



Ilze Bullwinkel
Bilateral Knee Replacement Patient

GUIDEBOOK FOR HIP AND KNEE REPLACEMENT

ROCHESTER
REGIONAL **HEALTH**

Joint Replacement Guidebook

SECTION **1** WHAT YOU SHOULD KNOW

SECTION **2** PREPARING FOR SURGERY

SECTION **3** YOUR HOSPITAL STAY

SECTION **4** LEAVING THE HOSPITAL

SECTION **5** CHECKLISTS & RESOURCES

SECTION **6** FORMS

Joint Replacement Guidebook

SECTION 1 WHAT YOU SHOULD KNOW

Center for Joint Replacement
at Newark-Wayne Community Hospital

Center for Joint Replacement
at Rochester General Hospital

Charles J. August Joint Replacement Center
at Unity Hospital

WHAT YOU
SHOULD KNOW

Bank of 6

WHAT YOU SHOULD KNOW

Welcome

Thank you for choosing the Center for Joint Replacement at Newark-Wayne Community Hospital. Your decision to have elective joint replacement surgery is the first step toward a healthier lifestyle.

Each year, more than 700,000 people decide to have joint replacement surgery. The surgery aims to relieve your pain, restore your independence and return you to work and other daily activities.

Our program is designed to return you to an active lifestyle as quickly as possible. Most patients will be able to walk the day of surgery, and move toward normal activity in six to 12 weeks.

The Center for Joint Replacement has planned a comprehensive course of treatment. We believe that you play a key role in your successful recovery. We will involve you in your treatment through each step of the program. This guide gives you the information you need for a more successful surgical outcome.

Your team includes doctors, physician assistants, nurses, an orthopaedic social worker, patient care technicians and physical and occupational therapists who specialize in total joint care. Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with you. The orthopaedic team will help plan your individual treatment program.

Using the Guidebook

We designed this guidebook to help you prepare for your surgery, understand the recovery process and educate you about:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

Remember, this is just a guide. Your doctor, physician assistant, nurses or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference for at least the first year after your surgery. It covers a lot of details – and may seem a little overwhelming – but it will help you before and after surgery. We recommend you take the time to read the entire guide.

About Newark-Wayne Community Hospital

Newark-Wayne Community Hospital, an affiliate of Rochester Regional Health, is a 120-bed community hospital that serves Wayne County and the Finger Lakes. Newark-Wayne Community Hospital's campus also includes DeMay Living Center, a full-service rehabilitation center and skilled nursing facility. For more than a decade, Newark-Wayne has been able to provide most services locally in Wayne County.

Awards & Designations

Newark-Wayne Community Hospital is a NICHE (Nurses Improving Care for Healthsystem Elders) designated hospital. This distinction recognizes Newark-Wayne's commitment to providing excellent, patient-centered care for adults 65 and older.

Newark-Wayne Community Hospital's ICU was recognized for exceptional care by receiving the Gold Beacon Award. This award signifies the excellent care that our critical care team provides to our patients every day.

Newark-Wayne Community Hospital is currently recognized as a Baby-Friendly USA hospital. Considered the Gold standard, Baby Friendly demonstrates a hospital's commitment to breastfeeding for mothers and the babies born in its birthing unit.

Newark-Wayne Community Hospital is recognized as a Blue Cross Blue Shield Blue Distinction Center for maternity care. This shows our commitment to deliver quality maternity care safely and efficiently.

Contacts

Surgical Services

P 315 332 2251

NWCH Physical Therapy & Occupational Therapy:

P 315 332 2289

Social Work

P 315 332 2260

DeMay Admissions

P 315 332 2337

2 East/Joint Center Post-Operative Unit

P 315 359 2697

WHAT YOU SHOULD KNOW

Newark-Wayne Community Hospital

1200 Driving Park Avenue | Newark, NY 14513



Newark-Wayne Community Hospital is part of Rochester Regional Health. The hospital provides care to more Wayne County residents than any other in the region and, as a tertiary care facility, has strong referral relationships with several regional hospitals.

Distinction for quality:



Newark-Wayne Community Hospital has achieved the prestigious distinction of being named a Nurse Magnet Hospital. Magnet Recognition is the nation's highest honor for nursing excellence as awarded by the American Nursing Credentialing Center (ANCC).



Newark-Wayne Community Hospital ICU has received a Gold Level Beacon Award, which recognizes hospital units that employ evidence-based practice to improve patient and family outcomes as well as recognizes hospital units that exemplify excellence in professional practice, patient care, and outcomes.



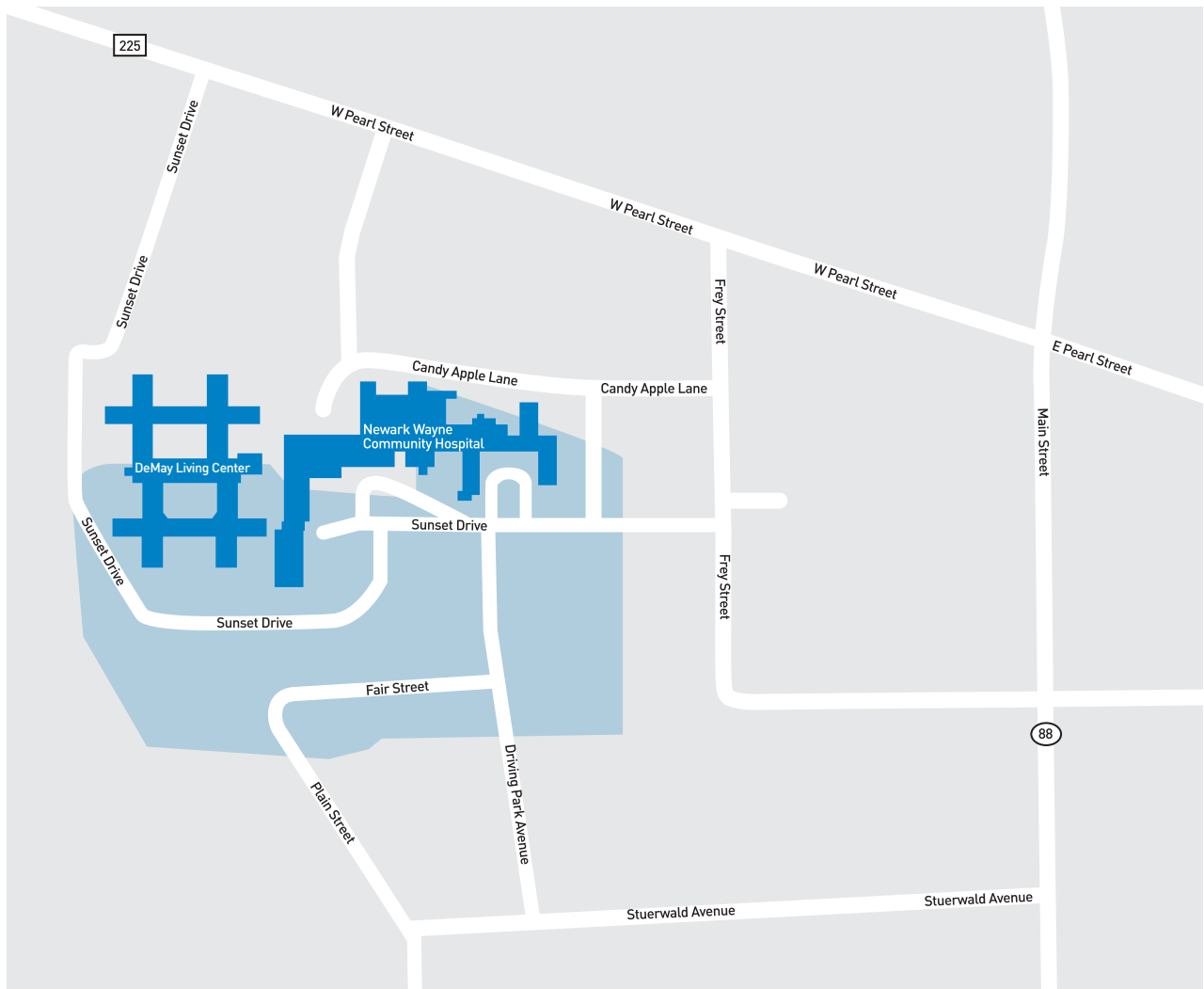
The DNV certification recognizes Newark Community Hospital's commitment to providing outstanding care to our patients and our community.

Getting Here

Driving directions to Use
Newark-Wayne Community Hospital and DeMay Living Center.
1200 Driving Park Ave, Newark, NY 14513

Parking at Newark-Wayne Community Hospital is free, with parking lots located near each public entrance. Watch for exterior signage directing you to the closest parking lot. Handicapped parking also exists near every entrance.

Map of the Newark-Wayne Community Hospital and DeMay Living Center Campus.



WHAT YOU SHOULD KNOW

Welcome

Thank you for choosing the Center for Joint Replacement at Rochester General Hospital. Your decision to have elective joint replacement surgery is the first step toward a healthier lifestyle. Each year, more than 700,000 people decide to have joint replacement surgery. The surgery aims to relieve your pain, restore your independence and return you to work and other daily activities.

The Center for Joint Replacement has planned a comprehensive course of treatment. We believe that you play a key role in your successful recovery. We will involve you in your treatment through each step of the program. This guide gives you the information you need for a more successful surgical outcome.

Your team includes doctors, physician assistants, nurses, an orthopaedic social worker, patient care technicians and physical and occupational therapists who specialize in total joint care. Every detail, from pre-operative teaching to post-operative exercising, is considered and reviewed with you. The orthopaedic team will help plan your individual treatment program.

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Rochester General Hospital

1425 Portland Avenue | Rochester NY 14621



Rochester General Hospital is part of Rochester Regional Health. The hospital provides care to more Monroe County residents than any other in the region and, as a tertiary care facility, has strong referral relationships with several regional hospitals.

Distinctions for quality include:



Rochester General Hospital has achieved the prestigious distinction of being named a Nurse Magnet Hospital. Magnet Recognition is the nation's highest honor for nursing excellence as awarded by the American Nursing Credentialing Center (ANCC).



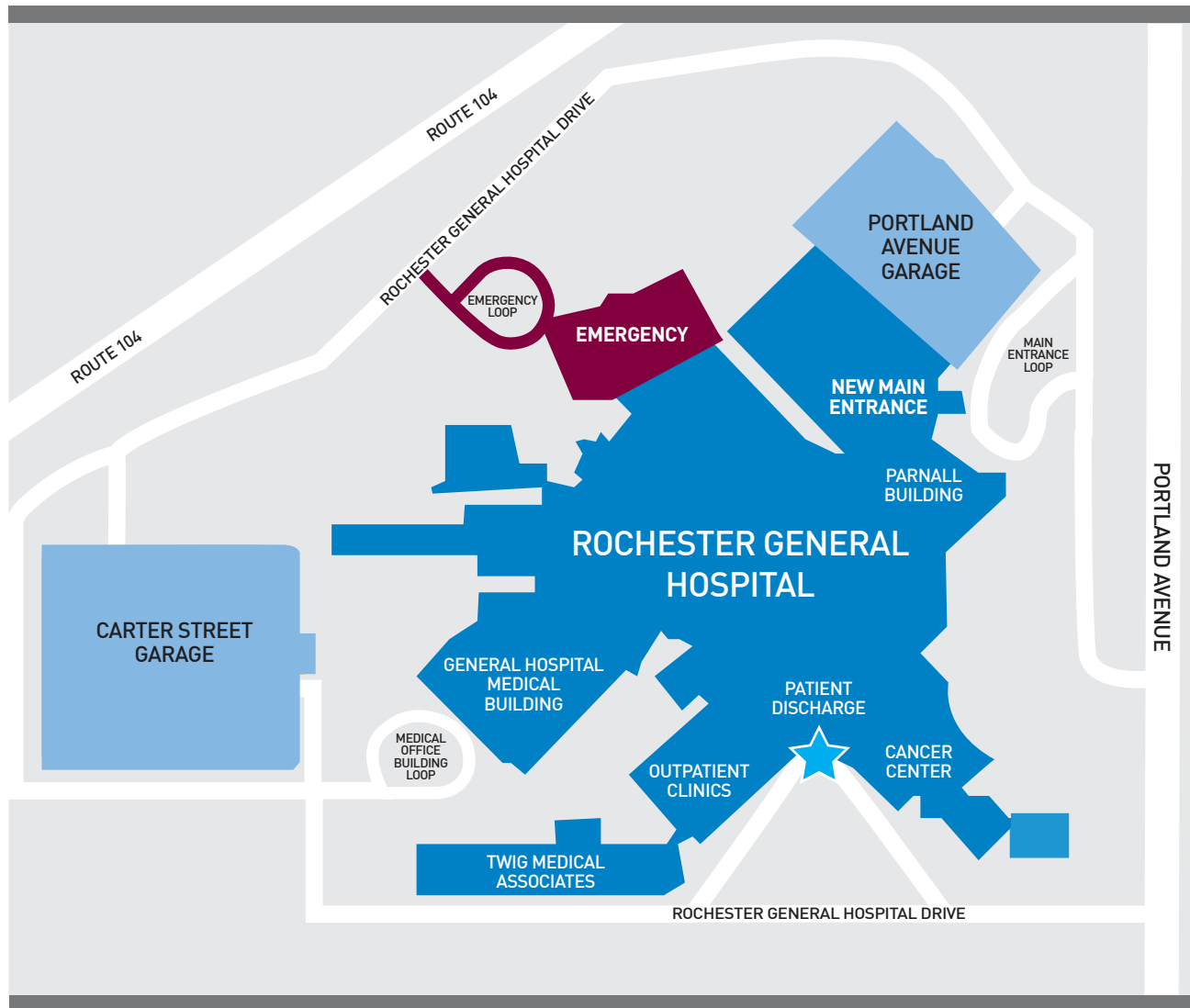
Rochester General Hospital has earned the Blue Distinction Center + designation. Blue Distinction Center + recognition is awarded to healthcare facilities and providers recognized for their expertise and efficiency in delivering specialty care.



