



Hospital of Saint Raphael

# Preparing for Joint Replacement Surgery



*Knowing  
what to expect  
can help*



**D**eciding to have a knee or hip replaced is a big step, and one that can lead to a more active and pain-free life. This booklet is designed to help you prepare for your surgery so you know what to expect and can experience a smoother recovery.

You have made a great choice in having your surgery at Saint Raphael's. Well known as leaders in orthopedics, we perform more joint replacements than any hospital in our region. Our experience and dedication to your overall well-being make our joint replacement program a step ahead.

## Your steps in preparing for surgery

Here's a quick look at the steps involved in preparing for your procedure. More details follow.

1. Physical exam by a medical doctor (preoperative testing is available at Saint Raphael's)
2. Blood donations—optional
  - Autologous (self) donation
3. MRSA testing required
4. Preoperative classes
  - Class preparations
  - Exercise
5. Diet and nutrition
  - Healthy eating
  - Iron and vitamin supplements
6. Medications before surgery
  - Medications to stop
  - Other medication notes
7. Preventing infections
  - Visiting your dentist
8. Discharge planning
9. Preparing your home
  - Accident proofing
  - Help at home
10. Countdown to surgery checklist

## Exam by a medical doctor

Before surgery, you will need to be checked for any medical problems that could put you at risk during or after your surgery. You may have a complete physical examination with your family physician or schedule an exam with Pre-Admission Testing (203) 789-3628 at the Hospital of Saint Raphael. You will need to schedule this exam four weeks before surgery.

It will consist of:

- A complete medical history
- A physical examination

Pre-admission testing consists of laboratory tests, including blood and urinalysis, a chest X-ray, electrocardiogram and nasal swab (MRSA testing). These tests may be done during your physical exam or your surgeon may prefer to have them done at the hospital before or after your preoperative teaching class. Test results can be sent to your medical doctor. If your physical exam shows that you have any risk factors, your physician may choose additional testing. You will be contacted with abnormal results only.

If you are under the care of a specialist, for example a cardiologist, further exams may be required.

- Please let us know about any allergies, including allergies to drugs, **metals** and foods. Patients who have metal allergies may need to have a prosthesis specially ordered for them.

## Blood donation

The Hospital of Saint Raphael stocks blood and blood products and has them available should you need them during or after surgery. As an alternative, your surgeon may choose to have you donate your own blood (an autologous donation). You can do this at the hospital's Blood Bank, located in the hospital, at 1450 Chapel St. in New Haven, telephone (203) 789-3071.

## Requirements for autologous donation

- Reasonably stable health
- Must be at least 17 years old
- Must weigh at least 110 pounds.
- No symptoms of infection, flu or cold
- No tattoos or body piercing in the last year
- No open or draining wounds or cuts
- No sickle cell disease
- No indwelling catheters
- Not taking antibiotics
- Able to have blood pressures taken in arms
- No dental work within 72 hours of donation
- No history of recent seizures
- No ongoing cardiac ischemia
- No severe aortic vascular disease
- No severe pulmonary compromise
- Able to regenerate red cells after donation

**Note:** If you are being treated for a cardiac condition or scheduled for a stress test, you must bring a letter from your cardiologist saying it's OK for you to donate blood. You must also bring a copy of your stress test results.



## **MRSA Testing**

One important part of your preoperative evaluation is the identification of possible sources of infection. It is important to diagnose and treat any infections prior to surgery to reduce the risk of infection after surgery.

## **Preparing for autologous donation**

If your surgeon wants you to donate your own blood for later use, your doctor will decide how many units of blood you will need to donate. Your first donation should be about three to four weeks before your scheduled surgery. You may donate one unit of blood each week, but you must complete your donations at least seven to 10 days before your scheduled surgery.

Start taking an iron supplement two weeks to one month before your first blood donation. Continue taking iron until the day of your surgery. The iron supplement (ferrous sulfate) may be purchased at any pharmacy. The usual dose is one (1) tablet (325 mg) three times each day with meals, if applicable.

Iron is an essential mineral that plays an important role in a variety of body functions. Iron carries oxygen and carbon dioxide within your red blood cells to other body tissues. It is also necessary for the production of energy and support of your immune system.

