

Thank You for Choosing

The Joint Replacement Center at St. Anthony Community Hospital



Reflection & Gratitude



“A healthy attitude is contagious but don't wait to catch it from others. Be a carrier.”

- Tom Stoppard

Pre-Admission Testing Day



What to Do Before You Arrive

- You do **NOT** need to fast
- Take your medications as you normally would



What to Bring to the Hospital

- Insurance Card
- Photo ID
- A list of all your medications, including dosage and instructions (information sheet provided in Patient Folder)
- List of all allergies: environmental, food, latex, medications and metals
- Your physicians' names and phone numbers
- A copy of your health care proxy, living will or any documents with instructions on who will assist us in your healthcare decisions
- Discharge caregiver name

Pre-Admission Testing (PAT) Day

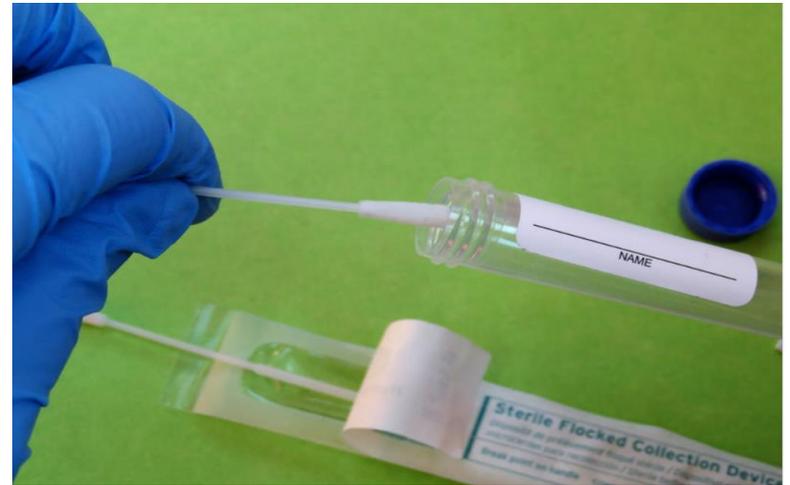
Plan for Pre-Admission Testing (PAT) visit:

- Review your medical history with the anesthesiologist and Registered Nurse plan the most appropriate anesthetic to meet your individual needs.
- Please make sure to tell the anesthesiologist of any anesthesia experiences you've had in the past.
- Complete Pre-Anesthesia Checklist.



Covid 19 Testing

- Covid test will need to be completed five (5) days prior to surgery
- PAT is completed first, followed by Covid 19 swab just before the surgery



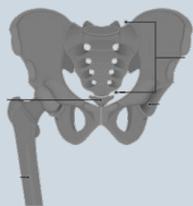
Pre-Admission Testing Day

Types of Anesthesia



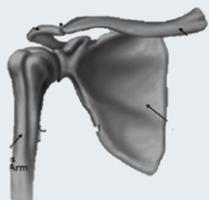
TOTAL KNEE REPLACEMENT

The anesthesia sometimes used is a spinal anesthetic with a long-acting local anesthetic.



TOTAL HIP REPLACEMENT

The anesthesia sometimes used is spinal or general anesthesia with sedation.



TOTAL SHOULDER REPLACEMENT

The anesthesia most commonly used is a regional nerve block with general anesthesia/sedation.

There are instances when general anesthesia is necessary.
Your individual needs will be determined by the Anesthesiologist.

Pain Scale and Assessment

Wong-Baker FACES® Pain Rating Scale



Rating	Pain Level
0	No Pain
1 – 3	Mild Pain (nagging, annoying, interfering little with activities of daily life (ADLs))
4 – 6	Moderate Pain (interferes significantly with ADLs)
7 – 10	Severe Pain (disabling; unable to perform ADLs)

Anesthesia and Pain Control

What to Do Before You Arrive

Your Surgeon may prescribe you medications for pain management prior to your surgery.

- If so follow the directions given with the medication

Make sure you have a small supply of post surgical supplies for pain control at home:

- Ibuprofen (Advil[®] or Motrin[®]), naproxen (Alleve[®]), or another anti-inflammatory **as discussed with your surgeon**
- Acetaminophen (Tylenol[®])
- Ice Packs
- Sennosides (Senna[®])Laxatives, Docusate (Colace[®]) Stool Softeners

* Some medications used for pain control slow down your Digestive system and sometimes assistance is needed.

Anesthesia and Pain Control

During your Visit

Rest assured, your comfort is our top priority!

Please remember that you will not be pain free

Your Surgical team will work with you to formulate an appropriate medication regimen to control your pain to your acceptable pain level.

Medications may be administered by oral or intravenous routes or via an epidural.

Your Surgical Care Team will do everything they can to ensure your pain is manageable.

- Your anesthesiologist will see you on a daily basis.
- Your Surgeon will see you on a daily basis.
- Your Nursing Team and Care partner will see you throughout the day.
- They will assess your pain levels and medications for effectiveness and any side effects. Adjustments will be made as needed.
- Please let the teams know when your pain is outside of acceptable levels – the sooner we know the quicker we can act to get it to an acceptable level.

Pain Control After Discharge

Things to Remember

Please remember that you will not be pain free!

Take your medications as ordered by the doctor for the first couple weeks to maintain your acceptable pain level.

- This will help you on the road to recovery and back to a more normal activity level.

Take your medication prior to your therapy sessions.

