

Montefiore
Inspired Medicine



The Montefiore Center for Joint Replacement Surgery

Your Journey Through Total Joint Replacement Surgery



Your Journey Through Total Joint Replacement Surgery

Dear Patient and Family,

YOUR JOURNEY through total joint replacement has begun. You are now on the road to better mobility. Our goal 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 keep it.

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.

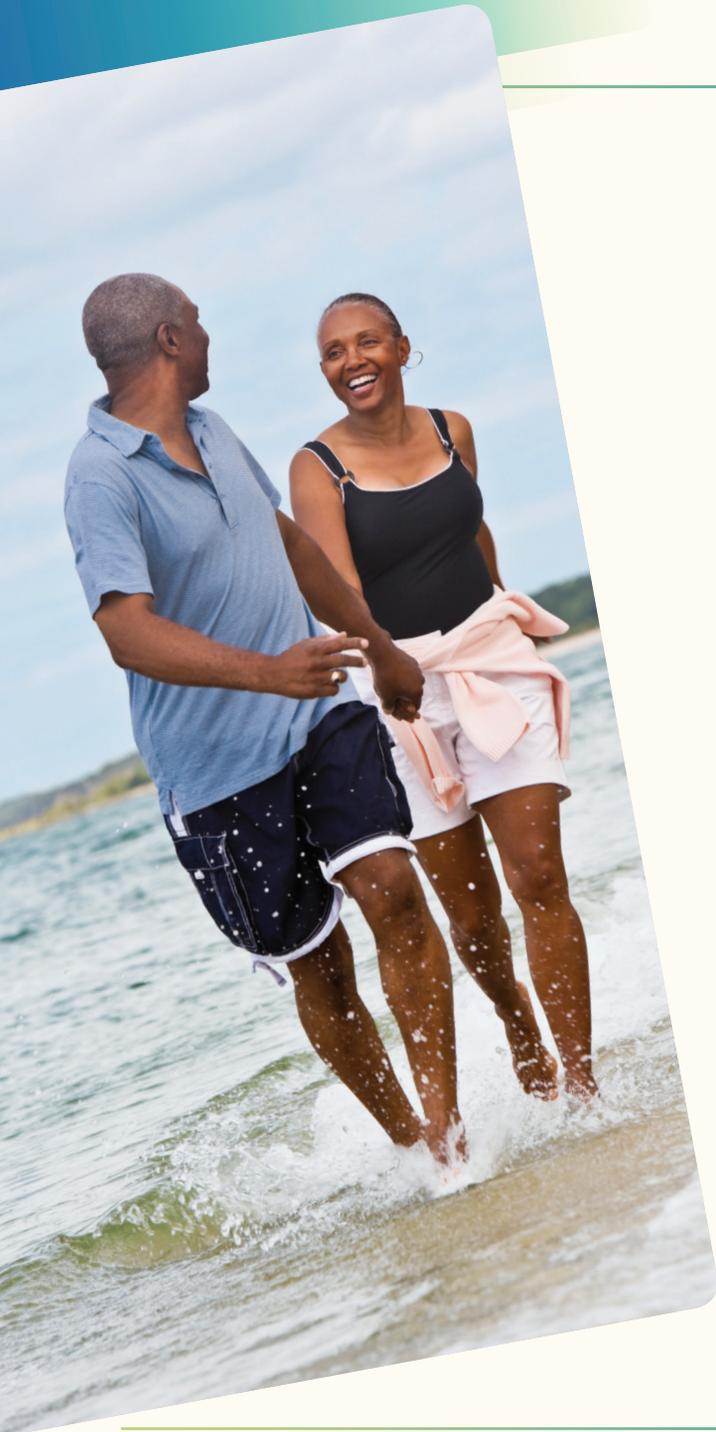


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Why Joint Replacement Surgery

Total joint replacement is now the preferred operation for many patients with arthritic involvement and damage of the joint. The worn portion is replaced with man-made components, which then function as the patient's own joint.

WHEN ARE YOU A CANDIDATE?

You may be a candidate for joint replacement when:

- Your pain interferes with activities of daily living
- Other forms of treatment have failed
- You have a severe deformity of the joint
- Your overall health is relatively good
- You are ready to participate in the physical activity program
- You understand the benefits and potential risks of surgery





Getting Ready for Surgery

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 family members or significant others will be able to participate in all of your scheduled appointments.

The following appointments will be scheduled for you 3-4 weeks before surgery:

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.
- Discuss plans for discharge from the hospital.

2) Lab work and diagnostic tests

- Standard testing is done at the pre-operative education session.

3) An appointment to see your primary care physician for medical clearance

- If other medical appointments are necessary for clearance, they will be made for you as well.

4) An appointment to see your orthopaedic 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.
- You will be advised on what medications to take before coming to the hospital.
- 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.

