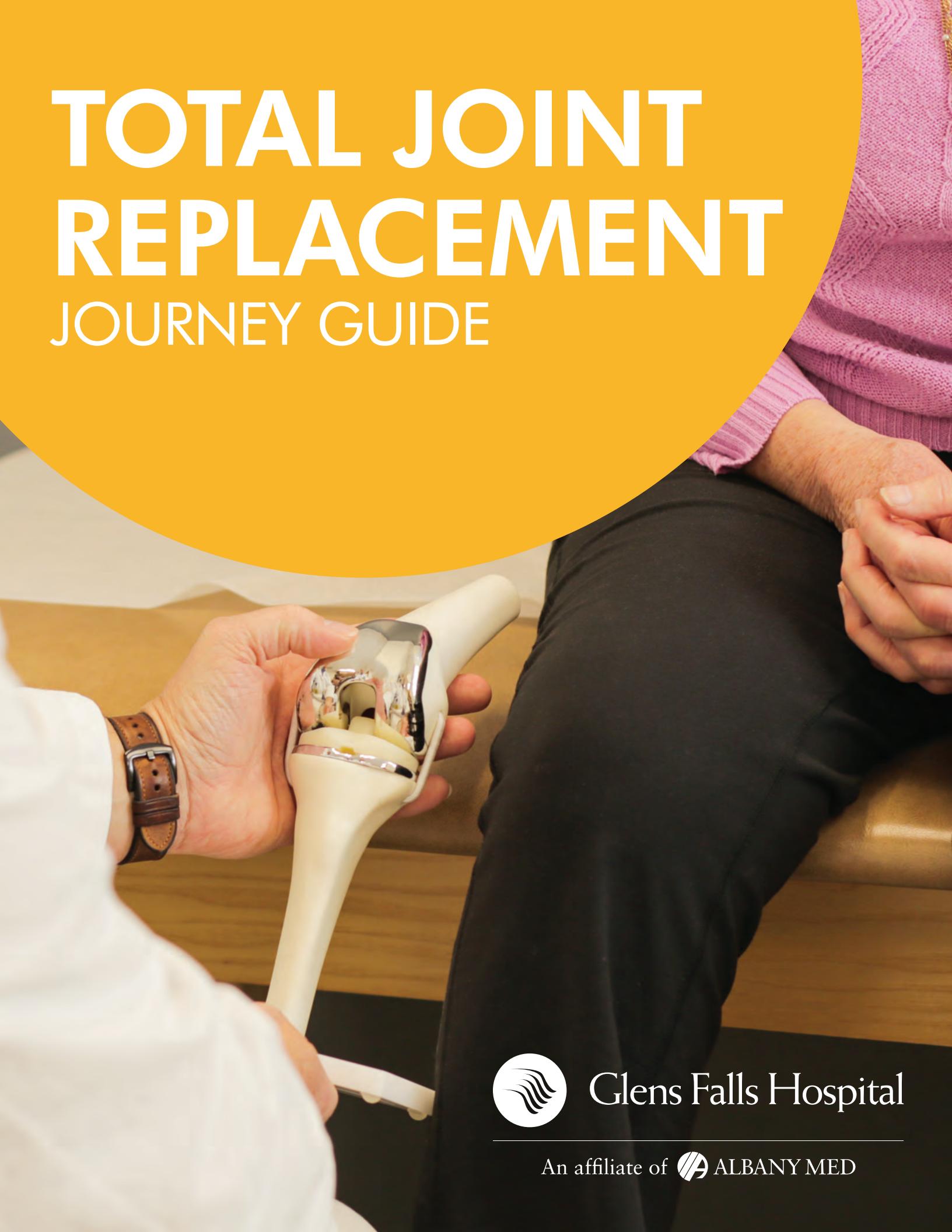


TOTAL JOINT REPLACEMENT

JOURNEY GUIDE



Glens Falls Hospital

An affiliate of ALBANY MED

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Welcome!

Thank you for choosing Glens Falls Hospital for your upcoming total joint replacement surgery. We have been serving residents of the Adirondack region for over a century. Our promise to you and your family is to provide exceptional, patient-centered care, delivered by our compassionate and highly skilled, professional staff.

The need for surgery often causes anxiety, particularly if you have not experienced surgery in the past. Knowing what to expect, understanding what will happen and why, helps alleviate these concerns and reduces anxiety for you and your family. Your surgical experience is a cooperative effort between you, your joint coach, surgeon and our hospital staff. Our staff looks forward to assisting you through your surgery and recovery.

The information provided in this guide was prepared specifically for patients who are thinking about, or who are scheduled for total joint replacement surgery. It is meant as a general guide, however, your individual care will be directed by your care team. The information will guide you through the entire surgical experience, from the time you and your surgeon make the decision for surgery, and throughout your recovery. You are not expected to read it all in one day, nor memorize any of it. Keep this guide as a handy reference as you prepare for your surgery. Bring the guide to all appointments, the pre-operative Total Joint Replacement Class and to the hospital on the day of your surgery!

We encourage you to share this informational guide with members of your family and/or friends who will be providing you with encouragement, support and assistance.

We welcome your feedback on how we are doing, either directly to your healthcare provider or the Orthopedic Nurse Navigator, **Samantha Murray, 518.926.6482**. Your input provides us an opportunity to continually improve our services and our promise to you.

Thank you again for choosing Glens Falls Hospital and placing your trust in us. We offer our best wishes for a speedy recovery!

Sincerely,

Your Healthcare Team

Appointment Page

Surgical Date: _____

Pre-Admission Testing Clinic (PAT): _____

Location: Pruyn Pavilion, 3rd Floor, Glens Falls Hospital

Pre-Operative Testing: _____

Primary Care Appointment: _____

Cardiology: _____

Dental: _____

Total Joint Replacement Class: _____

Location: Community Learning Center, Pruyn Pavilion Entrance, Glens Falls Hospital
(See map on page 46 for parking instruction.)

Prehab Programs (see page 10): _____

Other: _____

Post-Operative Appointments:

Outpatient Physical Therapy Appointment: _____

Outpatient Occupational Therapy Appointment: _____

First Orthopedic Follow-up Appointment: _____

Other: _____

Home Medication List

*Include all prescribed and over-the-counter medications, vitamins and herbal supplements.

Overview of your Total Joint Replacement Team

Working in collaboration to ensure a positive outcome for each patient.

Nurse Navigator (NN)

A Registered Nurse who serves as a liaison between patients, doctors and hospital staff. The nurse navigator will guide patients through the entire surgical process from pre-admission to discharge and facilitate pre-operative and post-operative education to the patients. The nurse navigator will answer any and all questions a patient may have about the surgical process.

Orthopedic Surgeon

A specially trained doctor with advanced training in total joint replacement surgery to give you the best possible outcome when replacing your joint.

Anesthesia Care Team

An Anesthesia Physician or Certified Registered Nurse Anesthetist will evaluate your anesthesia needs. This team is specially trained to keep you safe during surgery and in recovery. They are one of the many team members who manage your pain.

Physician Assistant (PA)

The PA works with your doctor to prescribe, diagnose, and treat healthcare problems. They often see you before, during and after joint replacement surgery.

Physical Therapist (PT)

The PT will guide your return to functional daily activities. Your PT will train you and your joint coach how to move safely and independently with your new joint replacement, as well as teach exercises designed to regain your strength and motion after surgery.

Occupational Therapist (OT)

The OT will teach you about performing daily tasks such as bathing and dressing with your new joint. The OT will also teach you how to use special equipment that can assist you with such tasks after you receive your replacement.

Care Manager

Works closely with your healthcare team to ensure that all your necessary support services are in place such as outpatient physical therapy appointments and home equipment needs.

Registered Nurse (RN)

The RN is responsible for managing your nursing care following your surgery, while using the surgeon's instructions to guide your care. RNs offer educational information to you and your family, about health and safety needs—before and after surgery.

Pre-Admission Testing Clinic (PAT)

This department will provide your physical anesthesia needs assessment and obtain additional testing when necessary.
(See page 8).



How Your Joint Works

Cartilage is a smooth substance that serves as a shock absorber and as a tough coat to prevent damage to underlying bone. The job of the cartilage is to make repeated movements between the bone smooth, safe and efficient. Over time, the cartilage may wear away, which can cause pain, stiffness and decreased mobility. Joint replacement surgery can relieve pain and assist you in returning to the activities and the lifestyle you enjoy.

The term “**joint replacement**” does not mean that the joint will be replaced, as is commonly thought. In a **hip replacement** the head of the femur is removed, a metal stem is inserted into the femur shaft, and then topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal or ceramic liner. No longer does bone rub on bone, causing pain and stiffness.



Normal hip



Arthritic hip



Hip replacement

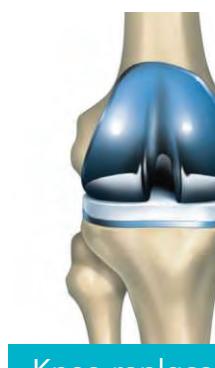
In a **knee replacement** an implant is used to re-cap the worn bone ends. This is done with a metal alloy on the femur and a plastic spacer on the tibia and patella (knee cap). This creates a new smooth cushion and a functional joint that can reduce or eliminate pain.



Normal knee



Arthritic knee



Knee replacement

Preparing for Surgery

Pre-Admission Testing (PAT) Department and Clinic

Prior to your surgery, your physician's office will arrange an appointment with the PAT Department. Your physician will determine if you require an in-person visit with a provider in the PAT Clinic or a phone screening by one of the Registered Nurses (RN). If you are scheduled for an appointment at the PAT Clinic, that appointment will last approximately 90 minutes. This appointment includes the pre-surgical nurse screening and an assessment by the provider. Any required testing will be completed at this visit. Phone screenings are approximately 30 minutes long and you will have a separate appointment for your testing. Please have the information below ready for review during any PAT appointment.

Topics that will be reviewed during this visit or phone call:

- Medical history
- Surgical history
- Family history
- All medications that you are currently taking, including over the counter medications, vitamins and/or herbal supplements
- All allergies, including medications, environmental (including metals), food
- Name of all doctors involved with your care
- Advance Care Directives (Health Care Proxy, Living Will)

Members from your Total Joint Replacement Team will discuss which medications should be stopped before surgery. These could include, but are not limited to:

- Aspirin, or medications that contain aspirin
- Some anti-inflammatory medications (such as ibuprofen, Aleve, etc.)
- Some vitamins
- Fish oil
- Herbal supplements (such as ginseng, gingko biloba, garlic pills)
- Herbal teas

Based on your medical history, you may need to see other important providers such as:

- Primary Care office
- Cardiologist
- Dentist
- Any other specialists currently involved in your care



Pre-Surgery Total Joint Replacement Education Class

All patients having a total joint replacement are required to attend this very informative, free class. You will be scheduled for this class 2–4 weeks prior to your surgery by your Orthopedic Nurse Navigator. Your joint coach is encouraged to attend the class with you. Please bring this guidebook with you.

