



Montefiore | New Rochelle

# Online Hip and Knee Joint Replacement Preoperative Class

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**Joint.**  
**Solutions.**  
Advanced Orthopedic Institute



# Why choose Montefiore?

When compared with our competitors, our patients ranked us in the 90th percentile for the following categories:

- Nurse communication
- Doctor communication
- Responsiveness of staff
- Pain management
- Overall rating of hospital



# Patient Education

Our objectives for providing this online class are to:

- Help prepare you for your surgery
- Explain your pain management options
- Inform you about our program
- Help you with your discharge planning
- Provide you with the tools and knowledge to care for yourself safely at home
- Describe the coach's role
- Improve your self-management after surgery



# Welcome

The Joint Solution Team welcomes you to its membership. **You are the most important member of the team.**

We are here to support you in your decision to have joint replacement surgery.



# Mutually Agreed-Upon Goals

- Improve your quality of life after surgery
- Achieve minimal and manageable pain postoperatively
- Ensure you can safely ambulate 300 feet or more by discharge
- Prevent blood clots
- Prevent anemia after surgery
- Understand short- and long-term lifestyle changes



# Our Focus

- As a Joint Solution patient, you can **always** expect to receive excellent care throughout your recovery.
- We have provided the following online course to help you “walk” through our Joint Solutions program and achieve your best possible outcome.
- Your cultural and religious beliefs are of concern to us. Please inform your caregiver of anything we may be able to assist you with during your stay to make your surgery and recovery more comfortable.



# Other Team Members

- Hospital Administrators
- Orthopaedic Surgeons
- Anesthesia, Pain Management Team
- Medical Physicians, Hospitalist
- Physician Assistants (PA)
- Nurse Practitioners (NP)
- Registered Nurses (RN)
- RN Case Managers
- Certified Nurse Assistants (CNA)
- Dietician
- Housekeeping Staff
- VNA of Hudson Valley



# Meeting with Your Surgeon

You and your orthopaedic surgeon will discuss treatment options for your arthritis. If surgery is indicated and you decide now is the time, you and your surgeon will decide on a date for surgery.

Your surgeon will:

- Discuss with you the benefits and risks of joint replacement surgery
- Determine if presurgical physical therapy is necessary
- Prescribe various pre-op tests--e.g., ultrasound of lower extremities to rule out blood clots
- Instruct you to meet with your medical physician for medical optimization
- Start you on a daily multivitamin and iron regimen





# Preparing for Surgery

Preparation for surgery should start the day you decide to have surgery.

- Eat right – high protein and iron, low carbohydrate
- Stay physically active (as much as you can tolerate)
- Get enough sleep at night
- Quit smoking (if applicable)
- Educate yourself about your surgery



# Self-Management Guide

- Through educating you about the process of your joint replacement surgery, we feel you will be better prepared for your surgery
- Choose a coach who will advocate for you in your decision making
- Areas to focus on include:
  - Mobility
  - Pain control
  - Prevention of postoperative complications
  - Short- and long-term goals
- Call your insurance provider to understand your benefits/coverage
- Plan your postoperative care in advance



# Diet

- Eating a well-balanced diet before and after your surgery will help promote a successful recovery.
- Eating foods rich in protein and iron will help to reduce your risk of anemia.
- After your surgery, it is important to keep yourself well hydrated. Even if you are not feeling up to eating a full meal, you need to drink lots of fluids.
- Medical issues may influence diet restrictions—e.g., diabetes, hypertension.



# Preparing for Surgery

If you are not already taking daily multivitamins and supplements, you need to start two to four weeks prior to your surgery. This will better optimize your health.

- Iron (324 mg tablet twice a day)
- Multivitamin (daily)
- Stool softener (twice a day)

Also be sure to drink plenty of water.



# Medical Clearance

Your primary care physician in collaboration with your surgeon will order a series of medical tests, which may include:

- Blood work
- EKG
- Chest X-ray (if indicated)
- Cardiology or other specialty clearance (if necessary)
- Other additional tests/procedures that your physician/surgeon deems necessary

**Medical clearance must be done within 30 days of surgery**



# Medical Clearance

- Certain medications must be stopped prior to your surgery--e.g., Coumadin, aspirin, anti-inflammatory, herbs.
- Discuss with your surgeon/physician if any of your medications need to be stopped before surgery.
- If medications need to be stopped, you need to discuss with your surgeon/physician when to stop the medication(s).



