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Dear Patient:

On behalf of Backus Hospital, and our expert doctors, nurses and other professionals, we would like to welcome you and thank you for choosing us for your surgery.

As a Joint Commission-certified program, our goal is always to provide you with the highest quality care and the best possible experience while you are a patient here. Before then, we also want to make sure you are informed so you can be an active part of your own healthcare team as you prepare for and recover from surgery. Research has shown that understanding your surgery and participating in the whole process positively impacts your recovery and helps you achieve the results you want and expect.

The patient guide is full of important instructions and information that will help you prepare for surgery. The book outlines important steps you should take before, during and after your surgery, planning tools, advice on medications, and diet and exercise recommendations. We encourage you to read this guide carefully. If you have questions, please ask your surgeon or call the orthopedic nurse navigator at Backus at 860.425.5332.

Again, thank you for choosing Backus Hospital for your orthopedic care. We look forward to helping you.

Sincerely,

Donna Handley
President
Backus Hospital
Dear Patient:

As Medical Director of the Hip and Knee Total Joint Arthroplasty (replacement) program at Backus Hospital, I am writing to thank you for choosing Backus for your joint replacement surgery.

At Backus Hospital, we strive to provide the best clinical care while taking the individual needs of each patient into account. To accomplish this, we incorporate current joint arthroplasty protocols and clinical practice guidelines with cutting-edge technology including Mako ® Robotic-Arm Assisted surgery and muscle sparing surgery. At Backus Hospital our goal is to provide you with the best hospital clinical results and in-hospital experience. Our staff of orthopedic surgeons is board certified in Orthopedics. In addition, all of our surgeons have received additional advanced training and/or have years of experience in total joint arthroplasty for hips and knees.

While we do our best to achieve the best results for your surgery, much of the outcome of the procedure and recovery is determined by you, the patient. There are many factors that your surgeon cannot control. These include diabetes, obesity, and morbid obesity, smoking, clotting problems, kidney or liver failure, pre-operative leg swelling, and various other medical problems. Sometimes these pre-existing conditions can cause major peri- and postoperative complications. This is why as a hip and knee joint replacement patient at Backus Hospital you are required to get medical clearance pre-operatively. It is critical that you follow the treatment plan setup by your primary care practitioner to avoid having your surgical date delayed.

During the pre-operative process there will be ample information provided to you. This will be true even if you have had prior hip or knee joint replacement. This postoperative experience might be much different from what you experienced prior. Please be sure to read and review all of the information you have received. This includes what is discussed in your surgeon’s office (i.e. risks and benefits of surgery) and what has been provided by the hospital. Finally, I urge you to attend the preoperative total joint class provided by the hospital and available online. Following these steps will greatly improve the outcome of your surgery, your recover and your overall experience at Backus Hospital.

We look forward to providing you with excellent care.

Sincerely,

Scott Stanat, MD
Board-certified Orthopedic Surgeon
Backus Hospital
Important Phone Numbers

Your Surgeon

Your Medical Doctor

Backus Hospital:

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Joint Class Registration</td>
<td>855.442.4373</td>
</tr>
<tr>
<td>Preadmission Testing Center</td>
<td>860.889.8331, ext. 2142</td>
</tr>
<tr>
<td>Surgery Time-Line</td>
<td>860.889.8331, ext. 6376</td>
</tr>
<tr>
<td>Integrative Medicine</td>
<td>860.972.4444, ext. 2483</td>
</tr>
<tr>
<td>Total Joint Supervisor</td>
<td>860.425.3815</td>
</tr>
<tr>
<td>Orthopedic Nurse Navigator</td>
<td>860.425.5332</td>
</tr>
<tr>
<td>Nurse Manager</td>
<td>860.889.8331, ext. 7816</td>
</tr>
<tr>
<td>Director of Nursing</td>
<td>860.889.8331, ext. 6546</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>860.889.8331, ext. 5939</td>
</tr>
<tr>
<td>Case Management</td>
<td>860.823.6319</td>
</tr>
</tbody>
</table>

If you have any questions regarding your surgery, hospital stay and post discharge care.

Available Monday-Friday 8am-4:30 pm. If you have any concerns regarding the care and services provided, you may request to speak with the Nurse Manager directly and confidentially.
Directions to Backus Hospital

**Coming from East**
Take Route 6-West to I-395 South. Follow I-395 to exit 13-East for the Routes 2 & 32 connector in Norwich. Follow the connector until you exit to your right onto Washington Street. The hospital entrance is on the right.

**Coming from West**
Take I-95 North to exit 76 for I-395 North. Follow 395 to Exit 13-a – East for the Routes 2 & 32 connector in Norwich. Follow the connector until you exit to your right onto Washington Street. The hospital entrance is on the right.

**Coming from North**
Take I-91 South to Hartford; watch carefully for Sharp left exit to Route 2 East. Take Route 2 East to Norwich. Exit Right onto Washington Street. The hospital entrance is on the right.

**Coming from South**
Follow I-395 North to exit 13 – A East for the Routes 2 & 32 connector in Norwich. Follow the connector until you exit to your right onto Washington Street. The hospital entrance is on the right.
PREPARING for Surgery at Backus Hospital

Perioperative Assessment & Testing Center (PATC)

You have been scheduled for your elective orthopedic procedure at Backus Hospital. In preparation for your surgery, you must complete a pre-operative medical risk assessment at our Perioperative Assessment & Testing Center (PATC) within 30 days of your procedure. Your visit will take approximately 60 minutes and will cover your medical history, current medications, physical exam, appropriate pre-operative testing, procedure-related education, and, if need, a pre-anesthesia consult. The PATC strives to ensure you have a safe and successful surgery.

How PATC Works

1. Your surgeon’s office schedules your surgery at Backus Hospital.

2. You will receive a call from PATC to schedule an appointment for your preoperative surgical risk assessment and exam if the surgeon’s office has not done so for you already.

3. Based on your medical history, you may be referred to a specialist physician prior to surgery. For example, if you have a cardiologist (heart doctor) or pulmonologist (lung doctor) that you see routinely, additional testing or clearance may be required prior to your surgery.

What to bring to your PATC appointment:

• Government issued photo ID
• Insurance cards or forms
• A list of medications, including nonprescription and herbal supplements (include the name, dose and how often you take each one)
  – These can have unwanted effects when combined with other medications or anesthesia. You will receive instructions regarding managing your medications before surgery.
• A family member or friend to accompany you if possible

During your PATC appointment you will:

• Meet with a medical assistant, an Advanced Practitioner (APRN) and, if needed, a nurse case coordinator or anesthesiologist
• Complete a history and physical examination, blood work, Methicillin-resistant Staphylococcus aureus (MRSA) swab, and EKG if required
• Complete airway and sleep apnea assessments for anesthesia
• Receive pre-operative and anesthesia education
• Receive instructions regarding your pre- and post-operative medication
After your PATC appointment:
• Your healthcare team will provide resources for obtaining medical equipment and confirm your choice of home healthcare provider, if applicable.
• Call Same Day Surgery one business day prior to your surgery between 1:00 pm and 4:00 pm for your time of arrival. A member of the Backus Hospital perioperative team may call you before this time if the surgical schedule is released early. During this call, a member of the perioperative team will review final instructions and answer any questions you may have.

PATC Location:
Backus Hospital
326 Washington Street, Norwich, CT
• Parking is available at the Main Entrance
• Enter building and proceed to preregistration; a member of the PATC team will escort you to the center after registering.

If you have any questions about your PATC visit, please call 860.889.8331 ext. 2142
Total Joint Education Class

Preparation for surgery, recovery and a pre-planned discharge are an important part of your care. For this reason, a 2-hour Education Class is available at no cost either in person or on-line. The class will give you a better understanding of what to expect before, during and after surgery. It is important that you attend one of these classes. It would be beneficial to have a family member or friend that is going to assist you in your post-op recovery attend the in-person class with you or watch the video on-line.

The education class will review the material in this education packet and include:

- A review of total joint replacement
- Information on preparing for surgery and what to expect after surgery
- Nutritional information
- An overview of your hospital and surgical experience
- Postoperative expectations and recovery

Registration for this class is required by visiting backushospital.org or by calling 1.855.442.4373. Please visit backushospital.org/joint-online-learning to view the online video. You must fill out the required information so we know you’ve completed the course.
**Medications**

Be sure to inform your provider of ALL the medications you are taking, including:

- Vitamins
- Over the counter drugs (such as aspirin, antacids, pain relievers, etc.)
- Herbs and “natural” products

These can all have unwanted effects when combined with medications or anesthesia. You will receive instructions regarding managing your medications before surgery.

