WESTERN CONNECTICUT HEALTH NETWORK

DANBURY HOSPITAL

THE JOINT REPLACEMENT CENTER

PATIENT GUIDE TO JOINT REPLACEMENT SURGERY AT DANBURY HOSPITAL

JOINT REPLACEMENT CENTER PHONE NUMBERS

Deanna Marchiselli-Flynn, PT, MS Program Coordinator, Musculoskeletal Care	203-739-6420
Duracell Surgery Center	203-739-7823
Pre-op Class Registration	203-739-7249
Pre-admission Testing Scheduling	203-739-7141
Danbury Hospital Anesthesia	203-739-7118
Clinical Resource Management (Nurse Case Managers)	203-739-7309
12 Tower	203-739-7129
Physical Medicine and Rehabilitation	
WCHC	203-730-5200
Inpatient Physical Therapy	203-739-7272
Outpatient Physical Therapy (Danbury)	203-730-5900
Outpatient Physical therapy (Southbury)	203-262-4230
Connecticut Family Orthopedics	203-792-5558
Danbury Orthopedics	
White Street	203-797-1500
Sand Pit	203-546-6066
New Milford Orthopedics	860-355-8000
Orthopaedic Specialists of Connecticut	203-775-6205

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The Joint Replacement Team

Over 1000 Joint Replacements are performed at Western Connecticut Health Network hospitals each year. Our staff has the expertise needed to provide safe and comfortable care to you following your surgery.

Anesthesia Care Team: the anesthesia care team is made up of both an MD and a Certified Registered Nurse Anesthetist (CRNA) who work closely together with your surgeon to ensure your comfort and safety during your peri-operative experience. They will meet with you the morning of surgery to review your health history, discuss the best type of anesthesia for you and answer any questions you may have regarding your care. They closely monitor you during your surgery and oversee your care in the Post-Anesthesia Care Unit (PACU).

Physician Assistant: a Physician Assistant (PA) is a health care professional licensed to practice medicine at the direction of your physician. The PA will assist your surgeon in the operating room during your joint replacement as part of the surgical team and will follow your progress during your hospital stay. You will be seen daily in order to assess your medical condition, monitor your surgical incision and change your dressing. The PA can adjust your medications and is able to evaluate any change in your medical condition. The PA is in constant communication with your orthopedic surgeon.

12 Tower Physician Assistant: hospital based Physician Assistants provide coverage Monday-Friday day and evening shifts and weekend day shifts. The hospital P.A. will round with your surgeon/P.A.

Registered Nurse: the registered nurse is an integral member of your health care team and will be involved in your care throughout your entire stay. Your daily plan is coordinated with the team through the nurse assigned to your care. Your nurse is a valued resource for you and your family. The nurses on 12 Tower have advanced training in orthopedics, several with a specialty certification.

Certified Nursing Assistant: the Certified Nursing Assistant (CNA) will be available to assist you in your everyday activities, such as bathing, dressing, setting up meals and toileting. The CNA works closely with the nurse assigned to your care. Our aides receive additional training in orthopedics and they are skilled in caring for you.

Physical Therapist: a Physical Therapist (PT) will work with you daily to improve your functional mobility and instruct you on exercises and any precautions associated with your joint replacement. The PT will teach you how to use a walker or crutches properly. Your PT will communicate your progress to the rest of the team in order to determine a discharge plan appropriate to your needs. Our therapists have advanced orthopedic training and are dedicated to 12 Tower.

Nurse Case Manager: Case Managers are specially trained registered nurses who assist with discharge planning to meet your needs after you leave the hospital. A case manager will visit you and your family after your surgery. She will ensure that your discharge needs are met in a timely and efficient manner by communicating with all members of your health care team, including your insurance company. So that you may plan ahead, ask your physician what your anticipated discharge needs will be.

