

Jason Hochfelder, M.D.

***PRE-OPERATIVE INSTRUCTIONS FOR PATIENTS
UNDERGOING TOTAL JOINT REPLACEMENTS***

PATIENT NAME: _____

- 1. Your surgery has been scheduled for _____, ____/____/____ at Phelps Memorial Hospital. You will arrive on an empty stomach that morning, having had *nothing* to eat or drink since the midnight before. The time of your arrival on the morning of surgery will be specified in advance. Complete instructions will be provided during a conference that you will have with a nurse on a date specified in paragraph TWO.**
- 2. On _____, ____/____/____ at 7:30A.M you will meet with Tangie Rivera/ Teresa Cowell FNP (Family Nurse Practitioner), at **PHELPS MEMORIAL HOSPITAL.****

Please go to the WEST ENTRANCE of PHELPS MEMORIAL HOSPITAL, 701 North Broadway, Sleepy Hollow, NY 10591.

Go to the Registration Area on the G Level of the Hospital. Registration Area is on the left.

At the evaluation, you will undergo laboratory testing including blood work, x-rays, urine testing, and electrocardiogram. You will also have a pre-operative conference with a nurse to review all instructions and directions.

Please bring with you all medications that you take, not just a list of their names and dosages. We will need this information to care for you after surgery.

Please complete the enclosed Pre-Assessment form and bring it with you on the day of your pre-admission testing.

Additionally, you will meet with a physical therapist to learn more about the process of undergoing a total joint replacement. You will also have a conference with an anesthesiologist. Plan to spend between four and five hours at the hospital. You may eat and drink before your appointment, and the hospital will provide you as well as whoever accompanies you that day with lunch at no charge.

3. If you are currently taking a non-steroidal anti-inflammatory agent for your Arthritis or any other problem (e.g. aspirin, ibuprofen, Advil, Aleve, Motrin, Mobic, Voltaren, or any other arthritis medicine) this *must be discontinued two weeks prior to surgery. These medications are sometimes taken to thin the blood and can have an undesirable effect following joint replacement surgery. You can substitute Tylenol during the two weeks prior to your surgery for pain control.*

4. Your **Medical Clearance Evaluation** is scheduled on _____ with Dr. _____. The office phone number is () _____.

Additional Pre and Post Operative Instructions.....

DENTAL WORK PROTOCOL...

1. No dental work (including cleaning) for up to 2 weeks before surgery and at least 6 months after surgery.
2. You will receive a dental protocol to give your dentist regarding use of antibiotics after joint replacement. If you do not receive the protocol in the mail before your first post operative appointment, please ask for one at the time of your appointment.
3. If you have a dental emergency, such as a broken tooth, toothache, etc., call our office and a dental protocol can be faxed to your dentist as well as a message given to your surgeon so he is aware of your situation.
4. Please bring a list of all your current medications.

THE DAY BEFORE YOUR SURGERY...

1. EAT A LIGHT MEAL.
2. DRINK 6-8 GLASSES OF WATER.
3. SCRUB OPERATIVE LEG AND GROIN WITH A BETADINE SCRUB BRUSH IN THE SHOWER BEFORE BEDTIME. A PRE-SURGICAL NURSE WILL PROVIDE YOU WITH A BETADINE SCRUB BRUSH DURING YOUR PRE-SURGICAL VISIT.
4. TAKE ONE 325MG ENTERIC COATED ASPIRIN WITH DINNER UNLESS YOU ARE ALLERGIC TO ASPIRIN

YOUR HOSPITAL STAY...

1. After surgery you will be with a private nurse in the recovery room for almost three hours. Your family can see you after that time.
2. You should walk or sit up the first day after surgery. You may feel dizzy the first few times you stand. This will get better with time.
3. Please take your pain medication on a regular, around the clock basis after surgery for the first week or two. Most people stop all pain medication before 3 months without any fear of addiction.
4. Ice the wound 30 minutes about 4 times a day. Do this for the first 6 weeks.
5. Sleep is difficult in the hospital. Bring a book or phone to keep you busy during the night.
6. Constipation for the first 3 days is normal. This will improve once you get home.
7. Most people will have a patch of sensory numbness to the outside of the incision after surgery. This is normal.
8. Swelling in the leg for as long as 3 months after surgery is normal.
9. If a post-operative appointment has not been scheduled for you, please call the office to schedule an appointment for 3 weeks after your surgery.
10. If you should have any other questions, please call the office. The office phone number is 914-631-7777.

INCISION CARE...

Your dressing does not need to be changed for 7 days unless it becomes saturated. Leave the bandage in place for **AT LEAST** 5 days. The nurse will provide you with additional bandages to cover your incision if needed upon discharge from the hospital. **You may shower 5 days from the day of surgery, if your incision has been COMPLETELY dry for 48 hours.** Remove the bandage before you shower.