In class, you will learn how to prepare for surgery, what to expect while you are in the hospital, what equipment is needed and how to prepare for your discharge home. This class is taught by a team of professionals consisting of an Orthopedic Nurse Navigator, Registered Nurses from the perioperative and the orthopedic floor, a PT, an OT and a Care Manager. They will speak to their specific areas of expertise and are happy to answer any questions you might have.

Joint Coach

Your friends and family who are involved in your daily life are important to you. Choosing a family member or friend to act as a coach, will help you through your total joint replacement surgery and recovery process. This person will be with you every step of the way. Your coach will attend pre-surgery classes, give support during and after surgery, and keep you focused on healing and recovery. Your coach will encourage you to continue exercising when you return home and ensure that your home remains safe during recovery. The joint coach will assist with laundry, simple house work, meal preparation and transportation to and from appointments.

***It is recommended that you have supervision from your joint coach for 1–3 days after you are discharged home from the hospital.**

Joint Coach's Checklist

The Joint Coach has an important job. They will become an informed and confident caregiver to his or her loved one. As a coach you will learn:

- Methods to control pain.
- The exercise program the patient will need to follow at home.
- Physical therapy and occupational therapy equipment.
- Potential complications that can occur after surgery (pneumonia, blood clots, infection).
- Ways to support your loved one at home after surgery.



Prehab Programs

Research shows patients that participate in a presurgery exercise program have less surgical complications, decreased length of hospital stay and a faster rate of recovery. Presurgery programs, or Prehab, focus on range of motion, strengthening, flexibility and aerobic training. The ideal time to start a presurgery or Prehab program is at least 4–6 weeks prior to surgery.

It is important to note that you are welcome to attend a prehab program through any healthcare facility of your choosing.

There are two different options available for prehab for patients through Glens Falls Hospital.

#1 The Wellness Center

- Available only at the Rehabilitation and Wellness Center in Queensbury, NY.
- Medical clearance is required to participate in a prehab/exercise program. This clearance can be obtained through your orthopedic surgeon or primary care provider.
- Services include a health assessment and goal setting by an exercise physiologist and access to the wellness gym during regular hours.
- Access to an exercise physiologist who will provide individual instruction at no additional cost.
- Access to group therapy pool classes (Waterworx I or II) at additional cost.
- One-month, free access to the Wellness Center if actively receiving PT services, or after discharge from PT if the therapy was provided at a Glens Falls Hospital location.
- Pay out-of-pocket program.
 - \$38/month
 - \$32/month for 62 years or older or Glens Falls Hospital employee
 - Free for patients with Silver Sneakers and Renew Active

– Discounts available for AARP Medicare, Healthways, Whole Health, Living Network, Silver & Fit and Forever Strong

#2 Physical Therapy

- Physical therapy is covered by most insurances with a physician referral. Copayments, deductibles and visit limitation will apply according to individual insurance plans.
- When choosing physical therapy (PT) for prehab, it is important to consider your PT visit limitation. Your health insurance may only allow a set number of PT visits per year. We recommend contacting your insurance to determine your individual benefit limitations. It would not be advised to utilize majority of the PT visits for prehab because you will need PT visits after surgery for recovery. For this reason, working with a Wellness Center may be a better option.
- Pool therapy is available at our Queensbury, NY and Wilton, NY locations and can be a part of a comprehensive Prehab program.
 - Pool therapy can be very beneficial as the warm water and buoyancy allows patients with painful joints to exercise with more comfort.

For more information about prehab, please contact your Orthopedic Nurse Navigator.



Outpatient Physical Therapy Locations, Glens Falls Hospital

The Rehabilitation and Wellness Center

The Hearing Center

2 Country Club Road, Queensbury, NY 12804

Phone 518.926.2000 | Fax 518.926.2020

Physical Therapy at Irongate Center

4 Irongate Center

58 Elm Street, Glens Falls, NY 12801

Phone 518.926.2030 | Fax 518.223.0732

Physical Therapy at Main Street

17 Main Street, Queensbury, NY 12804

Phone 518.926.2040 | Fax 518.798.0815

Evergreen Medical Center

13 Palmer Avenue, Corinth, NY 12822

Phone 518.654.7647 | Fax 518.654.7303

Cambridge Medical Center

35 Gilbert Street, Cambridge, NY 12816

Phone 518.677.3961 | Fax 518.677.3180

Greenwich Medical Center

1134 State Rte. 29, Greenwich, NY 12834

Phone 518.692.9861 | Fax 518.692.7947

Please note, this list includes only the therapy locations offered by Glens Falls Hospital. You are welcome to work with any physical therapy provider of your choosing (regardless of their affiliation with Glens Falls Hospital).

Pre-booking Total Joint Replacement Physical Therapy

Physical therapy after total joint replacement surgery is essential to a successful recovery. Therapy for total joint replacement is offered at all our locations. Our services consistently exceed national standards for functional improvement and patient satisfaction with function and overall services for orthopedic conditions as measured by UDS Lifeware. We offer the option of scheduling physical therapy services prior to surgery at all therapy locations. This allows patients to choose the days and times that work with their schedule and assures consistent days, times and clinicians. Simply call our main number at **518.926.2000** or any of the therapy locations and ask to pre-book your total joint replacement therapy. It will be important for you and your physician to determine your anticipated, post-surgical discharge plan in order to choose an appropriate start date.

Total Joint Camp

We offer our Total Joint Camps at our Queensbury, NY and Wilton, NY locations. This program, utilizing a team-based approach to your care, improves your chance of a full and speedy recovery.

- Physical therapy services with a combination of both traditional, land-based treatments and aquatic therapy when your incision is fully healed.
- Land-based treatments will be an hour long with both individual and group-based portions to maximize your time while here.
- Aquatic therapy will be 30 minutes long and will be prior to or after your land-based therapy.

The Wellness Center

The Rehabilitation and Wellness Center located in Queensbury, NY provides our community with a unique exercise experience. The Wellness Center allows for an easy transition to continue with their exercise program during and after their therapy ends. The facility is equipped with aerobic exercise equipment for members of differing activity levels as well as several resistance-training options.

The Wellness Center Services

- Members receive a health assessment and individualized exercise instruction with continued supervision and guidance throughout the membership.
- Personalized goal setting is offered with our staff monitoring their progress and working with them to reach their goals.

- One-on-one training, special testing (balance, body composition, fall risk), assistance on/off the equipment and monitoring of blood pressure, oxygen and heart rate are all included in the membership at no extra cost.
- Our state-of-the-art therapeutic pool, is ideal for patients who have received a total joint replacement to maintain the gains from therapy or to meet new goals.
 - Classes focus on improving range of motion, strength, balance and gait for orthopedic conditions.
 - Incorporates underwater treadmill and underwater jets for resistance.





Getting Ready for Surgery: Staying Healthy

Diet and Nutrition

Healthy eating and proper nutrition before your surgery aids the healing process and decreases the risk of wound infection after surgery.

- Drink plenty of fluids and stay hydrated.
- Eat more fiber to help avoid constipation (often caused by pain medications). Foods that contain fiber include, corn, peas, beans, avocados, whole wheat pasta and breads, broccoli and almonds.
- Eat foods rich in iron, such as red meat, dark green leafy vegetables, raisins and prunes.
- Eat food high in Vitamin C to help your body absorb iron. Foods that are high in Vitamin C include oranges, cantaloupe, red bell pepper and tomatoes.
- Make sure you are getting enough calcium, which is needed to keep your bones strong. Foods that are high in calcium include milk, cheese, yogurt, dark leafy greens and fortified cereals.

Eat light meals, especially the day of surgery. The combined effects of anesthesia and your medications may slow down your bowel functions. This can cause constipation after surgery.

Diabetes Guidelines and Blood Sugar (Glucose) Management

Managing your blood glucose is always important but is extremely important before surgery as it can help reduce the risk of infection and other complications following surgery. Surgery can affect your blood glucose control in many ways. Stress before and after surgery can cause your body to release hormones that may make it more

difficult to manage blood glucose levels. Surgery can also affect your normal diet and may change your usual medication routine. Your diabetes will be managed throughout the entire surgical process, starting with a thorough review during the pre-operative testing and continuing through the post-op period. Hemoglobin A1c is a blood test that determines average blood glucose over 3 months. If your A1c is greater than 7.5, your surgeon may delay your surgery.

Nicotine and Alcohol Use

Nicotine: Smoking, chewing and vaping causes breathing problems, increases the risk of medical complications and slows recovery. Nicotine also increases the risk of infection, increases blood pressure and heart rate, delays healing and can increase the risk for blood clots after surgery. If you use nicotine products, we encourage you to quit at least a few weeks before surgery. Your anesthesiologist requires no nicotine 24 hours before surgery.

If you need help quitting:

Glen Falls Hospital Smoking Cessation Class:
Join C.R. Wood Cancer Center staff for a free, four-week smoking cessation class. To register or for more information, please call **518.926.6629**

Smoking Cessation Hotline

NYS Smokers' Quitline
1-866-NY-QUITS **1.866.697.8487**
or nysmokefree.com

Alcohol/Drug Use: Research shows that stopping the use of alcohol or illegal drugs two weeks prior to surgery can improve your ability to heal. Your anesthesiologist requires that you do not use alcohol or illegal drugs, 24 hours prior to surgery. Before surgery, it is important to be honest with your healthcare providers about your alcohol and drug use. This information helps determine if you are at risk for alcohol/drug withdrawal or other related problems that could occur after surgery and affect your recovery. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

Flu/Pneumonia Vaccines: If your surgery is between September and March, be sure your vaccinations are up to date. It is important to note, patients should receive their flu or pneumonia vaccine no later than 2–3 weeks before their surgery.

Dental Care: Poor dental health can be a source of infection which can spread to your new joint. Therefore, your surgeon may recommend that you see your dentist prior to surgery to ensure good dental health. If you require any dental work, it is recommended to have it done at least 2 weeks prior to your surgery. After your joint replacement surgery your surgeon may want you to wait a specific amount of time before any dental work is completed. Your surgeon may also want you to take antibiotics prior to your dental appointment. Please contact your surgeon prior to your dental appointment to discuss further.

Things That Could Cancel or Delay Your Surgery

- Eating or drinking after midnight, except for Gatorade
- Chewing tobacco or gum
- Recreational drug use
- Alcohol consumption
- Cold or respiratory symptoms
- Fever
- Vomiting and/or diarrhea
- Bladder infection
- Dental problems such as abscess, toothache, etc.
- Broken skin on your surgical extremity (scrape, cut, ingrown toenail, ingrown hair, etc.)
- Any other infection symptoms
- Unprotected sexual intercourse within two weeks prior to surgery. If there is any chance you may be pregnant, then your surgery will be cancelled.

