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## TOTAL JOINT REPLACEMENT PROGRAM

## **WELCOME TO THE TOTAL JOINT REPLACEMENT PROGRAM**

This booklet will help you understand what total joint replacement is all about. You will find answers to many of your questions about what you can expect before and after surgery. If you have more questions, please call Maggie at Dr. Jason Hochfelder's office.

Our joint replacement team includes many people. You will be working closely with Nurse Practitioners, Orthopedic Nurses, Physical Therapists, Occupational Therapists, and discharge planners. All of our staff has one goal: getting you back on your feet so that you can return home safely. Your active participation during your recovery period will aid in your rehabilitation.

### **Your Healthcare Team**

The following health care members will work with you:

#### **A Family Nurse Practitioner will...**

- Perform your preoperative nursing assessment and preoperative teaching at the hospital
- Be actively involved in your care and treatment during your hospital stay

#### **An Orthopedic Nurse and Nurse's Aide will...**

- Help keep your pain under control and help make you as comfortable as possible.
- Help get you in and out of bed, transfer to a chair, and walk to the bathroom.
- Watch for any changes in your condition and coordinate your care during your hospital stay.
- Act as a liaison between you and your physician.

#### **A Physical Therapist (PT) will...**

- Perform your pre-operative teaching.
- Work with you on your mobility: including getting in and out of bed, walking with the appropriate ambulatory aid, going up and down stairs, getting up and down from a chair or a commode, and getting in and out of a car.
- Teach you exercise to increase hip motion and strengthen your leg.
- Educate and instruct family or caregivers that may be assisting you after discharge.

#### **An Occupational Therapist (OT) will...**

- Perform your preoperative teaching
- Teach you ways to care for yourself while dressing and bathing
- Determine if any adaptive equipment will be needed to safely perform yourself care activities
- Teach you safe ways of transferring in and out of the shower stall or bath tub.
- Educate and instruct family or caregivers that may be assisting you with self care activities after discharge.

#### **A Case Manager will...**

- Arrange home health services if needed
- Work with your insurance to obtain authorization for any equipment needed.

## **Before Your Surgery**

### **Getting your home ready**

There are several things you can do before your surgery to make your return home easier.

- Prepare food ahead of time
- Move frequently used pots, pans, and dishes up to the counter or to an upper cupboard for easier access.
- Remove loose throw rugs so that you will not trip.
- Make necessary arrangements for pet care.
- Place grip strips in the shower stall or bath tub so you will not slip.
- Make sure electrical and phone cords are not in the path of walking.

### **Getting Yourself Ready**

During your routine pre-hospital “work up” your doctor(s), family nurse practitioner, and nurse coordinator will meet with you to discuss possible *social* (family/community support), *financial* (insurance/private pay coverage), and *physical* (therapy, medical equipment, and self care) needs. This information will be helpful with discharge planning. Discharge planning is a team process used to help you and your family learn and get ready for what you may need after surgery. The staff will start your discharge plan with you during your pre-hospitalization admission. **A typical hospital stay is 48 hours,** depending on your progress and insurance authorization.

### **Your Hospital Stay**

Pack a small bag for your hospital stay. This should include non-slip shoes (e.g. tennis shoes or loafers) and loose fitting comfortable clothing (e.g. shorts/warm-up suits). You will need these items during your physical and occupational therapy sessions. Bring your toiletries (i.e. razor, make-up, shampoo, toothbrush, etc.). Do not bring medications, jewelry, credit cards, or large amounts of money with you.

### **Total Joint Replacement Home Program**

This booklet contains certain activities that we teach you during your hospital stay.

## **Bed Mobility:**

### **Getting out of bed**

- Scoot to the edge of the bed by using your non-operative leg.
- Angle your body so that your legs are nearing the edge of the bed.
- Push up onto your hands so that your hands are positioned behind your hips.
- Use your hands to help scoot hips forward to the edge of the bed.

### **Getting into bed (reverse the process)**

- Sit on the edge of the bed.
- Slide your buttocks backward by supporting yourself with your arms.
- Try angling towards the head of the bed.
- Keep scooting back using your non-operative leg until both legs are on the bed.

## **Sleeping**

- Try sleeping with a pillow between your legs (knees/ankles).
- You can sleep on either side if positioned with a pillow between your legs. You can lie on either side depending on comfort.

## **Sitting**

Use a firm, sturdy chair with armrests (e.g. dining room chair).

### **Sitting Down**

- Back up to the chair until you can feel it with the back of your legs.
- Place the crutch (es)/cane in the hand on your non-operative side.
- Reach back for the armrest and lower yourself slowly.
- You may sit up straight with your hips scooted back into the chair and knees bent underneath you.

### **Standing Up**

- Scoot forward in the chair.
- Push up using the armrest on the operated side while holding the crutch(es)/cane in the opposite hand.

