OrthoNY Clifton Surgical Suites

Clifton Park

Guidebook for

Outpatient

Hip and Knee

Replacement

Rev 9.3.26

OrthoNY

Saving and Preserving Lifestyles

Guidebook for Your Outpatient Joint Replacement

OrthoNY Surgical Suites

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SECTION ONE: GENERAL INFORMATION

WELCOME

We are pleased that you have chosen **OrthoNY**. We pride ourselves in providing all those extras that make us unique and different with respect to the orthopedic care you expect to receive. We provide quality orthopedic care where and when you need it.

We are also excited that you and your physician have agreed that you are a candidate for outpatient joint replacement! Each year more than 700,000 people in the United States make the decision to undergo Joint Replacement Surgery. Our team of physicians performs over 3,000 joint replacements each year. ***Our mission is saving and preserving lifestyles!***

Your decision to have elective joint replacement surgery is the first step toward a healthier lifestyle. Our program is designed to get you home to heal and return you to an active lifestyle as quickly as possible.

Your health care is a cooperative effort among you, your doctor, and the OrthoNY staff. Your team includes physicians, physician assistants, nurses, case managers, and rehabilitation professionals specially trained in outpatient total joint care.

A comprehensive course of treatment has been planned for you. Our outpatient joint replacement program eliminates hospital stays and supports your quick recovery. We believe that YOU play a key role in promoting a successful recovery and your team along with this comprehensive guidebook will be there with you each step of the way.



16 Maxwell Drive, Clifton Park, NY 12065

USING THE GUIDEBOOK

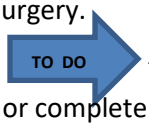
The information in this guidebook is designed to help you through your joint replacement surgery and recovery process by teaching you:

- How to prepare for your surgery
- What to expect on the day of surgery
- What you will need to do during your recovery
- How to live with a joint replacement and be as independent as possible

Many aspects of the preparation, procedure, and recovery between a knee and hip replacement are similar. However, there are certain aspects of the recovery process that are unique to your new knee or hip. Because of that we have created this guidebook to prepare you for your outpatient joint replacement surgery but also address your individual needs dependent on the joint you and your surgeon have decided to replace.

PLEASE READ THIS BOOK AND KEEP CLOSE AT HAND. It has several useful pieces of information and tools to help guide you through the process as smoothly and efficiently as possible. You should refer to this guide before, during, and after your surgery. You and your support team or "coaches" should read through this book carefully as it covers many details.

PLEASE COMPLETE ITEMS IN THE BACK OF THIS BOOK. Please read and complete everything given to you. The items in the back of this guidebook that we ask you to fill out play an important role in helping us prepare you for surgery.

When you see these arrows 

that means there is an appendix in our Resources section that we want you to review or complete.

Members of your team may add or change any recommendations in the guidebook to make it specific to you and your needs. Always use their recommendations first and ask questions if you are unsure of any information.

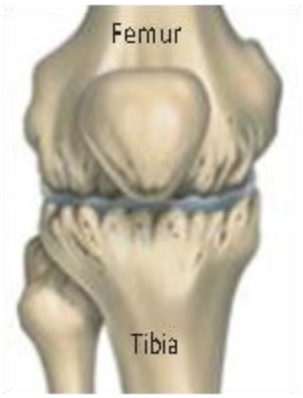
OUTPATIENT JOINT REPLACEMENT – WHAT IS IT?

An outpatient total joint replacement is an advanced alternative to traditional inpatient care to replace the damaged compartments of your joint. We replace the damaged areas with an artificial covering in the outpatient setting, avoiding hospital stays so that you can get home and start on your road to healing and improving your quality of life quicker!

TOTAL KNEE REPLACEMENT



NORMAL KNEE

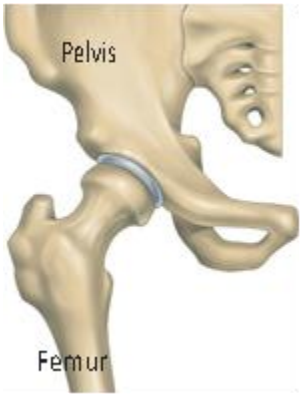


ARTHRITIC KNEE

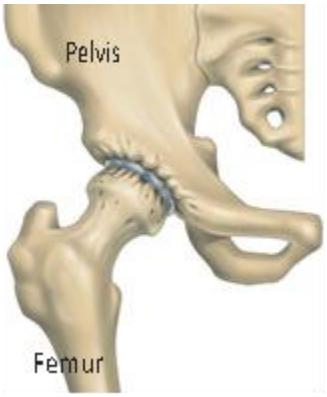


AFTER KNEE REPLACEMENT

TOTAL HIP REPLACEMENT



NORMAL HIP



ARTHRITIC HIP



AFTER HIP RELACEMENT

OVERVIEW OF THE OrthoNY SURGERY CENTERS

OrthoNY offers a unique program. Each step is designed to encourage the best results after surgery. Features of the program include:

- Dedicated team members trained to work with outpatient joint patients.
- Family and friends participating as "coaches" in the recovery process.
- A comprehensive patient guidebook
- Education and materials about pain management
- Education to prepare you for surgery.
- Personal assistance to guide you through the surgery process and follow-up once home.

Your Joint Replacement Team

Orthopedic Surgeon – The orthopedic surgeon is the specially trained doctor who will perform the procedure to repair your damaged joint.

Physician Assistant (PA) – The PA works closely with your doctor to prescribe, diagnose, and treat health care problems. Physician assistants often see you before, during, and after your joint replacement surgery.

Case Manager – The Case Manager is a licensed RN or Physical Therapist (PT) who is responsible for guiding you through your joint replacement process. Case Managers will be in contact with you throughout the process to ensure you have made all necessary preparations for surgery. They provide one-on-one support based on YOUR needs. At OrthoNY, Case Managers are unique to our team. We feel your communication and relationship with them is important to your preparation and recovery after surgery.

Registered Nurse (RN) – The RN is a professional nurse from the surgery center who will be involved in your Pre-Surgical Nurse Interview as well as your nursing care on the day of surgery. RNs offer support and educational information to you and your family about health, safety, and discharge needs.

Physical Therapist (PT) – The therapist will guide your return to functional daily activities. They will train you and your coach in safe mobility and teach exercises designed to regain your strength and motion after surgery once you are home. They often also teach you about performing daily tasks such as dressing and bathing with your new joint and can show you how to use special equipment that can assist you if needed. As a part of our program, you will see a therapist BEFORE surgery. Your post-operative physical therapy will be dependent on what you and your surgeon feel is needed to best support your recovery.

Patient Care Assistant/Coordinator (PCA/PCC)– The PCA/PCCs are your surgeon's dedicated assistants in the office that will schedule your surgery and coordinate some pre-surgical care and serve as an office contact throughout the pre- and post-surgical process. They are also responsible for assisting you with any FMLA and Disability paperwork that needs to be completed.

IMPORTANT INFORMATION ABOUT CARE SENSE

Our team at OrthoNY has put together content that will be sent to you, via Care Sense, that has been written by your care team. Care Sense is a mobile app provided by our office to help you manage your recovery at home and for your care team to monitor your progress.

You will be receiving patient satisfaction surveys as well as self-reported outcome measures. Self-reported outcomes measures are questionnaires that allow us to evaluate both short-term and long-term outcomes after your surgery. The questions will ask you about mobility, pain, function, and your quality of life.

You will also be receiving real-time messages via text and e-mail throughout the pre-surgical process and post-surgical process to service as reminders and support. The feedback from patients who have been through the surgical process with the support of Care Sense has been overwhelmingly positive. We strongly encourage you to take advantage of this tool.

We ask that you please be on the lookout for surveys being sent by Care Sense. The information is valuable because it helps your care team know how you are doing and helps us maintain high-quality patient care.

SECTION TWO: GETTING AND STAYING FIT FOR SURGERY

DIET, NUTRITION, AND WEIGHT

A healthy diet is important before and after surgery. A balanced diet includes lean meats, fruits, vegetables, healthy fats, and low sugar. Improving your nutritional health can improve healing after surgery and lessen your risk of a wound infection. Make sure you include adequate amounts of protein in your diet to support muscle and soft tissue healing. If you need to increase your protein intake we suggest talking to your doctor and possibly adding in protein or nutritional shakes for a few weeks prior to surgery.

Maintain a healthy weight. If you are overweight, losing weight will lessen stress on your joints and your risk for problems with surgery. If you are too heavy or gain weight during the preparation process, your surgeon may delay your surgery and ask you to lose weight.

DIABETES

Patients with diabetes have a higher risk of problems with surgery, including infection following joint replacement. The A1C is a blood test that shows your average blood sugar over the past 3 months. If your A1C is greater than 8, your surgeon **WILL** delay your surgery and ask you to see a doctor who specializes in treating diabetes. If you do not know your hemoglobin A1C, ask your primary doctor.

FLU/PNEUMONIA/COVID VACCINES

When scheduling joint replacement surgery, it is important to choose the right time to be vaccinated. **Your surgeon requests you receive either vaccine 2 to 3 weeks BEFORE or 2 to 3 weeks AFTER your surgery.** Low grade fever and flu-like symptoms are common after vaccination. Your surgeon would like to decrease these symptoms during your surgery period.

SMOKING

It is **strongly** recommended to NOT smoke at least 4 weeks before your surgery through 4-6 weeks after surgery. If you smoke, your surgeon may require you to quit smoking before they will schedule surgery. PLEASE NOTE: Some insurance companies WILL NOT authorize your surgery unless it is documented that you are smoke free for 30 days.

Research has shown that smoking increases one's risk of infection in addition to other medical complications including heart attacks, pneumonia, urinary tract infections, blood infections, and blood clots. Developing an infection in your new joint can lead to severe and disabling consequences.

If you quit smoking before you have surgery, you will improve your ability to heal. Case Managers can provide you with resources to assist you with smoking cessation. Local resources include:

- "The Butt Stops Here" (518)459-2550) or www.healthprograms.org/about.the-butt-stops-here
- New York State Smoker's Quitline 1(866) NY-QUITS (697-8487)

ALCOHOL USE

Research shows that stopping use of alcohol 2 weeks prior to surgery will improve your ability to heal and decrease some of the potential complications that can occur. Please let us know if you drink more than 2 drinks per day, as it may affect your anesthesia and post-op recovery.