The DNV certification recognizes Rochester General Hospital's commitment to providing outstanding care to our patients and our community.

WHAT YOU SHOULD KNOW

Getting Here



Driving Directions to the Portland Avenue Garage and the Hospital

From the East:

- Take I-490 West to I-590 North to 104 West
- On 104 West, take the Portland Avenue exit
- The hospital is on your right.

From the West:

- Take I-490 East to I-390 North to 104 East
- On 104 East, take the Portland Avenue exit
- The hospital is on your right.

Parking

Rochester General Hospital has two parking garages:

Portland Avenue Garage

- Pre-admission testing appointment
- Day of Surgery

Carter Street Garage

- Apothecary

Pre-Admission Testing

The Rick Constantino, M.D. Patient Access Center

Preadmission testing is located on the ground floor in the Polisseni Pavilion at Rochester General Hospital

- Park in the Portland Avenue garage, valet is available
- Take the public elevator to the lobby level of the Polisseni Pavilion
- Turn right
- Rick Constantino, M.D. Patient Access Center is located after the Portland Café on the right

You will be contacted for an appointment before surgery.

Joint Replacement Pre-Operative Education

You will be scheduled for joint replacement preoperative education class at Rochester General Hospital in the Sengupta Room in the Polisseni Pavilion.

A parking pass will be provided when you attend the class.

To reschedule call the LINK Line: (585) 922-5465

The Center for Joint Replacement at Rochester General Hospital is staffed by a highly trained, multi-disciplinary team that will work with you and your family to help you achieve the best possible outcome.

An orthopaedic program manager and social worker will be with you throughout your joint replacement journey. They will be your resources to respond to any questions and concerns that you may have and to help you take a proactive role in your own preparation and recovery.

Rachel Wakefield, BS, RN Orthopaedic Program Manager

P: (585) 922-4582

Rachel.Wakefield@rochesterregional.org

Erin Dick, BSW Social Worker

P: (585) 922-4166 F: (585) 922-5739

Erin.Dick@rochesterregional.org

WHAT YOU SHOULD KNOW

The Night Before Surgery

- At your pre-op appointment you will receive instructions on which of your medications to take the night before surgery and the morning of surgery.
- Take medications exactly as prescribed
- Use Chlorhexidine wipes or solution as directed
- Cleansing the skin before surgery can reduce the risk of infection at the surgical site
- Do not eat or drink past midnight before surgery

Helpful Phone Numbers:

RGH Main Phone Number: (585) 922-4000

RGH Pre-Admission Testing: (585) 922-9310

RGH Apothecary Number: (585) 922-3970

RGH Link Line for Educational Class: (585) 922- 5465

WHAT YOU SHOULD KNOW

Welcome

Thank you for choosing the Charles J. August Joint Replacement Center at Unity Hospital. Your decision to have elective joint replacement surgery is the first step toward a healthier lifestyle.

Each year, more than 700,000 people decide to have joint replacement surgery. The surgery aims to relieve your pain, restore your independence, and return you to work and other daily activities.

Our program is designed to return you to an active lifestyle as quickly as possible. Most patients will walk the day of surgery, and move toward normal activity in six to 12 weeks.

The Charles J. August Joint Replacement Center has planned a comprehensive course of treatment. We believe that you play a key role in your successful recovery. We will involve you in your treatment through each step of the program. This guide gives you the information you need for a more successful surgical outcome.

Your team includes doctors, physician assistants, nurses, an orthopaedic program manager (RN), an orthopaedic program clinician (RN), an orthopaedic social worker, patient care technicians, and physical and occupational therapists who specialize in total joint care. Every detail, from pre-operative teaching to post-operative exercising, is considered and reviewed with you. The orthopaedic team will help plan your individual treatment program.

Using the Guidebook

We designed this guidebook to help you prepare for your surgery, understand the recovery process, and educate you about:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

Remember, this is just a guide. Your doctor, physician assistant, nurses or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference for at least the first year after your surgery. It covers a lot of details – and may seem a little overwhelming – but it will help you before and after surgery. We recommend you take the time to read the entire guide.

Overview of the Charles J. August Joint Replacement Center

We offer a unique program. Each step is designed to encourage the best results and allow you to return home as soon as the same day of surgery.

Our program includes:

- Comprehensive pre-operative education class
- Dedicated nurses and therapists trained to work with joint patients
- Casual clothes (no drafty gowns)
- Private rooms
- An emphasis on group physical therapy
- Family and friends participating as “coaches” in the recovery process
- A comprehensive patient guide for you to follow from six weeks before surgery until three months after surgery and beyond
- A reunion luncheon for former patients and coaches
- A volunteer program that includes joint replacement patients who offer moral support to patients and their caregivers, help transport patients, and provide refreshments and encouragement
- Daily newsletters that provide information on what to expect each day in the hospital
- Ongoing seminars about joint health

WHAT YOU SHOULD KNOW

Your Joint Replacement Team

Orthopaedic Surgeon

Your orthopaedic surgeon is the skilled doctor who will perform the procedure to repair your damaged joint.

Registered Nurse (RN)

Much of your care will be provided by a nurse responsible for your daily care. Your nurse will assure your doctor's orders are completed, including medication and monitoring your vital signs.

Physical Therapist (PT)

Your physical therapist will guide your return to functional daily activities. He or she will train you and your coach in safe transfer techniques, provide gait training, and teach exercises designed to help you regain strength and motion after surgery.

Occupational Therapist (OT)

Your occupational therapist will guide you on performing daily tasks with your new joint, such as bathing and dressing. He or she may show you how to use special equipment in your home after your joint replacement, including shower benches, rails and raised toilets.

Orthopaedic Social Worker

An orthopaedic social worker is available to assist you and your family with any concerns and help you plan services you may need after your hospital stay.

Orthopaedic Physician Assistant (PA)

The orthopaedic physician assistant, under the direction of the orthopaedic surgeon, is responsible for your post-operative recovery. He or she will assess you on a daily basis to monitor your care.

Orthopaedic Program Manager / Orthopaedic Program Clinician

The orthopaedic program manager and clinician are RN's who are available before surgery, during your hospital stay and post-discharge who will be your resources and help guide you throughout your entire joint replacement journey.

Contacts

Orthopaedic Program Manager

Jodi Moore, BSN, RN-BC, ONC, PCCN, NPD-BC

P 585.723.7897

C 585.402.1473

E jodi.moore@rochesterregional.org

Surgical Pre-Testing

P 585.723.7738

Arrival Time Instructions

P 585.723.7975

Orthopaedic Program Clinician

Jessica LaGasse BSN, RN-BC, ONC

P 585.368.4817

E jessica.lagasse@rochesterregional.org

Pre-Op Class

Scheduling and Information

P 585.922.5465

Orthopaedic Social Worker

Nicole Mendicino, BSW

P 585.368.4759

Unity Hospital

1555 Long Pond Road | Rochester, NY 14626



Unity Hospital is part of Rochester Regional Health. The hospital provides care to more Monroe County residents than any other in the region and, as a tertiary care facility, has strong referral relationships with several regional hospitals.

Distinctions for quality include:



Unity Hospital has achieved the prestigious distinction of being named a Nurse Magnet Hospital. Magnet Recognition is the nation's highest honor for nursing excellence as awarded by the American Nursing Credentialing Center (ANCC).



Unity Hospital has earned the Blue Distinction Center + designation. Blue Distinction Center + recognition is awarded to healthcare facilities and providers recognized for their expertise and efficiency in delivering specialty care.



The Charles J. August Joint Replacement Center at Unity Hospital has received a Silver Level Beacon Award, which recognizes hospital units that employ evidence-based practice to improve patient and family outcomes as well as recognizes hospital units that exemplify excellence in professional practice, patient care, and outcomes.



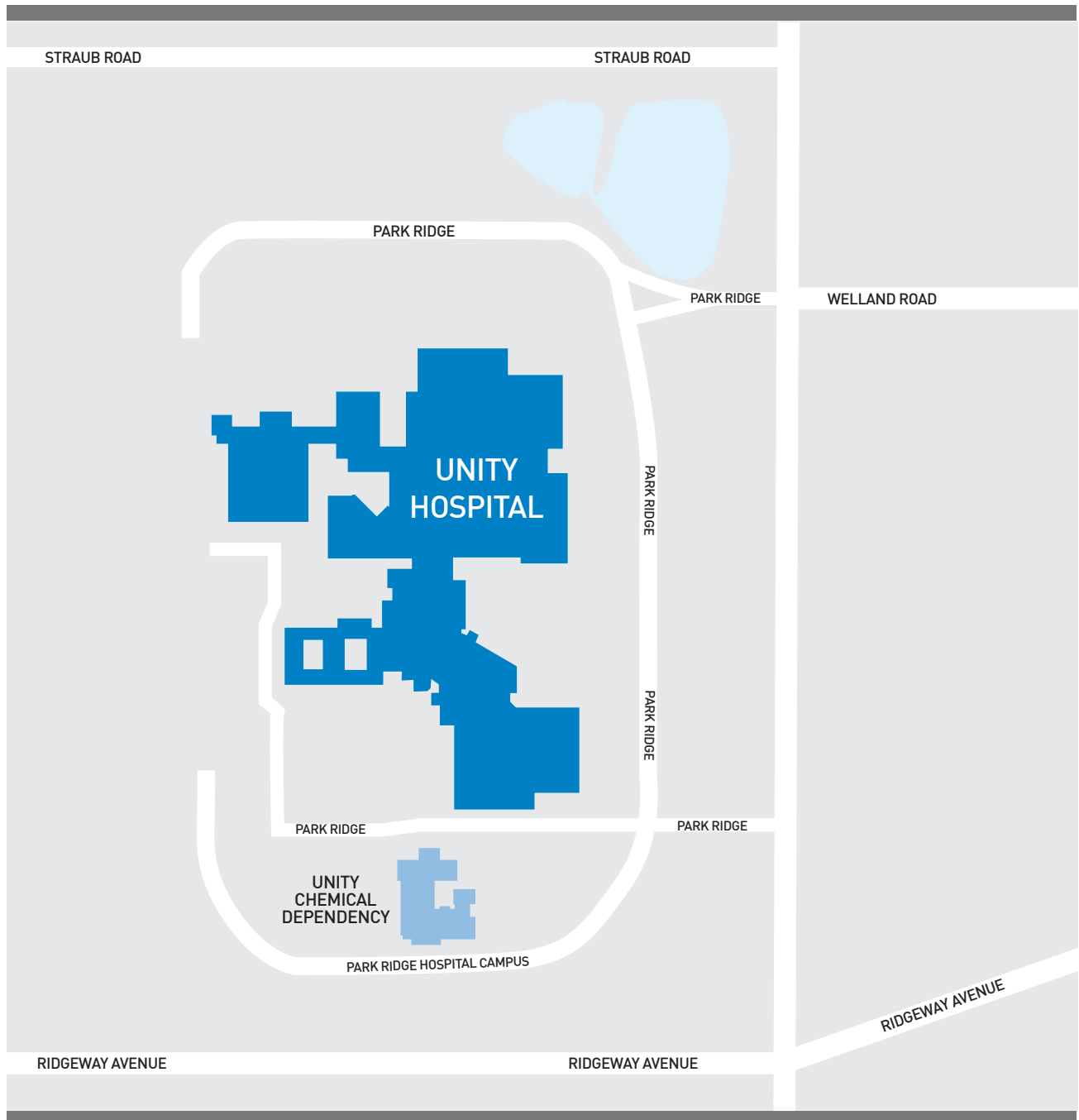
Unity Hospital has received the Healthgrades Joint Replacement Excellence Award, which demonstrates superior clinical outcomes in knee and hip replacement recognized four years in a row.



Unity Hospital has received the Orthopaedic Center of Excellence (OCEC) designation from DNV. This was obtained by achieving certification in three orthopaedic service line programs; Hip and Knee Replacements, Shoulder Surgery Program and Foot and Ankle Surgery Program. OCEC designation affirms an organization's excellence in the provision of diagnostic services, surgical services, and therapies related to orthopaedic care. This assures our community that we have the ability to provide consistent, high quality orthopaedic care.

