

A GUIDEBOOK ON TOTAL JOINT REPLACEMENT



AMAZING
THINGS
ARE
HAPPENING
HERE

 **NewYork-Presbyterian**
Queens

WELCOME

OVERVIEW

Arthritis of the Knee or Hip 2

Anesthesia and Pain Management 4

Our Team. 6

SURGERY PREPARATION

Necessary Steps and Examinations 8

About Blood Transfusions 9

Surgery Preparation Checklist. 11

Preoperative Assessments and Appointments 12

Two Days Before Your Surgery 14

One Day Before Your Surgery. 15

What to Bring to the Hospital. 16

The Day of Your Surgery 17

AFTER SURGERY

After Surgery Care 19

Exercise and Rehabilitation. 22

Early Postoperative Exercises. 24

Planning Ahead for Discharge. 27

Discharge Checklist. 30

Your Care Team. 31

Important Dates to Remember 32

INFO

Directions to the Hospital 33

Contact Information and Locations 36

A Guidebook on Total Joint Replacement

On behalf of NewYork-Presbyterian Queens, and all of our surgeons, doctors, nurses and other healthcare professionals, we would like to welcome you and thank you for choosing us for your total joint replacement surgery. Our goal is to ensure the highest standards of medical care and a high quality experience for you. We are committed to keeping you informed and helping you become an active partner in your healthcare.



This guidebook is intended to be used as a resource prior to your admission, during hospitalization and after discharge. It will guide you from your “Road to Replacement” and on to your “Road to Recovery.”

In addition to helping prepare you for your surgery, it will help you understand your options for anesthesia, how to take care of your surgical incision and how to get around after surgery. Please take the time to read it carefully and review it with your “Recovery Coach” as it will answer many of the questions you may have including preparing for discharge and resuming normal activities.

The Joint Care Coordinator (JCC) will meet you at your Total Joint Replacement class to discuss expectations for your hospital stay, how visits will be conducted by your healthcare team, when you will receive physical therapy and when the social worker will see you to arrange your home care needs. The JCC will also discuss your length of stay in the hospital. Most patients who have a joint replacement can be safely discharged after two or three days in the hospital. Rest assured, your healthcare team will answer all of your questions about what it will be like when you return home and how to make your home as safe as possible to continue your recovery.

Thank you for choosing NewYork-Presbyterian Queens and remember, the most important member of the healthcare team is YOU!

Sincerely,

A stylized, handwritten signature in black ink, appearing to read "J. Rosen".

Jeffrey E. Rosen, M.D.
*Chairman,
Department of Orthopedics
& Rehabilitation*

ARTHRITIS OF THE KNEE OR HIP

OVERVIEW

Arthritis of the knee or hip, also known as degenerative joint disease of the knee or hip, occurs when the protective cartilage on the ends of your bones wear down over time, leading to exposed bone rubbing against bone. This eventually leads to pain, joint stiffness, reduced flexibility, and joint swelling which is frequent in the knee.

Osteoarthritis is the most common form of arthritis affecting over 21 million Americans. Other types of arthritis include:

- Post-Traumatic arthritis, which develops at some time after an injury to the knee or hip joint, such as a fracture in the knee or hip bones that did not heal properly.
- Inflammatory arthritis, such as rheumatoid arthritis, which results from an inflammatory condition or autoimmune disease.

Total Knee Replacement

Total knee replacement is a resurfacing procedure where the diseased surfaces are removed and replaced with metal and plastic. The plastic, made of strong polyethylene, ensures a gliding surface onto which the knee joint bends smoothly.

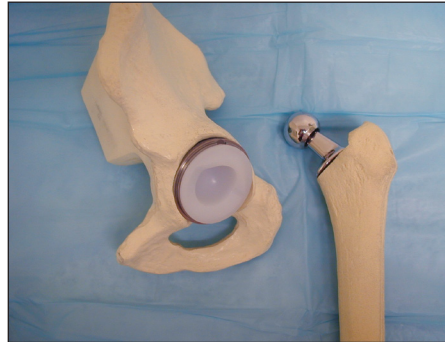
Metallic implants are securely fixed to the femur (thigh bone) and tibia (shin bone) to form a new joint that is held in place by surrounding muscles and soft tissue. The smooth gliding motion is made possible by inserting a special polyethylene (plastic) liner between the two metal



implants, which enables you to bend your knee without friction. These implants are usually secured to your bone using bone cement or they can be press fit into your bone.

Total Hip Replacement

In total hip replacement surgery, the portions of the hip joint that contain the damaged surfaces are replaced with precision metal and plastic parts accepted by the body which provide a smooth and painless range of motion. Your surgeon will make every effort to restore your hip to a condition that resembles its healthy preoperative status and to correct any deformity that may have existed. You should discuss what realistic outcomes to expect with your surgeon.



Metallic implants are fixed securely inside the femur (thigh bone) and acetabulum (socket in the hipbone) to form a new ball and socket joint that is held in place by muscles and soft tissue. Implants may be secured to your bone by cement, or they may have textured surfaces that promote bone growth into new parts.