WHAT TO BRING TO THE HOSPITAL

- Legal photo ID (e.g. driver's license, passport, etc.)
- Insurance card
- Health Care Proxy Form completed
- List of current medications and dosages
- 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)
- Settings for your CPAP machine; if applicable (do not bring the Machine)
- This manual, Your Journey Through Total Joint Replacement

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 your Incentive Spirometer ten times every hour**
- Meals as desired
- **Exercise all day**
- **Maintain hip precautions for hip replacements**
- Maintain Knee Immobilizer as needed for knee replacements
- Meet your physical therapist
- Out of bed to chair with assistance
- Begin discharge planning
- Foot Pumps, WALKING
- **Participate in your own self care**

DAY 1 Post Op Day No. 1

- Vital signs, pain assessment—ongoing
- **Continue deep breathing exercises and use your Incentive Spirometer ten times every hour**
- Drains removed (if applicable)
- Lab work
- CPM one to two hours per day
- **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 may 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
- CPM one to two hours per day for knee replacement patients
- **Continue to exercise independently**
- Walk stairs
- Foot pumps
- Discharge today—instructions given
- **Hip precautions if needed**
- **Participate in your own self care**





IMPORTANT PHONE NUMBERS

■ My Emergency Contact

■ My Insurance Company

Orthopaedic Surgeon's Office 718-920-2060

Orthopaedic Care Floor - 6 N 718-920-9525

Hospital Admitting Office 718-920-9662

Hospital Main Number 718-920-9000

Clergy Office 718-920-9086

Social Worker 718-920 -9950

Preparing the Skin for Surgery

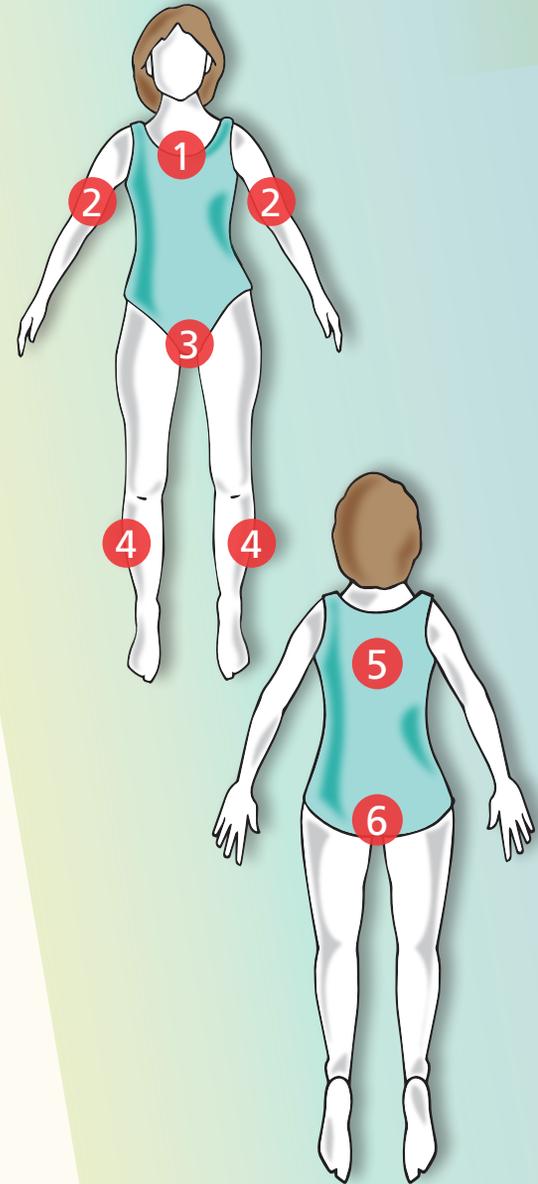
You will be given antiseptic wipes to clean your skin before surgery in order to reduce the risk of infection at the surgical site. You will be given one package to use at home the evening before surgery. Please shower before using the wipes. You will be given another package of wipes at the hospital, 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 cloth to prep each area of the body in the order shown, using a new cloth 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 cloths in the packages.
- Do not rinse after using cloths.
- Do not apply lotions, perfumes or makeup after using cloths.
- Discard cloths in trash can.
- Allow skin to air dry. Dress in clean clothes or pajamas.





You will be cared for by a team of nurses and physicians for several hours, and you will be closely monitored.

What to Expect on the Day of Surgery

Your surgeon's office will provide you with instructions on what time to arrive at the hospital, what medications to take before coming to the hospital, and when to stop eating and drinking. When you arrive at the hospital you will go directly to the Surgery Center where members of the nursing staff will greet you, escort you to your room to change and help make you feel comfortable.