WHAT YOU SHOULD KNOW

Getting Here



From the New York State Thruway, take Route 490 to Rochester. Where Route 490 intersects with Route 390, take Route 390 north. Exit at Ridgeway Avenue (Exit 23) and turn left; turn right onto Long Pond Road. The Unity Park Ridge Health Care Campus is on the left.

Free parking is available for all patients and visitors.

The Night Before Surgery and Morning of Surgery

If you have been directed to cleanse with cleansing solution prior to surgery, follow these instructions:

Chlorhexidine Cleansing Solution:

Daily skin cleansing with Chlorhexidine helps remove germs that may cause diseases. Please clean with the Chlorhexidine solution per the instructions both the night before your surgery and again the morning of your surgery.

Oral Care Program:

You will rinse with Chlorhexidine mouthwash while in pre-anesthesia and during your hospitalization. Then you will be instructed at discharge to brush your teeth twice a day.

Before you bathe or shower:

Carefully read all directions and warnings on the product label. Remove all jewelry, and leave off until after surgery.

When you bathe or shower:

- If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly to remove any shampoo residue.
- Wash your face and peri-rectal area with your regular soap or water only.
- Thoroughly rinse your body with water from the neck down.
- Apply chlorhexidine solution directly to the skin and wash gently with a clean cotton cloth.
- Rinse thoroughly with warm water.
- Do not use your regular soap after applying and rinsing chlorhexidine solution.
- Do not apply lotions or deodorants to the body areas.

The Night Before Surgery

- At your pre-op appointment you will receive instructions on which of your medicines to take the night before surgery and the morning of surgery.
- Take medications exactly as prescribed.
- Use Chlorhexidine solution as directed.
- Do not eat after midnight.
- You may drink plain water up until 2 hours prior to your arrival time or as directed by your surgeon.

Review your What to Bring to the Hospital Checklist.

For Unity Hospital Patients:

On the day before your surgery, between 1-4 pm, call **723.7975** to receive your arrival time.

Joint Replacement Guidebook

SECTION 2 PREPARING FOR SURGERY

Learn About the Process	27-28
Optimize Your Health.....	29
Joint Replacement Pre-Operative Education Class	30
Pre-Admission Testing Appointment	31
Advance Directives (Health Care Proxy/Living Will)	32
Insurance.....	33
One to Two Weeks Before Surgery.....	34-35
Exercises Beneficial Before Surgery	36-39
Assistive Equipment Checklist	40
Home Safety Checklist	41

PREPARING FOR SURGERY

Bank of 6

Learn About the Process

Your Date for Surgery

Your surgeon will tell you the dates of your admission and surgery.

If you become ill (cold, flu, fever, etc.) before surgery, call both your surgeon and the hospital as soon as possible.

Pre-Operative Education

Attend one of our Joint Replacement Pre-Operative Education Classes prior to your surgery. The classes are very informative, and provide answers to many basic questions regarding your joint replacement before, during and after hospitalization. You may also receive a call or be directed to online resources to help you prepare if classes are not available.

Pre-Admission Testing

Pre-admission Testing is done prior to scheduled procedures, including surgery. All testing requires written orders from a physician. You will be notified when your pre-admission testing is scheduled.

Your Anticipated Length of Stay in the Hospital

You may be in the hospital 1-2 days, depending on your progress. Your surgeon, in collaboration with the entire health care team, will determine when you will be discharged.

How do we Screen for Staph?

Your skin and nose have different types of Staph. Everyone needs to use the cloths or solution and may need ointment.

We will swab your nose to see if you have a type of Staph called "MRSA." The test will take about one day for us to know.

A positive test does *not* mean you have an infection. Your surgery will not be canceled or delayed.

If my Staph test is positive, what happens?

If your test is positive, you will be told the morning you come in for surgery.

If I Have MRSA, Will I be Treated Differently in the Hospital?

No but some additional measures will be taken and you will have different antibiotics put in your IV before surgery.

PREPARING FOR SURGERY

Learn About the Process

Anesthesia

General anesthesia is when you are asleep, while spinal anesthesia provides numbness from the waist down. There are many factors which may affect which kind of anesthesia is best for you.

Some of these factors include:

- Past surgical experience
- Past reactions to anesthesia
- The risks of different anesthesia
- Your overall health and physical condition
- Input from you

Your anesthesiologists will discuss which option is best for you.

Discharge Planning

Discharge planning will begin even before admission.

- Investigate what assistive equipment you may need and whether your insurance will pay for it.
- Our goal is to get you independent and back home as soon as possible after your procedure. Talk to your doctor about discharge options and which might be likely for you. Options include:
 - Home with home care
 - A skilled nursing facility for rehabilitation
- Find out what post-operative care will be paid for by your insurance and what you will have to pay out of pocket.
- Make sure you have a friend or family member at home to help you. Be sure to involve them early and share this book with them. They should be as knowledgeable as you about your needs. You should discuss the role each of you will play during your recovery, especially when traditional family roles may be reversed.
- If it is not safe for you to be home alone, then you may need skilled nursing facilities.
 - Although you will not be able to make a reservation at a facility, you may want to call before your surgery and get some information about the process.
- Think about your home care needs so you can get help in rearranging the rooms to make it easier to move about safely.
- If you will require a handicapped parking permit during your rehabilitation you will need to do the following: obtain an application for a parking permit from NYS DMV, have your surgeon complete the “temporary disability” Medical Certification in part 2 of the application and give it back to you, then take the completed application or a copy of your surgery discharge paperwork to the appointed issuing agent for the city, village or town where you live.

Optimize Your Health

Appointments with Your Primary Care Physician and Specialist(s)

An important first step in preparing for surgery is to make sure your overall health is as good as possible and any medical conditions you may have are being appropriately treated. Talk to your primary care physician as soon as your surgery is scheduled. If you have a cardiologist, make an appointment with him or her as well.

Pre-Surgical Exercise

Being as physically fit as possible at the time of surgery will make recovery from surgery easier. Sometimes your surgeon will recommend specific exercises for you before your surgery or send you for physical therapy.

Smoking Cessation

If you smoke, cut down or quit. Smoking increases the level of carbon monoxide in your blood, decreasing oxygen. It increases your risks for breathing problems and other complications, delays healing and slows recovery. The ideal is to quit smoking four or more weeks prior to your surgery. Please speak with your primary care physician or surgeon about getting help. You may also want to contact The New York State Smokers' Quit line (866.697.8487 or <http://www.nysmokefree.com/>), a free, comprehensive service staffed by specialists who are trained to provide information and consultation on stop smoking techniques and medications.

Please note: All RRH Facilities are tobacco-free facilities. Smoking is not allowed anywhere on hospital grounds.

Drug/Alcohol Cessation

A healthy lifestyle is key to a successful surgery and recovery, as well as maintaining your health after surgery. If you feel you need help with drug or alcohol cessation prior to your surgery, please talk to your physician and your surgeon to determine your best treatment options. To schedule an initial assessment, appointment, or make a referral call 585.922.9900.

Diet

If you are overweight, your doctor may recommend a weight loss program to minimize the stress on your new joint and possibly decrease the risks of surgery. However, do not restrict calories or diet prior to your surgery unless your surgeon specifically recommends that you do so. If weight loss is a goal before surgery, your primary care doctor can refer you to a dietitian.

Eat a well-balanced diet that includes calcium and iron-rich foods to help build red blood cells and to build and strengthen your bones.

Pre-Surgical Dental Care

Because poor dental care has been associated with an increased risk of post-surgical infection, and because bacteria can enter the bloodstream during dental procedures, you should consider a visit with your dentist several weeks before your joint replacement surgery.

Note that some dental procedures can increase the risk of complications during and after the surgery and should not be performed without talking to your surgeon.

You will need antibiotics for all dental and invasive procedures for the rest of your life unless your surgeon specifies otherwise. Call your surgeon for that prescription.

PREPARING FOR SURGERY

Joint Replacement Education Opportunities

We want to ensure that you're thoroughly prepared for joint replacement surgery and you know what to expect, from the pre-surgical phase through recovery.

You and your family are encouraged to attend a two-hour education class as available. There is no fee for this class. Valet parking is available at RGH only, and free to all patients.

EMMI Link: <https://www.my-emmi.com/SelfReg/12345>. Animated educational videos are available about your surgery. Search for total hip or total knee replacement.

JRC Unity Pre-Operative Zoom Class Link: <https://events.rochesterregional.org/>.

RRH Link: <https://rochesterregional.org/services/joint-replacement/patient-resources>.

Classes are Designed to Address:

- **Pre-surgical planning**
 - Nutrition
 - Exercise
 - Pre-admission testing
 - Pre-surgical medication
 - Hospital admission
 - Preparing your home

- **Hospitalization**
 - Pain management
 - Safety tips
 - Mobility tips

- **Discharge**
 - Discharge planning
 - Wound care
 - Potential postoperative complications
 - Use of assistive devices
 - Exercise
 - Training in activities of daily living (bathing, dressing, etc.)
 - Nutrition
 - Medications

The classes are interactive and provide ample opportunities for questions and answers.

Classes are scheduled weekly.

Pre-Admission Testing Appointment

If you've had blood or urine tests or EKGs in the last 30 days prior to your pre-admission appointment, you may not need to repeat those tests. If you've had any of these tests, and if they were not done at Rochester Regional Health affiliated labs, bring them to your admission meeting.

The Pre-Admission Department performs the necessary pre-surgical medical testing and paperwork for hospital registration.

You will be contacted when your appointment is scheduled. A co-pay may be required for this appointment.

Please Bring the Following to Your Appointment:

- A complete list of medications, including over-the-counter medications, with dosages and how often you take them. Or you may be required to bring all original bottles of your current medications.
- Photo identification
- Your insurance card(s)
- If you have one – your **Health Care Proxy or Living Will** (See **Forms** for blank forms)

Your Appointment May Take 1.5 to 2 Hours. During this Appointment, you May Need to:

- Meet with an admissions officer
- Have a medical exam by an Advanced Practice Provider
- Fill out a medical history form
- Fill out insurance and financial paperwork
- Get an EKG
- Get a blood test and urinalysis
- Get a chest X-ray if it is necessary based on your situation
- Sign consent forms, if applicable
- Pre-Op Staff will be able to answer questions and provide important information specific to your care, such as information about diet restrictions and medications to be taken the morning of surgery.

PREPARING FOR SURGERY

Advance Directives (Health Care Proxy/Living Will)

Adults in New York State have the right to accept or refuse medical treatment, including life-sustaining treatment. This means that you have the right to request or consent to treatment, to refuse treatment before it has started and to have treatment stopped once it has begun.

You can make decisions and issue directives now that will ensure that your wishes are followed in the event you become incapable of making important decisions about the medical care you receive. It is the policy of the Rochester Regional Health affiliates to follow the wishes you have expressed in a properly executed Health Care Proxy and/or Living Will.

Health Care Proxy

You can appoint someone you trust to decide about treatment if you become unable to decide for yourself by filling out a form called a Health Care Proxy.

You can give the person you select, your “health care agent,” as little or as much authority as you want.

- You can allow your health care agent to decide about all health care or only about certain treatments.
- You may also give your agent instructions that he or she has to follow.

Hospitals, doctors and other health care providers must follow your agent’s decisions as if they were your own.

Advance Care Directive (Living Will)

If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will.

Living Wills must be clear and specific. You should document the kind of treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering.

Insurance

Joint replacement surgery is usually covered by health insurance. However, many insurance companies require pre-certification from the physician's office before allowing a patient to undergo the procedure. Some insurance companies also require patients to pay a co-payment for the hospital stay.

Please look over the terms of your plan and talk with your insurer or your employer's insurance liaison to determine the appropriate steps to take and if your insurance covers:

- Surgery
- A rehabilitation facility (Check how many days are available and if transportation to or from the facility will be covered)
- Home care services
- Assistive equipment such as a walker, crutches and cane

Rochester Regional Health accepts most major insurance plans.

PREPARING FOR SURGERY

One to Two Weeks Before Surgery

Take care not to injure yourself, especially the limb being operated on, as any skin sores or skin infections could delay your surgery. If you become ill (cold, flu, fever, etc.) before surgery, call your surgeon.

Your team will advise you on which medications to stop taking before your surgery. Be certain to tell your physician all the medications that you are taking, including over-the-counter medications and supplements.

Transportation

- Arrange for transportation to and from the hospital. Note that you will not be allowed to drive yourself home from the hospital.
- Make sure the vehicle has a passenger seat that reclines and has plenty of leg room. If you've had a hip replacement, your knees must be lower than your hips. Take a pillow along if you plan to travel by cab.

Medical and Household Equipment

Make plans for the medical assistive devices you'll need during your recovery. Call your insurance company to find out which items will be covered and can be obtained prior to surgery.

Changes at Home

Some changes may be helpful for you to return home safely after surgery. If your bedroom is not on the ground floor, you may want to create a temporary bedroom there. Another option is to stay with a relative or friend.

Other Personal and Household Tasks

- Fill prescriptions.
- Make arrangements for routine household chores (lawn care, snow removal, garbage removal) to be done.
- Arrange for someone to collect your mail and newspapers, or stop delivery for the time you'll be away.
- Pay bills so they are up to date through a few weeks after your return home.
- Clean the house, including vacuuming the carpets.
- Catch up on laundry.
- Purchase food and supplies that can be used after your return home.
- Make meals and freeze them in single-serving containers.
- If you have pets, consider asking a friend to house them until you can walk independently.

