



# Reclaim your life.

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**A Patient's Guide to  
Knee Replacement**



**Penn Medicine**  
Princeton Medical Center

# Dear Friend,



## Welcome to the Jim Craigie Center for Joint Replacement.

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The decision to have joint replacement surgery — and the decision about where to have the surgery done — can have a major impact on the quality of your life, so I did extensive research before making the decision to have both of my hips replaced. One was done in 2009 and the other in 2010 by Dr. Gutowski and his surgical team at Penn Medicine Princeton Medical Center.

Each operation took just over an hour, and I started walking with little or no pain that same night. I left the hospital after three days and I went back to work full-time after two weeks. In less than three months, I felt that I was born with my new hips as I now walk, run, climb and sit with no pain and great ease. This was a radical departure from the constant pain I endured while walking and being unable to sleep well. The advanced

surgical care and rehabilitation provided by Penn Medicine Princeton Medical Center is outstanding, and you will not find a more comfortable healing environment in the whole world than the new Penn Medicine Princeton Medical Center.

As you progress through what I know will be a life-changing series of events at the new Jim Craigie Center for Joint Replacement, please be assured that you are receiving outstanding care from highly skilled surgeons and staff delivered in a comfortable healing environment. And, while I had my operation in the “old hospital,” you will have the privilege of enjoying the incredible facilities of one of the most modern hospitals in the world, which was designed to provide every patient with the best and safest healing environment possible.

To show my gratitude for the improved quality of life afforded me by Dr. Gutowski and his team, I made a significant contribution in his honor to Penn Medicine Princeton Medical Center. My gift will name the Jim Craigie Center for Joint Replacement and will support the Center’s ongoing programmatic needs, including staff training and the purchase of the best surgical equipment. My hope is that the creation of this Center will convince

everyone in Central New Jersey and beyond to come to it for their joint replacement needs and enjoy the much improved quality of life that I now enjoy.

When you begin to enjoy your improved quality of life, I hope that you too will consider a gift to either this Center or the Institute for Surgical Care. Our additional support enables the Center and Penn Medicine Princeton Medical Center to continue to attract the best and brightest surgeons, nurses, anesthesiologists, nurses’ aides, techs and therapists and remain the preeminent destination for total hip and knee replacement surgery in New Jersey.

For further information about how you can join me in helping keep our Center at the forefront of excellence, please turn to the last page of this guide.

I wish all of you a happy, healthy and pain-free life.

**Jim Craigie**

A handwritten signature in black ink that reads "Jim Craigie". The signature is written in a cursive, flowing style.



# Patient's Guide to Joint Replacement



The Jim Craigie Center for Joint Replacement has earned the Joint Commission's Gold Seal of Approval® by achieving Advanced Certification for Total Hip Replacement and Total Knee Replacement.

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# Welcome

## Thank you for choosing the Jim Craigie Center for Joint Replacement for your knee replacement surgery.

We have carefully planned every step of your care to help ensure a speedy and successful journey to recovery. Please rest assured, you're in excellent hands every step of the way.

We encourage you to read carefully through this Patient's Guide to Joint Replacement.

If you have a question, do not hesitate to ask any of your care providers. And always let us know if there is anything we can do to make your stay more comfortable.



**Penn Medicine**  
Princeton Medical Center

## Introducing the Joint Replacement Team

The Jim Craigie Center for Joint Replacement has an experienced and highly skilled team to care for you.

### ORTHOPAEDIC SURGEON

Your orthopaedic surgeon is the physician who will perform your operation and will oversee your care throughout your stay.

### PHYSICIAN ASSISTANT

Your physician assistant may assist your orthopaedic surgeon in the operating room and help manage your care and recovery processes.

### ORTHOPAEDIC NURSE NAVIGATOR

Your navigator is a registered nurse who will serve as your coordinator of care. He/She will work directly with your surgeon and the rest of the team to ensure you and your family will have the best possible experience and outcome.

### ORTHOPAEDIC NURSE PRACTITIONER

The Orthopaedic Nurse Practitioner is an advanced-practice nurse who is available to assist with concerns regarding your plan of care. He/She is a clinical expert who collaborates with the team to ensure that you receive optimal care and the most favorable outcomes.

### COACH

Your Coach is a person that you designate to support you as you prepare for, and recover from, your joint replacement surgery. This can be a spouse, friend or family member who will provide you support and encouragement throughout your experience.

### ANESTHESIA PHYSICIAN

Your anesthesia physician is responsible for administering the medications required to keep you asleep and comfortable throughout your surgery. Your anesthesia physician will also help manage your postoperative pain.

### PRIMARY CARE PROVIDER

Your primary care provider is the physician who manages your overall health. You can expect your primary care provider to stay in contact with your orthopaedic surgeon, perform your pre-surgery physical and be informed regarding your progress after discharge.

### CARDIOLOGIST

If you have a history of cardiac disease, your cardiologist is an integral member of the team. Your cardiologist will provide recommendations to manage your cardiac medications as we plan for your surgery and throughout your hospitalization and recovery.

### HOSPITALIST

A hospitalist is a physician that may follow your medical care if needed during your hospital stay and will work closely with your orthopaedic surgeon.

### REGISTERED NURSE

During your hospital stay, you will be cared for by a team of highly skilled, specialized nurses. They will help prepare you for surgery and will be in the operating room

with you. After surgery, our nursing team will continue to care for you and provide information for your transition home.

### NURSING ASSISTANT

Your specially-trained nursing assistant will help you with activities like bathing, dressing or getting to the bathroom.

### TRANSITION PLANNING TEAM

A case manager, social worker and/or a home care liaison help to plan your transition from the hospital to your home and arrange for any additional equipment and services needed.

### PHYSICAL THERAPIST

Your physical therapist and physical therapist assistant will help you gain strength and mobility in your new joint by teaching you how to exercise correctly. Your physical therapist will also teach you how to use your walker or cane after surgery. He or she will help you prepare for the transition home.

*Other team members that you may meet include pharmacists, respiratory therapists, lab or x-ray technicians, patient transporters and volunteers.*

*A Dietician and Chaplain is available upon request.*

# Understanding Joint Replacement Surgery



## Common causes of knee problems

### **What is osteoarthritis?**

Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and is the most common type affecting nearly 21 million Americans. As we age, the chances of developing osteoarthritis increase, though the severity of the disease is different for everyone. Even people in early stages of life can develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, though it occurs most often in the hips, knees and spine. Cartilage is a rubbery material that covers the ends of bones in normal joints and helps ensure that joint bones don't rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, the cartilage may break down and wear away, preventing it from working properly. When this happens, tendons and ligaments in the joint can stretch, causing pain. And, if the condition worsens, joint bones can rub together, causing pain and discomfort.

### **What are the symptoms of osteoarthritis?**

Symptoms of osteoarthritis can include:

- Joints that are sore and ache, especially after periods of activity
- Pain that develops after overuse or when joints are inactive for long periods of time

### **What are the causes of osteoarthritis?**

There are several factors that increase a person's chances of developing osteoarthritis, including family history, obesity, injuries like fractures in the joint, previous surgeries where cartilage was removed from a joint and overuse.

*Other causes of knee problems include post-traumatic arthritis and avascular necrosis.*

### **What is rheumatoid arthritis?**

Rheumatoid arthritis is an inflammatory form of arthritis, meaning that the material that surrounds the joint and keeps it lubricated becomes swollen. Rheumatoid arthritis affects about 1% of Americans but is much more common in women than in men. This form of arthritis occurs in all age groups.

### **What are the symptoms of rheumatoid arthritis?**

Symptoms of rheumatoid arthritis can include:

- Joint symptoms developing very quickly or gradually over years
- Stiffness
- Ligaments that stretch and become loose
- Decreased range of motion
- Pain
- Joint swelling



# Knee Replacement Surgery

Your knee is made of three basic parts that move and work together to ensure smooth motion and function. When arthritis affects the joint and the cartilage that cushions the knee wears away or is destroyed, the knee joint requires replacement.

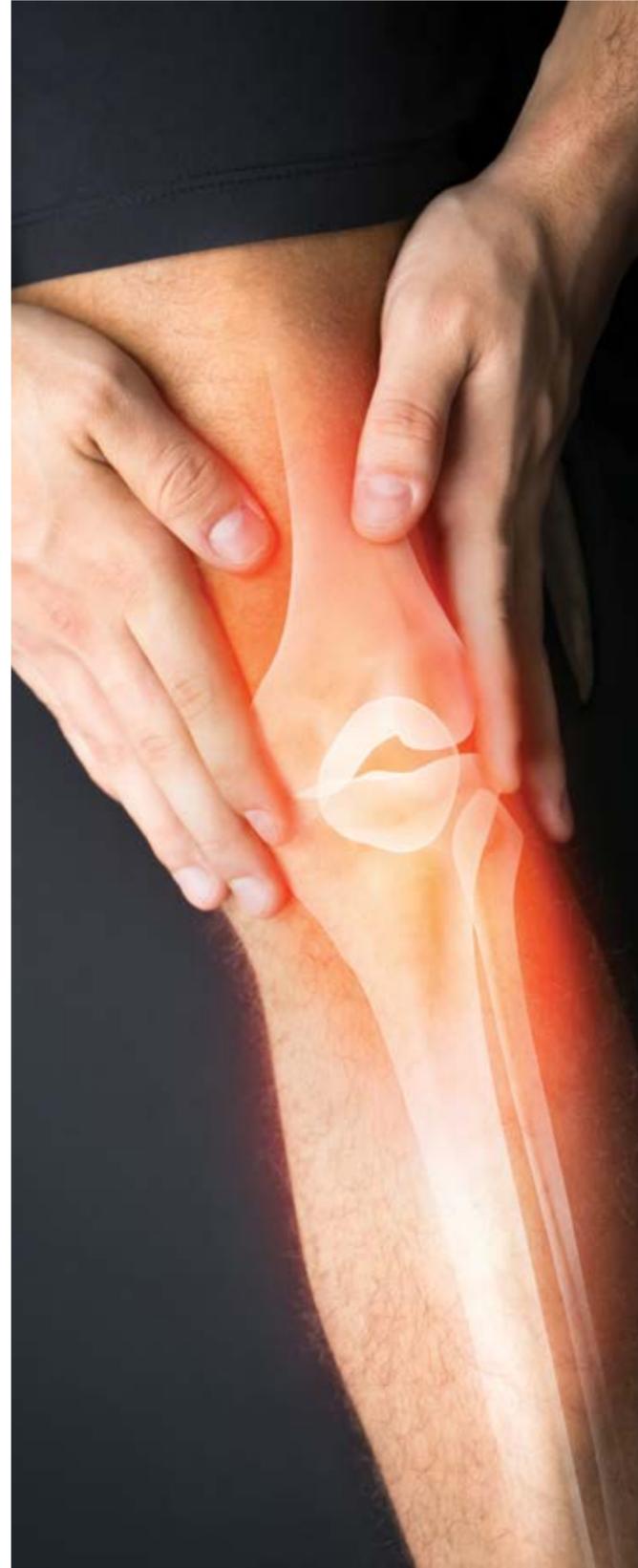
Your orthopaedic surgeon will consider many factors, like age, bone density and the shape of your joints, when determining the exact kind of knee replacement you'll receive and how it will be inserted into your knee.

