activities of daily living. 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.

Shoulder abduction
Stand holding weights in hands and palms inward. Lift arms up and out to sides at shoulder level. Lower and repeat.
Tricep extension
Start with both arms at side, holding weight. Keep elbow straight, raise one arm in front, then overhead and bend elbow. Extend elbow and lower arm back to side.

Shoulder raise
Hold weight in hand. Keeping elbow straight, raise hand to shoulder height.
Lateral row

Hold weight in one hand.
Slightly bend hips and knees, supporting upper body as shown.
Lift arm up, raising elbow to shoulder height.
Return to start position and repeat.

Chart your progress!

Use the charts on Pgs 40-41 to track your physical therapy progress.
Walking/Ambulation:
Your physical therapist will teach you how to properly get out of bed, chairs, and cars. Your therapist will also review assistive devices to aid you with proper balance and walking safely. You will be expected to 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 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** cross your legs at the knees or ankles.
- **DO NOT** bring your knee up higher than your hip.
- **DO NOT** try to pick up something on the floor.
- **DO NOT** turn your feet excessively inward or outward. No pivoting or twisting.
- **DO NOT** reach down to pull up blankets when lying in bed.
- **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.

### Hip precautions following anterior total hip replacement

- **DO NOT** lunge with operative leg extended behind you.
- **DO NOT** turn your affected leg so that your toes are pointed outward.
- **DO NOT** cross your legs in a “figure of 4” pattern – that means resting the foot of your affected leg on the opposite knee.

*Do not cross your operated leg or ankle.*
Knee replacement precautions

- **DO NOT** place a pillow directly under your knee. If you need to elevate your leg, place the pillow under your ankle.

After all surgeries

- **DO** sit in chairs with arms. This will allow you to get up and down more easily.
- **DO** change positions frequently to avoid stiffness.
- **DO** push to gain maximum motion of your hip or 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 surgical site on and off throughout the day.

Driving after all joint replacement surgery

- **DO NOT** drive until you are cleared to do so by your surgeon.
- **DO NOT** drive while taking prescription pain medicine.
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

- It is important that you take the anticoagulant (blood thinner) exactly as prescribed for you after surgery.

- Frequent walking is important for blood clot prevention.

- Avoid sitting or lying in one position for long periods of time.

- Wear compression stockings as directed by your surgeon, usually for several weeks after surgery. You will receive a second pair when you are discharged.

- Perform ankle pumps as instructed by Physical Therapy while you are seated. Try to do this several times throughout the day when you are seated and resting.

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.
Transitioning home

Medication instructions

■ Your discharge paperwork will include a list of any new medications along with your previous medications.
■ Follow prescribed instructions for each medication.
■ Remember to check with your physician before you begin taking any over-the-counter medications, herbal remedies, and/or supplements.
■ Avoid alcoholic beverages after surgery. It is advised to avoid alcohol while on blood thinners or pain medications.
■ Constipation is a common side effect when taking narcotic pain medications. Increase your intake of water and add additional fiber to your diet. You will likely need to take stool softeners and/or laxatives as needed while taking narcotics. Many people benefit from using a stool softener with a gentle laxative such as Senna Plus or Miralax along with drinking plenty of water.
■ Ask any member of your care team questions you may have regarding your medications and associated side effects.
■ Please call your Orthopaedic Navigator with any questions about medications.

Outpatient Pharmacy

SVMC offers an Outpatient Pharmacy for your convenience, located just off the Main Lobby

We can fill your discharge medications here for pickup or delivery to your bedside, Monday through Friday, to eliminate stopping on your way home. Most insurance plans are accepted along with all forms of payment for any copays you may have. Any refills can be transferred to your home pharmacy. In addition to the Meds 2 Beds bedside delivery program, a pharmacist can talk with you about your medications while you are in the hospital. Please let your care team know if you would like to use the Outpatient Pharmacy. Payment for your prescriptions can be made with cash, check, credit card, or Apple Pay. Please bring your preferred payment method with you or have it available prior to discharge. You can call the Outpatient Pharmacy at 203.576.5713.
Showering/bathing

- Most people have a waterproof dressing applied before leaving the hospital.
- You may shower when your physician instructs you to do so. Have someone in the house when you are showering for the first time for safety.
- When your bandage is removed do not rub the incision or apply creams.
- **No tub baths, hot tubs, spas, or pools** until approved by your surgeon.
- You will receive instructions from your care team upon discharge about wound-incision/dressing care management and showering.

Exercise

- Please follow the exercise plan that your doctor, physical therapist and/or occupational therapist have created 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

- Your nurse will discuss proper care of your dressing, as well as provide directions in your transition paperwork.
- Your surgeon will inform you when you are able to shower.
- 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

- Swelling is expected after joint replacement surgery. Elevation, ice and motion are helpful in reducing swelling. You should elevate your ankles periodically throughout the day to decrease swelling. If severe swelling persists, call your surgeon.

- Ice your surgical site frequently. Many use wraps with gel inserts that can be replaced, ice packs or refillable bags of ice.

- Never apply ice directly to bare skin – use a clean soft cloth for protection. Apply ice for short periods of time and then take a break for the same amount of time.

- Keep moving – follow your therapist’s exercise program and take frequent short walks throughout the day.

- Inform your dentist that you have had a joint replacement, as you may need preventative antibiotics prior to having any dental procedures. Maintaining good dental care after joint replacement is an important part of keeping your new joint healthy and reducing infection risk.

- 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 surgical history. It is important that all healthcare providers know about your joint replacement and that you treat any future illnesses-infections appropriately.

Transitional care planning

Length of stay

Most people go home the day after surgery. Have your ride prepared to pick you up before lunchtime. Teams round every morning and will confirm this for you after your morning Joint Class. PLEASE NOTE: length of stay in the hospital is based on medical necessity. Have your COACH present and ready to assist you at home as needed.

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

Occasionally, a stay at a rehabilitation center may be necessary. Be aware that a rehabilitation stay must first be approved by your insurance company. Your case manager will work with you and your care team if a rehab stay is needed.

Home care services

If homecare services are medically required they will begin the day after you return home. The frequency of your services are based on insurance coverage, your needs and surgeon’s preference. These services are arranged by your case manager in the hospital or your surgeon’s office if you are not expected to stay overnight. Some patients may be candidates to start physical therapy as an outpatient right away and won’t need home care visits. This is something you and your surgeon will discuss before surgery.
Do not forget!

- It is important to fully understand the transitional care plan to ensure your continued healing, safety, and comfort. You will receive these instructions in writing before leaving 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, and how and when to take the medication.

- Be informed about your health condition and any side effects (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. You will be informed by your surgeon’s office or home therapist when driving can be resumed.
Milestones: total hip replacement

By the end of week two
- 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 with adaptive equipment
- Gradually resume light home duties with help as needed

By the end of week four
- Achieve 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
- Achieve 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) in step-over-step 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
- Achieve 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**
- 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 with adaptive equipment as needed
- Gradually resume light home duties with help as needed

**By the end of week four**
- Achieve 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**
- Achieve 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**
- Achieve 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 one of our orthopaedic navigators:

Jenna Calderone 860.414.9508
Tashua Malino 203.707.9597
Chart your progress!

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