



YOUR GUIDE THROUGH AMBULATORY TOTAL JOINT REPLACEMENT SURGERY

THE MONTEFIORE CENTER FOR JOINT REPLACEMENT SURGERY



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

Montefiore
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YOUR JOURNEY THROUGH AMBULATORY TOTAL JOINT REPLACEMENT SURGERY

YOUR JOURNEY through ambulatory total joint replacement has begun. You are now on the road to better mobility. Our goal at the Montefiore Center for Joint Replacement Surgery is to provide you with exceptional medical care using the most up to date technology available. We are dedicated to providing you and your family with a safe and comfortable experience. Every member of the team will work hard for you so that your experience will be positive.

We understand that it takes a lot of planning and teamwork to achieve an outstanding experience. You and your family are important members of this team. Please help us by participating in your recovery and your care plans.

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

Thank you for allowing us to participate in your care.

Sincerely,
The team at the
Montefiore Center for Joint Replacement Surgery

WE UNDERSTAND THAT IT TAKES A LOT OF
PLANNING AND TEAMWORK TO ACHIEVE
AN OUTSTANDING EXPERIENCE.

THE ULTIMATE GOAL IS TO IMPROVE QUALITY
OF LIFE, RETURNING EACH PATIENT TO FULL
FUNCTIONING AS QUICKLY AS POSSIBLE.

PATIENT AND FAMILY CENTERED CARE AT MONTEFIORE

The Montefiore Center for Joint Replacement Surgery integrates the Patient and Family Centered Care Model, into the Orthopaedic delivery of care. Our goal is for our patients and families to create partnerships with the healthcare team based on their individualized needs. We recognize that families play a significant role in the healing process. Partnering with our patients and families can provide input to make better treatment and social decisions, which are necessary to enhance the quality of care, achieve the best patient outcomes, as well as improve the patient and “family” experience.

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

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

CONCEPTS OF PATIENT AND FAMILY-CENTERED CARE

DIGNITY AND RESPECT

Healthcare practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

INFORMATION SHARING

Healthcare practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.

PARTICIPATION

Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

COLLABORATION

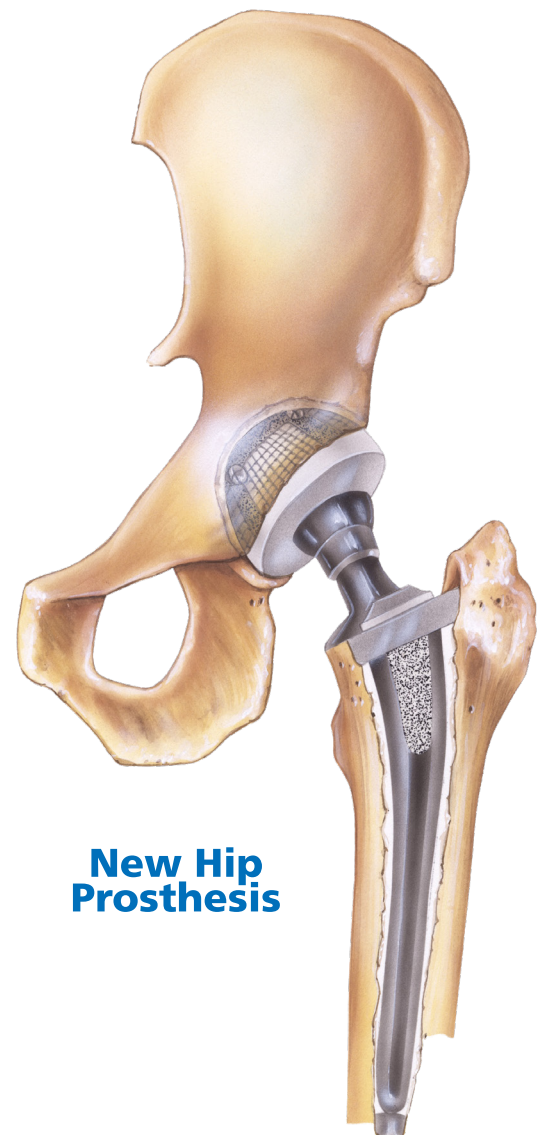
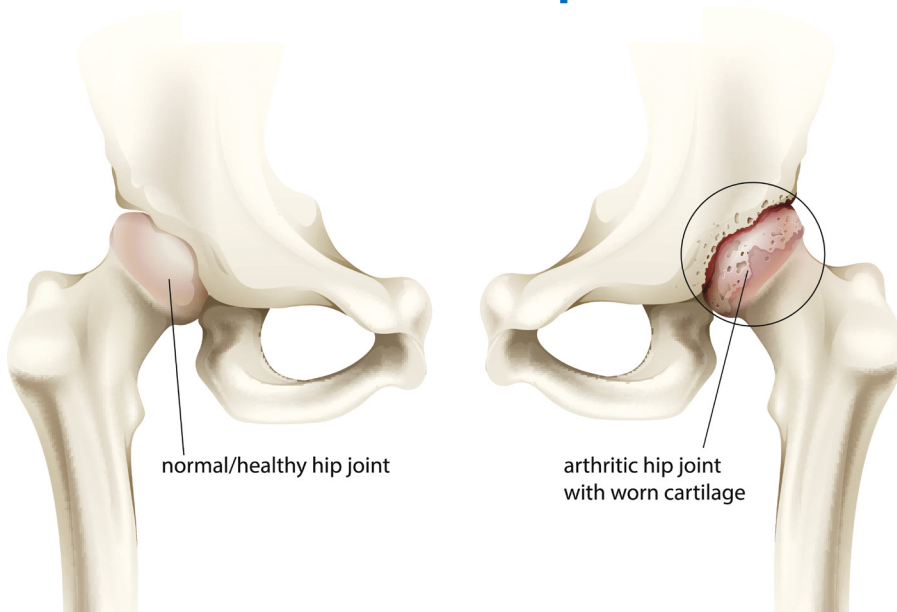
Patients and families, healthcare practitioners, and healthcare leaders collaborate in: policy and program development, implementation and evaluation; in research and facility design; and in professional education, as well as in the delivery of care.