## Total Knee Replacement Surgery

If the cartilage damage in your knee has occurred on both sides of the joint or in all three joint components, a total knee replacement procedure may be performed. Knee replacement surgery involves resurfacing the knee joint and using artificial components to replace damaged tissue. At the Jim Craigie Center for Joint Replacement, your surgeon will use minimally invasive surgery, if appropriate.

## Partial Knee Replacement Surgery

Sometimes, the cartilage damage in your knee is limited to just one side or the other. When this happens, a partial knee replacement procedure may be appropriate. Partial knee replacement is similar to total knee replacement except only one side of the knee joint is resurfaced. This involves a quicker recovery and a smaller scar.



# The Risks of Knee Replacement Surgery

Joint replacement surgery is major surgery, and although advances in technology and medical care have made the procedure very safe and effective, there are risks. We encourage you to discuss the potential risks with your orthopaedic surgeon, primary care provider and your family.

Every measure will be taken by our team of experts to minimize any risk and avoid complications. Although complications are rare, they do sometimes occur.

## BLOOD CLOTS

Blood clots can form in a leg vein and in your lungs after knee replacement surgery and can be dangerous. Factors that increase your risk of blood clots include advanced age, obesity, history of blood clots, smoking and cancer. Medications and activities to prevent blood clots after surgery are required to reduce this risk.

## INFECTION

Infection is very rare in healthy patients having knee replacement. Patients with chronic health conditions like diabetes and a compromised immune system are at higher risk of infection after any surgery. If an infection develops, it's usually treated with antibiotics. Deeper infections inside the joint are rare, and they may require additional surgery if they occur.

## NERVE, BLOOD VESSEL AND LIGAMENT INJURIES

Damage to the surrounding structures in the knee, including nerves, blood vessels and ligaments, is possible but extremely rare. Some patients experience numbness in the area of the incision, which usually resolves over time.

## DELAYED WOUND HEALING

Sometimes the surgical incision heals slowly, particularly if you take corticosteroids, have a disease that affects the immune system (such as rheumatoid arthritis or diabetes) or if you are a smoker.

## LIMITED RANGE OF MOTION

The day of surgery, you will begin exercises to help improve your range of motion. Even after your rehabilitation, you may continue to feel some stiffness after physical activity, particularly with excessive bending. Most patients find this stiffness minor compared to the limited function they experienced prior to surgery. If your range of motion is very limited, you may need an additional procedure under anesthesia to improve your flexibility.

## HEMATOMA

Bleeding into the knee can occur either immediately after surgery or at a later time. Symptoms include acute pain and swelling. Your surgeon will evaluate and determine a course of action/treatment.

## LOOSENING OF THE JOINT

Over time, loosening of the prosthesis is possible due to erosion of the bone adjacent to the prosthesis. Loosening occurs more frequently in heavier and more active patients.

# Preparing for Joint Replacement Surgery

Your experience begins long before your actual surgery. These guidelines will prepare you for a speedy and safe recovery, so you can have less pain, better mobility and reclaim your life.

To make sure you and your Coach are fully prepared for your joint replacement surgery, it is important that you carefully and thoroughly review this guide and practice your exercises before surgery. The information will help you better understand your diagnosis, the joint replacement process and what to expect every step of the way as you prepare for your surgery and recovery.

**If you have any questions or concerns, please call the Orthopaedic Nurse Navigator at 609.853.7954.**



## Pre-Operative Education Class

To make sure you are fully prepared for your joint replacement surgery, we've designed a class especially for patients like you. The class will help you better understand your diagnosis and the joint replacement process. You will be instructed on the exercises, tips and activities you need to do to speed recovery. Please plan to attend a class with your Coach at least three weeks prior to your surgery and bring your questions.

You can call **609-853-7954** to schedule your pre-operative education class.

## Pre-Admission Testing

Once you and your physician have determined that knee replacement surgery is right for you, you will be given an appointment for Pre-Admission Testing at Penn Medicine Princeton Medical Center. The appointment consists of blood work, EKG, a nursing assessment and consultation with a representative from the Department of Anesthesia. That morning, you may eat breakfast and take all your normal medications. Complete your Pre-Admission Testing with the hospital no more than 30 days prior to your surgery date.

**Please complete the accompanying Patient and Home Assessment form and bring it with you.**

(See Page 47)

Please bring a list of all your medications (with dosages and frequencies) as well as any over-the-counter drugs, vitamins, supplements and patches you are taking to your Pre-Operative Visit with the surgeon and to your Pre-Admission Testing visit at the hospital.

## Medication Management

Your surgeon and/or anesthesia physician will advise you about which medications to take or not to take prior to surgery.

You will receive a list of your medications and their stop dates at Pre-Admission Testing. Vitamins/supplements, anti-inflammatory medications (Advil, Motrin, Aleve, etc.) and anticoagulants (Eliquis, Plavix, Coumadin, etc.) need to be stopped prior to surgery.

## Practicing Your Exercises

Included in this *Patient's Guide to Joint Replacement* on page 26 you will find exercises to do before surgery. Performing these exercises regularly and properly is perhaps the most important factor in speeding recovery and determining long-term success of your new joint. Keep in mind that the exercises are designed to strengthen muscles around the knee and improve mobility. The exercises are not always easy, but they are an important part of your treatment and recovery process. Some soreness in your joint is normal and will improve over time.

**If you experience severe pain with any exercise, you should stop immediately and contact your surgeon.**



## Obtaining Medical Clearance

You also will need to schedule an appointment for medical clearance with your personal physician or cardiologist well before surgery. Please schedule this appointment to take place 2 to 10 days following your Pre-Admission Testing visit. Your test results from that visit will be sent to your physician for his or her review. If you have risk factors or need special cardiac attention and you are not under the care of a cardiologist, we may recommend a consultation with one of the cardiologists on staff at Penn Medicine Princeton Medical Center.

## Preventing Surgical-Site Infection

At the time of surgery, it is important that you be free from infections. Any source of infection, such as teeth or ingrown toenails, should be treated. There are several steps that you can take to help prevent surgical-site infections.

### DENTAL CARE

All dental work must be completed at least 6 weeks prior to your surgery. Please call the office if any dental problems arise prior to your scheduled surgery date.

### SHAVING

It is very important that you do not shave your legs or use any hair removal products anywhere near the surgical area for 48 hours prior to surgery. Studies show an increased risk of surgical-site infection associated with shaving. This is attributed to the microscopic cuts in the skin that allow bacteria to enter.

### CLEAN HANDS

Hand hygiene is very important. You will notice your caregivers using alcohol-based hand sanitizer when entering your room. We also strongly encourage your family and friends to utilize this cleanser, as well as to wash their hands frequently to prevent the spread of infection.

### ILLNESS

If you become ill with a fever, cold, sore throat, flu or any other illness, please contact your surgeon's office.

### SKIN RASH

Please report any broken skin, rashes or sunburn to your surgeon.

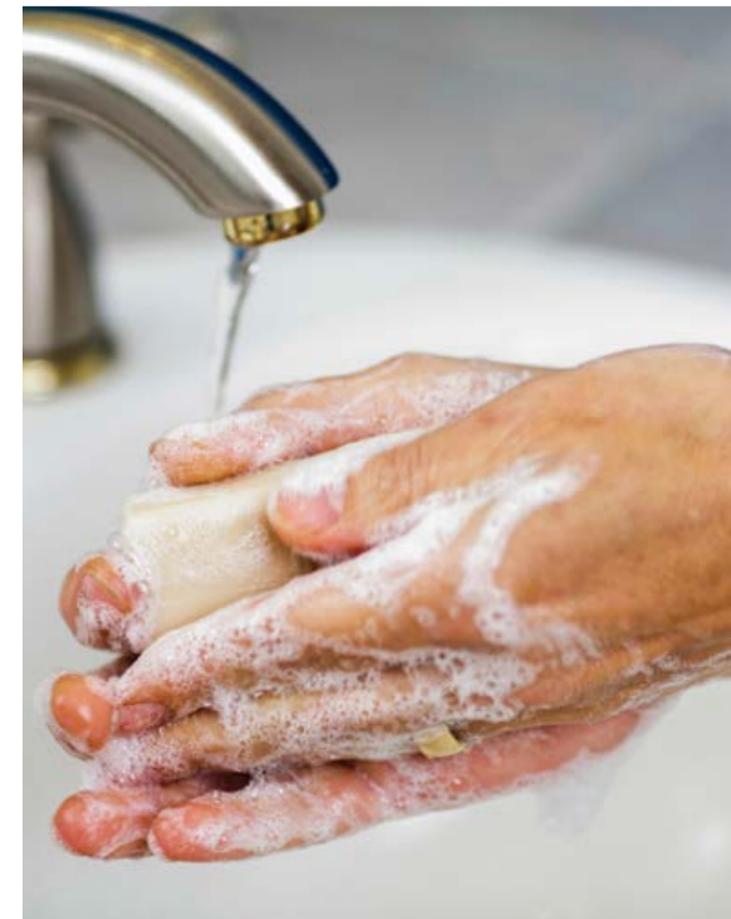
### PRE-SURGERY SKIN PREPARATION

Before surgery, your skin needs to be thoroughly cleansed with a special product. Humans naturally have healthy bacteria and germs living on our skin, but if these bacteria enter the incision after surgery, they can cause an infection. During your Pre-Admission Testing visit, your nurse will give you a special product and detailed instructions.