- This will help you participate during therapy and help you get the most out of each visit.

Use additional pain relieving methods such as:

- Meditation, Cold or heat application, guided imagery.

Concerns about Pain Medication use

- Effective pain control during the immediate post surgical period is critical to healing!
- As your body heals and internal and external inflammation go down you should need less pain medication to reach your acceptable pain level.
- Discuss any concerns about pain medication use with your Surgeon at your post op visits.

Pain Medication use

Decreasing your pain medication use as your body heals

- You may decrease the dose that you are taking to reach your acceptable pain level.
 - If previously taking 2 tablets, 1 tablet may bring you to your acceptable pain level.
 - If previously taking 1 tablet, ½ tablet may bring you to your acceptable pain level.
- You may decrease how often you are taking the medication to reach your acceptable pain level
 - If previously taking every four hours as needed, every 6 hours as needed may keep you at your acceptable pain level
 - If previously taking every 6 hours as needed, every 8 hours as needed may keep you at your acceptable pain level
- You may be able to reach your acceptable pain levels using over the counter pain control medications such as Ibuprofen (Advil[®] or Motrin[®]), naproxen (Alleve[®]), or Acetaminophen (Tylenol[®]) as discussed with your surgeon.



There's No Place Like Home

Case Management

Discharge Planning

Even though total joint replacements have become fairly common practice and are less invasive, they still are a major surgery.



OUR GOAL

You to go home directly from the hospital on the day after surgery.
(Knee Replacement and Shoulder Replacement patients typically will be discharged Post Op #1)

- Discharge plan depends on many factors, including:
 - ✓ Your medical condition
 - ✓ Your progress, ability to walk, and perform exercises
 - ✓ Insurance coverage and co-pays

Case Management

Discharge Planning

HOME

- Safe environment
 - ✓ Need clear spaces that a rolling walker can fit through and tripping obstacles like throw rugs removed
- Stairs
 - ✓ All stairs will require at least one rail of firm hand hold in order to navigate safely
- Someone to stay with you
- Home care and/or Physical therapy
- Transportation home

Prior to Surgery

- Approximately two (2) weeks prior to surgery check with your physician regarding when to stop the following as these medications may cause increased bleeding:
 - ✓ Aspirin
 - ✓ Motrin
 - ✓ Naproxen
 - ✓ Vitamin E
 - ✓ Herbal Supplements
 - ✓ Coumadin
 - ✓ Plavix
 - ✓ Other blood thinning medications etc.
- If you are feeling sick a day or two before your surgery, call your surgeon.
- Do not have any invasive procedures or dental work 2 weeks before surgery unless clearing it with the surgeon (including tattoos and body piercings).

Day Before Surgery



Drink plenty of fluids - preferably water.

This will help keep you hydrated and will better allow us to start an IV.



Please do NOT shave your legs or underarms or use chemical hair remover the day before surgery.

Tiny nicks and cuts, or a rash can let in germs and lead to infection.



You will be called by our Patient Access Department between 2pm and 5pm the night before surgery.

If you do not hear from anyone please call the Patient Access Department for information at: [845- 987-5187](tel:845-987-5187)

Night Before Surgery



DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.

No gum, mints, or candy. Surgery may be delayed 2 or more hours due to gastric movement.



The **ONLY EXCEPTION** is to take medications with a small sip of water, as instructed by your provider, surgeon, or anesthesiologist.



Shower or bathe - after one hour use the chlorhexidine antiseptic wipes (Nose to Toes SAGE) given to you at your pre-admission testing appointment. Allow the skin to dry and then get into clean pajamas.



NO ANIMALS ALLOWED IN THE BED with you and minimize other human contact.



Practice deep breathing and relaxation techniques

Morning of Surgery

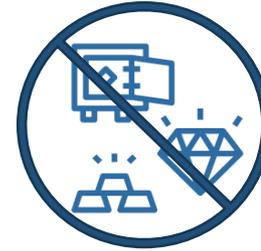
When you wake-up:

- Do not shower or bathe
- Brush your teeth
- Use the chlorhexidine antiseptic tooth brush- brushing lightly.
- Dress in comfortable clean clothing.

You are now ready to head to the hospital!