WHY TOTAL HIP REPLACEMENT

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

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

Arthritis of the Hip Joint



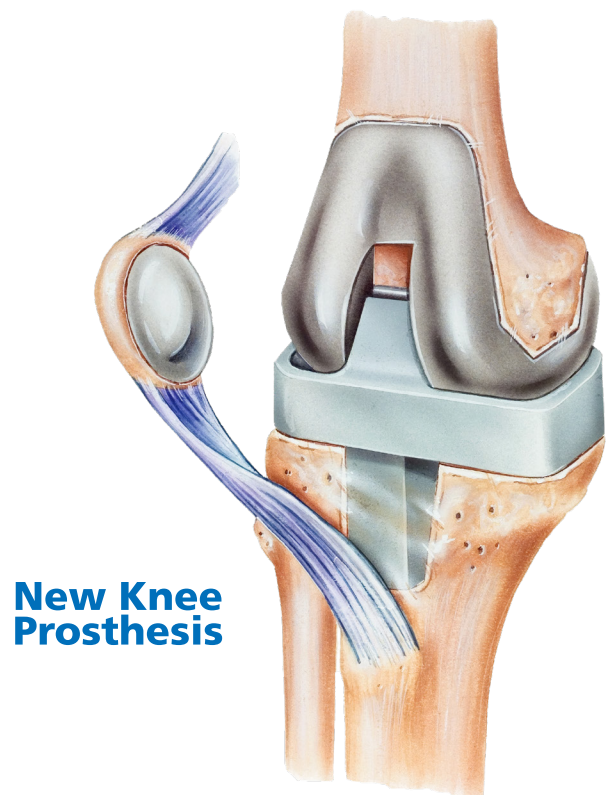
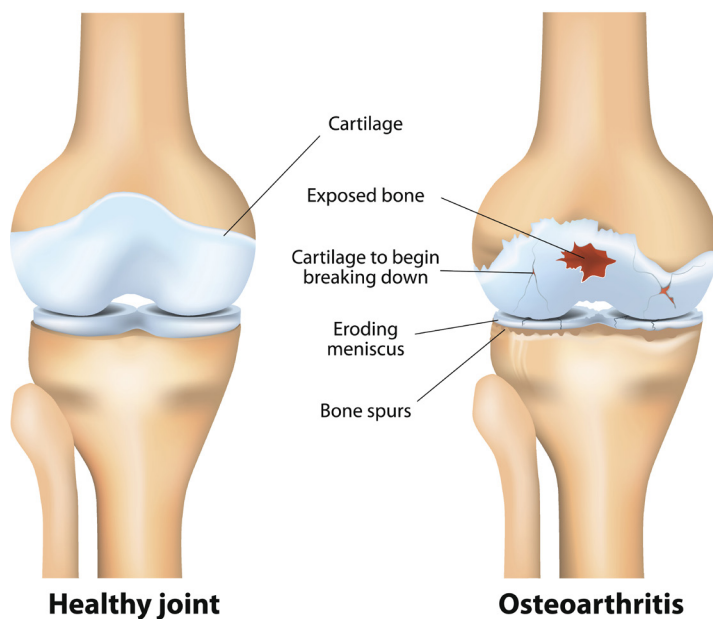
New Hip Prosthesis

WHY TOTAL KNEE REPLACEMENT

The knee joint is a hinged joint made up of 3 bones. The top of the shin bone or tibia, the end of the thigh bone or femur and the kneecap, or patella. Within the knee joint, there is cushioning material known as cartilage covering the ends of the bones. When the cartilage becomes damaged it begins to wear away, and the bones grind against each other. This results in pain and difficulty with movement.

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

Arthritis of the Knee Joint



SECTION ONE

CARING FOR YOURSELF BEFORE SURGERY



YOUR GOALS

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

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

You will be scheduled for ambulatory joint replacement surgery when:

- **You have identified a Care Coach.** A Care Coach is someone who you can count on to assist you in the process, bring you to the hospital and stay with you until you are ready to go home after surgery. The Care Coach will take you home and be able to assist you at home. Most likely your Care Coach will be a family member or a close friend.
- You are ready to participate in the exercise program following joint replacement surgery.
- You are physically and emotionally prepared for the surgery.
- You have discussed healthy lifestyles with a member of your surgical team if needed, including but not limited to:
 - Good nutrition and weight management
 - Quitting Smoking
 - Alcohol use
 - Drug use

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

Maintaining some form of exercise will help you get ready for your new joint replacement. There are exercises listed in the back of this book which you can begin prior to surgery.

QUIT SMOKING BEFORE SURGERY

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

- Smoking can interfere with your body's ability to heal after surgery due to decrease in oxygen carrying capacity of your body.
- Smoking is associated with increased risks of infection and other problems including blood clots, pneumonia, stroke and Urinary Tract Infections.
- The incidence of re-operation because of complications is higher among smokers than non-smokers.

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

STEPS TO TAKE TO HELP YOU QUIT SMOKING:

- Pick a date to **QUIT**
- Make an appointment with your Family Doctor

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

Find local support groups

Enlist a friend or family member to help you



MEET OUR JOINT REPLACEMENT TEAM

- ORTHOPEDIC SURGEONS
- ANESTHESIOLOGISTS AND ANESTHESIA AND PAIN MANAGEMENT TEAM
- CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNAs)
- MEDICAL DOCTORS
- NURSE PRACTITIONERS
- PHYSICIAN ASSISTANTS
- REGISTERED NURSES
- CERTIFIED NURSING ASSISTANTS (CNAs)
- PHYSICAL THERAPISTS
- OCCUPATIONAL THERAPISTS
- SOCIAL WORKERS
- DIETITIANS
- NUTRITIONISTS
- SECRETARIAL STAFF
- ADMINISTRATORS
- HOUSEKEEPERS
- PATIENT EXPERIENCE LEADERS
- RESPIRATORY THERAPISTS



