



Frequently Asked Questions (FAQs)  
for Total Joint Surgery

## **Before Surgery**

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### **What time do I report to the Hospital for surgery?**

You will receive a phone call the evening before your surgery between 2:00pm and 7:00pm (Friday evening for Monday surgeries) from a nurse in the Same Day Surgery unit who will provide more detailed instructions.

### **What do I need to bring to the Hospital for surgery?**

You will receive a complete checklist in our education booklet, but please be sure to bring: Your Pathway to Recovery booklet, HSS paperwork, cane or crutches, flat supportive athletic shoes, personal toiletries and a positive attitude.

### **How do I arrange for a private duty nurse?**

Private duty nursing can be arranged by calling 212-774-7187.

### **How do I arrange for a private room?**

Patients will be admitted to a semi-private room (2 beds), unless a request for private room is made during the admission process. To request a private room and find out information on costs, please contact the HSS Admitting Department at 212-606-1241.

### **When can I see my family after surgery?**

Once you are settled in the Post-Anesthesia Care Unit (PACU) – also known as the recovery room – you can have a quick reassurance visit (about 5-10 minutes) with your family. The PACU/Recovery room nurse will let the Family Atrium staff know when you are ready for a visitor. The Family Atrium staff will notify your family members or friends and bring them to the recovery area.

Thereafter, visiting times in the PACU occur about every two hours, beginning at 9:00am and continuing until 8:00pm. Visits are 20 minutes long. One visitor at a time is allowed at the bedside, with the exception of pediatric patients – whose parents may stay with the patient – and patients with special needs. The Family Atrium staff will inform your family/friends when you are transferred to an inpatient hospital room.

### **Where can my spouse/family stay?**

- General visiting hours are **10:30 AM – 8:00 PM** daily. Visiting hours are posted in the Hospital's lobby and on each inpatient unit.
- **Only two adults (14 years and older)** are permitted to visit a patient at one time. In the event of a conflict regarding patient visitation, the patient will designate an order of priority for adult visitors.
- **Children 13 years and younger are not permitted to visit.**

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- Visitors for patients receiving **isolation care** must check in with the unit's staff for instructions on appropriate apparel and other **special precautions**.
- **Patients in private rooms**, upon request, may have **one family member** or one significant other remain **overnight** after securing an "overnight pass" authorized by Nursing and issued by Security.

**How long will I stay in the Hospital?**

Most patients are able to go home three (3) days following a single joint replacement.

**Should I bring the medications that I routinely take?**

Your medical physician will discuss your routine medications and which ones should be brought in with you. It is always a good idea to bring in a **complete list** of the medications and dosages that you routinely take as well.

Some medications, herbal preparations, and nutritional supplements can interfere with the anesthesia and surgical process, as they can alter your normal bleeding and clotting as well as increase the risk for problems with wound healing.

- Iron pills are often prescribed to patients who may be donating blood. Stop taking the iron pills one (1) week before the date of surgery.
- Consult your physician regarding aspirin products. Patients with a history of cardiac stents should continue to take their baby aspirin (81 mg).
- Stop taking non-steroidal anti-inflammatory products such as ibuprophen (Advil and Motrin), Naproxen (Aleve), or Cox 2 inhibitors (Celebrex or Mobic), four (4) days before your procedure.
- Tell your physician if you are on any rheumatoid arthritis medications, Prednisone or other steroids, hormone replacement therapy, or birth control pills.
- Do not take any 'natural' or herbal preparations for one (1) week prior to surgery.
- Do not resume any of the above until directed by your physician.

**Should I bring my cane or crutches?**

Yes, they will be labeled and assessed by members of your health team to be sure they are properly sized and safe to use.

**After Surgery**

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**What do I need for my trip home?**

You will need loose fitting clothing and two supportive pillows. Ask for an ice pack and take your pain medication prior to your trip.

**How do I get home or to the rehabilitation hospital?**

Patients going home should let their family/friends know that they can be picked up the morning of their discharge in any type of automobile (e.g., sedan, SUV, van, etc.). Transportation to rehabilitation facilities will be discussed and can be arranged by a member of the case management staff.