ADVANCE DIRECTIVES

An advance directive is a written or verbal statement that explains your wishes about your health care. If you become unable to express your wishes to the doctor, family, or staff, an advance directive can help ensure that your wishes are followed.

There are different types of advance directives. You may wish to talk to your attorney or your doctor about which is the most appropriate for you. Below is a list of the various types of advance directives:

- Living Wills
- Health Care Proxy
- Do Not Resuscitate (DNR)
- Medical Orders for Life-Sustaining Treatment (MOLST)

Upon admission to the surgery center, you will be asked if you have an advance directive. If you do, please bring copies of the documents with you so they can become part of your medical record. Advance directives are not a requirement at the center.

EXERCISING BEFORE SURGERY

Many patients with arthritis favor the painful leg. As a result, the muscles become weaker making recovery slower and more difficult. It is important to be as flexible and strong as possible before undergoing total joint replacement surgery. Exercising before surgery can make recovery faster and easier.

TO DO: **Please refer to Appendix G** for the exercises your surgeon would like you to begin before your surgery and continue until your procedure. Consider this a minimum amount of "training" prior to your surgery. Perform exercises 2 times a day. You should be able to do them in 15-20 minutes. Remember you should also strengthen your entire body. You should also exercise your heart and lungs by performing light activities such as walking for 10 – 15 minutes each day.

SECTION THREE: GETTING READY FOR SURGERY

The information in this section explains everything you need to know and do before you arrive at the center for your surgery.

PRE-SURGICAL PLANNING

The pre-surgical process is an essential part of the preparation for your surgery. Your team will assist you through this process.

Your surgeon's Personal Care Assistant/Coordinator (PAC/PCC) is responsible for:

- Scheduling your surgery.
- Acting as a liaison for the coordination of your pre-surgery care between the doctor's office, the surgery center, and the testing facilities if necessary.
- Changing Pre-op and post-operative appointments
- Assisting with and completing FMLA and Disability paperwork needed
- Assisting you in ordering durable medical equipment your doctor wants you to have after surgery (this process varies by office location, please discuss with your case manager).

A Case Manager will help you prepare for your surgery by:

- Reviewing your medical history to ensure you are a candidate to have an outpatient joint replacement in one of our surgery centers.
- Provide you with Pre-surgery education tools.
- Confirming that you have made all appropriate preparations for surgery including setting up support at home, picked up medications that may have been pre-ordered, and picked up any needed equipment.
- Answering any questions that you have and directing you to specific resources if needed.

CHOOSING YOUR "COACH" and SUPPORT TEAM

One of the requirements for you to be eligible to undergo an outpatient joint replacement at one of our surgery centers is that you have a responsible person who will accompany you the day of surgery and be with you at home. We like to call this person your "Coach". **If you have not made plans for someone to assist you and stay with you for the initial 24-48-hour period after surgery, your surgery at the surgery center may be cancelled and will be rescheduled to be done within a hospital setting.**

Your friends and family who are involved in your daily life are important to you, as you are to them. They often WANT to help you in your time of need and recovery; therefore, we encourage you to enlist their support. Choose a family member or friend who will help you through your surgery and recovery process. This person should be with you from preparing for surgery, through your time at the surgery center, to your discharge home. Your coach should review the Pre-Surgery education materials you are provided with (including reading this guidebook), give you support on the day of surgery and keep you focused on healing. They should also encourage you to continue exercising when you return home and ensure that home remains safe during your recovery.

COACH'S RESPONSIBILITY CHECKLIST

As a coach, the person you have chosen to be in this role will need to be an informed and confident caregiver. Your coach will need to learn the following:

- ☐ Medications prescribed include blood thinners, anti-inflammatories, pain medications: monitoring, dosing, precautions.
- ☐ Pain medication dos and don'ts
- ☐ Signs and symptoms of infection
- ☐ Signs and symptoms of a blood clot or pulmonary embolism
- ☐ How to coach and assist the patient with transfers, if needed
- ☐ How to supervise the patient going up and down stairs
- ☐ The exercise program to follow at home.
- ☐ Diet restrictions and recommendations
- ☐ Equipment uses.

MEDICAL EVALUATIONS/CLEARANCES

When you were scheduled for surgery, you should have been told what medical clearance evaluations you will need to obtain prior to your surgery (typically within 30 days of surgery). This includes your primary care doctor and/or any specialists you see, or the anesthesia team requests that you see. You will need to see your primary care doctor for a medical evaluation before surgery. The surgical team may order additional consultations or clearances after discussing your medical history with the anesthesiologist. You will also receive this information in a letter from the office or from your case manager. Please follow the instructions in the letter.

TO DO: Complete the Pre-Surgery Appointment Tracker (Appendix A in the Resource Section) to record and keep track of your appointment times.

PRE-SURGICAL LABORATORY/DIAGNOSTIC TESTING

Depending upon your medical status, we will ask you to go to a local laboratory or diagnostic center for your pre-operative testing. You will be given information on what tests your doctor has ordered. These tests may include but are not limited to: Chest X-Ray, Blood Test, Urine Test, Electrocardiogram (EKG), and possibly a MRSA Nasal Culture.

PRE-SURGICAL PHYSICAL THERAPY VISIT

One of the reasons why our program is unique is that we arrange for you to have a pre-operative physical therapy visit. **This visit is mandatory if this will be your FIRST total hip or knee replacement**. This visit is essential for you to be equipped with the knowledge and skills you will need to go home the day of surgery. At this visit you will be instructed in safe mobility techniques for after surgery such as getting in/out of bed, in/out of a car, on/off chair or toilet, and walking. You will be instructed in equipment fitting and use, instructed in your post-operative exercise program, any precautions your doctor may want you to follow after surgery and other activities of daily living.

Often your Case Manager will assist in getting this appointment scheduled for you once you have been scheduled for surgery. If this appointment has not been scheduled for you, please call the OrthoNY PT scheduling line at 518-557-2228.

PRE-SURGICAL RN INTERVIEW

Prior to surgery, you will have a Pre-surgical RN Telephone Interview (also commonly referred to PATs). The purpose of this interview is to gather clinical information necessary for safe and effective administration of anesthesia on the day of surgery. The nurse will review your medical and surgical history, inform you of the things you will need to do in preparation for your surgery (such as eating/drinking), and tell you which medications to take (or NOT take) in the days before and/or morning of surgery. A nurse from the surgery center will contact you within 1 week before the date of your surgery to perform this interview.

Please have the following information ready for this appointment:

- A list of medications, vitamins, and herbal supplements you are taking (both prescription and over the counter), including the dose and spelling of each medication.
- **TO DO**: Complete the Personal Medication List (Appendix B in the Resource Section)
- The name and phone number of your primary care doctor and any other physician specialist you routinely visit.
- The name, location, and phone number of your pharmacy.

To help us be sure we have received all the reports required for your medical record, please tell the nurse if you have had any blood work, electrocardiograms (EKGs) or pre-surgical evaluations within the last 30 days. **Please note, your primary care doctor MUST HAVE COMPLETED a history and physical exam within 30 days prior to surgery**.

MEDICATIONS

Patients will be instructed to take their usual medications leading up to and on the morning of surgery. However, there are many medications that should be stopped prior to surgery**. You will be given specific instructions about your medications during the Pre-Surgical RN Interview.**

Medications that are typically stopped prior to surgery include but may not be limited to:

- Certain Diabetic and Weight Loss Medications (Ozempic, Wegovy, Trulicity, Mounjaro, and Jardiance in addition to several others)
- Aspirin, Plavix, Coumadin, Pradaxa, Eliquis, Xarelto
- Pain medications
- Some anti-inflammatory medications (Motrin, Meloxicam, Aleve, Ibuprofen, etc)
- Methotrexate, Enbrel, Humira
- Hormone replacement therapy
- All vitamins and supplements and Fish oils

PLANNING FOR DISCHARGE FROM THE SURGERY CENTER

Understanding your plan for after surgery is an important task in the recovery process. You can expect help from your joint care team to develop a plan that meets your needs. You should expect to go directly home or another pre-determined location (family member, friend, coach's home) on the same day of surgery to recovery in privacy and comfort.

TO DO: **PREPARING YOUR HOME**

It is important to have your house ready for your arrival back home. Use this checklist as you complete each task.

HOME PREPARATION CHECKLIST

- ☐ Put things you use often (essential food items, bowls, cups, coffee pot, etc.) on a shelf or surface that is easy to reach.
- ☐ Check railings to make sure they are not loose.
- ☐ Clean your home.
- ☐ Clear walking paths - Move furniture or obstacles to allow a walker to fit through.
- ☐ Pick up throw rugs and tack down loose carpeting.
- ☐ Remove electrical cords and other possible dangers from walkways.
- ☐ Do the laundry and put it away.
- ☐ Put clean linens on the bed (on the night before surgery after you have taken your evening shower with the CHG soap)
- ☐ Prepare meals and freeze them in single serving containers.
- ☐ Cut the grass, tend to the garden and finish any other yard work. Wear protective clothing. TAKE PRECAUTION TO AVOID ANY CUTS, SCRAPES or injuries especially on the planned operative limb that could lead to infection.
- ☐ Install night-lights in bathrooms, bedrooms, and hallways.
- ☐ Install grab bars and adhesive strips if needed in the shower/bathtub.
- ☐ Arrange to have someone help take care of your pets if they need to be walked frequently, may be a trip hazard or jump up on you.
- ☐ Store pet food in an easy access location and set-up food dishes on a surface that is easy to reach and does not require bending over to reach the ground.

SECTION FOUR: PRE-SURGERY INSTRUCTIONS

Keeping you safe and free from infection is important to us. You play a very important role in your health by preparing your body for surgery before you arrive at the hospital. To do this, you will need to follow the instructions listed.

TO DO: Refer to the Patient's Timeline Checklist to Prepare for Surgery (Appendix C in the Resources Section) for a quick reference guide to use.