Members of the anesthesia team will then meet with you to discuss the different types of anesthesia, and to develop a plan of care for you. Some of the different types of anesthesia include:

- Spinal or epidural
- General
- IV sedation
- Local blocks
- Combination

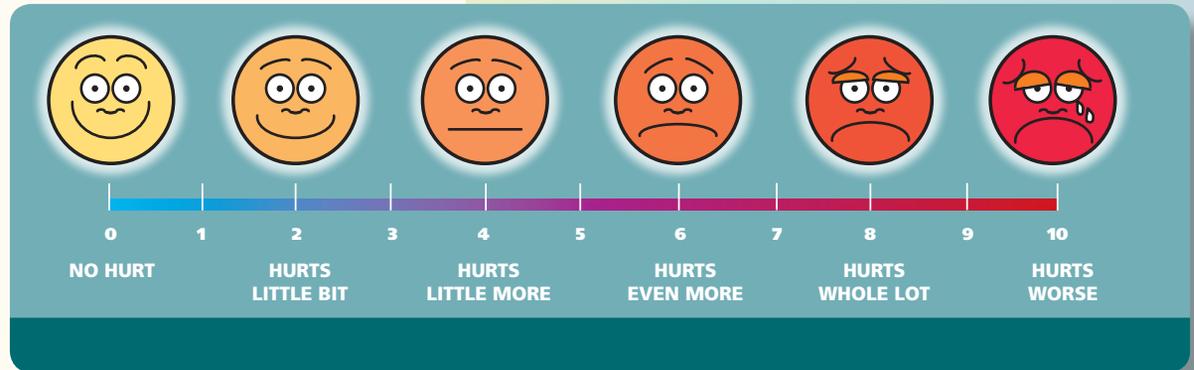
You will be accompanied into the operating room by a member of our team. Once the surgery begins the estimated time for the procedure normally takes between one and three hours.

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.



Patient Controlled Analgesia (PCA)

Several different forms of pain management are used to optimally control your level of pain. One form of pain management is patient-controlled analgesia or PCA.

Other forms of pain management will be used to keep you comfortable after surgery. Please be sure to notify your physicians and anesthesiologists if you have been taking any narcotic medications before the surgery.

More Pain Management Techniques

Other forms of pain management may include intravenous medications, oral medications, as well as injectable medications. The application of ice and early ambulation, may reduce swelling and pain.





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

Located at your surgical site to remove excess fluids.

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.

CPM Machine

If you have had knee replacement surgery, you will use a CPM machine for 1-2 hours a day to gently move your knee.

Ice Packs

Used to decrease inflammation and pain.

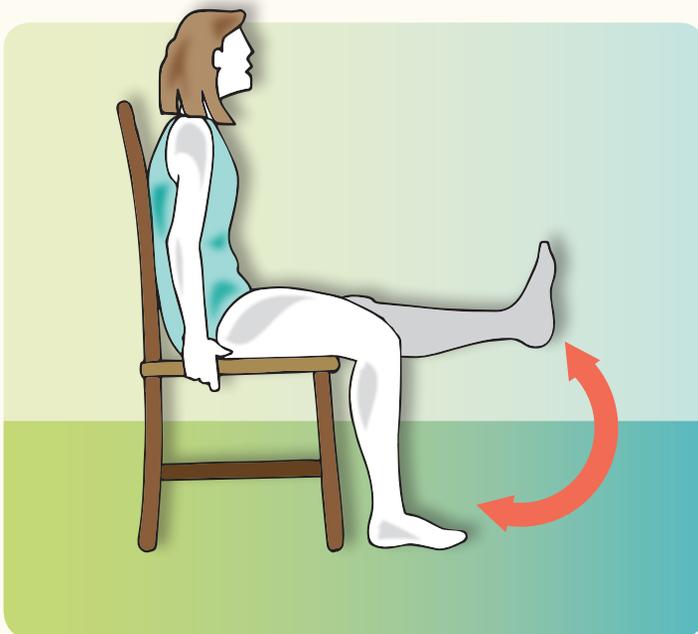
About Physical Therapy and Your Rehabilitation Program