ANESTHESIA

OVERVIEW

Anesthesia is the process of inducing a pain-free, tranquil, sleeplike state for your surgery. Your anesthesiologist has several techniques to carry you through surgery comfortably and without pain. The current best practice in anesthesia strongly recommends doing total knee replacement surgery under a combination of regional anesthesia (typically a spinal and/or epidural and a nerve block). However, your medical team will help determine what the safest and best choice is for you.

Regional Anesthesia

Two types of regional anesthesia are commonly used: spinal and epidural, which temporarily numbs the lower half of your body.

In addition, regional nerve blocks (commonly referred to as local anesthetics) are increasingly being used to minimize postoperative pain. Some patients think they'll be awake during the procedure; however, this is not true. In regional anesthesia, you also receive sedation medication that allows you to sleep peacefully throughout the operation. Unlike general anesthesia, when sedation anesthesia is discontinued, you will awaken almost immediately and without pain because the regional anesthesia is still working. Throughout your procedure you will be monitored closely as our main goal is to have you undergo surgery with the utmost safety, with your pain under control, and in a comfortable environment.

In some rare instances, there may be situations preventing you from receiving a combination of regional anesthesia. In that case, your surgery will be done under general anesthesia.

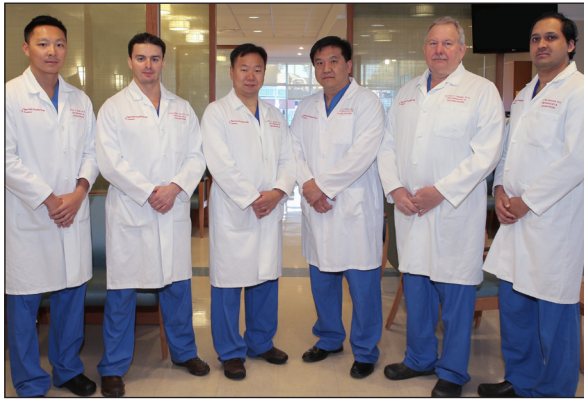
General Anesthesia

In this instance, you will be given medication to induce a sleep-like state, followed by a gas anesthetic administered via a breathing device into your lungs. Throughout the operation you are attached to monitors that display information on your heart rhythm, heart rate, oxygen level in your bloodstream, body temperature and blood pressure. Your anesthesiologist will continually check these monitors during surgery.

Prior to your surgery, your anesthesiologist will also discuss the various options available to you to control your postoperative pain. Together, you and your anesthesiologist will implement the options best suited for you.

If you have any loose teeth, there is a possibility of injuring them while under anesthesia and/or during the procedure. We strongly advise you to see your dentist prior to your procedure to have any loose teeth repaired, strengthened or removed.

OUR TEAM



Attending Orthopedic Surgeon – An attending orthopedic surgeon is a medical doctor who has received extensive training in the art and science of performing surgery to treat diseases, injuries and deformities of the musculoskeletal system.

Your surgeon will be your main contact if you have any questions regarding your surgery.

Anesthesiologist – An anesthesiologist is a perioperative physician who provides medical care to each patient throughout his or her surgical experience. This includes medically evaluating the patient before surgery (preoperative), providing a pain-free state and supporting life functions during surgery (intraoperative), supervising care including providing pain control after surgery (postoperative) and discharging the patient from the recovery unit.

Certified Registered Nurse Anesthetist (CRNA) – A CRNA is a registered nurse certified in providing anesthesia under the immediate and direct supervision of an anesthesiologist.

Physician Assistants (PAs) – Licensed to practice medicine under the supervision of a licensed physician, a PA can conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive healthcare, assist in surgery and write prescriptions.

Nurses – Registered nurses (RNs) or licensed practical nurses are responsible for your bedside nursing care following your surgery. The nurses caring for you will follow the surgeon's instructions to guide your care, and will provide education to you and your family about your health and safety needs related to your surgery.

Recovery Coach – Your “Recovery Coach” will be someone that you will elect to be your coach throughout your recovery phase – typically a family member, friend or caregiver. This person will assist you in your transition from the hospital to your home as well as with needs you may have during recovery while at home.

Case Manager / Social Worker – A registered nurse case manager/ social worker will monitor your hospital stay from admission to discharge and will work closely with your doctor to expedite your hospital care. Your social worker will assist with arranging accommodations to suit your needs at home and/or with placement in a rehabilitation facility if necessary. He or she can also provide counseling services for patients and their families.

Occupational & Physical Therapists (OTs & PTs) – OTs, PTs and PT assistants are licensed professionals that will work with you to restore your function, improve mobility and decrease pain with the goal of reestablishing your prior level of function. They will focus on activities of daily living and mobility in the home, workplace and community while maintaining your physical, physiological and emotional health.

PREPARING FOR YOUR SURGERY

The following information will help guide you in preparation for your total knee or hip replacement surgery. Please review this information carefully to ensure that you have taken the necessary steps weeks in advance of your surgery.

Preoperative Risk Assessment Center (PRAC)

A comprehensive physical exam, along with a focused anesthesia evaluation, will occur in the **Preoperative Risk Assessment Center (PRAC)**. This will help to prepare you and your family for the upcoming surgery (please see page 12 for further information on how to prepare for this appointment).

