

Outpatient Joint Replacement

Patient Education and Resource Guide

NORTH  ATLANTIC
SURGICAL SUITES, LLC



YOUR EDUCATION RESOURCE GUIDE FOR OUTPATIENT JOINT REPLACEMENT

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WELCOME TO NORTH ATLANTIC SURGICAL SUITES

Welcome to North Atlantic Surgical Suites, LLC, your trusted partner in total joint replacements since 2018. As a premier ambulatory surgical center, we specialize in advanced orthopedic surgery, providing expert care in a safe, efficient outpatient setting. Our dedicated team of highly skilled surgeons and medical professionals are committed to helping patients regain mobility and improve their quality of life through state-of-the-art techniques and personalized treatment.

Your education and participation are essential to ensuring you have an outstanding experience and the best possible outcome. Please read all of the information in this guide so you will know what to expect, how to prepare, and learn important tips on how to recover well.

With this comprehensive patient education and individually tailored care, our program is designed to provide the information, care, and support you need every step of the way to achieve your ideal experience.

We thank you for choosing us to be a part of your journey towards better health and well-being. Your mobility is our mission!

Your North Atlantic Surgical Suites team

Understanding Your Joint Replacement Surgery

INTRODUCING YOUR NORTH ATLANTIC SURGICAL SUITES TEAM

North Atlantic Surgical Suites has an experienced and highly skilled team who will focus specifically on you. Each one of our team members is specially trained to help ensure a safe and successful recovery. They work together with you and your caregiver to ensure an excellent experience. Your North Atlantic Surgical Suites team includes:

Orthopedic Surgeon: Your orthopedic surgeon is the physician who will perform your joint replacement surgery and will oversee your care throughout your experience at North Atlantic Surgical Suites.

Surgical Assistant: A surgical assistant is a nurse practitioner, physician assistant or first assist who will directly assist your orthopedic surgeon in the operating room.

Surgical Technician: A surgical technician will assist your orthopedic surgeon in the operating room.

Anesthesiologist and Certified Registered Nurse Anesthetist: Your anesthesia provider will administer the appropriate medications to keep you comfortable and asleep during surgery. They will also assist in your post-operative pain management.

Registered Nurse: Throughout your experience, you can expect to meet several nurses who function in various roles. This will include a pre-admission nurse, pre-operative nurse, operative nurse and post-operative nurse. These nurses will help prepare you for surgery, monitor you during surgery and help you through the recovery process by carrying out all orders given by your surgeon and anesthesia provider while keeping you comfortable and safe.

Reception: Our reception staff will assist you during the check-in process and collect your photo ID, insurance care and payment (if applicable). They will also review over all of the registration paperwork with you.

COMMON CAUSES OF PROBLEMS THAT LEAD TO THE NEED FOR JOINT REPLACEMENT

What Are The Symptoms Of Osteoarthritis?

Symptoms of osteoarthritis can include:

- Joints that are sore and ache, especially after periods of activity
- Pain that develops after overuse, or when joints are inactive for long periods of time
- Joint swelling
- Stiffness
- Loss of range of motion

What Causes Osteoarthritis?

Osteoarthritis is the most common type of arthritis. It is also known as the “garden variety arthritis” and affects nearly 21 million Americans. As we age, the chances of developing osteoarthritis increase, though the severity of the disease is different for everyone. People in early stages of life can also develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, though it occurs most often in the hips, knees and spine. Cartilage is the cushion that covers the ends of bones in normal joints and helps provide protection so those bones don't rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

There are several factors that increase a person's chances of developing osteoarthritis including family history, obesity, injuries like fractures in the joint, previous surgeries where cartilage was removed from a joint, and overuse. The aging process, with normal wear and tear, is the most frequent reason.

What Is “Compartmental” Knee Osteoarthritis?

The knee joint is divided into three specific areas, called “compartments”. We have found many of our patients with knee arthritis have the disease confined to only one compartment of the knee. This leaves the remaining parts of the knee functional and not in need of surgical intervention.

PARTIAL KNEE REPLACEMENT SURGERY

If the cartilage damage in your knee has occurred in only *one compartment* of your knee, a partial knee replacement procedure may be performed. Partial knee replacement surgery involves resurfacing one portion of the knee joint and using artificial components to replace damaged tissue. At North Atlantic Surgical Suites, your surgeon uses the least invasive techniques available.

If your surgeon has recommended a partial knee replacement, or “Uni Knee”, this is likely based upon the x-rays and examination. It appears that most of your knee is functioning normally and that your arthritis and pain are coming from only one of the

three areas of the knee. With this in mind, a partial knee replacement has been recommended.

Partial knee replacement has been in existence for several decades—it is not new or experimental. The longevity and success of partial knee replacement has been reported to be as good as or even better than a total knee replacement. The concept with partial knee replacement is to do the least amount of surgery necessary to eliminate or reduce your pain, without removing healthy tissues.

This minimally invasive procedure allows for a faster recovery, less risk of complications, and provides better function, satisfaction, and activity than a total knee replacement. Total knee arthroplasty is a good and proven procedure, but when a smaller, less- invasive, and more conservative surgery can provide the same or better outcome, the surgeons at North Atlantic Surgical Suites favor this procedure.

TOTAL KNEE REPLACEMENT SURGERY

Total knee replacement, while a bigger operation than partial knee, provides better than 90% satisfaction for the patient. Total knee replacement is recommended when more than one compartment is “worn out”, when the deformity is greater, and when ligaments are damaged, not functioning well, or cannot be balanced. The recovery from total knee replacement can be longer and more difficult than partial knee. However, doing the right surgery first with the least invasive techniques available to provide long-lasting pain relief is the goal of North Atlantic Surgical Suites.

95% of the time, pre-operative x-rays and examination are accurate in determining if a patient is a good candidate for partial or total knee replacement. However, 5% of the time something seen or observed during the procedure would move the surgeon to change from a partial knee to a total knee replacement.

With the novel, multi-modal pain management and the pre-operative and post-operative protocols developed and practiced at North Atlantic Surgical Suites, total knee replacement can be safely performed in the outpatient environment.

