Welcome to the Pre-operative Class for Joint Replacement.

You’ll notice a continuing themes of travel and boating throughout the images and analogies used in this morning’s presentation. I’ve done this for a reason: we will be going through a lot of new information in the next 2 hours. If I can relate new information to information that is already stored in your long-term memory, I can improve your ability to handle the new information – and hopefully remember it better.

Now most of you are probably not sailors, but I think the ideas of planning and preparing for a “journey” are familiar to you. Today we will talk about your upcoming surgery as if it were a journey and we’ll spend this morning helping you get prepared for it.
You have all started on your journey to have joint replacement surgery. We know this is a big decision and there are many things you need to take care of to get ready. Today we’ll help you understand all the things you can do to make the journey easier and safer. We’ll also talk about what to expect along the way.
While the surgeon, nurses and Rehab staff will be giving you information and guidance, you are really in charge of this journey.
Your choices and preparations will influence how things go along the way and where you end up.
Thorough preparation and a well-trained crew ensure smooth sailing.
The Joint Center staff have the experience and expertise to guide you on this journey. We’ve worked with hundreds of patients and understand the challenges and choices ahead of you.

Our outcomes tracking shows that our patients have a safer experience, a shorter hospital stay, fewer complications AND get back to their activities more quickly than others. These results indicate that all of the pre-operative preparation, our standard inpatient protocols and the expert rehab after discharge all make a difference in helping you get what you want out of this surgery.
Before setting out on a canoe trip, you would want to make sure you have some good paddles, a life jacket and a few other supplies, right?

Today we’ll tell you about some equipment that you might want to get that will make your transition home go a little smoother. We’ll also offer some suggestions for things you can do to make your home safer and easier to move around in.
Research shows early mobility leads to better outcomes so expect to be getting up the day of surgery or the day after surgery. However, you’ll be a little slower and a little less steady than you are right now.
There are some pre-operative exercises in your book on page 15. If you haven’t started doing them yet, we recommend you start now. When you come home from the hospital you will continue to do your exercises 2 times a day. To complete these exercises there are a couple of things you will need to get ready. One item you will need is a sturdy roll to place under your knee (see picture/demo). It should be about 8” in diameter and strong enough to hold the weight of your leg without flattening. We use 2 beach towels rolled tightly and held together with strapping tape. Another idea is to use an unopened 2 L bottle of soda with a towel wrapped around it. The 2nd thing you will need a slippery board to place under your leg for 2 different exercises. A cookie sheet, a piece of cardboard or a game board works well.
Stairs are not as difficult to negotiate as you might imagine because you will likely be fully weight-bearing on your surgical leg, but sturdy railings make all the difference. If you do not have a railing on your stairs, we recommend getting one installed before surgery. If you have a railing, make sure it’s sturdy enough to push through without collapsing. Look at all of your stairways, including those outside, and make sure you have railings installed where you need them.

Walk around your home and clear away any clutter. Pick up scatter rugs, these love to get caught up in walkers & crutches. If you have a walker, walk around your home with it and make sure you can get to where you need to go. Maybe your side of the bed is too close to the wall, can you move it over or switch sides for awhile? Simple things like taking extra leaves out of tables can be very helpful.
We recommend that you practice getting in and out of your car with limited mobility. It is usually easier to get into a bigger car rather than a smaller one. You should slide the seat back as far as possible. Then back up to the seat, hold onto the dashboard and seat back and lower yourself down. Then you can swing your legs around and through the door opening. If you have trouble clearing the opening, you may need to slide towards the driver’s side. Sitting on a plastic bag allows you to slide more easily if you don’t have leather seats. Remember to let your family know what car works best and make sure they bring that one to pick you up in.
It is much easier to get in and out of chairs that have arms. You may be limited in how far you can bend at the waist after hip surgery, or your knee might not bend easily; arms allow you to ease yourself up or down with less leg strength and mobility. The higher the surface, the easier it is to get up and down.

When you go home today, take a look at where you will spend your time recuperating and make sure your chair will work for you.
After thinking about what chairs you can get in and out of after surgery, think about getting on and off the toilet. The same concept applies, the lower the toilet the harder it will be to get up. After hip surgery, you may be limited in how much you can bend at the waist. Even if you do not have precautions on how far you can bend, it may be difficult to get up and down off of a toilet. Most toilets don’t have arms, is there any thing around your toilet you can use to push yourself up from? Often you may only need a vanity or sink to push up from. If you have a low toilet, a raised toilet seat might be useful. There are a variety of raised toilet seats available for purchase, including styles with arms so you have somewhere to push. If you have a comfort height toilet or a handicapped toilet, you likely do not need a raised toilet seat. However, you still may like to have bars to push yourself up. There are grab bars available to attach to your toilet (see picture/demo).