## **When taking an iron supplement, you should:**

- Take iron on an empty stomach with an 8-ounce glass of water or juice.
- Eat foods naturally rich in iron, such as lean meat, poultry, fish, liver, spinach, raisins, carrots, turnip greens and whole wheat bread.
- Include vitamin C-rich foods such as strawberries, orange juice, cantaloupe, green peppers, tomatoes, potatoes and broccoli with each meal, to help the body absorb iron.

- Do not drink coffee and tea with meals as they hinder the absorption of iron. Drink these beverages *between* meals.
- If you are taking calcium or zinc supplements, they should be taken separately from your iron supplement.
- Drink plenty of fluids before donation.

## **The day of donation**

- Eat regular meals.
- Drink plenty of fluids – an extra 2 to 3 glasses of water.
- Bring 2 forms of identification, preferably a photo ID, as well as your insurance cards or Workers' Compensation papers, if applicable, to your appointment.
- Have a family member or friend drive you to the blood bank. **DO NOT DRIVE YOURSELF!**
- If you are not feeling well or are on antibiotics, please contact the Blood Bank at (203) 789-3071.

## **Preoperative education class**

To prepare for surgery, your doctor would like you to attend our preoperative teaching class at the Hospital of Saint Raphael. You will learn how to participate in your care and gain a better understanding of the recuperation period after surgery. Classes are held 11 a.m. to 12:30 p.m. every Wednesday in the conference room of the Sister Anne Virginie Grimes Health Center, 1354 Chapel St.; free parking is available behind the center. Call (203) 789-3258 to register, preferably two to three weeks before the surgery date. For directions, call (203) 789-2198.

Your preadmission testing (make appointment separately) or your blood donation can be done the day you attend class, either before or after class. Contact the Pre-Admission Testing Department at (203) 789-3628 for an appointment for testing and blood donation. For your convenience, transportation to the hospital from the Grimes Center and visa versa is provided.

## Preparing for class

To make sure you are prepared for class, please do the following:

- Before coming to class, fill out the health questionnaire and bring it with you. Remember to bring this handbook. If you do not have a questionnaire we will provide you with one at the class.

Wheelchairs are available along with golf cart service if needed. Please ask the receptionist upon entering the hospital to place a call to have either service assist you.

## Exercise and equipment

Exercise is important to your recovery! One goal of the preoperative education class is to introduce you to a physical therapist and to your exercise program. Exercise begins before surgery, and continues in the hospital as well as upon your return home.



## Tips for the weeks before your surgery

- Stop smoking. Smoking increases your risk of lung complications during or after surgery and also interferes with healing.
- Limit alcohol. Limit your alcohol intake to one glass of wine or beer, or a cocktail per day starting about one week before surgery.
- Continue eating a diet rich in iron.
- Prepare and freeze or purchase small portion meals.
- Stock up on frozen and canned vegetables and fruits.

## Medications to stop

- To reduce the risk of blood loss during surgery, you must stop taking medications that contain aspirin or blood thinners, as well as some arthritis medications three to 14 days before surgery. Coumadin (warfarin) is usually stopped three days prior to surgery. Please check with your cardiology doctor before stopping your Coumadin. A nurse from pre-admission testing will review your list of medications and let you know what medicines to discontinue.
- Discontinue taking vitamins E and C and any herbal medications or supplements.

**Note:** You may take extra-strength acetaminophen (Tylenol) for pain. If this does not relieve your pain, call your surgeon.

## Other medication notes

- On the morning of your surgery, take only the medicines you have been instructed to take by the preadmission testing nurse with a small sip of water.

## Preventing infections

- Infections can enter the body through various pathways, but most commonly do so through the mouth and the skin.
- Please report to your doctor if you have any open sores or any infections.
- Because bacteria can enter your blood stream through the mouth during dental care and cause widespread infection, schedule a dental checkup in the weeks before your surgery. No dental work should be done within 72 hours.

## Discharge planning

One of our goals is to have you recover at home as much as possible. This allows your physical therapy and other services to take place in a familiar and comfortable setting. Home health services will be arranged while you are in the hospital and/or at the rehabilitation facility.

- A physical therapist will visit you at home approximately three times a week for approximately five to six weeks after your surgery. The therapist will work with you on the exercises you learned at the hospital and/or rehabilitation center and will add new exercises as well.
- If your physician sends you home on Coumadin, a lab technician will be sent to your home to draw blood on Mondays and Thursdays. Please call your orthopedic surgeon's office in the afternoon to check for Coumadin dosage on the days that your blood is drawn.