## **Activities of Daily Living**

### **Toileting**

- You may use a raised toilet seat for comfort.

### **Dressing**

- You may bring the foot of your operative leg and rest it on the non-operative knee to put your shoes and socks on.
- If you experience difficulty or were unable to put your shoes and socks on prior to your surgery, you may temporarily need to use adaptive equipment for your lower body self care.
- Adaptive equipment may include: long handled reaches, long handled sponge or brush, long handled shoehorn, sock aid, and/or dressing stick.

## **Bathing**

- You may shower **5** days from the day of surgery. (**IF THE WOUND IS DRY**).
- i.e. If your surgery was on a Monday then you may shower on Saturday

## **Tips when walking with crutch (es) or a cane**

- Do not be afraid to put weight on your operated leg.
- Take even stride lengths to emphasize a normal heel-toe walking pattern.
- Do not lean over on the crutches or on the cane. Remember to stand straight.
- If you are ready to progress to one crutch or to a cane, use the device on the opposite side (e.g. device in left hand if right hip replaced).

## **Stair Climbing**

### **Going Up**

- Remember to step with the non-operative leg or the “good” leg first.
- Use handrails if available.

### **Going Down**

- Remember to step down with the device and the operative leg or the “bad” leg first.
- Use handrails if available.

## **Getting In/Out of a Car**

- Try to park the car away from the curb, allowing entry from a level surface.
- Recline the seat and position it as far back as possible to maximize leg room.
- Back up to the front passenger car seat using the crutches/cane.
- Reach back for the seat.
- Lower yourself slowly onto the seat.
- Back onto the seat in a semi-reclining position.
- Pivot into the seat bringing your legs into the car and face forward.

## **Discharge Instructions**

### **T.E.D. Hose**

Wear the T.E.D. hose (white stockings) for 4 weeks from the date of surgery (or you may stop them before if you can walk a mile each day). You may take them off twice a day, once in the morning to bathe and again in the evening. The hose should not be off for more than 30-45 minutes at a time. Make sure there are no wrinkles in the stockings. The stockings prevent blood from pooling in your legs during the post-operative period when you are not as active as usual. It is especially important to wear them at night while you are sleeping.

### **Medication to Prevent Blood Clots**

You should take coated aspirin (Ecotrin or Ascriptin) twice daily for one month after surgery unless otherwise instructed. Aspirin has a mild blood thinning quality that is helpful during the post-operative period. It is important to take the coated aspirin because it should not upset your stomach. If you take Ecotrin or Ascriptin you should take 325 mg in the morning and in the evening. Remember acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Advil, Motrin, or Nuprin) are **NOT** a substitute for aspirin. If you take Coumadin or Persantine do **NOT** take aspirin. Coumadin and Persantine have blood thinning qualities of their own.

### **Incision**

You may shower once your incision is completely dry. When you shower, pat the incision gently to dry it. If there is glue over the incision should fall off within a few weeks. If you notice blisters from the tape, small areas of the incision that are

not sealed over, or red pimply areas on or near the incision, **DO NOT** get it wet. If the incision begins to drain or bleed, **DO NOT** get it wet. Please call the office immediately.

### **Diet**

There are no restrictions to your diet. Eat a normal diet as you did before surgery. Make sure you eat plenty of fruits and vegetables and drink 6-8 glasses of water a day. This will prevent constipation. If you have questions, call the office.

### **Driving**

You may drive when you are no longer taking any pain medication. The guideline is for your personal safety. If you had surgery on your right hip or knee, you must have good control of your leg to work the gas and brake pedals.

### **Handicapped Parking**

You can obtain an application for a handicapped parking placard from the office. Your doctor will sign the form. You must fill out your portion of the form, and then take it to either the DMV or AAA. Temporary handicap placards are issued for either 3 or 6 month periods.

### **Travel**

You may get out of the house as soon as you feel up to it. Use the handicap bathroom stall. If you are in a hotel, request a handicap accessible room. If you must fly, request bulkhead seating or first class seating if possible.

### **Sexual Activities**

You may resume sexual activities as soon as you feel able. Your therapist or doctor can answer other questions you may have.

### **Follow-Up Visit**

A follow up visit should be made 2-3 weeks after your surgery for knees and 6 weeks after your surgery for hips. Please call the office to schedule your follow up appointment.

### **Exercise and Walking Guidelines**

During your hospital stay, the physical therapist will instruct and provide you with a home exercise program. This will include guidelines on how to safely progress your activity level. Begin walking outdoors the day after you get home from the hospital. Gradually increase your walking daily with the goal of walking one mile anywhere within the first 2-4 weeks. However, it is important not to over exert yourself. If you have increased soreness or swelling, decrease your activity and ice and elevate your leg above your heart. If pain persists or increases, stop exercising and contact the office immediately.

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