SECTION TWO THE PRE-OPERATIVE PROCESS



AMBULATORY JOINT REPLACEMENT SURGERY APPOINTMENTS

PRE-OPERATIVE APPOINTMENTS

- YOU WILL RECEIVE A PRE-OPERATIVE TELEHEALTH MEDICAL CLEARANCE APPOINTMENT VIA THE MONTEFIORE FIRST APP
- You will be told which medications or supplements to stop, if any
- You will be told which medications to take on the morning of surgery, if any
- PRE-OPERATIVE LABORATORY TESTS WILL BE SCHEDULED FOR YOU BY THE MEDICAL DOCTOR DOING YOUR MEDICAL CLEARANCE.
- YOU WILL VIEW A PRE-OPERATIVE EDUCATION PRESENTATION
- YOU WILL COMPLETE A PRE-OPERATIVE PATIENT SURVEY
- YOU WILL RECEIVE A TIME TO ARRIVE AT THE HOSPITAL ON THE DAY OF SURGERY

POST OPERATIVE APPOINTMENTS

- YOUR SURGEON WILL CALL YOU AT ABOUT 8PM ON THE DAY OF SURGERY
- YOUR SURGICAL TEAM WILL CALL YOU THE DAY AFTER SURGERY (post-op day 1)
- YOUR SURGICAL TEAM WILL CALL YOU 2 DAYS AFTER SURGERY (post-op day 2)
- YOUR SURGICAL TEAM WILL CALL YOU 7 DAYS AFTER SURGERY
- YOUR SURGEON WILL HOST A VIDEO CALL WITH YOU 10 - 14 DAYS AFTER SURGERY VIA THE MONTEFIORE FIRST APP
- YOU WILL VISIT THE OFFICE 6 WEEKS AFTER SURGERY

THE DAY BEFORE SURGERY

- USE YOUR CHG WIPES – in the evening before surgery as directed. Directions for using the CHG WIPES can be found on page 16.
- NOTHING TO EAT OR DRINK PAST MIDNIGHT unless you were told to take medications in the morning before coming to the hospital. If you were told to take any medications, take a sip or two of water with the medications.
- YOUR HEALTH CARE PROXY- Complete your health care proxy and bring it to the hospital with you if you wish.



WHAT TO BRING TO THE HOSPITAL

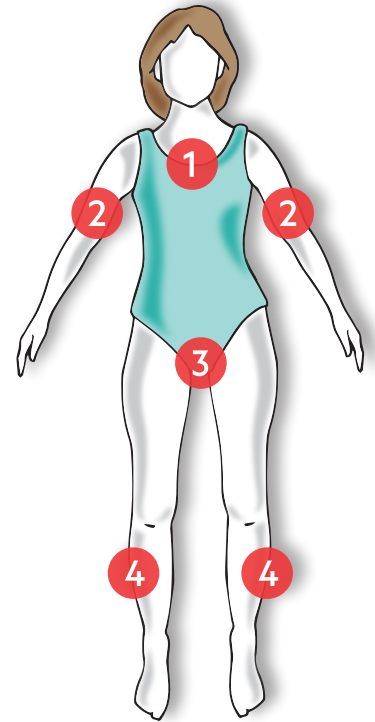
- Arrive at the hospital with your Care Coach
- Legal photo ID (e.g. driver's license, passport, etc.)
- Insurance card
- Health Care Proxy Form completed
- Flat, non-slip, supportive walking shoes
- Comfortable loose clothes to go home in
- Eyeglasses, hearing aids and dentures (if necessary)
- Bring a Cane or Walker, if you have one
- An updated medication list

DO NOT BRING TO THE HOSPITAL

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

PREPARING THE SKIN FOR SURGERY

You will be given antiseptic wipes to clean your skin before surgery in order to reduce the risk of infection at the surgical site. You will be given one antiseptic skin package to use at home the evening before surgery. Please shower before using the wipes. You will be given another package of wipes at the hospital, to use in the morning before you go into the operating room.

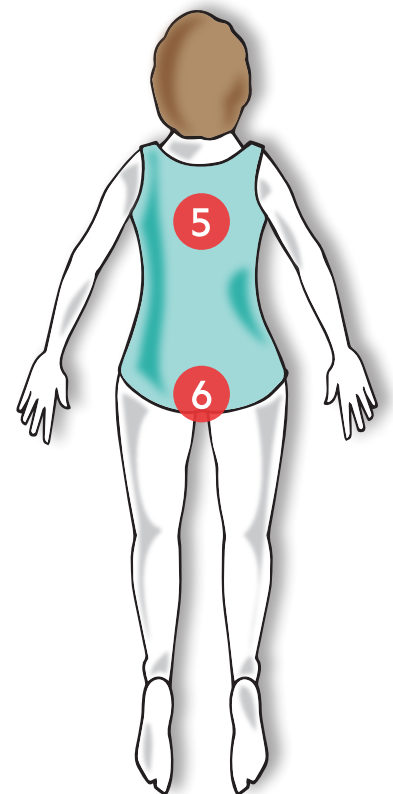


USE CHG SKIN PREP WIPES AT THE FOLLOWING TIMES:

- Prep the evening before surgery (around 6:00 or 7:00 pm).
- Prep again the morning of surgery after arriving at the hospital.

DIRECTIONS FOR USING CHG WIPES:

- Remove cellophane film and discard.
- Use scissors to open all three packages (a total of six wipes).
- Use one clean wipe to prep each area of the body in the order shown, using a new wipe for each of the six areas shown.
- Do not allow product to come in contact with eyes, ears, mouth or mucus membranes.
- Wipe each area thoroughly with a back-and-forth motion (assistance may be required).
- Use all the wipes in the packages.
- Do not rinse after using wipes.
- Do not apply lotions, perfumes or makeup after using wipes.
- Discard wipes in trash can.
- Allow skin to air dry. Dress in clean clothes or pajamas.
- You may need assistance at home when using the wipes.



SECTION THREE THE DAY OF SURGERY



WHAT TO EXPECT ON THE DAY OF SURGERY

On the day of surgery go directly to the main entrance of:

MONTEFIORE WAKEFIELD HOSPITAL
600 EAST 233rd STREET
BRONX NEW YORK 10466

Please arrive at the instructed time of arrival.

THE PRE-OP AREA

In the pre-op area you will be accompanied by the nursing staff to a room where you will change. You will be assisted in using the ANTISEPTIC SKIN WIPES again, and NASAL SWABS to help prevent infection.

