

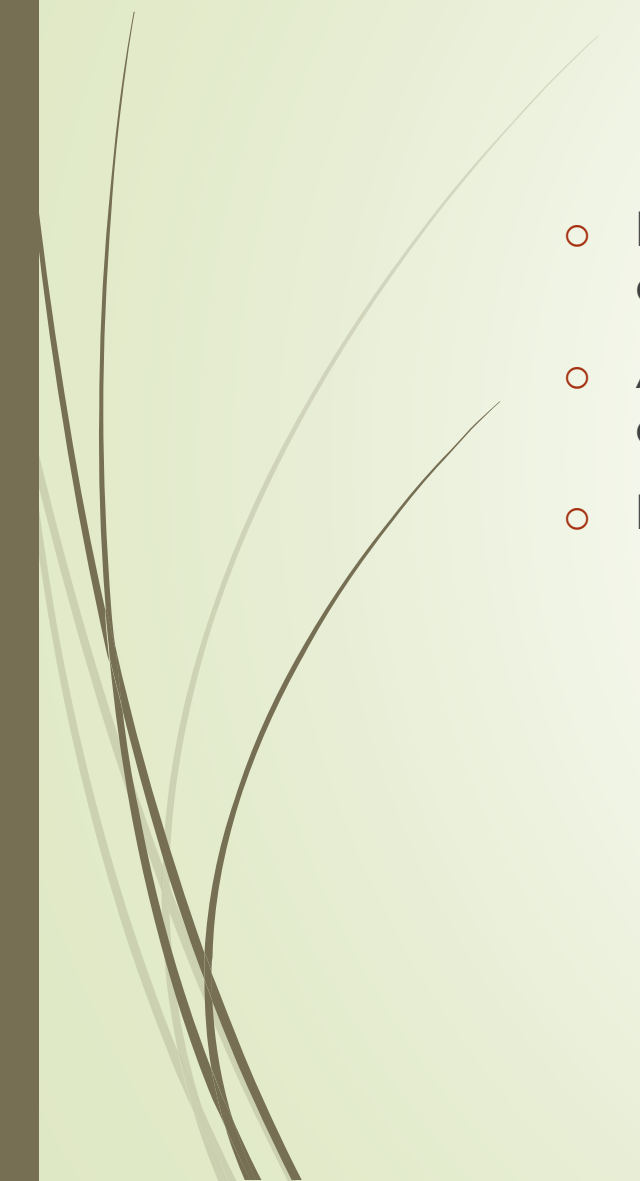


PREPARING FOR JOINT REPLACEMENT SURGERY

TOTAL AND UNI KNEE-- TOTAL HIP--TOTAL AND REVERSE SHOULDER



EXERCISE

- Exercising before your surgery helps improve your strength, range of motion, and endurance.
 - A walking or water exercise program increases endurance, flexibility, and overall strength.
 - Exercising will help you have better outcome and recovery.
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NUTRITION



- Eating a healthy diet before and after your surgery will help the healing process.
- Eat foods high in iron and Vitamin C (to help your body absorb the iron):
 - High iron food: lean red meat, dark green leafy vegetables, raisins, and prunes.
 - High Vitamin C foods: oranges, cantaloupe, and tomatoes.
- Eat foods high in Calcium to help with bone strength:
 - Milk, cheese, yogurt, dark leafy greens, and cereal with calcium added.
- Eat foods high in fiber to help avoid constipation:
 - Corn, peas, beans, avocados, whole wheat breads and pastas, broccoli, and almonds.



SMOKING AND ALCOHOL USE

Smoking: Some surgeons require you stop at least 4 weeks before surgery (your surgeon may cancel your surgery if you have not stopped smoking).

WHY?

- Smoking can cause breathing problems, increase the risk of complications during surgery, and slow recovery.
- Smoking can increase the risk of post operative infection and blood clots forming after surgery.
- Alcohol: It is important to be honest with your surgeon and anesthesia team about the amount of alcohol use.
 - This will help determine risk of alcohol withdrawal or other alcohol related problems that could happen.



