YOUR JOURNEY THROUGH TOTAL
JOINT REPLACEMENT SURGERY

THE MONTEFIORE CENTER FOR
JOINT REPLACEMENT SURGERY
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YOUR JOURNEY THROUGH TOTAL JOINT REPLACEMENT SURGERY

YOUR JOURNEY through total joint replacement has begun. You are now on the road to better mobility. Our goals at the Montefiore Center for Joint Replacement Surgery is to provide you with exceptional medical care using the most up to date technology available. We are dedicated to providing you and your family with a safe and comfortable experience. Every member of the team will work hard for you so that your experience will be positive.

We understand that it takes a lot of planning and teamwork to achieve an outstanding experience. You and your family are important members of this team. Please help us by participating in your recovery and your care plans.

We have prepared this manual for you so that you will have a better understanding of your journey through joint replacement surgery. Please read it, refer to it, discuss any questions that you have about it with us, and bring it to the hospital with you.

Thank you for allowing us to participate in your care.

Sincerely,
The team at the Montefiore Center for Joint Replacement Surgery

WE UNDERSTAND THAT IT TAKES A LOT OF PLANNING AND TEAMWORK TO ACHIEVE AN OUTSTANDING EXPERIENCE.

THE ULTIMATE GOAL IS TO IMPROVE QUALITY OF LIFE, RETURNING EACH PATIENT TO FULL FUNCTIONING AS QUICKLY AS POSSIBLE.
PATIENT AND FAMILY CENTERED CARE AT MONTEFIORE

The Montefiore Center for Joint Replacement Surgery integrates the Patient and Family Centered Care Model, into the Orthopaedic delivery of care. Our goal is for our patients and families to create partnerships with the healthcare team based on their individualized needs whether in the physician's office or during their hospital stay. We recognize that families play a significant role in the healing process. Partnering with our patients and families can provide input to make better treatment and social decisions, which are necessary to enhance the quality of care, achieve the best patient outcomes, as well as improve the patient and “family” experience.

At the Montefiore Center for Joint Replacement Surgery, we commit to:

- Providing a warm, friendly, kind, and supportive environment
- Showing respect to you and your family
- Treating you with the highest quality of medical care available.
- Involving you and your family in the healthcare decisions related to your care

CONCEPTS OF PATIENT AND FAMILY-CENTERED CARE

DIGNITY AND RESPECT
Healthcare practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

INFORMATION SHARING
Healthcare practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.

PARTICIPATION
Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

COLLABORATION
Patients and families, healthcare practitioners, and healthcare leaders collaborate in: policy and program development, implementation and evaluation; in research and facility design; and in professional education, as well as in the delivery of care.
WHY TOTAL HIP REPLACEMENT

The hip joint is a ball and socket structure which has a number of different components. The hip socket or acetabulum is part of the pelvis. The femoral head or ball is part of the femur or thighbone. Within the joint there is cushioning material known as cartilage, covering the ends of the bones. When the cartilage becomes damaged, it begins to wear away, and the bones rub together. This results in pain and difficulty with movement.

Total hip replacement involves replacing the worn portions of the hip joint with artificial parts (prosthesis). The prosthesis substitutes for the worn-out portions of the joint. The new joint allows for smooth and comfortable movement.
WHY TOTAL KNEE REPLACEMENT

The knee joint is a hinged joint made up of 3 bones. The top of the shin bone or tibia, the end of the thigh bone or femur and the kneecap, or patella. Within the knee joint, there is cushioning material known as cartilage covering the ends of the bones. When the cartilage becomes damaged it begins to wear away, and the bones grind against each other. This results in pain and difficulty with movement.

Total knee replacement involves replacing the worn portion of the knee joint with artificial parts (prosthesis). The prosthesis substitutes for the worn-out portions of the joint. The new joint allows for smooth and comfortable movement.
YOUR GOALS

YOU and your surgeon have decided together that joint replacement surgery is the best option for managing your disease. The goals of JOINT REPLACEMENT SURGERY are to increase your activities of daily living and function, to decrease your level of pain with these activities, and return you to optimal independent function as soon as possible.

Most patients will be out of bed and walking on the day of surgery. You will be climbing stairs the day after surgery. The goal will be to return to independent functioning in less than 3 months. However, in some cases, total recovery and healing could take longer.

The average stay in the hospital is 1-2 nights. Most patients then return home with the help of a care coach. In most cases a nurse and a physical therapist will come to your home the day after discharge from the hospital and continue for 1-2 weeks.

You will be scheduled for joint replacement surgery when:

- You are ready to participate in the exercise program following joint replacement surgery.
- You are physically and emotionally prepared for the surgery.
- You have identified a friend, family member or care coach who will help you through the process.
- You have discussed healthy lifestyles with a member of your surgical team if needed, including but not limited to:
  - Good nutrition and weight management
  - Quitting Smoking
  - Alcohol use
  - Drug use

Your joint replacement team can help you get ready for surgery. Please advise us about any lifestyle changes we can help you make.

Maintaining some form of exercise will help you get ready for your new joint replacement. There are exercises listed in the back of this book which you can begin prior to surgery.
ADDITIONAL CONSIDERATIONS BEFORE SURGERY

Please speak with your surgeon about any issues you have before surgery. If any of the following apply to you make sure you speak with your surgeon and medical team before undergoing joint replacement surgery.

SLEEP APNEA
If you have sleep apnea and use a CPAP machine please bring the machine to the hospital. If you are shown to be at risk for sleep apnea you may require further monitoring after surgery with specialized nursing care.

ALCOHOL USE
If your alcohol use is more than occasional please discuss this with your surgeon and our medical team.

BODY WEIGHT
For patients with a BODY MASS INDEX of 40 or more there are increased risks during surgery. Please discuss this with your surgeon. We have a nutrition team that can help you manage your weight and achieve a healthier lifestyle.

YOUR MEDICAL EVALUATION
Joint replacement surgery is an elective procedure and is not recommended for every patient. There are many reasons why joint replacement may not be advised. Some reasons include overall physical health, mental health, ability to understand and fully participate in the journey to recovery, as well as other reasons. You will see our Orthopaedic Hospitalists prior to surgery to evaluate your readiness for the procedure.