TOTAL HIP REPLACEMENT SURGERY

Total hip replacement is for patients with end-stage hip osteoarthritis or another condition that results in hip joint destruction. The advent of newer, minimally invasive and muscle-sparing surgical approaches has allowed surgeons to perform hip replacements with considerably less pain and debilitation. In combination with modern anesthesia techniques and a multimodal approach to pain control, hip replacements can now be performed safely as an outpatient procedure. Embracing these novel and less invasive techniques in joint replacement allows us at North Atlantic Surgical Suites to provide the same successful surgery with a faster recovery and an improved surgical experience.

THE RISKS OF JOINT REPLACEMENT SURGERY

All surgical procedures have some risks. Despite utilizing specialized pre-operative testing, less invasive techniques, and novel pain and rehabilitation management, every joint replacement is still a major surgery. Although advances in technology and medical care have made the procedure very safe and effective, these risks do exist. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care provider, and your family.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. Although complications are rare, they do sometimes occur. We will do our very best to avoid the most common risks which include:

Blood Clots: Blood clots can form in a leg vein and in your lungs after joint replacement surgery and can be dangerous. Blood clots are more common in older patients, patients who are obese, patients with a history of blood clots, and patients with cancer. We believe in evaluating the risk and developing a preventative treatment plan for each patient. Reducing the risk of blood clots is an essential reason why you can expect to get moving very quickly after surgery. Additionally, we recommend the use of portable calf compression devices and/or elastic compression stocking for as long as your provider specifies.

Hematoma: Bleeding into the joint can occur either immediately after surgery or at a later time. This is accompanied by acute pain and swelling and is sometimes confused with infection.

Infection: Infection is very rare in healthy patients having joint replacement. Patients with chronic health conditions, like diabetes or liver disease, or patients who take some forms of corticosteroids, are at higher risk of infection after any surgery. Superficial wound infections are usually treated with antibiotics. Deeper infections inside the joint may require additional surgery.

Nerve, Blood Vessel, and Ligament Injuries: Damage to the nearby nerves, blood vessels and ligaments, are possible but extremely rare. More commonly there is numbness in the area of the incision which usually, but not always, resolves in 6-12 months. Don't be surprised if you have some small residual numbness in one or more areas around your incision.

Wound Healing: Sometimes the surgical incision heals slowly, particularly if you take corticosteroids or have a disease that affects the immune system, such as diabetes. Smoking can cause serious complications, and quitting before undergoing joint replacement surgery is *strongly encouraged*. Talk with your orthopedic team or your family physician if you need help with smoking cessation.

Limited Range of Motion: Within a day of surgery, you will begin exercises to help improve the flexibility of your knee or hip. Your ability to bend your knee after surgery often depends on how far you could bend it before surgery. The motion before surgery can also affect the motion of your hip following recovery. Even after physical therapy and an extended recovery period, some people are not able to bend their hip or knee far enough to do normal activities such as reaching your feet to put on socks or tie your shoes.

Arthritis Progression (Partial Knee): After surgery, the knee may experience further degeneration in the remaining portions of the knee that were not replaced. This has been documented to be less than 10% at 20 years for partial knee replacement procedures.

Wear: Your new knee/hip replacement is a mechanical device that will wear over time. The rate of wear may depend on your age, weight, and activity level. Specialized plastics (polyethylene) are used that demonstrate reduced wear in hip and knee replacement.

Loosening of the Joint: Over the long term, loosening of the artificial joint is a risk associated with joint replacement. Loosening may occur when tissue grows between the artificial joint and your bone.

YOU CAN ALSO HELP REDUCE YOUR RISKS OF MANY OF THESE COMPLICATIONS BY:

- Reducing or eliminating the use of tobacco
- Being compliant with managing your diabetes, if applicable
- Maintaining a healthy diet
- Using good hand washing techniques
- Performing your exercises as directed by physical therapy
- Limiting high impact activities as directed by your surgeon

Preparing for Your Surgery

Your North Atlantic Surgical Suites experience begins long before your actual surgery. These guidelines will prepare you for a rapid and safe recovery in your quest for improved mobility and health. To make sure you and your family are fully prepared for your joint replacement experience, it is important that you carefully and thoroughly review this Patient Education Resource Guide and practice your exercises before surgery. This information will help you better understand your diagnosis, the joint replacement process and what to expect every step of the way. You will be introduced to the exercises, tips, and activities that will speed recovery and promote success. Please call us if you have any questions or concerns regarding this information.

SCHEDULING YOUR SURGERY

Once it has been determined that surgery is your best option, you may schedule your surgery while in the surgeon's office. After we receive your booking, we will work with you along with the surgeon's office to begin preparing you for surgery.

HELP FROM YOUR FAMILY AND CAREGIVER

Recovering from your replacement is a team effort. Your family's and caregivers support can make all the difference. We strongly recommend that you bring your family or caregiver with you to your preoperative visit. This person should be someone who is willing to support you every step of the way and who can participate fully in activities before and after surgery.

PRE-SURGERY PHYSICAL THERAPY EVALUATION

The effects of arthritis on your knee result in loss of strength and difficulty with many functional activities. The goal of the surgery is to restore these to a less painful and more functional level. You may consider a pre-surgical appointment with a physical therapist at your anticipated outpatient physical therapy center. They will review the post-operative exercises with you, your caregiver and your family. This will help you prepare for your recovery through education, practice, and encouragement.

PRACTICING YOUR EXERCISES PRIOR TO SURGERY

Included in this Patient Education Resource Guide you will find exercises you will need to do before and after surgery. Performing these exercises regularly and properly is perhaps the most important factor in speedy recovery and determining long-term success of your new joint. Keep in mind that the exercises are designed to strengthen muscles around the joint and improve mobility. The exercises are not always easy, but they are an important part of your treatment and recovery process. Some soreness in your joint is normal and will improve over time. If you experience severe pain with any exercise, you should stop immediately.