**IT IS VERY IMPORTANT THAT YOU USE THIS PRODUCT PRIOR TO YOUR SURGERY.**

## You can also help reduce your risk for many complications by:

- Reducing or eliminating the use of tobacco and alcohol
- Being compliant with managing your diabetes, if applicable
- Maintaining a healthy diet
- Using good hand-washing techniques
- Performing your exercises as directed by your physical therapist
- Limiting high-impact activities, as directed by your surgeon



If you have any questions after reading this information, please call to speak with a nurse.

**609.853.7954**

### Tips For Preparing Your Home

You and your family may want to consider these tips to help make your home safe and comfortable for when you return from your surgery:

- Purchase a non-slip bath mat for inside your tub/shower.
- Check every room for tripping hazards. Remove throw rugs and secure electrical cords out of the way.
- Determine what items from dressers, cabinets and shelves you'll need immediately after returning home. Any items you use often should be moved to counter height to avoid excessive bending or reaching.
- Plan on using a cordless phone or plan to use a cell phone. They can be tucked away inside a pocket, carried easily or set within reach.
- Make sure stairs have handrails that are securely fastened to the wall. If you must use stairs to enter your home or move around within your home, please discuss this with the physical therapist when you are seen in the hospital.
- If you have pets, you may want to consider boarding them for a few days after your return home, or gate off an area of your home to avoid tripping over them or other accidents.
- We recommend that you use a chair that has a firm back and armrests during your recovery. A chair with a higher seat will help you stand more easily. Chairs with wheels should not be



used under any circumstances. Ensure that the chair allows you to keep your legs elevated.

- In order to minimize cooking, it is wise to prepare meals in advance and freeze them or to purchase prepared meals.
- To increase nighttime visibility, install night-lights in bathrooms, bedrooms and hallways.
- Plan ahead by having a supply of clean laundry and fresh linens on your bed.
- Since your safety is our primary concern, we recommend that your Coach, spouse, family member or friend stay with you after your surgery until you are able to perform activities of daily living independently and safely. Typically, this occurs within a few days after you return home.

# The Day of Your Joint Replacement Surgery



## Packing For Your Hospital Stay

The following checklist should help you pack for your hospital stay.

### ITEMS TO PACK:

- This *Patient's Guide to Joint Replacement*.
- Clean, comfortable, loose-fitting clothing like elastic-waist pants, shorts or jogging outfits to wear while you are in the hospital.
- Sneakers/tennis shoes or shoes with flat, rubber bottoms. Do not bring tight-fitting footwear, as your feet may swell a bit following surgery. Do not bring backless shoes or slippers because of the risk of falling.
- At your Pre-Admission Testing visit, you will receive instructions about which medications (if any) you should bring with you. Typically, these include eye drops, inhalers and uncommon medications.
- Eyeglasses, contact lens cases with solution and denture storage
- If you use a breathing machine, such as a CPAP, bring your machine, mask and hose.
- A copy of your advance directive, a living will or durable power of attorney for healthcare. If you don't already have a copy of an advance directive, forms will be available at the hospital.

### FINAL PREPARATIONS FOR SURGERY:

You will receive a phone call from a hospital representative to confirm your expected arrival time. Follow the directions you receive from Pre-Admission Testing or your surgeon regarding what you can eat or drink the night before and day of surgery. Alert your surgeon if you have had any changes in medications or your medical condition.

### FOR YOUR CONSIDERATION:

Wi-Fi is available throughout the hospital and in your room.

### ITEMS TO LEAVE AT HOME:

Jewelry, cash, valuables and medications should be left at home in the care of a trusted loved one or locked in the safe in your room. You may wear your wedding band in the operating room, but it will be taped to your finger. Taping prevents it from getting caught on anything or from loosening or falling off.

# Arriving at the Jim Craigie Center for Joint Replacement



Please arrive at the time you were given, so that you have plenty of time to check in and prepare for surgery.

**Wear comfortable clothes.** Please avoid wearing cologne, perfume or fragrances of any kind. Deodorants, creams, lotions, shaving creams and makeup should be avoided, as they may be a source of bacteria.

Parking is available in visitor parking lots P1 or P2.

For your convenience, a map and driving directions are provided at the back of this guide. If needed, wheelchairs are available at any of the patient entrances.

## Surgery Preparation

Upon your arrival, you will check in at the Institute of Surgical Care. In your room, you will be instructed to change into a hospital gown, and you will also put on a pair of compression stockings to improve circulation and non-slip socks to prevent falls.

Your nurse will verify information regarding your health, allergies and medications. Your list of medications will be reviewed. Your vital signs (temperature, pulse, breathing rate and blood pressure) will be taken before you go into the operating room. Your nurse will also make sure the following preparations are completed:

- Clipping hair (if needed) around the surgical site to decrease the chance of infection
- Marking the operative site (left or right side)
- Starting an intravenous (IV) line in your arm to provide fluid you will need during surgery
- Applying skin and nasal antiseptic products to decrease the chance of infection

Your surgeon may order pain medications to be given to you prior to the surgery. These medications will help reduce the amount of pain you feel after surgery.

## Family Waiting

On the morning of surgery, your Coach, family member or friend will be able to stay with you until you're ready to be transported to the operating room. At this point, they will be asked to provide their cell phone number so that they can be contacted by the surgeon after surgery. They may wait in your room, the atrium, restaurant or café. Each area has a comfortable seating area and WiFi services.

Once your knee replacement is complete, a member of the surgical team will contact your Coach, spouse, family member or friend. At this point, they will be able to speak with your surgeon to discuss your procedure.

## Anesthesia — General Information

Your anesthesia physician will meet you before surgery. At that time, the anesthesia physician will examine you, discuss your medical history and determine the best plan for your anesthetic care. It is important that you tell your anesthesia physician of any prior problems or difficulties you have had with anesthesia.

He or she will discuss the risks and benefits associated with the various anesthetic options, as well as the potential side effects that can occur with each. Anytime you have surgery and anesthesia, there is a chance that you may experience some nausea and vomiting; however, medications are available to treat both and are routinely given ahead of time to try to prevent these symptoms.

## Regional Anesthesia

Your Anesthesia physician may administer a nerve block. This medication is injected directly into a nerve in your thigh. The injection is guided by ultrasound and will numb the areas around your knee. This will provide you with some pain relief for 2-3 days after surgery.

## Spinal Anesthesia

Spinal anesthesia involves the injection of medication in the spinal canal to numb your legs. You will receive sedation before the spinal anesthetic, so you will be comfortable and relaxed while it is being performed. Once the spinal is administered by your Anesthesiologist, you will be given additional sedation and will relax in a twilight sleep. You will not be able to feel or move your legs until the spinal has worn off. This effect can last several hours, so it is important that you do not try to walk until your physical therapist or nurse determines that you are ready.

## THE OPERATING ROOM

Inside the operating room, you will be cared for by a team of physicians, physician assistants, nurses and skilled technicians. The total time required for your surgery will be different from patient to patient, depending on the complexity of the procedure.

In the operating room, you will be greeted by the staff involved in your care. The nurses will again ask you to identify yourself and your birth date. If it is determined that spinal anesthesia is the best choice,

you will also hear the staff state your name and birth date or medical record number once more just before you receive your spinal anesthesia. All these checks are required and performed to ensure your safety. The operating room is kept cold. Your nurse will ensure that you are kept warm.

A calf-compression device will be applied to the unaffected leg to improve circulation. After your spinal anesthesia, you will then be positioned for your surgery.

## Recovery

After surgery, you will be transported to an area called the Post Anesthesia Care Unit (PACU), or recovery room. You will spend approximately one to two hours in the PACU while you recover from the effects of anesthesia.

Your nurse will check your vital signs, including blood pressure, respiratory rate and heart rate, and monitor your progress. Your nurse will also start your cold therapy, which helps to reduce swelling and pain.

You will have cold therapy on your surgical site continuously. It is important to continue to use cold therapy to reduce swelling and pain. You will continue your cold therapy at home.

Pain medications will be provided as needed.

Your nurse will check your surgical site for drainage and assess your breathing. They will also apply calf compression devices to help with circulation.

After your stay in the PACU, you will be returned to your hospital room in the Jim Craigie Center for Joint Replacement to continue your recovery.

## What To Expect After Surgery

Once you have arrived in your room, your nurse will assess you and continue to monitor you frequently. You will notice a dressing on your knee. At this point, you will have compression stockings and calf-compression devices on both legs. The calf-compression device will squeeze your legs at regular intervals to circulate blood and to help prevent clotting. If you do not feel the compression, be sure to let your nurse know.

For most patients, the spinal anesthetic wears off after 4 to 5 hours. When this occurs, you will start taking pain medications by mouth. Once your vital signs are stable and you have regained movement and sensation in your lower extremities, your nurse or physical therapist will assist you to sit at the edge of the bed, stand and walk.

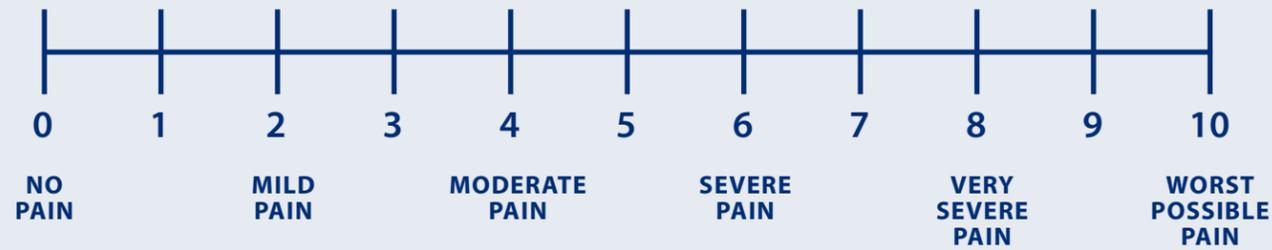
## Managing Your Pain

The amount of pain and discomfort you experience depends on multiple factors. You will receive pain medication through your IV after surgery and by mouth once you are recovering in the Jim Craigie Center for Joint Replacement. Your nurse will offer pain pills to help control the soreness that often accompanies activity in the first few days after surgery.

Your physicians and nurses will do everything possible to help control your pain and discomfort using medications and other techniques, including cold therapy, position changes and relaxation.

