



# Welcome to Glastonbury Surgery Center



Glastonbury Surgery Center is a Connecticut Licensed, Medicare Certified, and AAAHC (*Accreditation Association for Ambulatory Health Care*) Accredited Outpatient Surgery Center.

We are proud to offer high quality care as a more convenient and cost effective alternative to traditional hospital care.

Glastonbury Surgery Center has been providing surgical services since 2010.

Our Physicians are all board certified or board eligible in their respective specialty, Orthopedic, Spine or Pain Management.



# Introduction

- Thank you for choosing Glastonbury Surgery Center (GSC) for your total joint replacement surgery
- Your hip, knee and/or shoulder replacement surgery will be performed by one of the most experienced orthopedic surgical teams in Connecticut
- Our team has been carefully selected and includes some of the most outstanding professionals in Connecticut
- This presentation is designed to give you the important information you need to achieve the best outcome from your joint replacement surgery
- By participating in this patient education program, patients experience lower infection rates and a shorter recovery time with early return to activity





## Our Total Joint Physicians



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M.D.

Orthopedic Surgery

Joint Replacement of the  
Shoulder

Sports Medicine Fellowship

Medical Director –  
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James T. Mazzara,  
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Joint Replacement of the  
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Durgesh G.  
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Joint replacement of the  
Hip, Knee and Shoulder



Mark Shekhman, M.D.

Orthopedic Surgery

Joint replacement of the Hip  
and Knee

Adult Reconstruction and  
Joint Replacement  
Fellowship

# Out-patient Total joint Replacements

- Total joint replacement surgery has been performed in out-patient settings for over a decade
- More than half of all orthopedic ASC's perform TJR surgery
- Out-patient joints have shown a decrease in infection risk and an increase in patient satisfaction
- Trends predict a continued shift to out-patient settings





## Our Goals:

Are to:

1. Provide safe, comfortable and confident service to our patients.
2. Provide patients with the necessary knowledge and support to produce the best recovery outcomes.



# Topics Discussed In This Presentation

## 1. How to prepare

*for your upcoming surgery.*

## 2. What to expect

*before, during, and after surgery.*

## 3. What to do

*in order to continue your successful recovery at home.*





# GSC Total Joint Program

- A collaborative team approach
  - Your team includes:
    1. Your surgeon
    2. Nursing team
    3. Anesthesia team
    4. Surgical technician teams
    5. Homecare services
    6. Contracted services team.
- **Patients who become active partners in their own care achieve better outcomes**





## Before Your Surgery

- Your healthcare team evaluates and addresses your individual needs and develops a customized care plan
  - Physical Therapy home visits
- Total Joint Education Class



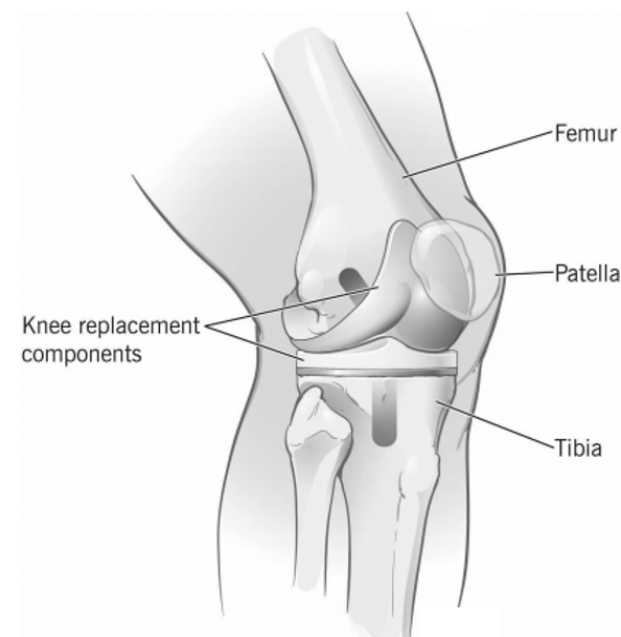


# Overview of Total Joint Replacement Procedures



# Total Knee Replacement

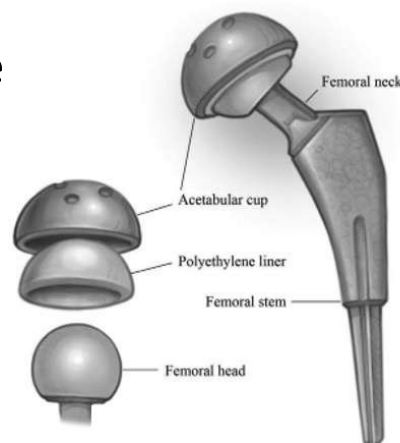
- The knee joint is the largest joint in the body
- It is the “hinge” joint of the leg
- During total knee replacement surgery, just the worn out arthritic surface of the bone is trimmed from the end of the femur or thigh bone, the upper surface of the leg bone or tibia and the surface of the knee cap or patella
- ***Only the damaged part of the bone is removed and replaced with an implant***
- This creates a perfectly prepared surface so that the new implant fits as if were custom designed for your knee
- Bone cement may be required to affix the implant to the knee
- Most of the major ligaments and tendons of the knee are protected and preserved so that your knee can eventually feel and function like a normal knee