*****THE ATTACHED EXERCISES ARE INTENDED FOR BOTH KNEE AND HIP REPLACEMENTS*****

**If you experience severe pain with any exercise,
you should stop immediately.**

HEMOCARE PHYSICAL THERAPY

During your pre-operative phone call, the pre-admission nurse will assist you in setting up post-operative homecare services for after surgery. Your homecare physical therapy team is trained to help you gain strength and motion in your new joint and will ensure that you do your exercises correctly. Your physical therapy team will also make sure you are properly and safely using your crutches and/or walker.

SURGICAL CLEARANCE PRIOR TO SURGERY

Your primary care physician (PCP) should be aware of your upcoming surgery and be prepared to help post-operatively. You should be seen by your PCP pre-operatively, **WITHIN** 30 days of your scheduled surgical date, to ensure that you are medically optimized for surgery. If you have a history of *heart disease*, your cardiologist is an integral member of the team as we plan your joint replacement surgery. Your cardiologist should provide surgical clearance as well as assist in managing your cardiac medications before, during, and after your procedure.

MEDICATIONS YOU MAY TAKE PRIOR TO SURGERY

During your pre-operative clearance appointment, your PCP should address which of your medications you should take the morning of surgery. Your surgeon may also prescribe additional medications to take the morning of surgery. These may include Celebrex® and over the counter medications such as Tylenol®, Claritin® and Benadryl®. Please take the designated medications with only a small sip of water.

Your surgeon will order medications based on your individual needs. These prescriptions will be given and/or sent to your pharmacy prior to the day of surgery. Please ensure you pick up these medications prior to your surgery day.

Medications You Must STOP Taking Prior to Surgery

****YOU MUST GET PERMISSION FROM YOUR PRESCRIBING PROVIDER PRIOR TO STOPPING ANY OF YOUR MEDICATIONS****

Some medications that you currently take may prove harmful during surgery because they thin your blood and increase the risk of bleeding during and after surgery.

If you take the following medications, you must stop taking them prior to your surgery unless otherwise directed. The guidelines are listed below:

- **Hold for 7 Days Prior:** All over the counter vitamins, supplements, hormone replacement therapy, non-steroidal anti-inflammatory medications (such as Ibuprofen, Motrin®, Advil®, Aleve®, Naproxyn®), and any aspirin/aspirin containing products.

These prescription medications **MUST** be stopped for a specific duration of time prior to surgery with approval from your prescribing provider. The durations are listed below:

metformin (Glucophage®): 24hrs
empagliflozin (Jardiance®): 72hrs
phentermine: 7days
semaglutide (Rybelsus, Ozempic, Wegovy): 7 days
liraglutide (Victoza, Saxenda): 7 days
dulaglutide (Trulicity): 7 days
tirzepatide (Mounjaro): 7 days
exenatide (Byetta, Bydureon): 7 days
lixisenatide (Adlyxin): 7 days

****ANY GLP MEDICATIONS NOT LISTED MUST ALSO BE HELD FOR 7 DAYS****

If you are on any anticoagulant medications, please inform your prescribing provider that you may be receiving a spinal anesthetic. To receive a spinal anesthetic, these medications **MUST** be stopped for a specific duration of time prior to surgery with approval from your prescribing provider. The durations are listed below:

enoxaparin (Lovenox®): 24 hours
warfarin (Coumadin®): 5 days
ribaroxaban (Xarelto®): 72hrs
apixaban (Eliquis®): 72 hours
clopidogrel (Plavix®): 5-7 days
prasugrel (Effient®): 7-10 days
dabigatran (Pradaxa®): 5 days
dipyridamole (Aggrenox, Persantine): 24hrs

***Again, these are **ONLY** references. Please discuss all your current medications and supplements with your PCP and surgeon. **

PRE-OPERATIVE STEPS TO HELP PREVENT INFECTION

There are several steps that you can take to help prevent surgical site infections.

Shaving: It is very important that you do not shave your legs or use any hair removal products anywhere near the surgical area for **FIVE** days prior to surgery. Studies show an increased risk of surgical site infection associated with shaving. This is attributed to the microscopic cuts in the skin that allow bacteria to enter.

Clean Hands: Hand hygiene is very important. You will notice your caregivers washing their hands and using alcohol-based hand sanitizer when entering your room. We also strongly encourage your family and friends to utilize this cleanser, and to wash their hands frequently to prevent the spread of infection.

Illness: If you become ill with a fever, cold, sore throat, flu, or any other illness, please contact your surgeon.

Skin Rash: Broken skin or rashes should be reported to your surgeon.

Pre-Surgery Bathing: You will be instructed to shower with a special OTC anti-septic cleanser (such as Hibiclens®).

TIPS FOR PREPARING YOUR HOME

You and your family may want to consider these **RECOMMENDATIONS** to help make your home safe and comfortable when you return from your surgery. These are not required but you may find them helpful throughout your recovery.

- Ice Machine
- Non-slip bath mat for inside your tub/shower.
- Shower Chair
- Raised toilet seat
- A high chair with firm back and arm rests. ***Chairs with wheels should not be used under any circumstances.***
- Check for tripping hazards and remove throw rugs and secure cords
- Determine what items from dressers, cabinets and shelves you will need immediately after returning home. Any items you use often should be moved to counter height to avoid excessive bending or reaching.
- Plan on using a cordless phone or a cell phone. They can be tucked away inside a pocket, carried easily
- Make sure stairs have handrails that are securely fastened to the wall.
- Purchase or prepare meals in advance and freeze them.
- Install night-lights in bathrooms, bedrooms, and hallways.
- Avoid yardwork 10 days prior to surgery and make alternative arrangements
- Do laundry ahead of time and put clean linens on your bed.
- Arrange for someone to collect your newspaper and mail.

Your safety is our primary concern. We **REQUIRE** that your caregiver, spouse, family member, or friend stay with you after your surgery for AT LEAST 24hrs or until you are able to perform activities of daily living independently and safely.

