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### Guidebook to Hip and Knee Total Joint Replacement

**Evarts Joint Center at Highland Hospital**

1000 South Avenue
Rochester, NY 14620
(585) 784-2966
joint.urmc.edu

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| Nurse Navigator Line: (585) 353-5945 |
|---|---|---|---|---|---|---|---|---|---|
| Nurse | Phone |
|---|---|---|---|---|---|---|---|---|---|
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**Presurgical Screening Appointment**

We will call you to schedule

Date:

Questions: (585) 341-0753. Leave a message and we will return your call.

**Total Joint Replacement Education Class**

Available at joint.urmc.edu

**Confirm Surgery Time**

You will be called between 1:30 p.m. and 4 p.m. the day before your surgery to verify your arrival time.

**Sign up for MyChart**

Visit mychart.urmc.edu

I have questions about

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| medical clearance (doctor statement that I can have surgery) |
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| doctor | date of medical clearance |
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| other doctors I need to see |
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| support system (designated person to help during journey) |
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| name | phone |
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Welcome

Thank you for choosing Evarts Joint Center at Highland Hospital, part of UR Medicine Orthopaedics & Physical Performance. Here, you will receive the most advanced care in the comfortable setting of a community hospital. In fact, Highland was again ranked by U.S. News and World Report as “High Performing” for both hip and knee replacement in the 2020-2021 edition of its renowned annual Best Hospitals report.

Our team is the only one in the region where every orthopaedic surgeon is Board Certified and has been fellowship trained in joint replacement surgery, the highest level of training available. This is important, because there is considerable evidence linking better surgery results with higher levels of training.

We are the only joint center in the region affiliated with UR Medicine, one of the top-5 National Institutes of Health funded research organizations in musculoskeletal research. This means our doctors are advancing care in the lab and classroom and can then bring their breakthrough medical insights to our patients.

The quality of our services has been recognized with the Gold Seal of Approval™ from the Joint Commission, the nation’s leading organization for setting rigorous health care standards. And, our state-of-the-art joint replacement surgery center provides the highest level of care with your comfort and ease of recovery as top priorities.

This guide will help you feel comfortable and confident throughout your surgical journey as you move toward recovery and a life of greater mobility and independence.

Bring this guide to the hospital and keep it as a handy reference for at least the first year after your surgery.

Included are several areas where you can record your questions to help you take an active role in your surgical journey.

For more information about the Evarts Joint Center, please visit joint.urmc.edu.

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Treatment Team

Nurse Navigator – Acts as a facilitator, educator, and advocate for you throughout your surgical journey

Orthopaedic Surgeon – Performs your surgery and directs your medical care

Anesthesiologist – Administers anesthesia to manage your pain and keep you safe during surgery; will meet with you immediately before surgery to discuss your anesthesia options

Physician Assistant (PA)/Nurse Practitioner (NP)/Orthopaedic Resident Physician – Assists during surgery and helps monitor your recovery; functions as an extension of the surgeon

Geriatrician – Specializes in the care of elderly patients and is available to assist surgeons in managing complex medical problems as part of the Geriatric Fracture Center

Orthopaedic Surgeons

Catherine A. Humphrey, M.D.
Chief of Orthopaedics, Highland Hospital
Associate Professor, Department of Orthopaedics
Fellowship trained, Vanderbilt University Medical Center

Christopher J. Drinkwater, M.D.
Associate Professor, Department of Orthopaedics
Fellowship trained, Washington Orthopaedic Services

John G. Ginnetti, M.D.
Chief of the Division of Adult Reconstructive Surgery
Director, Evarts Joint Center
Associate Professor, Department of Orthopaedics
Fellowship trained, University of Utah

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Fellowship trained, Vanderbilt University Medical Center

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Assistant Professor, Department of Orthopaedics
Fellowship trained, Rush University Medical Center

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Assistant Professor, Department of Orthopaedics
Fellowship trained, Indiana University School of Medicine

Emily E. Carmody, M.D.
Associate Professor, Department of Orthopaedics
Fellowship trained, University of Florida College of Medicine

Susan McDowell, M.D.
Assistant Professor, Department of Orthopaedics
Fellowship trained, Mayo Graduate School of Medicine-Mayo Foundation

Thomas G. Myers, M.D.
Assistant Professor, Department of Orthopaedics
Fellowship trained, Cleveland Clinic Foundation

Benjamin F. Ricciardi, M.D.
Assistant Professor, Department of Orthopaedics
Fellowship trained, Hospital for Special Surgery

Gillian Soles, M.D.
Assistant Professor, Department of Orthopaedics
Fellowship trained, University of California (Davis) Medical Center

Social Worker – Coordinates your discharge needs

Home Care Agency Coordinator – Arranges for services and equipment for your recovery, as needed, in your home
10-Step Logistical Checklist

Use this 10-step checklist to make sure you have properly completed each step prior to your surgery.

**STEP 1**
Complete paperwork sent from your surgeon
• This will include instructions to prepare for your surgery, information about anesthesia, and your Presurgical Screening Appointment.

**STEP 2**
Become familiar with after-surgery exercises and walking expectations
• To speed your recovery, your surgeon and physical therapist will instruct you on exercises you might need to do after surgery. Regular and frequent walking will also help speed your recovery. They are included on pages 15 and 16 of this guide. Your doctor will let you know if you should omit any exercises.

**STEP 3**
Attend a total joint replacement education class
• Our surgeons strongly recommend that you attend this class with your support person. It is available at joint.URMC.edu in multiple formats. In the class, you will learn about the procedure, your discharge plan, and the importance of having your support system in place for your recovery.

