

Johns Hopkins Hip & Knee Replacement Program

A Guide For Patients



JOHNS HOPKINS
MEDICINE

Dear Patient,

On behalf of your surgeon and the entire joint replacement team, thank you for choosing to have your surgery at Johns Hopkins. We know you are anxious to return to doing the things you love and we're proud to be part of that journey.

At the Johns Hopkins Hip and Knee Replacement Program, we believe that education, preparation and pre-planned discharge are the key to a safe and successful surgery. That's why we created this guide – to walk you step-by-step through your joint replacement journey. The more informed you are, the better your experience will be.

On the following pages, you will find a checklist, which will help you track your progress from the day you decide to have joint replacement surgery to the morning of your procedure. We encourage you to use this to write down appointments and check off items as they are completed. It will be helpful to take this with you to doctors' appointments and to the joint replacement education class.

You also may want to share this information with your coach – a family member or good friend who will be helping you through the joint replacement process. You can read more about this on page 19.

If you have any questions as you prepare for your joint replacement, please don't hesitate to call your surgeon's office. Once again, thank you for choosing the Johns Hopkins Hip and Knee Replacement Program.

We look forward to caring for you!

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About the Johns Hopkins Hip and Knee Replacement Program

The mission of the Johns Hopkins Hip and Knee Replacement Program is to meet the needs of our patients and the community by remaining at the forefront of orthopaedic advances in the treatment of total hip and total knee replacements. We commit to fulfill this mission in an environment of respect, integrity, service, leadership, stewardship, teamwork and pride.

Experience and Leadership

Our surgeons perform more than 1,200 joint replacement surgeries each year. From the non-operative management of osteoarthritis to the most advanced minimally invasive surgery available, our surgeons stay up-to-date on the latest research on conservative care options, implant devices and surgical techniques to provide state-of-the-art, customized treatment for patients.

Innovative Technology and Advanced Surgical Techniques

Cutting-edge materials such as titanium, ceramics and plastics have strengthened weight-bearing surfaces, which minimize wear and tear, and increase longevity.

Ongoing improvements in minimally invasive surgery are transforming the landscape and our surgeons remain at the forefront. Our comprehensive minimally invasive hip and knee replacement program encompasses all aspects of the surgical process including preoperative education, advances in pain management techniques, implant modifications and post-operative care.

Gold Seal of Approval

The Johns Hopkins Hip and Knee Replacement Program (Johns Hopkins Bayview location) is the recipient of The Joint Commission's Gold Seal of Approval for Advanced Total Hip and Knee Replacement Certification. The Gold Seal reflects our commitment to providing safe and quality patient care, and preparing patients and their caregivers for discharge.

In order to be awarded this certification, The Joint Commission evaluated the program's compliance with disease-specific care standards and total hip and total knee replacement requirements, including orthopedic consultation, and pre-operative, intraoperative and post-surgical orthopedic surgeon follow-up care. The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care.



Meet Your Surgeons

Our dedicated team of surgeons and advanced practitioners work together on all aspects of your care.

Johns Hopkins Bayview Medical Center



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*Chief, Adult Reconstruction—
Hip and Knee Replacement*
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Howard County Medical Center

Suburban Hospital and Sibley Memorial Hospital



Savya Thakkar, M.D.
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Surgery Checklist

We know you are probably overwhelmed with everything you need to do before your joint replacement surgery. That's why we created this checklist – to keep you on track from the moment you scheduled your procedure to the morning of your surgery. Be sure to mark down any appointments and check off any completed tasks. This will ensure you've done everything necessary prior to your joint replacement.

We also ask that you bring this checklist to all pre-op appointments.

To Do Now	
Date completed	Action
	<p>Complete pre-screening blood work ordered by your surgeon or NP at your clinic visit.</p> <ul style="list-style-type: none"> To help us add you to the operating schedule quickly, we are asking you to have the lab work ordered during your clinic visit drawn on the same day it is ordered.
	<p>STOP using all nicotine products.</p> <ul style="list-style-type: none"> This includes cigarettes, e-cigarettes, vaping products, nicotine gum or patches, chewing tobacco and dip or snuff. It will take 4 weeks for your body to eliminate nicotine from your system. You will need a negative nicotine blood test before surgery can be scheduled.
	<p>Register for the Joint Education Class.</p> <ul style="list-style-type: none"> Please register to attend this class one to two months before your scheduled surgery. To register: <ul style="list-style-type: none"> ⇒ call 410-550-4972 ⇒ visit hopkinsmedicine.org/jhbmc/jointclass <p>Date of class: (___ / ___ / ___) Time of class: _____</p> <p>Class location : _____</p> <p>For classes at Howard County Medical Center and Suburban Hospital, see pages 44 and 46.</p>
	<p>Schedule preoperative exam with your primary care provider.</p> <ul style="list-style-type: none"> A history and physical must be completed 25-30 days before your surgery. Schedule this with your primary care provider, at an urgent care center or with another provider. We require all paperwork to be returned 2 weeks before your surgery.
	<p>Schedule dental appointment for your dental clearance.</p> <ul style="list-style-type: none"> It is sometimes difficult to schedule an appointment with your dentist within the appropriate time frame, so you may want to call your dentist the same day or the day after your clinic visit to set up the appointment. Dental clearances can be completed up to 6 months before surgery. <p>Date of appointment: (___ / ___ / ___) Time of appointment : _____</p>
	<p>Schedule your preoperative physical therapy appointment. This will help optimize your preoperative home exercise program.</p>

Surgery Checklist - *continued*

4 Weeks Prior to Surgery Date of Surgery: ___/___/___	
Date completed	Action
	<p>Complete pre-operative exam.</p> <ul style="list-style-type: none"> • History and physical must be completed 25-30 days before surgery. All information to be faxed to your surgeon's office 2 weeks prior to surgery. • Any tests ordered by your doctor, which may include additional blood work, EKG or other diagnostic tests.
	<p>Complete dental clearance.</p> <ul style="list-style-type: none"> • Fax to your surgeon's office.
	<p>Review these items in this patient education guide:</p> <ul style="list-style-type: none"> • Before Surgery • Hospital Stay • What to Expect at Home

2 weeks prior to surgery	
	<p>Certain medications need to be stopped prior to surgery.</p> <ul style="list-style-type: none"> • Review pre-surgical medication list in this guide. • Call prescribing provider for information about discontinuing blood thinners, insulin and medications that affect the immune system.
	<ul style="list-style-type: none"> • Confirm all pre-operative exam results have been sent to your surgeon's medical office coordinator.
	<ul style="list-style-type: none"> • Confirm dental clearance letter has been sent to your surgeon's medical office coordinator.
	<ul style="list-style-type: none"> • Identify an outpatient physical therapy facility that you would like to use after surgery and make your first post-op therapy appointment. You will be given a prescription at your pre-op clinical appointment, as well as when you are discharged to take to this appointment.

Surgery Checklist - *continued*

1 Week Prior to Surgery	
	<p>Make sure you have the antibiotic nose ointment Mupirocin. You will begin using the ointment 2 times a day for 5 days before surgery, but not the day of surgery.</p>
	<p>Make sure you have the skin preparation wipes (CHG wipes). These will be used the night before and the morning of surgery.</p>
	<p>One to two business days before surgery, you will receive a call from the surgical area. They will:</p> <ul style="list-style-type: none"> • Tell you the time to arrive at the hospital and the time your surgery will begin. • Review medications that you are currently taking and medications that you have stopped taking. • Tell you to drink 20 oz. of Gatorade (any flavor except red). • Tell you what medication, if any, to take the morning of surgery.