**Please Note:**

- If you are experiencing pain prior to surgery, you are allowed Tylenol up to the day of your surgery.

### Medication List

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage (mg)</th>
<th>Frequency</th>
<th>Reason for medication</th>
<th>Prescribing Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisinopril</td>
<td>10mg oral tablet</td>
<td>1 orally once daily</td>
<td>Hypertension</td>
<td>Dr. Smith</td>
</tr>
</tbody>
</table>

---

**Medication Allergies:**  □ Yes  □ No

Allergic to

Reaction:

**Pharmacy Info:**

Name

Address  Phone
Optimizing Surgical Recovery

Tobacco
STOP smoking at least four to six (4-6) weeks BEFORE surgery or when your surgery is scheduled. Refrain from smoking six (6) weeks AFTER surgery. Nicotine hinders the healing process and the bone needs time to heal and to grow on the new implant. Smoking increases your risk for developing an infection after surgery. Check with your surgeon or your personal physician if you are using medication to help you quit smoking such as a nicotine patch or gum. Call 860.892.6900 to find out when the next available “Freedom from Smoking” session is being held. Please be aware that smoking is prohibited anywhere in the hospital and on the hospital campus.

Alcohol
NO alcohol 2 weeks prior to surgery. Also, please inform your healthcare team of any alcohol intake. Alcohol may interfere with certain medications you will be prescribed. Eliminating the alcohol you consume prior to surgery allows your body to heal better. Additionally, serious harm can result from alcohol withdrawal when not properly managed. Alcohol should be avoided after surgery until further advice from your provider.

Dental Care
If you need dental work (including routine dental cleanings), it is recommended to complete it at least two (2) weeks before surgery. Although infections in joint replacements are uncommon, infections can occur if bacteria enter the blood stream somewhere in your body. Therefore, you should arrange to have dental procedures such as extractions or periodontal work completed before surgery. After a joint replacement your surgeon or dentist may want you to take antibiotics before any future dental work. Most surgeons prefer that no dental work be done for three (3) months after surgery (excluding dental emergencies). Please discuss with your surgeon any specific questions you may have regarding dental care.

Nutrition
Good nutrition is important before surgery. Eating healthy, well balanced meals, and avoiding any unnecessary weight loss or gain prior to your procedure is recommended. This will help make sure you have the strength for recovery. If you are overweight, losing weight will help reduce the stress on your new joint. For every pound you lose, you reduce the stress on your knee by four pounds.

Exercise
Keeping your muscles toned will help you to recover faster after surgery. Be sure to follow the exercise program you have been given by your doctor. Since you will be having a surgery that affects your legs it is important to strengthen your upper body and core to improve your ability to move after surgery.

Medications
At your medical clearance, you will be told when to stop taking certain medications. Examples of medications and supplements you should stop taking are:

- Blood thinner like Coumadin, Lovenox, Pradaxa, Flavix, Xarelto, and Eliquis
- NSAIDS like Aleve, Motrin, etc.
- Aspirin
- Fish Oil, Flax, Vitamin E

continued on next page >>
At your medical clearance, you may be told to take additional medication.
Your doctor or APRN may advise you to take iron (Ferrous Sulfate) and Folic Acid for at least four weeks prior to surgery and two weeks after. This may boost the minerals needed for new blood productions by your body. A stool softener, such as Colace, may be required daily. Consult your physician for the type of iron and appropriate dose of vitamin supplements and stool softeners. You will be given medication for five days should you test positive for Methicillinresistant Staphylococcus aureus (MRSA). This is done in abundance of precaution.

At your medical clearance, please be honest about your tobacco, drug and alcohol use.
It is important for your surgical team to know the truth about your tobacco, drug and alcohol use as it can impact your anesthesia, pain management, and recovery. Drug abuse and excessive use of prescription pain medications can make it difficult to manage your pain after surgery.

Home Planning and Preparation
It is a good idea to prepare your home for your hospital discharge BEFORE you go to the hospital. The preadmissions team at Hartford Healthcare at Home will call you within 14 days before surgery to discuss how home care will assist with your recovery and expectations from home care after surgery, the best plan for your recovery at home, insurance benefits, and services and equipment suggested for after surgery. This information will be shared with your surgical team at Backus Hospital in order to optimize the care you receive while you recover in the hospital as well as provide a smooth transition home.

The following is a list of suggested items that may be recommended to help you during your surgical recovery.

- Check with your insurance plan to verify which items are covered.
- You may find these items at medical supply companies or some stores like Wal-Mart or online (Amazon). Many town senior centers have DME lending programs.
- In the unlikely event that you are going to a nursing facility with a rehabilitation program, the facility will order the equipment for you.
- If you are unable to obtain the needed equipment prior to your surgery, the nurse case coordinator will assist in ordering your equipment. You may be responsible for any co-pays or for the full cost of the equipment if it is not covered by your insurance.
- You may be offered a pre-surgical visit with a Transitional Care Nurse to assist you with your needs.
- Below are examples of common devices that your provider may or may not prescribe you.

### Durable Medical Equipment (DME)

#### Total Hip Needs:
- Walker w/2 wheels
- Toilet seat riser
- Cane

#### Total Knee Needs:
- Walker w/2 wheels
- Cane

#### Recommended/Options Items
- 3-in-1 commode
- Long-handed reacher/grabber
- Long-handed shoehorn
- Elastic shoelaces
- Sock aid
- Shower chair
- Long-handled bath sponge
- Hand-held shower head
- Permanent (installed) Grab bar for shower/tub
- No suction cup grab bars
Preparation of Your Home Before Surgery

It’s important that you or someone in your family makes sure the house is ready for your return home after joint replacement surgery. Your safety and comfort is of utmost importance for your recovery. You should:

- **Ask for help.** Plan to have a family member or friend stay with you for the first two to seven days after you return home.

- **Make needed modifications and check with your insurance plans.** You may need to install grab bars in the bathroom or railings to the entrance of your house or the stairs inside your home. Some changes to your home may be covered.

- **Put things in reach.** Make sure items that you use often are at arm level so you don’t have to bend or reach high to get them.

- **Rearrange furniture.** You need room to move with a walker or crutches.

- **Remove tripping hazards.** Tidy and remove clutter. Ensure throw rugs are removed and electrical cords do not obstruct hallways and walkthroughs.

- **Create a command center.** Arrange a sitting area with a nearby table that enables easy access to things you often use like the phone, television remote, water, reading materials and medications.

- **Get a good chair.** It should have a firm seat that is high enough so your knees stay lower than your hips. Make sure it has armrests that you can push on as you get up.

- **Use a footstool.** Elevating your surgical leg straight out in front of you when you sit will help control swelling and pain.

- **Choose loose fitting clothes.** Movement is important after surgery and loose clothes won’t restrict you or rub your incision.

- **Check your bathroom size.** Ensure that you can move in the bathroom with your walker with two wheels. You may need to get a bedside commode if the walker does not fit in the bathroom.

- **Decide where you will sleep.** Initially after surgery, you may want to consider setting up a temporary bed on the first floor if you cannot do the stairs at first. You should have access to a bathroom or bedside commode on the same floor where you sleep.
Post-Hospital Plan

Your post-hospital plan will be discussed during your PATC visit or with your surgeon prior to your hospital admission.

- Following your hospital stay, you will most likely return home.
- Your nurse case coordinator or social worker will provide you with a list of choices for you to select a home health care agency, or in rare cases, a skilled nursing facility to support your successful transition from Hartford Hospital.
- We have a network of preferred providers that collaborate with the Backus Hospital to provide seamless orthopedic aftercare.
- If you require follow-up services, a Backus Hospital nurse case coordinator or social worker will work with you to arrange your post-acute care needs.

Discharge Transportation

Transportation options include:

- Family member or friend
- A wheelchair van can be arranged by a nurse case coordinator, however, it is not typically covered by insurance and may require an out of pocket cost.

On rare occasions, you may be transferred to a preferred provider Skilled Nursing Facility (SNF) post discharge. Transportation to a SNF can be by a family member or friend or via wheelchair van (not typically covered by insurance) or ambulance (only paid for by insurance with a certificate of medical need).

Discharge Information

Our goal is for patients to be ready for a safe transition home by 11 am the day after their surgery. This targeted timeline is also individualized based on patient circumstances. All patients must meet their individual physical therapy safety goals and be medically cleared by their medical or surgical team before transitioning home.
Your Surgical Experience  The Day Before Your Surgery

Surgical Time Line
Please call Same Day Surgery between the hours of 1 pm and 4 pm one business day before surgery to receive your surgical time and when to report to the hospital. If your surgery is scheduled on a Monday or after a holiday, please call 1 business day before your scheduled surgery. The phone number to call for your time of arrival is 860.889.8331 extension 6376. A team member from Same Day Surgery may call you in the event the schedule is ready early.