**STEP 4**
Attend a presurgical screening appointment
• Our scheduler will call you to arrange a Presurgical Screening Appointment, which you will attend approximately 3-4 weeks before your surgery.
• The appointment will take about 3 hours, and can include: blood work, nasal swab, urine sample, EKG, X-rays (if requested by your surgeon), health history screening, presurgical education, and MyChart signup.
• Bring the following with you to your Presurgical Screening Appointment:
  □ Medication names, dosages, how often and time(s) of day you take them; this includes vitamins and over-the-counter medications
  □ Insurance cards, photo ID, health care proxy, MOLST form or living will (if you have one); if you do not have a health care proxy form, we can provide one
• Presurgical Screening is located on the main level (Floor 2) of the hospital. Enter the hospital through the main lobby and stop at the information desk for directions.
• Please call (585) 341-0753 with any questions. Leave a message with your question, name, phone number, best time to call you, and we will call you back.

**STEP 5**
Prepare your home
• It’s very important that you identify a support system at home – someone to take you home and stay with you for a few days after surgery. You may also want to consider a private pay aide service for additional help.
• Other home preparations:
  □ If you have 2 or more steps in a row, be sure there is a sturdy railing
  □ Remove throw rugs, electrical cords, and any other obstructions from walkways
  □ Install nightlights in hallways and bathrooms
  □ Borrow a walker to see how well you can maneuver through your home; rearrange furniture if there’s not a clear path to navigate
  □ Determine if you need to move a bed downstairs and place your mattress in a frame if it currently lies on the floor
  □ Catch up on laundry and housekeeping and prepare meals that can be easily reheated
  □ Make arrangements for your pets for 2 weeks after surgery

Call your surgeon’s office if you get sick or have any issues on your operative leg.
STEP 6
Stop all anti-inflammatory medications 5 days prior to surgery
• **Unless otherwise instructed by your doctor,** do not take aspirin/anti-inflammatory medications (Advil®, Motrin®, Naproxen®, Aleve®, Celebrex®, Meloxicam®, etc.) for 5 days before your surgery. If you have any questions or concerns, contact your surgeon’s office.

STEP 7
Pack for your hospital stay
- Insurance cards and photo ID
- This Total Joint Replacement Guide
- List of medication changes since your Presurgical Screening Appointment
- A list of any questions or new concerns you want to discuss with your surgeon or anesthesiologist
- A copy of your health care proxy, MOLST form, or living will
- Personal hygiene items
- Loose fitting underwear, shirts, and pajama pants or shorts with elastic waistband
- Flat, sturdy shoes with a closed back (sneakers, loafers, sandals with strap)
- Cell phone
- Your CPAP/BiPAP mask (if you use one)
- Credit card, check, or cash to pay for medications and equipment upon discharge

**DON’T FORGET**
to bring this Total Joint Replacement Guide.

STEP 8
Follow personal care instructions
- Read and carefully follow the presurgical instructions for any medication changes. The instruction sheet has specific instructions for the day of surgery.
- For 3 nights before your surgery, shower with an antibacterial soap (such as Dial®) and wash your whole body, head to toes. Then, while still in the shower, pour 1/3 of the bottle of the 4% Chlorhexidine soap on a washcloth and wash your body from the neck down. Let the soap sit on your skin for 2 minutes. Rinse thoroughly.
- Do not apply body lotions the day of your surgery.
- Do not shave below your waist for 7 days before your surgery.
- Do not wear contact lenses, makeup, lipstick, or nail polish on day of surgery.

STEP 9
Confirm arrival time for surgery
- You will be called between 1:30 and 4 p.m. the day before your surgery to verify your arrival time.
  - If your surgery is on Monday, you will be called the Friday before your surgery.
  - If your surgery is the day after a holiday, you will be called the last business day prior to your surgery.

STEP 10
Strictly follow surgeon’s orders for eating
To avoid complications or cancellation of your surgery:
- **Do not** eat anything after midnight before your surgery.
- **Do not** chew gum or eat mints on the day of your surgery.
- You are encouraged to drink clear liquids (water, pulp-free juice, sports drinks) up until 2 hours before your surgery.

Be sure to sign up for MyChart to view test results, contact your doctors, and more. Visit mychart.urmc.rochester.edu.
Getting Physically Ready for Surgery

Get your body ready for surgery. Your overall physical health and conditioning can affect the outcome of your surgery and recovery time.

- Be aware of and manage any other health conditions, including your blood pressure and blood sugar. If you are diabetic, make sure your hemoglobin A1c is less than 7.0 to help avoid infections and help your wound heal faster.

- Adopt healthy habits and avoid contact with sick people; wash hands frequently, eat more fiber to avoid constipation, and eat healthy, smaller meals especially the day prior to surgery. Also, drink plenty of clear fluids to stay hydrated such as water, fruit juices with no pulp, or sports drinks.

- Stop using nicotine products (e.g., cigarettes, smokeless tobacco, and nicotine gum, patch, lozenges) for at least 2 months prior to surgery. Refraining from nicotine will help you avoid infections and promote healing.

- Do not drink alcohol for 2 days before surgery. Alcohol can have a serious effect on how your body reacts to anesthesia and pain medications. If your surgeon prescribes Coumadin (to prevent blood clots) you will also need to avoid alcohol for a few weeks after surgery.

- Lose weight prior to surgery if you are overweight. Fewer pounds will put less stress on your new joint. It is ideal to get your Body Mass Index (BMI) below 40 prior to surgery to avoid complications.

- Ask your surgeon’s office if it is safe to have other medical or dental procedures done within a 3 month period prior to surgery, as it is important to not introduce bacteria to your system and increase the chances of infection. Do the same before getting a steroid injection into the joint to be replaced.

- Reduce your use of narcotic pain relievers as much as possible. If you currently take high doses of pain medication, your pain may be more difficult to control after surgery.

Understanding Anesthesia

Before surgery, your anesthesiologist will give you anesthesia to control your pain and keep you comfortable during surgery. The exact type of anesthesia you receive will depend on many factors, including the type of surgery you are having and your overall health. You will have an opportunity to talk with your anesthesiologist the day of your surgery and have any questions answered.

General Anesthesia – This type of anesthesia affects your whole body and puts you in a deep sleep. It is delivered intravenously, by inhaling, or by injection. After it takes effect and you are asleep, your anesthesiologist will insert a breathing tube that will deliver oxygen to help your breathing during surgery.