Program Coordinator, Musculoskeletal Care: the program coordinator can answer any question you have regarding your joint replacement. She is available during all phases of your surgery and recovery.
Hospitalist: the Hospitalist is a licensed medical doctor, trained in internal medicine, whose practice is devoted to the unique needs of hospitalized patients. They work with your private medical doctor, your surgeon and the rest of your health care team to deliver the right care at the right time, and they are able to respond quickly and efficiently to changes in your condition that may require a new medication, test or procedure. If your surgeon feels a Hospitalist will be helpful, he will consult with one.

Our interdisciplinary team meets daily to round on each patient to ensure all your needs are met. Patient safety and comfort are of the utmost importance to us. Please advise the staff if you have any special needs or concerns.

Pre-operative Appointments

Orthopedic Surgeon

- Schedule an appointment with your orthopedic surgeon to discuss joint replacement and ask any questions you have about your surgery.
- Bring a list of ALL your medications, including over the counter medications, vitamins and supplements.
- Ask if and when you should stop taking aspirin, blood thinners and anti-inflammatory medications.
- Your surgeon recommends that you stop using tobacco products. For information on "Quit Now", a smoking cessation program at Danbury Hospital, please call 203-739-8161.

Primary Care Doctor

- Schedule an appointment with your Primary Care Doctor for a pre-operative medical evaluation. This appointment needs to be within 30 days of your surgery.
- Your doctor will review your medical history and your current medications. (Bring a list with you, include over the counter medication, vitamins and supplements)
- Your doctor may order blood and urine tests, a chest X-ray and EKG.
- You may be asked to see a specialist pre-operatively depending on your medical evaluation.

Dentist

- It is recommended that you schedule an appointment with your dentist for routine cleaning and any dental work that needs to be done before surgery.
- The American Academy of Orthopedic Surgeons and the American Dental Association have established protocols for "dental prophylaxis" after your joint replacement. Please ask your dentist and orthopedic surgeon for this information.

Pre-Admission Testing

- In order to make your experience at Danbury Hospital as comfortable as possible, Danbury Hospital will schedule a pre-admission testing appointment.
- The Danbury Hospital Pre-Admission Testing Unit (PAT) is a unique unit that is dedicated to meeting the needs of our pre-operative patients and their families.
- Services provided by the PAT include: blood drawing (if needed), EKG (if needed), health history screening and anesthesia screening.

This visit is not intended to replace the visit to your primary care physician for pre-operative medical evaluation

Day Before Surgery

- A nurse from the Duracell Surgery Center will call you the day before surgery. If your surgery is on a Monday, she will call you on Friday. She will tell you what time you should arrive for your surgery.
- The nurse will ask you about your medications and tell you which medications you can take the morning of surgery.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT** the night before your surgery unless the nurse has told you differently. This includes water, candy, chewing gum and mints.
- She will also review your pre-operative instructions and answer any last minute questions.

Please note: *If you are not home when the nurse from the Duracell Surgery Center calls, she will leave a message on your machine. Please call back to receive your instructions and arrival time for surgery*.

Pre-operative Skin Cleansing

- You will receive a packet containing two cleansing wipes. You will use these to clean the area that will be operated on.
- These cloths have a cleaning agent in them that reduces the number of germs on your skin. Studies have shown that the cleaning agent is more effective if it is applied more than once. You will do this the night before surgery and the nurses will clean the area the morning of surgery

Hip, Knee or Ankle Replacement:

- Shower the night before your surgery,
- **Do not shave** the leg having surgery 24-48 hours before surgery.
- Wait at least one hour before using the cloth. Make sure your skin is dry.
- Wipe the leg you are having surgery on from just above your hip to the bottom of your foot.
- Clean all areas (front, back and sides). Clean under skin folds.
- Rub vigorously; it will take about 5 minutes.
- Discard the cloth.
- Repeat the procedure with the next cloth.
- Do not rinse after using the cloth.
- Do not use moisturizers or skin products before or after using the cloths.