Bathing Instructions
Following these instructions will help you to be sure that your skin is clean before surgery to help prevent infection.

Important
You will need to shower with a special anti-bacterial soap called Chlorhexidine Gluconate (CHG). A common brand name for this soap is Hibiclens, but any brand of CHG is acceptable to use.

CAUTION: CHG is not to be used by people allergic to chlorhexidine.
• You will take two (2) showers using the Hibiclens soap.
The NIGHT BEFORE your surgery you will shower and do the following:

- **REMOVE ALL JEWELRY** – must remain off until after surgery
- Take a shower with your normal soap, shampoo & conditioner
- Rinse off your normal soap products & turn off the water
- Using a clean, wet, washcloth, pour some Hibiclens onto the cloth and wash from your NECK DOWN. Scrub gently – focusing on the area of surgery. The CHG cleanser does not produce a rich lather.
  - **DO NOT** use Hibiclens near your eyes, ears, or private parts to avoid permanent injury to those areas.
- Leave the Hibiclens soap on for five (5) minutes
- Rinse off and dry off with a CLEAN towel
- **DO NOT** use any powders, lotions, oils, deodorants, make-up or hair products after this shower.

Wear clean pajamas and sleep on clean sheets after taking the Hibiclens shower. Please do not allow pets to sleep on or in the bed with you.

The MORNING OF your surgery you will shower and do the following:

- You may wash your hair with your normal shampoo and conditioner
- **DO NOT** use your normal soap – ONLY use the Hibiclens soap
- Using a clean, wet, washcloth, pour some Hibiclens onto the cloth and wash from your NECK DOWN. Scrub gently – focusing on the area of surgery
  - **DO NOT** use Hibiclens near your eyes, ears, or private parts to avoid permanent injury to those areas.
- Leave the Hibiclens soap on for five (5) minutes
- Rinse off and dry off with a CLEAN towel
- **DO NOT** shave your body with a razor before surgery.
- **DO NOT** use any powders, lotions, oils, deodorants, make-up or hair products after this shower. Report any rashes, cuts or abrasions to your surgeon
- Wear clean comfortable clothes to the hospital.
- Nail polish and acrylic (non-natural) nails must be removed prior to surgery.
Enhanced Recovery After Surgery
Enhanced Recovery after Surgery (ERAS) is a pathway to help you prepare for surgery and help you recover quicker after your operation. ERAS aims to keep things as normal for you as possible before, during and after your surgery.

Focus on Your Recovery
The program focuses on making sure you are an active participant in your surgery and recovery, along with the care team made up of surgeons, nurse practitioners (APRN), physician assistants (PA), nurses, patient care technicians, anesthesiologist, nurse anesthetics (CRNA), surgical technologists, physical and occupational therapists dieticians, social services, case management and environmental services. Your care team will work closely together with you to ensure you have a safe and comfortable experience.

Goals of Enhanced Recovery
Reduce surgical stress on your body by optimizing your care and recovery. Studies have shown that patients who participate in their recovery heal and get back to their lives sooner. ERAS aims to:

• Minimize pain with use of non-narcotic medications
• Improve outcomes from your surgery
• Reduce complications like post-operative nausea and vomiting and dizziness from low blood pressure and dehydration
• Allow for earlier resumption of food and activity
• Reduce the length of time during your hospital stay
• Expedite return to your baseline health and functional status
The Night Before Your Surgery

It is important to drink plenty of fluids before and after your surgery. You should not eat any solid foods or milk products (including gum or candy) after MIDNIGHT the night before your surgery. You may be told that you can drink clear liquids (liquids you can see through like water) after midnight until one (1) hour before your arrival time for surgery. If you are told you can drink clear liquids after midnight, you will also need to drink 16 ounces of apple juice or Gatorade one hour before you scheduled time of arrival at the hospital. Unless you are told this, you must not eat or drink anything after midnight.

Clear Liquid Beverages Allowed:
Includes water, coffee, tea (no milk or creamers), strained fruit juices with no pulp (apple juice, grape juice, cranberry juice). Gatorade, Crystal Light, ice tea, lemonade. Chicken or beef bouillon/broth, Jell-O (no fruit or toppings), popsicles (no sherbets, no fruit bars).

DO NOT drink milk, coffee, tea or alcohol
Drink usual amounts of fluid

DO NOT DRINK OR EAT ANYTHING (including water) one (1) hour before your arrival to the hospital.

Medication Instructions
During your medical clearance visit at PATC, or your primary provider, you will be given instructions on what medications to take the night before and morning of your surgery. Take ONLY those medications you were instructed to take by your provider during that visit. Take these medications with a small sip of water.
What to Bring

- Two forms of identification
  - Picture Identification (Drivers License)
  - Insurance Cards
- Cane or walker (if needed to walk into the hospital the day of surgery)
- Eyeglasses, Hearing Aids, Dentures (& cases)
- CPAP/BiPAP Mask & Machine for patients with Sleep Apnea
  - If you do not bring your machine, please bring your CPAP/BiPAP settings
- Clothing/Footwear
  - Loose fitting clothing (sweatpants or gym shorts)
  - Slip resistance shoes (rubber soles) with backs; any specialized footwear (orthotics/diabetic shoes);
    **NO** sandals, flip-flops, crocs or open back shoes.
- Toiletries (toothbrush, tooth paste, comb, etc.)
- Important telephone numbers
- Books, magazines, or items to pass the time

**DO NOT Bring**

- Money
- Valuables
- Credit Cards
It’s Surgery Time

Arrival
Arrive at the hospital on time. When you speak with the Backus Hospital clinical team member the day before your surgery, he/she will let you know when to arrive on the day of admission. Our team is ready to make sure you’re comfortable and well-informed throughout the entire process.

Upon Arrival
• You will enter the hospital through the Emergency Care Entrance. Please proceed to the purple elevators on the left and go up to the 1st floor. You will check in at the Same Day Surgery (SDS) registration desk and a member of the healthcare team will bring you to the SDS care area to change into a hospital gown. Your clothing and personal belongings will be safely stored. Reminder: Please leave all valuables at home.
• Your family/friend may be asked to wait in the waiting room while the nurse prepares you for surgery.
• Your preoperative team member will ask questions, take vital signs, perform a physical assessment and start your intravenous (IV) that will be used to administer fluids and medications.
• Only one (1) family member/friend will be allowed to join you in the pre-operative area while you wait to go to surgery but that individual must be at least 18 years old.
• Your surgical site will be identified and marked prior to your surgery.
• Communicate to your surgeon who you have designated to be your advocate after surgery and how to reach that person. This is the person who providers will speak with once the surgery is over. With your permission, the provider will contact this person with updates.

Anesthesia
There are several choices of anesthetic techniques that may be chosen for total joint replacement surgery. You and your anesthesiologist will discuss all necessary factors prior to surgery and agree upon a plan for your anesthetic.

General Anesthesia
• In this case you are completely unaware of your surroundings and will not respond to stimulation.

Regional Anesthesia
• This is a technique that will anesthetize a particular area or region of the body.

Duration of Surgery
Your surgery will last approximately 2-3 hours.
**After Surgery Your Hospital Stay**

**Recovery – Post Anesthesia Care Unit (PACU):**

The Post-Anesthesia Care Unit is also referred to as PACU.

- After your surgery you will be brought to the PACU in a hospital bed, where you will be closely monitored as anesthesia wears off. The anesthesia staff and nurses will monitor your vital signs like blood pressure, pulse, breathing and temperature; and manage your pain. These staff members will monitor any other issue that may arise.

- Patients having a total knee replacement may have a continuous nerve block pain pump inserted under their skin in the upper thigh by the anesthesia team. This pump is called an On-Q, and it infuses a numbing medication into a nerve canal to help control the pain on the top of the knee. Your surgeon will discuss with you if the On-Q is a part of your pain management plan.

- During this time, you may also have a physical therapist work with you for the first time.

- The length of stay in the PACU will be determined by many factors including the type of procedure and the nature of the anesthetic used. You may be in the PACU between 2-4 hours.

**Transfer to your Hospital Room**

You will be transferred to your assigned medical-surgical orthopedic room which is when your family members are encouraged to visit. Our goal is to have you up and moving within 4 (four) hours of the recovery room. The physical therapists and nursing staff will help get you out of bed even for short distances to the bathroom.