One to Two Weeks Before Surgery

Your Support System

You can never have too much support. Your family and friends can play pivotal roles in your preparation for surgery and recovery.

- Make a list of people to call to tell them:
 - The date of your surgery
 - The hospital
 - The number of days you expect to be in the hospital
 - How long you expect to be recovering at home
 - Whom they can contact, other than you, for information about your surgery and recovery
- Don't be afraid to say "Yes" when people offer to help
 - Ask if and when they'd be available on short notice
 - Ask specific people to help with specific tasks according to their interests
 - Keep a list of potential helpers near your phone.

PREPARING FOR SURGERY

Exercises Beneficial Before Surgery

Strengthening Program Exercises

Try to do these exercises two times a day, 20 reps per exercise. Stop if the exercises are hurting you and consult with your physician or physical therapist.



1. Deep Breathing

- Inhale deeply through your nose.
- Slowly exhale through your mouth.
- Repeat three times.
- Cough two times.

2. Ankle Pumps and Circles

- Bend both your ankles up, pulling your toes toward you.
- Bend both your ankles down, pointing your toes away from you.
- Rotate your foot clockwise and counterclockwise, keeping your toes pointed toward the ceiling.

3. Buttocks Squeezes (gluteal sets)

- Squeeze buttocks muscles as tightly as possible.
- Hold for 3 seconds.

4. Thigh Squeezes (quadriceps sets)

- Slowly tighten muscles on thigh of straight leg.
- Hold for 3 seconds and relax.

5. Heel Slides (hip and knee flexion)

- Bend knee by sliding your heel up toward your buttocks while keeping your heel on the floor/bed.
- Hold 3 seconds.
- Slide your heel back down to the starting position.
- Keep your kneecap pointed up toward the ceiling during the exercise.

Exercises Beneficial Before Surgery

Strengthening Program Exercises



6. Hamstring Sets

- With one leg bent slightly, push heel into bed without bending knee further.
- Hold for a count of 10.



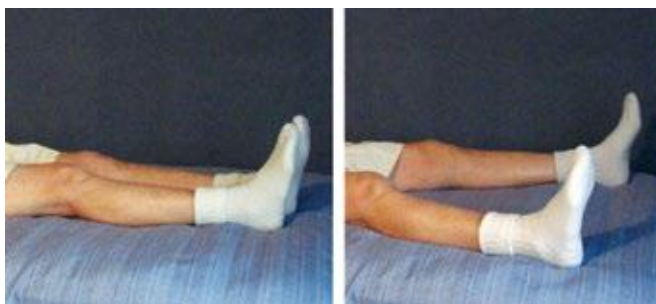
7. Short Arc Quads

- Place a large can (3 lb. coffee can works) or rolled towel under involved knee.
- Straighten involved knee and leg.
- Hold 5 seconds.
- Slowly lower your leg and relax.
- The back of your knee should stay in contact with the can/blanket throughout the exercise.



8. Straight Leg Raise

- Bend your uninvolved leg, placing your foot flat.
- Raise your involved leg 6 – 8 inches with knee locked straight.
- Exhale and tighten thigh muscles while raising leg.
- Slowly lower your leg down and relax.



9. Leg Slides (abduction/adduction)

- Slide your involved leg out to the side, keeping your kneecap pointed up toward the ceiling.
- Slide your leg back to the starting position.

PREPARING FOR SURGERY

Exercises Beneficial Before Surgery

Strengthening Program Exercises



10. Alternating Steps

- Hold on to stable object.
- Lift leg forward as if marching.



11. Partial Knee Bends

- Hold on to stable object.
- Slightly bend knees and slowly straighten.

Exercises Beneficial Before Surgery

Strengthening Program Exercises



12 . Standing Hip Abduction

- Hold on to stable object.
- Lift leg out to side.
- Bring back to midline keeping toes forward.



13. Sitting Kicks (long arc quads)

- Sit in a sturdy chair.
- Straighten your knee as much as possible.
- Hold for 5 seconds.
- Slowly lower your leg down and relax.

PREPARING FOR SURGERY

Assistive Equipment Checklist

Some assistive equipment may be covered by your insurance policy with a prescription from your doctor. Check with the medical supply store before you go to make sure they accept your insurance. If assistive equipment or devices are not covered by your insurance, you may be able to borrow them. Check with family, friends, local loan closets. Our team can help you obtain equipment prior to leaving the hospital.

- Tub bench/shower chair. This allows safe transfer and sitting on it in the shower or tub.
- Leg lifter.
- Elevated toilet seat or bedside commode. A bedside commode with arms may also fit in your shower.
- Walker, crutches or cane. The physical therapist will recommend one for you while you are in the hospital.
- Hand-held shower head. This can provide a much more pleasant bathing experience from a tub bench/shower chair than the wall-mounted shower head.
- Safety bars. Install them in your shower and any other areas where you need to make safe transfers.
- Reacher/grabber. This 26" or 32" item allows you to pick up items or manipulate clothing easily with its trigger-action handle.
- Bath sponge. This 18-inch foam and plastic device will help you clean hard-to-reach places during bathing.
- Long-handled shoe horn. This device is ideal for use with slip-on shoes.
- Dressing stick. This device is lightweight and easy to use. It features a coat hook on one end to pull or push clothes on or off and a C-hook on the other end.
- Elastic laces. When tied permanently to shoes, these allow you to slip your feet into tie shoes without bending down.
- Sock donners. There are two types: hard and flexible. Both types keep your sock open so you can put it on without bending down.
- A basket or bag that can attach to a walker.

Home Safety Checklist

After surgery, you have special needs. Prevent accidents that could prolong your recovery by carefully reading each item in this checklist and correcting any potential problems.

- Remove throw rugs and make sure pathways are clear of clutter whenever possible to avoid tripping.
- Make sure handrails are well anchored (or install handrails) on both sides of the stairway.
- Arrange furniture so that pathways are not cluttered.
- Use an elevated toilet seat or commode if you need support getting on and off the toilet.
- Install grab bars around the toilet if you need more leverage to get on and off the toilet.
- Install skid-resistant strips or a rubber mat in the shower or tub.
- Use a bath seat if it is difficult to stand during a shower.
- Install grab bars on the side of the tub or shower for balance.
- DO NOT** use the soap dish or towel bar for balance – these can pull out of the wall easily.
- Avoid locking bathroom doors or use only locks that can be opened from both sides.

Joint Replacement Guidebook

SECTION 3 YOUR HOSPITAL STAY

What to Expect the Day of Surgery.....	45-48
Day of Surgery.....	49
Leaving the Hospital.....	50

Bank of 6

YOUR
HOSPITAL STAY

What to Expect the Day of Surgery

At Home

- Put on clean, dry and comfortable clothing.
- Take medications only as instructed by your surgeon with the smallest amount of water possible. Wear comfortable, loose-fitting clothing and flat, non-slip, walking or athletic shoes.

DO NOT

- Eat anything or as directed by your surgeon
- Shave your legs or put anything (including lotion or powder) around the surgical area
- Wear makeup, nail polish or jewelry
- Wear contact lenses

Check-In

- Arrive at the Day of Surgery Admissions unit as directed. It's important to arrive at the hospital on time.
- You will complete any needed forms.
- Advise the medical staff of dentures or other prosthetic devices you may be wearing.

Before Surgery

- You'll change into a hospital gown.
- Blood pressure, pulse and temperature will be taken.
- An IV will be placed in your hand or arm for hydration and to administer anesthesia drugs in the operating room.
- You may be given medication to relax.
- You will be placed on a stretcher.
- A pen marking will be made on the surgical side, verified both by you and the surgical consent form.
- The nurse will update your medical information and record any health changes.

What to Expect the Day of Surgery

- You will be taken to the pre-surgery holding area, where you will:
 - See your surgeon and anesthesiologist and sign a consent form
 - Meet with the nurse who will be in the operating room during your surgery
- When it's time for you to move to the operating room, your visitor(s) will be directed to the Surgical Waiting Area. Please check in so that we can inform your visitor(s) when the surgery is completed.

During Surgery

Patient safety and the best possible surgical outcomes are our top priorities for each and every patient.

- Because infection of the joint replacement site can cause serious complications, special precautions are taken to ensure sterility of the operating room.
- Each of our surgeons work with an orthopaedic team who are specially trained in the intricacies of your joint replacement procedure.

Once in the Operating Room:

- Your anesthesiologist will put on standard monitors, such as a blood pressure cuff and EKG leads, and administer anesthesia as discussed with you.
- The surgery will begin with an incision that will expose the joint. Special precision guides and instruments are used to remove the damaged surfaces and shape the ends of the bones to accept your implants.
- When your surgeon is satisfied that he or she has achieved the best possible fit and function of the implants, the incision will be closed.
- Your actual time in surgery will depend on your procedure. Your surgeon can give you an estimate. The amount of time you'll spend in the recovery room will vary by procedure and the type of anesthesia used.

What to Expect the Day of Surgery

Immediately report any symptoms of pain, nausea, constipation, or difficulty urinating.

After Your Surgery is Completed:

- Your surgeon will talk with your family.
- You'll go to the post-anesthesia care unit for monitoring for up to several hours; nurses will watch you closely until you are stable and then transport you to the Joint Replacement unit.
- Your vital signs will be checked frequently.
- There may be an oxygen tube in your nose. For most patients, it will be removed later in the day.
- You will do deep breathing and coughing exercises for several days after surgery. You may be asked to use a breathing device as well. This is done to expand your lungs and help get oxygen to your tissues.
- You will be given medication and therapy to prevent complications such as infection and blood clots.

Controlling Pain

Our goal is to keep you as comfortable as possible throughout your stay. Although pain will not disappear completely, it should be significantly diminished.

Your immediate post-operative pain management plan depends on the type of anesthesia you've had. Regional anesthesia offers prolonged pain relief after surgery.

Regular pain assessment will be a routine part of your care. When vital signs are checked you will be asked to rate your discomfort using a scale of 1 to 10.



1-4

MILD PAIN



5-7

MODERATE PAIN



8-10

SEVERE PAIN

YOUR HOSPITAL STAY

What to Expect After Surgery

For the best possible assessment, never try to hide or ignore your pain. Your medical care team can only help you if they know how you're feeling. Please let them know as soon as you start feeling like your pain is not adequately controlled.

Your pain may be managed with:

- Pain Medication
- Nerve block
- Ice wraps
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Walking
- Positioning

Movement

Active movement after your surgery helps to prevent possible complications. Depending on your surgeon, type of anesthesia and the time of your surgery, you **WILL** be getting out of bed the day of surgery.

- Nurses and therapists will teach you movements that you need to avoid and exercises to strengthen your muscles and help your blood circulate.
- You will be working with the physical therapist and walking with our team.

Preventing Falls

You are at higher risk of falling in a hospital setting.

- Be cautious, not courageous. Let us help determine if you can navigate alone.
- Call rather than fall.
- Do not get up alone.

Food and Fluids

You will have fluids going through your IV at first. Your first meal by mouth may be liquids, and your diet will increase to solid foods as tolerated. Slowly increasing your food intake can help to avoid nausea that sometimes happens after anesthesia or use of pain medication. The IV will be stopped when you are eating and drinking well.

Going to the Bathroom

If you're unable to urinate, you may have a tube (catheter inserted into your bladder). It may take a day or more to have a bowel movement. Anesthesia and pain medication can cause constipation. Your doctor may prescribe a stool softener or laxative if needed.

Wound Care

There will be a large dressing over your incision and there may be a drain tube coming from the surgical site. The drain will be removed per surgeon orders. Your incision may have sutures, staples, steri-strips, glue, Dermabond Prineo (glue with mesh) or Zipline (adhesive with plastic strips).

Day of Surgery

- Vital signs will be checked frequently and blood work will be done daily until discharge.
- Your therapist or nurse will help you transfer from the bed to a chair. You will begin walking with an assisted device.
- Your therapist may work on daily activities such as dressing, bathing and grooming, and will offer advice on assistive devices.
- You will continue coughing, deep breathing, ankle pumps, and thigh and buttocks exercises.
- If you have hip precautions an occupational therapist may review instructions on maintaining dislocation precautions.
- You may be going to physical therapy today. We encourage you to bring a family or friend to all physical therapy sessions.

Day After Surgery

- You will have physical therapy today.
- The surgical dressing may be removed and a new dry, sterile dressing may be applied.
- If you had knee surgery, place a pillow under your calf only, nothing under the knee.
- If you're headed home after discharge, we will review your home care plan with you.
- You will continue with your breathing and circulation exercises.
- A nurse will provide information about which anticoagulation therapy your doctor has chosen.
- You will be discharged when you have cleared physical therapy, you are medically cleared and your pain is controlled.

Discharge from the Hospital

- We'll review discharge instructions with you regarding diet, activity, limitations, wound care, medications and the need for a follow-up appointment with your surgeon.
- If you're headed home, equipment will be delivered today.
- If you're headed to a rehabilitation facility, you may be transferred today.