Shoulder Replacement:

- Shower the night before your surgery.
- **Do not shave** the arm/armpit having surgery 24-48 hours before surgery
- Wait at least one hour before using the cloth. Make sure your skin is dry.
- Wipe the arm you are having surgery on from just above your shoulder to your hand.
- Clean all areas (front, back and sides). Clean under skin folds.
- Rub vigorously; it will take about 5 minutes.
- Discard the cloth.
- Repeat the procedure with the next cloth.

- Do not rinse after using the cloth.
- Do not shave or use moisturizers or skin products before or after using the cloths.

Please note: *The cloths are for cleaning external parts of the skin only. Do not use on the face, eyes or ears. The cloths should be stored and disposed of out of the reach of children. Treat the cloths as if they are a medication. If redness, irritation or rash appears discontinue use of the cloth and contact your healthcare provider.*

Duracell Surgery Center

What to Bring to the Hospital

- You will need two forms of identification. One must be a photo ID (such as driver's license)
- A current list of ALL your medication, including vitamins and supplements. Please **do not** bring your medication with you
- If you use a C-PAP machine to sleep or inhalers please bring them in
- Pack a small bag with toiletries and things to help you pass the time during your stay. Pack some loose fitting comfortable clothing to wear during your stay (gym shorts and t-shirt). Leave the bag in the car and have a family member bring the bag to you once you are in your room
- Leave all valuables home

Please do not bring any personal electrical appliances to the hospital. While many of these are safe for home use, they are not necessarily safe for use in the hospital.

Admission

- Arrive at the requested time and enter through the Duracell entrance.
- The receptionist will greet you and ask to see your two forms of ID. At that time, you will receive your HIPPA form and Patient Bill of Rights to sign.
- You will receive your hospital ID band. This ID band has important information about you. Please check to make sure that your name is spelled correctly and your date of birth is correct. All staff members you come in contact with will be checking your ID band in order to properly identify you.

Assessment

- A nurse will bring you to an "assessment room" (a family member/friend may accompany you). She will review your health information and medication list with you and complete any information still needed.
- The doctors and staff of Western Connecticut Health Network take your safety very seriously. Throughout your hospital stay several staff members may ask you the same questions. These repetitive questions may be bothersome, but please be assured that the staff is following procedures put in place for your safety.
- You will be given a hospital gown and slippers to change into. Your clothes will be placed in a bag and labeled. You will also be given support stockings to put on. These help improve circulation and prevent swelling and blood clots.
- The nurse will take your family's contact information for your surgeon. Whenever possible please leave a cell phone number.
- Please do not hesitate to ask questions you or your family may have.

Pre-operative Area

- Your family will be directed to the waiting room when you are moved into the pre-operative area.
- The nurse in this area will review your health information.

- Your surgeon will meet with you. He will verify the type of surgery you are having and he will initial a spot close to the area of your surgery. This is part of a national effort to ensure “correct site surgery”. This means that the right type of operation is performed at the correct place on the body of the correct patient. Endorsed by the American Academy of Orthopedic Surgeons, this process promotes communication and ensures patient safety. The marker will come off with alcohol after your procedure.

Anesthesia

- You will meet your anesthesiologist. He will start an intravenous (IV) line and review the options for anesthesia with you.
- A recommendation to maximize your comfort before and after surgery will be made based upon your history and individual needs. Please let the anesthesiologist know what pain medication has worked for you in the past.
- Options for anesthesia:
- Regional Anesthesia- this type of anesthesia usually involves an injection near a cluster of nerves to numb a specific part of the body. Spinal anesthesia and nerve blocks fall into this category. You will be sedated and asleep during the surgery. This type of anesthesia can lead to less bleeding during surgery and less pain and fewer blood clots post-operatively. Therefore, it is considered the first choice of anesthesia for total joint replacement surgery.
- If you are having knee, shoulder or ankle surgery you will receive a nerve block after surgery for pain relief.
- General anesthesia- you are rendered unconscious by medication administered through an IV and a breathing tube. General anesthesia is administered if you are not a candidate for regional anesthesia.