Medical Risk Assessment for Surgery

You will need a formal evaluation from your primary medical doctor (PMD). If you do not have a primary medical doctor, please ask your surgeon for a recommendation. This medical clearance for surgery is for your safety. Depending on your underlying medical condition, your surgery may be cancelled if your PMD hasn't provided this medical clearance form for your anesthesiologist to review.

Total Joint Replacement Class

A comprehensive Total Joint Replacement class is offered and must be attended at NewYork-Presbyterian Queens. At this class, important information will be reviewed. If scheduling permits, we will arrange for

you to take this class the same day as your appointment for the preoperative comprehensive physical exam and anesthesia evaluation in the PRAC.



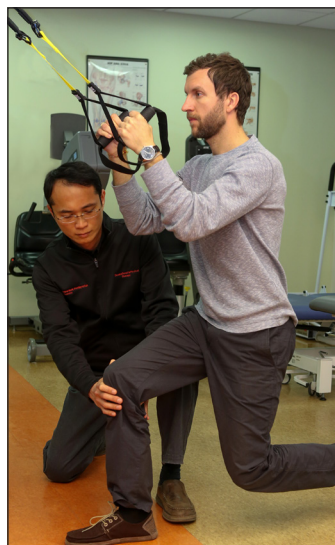
Home Preparation

Before your surgery, you should begin to evaluate what your needs will be after you are discharged from the hospital. Most knee replacement patients will need help at home for the first few weeks including assistance with bathing, dressing, meal preparation, medications and transportation.

In the weeks before your surgery, please do the following:

Exercise (as directed by your surgeon)

Discuss with your surgeon, exercises appropriate for you to increase your overall body strength and possibly lessen recovery time, including the option of walking at least 15 to 20 minutes daily.



Blood Transfusions

After surgery, you may need a blood transfusion. The use of a medication called Tranexamic acid (TXA) has decreased the need for a blood transfusion by decreasing the loss of blood.

Dental Examination

Poor dental hygiene may contribute to the risk of infections related to joint replacement surgery. It is recommended that you practice good oral hygiene by brushing your teeth and using mouthwash at least twice a day. We recommend a visit to your dentist for any outstanding dental problems or procedures that need to be addressed before undergoing joint replacement surgery.

Lung Exercises

A spirometer is a device we provide that helps you breath deeply and will help prevent potential problems with your lungs after surgery (see page 21 for directions).

Medications

Provide your surgeon with a full list of medications and over-the-counter items including herbal supplements and vitamins you are currently taking as well as any allergies you may have. A complete list of prior surgeries and hospitalizations should also be provided. Discuss with your doctor which medications you should stop taking before surgery as some medications may cause problems during or after surgery.

Smoking

Smoking of any kind should be stopped prior to your replacement surgery. This is important to help lessen the risk of postoperative lung problems, as well as to decrease healing complications which smoking can cause. If you need help with smoking cessation, ask your doctor for information.

Review Your Insurance Coverage

Your surgeon's office will speak to you about your insurance. However, it is also important for you to contact your insurance provider before surgery to better understand your insurance coverage.

Watch Your Weight

If you are overweight, plan to lose some weight before your surgery but at the same time, make sure you are well nourished. This will be beneficial to you and to the new implant in your knee or hip.

SURGERY PREPARATION CHECK LIST

Approximately 10 Days Before Surgery

- ☐ PRAC
- ☐ Joint Replacement class
- ☐ Review insurance coverage with your case manager

Two Days Before Surgery

- ☐ Wash surgical site (hip or knee) with soap and water two times per day

The Day Before Your Surgery

- ☐ Wash surgical site (hip or knee) with soap and water two times per day
- ☐ Do not eat after midnight
- ☐ Do not drink after midnight (a sports drink e.g., Gatorade may be consumed)
- ☐ Review this guide
- ☐ Get a good night's rest

The Day of Your Surgery

- ☐ Take a shower during the morning of the surgery with soap and water
- ☐ Take routine medications with only a sip of water, as instructed by your doctor
- ☐ Brush your teeth and rinse
- ☐ Wear comfortable clothing
- ☐ Leave valuables at home or with a family member

APPOINTMENT: PREOPERATIVE RISK ASSESSMENT CENTER (PRAC)

Your surgeon's office will help you schedule this appointment that must be completed before your surgery. You will receive a comprehensive physical exam that will provide important information to the surgeons and nurses preparing you for surgery. The multidisciplinary team of caregivers is comprised of physician assistants (PAs), patient care associates and medical technicians. Besides a blood test, EKG, urine specimen, nasal culture, chest X-ray and/or other X-rays, a complete medical history will be obtained from you.

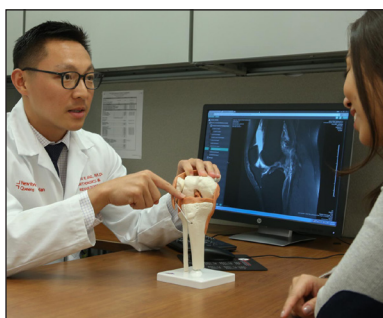
- The appointment may take up to two hours, so please plan accordingly.
- If you need to change or cancel your appointment, please call your surgeon's office directly. The surgeon's office will notify the PRAC.
- If you are running late for your appointment, do not call your surgeon. Please call the PRAC directly at 718-670-1990.