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



ANESTHESIOLOGY AND PAIN MANAGEMENT

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

Pain management will be tailored to your specific needs and consists of three parts:

Pre-Operative

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

Intra-Operative

- Anesthesia for joint replacement is done most safely and most frequently under spinal anesthesia. This anesthetic is very safe and will be explained in significant detail on the morning of surgery by your anesthesiologist. Spinal anesthesia for surgery is associated with many benefits, including improved pain control, absence of side effects such as nausea, less incidence of blood clot formation, and less blood loss during surgery.
- In addition to spinal anesthesia, you will have intravenous sedation, level of sedation will be tailored to your specific needs to allow you to wake up as soon as surgery is completed. A member of the anesthesiology team will remain with you at all times throughout your procedure.
- You will receive additional medication during your surgery that will have a profound effect on improving your pain control over the next several days.
- Oral medications may be given to you for several days before surgery that will reduce your body's inflammatory response , and help with pain control.
- The anesthesia team will start an intravenous line (IV) to provide fluid and medications as needed.
- Peripheral nerve blocks will be performed prior to surgery to numb the nerve pathways that carry pain on the operative site. Pain Medicine, called local anesthetic, can be given in the area around the nerve as a single injection, or as a continuous infusion, to decrease pain after surgery. The nerve that is used depends on the type of surgery you are having. This will be explained to you in detail by our regional nerve block team, performed under sterile conditions, and with ultrasound guidance to ensure accuracy and the highest level of safety.

Post Operative

- After surgery, you will spend several hours in the recovery room. Once you have met all the requirements for discharge, you will go home with your Care Coach.
- You will be prescribed a multimodal or “balanced” pain treatment plan by your doctor. This treatment plan includes two or more pain medicines that act in different ways to manage your pain. The goal is to have the best pain relief possible without side effects. While strong pain medicines (opioids) can help if you have breakthrough pain, they can also cause sleepiness, nausea, and constipation.

Nerve Block Follow Up

- Expect the effect of your nerve block to last anywhere from 8-12 hours. It is **NOT** unusual to have persistent numbness or unusual sensation in your leg beyond this. In the vast majority of cases, any prolonged numbness wears off spontaneously over a short period of time and is normal to see when the nerves are “waking up.”
- Things to pay close attention to include:
 - Redness or swelling at the site of nerve block injection
 - Complete inability to move your foot beyond 12 hours
 - Any discharge at of injection
 - Fever
- **BE CAUTIOUS WHEN AMBULATING. ASK FOR HELP TO AVOID FALLS.** Even if it feels like the effect of your nerve block has worn off, the strength in your leg may be significantly reduced.
- You will be contacted by a member of the anesthesiology team on the day after surgery to make sure everything is going well. They will be able to answer any questions or concerns that you may have about pain control.

WHAT YOU WILL NEED AT HOME

ROLLING WALKER

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

STRAIGHT CANE

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

MEDICATIONS

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

INSTRUCTIONS

Before you leave the hospital you will be given post - operative instructions which will include caring for your surgical site.

ICE PACKS

Used to decrease inflammation and pain.

FOAM PILLOW

If you have had hip replacement surgery you may use a foam pillow to prevent dislocation. You will be instructed on this if applicable.