Preparation Timeline

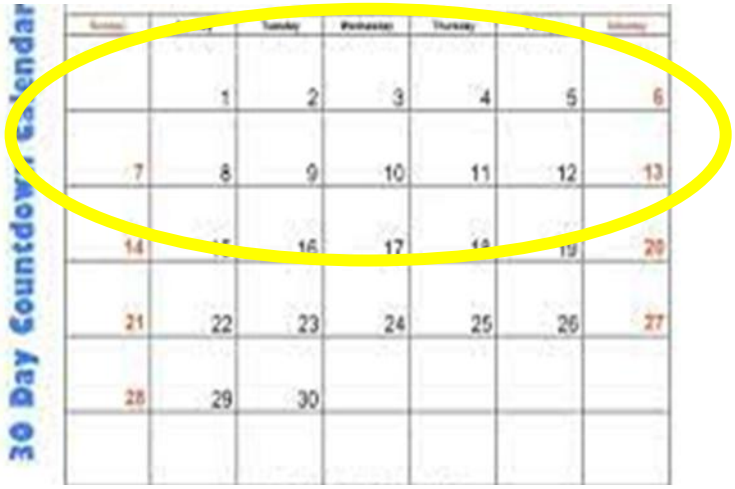
Immediately After Your Surgery Is Scheduled

- ☐ **Schedule all required Pre-operative Medical Clearance Appointments if they have not already been scheduled for you**

  ALL patients, regardless of their health status, are required to have a Surgical Clearance visit with their Primary Care Doctor or a member of their team within 30 days of the scheduled surgery. If this appointment was not made for you by the PCC/Surgical Scheduler, we STRONGLY suggest that you make these appointments as soon as you are scheduled for surgery to allow for to the most availability.

  The PCC/Surgical Scheduler will inform you of any additional clearances from specialists are required prior to surgery. If you have a history of seeing a Cardiologist or see one regularly, you will likely be required to see them prior to surgery as well. If the PCC/Surgical Scheduler did not make these appointments for you, you will be responsible for calling to schedule these.

  It is STRONLY suggested that you schedule these appointments to be 21-30 days prior to surgery. This will allow time for any additional tests, specialists, or follow-up that your doctors may request prior to surgery.



  Scheduling these appointments too close to the surgery date is risky. If any additional items are required and there is not enough time before surgery to complete them, it could result in your surgery being cancelled or postponed.

2-4 Weeks Before Surgery

- **Durable Medical Equipment**

  You will need a walking device and possibly special equipment to help you care for yourself after surgery. Typically, patients will walk with a walker and progress to a cane over time. You should have a discussion with your Case Manager about what walking aids you may already have and which ones you may need. If you need a walking aid, your surgeon will give you a prescription for one that can be obtained at most pharmacies and medical equipment stores or (dependent on the office) can be supplied at the office.

  The type of Wheeled Walker we recommend you use after surgery is a Two-Wheeled Walker as pictured below. These provide support and stability while also allowing for smooth walking patterns. We **DO NOT** recommend you use a Four-Wheeled Walker with a seat. These do not provide adequate stability in the initial post-operative period.

  YES

  NO

  Equipment costs may be covered by insurance, or you may have to pay out-of-pocket. Alternative options to obtaining equipment include borrowing from a friend or family member that has one and no longer needs it or purchasing it online. In addition, sometimes local senior centers, firehouses, and various organizations may have equipment that can be borrowed. Please discuss with your Case Manager and **ensure you have your equipment in time to bring with you to your pre-surgery physical therapy appointment.**

  Ice Therapy Machine (Knee Replacements)

  Your doctor may offer you an ice therapy machine that is available for purchase in our offices. These are used for post-operative cold therapy after knee replacements and are encouraged as they can be beneficial for pain and swelling post-operatively. There are several different brands that are available. In our offices this device is a cash and carry item. You can also borrow one from someone you know who may already have one. They can also be purchased on-line. You will use this as soon as you get home. Follow the instruction manual that is included with the device. You can also often find instructional videos on YouTube if you have additional questions on its use.

- ☐ Start pre-surgical exercises and continue through until the day of surgery.

- ☐ If you smoke, **STOP** smoking if you have not done so already.

1-2 Weeks Before Surgery

- ☐ **Patients who are taking certain Weight Loss/Diabetic Medications MAY be asked to stop taking these medications 1 week prior to your surgery. You will also discuss this with your Case Manager and Pre-Admission Testing. THIS IS VERY IMPORTANT and failure to stop these medications when directed may result in your surgery being postponed.**

TO DO: See Appendix K for Guidance on Weight Loss/Diabetic Medications.

7 Days Before Surgery

- ☐ DO NOT Shave or remove hair below the neck for seven days. If doing yard work such as cutting grass and gardening USE CAUTION. It is important to avoid cuts, scrapes, scratches, that could result in your surgery being cancelled.

- ☐ Schedule your AFTER-surgery PT appointments – PT offices should schedule you in advance and allow you to bring the prescription in on your first visit. It is YOUR responsibility to make this appointment. Please do not wait until the day of or after surgery to make your appointments.

    - For knee replacements – all patients should plan to begin Outpatient PT as soon as 2-3 days after your surgery or as directed by your surgeon.
    - For hip replacements, if formal Outpatient PT has been recommended by your surgeon, you should plan to begin 3-5 days after your surgery.

- ☐ Determine your transportation to and from your outpatient PT appointments. We encourage you to enlist the assistance of your coach or available family or friends who will likely want to help you in your healing. Discuss with your Case Manager other options if needed.

3 Days Before Surgery

- ☐ **Shower Prep Before Surgery -** Studies have shown that using an antibacterial soap (chlorhexidine gluconate or CHG) for four showers before surgery reduces the risk of infections. You may purchase a bottle of the soap at a local pharmacy or online. **Ask for Chlorhexidine Gluconate 2% - a 4-ounce bottle is enough. It can also be known as Hibiclens®** It is also available to purchase at the Albany, Schenectady, and Clifton Park OrthoNY offices for a charge of $5/bottle.

TO DO: See Appendix D for directions to follow for your showers.

- ☐ Pick up your pre-ordered post-operative prescriptions that were ordered for you if they are ready at your pharmacy. If your pharmacy was unable to fill any of our prescriptions, call the Case Manager ASAP.
- ☐ Obtain over-the–counter medications (if needed)

**If your surgeon did not call the below over-the-counter medications into your pharmacy, you will need to pick them up on your own to have them ready at home.*

- Aspirin 81mg or 325mg (dependent on what your doctor has prescribed for you to take after surgery as a blood thinner – discuss with your case manager or doctor)
- Large bottle of Acetaminophen/Extra Strength Tylenol (500mg)
- Bottle of Colace (stool softener) and Bottle of Senna (Laxative) or the 2-in-1 brand

2 Days Before Surgery

☐ Shower as directed above.

☐ Ensure you have all prescriptions, equipment, and the over-the-counter medications purchased and ready for use at home after surgery.

The Day Before Surgery

☐ **Follow the Eating/Drinking Guidelines given to you during your Pre-Admission Testing call.**
- If you are on certain weight loss/diabetic medication this will be different from your typical diet and very important to follow on the day before surgery

☐ **You will be called with your surgery time anytime between 1 – 5 pm.** You will need to confirm when to arrive and where to report the day of surgery. If your surgery is on a Monday, you will be called the Friday before. If your surgery is the day after a Holiday, you will be called the last business day before your surgery.

☐ Remove makeup and fingernail and toenail polish.

☐ Change Linen on Bed.

☐ **Do not smoke or vape tobacco or cannabis products 24 hours prior to surgery.**

The Night Before Surgery

☐ Shower as directed, in the evening, prior to bed.

☐ **NO SOLID FOOD** by mouth **AFTER MIDNIGHT** prior to your arrival at the surgery center

The Morning of Surgery

☐ **Follow the Eating/Drinking Guidelines given to you during your Pre-Admission Testing call.**

☐ Take any medications you were told to take on the morning of surgery. You may take these with a sip of water.

☐ Shower as directed. Be sure to wear clean clothes following this shower.

- ☐ Please wear loose, comfortable clothes. Remember you will have a bandage and possibly other dressings on the operated leg.

- ☐ Wear comfortable, closed-toe, supportive, non-slip shoes to wear in the center when walking after surgery and return home in.

- ☐ DO NOT use lotions, talcum, perfume, or make-up.

- ☐ ALL jewelry and body piercings must be REMOVED – whether it is on the body part that is being operated on or not. We advise you leave these items at home so as not to lose or damage them.

- ☐ DO NOT WEAR YOUR CONTACTS. Please wear your glasses for reading and signing.

- ☐ Special note for patients with Insulin-dependent diabetes: DO NOT TAKE YOUR INSULIN THE MORNING OF SURGERY unless otherwise directed by your doctor.

WHAT TO BRING TO THE SURGERY CENTER ON DAY OF SURGERY

Personal Care Items

- ☐ Eyeglasses (if not wearing already)
- ☐ Hearing aids (if not wearing already)
- ☐ CPAP machine
- ☐ Insulin pump/supplies

Important Papers

- ☐ Your medication list (ALL medications noting which ones have been stopped and when)
- ☐ Driver's license or photo ID
- ☐ Insurance card(s)
- ☐ Copy of your Advance Directives (if applicable)
- ☐ Important telephone numbers (include the person bringing you home)

Other items

- ☐ Cell phone if desired
- ☐ Walker/Cane
- ☐ Ice Machine

SECTION FIVE: WHAT TO EXPECT AT THE SURGERY CENTER

PREPARATION/PRE-OP

After you arrive at the surgery center you will be registered. You will be taken to the pre-surgery area where nurses will get you prepared for surgery. In the pre-op area, you should expect the following to happen:

- You will be weighed, and your height measured.
- You will be asked to put on a gown.
- You will sign the appropriate consent forms.
- Your medical history will be reviewed by the team.
- An Intravenous (IV) infusion will be placed in your arm. Fluids, medications, and antibiotics will be administered. You may be given medication to relax.
- You may have a finger stick to check your blood sugar.
- Your knee or hip may be shaved if needed.
- Your leg will be cleaned with a CHG wipe prior to surgery.
- Antibiotic ointment will be placed into both of your nostrils for decolonization.
- You will discuss your anesthesia with an Anesthesiologist or Nurse Anesthetist
- You will likely receive a nerve block that is intended to help with pain relief during and after surgery.
- Your surgeon will meet you in the pre-op area, confirm and mark the surgical site, and answer any questions you may have.