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.**

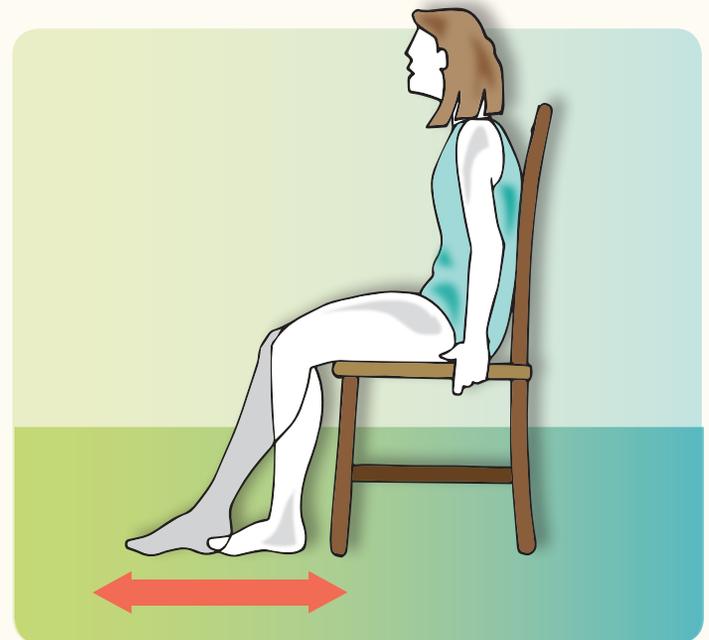
Knee Exercises

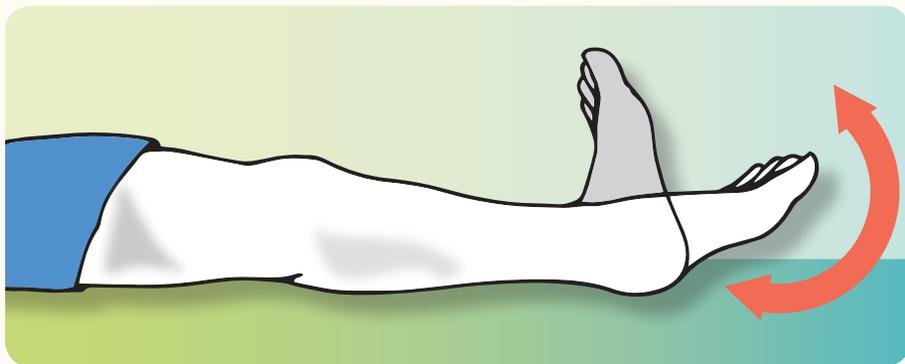
Sitting Knee Bends

Bring operated leg out in front of you and hold it as straight as possible for a few seconds. Relax. Repeat.



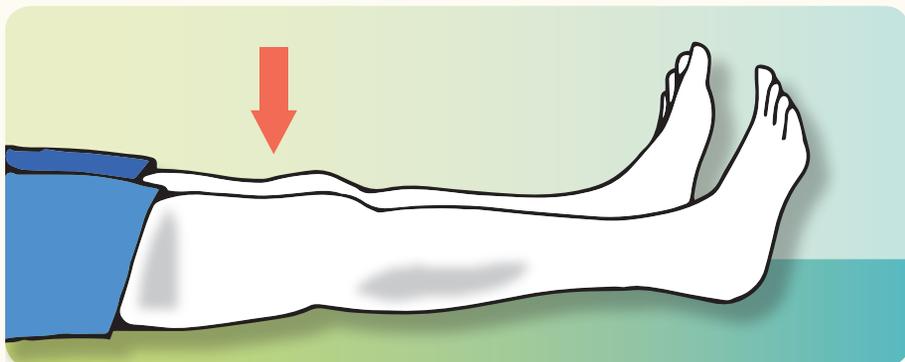
Gently push operated leg back with other leg and hold until a stretch is felt. Hold for a few seconds. Relax. Repeat.