You will have a bandage over the surgical site, and the intravenous catheter in your arm will still be in place to administer fluids and medications post-operatively. Your care team will monitor your progress throughout your hospital stay to ensure a safe and speedy recovery. They will continue to check your vital signs and change the dressings that cover your incision if needed.
Pain Management: Keeping You Comfortable

You will experience pain following surgery. However, we will work with you to help manage your pain appropriately. If you are in pain or have discomfort, please tell us. We want to help you to feel comfortable. Good pain control is a partnership between you and your caregivers. Managing your pain will help you recover more quickly.

Our Goals

- Develop a pain relief plan
- Decrease pain to a level that is tolerable
- Determine if pain medication is needed and the appropriate amount
- Develop a plan to transition you off of narcotic pain medication

Pain Assessment

- To help us minimize your pain after surgery you will be asked to rate the intensity and type of your pain through the use of a pain scale of 0-10.
- (0 is no pain, 10 is excruciating pain)
- Knowing that after surgery 0 is not attainable, a score between 4-5 is an attainable and acceptable score for most patients.
- It is best if you obtain medication when your pain level starts to rise. DO NOT allow your pain to get severe. If you maintain pain control, it takes less medication and less time to manage the pain.
- Some of the best non-medication pain management techniques include deep breathing, listening to music/distraction, and using ice near the incision.

Pain Scale (0-10)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Pain is present but does not limit activity</td>
</tr>
<tr>
<td>1-2</td>
<td>Can do most activities with rest periods</td>
</tr>
<tr>
<td>3-4</td>
<td>Unable to do some activities because of pain</td>
</tr>
<tr>
<td>5-6</td>
<td>Unable to do most activities because of pain</td>
</tr>
<tr>
<td>7-8</td>
<td>Unable to do any activities because of pain</td>
</tr>
<tr>
<td>9-10</td>
<td></td>
</tr>
</tbody>
</table>
What to Do When You are in Pain

- Your nurse will assess you to be sure your pain relief plan is working before and after an intervention for pain (such as pain medicine or an ice pack).
- Please let your nurse know what your own “comfort-function goal” is – the number where you feel comfortable enough to function.
- When you feel pain, and/or an increase in pain, please notify your nurse.

<table>
<thead>
<tr>
<th>Pain Relief Plan Options</th>
<th>Integrative Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heat/Ice</strong></td>
<td>Reiki</td>
</tr>
<tr>
<td><strong>Assisted Mobility</strong></td>
<td>Massage Therapy</td>
</tr>
<tr>
<td><strong>Pain Medication</strong></td>
<td>Acupuncture</td>
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<tr>
<td></td>
<td>Music Therapy</td>
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<tr>
<td></td>
<td>Meditation</td>
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<tr>
<td></td>
<td>Movies/Audio Books</td>
</tr>
</tbody>
</table>

Please tell your nurse if you have any side effects from pain medicine like nausea, itching, constipation or drowsiness. Less medicine throughout the day, as you get better, will decrease most side effects.

Integrative Medicine

Integrative medicine, which offers compassionate care to heal the mind, body and spirit, integrates alternative/complementary therapies into Western medical practice. Integrative medicine at Backus Hospital provides pain management and relaxation without the use of medications to improve care and healing.

Benefits of Integrative Medicine

- Pain reduction
- Relaxation and stress reduction
- Relief of muscle spasm and soreness
- Improved range of motion and flexibility
- Improved sleep and digestion
- Increased circulation and tissue healing
- A general sense of well-being

You may find an intervention such as Reiki, massage, or guided imagery beneficial. Ask a clinical team member for more information about these offerings.
**Diet Information**
Inform your nurse of any dietary restrictions and food allergies or intolerances.

**Breathing Exercises**
Breathing exercises are an important part of your recovery. After your surgery, you will be encouraged to perform simple lung exercises like deep breathing and coughing after your surgery.

**Incentive Spirometer**
You will be given a device known as an Incentive Spirometer. The nurse or a member of your care team will instruct you on how to use this device. It is best to use it 5-10 times every hour when awake for the first few days after surgery, even at home. This will help you to fully expand your lungs by breathing deeply and will prevent fluid collection, pneumonia and fevers.

**Preventing Blood Clots**
Every joint replacement patient has a risk of developing a deep vein thrombosis (DVT), also known as a blood clot. Your nurse will educate you on signs and symptoms of blood clots and what precautions we take to prevent them.

**Sequential Compression Device**
Also known as pneumatic compression stockings or “pneumo-boots” or venodyne stockings inflate and deflate automatically via a pump at the end of the bed. They assist in the prevention of blood clots by squeezing your calves to help the blood in your legs continue circulating throughout your body. They are worn while you are in bed or sitting in a chair until you are walking frequently.
Anticoagulation

Prevention of blood clotting is extremely important after total joint replacement. Different medications are used for anticoagulation.

- Medication may be injected or taken by mouth, depending on the type of anticoagulation your physician orders
- If you are on anticoagulation medication during your hospital stay, your doctor will prescribe this medication or a substitute (such as aspirin), upon transition home.
- Most patients take this medication for about one month after surgery. Do not stop taking your anticoagulation medication until directed by your doctor.

Aspirin, the popular pain reliever found in our medicine cabinets, can also be used for blood clot prevention.

Did You Know Aspirin Could Do That?

- Aspirin prevents blood clots from forming in your body.
- Take Aspirin to prevent blood clots after surgery as directed by your doctor.
- **DO NOT** stop taking Aspirin until directed by your doctor.
- **DO NOT** substitute Aspirin for other prescribed anticoagulation medication (i.e. Lovenox®/enoxaparin, Xarelto®, Plavix®)

Lovenox® (enoxaparin)

Lovenox® (enoxaparin) is an injection that is prescribed by some practitioners to help prevent blood clots. If your doctor prescribes Lovenox® as an anticoagulant, your nurse will educate you on proper use including injection techniques, signs/symptoms of blood clots, and excessive bleeding before using this medication at home. You (or your caregiver) will be expected to perform these injections at home.
Length of Stay for Total Joint Procedures

Your hospital stay will most likely be OVERNIGHT. Occasionally, a patient may need a second night depending upon the surgical procedure and other medical conditions. On a daily basis your provider team will assess your condition and communicate with you your expected date of transition home.

Mobility

Mobility is Medicine

- Research has shown that early mobilization following surgery can decrease complications and help with decreasing pain.
- Expect that you will be moving (getting in and out of bed, going to bathroom, transferring to a chair) the same day of your surgery.

Mobility Includes

<table>
<thead>
<tr>
<th>Transfers (includes car transfer training)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toileting</td>
</tr>
<tr>
<td>Stair training</td>
</tr>
<tr>
<td>Walking with an assisted device (cane or walker)</td>
</tr>
</tbody>
</table>

Getting Started

- Mobility will begin on the same day as surgery with a goal of 4 (hours) from the recovery room.
- You will receive a Physical and/or Occupational Therapy evaluation and a customized therapy program.
- You may attend a Group Physical Therapy Class that allows the physical therapist to work with you individually and alongside other patients. The Group Physical Therapy Class allows you to visit with other patients and to help encourage each other to get back to the activities you love.
- **DO NOT** get out of bed without the assistance of a healthcare team member for toileting or transfers until you are cleared to safely do so.
- It is best to take your pain medication **PRIOR** to your physical therapy session to allow better participation.
Nutrition Guidelines

After your procedure you may experience constipation. Fluid and fiber have been the foundation for treatment of constipation. You should gradually increase your fiber and fluid intake over the course of your recovery.

How Much Fiber Do I Need

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>30–38 grams per day</td>
<td>20–25 grams per day</td>
</tr>
</tbody>
</table>

Fluid Needs

When increasing your fiber intake you must also increase your fluid intake! Otherwise it could potentially make your constipation symptoms worse. Many people will want some more variety in their fluids instead of plain water. If a beverage contains flavoring it may cause you to drink more. Try the list below to increase your fluids daily:

Fluids Other Than Water

- Smoothies
- Non-calorie additives (ex. Crystal Light, Hint, Bai etc.)
- Low calorie Sports Drinks (<50 calories /serving)
- Electrolyte Beverages (Propel, NUUN tablets, etc.)
- Fruit Infused Water

It is recommend to keep a water bottle with you most of the time, so that you will drink more fluids. Remember the old saying: “out of sight out of mind” that holds true for fluid intake too.
Foods with Fiber

Here is a list of variety of foods with fiber. When in doubt look at the nutrition facts label to see how much fiber is in each product. We are aiming for at least 3-5 grams of fiber per serving. Pick and choose from the list below to meet your fiber needs!