3 IN 1 COMMODE

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

SECTION FOUR CARING FOR YOURSELF AT HOME

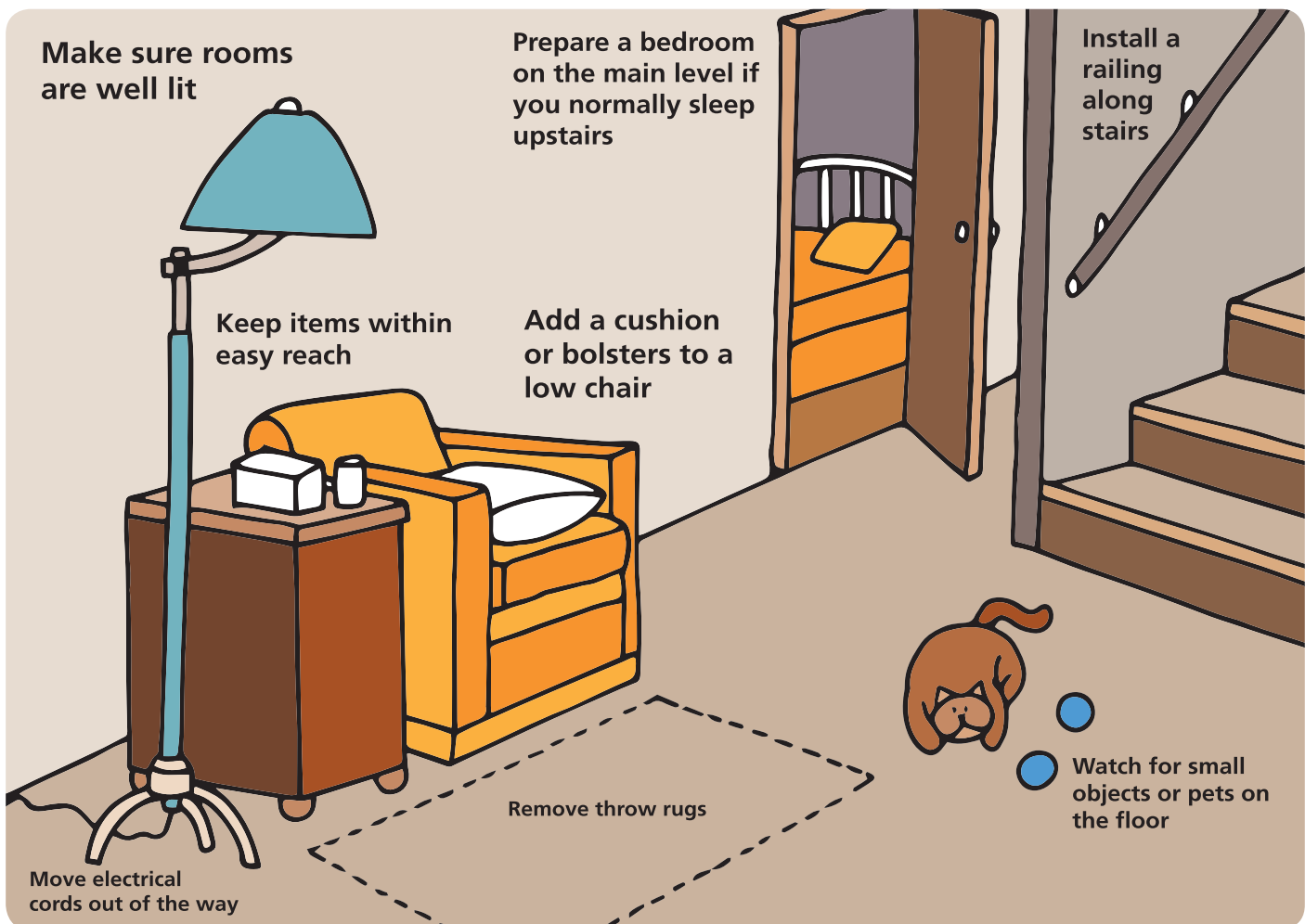


CARING FOR YOURSELF AT HOME

Make sure you continue to exercise at home, all day long. Walking is the most important exercise you can do to promote successful recovery. For patients having knee replacement surgery, sitting knee bends are the most important exercise for good range of motion of your new knee.

PREPARING YOUR HOME

You may want to do some preparation of your home to make it more comfortable and safe for your return. Try to arrange things so you do not have to climb stairs several times a day. Remove any items that you may trip on. If you are going to use a raised toilet seat try to purchase it before surgery. Stock up on food and items that you will need at home.



PREPARING YOUR HOME CHECK LIST

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

SELF CARE AT HOME

CARING FOR YOUR SURGICAL SITE

Before going home you will be given specific instructions on caring for your dressing and surgical site. Most dressings will stay on for at least 1 week. Notify your surgeon if you see increased drainage around your dressing

PLEASE WASH YOUR HANDS BEFORE TOUCHING YOUR SURGICAL SITE

You will have a follow up telemedicine video call via The Montefiore First APP with your surgeon between 10 and 14 days after surgery.

SHOWERING

Most dressings are waterproof and can be left on while you shower. ***DO NOT APPLY ANY CREAMS, LOTIONS, OINTMENTS OR VITAMINS TO YOUR SURGICAL INCISION*** until your surgeon allows you to, approximately 6 weeks after your surgery.

MEDICATIONS

Make sure you have all of the medications that you need at home. The staff will assist you with this.

EXERCISE

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

ICE

Keep ice in your freezer to apply to your surgical site to reduce pain and swelling. Do not put ice directly onto your skin.

PREVENTING BLOOD CLOTS

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

ASPIRIN

Most people will be discharged home on aspirin 81 mg (baby aspirin) twice a day for 6 weeks unless otherwise directed.

WHEN TO CALL YOUR SURGEON OR RECOGNIZING AND PREVENTING POTENTIAL COMPLICATIONS

My Surgeon's Office 718-920-2060

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

SIGNS THAT MAY INDICATE A PULMONARY EMBOLISM

WHEN TO CALL 911

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

SECTION FIVE

MOVING FORWARD



MOVING FORWARD

YOUR NEW JOINT REPLACEMENT

The range of motion you are able to achieve BEFORE total joint replacement surgery will be a factor in the range of motion you will be able to achieve AFTER total joint replacement surgery. Your team will make every effort to help you improve your range of motion through aggressive physical therapy and coaching you to exercise.

Most patients experience significant reduction in pain and greater ability to participate in activities of daily living after joint replacement surgery. Time to full recovery can vary.

ABOUT EXERCISING

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

DO NOT PARTICIPATE IN:

- High impact activities
- Extreme twisting and or bending activities

For patients who had hip replacement surgery – Maintain hip precautions

ABOUT YOUR IMPLANT

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

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

The metal in your implant is
NON-MAGNETIC,
therefore, it is **SAFE FOR YOU**
TO HAVE AN MRI SCAN.

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

ABOUT FOLLOW UP VISITS

You will see your surgeon several times within the first year of your surgery. You will have an appointment scheduled at your first annual visit and thereafter depending on you and your surgeon. If there are ever any questions regarding your new joint replacement do not hesitate to make a follow up visit.

DRIVING AFTER TOTAL JOINT REPLACEMENT SURGERY

Most patients are able to return to driving between 4 and 8 weeks after surgery. There are many factors that influence your “return to driving” after Total Joint Replacement Surgery.

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

You will see your surgeon at post-operative visits. Make sure you speak with your surgeon about your readiness to “return to driving” before you drive after Total Joint Replacement Surgery.

SEX AFTER TOTAL JOINT REPLACEMENT SURGERY

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

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

PREVENTING INFECTION

GUIDELINES FOR PREVENTING INFECTION IN PATIENTS WHO HAVE HAD TOTAL JOINT REPLACEMENT SURGERY

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

THE FOLLOWING GUIDELINES ARE BASED ON THE RECOMMENDATIONS OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS.

DENTAL WORK

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

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

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

OTHER PROCEDURES

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

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

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

RISKS OF SURGERY

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

INFECTION

Infection occurs in less than 1% of all total joint replacements. It can be as minor as a superficial wound infection requiring oral antibiotic therapy, to a deep infection of the implant that may require implant removal. Antibiotics are given to you in the perioperative period to minimize this risk. After the immediate surgical period, the most common causes of infection are from bacteria that enter your bloodstream and travel to the site of your implant. Implant infection is rare but can be related to bacteria from dental procedures, infections of the kidney, bladder, skin or other circumstances. It is important to take antibiotics before any dental work, and certain medical or surgical procedures, after your total joint replacement surgery. Please notify your dentist or surgeon that you have a new joint replacement before any procedure. Our office will assist you with antibiotic protocols. We advise you to take these precautions two years after joint replacement surgery. Should a deep infection develop, treatment may require a series of surgical procedures including implant removal, and after a treatment period of six to ten weeks re-implantation. This type of infection is of course a devastating occurrence but fortunately happens extremely infrequently.