ABOUT SMOKING
The risks of surgery are elevated when patients smoke. Since this is an elective procedure you should be smoke free for at least 30 days before surgery. You may not be a candidate for total joint replacement if you are smoking. Please discuss this with your surgeon. We can always advise you on steps to take to **QUIT SMOKING**.
QUIT SMOKING BEFORE SURGERY

Research shows that quitting smoking before hip or knee replacement surgery may decrease the risks of complications after surgery, and can improve outcomes.

- Smoking can interfere with your body’s ability to heal after surgery due to decrease in oxygen carrying capacity of your body.
- Smoking is associated with increased risks of infection and other problems including blood clots, pneumonia, stroke and Urinary Tract Infections.
- The incidence of re-operation because of complications is higher among smokers than non-smokers.

We strongly encourage all of our patients to quit smoking BEFORE joint replacement surgery.

STEPS TO TAKE TO HELP YOU QUIT SMOKING:
- Pick a date to QUIT
- Make an appointment with your Family Doctor

CALL NY STATE QUIT HOT-LINE 866-697-8487

Find local support groups
Enlist a friend or family member to help you
MEET OUR JOINT REPLACEMENT TEAM

- ORTHOPEDIC SURGEONS
- ANESTHESIOLOGISTS AND ANESTHESIA AND PAIN MANAGEMENT TEAM
- CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNAs)
- MEDICAL DOCTORS
- NURSE PRACTITIONERS
- PHYSICIAN ASSISTANTS
- REGISTERED NURSES
- CERTIFIED NURSING ASSISTANTS (CNAs)
- PHYSICAL THERAPISTS
- OCCUPATIONAL THERAPISTS
- SOCIAL WORKERS
- DIETITIANS
- NUTRITIONISTS
- SECRETARIAL STAFF
- ADMINISTRATORS
- HOUSEKEEPERS
- PATIENT EXPERIENCE LEADERS
SECTION TWO
THE PRE-OPERATIVE PROCESS
HELPING YOU MANAGE GETTING READY FOR YOUR JOINT REPLACEMENT SURGERY

We have created a program for you along with a specialized team that will assist you in every step of the way to achieve an optimal outcome after your surgery. There is a lot of planning that we need to do together.

IDENTIFY A CARE COACH
A care coach is someone who will join you, and assist you in the process, and assist you at home after your discharge from the hospital. A care coach is most often a family member, a close friend or neighbor.

GETTING READY FOR SURGERY
We expect you to bring your care coach to the pre-op education session. Once a date has been set for your surgery, your surgeon’s office will make several appointments for you. These appointments occur several weeks ahead of the surgical date. You and your care coach, family member(s) or significant other(s) will be able to participate in all of your scheduled appointments.

PLEASE BRING AN UP TO DATE MEDICATION LIST WITH YOU TO ALL OF YOUR APPOINTMENTS

Please include all over the counter medications as well as vitamins and supplements.
1) A PRE-OPERATIVE EDUCATION SESSION

- Learn about the surgical process and your hospital stay.
- Learn about different types of anesthesia.
- Learn about the physical therapy program.
- Discuss pain management.
- Discuss risks of surgery and prevention of complications of surgery.
- Meet members of your team and have an opportunity to ask questions and discuss concerns.
- Be instructed on preparing your skin for surgery with a skin cleanser.
- Plan for your safe discharge home.
- Discuss successful steps for healthy lifestyles including:
  - Good Nutrition
  - Smoking Cessation
  - Alcohol Use
  - Drug Use

2) AN APPOINTMENT WITH OUR MEDICAL TEAM FOR MEDICAL EVALUATION AND SURGICAL CLEARANCE

- Lab work and diagnostic testing will be done.
- If needed, You will be instructed on what medications to stop and when.
- You will be instructed on which medications to take or not take on the morning of surgery.
- **DO NOT STOP TAKING ANY MEDICATIONS WITHOUT SPEAKING WITH YOUR MEDICAL TEAM.**
- If other medical appointments are necessary for clearance, they will be made for you as well.
- Nutrition counsel if needed.

3) AN APPOINTMENT TO SEE YOUR ORTHOPEDIC SURGEON OR PRACTITIONER

- A review of the surgical process will be conducted.
- Risks of surgery will be discussed.
- Consent for surgery will be signed.
- A review of your medication list will be conducted; please bring your medication list with you.
- X-Ray studies will be taken as needed.
- You will be given a scheduled time to arrive at the hospital on the day of surgery.
- Follow-up appointments will be scheduled for you.
ADDITIONAL STEPS TO COMPLETE BEFORE SURGERY

COMPLETE YOUR HEALTH CARE PROXY AND BRING IT WITH YOU ON THE DAY OF SURGERY

REMEMBER TO USE YOUR CHG WIPES

THE NIGHT BEFORE YOUR SURGERY

THERE IS NOTHING TO EAT OR DRINK PAST MIDNIGHT UNLESS YOUR MEDICAL TEAM INSTRUCTS YOU.
Some patients will be told to take some of their medications on the morning of surgery with a sip of water before coming to the hospital. Absolutely no food or other liquids may be used to take needed medications. WATER ONLY!
WHAT TO BRING TO THE HOSPITAL

- Legal photo ID (e.g. driver’s license, passport, etc.)
- Insurance card
- Health Care Proxy Form completed
- Flat, non-slip, supportive walking shoes
- Comfortable loose clothes for physical therapy sessions
- Personal toiletries
- List of important phone numbers (including emergency contact)
- Eyeglasses, hearing aids and dentures (if necessary)
- One credit card or small amount of money to purchase newspaper, rent TV or telephone (if desired)
- Bring CPAP, if applicable
- This manual Your Journey Through Total Joint Replacement
- Bring a Cane or Walker, if you have one, on the day of discharge
- Bring your medications and an updated medication list

DO NOT BRING TO THE HOSPITAL

- Jewelry, and piercings, and valuables
- Remove all make up before surgery
- Nail polish should be removed before your surgery
- Remove contact lenses and wear eye glasses, if applicable
PREPARING THE SKIN FOR SURGERY

You will be given antiseptic wipes to clean your skin before surgery in order to reduce the risk of infection at the surgical site. You will be given one antiseptic skin package to use at home the evening before surgery. Please shower before using the wipes. You will be given another package of wipes at the hospital, to use in the morning before you go into the operating room.