SURGERY PREPARATION



Prepare for Your PRAC Appointment

- On the day of your appointment with PRAC, please remember to bring a complete list of your medications with the correct dosage, including over-the-counter medications you are currently taking at home.
- You can eat normally the day of your appointment.
- Take your usual medications you normally take.
- Wear comfortable clothing, such as a shirt or blouse that buttons down the front and has sleeves that you are able to roll up. For your convenience, and that of the staff administering your tests, please do not wear pantyhose or long underwear.



What to Bring to the PRAC Appointment

- Identification and insurance cards.
- A written list of all the medications you take, including herbal supplements, vitamins and over-the-counter drugs with dosage and frequency.
- A list of all prior surgeries, hospitalizations and illnesses you have had, with approximate dates.
- A list of all allergies, including medications, and whether or not you are allergic to latex and metals.
- All letters and information from your doctor.
- Reading glasses and hearing aids (if you use them).

Note: If scheduling permits, we will arrange for you to take the Total Joint Replacement class on the same day.

TWO DAYS BEFORE SURGERY

Please Document Your Cleansing Process and Bring This with You to Surgery

Two Days Before Surgery

1st Shower

2nd Shower

Date: _____

Time: _____

The Day Before Surgery

Date: _____

Time: _____

The Day of Surgery

Date: _____

Time: _____

Not Required

- Take a shower and wash your entire body.
- Wash your hair using normal shampoo; make sure you rinse the shampoo thoroughly from your hair and entire body.
- Wash your body with your regular soap or cleanser.
- *Rinse your entire body thoroughly with clean water. This is very important.*
- Use a fresh, clean towel to dry your body. Dress in clean clothes, preferably freshly washed ones.

ONE DAY BEFORE SURGERY

You will receive a telephone call between 12 p.m. and 6 p.m. on the last business day before surgery to notify you of your arrival time and answer any further questions you may have about your surgery. It is very important that you provide a number where you can be reached at this time. If you are not going to be home, or you miss our call, please call us. The options for hours and phone numbers to call are:

12 p.m. to 6 p.m.	718-670-1053
6 p.m. to 9 p.m.	718-670-1438
After 9 p.m.	718-670-1442

It is important that you arrive on time the day of your surgery. If you are late, your surgery may have to be rescheduled.

Food

- You may eat normally the day before surgery.
- Do NOT eat food (including gum or candy) after midnight.

Fluids

- Do NOT drink alcohol.
- You MAY drink clear liquids after midnight until two hours before arriving to the hospital.
- Clear liquids include: sports drinks (EX: Gatorade, Powerade), water, juice without pulp, coffee or tea without milk.
- Medications ordered on the day of surgery should be taken as directed with water.

Please call the PRAC to speak to a physician if you have any questions.

Medications

- Take medications as directed, with a small amount of water (unless otherwise directed by your surgeon).

Activities of Daily Living

- You should shower and wash your hair the night before or the morning of your surgery.

What to **BRING**, and **NOT BRING**, to the Hospital

BRING to the Hospital

- This booklet
- Cane, crutches or a walker (if your surgeon has asked you to)
- Eyeglasses (not contact lenses)
- Dentures and/or hearing aid (a container will be provided for these items - do not place them on your bed, food tray or anywhere else)
- A list of your medications (including any you have recently stopped taking at your surgeon's request)
- Small amount of money for items that may interest you, such as newspapers, etc.
- Relaxation items such as a book or magazine
- Identification
- Insurance cards
- Completed Advance Health Care Directive (optional)
- Telephone number for your pharmacy
- Emergency contact name and telephone number
- Your telephone number
- Your email address

DO NOT BRING to the Hospital

- Medications (please do NOT bring in your medications unless asked by your surgeon)
- Valuables (jewelry, large amounts of cash or credit cards)

We understand that this may become overwhelming. Please feel free to contact the surgeon's office with any questions you or your caregivers may have.

SURGERY DAY

The Day of Your Surgery

- Brush your teeth and rinse your mouth without swallowing any water.
- Wear comfortable, loose-fitting clothing and flat, non-slip walking or athletic shoes that you can easily put on your feet.
- Leave valuable possessions at home or give them to a family member for safekeeping.

Directions

For directions to the main campus of NewYork-Presbyterian Queens, please see pages 33-35 of this guidebook.

Once You Arrive at the Hospital (Enter the Main Lobby)

- Upon arrival, you will be directed to the appropriate waiting room (holding area) for your surgery.
- From the holding area, a nurse will greet you and take you to a private area where you will be provided with a disposable gown.
- You will be asked to change into your disposable gown and will be given a warming blanket to use during your surgery.
- Your regular clothes and private belongings will be secured and given back to you on your way to your regular hospital room.
- Your surgeon, or the physician assistant assigned to your case, will go over the informed consent (in the language of your choice) and ask you to sign and date it. The orthopedic surgeon will mark the correct knee or hip that is going to be operated upon with his/her initials. This is an extra precautionary measure to ensure that the correct site is selected.

- You will also meet your anesthesiologist who will explain the type of anesthesia that you're going to receive. A separate anesthesia consent form will also be given to you to sign.
- Once all of the formalities are completed, and the operating room (OR) is prepared, a nurse will take you into your OR.