NOTE: VISITATION/IN-PERSON SUPPORT IS SUBJECT TO VARY BASED ON FACILITY AND COVID-19 RESTRICTIONS. DISCUSS WITH THE SURGERY CENTER STAFF DURING YOUR PRE-SURGICAL RN INTERVIEW or WHEN THEY CALL YOU WITH YOUR ARRIVAL TIME

UNDERSTANDING ANESTHESIA

The anesthesia team works closely with you and your surgeon on the day of surgery. Decisions regarding your anesthesia are tailored to your personal needs. The types of anesthesia available are:

- **Spinal anesthesia** is injected into the spinal canal to temporarily block pain. The numbing sensation it causes will go away gradually. As the anesthesia wears off, the patient will begin to progressively feel sensations moving from the lower body up to the middle of the body. Patients receiving spinal anesthesia typically are quicker to wake up after surgery and often do not have any grogginess of fatigue that can be experienced with general anesthesia (see below). Spinal anesthesia has become a standard of care and is proven to be a safe and effective means of anesthetic. You will be asleep during the surgery.
- **Regional anesthesia/block** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation specific in the area of the joint being replaced.
- **General anesthesia** causes a temporary loss of consciousness, so no pain is felt anywhere in the body. General anesthesia requires you to have a breathing tube put in place during the surgery and part of the recovery. With general anesthesia patients are often slower to wake

up after surgery, can be groggier, and more at risk for nausea and vomiting after surgery. Typically, with general anesthesia recovery is slower. General anesthesia will only be used if you and your anesthesiologist decide it is the most appropriate for you.

At the Surgery Center our goal is for a quick and seamless recovery after surgery. Your surgeon wants you to be up and walking as soon as you are deemed ready, so that you can get home as soon as possible. For these reasons, we encourage spinal anesthesia (with regional blocks if having a knee replacement), if you and your surgical team feel it is the best choice for you.

POST-OP/RECOVERY

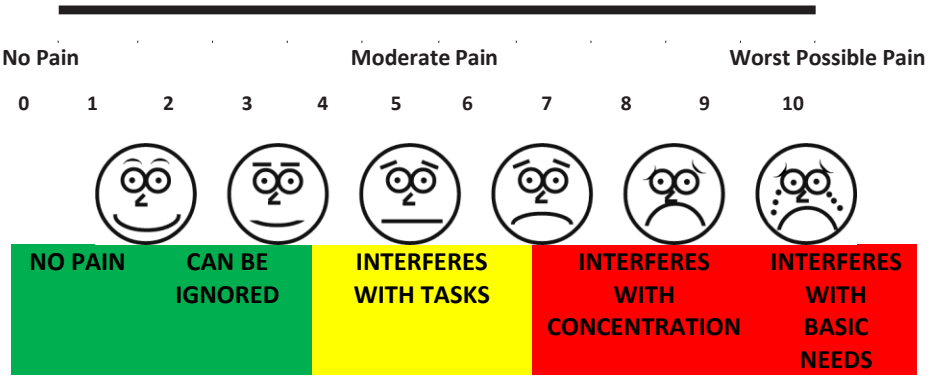
At the end of surgery, you will be transferred to the recovery area. You will be monitored in the recovery area as your joint care team progresses you through the recovery process. The nurses will monitor your vital signs and keep you comfortable. Medications will be administered as necessary for pain and nausea. If you receive spinal anesthesia, initially you may not have full sensation in your legs, this will return quickly. Your surgeon will talk with your family/coach after surgery.

DISCOMFORT

We will partner with you to manage your pain. The goal is to manage your pain so that you are comfortable enough to get up and get moving. The medications you were given at the surgery center, as well as the nerve block (for knee replacements) should provide you with excellent pain relief in the recovery period as well as at home. However, it is important to know that joint replacement surgery DOES HURT! Our goal is for your pain level to be less than a six (6) on the pain scale.

PAIN SCALE

Using a number to rate your pain can help the team understand the severity of your pain and help them make the best decision to help manage it. Below is an example of the pain scale we at OrthoNY will use to help with this.



MOBILITY

When it is determined you are ready to get up, a member of the team will assist you off the stretcher and assist you with walking after surgery. It is important to get up and move as soon as possible **WITH STAFF** because it helps the healing process. You will need to have the walking device that you plan to use at home after surgery with you to use at the surgery center. You must be able to safely walk household distances to be discharged home. In rare instances, if you have some weakness from the anesthesia, you may be given a brace for your leg or foot if your team determines it is needed. This will be used to ensure your safety at home in the first 24 hours.

GOING HOME

You will be discharged home once we are sure you are stable, mobilizing safely and meet the criteria for discharge. You must have someone with you to drive you home or where you will be staying after discharge from the surgery center.

Discharge Criteria Checklist:

- ☐ Mobility
  - Be able to safely walk household distance.
  - Stairs
  - Move from sitting to standing independently.
  - Get on and off the stretcher independently or with the assist of your coach.
  - Be able to dress self or with the light assistance of your coach.
- ☐ Medical Clearance
  - You must be able to urinate an adequate amount after surgery.
  - Tolerate food.
  - Pain is controlled.
  - Stable vital signs
  - No significant nausea/vomiting
- ☐ Post-discharge preparations are in place:
  - Assistance is available at home from family or friends for 24 to 48 hours.
  - All necessary home equipment has been acquired or is available.
  - All pre-prescribed home medications prescriptions are filled.
  - Post-op physical therapy appointment scheduled (if recommended by your surgeon)

TO DO: **ANTI-NAUSEA PATCH/SCOPOLAMINE PATCH**

A small disc- shaped patch may have been placed behind your ear prior to surgery. This was used to help prevent nausea. There are certain medical conditions in which a scopolamine patch is not recommended and therefore you may not have one. **If you are discharged home with a Scopolamine patch on behind your ear, please follow the below directions for removal**:

- Leave patch on until the morning after surgery.
- Morning patch removal:
  - Put on a glove OR place a small plastic bag over your hand to remove the patch.
  - Wash the area where the patch was with soap and water.
  - Wash your hands thoroughly with soap and water.
  - DO NOT RUB YOUR EYES until your hands have been thoroughly cleaned.

SECTION SIX: AFTER SURGERY

The information in this section will help you be more comfortable during your recovery at home. Please follow the directions closely and speak with your case manager if you have any questions.

MEDICATIONS

You will be provided with a discharge instruction sheet from the surgery center that will list the medications your surgeon has prescribed for you. We strongly encourage you to have these already at home on our pre-operative preparation checklist (Appendix C) so that you can go directly home after surgery and not have to worry about picking anything up. This instruction sheet should give you the times when your next doses are due.

MEDICATION LOG

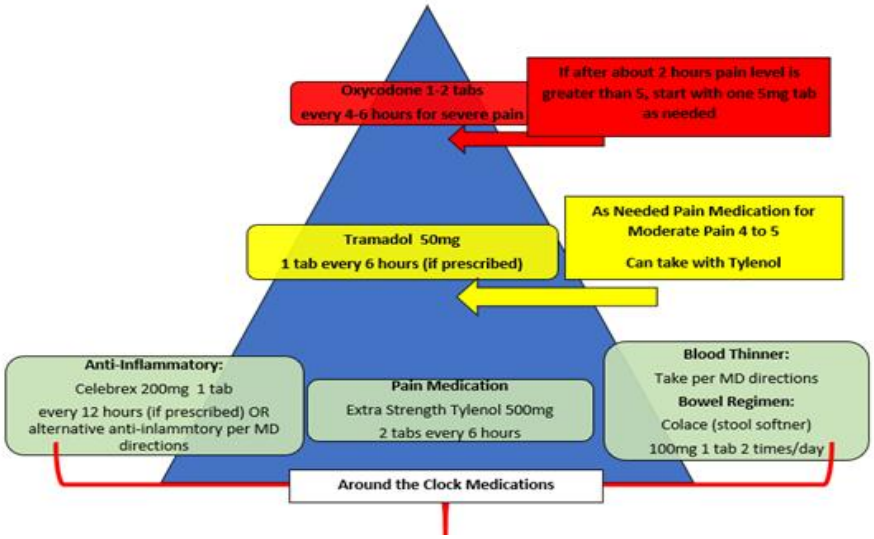
TO DO: Keep track of your medications on the medication tracking log (See Appendix H). This will be very helpful in tracking when your next doses are due as well as useful when talking to your case manager and surgical team post-operatively.

MEDICATION PYRAMID

TO DO: At OrthoNY we have developed a "Medication Pyramid" (See below or see Appendix I for a larger version) to help guide you in taking your post-operative medications most effectively. We will review this at the pre-operative education class. We suggest you follow the pyramid in the post-operative phase closely, to keep yourself organized and achieve optimal pain management.

The base of the pyramid includes the regular medications that you are asked to take around the clock for the reasons listed. As your level of pain may increase, the pyramid is meant to reflect the next steps in helping to manage your pain. We want you to build your way up and work your way down as needed to keep pain managed. We encourage you to work your way up to the top ONLY AS NEEDED.

NOTE: THE PYRAMID MAY NEED TO BE CUSTOMIZED FOR YOU BASED ON CERTAIN ASPECTS OF YOUR MEDICAL HISTORY. YOUR SURGEON AND CASE MANAGER WILL CLARIFY THIS FOR YOU AS NEEDED.



ANTI-COAGULATION MEDICATION (aka Blood Thinner)

Anti-coagulation medications are used to prevent blood clots after surgery. You will likely be prescribed Aspirin or Eliquis to take after surgery dependent on your history and risk. Remember, smoking and being overweight increases your risk of a blood clot, which is why we strongly recommend quitting smoking and maintaining a healthy weight pre- and post-op.

Your anti-coagulation medication will be individualized to you and your needs. Your surgeon and case manager will discuss this with you. Please take as directed. Upon returning home, take your anticoagulant when your next scheduled dose is due according to your discharge paperwork.

CONSTIPATION MANAGEMENT MEDICATION(S)

Anesthesia, pain medications, and decreased food intake can cause a slowing of the bowels and often cause constipation. You should have picked up Colace pre-operatively as directed. We encourage you to take the Colace regularly while taking narcotics. A typical dose is one 100mg tablet twice a day. Please refer to your discharge instructions.

In addition to medications to aid in promoting a bowel movement we strongly encourage you to use natural remedies or ones that work for you. These may include certain beverages like coffee, prune juice or foods that typically improve your motility.

ANTI-INFLAMATORY MEDICATION

Take the anti-inflammatory medication your doctor has prescribed to you as directed. Typically, Celebrex is used, however, not everyone can take Celebrex. Your surgeon will determine what anti-inflammatory is safe and appropriate for you to use after surgery. Anti-inflammatory medications help to control the inflammation and swelling that is a normal part of recovery from joint replacement. Upon returning home, take your anti-inflammatory when your next scheduled dose is due according to your discharge paperwork.