Regional Anesthesia – This type of anesthesia is typically delivered as a shot to prevent feeling in your lower body.

Peripheral Nerve Blocks – A type of regional anesthesia; nerve blocks are injections targeting nerves that surround the joint being replaced.

With any type of anesthesia, there may be some side effects:

General Anesthesia
- Nausea/Vomiting
- Confusion as you wake up
- A sore throat from the breathing tube
- Delirium in older patients

Regional Anesthesia and Nerve Block
- Nausea/Vomiting
- Headache
- Numbness, tingling, pricking in hands or feet
- Weakness in your legs, especially your operative leg – This is a serious fall risk.
- Urinary retention, especially if you have pre-existing urinary issues or have had urologic surgery

Recovering from Anesthesia

The type of anesthesia you receive will dictate the amount of time it takes to wear off. As the anesthesia wears off, you might feel tingling, burning, or aching, followed by a return of feeling to your surgical site.

My Questions About Anesthesia

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**Day of Surgery**

**Before Surgery**

Arrange to be dropped off at the main entrance of the Hospital, or park in the main parking garage adjacent to the Hospital and proceed to the Surgical Registration area in the main lobby. The staff at the Information Desk in the Lobby can request wheelchair transportation if necessary.

Bring your insurance card and all completed paperwork.

We will keep you informed regarding your surgery time, but sometimes delays are unavoidable. When ready, the surgical team will prepare you for surgery. Here’s what to expect:

- You will change into a hospital gown and remove your glasses, contacts, hearing aids, and jewelry, which your companion will take.
- Your nurse will answer any last-minute questions, start an IV, check your vital signs, and may need to remove hair from your surgical site with clippers.
- To minimize risk, surgical site infection prevention includes wiping your body with Chlorhexidine wipes, as well as using an oral rinse and nasal swab.
- Your surgeon will visit you to have your consent signed and mark the surgical site.
- Your anesthesiologist will consult with you to discuss your anesthesia and plan for pain control, as well as check your heart, lungs, and ability to breathe normally.
- Once settled, one adult companion may join you and stay with you until your surgery.

**During Surgery**

After you are taken to the operating room, your companions will be directed to the information desk where they can leave a phone number to be notified when surgery is complete and with further instructions. Your time in surgery is about 2-3 hours, but the actual elapsed time from operating room to the post-anesthesia care unit (PACU), where you will recover from anesthesia, is usually about 3-4 hours. Each patient will be allowed one (1) support person. When you check in for your surgery your support person will be given instructions indicating where they should wait for you. COVID restrictions may not allow your support person to wait at the hospital.

Your support person will receive a call from the hospital once your surgery is completed and indicate when and where they should meet you.

If you are admitted to the hospital, then your support person should follow our visitation guidelines.

**After Surgery**

After surgery, you will be transferred from the PACU to your hospital room in the bed you will use for the duration of your stay. Your companions will be notified when you have arrived in your room.

**During Your Stay – What to Expect**

- Your nurse and your patient care technician will check on you regularly. You will also be visited by your surgeon or his/her resident, physician assistant, or nurse practitioner.
- Your nurse will assess your needs, review your individualized care plan, regularly take your vital signs, and monitor your oxygen level. They will change the dressing on your joint and check your drain (if you have one). When appropriate, oxygen will be discontinued, IV fluids will be stopped, and your urinary catheter will be removed if you received one.
- Your pain level will be monitored and your pain medication adjusted as needed.
- You will be given ice chips and a liquid diet until your nurse assesses that you are ready for solid food.
- You will wear supportive stockings and may also have Sequential Compression Devices (SCDs) on your lower legs or feet to reduce the chance of blood clots.
- An ice pack will be on your joint as directed throughout the day.
- A physical therapist will evaluate you, help you to move and walk, and provide physical therapy sessions.
- You will sit on the edge of the bed, stand, and walk, if medically able. You will sit in an appropriate chair for at least 2 hours, twice during the day.
- You will begin doing ankle pumps, 20 repetitions every hour that you are alert.
- An occupational therapist will teach you how to safely bathe, dress, and use the toilet.
- A social worker will review your discharge plans.

After your surgery, there is a greater potential for falling. Your Highland team is eager to help you get out of bed to build your strength, while avoiding any setbacks. We will assist you to move from your bed and chair, while you walk, and do physical therapy. You must not get up without a staff member with you at all times; there is a call bell by each bed to call for assistance.
Pain Management

Recovering from any surgery will involve discomfort and pain, and managing that pain begins with you. We rely on a close partnership between you and your nurse. Tell your nurse about your pain, rating it from 1-10, using the scale to the right. You should ask for pain medicine when your pain reaches a level of 4; it might take too long to get relief if you wait until it reaches a 7.

Your surgeon will order pain medication based on your pain level. After you have taken medication, your nurse will reassess your pain to ensure it is being appropriately controlled.

Expect that your pain will increase the day after surgery when your anesthesia (peripheral nerve block) wears off.

Physical Therapy (PT)

The goal of physical therapy is to determine if you can navigate your environment safely enough to go home. Soon after surgery, you will transfer to a chair with help from your therapist or nurse. You will also learn how to use a walker. The sooner you can stand and walk with a walker, the more independent you will become and the stronger your new joint will become. Do not get up alone or with the help of family until the therapist has cleared you to do so.

Your physical therapists will:
• Teach and assist you to move
• Help to minimize your pain
• Promote independence
• Restore range of motion and strength
• Provide instructions specified by your surgeon

You will receive 1-2 physical therapy sessions per day. Each session will last about 30 minutes and focus on helping you independently do your exercises, walk, go up and down stairs, and get in and out of bed and a chair. Complying with your exercise plan is critical to your recovery.