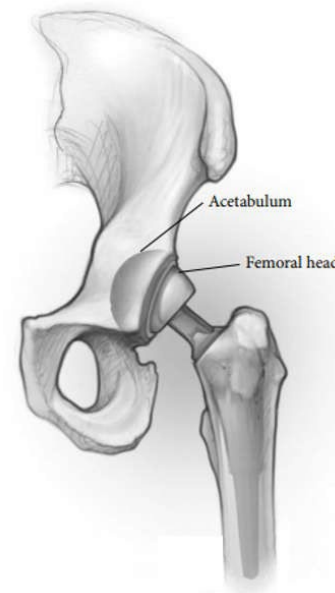
# Total Hip Replacement

- The hip joint is a ball and socket joint
- It helps us keep our balance and supports our weight in all of its movements
- The upper end of the leg bone (*femur*) has a rounded head (*femoral head*) that fits into a socket (*acetabulum*) in the pelvis to form the hip joint
- During total hip replacement surgery, the damaged part of the hip are removed and replaced with implants, called components
- Your surgeon selects the components that are best for you based on your age, activity level, and body type

Total Hip Replacement Components

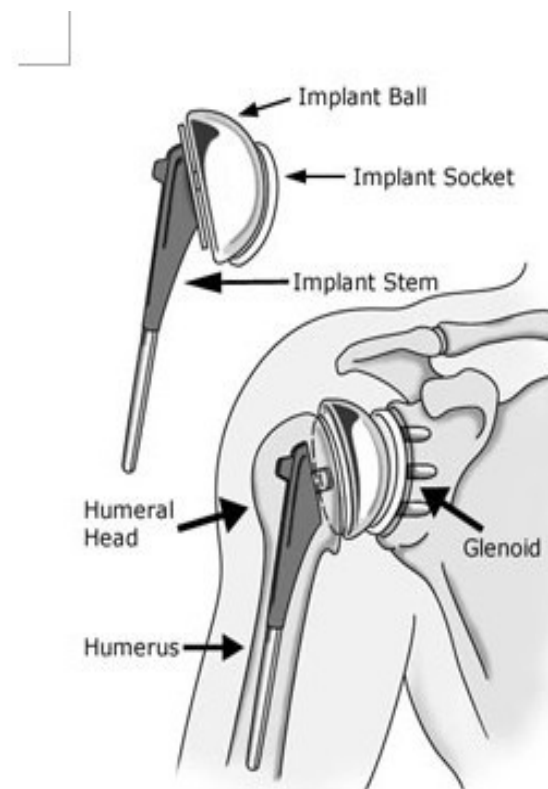


Location of Components in the Hip



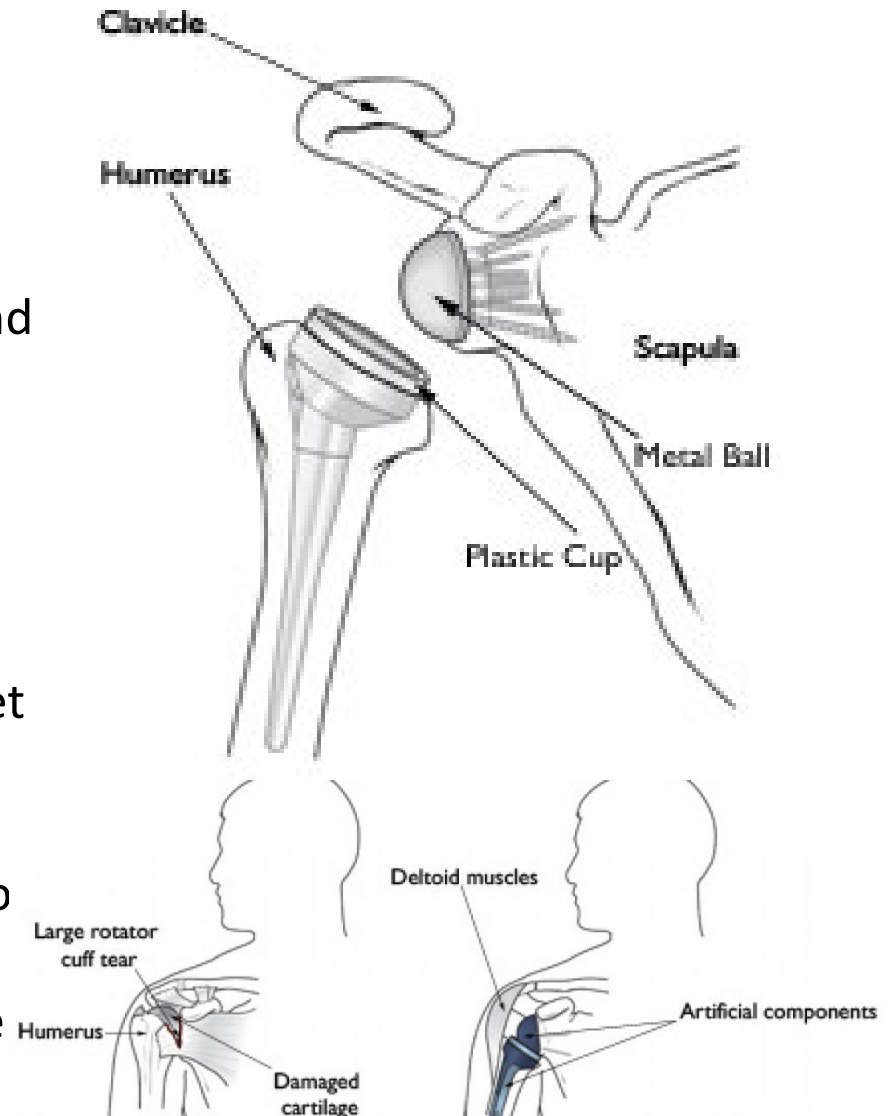
# Total Shoulder Replacement

- Your shoulder is made up of three **bones** your upper arm **bone (humerus)**, your shoulder blade (scapula), and your collarbone (clavicle)
- The ball, or head, of your upper arm **bone** fits into a shallow socket in your shoulder blade. This socket is called the **glenoid**
- Total shoulder replacement involves replacing the arthritic joint surfaces with a highly polished metal ball attached to a stem, and a plastic socket
- Patients with bone-on-bone osteoarthritis and intact rotator cuff tendons are generally good candidates for conventional or anatomic total shoulder replacement.



# Reverse Total Shoulder Replacement

- Reverse total shoulder replacement is used for people who have:
  - Torn and usually unfixable rotator cuff tendons with inability to lift the arm
  - Arthritis in some patients over 70 yo
  - Shoulder arthritis with a rotator cuff tear and an inability to lift the arm
  - Advanced bone loss due to the arthritis
  - Fractures of the shoulder in older patients
  - Failed prior shoulder replacement surgery
- In reverse total shoulder replacement, the socket and metal ball are switched.
- That means a metal ball is attached to the shoulder bone and a plastic socket is attached to the upper arm bone.
- This allows the patient to use the deltoid muscle instead of the torn rotator cuff to lift the arm.





# Implants

- The type of implant varies from person to person
- Your surgeon will choose the implant that is best suited for your needs & lifestyle
- Factors considered are:
  - your age
  - activity level
  - body type
  - amount and strength of your bone and soft tissue
- Implants are made of various materials:
  - Titanium
  - Chrome
  - Cobalt
  - Polyethylene
- **Some patients may be *allergic* to metals such as *nickel and chromium***
  - **Your surgeon needs to know this in order to select the correct implant for you**
  - **Notify us if you have had a bad skin reaction to wearing inexpensive jewelry**



for Surgery



# Exercise

- Exercising, up to the day before your surgery, helps improve your strength, range of motion and endurance
- This helps lead to a more successful outcome and recovery
- Strengthening exercises for the hip or knee joint improves recovery
- A walking or water exercise program increases endurance, flexibility, and overall strength