PAIN MEDICATONS (MULTI-MODAL APPROACH) – UNDERSTANDING THE PAIN PYRAMID

Our primary goal is to keep you as comfortable as possible following your surgery. However, it is important to know that joint replacement surgery DOES HURT! Our goal is for your pain level to be less than a six (6) on the pain scale.

At OrthoNY we strive for you to reclaim your quality of life as soon as possible. Our goal is to have your pain be managed as best as possible with the minimum amount of prescription pain medication possible. Opioids are powerful pain medications but have unwanted side effects. We believe that a multi-modal approach (using two or more methods or types of medications) to managing pain will work best. The goal of this approach is to reduce the need to use opioid medications.

Your surgeon and team will customize your pain mediation regimen based on your individual needs. Based on your medical history, medications currently taking, and other factors you may or may not be able to take the medications typically prescribed. In that instance we will partner with you to find what will work best for you.

TYLENOL/ACETAMINOPHEN

Unless otherwise directed please take 2 Extra Strength Tylenol (Acetaminophen 500mg) pills every 6-8 hours. Tylenol is an excellent pain reliever and works well with other pain medications to increase their effect. Upon returning home, take your Tylenol when your next scheduled dose is due according to your discharge paperwork.

NARCOTIC PAIN MEDICATONS

We encourage you to take the acetaminophen and anti-inflammatory medication as scheduled while icing and elevating your leg as described in the section below as the first line of defense for your pain management.

However, if once you have taken the acetaminophen and anti-inflammatory, the pain is interfering with your ability to perform tasks (4 or greater), you should work your way up the pain pyramid as appropriate. If you have been prescribed Tramadol, you should take 1 tramadol. Tramadol can be taken every 6 hours and it can be taken with acetaminophen. If after 1-2 hours your pain is a 6 or greater, you may take the stronger narcotic medication prescribed to you (likely oxycodone).

TO DO: **We strongly encourage you to use our "Medication Pyramid" (as above or see Appendix I for a larger version). It serves as an excellent visual guide to help you in taking your post-operative medications most effectively.**

ICE AND ELEVATION

We strongly encourage you to use ice and elevation for pain and swelling control.

Swelling after total joint replacement can be significant and is normal.

Swelling and bruising will often be at its worst between days 5-7.

Applying ice as well as elevation above the level of the heart or "TOES ABOVE THE NOSE" will lessen discomfort and work to control the expected swelling in the operated leg. <u>This component is very important for both hip and knee surgeries but is CRUCIAL following knee replacements</u>.

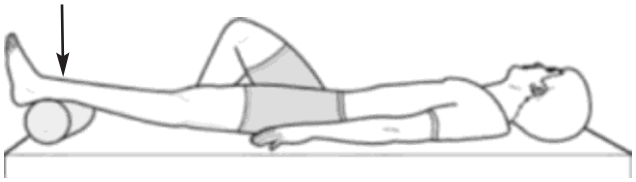
It is recommended that you **use ice for 15-20 minutes each hour** or whenever you are not up and walking around or doing your exercises during the initial few days. Using ice after you do your exercises and walking is a very important time to use ice to calm everything down and prevent more swelling. Soft, moldable ice packs tend to allow for the most comfort. There are several different methods of icing as outlined below:

TO DO: Make your own "ice packs" out of plastic bags that fasten tightly, using water and rubbing alcohol (See Appendix F for directions)

- For Knee replacements - Obtaining an ice therapy machine. These can be purchased at the OrthoNY offices if you do not have access to one. Discuss with your doctor.

- Purchasing cold packs from any pharmacy or store where sold

Elevation is a key component to controlling swelling. We recommend you elevate your operative leg above the level of the heart as much as able. Laying on a bed or couch is preferred to allow you to get the leg above the level of the heart. A recliner can also be used but often does not allow for your leg to get to the desired level. If you are using a recliner, lower the back rest down as much as possible and pillow/folded up blankets can be used to raise the entire leg**. DO NOT PUT A PILLOW IN THE BACK CREASE OF YOUR KNEE.** This can cause the knee muscles to shorten, preventing you from being able to straighten your leg out fully. It can also limit circulation. You CAN put a pillow length wise under your leg if your knee is not in a bent position. Below is a picture of an ideal position. You can use additional pillows to raise the leg even higher.



HOME EXERCISE PROGRAM

Exercise is very important after a total joint replacement. Exercises will help you strengthen the muscles around your new joint and regain range of motion. Walking and performing your exercise program 3-4 times a day IN ADDITION to attending formal physical therapy your doctor prescribed, is essential in the post-operative period.

TO DO: ! **Walking**

Continue walking several times a day. Challenge yourself to go further every day. Use the walking aid that was given to you initially until you feel safe to progress to a lesser device or away from it. Your Case Manager and Physical Therapist can help you with this. The more activity and exercise you do the more mobile you will become.

TO DO: ! **Range of Motion and Strengthening Exercise Program**

Please see the Post-Op Home Exercise Program in Appendix G for your initial home exercise program and directions.

CARING FOR YOUR INCISION

Follow your surgeon's instructions for caring for your incision. Some of our surgeons use different techniques for post-operative bandaging, therefore **it is important you follow the instructions provided specifically to you by your surgeon on your discharge instructions**. Your Case Manager can answer any questions you may have.

In general, to care for your incision:

- If you have any ACE wraps or additional wraps in place over the incisional bandage, KEEP THEM IN PLACE for as long as your surgeon has told you to do so
- Your incision will likely be covered by a waterproof dressing or you will be asked to place one on yourself or (follow the instructions that you were given specifically at discharge)

- You may shower with the waterproof dressing in place. Be sure to keep the incision under the bandage dry.
- The waterproof dressing is also meant to be a barrier to bacteria and infection.
- If you are experiencing leaking through or out the sides of the dressing, reinforce with absorbent material (maxi pads, gauze, clean towels) over the top of the dressing and wrap snugly with an ACE wrap. **Call the Case Manager as soon as possible.**
    - **DO NOT** remove the dressing on your own within the first 7 days after surgery.
- If you are unable to reach your Case Manager or office and have concerns about the integrity of your bandage or additional drainage you can visit one of our Urgent Care offices (locations in the back of this guidebook) for evaluation.

HYDRATION AND NUTRITION

Staying hydrated and consuming a healthy diet is essential to healing after surgery. Drink plenty of fluids upon returning home to prevent dehydration, lightheadedness, or dizziness. In addition, some of the anesthesia and pain medications may be upsetting to your stomach. Try to take your medications with water and food as able.

It is normal for your appetite to be poor after surgery. Your desire for food will return. Eating a diet with adequate protein in each meal will also promote tissue healing and assist in rebuilding your strength. You may need to force yourself to eat but know that it is essential for a safe recovery.

If you are having a difficult time with nausea or vomiting, there may be medication options that can help you. Discuss this with your Case Manager or team.

SLEEPING

Sleeping during the night can be difficult and many people say it is one of the most challenging things to overcome after a joint replacement. Know that it WILL get better and improve over time as you heal. This often can be one of the last "pieces of the puzzle" in terms of getting back to normal after surgery. **You may have difficulty sleeping for up to 2 months after your surgery.**

We recommend you try to sleep on your back as much as possible to allow for the muscles of the leg to stretch and remain in a good position for healing. If this is troublesome for you discuss with your Case Manager various sleeping positions that may work for you.

Try not to nap too much during the day while you are recovering, so you sleep better at night. We recommend that you find the position of most comfort for sleeping. Many people need to change positions or sleeping locations throughout the night every few hours initially. Discuss with your Case Manager various sleeping positions that may work for you.

HIP PRECAUTIONS

Dependent on your surgeon, you may be asked to follow hip precautions. Your surgeon will advise you on how long you may need to follow hip precautions if you have them.

IF you have hip precautions some general rules:

- Do not bend at the waist beyond 90 degrees.
- Avoid low toilets or chairs that would cause you to bend at the waist beyond 90 degrees.
- Do not bend way over to pick up things off the floor.
- Do not twist on the operated leg – pick your feet up and do step turns.
- When lying on your side, it is recommended you lie on your operated hip with a pillow between your knees, if tolerated.
- Do not cross your operative leg past midline.

GENERAL PRECAUTIONS

Until you return to the office for your post-operative appointment, we recommend that you treat yourself and your new joint with care. We want you to be as safe as possible and avoid any potential harm. In general, please follow the following precautions. However, each individual and surgery is unique. Therefore, if you have any questions, please ask a member of your joint care team.

- Use your walking device when walking. You may put as much weight on your leg as tolerated.
- Do not lift or carry anything heavy when you are walking.
  (**HELPFUL TIP**: You can wear an apron or something with pockets to keep your hands free).
- Avoid small pets, remove throw rugs, secure cords on the floor where you may walk.
- Do not drive until you have been instructed or allowed to do so.
    - Typical time frame is 2 weeks if you had surgery on your left leg; 4 weeks if you had surgery on your right leg - **ASK YOUR DOCTOR**

HAND WASHING HELPS PREVENT INFECTION

There are many bacteria that are prevalent in the community that can be introduced into the home unknowingly. These forms of bacteria can be harmful to patients. Hand hygiene is the single most important method of controlling the spread of bacteria. All visitors and caregivers should wash their hands before and after contact with you and your surroundings. This simple act can provide a safer environment for all.

FLU/PNEUMONIA/COVID VACCINES

Your surgeon requests you wait to receive either vaccine 2 to 3 weeks AFTER your surgery. Low grade fever and flu-like symptoms are common after vaccination.

SECTION SEVEN: TIPS TO PERFORMING ACTIVITES OF DAILY LIVING

In this section we will give you step-by-step instructions to help you perform your daily activities as safely and efficiently as possible.

STANDING UP FROM CHAIR:

- DO NOT pull up on the walker to stand. Sitting in an armchair is preferred. Firm pillows may be added to a chair to make the surface higher and transfers easier.
- Scoot your hips to the edge of the chair.
- Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other.
- Balance yourself before reaching for the walker.

SITTING DOWN:

- Back up to the center of the chair until you feel the chair on the back of your legs.
- Reach back for the arm rest using one arm at a time.
- Slowly lower your body to the chair, keeping the operated leg forward as you sit.