Things Not to Bring When You Come to the Hospital

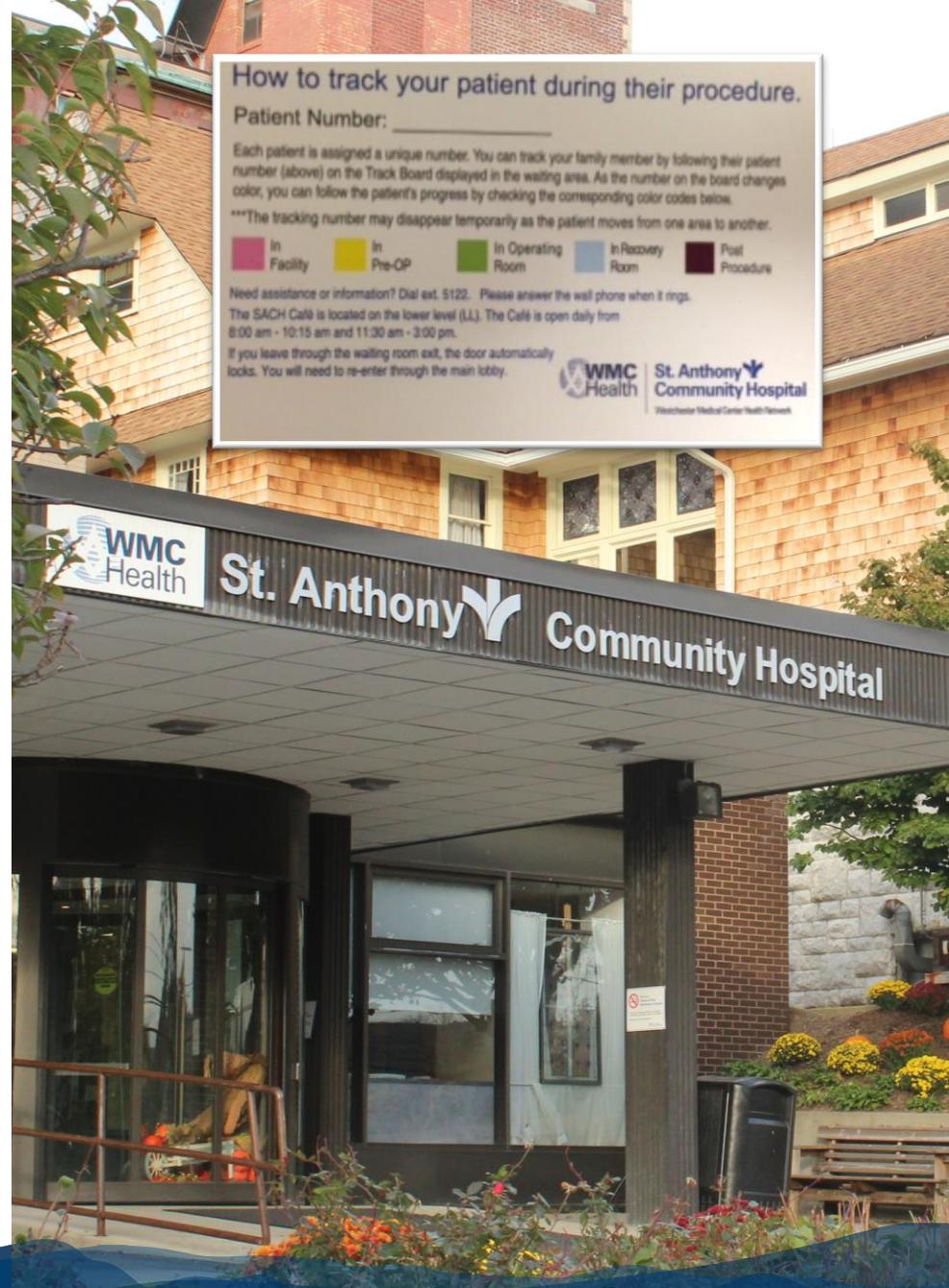


- Medications, unless specifically instructed to do so by your doctor
- Limit cash amount to co-pay, credit/debit card and check to one (1) only
- Jewelry
- Any valuables, except those mentioned above. The hospital is not responsible for any valuables left at the bedside

We cannot be responsible for lost belongings.