## Rehabilitation facilities

- Occasionally, a stay in a rehabilitation facility is helpful. You will be given a choice of appropriate facilities based on your needs.
- The stay is approximately four days to two weeks. You will then start home physical therapy or outpatient physical therapy at your doctor's office when you arrive home.

Patients should contact the facility they wish to go to before surgery. A visit to the facility is recommended. It is important to keep in mind that physical therapy plays a major role in the surgery's success, so look for a facility that offers appropriate services.

- Saint Raphael's offers a host of rehabilitation services, including the 16-bed Intensive Rehabilitation Unit for patients requiring extended therapy sessions, and the Sister Anne Virginie Grimes Health Center, which has a 38-bed short-term sub-acute rehabilitation unit where joint replacement patients can go after hospital discharge.

## Home safety

Before your surgery, it is critical to prepare your home for when you return, to minimize the chance of injuries. Here are some hints:

- Remove scatter rugs from around the house.
- Make sure that all stairways have hand railings.
- Tuck away long phone and lamp cords. Plan to use a hand-held portable phone, if you have one. The phone can fit into a clothing pocket and be taken along with you as you walk around.



- Arrange furniture so that you can easily move about your house with crutches or a walker.
- If possible, have rails in your tub or shower professionally installed. You may also want to buy a shower bench or chair, a hand-held shower nozzle and non-skid tub mats.
- If needed, arrange for the care and safety of small pets that may run "under foot."
- Select a chair from your home with a back, firm seat cushion and arms that you can designate as "your chair" after you return home from surgery. The seat height of the seat should be about 18 to 19 inches off the ground.
- If your bedroom is upstairs, you may want to prepare a sleeping area downstairs for the first week or two after you return home from surgery.

## Help at home

- It is a good idea to have a friend or family member help you for the first few days after you return home from the hospital.

## What to bring to the hospital

Pack your suitcase a day or two before your surgery. Be sure to include:

- Eyeglasses, contact lens and denture cases – give these to family members before entering the operating room.
- List of medications you are currently taking, including the dosages. Do not bring medications to the hospital.
- Information on any allergies to food or medications.
- A copy of your living will/advanced medical directives.
- This handbook.
- Please leave jewelry, credit cards and large sums of cash at home.

## Countdown to surgery

### Four weeks before

- Blood donation may be needed. Appointments will be made for you by your surgeon's office. They will notify as to the dates and times.
- Schedule your preoperative physical. If you are diabetic, please check with your doctor about taking your medication the day of surgery.

### Two weeks before

- Attend preoperative education class.
- Start preoperative exercise.
- Prepare your home.
- Prepare or purchase easy meals.
- Stop taking arthritis medications as directed by doctor, including aspirin, vitamins E & C and herbal medications.
- Reduce alcohol intake and smoking.
- Nasal swab for MRSA testing to be completed

### Day before surgery

- Do not eat or drink after midnight.

### Day of surgery

- Take medications with a small sip of water. (Only take medications which you have been instructed to.) If you are taking any medication for hypertension, thyroid, asthma or heart problems, you may take them as instructed.
- You will be asked to arrive approximately one and one-half hours before your scheduled surgery. The hospital will call you the day before your surgery to give you the time. If your surgery is on Monday, they will usually call on Friday afternoon. If you do not get a call by 3:30 p.m., please call your doctor's office.
- Go directly to the admitting office.
- You may want a friend or family member to accompany you.

- BRING MEDICAL INSURANCE CARDS, MEDICARE AND/OR OTHER.
- Bring a list of all medications and dosages.
- Do not bring any medications to the hospital.

## **Once at the hospital**

- You will be directed to the Same Day Surgery unit. The receptionist will provide directions. You will receive your hospital identification bracelet and be asked to change into a hospital gown. Your clothes will be placed in a plastic bag. If you wear dentures, eyeglasses or contact lenses, you will need to remove them at this time. Give family members all personal items including glasses and dentures.
- An admitting nurse will recheck all your medical records and conduct a brief physical examination that includes taking your vital signs (pulse and heart rate).
- An intravenous line will be started and the site of surgery will be verified.

## **Anesthesia**

An anesthesiologist will meet and interview you before surgery, to help determine which type of anesthesia is best for you, based on your personal health history. It's important to tell the anesthesiologist if you have ever had any problems with anesthesia or medications. The following are descriptions of some common forms of anesthesia:

### **General Anesthesia**

With general anesthesia, you experience a complete loss of consciousness for your entire procedure. Medications are given via an intravenous (IV) line before you go to sleep, and via IV and inhalation after you are asleep. You will wake up when surgery is completed.