- *Specific exercises will be discussed later in this presentation*







- Healthy eating and proper nutrition before your surgery aids the healing process
- Drink plenty of fluids and stay hydrated
- Eat foods rich in iron
  - *such as lean red meat, dark green leafy vegetables, raisins & prunes*
- Eat foods high in Vitamin C to help your body absorb iron
  - *Foods that are high in vitamin C include oranges, cantaloupe, 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 cereal*
- Eat more fiber to help avoid constipation
  - *Foods that contain fiber include corn, peas, beans, avocados, whole wheat pasta and breads, broccoli, and almonds*
- Eat light meals, especially the day before surgery. The combined effects of anesthesia and your medication may slow down your bowel function leading to constipation after surgery



# Smoking & Alcohol Use

- Smoking

- Smoking causes breathing problems, increases the risk of medical complications and slows recovery
- Smoking also increases the risk of infection and blood clots after surgery
- If you smoke, we encourage you to quit at least a few weeks before surgery
- Please be aware that Glastonbury Surgery Center is a smoke-free facility
- Some surgeons require that you stop tobacco at least 4 weeks before surgery
  - Pre op blood testing and a carbon monoxide breathalyzer may be performed before surgery. Your surgeon may cancel your surgery if you have not stopped smoking.

- Alcohol

- Before surgery, it is important to be honest with your health care providers about your alcohol use
- Tell your health care provider how many drinks you have per day (*or per week*).
- This information helps determine if you are at risk for alcohol withdrawal or other alcohol-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.



# Diabetes



- Managing your blood glucose is always important, but it is extremely important before surgery.

Managing your blood glucose before surgery can help reduce the risk of problems after surgery; such as, infection and other complications

- 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, activity level 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

You should be aware of your Hb A1c level which is a measure of your glucose control over the past 3 months

**Your surgery will be cancelled if your Hb A1c is over 7.5**





# Medications

- Some medications and supplements will thin your blood, increase the risk of bleeding after surgery & interfere with healing
- These medications may need to be stopped before surgery
- Ask your surgeon when to stop taking these medications if you take :
  - Aspirin or anti-inflammatory drugs; *such as, ibuprofen [Motrin<sup>®</sup>, Advil<sup>®</sup>] and/or naproxen [Aleve<sup>®</sup>]*
  - blood thinners; *such as, warfarin, [Coumadin<sup>®</sup>]*- Because blood-thinning medications affect clotting and bleeding.
  - these medications (*plus all your other medications*) will be reviewed with you either at your pre-admission visit or by your surgical team
- If you have any questions about your medications, please contact your surgeon's office.