Occupational Therapy (OT)

Occupational therapists focus on functional tasks, or Activities of Daily Living (ADL), and helping you achieve independence. They will review the use of adaptive equipment (page 13), if needed. Your occupational therapist will prepare you to:
• Take care of yourself, including bathing, dressing, and toileting tasks
• Return to your normal routine at home

Keeping Lungs Clear

Your care team will determine if you would benefit from the use of an incentive spirometer, based on your risk factors. Most patients do not need to use a spirometer because they are mobile soon after surgery. A spirometer is a simple device that shows if you are breathing deeply enough.
Discharge Plan

Research shows that joint replacement patients who are able to recover at home generally get better faster and with fewer complications. The vast majority of our patients will go directly home with home care services 1-2 days after surgery. Some patients, however, need more care and a skilled nursing facility (a nursing home that provides rehab services) may be recommended. A social worker will work with you to discuss your discharge, and your nurse will review your discharge instructions with you.

Your discharge is based on meeting the following criteria:

- You can navigate your environment safely as confirmed by your physical and occupational therapists.
- You are urinating, passing gas, and eating.
- Your pain is being managed. Remember, recovering from any surgery involves discomfort and pain, and most patients still experience pain at discharge.

Discharge to Home

Most patients who get discharged to home will receive in-home services. The social worker will provide information on home care agencies. Please note that your insurance plan may determine which agency you choose, the services available to you, and what is covered.

Discharge to a Skilled Nursing Facility

Even if your insurance plan provides coverage for a skilled nursing facility, that does not mean you will qualify for it. For example, your insurance provider might determine you are functionally independent and it’s safe for you to be discharged to your home. In this case, you would be responsible for the costs of a skilled nursing facility if that is where you choose to be discharged. You should discuss your coverage with your insurance provider.

Should you need extended recovery in a skilled nursing facility, a social worker will help you select a rehabilitation facility best for you.

Transportation

If you are being discharged to home, then you will be responsible for providing your own transportation. Although most patients are discharged 1-2 days after surgery, you must have transportation ready and available each day you are in the hospital. Should you need assistance in arranging transportation at discharge, the social worker will help arrange transportation; you will be responsible for the expense of the transportation.

Transportation to a rehab facility is usually arranged by the social worker, but at the patient’s expense.

Discharge Medications & Highland Pharmacy

As a convenience, your discharge prescriptions can be filled at the Highland Pharmacy, located immediately off the main lobby. Not only is this easier than stopping at a drug store on your way home, this coordinated care helps ensure you are able to take your medicine when you need it and as prescribed by your surgeon. Your co-pays and price will be the same as at your home pharmacy, and we can easily send any refills there.
Caring for Yourself at Home
You Make the Difference! During your first few weeks at home, you will adapt what you’ve learned at the hospital to your own setting. You will play a huge role in your recovery and it’s important that you be proactive and participate.

A few key reminders for when you first return home:
• You must protect yourself from falling and keep your new joint in safe positions while you heal.
• You might need to use adaptive equipment to help you with tasks.
• You should plan for someone to stay with you for several days when you first go home.
• You will not be able to drive until your doctor says it is okay, so you will need someone to take you to your first doctor’s appointment and therapy.
• You will not be able to care for other people or your pets the first few weeks after your joint replacement. Make sure you have arranged for someone to care for your pets for the 2 weeks right after your surgery.

Follow these guidelines for a safe transition home and successful rehabilitation process:
• Sit in a stable chair with a back and arm rests. The higher the seat, the easier it will be to get out of the seat. If the seat is too low, a firm pillow may increase the height of the seat.
• Use a reacher and keep frequently used items close.
• Maintain a safe environment by keeping your home well lit, creating wide pathways for your walker, removing or securing rugs and power cords, and having your companion keep your kitchen and bathroom floors dry.
• Practice care in the bathroom by placing non-slip mats inside and outside the shower, and using the recommended toileting technique (wipe yourself while standing with support of a walker or grab bar), raised toilet seat or “3 in 1” commode, and safety bars or shower chair if recommended by your occupational therapist.

Physical Therapy at Home
Before leaving the hospital, you’ll learn about your home exercise program. Your participation in your physical therapy program is essential to the success of your surgery. The more committed and enthusiastic you are, the quicker your improvement will be. It is normal to experience discomfort when doing your exercises and you may need to take pain medication prior to doing your physical therapy exercises. It is important that you perform your assigned exercises exactly as instructed by your physical therapist with the appropriate number of repetitions. Do not add or subtract any exercises!

A stationary bike will help you bend your knee and can be very beneficial to your rehab if you had a total knee replacement. The bike only needs to be safe, not new or expensive. DO NOT use an elliptical or treadmill because they are too dangerous.

Incision Care
Always wash your hands before caring for your incision. Keep your incision clean, dry, and covered with a light dressing if you have any drainage. Follow your surgeon’s directions for when you may take a shower. Closely watch your incision and contact your surgeon if you have a fever that exceeds 101°F or if you see an increase in redness, presence of drainage, or if it develops an odor.

Controlling Discomfort
• Use compressive wraps and/or compression stockings for swelling control.
• Use ice for pain control at the instruction of your surgeon. Place an ice pack on your joint for 30 minutes at a time, as needed. You can use ice before and after your exercise/walking program.
• Elevate your leg for short periods throughout the day to help control swelling, which can lead to discomfort. It’s best to lie down and raise your foot above heart level 3 times a day for 15 minutes at a time.
• Walk every hour that you are awake.
• Consider taking some pain medication prior to doing your physical therapy exercises or stretching your knee after knee replacement. This is when your knee pain is likely to be at its worst and when pain medicines may help the most.

• Gradually wean yourself from prescription medication to Tylenol®. You may take 2 Extra-Strength Tylenol up to 3 times per day in place of your prescription medication.

Temporary Changes
• Your appetite may be poor for a short time. Drink plenty of fluids to keep from getting dehydrated. It’s important that you get enough protein. In the first 2 weeks after surgery your body needs more protein to help it heal. During this time, we encourage you to eat approximately 100 grams of protein every day, which is about twice as much as the average person consumes in a day. Meats, fish, and peanut butter, as well as protein powders, drinks, and shakes are all good sources. If your appetite for solids is poor, sipping a protein shake throughout the day is a great way to make sure you are getting enough protein. Your grocery store will also sell protein-fortified drinks.