Night Before and Morning of Surgery	
	<ul style="list-style-type: none"> • You will receive 2 resealable bags with 3 packs of CHG wipes in each bag. You will use one set of bags the night before surgery and the second set of bags on the morning of surgery.
	<ul style="list-style-type: none"> • The night before your surgery, shower and open 3 packs of CHG wipes and use as directed. For more information, see page 18.
	<ul style="list-style-type: none"> • The morning of your surgery, do not shower. Open the remaining packs of CHG wipes and use as directed.
	<ul style="list-style-type: none"> • Bring an updated medication list with you the day of surgery. Make sure you know the medications that you were asked to stop taking and the day or date that you stopped taking them.
	<ul style="list-style-type: none"> • Begin drinking your Gatorade (any flavor except red) when you get up in the morning and finish as much as you can before leaving the house. Do not drink on your way to the hospital.



What is osteoarthritis?

Osteoarthritis, also known as “wear and tear” arthritis, is a common condition many people develop during middle age or older. It can occur in any joint in the body, but most often develops in weight-bearing joints, such as the hips and knees.

Osteoarthritis occurs when the cartilage that cushions and protects the ends of your bones gradually wears away. This leads to pain and stiffness that worsens over time, making it difficult to do daily activities.

Osteoarthritis has no single specific cause, but there are certain factors that may make you more likely to develop the disease, including:

- Increasing age
- Family history of osteoarthritis
- Previous injury to your hip or knee joint
- Obesity
- Osteonecrosis

Although there is no cure for osteoarthritis, there are many treatment options available to help manage pain and keep people staying active. Treatment starts with non-surgical options but can progress to surgical interventions. Based on many factors, including your medical history, physical findings and X-rays, your surgeon has recommended a total joint replacement. A total joint replacement removes parts of the bones and creates an artificial joint with metal or plastic components.

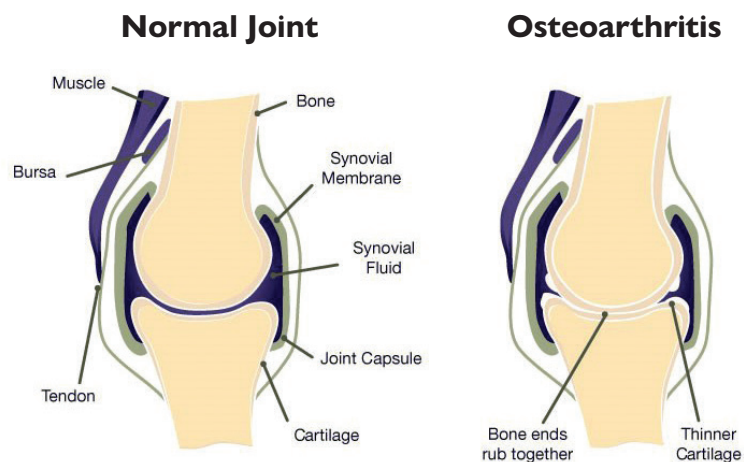
Osteoarthritis of the Knee

Osteoarthritis is the most common form of arthritis in the knee. It is a degenerative, “wear-and-tear” arthritis that occurs most often in people who are middle-aged or older.

In the knee joint, there is a layer of smooth cartilage on the lower end of the thighbone (femur), the upper end of the shinbone (tibia), and the undersurface of the kneecap (patella).

This cartilage serves as a cushion and allows smooth, painless motions. In osteoarthritis of the knee, this cartilage gradually wears away. As the cartilage wears away, it becomes frayed and rough, and the protective space between the bones decreases. This can result in bone rubbing on bone, which can produce painful bone spurs.

Osteoarthritis develops slowly and the pain it causes worsens over time. Because non-surgical treatments have not relieved your pain, your doctor has recommended surgery. You may be a candidate for a partial knee replacement or a total knee replacement.



Osteonecrosis of the Knee

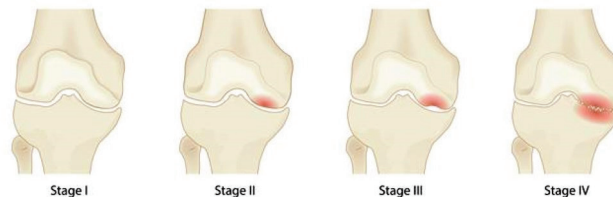
Your knee is the largest and strongest joint in your body. It is made up of the lower end of the thighbone (femur), the upper end of the shinbone (tibia) and the kneecap (patella). The area where these three bones touch are covered with articular cartilage, a smooth, slippery substance that protects the bones and enables them to glide easily against each other as you move your leg.

Osteonecrosis of the knee most often occurs in the knobby portion of the thighbone, on the inside of the knee (medial femoral condyle). However, it may also occur on the outside of the knee (lateral femoral condyle) or on the flat top of the shinbone (tibial plateau).

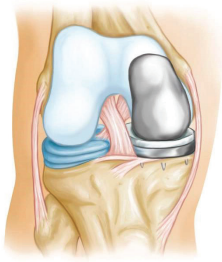
Osteonecrosis of the knee (also known as avascular necrosis) is a painful condition that occurs when the blood supply to a section of bone in the femur or tibia is disrupted. Because bone cells need a steady supply of blood to stay healthy, osteonecrosis can ultimately lead to destruction of the knee joint and severe arthritis.

Osteonecrosis of the knee can affect anyone, but is more common in people over the age of 60. Women are three times more likely to develop the condition.

Stage I-IV of Osteonecrosis



Partial Knee Replacement



Partial knee replacement

In a partial knee replacement (unicompartmental), your surgeon will replace only the damaged area or side of your knee. Partial knee replacements are used in cases where one side of the knee joint is damaged and is in need of repair or replacement.

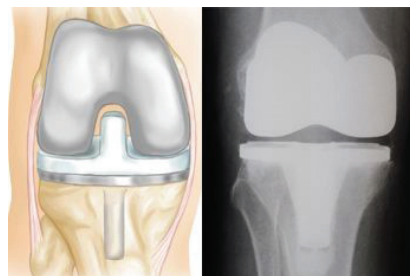
Since this surgery is performed with a smaller incision, there is less bleeding, quicker recovery and less bone loss than with a total knee replacement. This allows you to keep more of your natural bone, tissue and ligaments when compared to a total knee replacement (replacing two or three knee surfaces). You will most likely go home the same day as your surgery.

Total Knee Replacement

A total knee replacement is actually cartilage replacement with an artificial surface. The knee itself is not replaced. An artificial substitute for the cartilage is inserted onto the end of the shinbone and the thighbone. This is done with a metal alloy on the end of the thighbone and the shinbone with a medical-quality plastic inserted between them. The cartilage on the undersurface of the kneecap also can be replaced with plastic. Replacement of the worn cartilage with the metal and plastic implant creates a new, smooth cushion and a functioning joint.

Although not a normal knee, a replaced knee provides relief from the arthritis pain. Most patients have a marked decrease in their pain with substantial improvement in function after a knee replacement, which allows them to remain active and enjoy activities that had previously been limited because of pain. You may go home the same day as surgery or the next day.

Total knee replacement

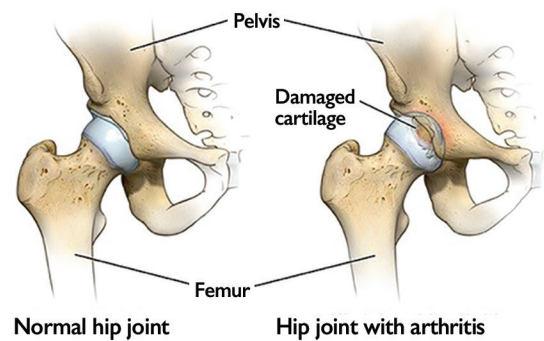


Osteoarthritis of the Hip

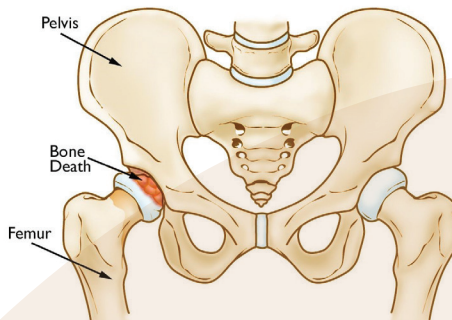
The hip is one of the largest joints of the body. It is a “ball-and-socket” joint formed by the pelvis (acetabulum/socket) and the upper end of the thighbone (femoral head/ball). The bone surfaces are covered with cartilage that protects and cushions the bones and allows them to move easily.