BLOOD CLOTS

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

KNEE MOTION

For those patients undergoing knee replacement; the amount of knee motion obtained post-operatively is very dependent on how hard you work on your rehabilitation. In a small percentage of patients undergoing total knee replacement, there is limited range of motion to the knee joint. This is usually minimized by the structured physical therapy program, and your cooperative efforts. However, if there is limited motion, your surgeon may need to gently bend or manipulate the knee under anesthesia to regain the motion.

LACK OF PAIN RELIEF

Most patients (approximately 90-95%) experience a tremendous amount of pain relief. It is possible however that all of your pain may not be relieved by joint replacement surgery.

IMPLANT WEAR AND IMPLANT FAILURE

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

REACTION TO MATERIALS

Total joint replacements are made out of materials that are foreign to your body. Anytime the body comes in contact with a foreign material, there is some risk of an allergic reaction. The risk of reaction is very low and all of the implanted materials have been thoroughly tested and are well tolerated in general.

BLOOD LOSS

At the Montefiore Center for Joint Replacement Surgery, we do everything we can to minimize blood loss during and after surgery. Our blood conservation methods are very effective. We do not recommend autologous blood donation routinely. Although rarely, there may be times when blood transfusion is necessary.

ANESTHESIA COMPLICATIONS

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

OTHER COMPLICATIONS

Joint replacement is a surgical procedure and no surgical procedure is without risks. As with any type of surgical procedure there are risks as well as recognized complications. Unexpected situations can arise that may lead to other very uncommon occurrences such as injury to blood vessels, injury to nerves, fractures of bones and other complications up to and including perioperative death. These occurrences are very rare but must be considered by you prior to your surgery. Please feel free to discuss this with the team should you have any questions.

ABOUT PHYSICAL THERAPY AND YOUR REHABILITATION PROGRAM

You must take an active role in your journey to recovery. Your physical therapy program will begin right after surgery. You will be assisted out of bed and be seen by a physical therapist who will instruct you on an exercise regime. It is critical that you spend a good portion of each day exercising your new joint replacement. You will be using a walker for about two weeks after the surgery date. You will then be able to use a straight cane for another few weeks.

THE OUTCOME OF SURGERY WILL DEPEND ON YOUR PARTICIPATION IN THIS PROGRAM.

HIP AND KNEE EXERCISES

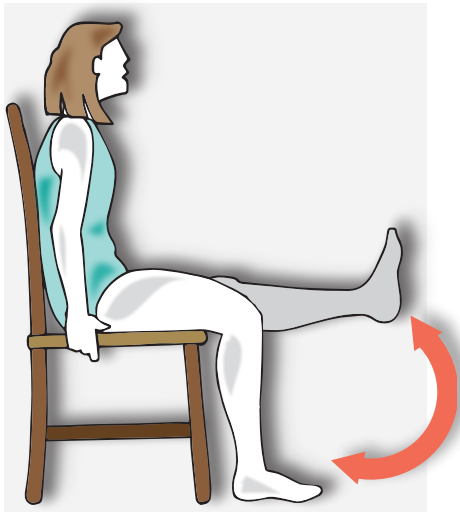
*DO AS MANY OF THESE EXERCISES AS YOU CAN THROUGHOUT THE DAY.
HOLD EACH POSITION FOR 10 SECONDS.*

HIP PRECAUTIONS

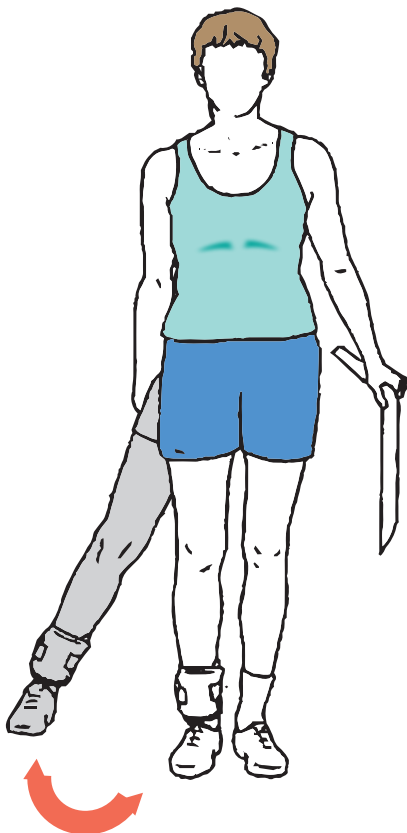
After total hip replacement and until the new hip is fully healed, you will learn ways of moving that will protect your new hip joint from dislocation. Your surgeon and rehab team will discuss these hip precautions with you.

SITTING KNEE BEND

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

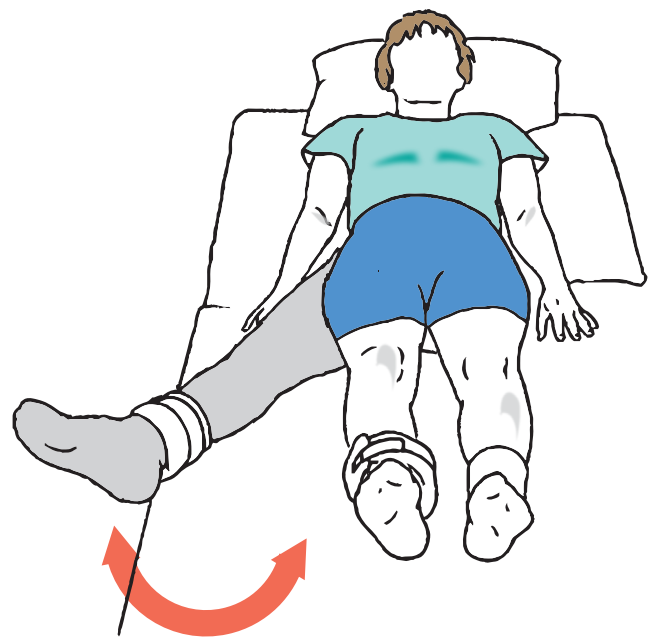


Gently push operated leg back with other leg and hold until a stretch is felt. Hold for a few seconds. Relax. Repeat.



