



ORTHOPEDIC ASSOCIATES SURGERY CENTER

Joint Education Manual

Taking Patient Care to New Levels of Excellence

150 Enterprise Drive, Rocky Hill, CT

www.oasurgerycenter.com



DIRECTIONS:

Our Center is conveniently located off I-91.

I-91 SOUTH:

Take Exit 23 towards CT 3, Rocky Hill

Turn left onto West Street

Turn right onto Capitol Blvd.

Turn right onto Enterprise Drive

I-91 NORTH:

Take Exit 23 towards CT 3, Rocky Hill

Turn right onto West Street

Turn right onto Capitol Blvd.

Turn right onto Enterprise Drive

PARKING:

When you arrive for surgery, please turn left into the first driveway.

Park to the far left of the building.

The entrance is in the left corner under a covered walkway.

***If you are here for physical therapy, a patient visit, or joint education,
park in the back of the building to enter the lower level.***

Thank you for coming to our important Joint Class!

Anne B. Pelow, RN, BSN
Nurse Navigator

Jennifer Y. Cheshire, RN, BSN
Nurse Navigator



PREPARING YOUR HOME FOR YOUR RECOVERY

- Please pull up scatter rugs, throw rugs, power cords and general clutter. This is a tripping hazard and will get in the way of using your walker.
- Move small pieces of furniture out of the way so that you have a safe way to move around your home with your walker.
- If you have animals, you might want to get gates to keep them out of the area. You may want to consider boarding them for the first 24-48 hours just so you can heal from surgery. They can be a tripping hazard.
- If you are able to relocate to the main level of your home for the first 24-48 hours, you may want to do so.
- Get your medications ahead of time so that you are not sending someone out to get them.
- Prepare nutritional meals ahead of time.
- You can expect a call from a pre-arranged home care company to perform a site assessment to further ready your home.

ITEMS THAT WILL HELP WITH HEALING

- Hibiclens (Chlorhexide Gluconate) – We would like you to wash the surgical area daily for 2 days prior to surgery, especially the morning of your surgery. This will help prepare the skin for surgery.
- Glucerna/Ensure – This is a high protein drink to help with repairing the muscles from surgery.
 - *Glucerna if you have diabetes*
- G2 Gatorade – to assist with replenishment of fluids because you were not drinking/eating prior to surgery.



NOTES

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PREPARING YOURSELF FOR SURGERY

- Most important – Do NOT eat anything after midnight the night before your surgery. You are allowed CLEAR liquids up to 4 hours prior to your arrival time for surgery.
 - *Clear liquids are defined as black coffee, black tea, water, ginger ale, apple juice*
- You will have some discomfort after surgery. The important thing is to stay ahead of the pain. Playing catch-up with pain medication is a challenge.
- Our anesthesia nurses will be in contact with you regarding your current medication and what you can/cannot take the day of surgery.
 - *If you haven't completed your Simple Admit form online, you need to do so at your earliest convenience.*
- Please do not bring valuables with you the day of surgery. All jewelry should be removed and left at home. This includes piercings. They are a potential burning/swelling hazard.

WHAT TO EXPECT FROM ANESTHESIA

- You will meet with the Anesthesiologist who will review your pre-operative evaluation. You will also sign your consent for anesthesia at this time.
 - *Using a multi-modal medication approach to pain, you will be given medication the day of surgery with a small amount of water.*
- A regional block will be done to numb up your knee, shoulder or elbow.
- All joint patients will receive a spinal block in the operating room. If you have had spinal surgeries or any other indications that a spinal block will not work for you, our anesthesiologists will give you general anesthesia.
- In recovery, they will partner with the recovery nurse to monitor you as you awaken from anesthesia. They will do their very best to keep you comfortable by avoiding nausea/vomiting and maintaining good pain control.
- At discharge you will be given a pain diary (included in this booklet). This is a tool to keep track of your pain levels. When we make our post-operative calls to you it will assist us on how we can help you manage your pain.