Please contact your surgeon if any of the above applies.

Preparing Your Home for After Surgery

It's important to prepare your home to be safe and ready for you after surgery. Use the following guidelines. Check each item box as you complete that item.

- Move frequently used items in the kitchen, bathroom and bedroom to tabletop-height surfaces or to the middle shelves.
- Put nightlights in the bedroom, bathroom and/or hallway(s) to prevent you from tripping over something during the night.



- Pick up all throw rugs in your walking or standing path. Consider using double-faced tape to secure all carpet edges.
- Check stair railings to make sure they are secure. If you are adding a railing, extend it a few inches past the end of the staircase. It's best if all stairs have railings.
- If your bedroom/bathroom is on the second floor, consider relocating to the first floor of your home or stay with a family/friend who

has a single level home (temporarily). Do you have access to a portable commode?

- Put grab bars in the bathtub/shower. Consider other key areas for grab bars, such as by the toilet. (Grab bars should be installed into the wall studs to ensure that they are secure.)
- Have access to a shower/tub transfer bench for bathing.
- Consider a hand-held shower head.
- Consider using a soap dispenser/liquid soap in the bathtub/shower rather than using hand-held soap.
- Make your phone accessible to your primary sitting area and bed. Carry a cell phone in your walker bag or pocket when you are home alone for increased ease of emergency access.
- Pick out a chair to sit in when you are home. A good chair is firm with armrests and seat height at least 18 inches from the floor, but one that allows your feet to be flat on the floor and your knees to be lower than your hips if you have hip precautions.

Make plans to take care of the following tasks after your surgery. Check each box as you complete that item.

- Find someone to do your yard work.
- Arrange to have your paper and mail delivered to your door rather than curbside, as needed.
- Arrange transportation to the grocery store, community events, family activities and doctor/therapy appointments.
- Find someone to help care for your pet, if needed.
- Prepare and freeze a few meals before your surgery.

Things to Pack for the Hospital

Clothing:

- Loose-fitting sleepwear or comfortable clothes
- Underwear or incontinence brief if used before admission
- Non-skid footwear without open back, socks

Personal Care Items:

- Toothbrush/toothpaste
- Denture cup/cleaner
- Deodorant
- Shaving items
- Comb or hair brush
- Shampoo, body wash
- Makeup
- Insulin pump supplies if used before admission

**Glens Falls Hospital will provide you with basic personal care items as needed. However, if you prefer your own personal items, you are welcome to bring those in with you.*

Important Papers:

- Total Joint Replacement Journey Guide
- Your most current list of medications and supplements, noting which ones have been stopped and when
- A copy of your Advanced Health Care Directives
- Workers Compensation Information
- Important telephone numbers

Other:

- An attitude of success, you will soon be back to an active lifestyle
- Hearing aid batteries
- Your cell phone with charger
- Your insurance card and photo ID
- Your joint coach should bring a method of payment for your discharge prescriptions if you choose to utilize the medications delivery program to the bedside provided by the Outpatient Pharmacy at Glens Falls Hospital

Do not bring:

- Jewelry
- Laptop, electronic devices
- Credit card/cash
- Medications—your care team will give you all necessary medications while you are here at Glens Falls Hospital
- C-PAP or Bi-PAP machine/tubing—just bring your settings. Machines and tubing are provided by the respiratory department

Provided by the hospital:

- Local phone services
- Wi-Fi
- Television

Preparation Checklist

Approximately 4–6 weeks prior to surgery:

- Please expect to receive phone calls to have the following appointments scheduled—Joint Class, Pre-Admission Testing (PAT) and physician and dental clearance if necessary.
- Select your joint coach/caregiver.
- Begin pre-surgery exercises/prehab (see page 10).
- Begin smoking cessation.
- Limit drinking alcohol.

Approximately 2 weeks prior to surgery:

- Prepare your home (see page 15) and meals for your return.
- Obtain recommended equipment.
- Begin preparing for pet care.

1 Week prior to surgery:

- Stop shaving below the neck.
- Avoid activities that may cause skin abrasions such as yard work.
- Arrange for transportation to and from the hospital and physical therapy appointments.
- If there are any concerns of infection (respiratory, bladder, skin, dental), please contact your surgeon.

2 Days Before surgery:

- Pack your hospital bag (see page 16).
- Place walker or crutches in your vehicle for discharge.
- Do your laundry and clean your house.
- Shower using Hibiclens (given to you at the Total Joint Replacement Education Class).
 - Do not use the solution on your face or in your private areas.
 - Do not scrub the skin, just wash.

If you develop a rash from the antibacterial wash, stop using it immediately and use a different antibacterial soap, such as Dial.

The Day Before Surgery:

- Confirm your arrival time **1.800.634.0466 between 2:00pm – 3:00pm** to find out the time you need to arrive at the hospital for your surgery. If your surgery is scheduled for a Monday, call the Friday before.
- Shower in the evening using Hibiclens.
- Wear freshly washed clothes and sleep in freshly washed sheets. This will help prevent infection.
- Remove all nail polish.
- Do not use any lotion, powders or perfumes.
- Before bed, drink 16–20 oz. of a carbohydrate/electrolyte drink (Gatorade or Powerade) unless otherwise instructed by PAT clinic. See page 20 for more information.
- Remember no food or drink after midnight except Gatorade in the morning for your electrolyte balance as instructed.

Day of Surgery:

- 2 hours before arrival to hospital, drink 16–20 oz. of a carbohydrate/electrolyte drink (Gatorade or Powerade) unless otherwise instructed by PAT clinic. See page 20 for more information.
- Shower using Hibiclens. Remember not to use lotion, deodorant, makeup, nail polish, powders, hair products or perfumes.
- Bring your Total Joint Replacement Journey Guide.
- Take any medications you were instructed to take with a sip of water.
- Put your front wheeled walker or crutches in your vehicle. *Any equipment you need while you are at GFH will be provided to you. However, it will be easier for you to have your assistive device accessible for when you return home.

Day of Surgery

Parking Information

As you enter the Glens Falls Hospital campus, watch for signs for both the West Lobby and for Visitor Parking. You can choose to park in Visitor Parking or free valet parking is available:

- 6:45am – 4:00pm West Entrance

If the person driving opts for Valet Parking, they can reclaim their car keys at the West Entrance until 4:00pm. To pick up your vehicle after 4:00pm, have a staff member contact security to arrange for retrieval of your keys/vehicle. See page 46 for map of valet parking.

Entering the Hospital

When you arrive at Glens Falls Hospital at your appointed time, you should enter through the West Lobby and proceed to the patient access specialist, you will be directed or assisted to 4 Central/AM admissions.



4 Central/AM Admissions

You will check in at the desk on 4 Central. Your Family/Friends/Joint Coach will be asked to wait in the Family Waiting Room for approximately 30 minutes while the nurses are preparing you for surgery.



If there is any further testing ordered by your surgeon (lab or x-ray, for example), it will be done at this time. You will be changing into a hospital gown; your surgical site will be scrubbed, and the hair will be clipped. Your RN will review your history, obtain vital signs and establish IV access. Your loved ones will then rejoin you to keep you company while you wait for surgery. You will meet your anesthesia provider and discuss anesthesia options. The surgeon will confirm the correct surgical site and mark the skin. Throughout this process, you will be asked to confirm your name, date of birth and surgical site multiple times for safety purposes. You will be asked to remove your glasses, hearing aids and dentures. We recommend you give these to your family for safe keeping. Exception: If you need your hearing aids or glasses to communicate, you will be allowed to wear them into the operating room. If they need to be removed in the operating room, the nursing staff will safeguard these for you until you arrive in the Recovery Room, which is also known as the Post-Anesthesia Care Unit (PACU).

You will meet the RN who will be present during your surgery, and they will bring you to the operating room. Your family will be directed back to the Family Waiting Room, where they can monitor your progress via a tracking board while you are separated.

The surgeon will update the family after the surgery, in the waiting room. If your family needs to leave, they should provide their contact information to the secretary at the 4 Central check-in desk.

Information For Your Family/Friends

Your family or friends will be able to follow your progress through the surgical unit with our tracking board. Upon admission, you will have a number assigned to you, and your family will receive a card with that number on it. This number will appear on the tracking board located in the Family Waiting Room on 4 Central. Tracking you by a number ensures your privacy. Periodically, the tracking board will update your loved ones as to where you are in the surgical process. When your surgery is finished, your surgeon will go to the Family Waiting Room to speak to your family/friends. For confidentiality reasons (HIPPA Privacy Rule), your surgeon can only tell them information about your surgery with your approval. You should discuss this with your surgeon before surgery.

Important Note: On the day of your surgery, it is best if your family/friends take care of your hearing aids, dentures, glasses and any valuables you may have brought with you (jewelry, cash, electronics, etc.) to the hospital. When you check-in for surgery, bring only the items you will need before your surgery. Other items you will need during your hospital stay (clothes, personal belongings, etc.) can be brought to your room by your family after surgery.

Anesthesia Information

There are two options for anesthesia for knee and hip replacements—**spinal or general anesthesia**. You and your anesthesia provider will decide on the best option based upon several factors: your medical condition, previous experience with anesthesia and a discussion with your anesthesiologist or nurse anesthetist.

Enhanced Recovery After Surgery (ERAS)

We do not want you to eat food after midnight before surgery. However, you may be directed to drink 16–20 oz. of a carbohydrate/electrolyte drink (Gatorade or Powerade) before going to bed and again two hours before your scheduled arrival time at the hospital. This is a very individualized protocol, and you should discuss this with the PAT clinic if you have any questions or concerns. Consumption of the carbohydrate/electrolyte drink significantly improves insulin resistance and patient comfort following surgery especially hunger, thirst, malaise, anxiety and nausea. Please do not substitute other juices, dairy or non-dairy drinks, coffee or tea with milk or sodas for the Gatorade—your case will be delayed or cancelled.

An intravenous (IV) line will be started before surgery to give you fluids and medications throughout the process. Typically, a sedative will be given on your way to the OR to relax you and decrease anxiety. In most people, this medication will also cause amnesia (forgetfulness) and it's likely you will not remember anything about the experience. All patients are placed on monitors so your anesthesia provider can closely follow your vital signs throughout the surgery. There will always be someone from the anesthesia team with you throughout your surgery, and their only job is to make sure you are safe and comfortable during your operation.

Spinal Anesthesia

Spinal anesthesia (also known as regional anesthesia) is the physician recommended anesthesia for hip and knee joint replacement. Spinal anesthesia involves injecting a local anesthetic into the fluid that surrounds your spinal cord. This medication numbs the nerves leading to the lower part of your body. You will receive sedation for the injection of the spinal anesthesia. Due to the sedatives given prior to and during spinal anesthesia, most patients do not remember anything about receiving the spinal anesthetic. You will be asleep during your operation. Your anesthesia provider will be with you throughout the operation to make sure you are comfortable and adequately sedated. Many patients are initially fearful of a spinal anesthetic, and we encourage you to discuss these fears with your anesthesiologist or nurse anesthetist.