Hip Abduction (Standing)

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



Hip Abduction (Supine)

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

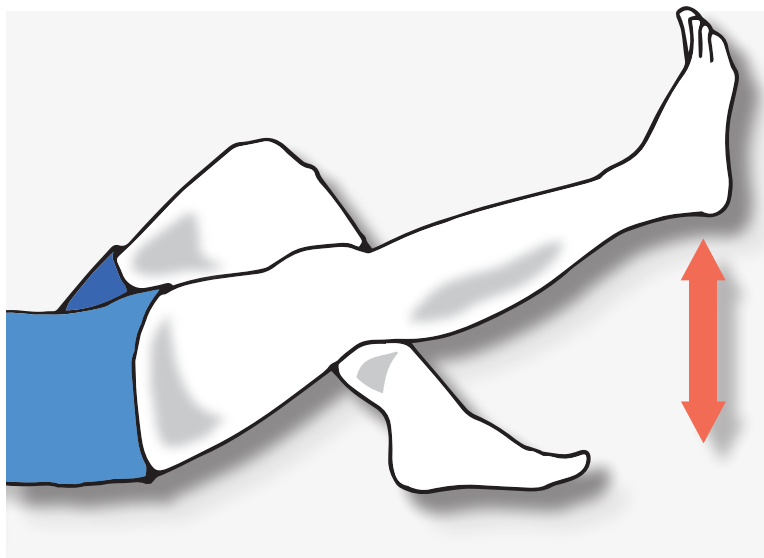
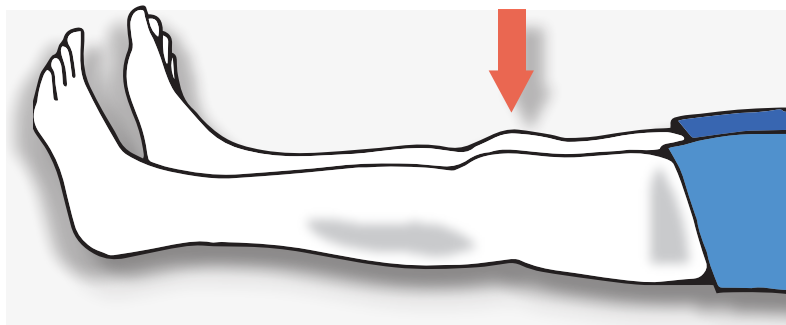


Ankle Pumps

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

Quad Sets

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

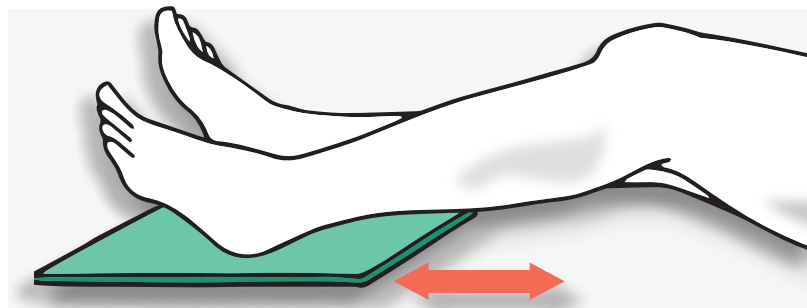


Straight Leg Raises

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

Heel Slides

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



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

USING A WALKER: WEIGHT-BEARING

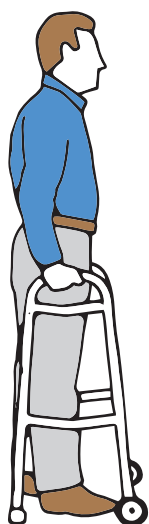
Roll the walker (or lift it if you are using an unwheeled walker) forward about 12 inches.



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



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



USING A WALKER: SITTING AND STANDING

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



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



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



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



USING A WALKER: UP STAIRS



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



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



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

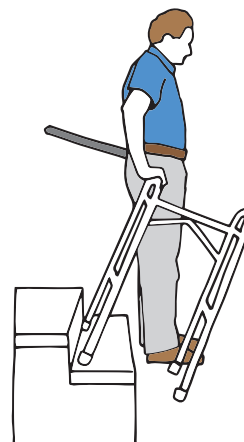
USING A WALKER: DOWN STAIRS



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



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



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

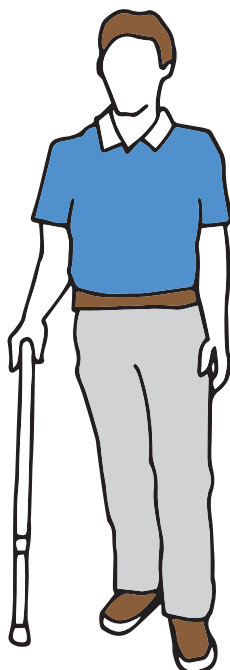
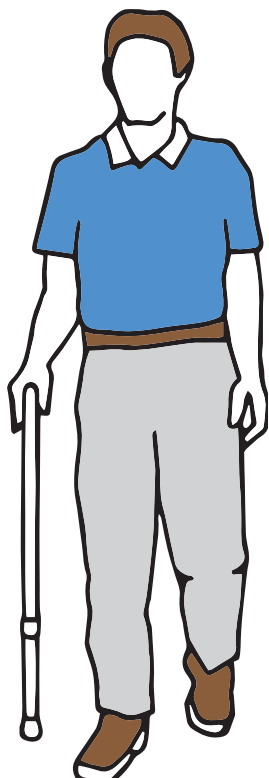
USING A CANE

Position the Cane

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

Walking

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



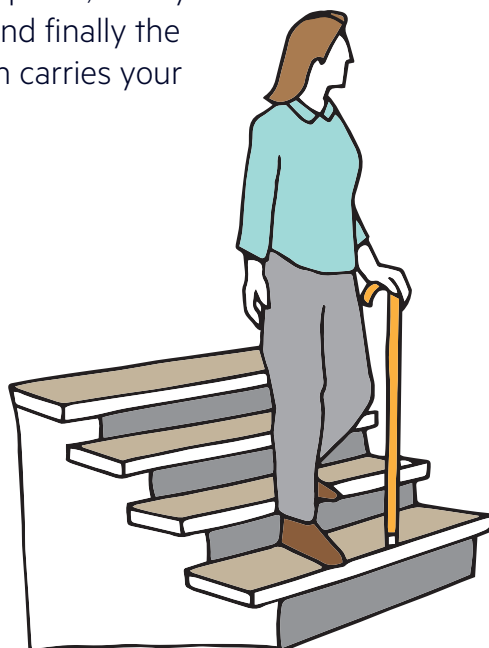
To start, position your cane about one small stride ahead and step off on your operated leg. Finish the step with your normal leg.