Any friends and/or family members who have accompanied you to the hospital will be provided information on where they can wait in the hospital. If they wish to leave the hospital during your surgery, they should leave a call back telephone number where they can be reached. Upon completion of your surgery, a limited number of family members will be allowed to visit you in the Post Anesthesia Care Unit (PACU). With your permission, your surgeon and/or designee will gladly answer any questions they may have.

AFTER SURGERY CARE

After your joint replacement, you will be taken to the Recovery Room, also known as the Post Anesthesia Care Unit (PACU) where you will be cared for by a group of dedicated nurses. After two to four hours in the PACU, provided that certain criteria are met and that you remain in stable condition, you will be transported to your regular hospital room. Family and friends will be allowed to visit once you are settled in.

Your care team will monitor your progress throughout your hospital stay to ensure your safe and efficient recovery. Among other things, they will periodically check your vital signs including your temperature, blood pressure, etc., and will inspect the dressings that cover your incision, if needed. You may also have blood tests or blood transfusions as necessary. You will need to resume normal bladder and bowel function. High fiber foods and water help prevent constipation.

Prevention of Blood Clots

At the direction of your surgeon, you may be given a blood thinner drug. An intermittent pneumatic compressive device will be applied to each leg that compresses your extremities intermittently and feels like a blood pressure cuff. This promotes circulation and decreases the possibility of blood clots.

Exercise Your Lungs

Prolonged bed rest, as well as anesthesia, may cause you to develop a cough or to not breathe normally. After surgery, your nurse will give you an “incentive spirometer” which is a small machine that you will blow into throughout the day. We recommend using this device at least 10 times per hour while awake to help your lungs function better and decrease your chance of developing pneumonia or a fever.

How to Use the Incentive Spirometer

1. **Sit up.**
2. Hold the incentive spirometer in an **upright** position.
3. **Breathe out** normally.
4. Place the mouthpiece in your mouth and **seal your lips** tightly around it.
5. **Breathe in slowly** and as deeply as possible (notice the blue object rising toward the top of the column).
6. **Hold** your breath for at least **five seconds**.
7. **Exhale slowly** and allow the piston to fall to the bottom of the column.
8. **Rest** for a **few seconds**.
9. **Repeat** these steps at least **10 times every hour**.
10. After each set of 10 deep breaths, **cough** if you can.



Rounds

The orthopedic team will meet daily with your care team to discuss your progress. This multidisciplinary approach includes the attending orthopedic surgeon, physician assistant, physical therapist, case managers/social workers and nursing. You are strongly encouraged to ask questions or voice any concerns that you may have at any time. Surgery can be painful and we are most interested in making you more comfortable.

Fall Prevention

After surgery, it is important to ask for help before trying to get in and out of bed or going to the bathroom. You will walk to the bathroom with assistance from the staff. Wearing the non-skid socks provided by the hospital may also enhance your safety.



EXERCISE AND REHABILITATION



After your operation, the rehabilitation interdisciplinary team will start you on a course of treatment that will assist you with your new knee or hip. The rehabilitation team consists of your doctor, nurses, therapists, physician assistants and case managers.

The day following your surgery, a physical therapist will assist you out of bed and help you to a standing position. You will begin to walk on your new knee or hip using a walker. In most cases, you will be allowed to put all your weight on your new knee or hip – this is called “weight bearing as tolerated.”

Sometimes, because of the nature of your surgery, your doctor may decide that at first you should place only part of your weight on your operated leg – this is called “partial weight bearing.” As time passes, you will be able to increase the amount of weight that you place on the operated side to weight bearing as tolerated. Your doctor will leave specific instructions with your rehabilitation team.

Around the second or third day after your surgery, you will be walking with greater confidence, negotiating stairs and be ready for discharge.

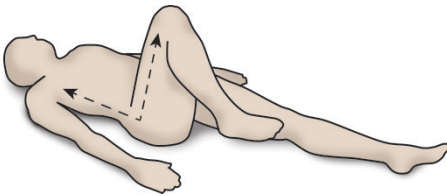
For the first month or two following surgery, most patients should perform some form of therapy – either home therapy, outpatient therapy, or in some cases therapy as part of care in a rehabilitation facility. You are primarily the one responsible for doing your therapy.

Your participation in therapy is critical to a successful surgical outcome following total joint replacement. The knee and/or hip joint require movement after surgery to prevent the formation of scar tissue that would make the joints stiff so it's important to move as soon as possible. Your physical therapist will instruct you on exercises that will help your joint regain its flexibility and strength. It may be recommended that you exercise three times a day – morning, afternoon and night. While it is important to exercise, it is important not to over do your exercises.

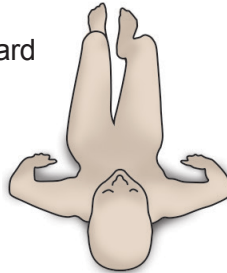
Posterior Hip Replacement Precautions:

After your hip surgery, there will be certain movements that you will not be allowed to perform. Your therapist will review these precautions with you which are noted below. (There are no similar knee precautions.)

