



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)

Doctor \_\_\_\_\_

Date of Medical Clearance \_\_\_\_\_

Other Doctors I Need to See \_\_\_\_\_

**Support System** (designated person to help during journey)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**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: [www.ThompsonHealth.com/TJRvideo](http://www.ThompsonHealth.com/TJRvideo)

**Confirm Surgery Time**

You will be called the day before your surgery to verify your arrival time.

**Sign up for MyChart:** Visit [mychart.urmc.edu](http://mychart.urmc.edu)

**I have questions about**

\_\_\_\_\_  
\_\_\_\_\_

**I'm having this surgery so I can**

\_\_\_\_\_

## Welcome

Thank you for choosing F.F. Thompson Hospital, where our orthopaedic services are led by U.R. Medicine Orthopaedics & Physical Performance. Here, you will receive the most advanced care in the comfortable setting of a community hospital.

All of our UR Medicine orthopaedic surgeons are board certified and have been fellowship trained in joint replacement surgery, the highest level of training available. There is considerable evidence linking better surgery results with higher levels of training. These surgeons are also Orthopaedic faculty members at the University of Rochester, bringing their exceptional skills and medical insights to benefit you, our patient.

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. Be assured our nurses, hospitalists, therapists and social workers will partner with you through each phase of recovery.

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.**

Thank you for choosing F.F. Thompson Hospital.

*Your surgeon, nurse, or therapist may add to or modify the recommendations in this guide. Always use their recommendations first and be sure to ask questions if any information or instructions are unclear.*

## Table of Contents

### OUR TEAM

Treatment Team .....	2
Orthopaedic Surgeons .....	2

### SURGERY PREPARATION

10-step Logistical Checklist .....	3
Getting Physically Ready for Surgery .....	5
Understanding Anesthesia .....	5

### HOSPITAL STAY

Day of Surgery .....	6
During Your Stay – What to Expect .....	6
Pain Management .....	7
Physical Therapy .....	7
Occupational Therapy .....	7
Keeping Lungs Clear .....	7

### YOUR RECOVERY

Discharge Plan .....	8
Transportation .....	8
Discharge Medications .....	8
Caring for Yourself at Home .....	9
Physical Therapy at Home .....	9
Incision Care .....	9
Controlling Discomfort .....	9
Temporary Changes .....	10
Blood Clot Prevention .....	10
Infection Prevention .....	10
Dressing Yourself .....	10
Walking .....	11
Getting In and Out of a Chair .....	11
Getting Into and Out of Bed .....	11
Toilet Transfer .....	12
Going Up and Down Stairs .....	12
Getting Into and Out of a Vehicle .....	12
Adaptive Equipment .....	13
Living With Your New Joint .....	13
When to Call for Medical Help .....	13
After Surgery Milestones .....	14





# Our Team

## 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

**Nurse** – Monitors vital signs, draws blood, places IV, monitors your pain, administers medication, and tracks your progress. Your nurse is your primary point of contact while in the hospital for you and your family.

**Patient Care Technician (PCT)** – Assists nurses with vital signs and hygiene routine, and can help you get in and out of bed

**Physical Therapist (PT)** – Helps you do your exercises, walk, go up and down stairs, and get in and out of a bed and a chair

**Occupational Therapist (OT)** – Focuses on Activities of Daily Living (ADL) that help you achieve independence, such as dressing and personal hygiene