Stair Climbing

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



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



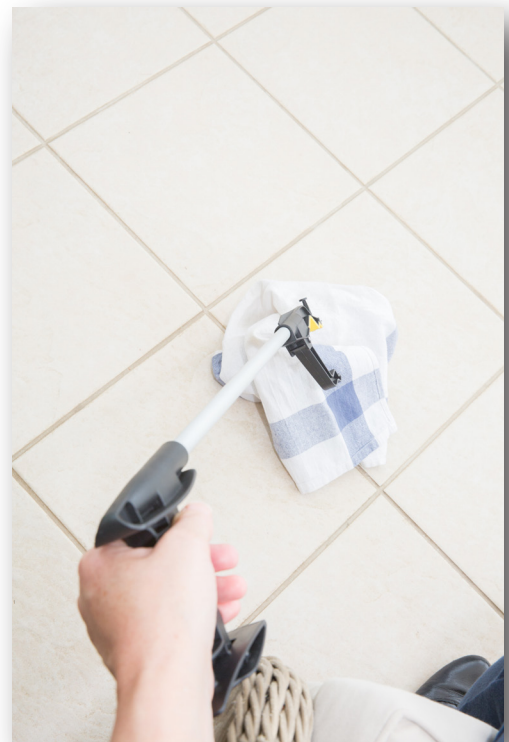
HIP KIT

If you are having a total hip replacement, a hip kit is useful. We will assist you in obtaining a hip kit.

The Hip Kit contains the following items:

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

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



DIET AND NUTRITION PRIOR TO SURGERY

Healthy eating and good nutrition before surgery can have a beneficial effect on the healing process after your surgery. Make sure to incorporate the following food groups and nutrients.

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

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

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

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

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

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

Should you not eat many fruits or vegetables normally or do not feel you can before surgery, consider a multivitamin with minerals during this period to ensure you are getting the optimal amount of vitamins and minerals. Always check with your physician first.



Meals

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

DIABETES GUIDELINES AND BLOOD GLUCOSE MANAGEMENT

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

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

DIET AND NUTRITION AFTER SURGERY

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

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

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

HEALTHY EATING PLATE

HEALTHY OILS

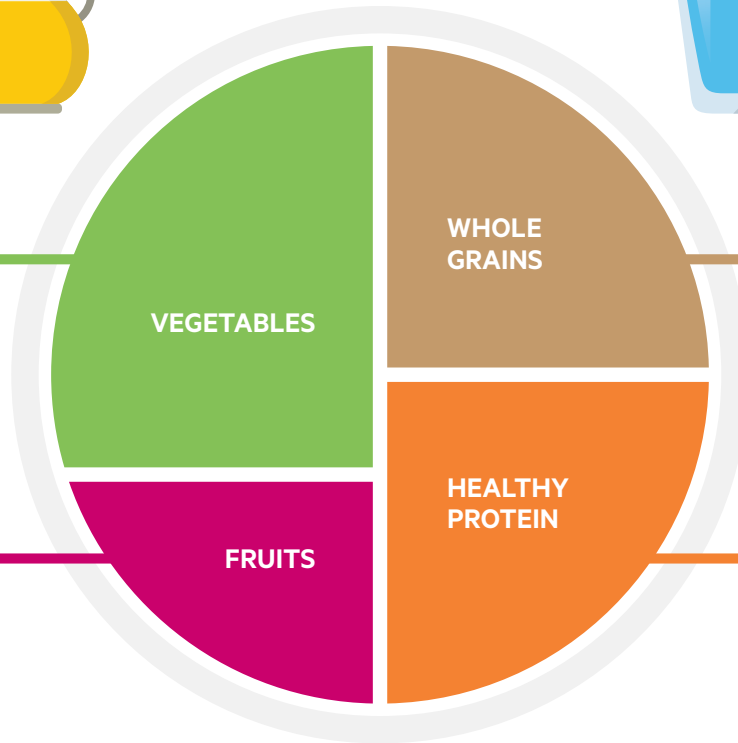
Use healthy oils (like olive and canola oil) for cooking, on salad and at the table. Limit butter. Avoid trans fat.



HEALTHY EATING PLATE

WATER

Drink water, tea or coffee (with little or no sugar). Limit consumption of milk and dairy (just 1-2 servings/day) and juice (1 small glass/day). Avoid sugary drinks.



The more veggies—and the greater the variety—you eat, the better. Potatoes and French fries don't count.

Eat plenty of fruits of all colors.

WHOLE GRAINS

Eat a variety of whole grains (like whole-wheat bread, whole-grain pasta and brown rice). Limit refined grains (like white rice and white bread).

HEALTHY PROTEIN

Choose fish, poultry, beans and nuts; limit red meat and cheese; avoid bacon, cold cuts and other processed meats.

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

After you have recovered from surgery, it's important to maintain a healthy body weight. To help in your recover and to get the most benefit from your new joint replacement, it is important to achieve and maintain a healthy weight. Excess weight puts undue pressure and stress on joints. A balanced diet where you consume all the nutrients needed for healing while losing weight is recommended. Your Doctor can provide a referral to a Registered Dietitian (R.D.) To help you lose weight and achieve your health goals.

NUTRITION SERVICES 929-263-3519

IMPORTANT PHONE NUMBERS

My Emergency Contact _____

My Insurance Company _____

Care Coach Name _____

Care Coach Phone _____

Orthopaedic Surgeon's Office **718-920-2060**

Hospital Main Number **718-920-9000**

Social Worker **718-920 -9950**

NOTES:

NOTES:





If you have any further questions - call 718-920-2060

Montefiore Center for Joint Replacement Surgery
600 East 233rd Street
Bronx, New York 10466

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

www.montefiore.org/surgery-orthopaedic-joint-replacements

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