Communication is an important part of helping us manage your pain. We encourage you to share information with your nurses about any pain you experience. Please be as specific as possible. For example, specify where the pain is, how often you feel pain and what the pain feels like. Is it sharp, dull, aching and spreading out? On a scale of 0 to 10, where 10 is the worst pain imaginable, how would you rate your pain?

## PAIN RATING SCALE



### Additional Medications

You can expect to receive IV antibiotics during the first 24 hours of your hospital stay, as well as medications for pain and anticoagulants to prevent blood clots. Sometimes, patients may feel nauseous or constipated. Both symptoms can be managed with medication or other interventions, so it is important that you talk with your nurse if you don't feel well. Your nurse will review the side effects of your medications. Please speak with your nurse if you have questions.

### Early Ambulation

After regaining movement and sensation in your lower extremities, your physical therapist or nurse will assist you to sit at the edge of the bed, stand, put some weight on the joint and walk. Your physical therapist will help you begin your exercise routine. These exercises are designed to help increase strength and flexibility in the joint. Ultimately, the goal is to perform activities of daily living, like walking, climbing stairs, and getting in and out of a bed and up and down from a chair or toilet.

To ensure maximum success, it is important that you follow physical therapy instructions both while you are in the hospital and after you are discharged from the hospital. While in the hospital, you will have physical therapy sessions with a member of our team to work on walking, strength and range of motion.

**Please do not try to walk until your nurse or physical therapist determines you are ready.**

Exercise and physical therapy may be provided in a group setting, so that our patients can support and encourage each other on the road to recovery. New friendships are often made, enhancing the healing process. Coaches and family members are encouraged to participate in group activities.

### Exercises On Your Own

You will be instructed to perform ankle pumps every hour while you are awake. This keeps blood from pooling in your lower legs, reducing your risk of a blood clot. You will also be given exercises from your physical therapist that you can perform throughout the day from your bed or chair. Your outcomes will be better if you participate in physical therapy as directed.

### Deep Breathing, Coughing And The Incentive Spirometer

You will receive a device called an incentive spirometer and will be instructed in its use. The incentive spirometer helps you fully expand your lungs and keeps them active in order to prevent chest congestion. You may practice coughing after using the incentive spirometer to make sure that your lungs are clear.

# Transitioning Home

### Preparing To Return Home

You will be ready to go home once you're able to walk safely and perform your exercise program. Your surgeon and physical therapist will determine when you are ready for the transition to home.

We'll use the following goals to assess when it is safe for you to go home. Can you:

- Get in and out of bed?
- Get up and down from a chair and toilet?
- Perform your personal hygiene independently?
- Walk up and down the stairs?
- Walk approximately 100-300 feet?
- Get dressed?
- Get in and out of your car?
- Perform your knee exercises?

Before you go home, we will make sure that all your transitional needs are met. Your surgeon may order the following based on your individual needs:

- Medication for pain and inflammation
- Medication to prevent blood clots
- Walker and other equipment
- Physical and/or occupational therapy

### The Drive Home

Please arrange for your Coach, family member or friend to drive you home. To make your ride more comfortable, please ask your driver to slide your seat back and recline the seat slightly.



## Recovering At Home

As part of your recovery and when you are ready, your surgeon will prescribe outpatient physical therapy to emphasize stretching and strengthening of the knee after replacement. Princeton Medical Center Princeton Rehabilitation offers physical therapy services at several locations.

Some patients may go home needing homecare services for a brief period of time until they can safely attend an outpatient physical therapy program. A visiting physical therapist and/or nurse can be arranged during this transition period to help with continued recovery and safety of your home. A homecare discharge planner will help make appropriate arrangements depending on your needs and insurance coverage and assist in ordering any equipment needed for the home. Penn Medicine Princeton HomeCare provides comprehensive nursing, physical therapy and home



health aide assistance to patients living in Mercer County and many areas in Middlesex, Somerset, Burlington, Monmouth and Hunterdon counties.

## Comfort

We recommend taking pain medication 30-45 minutes prior to performing the prescribed physical therapy exercises. It is important to take medications to prevent severe pain.

Some people experience constipation while taking pain medication. You may consider drinking prune juice daily, drinking more water, adding dietary fiber to your diet or taking an over-the-counter stool softener and laxative to prevent constipation. Exercise and walking also help prevent constipation. To avoid stomach upset, be sure to take your pain medication with a meal or snack. Avoid drinking alcohol or driving while taking prescribed pain medication.

It is normal to experience some pain after joint replacement surgery. This will gradually decrease. If following your regimen of rest, cold therapy, elevation and taking your pain medications as prescribed does not relieve your pain to a satisfactory level, please contact your surgeon.

Please resume the medications you were taking prior to surgery as prescribed.

## Activity

Continue your exercises every day as instructed by your physical therapist. You may put as much weight as tolerated on your affected leg. Your physical therapist will advise you as to when you may begin or resume certain physical activities such as using a stationary bike, golfing, etc. You may resume swimming when your surgeon verifies that your incision is fully healed.

## Managing Swelling

It is normal to have bruising around your knee. You may also experience swelling of the upper and lower leg down to the foot and ankle. Swelling usually peaks around 7-14 days after surgery and may last a few weeks.

Be sure to use your cold therapy wrap. This will help reduce pain and swelling.

Please continue to wear your compression stockings at home to reduce swelling and improve circulation. The stockings may be removed while you sleep at night. Continue to wear them for 2 weeks. Please also continue to perform ankle pumps at least 10 times an hour, and elevate your legs when at rest.

**If you are traveling for long periods of time, it is vital that you do ankle pumps and walk for 10-15 minutes every 1-2 hours. This will help prevent blood clots and joint stiffness.**



## Incision Care

Keep your incision clean and dry.

Use regular soap but do NOT use creams or lotions on your incision for the first week after surgery or until cleared by your surgeon.

Avoid soaking your incision in a tub bath or hot tub or participating in any water activities until the incision is completely healed, closed and no longer draining. This typically occurs 6 weeks after surgery.

Care for your incision as directed by your surgeon.

## When to call the surgeon:

A moderate amount of bruising, swelling and redness can be expected after knee replacement surgery. If you experience any of the following, you should contact your surgeon:

- **A fall**
- **Inability to walk**
- **Pain, tenderness or swelling isolated to your calf and/or ankle of either side (This may indicate a possible blood clot.)**
- **Increased redness around your incision**
- **Thick yellow drainage from the incision site or any other wound**

- **A temperature over 101° F (38.3° C)**
- **Bleeding from the surgical site**
- **Inability to do your exercises for any reason**
- **Toes that are very cold and do not get warm when you cover them**
- **Any unexpected problems, concerns or questions**

If the following symptoms are not relieved by cold therapy, rest and elevation, please call your surgeon:

- **Swelling**
- **Numbness, tingling or burning**
- **Pain not controlled by medication or pain that is getting worse**

It is unlikely, but if you experience chest pain, palpitations or difficulty breathing, **please call 911.**

## Life After Joint Replacement

### Diet

It is important to eat a healthy diet to promote healing. You may experience decreased appetite after surgery. This is normal and should gradually resolve. Be sure to drink plenty of fluids.

### Healthy Eating

Healthy nutrition both before and after surgery can help aid your healing process. It is important to eat a well-balanced diet that is rich in:

### IRON

to build red blood cells and minimize postoperative anemia

### CALCIUM

to strengthen your bones as they heal

### FIBER

to prevent constipation that can occur as a side effect

### PROTEIN

for healing your skin, bones and muscles

### HYDRATION

to prevent constipation, weakness and blood clot formation

### IRON

Iron is a mineral your body needs to make red blood cells, which are the cells that carry oxygen to your muscles and organs. Because some blood was lost during surgery, your body will be generating new red blood cells. Our bodies don't make iron, so we must get it from foods and supplements. Iron supplements can cause your stool to appear dark and can also cause constipation. Foods that are rich in iron include:

- Fortified breakfast cereals
- Cream of wheat
- Meat, fish, poultry or eggs
- Dried fruits like apricots, figs, prunes or raisins
- Kale or spinach
- Legumes like kidney beans, pinto beans or lentils

Iron is best absorbed with Vitamin C, so be sure to include foods high in Vitamin C in your meals:

- Broccoli, cauliflower and Brussels sprouts
- Cantaloupe, grapefruit, oranges, tangerines and tomato products
- Fruit or vegetable juices

Calcium inhibits the absorption of iron, so do not take an iron supplement with milk. Acids in tea, coffee and wine can also reduce iron absorption.

### CALCIUM

Calcium is a mineral your body needs to build new bone and strengthen existing bone. Calcium-rich foods include low-fat cheese, yogurt, milk and any other food products that have been fortified with calcium, such as orange juice.

### FIBER

Fiber is important to prevent constipation, which may be caused by iron supplements, pain medications and immobility. The best way to boost your intake of insoluble fiber is to eat a variety of whole grains, vegetables, beans and fruits. When buying breads or grains, look for the words "whole grain" on the label. Try to eat breads with at least 3 grams of fiber per slice and cereals

with 3 or more grams of fiber per serving. Try whole-wheat pasta and brown rice, as they have 3 times as much fiber than the regular "white" variety.

### PROTEIN

Protein is essential to every cell in the body, especially while you are healing. Legumes, poultry, seafood, dairy products, meats, nuts and seeds are rich sources of protein. Grains and vegetables supply small amounts of protein as well. Many high-protein foods can also be high in fat and cholesterol, so choose your protein wisely and focus on the lower-fat protein foods such as lean meats, low-fat dairy and legumes.

### HYDRATION

Hydration can prevent constipation, weakness and blood clot formation. It is very important to consume 6-8 cups of fluid per day to ensure you remain properly hydrated. Fluids come in many different forms. Anything that melts at room temperature is considered a fluid.

Examples include:

- Coffee
- Gelatin
- Ice chips
- Ice cream, sherbet and ice pops
- Juice
- Milk
- Soda
- Soup
- Tea
- Water

**If you have concerns about meeting your nutritional needs after surgery, you may request a visit from a dietitian during your hospital stay.**

## Rest

Your energy level may be less than usual for a few weeks after surgery. Take rest breaks as needed during the day, and get a good night's sleep to support the healing process. However, it is common to have difficulty sleeping after surgery. This will gradually improve. You may sleep on your back or either side but do not put a pillow under the affected knee.