# Medical Clearance

- Your doctor will instruct you if any medication should be taken the morning of surgery.
- Do not bring your medications with you to the hospital, unless you have been instructed otherwise by your physician/surgeon.
- If this is necessary, please make sure the medication is in the original labeled pill container so it can be identified by our pharmacist.



# Preparing for Surgery

- Your surgeon will instruct you to shower with Hibiclens soap.
- You will need to wash with this soap for two days before your surgery from the neck down.
- Follow the instructions on the bottle label.
- This soap eliminates bacteria that may be on your skin to help prevent an infection postoperatively.





# Before Surgery

- The day before your surgery, call our Ambulatory Surgery Department at 914-365-4930 after 2:00 pm to find out what time to arrive at the hospital.
- Do not eat or drink anything after midnight before your surgery.
- If instructed by your surgeon/physician to take a specific medication(s), do so with a very small sip of water.
- Our Ambulatory Surgery Department is located on Washington Avenue.
  - Check our website for directions, or refer to pages 77-78 in your guidebook.
  - The entrance to our Ambulatory Unit is shown in the guidebook.



# What to Bring to the Hospital

- A clear, complete list of your current medications
- Loose-fitting clothes (shorts, T-shirts)
  - Keep in mind you will have a dressing over the incision
- Personal toiletries
- Your guidebook
- Shoes with laces

**Leave valuables, cash and medications at home**



# Day of Surgery

- Arrive to ambulatory surgery at the designated time
- Complete your registration
- Once registration is completed, you will be instructed to go to the ambulatory nursing unit
- You will change into a gown in preparation for your surgery



# Ambulatory Care Unit

Here you will meet with:

- Your surgeon, who will verify and initial the operative site
  - This is a good time to ask any questions that you may have regarding your surgery
- Your anesthesiologist, who will discuss the types of anesthesia and pain management options that are most appropriate for you depending on your medical history
- Your ambulatory care nurse, who will obtain information from you necessary to facilitate your treatment
- The operating room (OR) nurse



# Surgery

- Your nurse will start an IV
- Your family/accompanying friend will be able to wait for you in a designated area
- You will be transferred from here to the OR on a stretcher
- Your anesthesiologist may have given you a light sedative to calm you down
- Your surgery will take approximately 1-1/2 hours



# Recovery Room – PACU

- Once your surgery is completed you will be brought to the Recovery Room/PACU area
- Here you will recover from the anesthesia
- We will monitor your vital signs
- Comfort measures will continue
- Your pain will be controlled



# How Are You Feeling?

You will have many things attached to you when you wake up from anesthesia. These include:

- IV fluids to maintain adequate hydration
- Patient-controlled anesthesia (PCA) pump, which provides pain medication
- Hemovac drain to collect excess blood from the operative site
- Blood pressure monitor to access vital signs
- Foley catheter to collect your urine
- Oxygen given through either face mask or nasal tube
- Sequential compression device (SCD) pumps on both calves to increase circulation and help reduce the risk for blood clots
- Heart monitor if indicated
- Large bandage around your incision

The length of stay in recovery varies by patient. Once you meet certain criteria, you will be transferred to the Joint Solutions Unit on the 3rd floor.



# Postoperative Care

- Studies have shown early ambulation is best for patients:
  - To experience better outcomes
  - To decrease one's risk for blood clots
- Therefore, if the Joint Solutions Team determines you are stable enough, shortly after your arrival to the nursing unit, the staff will assist you in dangling your feet to the side of the bed.
- Often, with our assistance, patients are able to take a few steps.