## **Epidural anesthesia**

Epidural anesthesia entails placing a thin tube (under local anesthetic) in the epidural space in the middle of your back. Local anesthesia is given through the tube to block pain sensation from your lower extremities. Some sedation may be given during the placement of the epidural before surgery, and more sedation will be given through an IV line during surgery to allow you to sleep through the procedure as well. When epidural catheters are used they can be left in place 24 to 48 hours after your surgery to help control pain.



## **The procedure and recovery**

Shortly before your surgery, you will be taken into a holding area where a nurse will be waiting for you. You will then go into the operating room where your hip or knee will be prepared for surgery. The average length of time for the surgery is two hours for one joint replacement and three hours for bilateral joints, but it is important to remember that some surgeries take longer than others.

## **Family waiting area**

- In the waiting area, located on the second floor, volunteers will tell your family when your surgery is completed. At this time, the doctor will discuss your surgery with your family. For this reason, it is extremely important that family members register with the volunteers in charge of the surgical waiting area. Remember, it may be four to five hours from the time you leave your family until your surgery is completed. Once you are ready to move from the recovery room to your hospital room, your family will be notified of your room number in the Bone and Joint Center, and they may proceed there.

When surgery is completed, you will be wheeled into the recovery room. In the recovery room:

- Nurses will check your blood pressure, pulse and breathing.
- You will be administered medications for pain, as needed.
- Nurses will check your bandages and encourage you to take deep breaths and to move your ankles and feet.
- Usually after two to four hours you will be ready to go to your hospital room in the Bone and Joint Center. The length of time in the recovery room will depend on your progress.

## **Post-operative care**

### **Food and medicine**

Immediately after your surgery, you will receive fluids and nourishment through an intravenous tube. It will be discontinued on the second post-operative day if you are drinking fluids. Antibiotics are also given intravenously to prevent infection.

### **Dressing**

A dressing will be placed over your wound after surgery. The dressing will be changed on the second post-operative day and daily thereafter.

## **Drainage tubes**

A drainage tube may be placed into your hip or knee during surgery. This tube collects bloody drainage after surgery. It will be removed on the first or second day following your surgery.

You may have a urinary catheter inserted during your surgery to empty your bladder. The urine drains into a bag. The catheter is usually removed on the second day after your surgery.

## **Oxygen**

After surgery you may receive oxygen through a tube under your nose. Occasionally, a monitor will be placed on your finger to measure the amount of oxygen in your blood.

## **Coumadin**

You may be taking Coumadin (warfarin) to prevent blood clots. A blood sample will be taken daily in the morning to determine the dosage needed.

## **Blood transfusions**

If you are lightheaded, dizzy, or if your blood count is low, your surgeon may want you to receive a blood transfusion. If you donated your own blood for surgery, you will receive that blood first. If needed, additional blood supplied by the blood bank will be given only after you received all units you have donated.

## **Pain medications and pain control**

### **Epidural pain control**

For the first two days after surgery, pain control medication will run continuously through the tube placed in your back prior to surgery. It will control your pain from the waist down until you are ready to take oral medications.

## **PCA pump**

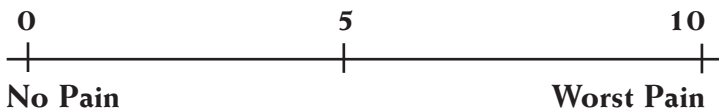
Another way to control pain after surgery is with a patient-controlled analgesia (PCA) pump. This pump allows you to give yourself pain medication by pressing a button. The button signals the pump to deliver the medication through an intravenous tube. The pump is set to limit the amount of medicine dispensed so you cannot administer too much.

## **Pain pills**

On the second day after surgery, the epidural or PCA pump will be discontinued. Pain pills will be administered to control discomfort. We encourage you to take them before you exercise.

## **Pain scale**

While you are in the hospital, you will be asked to rate the intensity of pain you are experiencing through the use of a pain scale. A pain scale is a line numbered from 0 to 10, with number representing a degree of pain. A sample of a pain scale can be seen below.



## **Exercises and activities**

Coughing and deep breathing help prevent lung congestion after surgery.