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**What do I need to know about pain management?**

You will be given a prescription for an approximate 2-week supply of pain medication with instructions as you leave HSS. Follow the instructions and monitor the number of pills you take daily. You should contact your surgeon's office for a refill prescription if needed, but you should plan to do so **4 or 5 days in advance** of needing this refill, as the prescription will have to be mailed to you. The Federal Drug Administration (FDA) has very specific rules and restrictions on the control of narcotics. Pharmacies can not always accept phone-based prescriptions.

**What do I need to know about swelling?**

Post-operative swelling is to be expected at the operative site and the affected leg. The application of cold has been shown to reduce swelling and pain at the surgical site. Ice packs or cold pads should be applied for 15-minute intervals every 3 to 4 hours on a daily basis for the first few weeks following surgery. Although the amount of swelling can vary from patient to patient, the swelling itself in the leg, knee, ankle, or foot is normal and will usually resolve gradually over several weeks.

For the first month after your operation, the amount of time spent in a sitting position should be **30 TO 45 MINUTES ONLY**, as sitting tends to increase the swelling. Periods of walking should be alternated with periods of elevating the swollen leg. When elevating the leg, the ankle should be above the level of the heart. You should lie with one pillow under your head and four to five pillows under your foot and leg to elevate your leg above your chest.

**Who will monitor my blood thinning medication?**

Some patients will receive instructions to take coated aspirin for 4 to 6 weeks and will not need specific blood testing for monitoring. Other patients will receive coumadin (warfarin) as part of their treatment to prevent blood clots for about 4 to 6 weeks following surgery. The HSS medical doctor who cleared you for surgery is responsible for monitoring, dosing, and prescribing this medication, unless you have made prior arrangements with your regular medical internist. Patients who are taking coumadin will need regular blood testing, usually once or twice weekly, and those results should be reported to the medical doctor who is managing the coumadin. HSS nursing staff will provide specific instructions prior to leaving the hospital.

**What should I know about exercises and physical therapy?**

Your surgeon will provide specific instructions for a home exercise program. Some patients will require post-operative physical therapy evaluation and treatment that will be arranged by a member of the case management team.

**When will I be able to drive my car?**

The return to driving is dependent on your recovery process and will be based on your surgeon's assessment. Patients should contact their surgeon for instructions, but as a rule, driving is not recommended for the first 4 to 6 weeks after surgery.

**When will I be able to travel by air?**

The return to air travel is dependent on your recovery process and will be based on your surgeon's assessment. Patients should contact their surgeon for instructions, but as a rule, flying

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is not recommended for the first 4 to 6 weeks after surgery. Patients with metal implants may set off airline security alarms, so you may wish to ask your surgeon for a letter or card stating that you have had a joint implant.

**Is it normal to have numbness around the surgical incision?**

Yes, some patients will experience numbness or decreased sensation to the skin near the scar that will likely improve over time.

**Is it normal to feel like one leg is longer than the other after hip surgery?**

Yes, some patients have had years of tightened muscles and loss of joint space and perceive the new hip to be longer. The goal of surgery is to restore equal leg lengths. Your body may take time to adjust to the restored space and implant, the muscle strengthening that occurs during rehabilitation, and your return to a more normal gait pattern.

**When should I follow-up with my surgeon?**

Your surgeon will arrange a time for your follow-up visit after surgery. Most patients will be seen between 4 and 6 weeks after surgery, but you should contact your surgeon's office before then if you have any questions or concerns.

**When do I need to call my doctor?**

If you have any sudden increase in pain that is unrelieved with pain medications.

If the pain medications are not working.

If you have a fever greater than 101.5 degrees.

If you notice increased redness, warmth, swelling, pain or drainage around your incision.

If you have calf pain and swelling.

**When do I need to seek immediate help and call 911 or seek out emergency room treatment?**

If you fall and sustain an injury.

If you have bleeding that does not stop.

If you have trouble breathing.

If you have new chest pain.