PREPARING AT HOME FOR YOUR RECOVERY

- **You need a responsible adult to stay with you for 3 days after surgery.**
- Pull up scatter rugs, throw rugs, power cords, and clutter.
- Move small pieces of furniture out of the way for use of the walker.
- If you have animals, you may want to prepare with gates/crates for the first 2-3 days as they may be a tripping hazard.
- If able to stay on the 1st level (if multi level) of your home for the first 24-48 hours, it may be best.
- The day before surgery pick up medications sent to your pharmacy by your surgeon (if there are no prescriptions ready call your surgeons office).
 - Also be sure to have Acetaminophen 500mg, Vitamin C 1000mg, Colace/Senna, Famotidine (Pepcid) 20mg, and Aspirin 81mg (if these have not been prescribed).
- Be prepared with groceries and possibly prepare meals ahead
 - Glucerna/Ensure are high protein drinks to help muscle healing.



Do you need to stop any of your medications before surgery?

- Some medications can affect healing and immune system so they may need to be stopped before surgery.
- Let your surgeon know as soon as possible if you take:
 - Steroids
 - Any medication that treats inflammatory diseases like rheumatoid arthritis, psoriasis, chron's, multiple sclerosis, etc.
- Some medications and supplements can increase the risk of bleeding and affect healing after surgery.
- Ask your surgeon when to stop taking:
 - Aspirin, ibuprofen (Motrin, Advil), naproxen (Aleve), warfarin (Coumadin), Eliquis, rivaroxaban (Xarelto), clopidogrel (Plavix), or any other blood thinning medication.
- Our anesthesia nurses will call you to review health history and medications. They will let you know if you need to stop any daily medications.



THE DAY BEFORE SURGERY

- The surgery center will call you to confirm your arrival time. If you do not receive a call by 3pm the day before (or 3pm Friday for Monday) please call 860.378.8228.
- Things to do before surgery:
 - Shower and wash your hair the night before to help lower the amount of bacteria on your skin. Use the Hibiclens or wipes given to you by your surgeon's office.
 - Sleep in clean clothes on just washed sheets
 - If instructed to shower the morning of surgery with Hibiclens or wipe with wipes given to you by your surgeon's office.
- Things NOT to do before surgery:
 - Do NOT shave at all for 3 days before your surgery.
 - Do NOT eat or drink anything after the time you were told by the Anesthesia Team. This includes ICE CHIPS, GUM, CANDY, MINTS.
 - Do NOT use lotions, creams, oils, or powder the morning of surgery.



What to bring to Cheshire Surgery Center

- Drivers license or photo ID and insurance card (Medicare or Medicaid)
- Phone number of the person bringing you home
- Dress in loose comfortable clothing (no zippers/belts, buttons) for example: jogging suit, sweats, yoga pants, tee shirt.
- Do not wear slip on shoes, flip flops, or heels.
- Bring any cases for contacts, glasses, and hearing aids.
- You may bring your cell phone, a locker will be provided for personal items.
- DO NOT wear any jewelry including rings, chains, bracelets, and piercings. They all can cause burning due to the equipment used.



WHAT TO EXPECT IN PRE OP, OR, PACU, AND FROM ANESTHESIA

- PRE OP:
 - Our experienced RN's and medical assistants will help you through the admission process.
 - We will confirm your surgery site and side many times during your stay with us. We will also do vital signs, review daily medications, clip hair in the area of surgery (if needed), and start an intravenous (IV).
- ANESTHESIA
 - You will meet anesthesiologist and their team prior to having surgery.
 - The anesthesiologist will review your medical history and ask questions to help best take care of you.
 - They will explain their part in your surgery and how they will help with pain control.
 - A regional nerve block will be done in pre-op if you are having knee or shoulder surgery
 - A spinal block will be done in the operating room for knee and hip surgery
 - Medications will be given through the IV to help keep you sleeping during surgery



- OPERATING ROOM (OR)

- It will be COLD but we will place a warming blanket on you.
- There will be a lot of equipment and people in the room, including a nurse and scrub tech who are there for your support. They are also your advocate.
- You will be placed back on all the monitors to watch your blood pressure, heart rate, breathing, and temperature through out your surgery.
- Your anesthesia nurse (CRNA) or anesthesiologist will be with you the entire time to keep you safe and asleep.