### Food Items with at Least 4 Grams of Fiber

<table>
<thead>
<tr>
<th>Grains</th>
<th>Fruits</th>
<th>Vegetables</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/3 to 1/2 cup of high fiber cereal</td>
<td>1/2 cup blackberries/</td>
<td>1 artichoke</td>
<td>1/2 cup cooked beans</td>
</tr>
<tr>
<td>(check nutrition facts)</td>
<td>raspberries 1/2 cup</td>
<td>(cooked)</td>
<td>(lima, kidney, black, etc.)</td>
</tr>
<tr>
<td>1/2 cup dry oats</td>
<td>dry oats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(makes 1 cup cooked)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 dried prunes</td>
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<td></td>
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</tbody>
</table>

### Food Items with at Least 3 Grams of Fiber

<table>
<thead>
<tr>
<th>Grains</th>
<th>Fruits</th>
<th>Vegetables</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 slice of whole wheat bread</td>
<td>1 apple</td>
<td>1/2 cup beets</td>
<td>2 Tablespoons almond/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(diced/canned)</td>
<td>peanuts / walnuts</td>
</tr>
<tr>
<td>4 whole wheat crackers</td>
<td>1/2 cup apricots</td>
<td>1/2 cup broccoli,</td>
<td>1 cup plain popcorn</td>
</tr>
<tr>
<td>1 whole wheat English muffin</td>
<td>1 banana</td>
<td>brussel sprouts or cabbage</td>
<td>cooked</td>
</tr>
<tr>
<td>1 TBSP of rice/bran/wheat cereal</td>
<td>1/2 cup of cherries</td>
<td>(cooked)</td>
<td></td>
</tr>
<tr>
<td>1 packet of oatmeal</td>
<td>1/2 cup of fruit cocktail</td>
<td>1/2 cup carrots</td>
<td></td>
</tr>
<tr>
<td>(flavored or plain)</td>
<td>1/4 cup raisins</td>
<td>1/2 cup cauliflower</td>
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</tr>
<tr>
<td></td>
<td>1/2 cup strawberries</td>
<td>1/2 cup of corn</td>
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<tr>
<td></td>
<td>1 tangerine</td>
<td>1/2 cup sweet potatoes</td>
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<tr>
<td></td>
<td></td>
<td>or yams</td>
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<tr>
<td></td>
<td></td>
<td>1/2 cup tomatoes</td>
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<td></td>
<td></td>
<td>(cooked)</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>1/2 cup canned pumpkin</td>
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</tbody>
</table>
Transitioning Home

Post-Hospital Plan
Your post-hospital recovery begins the day you are discharged from the hospital and go home. For the first four to six weeks following surgery, most patients require and receive some form of therapy – either home care therapy or in an outpatient therapy setting or a combination of these. Regular exercise is an important part of restoring your normal joint motion and strength, and plays a key role in returning you to your normal everyday activities (see attached exercise program specific to your joint replacement surgery). Your surgeon and therapist will develop a plan that is best for you. Your total recovery period is about one year in which you will have many follow-up visits with your doctor and therapists. Remember to ask lots of questions along the way and to stay on track with you exercise and diet regimen.

Care for Your Incision
Monitoring for signs/symptoms of infection is very important. Our nursing team will educate you on proper incision site management. We pride ourselves on having low infection rates. It is important to keep your surgical incision protected and free from contamination. Your surgical incision may be closed using sutures or staples. These will be removed in your surgeon’s office about 2 (two) weeks after your surgery. You should keep your incision dry and covered until the staples are removed. Taking appropriate care of your wound helps to prevent infection. You can help by following these simple steps:

• **Keep the area clean and dry**
  Keep the area clean and dry. A dressing will be applied to the incision in the hospital and should be changed per your provider’s instructions. How to do this and how often will be explained to you before you go home. If you are not sure how to do this, ask your doctor or nurse. Your incision should remain dry and covered until you see your provider in 2 weeks when the staples are removed.

• **Watch for changes**
  Immediately notify your provider if the wound has redness that is spreading, appears more warm, or begins to drain liquid. Remember that some swelling is expected for the first 3 (three) to 6 (six) months after surgery.

Infection Prevention
The most important thing you can do to prevent infection is to wash your hands thoroughly with soap and water or use an alcohol-based hand cleanser frequently and before changing the dressing over your incision. Support your body's ability to fight infection by eating a healthy diet and drinking plenty of healthy fluids like water. Contact your primary care physician if you think you may have an infection elsewhere.
**Dressings**

Your provider will determine the appropriate surgical dressing for you.

**Aquacel Surgical Dressing**

- Please cover the dressing with a protective wrap while showering until told the incision can get wet by your doctor. The incision should remain dry and covered until the staples are removed at the two week follow-up appointment.
- Keep the Aquacel dressing in place for 7(seven) to 10(ten) days as long as it is clean, dry, and intact. Drainage in the center is okay. The dressing should be changed if drainage is leaking out the side. A Gauze Dressing should be applied and changed per provider’s instructions.
- Leave skin glue alone, let it release on its own.
- No creams, powders or lotions to incision or area around it.
- Do not scrub, soak or submerge your incision until cleared by doctor.

**Surgical Gauze Dressing**

- Please cover the dressing with a protective wrap while showering until told the incision can get wet by your doctor. The incision should remain dry and covered until the staples are removed at the two week follow-up appointment.
- Change the original surgical dressing the second day after surgery unless saturated. Replace with dry sterile 4X4 gauze covered by an abd pad and secure with tape and/or ace wrap.
- Dressings should be changed per provider’s instructions-usually daily or every other day.
- Do not scrub, soak or submerge your incision until cleared by doctor.

**Showering/Bathing**

- You may shower when your physician instructs you to. When you are able to shower, **DO NOT** rub the incision.
- **NO** tub baths, hot tubs, spas, or pools
- You may shower with your Aquacel dressing on but do NOT remove dressing

**Exercise**

Please follow the exercise plan that your doctor and physical or occupational therapist have established for you. Your recovery process and continued health depends on good nutrition, rest and proper exercise. Most joint replacement patients experience a dramatic reduction in joint pain and significant ability to participate in the activities of daily living within 2(two)-3(three) weeks after surgery.

- **Recovery takes time.** Expect to feel a bit more tired than usual for the first few weeks. Allow yourself plenty of time to regain your strength and self-confidence. Stay active-just don’t overdo it.
- **Monitor your own health** on a daily basis to ensure your recovery is continuing as planned. You are the best person to notice changes in your body and should inform your doctors if needed.
How well are YOU RECOVERING today?

EVERY DAY

Follow your exercise plan Take your medications as prescribed Eat healthy meals

**RED LIGHT – STOP/EMERGENCY**

Go to the ER or call 911 if you have any of the following:
- Difficulty breathing or shortness of breath
- Chest pain
- Localized chest pain with coughing or when taking a deep breath

**YELLOW LIGHT – CAUTION**

Call your surgeon’s office or home care agency if you have any of the following:
- Fever above 101.0°
- Uncontrolled shaking or chills
- Increased redness, heat, drainage or swelling in or around the incision
- Increased pain or significant decrease in motion during activity and at rest
- Increased swelling, pain or tenderness of the thigh, calf, ankle or foot
- Abnormal bleeding or any kind, such as increased bleeding from the incision, nosebleed, etc.
- Blood in the urine

**GREEN LIGHT – ALL IS GOOD**

When your symptoms are under control you experience:
- No difficulty breathing or flu-like symptoms
- No chest pain
- No abnormal bleeding or drainage from incision site
- Slight pain and swelling expected during healing process
Medication Instructions

• Take all medication as prescribed by your doctor. You may need to take your anticoagulation medication for about one month after discharge.

• Many people are discharged home with a prescription for injections to prevent blood clots. It is important that you or a family member learn how to perform these injections prior to leaving the hospital. Home care will not come to your home every day for every dose. You must learn how to perform these injections.

• Remind your physician of any medications you were on before your surgery, that were not prescribed for you after your surgery.

• Remember to check with your physician before you begin taking any over-the-counter medications, herbal remedies, and/or supplements.

• Please get all of your medications filled at the same pharmacy so that your pharmacist can properly identify harmful medication interactions. Ask your pharmacist questions you may have regarding your medications and associated side effects.

Other Important Information

• Swelling is not uncommon after total joint surgery. Elevation, ice and motion are helpful in decreasing the swelling. You should elevate your ankles above your heart during the day to decrease swelling. If swelling persists, call your doctor.

• It is essential that you inform your dentist that you have had a total joint replacement, as you may need prophylactic antibiotics prior to having your teeth cleaned or other dental procedures.