YOUR HOSPITAL STAY

Leaving the Hospital

Our goal is to provide you with the best and safest discharge plan. Your individual plan is determined by your surgeon in collaboration with the team. A nurse will call within one or two days after you leave the hospital to check your progress and answer any questions.

Your doctor and health care team will let you know when it's medically appropriate for you to be discharged from the hospital.

- Our goal is for you to be able to return directly home
- A few patients may need temporary rehabilitation at a skilled nursing home

Social workers and nurse care managers will work with you to ensure a smooth transition from the hospital to home or a care facility.

At the time of your discharge, you will be asked to sign a discharge form regarding your rights as a patient, and you will receive discharge instructions. Please be sure to review everything thoroughly before leaving and get all your questions answered.

Discharge to Home

If you're going home, you may work with a certified home care agency (such as Rochester Regional Health Home care). A home care coordinator will contact you and order all necessary equipment, such as a walker, as well as arrange visits from nurses, physical therapists, occupational therapists, home health aides and social workers; you should have checked about your insurance eligibility for home care prior to your surgery.

If you need additional equipment not provided by your insurance company, we'll provide you with a list of local medical equipment loan closets.

The person who is picking you up on the day of discharge should come to your room. At that time, they will be given instructions on picking you up in the Discharge Area, and you will be transported by wheelchair to the Discharge Area and assisted getting into your vehicle.

Discharge to a Skilled Nursing Facility

The social worker will ask you to select your top choices from a list of the facilities we work with, however, we cannot guarantee placement due to space restrictions and other factors out of our control. Your social worker will provide information on the average length of stay, how you will be transported, what you should wear, and other pertinent details.

You may need a wheelchair car or ambulance to transfer to the nursing facility. These services can be arranged by the team at the hospital. Please note that most insurance companies and Medicare do not cover such transportation costs.

Joint Replacement Guidebook

SECTION 4 LEAVING THE HOSPITAL

Urgent Issues — What to Do.....	53
Preventing/Recognizing Potential Complications	
Hip Dislocation Precautions.....	54
Knee Precautions.....	55
Medications.....	56
Comfort.....	57
Incision Care	58-59
Exercises	60
Activities of Daily Living	61-69

Bank of 6

LEAVING
THE HOSPITAL

Urgent Issues – What to Do

Call 911 Immediately if you:

- Fall with injury or hit your head
- Start bleeding and cannot stop
- Cough up blood
- Have trouble breathing
- Have chest pain
- Experience confusion or unexplained anxiety

Call Your Surgeon if any of the Following Occur:

- Increasing redness, swelling or warmth around your incision
- Redness, swelling or excessive tenderness in your foot, ankle, calf or thigh
- Increased drainage or a green purulent drainage from your incision
- Fever and/or chills
- Easy bruising
- Nosebleeds
- Red or dark brown urine
- Red or black tarry stools
- Unusual pain or swelling in your abdomen with excessive thirst
- Severe pain that cannot be controlled by the pain medication given to you when discharged

Blood Clots

Techniques to prevent blood clots include:

- You may wear elastic compression stockings if ordered by your surgeon
- Elevating your legs above heart level for short periods throughout the day
- Ankle pump exercises
- Walking

Anticoagulation Medications

You will be sent home on anticoagulation medication. Your doctor will determine which anticoagulant is best for you. Your nurse will instruct you on the anticoagulation medication prior to leaving the hospital and any instruction that is necessary. If any lab work is needed after you are discharged, we will also arrange that for you prior to discharge. Take your blood thinners as directed.

Preventing/Recognizing Potential Complications

Hip Dislocation Precautions

Precautions may vary according to the surgical technique, prosthesis type and the surgeon.

DO NOT:

- Lean forward to stand up
- Bend forward more than 90°
- Lift your knee higher than your affected hip when sitting
- Bring legs together or cross your legs at the ankles or knees
- Turn hip and knee inward or outward (always keep operative leg in proper alignment)
- Reach across your affected leg
- Twist your body when standing
- Put more weight on your affected leg than instructed
- Sit on low chairs or couches
- Sit in chairs without arms
- Lie on your side without a pillow between your legs
- Sit in a bathtub
- Lift heavy objects
- Put on socks or shoes without using an assistive device
- Have sexual intercourse until after the first follow-up appointment and after you have checked with your physician
- Run, jog, downhill or water ski, play tennis or participate in any contact sports or other demanding physical activities that require starting and stopping
- Drive a car until authorized by your physician

DO:

- Sit on a firm pillow if necessary to prevent extreme hip flexion when riding in a car
- Perform rehabilitation exercises as directed by your physical therapist

Preventing/Recognizing Potential Complications

Knee Precautions

Precautions may vary according to the operation method, prosthesis type and the surgeon.

DO NOT:

- Squat (instead, stoop by keeping operative leg back and bending other knee)
- Put more weight on your affected leg than instructed
- Run, jog, downhill or water ski, play tennis or participate in any contact sports or other demanding physical activities that require starting and stopping until you speak to your physician
- Drive a car until authorized by your physician

DO:

- Perform rehabilitation exercises as directed by your physical therapist

Infection

There are many things you can do that will greatly improve your chances of recovering from surgery without an infection.

- Wash your hands thoroughly using soap, lukewarm water and washing for at least 30 seconds before and after caring for your incision
- Keep your incision clean and dry
- Do not apply anything to your incision that your physician has not recommended
- Keep pets away from your incision
- Do not soak your incision - no bath, pool or hot tubs until cleared by your surgeon

Elevated temperature (over 101° F) may be a sign of impending infection.

If you get repeated readings over 100° F, contact your doctor.

Call your doctor if you experience excessive swelling at the surgical site, increased pain, drainage from the incision, redness around the incision or fever.

While unlikely, there is always a chance that a distant infection can travel to your joint replacement.

- If you develop an unrelated infection, such as strep throat or pneumonia, notify your physician
- When having dental work done, tell your dentist that you have had a joint replacement
- After having a total joint replacement, you should take a preventative antibiotic for all dental procedures
- Notify your doctors that you have had a total joint replacement to determine if you need antibiotics for any other procedure

LEAVING THE HOSPITAL

Medications

Narcotic Pain Medications

One part of pain management is the use of narcotic pain medications immediately following joint replacement surgery. Because these types of medications can be addictive and often have side effects, they are meant to be used only for as short a period of time as possible.

While Taking Narcotic Pain Medications DO NOT:

- Take other types of drugs that depress the central nervous system, such as
 - Alcohol
 - Tranquilizers
 - Barbiturates (i.e. sleeping pills)
 - Antihistamines, even over-the-counter cold or allergy medications
- Try not to walk without help if the medication is making you feel sleepy or dizzy
- Stop taking pain medicine suddenly. If you have been taking it longer than 2 weeks call your physician

DO:

- Ask your pharmacist if you are concerned about potential medication interactions

Over-the-Counter Pain Medications

Ask your doctor before taking nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen (Advil, Motrin, Nuprin) and naproxen sodium (Aleve). NSAIDs may cause bleeding and interfere with Coumadin. Tylenol is typically a safe medication to take as an alternative to narcotics.

For All Medications

- Store all medicines in their original containers so you will not accidentally take the wrong drug
- Take the recommended dose at the recommended times
- Learn why you take each medicine
- Know the side effects
- Be aware of drug interactions
- Check the expiration date – do not use medication that is expired
- If you have questions, ask your doctor or pharmacist
- If you have trouble remembering when you last took your medications, you may want to keep a log at home

Comfort

Pain Control is Multifaceted

Everyone feels pain differently and responds differently to pain control treatments. The extent of your procedure will also affect how much discomfort you have afterwards as well.

Medication

You will be sent home with prescriptions for medications to control pain.

- Take pain medication as prescribed. One part of pain management is the use of narcotic pain medications immediately following joint replacement surgery. Because these types of medications can be addictive and often have side effects, they are meant to be used only for as short a period of time as possible. If you are concerned about this, talk to your doctor.
- Preventing pain is easier and more effective than controlling of established pain. Talk to your doctor about a schedule that will allow you to take pain medicine when you first start to feel pain.
- Please contact your doctor if you consistently experience pain that you cannot manage when taking the prescribed pain medications as directed on discharge.
- As time passes and you have less discomfort, start to decrease how many pain pills you are taking and how often you are taking them.

Elevation and Compression

Elevating the extremity will help control the swelling. In addition, wearing compression stockings and possibly an additional ace bandage, if instructed by your physician, can be very helpful in controlling the swelling and therefore the pain.

Heat and Cold Therapies

Continue to use your ice wrap if you've had knee replacement surgery. You can put ice on your hip. **Never** put heat on a new joint unless directed by your physician.

Rhythmic Breathing and Visualization

Simple breathing exercises can ease pain. It can help when you're waiting for your pain medication to work.

- Relax in a quiet spot
- Breathe in slowly and deeply
- As you breathe out, feel yourself begin to relax
- Think of your favorite place such as a beach or a park
- Breathe in and out slowly at a rate that makes you feel relaxed
- End with a slow deep breath

LEAVING THE HOSPITAL

Comfort

To focus, say to yourself, “In, two, three.” As you breathe out say, “Out, two, three.” Or, each time you breathe, try saying a word such as “peace” or “relax.” Do these steps once or repeat them for up to 20 minutes.

Other

- Listen to soothing music
- Hold a pillow to your surgical site
- Have a family member or friend give you a massage (but not close to the surgical site)

Constipation

Your bowel movements are affected by your:

- Age
- Diet
- How much liquid you consume
- How much you exercise
- The medications you’re taking

Pain medications, in particular, often cause constipation.

You can prevent constipation by:

- Drinking lots of water
- Eating high fiber foods, such as raw fruits and vegetables, whole-grain breads and cereals, dried fruits and nuts
- Walking
- Decreasing narcotic medications

Your doctor may suggest that you take fiber supplements, a mild laxative (such as Dulcolax, Senokot, Milk of Magnesia) or a stool softener (such as Colace), all of which may be bought without a prescription.

These may cause rectal bleeding. Call your doctor if you experience any amount of rectal bleeding.

Conservation of Energy

Pace yourself. Taking time to think before doing previously automatic activities will help give you the strength to continue progressing.

Rest

- Try to get back to your normal sleep pattern at night
- Take a nap in the afternoon if needed
- Take 5- to 10-minute breaks during activities
- While resting (or any activity), change your position every 20 minutes to avoid stiffness

Comfort

Plan

- Plan your schedule and stick to it.
- Schedule top priorities first.
- Alternate heavy and light activities.
- Save the more difficult activities for times when you have the most energy.
- Allow for frequent rest breaks.

Prepare

- Prepare work spaces before beginning an activity.
 - Eliminate excess clutter and gather all necessary materials.
 - Use good lighting, good ventilation, comfortable shoes with good support and loose clothing.
 - Mentally and physically relax.
- Organize work spaces with relevant supplies.
 - Store soaps, sponges and cleaning agents in a carryall basket near the sink.
 - Keep staples, utensils, spices, bowls, can openers and other tools near counter tops.
 - Keep skillets, pots, pans and utensils near the stove.

Position

- Work at proper heights.
- Store frequently used supplies within easy reach (between shoulder height and knee height).
- Sit whenever possible.
- When sitting, make sure table height is at the elbows when shoulders are relaxed.
- Eliminate unnecessary bending, reaching and stretching by using long-handled dust pans, sponge mops, shoe horns, etc.

Protect

- Change positions frequently.
- Use both hands whenever possible.
- Use gravity (slide objects along countertops).
- Use carts with wheels to transport things.

LEAVING THE HOSPITAL

Incision Care

- If you have a dressing, it should be changed as needed to keep it dry.
- Once your dressing is removed, inspect the incision daily. Do not twist to see the incision for yourself. Use mirrors to view it if necessary.
 - There will be some swelling initially, especially after exercise.
 - There should be no odor, increased drainage or opening of the incision. Call your surgeon's office if you notice those changes.
- You may shower as directed by your surgeon. Do not take a tub bath or submerge yourself in water until cleared by your surgeon. Pat your incision dry with a soft towel to avoid irritation.
- Sutures or staples that remain in place when you go home will be removed. They will be removed by the home care nurse or at follow up approximately two weeks after the surgery.
- Wear loose clothing over the incision site to maintain comfort and prevent skin irritation.
- Your home care will assist with this as needed.

Exercises

Exercises that increase your strength and range of motion are extremely important after surgery to help prevent complications.

- Breathing exercises should be done every two hours until you're fully mobile. Practice as follows:
 - Take a slow, deep breath in through your nose; hold for the count of five; slowly blow the air out through your mouth. You can tell when you are taking a deep breath if you place your hand on your chest and feel your chest rise and fall as you take the air in and out.
 - Repeat the above five times.
 - During the last breath, hold the air in and tighten the muscles in your chest and stomach; then cough to let the air out. To be effective, the cough must come from your chest and not your throat.
- Walking will help you to build a normal, comfortable stride. It also keeps you in shape and helps prevent blood clots.
 - Begin by taking three or four short walks every day.
 - Gradually increase how far, how long and how many times a day you walk.
 - Be sure to discuss weight bearing with your physician and physical therapist. Their recommendations will depend on the type of implant and other factors in your situation. They will instruct you when and where to use your walker, crutches or cane.