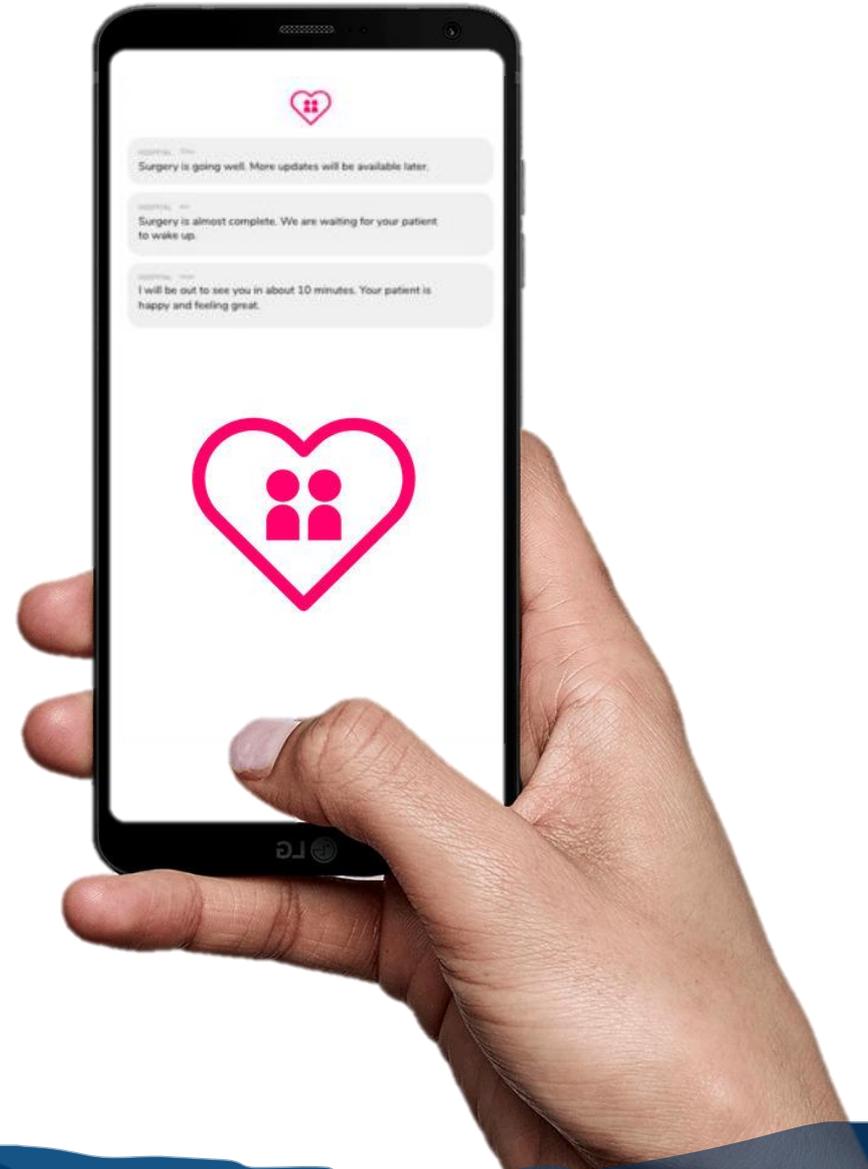
Day of Surgery

- Arrive at the hospital a couple hours prior to your surgery. Please be prompt and on time.
- **Please be aware that your surgery time may change between now and the day of surgery.**
- 1-2 family members may be present at the bedside.
- Family will then be directed to the waiting room
 - ✓ No one under the age of 18



Day of Surgery

- Family/friends can follow your progress through the surgical process utilizing the Tracking Card provided by Patient Access.
- This card correlates with the Tracking Board in the waiting room.
- **The Family First** messenger application, is now available at St. Anthony Community Hospital – it is a mobile platform that allows hospital staff to communicate directly with your family and provide text-message updates during your procedure.



Day of Surgery

Ambulatory Surgery:

- Start your IV/Antibiotics
- Your nares will be swabbed with a nasal antiseptic solution
- The Nurse will use a third SAGE wipe and clean the operative site.
- The Anesthesiologist can give you medication to relax you prior to going to the Operating Room – ASK!



Day of Surgery

Operating Room

- Many activities going on at the same time
- Many staff members will be in the room – It can get overwhelming
- Monitoring equipment will be applied:
 - ✓ Cardiac Monitors to chest
 - ✓ Oxygen Saturation Monitors to finger tip
- IV fluids and medications to be administered
- Blankets provided for warmth – or a “Bair Hugger” machine/blanket applied
- **Please remember to communicate any issues or concerns**

Knee Replacement

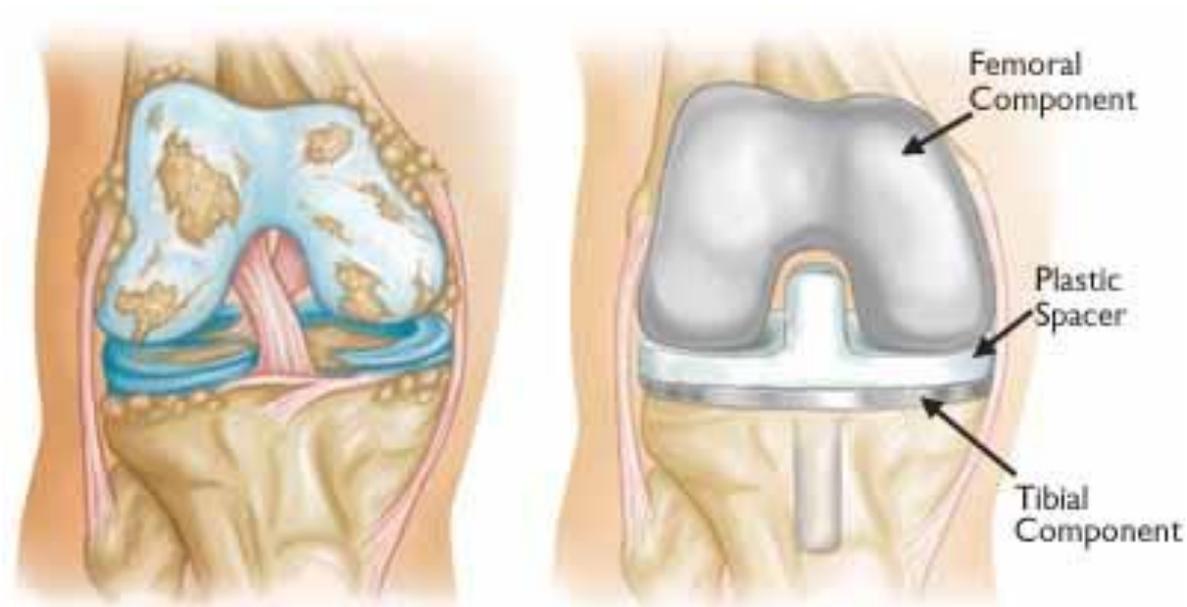
There are Four Basic Steps to a Knee Replacement Procedure

Prepare the bone.

Position the metal implants.

Resurface the patella.

Insert a spacer.