# Medications

- Medications that affect your healing capacity and immune system may need to be stopped before surgery as well
  - Your surgeon will need to know if you take
    - Steroids
    - Any medications for inflammatory diseases like rheumatoid arthritis, psoriasis, etc.
    - Some of these medications can be continued up to and after surgery, while others need to be stopped several weeks before surgery
    - Your surgeon will guide you in this matter



- Setting up your home before surgery will help keep you safe, make your life easier and aid in your recovery
- Sometimes, an in-home evaluation will be recommended by your surgeon which will be conducted by a physical therapist employed by the home care agency assigned by your doctor

# Home Safety Preparation Measures



## TRAFFIC PATTERN

- Move obstacles:
  - throw rugs, extension cords and footstools out of your walk way
- Create a wide, clear path from your bedroom to your bathroom and kitchen so you can easily move about with a walker or crutches



## BATHROOM

- Ask a therapist how to adapt your bathroom to best meet your needs during recovery.
- You will likely need an elevated toilet seat or commode and a shower chair



## SITTING

- Sit in chairs that keep your knees lower than your hips
- Choose a firm, straight-back chair with armrests
  - A dining room chair may work if you don't have other chairs
  - Add a foam cushion or folded blanket if you need to raise yourself up, but avoid sitting on a soft pillow
  - Also, avoid sitting in rolling chairs or recliners



# Home Safety Preparation Measures



- **CHILDREN AND PETS-** Small children and pets can pose a safety hazard.
  - Small children may need to be taught how to interact with you in ways that keep you safe
  - If you have pets, make arrangements to keep pets in another area of the house when you arrive home
- **ACCESS TO ITEMS**
  - To avoid reaching or bending, keep frequently used items within easy reach, especially in the kitchen, bathroom, and bedroom
  - It's a good idea to carry a cell phone or portable phone with you at all times during your recovery
- **STAIR CLIMBING**
  - It's okay to climb stairs without assistance, if you are able
  - However, you may need help with climbing stairs when you first get home
    - Consider installing handrails or make sure existing handrails are secure
- **LAUNDRY AND CLEANING**
  - Get help with cleaning and laundry
  - Have a few weeks of clean clothes available





# Home Safety Preparation Measures



- **MEALS**

- Arrange for help with your meals and perishable foods (*milk, salad, and fruits and vegetables*)
- Freeze pre-made dinners before your surgery
- Stock up on non-perishable foods (*boxed, canned, and frozen*) to make it easier to prepare meals after surgery



- **DRIVING**

- Arrange for someone to drive you to your after surgery appointments
- **Absolutely** do not drive while taking narcotic medications
- Do not drive until you have regained the range of motion, strength, and reaction time needed to drive safely
- Do not drive until your surgeon tells you it's okay to do so

# Adaptive or Durable Medical Equipment (DME)

- These items should be purchased before your surgery
  - Before buying we suggest you talk to a physical therapist about your specific needs
  - Most of the items can be found at a medical supply store or at pharmacies, home improvement stores or thrift stores
  - Total hip surgery – you will be provided with a hip kit which includes the following aids – a grabber, sock aid, long handled bath sponge, long handled shoe horn, dressing stick and no tie shoe laces
  - Here is a list of suggested items that can make your life easier and keep you safe
- Personal Aids
  - Walker (*with 5 inch wheels, not a Rollators or walker with seat*)
  - Cane
  - Reacher (*or grabber*)
  - Crutches
  - Sock aid
  - Long-handled shoehorn
  - Elastic shoe laces
  - Elevated commode seat
  - Toilet seat riser
  - Shower chair
  - Grab bar for shower / tub
  - Hand-held shower head
  - Long-handled bath sponge



# Pre-Admission Testing

- This will occur at your surgeon's office in the weeks leading up to your day of surgery
- All results are shared with this facility





# The Day Before Surgery



You should receive a call from the facility to confirm your procedure and the time you need to arrive.

- If you do not receive a call by 3:00 p.m. the day before surgery, please call Glastonbury Surgery Center
- For Monday surgeries, we will call Friday

## Do



- ☐ Shower and wash your hair the night before. (Bathing helps reduce the amount of bacteria on the skin and may lessen the risk of infection after surgery.) Use the antibacterial wipes provided to you and follow the instructions
- ☐ Sleep in clean pajamas or clothes
- ☐ Sleep on freshly laundered linens
- ☐ Get a good night's sleep – it's important to be well-rested before surgery

## Do Not



- ☐ Do NOT eat or drink anything after the time you were instructed; ice chips, gum, or mints are NOT allowed
- ☐ Do NOT use lotions or powders
- ☐ Do NOT shave before surgery (legs or face)
- ☐ Do NOT shower the morning of your surgery- use only the provided wipes

# Before Your Surgery



## Arrange Before Surgery:

- ☐ Verified coverage with insurance company for surgery
- ☐ Completed pre-admission testing/labs work
- ☐ Completed a Living Will or Health Care Power-of-Attorney
- ☐ Have not shaved my legs for 3 days prior to surgery
- ☐ Arranged for someone to drive to facility and home when discharged from the facility
- ☐ Fill prescription for pain medication
- ☐ PLAN FOR SOMEONE TO STAY OVERNIGHT AFTER SURGERY
- ☐ Arranged for someone to drive me to my follow-up appointments





# Things to Complete for my Health Before Surgery:

- ☐ Quit smoking- improves healing and reduces the risk of infection after surgery
- ☐ Had a dental check- up to make sure all dental needs are taken care of before surgery
- ☐ Received a flu vaccination- if during flu season (*October → March*)
- ☐ Eating lightly the week before surgery- to help reduce the risk of constipation. I have increased fluids and fiber in my diet as well
- ☐ Had diabetes checked- for dosage adjustments and/or recommendations  
(*if applicable*)