WALKING USING A WALKER:

- Push the walker forward.
- Step forward with the operated leg FIRST into the middle of the walker area.
- Step forward with the non-operated leg into the middle of the walker.
- Note: Keep the walker in contact with the floor, pushing it forward like a shopping cart.

TIP - To progress to a more normal walking pattern:

If using a rolling walker, you can improve from this basic technique to a normal walking pattern. Holding onto the walker, step forward with the operated leg, pushing the walker as you go then try to alternate with an equal step forward using the non- operated leg. Continue to push the walker forward as you would a shopping cart. When you first start, this may not be possible, but as you "loosen up" you will find this gets easier. Do not walk forward past the walker's center or way behind the walker's rear legs.

WALKING USING A CANE:

- Use the cane in the OPPOSITE HAND of the leg you had surgery on or the "non-operative" side.
- Advance the cane a few inches in front of you.
- Step forward with the operative leg up to the level of the cane
- Place pressure down through the cane for support as you step the non-operative leg forward.

STAIR CLIMBING:

- Do NOT carry your walker up and down the stairs with you. Have someone place it on the top (if going up) or bottom (if going down).
- Always hold onto the railing if it is available, regardless of which side it is on.
- If using a cane, hold it on the opposite side of the railing.
- You may also use both hands on the same railing for more support if desired.
- GOING **UP** STAIRS: "Go up with the good"
    - Use a step-to pattern (meaning step up one step at a time)
    - Step up with the "good" or non-operated leg first.
    - Step up with the operated leg onto the same step.
    - If using a cane, bring it up to meet you on the step.
    - Repeat for each step.

- GOING **DOWN** STAIRS: "Go down with the bad"
    - Use a step-to pattern (meaning step down one step at a time)
    - If using a cane, move the cane down to the step you are moving to.
    - Step down with the "bad" or operated leg first
    - Step down with the non-operated leg onto the same step
    - Repeat for each step.

BED TRANSFERS

Getting Into Bed:

- Back up to the bed until you feel it on the back of your legs. (You need to be midway between the foot and the head of the bed.)
- Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets or sitting on a plastic bag may make it easier.)
- Move your walker out of the way but keep it within reach.
- Scoot your hips around so that you are facing the foot of the bed.
- Lift your leg into the bed while scooting around. (If this is your operated leg, you may use a cane, a rolled bed sheet, a belt or your elastic band to assist with lifting that leg into bed.)
- Keep scooting and lift your other leg into the bed.





Getting Out of Bed:

- Scoot your hips to the edge of the bed.
- Sit up while lowering your non-operated leg to the floor. If necessary, use a leg-lifter to lower your operated leg to the floor.
- Scoot to the edge of the bed.
- Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
- Balance yourself before grabbing for the walker.

BATHING AND SHOWERING

Tub seats, grab bars, long-handled bath brushes and hand-held showers make bathing easier and safer. However, these items are typically not covered by insurance. ***Remember that if your doctor has asked you to follow any precautions you must adhere to all limitations of movement or precautions when performing self-care tasks.***

Entering a Tub-Shower – Standing:

- Be sure all items are readily accessible: soap, shampoo, washcloth, and towel.
- Arrange to have standby assistance if needed the first time entering the tub-shower.
- Stand sideways, "good" or non-operated leg next to the tub-shower.
- Supporting yourself with your arms on a supportive surface, lean on the operated leg, bring your non-operated leg into the tub-shower.
- Supporting yourself on a supportive surface, bring your operated leg into the tub-shower.
- Place your cane, crutch, or walker within easy reach outside of the tub while you shower.

Exiting a Tub-Shower – Standing:

- Reach for the cane/crutch outside of the tub-shower.
- Stand sideways with your "bad" or operated leg next to the tub.
- Support yourself with the walker, cane, or crutch and your "good" non-operated leg.
- Bend your operated knee to lift your foot behind you. Move it over and out of the tub.
- While supporting yourself with the operated leg and cane/crutch, raise your non-operated leg over the tub.
- Make sure you do not twist on the operated leg when doing so.

Entering/Exiting a Shower Stall:

- Enter or exit a shower stall in typical fashion as if walking with your cane or crutches.
- Place the cane/crutch outside of the stall while showering.

CAR TRANSFERS

- Push the car seat all the way back; recline the seat back to allow entering and exiting, but always have it in the upright position for travel.
- Place a plastic bag on the seat to help you slide.
- Back up to the car until you feel it touch the back of your leg.
- Hold on to an object that does not move – car seat or dashboard.
- Be careful of your head as you sit down. Slowly lower yourself to the car seat.
- Lean back as you lift the operated leg into the car. You may use a cane or device to assist.





INTIMACY

Generally, most people wait to return to sexual activity for a few weeks after surgery. Your incision, muscles, and ligaments need time to heal. You can return to sexual activity when you feel ready.

If you have had a hip replacement and the surgeon requests that you follow any precautions, please ensure you do so. In general, the missionary position is usually the safest and most comfortable. Two pillows placed between the knees are needed for the side-lying position.

If you have had a knee replacement your surgeon will likely ask that you avoid kneeling for a certain period following your surgery.

For more information, please discuss returning to sexual activity with your surgeon or their team.

SECTION EIGHT: LIVING WITH YOUR JOINT REPLACEMENT

We understand that your recovery can be stressful, and you may have questions or concerns that arise. Your team at OrthoNY is here to answer your questions, help to ease your mind, and provide you with the care you need, when you need it.

GENERAL RULES FOR THE REST OF YOUR LIFE

DO – Use caution and minimize the risk of infection throughout your body. Although the risks are very low for infections after surgery, it is important to realize the risk remains. A prosthetic joint could possibly attract the bacteria from your infection located in another part of your body. If you sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or adhesive bandage on it and contact your doctor. The closer the injury is to your new joint the greater the concern. Superficial scratches may be treated with antibiotic ointment**.** **DO notify your doctor if you develop a fever of more than 100.5 degrees or if the area is painful or reddened.**

DO – Change positions frequently when travelling to prevent your joint from tightening. Stop and move around.

DO – See your surgeon as recommended and scheduled.

DO – Consult with your surgeon or physical therapist about returning to specific sport activities.

Routine Dental Work

<u>You must wait for 3-6 months AFTER SURGERY before having any dental work</u>. Please speak with your surgeon regarding their specific guidelines. This will likely be discussed at your Surgical Discussion appointment and/or post-op follow-up appointment.

Emergency Dental Work

Call your surgeon's office as soon as possible for specific instructions or surgeon orders.

Surgical Procedures

If you are scheduled for any kind of surgery, no matter how minor, you may need to take antibiotics before and after. Please make sure the surgeon performing the procedure is aware you have a joint implant.

WHEN TO CALL US:

The information below provides you with some general recommendations about when and who to call if you have any questions or concerns regarding your new joint. When in doubt… please call! Your case manager is a good first line of contact to call. They can provide you with assistance as well as contact your surgeon if needed. **IF YOU ARE UNABLE TO REACH YOUR CASE MANAGER, PLEASE CALL YOUR DOCTOR'S OFFICE!**

Call your case manager if you have any of the following:

- Redness, swelling, or increasing pain in the wound.
  - **NOTE: It is normal for the leg to swell and feel heavy for the first 10 days**.
- Pus coming from wound.
- An unexplained oral temperature over 102° F (38.9° C) develops.
  - **NOTE: it is normal to have low-grade fever (up to 101.5) -- Take Tylenol for fever.**
- A foul smell coming from the wound or dressing.
- Opening of the wound.
- Painful and worsening swelling of your calf or leg
- You develop a rash.
- Questions regarding the integrity of your dressing
- Questions regarding your medications

ORTHONY INJURY CLINIC

If you are unable to reach your case manager or doctor and you have a concern that is related to your joint replacement and it is not felt to be a medical emergency, we encourage you to utilize our OrthoNY Injury Clinic for orthopedic specific urgent care needs. Orthopedic Injury Clinic services are available at the following offices: **Please note these hours are subject to change based on holidays and other unforeseen circumstances.** Call (518)489-2663 to check your preferred locations hours or visit **www.orthony.com** for the latest scheduling/location updates.

Albany	**Clifton Park**
121 Everett Road. Albany, NY, 12205 Injury Clinic Hours 8 AM – 6 PM, Monday – Friday Closed for Lunch from 12 pm – 1 pm **LIMITED WALK IN AVAILABILITY** **Please visit Orthony.com to reserve your spot in line at this office**	1768 Route 9 Clifton Park, NY 12065 Injury Clinic Hours 8 AM –6 PM, Monday – Friday 8 AM – 1:45 PM, Saturdays & Sundays **LIMITED WALK IN AVAILABILITY** **Please visit Orthony.com to reserve your spot in line at this office**

Call 911 if you have shortness of breath, difficulty breathing, or chest pain.