## Exercises and Activity

Exercise and maintaining an active lifestyle are important parts of health. Most patients with artificial joints are able to enjoy many activities, though some should be avoided. In general, high-impact exercises like running, jumping, heavy lifting or contact sports are not recommended. Participating in these activities, or activities like them, may damage your joint or cause it to wear down much more quickly. Low-impact activities like swimming, walking, gardening and golf are encouraged.

You can resume sexual activity when you feel ready. Generally, most people wait to resume sexual activity for a few weeks after surgery. Choose a position that feels safe and comfortable for you. Keep a few pillows or rolled towels nearby to help with body support. Take a mild pain medication 20-30 minutes before sexual activity to help prevent minor aches.

## Dental Care

Following your joint replacement surgery, it is important to notify your dentist, prior to each visit, that you have a joint implant. You will need to remind your dentist before every scheduled appointment in the future of this requirement in order to reduce the risk of developing an infection in your joint.

## Reducing Risks of Infection in Your New Joint

To reduce your risk of infection, antibiotics may need to be administered prior to any invasive test, procedure or surgery. The physician or surgeon performing the test, procedure or surgery should



prescribe antibiotics if indicated.

## Follow-up Care

You will see your surgeon or physician assistant for a follow-up appointment approximately 2 weeks after surgery and routinely several times during the first year. Joint replacements are monitored thereafter annually for life.

## Traveling

When traveling long distances by car or airplane, you should attempt to change position or stand about every hour. Some of the exercises, like ankle pumps, can also be performed should you need to sit for long periods of time.

Because your new artificial knee contains metal components, you will likely set off the security systems at airports or shopping malls. This is normal and should not cause concern. Simply explain to the security guard about your knee replacement.

## Driving

You should not drive a car or other motor vehicle until your surgeon says it is alright for you to do so. You will need to be off pain medications before you will be cleared to drive again. In most cases, patients are able to resume driving about 2-6 weeks after surgery, depending on which knee you had replaced.

## Returning to Work

Please discuss your plan to return to work with your surgeon, as it will depend on the activity requirements of your job. If your job requires a work release form, ask your surgeon to sign one.

# Exercises and Mobility

The following pages contain a list of basic exercises that you will be performing before and after your knee surgery. These are vital in helping you return to your normal activities and are designed to help increase knee strength, flexibility and function.



# Before Surgery

These are all performed lying in bed or sitting on a recliner with your legs straight in front of you.

## 1. BUTTOCK SQUEEZES

Squeeze your buttock muscles. Hold for 5-10 seconds, then release. Perform 10 repetitions three times a day.

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## 2. QUAD SETS

Slowly tighten the muscles on the front of your thigh. Straighten your leg as if you are pushing the back of your knee into the bed. Hold for 5-10 seconds. Perform 10 repetitions on each leg, three times a day.

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## 3. STRAIGHT-LEG RAISES

Bend one leg and keep your other leg straight. Raise your straight leg about 6-8 inches. Do not lift your straight leg higher than the knee that is bent. Perform 10 repetitions on each leg, three times a day.

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## 4. HIP ABDUCTION

Keep knees straight and toes pointed toward the ceiling. Slide the affected leg out to the side and then back to the center. Perform 10 repetitions on each leg, three times a day.

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## 5. HEEL SLIDES

To promote active bending, lie on your back with your legs straight and your toes pointed toward the ceiling. Slowly pull the heel of one leg toward your buttocks as far as you can, attempting to achieve greater motion with each repetition. Perform 10 repetitions on each leg, three times a day.

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## 6. SEATED KNEE EXTENSION

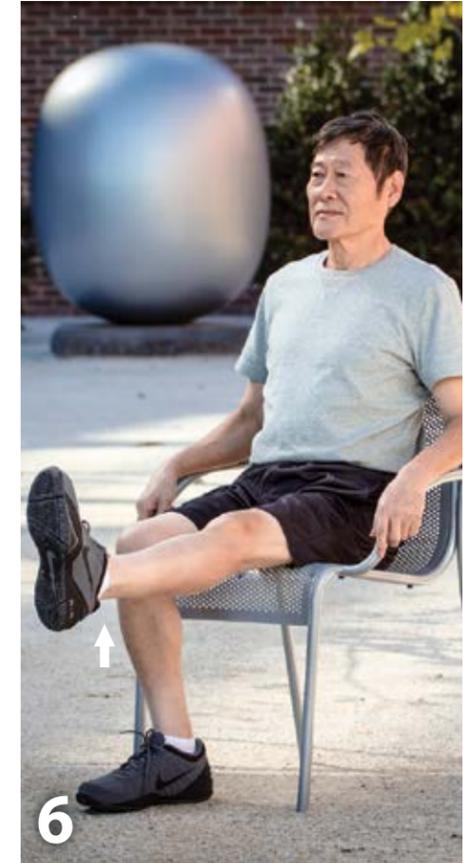
Sit-up on the side of a bed or chair. Slowly extend one knee as though you are kicking something in front of you. Perform 10 repetitions on each leg, three times a day.

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# After Surgery

As you progress with outpatient physical therapy, your exercise regimen will be expanded. The physical therapists will make reference to your “affected leg” or “affected side.” This will be the leg that you had surgery on or that side of the body. We will also reference your “unaffected leg” or “unaffected side.” This will be the leg or side of your body opposite your surgical side.

Our goal is to assist you in achieving the safest level of functional mobility. We encourage you to actively participate in your rehabilitation process. Please feel free to ask any questions you may have concerning your progress or rehabilitation plan.

## 1. ANKLE PUMPS

To promote circulation, pump your ankles up and down. Perform 10 repetitions every hour while awake.

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## 2. BUTTOCK SQUEEZES

Squeeze your buttock muscles. Hold 3 to 5 seconds. Perform 10 repetitions every hour while awake.

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## 3. QUAD SETS

Slowly tighten the muscles on the front of your thigh. Straighten your leg as if you are pushing the back of your knee into the bed. Perform 10 repetitions every hour while awake – Hold each rep for 3-5 seconds.

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## 4. STRAIGHT-LEG RAISES

Bend one leg and keep your other leg straight. Raise your straight leg about 6-8 inches. Do not lift your straight leg higher than the knee that is bent. Perform 10 repetitions as tolerated three times a day.

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## 5. HIP ABDUCTION

Keep knees straight and toes pointed toward the ceiling. Slide the affected leg out to the side and then back to the center. Perform 10 repetitions as tolerated three times a day.

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## 6. HEEL SLIDES

To promote active bending, lie on your back with your legs straight and your toes pointed toward the ceiling. Slowly pull the heel of one leg toward your buttocks as far as you can, attempting to achieve greater motion with each repetition. Perform 10 repetitions as tolerated three times a day.

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### 7. SEATED KNEE EXTENSION

Sit-up on the side of a bed or chair. Slowly extend one knee as though you are kicking something in front of you. Perform 10 repetitions as tolerated three times a day.

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### 8. BOLSTER KICKS

Lay on your back and place a bolster (rolled towel or pillow) under the knee on your affected side. Straighten knee as much as possible. Perform 10 repetitions as tolerated three times a day.

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### 9. SEATED KNEE BENDS

Bend your affected knee as far as you can. Perform 10 repetitions as tolerated three times a day.

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## Advanced Exercises

### 1. SIT TO STAND

Put your hands on the arms of the chair. Push to a standing position and then slowly return to sitting. Perform 10-20 repetitions three times a day.

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### 2. STANDING TOE AND HEEL RAISES

To improve your standing balance, stand with feet shoulder-distance apart. Make sure you are holding onto a table or counter. Rise up onto the balls of your feet and slowly lower back down. Perform 10 repetitions 3 times a day.

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### 3. STANDING MARCHING

To promote joint motion and strength, hold onto a table or counter and lift your knee up to the level of your hip, keeping your body erect, and lower slowly. Alternate legs with each repetition. Perform 10 repetitions 3 times a day.

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### 4. STANDING KNEE BENDS

To promote hamstring strength, hold onto a table or counter for balance and bend your knee, moving your foot toward your buttocks and keeping your thighs parallel. Slowly return to starting position. Switch legs after 10 repetitions. Perform 10 repetitions 3 times a day.

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# Precautions

## WEIGHT-BEARING STATUS

After surgery, your orthopaedic surgeon will identify the amount of weight you can put on your affected leg. This weight-bearing status is designed to help protect your new knee as it heals and encourage recovery.

## GETTING IN/OUT OF BED

You will want to get out of bed on your affected side.

- Sit up onto your elbows then up onto your hands.
- Pivot on your hips. Using your arms, scoot to the edge of the bed.
- Sit on the edge of the bed using your arms for support.
- To return to lying down, follow the above steps in reverse.

## Getting In And Out Of Chairs

Choosing the proper chair to sit in:

- Always choose a chair with a firm seat and armrests.
- Avoid chairs that are too low.
- Be sure to sit in chairs that are at least as high as the back of your knees. Add a firm cushion to the chair if it is not high enough.
- Do not sit in chairs with wheels on the legs.
- Use a chair that allows for elevation of the leg throughout the day.

## SITTING DOWN IN A CHAIR

- Back up, leading with your unaffected leg, until you feel the chair on both legs.
- Scoot affected leg out in front of you.
- Reach back for armrests of chair, one hand at a time.
- Slowly lower yourself down to the edge of the chair, keeping your affected leg in front of you in order to take pressure off and avoid an increase in pain.
- Scoot back into the chair.

## STANDING UP FROM A CHAIR

- Scoot to the edge of the chair.
- Keep your affected leg out in front and your unaffected leg underneath you.
- Use both hands to push up from the armrests of the chair or surface that you are sitting.
- Stand.
- Reach for walker/assistive device.





## Safety With Walking

Initially, you will be walking with the help of an assistive device. This will first be a rolling walker, which will give you the most support. The progression to a cane will be made with the assistance of your therapist. If you have a weight-bearing restriction, your walker will help you maintain it.

### SEQUENCING WITH A WALKER

- Move the walker a few inches in front of you.
- Lean onto the walker so it supports your weight.
- Step into the walker with your affected leg first; step into the middle of the walker; your toes should not cross the front of the walker.
- Step your unaffected leg into the walker next to your affected leg. If you have a weight-bearing restriction, you will need to bear your weight through your arms on the walker.

As you progress to a cane, you will be able to try to walk more smoothly, taking even steps.