**Social Worker** – Coordinates your discharge needs

**Home Care Agency Coordinator** – Arranges for services and equipment for your recovery, as needed, in your home

## Orthopaedic Surgeons



**Rishi Balkissoon, MD,**  
Specializing in Adult  
Reconstructive Surgery



**David J. Ciuffo, MD,**  
Specializing in  
Orthopaedic Foot and  
Ankle Surgery



**John Ginnetti, MD,**  
Chief of Total Joints  
Specializing in Adult  
Reconstructive Surgery



**Kyle Judd, MD,**  
Specializing in  
Orthopaedic Trauma



**Nathan Kaplan, MD,**  
Specializing in Adult  
Reconstructive Surgery



**Sarah Lander, MD,**  
Specializing in Sports  
Medicine



**Susan McDowell, MD,**  
Specializing in  
Orthopaedic Tumors  
and Adult  
Reconstructive Surgery



**Addisu Mesfin, MD,**  
Specializing in  
Spinal Surgery



**Marc O'Donnell, MD,**  
Specializing in  
Orthopaedic Upper  
Extremity, Hand and  
Wrist Surgery

## 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 Pre-surgical Screening Appointment.

### STEP 2 Become familiar with your exercises

- To speed your recovery, it is important to be familiar with the exercises you will do after surgery. Review the exercises given to you by your medical team and perform each exercise as prescribed.

### STEP 3 Attend a total joint replacement education class

- Our staff will connect you with this mandatory, online class. Our joint surgeons recommend that a companion watch this with you. During the class, you will learn about the procedure, your discharge plan, and the importance of having your support system in place for your recovery.



### My Pre-surgical Questions

---



---



---



---



---



---

**Call your surgeon's office if you get sick or have any issues on your operative leg.**

### STEP 4 Attend a pre-surgical screening appointment

- Our scheduler will call you to arrange a pre-surgical 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, pre-surgical education, and MyChart sign-up.
- Bring the following with you to your pre-surgical 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
- Pre-surgical screening is located on the 1st floor of the hospital. Enter through the Constellation Center for Health and Healing and stop at the information desk for directions.
- Please call (585) 396-6595 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 aid 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 night lights 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

**STEP 6**  
**Stop all anti-inflammatory medications**  
**5 days prior to surgery**

- **Do not** take aspirin/anti-inflammatory medications (Advil®, Motrin®, Naproxen®, Aleve®, Celebrex®, Meloxicam®, etc.) for 5 days before your surgery unless otherwise instructed by your doctor. 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 Pre-surgical 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

**Do not bring valuable jewelry to the hospital.**

**STEP 8**  
**Follow personal care instructions**

- Read and carefully follow the pre-surgical 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**

- On the business day before your surgery, you must call (585) 396-6595 between 2 and 4 p.m. to verify your arrival time.
- If your surgery is on a Monday, call the Friday before your surgery. If your surgery is the day after a holiday, call on the last working day before the holiday.
- Even if you have already been given a surgery time, it is important that you call to confirm your surgery time as schedule changes can occur.

**Call (585) 396-6595 the day before your surgery to confirm your time.**

**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](http://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, prickling 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

---



---



---



---



---



---



---



---

## Day of Surgery

### Before Surgery

On the day of your surgery, enter through the main doors at the Constellation Center for Health and Healing, located on the north side of the hospital. When driving in, enter from West Street and turn onto The Thompson Way. Once inside the building, the Surgical Care Center is located on the first floor (you will enter on the ground floor.) There are elevators just inside the entrance that will take you directly to the Surgical Care Center receptionist. Please check in upon your arrival.

**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 clip your surgical site.
- 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, your companions may join you and stay with you until surgery. You may have up to 2 companions, but no children under the age of 12.

### During Surgery

After you are taken to the operating room, you might have a urinary catheter placed. Your companions will be directed to the waiting room. 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. A Surgical Information Board located in the waiting room provides real-time updates to your companions.



**After your surgery, there is a greater potential for falling. Your F.F. Thompson 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.**

### 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.
- Your nurse will work with you to strengthen your breathing by reminding you to breathe deeply and cough, as well as to use your spirometer (see page 7) to help prevent complications like pneumonia.
- 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.
- Your patient care technician will assist you to sponge bathe.
- 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.