USE CHG SKIN PREP WIPES AT THE FOLLOWING TIMES:
- Prep the evening before surgery (around 6:00 or 7:00 pm).
- Prep again the morning of surgery after arriving at the hospital.

DIRECTIONS FOR USING CHG WIPES:
- Remove cellophane film and discard.
- Use scissors to open all three packages (a total of six wipes).
- Use one clean wipe to prep each area of the body in the order shown, using a new wipe for each of the six areas shown.
- Do not allow product to come in contact with eyes, ears, mouth or mucus membranes.
- Wipe each area thoroughly with a back-and-forth motion (assistance may be required).
- Use all the wipes in the packages.
- Do not rinse after using wipes.
- Do not apply lotions, perfumes or makeup after using wipes.
- Discard wipes in trash can.
- Allow skin to air dry. Dress in clean wipes or pajamas.
- You may need assistance at home when using the wipes.
SECTION THREE
YOUR HOSPITAL STAY
WHAT TO EXPECT ON THE DAY OF SURGERY

On the day of surgery go directly to the main entrance of:

MONTEFIORE WAKEFIELD HOSPITAL
600 EAST 233rd STREET
BRONX NEW YORK

GO DIRECTLY TO THE 2ND FLOOR, OPERATING ROOM CHECK IN

Please arrive at the instructed time of arrival.

THE PRE-OP AREA

In the pre-op area you will be accompanied by the nursing staff to a room where you will change. You will be assisted in using the ANTISEPTIC SKIN WIPES again, and NASAL SWABS to help prevent infection.

You will see your surgeon. Your surgeon will mark the surgical site that is being operated on. Once that is done you will begin the anesthesia process.

ABOUT ANESTHESIA

Members of the expert anesthesiology team will meet with you to discuss the anesthesia options and to develop the best plan of care for you. There are two main types of anesthesia that may be considered for joint replacement surgery. They are spinal anesthesia and general anesthesia. Spinal anesthesia is used most often for joint replacement surgery.

Your anesthesiology team monitors your blood pressure, heart rate, breathing, fluid intake, and oxygen saturation during the entire procedure.

SPINAL ANESTHESIA

In spinal anesthesia, a local anesthetic is safely injected in the lower back area, numbing your legs and blocking all sensation to a specific region including pain, for several hours. You are also given sedative medication that will make you fall asleep during your surgery.

Advantages of spinal anesthesia:

• You avoid general anesthesia which would involve the placement of a breathing tube and you would receive less medication, leading to fewer potential side effects.
• After surgery, you are more awake with a lower chance of developing nausea and vomiting.
• Your pain management during and after surgery is much smoother.
• You experience less bleeding during surgery, fewer complications from blood clots, and fewer breathing complications.
GENERAL ANESTHESIA
General Anesthesia keeps you in a deep sleep that affects your entire body. The anesthesiologist gives you medication through your vein that puts you to sleep. Once you are asleep, a breathing tube is placed and you stay asleep throughout the surgery. If you are not a candidate for spinal anesthesia, general anesthesia will be chosen.

THE OPERATING ROOM
You will be accompanied into the operating room by a member of our team. Once the surgery begins the estimated time of the procedure is one to three hours.

THE PACU (POST ANESTHESIA CARE UNIT)
You will be accompanied to the Post Anesthesia Care Unit (PACU) directly from the operating room. You will be cared for by a team of nurses and physicians for several hours, and will be closely monitored. Your pain will be managed and your recovery and rehabilitation will begin. From the PACU, you will be escorted to the Joint Replacement Unit where you will continue your stay. Visiting hours are flexible on the unit.
ABOUT PAIN MANAGEMENT

THE PAIN SCALE
You will be asked by many members of your care team to rate your level of pain by using this pain scale. Please familiarize yourself with it.

MORE ABOUT PAIN MANAGEMENT
Our multimodal pain control protocols provides the most benefits while minimizing the side effects of individual medications such as sedation, nausea, vomiting, itching, bowel and/or bladder retention. Your medication may include a combination of acetaminophen (Tylenol), nonsteroidal anti-inflammatory drugs (such as aspirin, ibuprofen, naproxen, etc.), nerve pain medications and opioids. The application of ice and early ambulation may also reduce swelling and pain after surgery.

NERVE BLOCKS
In addition to the pain medications, the anesthesiology team often uses regional anesthesia (nerve blocks) to numb the operated area during and after surgery.

A nerve block with local anesthetic is usually performed in the holding area or in the operating room before your surgery. The nerve is safely located by using ultrasound technology. You receive relaxing medication that makes you sleepy during placement of the nerve block.

Your pain management plan is tailored to best fit your specific needs. Your anesthesiologist, orthopedic surgeon, and rehabilitation specialists all work together to adjust your pain management plan during your hospital stay.
YOUR DAILY SCHEDULE

DAY 0  Day of Surgery–Day 0

- Welcome to the Montefiore Center for Joint Replacement Surgery
- Vital signs and pain assessment—ongoing
- Deep breathing exercises and use of your Incentive Spirometer ten times every hour
- Meals as desired
- Exercise all day
- Maintain hip precautions for hip replacements
- Meet your physical therapist
- Out of bed to chair with assistance
- Begin discharge planning
- Foot Pumps, WALKING
- Participate in your own self care
- First Physical Therapy session

DAY 1  POSSIBLE DISCHARGE DAY
Post Op Day No. 1

- Vital signs, pain assessment—ongoing
- Continue deep breathing exercises and use of your Incentive Spirometer ten times every hour
- Drains removed (if applicable)
- Lab Work
- Maintain hip precautions for hip replacements
- Out of bed with assistance most of the day
- Hygiene—your nurse will assist you
- Exercise independently as often as possible—goal is every 30 minutes, 10 reps
- Physical therapy session in the gym
- Ambulate with assistance to the bathroom
- Finalize discharge plans
- Arrangement for equipment /medications needed for home with social worker
- Foot pumps
- You walk stairs today
- Participate in your own self care

DAY 2  DISCHARGE DAY
Post Op Day No. 2

- Vital signs and pain assessment—ongoing
- Deep Breathing Exercises
- All IV’S discontinued
- Physical therapy in the gym
- Continue to exercise independently
- Walk stairs
- Foot pumps
- Discharge today—instructions given
- Hip precautions if needed
- Participate in your own self care
SPECIAL EQUIPMENT USED ON THE JOINT REPLACEMENT UNIT

Some of the equipment that you may use while you stay with us include:

**INCENTIVE SPIROMETER**
Used to perform deep breathing exercises to keep your lungs clear after surgery. You will use the incentive spirometer several times a day.