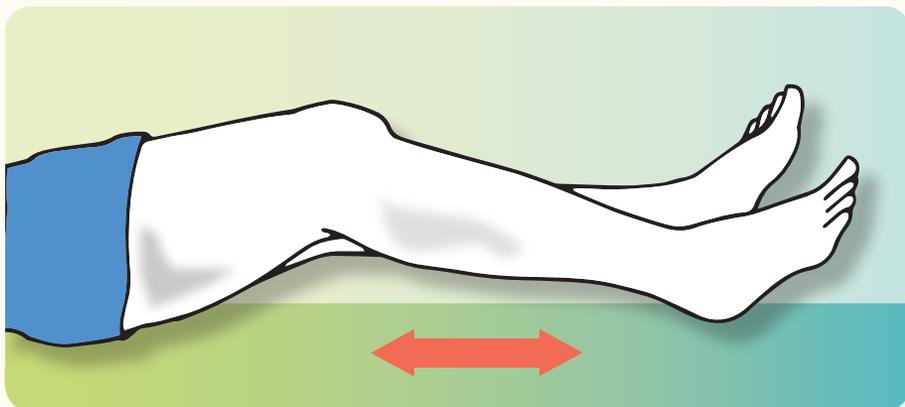
Ankle Pumps

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



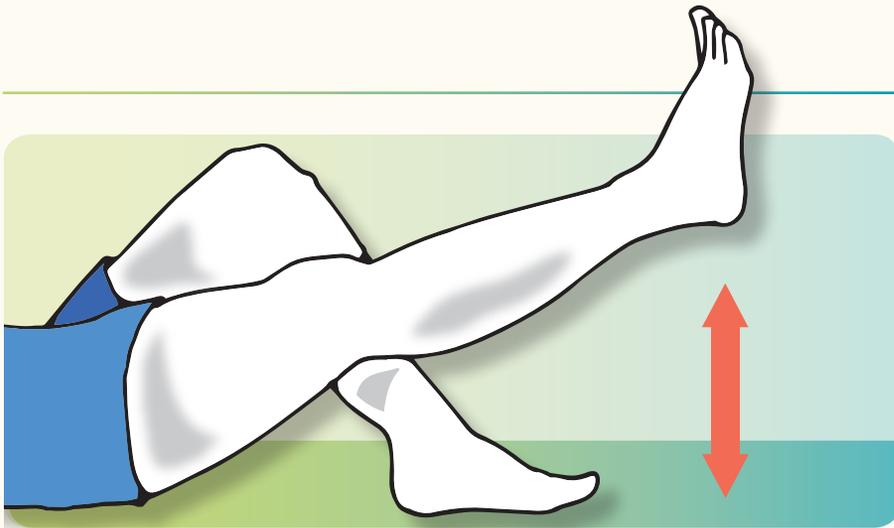
Quad Sets

Slowly tighten muscles of the thigh of the straight leg. Count to 10 and repeat with opposite leg.



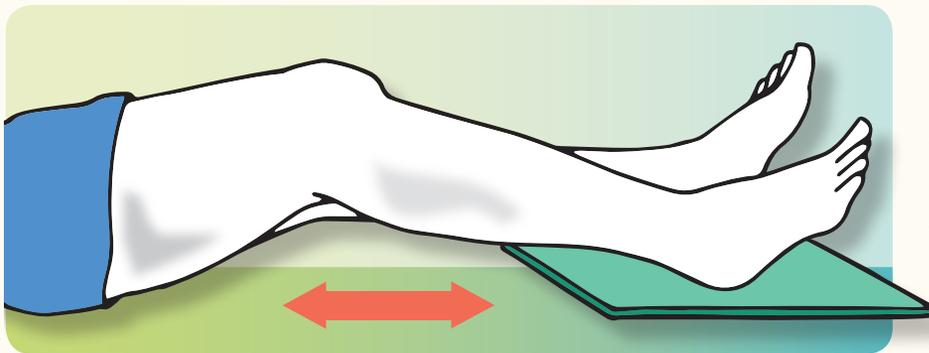
Hamstring Sets

Bend knees slightly while digging your heel into the bed. Pull back and hold for 5-10 seconds.



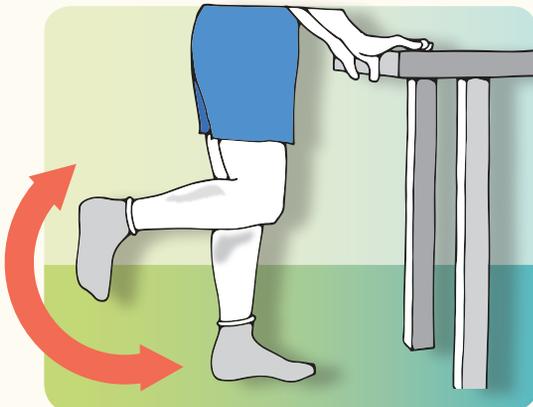
Straight Leg Raises

- 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.



Standing Knee Bends

While standing, hold on to a table and bend your operated knee as far back as it will go. Hold for 5 seconds. Repeat.

Hip Precautions

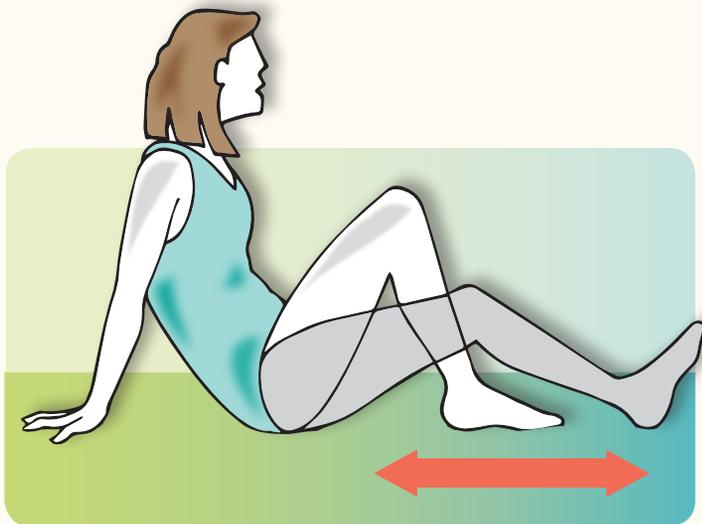
After total hip replacement and until the new hip is fully healed, you will learn ways of moving that will protect your new hip joint from dislocation. Your surgeon and rehab team will discuss these hip precautions with you.