- To cough, take a deep breath in and cough forcefully from your abdomen.
- To deep breathe, inhale as deeply as you can and hold while counting to 10. Now exhale all the air. Repeat the exercise five times. Another part of your deep breathing

exercise involves the use of a small plastic device called an incentive spirometer. The spirometer helps you fully expand your lungs. You will be asked to breathe in your spirometer about 10 times every hour that you are awake.



- While you are in the hospital, you will receive physical therapy two times a day starting the morning after surgery.

## Hip replacement patients

Immediately after surgery, you will be encouraged to do ankle pumps every hour. This is done by moving your ankles up and down and wiggling your toes. Ankle pumps help increase the circulation in your lower legs and prevent clots.

### Turning in bed

- Turning in bed helps prevent skin breakdown, lung congestion, and blood clots from forming.
- Nurses will assist you to turn to your non-operated side. To protect your hip from dislocation, a pillow or abduction wedge will be placed between your legs to keep your legs apart. To prevent dislocation, you must follow these precautions for the next two to three months:
  - DO NOT CROSS YOUR LEGS.
  - DO NOT BEND FROM YOUR HIP MORE THAN 90 DEGREES
  - DO NOT ROLL YOUR LEG INWARD/OR OUTWARD – THIS WILL DEPEND ON THE SURGICAL APPROACH.

## **Walking/ambulation**

- You will begin walking the morning after surgery! Physical therapy will teach you how to transfer out of bed and how much weight you can place on your new joint using a walker to move to a chair. You will sit up for a few hours. Each day, the distance you walk will be increased. You will learn how to walk to the bathroom, in the hallway, and climb stairs.

## **Precautions for total hip replacement**

For the safety of your new hip, you should adhere to the following precautions, particularly during the first three months after surgery:

- **DO NOT FORCE HIP BEYOND 90 DEGREES.** This happens either by bringing your knee up too close to your chest, or by bringing your chest too close to your knee.
- **DO NOT** reach forward to the floor from a sitting position.
- **DO NOT** sit on low chairs or low toilets. This is another way of forcing your hip to bend beyond 90 degrees.
- **DO NOT** pivot or twist on the operated leg. Forcing your operated leg inward should be avoided.
- **DO NOT** cross your legs. Imagine a line drawn down the middle of your body (from the tip of your nose to the space between your two feet). You should not bring your operated hip across that line.
- **DO** use a pillow or towel between your legs when sleeping, especially when you turn onto the non-operative side to rest. This will help keep your operated hip on its side of the imaginary line, as discussed above.
- **DO** use an elevated commode seat.

## Knee replacement patients

- **Ankle pumps:** After surgery, you will be encouraged to do ankle pumps every hour. This is done by moving your ankles up and down and wiggling your toes. Ankle pumps help increase the circulation in your legs.
- **Continuous Passive Exercise Machine (CPM):** A CPM or continuous passive exercise machine promotes circulation and your knee's range of motion. It will be placed on your operated leg for about six to eight hours per day. The degree of bend will be increased daily, with goals of 90 degrees of flexion & 0 degrees extension.
- **Turning In Bed:** Turning in bed helps prevent skin breakdown, lung congestion, and blood clots from forming. Nurses will assist you to turn on your side and will position you with pillows. A pillow will be placed under your heel during the day to help get your leg straight. You should not place a pillow directly under your knee while lying on your back.



- **Walking/ambulation:** You will begin walking the morning after surgery! Physical therapy will teach you how to get out of bed and how much weight you can place on your new joint using a walker to move to a chair. You will sit up for a few hours. Each day, the distance you walk will be increased. You will learn how to walk to the bathroom, in the hallway, and climb stairs if going directly home.

## **Precautions for total knee replacement patients**

For safety, follow these precautions, particularly during the first four weeks after surgery.

- **DO NOT STEP UNTIL YOUR WALKER IS FLAT ON THE FLOOR.**
- **DO NOT** sit on low chairs. A chair with arms will allow you to get up and down easier.
- **DO NOT** twist your knee for six to eight weeks.
- Change positions frequently to avoid knee stiffness.
- **DO** push to gain maximum motion of your knee during the first six to eight weeks after surgery.
- **DO** stay active. When your therapist says you are ready, you should take daily walks, increasing your distance as your strength improves.
- **DO STEP ON OPERATED LEG FIRST.**

## **Precautions for both hip and knee replacement patients**

**While taking Coumadin (warfarin):**

- Take daily at five p.m.
- **DO NOT TAKE ASPIRIN OR ANTI-INFLAMMATORY MEDICINES WHILE YOU ARE TAKING COUMADIN.** You may take regular or extra strength Tylenol for pain. Check with your doctor before taking any other non-prescription medications.