Typically you are allowed to shower when you go home. If you aren’t comfortable standing in the shower, please don’t. Often people continue to take a sponge bathes until they feel comfortable standing in the shower. Another option is a shower chair. This allows you to sit down when showering. There are many varieties of shower chairs available, so if you decide to use one you will have to see what works best for you & your environment. Think about getting a non-skid mat in the bottom of the tub/shower you will be using to reduce the slips. Many people like a hand held shower head, that way you can stand still in the shower & spray the water where you need it to go instead of moving around to get rinsed off. Finally, you may enjoy a long handled bath sponge so you can reach all areas of your body without bending/twisting/moving so much in the wet environment.
Before surgery, look around your bathroom (and other areas of your home). Where might be a good place for a grab bar? There are a variety of permanent & removable grab bars available. Whatever style you get, please make sure they are installed correctly and in a location that works for the person who will be using it. One of the styles shown above include a suction cup grab bar. These are economical and work well if you have the right set up. It works on big, smooth tile or on fiberglass inserts. If you are using a suction cup grab bar, please check it each time before you use it. It may have lost its suction and will need to be re-applied.
There are some other pieces of equipment that may make going home easier for you. One item is the reacher. This can help you get your pants on if you have bending restrictions after hip surgery or you just don’t have the flexibility to get your pants on after hip or knee surgery. (see picture on right). The sock aid can assist getting socks on, even those nice, tight, white socks which are difficult to put on even if you have good range of motion. A long handled shoe horn can help get your shoes on if you are unable to bend over to slip them on. We do have all 3 of these available for you to try after surgery. If you decide they are beneficial, the sock aid & reacher are both available in the gift shop. The shoe horn is usually at the home medical store or Walgreens. Ridgeview Home Medical store is located right next to the hospital in Waconia.
As far as ambulation, you will be using crutches or a walker for a few weeks and then progress to a cane. We have this equipment in stock and can bill it to your insurance company. Most insurance will pay for some or all of one device. However, you may find that you need both a walker and crutches (or a cane) because walkers don’t work well on stairs. To go up and down stairs, ideally you will have a railing on one side & a cane or crutch on the other side. If you have no railing, you will need to use 2 crutches.

Often, people borrow equipment from friends and relatives, particularly items that you will use for just a short time or if you requires a 2\textsuperscript{nd} type of device for the stairs (crutches/cane).

If you borrow a walker, try to get one with wheels on the front. The wheels allow you to walk with a more normal gait pattern. If your walker does not have wheels and it’s a Guardian brand walker, we have wheels that should fit. Otherwise, you could take it to the home medical store & see if they could get wheels for you. If you do borrow a walker, try to make sure it adjusts to your height. Walkers are usually adjustable, but they only adjust so far. Generally if you are 5’3” and under, you will need a youth walker. This just means it adjusts shorter.

Please bring your walker or crutches with you when you come for surgery. We will make sure they are adjusted to you and are working properly.
Before going out on the lake, a few swimming lessons might be a good idea, right? Similarly, there are some steps you can take that will make your joint replacement journey a lot safer.
At Ridgeview we have a very low infection rate after joint replacement surgery because we have a standard protocol to reduce exposure to bacteria.
You have been provided with 2 bottles of a special antibiotic soap to use before surgery. You will take 2 different showers, using all of the soap in one bottle during each shower.

Approximately one week before your surgery you should take your first shower using the soap. It is a very strong soap, so don’t use it on your face. Wash your hair with shampoo and your face with normal soap; then start pouring the bottle of soap onto a washcloth and scrub your body all over with the soap. Use the entire bottle. For the remainder of that week, you will follow your normal routine for bathing and washing.

When you take your last shower before surgery, you will wash with the second bottle, using it in the same way. However, after this last shower, please do not put on any lotions or powders. You may use deodorant, but nothing else. Please wear clean clothes.
You have also been provided with an ointment to remove bacteria from your nose. There are some bacteria that we might carry around without knowing it, and the nose is a favorite spot for this bacteria to hang out.

You should use the ointment twice a day for the 5 days prior to surgery. Your calendar will remind you when to start it. Squeeze out a pea-sized blob of the ointment onto a Q-tip and swab that inside your nostril. Then repeat on the other side. Do this every morning and night for 5 days. If you use a nasal spray every morning, use that first and then put in the ointment.
One last step before surgery is to use an enema to remove formed stool so that you are less likely to have a bowel movement while in surgery. You should use this the night before surgery or in the morning if your surgery is later in the afternoon.