TKR (Total Knee Replacement)

- Regional block may lead to numbness or decreased sensation of your operative leg but once you are able to actively move your ankle and lift your leg with minimal assistance it will be safe to walk with the PT, OT, or nursing
- When ambulating the first day of surgery you will be instructed to limit the knee bend to about 50-60 degrees of flexion to protect the new surgical area, but the next day you will be able to bend your surgical knee to tolerance
- Pain Management
 - ✓ Pain medicine
 - ✓ Increase mobility
 - ✓ Icing
 - ✓ Elevation

TKR (Total Knee Replacement)

Positioning

Lying in bed:

- Leg straight with toes facing ceiling to promote extension (getting back of knee flat)
 - ✓ May need towel roll under ankle or along outside of knee to achieve this
 - ✓ May also need to elevated entire leg from knee to heel on inclined pillows to assist with positioning, pain, and reduce swelling

Sitting:

- Need to alternate letting the knee bend and having your foot on the floor or straightening the knee with the entire leg resting supported on a foot stool with pillows in a completely straight position

Ankle pumps and quad sets are encouraged when lying down or sitting to increase circulation along with improving range of motion and strength.

Hip Replacement

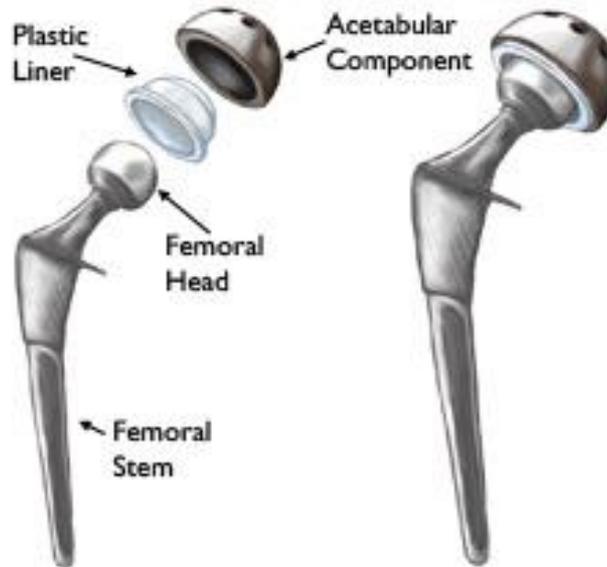
There are Four Basic Steps to a Hip Replacement Procedure

Damaged femoral head is removed and replaced with a metal stem.

A metal or ceramic ball is placed on the upper part of the stem.

Damaged cartilage surface of the socket is removed and replaced with a metal socket.

A spacer is inserted.



THR (Total Hip Replacement)

- 3 Total Hip Precautions
 - ✓ You may be kept on for up to 12 weeks post surgery per surgeon
 - ✓ You will be taught on how to maintain during all mobility by PT, OT, and nursing during your stay
 - ✓ OT will provide you with several assistive devices to be compliant with your hip precautions during dressing, toileting, and bathing
 - (1) No Abduction
 - ❖ No crossing your legs in bed or when sitting

THR (Total Hip Replacement)

- 3 Total Hip Precautions
 - ✓ (2) Maintain 90 degrees or more at your hips lined up to your thighs and trunk
 - Do not bring your knee above your hip when lying down or sitting.
 - ✓ Sit in a higher chair
 - If the seat of the chair is **above** the bend of your knee it is safe to sit down regularly
 - If the seat of the chair is **below** the bend of your knee you must build up the chair height using pillows or cushions or you will have to sit down with operative leg knee out straight and extended in front of you.

THR (Total Hip Replacement)

- 3 Total Hip Precautions
 - ✓ (3) Do not internally rotate your surgical leg
 - AKA no pigeon toe position
 - When walking with a rolling walker and need to turn, make sure to turn the surgical leg outward first then the walker



Total Shoulder Replacement

Shoulder Replacement Procedure

Boney Work:

Only the ball of the shoulder is removed and artificial components are implanted onto your bone:

- Replacement of just the head of the humerus
- Replacement of the ball and the socket

Soft Tissue Work:

- One of the rotator cuff muscles is taken down and then repaired to get to the shoulder joint
- Other rotator cuff muscles may need additional work which your surgeon will explain



Reverse Total Shoulder Replacement (revTSR)

May be chosen by surgeon if rotator cuff is damaged beyond repair

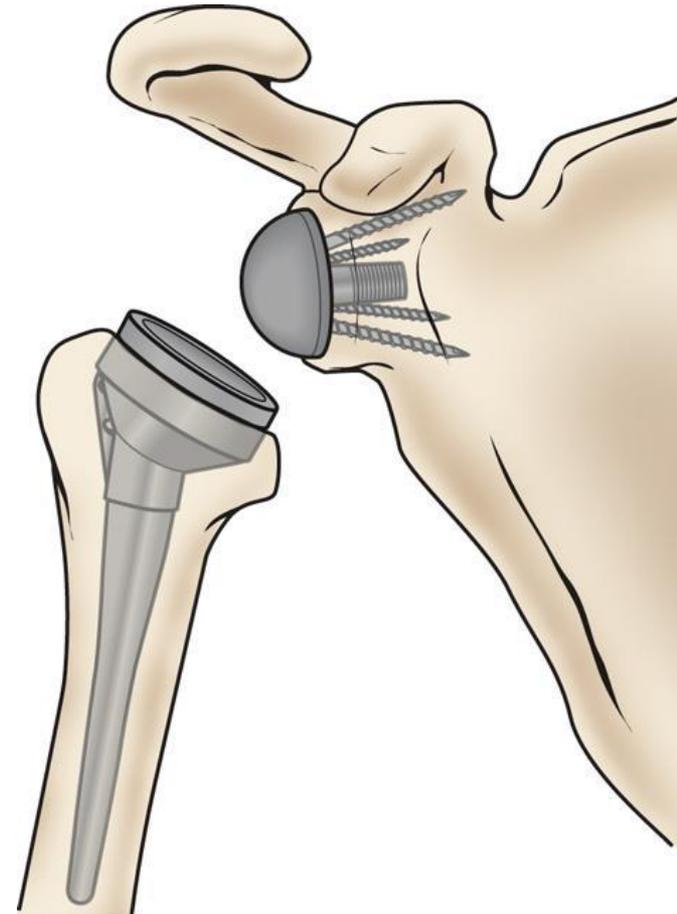
Boney Work:

Only the ball of the shoulder is removed and artificial components are implanted onto your bone that are switched (reversed) in position

- The ball at the top of the humerus (upper arm bone) is replaced with a socket-shaped prosthetic
- The shoulder's natural socket is fitted with a prosthetic ball

Soft Tissue Work:

- One of the rotator cuff muscles is taken down and then repaired to get to the shoulder joint
- Deltoid muscles are used to help move the shoulder to compensate for the damaged rotator cuff muscles



TSR/rev TSR

- Sling to surgical arm when up and moving around and for sleep
- Limited range of motion to surgical shoulder
 - ✓ Elbow forearm, wrist and hand range of motion allowed
 - ✓ PT/OT will review elbow, forearm, wrist and hand exercises
 - ✓ PT/OT will review putting on and taking off of sling
 - ✓ OT will review proper upper and lower body dressing to be compliant with no range of motion to surgical shoulder
 - ✓ Motion of operative shoulder is directed by surgeon and can not be done until he or outpatient physical therapist instructs you

After Surgery

PACU (Post Anesthesia Care Unit):

Will remain for 1-2 hours

- Pain control
- Drain- may be placed in the OR
- IV Fluids
- Deep breathing and coughing
- Incentive spirometer
- Cardiac monitoring
- Oxygen
- X-rays are taken
- Blood work
- Surgeon meets with family
- Brief family visiting if possible

How We Minimize Complications



Deep Vein Thrombosis (DVT's) - blood clots that can form in your legs

- Exercise and ambulation
- Medications (blood thinners such as Lovenox)
- Compression devices placed on your calves/feet
- Compression stockings or ace wraps



Leg and ankle swelling

- Elevating the operative leg
- Avoiding sitting for more than 30-45 minutes at a time
- Performing your ankle exercises
- Compression stockings or ace wraps



Pneumonia/ Atelectasis (partial lung deflation)

- Using Incentive Spirometer
- Doing your breathing exercises with the incentive spirometer will minimize the risk of developing pneumonia

How We Minimize Complications and Promote Healing



Dislocations

- Dislocation of the new hip joint can be minimized by following specific Hip Precautions, which is provided in your education folder.



Infection can be reduced by:

- Keeping the dressing clean and dry
- Call your doctor if you have a fever greater than 101° or if the incision becomes swollen, red, or exhibits changes in the color, amount or odor of the drainage.



Preventing Future Infections

- After the placement of an artificial joint, check with your doctor for any future dental work or surgical procedures. You may need preventative antibiotic treatment.
- The new incision may not be able to be submerged in water (tub, hot tub, pool, or lake/ocean/river) for up to 12 weeks or until cleared by the surgeon.

How We Minimize Complications and Promote Healing



Nutrition and Diet

Good nutrition can help lower your risk of infection, improve wound healing and reduce complications

Balanced diet

- Make half your grains whole (whole wheat bread, oatmeal, brown rice, barley, whole wheat pasta)
- Vary your vegetables (dark green and orange vegetables, along with tomatoes are especially vitamin packed)
- Focus on fruits (high in vitamin C to boost immune system are oranges, lemons, strawberries, pineapple)
- Calcium rich foods via low-fat dairy products
- Lean proteins (poultry or beef, beans, egg whites)
- Limit empty calories from sweet beverages and candy

Tips to prevent constipation with a high fiber diet

- Increase your fiber intake
 - ✓ Found in whole grains, brown and long grain rice, fresh fruit and fresh vegetables, 25 gm = a high fiber
- Introduce high fiber foods slowly to your diet, so if your surgery is in two weeks to one month away, start now
- Try to look for foods that have 4-5 gm or more of dietary fiber per serving
- Fiber loves water and drinking at least 8 glasses of water per day can help lessen constipation
- Moving your body is also very important to prevent constipation after surgery, try to walk as much as you can
- If you cannot move well after surgery, or cannot increase fiber enough, stool softeners or Psyllium powder like Metamucil or Benefiber can help
- Refer to handout for more information.

Nutrition Facts	
Serving Size 1 Slice	
Servings per Container 22	
Amount per serving	
Calories	50
Calories from Fat	10
% Daily Value *	
Total Fat	1g 1%
Saturated Fat	0g 0%
Cholesterol	0mg 0%
Sodium	115mg 5%
Total Carbohydrate	10g 3%
Dietary Fiber	5g 20%
Sugars	1g

Always look at the serving size

This healthy, whole-wheat bread is low in fat and cholesterol

Fiber is a healthy nutrient, so you want AT LEAST 100% each day

Whole wheat bread



Total Joint Center

During Your Stay

You will be seen by Physical therapy, Occupational Therapy and/or nursing to get out of bed and ambulate on the day of surgery as long as you are medically stable.