SECTION NINE: HELPUL RESOURCES/APPENDICIES

APPENDIX A - PRE-SURGICAL APPOINTMENT TRACKER

Medical Pre-Surgery Evaluation/Clearance

Name of Doctor: _____

Date: _____ Time: _____

Blood work, Other testing (as requested) – Complete PRIOR to Medical Evaluation if possible

Type of test: _____ Location: _____

Date: _____ Time: _____

Cardiac Pre-Surgery Evaluation/Clearance (if requested)

Name of Doctor: _____

Date: _____ Time: _____

Additional Pre-Surgery Evaluations/Clearances (if requested)

Name of Doctor: _____

Date: _____ Time: _____

Pre-Surgical Discussion Appointment (if required by your surgeon)

Name of Provider: _____

Office Location: _____

Date: _____ Time: _____

Pre-Operative Physical Therapy Visit (Required if you have never had a Total Hip or Knee Replacement)

Name of Provider: _____

Office Location: _____

Date: _____ Time: _____

APPENDIX B - PERSONAL MEDICATON LIST

Medication Name/Dosage	Instruction	Reason for Therapy	Instruction on Date of Last Dose Before Surgery
What is the name of your medication? What is the dosage?	When and how do you take this medication?	Why are you taking this medication?	Instruction given to you by Pre-Admission Nurse during interview

ALLERGIES : _____

APPENDIX C - PATIENT'S TIMELINE CHECKLIST TO PREPARE FOR SURGERY

Immediately After Your Surgery Is Scheduled

☐ **Schedule all required Pre-operative Medical Clearance Appointments**

2-4 Weeks Before Surgery	1-2 Weeks Before Surgery	3 Days Before Surgery	2 Days Before Surgery
☐ Select Coach/Caregiver	☐ DO NOT Shave below the neck for seven days	☐ Begin CHG Shower as directed and log on tracking sheet (Appendix D)	☐ Shower as directed above
☐ Begin Pre-Surgery Exercises	☐ If doing yard work USE CAUTION	☐ Pick up prescriptions	☐ If you have not already, STOP SMOKING
☐ Complete Pre-surgery lab tests and medical clearance appointments	☐ **You may need to stop taking certain Diabetic/Weight Loss Medication if instructed to do so. See Appendix K.**	☐ Obtain OTC medications if they were not called into your pharmacy with prescriptions: • Aspirin (per your doctor's instructions – talk with your case manager) • Extra Strength Acetaminophen (500mg) • Colace-Senna, and Miralax are good to have	☐ Ensure you have all prescriptions filled and the over-the-counter medications purchased and ready for use at home after surgery
☐ Get Flu/COVID Shots at least 2 weeks before surgery	☐ Arrange transportation to and from your PT appts		
☐ Obtain Equipment needed for after surgery	☐ Continue pre-surgery exercises		
☐ Prepare your Home	☐ Attend Pre-surgery PT appointment		
☐ Quit Smoking	☐ Obtain or purchase CHG/Hibiclens soap		
	☐ Schedule Post- surgical PT appointments		
The Day Before Surgery	**The Night Before Surgery**	**The Day/Morning of Surgery**	
☐ You will be called with your surgery time AFTER 1:00pm. If your surgery is on a Monday you will be called on the Friday prior after 1:00pm	☐ Shower as directed ☐ Change Bed Linens	☐ **FOLLOW EATING/DRINKING GUIDELINES GIVEN TO YOU BY PRE-ADMISSION TESTING**	
☐ **DO NOT** Smoke or vape tobacco or cannabis 24 hours prior to surgery	☐ Dress in freshly laundered night clothes	☐ Take any medications your physician or nurse told you to take before the surgery	
☐ Remove makeup and fingernail and toenail polish	☐ **NO SOLID FOOD by mouth AFTER MIDNIGHT prior to arrival at surgery center**	☐ Shower as directed – do not use lotions	
☐ **FOLLOW EATING/DRINKING GUIDELINES GIVEN TO YOU BY PRE-ADMISSION TESTING**	☐ **FOLLOW EATING/DRINKING GUIDELINES GIVEN TO YOU BY PRE-ADMISSION TESTING**	☐ For patients with Insulin-dependent diabetes**: DO NOT TAKE YOUR INSULIN THE MORNING OF SURGERY** unless otherwise directed by your doctor.	

APPENDIX D - CHLOROHEXIDINE GLUCONATE (CHG)

Pre-Operative Shower Instructions and Tracker

Important Tips to Remember:

- CHG soap is for **external use only.** Keep out of eyes, ears, mouth, or genital area. If contact occurs, rinse with cold water right away.
- CHG may cause skin irritation. There may be short-term itching or redness. If itching or redness continues, rinse affected areas and stop using. If severe irritation occurs, call your doctor.

Where to Obtain a Bottle of CHG:

- Purchase at some OrthoNY offices (Albany, Clifton Park, Schenectady) for a charge of $5 per bottle.
- Purchase a bottle of the soap at a local pharmacy or online. **Ask for Chlorhexidine Gluconate 2% - a 4-ounce bottle is enough. It can also be known as Hibiclens®**

3 DAYS, 2 DAYS, and THE NIGHT BEFORE SURGERY

1. Remove all jewelry and body piercings.
2. Take a shower with your normal soap. Wash your hair with your normal shampoo. (Note: You can wash your hair the night before or the morning of surgery.) Do not use products after rinsing hair, such as gels or hair spray.
3. Do not shave any area of your body.
4. Wash your body using a ¼ of the CHG soap from your neck to your toes. DO NOT use it on your face, hair, genitals.
5. **Let the soap stay on your body for two minutes before rinsing.** It is normal for the skin to feel "sticky" or dry when the soap is drying.
6. Rinse the CHG soap off and dry your body with a clean dry towel. DO NOT use lotion or powder after bathing. Do not apply jewelry or body piercings.
7. Wear clean night clothes and sleep in a freshly laundered/clean bed.

THE MORNING OF SURGERY

1. Remove any remaining jewelry and body piercings.
2. Shower again following Steps 2 through 6 above.
3. Dress in clean clothes that are easy to put on and take off.
4. Do not wear makeup, lipstick, or lip gloss.
5. Do not wear any jewelry or body piercings. Wedding bands should be left at home.

CHECK THE BOX WHEN COMPLETED TO KEEP TRACK:

- ☐ 3 days before surgery
- ☐ 2 days before surgery
- ☐ 1 day before surgery (at bedtime) - sleep in freshly laundered linens
- ☐ Morning of surgery

APPENDIX 5 - ORTHONY OUTPATIENT THERAPY SERVICES

Providing you with expert care in a location convenient to you, OrthoNY Physical Therapy offers a variety of options for your outpatient therapy needs. We understand there are many outpatient physical therapy services for you to choose from. If your doctor wants you to go to therapy, it is often recommended you go 2-3 times a week initially. Therefore, we encourage you to choose an office that works best for you. You can discuss this with your Case Manager.

The following is a list of our Physical Therapy offices for your reference.

ORTHO NY PHYSICAL THERAPY



Physical Therapy in Albany, NY

121 Everett Road, Albany, NY 12205



Physical Therapy in Clifton Park, NY

1768 Route 9, Clifton Park, NY 12065



Physical Therapy in Schenectady, NY

500 State Street, Schenectady, NY 12305



Physical Therapy in Saratoga, NY

612 Maple Avenue, Suite 103, Saratoga, NY 12866

APPENDIX F – ICE/GEL PACK RECIPE

2 Gallon-Size Ziploc bags

2 Cups 70% Rubbing Alcohol

4 Cups water

Directions: Mix ingredients in the Ziploc bag, remove as much air as possible, seal bag, place in 2nd Ziploc bag and again remove air and seal. Place in freezer for 8-12 hours. When applying to skin, use a light barrier (recommend using an old pillowcase).

Guidelines: There are two options for duration of icing:

1. You can place the ice bag in a light barrier (pillowcase) and leave on for 20 minutes, followed by 20 minutes off

2. You can place the ice bag in a blanket or towel and leave the ice in place while elevating.

Perform regular skin checks to prevent cold damage to the underlying skin



ICE AND ELEVATE ABOVE THE LEVEL OF THE HEART

- Above the level of the heart for 20-30 min
- Knee replacements – 5-7 times a day
- Hip replacements – 4-5 times a day

APPENDIX G - PRE-SURGICAL AND LEVEL 1 EXERCISE PROGRAM

Pre-Surgery – Do All Exercises Twice a Day

Post-Surgery – Do ALL Exercises Listed 3-4 times a day immediately upon returning home.

- You may perform them in a recliner, on a couch or a bed. DO NOT get down on the floor.
- Your therapist may add/remove exercises as appropriate.
- You will experience some discomfort which is normal. It is important to begin to build strength and regain motion in your leg immediately.

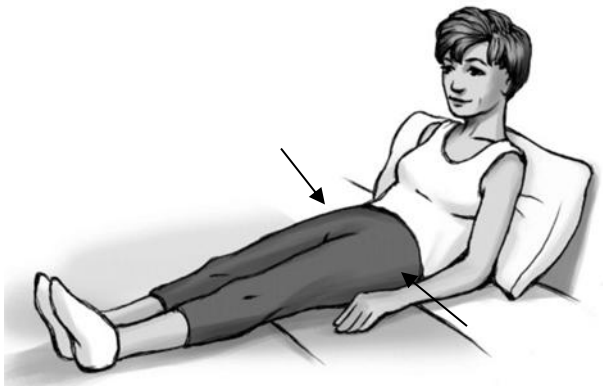
1. Ankle Pumps
Flex and point your feet. *Perform 20 times.*



2. Quad Sets (Knee Pushdowns)
Lying on back, press knees into the mat by tightening the muscles on the front of the thigh (quadriceps). Hold for a five-second count. Do NOT hold your breath. *Perform 20 times.*



3. Gluteal Sets (Bottom Squeezes)
Squeeze your bottom cheeks together. Hold for a five-second count. DO NOT hold your breath. *Perform 20 times.*



4. Hip Abduction and Adduction (Slide Heels Out and In)
Lying on back, tighten thigh muscles and slide leg out to the side. Keep kneecap and toes pointing toward ceiling. Gently bring leg back into midline; may do both legs at the same time. *Perform 20 times.*



5. Heel Slides (Slide Heels Up and Down)
Lying on your back, slide your heel up the surface while bending your knee. You can use a belt, a cane, or a cloth strap to help you assist your knee into a deeper stretch. *Perform 20 times.*



*If you have hip precautions – ensure you are lying flat and avoid flexing the hip more than 90 degrees (a right angle)

6. Short Arc Quads
Lying on your back, place a 6- to 8-inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. The roll placed under your knee is meant for this exercise only – remove it once you complete your repetitions.
DO NOT raise your thigh off roll. *Perform 20 times.*



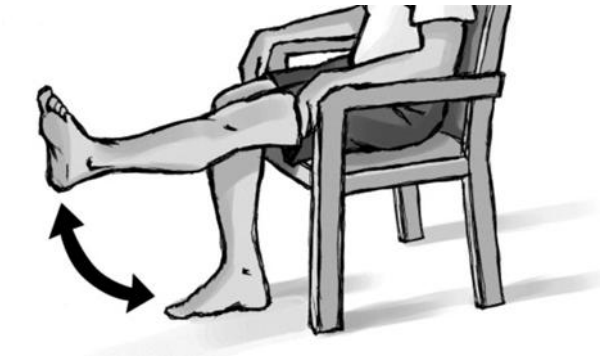
7. Straight Leg Raises

Lying on back with the one knee bent and foot flat, tighten the thigh muscle. (quadriceps) on the straight leg and lift the leg 12 inches from the surface. Keep knee straight and toes pointed toward your head. You may use a belt, cane, or strap to assist. *Perform 20 times.*



8. Knee Extension - Long Arc Quads

Sit with back against chair and thighs fully supported. Lift the operated foot up, straightening the knee. DO NOT raise your thigh off of the chair. Hold for a 5-second count. *Perform 20 times.*



9. Seated Knee Flexion

Sitting in straight-back chair, bend one leg as far as possible under the chair (you can use the opposite foot to help). When your greatest amount of bend is reached, plant the foot and slide your hips forward further bending the knee. Hold the knee bent for 20 to 30 seconds – **DO NOT MOVE THE FOOT**.