In osteoarthritis, the cartilage in the hip joint gradually wears away over time. As the cartilage wears away, it becomes frayed and rough, and the protective joint space between the bones is worn away. This results in bone rubbing on bone causing pain.

Normal hip joint vs. hip joint with arthritis



Osteonecrosis of the Hip



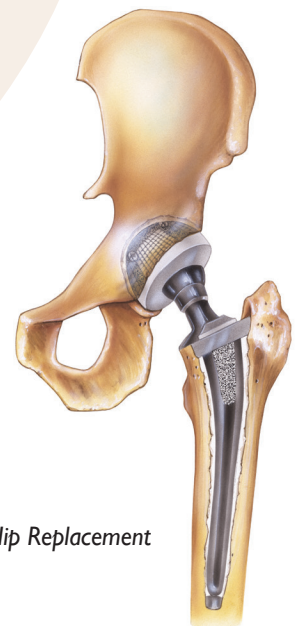
Osteonecrosis of the hip is a painful condition that occurs when the blood supply to the head of the thighbone (femur) is disrupted. Because bone cells need a steady supply of blood to stay healthy, osteonecrosis can ultimately lead to destruction of the hip joint and severe arthritis.

Although it can occur in any bone, osteonecrosis most often affects the hip. More than 20,000 people each year enter hospitals for treatment of the disease. In many cases, both hips are affected.

Total Hip Replacement

A total hip replacement is when the top part of the femur and the socket part of the pelvis is replaced. This is done by placing metal alloy on the top of the femur and in the socket part of the pelvis. A smooth piece of cup-shaped plastic is inserted between this new ball and socket, which allows the ball to move smoothly. Replacement of the worn cartilage with the metal and plastic implant creates a new smooth cushion and a functioning joint.

Although not a normal hip, a replaced hip provides significant relief from arthritis pain. Most patients have a marked decrease in their pain with substantial improvement in function, which allows them to remain active and enjoy activities that had been limited because of pain.



Total Hip Replacement

Preparing for Surgery

Preparing for your upcoming total hip or knee surgery requires a lot of work. Understanding and following recommendations related to behaviors that promote health is very important for the best surgical outcomes. Here, we will address eight important health-promoting opportunities:

- Physical activity
- Smoking cessation
- Nutritional labs
- Diabetes management
- Weight management
- Dental clearance
- Anemia
- Skin care



Physical Activity

It is important to stay as physically active as you can before your surgery. Being active preoperatively will help you recover more quickly postoperatively.

Try to include regular physical activity in your daily lifestyle. We know you may be limited in what you can do, but we encourage you to exercise within your pain-free range. Evidence has shown that not being physically active is connected to poor health, including increased risk for diabetes, obesity and cardiovascular disease.

Before your surgery, we encourage you to do the exercises on pages 20-22. Try to do 3 sets of 10 repetitions of each exercise.

Weight Management

In order to proceed with your joint replacement surgery, your surgeon requires you to be at or below a body mass index (BMI) of 40. BMI is a convenient way to help determine if a person is underweight, normal weight, overweight or obese.

Evidence has shown that obesity can lead to complications of infections and mechanical complication after a total hip or knee replacement. Your surgeon may ask you to lose weight before your surgery to provide you the best possible outcome.

Once you reach a BMI of 40 or lower you can be scheduled for surgery.

Tobacco and Nicotine Cessation

Note: *This includes nicotine patches, gum, lozenges, chewing tobacco, snuff and vaping products.*

We work toward the best possible outcomes for all our patients. Tobacco or nicotine use affects multiple body systems and can prevent healing. If you smoke or use nicotine products, your surgeon will ask you to pick a date to quit and will order a nicotine/cotinine blood test for 4-6 weeks after your quit date.

You must have a negative nicotine/cotinine test before you can schedule your surgery. You will need to have a repeat nicotine/cotinine test two weeks before surgery. It must also be negative to proceed with your procedure.

We understand that it may be difficult to make this important life change. To help you achieve success, ask your primary care provider for advice or a referral to a smoking cessation program.

Dental Clearance

As part of promoting optimal outcomes, you are required to have a dental examination and clearance from your dentist prior to surgery. A dental clearance helps us to make sure there is not a risk of an infection traveling from an area in your mouth through your blood stream and into the surgical area.

Nutritional Labs

On the day you consent to have a total joint replacement, your surgeon will order blood tests. It is important you get these completed on the day you consent for surgery. Your surgeon will determine if you need additional nutritional blood work.

Nutritional labs allow your surgeon to screen for malnutrition. Nutrition plays an important role in promoting optimal surgical recovery. Your surgeon wants to ensure you are well-nourished before your surgery. Malnutrition is a modifiable risk factor and should be addressed before surgery. If you are not well-nourished, you may have delayed wound healing, which could cause an infection.

Eating well before, during and after surgery will help your recovery. Limit your intake of salt and processed foods, and increase your intake of fresh fruit and vegetables.

Anemia

Anemia is the most common blood disorder in the United States. It affects your red blood cells and hemoglobin. This is the protein in red blood cells that carries oxygen from your lungs to the rest of your body. You need iron in order to make hemoglobin. Most people who have anemia have a shortage of iron. This condition is called iron deficiency anemia.

Hemoglobin (hgb) is measured by a blood test called a complete blood count or CBC. Our program uses the World Health Organization's criteria to help us define anemia. The normal count for a woman is 12mg/dl, while for a man the normal count is 13mg/dl.

Having a normal hemoglobin prior to surgery reduces the risk of developing postoperative anemia, which may require you to have a blood transfusion. Blood transfusions can increase your chance of infection. If you are anemic, your surgeon will work with you and your primary care provider to evaluate and provide treatment to improve your hemoglobin count before surgery.

Note: *Your surgery will not be scheduled until your anemia has been addressed.*



Diabetes Management

A1C is a common blood test used to diagnosis and monitor diabetes. An elevated A1C is associated with a higher risk for periprosthetic joint infection after surgery. To decrease the risk of infection, your surgeon will want your A1C value to be below 7.5 percent. If your A1C is above 7.5 percent, your surgeon will work with your primary care provider to lower your A1C prior to surgery.

Note: *Your surgery will not be scheduled until your A1C value is at or below 7.5 percent.*

Skin Care

Please monitor you skin closely before your surgery. Avoid scratches, bruises, sunburn, rashes and open areas, which increase your risk for postoperative infection.

If any of these issues arise before your surgery, please call our office. We may need to reschedule your procedure for when your skin has cleared up.

Remove all blue, red or purple nail polish before surgery. This may interfere with our surgical equipment.

What are the Major Risks of Hip and Knee Surgery?

Infection and blood clots are two serious complications that concern us the most, which is why we ask that you read this section very carefully.

Blood Clot Prevention

- **Blood Thinners** – An artificial joint activates the body’s clotting systems and can cause a blood clot to form. It is standard practice to give you a blood thinner after surgery. Your physician will prescribe a blood thinner based on your medical history. You will be required to take it for 30 days after your surgery.
- **Early and Frequent Walking** combats the formation of blood clots. You will be expected to start walking a few hours after your surgery. Once you are discharged, try to get up every one to two hours and walk around your home.
- **Compression** – While you are in the hospital, a sequential compression device will be applied to both lower legs. This device will “massage” your muscles to help keep the blood from clotting. You will only use this while in bed, not while walking or exercising.
- **Exercise** – We encourage you to learn the exercises on pages 20 – 22. These exercises help the muscles contract to move the blood and decrease your risk for a blood clot. We recommend you complete 10 repetitions of each exercise, three times per day.