- Use an electric razor.
- Notify your doctor about any unusual bleeding, bleeding from gums, or nosebleeds.
- Take a multi-vitamin that does not include vitamin K (check dietary attachment).
- Avoid large changes in diet, and eat the same amount of vitamin K everyday. Vitamin K helps your blood clot, so eating foods that contain vitamin K can affect the way Coumadin works. You can eat foods with vitamin K, but keep the amount constant each day. Let your doctor know if you change your diet for any reason. Foods that are high in vitamin K include asparagus, avocado, broccoli, brussels sprouts, cabbage, cauliflower, coleslaw, collard greens, endive, garbanzo beans (chick peas), kale, lentils, lettuce, liver, mustard greens, sauerkraut, soybeans, spinach, Swiss chard, and turnip greens.
- Canola oil, soybean oil and mayonnaise are also high in vitamin K; as are green tea and teas sweetened with sweet clover, sweet woodruff, or tonka beans. Keep the amount you consume consistent from day to day.
- Limit wine, beer and hard liquor to no more than one or two drinks per day.

### **Pain medications**

- Take your prescribed pain medication every three to four hours as needed. Gradually, you should be able to increase the length of time between pills or decrease the number of pills from two to one.
- Take pain medication 20 to 30 minutes before the therapist arrives. This will help you to perform your exercises with less pain. After exercising, you may want to apply ice to your incision for about 20 minutes, three to four times per day to decrease swelling. Never apply ice directly to the skin.

## **Blood clots**

Blood clots can sometimes occur after joint replacement surgery. Taking Coumadin or aspirin as prescribed by your doctor and wearing your support stockings (TEDS) are important ways to decrease the possibility of clot formation. However, as a precautionary measure, it is important to recognize the signs of blood clots.



**Notify your surgeon immediately if you develop these signs:**

- Increased pain in the calf of your leg.
- Tenderness or redness.
- Increased swelling of the thigh, calf, ankle or foot.
- Sudden increased shortness of breath.
- Sudden onset of chest pain.
- Chest pain when you cough, or take a deep breath.

## **Infections**

The most common causes of infection are from bacteria entering the blood stream through the mouth, urinary tract or skin. Following surgery, you should take antibiotics prior to dental work or abdominal or urinary tract testing. Check with your surgeon for requirements regarding antibiotic usage.

### **Warning signs of infection include:**

- Persistent fever (oral temperature greater than 100 degrees).
- Shaking or chills.
- Increased redness, tenderness, swelling or drainage from incision.
- Increased pain during activity and at rest.
- Foul smelling wound drainage.

## **General activity guidelines or both hip and knee replacement**

### **Walking:**

- DO STEP ON OPERATED LEG FIRST.
- DO NOT STEP UNTIL WALKER IS FLAT ON THE FLOOR.
- Take short walks about every two hours, increasing your distance each day.
- Always use your walker or crutches and avoid overexertion.
- DO NOT walk on uneven surfaces such as lawns or gravel.

**Bathing:** Follow your surgeon's instructions for showering, once your incision is no longer draining. You may use a shower bench or chair for safety.

**Stairs:** If you must climb stairs, on the way up use your unoperated leg first; coming down, use the operated leg first.

**Sitting:** Use chairs that have arm rests, backs and firm seats. You need the arms to help lift yourself out of the chair. DO NOT sit on low stools, low chairs or low toilets. To maintain good circulation, pump your legs up and down after sitting in one spot for more than 30 minutes.

**Reaching:** Use your reacher tool to put on your shoes and pick up objects from the floor. **DO NOT** bend over to pick up objects.

Until you see your doctor for your first post-operative check-up in six weeks, do not do any of the following:

- Return to work
- Drive a car
- Participate in sports
- Take a tub bath
- Resume sexual relations

## Living with your joint replacement

### Lifetime activities

After three to six months, you will most likely be able to resume the majority of activities that you were able to enjoy when you had a healthy hip or knee. Still, there are some activities that your doctor prefers over others, and some that your doctor will want you to avoid entirely.