Operating Room

- You will be moved into the Operating Room and placed on the operating bed.
- IV antibiotics are used to prevent infection and are administered according to specific guidelines. You will receive the first dose in the operating room and two more doses afterward. These will be discontinued within 24 hours.
- Your anesthesiologist will give you medication to relax you. Once you are asleep the surgical area will be prepped and a Foley catheter will be placed in your bladder.
- After your surgery is complete, your surgeon will call your family.

Post Anesthesia Care Unit (Recovery Room)

Once your surgery is completed you will be placed in your hospital bed and moved to the Post Anesthesia Care Unit (PACU).
The PACU staff is dedicated to providing you with safe, comprehensive and personalized post-operative care.

- The nursing staff will monitor your recovery from anesthesia closely. They will check your vital signs (blood pressure, pulse, respirations, temperature, oxygen levels and pain) every 15 minutes.
- The nurse will ask you to describe your pain on a scale of 0-10. Zero being no pain and 10 being the worst pain you ever experienced. If you are having pain, the nurse will give you medication through your IV.
- If you experience any nausea or itchiness, please let your nurse know and she will give you medication through your IV.
- You will have an oxygen tube in your nose and a clip on your finger will measure your blood oxygen level.
- A blood pressure cuff is placed on your arm and will automatically inflate and deflate to measure your blood pressure
- Mechanical foot pumps will be placed on your feet to prevent blood clots
- You will stay in the recovery room until you are awake, your vital signs are stable and your pain is well controlled. You will be in the PACU for 2 to several hours after your surgery.
- Your family will be notified when you are being transported to 12 Tower.

Special Equipment

- Hip Replacement- a blue wedge pillow between your knees will help you maintain Hip Precautions.
- Knee Replacement- a nerve block will be administered and a small IV placed in your groin for pain relief. You will also have an ice cuff (Cryocuff) placed around your knee. You will take this home with you when you leave.
- Shoulder Replacement- a nerve block will be administered and a small IV placed near your shoulder for pain relief. You will also have a special sling with an ice cuff on to keep your arm immobilized.
- Ankle Replacement- a nerve block will be administered and a small IV placed behind your knee for pain relief.

Your Hospital Stay on 12 Tower

- You will be brought to 12 Tower in your hospital bed. Your hospital bed is fitted with a special mattress to help protect your skin. It also has an alarm that is activated for every surgical patient on the orthopedic unit the night of surgery. This is simply to remind you not to get up by yourself. You will notice that while you can raise and lower the head of the bed you cannot adjust the knees. This is to keep you properly positioned after your joint replacement. Your bed may have an overhead trapeze that you can use to help position yourself in bed.
- Your nurse will receive a report on your surgery and stay in the PACU.
- Your nurse will take your vital signs and perform a head-to-toe assessment, including a check of your dressing, IV sites, circulation, motion and sensation in your legs.
- Your Vital Signs will be taken every four hours for the first 24 hours. After that they will be taken every 8 hours.
- Your nurse will ask you about your Flu and Pneumonia vaccination history. If you are a candidate to receive these vaccines you will receive one or both prior to leaving the hospital. The Influenza vaccine is administered seasonally, while the Pneumococcal vaccine is available year round. If you have questions about receiving vaccines, please ask your doctor.
- You will be encouraged to participate in as much of your own care as possible. We will assist you in taking a sponge bath. Your surgeon will determine when you can shower.
- The therapy staff will work with nursing to instruct you in proper techniques for activities of daily living and the use of your adaptive equipment.
- You will have a bulky dressing over your incision after surgery. Surgical staples or stiches will hold your incision closed. Your P.A. will change the dressing for the first time on post-operative day 1 or 2. You will have Band-Aids or a small gauze dressing after that.
- Your nurse will look at the incision every day to check for redness, swelling and drainage. If you have any questions or concerns about your incision or dressing please ask your nurse.
- Once the catheter is removed we will assist you in using a bedside commode or the bathroom (once cleared by PT)
- You may experience some constipation as a side effect of pain medication, iron supplements, decreased appetite and decreased mobility. You will be given medication to help resolve constipation.
- Someone from the lab will draw your blood every day. They will check your blood levels to make sure everything is okay.
- There is a white board near your bed. This board will list your nurse, nursing assistant, Physical Therapy times and what time pain medication is available to you. Staff will update this board each shift
- Your call bell is located on the TV remote control. Every staff member carries a portable phone so when you ring your call bell, it will ring directly to your nurse or nurse’s aide. Prompt response to call lights is our goal. Please remember that,