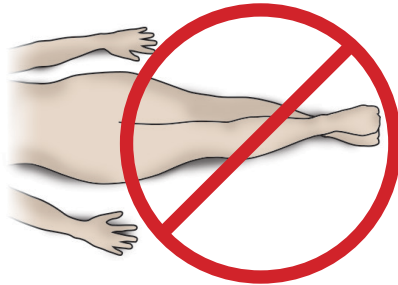
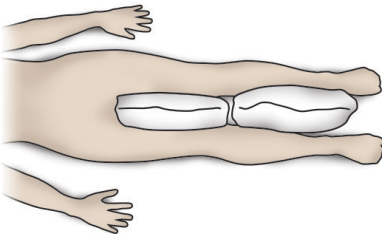
1. Do NOT bend past 90 degrees at the hip.



2. Do NOT point your toes inward (rotating your hip inward).



3. Do NOT cross your legs (keep a wedge or pillow between your legs).

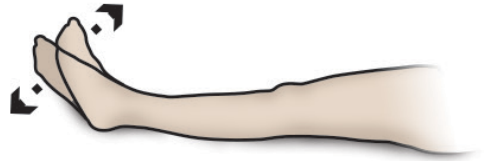


Note: After hip surgery, it is advisable to build up the height of the chair to keep your hips higher than your knees when you are sitting.

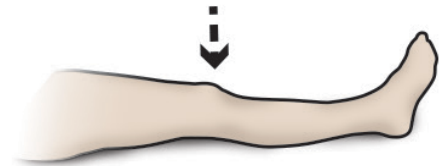
Exercises are important for increasing circulation to your legs and feet to prevent blood clots. They are also important to strengthen muscles, improve your knee and hip movement and prevent the formation of scar tissue that would make the knee or hip stiff. Do not give up if some exercises feel uncomfortable at first – they will speed your recovery and reduce your postoperative pain. All exercises should be done at a SLOW pace – don't overdo the exercises to the point of severe pain.

Not every exercise is appropriate for every patient. Your therapist will review the exercises that are right for you. Unless otherwise indicated, do these exercises every day in three sessions – morning, afternoon and night. Learn what works for you to be comfortable.

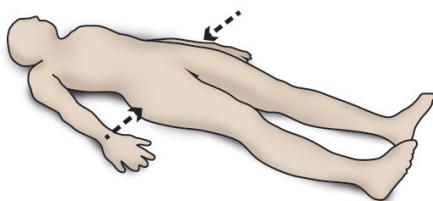
Ankle Pumps – Move your foot up and down. Do these exercises 20 times hourly. This exercise can be done while you are either lying in bed or sitting in a chair. You can begin this exercise immediately after surgery in the recovery room.



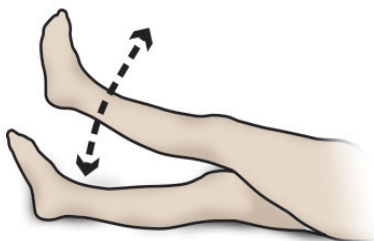
Quad Set – Tighten your front thigh (quadriceps) muscle: try to straighten your knee while pushing the back of your knee down into the bed. Hold for five seconds. Repeat this exercise 10 times for each leg (not just your operated leg).



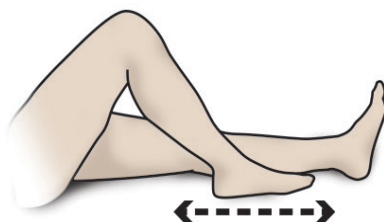
Glut Set – Tighten your buttocks together. Hold for five seconds. Repeat this exercise 10 times.



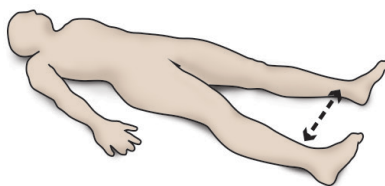
Straight Leg Raises – Bend your non-surgical leg and keep it on the bed. Keep your surgical leg as straight as possible with your toes pointing up. Tighten your thigh muscle with your knee fully straightened on the bed. As your thigh muscle tightens, lift your leg several inches off the bed. Hold for five seconds, and then slowly lower your leg. Repeat this exercise 10 times hourly for each leg (not just your operated leg).



Bed-Supported Knee Bend – Bend your knee as much as possible while sliding your foot on the bed. Repeat this exercise 10 times for each leg.



Hip Abduction – Slide your operated leg to the side on the bed, then back to midline. Do NOT cross your midline. Repeat this exercise 10 times. Keep your surgical knee fully straight, not bent, with a cushion under the calf, not under the knee.

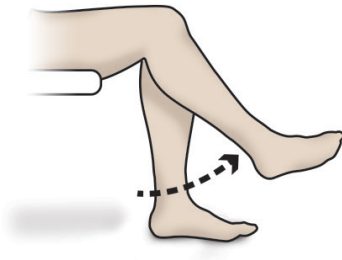


Note: If these exercises cause pain the next day, speak to your therapist.

Basic Sitting – Postoperative Exercises

Sitting Unsupported Knee Bends –

Sit on a bed or chair with the back of your knees touching the bed or chair. With your toes pointed upwards, straighten your knee. Hold for five seconds. Repeat this exercise 10 times. Let your surgical leg bend or dangle.