• If you have any surgical procedures following your total joint replacement, inform the physician that you have an implant.

Don’t Forget

• It is important that you fully understand your transitional care plan to ensure your continued healing, safety, and comfort. You will receive these instructions in writing before you leave the hospital.

• Before you leave the hospital ask questions about all of your medications and be sure you know what medications are being prescribed, the proper dosage, how and when to take the medication, and possible side effects.

• Be informed about your health condition (ask the care team if you do not understand any information shared with you) and what you can do to help facilitate your recovery.

• **NO driving** while on narcotic pain medication and return to driving will be decided by your surgeon.

Your instructions may include your follow-up appointments with your orthopedic surgeon and/or other specialists or your primary care physician. If you do not have a follow-up appointment with your surgeon, please make one as soon as you return home.
Follow-up Phone Call

Your health and recovery is very important to your care team. Upon discharge, our nurse navigator will personally call you a few days after your transition home. We want to answer any questions or concerns. After the initial personalized call, you will receive calls from an automated service asking questions about your health and recovery. You will use the phone key pad to answer the questions.

60-Day Follow-up Phone Call

A member of our quality team will follow up with you regarding the following topics. Feedback from this call will help us improve our program.

- Your surgical recovery
- Pain management and medication use
- Walking and mobility
- Return to work/driving
- Complications & re-admissions
- Staff feedback

Home Care Services

- Will conduct a home visit within 24 hours of discharge.
- Provide care on weekends

Medicare and most private insurers will pay for physical therapy in your home when you initially get discharged from the hospital.

You will be made aware of the scope and frequency of services your insurance has authorized for your homecare provider. Most insurers will initially allow for 2-3 visits/week of rehabilitation services, but your specific plan will be discussed with you upon initiation of your home care services.

While you have a choice for home care agencies, Hartford Healthcare at Home is an affiliate of Harford Healthcare and works collaboratively with the Backus Hospital team.
Rehabilitation at Home

Focus of Rehabilitation:

1. Strength
2. Functional mobility (ROM)
3. Achieving your goals of recovery

Home care services will be provided, on average for a period of 1-2 weeks with a transition to outpatient rehabilitation as appropriate. Your orthopedic surgeon will determine your needs for outpatient rehabilitation services.

What to Expect

- A phone call from your home care agency to schedule times of visits EITHER the same day as discharge from the hospital or the following morning
- An initial visit (usually by a Physical Therapist) to assure full assessment of safety, medical and functional status
- Home care services will be provided, on average, 1-2 weeks
- Transition to outpatient rehabilitation as appropriate

What You Need

- Additional support at home to assist with activities
- Your medication, equipment, insurance information and caregiver available (in person or by phone) especially on initial visits
- Transportation to get to appointments
- Dedication to your rehabilitation
- Goal for your recovery

Dedicate Yourself to Your Rehabilitation

- Get dressed
- Get moving
- Be diligent about your home exercises
- Be part of your care plan and partner with your care team

Thank you for choosing Backus Hospital!
Hip Precautions
Following Total Hip Replacement
• **DO NOT** cross your legs at the knees for at least 6 weeks
• **DO NOT** bring your knee up higher than your hip
• **DO NOT** lean forward while sitting or as you sit down
• **DO NOT** try to pick up something on the floor while you are sitting
• **DO NOT** turn your feet excessively inward or outward when bending down
• **DO NOT** reach down to pull up blankets when lying in bed
• **DO NOT** bend at the waist beyond 90°
• **DO NOT** stand pigeon-toed
• **DO NOT** kneel on the knee of the non-operated leg (the good side)
• **DO NOT** use pain as a guide for what you may or may

![Diagram](image)

**DO NOT bend your operated hip beyond a 90° angle.**

**DO NOT turn your operated leg inward in a pigeon-toed position.**

**DO NOT cross your operated leg or ankle.**
Preparing for Surgery Checklist

To Complete Before Surgery
Our program will help you gather and complete the necessary information required prior to surgery. This includes:

1. **Medical Clearance** (within 30 days of surgery)
   - History & Physical
   - Lab/blood work
   - EKG

2. **Specialist Clearance** (If you currently see a specialist)
   - Cardiologist (Heart)
   - Pulmonologist (Lung)
   - Endocrinologist (Diabetes)

3. **Important Paperwork**
   - Medication Reconciliation (Please have your medication list ready)
   - Clinical profile/history
   - Anesthesia Questionnaire
   - Surgical Consent Form
   - Insurance Verification

4. **Total Joint Education Class Attendance**
   - Date: / / 

5. **Discharge Planning**
   - Our goal is for you to recover as soon as possible in the comfort of your own home. Your discharge from the hospital should be to go home with home care services. On rare occasions, a skilled nursing facility may be recommended and authorization from your insurance company may be needed. Since more than 80% of our patients will be going directly home, you need to discuss your post-hospital plan with your doctor and family PRIOR to your surgery.

6. **Going Home**
   - Be sure you have all recommended equipment
   - Arrange for transportation from hospital for discharge
   - Please have your support person with you to review discharge instructions with your care team.

continued on next page >>
Post-acute Skilled Nursing Facility

- Facilitated by nurse case coordinators and social workers
- Insurance authorization may be needed for a skilled nursing facility. Authorization cannot be obtained until AFTER your surgery and you have been evaluated by physical therapy and your medical team.
- Transportation from hospital on day of discharge

Home Planning and Preparation

1. **Sleeping arrangements:**
   - If your bedroom is upstairs, you may need to set up a temporary sleeping area on the first floor. Stairs are not impossible but are difficult until you have full mobility.

2. **Decrease fall risk**
   - Remove all throw rugs, loose rugs, electrical cords and clutter from hallways/walking areas. These pose a risk for falling.

3. **Out of reach objects:**
   - Check your cabinets for items you routinely use and place them at a level where you will not need to bend or get on a step stool to reach them.
   - Prepare an area for supplies you will need, such as a telephone, TV remote control, radio, tissues, medication, reading materials, etc.

4. **Safety bars/rails:**
   - Install safety bars in the shower and rails for all stairs (inside & outside) as needed.
   - **Do not use suction-cup grab bars**

5. **Proper hip alignment:**
   - Have extra pillows or pads for chairs, sofas, and automobile seats to elevate the seat to insure proper hip alignment (not greater than 90°).

6. **Durable medical equipment (DME):**
   - You will receive recommendations for equipment prior to admission and prior to transitioning home from your care team.

7. **DME insurance coverage:**
   - Verify that your necessary DME is covered by insurance.

8. **Pets:**
   - Make preparations for pets that may be underfoot.

9. **Recovery games and entertainment**
   - Consider activities that you will be able to engage in during your recovery such as books, movies/DVDs, etc.

10. **Company:**
    - Make arrangements to have a family member or friend stay with you once you return home for the first few days.
To Improve My Health Before Surgery:
- I have stopped smoking to help improve my healing and recovery.
- I eat healthy, balanced meals. I have also increased my fluid intake.
- My dental care has been completed prior to surgery.
- My diabetes has been checked and is in control.

What to Bring to the Hospital:
- Two forms of identification (picture ID and insurance cards)
- Eyeglasses, hearing aids, denture cases
- Loose clothing (shorts) and slip resistant shoes
- CPAP/BiPAP mask and machine
Hartford HealthCare at Home

Hartford HealthCare at Home (Affiliate of Hartford HealthCare) provides a partner in your quickest and safest recovery, at home.

What should you anticipate?

- A telephone call from a Care Transitional Specialist from the Preadmissions Team within 14 days prior to your surgery to establish your preference of home care agency, discuss insurance benefits, what to expect from home care after surgery, and discover how to best plan for your recovery in your home.
- A visit from our transitional care coordinator in the hospital following your surgery to discuss your goals of recovery and plan for transition home.
- Initiation of a home visit within 24 hours of discharge, 7 days a week.
- An initial visit (usually a Physical Therapist) to assure full assessment of safety, medical and functional status.
- Collaboration with you and your physician in your goals of care.
- Consultative services available for Hartford HealthCare at Home programs and service lines as desired.
- Discussion of Insurance benefits and copayments required.

You will be made aware of the scope and frequency of services your insurance has authorized for your homecare provider. Most insurers will initially allow for 2-3 days/week of rehabilitation services, but your specific plan will be discussed with you upon initiation of your home care services.

Home care services will be provided, on average for a period of 1-2 weeks with a transition to outpatient rehabilitation as appropriate. Hartford HealthCare Rehabilitation Network locations will be provided by your homecare therapy team.