at times, we may be attending to the needs of another patient and we will accommodate you as soon as possible.

- You will have a phone at your bedside for local calls. You may bring your cell phone in to use on 12 Tower. If you choose to do so, please label your phone. The hospital cannot be responsible if it is lost.
- Television service is provided to inpatients free of charge

Day of Surgery

- You will have fluids through your IV. These will be discontinued once you are taking in enough fluids and food by mouth. While you can resume your regular diet as tolerated, we prefer you eat a light meal the day of surgery. You will receive your menu to call and order your meals.
- Your dressing will be checked and reinforced as needed. Please don't be alarmed if you see a little drainage on your bandage, as this is normal.
- You will receive medication for pain, nausea and muscle spasm as needed. These will be either through your IV or by mouth.
- Your routine home medication will be restarted. The nurse will administer these. *Do not take your own medication.*
- You will be given a small plastic device with a breathing tube attached to it called an incentive spirometer. Your nurse will teach you how to use it. Using the incentive spirometer will encourage you to take deep breaths and keep your lungs clear. Please use this at least 10 times each hour you are awake.
- You will be evaluated by Physical Therapy. The PT will monitor your vital signs as you dangle at the edge of the bed and then stand. If you are feeling well enough, you may even take a few steps. You will use a walker when getting in/out of bed and walking with the staff. If you would like to try using crutches, please discuss this with your PT.
- If you have a knee replacement, you will have a knee immobilizer placed on your leg when getting up. Once your nerve block is removed and your thigh muscle is working well your therapist will discontinue its use

Please do not get out of bed by yourself. If you need to get in or out of bed, please push your call light and a staff member will be happy to assist you.

Post-operative Day One

- Your diet will be advanced as tolerated.
- The P.A. will check your dressing. If needed, it will be changed. If not, the P.A. will change it on post-operative day 2.
- You may be disconnected from the IV fluids, but your IV will be left in place in case the nurse needs to give you any medication by IV.
- You will receive medication for pain, nausea, spasm or tight muscles.
- After joint replacement surgery there is a risk of developing blood clots. You will already be using AV boots, moving with Physical Therapy and wearing compression hose. In addition, your surgeon will start you on a medication to help prevent blood clots. The choice of medication is determined by your

medical history and risk factors. The three medications used at Danbury Hospital are Aspirin, Lovenox, and Coumadin. Your surgeon will discuss these with you and order the appropriate medication. If your surgeon/P.A. suspects you have a blood clot they will order an ultrasound to check your leg.

- Physical Therapy will be increased to twice a day.
- You will be encouraged to be out of bed as you tolerate. Ideally, you will sit up for lunch and dinner.
- Staff will help you get up to a chair and use the bedside commode or bathroom once you are cleared by Physical Therapy.

Please do not get out of bed by yourself. If you need to get in or out of bed, please push your call light and a staff member will be happy to assist you.