Activities of Daily Living

Your therapist may show you different ways to accomplish various tasks than those outlined below.

Follow the instructions you are given.

Weight Bearing

Your surgeon will let you know how much weight you can put on your operated leg. Do not put more weight on your new joint than your surgeon has ordered.

There are various degrees of weight bearing

- **Non-weight bearing:** No weight should be placed on your operated joint.
- **Toe-touch weight bearing:** Approximately 10% of your body weight may be placed on your operated joint.
- **Partial weight bearing:** Approximately 50% of your body weight may be placed on your operated joint.
- **Weight bearing as tolerated:** You may put as much weight as you can tolerate on your operated joint.

Getting In and Out of Bed

Getting into bed:

- Sit on the edge of the bed with both feet on the ground.
- **For a hip replacement:** Make sure you are not bending forward and that your operated hip is not turning in.
- Bearing weight on your hands, scoot your hips backward onto the bed. Keep your shoulders back.
- Lower yourself onto your forearms
- Carefully slide your legs onto the bed, keeping operated leg with knee straight and toes pointed up.
- **For a knee replacement:** Do not place a pillow under the knee. If a pillow is used to relieve pressure on the heel, it should be placed under the calf.

Getting out of bed:

- Slide your legs toward the edge of the bed, keeping operated leg with knee straight and toes pointed up.
- Scoot your hips forward until both feet are on the ground.
- **For a hip replacement:** Make sure you are not bending forward more than 90° and that your operated hip is not turning in.

Activities of Daily Living

Showers and Baths

You may shower when directed by your physician. Gently towel the area dry after showering. Do not allow your incision to get wet if there is still some drainage. A shower stool is a good idea for the first 6 weeks after surgery.

- Do not take tub baths until advised by your surgeon.
 - Make sure your bathtub/shower has a non-slip surface to prevent falls.
 - Use a long-handled bath sponge to avoid twisting and bending.

Stepping In and Out of the Shower

You may not be able to stand to take a shower. If that's the case, you'll need a special chair in the shower stall. Before you shower, be sure you have everything you'll need — soap, sponge and towel — within reach.

Getting into the shower:

- Use your walker, cane or crutches for support. Walk up to the edge of the shower stool; then turn so your back is to the stall. Do not step into the shower stall.
- Reach back with one hand for the shower chair back or seat. Leave your other hand on the walker, cane or crutches.
- Lower yourself onto the shower chair.
- Lift your legs over the edge of the shower stall. Turn to sit facing the shower controls.
- Shower and dry off while seated.

Getting out of the shower:

- While seated, turn facing the opening of the shower stall.
- Using your walker, cane or crutches for support, stand and step out of the shower stall.

Activities of Daily Living

Getting In and Out of a Chair



1. Get to the front edge of the chair. Have your walker out in front of you.



2. Push up from the chair, standing straight. Never pull on the walker to get yourself to standing.



3. Reach for your walker.



1. Get to the front edge of the chair. Hold your crutches together in one hand at the hand grips.



2. With your other hand, push up from the chair, standing straight.



3. Get your balance. Place one crutch under each arm.

LEAVING THE HOSPITAL

Activities of Daily Living, cont.

To Sit Back Down With Crutches:

1. Walk straight up close to the chair. Turn and back up to the chair until you can feel it on the back of your legs.
2. Take the crutches out from underneath your arms.

Take the crutches together in one hand at the hand grips. With the other hand, reach back for the chair and sit slowly, sliding the _____ leg forward as you sit.

To Sit Back Down With a Walker:

1. Walk straight up close to the chair. Turn and back up to the chair until you can feel it on the back of your legs.
2. Reach back with your hands for the chair and sit slowly, sliding the _____ leg forward as you sit.

Dressing

Your occupational therapist will instruct you in the use of adaptive equipment to assist you with dressing

- Avoid bending forward when putting on pants, socks and shoes.
- Do not cross your legs when putting on pants, socks and shoes.
- **Putting on pants:** Using a reacher or dressing stick thread the operated leg into the pant leg first. Then put the non-operated leg into the other pant leg.
- **Removing pants:** First, remove the non-operated leg from the pant leg. Then, remove the operated leg from the other pant leg using a reacher or dressing stick.
- Keep your back touching the back of the chair.
- **Tying shoes:** Use elastic shoelaces or slip-on shoes.
- **Putting on socks or TED stockings:** You will need to use a sock aid or have someone else assist you with this.

Activities of Daily Living

How to Walk With Crutches



1. Place one crutch under each arm.



2. Move the crutches ahead.



3. Step forward with the _____ leg, then _____ leg. Your doctor wants you to put _____ weight on the _____ leg.

How to Walk With a Walker



1. Move the walker ahead a comfortable distance.



2. Step forward with the _____ leg, then _____ leg. Your doctor wants you to put _____ weight on the _____ leg.



3. Repeat steps 1 & 2.

LEAVING THE HOSPITAL

Activities of Daily Living

How to Walk Up Stairs With Crutches



1. Place one crutch under each arm.



2. Step forward with the _____ leg, then _____ leg. Your doctor wants you to put _____ weight on the _____ leg.



3. Repeat.

How to Walk Down Stairs With Crutches



1. Place crutches down one step.



2. Step forward with the _____ leg, then _____ leg. Your doctor wants you to put _____ weight on the _____ leg.



3. Repeat.

Activities of Daily Living,

How to Walk Up Steps With a Walker



1. Place walker on top of step.



2. Step forward with the _____ leg, then _____ leg. Your doctor wants you to put _____ weight on the _____ leg.



3. Repeat.

How to Walk Down Steps With a Walker



1. Place walker down one step.



2. Step forward with the _____ leg, then _____ leg. Your doctor wants you to put _____ weight on the _____ leg.



3. Repeat.

LEAVING THE HOSPITAL

Activities of Daily Living

Intimacy

Talk to your doctor about when you can resume sexual activity.

- It may be helpful to take a mild pain medication about 20-30 minutes before sex.
- However, do not take medication that may mask warning pain.
- Have pillows and rolled towels nearby to be used for body support.
- Do a few easy stretches within a safe range of motion beforehand.
- The bottom or missionary position is usually the most safe and comfortable.

Travel

- Avoid nonessential travel out of the house for about 7 to 10 days
- Do not take extended car or plane trips for five weeks as prolonged sitting increases your risk of blood clots

Getting In and Out of a Car

Getting Into a Car:

- Be sure the passenger seat is pushed all the way back
- Recline the seat back as far as possible
- With your walker in front of you, slowly back up to the car seat
- Sit on the car seat
- Swing your legs into the car (placing a plastic bag on the seat can help)
- **For a hip replacement: Lean back if you need to avoid bending at the hip more than 90°**
- When traveling, make frequent stops and get out and walk around

Getting Out of a Car:

- Push the seat all the way back
- Recline the seat all the way back
- Lift your legs out
- **For a hip replacement: Lean back if you need to avoid bending at the hip more than 90°**
- Place your walker in front of you and stand up on the unaffected leg

Activities of Daily Living

Driving

Talk to your doctor about when you can SAFELY drive. There are three primary criteria that you should meet:

1. You need to be off of narcotic pain medicines.
2. You need to be able to get in and out of the driver's seat comfortably.
3. You must have regained your normal reflexes/strength.

Test drive in an empty parking lot or quiet street before doing any serious driving to get used to moving your foot from pedal to pedal and applying the right amount of pressure.

Home Management

- Talk to your home therapist about a tray or a bag for your walker.
- Wear a fanny pack to carry small items.
- Use a long-handled reacher to pick up objects on the floor.
- Avoid any unnecessary bending/reaching into cupboards.

Return to Work

The type of activities you perform at work is one factor that determines the length of time you will be away from work. Talk to your doctor about when you can safely return.

Joint Replacement Guidebook

SECTION 5 CHECKLISTS & RESOURCES

What to Bring to the Hospital Checklist.....	73
Exercises Beneficial After Surgery	
Total Knee	74-75
Frequently Asked Questions	
Total Knee	76-78
Exercises Beneficial After Surgery	
Total Hip.....	79-80
Frequently Asked Questions	
Total Hip.....	81-83
Local Loan Closets for Medical Equipment.....	84-93

Bank of 6

CHECKLISTS
& RESOURCES

What To Bring to the Hospital Checklist

For Check-In

- Driver's license or photo ID
- Insurance card(s)
- A copy of your Advance Directives (health care proxy and living will)
- Your most current list of medications and supplements, noting which ones have been stopped and when. Do not bring your own medications.

For Your Stay

- Important telephone numbers (include person bringing you home)
- Hospital gowns are provided for surgery but we welcome you to bring your own clothing (loose pajamas or short nightgown) for your stay.
- Short, lightweight robe
- Non-slip slipper socks are provided but you are welcome to bring your own (or walking sneakers/shoes with Velcro® closures).
- Toothpaste and a toothbrush are provided, but you are welcome to bring your own.
- Deodorant
- If you are bringing dentures, eyeglasses or a hearing aide with you, please be sure to tell the admitting nurse that you have these items.
- An electric razor, since you will be on anticoagulants

For Discharge

- Loose-fitting underwear and clothing
- Comfortable walking shoes with non-slip soles and good support

About Valuables

Please leave jewelry and large sums of money at home. If that's not possible, ask your nurse to have your valuables stored with Hospital Security.

More patients are bringing cell phones and laptop computers. While cell phones and wireless computers are permitted in patient rooms and we will do everything to ensure that they are not lost, you and your family members will be responsible for them.

Exercises Beneficial After Surgery

Total Knee Exercises

Ask your therapist which exercises are right for you and how often you should do them.



1. Ankle Pumps and Circles

- Bend ankles up and down at the same time
- Repeat 20 Times



2. Quad Sets

- Slowly tighten thigh muscles of both straight legs while counting out loud to five
- Relax



3. Gluteal Squeeze

- Squeeze buttocks muscles as tightly as possible while counting out loud to five

Exercises Beneficial After Surgery

Total Knee Exercises



4. Heel Slides

- Bend knee by sliding your heel up toward your buttocks
- Be careful not to hike up your hip with this exercise



5. Straight Leg Raise

- Keep operated leg as straight as possible and tighten muscles on top of thigh
- Slowly lift straight leg 2-3 inches from chair/ bed and hold 3 seconds
- Lower it, keeping muscles tight 3 seconds
- Relax



6. Long Arc Quad

- Straighten operated leg and try to hold it 3 seconds

Frequently Asked Questions

Total Knee

People facing joint surgery often have the same questions, so we have answered the most common ones below. If you have other questions, please ask your orthopaedic surgeon or your orthopaedic team. We are here to help.

What is osteoarthritis and why does my knee hurt?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement. Because it is smooth and slippery, it allows motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear-and-tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement or for no apparent reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and can affect one or several joints.

What is total knee replacement?

The term total knee replacement is somewhat misleading. The surgeon does not replace the knee itself, but rather uses an implant to re-cap the worn bone ends. This is done with a metal alloy on the femur and a plastic spacer on the tibia and patella (kneecap). The procedure creates a new, smooth cushion and a functional joint that can reduce or eliminate pain.

How long will my new knee last?

All implants have a limited life expectancy, depending on a person's age, weight, activity level and medical condition(s). A joint implant's longevity will vary by patient. It is important to remember that an implant is a medical device that is subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your implant will last for any specified length of time.

What are the major risks?

Most surgeries go well and without any complications. Serious complications include infections and blood clots. To avoid these complications, your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infection.

How long will I be in the hospital?

You will get out of bed the day of surgery. You will get up, sit in a recliner, and walk with a walker with assistance. Most knee patients are hospitalized for one to two days after surgery. Patients must achieve several goals before they are discharged from the hospital.

Frequently Asked Questions

Total Knee

What if I live alone?

Most likely, you will be able to go directly home, even if you live alone. You should begin thinking about which friends or relatives may be able to help you. A home health nurse and physical therapist will visit you at home two or three times a week, for a few weeks. Occasionally, a short stay in a subacute rehab facility is necessary, depending on your mobility and insurance coverage.

What happens during the surgery?

The hospital reserves approximately one to two hours for surgery, which includes time for the operating room staff to prepare. You may have a general anesthetic (many people refer to this as “being put to sleep”). Some patients prefer to have a spinal tap or epidural anesthetic, which numbs your legs and does not require you to be asleep. The choice is between you, your surgeon and your anesthesiologist.

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. We use a preemptive pain management process to make you more comfortable. You will receive medication for discomfort before you go to the operating room. After surgery, please ask for medication as frequently as needed to maintain your pain level at less than five, on the pain scale of one to 10 (see page 51).

How long and where will my scar be?

Surgical scars vary in length, but your surgeon will make it as short as possible. Unless you have previous scars – which your surgeon may use for the incision – you will have a straight scar down the center of your knee. There may be lasting numbness around the scar.

Do I need a walker, crutches or a cane?

Patients progress at their own rates. We recommend that you use a walker initially and progress to a cane after a few weeks, with your physical therapist’s recommendation. If you have a two-story home, you may want to borrow a second walker from a loan closet (see listing in Appendix) so you can have a walker on each floor.

Where will I go after discharge from the hospital?