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

WHAT TO EXPECT IN PRE-OP

- Our experienced nurses and medical assistants will help prepare you for your surgery.
 - *We will be clipping the hair on the operative site. Please do not shave this area yourself. This creates cuts in the area that could be a source for infection.*
 - *We will be cleansing the operative site.*
- You will change into a gown that will pre-warm you for surgery. Studies have shown that maintaining your temperature at a normal level will assist in the recovery process.
- Your family can join you so any questions they might have can also be answered.
- The nurses will be conducting a nursing assessment, including your vital signs, a site and side verification, and review of your daily medications. Your IV will also be started at this time.

WHAT TO EXPECT IN THE OPERATING ROOM

- It will be COLD. We have the same warmers in the OR that you were hooked up to in Pre-op.
- We understand that this is a big day for you. There will be a lot of equipment and people around. We are there for you and the nurse in the room is there as your advocate and support.
- The nurse in the room will assist the anesthesiologist with your spinal block. Your legs will begin to feel heavy and we will help you get positioned on the table.
- You will have Sequential Stockings placed on the non-operative leg. This is to help with circulation and decrease the chance of blood clots. They are yours to take home. Please use them when you are resting at home. Remove them before you walk, they are a tripping hazard.

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WHAT TO EXPECT IN THE PACU

- The usual length of stay is 2 to 4 hours.
- During this time your vital signs will be monitored. The cold therapy device will also be attached.
 - *You may still have weakness, numbness in your lower extremities. This is from the block and spinal anesthesia. It is normal and will wear off.*
- Once you are more awake, your family member will join you.
 - *We will also offer something to drink and eat. It is important to stay hydrated. Water is best. Try and keep caffeinated drinks to a minimum.*
- We will start reviewing your discharge information with you and your family member. Your instructions will be sent home with you so that you can refer back to them.
- A physical therapist will work with you on walking and stairs. They will review safety tips with you.
- Your discharge paperwork will be faxed to a prearranged home care company. You can expect to see them either the day of discharge or the next day.
- If you had spinal anesthesia, you must be able to urinate before going home.

ONCE YOU ARE HOME

- Your responsible adult will safely assist you at home. They will need to stay with you for a minimum of 24 hours after surgery, although you may require assistance for several days. This is due to the anesthesia you have been given. Your safety is a priority.
- This is a time for you to rest and recover.
- Drink plenty of fluids and eat light meals. Drink decaffeinated fluids for the first 24 hours.
- One of our nurses will be calling you the next business day.
- The dressing is able to get wet, but DO NOT remove it. This will occur at your surgeon's office at your post-op visit.
 - *This is depending on your surgeon. Some have a dressing that cannot get wet.*
 - *You will be able to shower with your dressing.*
 - *You will need to pat the area dry, do not rub.*
 - *Please use a new towel each time you shower.*

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CAR TRANSFERS FOR TOTAL HIP PATIENTS

- Car: be on the same level as the car (off the curb).
- SUV/Truck: pull up next to the curb and use the curb as a step stool.
- Have driver put front seat as far back as possible and slightly reclined. Put a pillow on the seat, especially with bucket seats or if the car is very low.
- Back up to the car seat. Take hold of the dashboard with one hand and reach for the seat with the other hand. Slowly lower yourself onto the seat, letting the operated leg slide forward if needed.
- Pivot on your buttocks, having someone help you with your operated leg as needed.
- Remember: do not bend your hip past 90 degrees!



COLD THERAPY DEVICE

If Cold Therapy was ordered for you, follow the instructions below:

- a. Add water, then ice (to the lines).
- b. Place top on Cooler.
When closing, the cord should face away from handle.
- c. Hook Cryocuff up to Cooler.
- d. Plug into wall, it will automatically start.
- e. Run cold therapy for 45 minutes.
Unplug and take a 30 minutes break.
- f. Make sure you have clothing or pillowcase in-between cuff and skin. DO NOT place cuff directly on skin.