Post-operative Day Two

- You will be back to your regular diet. We encourage sitting in a chair for your meals.
- Your incision will be checked and your dressing changed.
- You will receive medication for pain, muscle spasm/stiffness and inflammation as needed.
- You will continue with your anti-coagulation medication. The nurses will teach you about the kind of medication and how to take it once you go home.
- You will be walking in the halls with Physical Therapy. You may begin walking on the stairs with therapy.
- You will walk back and forth to the bathroom with staff.

Please do not get out of bed by yourself. If you need to get in or out of bed, please push your call light and a staff member will be happy to assist you.

Post-operative Day Three

- You are ready to be discharged today.
- You will receive detailed instructions before you leave. These will include home exercises, any activity restrictions, signs of infection, what medication to take at home and when you need to see your surgeon for a follow-up visit.
- Therapy will practice stairs with you and review how to use your equipment.

Pain Management

The discomfort you may experience after surgery is much different than what you are experiencing now. Currently, your pain is a result of two bones rubbing together as your joint has deteriorated from arthritis. After surgery, the discomfort is from your incision and the muscles underneath. This gets better each day.

Our goal is to help you manage your pain so you can play an active role in your Physical Therapy and nursing care.

- You will be asked to rate your pain on a 0-10 scale. Zero is no pain and ten is the worst pain you have ever experienced. (If you have trouble assigning a number, describe what you are feeling). The numbers themselves are not important. We want to make sure that after an intervention (medication, ice, positioning) your pain level has decreased.
- There will be several different types of medications used to manage your pain. In addition to narcotic pain medicine you may receive anti-inflammatory medication, muscle relaxers or medication to prevent muscle spasm.
- Your surgeon, anesthesiologist and nurse will help you decide what medications are best for you. ***You will need to ask for pain medication. It does not come automatically***. These medications may be administered through your IV or taken by mouth.
- If you have knee, shoulder or ankle replacement you will have a nerve block.

Discharge Planning

A Nurse Case Manager will meet with you to discuss your discharge plans. Your progress with Physical Therapy, home situation and insurance coverage are factors that influence your discharge plans.

- Many patients go directly home from the hospital.
- You will need someone at home for the first day or two to assist you with routine activities of daily living, meal preparation and house cleaning.
- You will need someone to drive you to therapy until your surgeon allows you to drive.
- If you are unable to get a ride to outpatient Physical Therapy, your Nurse Case Manager can arrange home Physical Therapy for you.
- If, based upon your progress with Physical Therapy you are unable to go directly home your Nurse Case Manager can arrange for you to go to a nursing home upon discharge. You will stay at the nursing home for a few days until you can safely return home and to outpatient physical therapy.

Please Note*: Even though a referral, based on your anticipated needs, may be arranged before your hospital admission, the discharge plan cannot be finalized until after your surgery.*

Insurance

- If you have Medicare, it will pay the full cost of the first 20 days in the nursing home if it is medically necessary. You must be hospitalized for at least 3 nights at an acute level of care before transferring to a nursing home.
- Medicare will cover home care services upon discharge while you are home bound.
- Medicare will cover outpatient physical therapy based on medical necessity.
- If you have commercial insurance or Managed Medicare, your coverage is primarily determined by two factors: benefit coverage under your insurance plan and medical necessity for skilled care. Depending on your benefit coverage, a portion or all of your care may be covered by your insurance. To determine your benefits for post-acute care, contact the Customer Service or Benefits Department at your insurance company.
- If you choose a home care provider or nursing home that does not have a contract with or is out of network with your insurance company, your insurance company may refuse to cover part or all of your care.
- Your Case Manager will act as a liaison between your physician and your insurance company in order to obtain “pre-certification” for a nursing home.
- Insurance pre-certification for Home Care or Nursing Home can only be obtained during your hospitalization
- Choose Outpatient, Home Care providers and Nursing Homes that are in your Insurance Company Network.