Hip Exercises

Do as many of these exercises as you can throughout the day. Hold each position for 10 seconds.

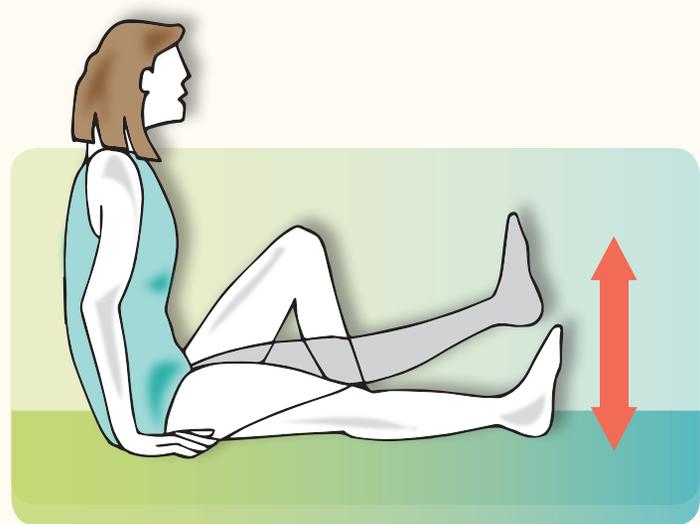
Heel Slides

Lie down or sit with leg stretched out in front of you. Slide your heel as close as possible toward your buttocks. Hold for a few seconds. Relax. Repeat.



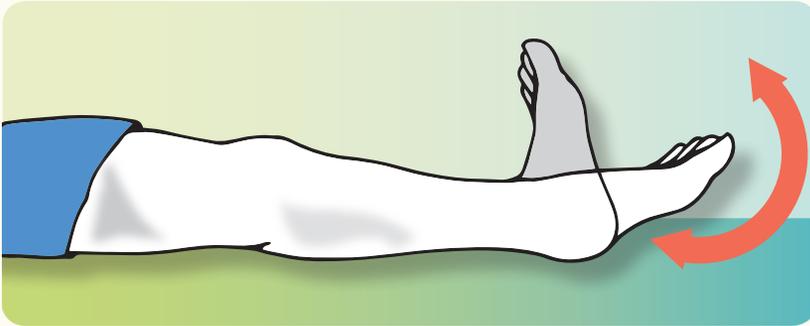
Straight Leg Raise

Bend one leg with foot flat on surface. Lift other leg up with knee straight (no higher than 12 inches). Hold for a few seconds. Relax. Repeat.



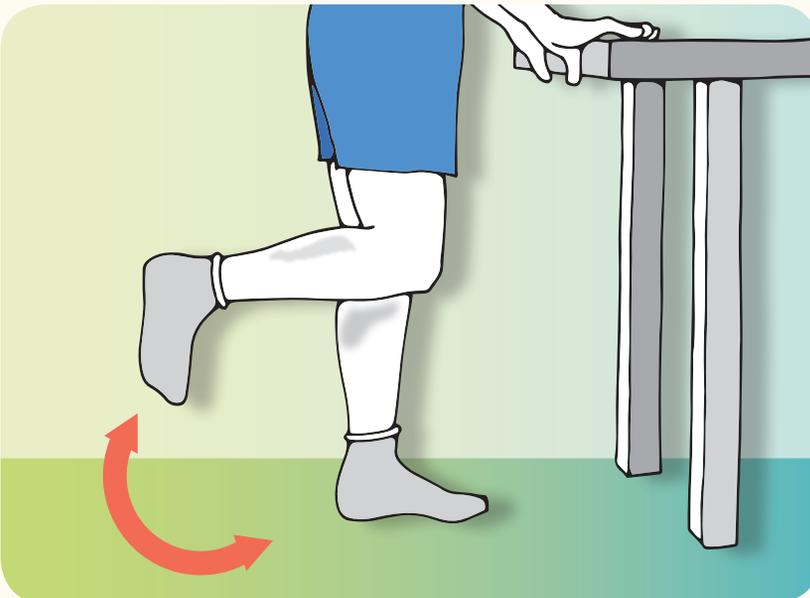
Hip Exercises

Do as many of these exercises as you can throughout the day. Hold each position for 10 seconds.



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.



Standing Knee Bends

While standing, hold on to a table and bend your operated knee as far back as it will go. Hold for 5 seconds. Repeat.

It is critical that you spend a good portion of each day exercising your new joint replacement.



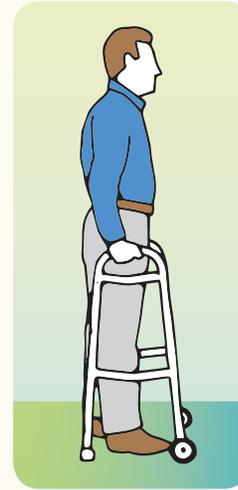
Using a Walker: Weight-Bearing



Roll the walker (or lift it if you are using an un-wheeled 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



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.