We would like to make you aware of the many benefits of this very safe anesthetic, which include:

- Fewer heart and breathing problems
- Less nausea and vomiting after surgery
- Much faster recovery while in the hospital, shorter hospital stays
- Lower infection rate
- Less pain after surgery

Patients require less narcotic pain medicine after surgery.

General Anesthesia

General anesthesia keeps you in a deep sleep that affects your entire body. We will give you medicine through your IV that will allow you to go into a deep sleep. Once you are asleep, a special breathing device is placed into your mouth and throat that allows you to keep breathing safely during the surgery. The tube is removed at the end of the operation, and you will only know it

was there if you develop a scratchy or dry throat that may last a day or so. You will be breathing a mixture of oxygen and anesthetic gases and will receive special medications that will make sure you stay asleep throughout the surgery.

General anesthesia is usually well tolerated, but some patients may be more sensitive to side effects afterwards. Potential side effects include:

- Nausea
- Vomiting
- Headaches
- Muscle aches

If you know you get "sick" after anesthesia (or from the pain medicines you get after surgery) or suffer from motion sickness, please let us know ahead of time. There are many medications that can be given before you wake up to prevent nausea and vomiting. In addition, please let your anesthesia provider know if you have experienced any side effects or complications during any previous procedures.

Nerve Blocks

Nerve blocks are an additional way to provide excellent pain relief after total joint replacements and many other orthopedic surgeries. They can be safely administered with either general or spinal anesthesia. By using an ultrasound device, local anesthetics can be placed around the specific nerves that lead to the surgical site, with pain relief that usually lasts 18–24 hours.



Patients typically need much less IV pain medicine, especially narcotics, which means fewer side effects like nausea, vomiting, confusion and breathing problems—all of which can slow your recovery. Your anesthesia provider will discuss the best options for pain control with you and will answer your questions and concerns.

The Operating Room

You will be transported on a stretcher into the operating room where there are several staff members waiting to prepare you for your procedure. You may notice music playing in the background and that the room is cool. You will be introduced to the staff members and asked for the final time to confirm your name, date of birth, site of surgery and what procedure you are having done. You will be assisted in moving from the stretcher to the operating room table and your nurse will provide you warm blankets. Your anesthesia provider will place several monitors on you.

Your team wants you to be as comfortable as possible while you are in the operating room. Please let your nurse know if you have pain or discomfort in other parts of your body (i.e., other joints, neck, back) when you are positioned for surgery. Additional padding is available to ensure you are comfortable. We will keep you warm throughout the entire procedure with a special warming blanket. The next thing that you will be aware of is waking up in the Recovery Room.

Recovery Room/ Post-Anesthesia Care Unit (PACU)

You will be transported from the operating room to the Recovery Room, which is also known as PACU (Post-Anesthesia Care Unit). This is where you will be cared for immediately after your surgery. Here, a specially trained nurse will be monitoring your heart rate, blood pressure, temperature, respiratory rate and oxygen levels as well as continuously monitor your pain level. You will notice that you are receiving oxygen through a mask. This may be changed to a nasal cannula prior to leaving the PACU. The PACU is a busy place and you will hear beeps and other noises, other patients, as well as voices of the medical staff. Generally, family members are not permitted in this area to protect the privacy of the other patients recovering nearby.



Arriving to Your Room

When you leave the Recovery Room/PACU, your family/loved ones will be notified that you are heading to your room. You will be oriented to your room and the equipment used, including your call light. Your nurse will get you settled, complete an initial physical assessment and then bring your family to you. Your vital signs will be checked frequently, and the nurse will assess the surgical site. You will have a waterproof dressing that will stay on until your post-operative appointment, unless your doctor orders to have it changed.

While you are here, you will be repositioned periodically for comfort. You may continue to use oxygen via nasal cannula at your provider's discretion. You will be asked to use a breathing device called an **incentive spirometer (SMIM)** 5–10 times per hour. Your nurse will demonstrate the proper technique and how to use the spirometer. You will also be asked to complete

simple, lung exercises such as coughing and deep breathing. These are done to expand your lungs and help get oxygen to your tissues. These techniques will aid in reducing your risk for post-operative pneumonia.



A nurse or therapist will help you in and out of bed and give you instruction on walking after surgery. It may or may not be uncomfortable, but movement over time will help lessen pain and help you heal faster by improving flexibility and strength. It is important to get out of bed and walk as soon as possible with staff, because it helps the healing process. You will be asked to sit in a chair for meals and throughout the day.

In addition to receiving your regular medications, you may receive some or all of the following:

- Anticoagulants**—to thin your blood and help prevent blood clots.
- Stool softeners/laxatives**—to counteract the effect of the pain medicine which can cause constipation. It can take a few days to move your bowels.
- Antiemetics**—to relieve the nausea that can be caused by anesthesia and pain medications.
- Pain medications**—we will partner with you to manage your pain. The goal is to manage your pain so you can rest and participate in therapy.

Managing Your Pain

Everyone reacts to pain in different ways. Your nurse will ask you to rate your pain on a 0–10 pain scale. Level 0 means no pain, while 10 is extreme, unbearable pain. Your description allows the nurse to help with proper interventions such as cool gel packs, repositioning, elevation and pain medication as prescribed by your surgeon. Your doctor will choose a method of pain management based on your surgery, your medical history and the amount of pain you are having. Your pain may not go away completely, but we want to make sure you are as comfortable as possible.

Wong-Baker FACES™ Pain Rating Scale



Recognizing Potential Complications

Lack of movement following surgery may cause the blood to slow and pool in the veins of your legs, creating a blood clot. Therefore, you have been given a prescription for a blood thinner (anticoagulant) medication after surgery. Blood thinners help to prevent clots from forming in the blood.

Deep Venous Thrombosis (DVT): a blood clot in a vein. This can occur in either leg. A DVT is dangerous as the clot could break off and travel to the lungs. This is known as a Pulmonary Embolism (PE) which can be life-threatening.

Signs & Symptoms of a Blood Clot in Legs:

- Swelling in groin, thigh, calf or ankle that does not go down with elevation.
- Pain, redness, heat and tenderness in groin, thigh, back of knee, calf or ankle.

Note: Blood clots can form in either leg

Signs & Symptoms of a Pulmonary Embolism:

- Difficulty breathing, shortness of breath, chest pain, fast heart rate.

Notify staff right away if you notice any of the above symptoms

To Prevent Blood Clots:

- Frequent walking is important for blood clot prevention.
 - Avoid sitting or lying in one position for prolonged periods of time.
 - Additional medical devices and blood thinner medication may be provided to decrease the risk of a blood clot. Be sure to take blood thinner medication as directed by your surgeon.
 - Perform ankle pumps—total knee replacement patients should not place a pillow under their knee.
- Anti-embolism Stockings (TED hose)**—These are tight fitting stockings which aid in circulation to help prevent blood clots. Your surgeon may ask you to continue wearing these stockings after discharge from the hospital.
- Sequential Compression Devices (SCDs)**—These devices are connected to a pump which provides intermittent compression to your calves or feet to help prevent blood clots. The pump will hang at the foot of your bed.



Safety

Glens Falls Hospital is committed to the safety of its patients. Your healthcare team wants to be sure you are well cared for while you are with us. The nurses and therapists will continue to ask your name and birth date throughout your stay. Your name/ID band will be scanned by your nurse any time you receive medications.

While you are at Glens Falls Hospital, you will be considered a fall risk. You will be wearing a yellow wristband and yellow socks to identify you as such. You are at an increased risk for fall because:

- You are unsteady on your feet
- Your strength may be decreased
- You are in unfamiliar surroundings
- You are receiving pain medication

- You have just had surgery
- You are attached to an IV
- You may be experiencing dizziness

You will be instructed to use your call button and wait for staff assistance. Do not wait until the last minute to press the call button. Staff will assist you anytime you are out of bed. They will remain with you in the bathroom as patients most often fall during restroom activities. There are alarms set on your bed and chair to alert us if you are moving without assistance. **Family and friends should not assist you to get up.** Our experienced staff is skilled in assisting patients with transfers and using the correct equipment/techniques to ensure your privacy and your safety. Your safety is our concern, and your cooperation is important.

Therapy

Physical Therapy

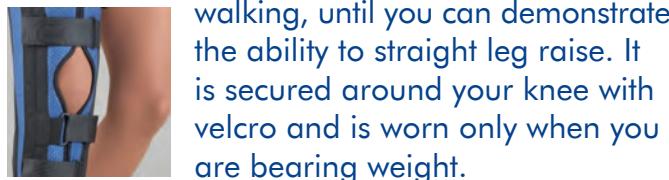
As post-operative care, you will be seen in your room by physical therapy (PT).

During your stay your physical therapy team will teach you how to:

- Get in and out of bed safely.
- Get in and out of an automobile safely.
- Move from sitting to standing from various surfaces.
- Walk with the appropriate assistive device (front wheeled walker, crutches).
- Negotiate stairs if you have them at home.
- Comply with your precautions.
- Perform your home exercise program.

PT Equipment That May Be Used After Surgery

Knee immobilizer—at your physical therapist's discretion a knee immobilizer may be recommended. It will be used while you are



walking, until you can demonstrate the ability to straight leg raise. It is secured around your knee with velcro and is worn only when you are bearing weight.

Front wheeled walker or crutches—these are devices used by all total joint replacement patients to assist with walking. Using a rollator walker (4 wheels with a seat and brakes) is not recommended immediately after joint replacement. If unsteady on your feet, a rollator can be unstable and increase your risk for falls.



Abductor pillow—some surgeons may order this for a total hip patient. This foam wedge is placed between your knees to keep your operative leg from crossing your midline. It keeps your leg properly aligned when you are in your bed on your back or on either side. A pillow could also be used as a substitute.



Hip Precautions: Total Hip Replacement Surgery

These positional precautions are designed to prevent dislocation of your new hip and it is important that you clearly understand them. We will review them in detail in the joint replacement class and during your therapy sessions but have included them below for review by you and your family.

You will need to adhere to these precautions for at least the first 6–8 weeks after your operation. After that, you should speak with your surgeon to find out how long he/she would like you to continue to observe them.

POSTERIOR HIP PRECAUTIONS			
 DO NOT bend over or lift hip up past a 90-degree angle.	 DO NOT rotate your hip, knee or ankle inward. Keep your foot facing forward.	 DO NOT pick objects up from the floor.	 DO NOT cross your legs.

Physical Therapy Exercises

If you are not attending a prehab program or physical therapy, it is recommended you practice these exercises 1–3 sets per day prior to surgery, for 10–30 repetitions as tolerated. A little discomfort is to be expected, but avoid the exercises if it is too painful.