• You may have difficulty sleeping, which is not abnormal! Sleep is commonly disrupted for 3 months following total joint replacement. Talk to your nurse navigator if you find this is an issue. Don’t nap too much, because sleeping during the day will make it even harder to get a full night’s sleep.

• Your energy level will be decreased for the first month.

• Pain medication contains narcotics, which promote constipation. Try eating more fruits, such as prunes. If diet doesn’t relieve your constipation, you can use stool softeners or laxatives if necessary.

Blood Clot Prevention
Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you may be prescribed blood thinners (or aspirin) after surgery. Simply moving your joint by walking and diligently doing foot and ankle pumps can help prevent blood clots. Compression stockings may also be used to reduce the chance of blood clots, as well as swelling. Wear the stockings as directed by your surgeon.

If a clot occurs despite these measures, you will need a different treatment or be admitted to the hospital to receive intravenous blood thinners. Prompt treatment can prevent the more serious complication of pulmonary embolus.

Signs of Blood Clots in Legs
• New calf pain
• Sudden increase in pain, tenderness, redness, or warmth in calf
• Sudden swelling in thigh, calf, or ankle that does not go down with proper elevation (overnight or 15 minutes, 3 times a day).

Infection Prevention
It is very important that you protect your artificial joint from potential infection. You must change into clean and dry clothing daily and change your sheets weekly. Some patients have increased risk following total joint surgery because infection can spread from another source in your body to your new joint. From now on, it’s important that before any dental work or any other surgery is done, you tell your dentist or surgeon that you have an artificial joint. Always play it safe. If you’re uncertain if a certain procedure increases your risk of infection, ask!

Dressing Yourself
Pants and Underwear
• Using a reacher, catch the waist of the underwear or pants.
• Lower the item to the floor.
• Slip the clothing over your surgical leg, then the non-surgical leg.
• Pull the clothing to your thigh.
• Stand with the assistance of a walker and pull up the clothing to the waist.

Socks and Stockings
• Slide your sock or stocking onto the sock aid, making sure the heel is at the back of the aid and the toe is straight and tight on the end.
• The top of the sock should not come over the upper edge of the sock aid.
• Hold onto the cords, drop the sock aid out in front of the surgical leg, and slide your toes into the opened sock.
• Point your toes and slowly pull on the cords to pull the sock up.

Shoes
• Slip-on shoes are easier to put on than lace-up shoes. Elastic shoelaces can replace shoelaces in sneakers to allow the shoes to slip on easily without needing to be tied.
• Use the reacher to grab the shoe by the tongue and place your toes in the shoe.
• With the aid of a long handled shoehorn, push your heel into the shoe.
Walking
Your physical therapist will tell you exactly how much weight you can safely put on your surgical leg (as ordered by your surgeon). Your allowed weight may range from “touchdown” (like walking on egg shells or potato chips), to “partial” (less than 50% of your weight), or “as tolerated” (as much as is comfortable). Weight bearing as tolerated is the most common protocol.

Walking with a Walker
• Always keep your walker in front of you.
• Slide your walker and place it approximately an arm length in front of you.
• Place your surgical leg about half way between you and the walker.
• Place your non-surgical leg next to or past the surgical leg near the front of the walker.

Walking with Crutches
If you are using crutches, your weight should be supported on your hands, not under your arms.

Getting In and Out of a Chair
It’s important to use the correct technique when sitting down and standing up. Choosing appropriately sized chairs will help to minimize pain during the process of moving from a standing to sitting position. The higher the seat, the easier it is to sit and stand.

Sitting Down
• Back up with the walker until you feel the chair behind your legs.
• Position the back legs of the walker against the chair.
• Slide your surgical foot forward on the floor toward the front legs of the walker.
• Lower yourself slowly to the chair using your arms.

Standing Up
• Position the back legs of the walker against the chair.
• Slide your surgical foot forward on the floor toward the front legs of the walker.
• Push up from the chair with both hands to begin standing up.
• Continue standing to achieve the upright position.
• Use the walker or crutches to support your weight and maintain your balance.
• Slide your surgical foot backward toward the chair to be even with your other foot.
• Stand with weight on both legs as directed by your physical therapist.

Getting Into and Out of Bed
Bed heights greater than or equal to 23 inches from the floor would be appropriate in most cases. Bed risers can be used to increase the height of your bed.

Getting Into Bed
• Get into bed towards your non-surgical side.
• Begin by following steps for “Sitting Down.”
• Move toward the center of the bed by pushing down on the bed with your hands and pushing off the floor with your non-surgical foot to unweight your new joint.
• Carefully reposition your hips and knees so that you are facing the foot of the bed.
• Lift your non-surgical leg onto the bed.
• Lift your surgical leg onto the bed with the help of a folded bed sheet or a leg lifter.
• Position your hips towards the center of the bed by pushing down on the bed with your hands and pushing off the bed with your non-surgical foot to unweight your hips.
• Recline backward with support on one bent elbow and then onto the other bent elbow.
• Relax one elbow and then the other to lie flat on the bed.

Getting Out of Bed
• Get out of bed towards the surgical side.
• Push up onto your elbows from a flat position.
• Straighten your elbows one at a time to position yourself with your legs out straight in front of you.
• Move toward the edge of the bed by pushing down on the bed with your hands and pushing off the bed with your non-surgical foot to unweight your hips.
• Carefully reposition your hips and knees so that you are facing the edge of the bed.
• Lower your surgical leg to the floor with the help of a folded bed sheet or a leg lifter.
• Lower your non-surgical leg to the floor.
• Reposition your hips so that you are sitting squarely on the edge of the bed.
• Continue by following steps for “Standing Up.”

Bed Positioning
Side Lying
• As dictated by comfort.
• Place pillows between legs to increase comfort.
Toilet Transfer
After surgery, getting on and off the toilet can be a challenge and, in rare cases, has led to dislocation of the replacement joint. The height of the toilet seat will make the process easier.