Physical therapy will see you **1-2 times/day** for range of motion and strengthening exercises, along with all functional mobility training to be able to get in and out of bed, ambulate and negotiate stairs.

Occupational therapy will see you **1-2 times/day** to make sure you are comfortable eating, dressing, toileting, and bathing, along with mobility training.

Surgeon or Physician Assistant will visit, provide instructions and change your dressing.

Visit by case manager for discharge planning arrangements including equipment ordering and physical therapy in your home.

Let's get going...

HOME

- Written discharge instructions
- Medications
- Physical therapy (outpatient or home care)
- Patients cannot drive and can only return to driving when cleared by the surgeon.

Rehabilitation After Surgery

Pain Control



PLEASE REMEMBER THAT YOU WILL NOT BE PAIN FREE!

- Anesthesia and the nursing staff will do everything they can to ensure your pain is manageable.
- It is crucial that you take your pain medication regularly, especially before therapy.

Incentive Spirometer

- Maximize lung expansion
- This is extremely important to use every hour while awake.
- This will help minimize any post op pneumonia complications.

Rehabilitation After Surgery



GOAL: HOME WITH HOME CARE OR OUTPATIENT THERAPY

- If THR or TKR patients choose physical therapy in your home, anticipate 1-2 weeks. Most patients require 6-12 weeks of additional outpatient therapy in a clinic.
- TSR patients do not require home physical therapy and usually start outpatient therapy in a clinic per surgeon's instructions 2-3 weeks following surgery. Anticipate needing 3-5 months of PT depending on your type of surgery, prior function and progress.
- We work together as a team to help you!
- You will receive three phone calls after discharge to monitor your progress and hear your opinion about our Total Joint Replacement Center.

Patient Centered Focus:

- As your swelling and pain decreases, and you become stronger, you will be able to return to more activities.
- The days that you feel good, try not to overdo it.

Strengthening Program Exercises

Ankle Pumps



- With legs relaxed, slowly push your feet down and back up to bend your ankles.
- Repeat 10 times, three times a day.
- After surgery you will do ankle pumps 10 times every hour you are awake.

Strengthening Program Exercises

Quad Set (Knee Press)



- Push the back of your knees into the bed while tightening the muscles on the top of your thigh.
- Hold for 10 seconds, and then relax.
- Do NOT hold your breath.
- Repeat 10 times, three times a day.

Strengthening Program Exercises

Heel Slides (Bending Knee)



- Bend your knee by sliding your heel towards your bottom and then straighten your leg.
- Repeat 10 times (each leg) slowly three times a day.

Strengthening Program Exercises

Straight Leg Raise



- Bend your unaffected leg. Tighten your thigh muscles in your surgical leg, press knee down to straighten leg and lift the entire leg up slowly several inches off the bed.
- Keep your knee straight and your toes pointed up. Hold the leg up for three to five seconds and then lower it back onto the bed. Do NOT hold your breath.
- Repeat 10 times, three times a day.

Strengthening Program Exercises



Gluteal squeeze

- While lying on your back in bed, squeeze your buttock muscles together and hold for a count of five to ten seconds.
- Repeat 10 times, three times a day.
- Do NOT hold your breath.

Strengthening Program Exercises

Hip Abduction (Leg Slides)



- While lying on your back in the middle of the bed, slide your surgery leg out to the side until your legs are shoulder width apart.
- Keep your knee straight and your toes pointed up. Slide your leg back to the center.
- After surgery you will need assistance from the therapist or coach with this exercise. Repeat 10 times, three times a day.

Strengthening Program Exercises



Armchair Push-ups

- Sit in a chair with arm rests with feet flat on the floor.
- With hands on armrests, push up from the chair straightening your arms while raising your buttocks off the chair. Do NOT stand all the way up, return slowly to sitting in chair. This will increase the strength in your arms.
- Perform up to 10 repetitions, three times a day.

Strengthening Program Exercises

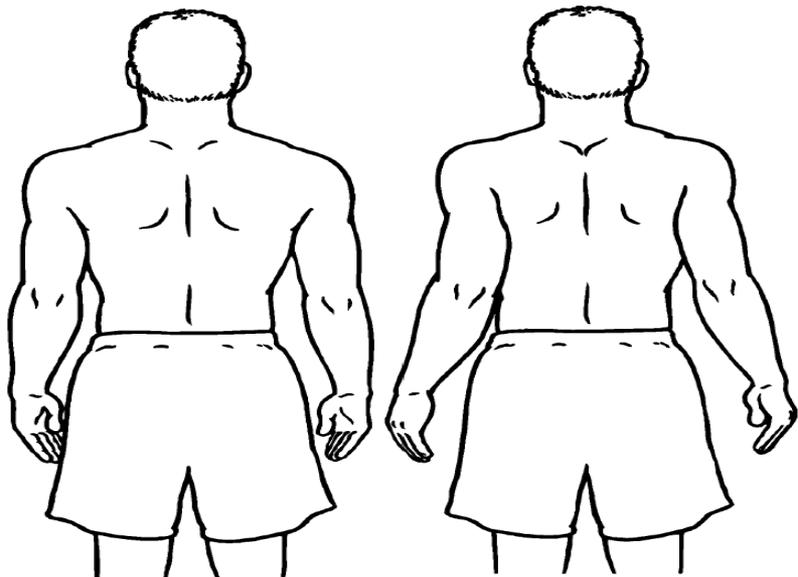


Knee Extension – Seated

- While sitting in a chair or sofa, kick surgical leg straight.
- Hold for 5 second.
- Repeat 10 times, 3x per day.

Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Scapular Retraction

- Keep sling on. These exercises involve squeezing the shoulder blades towards one another in a squeezing motion.
- Hold for 10 seconds.
- Repeat 10 times.

Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Elbow Flexion Extension – Supine

- While lying on your back, rest your elbow on a small rolled towel.
- Next bend at your elbow and then lower back down and repeat.
- Hold for 1 second.
- Repeat 10 times.
- 1 set, 1x per day.

Powered by HEP2go.com

Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Supination/Pronation

- Bend your elbow 90 degrees.
- Alternately turn your palm all the way up and then all the way down.
- Keep a towel roll under your elbow.
- Repeat 10 times.
- 1x per day.

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Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Sling – Ball Squeeze

- Grip a small ball or small rolled up towel and squeeze it with your hand.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Sling – Wrist Flexion Extension

- Bend your wrist up and down as shown while your arm is in the sling.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Sling – Pronation Supination

- While in the sling, rotate your forearm so that your palm is directed upward and then downward as shown.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Sling – Elbow Flexion Extension

- Carefully take your arm out of the sling using your unaffected arm.
- Let your affected elbow straighten and allow gravity to stretch it.
- Then bend your elbow back into the original bent position and repeat.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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Patient Commitment

Please refer to this checklist in your Joint Replacement folder



St. Anthony
Community Hospital

Westchester Medical Center Health Network

Patient Commitment to Total Joint Replacement Surgery Checklist

Patient Commitment to Total Joint Replacement Surgery Checklist

I will take an active role in my recovery in order to achieve optimal outcomes by:

- Assigning a family member or a close friend as my surgery "coach" who will attend medical appointments and educational classes so that all information given is taken in by two people
- Attending pre-operative education class to learn about surgery and hospital stay process
- Checking with my insurance company regarding my coverage for my hospital stay, durable medical equipment (rolling walker, commode, shower bench/chair), and homecare or outpatient physical therapy, so that I will be aware of my financial responsibility
- Packing loose and comfortable clothing that are easy get on and off
 - Total hip and knee replacements-stretchy elastic waisted pants/shorts with wide bottomed leg openings or housedresses
 - Total shoulder patients-wide necked opening tops and/or button front shirt
- Packing safe and supportive shoes that are easily adjustable to accommodate feet swelling due to your surgery (Velcro, elastic, or ½ size larger)
- Anticipate ambulating on the day of surgery and participating in all sessions of physical and occupational therapy while in the hospital (as long as there are no medical restrictions)
- Adhering to any precautions, protocols and instructions set forth by the surgeon and re-enforced by nursing and therapy
- Setting as my goal to return home in 1-2 days after my surgery (if my medical condition and support system allows)
 - If I do require a short-term rehab stay at a facility, it will need to be approved by my insurance and it will likely only be a 5-7 day stay. I am responsible for my transportation to the facility and home, along with understanding I may still need some assist upon returning home.

- Assessing the most comfortable vehicle to return home in
- Lining up family and friends that will be able to stay with me or frequently check in on me for the first 3-5 days upon returning home
- Accepting that I will not be able to drive for a time period, which will be determined by my surgeon, so I will require rides to appointments or activities
- Preparing myself for weeks or possibly months of regular physical therapy, as deemed necessary by my functional goals, my surgeon, and my therapist
- Being diligent in achieving objective goals, such as mobility or motion, set forth by the surgeon and/or therapist
- If there are questions about my incision once I am home, I will contact my surgeon rather than going to the emergency room

I will prepare my home to encourage my recovery by:

If you are having a total knee or total hip replacement:

- Clear clutter, rugs and/or furniture in order to maneuver a rolling walker easily through the main areas of my home
- Make sure each set of stairs has at least one safe and sturdy grab bar or railing
- Assess my need for a commode/raised toilet (all total hip replacements do) or a stable grab bar
- Assess my need for a shower/tub bench or chair or a stable grab bar
- Take note of whether a rolling walker will fit in your bathroom or what side of the bed you normally get in/out of to communicate to the PT/OT during my hospital stay
- If I do not already own an adjustable cane, I will purchase one (will need for stairs and in transitioning from rolling walker)
 - Find an area in your home that it is convenient to rest while also having a bathroom easily accessible
 - Obtain an additional walker (from a friend, ambulance corps or volunteer fire department loan closet) to keep on additional level if my home is multi-level

If you are having a total shoulder replacement:

- Consider purchasing a recliner or a sleeping wedge for your bed
- Purchase a mesh sling to wear in the shower (once allowed) or use while washing the immobilizer/sling given at the hospital
- If I am having surgery on my dominant arm, I will assess my need to move hard to reach items to more convenient areas



St. Anthony
Community Hospital

Westchester Medical Center Health Network

St. Anthony Community Hospital
15 Maple Avenue
Warwick, NY 10990
(845) 986-2276

Mindfulness For Pain Control/Healing/Stress Reduction

Mindfulness Meditation Practice Reported:

- Better pain control
- Reduction of severity of pain
- Less anxiety and tension
- Improved healing (four times faster)

Participate in a guided mindfulness meditation by visiting:

www.stanthonycommunityhosp.org/mindfulness

Questions & Answers

Thank You for Choosing

The Joint Replacement Center at St. Anthony Community Hospital