# Safety First!

- We are **always** here to help with anything you may need. Your call bell will be within your reach at all times. Press the RED button if you need assistance.
- A Joint Solutions Team member will be rounding hourly to ensure all your needs are being met. He or she will be asking you how your pain is, if you need to use the restroom, if your position is comfortable and if you have everything you need within reach.
- Please do not attempt to get out of the bed or chair throughout your stay without a team member by your side to assist you.
- A special orthopaedic recliner will be at your bedside throughout your stay. A bathroom commode will be set up for you to keep you at the proper height to protect your newly replaced joint(s).



# Postoperative: Hip Replacement Surgery

- All patients who had hip replacement are educated to follow “hip precautions” (explained in more detail later)
- An abduction pillow, which is a triangle-shaped foam pillow, will be placed between your legs while you are in bed so that you do not cross your legs



# Postoperative: Knee Replacement Surgery

- Most patients who have undergone knee replacement will have a femoral and sciatic nerve block for pain control. Your anesthesiologist will discuss this with you in greater detail.
- Due to the “block,” you will wear a brace applied to your operative knee when ambulating.
- This knee brace will provide you with additional support due to the decreased strength in your leg, which is normal, after the administration of the nerve block.
- You can expect the strength in your leg to increase within 24-36 hours after the nerve block. The physical therapists will determine when it is safe to discontinue the use of the knee immobilizer.



# Communication

- Let us know how you are feeling. This will help us to make sure you are **always** comfortable.
- Your call bell is **always** within your reach. When our assistance is required, let us know by calling us. Remember, it is too early for you to be independent with walking. That is coming soon.
- Hourly rounds by a Joint Solutions Team member are another good time to convey your needs to staff.



# Patient Daily Routine

- Your nurses will access your vital signs every four hours, unless more frequent monitoring is indicated, throughout your stay.
- For a minimum of 24 hours you will have a remote defensive monitor. This allows the nurses to access any changes in your vital signs remotely at our nurses station.
- Once your vital signs have been stable for a determined amount of time, we will discontinue the remote monitor.
- You will have blood drawn daily to allow the doctors and nurses to assess any changes.



# The Joint Solution Program

- Your medications will be administered by your nurse as per your doctor's orders.
- Our staff, which consists of physician assistants (PA), nurse practitioners (NP), registered nurses (RN) and certified nurses assistants (CNA), will round on you frequently during your hospitalization.
- The staff updates your surgeon throughout the day on your progress.
- The staff's focus is on you. All your medical needs will be addressed to ensure your recovery is successful.



# The “Coach” Role

A coach is a person that you choose to assist you through your surgery and recovery.

Your coach:

- Will provide you with comfort and motivation
- Will assist you at therapy sessions
- Will encourage and assist you with your hourly exercises
- May accompany you to a celebratory luncheon on post-op day 2
- Will assist you with therapeutic exercises and daily activities once you return home
- Will be educated about caring for you postoperatively



# Pain Management Goal

- Our goal is for our joint replacement patients to have minimal and manageable pain in the postoperative period. This will allow you to complete your physical therapy sessions more comfortably and achieve your goals.
- Pain management will start before your surgery. It will continue during surgery, after surgery and upon discharge.
- You will be frequently asked to rate your pain level on a scale of 0-10. This will help us in making you as comfortable as possible.





# Pain Management

- Initially you will be seen by the attending anesthesiologist in the Ambulatory Surgery Unit. Anesthesia options will be discussed at this time--i.e., general or spinal anesthesia.
- Pain control options will also be discussed. These may include:
  - IV PCA
  - Epidural PCA
  - Nerve blocks
- Any questions or concerns you may have will be addressed as well.
- You will be seen daily and as needed by members of the Pain Management Team.

# Pain Management

PCA pump:

1. What is it?
2. How does it work?
3. Side effects?





# Pain Management

Medications given before surgery:

- Celebrex (anti-inflammatory)
  - If you have a sulfa allergy, another anti-inflammatory will be prescribed
- Oxycontin, which is a long-acting opioid, one hour prior to surgery
- Spinal or general anesthesia
- In the operating room, an injection into the joint with a combination of pain medicines is administered
- Patients undergoing knee replacement will receive a femoral and sciatic nerve block in the recovery room



# Pain Management

- If you will be receiving pain medicine through a PCA pump, you will have this initiated in the recovery room. The anesthesiologist will order the appropriate dose based on your individual needs.
- In addition to the continuous dose prescribed, you will be able to receive additional medicine by pressing a button attached to the pump. There are limits set on the pump so that you will not receive more than the doctor's ordered amount.
- The PCA will continue until the morning of the first postoperative day.
- Once the PCA is discontinued, you will be started on an oral (pill) pain medication regimen ordered by the Pain Management Team.
- Common side effects of pain medications include: nausea/vomiting, itchiness, sedation and constipation.