ANKLE PUMPS

Slowly bend your foot up and down at the ankle.



QUAD SETS

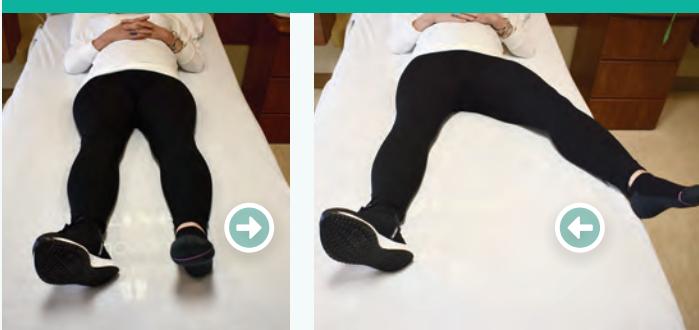
Push your knee down into the bed and tighten the muscle on top of your thigh. **Hold for a count of 5**. If you can tolerate a rolled bath towel under your ankle place one, this will provide a better stretch behind your knee.



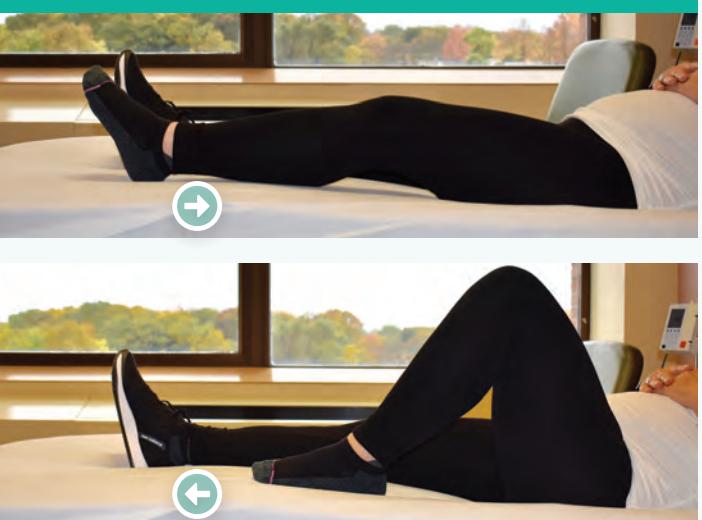
GLUTEAL SETS

Squeeze your buttocks muscles together. **Hold for a count of 5**.



HIP ABDUCTION

With your knee facing toward the ceiling, slide your leg out to the side, then back to the middle. **Do not cross the midline** of your body when returning to the center if you have hip precautions.

HEEL SLIDES

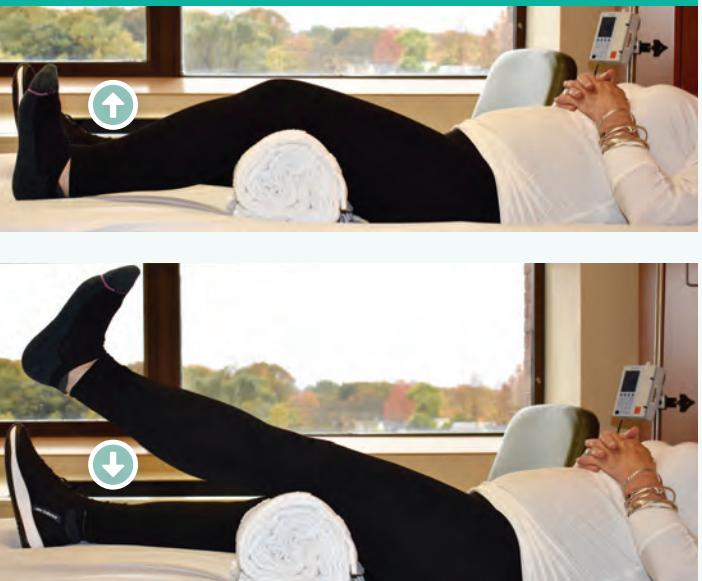
With your knee pointed toward the ceiling, bend your surgical leg by sliding your foot on the bed toward your buttocks. Slide your leg back down to the bed. **Keep your foot on the bed.**

STRAIGHT LEG RAISE

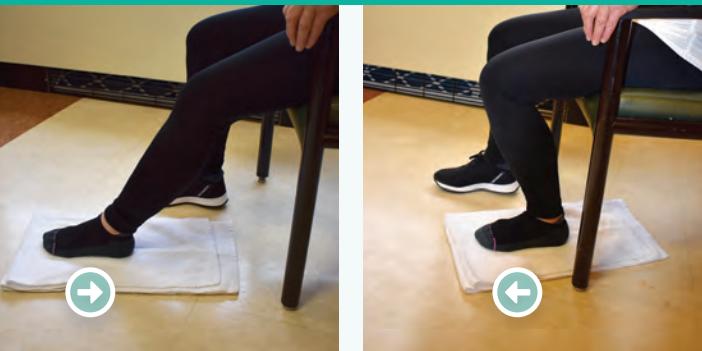
Bend your non-surgical leg with the foot flat on the bed. Tighten the muscle on top of your thigh and raise your surgical leg straight up about 6–12 inches off the bed. **Keep your knee completely straight.** Lower slowly. Relax and repeat.

HIP ROTATION

For hip replacement patients only: With your knee pointing toward the ceiling, roll your surgical leg out to the side. Then roll back so the knee points toward the ceiling and **STOP.**

SHORT ARC QUAD

Place a rolled bath towel or firm round object under your knee of the surgical leg. Straighten your knee, **hold for 5 seconds**, then lower slowly. Be sure to completely straighten your knee.

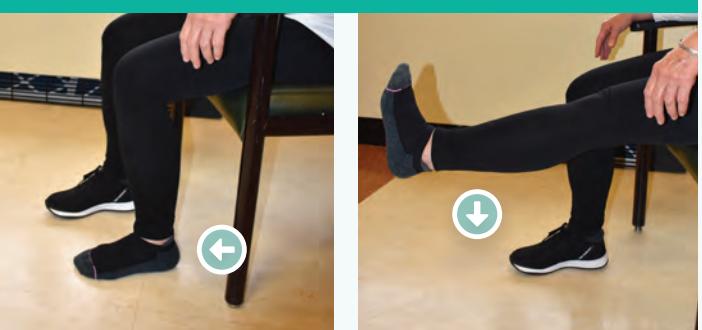
SEATED KNEE FLEXION

While sitting in a chair, feet flat on the floor, bend your surgical knee as far back as you can tolerate.

Hold for 5 seconds.



Upon discharge it is important to continue with a formal physical therapy program in an outpatient setting to maximize optimal function of your new joint.

SEATED KNEE EXTENSION

Sit in a chair or on a firm surface. Straighten your knee as far as possible. **Hold for 5 seconds**, then slowly lower to starting position.

**SEATED HAMSTRING STRETCH**

For knee replacement patients only: Sit on the edge of a chair or firm surface. Stretch out your surgical leg, keeping it as straight as possible with your heel on the ground and your toes pointed up. Keep your back straight, gently lean forward from your hips until you feel a stretch in the back of your thigh. **Hold for 30–60 seconds.**

*For this exercise perform 2 repetitions.

Getting Around After Total Joint Replacement

Positioning and Turning in Bed:

While in bed you may lay on your back or on your side, whichever is more comfortable for you. When lying on your side after a hip replacement, place a pillow between your legs to avoid crossing your surgical leg past midline.

Getting Out of Bed:

1. Prop yourself up on your elbows and slowly bring your legs off the edge of the bed, one at a time.
2. Once your legs are off the edge of the bed, push up onto your hands.
- 3 Scoot forward, until you are sitting on the edge of the bed.

*If you've had a hip replacement, it is easier to maintain your hip precautions by getting out of bed on the same side as your surgical leg.

Getting into Bed:

1. Sit on the edge of the bed.
2. Slide back onto the bed.
3. Lift one leg up onto the bed, and then the other.
4. Use your arms to assist your surgical leg if necessary.

*If you've had a hip replacement, lean back before lifting your surgical leg onto the bed to maintain your hip precautions.

Standing Up from a Sitting Position:

1. Scoot to the edge of the seat with your walker or crutches in front of you.
2. Place both hands on the bed or armrest of your chair and push up and take hold of your walker one hand at a time.



Going up:

1. Your unininvolved leg goes up first.
2. Your surgical (involved) leg goes up next.
3. Your cane or crutches go up last.

Going down:

1. Your crutches or cane go down first.
2. Your surgical (involved) leg goes down next.
3. Your unininvolved leg goes down last.

Remember! Up with the good, down with the bad.

If you have stairs without handrails in your home and are unable to install a handrail prior to surgery, you may need to use crutches to climb stairs. You will practice this with PT prior to discharge home. It is important to obtain a pair of crutches prior to surgery.

Sitting Down from a Standing Position:

1. Back up until you feel the bed or chair on the back of your legs.
2. Reach back with one hand at a time and slowly lower yourself into a sitting position.

*You should kick your surgical leg out in front of you to observe hip precautions or to allow for limited knee motion initially.

Walking:

1. Advance your device.
2. Advance your surgical leg.
3. Use your arms by pushing down on the walking device as you step through with your non-surgical leg.

*Your therapist will progress you to a less-restrictive device as appropriate.

Stair Training:

Use adaptive equipment as recommended by your therapist such as cane, crutches, walker, handrails, hand-held assist, gait belt.

4. When close to the vehicle, turn and begin backing up to the front passenger car seat. **DO NOT step into the vehicle!**

5. Reach with your right hand and hold the doorframe or headrest. Place your left hand on the car seat or dashboard.

6. Slowly lower yourself to the car seat. If you have hip precautions, before sitting, make sure your surgical leg is extended in front of you to prevent too much bending at the hip.

If you require a knee immobilizer, you may need to remove it after sitting in order to get your surgical leg into the vehicle. Put the knee immobilizer back on before standing once your legs are outside the vehicle.