DAY PRIOR TO YOUR SURGERY

****YOU SHOULD HAVE NOTHING TO EAT, DRINK OR SMOKE AFTER MIDNIGHT OR AT LEAST 8 HRS PRIOR TO YOUR SURGERY****

- Please restrict alcohol to one serving the night before surgery.
- Shower with the special antiseptic cleanser from the chin down avoiding genitals. This should be left on for 3-5 minutes before rinsing. Do not apply any lotions, perfumes or powders after using the antiseptic. Following your shower, put on clean pajamas and fresh clean bed sheets.
- Drink adequate hydrating fluids (water, electrolyte drinks, etc.)
- Follow the instructions your surgeon, PCP, cardiologist, etc. provided you regarding any medications you are currently taking.
- If your physician/surgeon has given you instructions for pre-procedure prep, please follow those instructions carefully.
- Arrange for an adult to take you home and remain with you for at least 24hs after your procedure. You may not drive yourself home after the procedure. If you travel by taxi, your caretaker must still escort you. If no escort is available, your procedure will be rescheduled.

PRIOR TO ARRIVAL ON DAY OF SURGERY

- Remember to not eat, drink or smoke anything, including things like mints and gum.
- Shower with the special antiseptic cleanser from the chin down avoiding genitals leaving on 3-5 minutes before rinsing. Do not apply lotions, perfumes or powders after use.
- Wear clean, comfortable clothes.
- Avoid wearing fragrance, deodorant, cream, lotion, makeup, nail polish or jewelry
- Take any medications as instructed by your PCP and/or surgeon with a small sip of water.

BRING WITH YOU:

- PHOTO ID (We cannot proceed with this! Ensure your ID matches the name on your insurance card. If not, please bring proof of name change.
 - Insurance card
 - Payment (if applicable)
 - CRUTCHES (not provided by the surgical center, so please bring your own)
 - Medication List including OTC's with listing the dose and frequency
 - If you wear contact, glasses, hearing aids or dentures please bring their case.
 - Bring your pain medications to have accessible for your car ride home.
 - Bring your phone, book, crossword puzzle, etc. in case of any delays.
- Report to the check-in area on time.

For your convenience, a map is provided on the last page of this guide.

You will be notified of your arrival time the business day prior to surgery. That is the only time you should go by so disregard any times you may see in your portal, paperwork, etc.

DAY OF SURGERY AT THE SURGICAL CENTER

- ☐ Up in chair as tolerated
- ☐ Diet as tolerated. Start slow and advance as you feel better.
- ☐ Ankle pumps as instructed
- ☐ Ice therapy in place
- ☐ Manage pain
- ☐ Transition home
- ☐ Walk with crutches and/or to help with balance

AT HOME: DAY OF SURGERY (POST-OP DAY 0)

- ☐ Leave bandage in place, unless otherwise instructed
- ☐ Continue using ice
- ☐ Take pain medications as needed
- ☐ Elevate ankle above the knee and the knee above the hip to reduce swelling when you are not doing exercises or walking
- ☐ Exercises at least 3 times
- ☐ May go up and down a flight of stairs once (or as tolerated)

AT HOME: DAY AFTER SURGERY (POST-OP DAY 1)

- ☐ May shower
- ☐ After showering please pat the area around the dressing
- ☐ Increase your activity as pain and swelling allow.
- ☐ Work on bending exercises 3-4 times a day
- ☐ Continue using ice
- ☐ Take pain medications as needed
- ☐ Elevate ankle above the knee and the knee above the hip to reduce swelling when not walking or doing your exercises
- ☐ Physical Therapy may begin to further help improve function, walking, and reduce swelling

Unless otherwise noted, you can bear weight on the affected leg as you can tolerate. You may receive a nerve block and/or local anesthetic, so it is important to use crutches or a walker to prevent falls during this time. Most patients use crutches and/or a walker for 1 to 2 weeks.

If you have any questions or problems, please call your surgeons office as someone is available 24 hours a day.

****If you have a fever above 101 degrees, if you notice excessive drainage from your incision or if you have an increase in pain, swelling or redness in either leg, or numbness or tingling in the operative leg, which is not relieved by changing your position, **CALL YOUR SURGEON!** ****

Surgery Day at North Atlantic Surgical Suites

ARRIVING AT NORTH ATLANTIC SURGICAL SUITES

The day of your surgery will be a busy one. There may be several hours that pass between the time you check in until the time that you are ready to be discharged. Your family/caretaker should be prepared to wait several hours, but they must be available as soon as you are ready for discharge. Please provide their cell phone number at check in to ensure we are able to contact them.

It is important that you arrive at the center with plenty of time to check in and prepare for surgery.

When you arrive, you should check in to the front desk so they can begin the check-in process. This is when they will go over all of the registration paperwork as well as ask you for your photo ID, insurance card and payment (if applicable). At this time, a wristband will be applied. It is important that you verify all of the information and spelling on your identification wristband is correct. If you have any allergies, an additional wristband will be placed while you are in the pre-operative unit.

You may be asked many of the same questions throughout your stay; however, this is important and necessary to verify all information for your safety.

PRE-OPERATIVE UNIT

After you check in at registration, you will be brought back to the pre-operative area.

You will be asked to change into a surgical gown, and your clothes and personal items will be placed in a patient belonging bag and stored in a designated locker.

Your pre-operative nurse will review your medical records, take your vital signs, perform a brief physical exam, shave the surgical site, and make sure everything is in order.

The nurse will place an intravenous catheter (IV) which allows us to administer fluids and medications, such as pre-operative antibiotics to help reduce the risk of infection.

Your orthopedic surgeon and the anesthesia provider will visit you in the pre-op unit prior to surgery. Your surgeon will ask you to identify which knee/hip is being operated on and will mark the surgical site with a special marker. They will then go over risks and benefits of surgery and have you sign consent.

Your anesthesia provider will ask you a number of questions to help determine the best anesthesia for you. Your anesthesiologist will discuss the risks and benefits associated with the various anesthetic options, as well as the potential side effects that can occur with each. Any time you have surgery and anesthesia there is a chance that you may experience some nausea and vomiting; however, medications are available to treat both and are routinely given ahead of time to try to prevent these symptoms.

****You should ask any questions you may have for the surgeon or anesthesia at this time****

FAMILY WAITING

On the morning of surgery, your family/caretaker will likely be able to stay with you until you are ready to be transported to the operating room. At this point, they will be escorted to the waiting area where they can wait while you have your surgery.