Call 1.800.HOMECARE (1.800.466.3227) for more information or to pre-arrange services.
Exercise – After Your Joint Replacement

One of the most important ways you can help speed your recovery and increase mobility after your knee or hip replacement is to complete your exercises and to challenge yourself a little bit each day. This booklet will help you strengthen and improve the muscles around your new hip or knee. Typically, you will complete 10 to 15 repetitions of each exercise two to three times each day. While you will be focusing on the leg with the hip or knee replacement, you might want to do the exercises with both legs. Follow all of the precautions outlined here and explained to you by your therapist, and remember to breathe in deep, regular breaths.

Quad Sets
While lying on your back in bed, press your knee into the mattress and tighten your muscle on the top of your thigh. Hold for a count of 5-10 seconds.

Ham Sets
While lying on your back in bed, keep your affected leg bent and the other leg straight. Tighten the muscle on the back of your affected leg. Push the heel down into the bed with the affected leg. Hold for 5 seconds.

Gluteal Sets
While lying on your back in bed, squeeze your buttock muscles together and hold for a count of 5-10 seconds.

Heel Slides
While lying on your back in bed, bend your knee and slide your heel to your buttock. Slide it back out straight. Tie a plastic bag around your foot if it makes the foot easier to slide.

Straight Leg Raises
While lying on your back in bed, tighten your thigh muscles and lift the leg up several inches off the bed. Keep your knee straight and toes pointed up. Hold the leg up for 5-10 seconds and then lower it back onto the bed. Do not continue if this hurts your lower back.

Lying Knee Extension
Lie on your back in bed. Place a towel rolled up or in a ball under the lower part of your thigh. Lift your foot and straighten knee. Do not raise your thigh off the rolled up towel or ball.
Sitting Knee Extension
While sitting in a chair with your back against the chair back, straighten your knee and hold for a count of five to 10 seconds. Lower your leg back down to the floor.

Ankle Pumps
While sitting in a chair or lying on your back in bed, straighten your knee and slowly push your foot forward and backward. Repeat 20 times with both ankles, every hour while away.

Heel Raises
While standing up, hold on to the back of a chair. Raise up on your toes.

Standing Knee Flexion
While standing up, hold on to the back of a chair. Bend your knee back behind you. Slowly lower it back to the ground.
Knee Raises
While standing up, hold on to the back of a chair. Raise one knee at a time as if marching in place. Do not lift your knee higher than your waist. Hold your knee up for 2-3 seconds. Slowly lower it back to the ground.

Standing Hip Abduction/Adduction
While standing up, hold on to the back of a chair. Move one leg out to the side. Keep hip, knee, and foot pointed straight forward. Slowly lower it back down to the ground.

Standing Hip Extensions
While standing up, hold on to the back of a chair. Bring your leg backwards as far as you can. Keep your knee straight.

Mini Squats
While standing up, place your back against a wall. Slide down the wall until your knees are bent at 30-45 degrees. Slowly raise up to the straight position.
Exercise – After Your Hip Replacement

Preventing Dislocation
Your therapist will work closely with you and teach you precautions about your hip replacement. It is important to keep these precautions in mind as you do the exercises that will help you strengthen the muscles and adjust to your new hip. Follow these precautions until your surgeon indicates that changes in the following activities depicted below are safe.

- **DO NOT** bend forward more than 90 degrees
- **DO NOT** lift your knee higher than your affected hip
- **DO NOT** bring legs together or cross your legs
- **DO NOT** turn your affected leg inward
- **DO NOT** twist your body when standing
- **DO NOT** reach across your affected leg
- **DO NOT** put more weight on your affected leg than instructed

Setting milestones will help you keep track of your improvement and help keep you motivated to move to the next level.

**Hip Recovery Goals Weeks 1-2:**
- Walk with increasing distance and comfort progressing with each day.
- Climb stairs as needed, always using a handrail. Step up with your non-operated leg going up the stairs, and step down with your operative leg going doing.
- Straighten your hip completely by lying flat for 30 minutes several times per day.
- Shower and dress by yourself. (with adaptive equipment if you had your hip replaced)
- Gradually resume light home duties with help as needed.

**Hip Recovery Goals Weeks 2-4:**
- Complete any remaining goals for week 1-2.
- Walk greater distances with confidence with or without assistive devices as needed.
- Climb up and go down stairs with greater ease.
- Resume all light home duties with help as needed without bending forward beyond 90 degrees unless cleared by your doctor.
**Hip Recovery Goals Weeks 4-6:**
- Complete any remaining goals from weeks 1-4.
- Walk without an assistive device unless needed for balance and safety.
- Climb up and down stairs – with a rail – from one foot to another in a normal fashion.
- Resume all light home duties by yourself.
- Return to light work duties if approved by your surgeon.

**Hip Recovery Goals Weeks 6-12:**
- Complete any remaining goals from weeks 1-6.
- Walk independently.
- Climb up and down stairs with a rail.
- Resume all home duties, low impact activities, and return to work without restrictions.

**Complete 10 to 12 repetitions of each exercise 2 to 3 times per day working up to 20 repetitions as tolerated.**

**Lying Hip Abduction/Adduction**
While lying on your back in the middle of the bed, slide affected leg out to the side as far as you can. Keep your knee straight and toes pointed up. Slide it back to the center. Tie a plastic bag around your foot if it makes the foot easier to slide.

**Side Lying Hip Abduction**
Place two pillows between your knees and turn to your unaffected side. Tighten the thigh muscle of your affected leg. Lift the leg 8-10 inches up from the pillow.

**Single Leg Step-Up**
While standing on the bottom step, hold on to the stair rail. Slowly lower one leg to the floor. Body weight should be supported by the leg on the floor. Slowly straighten the leg on the step. Body weight should be supported by the leg on the step.

*Ask your therapist when you are ready to start this exercise.*
Exercise – After Your Knee Replacement

Knee Replacement Exercises
One of the most important ways you can help speed your recovery and increase your mobility after your knee replacement is to complete your exercises and to challenge yourself a little bit each day. The exercises you will learn with your therapist and outlined in this booklet will help you strengthen and improve the muscles around your new knee and will help you gain mobility in your knee. Typically, you will perform your exercises 10 to 20 times, 2 to 3 times each day. While you will be focusing on the leg with the knee replacement, you might want to do the exercises with both legs. Follow all of the precautions, and remember to breathe in deep, regular breaths. Setting milestones will help you keep track of your improvement and help keep you motivated to move to the next level.

Knee Recovery Goals Weeks 1-2:
- Walk progressively farther each day listening to your body. If you have minimal pain, go a little farther. If too much pain or swelling, reduce the distance and ice and elevate to promote recovery.
- Climb stairs with assistance and a hand rail if feeling strong and safe. When going up the stairs, lead with the non-surgical leg, and go down the stairs leading with your surgical leg.
- Place a rolled towel under your ankle when lying down or sitting with your leg extended to help keep your knee straight.
- Sponge bathe or shower when approved by your surgeon and dress by yourself.
- Gradually resume light home duties with help as needed.

Knee Recovery Goals Weeks 2-4:
- Complete any remaining goals from week 1-2
- Walk more independently with your walker, crutches or cane as instructed. By the end of week four you may walk with greater confidence with or without assistive devices.
- Climb stairs with a rail as safety allows.
- Straighten your knee by placing your foot on a stool for half an hour several times a day.
- You will have greater motion of your knee and be able to straighten your knee more.
- You may shower and dress by yourself.
- Resume light home duties with help as needed.

Knee Recovery Goals Weeks 4-6:
- Complete any remaining goals from weeks 1-4.
- Walk with increasing confidence and ease.
- Have more than 95 degrees of bend and approaching full extension.
- Climb up and down stairs with a rail.
- Resume all light home duties by yourself.
- Return to light work duties if approved by your surgeon.
Knee Recovery Goals **Weeks 6-12:**
- Complete any remaining goals from weeks 1-6.
- Walk independently with ease and confidence.
- Climb up and down stairs with a rail.
- Have near full extension.
- Straighten your knee by placing your foot on a stool for half an hour several times a day.
- Resume light home duties, work duties, and low impact activities.

**Complete 10 to 12 repetitions of each exercise 2 to 3 times per day working up to 20 repetitions as tolerated.**

**Downward Kneecap Push**
With thumbs on upper border of kneecap, gently push kneecap toward foot.

![Downward Kneecap Push](image1)

**Upward Kneecap Pull**
With thumbs on lower border of kneecap, gently pull kneecap toward hip.

![Upward Kneecap Pull](image2)

**Sitting Knee Extension with Stool**
While sitting in a chair, place the foot of your affected leg on top of another chair, seat or stool. Press your knee down and hold for 30 seconds. Repeat 10 times, 2-3 times per day.