Repeat 10 times.



10. Mini Squat

Stand, with feet shoulder-width apart, and holding on to the kitchen sink. Keep your heels on the floor as you bend your knees to a slight squat. Return to upright position tightening your buttocks and quads. As you heal, you may go lower in the squatting position. *Perform 2 sets of 10.*



11. Standing Heel/Toe Raises

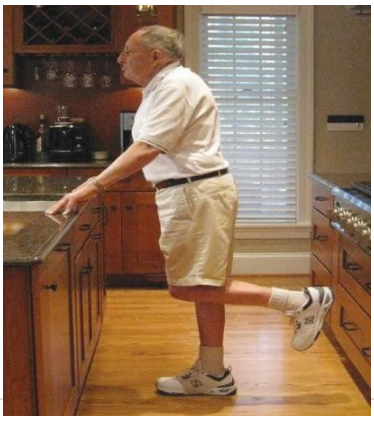
Stand facing the kitchen sink with a firm hold on the kitchen sink. Rise up on toes then back on heels. Stand as straight as possible.

Perform two sets of 10.



12. Standing Knee Flexion – Hamstring Curls

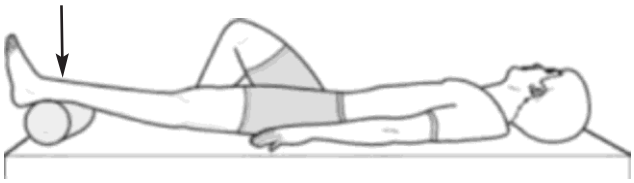
Stand with feet shoulder width apart, toes pointing forward and holding onto the kitchen sink. Tighten your buttocks (gluteal) muscles and bend the operated knee lifting your foot off the floor. DO NOT bend forward or let your hip bend. Try to keep a straight line from the ear through the shoulder to the hip and knee. *Perform 20 times.*



13. Knee Extension Stretch – <u>For Knee Replacement Only</u>

When lying in a bed or sitting in a recliner, keeping the leg straight and elevated is the preferred resting position after a total knee replacement. Put a towel roll under your ankle to stretch the back of your knee. Make sure your knee is pointing up to the ceiling. You may apply ice at the same time. Try to stay in this position for at least 20 minutes or longer if able.

** Note: Your hamstrings were likely tight prior to surgery, therefore they will take time to stretch out after surgery. This exercise may cause some discomfort but that will decrease over time. It is very important to achieve as straight a knee as possible after surgery for the best outcome.*

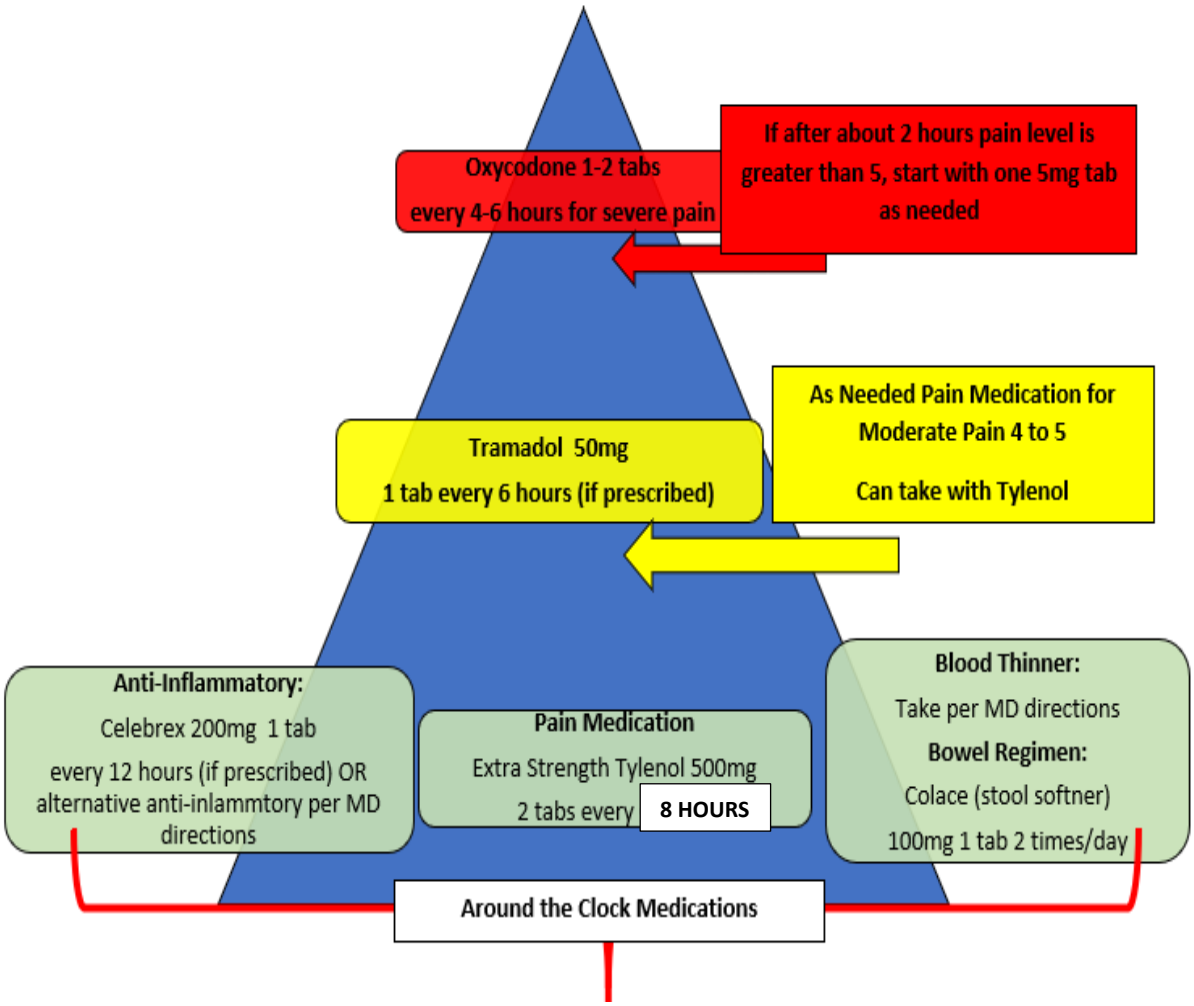


Your physical therapist will likely prescribe additional exercises for you based on your personal needs. It is important that you follow their recommendations and continue your therapy for best results.

APPENDIX H - MEDICATION TRACKER

DATE	DATE	DATE	DATE	DATE	
Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	
Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	
Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	
Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	Med _____ Dose _____ Time ____ ____ ____ ____	

APPENDIX I – MEDICATION PYRAMID



APPENDIX J – EATING AND DRINKING GUIDELINES

DAY/EVENING PRIOR TO SURGERY

- Do **NOT** smoke or vape tobacco or cannabis products 24 hours prior to surgery.
- **FOLLOW THE INSTRUCTIONS GIVEN TO YOU BY PRE-ADMISSION TESTING**

THE MORNING OF SURGERY

- **FOLLOW THE INSTRUCTIONS GIVEN TO YOU BY PRE-ADMISSION TESTING**

Definitions & Clarifications:

- **Clear Liquids:** water, carbonated beverages, fruit juice WITHOUT pulp (apple or cranberry only – NO ORANGE JUICE), sport drinks such as Gatorade, clear tea, and black coffee

APPENDIX K – GUIDANCE FOR PRE-SURGERY DIABETIC MEDICATION – ORTHONY SURGICAL SUITES

OSS Guidance for Pre-Surgery Diabetic Medication		
Diabetic Medication By CLASS	**Name of Drug** (Bold/*Italicized* Medications on the same line are the same medication)	Days to Stop Before Surgery (Does NOT include DOS*)
SGLT2 Inhibitor	**Brenzavvy** *(Bexagliflozin)* **Farxiga** *(Dapagliflozin)* **Invokana** *(Canagliflozin)* **Jardiance** *(Empagliflozin)*	Hold DOS only
SGLT2 Inhibitor	**Steglatro** *(Ertugliflozin)*	Hold DOS only
**GLP-1 Agonists *Once Weekly*	**Bydureon ER** *(Exenatide ER)* **Ozempic, Wegovy** *(Semaglutide)* **Trulicity** *(Dulaglutide)*	Hold for 7 days. Clear liquid Diet - Day before Surgery
**GLP-1/ GIP Agonist *Once Weekly*	**Mounjaro, Zepbound** *(Tirzepatide)*	Hold for 7 days. Clear liquid Diet - Day before Surgery
GLP-1 Receptor Agonist *Taken Daily*	**Adlyxin** *(Lixisenatide)* **Byetta** *(Exenatide IR)* **Rybelsus** *(Oral Semaglutide)* **Saxenda** *(Liraglutide)* **Victoza** *(Liraglutide)*	Hold DOS only
Biguanides	**Metformin**	Hold DOS only
DPP-4 Inhibitors	**Januvia** *(Sitagliptin)* **Nesina** *(Alogliptin)* **Onglyza** *(Saxagliptin)* **Tradjenta** *(Linagliptin)*	Hold DOS only
Sulfonylureas & Meglitinides	**Amaryl** *(Glimepiride)* **DiaBeta, Glynase PresTab** *(Glyburide)* **Glucotrol** *(Glipizide)* **Prandin** *(Repaglinide)* **Starlix** *(Nateglinide)*	Hold DOS only
Thiazolidinediones	**Actos** *(Pioglitazone)* **Avandia** *(Rosiglitazone)*	Hold DOS only
Please have patient contact PCP/Endocrine provider for instructions on Insulin adjustments pre-surgery ***Patients with Type 1 Diabetes should never hold basal insulin***		

****Patients on GLP-1 agonists must follow a Clear liquid Diet Day before Surgery**

And should be NPO (Nothing to Eat Or Drink) after Midnight Day of Surgery

DOS = Day of Surgery