# Pain Management

Once the PCA is discontinued, you will be receiving these medications unless otherwise indicated:

- Celebrex or another anti-inflammatory if you have a sulfa allergy, given at 10:00 am and 10:00 pm
- Oxycontin (Long Acting): opioid for pain given at 10:00 am and 10:00 pm for two days
- Oxycodone (Short Acting): opioid for pain given as needed
- Acetaminophen: non-opioid pain medicine given at 6:00 am, 2:00 pm and 10:00 pm
- Lyrica for nerve pain given with the acetaminophen at 6:00 am, 2:00 pm and 10:00 pm

The above will be adjusted according to your medical history and allergies.



# Pain Management

- Main side effects of opioids (Oxycontin and Oxycodone):
  - Sedation
  - Nausea/Vomiting
  - Itchiness
  - Constipation
- You will receive medicines to control the nausea and itchiness. For sedation, the opioid will be decreased.
- You will receive stool softeners to reduce your risk of constipation.
- Pain may also be relieved by other modalities, such as ice therapy, repositioning and guided imagery.
- We encourage you to speak up about your pain so we can help you achieve a functional level.



# Physical Therapy

- Goal is for you to obtain the best possible outcome after your joint replacement surgery, as well as enable you to return to many of the activities you enjoy.
- You may begin “Prehab” physical therapy prior to surgery, as instructed by your surgeon.
- Physical therapy sessions are conducted by our Joint Solutions Team members. Your progress is tracked on our Ambulation Board!



# Day of Surgery

- You may receive your initial physical therapy evaluation on the day of your surgery if certain criteria are met. You can expect to dangle at the bedside on the day of surgery and possibly ambulate a short distance with the help of your team members.
- **Remember:** You must have a brace on while ambulating until cleared by Physical Therapy to discontinue its use.
- You will have a continuous passive motion machine during the night to keep the joint from stiffening.





# Post-Op Day One

- You will be assisted out of bed to the recliner chair in the early morning. This will help get you ready for your individual physical therapy evaluation.
- After your therapy session, continue your exercises every hour. Here's where your coach can help you!
- In the afternoon, you will attend a group therapy session in our physical therapy room on the unit. Here you will be instructed on additional exercises.
- Once you have completed your exercises, you will complete a six-minute walk with a team member. We will track your progress.
- Continue to do your prescribed hourly exercises while in your chair.



# Post-Op Day Two

- Once again you will be assisted out of bed in the early morning. This will ensure you are ready for your morning session of group physical therapy. Here you will review the previous day's exercises and learn new ones.
- Once you have completed your exercises, you will be assisted with your six-minute walk.
- Once back in your room, you will continue your hourly exercises.
- You will be invited to a celebratory group luncheon around 12:00 pm in the physical therapy room. Coaches or selected guests are invited to join you for the special lunch.
- There will be an afternoon group therapy session where you will complete your exercises, begin stair training and complete your six-minute walk with a team member.



# Preparing for Discharge

- On the morning of your third postoperative day, you will engage in a group therapy session.
- Afterward, we will prepare you for discharge. Upon discharge we will provide you with all the written information you will need for your follow-up care. Any necessary prescriptions or equipment will be arranged for you. We will review the exercises and discuss rehabilitation progression.
- Individual afternoon sessions will be conducted if you were not discharged in the morning.
- We encourage all patients going home to take part in the afternoon physical therapy session to increase your readiness to return home.



# Hip Precautions

You must take the following precautions for several weeks:

- Do not bend past 90°.
- Do not twist or rotate your body abruptly.
- Do not pivot on the operative hip.
- Use pillows/firm chair to maintain your hip above the level of your knee.
- Use a raised toilet seat with arm rests or a bedside commode to prevent from bending past 90°. We can assist you with ordering this equipment.
- “Hip Kits” are available for purchase to make your day-to-day life after hip replacement safe.