- ☐ Current list of medications & supplements
- ☐ Loose shorts, jogging suit, sweats, and/or tops
- ☐ Appropriate footwear such as sneakers or slip on shoes. NO flip flops or high heels.
- ☐ Eyeglasses
- ☐ Hearing aid & batteries in their case
- ☐ Cell phone
- ☐ Driver's license or photo ID, insurance card & Medicare or Medicaid card
- ☐ Copy of your Advanced Directives
- ☐ Important telephone numbers (*include person bringing you home*)





## What NOT to bring with you:



- ☐ Do not bring valuables.  
*(No jewelry, credit cards, checkbooks, or cash).*
- ☐ Do not bring your own medications, unless you are directed by the pre-op nurse.



# Upon Arrival To Glastonbury Surgery Center

- Present yourself to our reception staff to complete the check-in process
- A member of the clinical staff will escort you into the preoperative area
  - You will be asked to empty your bladder
  - You will be asked to remove any glasses, contacts, hearing aids, or dentures before surgery. They will be secured and returned to you after surgery
- You will have your vital signs checked
  - heart beat rate (pulse), breathing rate, body temperature, and blood pressure
- Your operative site will be marked, prepped and the surgeon will review the procedure
- An intravenous (IV) line will be started to give you fluids (hydration) and medication





# Anesthesia

- The anesthesiologist or nurse anesthetist will talk with you about the types of anesthesia used during surgery.
  - GENERAL ANESTHESIA puts you to sleep following an injection of medications into your IV. You will not feel pain and will be completely asleep throughout your surgery
  - REGIONAL ANESTHESIA numbs a part of your body with an injection of local anesthetic. This includes spinal anesthesia and/or a regional nerve block.
  - MULTI-MODAL PAIN PROGRAM for total joint replacement surgery of the shoulder, knee and hip, regional anesthesia may involve injections in or around the nerves in your shoulder, leg or hip as part of the multi-modal pain program to reduce the dependence on pain medications

# Multimodal Pain Control

- In an effort to decrease the dependency on opioids for post-operative pain control, Glastonbury Surgery Center takes a multimodal approach to pain management
  - This is achieved through the combination of regional anesthesia using a long acting neuro-blockade agent in addition to pain medications
  - Neuro-blockade via regional anesthesia can last 2-3 days
  - You may also be given directions to use acetaminophen & NSAIDs in addition to your prescriptions pain medication
  - Ice packs or the use of a cryo-cuff will also help pain control



# Surgery



- Your surgery takes about one to three hours to complete
- While you are in the operating room, your loved ones may wait in the surgical waiting room and monitor your status on the patient tracking board
- The surgeon or representative will speak with your family while you are recovering

# After surgery

- You will recover in the Post-Anesthesia Unit (PACU) and be cared for by a member of our nursing team
- The average time in this unit is about **4** hours
- While here:
  - Your vital signs will be checked
  - You will be asked questions to determine if anesthesia is wearing off
  - You will be medicated for any pain
  - You will be warmed with blankets if you are cold
  - You will be given oxygen to help you breathe (*if needed*)
  - You will wear compression sleeves on your lower legs to help prevent blood clots. These will be yours to go home with too



**RECOVERY  
ROOM**

# Total Joint Precautions

- While recovering from surgery, you will follow specific precautions provided to you by your surgeon and therapists
- These precautions allow you to heal properly and help prevent potential complications
- Make sure to ask your surgeon and/or therapist(s) when it is safe to stop following these precautions
  - Do not pivot or twist your operated leg
  - Do not kneel or squat
  - Do not bend your operated leg beyond a 90 degree angle
  - Do not pivot or twist your operated leg
  - Do not cross your operated leg or ankle



# Rehabilitation Process

- Physical therapy after your joint replacement surgery is critical to regaining range of motion and strength during your recovery
- Pain associated with therapy is not uncommon
  - Medicate appropriately
- Your physical therapist or nurse will teach you how to:
  - Lay in your bed in comfortable positions
  - Move from sitting to standing
  - Walk with an assistive device (*a walker, crutches, a cane*)
  - Comply with hip and knee precautions
  - Perform a home exercise program on your own
  - Walk up and down stairs with an appropriate assistive device
  - Comply with hip or knee precautions while performing functional activities
  - Perform transfer techniques, such as getting on and off toilet seat with and without assistance or getting into and out of a car
  - Perform self-care activities, such as dressing with adaptive equipment and assistance if needed. See Adaptive or Durable Medical Equipment section





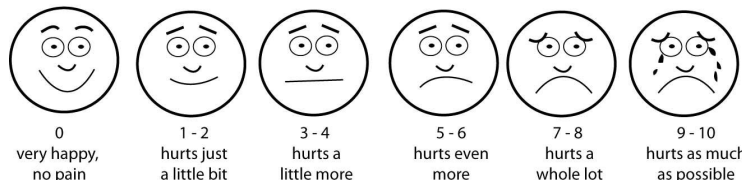
# The Days Following Surgery



- Your goal is to **KEEP MOVING!**
- Get up for meals, go to the bathroom & get out of bed – all with assistance
- You will continue to have therapy, and your activity level will be increased
- Pain is an expected part of recovery. Pain levels vary per person
- You may use cold packs or wraps to manage your pain and reduce swelling
- Some times your surgeon will order an ice machine for use during your recovery process