Infection Prevention

A. Mupirocin Ointment

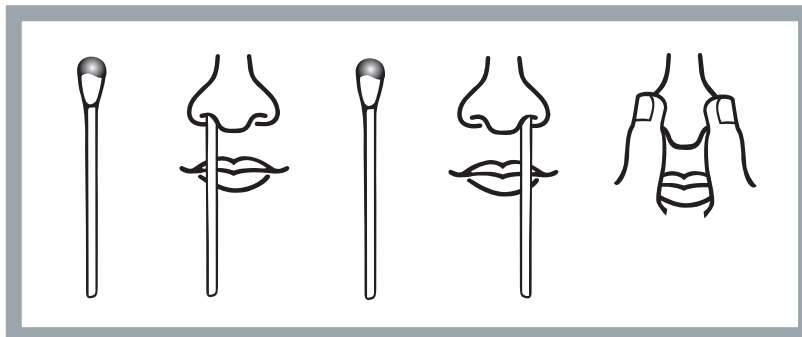
Your surgeon has ordered this medication to decrease the risk of infection in your new hip or knee. A prescription for this medication has been sent to your pharmacy.

Five days before your surgery, use this ointment two times each day – once in the morning and one in the evening. Do not use the day of surgery.

The Mupirocin ointment comes in a multi-dose single tube or in 10 individual application tubes.

- **Multi-use single tube** – Place a small, pea-sized amount of the ointment on a Q-tip and put it inside the front part of each nostril. Gently press the nostrils together several times to help spread the ointment throughout the nose.
- **Individual application tubes** – Put half of the individual tube on a Q-tip and put it inside the front part of one nostril. Use the remaining ointment in the other nostril. Gently press the nostrils together several times to help spread the ointment throughout the nose (see diagram at right).

Note: Use a new Q-tip for each dose of ointment.



B. Chlorhexidine Wipes

When you and your surgeon decide to proceed with surgery, you will be given 2% Chlorhexidine wipes to use the night before and the morning of surgery.

- **Night Before Surgery** – Take a shower and dry off with a clean towel. Put on clean nightclothes. Two hours later, use the wipes to clean your skin (see diagram at right).
- **Morning of Surgery** – Use the wipes again, then dress for the hospital in clean, comfortable clothing.

Note: Do not shower the morning of surgery.

If you are treated for an infection of any kind please call the surgeon's office. This includes any infection that requires an antibiotic, such as a urinary tract infection, a skin infection, a sinus infection or an infection in your mouth. In order to prevent infection in your new hip

or knee, you must complete the antibiotic and then be off antibiotics for two full weeks before surgery.

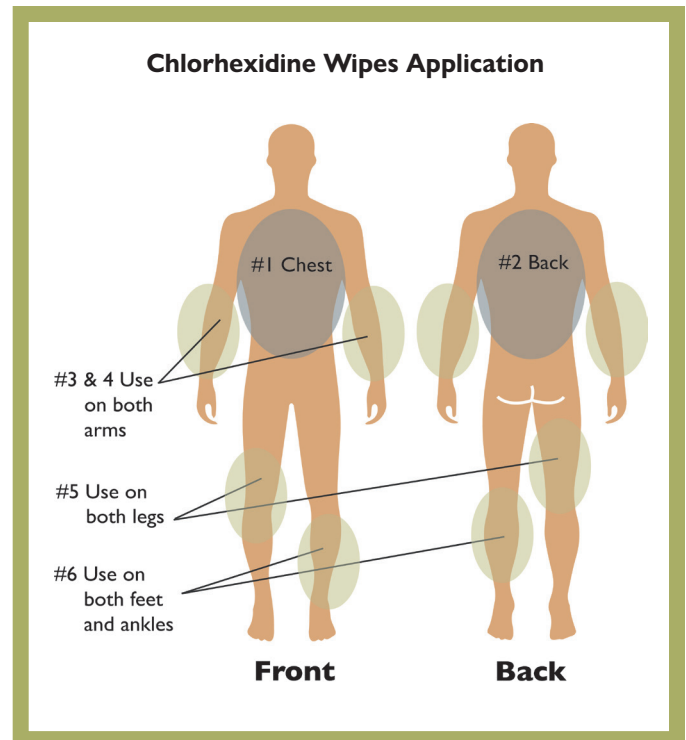
Please call your surgeon's office if you have any questions. This is very important and we may need to reschedule your surgery to allow your body time to heal from the infection.

Primary Care Provider Visit

Once you have your surgery date, you will need to schedule an appointment with your primary care provider (PCP) for a preop history and physical. This will need to be completed no earlier than 30 days and no later than two weeks before your surgery.

In some cases, your PCP may refer you to a specialist. To avoid a delay in your surgery, we recommend scheduling your appointment with your PCP 25-30 days before your surgery date. This allows time for all clinical notes to be sent to your surgeon's office in a timely fashion. It is important that we have these notes at least 2 weeks before your surgery date. Not having these clinical notes in a timely fashion may cause a delay in your surgery.

Maryland Residents: Please take the Maryland Medical Order for Life Sustaining Treatment (MOLST) form on page 39 to your appointment. You and your PCP will complete the form together.



Joint Education Class

We offer an informative educational session to help you and your coach prepare for your upcoming surgery. During the class, we'll review important aspects of your care and what to expect during and after your hospital stay. Topics include:

- Diet and nutrition
- Exercises
- Infection prevention
- Anesthesia
- Pain reduction program
- Medications
- Physical and occupational therapy
- Home safety checklists

Please bring your checklist, this guide and a list of questions you may have about your hospital stay and recovery.

For your convenience, classes are offered virtually through Zoom.

For surgeries scheduled at Johns Hopkins Bayview, visit hopkinsmedicine.org/jhbmc/jointclass or call 410-550-4972 to register.

To register for a class at Howard County Medical Center or Suburban Hospital, please refer to pages 44 and 46.

Selecting a Coach

You will need to choose a “coach” to help you through the joint replacement process. This person can be a family member or good friend – someone you can count on to be there to help you. Your coach will go to therapy sessions while you are in the hospital, drive you to your appointments and be present during your discharge education. It is essential to have someone who will support you during this time.

Exercises

These exercises will help you prepare for surgery and will help you regain mobility after your joint replacement. We recommend that you do 10 repetitions of each exercise three times per day.

Before your surgery, you may be limited in what you can do. When doing the exercises, work within your pain-free range. You will continue these exercises after surgery.

Short Arc Quad

Place a rolled up towel or object under your knee and slowly straighten your knee as you raise up your foot. Keep the back of your leg on the rolled up towel or object. Hold for 3 seconds. Return to starting position and repeat.



Clam Shells

While lying on your side with your knees bent, draw up the top knee while keeping your feet together. Do not let your pelvis roll back during the lifting movement.

Heel Slides - Supine

Lying on your back with knees straight, slide the affected heel towards your buttock as you bend your knee. Hold a gentle stretch in this position and then return to original position.





Seated Heel Slides

While in a seated position with your foot resting on the floor, slowly slide your foot (surgery side) closer toward you. Hold a gentle stretch for 10 seconds, and then return foot forward to original position.



Partial Quad Arc-Low Seat

While seated with your knee bent and your heel on the ground, slowly straighten your knee as you raise your foot upwards as shown. Lower your foot down

until your heel touches the ground, bending your knee as much as possible. Repeat.



Standing Heel Raises

While standing, raise up on your toes as you lift your heels off the ground.



Standing Hamstring Curls

While standing, bend your knee so that your heel moves towards your buttock.



Squats

With feet shoulder-width apart and in front of a stable support for balance, bend your knees and lower your body toward the floor. (Note: Your body weight should be directed through the heels of your feet. Knees should bend in line with the second toe and not pass the front of the foot.) Return to a standing position.

Hip Abduction - Standing

While standing, raise your leg out to the side. Keep your knee straight and point your toes forward the entire time. Use your arms for balance and safety.