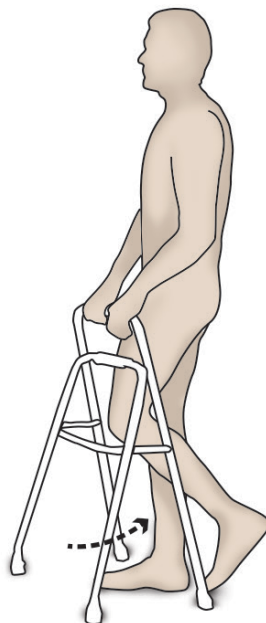
Advanced Standing Exercises

A full recovery will take time. The pain before your surgery has weakened your knee or hip muscles. Walking will be your best exercise but be realistic about your ability. The following exercises and activities will help your knee and hip muscles recover fully.

Standing Knee Bends – Standing straight with the aid of a walker, lift your thigh and bend your knee back. Then straighten your knee, touching the floor with your heel first. Repeat this exercise 10 times.

Knee Exercises with Resistance –

Your therapist will gradually advance your exercises with light weights around your ankle. These resistance exercises can usually begin four to six weeks after your surgery.



PLANNING AHEAD FOR DISCHARGE

Hospital Stay after Surgery

Your physician will speak to you about your discharge plan. Most patients can be safely discharged directly home. Generally, patients who suffer from heart disease, diabetes and other causes of frailty may be released to a facility for further rehabilitation.

A member of our discharge planning team will contact you after your surgery to help make your discharge from the hospital as easy as possible. Your case manager may help answer questions about your ability to manage your medications, self-care needs, mobility, or any other recovery issues you may have for you to return home. Case managers are trained to help guide you in these matters.

When You Go Home

Depending on your needs, your case manager may arrange for a home nurse, a home therapist, or in some cases, a home health aide during the first few weeks after your surgery to help you with your recovery process based on your insurance coverage.

- **Assess your needs for at-home help after your discharge from the hospital.** Most postoperative patients will need help at home for the first few weeks. This may include meal preparation, bathing, dressing, medications, mobility or transportation.
- **Stop smoking.** This is important to help lessen the risk of postoperative lung problems as well as decrease healing complications which smoking can cause. If you need help with smoking cessation, ask your doctor for information.
- **Dressings.** Do not remove your dressing – keep your incisions clean and dry. Call your care team first if you have any questions or concerns.

- **Discharge instructions.** Discuss your discharge medications with your care team. Schedule a follow-up appointment to see your surgeon after the surgery.
- **Pharmacy.** Be prepared to pickup medications before you go home. NYP Queens has a pharmacy in the main lobby.
- **Discuss your current support services/equipment with your doctor and care team.** If you are using a home service now, bring the name and phone number of the service to the hospital with you.



If you have any medical equipment at home – such as a wheelchair, crutches, or a walker – ask your doctor if you need to bring that equipment to the hospital for discharge. Your physical therapist may need to make adjustments to the equipment to assist you in using the equipment after surgery.

Preparing Your Home

There are several things you can do before surgery in order to make your home safe and more comfortable upon your return:

- In areas like the kitchen and bathroom, place items that you use regularly at arm level so you do not have to reach up or bend down.
- To avoid using stairs often, consider temporarily sleeping on the ground floor level.
- Move furniture around to give yourself enough room to maneuver with a walker or crutches.
- Remove loose carpets, throw rugs and rearrange electrical cords and loose wires in the areas where you will be walking.
- A stepstool will be useful for keeping your operated leg straight out in front of you when you sit.
- Set up an area in your home where you will place frequently used items within reach, such as your telephone, television remote control, facial tissues, wastebasket, a water pitcher and glass, reading materials and medications.

DISCHARGE CHECKLIST

Adaptive Equipment

- ☐ Activities of Daily Living Kit
- ☐ Commode
- ☐ Shower Seat

Assistive Devices

- ☐ Walker
- ☐ Crutches
- ☐ Cane

Exercises

- ☐ Reviewed

Skin and Incision Care

- ☐ Reviewed

Precautions

- ☐ Reviewed

Medications

- ☐ Prescriptions
- ☐ Education

Mode of Transportation Home

- ☐ Discussed

Recovery Coach

- ☐ Discussed

Emergency Contact Numbers

YOUR CARE TEAM

Attending Surgeon

Physician Assistant

Primary Care Doctor

Nurse(s)

Case Manager

Social Worker(s)

Physical Therapist(s)

Occupational Therapist(s)

Recovery Coach(es)

Patient Navigator

Senior Physician Assistant

Other

AFTER SURGERY

IMPORTANT DATES TO REMEMBER

Preoperative Risk Assessment Center (PRAC)

Date: _____ Time: _____

Total Joint Replacement Class

Date: _____ Time: _____

First Postoperative Appointment

Date: _____ Time: _____

Important Dates for the Patient to Fill In

You are responsible for the following preoperative appointments:

Primary Care Physician Medical Clearance

Date: _____ Time: _____

Additional Clearance (if necessary)

Date: _____ Time: _____

Additional Clearance (if necessary)

Date: _____ Time: _____

Your Surgery Date

Time to arrive at hospital on day of surgery _____ AM/PM

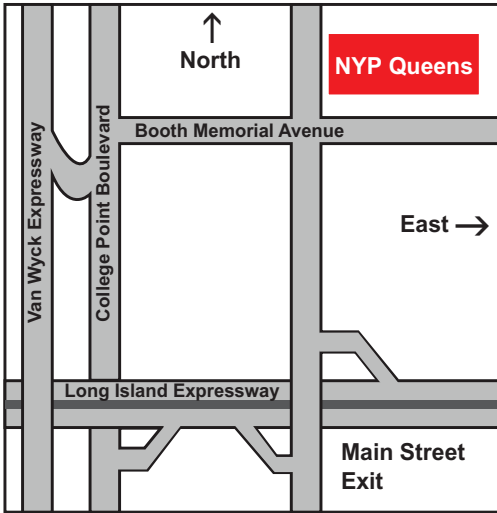
Time of surgery _____ AM/PM

If you have any questions regarding your surgery or the preoperative workup, please do not hesitate to call the surgeon's office.