### SAFETY WITH STAIRS

While in the hospital, a therapist will teach you and your Coach how to get up and down stairs, simulating the stairs you have at home.

#### *The one thing to always remember with stairs:*

Climb the stairs with your unaffected leg first and descend stairs with your affected leg first. "Up with the Unaffected and Down with the Affected."



## Safety In The Bathroom

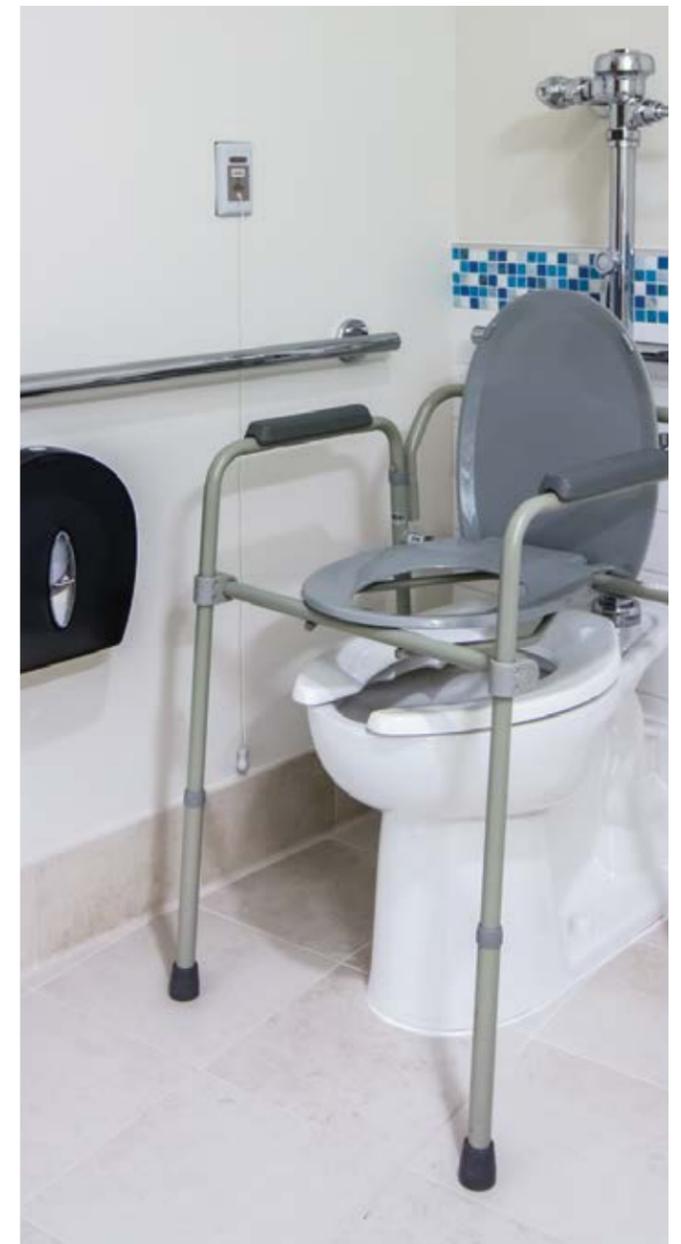
Using the bathroom can be challenging after surgery. Depending on the configuration of your bathroom, you may need an elevated toilet seat. During your hospital stay, your physical therapist will help you determine which equipment you may need.

### USING THE TOILET

- Back up, leading with your unaffected leg until you feel the toilet touch the back of your legs.
- Look behind you and grasp the grab bar (or armrest, if you are using an elevated toilet seat).
- Lower yourself onto the front of the toilet and then scoot back.
- When ready to stand up, use the armrest to help you stand.

### GETTING INTO A TUB OR SHOWER

- A stall shower is preferred.
- Step into the tub/shower with the unaffected leg.
- Sit on a tub/shower seat until you feel steady enough to stand when showering
- Reverse the steps above when getting out of the tub/shower.



## Optional Dressing Aides

Until you can easily bend your knee to dress yourself, additional equipment is available.

### PUTTING ON SOCKS

- Sit on a chair or on the bedside.
- Pull the sock onto the sock aid as shown by the therapist.
- Hold the sock in front of the foot on your affected side. Slip your foot into the sock. Pull the sock aid out of the sock.
- Put the other sock on with the sock aid or bring your foot toward your knee and slip it on with your hands.

### PUTTING ON PANTS

- Sit in a chair or the bedside.
- Using a reacher, catch the waist of the underwear or pants.

- Slip the pants onto the affected leg first. Then slip your other leg into the pants.
- Use the reacher to pull pants over your feet and above your knee.
- Pull pants to where you can reach them with your hands.
- Hold the pants with one hand. Push up from the chair or bed, and steady yourself with your walker.
- Then, once you are steady on your feet, pull the pants up the rest of the way.

### PUTTING ON SHOES

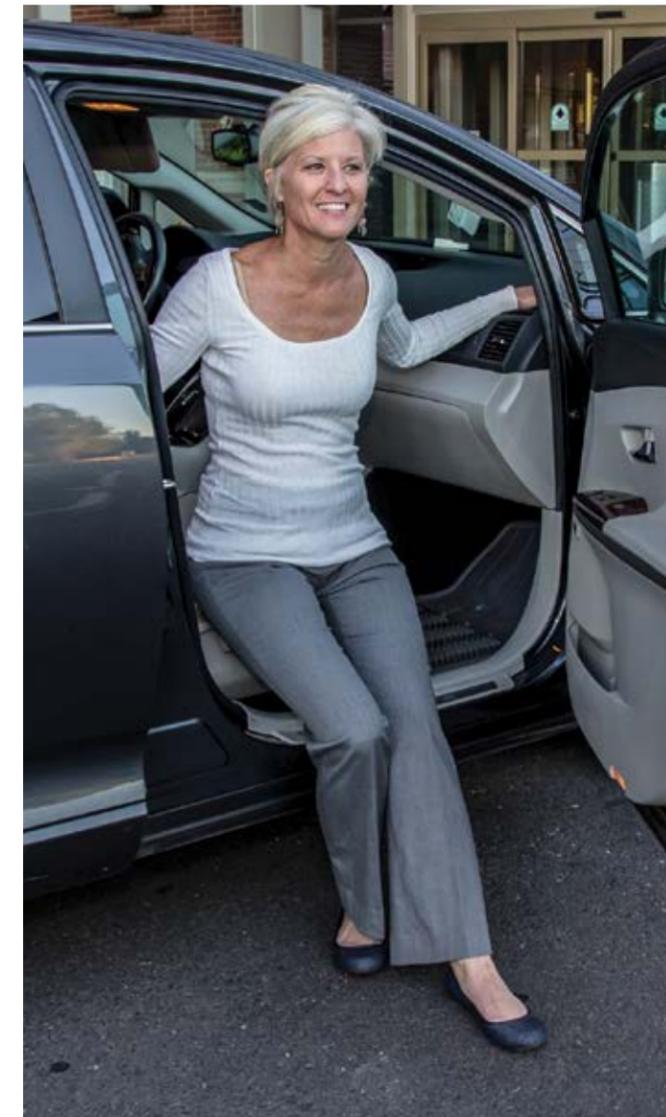
- Wear slip-on shoes or use elastic or shoelaces so you don't have to bend.
- Sit in a chair.
- Put your foot into the shoe.
- Use a reacher or long-handled metal shoehorn to pull the shoe on.



## Car Transfers

Slide the passenger seat of your car as far back as possible and, if able, recline the seat.

- Using your walker, back up to the car, leading with your unaffected leg.
- Slide your affected leg forward as you sit down on the edge of the seat.
- Scoot back on the seat as far as possible, and lean back as you swing your legs into the car.
- To get out of the car, follow the above steps in the reverse order.