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



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

Using a Walker: Down Stairs



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.



Support your weight on your good leg. Step down with your injured leg.



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

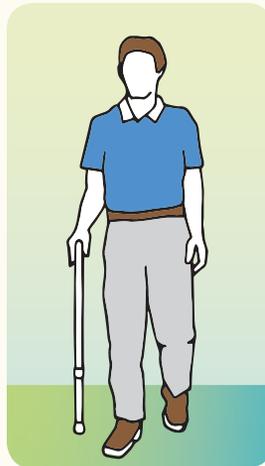
Position the Cane

- 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 injured 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 injured 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 injured leg. Then step up on the injured leg.



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

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:

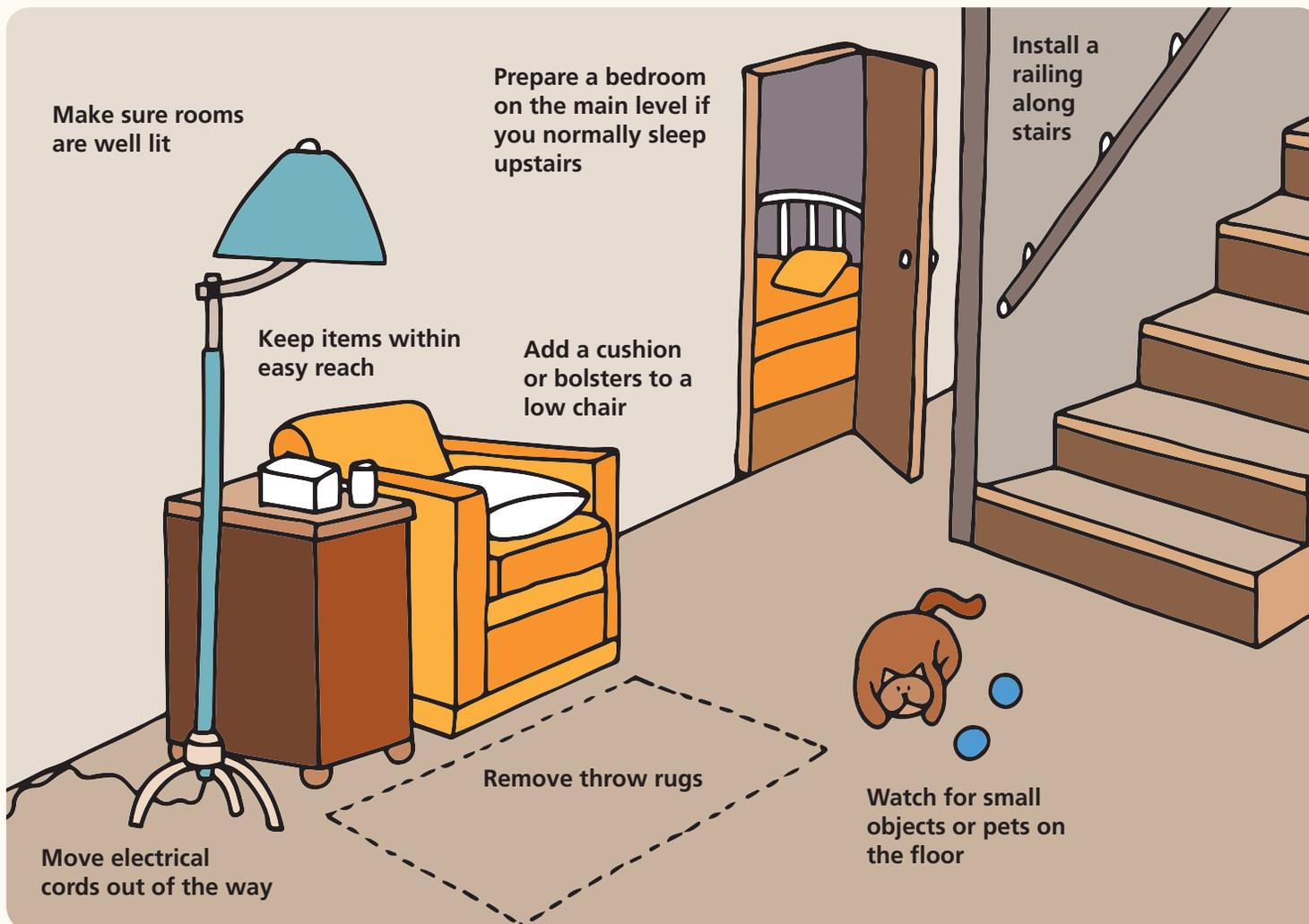
- Avoid quick, sudden movements.
- Change positions slowly and carefully.
- Sit on the side of the bed before standing.
- Stand up slowly and fully get your balance before you begin to walk.
- Use your walker or other device to make walking safer.
- Wear comfortable rubber-soled, low-heeled slippers 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.