Standing Marching

While standing, draw up your knee. Set it down and then alternate to your other side. Use your arms for balance.

Home Safety Checklist

Whether you live in a house, condo or apartment, living safely at home requires adapting your environment, your behavior and your lifestyle. This may involve installing brighter lighting, moving your furniture around, uncluttering your floors, rethinking the arrangement of your storage shelves, putting in night lights or getting a good fire extinguisher.

Please read and answer the following questions concerning your home safety.

OUTSIDE

	YES	NO
Do all your entrances have an outdoor light?	<input type="checkbox"/>	<input type="checkbox"/>
Do your outdoor areas have railings and good traction (i.e. textured surfaces)?	<input type="checkbox"/>	<input type="checkbox"/>
Are the front steps and sidewalks around your house in good repair and free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>
Can you reach your mailbox safely and easily?	<input type="checkbox"/>	<input type="checkbox"/>

INSIDE

Are all rooms and hallways well lit?	<input type="checkbox"/>	<input type="checkbox"/>
Are all throw rugs and scatter mats secured in place to keep from slipping?	<input type="checkbox"/>	<input type="checkbox"/>
Are your high traffic areas clear of obstacles?	<input type="checkbox"/>	<input type="checkbox"/>
Do you watch that your pets are not underfoot?	<input type="checkbox"/>	<input type="checkbox"/>
Are your stairs free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>
Are there solid handrails on stairs?	<input type="checkbox"/>	<input type="checkbox"/>
Are your pots and pans, canned goods and staple foods stored in easy-to-reach locations (between knee and shoulder heights)?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a light switch near the entrance of your bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
Do you keep night lights on in case you get up in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a clear path from your bed to the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
Do you check the water temperature before you get in the tub or shower?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have non-slip surfaces in the tub/shower?	<input type="checkbox"/>	<input type="checkbox"/>
Do bath mats next to the tub/shower have slip resistant backs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a night light in the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>

Stopping Certain Medications

Many medications increase the risk of bleeding during surgery. Please read the lists of medications below. If you are taking any of the medications listed, consult your prescribing provider to ensure our pre-surgery guidelines are followed.

Over-the-Counter Natural or Herbal Supplements

Stop taking 10 days before surgery.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Stop taking 10 days before surgery.

Aspirin (Salicylate) and Aspirin-Containing Products

Stop taking 10 days before surgery, unless aspirin was ordered as an anticoagulant.

The following types of medications will need to be stopped in consultation with your prescribing provider:

- Anticoagulants (*sometimes aspirin is prescribed as an anticoagulant*)
- Antiplatelets
- Medications that may increase the risk of infection

If you have any questions regarding your medications, please call your prescribing provider's office.

Need to Reschedule

We understand preparing for a joint replacement is a long process; however, your safety is our first priority. Your surgery may need to be rescheduled for the following reasons:

- **Missing Dental Clearance** – We want to be sure there is no risk of a surgical infection from a dental infection. Written clearance from your dentist stating you are infection free and that no dental work needs to be completed will help us know you are ready for surgery. Please make sure the dental clearance form on page 35 is completed.
- **Not Having Nicotine Test Results** – Repeat nicotine test results must be received within 2 weeks of surgery. In order to pass this blood test, you must be nicotine free for 4 weeks. Results must be negative. If they are positive, the surgery will be rescheduled.
- **Missing Preoperative Lab Work and Physicals** – Your surgeon's office will send a list of required tests to be completed by your PCP. We must receive these results no more than 2 weeks before your scheduled surgery date.
- **Not Stopping Specific Medications** – There are certain medications that must be stopped for a safe surgery (see page 23).
- **Skin Issues** – In order to decrease your risk of infection, you must tell the surgeon's office about any open or draining scratches, cuts or wounds, as well as any rashes on your skin. It does not matter how big or small. If they pose a risk of infection, we may need to reschedule your surgery until your skin is healed or no longer an infection risk.
- **Infections** – If you have an infection or are being treated with antibiotics for any reason, contact the surgeon's office as soon as possible. If you are taking an antibiotic, you need to finish the full dose, then wait another 2 weeks before you can have your surgery.

Financial Clearance Process

Prior to your surgery, the finance office will contact your insurance company to obtain authorization for your surgery.

It is always helpful to understand your insurance benefits prior to surgery. If you have specific questions regarding coverage, contact your insurance carrier directly.

Arrival Time on Day of Surgery

A nurse from the preop area will call you 1-2 business days before your surgery to discuss the following:

- What time to arrive at the hospital
- When to stop eating and drinking
- Medications to take the day of surgery
- Medications you have stopped and when you stopped taking them
- What time your surgery will begin
- When to drink 20 oz. of Gatorade
- Paperwork to bring with you
- Your overall health (any cough, fever or sore throat)

What to Bring to the Hospital

- It is a good idea to wear loose-fitting clothing on the day of surgery and while in the hospital. Pants with an elastic waistband or drawstrings, and tops made of T-shirt material are good examples of comfortable loose clothing. This will be helpful for therapy sessions and going home.
- Closed-back shoes, such as sneakers or walking shoes, for therapy and going home. We do not recommend sandals, slippers or clogs.
- Personal toiletries, such as soap, shampoo, deodorant, etc.
- CPAP machine (if you use one)
- Walker

Do not bring any valuables or jewelry.

Johns Hopkins Find Your Way/Wayfinding App

The Johns Hopkins Find Your Way app is all you need to get to and around buildings of The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center. This free app:

- Provides step-by-step instructions to our campuses, as well as to providers' offices and the closest parking
- Helps you find amenities and services within our walls
- Offers access to MyChart to view medical records, pay your bill, or make or change appointments



Scan this QR code to download the app.



Once You Arrive

You will be directed to the waiting area, where you will remain until you are taken to the ambulatory surgery unit/pre-op area (ASU). While you are in the ASU, your surgeon, anesthesia team and operating room nurse will visit you to review important information and complete safety checks and procedures.

During surgery, your family or friends will be asked to wait in the surgical waiting area near the operating room. They will be able to keep track of your progress by monitoring the electronic patient status board. The liaison in the waiting room will provide your loved ones your unique patient number and explain how the system works.

Once your surgery is over, a member of your care team will meet with your loved ones to provide an update on your status. If your family cannot stay while you are in surgery, please give the staff their contact information so someone can call them with an update.

What Type of Anesthesia will I Have?

Different types of anesthesia are possible for your surgery. Your surgeon and anesthesiologist will discuss the best options for you.

Several factors will be considered, including:

- Past experience with surgery
- Health and physical condition
- Reactions or allergies to medicines
- Risks of each type of anesthesia
- Preferences of your surgical team

We recommend spinal anesthesia for most of our patients undergoing total joint replacement surgery. Spinal anesthesia numbs you below the waist and helps you wake up quickly, resulting in less risk of nausea. The anesthesia team will also give you sedation so you are asleep during the surgery, but still breathing on your own.

Waking Up After Surgery

- You will wake up in the Post Anesthesia Care Unit (PACU), where nurses will closely monitor your heart, breathing, pain and nausea. They also will give you fluids and help you order your meals if you are feeling hungry.
- Staff will help you sit up, get out of bed and begin to take some steps. You may experience some discomfort. This is normal. We will do everything we can to ensure your comfort.
- Your nurse will frequently ask you to rate your level of discomfort or pain on a scale of 0 to 10. If you are given pain medicine, your nurse will ask you to rate your pain 30 – 60 minutes after it was given to you.
- You will need to use your incentive spirometer, a small breathing device that helps you exercise your lungs. It is very important to use this at least once every hour, taking 10 deep breaths each time.
- You will be encouraged to do your foot and ankle pumps to keep the blood circulating.
- When in bed, you will have a mechanical pump on your lower legs (called a sequential compression device) to help decrease the risk of blood clots.
- Patients who are going home on the day of surgery will spend approximately 3-6 hours in the PACU before discharge. The nursing staff will decide when your family can come visit you. Your surgical team will work with you to determine when you are ready for discharge.
- Patients who are staying in the hospital will move to a room when the decision to transfer is made by the nurse and anesthesiologist. Your family will see you once you have been moved to a room.