PHYSICAL THERAPY

- A physical therapist will be coming to your home to work on your mobility.
- Small short walks are beneficial.
- The walker you will be using is for your safety. It is not necessary for the joint. We just want to keep you safe.
- If you have any animals, taking them for short walks is beneficial to work that new joint. You should not be responsible for the leash. This could be a significant tripping hazard.
- Keep leg elevated when seated.
- You can start practicing with stairs. You need to think “UP with the GOOD, DOWN with the BAD”.
 - *Go UP the stairs using the non-operative leg, DOWN with the operative leg. Go one step at a time. This is for safety and stability. Most of your weight will be placed on the non-operative leg.*
 - *Please use hand rails for safety.*
- Sleeping
 - *Side sleeper: place a pillow in between your legs.*
 - *Back sleeper: place a pillow under your heels.*
 - *Don't place pillow directly under knee if knee replacement, this will make it more difficult to straighten the knee completely.*

On the following pages are some recommended early mobility, gentle exercises for you to perform following your surgery. It is recommended for you to take short walks outside or around your home several times a day and to not remain sedentary for more than 45 minutes at a time. Typically, you will complete 10 to 15 repetitions of each exercise, two to three times each day. While you will be focusing on the leg with the hip or knee replacement, performing the exercises with both legs is a good idea. Please always follow all of the precautions explained to you by your physician and therapist.

Rehabilitation After Knee or Hip Replacement Surgery

Quad Sets

While lying on your back in bed, press your affected knee into the mattress and tighten your muscle on the top of your thigh. Hold for a count of 5-10 seconds.



Ham Sets

While lying on your back in bed, keep your affected leg bent and the other leg straight. Tighten the muscle on the back of your affected leg. Push

the heel down into the bed with the affected leg. Hold for 5 seconds.



Gluteal Sets

While lying on your back in bed, squeeze your buttock muscles together and hold for a count of 5-10 seconds.



Heel Slides

While lying on your back in bed, bend your affected knee and slide your heel to your buttock. Slide it back out straight. Tie a plastic bag around your foot if it makes the foot easier to slide.



Straight Leg Raises

While lying on your back in bed, tighten your thigh muscles and lift the affected leg up several inches off the bed. Keep your knee straight and toes pointed up. Hold the leg up for 5-10 seconds and then lower it back onto the bed. Do not continue if this hurts your lower back.



Lying Knee Extension

Lie on your back in bed. Place a towel rolled up or in a ball under the lower part of your thigh on the affected side. Lift your foot and straighten knee. Do not raise your thigh off the rolled up towel or ball.

Sitting Knee Extension

While sitting in a chair with your back against the chair back, straighten your affected knee and hold for a count of five to 10 seconds. Lower your leg back down to the floor.



Ankle Pumps

While sitting in a chair or lying on your back in bed, straighten your knee and slowly push your foot forward and backward. Repeat 20 times with both ankles, every hour while awake.



Heel Raises

While standing up, hold on to the back of a chair. Raise up on your toe.



Toe Raises

While standing up, hold on to the back of a chair. Raise your toes off the ground. Slowly lower toes back to the ground.



Standing Knee Flexion

While standing up, hold on to the back of a chair. Bend your knee back behind you. Slowly lower it back to the ground.

Knee Raises

While standing up, hold on to the back of a chair. Raise one knee at a time as if marching in place. Do not lift your knee higher than your waist. Hold your knee up for 2-3 seconds. Slowly lower it back to the ground.



Tips for a Successful Shoulder Recovery

Making simple changes in your home before surgery can make your recovery period easier and safer.

For the first several weeks after surgery it will be hard to reach high shelves and cupboards. Before your surgery, be sure to go through your home and place any items you will need on lower shelves or even the counter tops.

Other arrangements that you should make prior to surgery are:

- Prepare microwavable meals
- Stock up on nutritious ready-made meals
- Remove scatter rugs
- Reduce and/or eliminate clutter which can be a safety hazard
- Organize your clothes, closets and drawers for easier access
- Wear loose-fitting stretchable clothing with no/minimal fasteners
- Consider shirts with button front or with large neck openings

When you come home, you will need help for a few weeks with some daily tasks like bathing, dressing, undressing.

Do:

- Wear your sling as instructed
- Ice as indicated by your surgeon and/or therapist
- Follow the exercise program prescribed for you
- Ask for assistance
- Any light housework/activity you can do with one hand
- Use your non-surgical arm to do all the work

Don't:

- Use your operated arm to push up in bed or from a chair because this requires forceful contraction of muscles
- Lift anything - no lifting with your operative arm for 6-8 weeks
- Pull with your operative arm
- Place your arm in any extreme position, such as straight out to the side or behind your body
- Rotate your arm outward or away from your body

Rehabilitation After Total Shoulder Replacement Surgery

Even though shoulder joint replacement is less common than knee or hip replacement, it is just as successful in relieving joint pain. The key to your recovery after surgery is managing pain and following your surgeon's specific instructions.