**Sitting on a Toilet**
- Using your walker, cane, or crutches, back up to the toilet or bedside commode until you feel it behind your knees.
- Keep your surgical leg slightly in front of you.
- With both hands, reach back to the toilet seat or the rails on the raised toilet seat/commode.
- Slowly lower yourself onto the seat.

**Getting up from the Toilet**
- To get up, push off from the rails or seat.
- When you stand, get your balance before reaching for your walker, cane, or crutches.

Going Up and Down Stairs
You will be instructed on how to climb stairs to minimize pain and promote stability following your joint replacement.

**Going Up the Stairs with a Cane and One Hand Railing**
- Approach the stairs with a walker.
- Put one hand on the railing and move the walker to the side.
- Position the cane on the floor next to your foot.
- Step up with your non-surgical leg while supporting your weight and maintaining balance with the assistance of the cane and the railing.
- Step up with your surgical leg.
- Bring the cane up to the step.
- Repeat.

**Going Down Stairs with a Cane and One Hand Railing**
- Approach the stairs with a walker.
- Put one hand on the railing and move the walker to the side.
- Place the cane on the stair below you.
- Move hand down the hand railing to be even with the cane.
- Step down with your surgical leg.
- Step down with your non-surgical leg while supporting your weight and maintaining balance with the assistance of the cane and the railing.
- Repeat.

Getting Into and Out of a Vehicle
Vehicles that sit high and have a wide door swing are easiest for transferring in and out. Practicing the vehicle transfer before your surgery will make it easier after your surgery. Remember that you will not be able to drive for approximately 4-6 weeks or until approved by your surgeon.

**Front Seat, Passenger Side**
- Open the passenger door and roll down the window.
- Move the passenger seat back as far as it will go and recline the seat to at least a 45° angle.
- Back up to the seat until you feel the seat behind your legs.
- Reach back for the vehicle frame/dashboard/window/seat with your hands and lower yourself to the seat.
- Move your hips and knees farther onto the passenger seat and toward the center of the vehicle.
- Lean back, and with assistance, position your hips and knees so that you face the windshield.
- With assistance, gently position one leg at a time into the vehicle.
- Reverse this process to get out of the vehicle.

**Back Seat**
- Plan to enter the car to allow your surgical leg to rest flat on the back seat.
- Open the vehicle door and back up to the vehicle with your walker until you feel the seat behind your legs.
- Follow the steps for "Sitting Down."
- Back into the vehicle and use your hands and non-surgical leg to gently push and scoot across the seat until your surgical leg is resting flat on the back seat.
- The non-surgical leg can rest in the well of the vehicle.
- Reverse this process to get out of the vehicle.
Surgery Preparation

Our Team

Hospital Stay

Your Recovery

Living With Your New Joint

Hip and knee total joint replacements can have a tremendous impact on your quality of life. Though there is an adjustment period, you will get about 80% of the benefit in the first 3 months! Keep in mind that it will take a year for your joint to reach its full potential. After your joint replacement surgery, it is important to follow up with your orthopaedic surgeon on a regular basis, usually every 3-5 years even if you don’t have any pain or problems. Not all problems are painful. Your surgeon will discuss with you how frequently you should have an appointment.

When to Call for Medical Help

It is important that you know what to watch for as you recover and who to call if needed. When in doubt, call your surgeon’s office.

Call Your Surgeon if Any of the Following Occur:

- Fever of 101°F that doesn’t get better after taking medicine
- Pain that gets worse or that you can’t control with prescribed pain medicine
- Separation of the edges of the incision or unusual bleeding
- Redness, swelling, heat, or drainage around the incision
- Blood, pus, or a foul odor coming from the incision
- Numbness, tingling, or weakness in your arms or legs – or where you don’t expect it
- Persistent headache, blurred vision, dizziness, light-headedness, or fainting
- Skin rash
- No bowel movement within 7 days after surgery
- Nausea when eating and drinking

Call Your Primary Care Physician if You Have:

- Concerns about your regular medicines
- Symptoms of a urinary tract infection (burning, frequency, urgency)
- Trouble controlling your blood sugar (if you have diabetes)

Go to the Emergency Room or Call 911 if You Have:

- Difficulty breathing
- Shortness of breath
- Chest pain
- Signs of a blood clot
- Black or bloody stool
- Bloody vomit

Adaptive Equipment

Pictured below are tools that will aid in your recovery, many of which can be purchased in Highland’s Pharmacy. They are also available through your home care agency or a medical supply store. Discuss with your insurance company what your co-pay is.

Available in the Highland Hospital Outpatient Pharmacy

- Crutches
- Cane
- Dressing Reacher
- Long Handled Bath Sponge
- Elastic Shoe Laces
- Long-handled Shoe Horn
- Rigid Sock & Stocking Aid

Available through your home care agency or a medical supply store

- Raised Toilet Seat
- 3 in 1 Commode
- Front-Wheeled Walker
## After Surgery Milestones

<table>
<thead>
<tr>
<th>Activity</th>
<th>Within a Few Days</th>
<th>Weeks 1-2</th>
<th>Weeks 3-4</th>
<th>Weeks 5-6</th>
<th>Weeks 7-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical therapy exercises</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Get in and out of bed/move from sitting to standing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Walk with assistive device; get around home without being overly tired</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Go up and down the number of stairs needed to access home</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Manage daily hygiene routine</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Manage swelling and decrease risk of a blood clot by wearing compression stockings as advised by your surgeon</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Independently walk at least 150 ft. with a walker or crutches, 3 times a day</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Independently go up and down a flight of stairs once a day</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Control pain with the use of ice packs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Shower when approved by surgeon with assistance from 1 person</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>For Knee Replacements – Bend surgical knee 90° at 2-week follow-up appointment, if able to do so prior to surgery</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Walk at least ½ mile (total) throughout the day (not all at once)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Go up and down a flight of stairs more than once daily</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Perform a car transfer independently</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Independently shower and dress</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Resume light homemaking task</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Walk with a cane or crutch without limping</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Take ½ mile walks, 3 times per week</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Go up and down stairs in a normal fashion, if comfortable</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>If applicable, discontinue use of compression stockings, as advised by your surgeon</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Drive a car with your surgeon’s approval</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Resume homemaking tasks</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Walk without cane or crutch support, without limping</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Walk approximately 1 mile, 3 times a week</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

## After 12 Weeks

**Exercise Options After 12 Weeks***

- Regular 1 to 3 mile walks
- Treadmill (without an incline)
- Stationary bike with proper seat elevation
- Elliptical machine
- Regular exercise or classes as directed and approved by your surgeon
- Resume low impact sports such as golfing, dancing, cross country skiing, snowshoeing, etc.