## Overnight Accommodations

### CLARION HOTEL PALMER INN

3499 US Highway 1 South  
Princeton, NJ 08540  
877.432.9044

### COURTYARD BY MARRIOTT

3815 US Route 1 at Mapleton Road  
Princeton, NJ 08540  
609.716.9100

### CROWN PLAZA PRINCETON

900 Scudders Mill Road  
Plainsboro, NJ 08536  
609.936.4200

### DOUBLETREE HOTEL PRINCETON

4355 Route 1  
Princeton, NJ 08540  
609.452.2400

### HOLIDAY INN

100 Independence Way  
Princeton, NJ 08540  
609.520.1200

### HOMWOOD SUITES

3819 US 1 South  
Princeton, NJ 08540  
609.720.0550

### HYATT PLACE

3565 US Highway 1  
Princeton, NJ 08540  
609.720.0200

### HYATT REGENCY PRINCETON

102 Carnegie Center  
Princeton, NJ 08540  
609.987.1234

### NASSAU INN

10 Palmer Square East  
Princeton, NJ 08542  
609.921.7500

### PRINCETON MARRIOTT HOTEL & CONFERENCE CENTER AT FORRESTAL

100 College Road East  
Princeton, NJ 08540  
609.452.7800

### RESIDENCE INN MARRIOTT

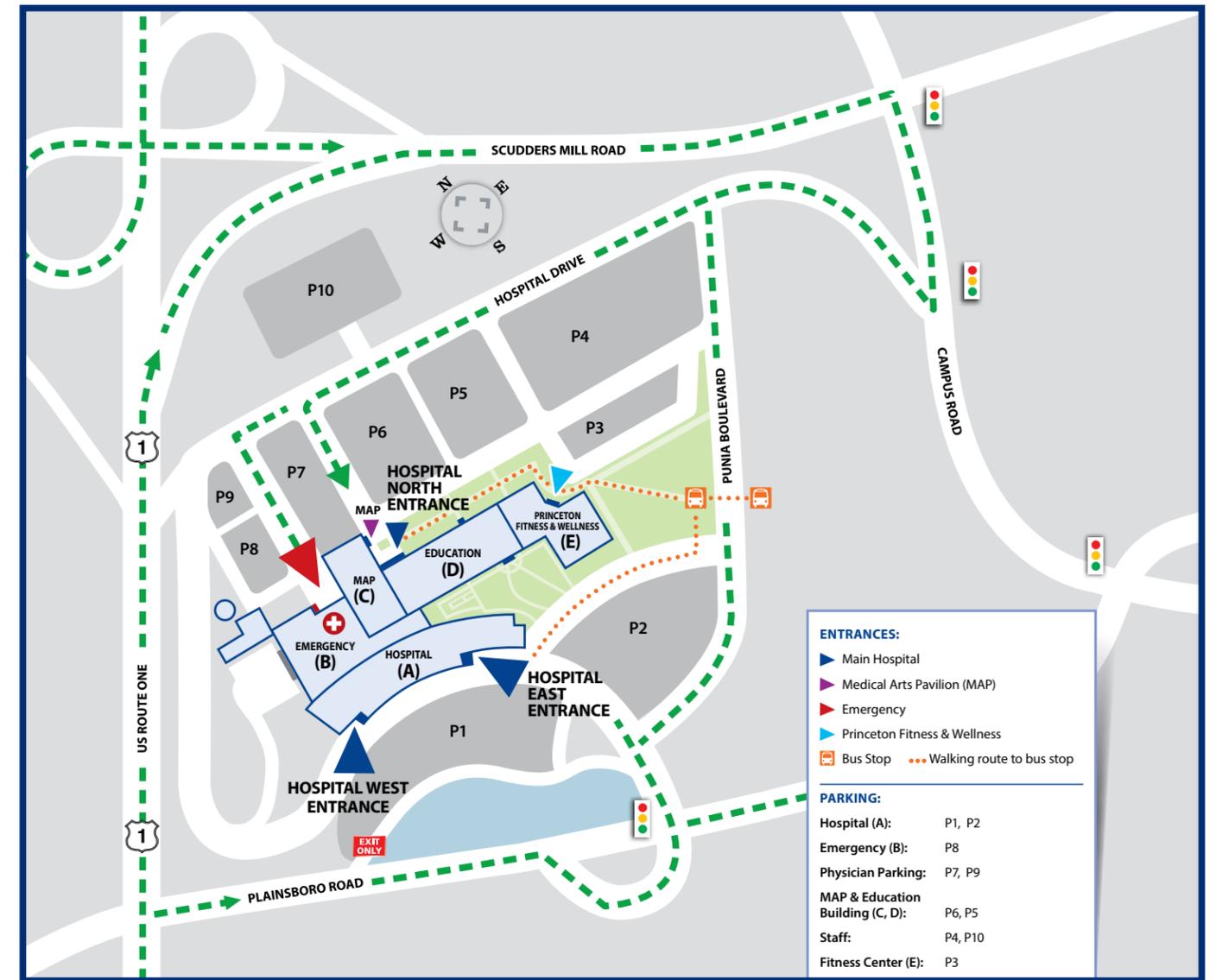
4225 US Highway 1  
Monmouth Junction, NJ 08852  
732.329.9600

### SONESTA ES SUITES PRINCETON

4375 US Route 1 South  
Princeton, NJ 08540  
609.951.0009

### THE WESTIN PRINCETON AT FORRESTAL VILLAGE

201 Village Boulevard  
Princeton, NJ 08540  
609.452.7900



## IMPORTANT PHONE NUMBERS

Joint Replacement Nurse Navigator	<b>609.853.7954</b>
Jim Craigie Center for Joint Replacement	<b>609.853.7970</b>
Orthopaedic Nurse Manager	<b>609.853.7952</b>
Patient Relations	<b>609.853.7490</b>
Main Hospital	<b>609.853.7000</b>
Pre-Admission Testing	<b>609.853.7360</b>

### A Atkinson Pavilion/Hospital:

- Acute Care for the Elderly (ACE)
- Acute Rehabilitation Unit
- Princeton Center for Eating Disorders
- Center for Maternal & Newborn Care:
  - Labor & Delivery
  - Neonatal Intensive Care Unit
  - Mother-Baby Unit
- Center for Neuroscience Care
- Institute for Surgical Care:
  - Peri-Operative Unit
  - Post-Anesthesia Care Unit (Recovery)
  - Pre-Admission Testing
  - Surgical Care Unit
- Center for Testing & Treatment
- Dialysis
- Edward & Marie Matthews Center for Cancer Care
- George & Estelle Sands Center for Cardiac & Pulmonary Care
- Llura & Gordon Gund Center for Critical Care
- Medical/Neurology/Oncology Unit
- Regan Family Center for Pediatric Care
  - PMC-CHOP: Partners in Pediatric Care
- Telemetry Unit

### B Center for Emergency Care

- (Emergency Department)
- Imaging
- Interventional Suite/Operating Rooms
- Security

### C Medical Arts Pavilion (MAP):

- Center for Bariatric Surgery & Metabolic Medicine
- Center for Digestive Health
- Department of Medicine
- Department of Surgery
- Maternal-Fetal Medicine
- Diabetes Management Program
- Occupational Health
- Outpatient Imaging Center
- Laboratory Services
- Princeton Medical Center Foundation
- Princeton Medicine Physicians
- Private Physician Offices
- Sleep Center
- Stephen & Roxanne Distler Center for Ambulatory Surgery
- Women's Imaging

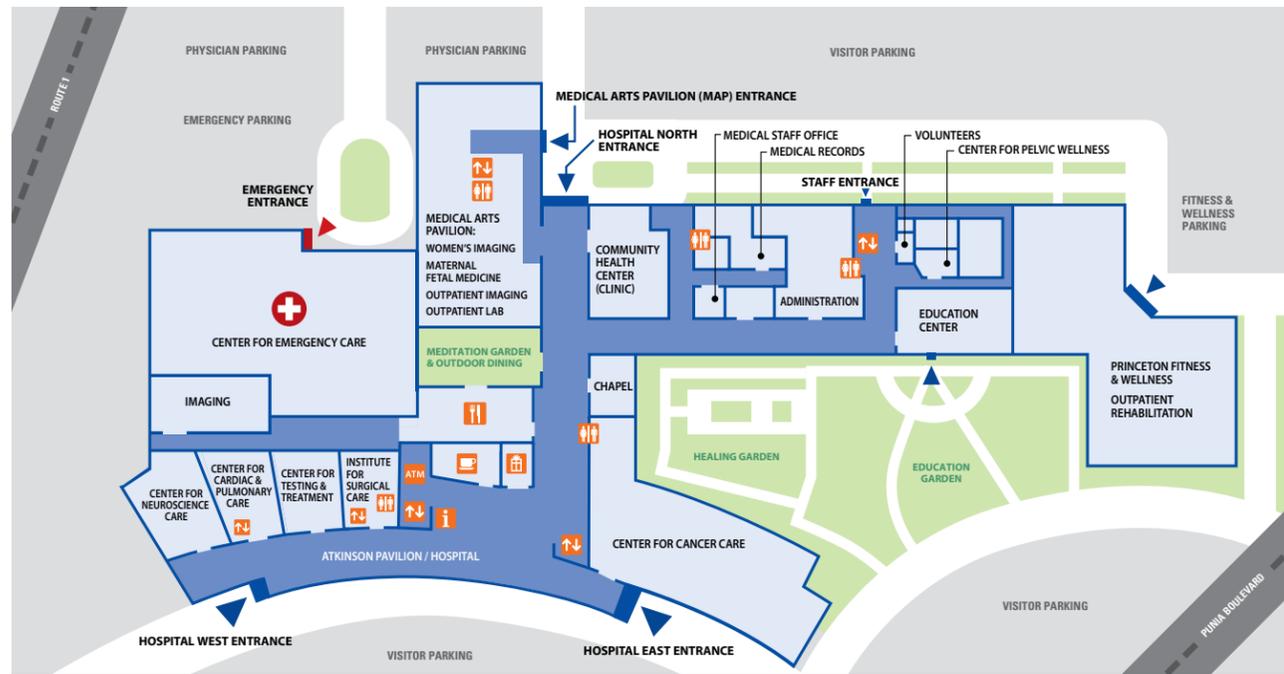
### D Education Building:

- Administration
- Bristol-Myers Squibb Community Health Center
- Center for Pelvic Wellness
- Chapel of Light
- Human Resources
- Medical Staff Services
- Medical Records
- Schreyer Education Center
- Volunteer Services

### E Princeton Fitness & Wellness

- Krogh Outpatient Rehabilitation

# Maps



**Penn Medicine**  
Princeton Medical Center

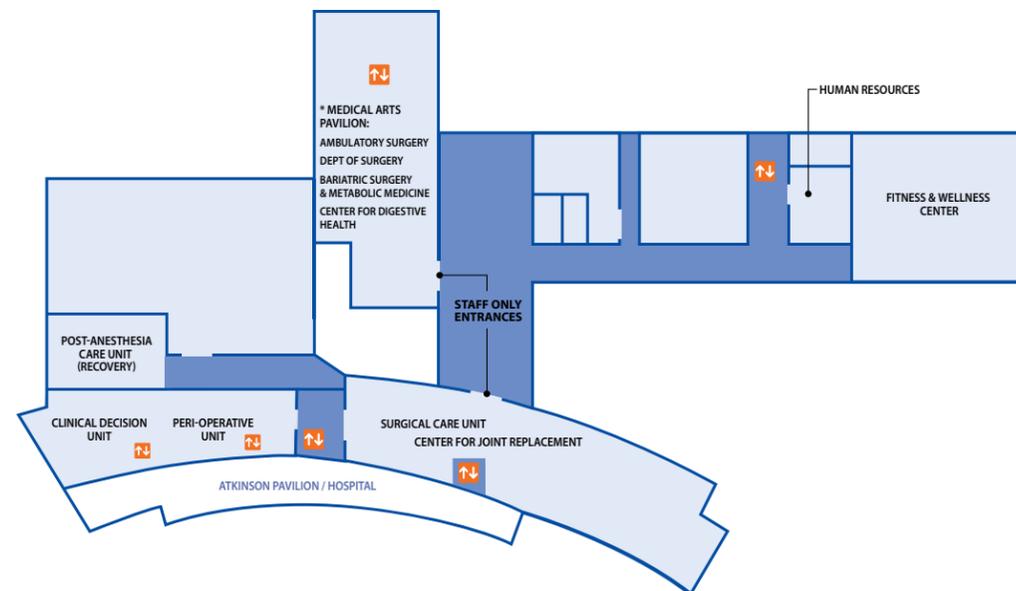
One Plainsboro Road  
Plainsboro, NJ 08536  
www.princetonhcs.org  
609.853.7000

LEVEL  
**1**

Map Key

- ATM
- Gift Shop
- Restaurant
- Emergency
- Cafe
- Information
- Restroom
- Entrance
- Elevator
- Parking

# Please Fill Out Forms



**Penn Medicine**  
Princeton Medical Center

One Plainsboro Road  
Plainsboro, NJ 08536  
www.princetonhcs.org  
609.853.7000

LEVEL  
**2**

Map Key

- Elevator

\* The Medical Arts Pavilion (MAP) is only accessible via the first-level MAP Entrance. The MAP is accessible via the second floor only for staff.