Most patients are able to go home directly from the hospital. Some patients may transfer to a subacute rehab facility, where they usually stay five to seven days. The orthopaedic social worker will help you with this decision and make the necessary arrangements. Even if you have subacute rehab benefits, your insurance company will have final determination on whether they will provide coverage.

Frequently Asked Questions

Total Knee

Will I need help at home?

Yes. For the first few days or weeks, depending on your progress, you will need someone to help you with meal preparation and other daily tasks. If you go directly home from the hospital, the orthopaedic social worker will arrange for a home health nurse to come to your house as needed. Arrange for a friend or relative to be available if possible.

When you prepare before your surgery, you can minimize the amount of help you need. If you do your laundry, change your sheets, clean your house, complete yard work and prepare single-portion frozen meals beforehand, then you will need less help after surgery.

Will I need physical therapy when I go home?

Yes. You will need either outpatient or in-home physical therapy. We encourage you to use outpatient physical therapy. If you need in-home physical therapy, we will arrange for a physical therapist to come to your home. Afterward, you may go to an outpatient therapy facility three times a week to assist in your rehabilitation. The duration of therapy varies with each patient.

Will my new knee set off security sensors when traveling?

Your joint replacement is made of a metal alloy and may or may not be detected by security devices. Inform the security agent that you have a metal implant. The agent will lead you through the screening procedure. Be sure to plan for additional screening time at the airport.

Exercises Beneficial After Surgery

Total Hip Exercises

Ask your therapist which exercises are right for you and how often you should do them.



1. Ankle Pumps and Circles

- Bend ankles up and down at the same time
- Repeat 20 Times



2. Quad Sets

- Slowly tighten thigh muscles of both straight legs while counting out loud to five
- Relax



3. Gluteal Squeeze

- Squeeze buttocks muscles as tightly as possible while counting out loud to five

Exercises Beneficial After Surgery

Total Hip Exercises



4. Heel Slides

- Gently bend knee on operated leg while maintaining your hip precautions.
- Return



5. Leg Slides (Abduction/Adduction)

- Slide operated leg out to side.
- Keep kneecap pointing up.
- Gently bring leg back while maintaining your hip precautions.



6. Long Arc Quad

- Straighten operated leg and try to hold it 3 seconds

Frequently Asked Questions

Total Hip

People facing joint surgery often have the same questions, so we have answered the most common ones below. If you have other questions, please ask your orthopaedic surgeon or your orthopaedic team. We are here to help.

What is osteoarthritis and why does my hip hurt?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement. Because it is smooth and slippery, it allows motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear-and-tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement or for no apparent reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and can affect one or several joints.

What is total hip replacement?

The term total hip replacement is somewhat misleading. The surgeon does not replace the hip itself, but rather uses an implant to re-cap the worn bone ends. The surgeon removes the head of the femur (thigh bone) and inserts a metal stem into the femur shaft, topping it with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup with a plastic, metal or ceramic liner. The bone no longer rubs on bone, which caused the pain and stiffness.

How long will my new hip last?

All implants have a limited life expectancy, depending on a person's age, weight, activity level and medical condition(s). A joint implant's longevity will vary by patient. It is important to remember that an implant is a medical device that is subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your implant will last for any specified length of time.

What are the major risks?

Most surgeries go well and without any complications. Serious complications include infections and blood clots. To avoid these complications, your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infection.

How long will I be in the hospital?

You will get out of bed the evening of surgery and you may take a walk. You will get up, sit in a recliner, and walk with a walker with assistance. Most hip patients are hospitalized for 1–2 days after surgery. Patients must achieve several goals before they are discharged from the hospital.

Frequently Asked Questions

Total Hip

What if I live alone?

Most likely, you will be able to go directly home, even if you live alone. You should begin thinking about which friends or relatives may be able to help you. A home health nurse and physical therapist will visit you at home two or three times a week, for a few weeks. Occasionally, a short stay in a subacute rehab facility is necessary, depending on your mobility and insurance coverage.

What happens during the surgery?

The hospital reserves approximately one to two hours for surgery, which includes time for the operating room staff to prepare. You may have a general anesthetic (many people refer to this as “being put to sleep”). Some patients prefer to have a spinal tap or epidural anesthetic, which numbs your legs and does not require you to be asleep. The choice is between you, your surgeon and your anesthesiologist.

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. We use a preemptive pain management process to make you more comfortable. You will receive medication for discomfort before you go to the operating room. After surgery, please ask for medication as frequently as needed to maintain your pain level at less than five, on the pain scale of one to 10. (see page 51)

How long and where will my scar be?

There are many different techniques to perform hip replacement surgery. The type of technique will determine the exact location and size of the scar. The traditional approach uses an incision lengthwise over the side of your hip. Your surgeon will discuss which approach is best for you. Please be aware that there may be some numbness around the scar until it is healed. This is perfectly normal and should not cause concern. The numbness usually disappears with time.

Do I need a walker, crutches or a cane?

Patients progress at their own rates. We recommend that you use a walker initially and progress to a cane after a few weeks, with your physical therapist’s recommendation. If you have a two-story home, you may want to borrow a second walker from a loan closet (see listing in Appendix) so you can have a walker on each floor.

Frequently Asked Questions

Total Hip

Where will I go after discharge from the hospital?

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Will my new hip set off security sensors when traveling?

Your joint replacement is made of a metal alloy and may or may not be detected by security devices. Inform the security agent that you have a metal implant. The agent will lead you through the screening procedure. Be sure to plan for additional screening time at the airport.

CHECKLISTS & RESOURCES

Local Loan Closets for Medical Equipment (Home Use)

Loan closets are volunteer organizations that provide equipment needed by the disabled and the infirm on a loan basis. If you need to use the loan closets, please call the one for your county. Other loan closets lend their equipment to individuals that do not live in their county in emergency situations only. Equipment may be also rented from local drug stores.

Monroe County:

<p>For Our Veterans: <u>American Legions:</u></p> <p>344 Dorsey Rd. Rochester, NY (585) 663-2091</p> <p>818 Ridge Rd, Webster, NY (585) 671-9312</p> <p>222 West Ave. Brockport, NY (585) 637-5012</p> <p>1707 Penfield Rd. Penfield, NY (585)383-1020</p> <p>450 Scottsville Chili Rd., Scottsville, NY (585) 889-1830</p>	
<p><u>Brighton Volunteer Ambulance, Inc.</u> 1551 South Winton Rd. Rochester, NY 14618 (585) 271-2718 <i>Brighton residents only</i></p>	Crutches, walkers, canes, manual wheelchairs, bath chairs, commodes
<p><u>Churchville Lions Club</u> 59 W. Buffalo St. Churchville, NY 14428 (585) 594-2103 <i>Residents of Churchville and surrounding towns only</i></p>	Crutches, walkers, canes, manual wheelchairs, commodes
<p><u>East Rochester Volunteer Ambulance</u> 254 W. Ivy E. Rochester, NY 14445 (585) 586-5723</p>	Crutches, walkers, electric wheelchairs, hospital beds, canes, commodes, scooters, raised toilet seats, portable ramps, trapeses, hoyer lifts, hospital beds
<p><u>Gates Town Hall/Ambulance Service</u> 1001 Elmgrove Rd. Rochester, NY 14624 (585) 247-5519 <i>Gates residents only</i></p>	Crutches, canes, wheelchairs, walkers, commodes, shower chairs, hospital beds, ramps, bed tables, hoyer lifts, bed rails, transport chairs, knee walkers

CHECKLISTS & RESOURCES

<p><u>Greece Volunteer Ambulance</u> 867 Long Pond Rd. Rochester, NY 14612 (585) 227-2073 <i>Greece residents only</i></p>	<p>Crutches, canes, wheelchairs, walkers, commodes, shower chairs, hospital beds, bed tables, bed rails,</p>
<p><u>Greece Ridge Lions Club</u> 1299 Long Pond Rd Rochester, NY 14626 (behind building to the South of the fire dept) (please leave voice mail) (585) 340-7105</p>	<p>Crutches, canes, walkers, manual wheelchairs</p>
<p><u>Henrietta Ambulance Service</u> 280 Calkins Rd. Rochester, NY 14623 (585) 334-4190 <i>Henrietta residents only</i></p>	
<p><u>Hamlin Lions Club</u> Tim Crawford (585) 733-8459 Dan Hick (585) 964-5442 <i>Hamlin, Kendall, Clarkson and Hilton residents only</i></p>	<p>Manual wheelchairs, canes, commodes, walkers, crutches, bed tables, trapeze, ask about manual hospital beds and lifts</p>
<p><u>Hilton Lions Club</u> (by appointment only) (585) 392-4144 <i>Hilton residents only</i></p>	<p>Manual wheelchairs, walkers, canes, crutches</p>
<p><u>Honeoye Falls-Mendon Ambulance</u> 5 East Street Honeoye Falls NY 14472 (585) 624-2200</p>	<p>Crutches, walkers, manual wheelchairs, commodes, raised toilet seats, hospital beds, shower chairs, transfer benches, tub benches,</p>
<p><u>Irondequoit Sr. Citizens Center</u> 154 Pinegrove Ave. Rochester, NY 14617 (585) 336-6077</p>	<p>Wheelchairs, crutches, canes, shower chairs, hospital beds, walkers, tub benches, commodes</p>
<p><u>Irondequoit Volunteer Ambulance</u> 2330 Norton St. Rochester, NY 14609 (585) 544-5112 <i>Irondequoit residents only</i></p>	<p>Walkers, crutches, canes,</p>
<p><u>Masonic Service Bureau of Greater Rochester</u> 979 Bay Rd. Webster, NY 14580 (585) 671-9730 (Hours: 9 am–12 pm, Mon.–Fri.)</p>	<p>Tub and shower chairs, commodes, raised commode seats, manual wheelchairs, canes, crutches, walkers</p>
<p><u>Pittsford Volunteer Ambulance</u> 40 Tobey Rd. Pittsford, NY 14534 (585) 385-2401 <i>Pittsford residents only</i></p>	<p>Canes, crutches, walkers</p>

CHECKLISTS & RESOURCES

<p><u>Spencerport Volunteer Ambulance</u> 116 Lyell Ave. Spencerport, NY 14559 (585) 352-4742 <i>Spencerport, Gates, Greece, Brockport, Hilton and Chili residents only</i></p>	Manual wheelchairs, canes, crutches, walkers
<p><u>Regional Center for Independent Living</u> 497 State St. Rochester, NY 14608 (585) 442-6470 <i>Residents of Monroe and surrounding counties only</i></p>	Wheelchairs, crutches, canes, walkers, hospital beds, shower chairs, commodes
<p><u>Rush Lions Club</u> 5977 E. Henrietta Rd. Rush, NY 14543 (585) 533-1312 <i>Rush residents only</i></p>	Wheelchairs (\$25 deposit), walkers, canes, crutches, tub chairs, raised toilet seats

Check with Monroe County thrift stores:

<p><u>Salvation Army Thrift Stores</u></p>	<p>745 West. Ave. Rochester, NY 14611 (585) 235-0200</p> <p>535 E. Ridge Rd. Rochester, NY 14621 (585) 336-9944</p> <p>3790 W. Ridge Rd. Rochester, NY 14626 (585) 720-1610</p>
<p><u>Volunteers of America</u></p>	<p>89 Canal St. Rochester, NY 14608 (585) 463-3033</p>

Genesee County:

<p><u>Independent Living of Genesee Region</u> 113 Main St. Batavia, NY 14020 Donna Becker (585) 815-8501, ext. 411 <i>Residents of Genesee, Wyoming and Orleans counties only</i></p>	Wheelchairs, walkers, commodes, canes, crutches, shower benches and chairs, grabbers, side rails, toilet seats with arms
<p><u>Genesee County Handyman Project</u> Administered through the Senior Center on Bank St. in Batavia (585) 343-1611</p>	They will make minor household repairs; install grab bars, railings, etc. Residents have to be 62 to qualify. The resident must purchase the equipment, and cost for labor is \$10/hr. There is income eligibility for those who can't afford these costs, and they will cover cost of materials and labor for those who qualify.