Your “door prize” for coming today is a Fleet enema and a canvas bag to carry it and other items home.
Another part of our standard process is to have you stop taking anything that thins your blood before surgery.
If you have been prescribed a blood thinner, you need to call the doctor who prescribed it and find out when to stop taking it. Examples of blood-thinners are aspirin, Plavix and Coumadin (aka warfarin), Xarelto.
Avoid any use of Aspirin 7 days before surgery, unless otherwise advised by your doctor.

Any over the counter use of Aspirin should be stopped 7 days before surgery.
Other medications have a side effect of blood thinning. Because the blood thinning isn’t therapeutic, you should stop these medications sooner – 10 days before surgery. The most common type of medication like this are anti-inflammatory – like ibuprofen (Motrin, Advil), Naproxen Sodium (Naprosyn, Aleve) and other prescription medications.

These are a few alternatives that you can use instead:

Tylenol or acetaminophen
Celebrex (a prescription anti-inflammatory)
Other prescription pain medication

Call your doctor if you need something to help you manage pain before surgery.
Some supplements also have a side-effect of blood thinning. *Stop using it 10 days before surgery.*

This includes Glucosamine Chondroitin.

Some supplements also have a side-effect of blood thinning. There is a list in your Guidebook on page 11. Garlic and ginger in your food is fine; just avoid extra supplements. Saw Palmetto is a common ingredient in supplements for prostate health. Flax seed and fish oil are Omega-3 fatty acids and need to be limited to 3000 mg a day. Most supplement capsules are 1000 – 1200 mg, so are safe to take. Glucosamine Chondroitin – the Chondroitin has a side-effect of blood thinking and should be stopped 10 days before surgery.
If you are a smoker or nicotine user, please consider quitting or taking a break before and right after surgery.
Quitting 4 to 6 weeks before your operation and staying smoke-free 4 weeks afterwards can decrease your rate of wound complications by 50%.
Ridgeview Medical Center and its buildings are tobacco-free.
Talk with your doctor and develop a plan for how to manage during your hospital stay. Don’t expect to go “cold turkey” without something to help you through. We have nicotine patches and gum that you can use if you choose.
Let’s review the appointments you’ll need before surgery, what to bring with you and what your coach can do to help you through this process.
You have a pre-operative checklist on page 8 in your Guidebook. We’ll highlight some of the items on that list.
You should schedule a history and physical exam with your family doctor sometime within 3 weeks of your surgery date. Your doctor needs to make sure you are healthy enough to undergo anesthesia and have surgery. You should give adequate time to take care of any further testing or treatment before surgery.

Guidelines for the lab tests that should be done during your history and physical exam are located in the front pocket of your Guidebook – the form is titled “Pre-operative Anesthesia Requirements”. Please give this form to your family doctor or primary care provider when you attend that visit.
Your surgeon may like you to see a physical therapist (PT) before surgery so that you can get started on stretches and exercises that will get you ready for surgery and improve your recovery. This should be scheduled ASAP with a therapist that you can follow up with after surgery.

During this Prehab Evaluation, you should also be able to get a more individualized assessment of recovery expectations, based on what the PT finds and your particular medical history.

In the front pocket of your Guidebook you should also have a prescription or order form for PT as well as an evaluation form that the PT may use if they do not already have one.

If you surgeon does not recommend seeing a physical therapist before surgery, you should begin as soon as possible your preoperative exercises in your guidebook. These exercises are designed to get you ready for surgery and improve your recovery.
A nurse from the Surgery Department will call either the day before your surgery or the Friday before a Monday procedure to give you instructions for preparing for surgery. She will let you know when your surgery is scheduled and when to arrive at the hospital. She will also let you know when to stop eating and drinking and if there are any changes to your medications on the day of surgery.
It is important to bring the right things with you to the hospital.

We want to remind you what items you will need to bring with you to the hospital.
Please bring ALL medications, vitamins and supplements with you to the hospital in their *original containers*.

Bring everything you take, even if you take it only occasionally. We need a complete list so that we can understand any potential interactions with new medications.