## 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

**Physical therapy is key to your quick recovery.**

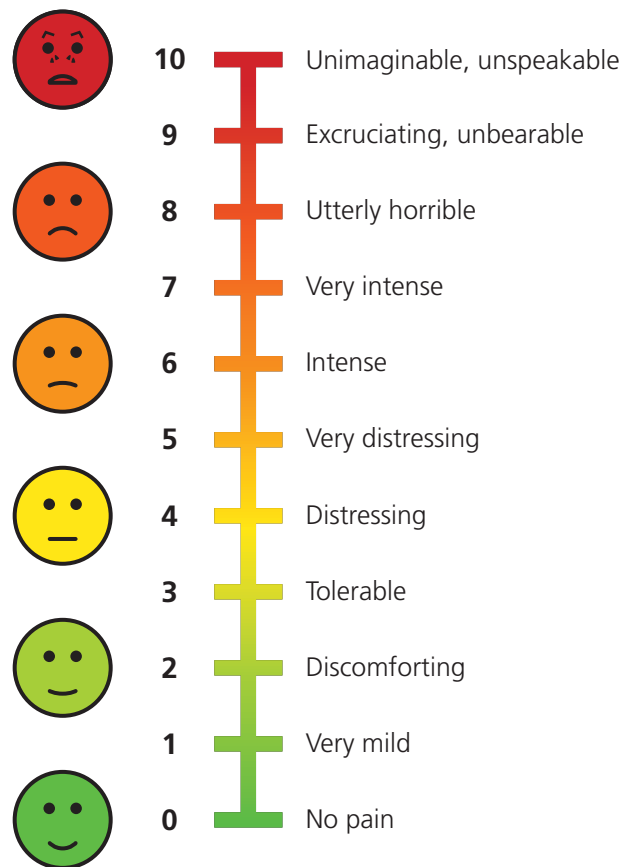
You will receive 1-2 physical therapy sessions per day. Each session will last about 30 minutes and focus on helping you independently do your exercises, walk, go up and down stairs, and get in and out of bed and a chair. You should also independently perform 10 repetitions of your physical therapy exercises 3-4 times per day. 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

**Your occupational therapist will help you make a smooth transition to home.**



**Pain after surgery varies by patient. Tell your nurse when your pain level is increasing so it can be managed.**

## 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.

**Most patients will be discharged 1-2 days after surgery.**

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 dictate which agency you choose 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 that 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.

## 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 & F.F. Thompson Pharmacy

As a convenience, your discharge prescriptions may be filled in our pharmacy, located on the Ground Floor of the hospital. You may also choose to have your prescriptions filled at our Canandaigua Medical Group Pharmacy with convenient drive-through access, located directly across the street from the hospital at 335 Parrish Street. At both locations we work collaboratively with your doctors, labs and your medical profile, noting potential drug interactions and adverse effects. Our team approach means your care providers are working together for your optimum health, providing the right medications at the best possible prices.



**Your nurse can arrange to have your discharge medications delivered to your room. Or, they can be picked up at either of our pharmacy locations, open Monday – Friday 8 a.m. to 6:00 p.m. and Saturdays 9 a.m. to 1 p.m.**



### My Questions About Discharge

_____	_____
_____	_____
_____	_____

## 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 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.

**Being positive and proactively participating in your rehabilitation makes a real difference in your recovery.**

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.

- **Having a walker on each level of your home is convenient and helpful.**
- **Minimize stair use for the first 2 weeks after surgery.**
- **Applying ice can help control pain and swelling. It is important to follow directions from your surgeon or therapist regarding the use of ice.**
- **Remove clutter and area rugs. Tape down the edges of rugs that can't be moved.**
- **Place frequently used items close to you and at arm level so you do not need to bend over or reach up high.**

## 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 doctor 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. 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.

## Adaptive Equipment

Pictured below are tools that will aid in your recovery. These items are available through your home care agency or local medical supply store. A list of local vendors and pricing will be distributed by Rehabilitation Services. Discuss your co-pay with your insurance company.



Crutches



Cane



Dressing Reacher



Long Handled Bath Sponge



Elastic Shoe Laces



Long-handled Shoe Horn



Raised Toilet Seat



3 in 1 Commode



Front-Wheeled Walker



Rigid Sock & Stocking Aid

## 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

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

## 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.









**F.F. Thompson Hospital**

350 Parrish Street  
Canandaigua, NY 14424

(585) 396-6000  
ThompsonHealth.com



**Orthopaedics &  
Physical Performance**