**DRAINAGE TUBE**
You may have a drainage tube located at your surgical site to remove excess fluid.

**FOOT PUMPS**
Soft booties will be applied to your feet that will gently squeeze your legs to help prevent blood clots.

**KNEE IMMOBILIZER**
If you have had knee replacement surgery, initially you will use a knee immobilizer to keep your leg more comfortable when ambulating.

**FOAM PILLOW**
If you have had hip replacement surgery, you may use a foam pillow to keep your hip in a correct position.

**ICE PACKS**
Used to decrease inflammation and pain.
HOW TO USE THE INCENTIVE SPIROMETER

- Hold the incentive spirometer in an upright position. Close lips tightly around the mouth piece
- Inhale or breathe in as deeply as you can. The balls will rise. The deeper you inhale the higher the balls will rise.
  Your goal is to have the balls rise as high as they can.
- Remove the mouth piece, exhale or breathe out, and relax.
- Rest for a few seconds and repeat the exercise

Repeat this exercise at least 10 times during the day.
DISCHARGE PLANNING

Your Joint Replacement Team including social workers are here to ensure your safe and comfortable discharge. The length of stay in the hospital is one to two days including the day of surgery. Discharge planning begins at the time you decide to have surgery and continues at the pre-op education session with a meeting or phone call with a social worker. The day after your surgery, a social worker will visit you to confirm your plans for returning home. Most patients are able to be discharged home with home care services. Any medical device needed will be sent to your home. Some patients have special discharge needs. Please discuss these with your surgeon and social worker.

You and your discharge planning team will set up home care services including home physical therapy. The agency that you will be set up with depends upon your insurance carrier and your home location. We will make sure the home care agency understands the care and the exercises that you need for optimal recovery. The home care team will communicate with your surgeon when needed.

WHAT YOU WILL NEED AT HOME

- You will need a walker and a cane. If you do not have those 2 pieces of equipment we will assist you in getting them while you are at the hospital. If you have a walker and/or a cane have someone bring it to the hospital at discharge. Insurance companies usually pay for one piece of equipment at a time. The walker is more expensive so most often the walker can be obtained through your insurance company while you are in the hospital. We will assist you. A cane can be borrowed from a friend or family member or purchased if you don’t have one.
- Medications - you will be sent home with medication instructions as well as prescriptions for everything you will need. A local pharmacy can deliver all needed medications to the hospital before discharge. This service will be offered to you. There may be a co-payment for this service depending on your insurance type.
- You will be given complete written instructions on caring for yourself at home before you are discharged from the hospital.
- Your surgeon’s office staff will give you follow up appointments to be seen within 2 weeks of surgery.
SECTION FOUR
CARING FOR YOURSELF AT HOME

Make sure you continue to exercise at home, all day long. Walking is the most important exercise you can do to promote successful recovery. For patients having knee replacement surgery, sitting knee bends are the most important exercise for good range of motion of your new knee.

PREPARING YOUR HOME

You may want to do some preparation of your home to make it more comfortable and safe for your return. Try to arrange things so you do not have to climb stairs several times a day. Remove any items that you may trip on. If you are going to use a raised toilet seat try to purchase it before surgery. Stock up on food and items that you will need at home.
PREPARING YOUR HOME CHECK LIST

- Make sure rooms are well lit
- Install night lights when needed
- Move electrical cords out of the way
- Take up all throw rugs
- Arrange furniture so pathways are wide to accommodate a walker and a cane
- Remove household clutter
- Use sturdy chairs with arms and avoid low seats
- Keep items within easy reach
- Install a railing along stairs if needed
- Watch for small pets on the floor
- Prepare a bedroom on the main level if possible
- Keep a cell phone or portable phone close by
- Keep a list of important phone numbers
- Prepare and freeze food ahead of time so that you can have meals
- Stock up on groceries ahead of time
- Prepare care for your pets ahead of time
- Consider a raised toilet seat
- Consider grab bars for your shower
SELF CARE AT HOME

CARING FOR YOUR SURGICAL SITE
At hospital discharge you will be given specific instructions on how to care for your surgical site at home,

**PLEASE WASH YOUR HANDS BEFORE TOUCHING YOUR SURGICAL SITE**

You will have a follow up appointment schedule with your surgeon between 10 and 14 days after surgery. Your surgeon will remove the dressing if it is on and remove the skin glue and/or skin staples. Your surgeon will recommend additional care for your surgical site at that appointment.

SHOWERING

*Most* dressings can be removed and you can shower using soap and water and towel drying the incision area. Then you can apply a new dry clean dressing or leave the dressing off if you are comfortable.

*Some* dressings need to stay on and need to be wrapped in water proof material so they do not get wet. For those dressings you will be given special instructions. **DO NOT APPLY ANY CREAMS, LOTIONS, OINTMENTS OR VITAMINS TO YOUR SURGICAL INCISION** until your surgeon allows you to, approximately 6 weeks after your surgery.

MEDICATIONS
Make sure you have all of the medications that you need at home. The staff will assist you with this.

EXERCISE
Make sure you continue to exercise at home, all day long.

ICE
Keep ice in your freezer to apply to your surgical site to reduce pain and swelling. Do not put ice directly onto your skin.
PREVENTING BLOOD CLOTS
After total joint replacement surgery, clots, called deep vein thrombosis, may form in the veins of the legs. In rare cases, these clots may travel to the lungs. To decrease the risk of blood clots forming after surgery, your medical team will prescribe medications that have been demonstrated to lower these risks.
Your medical team will determine which medication you will be placed on. You will be instructed on how to take this medication while you are at home. If you were on blood thinning medication before your surgery, you will probably be placed back on that medication after surgery.