![Sitting Knee Extension with Stool](image3)

**Sitting Knee Flexion**
While sitting in a chair, scoot a little forward. Place a belt or towel under your foot while holding the edges in your hands. Bend your knee as far as you can with the belt or towel. Scoot forward a little more to feel more of the stretch at your knee. Hold for 30 seconds.

![Sitting Knee Flexion](image4)
# Home Safety Checklist

## Entrance

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are step surfaces non-slip?</td>
<td>☐</td>
<td>☐</td>
<td>Add adhesive-backed sandpaper stripping?</td>
</tr>
<tr>
<td>Are step edges visually marked to avoid tripping?</td>
<td>☐</td>
<td>☐</td>
<td>Add strips of tape in a contrasting color to the edge of each step?</td>
</tr>
<tr>
<td>Are there handrails on the stairs or ramp?</td>
<td>☐</td>
<td>☐</td>
<td>Add handrails at the appropriate height</td>
</tr>
<tr>
<td>Is there adequate outdoor lighting?</td>
<td>☐</td>
<td>☐</td>
<td>Add lighting as appropriate</td>
</tr>
<tr>
<td>Do you keep outdoor walkways, steps, and porches free of wet leaves and snow?</td>
<td>☐</td>
<td>☐</td>
<td>Remove wet leaves and snow as necessary.</td>
</tr>
<tr>
<td>Do you sprinkle icy outdoor areas with de-icers as soon as possible after a snow fall or freeze?</td>
<td>☐</td>
<td>☐</td>
<td>Put down salt, kitty litter, and/or de-icers as necessary.</td>
</tr>
</tbody>
</table>

## Bathroom

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the path from the bedroom to the bathroom dark?</td>
<td>☐</td>
<td>☐</td>
<td>Use nightlights in the bedroom, hallway, and bathroom.</td>
</tr>
<tr>
<td>Is the bathtub or shower floor slippery?</td>
<td>☐</td>
<td>☐</td>
<td>Install non-slip decals or a rubber mat.</td>
</tr>
<tr>
<td>Is it difficult to get on and off the toilet?</td>
<td>☐</td>
<td>☐</td>
<td>It may be helpful to raise the seat and/or install handrails.</td>
</tr>
<tr>
<td>Is it necessary to reach far or turn around to get towels, shampoo, or soap?</td>
<td>☐</td>
<td>☐</td>
<td>Keep supplies in an easy to reach receptacle, or in a storage unit that attaches to the tub or shower wall.</td>
</tr>
<tr>
<td>Is it difficult to enter the shower because you have to step over your tub?</td>
<td>☐</td>
<td>☐</td>
<td>Purchase and extended tub seat so that you can sit down and swing your legs over the edge to enter the tub.</td>
</tr>
</tbody>
</table>

## Bedroom

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it necessary to get out of bed to reach a light, the telephone, or your eyeglasses?</td>
<td>☐</td>
<td>☐</td>
<td>Place a lamp, telephone and your eyeglasses within reach of the bed. Consider attaching a light to your headboard and/or using a cordless phone.</td>
</tr>
<tr>
<td>Is there clutter (clothes, shoes, books, newspapers) on the floor?</td>
<td>☐</td>
<td>☐</td>
<td>Remove clutter to ensure a obstacle-free paths within and between rooms.</td>
</tr>
<tr>
<td>Do you get up during the night to use the bathroom?</td>
<td>☐</td>
<td>☐</td>
<td>Place a portable commode near your bed to eliminate nighttime trips to the bathroom</td>
</tr>
</tbody>
</table>

continued on next page >>
# Home Safety Checklist

## Living Room

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do carpets, rugs and floor coverings have frayed corners or rolled-up edges?</td>
<td>☐</td>
<td>☐</td>
<td>Remove damaged floor coverings or secure them with non-skid backing?</td>
</tr>
<tr>
<td>Are there throw rugs in walkways?</td>
<td>☐</td>
<td>☐</td>
<td>It is best to remove throw rugs or put non-skid backing on them?</td>
</tr>
<tr>
<td>Are chairs and sofas low to the ground?</td>
<td>☐</td>
<td>☐</td>
<td>Use furniture with higher, firm seats and armrests to safely ease into sitting or rise from chairs or sofa</td>
</tr>
<tr>
<td>Do you need to walk around furniture to get through the living area?</td>
<td>☐</td>
<td>☐</td>
<td>Rearrange furniture to have a straight path, free of obstacles</td>
</tr>
<tr>
<td>Do you have to reach up to pull cords to lights and/or ceiling fans?</td>
<td>☐</td>
<td>☐</td>
<td>Install longer cords or link ceiling lights/ fans to a switch on the wall. This eliminates the need to look up and reach as necessary.</td>
</tr>
</tbody>
</table>

## Kitchen

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Is it necessary to reach far, bend over, or climb on a stool to get commonly used items and foods?</td>
<td>☐</td>
<td>☐</td>
<td>Arrange cupboards and drawers so that frequently used items are stored waist high. Use a sturdy step stool with a grab bar (never a chair) to reach overhead items.</td>
</tr>
<tr>
<td>Is there liquid, food, grease, or clutter on the floor?</td>
<td>☐</td>
<td>☐</td>
<td>Sweep often and wipe up spills immediately.</td>
</tr>
</tbody>
</table>

## Outdoor Areas

<table>
<thead>
<tr>
<th>Potential Hazard</th>
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<tr>
<td>Is it necessary to get out of bed to reach a light, the telephone, or your eyeglasses?</td>
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<td>☐</td>
<td>Place a lamp, telephone and your eyeglasses within reach of the bed. Consider attaching a light to your headboard and/or using a cordless phone.</td>
</tr>
<tr>
<td>Is there clutter (clothes, shoes, books, newspapers) on the floor?</td>
<td>☐</td>
<td>☐</td>
<td>Remove clutter to ensure a obstacle-free paths within and between rooms.</td>
</tr>
<tr>
<td>Do you get up during the night to use the bathroom?</td>
<td>☐</td>
<td>☐</td>
<td>Place a portable commode near your bed to eliminate nighttime trips to the bathroom</td>
</tr>
</tbody>
</table>
## Home Safety Checklist

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<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have light switches near every doorway?</td>
<td>☐</td>
<td>☐</td>
<td>Add lighting to improve visibility at thresholds and flooring changes?</td>
</tr>
<tr>
<td>Do you have light switches at both the tops and bottoms of stairways?</td>
<td>☐</td>
<td>☐</td>
<td>Add lighting to improve visibility on stairs.</td>
</tr>
<tr>
<td>Do you have securely fastened handrails that extend the full length of the stairs on both sides?</td>
<td>☐</td>
<td>☐</td>
<td>It is important to make sure handrails are the full length of the stairs to avoid over reaching</td>
</tr>
<tr>
<td>Are you alert for children playing on the floor or toys left in your path?</td>
<td>☐</td>
<td>☐</td>
<td>Keep all floors clean of toys</td>
</tr>
<tr>
<td>If you have pets, are you alert for sudden movements across your path of pets getting underfoot?</td>
<td>☐</td>
<td>☐</td>
<td>Keep pets out of very narrow/small spaces. Keep pet food dishes in an easily accessible area.</td>
</tr>
<tr>
<td>When you carry bulky packages, do you make sure they don’t obstruct your vision?</td>
<td>☐</td>
<td>☐</td>
<td>Divide large loads into smaller ones whenever possible</td>
</tr>
<tr>
<td>Do you take time to get your balance when you change position from lying down to sitting and from sitting to standing?</td>
<td>☐</td>
<td>☐</td>
<td>If you feel dizzy upon sitting wait one full minute after dizziness passes before you stand.</td>
</tr>
<tr>
<td>Do you keep yourself in good condition with moderate exercise, good diet, adequate rest, and regular medical checkups?</td>
<td>☐</td>
<td>☐</td>
<td>Make regular appointments with your medical provider. Complete all exercises prescribed by your therapist. Keep hydrated and maintain a healthy diet.</td>
</tr>
<tr>
<td>If you wear glasses, is your prescription up to date?</td>
<td>☐</td>
<td>☐</td>
<td>Make sure to schedule an annual appointment with your optometrist.</td>
</tr>
<tr>
<td>If you live alone, do you have daily contact with a friend or neighbor?</td>
<td>☐</td>
<td>☐</td>
<td>Establish a routine of daily communication with family and/or neighbors. Consider setting up a monthly service/emergency call button such as First Alert.</td>
</tr>
</tbody>
</table>