Transportation

- Your family will pick you up when you are discharged. Let your PT know what kinds of cars are available to you. They will help determine which a safe and comfortable choice is.
- If you are going to a nursing home and choose not to have your family drive you, a wheelchair van can be arranged through Clinical Resource Management at your expense.
- If you are having your hip replaced your insurance may cover the cost of an ambulance to the nursing home. The Case Manager can verify this with your insurance company.

Preparing for Your Return Home

Planning ahead will make the transition home after your surgery easier and safer for you and your family.

- Arrange for someone to pick you up from the hospital
- If you are not receiving home Physical Therapy, set up your outpatient Physical Therapy appointments. Arrange for rides to outpatient Physical Therapy since you cannot drive until your surgeon clears you.
- Set up a firm armchair to use after surgery
- If you are having hip surgery, place a pillow or two on the chair
- Have a portable phone and your TV remote nearby
- Clear any obstacles in halls and walking paths
- Tape down any wires in your walking paths
- Remove area rugs not anchored by furniture
- Install non-skid strips in the tub or shower you will be using
- Install night-lights in the bathrooms and halls
- Prepare meals ahead and freeze them
- Move the items you use most often, in the bedroom, bathroom, kitchen cabinets and refrigerator, to a comfortable height (this is usually about waist or counter level)
- Arrange for someone to care for your pets

Selecting a Coach

- We recommend that you select a “coach”.
- Your coach can be anyone you are comfortable with- a spouse/ significant other, family member or friend. He/she will participate in pre-operative visits (including class) and attend sessions with the therapists and nurses while you are in the hospital.

Helpful Information

Pre-operative Checklist

- ❑ Call your primary care doctor to set up a pre-operative examination 4 weeks before your surgery.
- ❑ If you have prostate issues or recurrent urinary tract infections please consult your urologist.
- ❑ See your dentist for a check-up if you have not done so within six months of your surgery.
- ❑ Check with your insurance company regarding post-op physical therapy benefits and in network providers. You can do this by calling the customer service number on the back of your insurance card.
- ❑ Discontinue all anti-inflammatory drugs one week before surgery. You may continue to take baby aspirin. Please contact your doctor if you have any questions.
- ❑ Purchase your adaptive equipment (reacher, long handle shoe horn, long handle sponge, sockaid).
- ❑ View the EMMI program online. Your surgeon's office can provide you with the code. If you do not have access to a computer your surgeon's office can provide you with a print out of the program. You can also access EMMI through the Danbury Hospital website.
- ❑ You will attend a pre-operative class at Danbury Hospital to tell you "What to Expect" during your hospital stay. Your class will be on _____ at 11AM in the Creasy Auditorium, 5th floor Danbury Hospital.
- ❑ You will have a pre-operative phone assessment with a nurse from Duracell.
- ❑ Your pre-operative visit with your surgeon/PA will be on _____ at _____.
- ❑ Your post-operative appointment will be on _____ at _____.

If you have any question about your surgery please call your surgeons office.
If you have any questions about Danbury Hospital or your stay please call Deanna Marchiselli-Flynn at 203-739-6420.

Adaptive Equipment

Following joint replacement, you may have difficulty with some activities of daily living. There are several pieces of equipment available to help you perform these tasks independently. These include a reacher, long handle sponge, long handle shoehorn and sock aid.

If you are having hip replacement we recommend a kit with all these pieces. If you are having knee or ankle replacement we recommend a reacher at the very least.

The Physical and Occupational Therapists will teach you how to use this equipment during your hospital stay.
Please note*: Adaptive equipment is not covered by Medicare or private insurance.*

Below are some vendors that stock these kits or check with your surgeon's' office as they may have them:

Alimed.com

Candlewood Drugs
11 Route 37
New Fairfield, CT 06812

Medical Home care
32 Stony Hill Road
Bethel, CT
203-792-6872

Home Health Pavilion
87 Danbury Road
New Milford, CT
860-210-1313

If you are unsure what your needs will be or have questions please call the Program Coordinator or the Inpatient Therapy Department.