CHECKLISTS & RESOURCES

Livingston County:

<p><u>Avon Loan Closet</u> Rochester, NY 14607 Dick House (585)266-6057 Klaas Dewaard (585) 226-2987</p>	<p>Walkers, crutches, canes, commodes NO HOSPITAL BEDS</p>
<p><u>Dansville Loyal Order of Moose</u> 6 Main Street P.O. Box 197 Dansville, NY 14437 (585) 335-7948</p>	<p>Walkers, crutches, canes, commodes, shower seats/benches (Please call to make arrangements for pickup)</p>
<p><u>Geneseo Loan Closet</u> Contact Paul Krehar for information @ (585) 991-6006</p>	<p>Please call for information on items for loan and pick-up instructions</p>
<p><u>Lima Loan Closet @Town Hall</u> 7329 E. Main Street Lima, NY 14485 (585) 624-2210</p>	<p>Walkers, crutches, canes, commodes</p>
<p><u>Livonia Rotary</u> Contact: Cal Lathan @ (585) 314-8267</p>	<p>Walkers, wheelchairs, commodes, shower/ benches NO HOSPITAL BEDS</p>
<p><u>Springwater Old Town Hall</u> 7863 Main Street Springwater, NY 14560 Contact: Larry Gnau @ (585) 944-6358 Please leave message</p>	<p>Walkers, wheelchairs, Crutches, canes, commodes, shower/benches</p>

Ontario County:

<p><u>Canandaigua Ambulance</u> 233 N Pearl St, Canandaigua, NY 14424 (585) 394-5860</p>	<p>Wheelchairs, walkers, crutches, shower benches, canes, commodes, raised toilet seats, rollators</p>
<p><u>Naples Fire Department</u> 2 Vine Street, Naples, NY 14512 (585) 374-2370</p>	<p>Walkers, crutches, shower benches, canes, commodes, raised toilet seats, rollators</p>
<p><u>Richmond Fire Department</u> 8741 Main Street Honeoye, NY 14471 (585) 229-5192</p>	<p>Wheelchairs, walkers, crutches, shower benches, canes,</p>
<p><u>Victor-Farmington Ambulance</u> 1321 East Victor Rd. Victor, NY 14564 (585) 924-3959</p>	<p>Wheelchairs, walkers, crutches, shower benches, canes, commodes, raised toilet seats,</p>

CHECKLISTS & RESOURCES

Orleans County:

<p><u>Hospice of Orleans County</u> 14080 State Route 31 Albion, New York 14411 (585) 589-0809</p>	<p>Wheelchairs, walkers, crutches, shower benches, canes, commodes, raised toilet seats</p>
<p><u>Kendall Lions Club at the Kendall Town Hall</u> 1873 Kendall Road Kendall, New York 14476 (585) 659-8201</p>	<p>Wheelchairs, walkers, crutches, shower benches, canes, commodes, raised toilet seats</p>
<p><u>St Vincent De Paul Loan Closet</u> State Street Albion, New York 14411 Cas Pruski @ (585) 589-7376</p>	<p>Wheelchairs, walkers, crutches, shower benches, canes, commodes, hospital beds, raised toilet seats</p>
<p><u>Community Action of Orleans</u> 75 Public Square Holley, NY 14470 (585) 638-6395 Open 9AM to 3PM</p>	<p>Wheelchairs, walkers, crutches, shower benches, commodes, canes, raised toilet seats</p>
<p><u>Lyndonville Lions Club</u> 1435 Lyndonville Rd Lyndonville, NY 14098 (585) 765-2870</p>	<p>Wheelchairs, walkers, crutches, shower benches, canes, commodes, canes, raised toilet seats, rollators, hospital beds, transfer benches</p>

Steuben County:

<p><u>Wayland American Legion</u> 102 N. Main Street Wayland, NY 14572 (585) 728-2230</p>	<p>Wheelchairs, walkers, crutches, shower benches, canes, commodes, raised toilet seats</p>
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Wayne County:

<p><u>Lyon's Public Library</u> 122 Broad Street Lyon's, NY 14489 (315) 946-9262</p>	<p>Wheelchairs, walkers, crutches, shower benches, canes, commodes, raised toilet seats</p>
<p><u>Newark First Baptist Church</u> 133 E Miller St Newark, NY 14513 Sandy @ (315) 331-1017</p>	<p>Wheelchairs, walkers, crutches, shower benches, canes, commodes, raised toilet seats</p>
<p><u>Ontario Town Clerks Office</u> 1850 Ridge Rd. Ontario, NY (315)524-3441 Ext 200</p>	<p>Wheelchairs, walkers, crutches, shower benches, canes, commodes, raised toilet seats, hospital bed</p>

CHECKLISTS & RESOURCES

<u>Palmyra King's Daughters</u> 402 East Main Street Palmyra, NY (315) 597-5276	Wheelchairs, walkers, crutches, shower benches, canes, commodes, raised toilet seats
<u>Sodus Town Ambulance Service</u> 49 West Main Street Sodus, NY 14551 (315) 483-6531	Wheelchairs, walkers, crutches, shower benches, canes, commodes, raised toilet seats

CHECKLISTS & RESOURCES

Locations for Loan Closets

Loan closets are volunteer organizations that provide equipment needed by the disabled and infirm on a loan basis. If you need to use the loan closets make sure you call the one for your county. Only in emergencies will other loan closets lend their equipment to individual that do not live in their county. Equipment may be also rented from local drug stores.

New York State	TRAID-In Matches those with equipment to those who need it www.cqcapd.state.ny.us/traintro.htm Brochure: www.cqcapd.state.ny.us/brochures/traid.pdf	800-522-4369
Wayne County		
County-wide	Wayne County Department of Aging and Youth (very limited selection)	315-946-5624 M-F 8-4
Arcadia	Caring Friends of Clyde*	315-923-9862
Lyons	Lyons Public Library	315-946-9262
	Lyons Ambulance - Paul Fera M-F 7-4	315-946-6876
Macedon	Fire Hall (Dennis Berryman or Paul Maier) **	315-986-4700
Marion	Jan Adriaanson Stevens Funeral Home Marjorie Haak Town Clerks Office	315-926-4447 315-926-4222 315-926-4380 315-926-4271
Newark	First Baptist Church 133 E Miller St, American Legion – Fred Barker 200 E Union St Laurel House - 224 Fair St.	315-331-1017 315-331-2155 or 315-879-8134 315-573-7028
Ontario	Ontario Town Clerk *** 1850 Ridge Rd Ontario NY 14519	315-524-3441 x 752 M,T,W &F 8- 430 Th 8-7
Palmyra	Kings Daughters Free Library 403 E Main Street Palmyra, NY 14522	M,T,W 12-8 Th 10-5 F 12-5 Sat. 10-2 (Sept-June)

CHECKLISTS & RESOURCES

	Patricia Baynes		315-597-5276
	Jean Craft		315-597-4727
	Ruth Whitcomb		315-597-9724
	Johnnie Jordan		315-597-9536
Sodus	Sodus Town Ambulance **		315-483-6531
	Matthew King		315-310-3821
Walworth	Town Clerk**	M-F: 9-5	315-986-1400
Williamson			
Wolcott	Lioness Club		
	Margaret Thomas		315-594-2458
	Margaret Cook		315-594-2426
	Dale Bridson (May-Oct)		315-594-9387
	Joyce Granger		315-594-2535
	Phoebe Miejer		315-594-6713
	Sheila Ferrari		315-905-4096
Wolcott Pharmacy **	Don Collea		315-594-1212

*** Small donation to be made for beds or wheelchairs used for over 30 days. Must tell at time of borrowing.**

**** If get answering machine leave message and they will call you back as soon as they can.**

***** Ontario Town Clerk will give phone number of on duty person and you will need to call them**

Monroe and Surrounding counties

Monroe County

Rochester	Regional Center for Independent Living 497 State Street Rochester, NY 14608	585-442-6470
Webster	Masonic Service Bureau Loan closet 979 Bay Rd Webster, NY 14580	585-671-9730

Ontario County

Bloomfield	Bloomfield American Legion (@ True Value Hardware) 6915 State Route 5&20 Bloomfield, NY 14469 Bob Spike	585-657-6531
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CHECKLISTS & RESOURCES

Canandaigua	Canandaigua Emergency Squad 233 North Pearl Street Canandaigua, NY 14424	585-394-5860
Clifton Springs	House of John, Inc. 14 Spring Street Clifton Springs, NY 14432	315-462-5646
Gorham	Stanley Gorham Hall Ambulance Service 4676 Kearney Rd Gorham, NY 14461 Terry Phillips	585-526-6743
Manchester	Manchester Village Clerk's Office* 8 Clifton Street Manchester, NY 14504 Rita Gurewitch	585-289-4340

*residents of Red Jacket school district only

Naples	Naples Fire Department Vine Street Naples, NY 14512 Patrick Elwell	585-374-2262
Honeoye	Richmond Fire Department 8741 Main Street Honeoye, NY 14471 James Webber	585-229-5192

Seneca County

Waterloo	Seneca County office for the Aging 1DiPronio Drive Waterloo, NY 13165	315-539-1765
Seneca Falls	Seneca County Options for Independence 55 Fall Street Seneca Falls, NY 13148	315-568-2724

Medical Equipment for purchase

American Home patient	315-781-1632
A.H.P. Rochester	585-787-0100
Apria	585-436-4910
Community Care Partners	315-787-5454
Dobbin Drugs (Lyons)	315-946-6691
Fonte Surgical Supply	585-338-1000
Halprin	585-396-9900
Lincare Home Care	800-365-4068
Meade Square Pharmacy (Victor)	585-924-7970
Option Care	585-473-0360
Pro Rehab Medical Supplies (Rochester)	585-429-6486
Rochester Oxygen	888-508-0202
Upstate Home Care	800-642-4411
Walgreens (Newark)	315-332-0193
Walmart (Newark)	315-331-5081

Joint Replacement Guidebook

SECTION 6 FORMS

Health Care Proxy

Advance Care Directive (Living Will)

Bank of 6

FORMS

HEALTH CARE PROXY

To: My Family, my Physicians, my Lawyer, any Medical Facility in whose care I happen to be, any Individual who may become responsible for my Health Affairs, and All Others Whom It May Concern:

1. **Print Name:** _____

Birth Date: _____

Address: _____

Social Security #: _____

This form is for appointing another person as your agent to make decisions about your medical treatment if for some reason you lose the capacity to make a medical decision. It is **very important** that you discuss your wishes with your agent and your doctor. In particular, **you must** tell your agent what your wishes would be on artificial nutrition and hydration or else your agent cannot decide on your behalf. You are also encouraged to complete an Advance Care Directive (**Living Will.**)

I, _____, hereby name the following person(s) as my Health Care Agent(s).

Name: _____

Address: _____

All Phone Numbers: _____

2. **Alternate Health Care Agent is (optional, to serve if agent is unavailable)**

Name: _____

Address: _____

All Phone Numbers: _____

My health care agent may make any and all health care decisions for me, except to the extent that I state otherwise. This agent shall take effect should I become unable to make my own health care decisions.

3. **Instructions:** I direct my agent to make health care decisions **according to my wishes and instructions which I have shared with my agent.** I have the following limitations or special instructions (for additional space use the last page of this form.) Examples are given in the booklet you received with this document. Discuss your thoughts, feelings and questions about this document with your doctor.

4. Unless I change this, the proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specific date or conditions, if desired).

5. **Your signature** (this must be signed in the presence of two (2) adults that are NOT persons you named as your proxy or alternate proxy).

Signed: _____ Today's Date: _____
(Sign and Date this document)

6. **Witness** (*must be two [2] adults.*) I declare that the person who signed this document is known to me and is acting of his/her own free will. He/she signed (or asked another to sign for him/her) this document in my presence.

Witness #1

Your Signature: _____

Print Name: _____ Today's Date: _____

Witness #2

Your Signature: _____

Print Name: _____ Today's Date: _____

Additional Instructions:

1. Let important people in your life know who you have named as your health care agent.
2. Make photo copies of this document and keep original in a safe place.
3. Give copies to: your agent, all doctors involved in your care, lawyer, minister, other family members.
4. Bring a copy with you when you are admitted to the hospital.

ADVANCE CARE DIRECTIVE (LIVING WILL)

To: My Family, my Physicians, my Lawyer, any Medical Facility in whose care I happen to be, any Individual who may become responsible for my Health Affairs, and All Others Whom It May Concern:

1. **Print Name:** _____

Birth Date: _____

Address: _____

Social Security #: _____

2. I, _____, being of sound mind, make this statement as instructions to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm decision to **decline** medical treatment under the following circumstances indicated below.

3. If I have an **incurable or irreversible** condition that renders me incapable of making decisions on my own and there is no reasonable expectation that I will recover, then I direct my attending physician to withhold or withdraw treatment that only prolongs my dying.

These instructions only apply if: *(Check those statements you agree with)*

I am in a terminal condition

I am minimally conscious with irreversible brain damage

I have Alzheimer's or another form of dementia

I am permanently unconscious

Other _____

I instruct that my treatment be limited to measures to keep me comfortable and to relieve pain.

While I understand that I am not legally required to be specific about future treatments, if I am in the conditions described above I have strong beliefs about the following forms of treatment:

(Check those statements that you agree with)

I do not want cardiopulmonary resuscitation (CPR).

I do not want mechanical ventilation (respirator).

I do not want artificial nutrition and hydration (intravenous fluids or feeding tube).

I do not want medical treatment (antibiotics/other medications) unless they are necessary for my comfort.

I do not want hospitalization.

Continue on reverse side

4. Other directions/instructions that you wish to add (*for additional space, use the bottom or back of this form*):

5. These express my legal right to refuse treatment, under the law in New York. I intend my instructions to be carried out unless I have changed them in writing or by clearly indicating that I have changed my mind.

Signed: _____ Today's Date: _____

6. **Witness** (*must be two [2] adults.*) I declare that the person who signed this document is known to me and is acting of his/her own free will. He/she signed (or asked another to sign for him/her) this document in my presence.

Witness #1

Your Signature: _____

Print Name: _____ Today's Date: _____

Witness #2

Your Signature: _____

Print Name: _____ Today's Date: _____

ROCHESTER
REGIONAL HEALTH

rochesterregional.org