ASPIRIN
Most people will be discharged home on aspirin 81 mg (baby aspirin) twice a day for 6 weeks unless otherwise directed.

WHEN TO CALL YOUR SURGEON OR RECOGNIZING AND PREVENTING POTENTIAL COMPLICATIONS
- Fever over 101 degrees Fahrenheit
- Drainage around the surgical site
- Increased swelling or redness at the incision site
- PAIN and/or swelling, heat and tenderness in either calf

SIGNS THAT MAY INDICATE A PULMONARY EMBOLISM/WHEN TO CALL 911
- Difficulty breathing
- Shortness of breath
- Sudden onset chest pain
- Delirium or confusion

My Surgeon’s Office 718-920-2060
SECTION FIVE - MOVING FORWARD

YOUR NEW JOINT REPLACEMENT
The range of motion you are able to achieve BEFORE total joint replacement surgery will be a factor in the range of motion you will be able to achieve AFTER total joint replacement surgery. Your team will make every effort to help you improve your range of motion through aggressive physical therapy and coaching you to exercise.

Most patients experience significant reduction in pain and greater ability to participate in activities of daily living after joint replacement surgery. Time to full recovery can vary.

ABOUT EXERCISING
Maintaining some form of exercise will help keep your new joint, as well as the rest of your body, in better shape. Your physical therapist will provide you with a home exercise program. There are many low cost gyms and centers that you can join to continue good exercise habits for a lifetime. There are pieces of equipment that you can use at home to continue exercising.

DO NOT PARTICIPATE IN:
- High impact activities
- Extreme twisting and or bending activities

For patients who had hip replacement surgery – Maintain hip precautions

ABOUT YOUR IMPLANT
All of the Joint Replacement Surgeons at Montefiore use the most technologically advanced implants that are available for patient use. Your Surgeon will choose the size and shape of the implant that is right for you. Some features of the implants include:

- Variety of brands of implants
- High flexion designs
- Minimally invasive techniques
- Several approaches to hip replacements

The metal in your implant is NON-MAGNETIC, therefore, it is SAFE FOR YOU TO HAVE AN MRI SCAN.

Your implant is made of a technologically advanced metal alloy and also contains a plastic material which is very strong and resistant to wear. The metal may be detected when going through some security systems. You can inform the agent that you have a metal implant.
ABOUT FOLLOW UP VISITS

You will see your surgeon several times within the first year of your surgery. You will have an appointment scheduled at your first annual visit and thereafter depending on you and your surgeon. If there are ever any questions regarding your new joint replacement do not hesitate to make a follow up visit.

DRIVING AFTER TOTAL JOINT REPLACEMENT SURGERY

Most patients are able to return to driving between 4 and 8 weeks after surgery. There are many factors that influence your “return to driving” after Total Joint Replacement Surgery.

- You must be completely off of sedative or narcotic medications
- You must be able to stop the car and brake in an emergency situation
- You must be able to get in and out of the car easily and safely

You will see your surgeon frequently at post-operative visits. Make sure you speak with your surgeon about your readiness to “return to driving” before you drive after Total Joint Replacement Surgery.

SEX AFTER TOTAL JOINT REPLACEMENT SURGERY

Talk with your doctor about resuming sexual relations after Total Joint Replacement Surgery. Most patients are able to resume sexual activity in about 6 to 8 weeks after surgery. You need to feel comfortable with your new joint. Preventing complications such as hip dislocation is important. In general, after Total Hip Replacement Surgery extreme flexion of the hip joint should be avoided. Hip precautions need to be maintained.

If you need further information, speak with your surgeon or physical therapist.
PREVENTING INFECTION

GUIDELINES FOR PREVENTING INFECTION IN PATIENTS WHO HAVE HAD TOTAL JOINT REPLACEMENT SURGERY

Some patients are at an increased risk of developing an infection in the new joint replacement. Undergoing certain procedures may increase the risk of developing an infection. We recommend undertaking dental, genital urinary, digestive and respiratory elective procedures before surgery or waiting for three months following your joint replacement. Non elective or emergency procedures are permitted. Please tell your health care providers that you have a joint replacement so they can prescribe the appropriate antibiotics for you.

THE FOLLOWING GUIDELINES ARE BASED ON THE RECOMMENDATIONS OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS.

DENTAL WORK

For two years after your joint replacement surgery you may be at a higher risk of developing an infection. We ask that you tell your dentist about your new joint replacement, and have the dentist prescribe an antibiotic before your appointment date. You will take the antibiotic one hour before your scheduled dental appointment. Below is a suggested table for antibiotic use for dental prophylaxis for patients not allergic to Penicillin, as well as for those who are allergic to Penicillin.

<table>
<thead>
<tr>
<th>PATIENT TYPE</th>
<th>SUGGESTED DRUG</th>
<th>REGIMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients not allergic to penicillin</td>
<td>Cephalexin, cephradine or amoxicillin</td>
<td>2 grams orally 1 hour prior to dental procedure</td>
</tr>
<tr>
<td>Patients not allergic to penicillin and unable to take oral medications</td>
<td>Cefazolin or ampicillin</td>
<td>Cefazolin 1 gram or ampicillin 2 grams muscularily or intravenously 1 hour prior to the dental procedure</td>
</tr>
<tr>
<td>Patients allergic to penicillin</td>
<td>Clindamycin</td>
<td>600 milligrams orally 1 hour prior to the dental procedure</td>
</tr>
<tr>
<td>Patients allergic to penicillin and unable to take oral medications</td>
<td>Clindamycin</td>
<td>600 milligrams intravenously 1 hour prior to the dental procedure*</td>
</tr>
</tbody>
</table>

*Suggested ANTIBIOTIC PROPHYLAXIS REGIMENS.*

*No second doses are recommended for any of these dosing regimens*
OTHER PROCEDURES

Below is a list of other procedures for which you may need antibiotic prophylaxis before the procedure to protect your new joint replacement.