How Long Will I Be in the Hospital?

Your surgeon will discuss your options when you consent for surgery. Many patients go home the same day of surgery; some may stay as long as 2 days. Your care team will decide when you can be safely discharged.

- Most patients are discharged home and asked to attend outpatient physical therapy. You are responsible for making your appointments. As soon as you know the date of your surgery, call the outpatient therapy office to schedule your appointments.
 - Make one or two pre-operative physical therapy appointments.
 - If your surgery is on a Monday or Tuesday, make your first post-op appointment on Friday of that same week.
 - If your surgery is on a Wednesday, Thursday or Friday, make your first post-op appointment on Monday of the following week.
 - If you need home therapy, our care management team will arrange for this while you are in the hospital.
- In rare cases, some patients may need additional inpatient therapy at a rehabilitation center or skilled nursing facility. If you require this, your surgeon, providers and care management team will work with you and your insurance provider to arrange this while you are in the hospital.

What to Expect After Surgery

- Some patients will have blood drawn after surgery to check your blood count. Once surgery is complete, your surgeon will determine if you will need additional blood tests.
- In addition to assisting you with walking, physical and occupational therapists will teach you how to go up and down steps safely, get dressed and practice getting on and off the toilet.
- It's very important for you to do your foot and ankle pumps. If you are resting in bed at the hospital or sitting at home watching television, it is a good idea to do them every time a commercial comes on.
- The dressing on your incision will be checked and changed if necessary in the hospital. Your dressing will need to stay on for 7 days after the date of your surgery to protect the area and promote healing.
- Before you leave the hospital, you will be given prescriptions for medications that you will need to take at home. You can have them filled at the pharmacy of your choice or in the outpatient pharmacy at our hospital.
- If you are going home the day of your surgery, your coach should stay with you for the entire day. It will be very helpful for them to observe therapy sessions, receive discharge instructions and drive you home when you are ready to be discharged.
- If you are going home the day after your surgery, your coach should plan to be at the hospital by 9 a.m. to hear discharge instructions and observe PT/ OT sessions.
- If you require home therapy or an inpatient post-acute care facility, the case manager will help coordinate care. They will also arrange for any additional equipment you may need.

Controlling Discomfort

It is important to use a combination of methods to control discomfort after surgery. Some actions require medications, while others do not.

Non-Medication

- **Elevation** – It is very important to elevate your leg with your foot higher than your heart any time you are not up walking around. This will help reduce swelling, which will help reduce pain.
- **Ice** – Use ice for 20 minutes every hour to reduce swelling and pain.

Medication

Johns Hopkins Medicine adheres to current best practices. Four different categories of medication are typically given to control discomfort after surgery. Each medication works differently to decrease pain, so it is important to carefully read and follow your discharge instructions.

- **Pregabapentin (Lyrica)**
 - If your physician prescribes this medication, it is important you follow the directions provided.
- **Acetaminophen (Tylenol)**
- **Nonsteroidal Anti-Inflammatory Drug (NSAID)**
- **Opioid or Narcotic**
 - It is important to follow the directions provided for your opioid or narcotic pain medication.
 - Do not take more medication than prescribed.
 - Do not take the medication more often than prescribed.
 - If you run out of medication sooner than expected, you may not be able to get a refill.
 - You will need to gradually wean yourself off this medication.
 - Take the medication with food to avoid nausea and vomiting.
 - Take a pain pill an hour before physical therapy to reduce pain during your session.

Mobility

Early, frequent mobility is very important after joint replacement. It is helpful for lung expansion, blood clot prevention and to prevent constipation.

- Change your position every 45 minutes throughout the day.
- Get up and walk every 1-2 hours when you are awake.

Caring for Your Incision

The hospital staff will place a dressing on your incision before you leave the hospital. Please leave the dressing in place for 7 days.

This dressing is water resistant and can get wet in the shower. You can shower whenever you would like. The dressing is not water-proof and cannot be submerged in water. **Do not bathe in a tub, or get in a hot tub or pool.**

After 7 days, you can remove the dressing and replace it with dry gauze. If the gauze remains dry and clean for 24 hours, you may leave the incision uncovered.

Diet After Surgery

Continue any dietary restrictions you were given prior to your surgery.

In addition, it is important to drink plenty of water and eat a high-fiber diet, which includes a lot of fruits and vegetables. This will help prevent constipation.

Limit your salt intake to decrease swelling.

Swelling and Bruising

It is normal to have swelling and bruising from your hip to your toes after joint replacement. Bruising will fade over time. Swelling may last 3 to 4 months – and sometimes up to a year after surgery.

Swelling may increase after physical therapy. To decrease swelling, ice and elevate the surgical leg above the heart.

Warning Signs of Blood Clots and What to Do

Blood clots can form in your operative leg or your non-operative leg. Here are a few things to look for:

- It is very normal to have swelling in your leg after surgery. To decrease swelling, elevate your leg whenever you are not up walking around.
- If the swelling does not go down with elevation, notify your physician immediately.
- If you have pain, redness or warmth in the calf of either leg, call your physician immediately.

Call 9-1-1 if you have any shortness of breath or difficulty breathing.

Returning to Normal Activities

- You should be able to drive 4 weeks postop, or whenever your surgeon clears you.
- You will gradually return to sports.
- You may resume hobbies as you feel able.
- You may resume sexual activity when you are comfortable. For more information and education about resuming sexual activity, use your smart phone to scan the QR code below.





When to Notify the Surgeon

- Notify the surgeon's office if you see any signs of infection. This includes increased drainage, redness, pain, odor or warmth around the incision.
- Take your temperature if you feel warm or sick. Call your surgeon's office if your temperature exceeds 101°F.
- If you have any questions or concerns, you may call your surgeon's office, the nurse navigator or the nurse practitioner, Monday through Friday, from 8 a.m. to 4 p.m. If you have any questions or concerns outside of normal business hours, call one of the numbers below and ask for the orthopaedic provider on call:
 - Johns Hopkins Bayview – 410-550-0100
 - Howard County Medical Center – 410-740-7890

Medical Forms Policy

There is a \$15 charge* for each of the forms listed below. Payment is required in advance by cash, check or credit card. Please allow 7–12 business days for the forms to be completed. Forms cannot be filled out during routine office visits and must be sent to the Medical Office Coordinator.

- Disability forms (obtained from your employer)
- Insurance forms
- Family and Medical Leave Act (FMLA) forms (obtained from your employer)
- Home and hospital teaching forms
- Special requests/accommodation forms (e.g., airline)
- Forms for personal creditors or personal bill coverage
- Workers compensation forms

*Information/forms requested from law offices will be subject to a different pay scale.

How Do I Submit My Paperwork?

You can fax your paperwork to your surgeon's office or bring your paperwork to our administrative office at Johns Hopkins Bayview Medical Center.

How Can I Pay?

- **Mail** – For surgeries at Johns Hopkins Bayview and Green Spring Station, make checks payable to:
Department of Orthopaedic Surgery
4940 Eastern Ave.
Baltimore, MD 21224
- **Phone** – Call your surgeon's office and provide your credit card number.

Hip and Knee Replacement Program
 Department of Orthopaedic Surgery

Dear Dental Provider,

Our mutual patient _____ (DOB: _____) is scheduled for joint replacement surgery on _____. If you could, please evaluate the patient for any signs of infection and treat any outstanding, non-cosmetic, dental issues that may place our patient at risk of developing an infection or needing further invasive dental procedures.

If you find the patient to be free of active dental disease/infection, please complete this section and fax it to the number marked below.