GENERAL DIRECTIONS TO NEWYORK-PRESBYTERIAN QUEENS

The hospital is located at the corner of Booth Memorial Avenue and Main Street in Flushing, Queens.

The address is **56-45 Main Street, Flushing, NY 11355**



From Manhattan

- **Via the Triboro Bridge** – Follow the Grand Central Parkway east. Take the I-495 E/L I EXPWY exit (exit 10) toward eastern Long Island. Merge onto the Long Island Exp/I-495 E via the exit (on the left). Take exit 23 toward Main St. At the first traffic light, turn left onto Main Street. Proceed three traffic lights to Booth Memorial Avenue.
- **Via the Midtown Tunnel** – Follow the Long Island Expressway eastward to the Main Street exit (exit 23). At the first traffic light, turn left onto Main Street. Proceed three traffic lights to Booth Memorial Avenue.

From Brooklyn

- **Via the Brooklyn-Queens Expressway** – Take the Long Island Expressway exit from the BQE. Follow the Long Island Expressway eastward to the Main Street exit (exit 23). At the first traffic light, turn left onto Main Street. Proceed three traffic lights to Booth Memorial Avenue.
- **Via the Van Wyck Expressway** – Proceed north to Queens and the exit for the Long Island Expressway east. Bear right onto the service road of the LIE. Do not enter the ramp for the Long Island Expressway, remain on the service road. Proceed to Main Street. Make a left onto Main Street and proceed three lights to Booth Memorial Avenue.

From The Bronx

- **Via the Triboro Bridge** – Follow above directions from Manhattan via the Triboro.
- **Via the Whitestone Bridge** – Travel south on the Whitestone Expressway bearing left to continue onto the Van Wyck Expressway. Take the first exit for College Point Boulevard. At the base of the exit turn left onto College Point Boulevard and then immediately right onto Booth Memorial Avenue. Proceed up the hill to Main Street.

From Long Island

- **Via the Grand Central Parkway** – Take the GCP to the Long Island Expressway east. Take exit 23 toward Main Street. At the first traffic light, turn left onto Main Street. Proceed three traffic lights to Booth Memorial Avenue.
- **Via the Long Island Expressway** – Follow the LIE west to Main Street (exit 23) in Flushing. Make a right at the end of the exit onto Main Street. Proceed to the second light on Booth Memorial Avenue.

From Westchester County

- Take the Hutchinson Parkway south to the Whitestone Bridge. Thereafter follow the above directions for the Bronx via the Whitestone Bridge.

By Public Transportation

- **From Northern Queens:** Flushing Line #7 train to Main Street (last stop). Take the Q44 bus southbound on Main Street to Booth Memorial Avenue.
- **From Southern Queens:** E or F train to 169th Street station. Go to the Jamaica bus terminal and take the Q44 bus northbound to Main Street and Booth Memorial Avenue.
- **From Long Island:** LIRR to Flushing Station (Port Washington line). Then take the Q44 bus southbound to Main Street and Booth Memorial Avenue.

CONTACT INFORMATION AND LOCATIONS

Emergency: 911

NewYork-Presbyterian Queens

56-45 Main Street, Flushing, NY 11355

Hospital Main Number:	718-670-2000
Patient Information:	718-670-1111
Case Management:	718-670-1284
Social Work:	718-670-1300
4West Nursing Station:	718-670-2170
PRAC:	718-670-1990
Outpatient Pharmacy:	718-670-1728

DEPARTMENT OF ORTHOPEDICS & REHABILITATION

Outpatient Orthopedics, Flushing Office

Main Line: 718-670-2558

Outpatient Occupational and Physical Therapy, Fresh Meadows & Flushing Offices

Main Line: 1-855-37REHAB (73422)

Inpatient Physical Therapy, Flushing Office

Main Line: 718-670-1290

NewYork-Presbyterian Medical Group Queens

Orthopedic & Sports Medicine, Fresh Meadows Office

Main Line: 1-866-670-OUCH (6824)

Orthopedic & Sports Medicine, Jackson Heights Office

Main Line: 1-866-670-OUCH (6824)

Outpatient Occupational and Physical Therapy, Jackson Heights Office

Main Line: 1-844-REHAB01 (734-2201)



Department of
Orthopedics &
Rehabilitation

56-45 Main Street
Flushing, NY 11355
718-670-2558

Visit us on the web at nyp.org/queens

Follow us on:



 **NewYork-Presbyterian**
Queens

© 2017 NewYork-Presbyterian Queens