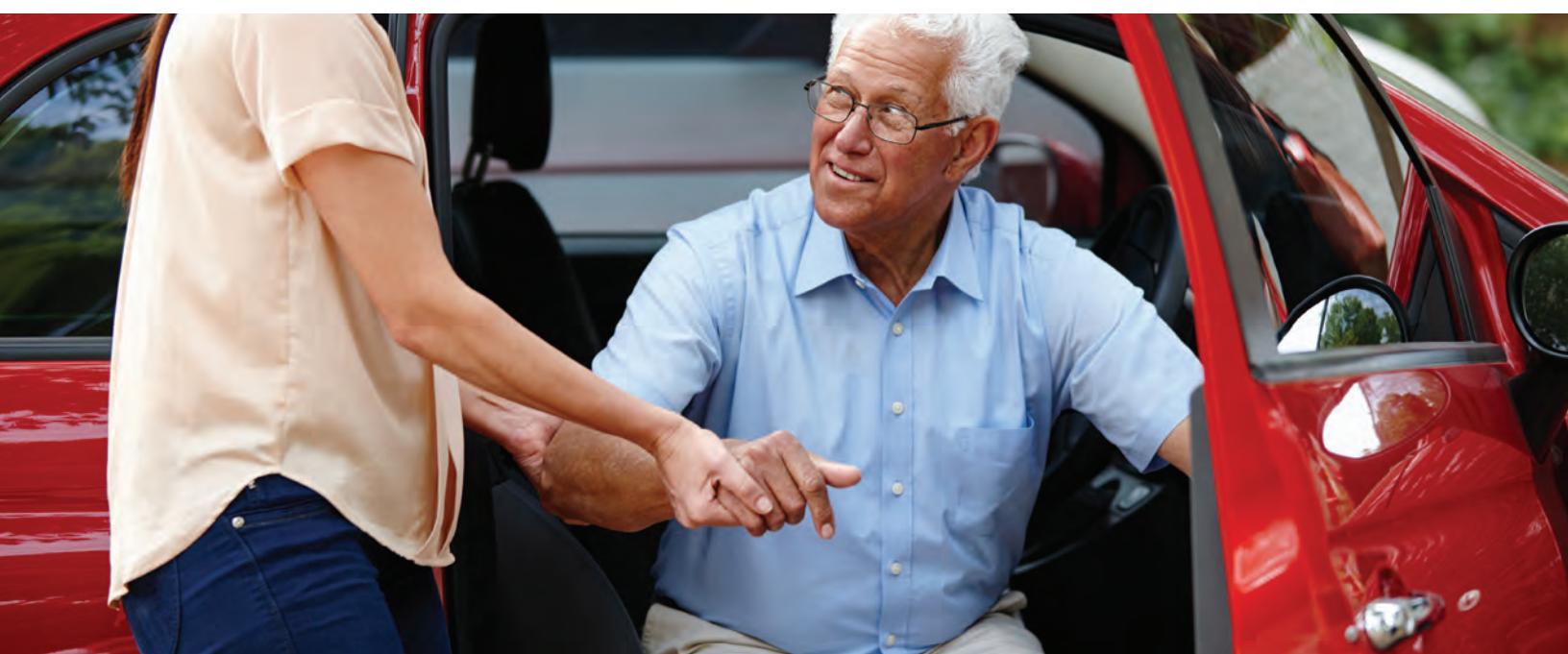
7. Slide yourself back onto the car seat.

8. Swing your legs into the vehicle. If you have hip precautions, lean back on reclined seat as you bring your legs into the vehicle. Try to move one leg at a time. Keep your toes pointed upward and legs apart.

9. Reverse these steps to get out of car.

10. **Please contact your doctor to find out when it is safe to resume driving.**

When taking extended car rides, make sure to take breaks to avoid becoming too stiff.





Do's and Don'ts After Total Joint Replacement

All Patients:

- **DO NOT** step until your walker is flat on the floor.
- **DO NOT** use pain as a guide for what you may or may not do.
- **DO** sit in chairs with armrests. This will allow you to get up and down more easily.
- **DO** change positions frequently to avoid stiffness.
- **DO** stay active. When your therapist says you are ready, you should take daily walks increasing your distance as your strength improves.
- **DO** ask for assistance, especially during the first few days.
- **DO** step with your surgical leg first.
- **DO** elevate your legs throughout the day to minimize swelling and apply ice as needed for pain relief.

For Patients Having Total Knee Replacement:

- **DO** elevate your surgical leg, down to your ankle, keeping your leg straight. Avoid placing a pillow behind the knee so that your knee is in the bent position for prolonged periods of time. This is especially important after the first week of surgery.
- **DO NOT** kneel on the knee of the non-surgical leg (the good side).
- **DO NOT** sit in a low chair, soft chair or sofa.
- **DO** keep your surgical leg straight ahead of your non-surgical leg when standing up and sitting down.

- **DO** push to gain maximum motion of your knee during the first 6–8 weeks after surgery

For Patients Having a Total Hip Replacement Surgery:

- **DO NOT** bend at the waist beyond 90 degrees.
- **DO NOT** cross your legs at the knees.
- **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.
- **DO NOT** turn your feet excessively inward or outward.
- **DO NOT** reach down to pull up blankets while lying in bed.
- **DO NOT** stand pigeon toed.

Occupational Therapy

Occupational therapy will see you in your room daily. They will help you to become independent with your activities of daily living (ADLs) and other functional activities.

Activities of Daily Living (ADLs)

- Bathing
- Dressing
- Toileting
- Grooming

Instrumental Activities of Daily Living (IADLs)

- Cleaning
- Laundry
- Cooking
- Driving
- Work
- Caregiver/Parenting
- Hobbies

The Occupational Therapist will provide you a "Joint Kit" that includes adaptive equipment to increase independence with ADLs. For knee replacement patients, the equipment is not always needed after surgery, depending on knee mobility and pain. Hip replacement patients will need to use this equipment in order to adhere to hip precautions.

The Joint Kit contains:



Sock aid



Long-handled
shoehorn



Walker bag



Reacher/
Grabber



Long-handled
sponge

OT Equipment That May Be Used After Surgery:

3 in 1 Commode: facilitates safe transfers for toilets because of the upper arm support. It can be used as a stand-alone (with a bucket underneath), placed over a toilet or used inside of a walk-in shower as a shower seat. This can be used either at the bedside or in the bathroom.



Shower chair: allows you to sit in the shower safely. You may also use the 3 in 1 commode for this purpose. If you use your 3 in 1 commode as a shower chair, your Joint Coach should assist in moving it between the shower and toilet. The shower chair should have a backrest on it for added stability.



Tub transfer bench: to be used in a tub/shower combination. This bridges the gap between the inside and outside of the tub; and eliminates the need to step up and over the tub ledge to get into the tub. The tub transfer bench should have a backrest on it for added stability.



Handheld-shower attachment: allows you to more easily bathe.



Occupational Therapy Goals

To prepare you for discharge home after your total joint replacement surgery, OT will help you do the following:

Dress yourself (with or without the use of adaptive equipment provided by OT)

Tips for getting dressed:

1. Sit on a supportive surface and arrange clothing and dressing equipment nearby.
2. Using the reacher, grab hold of the waistband along the surgical pant leg.
3. Lower the pants to the floor with the reacher, observing hip precaution.
4. Raise the surgical leg into the pants, observing hip precautions.
5. Pull the garment up to your knee, or where you can now reach the waistband (within hip precautions).
6. Repeat above with non-surgical leg.
7. Once both pant legs are pulled up to your knees, stand up, secure your balance and pull the garment up to fasten.
8. For energy conservation purposes, put on and remove undergarments and then stand only once to pull them up.

Tips for getting undressed:

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor.
3. Lower yourself down, keeping your surgical leg out straight.
4. Take your non-surgical leg out first and then the surgical leg.
5. The reacher can help you remove your pants from your foot and off the floor.



Using a Sock Aid to put on socks/stockings:

1. While sitting on a firm surface, slide the sock stocking all the way on the sock aid.
2. Hold the cord and drop the sock aid in front of your foot, observing hip precaution.
3. Slide your foot into the sock aid.
4. Straighten your knee, point your toes and pull the sock/stocking on.
5. Keep pulling until the sock aid pulls out.

Using a Sock Aid to remove socks/stockings:

1. While sitting on a firm surface, place your reacher tool at the top of the garment.
2. Push the sock/stocking off of your leg/foot.

Putting on and removing shoes:

- *Wear nonskid, sturdy, slip-on shoes or shoes with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs.
1. While sitting on a firm surface, use the long-handled shoehorn to slide your shoes in front of your feet.
 2. Place the shoehorn inside the shoe against the back of the heel. The curve of the shoe horn should line up with the inside curve of the shoe heel.
 3. Lean back (if necessary, to observe hip precautions), as you lift your leg and place your toes in your shoe.

4. Step down into your shoe, sliding your heel down the shoehorn.

*DO NOT bend the hip joint more than 90 degrees if you have hip precautions

Transfer onto/off the toilet or commode

Sitting on the toilet is the same as sitting down in a chair or on the side of the bed. To ease your transfer, it may be helpful to use a commode with armrests.

Perform a shower transfer

Your surgeon may allow you to shower after surgery. Soaking in baths are not permitted. Your OT will make specific recommendations based on your shower type at home. A shower chair or tub transfer bench may be recommended. Either piece of equipment should have a backrest for stability. Always use the rubber mat or nonskid adhesive strips on the bottom of the bathtub or shower stall.

Tips for Transferring In and Out of a Tub/Shower Combination with a Tub Transfer Bench:

1. Place a tub transfer bench in the bathtub facing the faucets.
2. Back up to the bathtub until you can feel the tub bench.
3. Be sure you are in front of the bench and reach back, one hand at a time.
4. Slowly lower yourself onto the bench, keeping your surgical leg out straight (if you have hip precautions).
5. Move your walking device out of the way, but keep it within reach.
6. Lift your legs over the edge of the bathtub, one at a time, observing hip precaution.
7. Reverse steps to get out of the tub.

* Follow the same steps above to transfer in and out of the walk-in shower using a shower chair.



Care Management

A Care Manager will meet with you the day of surgery and collaborate with your orthopedic team for discharge planning. They will review your home setting with you and your designated Joint Coach. You will need to provide 24/7 home supervision for a few days. Your Joint Coach will help assist with your meals, dressing, bathing and transportation.

The Care Manager will inquire that the medical equipment needed for home is in place as anticipated for discharge.

Common medical equipment needed will include:

- Single point cane
- Front wheeled walker
- Crutches*
- 3 in 1 commode
- Shower chair (for walk-in shower)
- Tub transfer bench (for tub/shower combination)



*Crutches are specifically important if you have stairs in your home without a handrail. If you do not feel comfortable using crutches, it is recommended that you install handrails prior to surgery.

Discharge medications ordered by your surgeon will be electronically sent to the pharmacy of your choice. Glens Falls Hospital outpatient pharmacy offers discharge prescription program as a courtesy. Staff can bring you to the pharmacy upon discharge, or your family can obtain the medications for you. Copays can be paid by credit/debit card, cash, check or flex spending account. You will be responsible to pay your co-payment for your prescription when you retrieve your medications. Majority of prescription insurance plans are accepted. Hours: M-F 7:00am – 5:00pm.



The duration of the equipment is temporary, and we encourage you to access equipment loan organizations. **Southern Adirondack Independent Living Center (SAIL)** offers free loan of a variety of equipment **518.792.3537**. You may also borrow from places such as American Legions, churches, fire departments, family or friends. We recommend you obtain the equipment approximately two weeks prior to surgery as the majority of insurance companies do not cover the cost of the equipment.