*Do not run or engage in high impact activities.
Ask your surgeon if you have questions about other activities.
Physical Therapy Exercises

After your surgery, it will be important to perform the following hip exercises as specified by your surgeon or Highland physical therapist. It will be normal to experience some pain or discomfort while performing these exercises. Consider taking pain medication before doing your exercises and apply ice to your joint to help control your pain.

Exercises for Hips

- **Ankle Pumps**: Bend ankles to move feet up and down, alternating feet.
- **Quad Sets**: Slowly tighten thigh muscles by pushing the knees down into the bed. Hold for a count of five and relax.
- **Gluteal Squeeze**: Squeeze buttocks muscles as tightly as possible. Hold for a count of five and relax.
- **Heel Slides**: Gently bring one knee up as far as possible, keeping foot on bed. Return.
- **Abduction**: Put a pillow between thighs. Slide one leg out to the side. Keep kneecap pointing toward ceiling. Gently bring leg back to pillow.
- **Seated Knee Extensions**: Sit on chair or bed. Straighten knee as far as you can, then slowly bend knee as far as it will go. (Do not lean forward).

**PRECAUTIONS**
1. Do NOT bend your hip more than 90°.
2. Do NOT cross your legs at the knee or ankle.
3. Do NOT rotate your knee or foot inward/outward.
Physical Therapy Exercises

After your surgery, it will be important to perform the following knee exercises as specified by your surgeon or Highland physical therapist. It will be normal to experience some pain or discomfort while performing these exercises. Consider taking pain medication before doing your exercises and apply ice to your joint to help control your pain.

Exercises for Knees

- **Ankle Pumps**: Bend ankles to move feet up and down, alternating feet.

- **Quad Sets**: Tighten muscles in front of thigh by pushing the back of your knee down into the bed. Hold for a count of 5 and then relax.

- **Heel Slides**: Lying with outstretched legs, slowly bend the knee by sliding your foot toward you. Slide back to starting position.

- **Hamstring Stretch**: Sit on couch or bed with one leg out straight. Lean forward towards your foot with a straight back until stretch is felt.

- **Short Arc Quads**: Place a rolled towel under your knee. Raise foot to straighten your knee, slowly lower foot.

- **Heel Digs**: Sit in a chair and dig your heel into the floor towards yourself.

- **Standing Knee Flexion**: Stand, holding on to a steady surface (like a dresser or countertop). Bend your knee as far as you can, then lower slowly.

- **Seated Knee Extensions**: Sit on chair or bed. Straighten knee as far as you can, then slowly bend knee as far as it will go.
Knee Replacement Procedures

Arthritis can leave your knee painful and less functional, forcing you to give up activities you enjoy. We have the widest range of treatment options in Upstate New York to help you get back to a life in motion. Our orthopaedic surgeons are all fellowship-trained and specialize in hip, knee, shoulder, and elbow replacements.

In order to understand what a total knee replacement is, it is necessary to understand how a healthy knee works.

Your knee is made up of three bones: the femur (thighbone), the tibia (lower leg bone), and the patella (kneecap). Your knee joint connects the thighbone to the lower leg bone, and on top of this rests the kneecap. The kneecap protects the knee joint and slides in a groove in your thighbone when you bend your knee. It is extremely important to rebuild and strengthen the muscles around the knee before and after surgery.

An unhealthy or painful knee usually results from a degeneration of the cartilage. Without the cartilage present, there is no protection between the bony surfaces. They become rough and begin grinding against each other, causing pain, stiffness, and discomfort during movement.

What is a Total Knee Replacement?

Knee replacement is a surgical procedure to resurface a damaged knee. Metal and plastic parts are used to cap the ends of the bones that form the knee joint along with the kneecap. An artificial knee will function very much like your original knee.

Generally speaking, your surgeon removes the arthritic surfaces of your knee, replacing them with a combination of artificial parts specific to your needs. Options might include:

- **Total Knee Replacement** — Also called Total Knee Arthroplasty (TKA), this procedure addresses arthritis of your femur, tibia, or patella.
- **Partial Knee replacement** — This procedure might be appropriate for patients who have arthritis in just one area of the joint.

Surgical Approach

The knee joint is usually accessed through an incision directly over the front of the knee. An effort is made to minimize soft tissue disruption as much as possible.
Your hip joint supports most of your body weight. Degeneration of the joint may result in hip arthritis. Our orthopaedic surgeons are all fellowship trained and can offer you the widest range of treatment options in Upstate New York to get you back to a life in motion.

In order to understand what a total hip replacement is, it is necessary to understand how a healthy hip works. The hip is a ball and socket joint. The ball (femoral head) is at the top of your thighbone (femur) and the socket (acetabulum) is at the bottom of your pelvis. There is cartilage that covers the femoral head, allowing it to move easily and smoothly in the socket.

An unhealthy or painful hip usually results from a degeneration of the cartilage. Without the cartilage present, there is no protection between the bony surfaces of the ball and socket. They become rough and begin grinding against each other, causing pain, stiffness, and discomfort during movement.

What is a Total Hip Replacement?
If your surgeon recommends a total hip replacement, he or she will choose the best artificial hip for you, which has four components:

- A cup that replaces your hip socket.
- A liner that fits into the cup.
- A ball that replaces the damaged one at the top of your thighbone.
- A stem that is attached in the shaft of the thighbone to add stability.