Please discuss this with the physician who is in charge of your care for the procedure you may require. Your dentist or primary care provider should be able to prescribe these antibiotics for you. If your dentist has any questions, they should feel free to contact our joint replacement team.

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>ANTIMICROBIAL AGENT</th>
<th>DOSE</th>
<th>TIMING</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>Cephalexin, cephradine, amoxicillin</td>
<td>2 gm PO</td>
<td>1 hour prior to procedure</td>
<td></td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>Gentamicin, tobramycin, ciprofloxacin, gatifloxacin, levofloxacin, moxifloxacin, ofloxacin, or Neomycin-gramicidin-polymyxin B cefazolin</td>
<td>Multiple drops topically over 2 to 24 hours or 100 mg subconjunctivally</td>
<td>Consult ophthalmologist or pharmacist for dosing regimen</td>
<td></td>
</tr>
<tr>
<td>Orthopaedic*</td>
<td>Cefazolin, Cefuroxime OR Vancomycin</td>
<td>1-2 g IV</td>
<td>Begin dose 60 minutes prior to procedure</td>
<td></td>
</tr>
<tr>
<td>Vascular</td>
<td>Cefazolin OR Vancomycin</td>
<td>1-2 g IV</td>
<td>Begin dose 60 minutes prior to procedure</td>
<td></td>
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<tr>
<td>Gastrointestinal</td>
<td>Cefazolin</td>
<td>1-2 g IV</td>
<td>Begin dose 60 minutes prior to procedure</td>
<td></td>
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<tr>
<td>Esophageal, gastroduodenal</td>
<td>Cefazolin</td>
<td>1-2 g IV</td>
<td>Begin dose 60 minutes prior to procedure</td>
<td></td>
</tr>
<tr>
<td>Biliary tract</td>
<td>Cefazolin</td>
<td>1-2 g IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td>Neomycin + erythromycin =base (oral) OR metronidazole (oral)</td>
<td>1 g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head and neck</td>
<td>Clindamycin + gentamicin OR cefazolin</td>
<td>600-900 mg IV 15 mg/kg IV 1-2 g IV</td>
<td>Begin dose 60 minutes prior to procedure</td>
<td></td>
</tr>
<tr>
<td>Obstetric and gynecological</td>
<td>Cefoxitin, cefazolin Ampicillin/sublactam</td>
<td>1-2 g IV 3 g IV</td>
<td>Begin dose 60 minutes prior to procedure</td>
<td></td>
</tr>
<tr>
<td>Genitourinary</td>
<td>Ciprofloxacin</td>
<td>500 mg PO or 400 mg IV</td>
<td>Begin dose 60 minutes prior to procedure</td>
<td></td>
</tr>
</tbody>
</table>

For All Procedures
Discontinued within 24 hours of the procedure. For most outpatient/office-based procedures a single pre-procedure dose is sufficient.
RISKS OF SURGERY

A total joint replacement is a major surgical procedure. Complications are uncommon, but as with any surgery there are possible risks and potential for complications. Some of the more common complications are outlined below.

INFECTION

Infection occurs in less than 1% of all total joint replacements. It can be as minor as a superficial wound infection requiring oral antibiotic therapy, to a deep infection of the implant that may require implant removal. Antibiotics are given to you in the perioperative period to minimize this risk. After the immediate surgical period, the most common causes of infection are from bacteria that enter your bloodstream and travel to the site of your implant. Implant infection is rare but can be related to bacteria from dental procedures, infections of the kidney, bladder, skin or other circumstances. It is important to take antibiotics before any dental work, and certain medical or surgical procedures, after your total joint replacement surgery. Please notify your dentist or surgeon that you have a new joint replacement before any procedure. Our office will assist you with antibiotic protocols. We advise you to take these precautions two years after joint replacement surgery. Should a deep infection develop, treatment may require a series of surgical procedures including implant removal, and after a treatment period of six to ten weeks re-implantation. This type of infection is of course a devastating occurrence but fortunately happens extremely infrequently.

BLOOD CLOTS

Blood clots can form in the veins of your leg following surgery. Rarely they can also break away and travel to your lungs. This is called a pulmonary embolism. We attempt to minimize this risk of developing blood clots through a variety of means. These include stockings that rhythmically compress your legs, an early exercise program, treatment with blood thinning agents and blood clot testing if necessary.

KNEE MOTION

For those patients undergoing knee replacement, the amount of knee motion obtained post-operatively is very dependent on how hard you work on your rehabilitation. In a small percentage of patients undergoing total knee replacement, there is limited range of motion to the knee joint. This is usually minimized by the structured physical therapy program, and your cooperative efforts. However, if there is limited motion, your surgeon may need to gently bend or manipulate the knee under anesthesia to regain the motion.
LACK OF PAIN RELIEF
Most patients (approximately 90-95%) experience a tremendous amount of pain relief. It is possible however that all of your pain may not be relieved by joint replacement surgery.

IMPLANT WEAR AND IMPLANT FAILURE
Your new joint is made of mechanical parts that do develop some wear and tear. With normal activity, your joint replacement should function well for many years. In some cases, or over many years, the components can wear out, loosen or break. In these cases, revision of the joint replacement may be required.

REACTION TO MATERIALS
Total joint replacements are made out of materials that are foreign to your body. Anytime the body comes in contact with a foreign material, there is some risk of an allergic reaction. The risk of reaction is very low and all of the implanted materials have been thoroughly tested and are well tolerated in general.

BLOOD LOSS
At the Montefiore Center for Joint Replacement Surgery, we do everything we can to minimize blood loss during and after surgery. Our blood conservation methods are very effective. We do not recommend autologous blood donation routinely. Although rarely, there may be times when blood transfusion is necessary.

ANESTHESIA COMPLICATIONS
There are risks associated with anesthesia. Your anesthesiologist and your surgeon will discuss different types of anesthesia and the risks associated with them. When your physicians consider the best type of anesthesia with the lowest risk for your individual case, they will also take your wishes into consideration about the type of anesthesia that you might prefer. With joint replacement surgery, local and regional anesthesia are used most often.