*** VISITOR POLICY SUBJECT TO CHANGE***

Once your joint replacement is complete, a member of the surgical team will contact your family member/caretaker to discuss the procedure and go over any questions.

THE OPERATING ROOM

Inside the operating room, you will be cared for by a team of physicians, physician assistants, nurses and skilled technicians. The total time required for surgery will be different from patient to patient depending on the complexity of your procedure.

RECOVERY

After surgery, you will be transported to an area called the Post Anesthesia Care Unit (PACU) or recovery room. Your stay in the PACU will depend upon your rate of recovery from the effects of the anesthesia. Following a joint replacement, your PACU stay is typically 1½-2hrs, but may vary.

Nurses will check your vital signs; blood pressure, respiratory rate, and heart rate—and monitor your progress. They will also start your ice therapy.

Pain medications will be provided through your IV as needed. Our goal is to use medications before and during the surgery to reduce your pain and therefore decrease the need for post-operative narcotic medications.

Nurses will check your bandages, and encourage you to cough and take deep breaths. They will also apply leg compression devices to help with circulation.

Once your vital signs are stable and you have regained movement and sensation in your lower extremities, your nurse will assist you to sit at the edge of the bed.

EARLY AMBULATION

Once you are ready for your first walk, your family member/caretaker will be able to join you and assist our team with your recovery. After your stay in the PACU, you will be discharged home.

Do not try to walk until your nurse determines you are ready.

WHAT TO EXPECT AFTER SURGERY

Managing Your Pain

The amount of pain and discomfort you experience depends on multiple factors. You may receive pain medication orally, and/or through your IV after surgery if needed. Your physicians and nurses will do everything possible to relieve your pain and discomfort using medications and alternative techniques.

Communication is an important part of helping us manage your pain. It is important to share information with your nurses about any pain you experience. Be as specific as possible. Where is the pain? How often do you feel pain? What does the pain feel like—Is it sharp, dull, aching, spreading out? On a scale of 0 to 10, with 10 being the worst pain imaginable, how would you rate your pain?

The time it takes for the surgical anesthetic to wear off varies. When this occurs, you will start taking pain medications by mouth. Arrange to take your pain medications approximately 30 minutes prior to doing your exercises to help control the soreness that often accompanies activity in the first few days after surgery.

YOUR RECOVERY GOALS

Post-Op: Comfort/Pain Management

Once you are home from your joint replacement the emphasis is on a safe and comfortable recovery. The use of a **cooling device** (such as ice) is your first choice for comfort management. Cooling the extremity should be coordinated with the **Exercises** provided to you. **Elevation** of the extremity will also be effective in controlling swelling and pain. These three modalities as well as acetaminophen (**Tylenol®**) will significantly decrease your need for narcotic pain management.

An anti-inflammatory medication may also be prescribed and/or recommended for post-operative pain. These particular medications are tailored to individual patients and may not be used for all patients.

All patients are asked to purchase an anti-acid medication. These are **over the counter medications** are used after surgery to prevent nausea and gastrointestinal upset while you are on your post-operative medication regimen. Examples are famotidine (Pepcid®) and omeprazole (Prilosec®).

As you can see, the last thing on the list is narcotic pain medication (oxycodone, Percocet®, Norco®, Dilaudid®, etc.). These meds are strong pain relievers and should only be used after all the above modalities have been tried. You as a patient will be surprised at how well you do **without** the consistent use of narcotic pain medications.

Remember a completely pain free recovery is not the expectation but your pain should be controlled and manageable.

If the above comfort measures are not adequate, please call your surgeon. It is our goal to make your recovery **safe and comfortable**.

Transitioning Home

PREPARING TO RETURN HOME

You'll be ready to go home once you're able to walk safely and your surgeon and/or anesthesia determines that you are ready for dismissal.

Someone MUST stay with you for AT LEAST 24hrs after surgery

Before you go home, we will make sure that all your discharge needs are met.

EQUIPMENT WHEN YOU LEAVE THE CENTER

- Walker/Cane/Crutches (that you brought with you)
- Ice Pack (provided by center)
- Elastic Compression Stocking (provided by center if surgeon orders)

THE TRIP HOME

You will need to arrange for your family member/caretaker to drive you home. To make your ride more comfortable slide your seat back, and recline the seat slightly.

Whether traveling by vehicle or plane, it is vital that you do ankle pumps and walk for 10-15 minutes every 1 -2 hours. This will help prevent blood clots and joint stiffness.

RECOVERING AT HOME

MEDICATIONS

- Resume your home medications as instructed by your physician.
- Be sure to take your pain medications with food. If you take these on an empty stomach, it is very likely you will get nauseous.
- Avoid drinking alcohol or driving while taking prescribed pain medication.
- Consider taking pain medication at least a 1/2 hour prior to performing the physical therapy exercises.
- Some people experience constipation while taking pain medication. You may consider drinking prune juice daily, drinking more water, adding fiber to your diet, or taking an over the counter stool softener to prevent this. Exercise and walking also helps with this.
- Keep a medication log and document the time taken with every dose you take

ACTIVITY

Continue your hip and knee exercises as instructed by your physical therapist at least three times a day. You may bear weight as tolerated on the surgical leg, unless instructed otherwise by your surgeon.

Get up and walk for 10 minutes every hour using your crutches or walker for support and safety. Continue to use your crutches or walker for 1-4 days following surgery or longer as directed by your surgeon and/or physical therapist.

Bend and straighten your knee 10-20 times slowly every hour. Increase the amount you bend your knee with each exercise.

Avoid resistance training or swimming until cleared by your surgeon.

MANAGING SWELLING

It is normal to have bruising around your thigh or knee and down to your foot as well as up the inner thigh to the groin area. You may also experience swelling of the upper and lower leg down to the foot and ankle. Swelling usually peaks around 7 days after surgery.

Elevate your leg 10" above the level of your heart and apply ice to help decrease swelling. You may place a pillow under your heel but do not place one under your knee.

Ice should not be placed directly on the skin.