- PACU (POST ANESTHESIA CARE UNIT)

- The usual length of stay is 2-4 hours. During this time we will monitor your vital signs, treat pain (if needed), check for lower body sensation and strength (if you had a spinal anesthetic).
- Once you are more awake we will bring one family member to join you. You will be allowed to drink and eat a light snack.
- We will review discharge instructions with you and your family member and be there to answer any questions. A paper copy will be sent home with you.
- Prior to discharge a physical therapist will come see you (knee and hip surgery). They will work with you on walking with walker and how to do stairs. They will review safety tips and confirm if they are seeing you the next day at home.



ONCE YOU ARE HOME, RECOVERY PHASE, AND BEYOND

- Once you are home your responsible person will help you with getting food, ice packs, and just staying close by when you get up.
- The first week is your time to rest and recover.
- Be sure to drink plenty of fluids that do not have caffeine in them. Eat light when taking any medication.
- You will be able to shower (see your discharge instructions) but it would be better to wait a couple days to keep you from getting dizzy or lightheaded.
- Recovery from joint surgery can be slow with some set backs with your motion, strength, and pain. This is normal. FULL recovery can take a year or more.
- The nursing staff will call you the day after surgery and then 1 week, 1 month, 2 months, and 3 months after surgery. We are here to answer questions and help you through your recovery. **IF YOU HAVE AN URGENT PROBLEM CALL YOUR SURGEON OR GO TO THE LOCAL EMERGENCY ROOM.**



PAIN AND DISCOMFORT

- Pain is expected after surgery. The regional nerve block should help with 70% of knee pain and 100% of shoulder pain.
- We encourage you to take your pain medication as soon as you begin to feel pain or as the nerve block is wearing off. **DO NOT WAIT UNTIL YOU ARE UNABLE TO TOLERATE THE PAIN.**
- Follow the instructions on the bottle and take acetaminophen (Tylenol) as instructed.
- Remember to take pain medication before activity (physical therapy) and at bedtime if needed.
- Pain medication may cause nausea. To help that from happening **take with food**. Your surgeon may have also prescribed you a medication to help with the nausea. If not call your doctors office.
- Pain medication and anesthesia medications can cause constipation. To help this from happening drink plenty of fluids, eat high fiber diet, and take a daily stool softener. If this becomes a problem a laxative may be needed.
- DO NOT wait to call your surgeon with any questions or concerns.



DO YOU THINK IT'S A PROBLEM?

CALL YOUR SURGEON IF:

- You have severe pain and you are taking all the medications prescribed for pain.
- You have drainage that soaks through your dressing you should first ice and elevate. If it does not stop it or it is bright red you should call your surgeon.
- Once the dressing is removed and you start having drainage or a large area of redness.
- You have a fever above 101 degrees any time up to 1 month after surgery you should call your surgeon.



BLOOD CLOTS

- ▶ BLOOD CLOTS CAN HAPPEN AFTER JOINT REPLACEMENT SURGERY. IT IS A SERIOUS COMPLICATION AND THEY CAN TRAVEL FROM AN ARM/LEG TO YOUR LUNGS MAKING IT HARD TO BREATHE.
- There are ways to prevent clots from forming:
 - Walking and moving the hand/feet on the surgical side
 - Taking aspirin or blood thinning medications as prescribed by your surgeon
 - Wearing support stockings or using compressive sleeves that may have been delivered with your ice machine
- SYMPTOM—if you have **ANY** or **ALL** call your surgeon.
 - Pain and/or redness in your calf, leg, or arm. It can be on either arm or leg.
 - A cramping feeling in your calf that does not stop.
 - An increase in swelling to any foot, ankle, calf, thigh, arm, or hand.
 - Shortness of breath, pain with breathing, or chest pain.
 - **YOU MAY NEED TO GO TO THE EMERGENCY ROOM OR CALL 911 IF YOU HAVE CHEST PAIN OR SHORTNESS OF BREATH.**