I, _____, evaluated _____ on _____ and the patient is free from any outstanding dental procedures or infections and is cleared for surgery from a dental standpoint.

Thank you.

Dentist's signature: _____

Address: _____

Phone: _____ Fax: _____

SEND RESULTS AND AUTHORIZATION TO :

Harpal Khanuja, M.D.
 Fax: 410-367-3278

Lucas Nikkel, M.D.
 Fax: 443-546-1551

Savya Thakkar, M.D.
 Fax: 443-546-1551

Nirav Patel, M.D.
 Fax: 410-367-2237

Vishal Hegde, M.D.
 Fax: 410-367-3276

Julius Oni, M.D.
 Fax: 410-367-3275

Center for Perioperative Optimization
 Fax: 410-550-1391

Primary Care Physician Pre-op Form

Dear Primary Care Physician,

Our mutual patient is undergoing a joint replacement surgery. The patient's surgeon and anesthesiologist asks that the patient be seen by your practice for a pre-operative evaluation.

Date of Surgery: _____

PLEASE SCHEDULE PATIENT FOR THE FOLLOWING PRE-OPERATIVE EVALUATION WITHIN 25-30 DAYS OF SURGERY DATE LISTED ABOVE .

<input type="checkbox"/>	History & Physical: Chief complaint, Allergies, Clinically Significant Adverse Reactions and Intolerances, Clinically Pertinent Physical Findings and Plans.
<input type="checkbox"/>	Lab Work (CBC, CMP, Hgb, A1C IF DIABETIC)
<input type="checkbox"/>	EKG (3-6 months prior to surgery)
<input type="checkbox"/>	Urinalysis C&S if indicated
<input type="checkbox"/>	Chest X-ray
<input type="checkbox"/>	Maryland Medical Order for Life Sustaining Treatment (MOLST)
<input type="checkbox"/>	Any other tests and/or specialty consults that the PCP deems necessary

Note: This form is meant to serve as a checklist for you and the patient.

Please only send results and authorization to:

Harpal Khanuja, M.D.
Fax: 410-367-3278

Lucas Nikkel, M.D.
Fax: 443-546-1551

Savya Thakkar, M.D.
Fax: 443-546-1551

Nirav Patel, M.D.
Fax: 410-367-2237

Vishal Hegde, M.D.
Fax: 410-367-3276

Julius Oni, M.D.
Fax: 410-367-3275

Center for Perioperative Optimization
Fax: 410-550-1391

Information must be received 14 days prior to surgery or surgery will be subject to cancellation. Turn page over for pre-operative medication management.

Johns Hopkins Hip and Replacement Program Guideline for Pre-operative Medication Management

***Please bring this page to your prescribing physician and call your surgeon's office if there are any contradictions to stopping these medications**

Drug	Recommendation
Eliquis (apixiban)	Stop 72 hours before surgery
Xarelto (rivaroxaban)	Stop 72 hours before surgery
Pradaxa (dabigatran)	Stop 5 days before surgery
Coumadin (warfarin)	Stop 5 days before surgery
Plavix (clopidogrel)	Stop 7 days before surgery
Aggrenox (aspirin-dipyridamole)	Stop 24 hours before surgery
Aspirin	Stop 10 days before surgery unless contraindicated.
NSAIDs	Stop 10 days before surgery. <i>*OK to continue Celebrex (celecoxib) until the day of surgery</i>

Diabetes/Weight loss Medications	
Drug	Recommendation
SGLT2 inhibitors Invokana (canaglifozin) Farxiga (dapaglifozin) Jardiance (empaglifozin)	Stop 3 days before surgery
GLP-I agonist: weekly dosing only Ozempic, Wegovy (semaglutide) Mounjaro (tirzepatide) Trulicity (dulaglutide) Bydureon BCise (exenatide)	Stop 7 days prior to the surgery

Johns Hopkins Hip and Knee Replacement Program

Maryland Medical Orders for Life-Sustaining Treatment (MOLST)

Requirement for patients who have permanent residency in Maryland.

What is MOLST?	MOLST stands for M aryland M edical O rders F or L ife S ustaining T reatment. It is a standardized form with orders about cardiopulmonary resuscitation and other life-sustaining treatments. Keep it in a safe place and bring it to all hospital or clinic visits.
Why do I need a MOLST?	MOLST helps to ensure that the treatment you receive will be consistent with your values and wishes. These orders are valid across different health care settings.
Who fills out the form?	Your medical provider completes the form after talking with you about your condition and treatment options.
What are the requirements for using a Maryland MOLST form?	The law requires that if you have a valid MOLST, it will be followed. If you are hospitalized, a MOLST is required at discharge if you are going to an assisted living program, home health agency, hospice, dialysis center, nursing home or another hospital. In these situations, if you do not have a MOLST, your medical provider will complete one with you. The original copy is given to you and your decision maker within 48 hours or sooner if you are discharged early. Also, a copy of your MOLST is included as a part of your medical records.
Does a MOLST expire?	No, your MOLST does not expire until you decide to change it.
When should I review a MOLST?	Review your MOLST with your provider at least once a year or if your health changes. It will also be reviewed and updated, as appropriate, if/when your care is provided across different health care settings.
How does MOLST relate to Advanced Directives?	MOLST is a medical order reflecting your wishes. An advanced directive speaks for you after you lose decision-making capacity. The advanced directive can also name someone to speak for you in case you cannot speak for yourself or have not documented your wishes. An advanced directive is not a medical order. You do not need to have an advance directive to complete a MOLST.

References/Resources

marylandmolst.org/pages/consumers

To Be Completed After Surgery



Hip and Knee Replacement Program Department of Orthopaedic Surgery

Dear Dental Provider:

Our mutual patient recently had joint replacement surgery. To prevent infection or other complications, our standard protocol is for the patient to take Amoxicillin, 500mg, four capsules one hour prior to a dental cleaning that involves scaling or other dental procedure. If our patient is allergic to penicillin, he/she should take Clindamycin, 600 mg, by mouth one hour prior to the procedure.

This is required for two years after joint replacement or indefinitely for more invasive procedures, such as deep scaling or root canals.

If you require more information regarding our protocol with respect to prophylactic antibiotics prior to dental procedures, please do not hesitate to contact our office at the number below:

- Harpal Khanuja, M.D. – 410-550-0101
- Vishal Hegde, M.D. – 410-550-0452
- Julius Oni, M.D. – 410-550-6881
- Savya Thakkar, M.D. – 443-546-1540
- Luca Nikkel, M.D. – 443-546-1570
- Nirav Patel, M.D. – 240-762-5100, option #2

Thank you.

Important Contact Numbers - Howard County Medical Center

Joint Academy Program Coordinator

410-720-8000

For questions concerning your surgery and to schedule a preoperative orientation class

Office hours: Monday through Friday, 9 a.m. – 4 p.m.

Office hours: Monday through Friday, 8:30 a.m. – 4 p.m.

Medical Information Fax: 410-884-4842

JAS/Orthopaedic Inpatient Unit: 410-740-7915



Howard County Medical Center

1 Medical Center

5755 Cedar Lane, Columbia, MD 21044
410-740-7890

2 Berman Pavilion

Johns Hopkins Ambulatory Surgery Center
5759 Cedar Lane

3 Medical Arts Building

11085 Little Patuxent Parkway

4 Columbia Medical Center

11055 Little Patuxent Parkway

5 Little Patuxent

Specialty Care Center

A. Maternal Fetal Medicine
B. Cancer Resource Center
11065 Little Patuxent Pkwy

6 Medical Pavilion at Howard County

10710 Charter Drive

7 Charter Professional Center

Johns Hopkins Musculoskeletal Center
10700 Charter Drive

8 Patient First

5900 Cedar Lane



Hospital Stay

Berman Pavilion/Health Care and Surgery Center

5759 Cedar Lane
Columbia, MD 21044

- Please report to the admitting area, located in the Berman Pavilion/Health Care and Surgery Center (#2 on the map).
- Park in Lot B.