INCISION CARE

- Follow your surgeon's instructions regarding removing/changing your bandage and showering. This information will be provided in your discharge paperwork.
- Use regular soap but do NOT use creams or lotions on your incision for four weeks after surgery or until cleared by your surgeon.
- Avoid soaking your incision in a tub bath, hot tub or participating in any water activities until you are cleared to do so by your surgeon.

DIET AND REST

- Eat a healthy diet to promote healing. You may experience a decreased appetite after surgery. This is normal and should gradually resolve.
- Take rest breaks as needed during the day and get a good night's sleep to support the healing process. However, it is common to have difficulty sleeping after surgery.
- You may sleep on your back or on your side with a pillow between your legs for comfort.

WHEN TO CALL YOUR SURGEON

A moderate amount of bruising, swelling, and redness can be expected after joint replacement surgery. If you experience any of the following, you should contact your surgeon's office.

- A fall
- Numbness, tingling, or burning that persist even after elevating your leg and applying ice
- Pain not relieved by medication or pain that is getting worse
- Thick yellow drainage or bleeding from the incision site
- Inability to do your exercises
- Excessive swelling that persists
- Toes that are very cold and do not get warm when you cover them
- Increased redness around your incision
- A temperature over 101 degrees F (38.3 degrees C)
- Any unexpected problems, concerns, or questions

If you need a refill of your pain medication, please call your surgeons office, 8:00 a.m. to 3:00 p.m. Monday through Friday. Most pharmacies are also open during these hours and will be able to fill your prescription in a timely manner. **Please call 1-2 days before you run out.**

It is unlikely, but if you experience chest pain, palpitations or difficult breathing, please call 911.

LIFE AFTER JOINT REPLACEMENT SURGERY

Traveling

When traveling long distances, you should attempt to change positions or try to stand every hour. Some of the exercises, like ankle pumps, can be performed should you need to sit for long periods of time. If traveling within 2 weeks of your surgery, you should wear your calf compression pumps and/or elastic compression stockings.

Because your new artificial joint contains metal components, you may set off the security systems at airports or shopping malls. This is normal and should not cause concern.

Exercises and Activity

Exercise and maintaining an active lifestyle are important parts of health. Most patients with artificial joints are able to enjoy many activities, though some should be avoided. In general, high impact exercises, like running, jumping, heavy weight lifting, or contact sports, are not recommended. Participating in these activities, or activities like them, may damage your joint or cause it to wear down much more quickly. Low impact activities like swimming, walking, gardening, and golf are encouraged. You may kneel on your new knee without damaging it; however, it will likely feel uncomfortable.

Dental Care

Following your joint replacement surgery, you should not go to the dentist for 3 months. It is important to notify your dentist that you have a joint implant. It is essential that you obtain a prescription from your dentist, PCP or surgeon, for a prophylactic antibiotic to be taken PRIOR to any dental cleaning or procedures. This should be continued for as long as your orthopedic surgeon recommends. You will need to remind your dentist before every scheduled appointment in the future of this requirement in order to reduce the risk of developing an infection in your joint.

Reducing Risks of Infection in Your New Joint

To reduce your risk of infection, antibiotics may need to be administered prior to any invasive testing, procedures or surgery. The physician or surgeon performing these should prescribe antibiotics if indicated.

Follow-up Care

You will see your surgeon or physician assistant for a follow-up appointment at regular intervals. Joint replacements are monitored thereafter every 3 to 5 years for life. We may include phone surveys for research purposes.

Exercises and Mobility

The following pages contain a list of basic exercises and activities that you will be performing following your knee surgery. These activities are vital in helping you return to your normal activities and are designed to help increase leg strength, flexibility and function. Practicing the exercises at home prior to your surgery will make the exercises easier for you after surgery.

As a general rule, exercises should be performed three times a day. Do not add weights or other resistance to these exercises for at least six weeks after surgery.

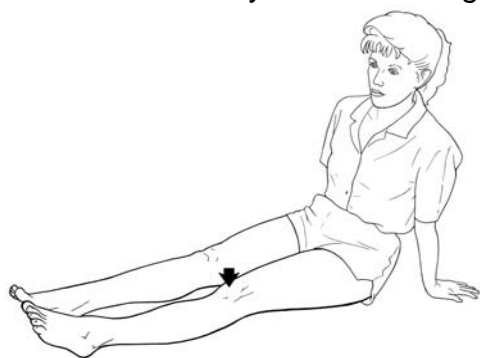
EXERCISE DESCRIPTIONS

Phase I: Begin these exercises the first day after surgery.

Propped Knee Extension: To fully straighten your knee, prop your surgical leg on a small towel or pillow under your heel, not under the knee. Maintain this position for 5 minutes, slowly increasing your tolerance to 30 minutes at one time. Perform 1 repetition.



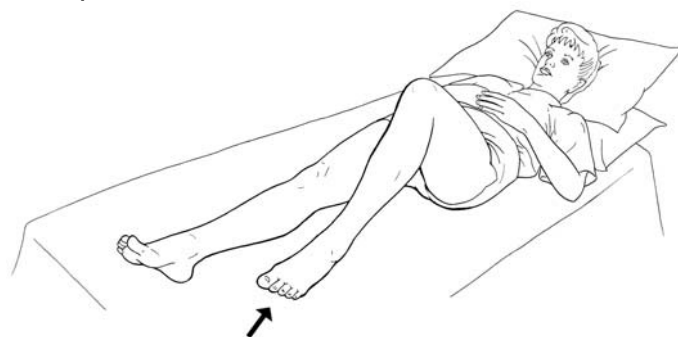
Quad Sets: To achieve a fully straight knee and to improve quadriceps strength, lie with your leg straight and toes pointed toward the ceiling. Tighten the muscle on the top of your thigh, keeping your thigh on the bed while attempting to raise your heel slightly off the bed. Hold your muscles tight for ten seconds. Perform 2 sets of 10 repetitions.