# Managing Pain & Discomfort

- We encourage you to take your pain medication as soon as you begin to feel pain
  - **Do not wait until the pain becomes severe.**
- Follow the instructions on the prescription label
- Remember to take your pain medication before activity and bedtime
- You are not permitted to operate a motor vehicle while taking pain medication
- Pain medication may cause nausea. If this happens, decrease the amount you are taking or stop and contact your surgeon's office
  - If you need additional pain medication, please contact your surgeon's office
- Anesthesia and pain medication often cause constipation
  - Drink plenty of fluids and eat whole grains, fruits, and vegetables
  - Stool softeners or a laxative may be needed
- Please do not hesitate to call your surgeon's office with any questions or concerns



# Incision Care

- Your incision will be covered with a dressing
- Before you go home, your surgeon or nurse will explain how to take care of your wound and when to remove your dressing
- Make sure you understand these instructions before you leave the facility and who to contact if you need assistance
- Call your surgeon immediately if you notice any increase in drainage, redness, warmth or have a fever above **101°** Fahrenheit for more than 24 hours





# Surgical Site Infection

- A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place
- You will be given an antibiotic while at the surgery center to help prevent infection
- Most patients who have surgery do not develop an infection
- Some common symptoms of surgical site infection are:
  - Increased redness and pain around the area where you had surgery
  - Any drainage, in particular, cloudy fluid from your surgical wound
  - Fever- temperature greater than **101°F** for more than 24 hours
  - If any of these symptoms occur contact your surgeon's office immediately





# Infection Prevention

Preventing infection is extremely important for the rest of your life

- Your new joint is artificial and does not have your body's natural protection against infection
- It is possible to develop an infection in your artificial joint if antibiotics are not taken before certain procedures.
  - These procedures include:
    - Dental surgery (*fillings, caps, etc.*)
    - Cystoscopy/Genitourinary instrumentation
    - Prostate and/or bladder surgery
    - Kidney surgery
    - Cardiac catheterization
    - Barium enema
    - Endoscopy (*not for colonoscopy*)
- Before having any procedures, let the physician or dentist doing the procedure know you have an implant.
- You may also contact the surgeon who performed your joint replacement to obtain the appropriate prescription antibiotics, if needed.



## When To Call Your Surgeon:



It's important that you contact the surgeon's office if any of the following occur:

- ⚠ You have a temperature above **101°** for more than 24 hours
- ⚠ New or increased redness or warmth to the surgical site since discharge
- ⚠ New or increased drainage from your incision
- ⚠ Operative site is increasingly swollen
- ⚠ Your calf becomes swollen, tender, warm or reddened
- ⚠ Increased pain in the operative site within a week of your surgery
- ⚠ For total knee replacement patients, your ability to bend your knee has decreased or remains the same as when you were discharged from the facility



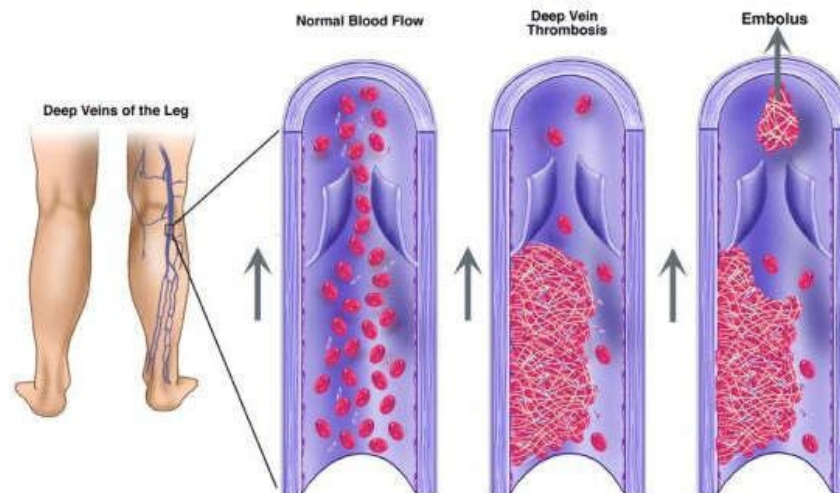
# Potential Complications

- Blood clots are potential complications following hip or knee joint replacement surgery.
  - A blood clot from your leg can travel to your lungs and cause serious health complications.
  - **If a large enough clot travels to your lung, it can be fatal and result in sudden death**
  - Preventing a blood clot from forming is the best treatment method
  - You can lower your risk of developing a blood clot by:
    - Exercising and staying active (*moving about*)
    - Taking blood thinning medications prescribed by your physician
    - Continue wearing support stockings or compression devices
    - Some foods and supplements may alter the effectiveness of blood-thinning medications; such as, foods with high amounts of vitamin K
    - Talk to your surgeon about certain foods to avoid while on this medication



## Blood Clot Symptoms:

- Pain and/or redness in your calf and leg unrelated to your incision
- A cramping feeling in the calf or behind the knee
- Increased swelling of your thigh, calf, ankle or foot
- Shortness of breath and chest pain or pain when breathing
- For complaints of calf pain, chest pain or shortness of breath, call your surgeon's office immediately
- You may need to go to the emergency room for chest pain and shortness of breath to have an ultrasound