# Knee Precautions

- After your knee replacement surgery, make sure not to put anything directly under the knee--i.e., pillows, towels, blankets, etc.
- A rolled towel will be used under your ankle to help with extension of your knee. To help prevent the joint from stiffening, complete your range of motion exercises hourly.
- Do not kneel directly on your new knee joint!



# Preventing Post-Op Complications

Postoperative complications may include the following:


- Blood clot
- Pulmonary embolism
- Infection
- Pneumonia
- Constipation

In order to safely care for yourself or your loved one after your surgery, we have prepared the following information in regards to possible postoperative complications.



# Reducing Your Risk for Blood Clots

- We encourage early and frequent ambulation in the postoperative period. Remember your safety is first!
- In the postoperative period your doctor will prescribe an appropriate anticoagulation therapy based on your medical history. Any instructions needed to follow the prescribed treatment will be provided to you at discharge.
- You will have soft leg wraps around both of your calves, which will increase circulation and decrease your risk of clot formation. These are known as sequential compression devices or SCDs. This mechanical prophylaxis will be used at all times unless you are ambulating.
- Every hour, you should be performing your ankle pump exercises to increase your circulation (a minimum of 10 per hour).
- Once you return home, do not sit in any given place for an extended period of time. You should get up and walk about 50 feet every hour.



# Signs and Symptoms of Blood Clots

- Tenderness in the calf
- Redness and warmth in the leg
- Excessive swelling in leg(s)
- If you experience any of these things, notify your doctor





# Signs and Symptoms of a Pulmonary Embolism

- New onset of chest pain
- Unexplained shortness of breath
- Difficulty breathing
- Rapid heart rate
- If you experience any of these signs or symptoms, get medical attention immediately



# Reducing Your Risk for Infection

- Before and after your surgery, you will receive prophylactic antibiotics that follow the national clinical practice guidelines to help reduce your risk for infection.
- As discussed earlier, you will be instructed to wash with Hibiclens soap prior to your surgery.
- All of your caretakers practice specific hand-washing techniques prior to rendering care. You should encourage your visitors to utilize the hand sanitizer that is present in all patient care areas. Do not allow visitors to sit on your bed.
- Your surgical dressing will remain on until post-op day 3 when it will be changed by the orthopedic PA or NP. You will be instructed on how to change the dressing daily at home. Sponge bathe until cleared to shower by your surgeon.
- Encourage sick family and friends not to visit until they are better. Children under the age of 12 are not permitted on the unit.



# Incision Care at Home

Signs and symptoms to monitor for infection:

- Unexplained oral temperature over 101°F
- Drainage from incision, may be foul smelling or discolored
- Increased pain, redness or swelling at incision
- Keep incision clean and dry
- If you experience any of these things, notify your doctor



# Reducing Your Risk for Pneumonia

- After your surgery, we will give you an incentive spirometer and show you how to use it. This will help you to perform your deep breathing exercises.
  - It is essential that you take a minimum of 10 deep breaths per hour.
  - Make sure you are coughing up any phlegm from your airways.
- Sit up in a chair throughout the day. It is best not to stay in bed for long periods of time. Feel free to grab a nap in your recliner!
- As mentioned before, frequent ambulation is essential and promotes healthy well-being.



# Reducing Your Risk for Constipation

- You will be prescribed a stool softener while you are recovering. If you are still experiencing some constipation, you will be given a laxative to help you have a bowel movement.
- Frequent ambulation also helps prevent constipation.
- If you are able to eat a high-fiber diet, this may help as well. Adequate hydration is essential.



# Discharge Planning

- A case manager will be assigned to work with you to assist in your discharge plan.
- Many patients recover well enough to go directly home from the hospital. If you are planning on going home:
  - A visiting nurse will be arranged for you by your case manager. The visiting nurse will come to your home within 24-48 hours of your discharge to assess you.
  - If you require in-home physical therapy for a short time, the visiting nurse will make the appropriate arrangements.
  - Make note of the number of stairs inside and outside of your home. All necessary equipment to ensure a safe discharge will be ordered, prior to discharge—e.g., walker, commode, CPM, etc.
- Arrange for a ride home by a family member/friend for the day of your discharge.