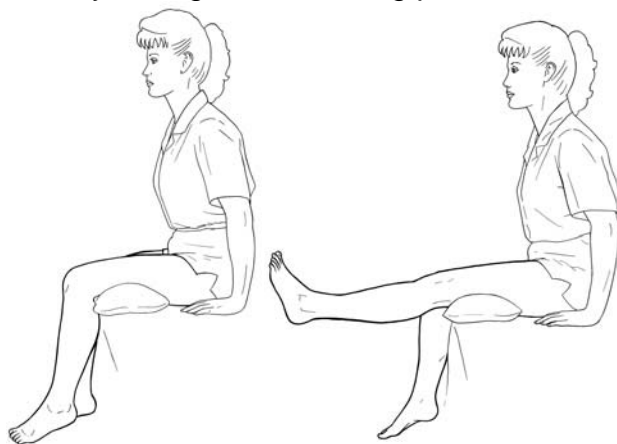
Ankle Pumps: To promote circulation and to decrease swelling post-operatively, in bed or sitting in a chair, point your toes up, down, left and right. Perform 2 sets of 10 repetitions.



Heel Slides: To promote active bending, lie on your back with your legs straight and your toes pointed toward the ceiling. Slowly pull your heel towards your buttocks as far as you can, attempting to achieve greater motion with each repetition. Perform 2 sets of 10 repetitions.



Seated Knee Extension: To promote quadriceps strength, sit with your knees bent at 90 degrees. Straighten your leg at the knee while keeping your back upright. Slowly lower your leg to the starting position. Perform 2 sets of 10 repetitions.



Seated Knee Flexion: To promote knee bending, sit in a chair with your knee bent to 90 degrees. Keeping your foot flat and fixed to the floor, gently move your buttocks forward in the chair. Relax in the new position for 20 seconds. Perform 1 set of 5 repetitions.

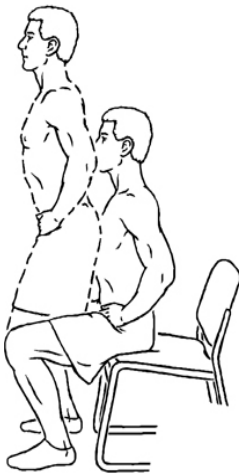


Phase II: Begin these exercises 7 days after surgery. Continue daily for 6 weeks.

Straight Leg Raises: To promote quadriceps strength, lie on your back and bend your uninvolved knee to a comfortable position. Tighten your thigh muscle to straighten your operated knee and raise your leg until your thighs are parallel, hold 3 seconds. Slowly lower your leg. Only perform this exercise if you are able to keep your knee completely straight when lifting your leg. Perform 2 sets of 10 repetitions.

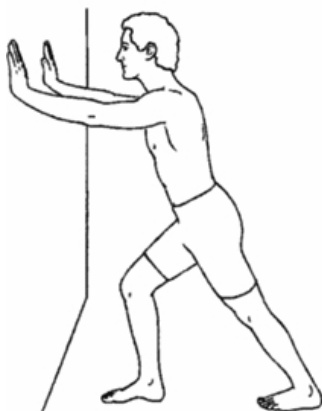


Sit to Stands: To promote quadriceps strength, start by sitting in a chair with armrests and rise to a standing position, pushing with your arms to assist if needed. Slowly lower yourself back to sitting. Progress to sitting and standing without the use of your arms. Perform 2 sets of 10 repetitions.



Calf Stretch: To achieve full knee straightening and to stretch out your calf muscles, stand with your hands on a wall and step forward with the foot of your uninvolved leg. Gently lean your hips toward the wall while keeping your surgical knee straight, your

heel on the floor and your toes pointed straight ahead. Hold this position for twenty seconds and repeat with the other leg. Perform 2 sets of 5 repetitions.



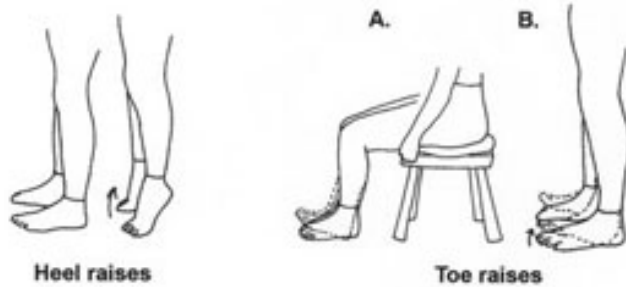
Standing Knee Extension: To strengthen your quadriceps muscle and straighten your knee, stand with your back against the wall and your uninvolved leg slightly forward for balance. While keeping your foot on the floor, press the back of your surgical knee toward the wall to straighten and hold for 10 seconds. Perform 2 sets of 10 repetitions.

Standing Knee Bends: To promote hamstring strength, hold onto a table or counter for balance and bend your surgical knee, moving your foot toward your buttocks and keeping your thighs parallel. Slowly return to starting position. Switch legs after 10 repetitions. Perform 2 sets of 10 repetitions.

Standing Marching: To promote knee motion and strength, hold onto a table or counter and lift your knee up to the level of your hip, keeping your body erect, and lower slowly. Alternate legs with each repetition. Perform 2 sets of 10 repetitions.



Standing Toe and Heel Raises: To improve your standing balance, stand with feet shoulder distance apart and hold onto table or counter. Rise up onto the balls of your feet, lower slowly and rock back onto your heels, lifting your toes off the floor while keeping your knees straight. Perform 2 sets of 10 repetitions.



Standing Hip Abduction: To strengthen your hip muscles, stand on non-surgical leg while holding onto a counter. Keeping your trunk upright, knee straight and toes pointed forward, move your surgical leg out to your side and slightly back. Lower leg slowly to starting position. Switch legs after 10 repetitions. Perform 2 sets of 10 repetitions.



Mobility

Walking With an Assistive Device (reviewed at your preoperative physical therapy evaluation)

1. Move your walker or crutches first, then your surgical leg, followed by your other leg.
2. Heel to Toe gait: When walking with a walker or crutches, stand tall and look ahead (not at the floor), bend your knee to take a step while keeping your toes pointed straight ahead, then set your heel on the floor first.
3. For better balance, stay in the middle of your walker. Do not step beyond the front of your walker.
4. Use your walker until you are able to walk confidently without a limp. If you find yourself holding onto the wall or other objects while walking, you need to continue to use your walker. You may transition to a cane when you are able to stand on your surgical leg without support.

Stairs

"Up with the good. Down with the bad."