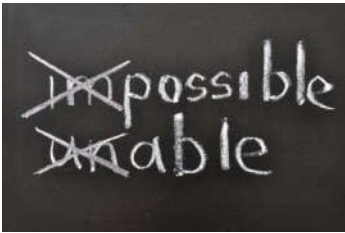
# Blood Thinning Therapy

- After surgery, your surgeon may prescribe medication to thin your blood
- This medication, sometimes referred to as an anticoagulant, reduces the chance of harmful clots forming in your blood vessels
- Blood-thinning drugs may be given by mouth or by injection
- Remaining active throughout your recovery and continued use of your compression sleeve devices are additional important factors in aiding to reduce the possibility of blood clots forming



## At Home & Beyond

- After surgery, you can expect gradual improvement over the coming months
- Post op total joint recovery can be slow with some intermittent set backs in both motion, strength and pain. This is normal
- Maximal recovery can often take a year or more
- You should expect less pain, stiffness and swelling and a more independent lifestyle
- Your pre op physical condition, age & the complexity of your surgery can influence your recovery and ultimate outcome
- Returning to work depends on how quickly you heal and how demanding your job may be on a new joint
- After you are discharged, there will be a few weeks before you return for a follow-up visit with your surgeon
  - This should be pre-scheduled.
- This period of time is critical in your rehabilitation and for positive long-term results from your surgery



## Recovery Phase

- No matter how much you prepared for your homecoming, it will be an adjustment
- You will likely experience anxiety and question whether you were discharged too early. This is a normal feeling, so relax and focus on your recovery
- Expect a follow-up call the next day from the GSC nursing staff. This is your opportunity to report any problems and ask any additional questions
- You can expect a call from our staff at the following intervals during your recovery – 2 days, 1 week, 30, 60 and 90 days
- Also expect a visit from the physical therapist daily



# Activity



- Continue your exercise program and increase activity gradually.
- Follow all therapy instructions and recommendations from your care team
- Resume activity as you gain strength and confidence
- For total knee replacement, swelling of the knee or leg is common with an abrupt increase in activity
  - If this occurs, elevate the leg above the level of your heart (*place pillows under the calf, not behind the knee joint*) and apply ice directly to the knee.
  - You may continue with elevation and icing as needed to help decrease swelling and discomfort.
- Continued exercise at this early stage is important to achieve the best outcome with your new joint replacement

# Activity

- Do not sit for longer than 30 to 45 minutes at a time
- Use chairs with arms for support and so you may use your arms to stand up
- You may nap if you are tired, but do not stay in bed all day
- Frequent, short walks—either indoors or outdoors— are the key to a successful recovery
- You may experience discomfort in your operated hip, knee or shoulder and you may have difficulty sleeping at night
  - This is part of the recovery process
  - Getting up and moving around relieves some of the discomfort
- You should climb stairs with support
  - Climb one step at a time – “good” leg up - “bad” leg down
  - Hold on to a railing, if available
- You may be a passenger in a car, but you should sit on a firm cushion or folded blanket to avoid sitting too low
  - See the instructions at the end of this guide for specific information for getting in and out of the car
- You may not drive before your first post-op visit
  - The decision to resume driving your vehicle is made by your surgeon

## Life Quotes

Life is like riding a bicycle. To keep your balance, you must keep moving

Albert Einstein



## Precautions with car rides



- When taking extended car rides, make sure to take breaks every 30 to 45 minutes
- Get out of car and walk / stand for a few minutes so you don't become too stiff
- Generally, driving is not recommended for several weeks after surgery
- Please contact your doctor to find out when it is safe to resume driving





# Getting In & Out of a Car After a Total Joint Replacement

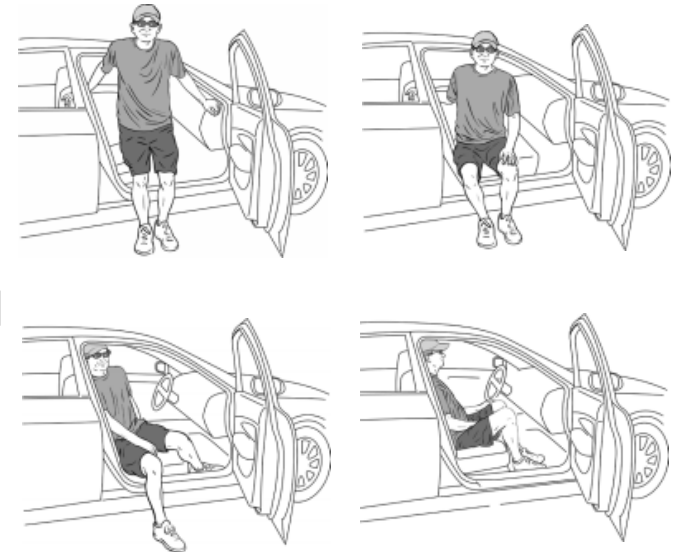


1. The front passenger car seat should be pushed all the way back before you enter the car
2. Have the driver park on a flat surface and / or near the driveway ramp
3. Walk toward car using the appropriate walking device



# How to Get In & Out of a Car After a Total Joint Replacement

- When close to the car, turn and begin backing up to the front passenger car seat
  - **Never step into the car**
  - Placing a plastic bag on a fabric seat may make moving easier
- Reach with your right hand and hold the door frame or headrest
- Place your left hand on the car seat or dashboard
- Slowly lower yourself to the car seat
- Slide yourself back onto the car seat
- Swing your legs into the car
  - Try to move one leg at a time
  - Keep your toes pointed upward
  - Do not cross your legs
  - **Reverse these steps to exit the car**