MRSA Bacteria Screening

Staph infections can be very serious. Studies have shown patients screened and treated preoperatively for staph have up to a 60-percent lower staph infection rate than patients who are not treated.*

A nasal swab is a quick and effective way to test for staph. This test is recommended, but not required, and can be performed by your primary care physician. Have your doctor fax the results to 410-884-4842.

**Bode L., Kluytmans J., Wertheim H., Bogaers D., Vandebrooeke-Grauls C., et al. Preventing Surgical Site Infections in nasal carriers of Staphylococcus aureus. The New England Journal of Medicine. January 7, 2010.*

Last-Minute Surgery Cancellation

Please call your surgeon's office first. If it is early, leave a message with the answering service.

If you call before 8 a.m., also call the nursing supervisor at 443-718-2424.

Important Contact Numbers - Suburban Hospital

Joint Program Manager – 301-896-3238

Joint Center – Monday through Friday, 9 a.m. – 4 p.m.

Main Hospital – 301-896-3100

The Johns Hopkins Hip and Knee Replacement Program (Suburban Hospital location) is the recipient of The Joint Commission's Gold Seal of Approval for Core Total Hip and Knee Replacement Certification. The Gold Seal reflects our commitment to providing safe and quality patient care, and preparing patients and their caregivers for discharge.



Preparing for Surgery

Preoperative Joint Class

This informative educational session will help you and your coach prepare for your upcoming surgery. Topics include:

- Review of preoperative requirements/issues
- Hospital stay/expectations
- Equipment review
- Therapy expectations and recommendations
- Discharge planning

Class are offered on Tuesday mornings and Thursday evenings several times throughout the month.

To register, create an account at events.suburbanhospital.org. If you have difficulty registering online, call 301-896-MOVE (6683).

Schedule Pre-Surgical Testing Center Appointment

Within seven to fourteen days of surgery, you will need to be seen by the Suburban Hospital Pre-Surgical Testing Center. The Staff of the Pre-Testing Center will provide you with individualized special instructions to further prepare you for surgery. Your in-depth pre-operative education will be completed, including the following:

- Review of pre-operative tests; repeat any outdated lab tests
- Review of surgical history, including anesthesia issues or concerns
- Medication review (please bring actual bottles or concise list)
- Review what time to stop eating and drinking
- Review arrival time to Suburban Hospital the day of surgery

At this appointment, a blood sample also will be taken called the "Type and Screen/Type and Crossmatch" (if needed). This blood test can only be done at the Pre-Surgical Testing Center and must be within seven days of your surgery. This enables us to know your blood type and ensure blood availability on the day of surgery.

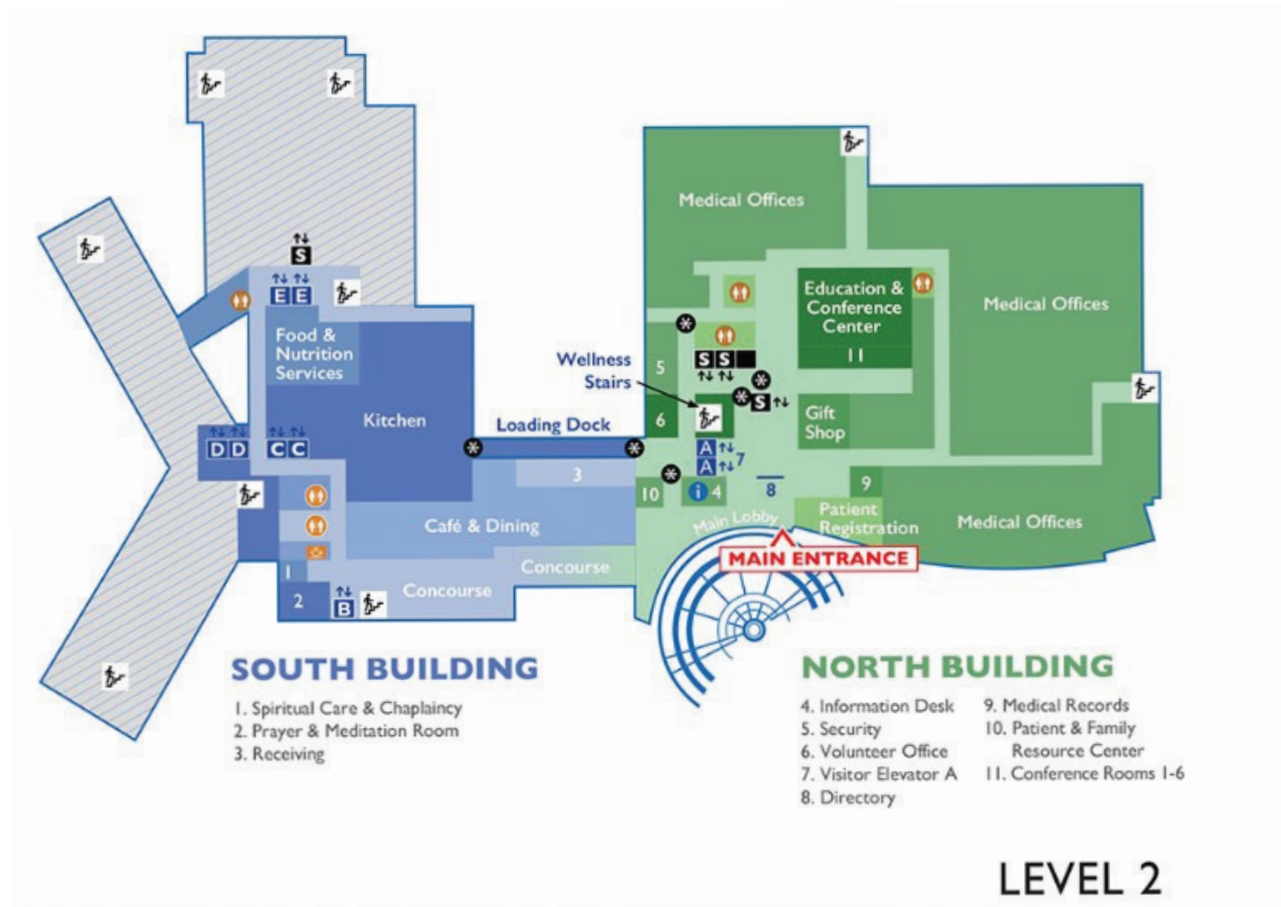
Please allow 45 minutes for this appointment.

Hospital Stay

Suburban Hospital

8600 Old Georgetown Rd.
Bethesda, MD 20814

- Please check in at the registration desk, located to the right of the information desk at the main entrance of the hospital (level 2, North Building).
- Once you are checked in, you will be directed to the surgical waiting area on the first floor.



Request and View Our Pre-Op Joint Education Video!

Call the Suburban Hospital Joint Center at 301-896-3238 to request the class video. Provide the following information:

- Patient's name & phone number(s). If you are not the patient, please provide your name and phone number, too.
- The date of the patient's surgery. If a surgery date is not known, please use an anticipated surgery date.
- The name of your surgeon
- The procedure being performed (e.g. left total knee, right hip revision, etc.)
- The patient's or care partner's email address.

The video will be sent as soon as possible, but could take up to seven days. If you do not see it in your inbox, check your spam/junk folder.

Pre-Op class content includes:

- Review of pre-operative requirements and issues
- Hospital stay and expectations
- Equipment review
- Therapy expectations and recommendations
- Discharge planning

Note: Some information in these educational resources may change due to the current environment.

We encourage your “coach” to be involved in all aspects of this learning experience with you in order to help provide reinforcement and encouragement along the way.



JOHNS HOPKINS
MEDICINE

August 2023

**Hip and Knee Replacement Program
Department of Orthopaedic Surgery**

4940 Eastern Ave, A Bldg., 6th Floor
Baltimore, MD 21224
Office 410-550-2222
Fax 410-550-2899