OTHER COMPLICATIONS
Joint replacement is a surgical procedure and no surgical procedure is without risks. As with any type of surgical procedure there are risks as well as recognized complications. Unexpected situations can arise that may lead to other very uncommon occurrences such as injury to blood vessels, injury to nerves, fractures of bones and other complications up to and including perioperative death. These occurrences are very rare but must be considered by you prior to your surgery. Please feel free to discuss this with the team should you have any questions.
ABOUT PHYSICAL THERAPY AND YOUR REHABILITATION PROGRAM

You must take an active role in your journey to recovery. Your physical therapy program will begin right after surgery. You will be assisted out of bed and be seen by a physical therapist who will instruct you on an exercise regime. It is critical that you spend a good portion of each day exercising your new joint replacement. You will be using a walker for about two weeks after the surgery date. You will then be able to use a straight cane for another few weeks. You will practice walking and stair climbing in the hospital with a therapist.

THE OUTCOME OF SURGERY WILL DEPEND ON YOUR PARTICIPATION IN THIS PROGRAM.

HIP AND KNEE EXERCISES

DO AS MANY OF THESE EXERCISES AS YOU CAN THROUGHOUT THE DAY.

HOLD EACH POSITION FOR 10 SECONDS.

HIP PRECAUTIONS

After total hip replacement and until the new hip is fully healed, you will learn ways of moving that will protect your new hip joint from dislocation. Your surgeon and rehab team will discuss these hip precautions with you.
SITTING KNEE BEND
Bring operated leg out in front of you and hold it as straight as possible for a few seconds. Relax. Repeat.

Hip Abduction (Standing)
• Stand with feet flat.
• Lift leg out to side.
• Hold for 2 second then lower.

Gently push operated leg back with other leg and hold until a stretch is felt. Hold for a few seconds. Relax. Repeat.

Hip Abduction (Supine)
• Slide leg out to the side.
• Keep kneecap pointing up.
• Gently bring leg back to center.
**Quad Sets**
Slowly tighten muscles of the thigh of the straight leg. Count to 10 and repeat with opposite leg.

**Ankle Pumps**
Sitting or lying down point toes up, keep both heels on the floor. Then press toes to the floor, raising heels. Repeat 30 times.

**Straight Leg Raises**
- Lie in bed. Bend one leg. Keep your other leg straight on the bed.
- Lift your straight leg as high as you comfortably can, but not higher than 12 inches. Hold for a few seconds, then slowly lower the leg.

**Heel Slides**
- Lie down or sit with your legs stretched out in front of you. Put a plastic bag or cookie sheet under one foot to help it slide.
- Slide the heel toward your buttocks while keeping it on the bed. Move it as far back as you comfortably can.

Hold for a few seconds, then slide your heel back.
USING A WALKER: WEIGHT-BEARING

Roll the walker (or lift it if you are using an unwheeled walker) forward about 12 inches.

Step forward with the surgical leg first. Use the walker to help you keep your balance as you take the step, and use the correct amount of weight ordered by your doctor.

Bring your non-surgical leg forward to the center of the walker.

USING A WALKER: SITTING AND STANDING

Back up until you feel the chair behind you. Place your surgical leg out in front of you.

Reach behind you with one hand and grab the armrest or the side of the chair. Do the same with the other hand. Be sure to kick out your leg a little.

Lower yourself onto the center of the chair then slide back.

How to stand up: Place your surgical leg out in front of you. Push up off of the chair, do not pull yourself up on the walker.
**USING A WALKER:**

**UP STAIRS**

1. Turn the walker sideways so the crossbar is next to you. Place the first two legs on the step above you. Hold the walker with one hand and the handrail with the other.

2. Support your weight evenly between the handrail and walker. Step up with your good leg.

3. Support your weight on your good leg. Step down with your operated leg.

4. Bring your operated leg up. Then lift the walker to the next step.

**DOWN STAIRS**

1. Turn the walker sideways so the crossbar is next to you. Place the back two legs on the step beside you. Hold the walker with one hand and the handrail with the other.

2. Support your weight evenly between the handrail and your walker. Slowly bring your good leg down. Then move the walker down to the next step.
USING A CANE

Position the Cane

- The top of your cane should reach to the crease in your wrist when you stand up straight.
- Your elbow should bend a bit when you hold your cane.
- Hold the cane in the hand opposite the side that needs support.

Walking
When you walk, the cane and your operated leg swing and strike the ground at the same time.

To start, position your cane about one small stride ahead and step off on your operated leg. Finish the step with your normal leg.

Stair Climbing
To climb the stairs, grasp the handrail (if possible) and step up on your good leg first, with our cane in the hand opposite the operated leg. Then step up on the operated leg.

To come down stairs, put your cane on the step first, then your operated leg, and finally the good leg, which carries your body weight.
HIP KIT

If you are having a total hip replacement, a hip kit is useful. We will assist you in obtaining a hip kit.

The Hip Kit contains the following items:

- Reacher / Grabber
- Long Handle Shoe Horn
- Long Handle Sponge
- Sock Aide for Dressing
- Dressing Stick

If you have had a Total Hip Replacement your physical therapist will show you how to use each item in the Hip Kit.
TALKING WITH YOUR NURSE ABOUT FALLS

When you are in the hospital, talk with your nurse about how you can work together to prevent falls.

1. Discuss with your nurse some of the things that can put you at risk for falls.

   **Common fall risk factors include:**
   
   - A history of falling.
   - Medical Problems: Weakness from medical problems (especially when a patient has more than one medical problem) may cause dizziness, light-headedness or unsteadiness that poses a risk for falls when a patient gets up without help.
   - Overestimating One's Ability: A common reason why patients fall in the hospital is that they overestimate their ability to help themselves. Even patients who do not need assistance at home often need help getting up while they are in the hospital.
   - Walking Aids: Canes, crutches, walkers and other walking aids should be used if needed. However, use of walking aids without assistance can put one at risk for falls.
   - Intravenous Therapy (“IV”): An IV is commonly used to provide medication. The extra fluid and some intravenous medications may require a patient to use the bathroom more frequently than normal. In addition, intravenous medications may cause dizziness or unsteadiness. Getting out of bed without help can put one at risk for falls.
   - Unsteady Gait (Unsteadiness on one’s feet): Once a patient is able to walk, the nurse and other team members will assist the patient in getting out of bed. They may provide a cane, walker or other device. Patients should avoid walking by themselves, even with a device.