Hip Precautions

After hip replacement you will be asked to follow three simple “rules” for your hip. These rules are meant to protect your new hip as the muscles heal around it. Your surgeon will tell you how long you must follow these precautions at your first post-operative visit.

DO NOT bend your hip more than 90 degrees

When you are sitting your knees must be lower than your hips

DO NOT cross your legs or your ankles

You will have a pillow between your knees to help you remember

DO NOT turns your toes inward

Your toes should point straight ahead

General Discharge Instructions

The following is a general list of instructions following joint replacement surgery. You will receive your specific instructions prior to discharge home.

Medication

Pain Medication

You will be given a prescription for pain medication. Please remember the following:

- Take only what is prescribed by your surgeon.
- Take your pain medicine 45 minutes prior to exercise.
- Try to take the medicine before the pain becomes severe.
- If the medication does not reduce your pain, call your surgeon.
- If you are taking pain medicine, you must avoid alcohol and illegal or illicit drugs.

Anti-Coagulation Medication

- You will start taking anticoagulation medication while in the hospital.
- Please be sure you understand the type of anticoagulation medication you will be taking.
- The medication sheet that is completed by the MD/PA when you are discharged will list the anticoagulation medicine that you are taking

Call your surgeon if you experience any of the following problems

- Drainage from the incision.
- Increasing redness of the suture line.
- Temperature over 101 degrees.
- Increased tenderness of the thigh or calf or increasing pain.
- Swelling of the knee, calf, or ankle that does not respond to elevation for one hour. The leg must be elevated above the level of the heart.
- New onset of sudden shortness of breath, chest pain or difficulty breathing call 911.

Activity

Your activities will be limited until you have completely recovered from your surgery

Some Helpful Hints

- Use a “reacher” to pick objects up off floor.
- Remove wires or scatter rugs from the floor so you don’t trip and fall.
- Swelling in the leg is very common after joint replacement surgery. Use ice if your joint swells. Apply for 20 minutes, 3 times each day.
- For hip, knee or ankle replacement
    - Elevate your knee, ankle and leg for one hour twice a day. It is often helpful to elevate your leg early in the afternoon to help

diminish the swelling, which may have developed during your morning walk.

- During the first month after surgery, you must limit the time you spend sitting, since this tends to make the swelling worse.
- Periods of exercise must alternate with time spent off your feet.
- Walk and perform range of motion exercises every day.
- DO NOT put a pillow behind your knee when you are resting.
- DO NOT jump or put sudden stress on your new joint.

You will need to make an appointment to see your surgeon for a post-operative follow-up about two weeks after surgery to have your stitches and/or staples removed.

Directions to Duracell Surgical Center at Danbury Hospital

TRAVELING WEST ON I-84

- Take Exit 6
- Turn RIGHT at exit ramp light at North Street
- Turn RIGHT on Hayestown Avenue
- Turn RIGHT on Tamarack Avenue
- Follow Tamarack Avenue up the hill to the traffic light
- Turn LEFT at this light onto Hospital Avenue
- Follow Hospital Avenue to BLUE parking on the right hand side
- Turn RIGHT into parking lot after you see the garage on the right
- Go STRAIGHT down the hill to the Duracell Center for Ambulatory surgery

TRAVELING EAST ON I-84

- Take Exit 5
- After stop sign, go straight ahead to intersection of Main street and North Street
- Go straight through onto North Street
- Turn RIGHT off North Street to Maple Avenue
- Stay on Maple to Osborne Street
- Turn LEFT onto Osborne Street
- Turn LEFT onto Hospital Avenue
- Follow Hospital Avenue to BLUE parking on the right hand side
- Turn RIGHT into parking lot after you see the garage on the right
- Go STRAIGHT down the hill to the Duracell Center for Ambulatory surgery

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