# PATIENT AND HOME ASSESSMENT

Please fill in as much detail as possible on this form.

**Your Name:** \_\_\_\_\_  
**Your Best Contact Number:** \_\_\_\_\_  
**Your Coach's Name:** \_\_\_\_\_  
**Your Coach's Best Contact Number:** \_\_\_\_\_

**Primary Physician:** \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Other Physician and Specialty** (For Example, Cardiology)  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Allergies and Side Effects to Medications**

What allergies do I have?	What kind of reaction did I have?

**Health Problems/Concerns**

- Heart Condition (detail):  
  Atrial fibrillation  
  Aortic stenosis  
  AICD (defibrillator)/Pacemaker  
 Diabetes  
  Sleep Apnea  
  Parkinson's  
 Pulmonary embolus  
  DVT

Past Surgeries	Approximate Date

<b>Pneumonia Vaccine</b>	Approximate Date
Have I had a Pneumonia Vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Advance Directive/ Living Will**

Do I have an Advance Directive:	If yes, contact person listed:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**My Height:** \_\_\_\_\_ **My Weight:** \_\_\_\_\_

**I Live With:** \_\_\_\_\_

**After my surgery, I will need help arranged for the following:**

- Preparing meals    Bathing    Laundry  
 Cleaning    Transportation    Food shopping

**My Home is:**

- Single story    Multi-story (Rails at stairs?  Yes  No)  
There are \_\_\_\_\_ steps to enter my home. (Rails at stairs?  Yes  No)  
My bedroom is on the \_\_\_\_\_ floor. My bathroom is on the \_\_\_\_\_ floor.

**My Bathroom has:**

- Stall shower    Tub only    Enough space to walk with a walker  
 Hand-held showerhead    Bathroom rails    Non-skid bath mat

**My Toilet Seat Height is:**

- At or above the level of my knee    Below the level of my knee

**I can be transported home by:** \_\_\_\_\_

**I have the following equipment already:**

- Rolling walker    Commode    Other: \_\_\_\_\_  
 Shower chair

**Currently I get around using:**

- No assistance    Cane    Walker    Wheelchair    Other: \_\_\_\_\_

**Currently I can walk:**

- Only around the house    1-2 blocks    Unlimited

**Additional Comments:**

Have you used any home-care services in the past?  Yes  No

If yes, name of service: \_\_\_\_\_

**Prescription Plan:**

Mail Order:  Yes  No

Prescription Co-Pay:  Yes  No

Pharmacy: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If you have an insurer OTHER than Medicare, or if you have a secondary insurance in addition to Medicare, please fill in the following information:

**Insurance Company:**

ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Rep: \_\_\_\_\_

Date Called: \_\_\_\_\_

Reference #: \_\_\_\_\_

**Home Care** is covered:  Yes ( \_\_\_\_\_ % Covered)  No

Deductible amount: \_\_\_\_\_ Out of Pocket amount: \_\_\_\_\_

**Durable Medical Equipment** is covered:  Yes ( \_\_\_\_\_ % Covered)  No

**Outpatient Physical Therapy** is covered:  Yes ( \_\_\_\_\_ % Covered)  No

Deductible amount: \_\_\_\_\_ Out of Pocket amount: \_\_\_\_\_

**Inpatient Rehabilitation** is covered, if needed:  Yes ( \_\_\_\_\_ % Covered)  No



# Continued Need for Grateful Patient Support

The Jim Craigie Center for Joint Replacement at Penn Medicine Princeton Medical Center (PMC) provides top-quality, comprehensive, individualized care close to home. The Center's multidisciplinary team uses the latest advances in surgical techniques and surgical technology and delivers compassionate care and services to patients and their loved ones. Every element of patient care — from the moment the decision is made to undergo surgery through a patient's discharge and physical therapy — is designed to promote comfort and healing.

In addition to former patient Jim Craigie's generous support, other patients and families have supported the PMC Institute for Surgical Care and the new Jim Craigie Center for Joint Replacement. Our programs and future patients and families will continue to benefit from the generosity of our grateful patients and their families.

If you feel that you have received outstanding care and want to express your gratitude for your experience as a patient, we hope you will consider making a gift of any amount in honor of a surgeon, nurse or other staff member, or honor a friend, family member or your Coach. Your gift can be designated for either the Surgery Institute Fund or the Jim Craigie Center for Joint Replacement Fund. These gifts will provide immediate support for our surgical programs and will be recognized in the year in which they are given in the Penn Medicine Princeton Medical Center (PMC) Annual Report.

You can also make a gift to support a specific need within either the Institute or the Center and receive a naming opportunity as a result of your gift. These gifts will be recognized each year in the PMC's Annual Report and may be recognized with signage in the Institute or the Center.



*W. Thomas Gutowski, MD, FACS,  
Medical Director, Jim Craigie Center for Joint Replacement*

## Naming Opportunities

The following gifts support the Institute for Surgical Care and the Jim Craigie Center for Joint Replacement.

### **Institute for Surgical Care \$10,000,000**

The new Institute for Surgical Care at Penn Medicine Princeton Medical Center (PMC) is a state-of-the-art, multi-specialty surgical institute for patients and physicians in the Central New Jersey area. Our Institute for Surgical Care will support over 9,000 surgeries annually and will have a commitment to provide safe, high-quality healthcare to all patients. Our physicians, nurses and other staff members are carefully chosen among the best providers in healthcare and inpatient and outpatient surgery. Each member of the team is dedicated to employing the latest technologies for optimal patient outcomes and providing outstanding care and service.

### **Operating Suite \$2,500,000**

Name one of PMC's state-of-the-art operating suites. Two of these suites are dedicated to orthopaedic surgeries.

### **Endowed Medical Director \$1,500,000**

Endowed Medical Directors are the hallmark of great medical centers and support Penn Medicine Princeton Medical Center's mission and our commitment to recruit and retain exceptional physicians/surgeons. The Medical Director is responsible for the short- and long-term goals for the Jim Craigie Center for Joint Replacement while ensuring the continued professional development and proper training of all clinicians and staff in the Center. An Endowed Medical Directorship may be established with a gift of \$1,500,000 or more paid over not more than five years. The gift may be used to honor a surgeon or may be named for the family donating the Endowment.

### **The Rehabilitation Gym \$1,000,000**

The rehabilitation gym is a designated area for patients in the Jim Craigie Center for Joint Replacement focused on providing unparalleled rehabilitation treatment in a sophisticated setting designed by leading consultants in their field.

### **Neurological Block Suite \$500,000**

The Neurological Block Suite in the Institute for Surgical Care is located between the two operating suites used for hip and knee replacements at PMC.

### **For more information**

To find out more about any of these naming opportunities or how you may support the Institute for Surgical Care or the Jim Craigie Center for Joint Replacement, please contact the Princeton Medical Center Foundation Gift Officer.

### **Post Anesthesia Care Unit (PACU) \$500,000**

The Post Anesthesia Care Unit (PACU) is a 14-bed unit adjacent to our operating suites where staff members provide intensive observation and care of patients who have undergone procedures that require anesthesia.

### **Art for Healing \$100,000**

The mission of the Art for Healing Program at Penn Medicine Princeton Medical Center is to create an environment that enhances the wellbeing of patients, staff, physicians, volunteers and visitors. Our vision is to position this new Center and Penn Medicine Princeton Medical Center at the forefront of the use of the arts in healthcare. This gift will fund the purchase, cataloging and maintenance of the art in the new Jim Craigie Center for Joint Replacement.

### **Unit Staff Lounge \$100,000**

The lounge on the unit is for doctors, nurses, and other clinical staff.

### **Unit Nurses Stations (3) \$50,000 to \$75,000**

The nurses station that serves the Center will serve as the work station for all of the nurses on the unit and will be the location where physicians and other staff do their charting and medical ordering.

### **Patient Rooms \$35,000**

Single Patient Rooms on our Surgical Care Unit and in the Jim Craigie Center have been designed with decor and amenities that provide a very comfortable experience, reducing stress and anxiety while minimizing hospital-acquired infections, improving patient safety, enhancing privacy, improving communication and confidentiality and speeding recovery.

### **Pre- and Post-Procedure Rooms \$15,000**

These are the rooms where patients are prepared for their surgery, and up to 2 family members can be with them. Rooms are spacious, and each room shares a bathroom with the adjacent room.



Penn Medicine Princeton Medical Center  
Foundation Gift Officer | Department of Surgery  
609-252-8710 | [foundation@princetonhcs.org](mailto:foundation@princetonhcs.org)

**Penn Medicine Princeton Health Non-Discrimination Notice**

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Penn Medicine Princeton Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:  
Qualified sign language interpreters  
Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:  
Qualified interpreters  
Information written in other languages

If you need these services, contact Director Patient Relations and Customer Service.

If you believe that Penn Medicine Princeton Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Director Patient Relations and Customer Service, 1 Plainsboro Road, Plainsboro, NJ 08536, telephone number 609-853-7490, fax number 609-853-7151 or email to [patientadvocate@princetonhcs.org](mailto:patientadvocate@princetonhcs.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Director Patient Relations and Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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请注意: 如果您讲中文, 您可以免费获得语言协助服务。请致电 1-609-853-7490。

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ध्यान आपो: जो तमे पुज्यतली भाषा छी तो तमने अप्पा सहाय सेवाओ महतमाँ उपलब्ध छै. श्रव श्रु 1-609-853-7490

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LUU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ trợ giúp ngôn ngữ, miễn phí, sẽ có sẵn cho quý vị. Gọi số 1-609-853-7490.

ATTENTION : Si vous parlez le français, vous bénéficiez de services gratuits d'assistance linguistique. Appelez le 1-609-853-7490.

توجه دیں: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان سے متعلق مدد کی خدمات، بالکل مفت دستیاب ہیں۔ 1-609-853-7490 پر کال کریں۔

January 2018



**Penn Medicine**  
**Princeton Medical Center**