2. Ask for Help:
   
   - Ask for help in getting out of bed and whenever you are going to walk. You should use your call button in the hospital.
   - Ask for help when using the restroom.
   - Ask a family member or friend to sit with you.
   - Ask a family member or friend to bring in your glasses or hearing aid.

3. Take Steps to Avoid Falling:
   
   - Avoid quick, sudden movements.
   - Change positions slowly and carefully.
   - Sit on the side of the bed before standing.
   - Stand up slowly and fully get your balance before you begin to walk.
   - Use your walker or other device to make walking safer.
   - Wear comfortable rubber-soled, low-heeled slippers or shoes that fit properly.
   - Check for a clear and safe path before walking. Avoid walking on wet or cluttered floors.
   - If you feel unsteady or unbalanced on your feet, call for help and sit down again.
   - Use your call button to ask for help from your hospital bed. Work with care providers to prevent falls.
DIET AND NUTRITION PRIOR TO SURGERY

Healthy eating and good nutrition before surgery can have a beneficial effect on the healing process after your surgery. Make sure to incorporate the following food groups and nutrients.

**Fruits, Vegetables:** Aim to eat a minimum of 5-7 servings of fruits, vegetables each day. These provide you with the vitamins and minerals you need to get into the best nutritional shape to prepare your body for surgery and an easier recovery.

**Fiber:** Choose whole grains such as whole wheat pasta, brown rice and whole grain breads over their white or refined versions. Adequate fiber helps to prevent constipation and promote normal bowel movements, which may be a problem due to decreased activity. Whole grains are also a good source of minerals needed for optimal nutrition. Look for versions with at least 2g/serving.

**Protein:** Choose a variety of protein rich foods such as poultry, lean meat, seafood, beans, peas, unsalted nuts and seeds, and nut butters.

**Fluids:** Drink adequate fluids to stay well hydrated (at least 6-8 cups of fluid/day). Choose water most often and avoid sugar sweetened beverages.

**Calcium:** Make sure you are consuming adequate calcium for strong bones. Choose milk, yogurt, cheese, and dark green leafy vegetables.

**Vitamin C:** Eat foods high in vitamin C including oranges, cantaloupe, strawberries, broccoli, and green leafy vegetables. Vitamin C helps the body heal.

Should you not eat many fruits or vegetables normally or do not feel you can before surgery, consider a multivitamin with minerals during this period to ensure you are getting the optimal amount of vitamins and minerals. Always check with your physician first.
Meals

Arrange for help with your meals and perishables foods (milk, fruits and vegetables). Freeze pre-made dinners before your surgery, preferably in microwaveable containers. Stock up on non-perishable foods (boxed, canned, and frozen) to make it easier to prepare meals after surgery. Check out grocery delivery services.

Diabetes Guidelines and Blood Glucose Management

Managing your blood glucose is always important, but it is extremely important before surgery. Uncontrolled and elevated blood glucose makes it more difficult for your body to heal. Making sure your blood glucose is under control can help reduce the risk of problems after surgery, such as infection and prolonged hospitalization.

Eating the same amount of carbohydrates at regular meal times is best, along with avoiding meal-skipping, sugar-sweetened beverages and refined carbohydrates. Your Doctor can refer you to a Registered Dietitian (R.D.) should you need assistance.

Diet and Nutrition After Surgery

Resume your normal diet as tolerated and include plenty of fruits, vegetables, and foods rich in protein. Also, remember to drink adequate amounts of fluid (at least 8 cups/daily). Your appetite may decrease after surgery. This may be due to the anesthesia and your medications. Eat small frequent meals throughout the day to ensure you’re getting enough nutrients for healing.

During the healing and recovery process, your body needs increased amounts of calories, protein, vitamin A and C, and possibly, the mineral zinc. Eat a wide variety of food in order to get all the nutrients you need.

Healthy Eating starts with filling your plate with fresh ingredients and whole foods in the right amount. Refer to the Healthy Eating Plate Guide on the next page for tips on general healthy eating.
If you are not eating well after surgery, a multivitamin may be needed. If your intake is significantly reduced, a nutrition supplement may be beneficial. Contact your health care provider for guidance.

After you have recovered from surgery, it's important to maintain a healthy body weight. To help in your recovery and to get the most benefit from your new joint replacement, it is important to achieve and maintain a healthy weight. Excess weight puts undue pressure and stress on joints. A balanced diet where you consume all the nutrients needed for healing while losing weight is recommended. Your Doctor can provide a referral to a Registered Dietitian (R.D.) To help you lose weight and achieve your health goals.

NUTRITION SERVICES 929-263-3519
# IMPORTANT PHONE NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Emergency Contact</td>
<td></td>
</tr>
<tr>
<td>My Insurance Company</td>
<td></td>
</tr>
<tr>
<td>Care Coach Name</td>
<td></td>
</tr>
<tr>
<td>Care Coach Phone</td>
<td></td>
</tr>
<tr>
<td>Orthopaedic Surgeon’s Office</td>
<td>718-920-2060</td>
</tr>
<tr>
<td>Orthopaedic Care Floor - 6 N</td>
<td>718-920-9525</td>
</tr>
<tr>
<td>Orthopaedic Care Floor - 6 E</td>
<td>718-920-9126</td>
</tr>
<tr>
<td>Hospital Admitting Office</td>
<td>718-920-9662</td>
</tr>
<tr>
<td>Hospital Main Number</td>
<td>718-920-9000</td>
</tr>
<tr>
<td>Clergy Office</td>
<td>718-920-9086</td>
</tr>
<tr>
<td>Social Worker</td>
<td>718-920-9950</td>
</tr>
</tbody>
</table>
Montefiore, the University Hospital for Albert Einstein College of Medicine, is recognized among the top hospitals nationally and regionally by U.S. News & World Report.

Montefiore Center for Joint Replacement Surgery
600 East 233rd Street
Bronx, New York 10466

www.montefiore.org /surgery-orthopaedic-joint-replacements

If you have any further questions - call 718-920-2060

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