Your Care Manager will review the outpatient physical therapy appointments that you pre-scheduled for after discharge. If the physical therapist who completed your evaluation at Glens Falls Hospital, recommends home services instead of outpatient services, the care manager will coordinate home care services prior to discharge home. Home care is typically recommended for patients who are homebound, or unable to get to outpatient therapy due to difficulty with mobility after surgery. Home care agencies vary depending upon your insurance and your county of residence.

If you have workers compensation (WC) insurance, please bring in the name and address of your WC insurance carrier, case manager's name and phone number, case number and date of injury.

Remember to arrange for home support and transportation by your Joint Coach. You should also make accommodations for your home, set-up/living arrangements prior to your surgery, if necessary. These are considered social issues. Should you feel that additional services are required due to social issues (home care, skilled nursing), they may not be covered by your insurance and may be an out-of-pocket expense.

Living With Your Joint Replacement

Our health team members are available to assist you 24 hours a day, 7 days a week. You or a family member can call and receive answers to general questions as well as instructions in the event of an emergency. Do not hesitate to call your surgeon's office or Nurse Navigator regardless of the issue.

During the first six weeks after discharge, you should be making progress week by week. Most patients are eager to report their progress at follow-up visits and are ready to move to the next level in their recovery.

Milestones

The first 24–48 hours home:

Your Nurse Navigator, **Samantha Murray, BSN, RN, 518.926.6482**, will contact you to make sure everything is going well and answer any questions you may have.

- Continue your exercise program as instructed in the hospital, and progress to outpatient physical therapy as scheduled. If home therapy has been scheduled, your therapist will visit you in your home.
- Increase activity to tolerance; your goal is to regain strength and function as soon as possible.
- Follow all therapy instructions for mobility, ADLs, adaptive equipment and safety.
- Shower using a tub transfer bench or shower chair, if the surgical dressing remains intact.
- Contact your Nurse Navigator or surgeon's office if dressing is not fully intact. Sponge bathe until further instruction from a provider.
- Swelling of the leg, knee or foot is common with an increase in activity. You may continue with elevation and icing as needed to help decrease swelling and discomfort.

Regaining knee range of motion (for total knee replacement) early in your recovery is very important.

- You should climb stairs with support. Climb one step at a time—"good" leg up—"bad" leg down. Hold onto the railing or use assistive device as taught by your therapist.
- Do not sit for longer than 30–45 minutes at a time. Use chairs with armrests to make getting up frequently easier. You may nap if you are tired, but do not stay in bed all day. Frequent, short walks, will help you in your recovery.
- You may experience discomfort in your operated hip or knee, and you may have difficulty sleeping at night. Repositioning, applying ice and elevation may provide some relief.

You may be a passenger in the car but should not drive until cleared by your surgeon. See the instructions on page 30 in the physical therapy section for specific information for getting in and out of a car.

Most patients can accomplish the following:

By the end of week 2:

- Walk at least 500 feet with your walker, crutches or cane as instructed by your therapist.
- Go up and down a full flight of stairs, one foot at a time, as tolerated.
- Bend your hip or knee to 90 degrees.
- Straighten your hip and knee by lying flat for 30 minutes, several times a day.
- Shower and dress by yourself with adaptive equipment.
- Gradually resume light home duties, with help as needed.

By the end of week 4:

- Complete any remaining goals from week 2.
- Walk the distance of $\frac{1}{4}$ mile or greater, without an assistive device.
- Go up and down a full flight of stairs, with a rail, more than once per day.
- Bend your hip to 90 degrees.
- Bend your knee to 105 degrees or more.
- Knee patients—straighten your knee by placing your foot on a stool for a half hour, several times a day.
- Resume all light home duties with help as needed, observing hip precautions unless cleared by your surgeon.

By the end of week 6:

- Complete any remaining goals from weeks 1–4.
- Walk the distance of $\frac{1}{2}$ mile or greater, without an assistive device.
- Go up and down full flight of stairs, with a rail, step over step, in a normal fashion.

- Bend your hip to 90 degrees.
- Bend your knee to 120 degrees or more.
- Knee patients—straighten your knee by placing your foot on a stool for a half hour, several times a day.
- Resume all light home duties by yourself.
- Return to light work duties if approved by your surgeon.

By the end of week 12:

- Complete any remaining goals from weeks 1–6.
- Walk independently without a limp, $\frac{1}{2}$ to 1 mile.
- Continue to negotiate stairs in a normal fashion.
- Maintain the bend in your knee of 120 degrees or greater.
- Knee patients—straighten your knee by placing your foot on a stool for a half hour, several times a day.
- Resume all home duties and low impact activities.
- Return to work duties.
- Continue to exercise. Many patients stop working with physical therapy during this time. However, exercising is the most important activity to increase strength and leads to the best outcome. Work or home activities should not replace your exercise program.
- Keep a cane in the trunk of your car to aid with discomfort, or uneven/icy ground.
- * Continue to call with any questions or concerns. Our staff is always available to assist you. You will receive a phone call from your Nurse Navigator periodically for up to 1 year after surgery.

Sexual Activity After Joint Replacement

Many people worry about resuming sexual activity after a joint replacement. Generally, it is safe to resume sexual activity 6–12 weeks after your surgery. Hip replacement patients should be cautious during sexual activity to avoid extreme flexion of the hip joint. The basic recommendation for both hip replacement and knee replacement patients is to go slow and stop if you feel any pain or uncertainty. Please discuss any specific concerns with your therapist or surgeon.

Sex positions after your joint replacement:

Try to avoid putting too much pressure on your new joint.

- Pillows can be used under the knees, back and/or side, with your partner on top.
- Patient lying on side with surgical leg on top.

Avoid too much hip flexion and rotation to maintain hip precautions

If your partner has had a hip replacement:

- Make sure he or she has the surgeon's okay before having sex.
- Help your partner stay within a safe range of motion.
- Control the amount and speed of movement during sex.
- Do not put all your weight on your partner's hips.

Good communication between you and your partner is important during intercourse. We suggest that you share the information in this guide with your partner. We hope that, by reading this information, some of your concerns and questions dealing with sexual activity after hip replacement surgery will be answered. If you have questions, please feel free to ask your doctor, therapist or nurse.

Diet

Resume your diet as tolerated and include vegetables, fruits and proteins (such as lean meats, fish, chicken, nuts and eggs) to promote healing. Also, remember to have adequate fluid intake (at least 8 glasses a day). It is common after surgery to lack an appetite. This may be the result of anesthesia and the medications.

Proper nutrition is needed for healing. During the healing process, the body needs adequate calories, proteins, vitamins A and C and sometimes the mineral zinc. Eat a variety of foods to get all the calories, proteins, vitamins and minerals you need.

If you have been told to follow a specific diet, please follow it. What you eat can help heal your wounds and prevent infection and potential complications.

If you're not eating well after surgery (<50%), contact your healthcare provider about nutritional supplements such as Carnation Instant Breakfast, Boost or Ensure.

Remember, everybody's needs are different and are based on individual goals and conditions.



Quick Reference Guides

Frequently Asked Questions

How long will I be in the hospital?

The average length of stay following a joint replacement is 1-overnight stay. Length of stay is determined by activity and medical progress. Some patients may be discharged home on the same day of their procedure. If this is an option for you, it will be discussed with your surgeon at the time of surgical scheduling.

What is the recovery time? Patients recover from surgery at a different pace. Your therapist will progress you as tolerated from a front wheeled walker to no assistive device. This usually takes approximately 3–4 months but may take longer.

Will I need help at home? Yes. For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation and other tasks. Family or friends need to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens on the bed and single portion frozen meals will help reduce the need for extra help.

Where will I go after discharge from the hospital? Most patients go directly home and begin therapy at an outpatient physical therapy facility. Your hospital therapist will assess your ability for safe return home.

Can I shower after my surgery? You will have a waterproof dressing in place which will allow you to shower if it remains intact. You are not permitted to soak in a tub/swim until cleared by your surgeon.

When can I return to work? That depends on the type of work you do. On average, it ranges from 4–12 weeks. You should speak with your surgeon for clearance.

When can I drive? Generally, you may resume driving 4–6 weeks after surgery. You should not drive while you are taking prescription pain medication. Before driving, you should be able to move your right foot between the gas and brake pedal without delay. It is also recommended that you are able to get out of the vehicle safely and independently without delay in the event of an emergency. You can ride in a car after surgery by following the techniques and precautions outlined by your therapist. Please discuss return to driving with your surgeon.

When can I have sex after my total joint replacement? It is best to discuss returning to sexual activity with your surgeon. Sexual activity is not recommended immediately after surgery because of pain and swelling. See page 38.

How do I go through airport security with my new joint replacement? Total joint replacements may set off sensitive metal detectors at airport security checkpoints. You should inform a Transportation Security Officer (TSA official) before screening begins that you have an implant. Many airports now use full-body, X-ray scanners, which makes the location of the implant clear to the screeners. Other airports may also use a pat-down method to clear you for your flight.

Do I need antibiotics before going to the dentist? Patients who have recently had a joint replacement can be at risk of infection when they are having certain dental procedures. You should speak with your surgeon and dentist about the use of antibiotics prior to dental procedures.



Are there any medications that I should take after discharge?

Anticoagulant: helps prevent blood clot from forming and is usually taken for 3–6 weeks after surgery. This could be an over-the-counter (OTC) aspirin, blood thinner tablet or an injection. It is extremely important that you take this medication as directed. Contact your surgeon if you experience excessive bruising, nose bleeds or blood in your urine/stool. If you were already prescribed an anticoagulant prior to surgery, you may be encouraged to return to your normal medication and dosage after surgery. However,

your surgeon may change your prescription after surgery for a short time based upon your individual risk factors.

Pain Medication: it is important to take your medication as needed, however, you should use ice, elevation and repositioning as your first resort. You should not expect to be pain free after surgery but should have a tolerable level of pain. Don't wait until your pain is too uncomfortable, as most pain medications take 30 minutes to work. Pre-plan to utilize all methods of pain control per your pain tolerance to allow you to participate in your daily activities and therapy.