The components can be made from materials such as titanium, metal alloys, high-grade plastics, and ceramics and are secured using special surfaces that allow bone to bond directly to the implant. Fixation with cement is only used in special situations.

Surgical Approach
Your surgeon will discuss the most appropriate approach for your surgery. In all approaches, your surgeon will make a small incision to expose the joint. For all procedures, except hip resurfacing, the damaged ball is removed, the hip socket is prepared for the cup and liner, the femoral stem is inserted, and the ball component of your implant is secured on the end of the femoral stem and then fitted back into the hip socket. Both the mini-posterior approach and the anterior approach are amenable to rapid rehabilitation.

Mini-Posterior Approach
In the mini-posterior approach, the hip joint is accessed through an incision along the side of the hip, allowing the surgeon to enter the hip through the back of the joint.

Anterior Approach
The anterior approach involves accessing the hip joint via an incision more in the front of the hip. During this procedure, a special table is used to position the leg for surgery along with x-ray imaging to visualize the hip.

Hip Resurfacing
Hip resurfacing places a metal cap over your natural hip ball and an artificial liner inside the hip socket. This method is occasionally used for younger male patients.
Highland Hospital follows careful procedures to help prevent surgical infections, and you play a key role in that effort. All patients have bacteria on their skin, which is typically harmless. Before surgery, however, we want to reduce it as much as possible to help prevent any bacteria from getting into your incision.

This preparation begins with you at home by thoroughly cleansing your skin using an antibacterial soap (such as Dial™) and the Chlorhexidine soap you received from the hospital or your surgeon’s office. In addition, the surgeon again cleanses your skin just prior to making the incision.

### At-home Cleansing Procedure

1. For 3 nights before your surgery, shower with an antibacterial soap (such as Dial™) and wash your whole body, head to toes. Use your normal shampoo on your hair. Use normal soap on your face.

2. Then, while still in the shower, pour 1/3 of the bottle of the 4% Chlorhexidine soap on a washcloth and wash your body from the neck down. Do not use your home soap after the Chlorhexidine soap.

3. Let the Chlorhexidine soap sit on your skin for 2 minutes.

4. Rinse thoroughly.

5. After your shower, get dressed in clean clothes and do not apply lotion.

### At-home Cleansing Checklist

| SURGERY DATE: | 
|---|---|

<table>
<thead>
<tr>
<th><strong>3 DAYS BEFORE SURGERY:</strong></th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Antibacterial soap used in shower</td>
<td></td>
</tr>
<tr>
<td>☐ 1/3 of the bottle of Chlorhexidine soap used in shower</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2 DAYS BEFORE SURGERY:</strong></th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Antibacterial soap used in shower</td>
<td></td>
</tr>
<tr>
<td>☐ 1/3 of the bottle of Chlorhexidine soap used in shower</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>1 DAY BEFORE SURGERY:</strong></th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Antibacterial soap used in shower</td>
<td></td>
</tr>
<tr>
<td>☐ 1/3 of the bottle of Chlorhexidine soap used in shower</td>
<td></td>
</tr>
</tbody>
</table>

| **DAY OF SURGERY** | 
|---|---|
| Surgical team performs final cleanse |

Bring this checklist to the hospital the day of your surgery and give it to the nurse.
Anesthesia services are needed so that your operation or procedure may be performed.

All forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of your procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of but not limited to, infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death. These risks apply to all forms of anesthesia and additional or specific risks have been identified below as they may apply to a specific type of anesthesia. The type(s) of anesthesia service may be used for your procedure and the anesthetic technique to be used is determined by many factors including your physical condition, the type of procedure, as well as your preference. Anesthesia techniques which involve the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

<table>
<thead>
<tr>
<th>Anesthesia Type</th>
<th>Expected Result</th>
<th>Technique</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Anesthesia</td>
<td>Total state of unconsciousness.</td>
<td>Drug injected into bloodstream, breathed into the lungs, or by other routes. Possible placement of tube into the windpipe.</td>
<td>Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration pneumonia.</td>
</tr>
<tr>
<td>Spinal or Epidural Analgesia/Anesthesia</td>
<td>Temporary decreased or loss of feeling and/or movement to lower part of the body.</td>
<td>Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal.</td>
<td>Headache, backache, buzzing in ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, “total spinal.”</td>
</tr>
<tr>
<td>Major/Minor Nerve Block</td>
<td>Temporary loss of feeling and/or movement of a specific limb or area.</td>
<td>Drugs injected near nerves providing numbness to the area of the operation.</td>
<td>Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels.</td>
</tr>
<tr>
<td>Intravenous Regional Anesthesia</td>
<td>Temporary loss of feeling and/or movement of a limb.</td>
<td>Drug injected into veins of arm or leg while using a tourniquet</td>
<td>Infection, convulsions, persistent numbness, residual pain, injury to blood vessels.</td>
</tr>
<tr>
<td>Monitored Anesthesia Care</td>
<td>Reduced anxiety and partial or total amnesia.</td>
<td>Drug injected into bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state.</td>
<td>An unconscious state, depressed breathing, injury to blood vessels.</td>
</tr>
</tbody>
</table>
GUIDEBOOK TO
Hip and Knee Total Joint Replacement

Nurse Navigator Line: (585) 353-5945

Surgeon Name
Phone #
Surgery Date of Surgery

Joint Being Replaced
Knee
Hip
Left
Right
Left
Right

Medical Clearance
(Doctor statement that I can have surgery)

Other Doctors I Need to See

Support System
(designated person to help during journey)

Presurgical Screening Appointment
(We will call you to schedule)

Date
Time

Questions:
(585) 341-0753
Leave a message and we will return your call.

Total Joint Replacement Education Class
Available at: joint.URMC.edu

Confirm Surgery Time
You will be called between 1:30 p.m. and 4 p.m. the day before your surgery to verify your arrival time.

Sign up for MyChart:
Visit mychart.urmc.edu

I have questions about
I’m having this surgery so I can

Evarts Joint Center at Highland Hospital
1000 South Avenue
Rochester, NY 14620
(585) 784-2966
joint.urmc.edu