When you shower, pat the incision gently to dry it. If there is glue over the incision it should fall off within a few weeks. **DO NOT** pull it off before that.

If you notice **any** of these symptoms, please call the office and **DO NOT** shower or get the incision wet.

1. Drainage from the incision or the pin sites.
2. Areas of the incision that are not sealed over.
3. Red pimply areas on or near the incision.
4. Redness along the incision.

NO hot tubs or Jacuzzi for 6 weeks after surgery. Swimming pools are allowed 1 month after surgery if you can enter safely (handrails, ramps, etc.). It is recommended that you wait until the incision is well healed before entering the pool. Limit the time in the pool to 10-15 minutes at first in order to monitor your response and incision healing.

DISCHARGE INSTRUCTIONS...

1. WEAR T.E.D. STOCKINGS FOR 4 WEEKS AFTER SURGERY
2. REMOVE T.E.D STOCKING FOR **30** MINUTES **TWICE** A DAY
3. **IF YOU HAVE BEEN INSTUCTED IN ANY PRECAUTIONS(HIP PRECAUTION, RANGE OF MOTION RESTRICTIONS, OR LIMITED WEIGHT BEARING STATUS) FOLLOW THE PRECAUTIONS UNTIL YOU SEE THE DOCTOR POST OP**
4. TAKE PAIN MEDICATION **30** MINUTES BEFORE EXERCISING, WALKING, PHYSICAL THERAPY, OR AS NEEDED
5. INCREASE WALKING DISTANCE DAILY PER TOLERANCE
6. **AVOID** MAKING YOUR HIP OR KNEE MORE SORE OR SWOLLEN
7. **EXERCISE AS PER PHYSICAL THERAPIST'S INSTRUCTIONS**
8. ELEVATE OPERATIVE LEG WITH PILLOWS ABOVE YOUR HEART TO DECREASE SWELLING

9. ICE YOUR OPERATIVE JOINT ATLEAST **4 TIMES A DAY FOR 30 MINUTES AT A TIME**
10. REST FOR **1-2 HOURS IN THE MORNING AND 1-2 HOURS IN THE AFTERNOON**

BLOOD CLOT PREVENTION...

1. Take enteric coated aspirin, 325mg, 1 tablet, twice daily (usually with breakfast and dinner) for one month after surgery to thin out your blood unless Dr Hochfelder has instructed you to use a different medication.
2. During the first 10 days after surgery, do not sit in a chair for long periods of time. No longer than 30 minutes at a time 3-4 times per day. Then progress to longer periods if there is no swelling of the legs.
3. When lying down in bed, your legs should be elevated to prevent swelling. Do ankle pumps to prevent blood clots (move your feet up and down, like driving a car). You should be decreasing the time in bed in a gradual manner.

AVOIDING CONSTIPATION...

Before your surgery, you will possibly be taking pain medications, and constipation can become a problem.

Again, after surgery, medications and immobility can cause constipation. Here are some tips to help with this common problem.

1. Drink 6-8 glasses of water daily.
2. Eat plenty of fruits and vegetables.
3. Be aware of your bowel pattern. If you notice changes take action. If you miss 2 or 3 of your usual bowel movements, or you begin to feel uncomfortable, you may need a gentle oral laxative.
4. Eat light 2 days prior to surgery.
5. Do not take laxatives the day before surgery.
6. Enemas are no longer given prior to surgery. You will be much more comfortable if your bowels are regulated prior to surgery.

After surgery, most people do not move their bowels for about 3 days. This is normal as anesthesia and other medications slow down activity. Also, most people have decreased oral intake and decreased activity the first few days after surgery. This also slows bowel activity.

If your bowels have not moved or you feel uncomfortable 3 days after surgery, notify the nurse.

Bowel patterns return to normal after surgery when activity increases, appetite returns to normal, and you are able to eliminate pain medications. Notify the office if you have questions. The office's phone number is 914-631-7777.

CALL THE OFFICE IF ...

1. YOUR INCISION IS DRAINING OR BECOMES RED AND INFLAMED.
2. YOU SPIKE A TEMPERATURE GREATER THAN 101 DEGREES
3. YOU HAVE CALF PAIN, SWELLING, AND/OR SHORTNESS OF BREATH.
4. YOUR PAIN IS NOT CONTROLLED BY MEDICATION, REST, ICING, AND ELEVATION.
5. YOU DO NOT HAVE A BOWEL MOVEMENT WITHIN 4 DAYS AFTER YOUR SURGERY.
6. YOU NEED A PRESCRIPTION REFILL.
7. YOU HAVE NOT SCHEDULED YOUR POST OPERATIVE APPOINTMENT.