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.



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.



Discharge Planning

Your Joint Replacement Team and social workers are here to ensure your safe and comfortable discharge. The length of stay in the hospital is two days including the day of surgery. Discharge planning begins at your pre-operative 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.

Caring for Yourself at Home

Showering

You may shower as soon as you leave the hospital. Remove the bandage from the surgical site, shower with soap and water and gently towel dry the surgical site. **DO NOT APPLY ANY CREAMS, OINTMENTS OR VITAMINS TO THE SURGICAL SITE.** Leave it dry and open. You may put a dry, clean dressing over the site if you wish. Do not go into a bath tub, swimming pool or hot tub until your surgeon clears you to.

Medications

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

Exercising

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.



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 of these 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 in the implant that may require implant removal. Antibiotics are given to you before, during and after your surgery 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 total knee implant 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 weeks an attempt at 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 lung. 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 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 completely wear out, loosen or break. In severe 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.

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.

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. Your primary medical doctor will play an important role in helping us all to evaluate your readiness for total joint replacement surgery.

About Smoking

The risks of surgery are elevated when patients smoke. Since this is an elective procedure you should be smoke free several months 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 taking steps to QUIT.

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 putting off Dental, Genital Urinary, Digestive and Respiratory elective procedures 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 Orthopedic 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.

SUGGESTED ANTIBIOTIC PROPHYLAXIS REGIMENS.*

PATIENT TYPE	SUGGESTED DRUG	REGIMEN
Patients not allergic to penicillin	Cephalexin, cephadrine or amoxicillin	2 grams orally 1 hour prior to dental procedure
Patients not allergic to penicillin and unable to take oral medications	Cefazolin or ampicillin	Cefazolin 1 gram or ampicillin 2 grams uscularly or interavenously 1 hour prior to the dental procedure
Patients allergic to penicillin	Clindamycin	600 milligrams orally 1 hour prior to the dental procedure
Patients allergic to penicillin and unable to take oral medications	Clindamycin	600 milligrams intravenously 1 hour prior to the dental procedure*

*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.

OTHER PROCEDURES FOR WHICH YOU MAY NEED ANTIBIOTIC PROPHYLAXIS				
PROCEDURE	ANTIMICROBIAL AGENT	DOSE	TIMING	DURATION
Dental	Cephalexin, cephradine, amoxicillin	2 gm PO	1 hour prior to procedure	For All Procedures Discontinued within 24 hours of the procedure. For most outpatient/office-based procedures a single pre-procedure dose is sufficient.
Ophthalmic	Gentamicin, tobramycin, ciprofloxacin, gatifloxacin, levofloxacin, moxifloxacin, ofloxacin, or meomycin-gramicidin-polymyxin B cefazolin	Multiple drops topically over 2 to 24 hours or 100 mg subconjunctivally	Consult ophthalmologist or pharmacist for dosing regimen	
Orthopaedict	Cefazolin, Cefuroxime OR Vancomycin	1-2 g IV 1.5 g IV 1 g IV	Begin dose 60 minutes prior to procedure	
Vascular	Cefazolin OR Vancomyin	1-2 g IV 1 g IV	Begin dose 60 minutes prior to procedure	
Gastrointestinal				
Esophageal, gastroduodena	Cefazolin	1-2 g IV	Begin dose 60 minutes prior to procedure	
Biliary tract	Cefazolin	1-2 g IV		
Colorectal	Neomycin + erythromycin =base (oral) OR metronidazole (oral)	1 g 1 g	Dependent on time of procedure, consult with GI physician and/or pharmacist	
Head and neck	Clindamycin + gentamicin OR cefazolin	600-900 mg IV 1.5 mg/kg IV 1-2 g IV	Begin dose 60 minutes prior to procedure	
Obstetric and gynecological	Cefoxitin, cefazolin Ampicillin/sulbactam	1-2 g IV 3 g IV	Begin dose 60 minutes prior to procedure	
Genitourinary	Ciprofloxacin	500 mg PO or 400 mg IV	Begin dose 60 minutes prior to procedure	

Expectations

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 as time passes.

Implants Used at Montefiore

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 implant that is right for your specific need and size. Some features of the implants include:

- **Gender specific designs**
- **High flexion designs**
- **Partial knee replacements**
- **Minimally invasive techniques**
- **Anterior approach to hip replacements**
- **Variety of brands of implants**

My Implant Is

Your surgeon will advise you of which implant was used for you. Please attach the name of your implant to this page so you will always have it for reference.

My implant is a: _____
total joint replacement

My date of surgery: _____



Notes



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

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

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

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