Recognizing and Preventing Potential Complications

Complication	Symptoms	Prevention
Deep Vein Thrombosis (DVT) A blood clot in a leg (groin, calf) A blood clot can occur in either leg	<ul style="list-style-type: none"> Pain Swelling that does not go down with elevation Redness or discoloration Warmth localized to one area Heat/tenderness in groin, thigh, back of knee, calf or ankle 	<ul style="list-style-type: none"> Walk as early and often as possible after surgery Perform ankle pump exercises several times each hour when resting Take prescribed blood thinning medication Utilize TED stockings if ordered by surgeon
Pulmonary Embolism (PE) A blood clot in the lung	<ul style="list-style-type: none"> Chest pain Shortness of breath Rapid heart rate Coughing up blood Dizziness Fainting Excessive sweating 	PLEASE CALL 911, THIS IS A LIFE-THREATENING EMERGENCY
Incision Infection	<ul style="list-style-type: none"> Fever above 100.4°F Increased redness at or around incision Green or yellow drainage Foul odor Increased pain 	<ul style="list-style-type: none"> Call your surgeon if any of these symptoms begin Handwashing is key in preventing infections You may be given antibiotics while you are in the hospital to help prevent infection
Pneumonia An infection in one or more of the lungs	<ul style="list-style-type: none"> Fever above 100.4°F Persistent cough Shortness of breath associated with pain 	<ul style="list-style-type: none"> Use Incentive Spirometer by inhaling deeply 10 times per hour when awake, (see page 22) Handwashing is key in preventing infections Call your surgeon and/or call 911 if your symptoms are severe

Your Role in Infection Control

Bacteria are commonly found on healthy people but could cause an infection after total joint replacement surgery. At Glens Falls Hospital, patients are checked for colonization of bacteria. Patients are asked to shower with the Hibiclens provided for 2 days before and the morning of their surgery. Your pre-op nurse will provide instruction on additional "nose to toes" cleansing in your AM Admission room prior to surgery. All patients will receive antibiotics pre- and post-operatively. While you are recovering, it is best to avoid family or friends who are ill or may have a contagious condition.

After surgery and during your recovery, you and your caregiver need to be sure to:

- Keep your incision dry unless your surgeon has allowed you to get it wet.

Contact your surgeon right away if you note any of the following:

- Increased redness, heat, swelling or foul-smelling drainage at the incision.
 - Increased pain at the surgical site.
 - Persistent fever greater than 100.4°F or chills.
- If you have diabetes, your risk for infection is higher. Controlling your blood sugar will help you heal faster and prevent infections. For these reasons, be sure to:
- Maintain your diabetic diet.
 - Continue using your prescribed medications.
 - Avoid alcohol—this will better control your blood glucose.

Handwashing is very important in preventing infections.

You should wash your hands:

- Before preparing and eating food.
- Before touching your eyes, nose or mouth.
- After using the restroom.
- After blowing your nose, coughing or sneezing.
- After touching surfaces (tables, door knobs, telephones, remote controls, etc.).

The best way to wash your hands is to:

- Use soap and water—wet hands with warm water and use liquid soap.
- Rub hands until lather forms. Rub all over your hands, in between fingers and fingernails.
- Rub for 30 seconds (about the time it takes to sing "Happy Birthday" twice).
- Rinse under running water.
- Dry with a paper towel and use the towel to turn off the faucet and open the door.
- While you are in the hospital, you may also use the alcohol foam to clean your hands.

For general questions regarding infection control, you may contact the Glens Falls Hospital Infection Prevention Department at **518.926.2181**



Joint Replacement Caution Zones

Green Zone	<ul style="list-style-type: none"> • Low grade temperature of 100.0°F–100.4°F • Bruising of entire operative leg • Mild constipation • Mild drainage to dressing • Fatigue • Decreased appetite • Pain controlled by ice, elevation, repositioning and pain medication 	Symptoms are normal and to be expected. Continue to increase activity daily.
Yellow Zone Caution	<ul style="list-style-type: none"> • Temperature over 100.4°F • Uncontrolled shaking or chills • Increase in swelling from previous day in lower leg, no improvement with elevation and ice • Increased calf swelling or localized calf pain with warmth and/or redness • Increased redness, heat, drainage, odor, swelling in and around incision • No bowel movement in greater than 3 days • Pain not controlled by ice, elevation, repositioning and pain medication • Increased bleeding of any kind, such as from the incision, nose bleed, etc. • Blood in urine or stool 	<p>Call your surgeon's office or Nurse Navigator</p> <p>Samantha Murray, BSN, RN at 518.926.6482 to report symptoms.</p>
Red Zone Emergency	<ul style="list-style-type: none"> • Chest pain • Shortness of breath • Sudden weakness or numbness of face, arm or leg, especially on one side of the body • Difficulty speaking or blurred vision • Unable to think clearly • Localized chest pain with coughing or when taking a deep breath • Pale, cool, numb foot, or lower leg 	Seek medical care immediately or call 911.

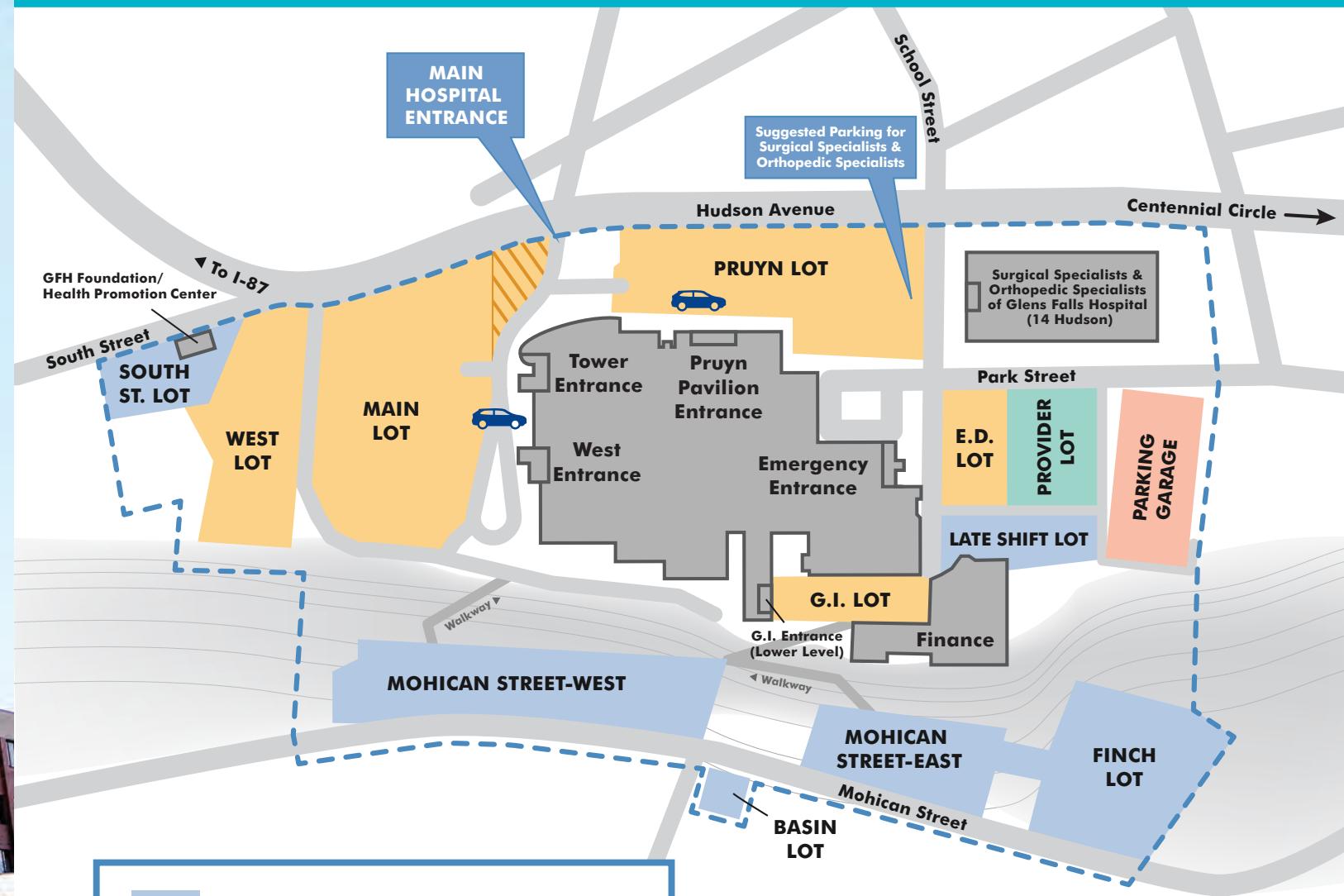
REMEMBER! *Wash your hands. *Take your medications as prescribed. *Keep all follow-up appointments. *Drink 8–10 glasses of water daily. *Eat protein. *Balance rest and activity.
*Walk every 45 minutes.

Important People & Phone Numbers

	Name	Phone	Comments
Glens Falls Hospital Main Number		518.926.1000	
Orthopedic Surgeon			
Orthopedic Nurse Navigator	Samantha Murray, BSN, RN	518.926.6482	
Pre-Admission Testing		518.926.6472	
Surgical Services/ 4 West		518.926.6320	
Prehab			
Outpatient Physical Therapist			
Free Equipment Loan	Southern Adirondack Independent Living Center (SAIL)	518.792.3537	71 Glenwood Ave. Queensbury NY 12804



Complimentary Valet Parking



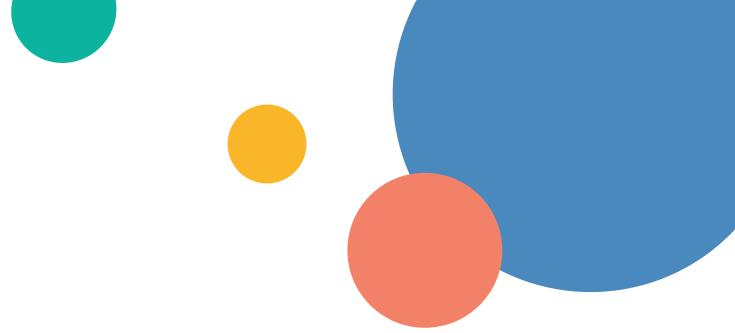
Important Information About Smoking/Nicotine/ Chewing Tobacco/E-Cigarettes

- Studies show tobacco use increases the risk of infection and other complications after surgery. Please refer to page 14 for more information.
 - Eliminating tobacco use for 6–8 weeks before and after surgery greatly decreases your chances for post-operative complications.
 - Stopping tobacco use for any length of time is beneficial. That benefit increases the longer you abstain from tobacco.
- If you need help quitting smoking, please refer to page 14.
- You should speak with your physician regarding tobacco cessation products that are available to you during your hospitalization.

- Employee Parking:** Shaded blue area.
- Patient/Visitor Parking:** Shaded orange area.
- Employee & Visitor Parking:** Shaded pink area.
- Valet Parking:** Shaded orange area with diagonal stripes.
- Valet Drop-Off:** Indicated by a blue car icon.
- Tobacco-Free Area:** Indicated by a dashed blue line.

**GLENS FALLS HOSPITAL IS A
TOBACCO-FREE CAMPUS**
NYS Law prohibits
tobacco use of any kind
within 15 feet of hospitals
and healthcare facilities

Notes



Glens Falls Hospital

An affiliate of  ALBANY MED

100 Park Street, Glens Falls, NY 12801
518.926.1000 • GlensFallsHospital.org