# Lifting Precautions



- Do not lift anything heavy after surgery
- Avoid lifting objects in a position where you need to squat or bend
- Your surgeon will let you know when it is OK to lift heavy objects
- Avoid climbing ladders





- Resume your diet as tolerated and include vegetables, fruits and proteins to promote healing
- Proper nutrition is needed for healing
  - During the healing process, the body needs increased amounts of calories, protein, vitamins A and C and sometimes the mineral zinc
- Remember to have adequate fluid intake (*at least 8 glasses a day*)
- It is not uncommon to lack an appetite due to anesthesia and medications after surgery
- What you eat can help heal your wounds and prevent infection and potential complications



# Exercises

The following exercises can be performed before and after surgery

- It's important to keep your body strong and flexible both before and after your joint replacement surgery
- Following the exercise program discussed here and by your therapist will help speed recovery and make doing everyday tasks easier and less painful during your rehabilitation period





## Circulation Exercise:

### Ankle Pumps

- Lie on your back
- Gently point and pull ankle of your surgical leg by pumping foot up and down
- Repeat 10 times (*1 set*)
- Do two sets a day

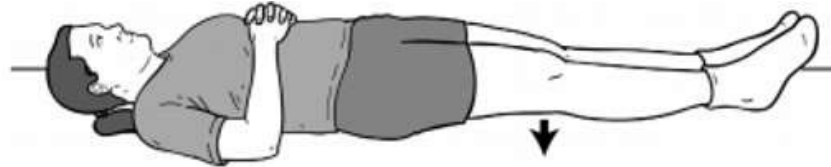




## Circulation Exercise:

### Quadriceps Sets

- Lie on your back with your legs straight
- Tighten your thigh muscle by pushing your knee down into the bed
- Do NOT hold your breath
- Repeat 10 times (*1 set*)
- Do two sets a day

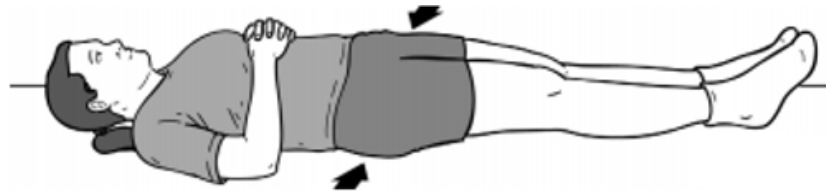




## Circulation Exercise:

### **Gluteal Sets (*buttock*)**

- Lie on your back with your legs straight
- Squeeze buttock together and tighten buttocks muscles
- Do NOT hold your breath
- Repeat 10 times (*1 set*)
- Do two sets a day



## Short Arc Quads

- Lie on your back with a towel rolled under your knee
- Slowly straighten your surgical knee by lifting your foot up while keeping your thigh on the roll
- Repeat 10 times (*1 set*)
- Do two sets a day



# Heel Slides

- Lie on your back
- Bend your surgical knee by sliding your heel toward your buttocks
- Repeat 10 times (*1 set*)
- Do two sets a day
- You may be instructed to pull on a bed sheet hooked around your foot to help you slide your heel





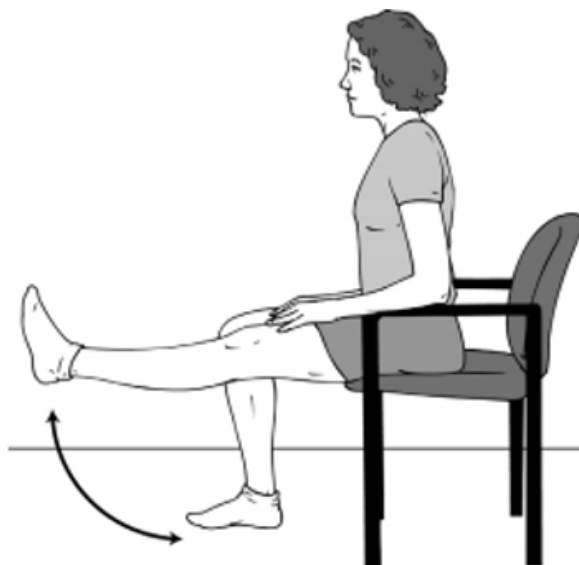
## Sitting Knee Flexion

- Sit with a towel under your surgical leg(s)
- Your feet should be flat on the floor
- Slide one foot back, bending your surgical knee
- Hold for 5 seconds, then slide your foot forward
- Repeat 10 times (*1 set*)
- Do two sets a day



## Seated Knee Extension

- Straighten your surgical leg
- Repeat 10 times (*1 set*)
- Do two sets a day



# Hip Abduction

- While standing, raise your leg out to the side
- Keep your leg straight and keep your toes pointed forward the entire time
- Use your arm if needed for balance and safety
- Repeat 10 times (*1 set*)
- Do two sets a day



# Single Leg Stance

- Stand on one leg and maintain your balance
- Repeat 10 times (*1 set*)



# QUESTIONS

Phone: 860-633-0003



Email: [RN@gscct.com](mailto:RN@gscct.com)

Thank you for attending!