1. Hold onto the railing during stair negotiation.
2. Step up with the "good leg" (non-surgical leg) first, then the surgical leg.
3. Step down with the "bad leg" (surgical leg) first, then the non-surgical leg.

Bed Mobility

Getting Out of Bed

1. Scoot your bottom and hips to the edge of the bed.
2. Slide your legs off the edge of the bed while using your arms to help sit up.

Getting Into Bed

1. Slide your surgical leg forward for comfort and sit on the edge of the bed.
2. Scoot your bottom and hips back, bring your legs onto the bed.
3. Scoot up in bed using your arms and non-surgical leg.

Standing

1. Scoot to the edge of the seat, keeping your surgical leg forward for comfort.
2. Push from armrests or toilet to stand.

Sitting

1. Back up (using a walker or crutches) until both legs touch the chair or toilet.
2. Slide your surgical leg forward for comfort, reach back for the armrest, handle or toilet and then sit slowly.

Tub / Shower Transfers

Use adaptive equipment if needed. For a step-in shower:

1. Place shower chair into the shower.
2. Stand near the shower lip.
3. Step over the shower lip with your non-surgical leg first and then your surgical leg.
4. Back up to the shower bench or seat.
5. Slide your surgical leg forward for comfort, reach back for the chair or bench and sit slowly. If available, use hand-held shower and/or long-handled sponge to avoid excessive bending.

Car Transfers

Slide the seat of your car as far back as possible and if able, recline the seat. Two-door cars work best for access, but sedans are fine for car transfers. SUVs and trucks should be avoided for transfers due to the difficulty of getting in and out of the vehicle.

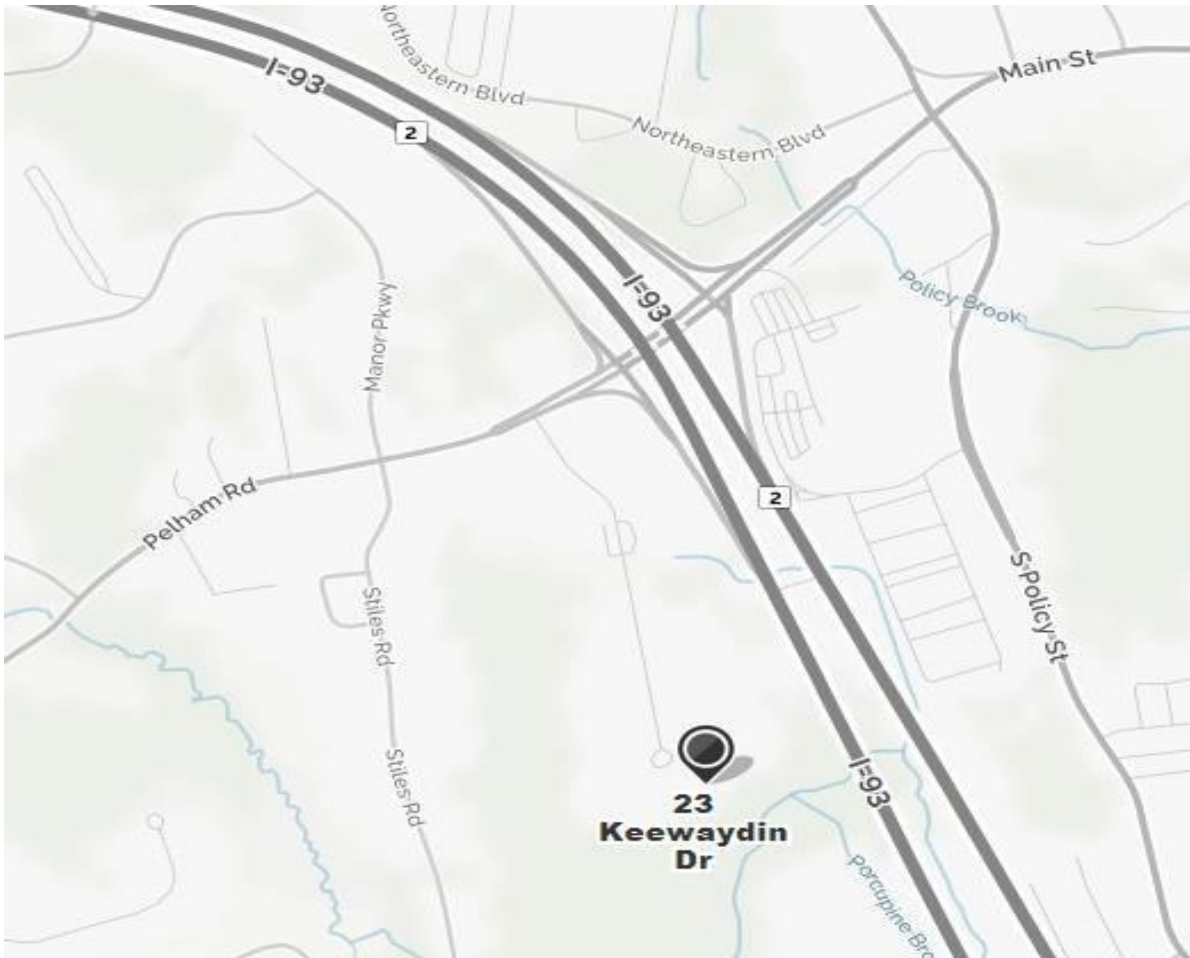
1. Back up to the car using your walker (or crutches). Reach back to the car seat or dashboard for support.
2. Slide your surgical leg forward as you sit down on the edge of the seat.
3. Scoot back on the seat as far as possible and lean back as you swing your legs into the car.
4. To get out of the car, reverse the above procedure.

Additional Information

NOTES:

[illegible]

LOCATION MAP



23 Keewaydin Drive, Suite 100
Salem, NH 03079
603-386-0272

Thank you for choosing North Atlantic Surgical Suites. Our team wishes you a safe and wonderful recovery.

Nearby Hotels

Holiday Inn: 1 Keewaydin Dr. Salem, NH 03079 (603-893-5511)

La Quinta : 8 Keewaydin Dr. Salem, NH 03079 (603-893-4722)