### Recommended

- Swimming
- Biking
- Walking
- Golf
- Tennis (social doubles on a clay surface)
- Dancing
- Low-impact and water aerobics
- Nordic track
- Gardening
- Bowling
- Fishing
- Elliptical stepper

## **Not recommended**

- Basketball
- Skiing
- Weight-lifting with weights that exceed 50 pounds
- Racquetball

## **Avoid entirely**

- Jogging or running
- Contact sports
- Jumping sports
- High-impact aerobics

## **Medical follow up and dental care**

After the first year, your hip or knee should be evaluated every one to two years for the rest of your life. Although over 90 percent of replacements function well for more than 10 years, the implant may wear with increasing years of use. For this reason, your surgeon will take an X-ray at every visit to determine if your replacement has incurred any wear.



## Dental visits

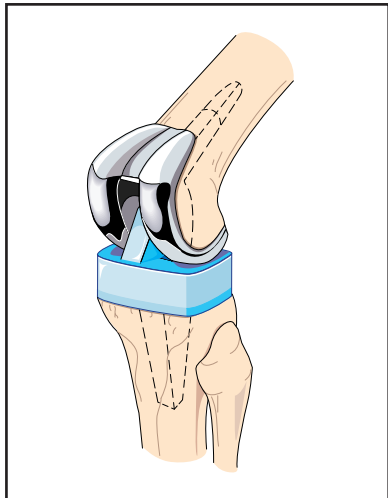
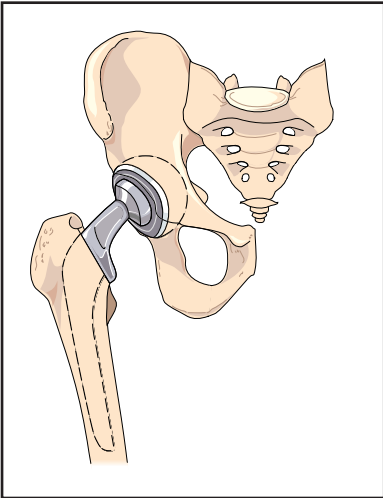
- Because infections commonly enter the body through the mouth, you must take certain precautions before having dental work.
- Tell your dentist that you have had joint replacement surgery.



- Take an antibiotic, which will help prevent bacteria from entering your blood stream. Your surgeon or dentist may prescribe the antibiotic.
- For dental work, antibiotics are recommended from one year to life. Your doctor will advise.

**Metal detectors:**

Your new hip or knee may activate metal detectors used for security in airports and some buildings. Tell the security agent about your joint replacement and carry the card confirming that you have an artificial joint.



# KEY TELEPHONE NUMBERS

- Your Surgeon . . . . .
- Your Family Physician . . . . .
- Discharge Planning . . . . .(203) 789-3660 Beeper 0043
- Gift Shop . . . . .(203) 789-3607
- Orthopedic Physical Therapy . . . . . (203) 789-3040
- Orthopedic Floor Verdi 4 North  
Bone and Joint Center . . . . .(203) 789-3258
- Pastoral Care . . . . .(203) 789-3011
- Patient Advocate . . . . .(203) 789-3508
- Blood Bank . . . . .(203) 789-3071
- Pre-op Testing . . . . .(203) 789-3628
- Sister Anne Virginie Grimes Health Center . . .(203) 867-8300

## **Finding the Surgical Center (Short-Term Surgery) Ambulatory Surgical Facility, Second Floor (203) 789-3393**

### **From George St. Garage**

Park on level 3A. Take garage elevator (yellow) to Level 3. Exit left and follow signs to Surgical Center. Bring parking ticket for validation.

### **From Orchard Medical Center Entrance**

Follow long corridor. Go past the stained glass windows; corridor will bear to the left toward the end. Keep going straight. Go past two more sets of stained glass windows. Follow signs to George St. Parking. Take George St. garage elevator (yellow) to Level 3. Exit left and follow signs to Surgical Center. Bring parking ticket for validation.

A photograph showing three people from behind, walking along a wooden pier with a metal railing. The person on the left is wearing a yellow and black jacket and black pants. The person in the middle is wearing a purple long-sleeved shirt and shorts. The person on the right is wearing a green jacket and white leggings. The ocean is visible in the background under a clear sky.

**For more information on the Hospital of Saint Raphael,  
please visit our Web site — [www.srhs.org](http://www.srhs.org)**



**Hospital of Saint Raphael**



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