After surgery, your operated arm will be immobilized at your side with the use of a specialized sling, known as an ultra sling, which has a supportive pillow. Based on the surgical technique, you may begin gentle therapy on the first day post-operatively. Sling immobilization is enforced during the early rehabilitation phase. However, your surgeon may allow you to begin a specific and personalized exercise program. An occupational therapist will instruct you on which exercises you may begin for your shoulder, elbow, wrist and/or hand. Progression to more advanced exercises to improve strength and flexibility will occur under the direction of your surgeon.

Our goal is to help promote function and protect your new shoulder from wear-and-tear of daily activities. The occupational therapist will teach you how to manage your sling (taking it off and putting it on) and perform modified bathing, dressing, undressing and toileting since you will be using only one arm for a while. If needed, physical therapy will also work with you to ensure independence with transfers and ambulating.

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Total Joint Pain Diary

	Day 1 (24 Hours)	Day 2 (48 Hours)	Day 3 (72 Hours)
What was your highest pain score in the last 24 hours? (On a scale from 0-10)			
What was your lowest pain score in the last 24 hours? (On a scale from 0-10)			
Do you experience any pain on ambulation? (On a scale from 0-10)			
Is the pain interfering with your mobility or movement?	Yes / No	Yes / No	Yes / No
Were you woken up by pain last night?	Yes / No	Yes / No	Yes / No
Is the pain interfering with your mood?	Yes / No	Yes / No	Yes / No
Have you had any nausea or vomiting since your surgery?	Yes / No	Yes / No	Yes / No
Any constipation, itching or urinary retention	Yes / No	Yes / No	Yes / No

How satisfied are you with your pain management since surgery? (on a scale from 0-10)

How likely is it that you would recommend the anesthesia services to your friends and/or family? (on a scale from 0-10)

How many pain tablets have you taken in the last 24 hours? _____

What time did your block wear off? _____

NOTES

Checklist

- ☐ Appointment with Primary Care *(completed within 30 days of surgery)*
- ☐ Appointment with Specialty Care *(completed within 30 days of surgery)*
- ☐ CT Scan *(completed 14 days before surgery)*
- ☐ Completed Simple Admit Form
- ☐ Medication is ready post-op
- ☐ Day of Surgery: bring list of medications with dosage and last taken
(see Medication List on next page)
- ☐ Surgery Date: _____
- ☐ Post-op Appointment with Surgeon: _____
- ☐ Physical Therapy Appointments: _____

Important Phone Numbers

OAH After Business Hours/Holidays (860) 549-3210

Surgeon Phone Number _____

Orthopedic Associates Surgery Center (860) 529-0295

Physical Therapy

Rocky Hill..... (860) 244-8857

Farmington (860) 549-8986

Glastonbury (860) 549-8975

Manchester (860) 244-1030

Plainville (860) 348-9338

Atrinity Home Health..... (877) 699-9104

Precision Medical Supplies..... (860) 878-9440

Visit www.oasurgerycenter.com for helpful information

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Medication List

Please complete and bring with you on day of surgery

Medication	Dose	How Often Do You Take	Reason taking	Date last taken

Allergy: _____

Reaction: _____

Allergy: _____

Reaction: _____

Questions

Joint Replacement Surgeons

Jeffrey K. Burns, MD – Hips, Knees

Andrew E. Caputo, MD – Elbow

Robert J. Carangelo, MD – Hips, Knees, Partial Knees

John C. Grady-Benson, MD – Hips, Knees

Christopher J. Lena, MD – Hips, Knees, Partial Knees, Shoulder

James T. Mazzara, MD – Shoulder, Knees

Durgesh G. Nagarkatti, MD – Hips, Knees, Partial Knees, Shoulder

Steven F. Schutzer, MD – Hips, Knees, Partial Knees

Mark Shekhman, MD – Hips, Knees, Partial Knees

Daniel K. Witmer, MD – Hips, Partial Knees

Gordon A. Zimmermann, MD – Knees, Partial Knees

Please visit our website at

www.oasurgerycenter.com

to view biography of your surgeon



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