# Discharge Planning

Patients who require additional rehabilitation at a short term inpatient facility:

- Please have **THREE** choices for rehab chosen prior to your surgery date. Arrange preadmission tours now! We make every attempt to make arrangements for your first choice. However, some things are out of our control and therefore require other options to choose from. A list of local rehab facilities is available if needed.
- Your case manager will work with your insurance and rehab choices to facilitate your post-hospital care. We will arrange for transportation to the facility and inform you of any cost for the transportation.



# Going Home

- Continue daily exercises as instructed by your physical therapist. Remember to get up and ambulate every hour at home.
- Continue physical therapy in home with your visiting nurse service or at an outpatient facility.
- Continue ice therapy as directed.
- Maintain hip or knee precautions.





# At Discharge

- Remember, you will remain on a blood thinner for several weeks after your surgery. You will be instructed by the NP/PA, who has been directed by your surgeon which blood thinner is most appropriate for you and for how long you will need to take this medication.
- Anti-inflammatory, short-acting opioid, Lyrica and acetaminophen will be continued.
- If you are going home, you will receive prescriptions for the appropriate pain medications with a detailed list indicating when to take them. Plan ahead with your pain medication. Generally, the medicine will take effect after 30 minutes. Therefore, you may want to take medications prior to activities and physical therapy sessions.
- If you are going to a rehab facility, we will provide them with a current list of the appropriate medications.
- It is very important to take only the medications that are prescribed at the time of your discharge. Do not take any additional medications that you may have been prescribed due to possible interactions.



# Safety at Home

- Prepare your house for your return home. You can start this before you have your surgery to ensure a smooth transition.
- Make sure you have:
  - Clear pathways inside and outside your home
  - No loose cords or rugs
  - Any necessary arrangements for your animals.
- Make sure items are easily accessible, especially for hip surgery patients.
- You may want to prepare some meals in advance and freeze them.



# Lifestyle Changes

After joint replacement surgery there are several lifestyle changes that will be necessary to promote a healthy recovery. Some of these include:

- Continuing follow-up care with your surgeon and medical doctor to ensure you are recovering well
- Maintaining your instructed precautions for the designated time frame
- Conducting daily exercises to maintain your mobility
- Maintaining a healthy weight to help minimize the wear on your new joint(s)
- Taking the necessary precautions to ensure your safety at home
- Prevention of infection: short term by following your discharge instructions, as well as long term by notifying your caregivers of your new prosthesis for prophylactic antibiotic treatment when indicated



# Joint Solutions Amenities


- Multiple group therapy sessions to promote the best possible outcome
- General visiting hours from 1:00 to 9:00 pm (coaches are encouraged to come any time after 8:00 am)
- Wi-Fi access on inpatient unit
- Individual flat-screen TV's with over 30 channels as well as private telephones for each patient; service is provided through an outside company
- Private rooms when available
- Celebratory luncheon for patients and their designated coach during hospital stay



# The Joint Solutions Team

We look forward to taking excellent care of you throughout your stay at Sound Shore Medical Center. Our Joint Solutions Team members are here to help you with any needs you may have. We hope this guide has been helpful. If you have any questions or concerns, please feel free to call us any time.

- Joint Solutions Program Coordinator
  - Peggy Coll, FNP
  - [TheSolutionProgram@sshsw.org](mailto:TheSolutionProgram@sshsw.org)
  - 914-365-3971



Good Luck and  
Speedy Recovery!  
Remember to **always** keep  
your goals in mind.

Steven Zelicof, MD, Director

**Joint.**  
**Solutions.**  
Advanced Orthopedic Institute

**Montefiore**



# Congratulations!

You have completed the Joint Solutions online course. Please print and sign your name below, print a copy of this certificate and bring it with you when you come for your surgery.

I have read and understand the contents of this online tutorial:

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Montefiore**