The admitting nurse will verify your medications and then give them back to you to return home. We typically dispense all medications from our pharmacy due to the use of an electronic system and bar-code tracking. However, if you take something that we don’t carry, or have a multi-use container like eye drops, we may want to use your medications.
You should be dropped off at the Same Day Surgery entrance just west of the main entrance. Bring your insurance card(s) and a photo ID to the admissions desk to get registered. Have your medications and Guidebook so you can begin the admitting process.
The Guidebook has a pretty complete list of everything else you should bring. Don’t forget items like your CPAP machine, containers to keep hearing aids and glasses safe when not wearing them, and any toiletry items you need. We hope that you will have shorts to wear each day, but a skirt, culottes or other loose-fitting pants are also acceptable. If you wish to shave, you will need to bring an electric razor. This is for safety reasons (because you will be on a blood thinner.)
If you have a friend or family member helping out as your “coach,” we want to make sure they are as involved as they can be.
We encourage your coach to attend the group physical therapy sessions.

Your coach is encouraged to attend all of the group physical therapy sessions. These start in the afternoon the day after surgery. PT is usually scheduled between 8:30-10:30 am and 1:00-3:00 pm every day.
Every Wednesday and Saturday we offer discharge teaching in a group session. This day is post-operative day #2 for most patients and many will be heading home that afternoon, so we want to use this opportunity to make sure everyone is prepared for discharge.

If your coach is limited in their availability, this is the most important day for them to be here. Timing of the discharge education varies depending upon how many people are in the Joint Center. Teaching could occur after morning therapy or in the afternoon after physical therapy.
You will receive 1-1 instruction from your nurse with specifics about your medications, dressing changes and other important details. Your coach should be present for these instructions. If you go home on post-op day #2, it will likely be between 2:00-3:00 pm, if you are discharged on post-op day #3, it will likely be in the morning, right after PT. Your coach should be here by 9:00 am on that day.
Let’s take a break!
You should have discharge plans mapped out ahead of time.

You should start planning for your recovery period even before you come to the hospital.
Most of you have indicated your plans when we called you for this class, but I’d like to review the 3 options.
Most patients go home and access outpatient services for physical therapy and lab work. We encourage you to go home if you are able. It is much better to be back in your familiar environment with your normal activities and past-times to get you moving again. It is also better not to be around many others who might be sick or carry disease.

You will need someone to stay with you the night of surgery, so plan on having someone over if you don’t currently live with someone else. After that first night, you don’t need someone there 24/7, but you likely need someone stopping over once a day to help with meals, cleaning, laundry, shopping and driving you to the clinic or physical therapy (PT).
If you don’t have someone who can reliably take care of your needs or if your coach is not physically capable of driving you to the clinic, then you might be interested in Home Care Services.

Because you may be considered “home bound” for a period of time after surgery, we can have a nurse and physical therapist visit and take care of your medical needs at home. A nurse can come and help with dressing changes and check your blood for lab work. A physical therapist can come 2-3 times a week to progress your exercises and make sure you have everything you need at home.
If going home is not a viable option for you, you may need transitional care for 1-2 weeks before you are able to return home. These services are typically provided at a rehab center.

In preparing for a short-term stay in transitional care, you need to arrange for transportation to the facility.

Transportation is not covered by insurance. We can set up transportation for you as an out of pocket expense with Water’s Edge.

Do not expect twice daily PT at every facility. Plan to be responsible for carrying out your exercises independently if PT is not there in the afternoon or on weekends.
If you need physical therapy after your stay, you should schedule it ahead of time.

Post-op PT appointments should be scheduled before you come to the hospital for your surgery.
Outpatient PT is typically scheduled two to three times per week and the therapist will guide the care once assessed after your knee replacement. Most patients go to therapy for 2 to 6 weeks, but the frequency and length of therapy depends on how you are progressing. There are variances between patients, you and your therapist will develop a plan personalized for you. Schedule at least your first couple of appointments now.

If your surgery is on Monday then you should set up your first appointment on Friday of this week.
If your surgery is on a Tuesday or Wednesday then you should set up your first appointment on Monday of the following week.
If your surgery is on Thursday then you should set up your first appointment on Monday of the following week.
Your surgeon may want you to follow up with your Physical Therapist (PT) a month (4 weeks) after your surgery to work on your walking, balance, stretching and core strengthening. If your surgeon recommends you to see a PT after surgery please set up this appointment BEFORE you come in for surgery.

Please follow your surgeon’s recommendation with after surgery physical therapy.
If you receive Home Care Services or transitional care, it is likely that you will have some physical therapy ordered to help you regain mobility and independence.
Let’s give you some guidelines for recovery expectations.

Plan for time off and mobility limitations.
Plan to be away from work or free of social obligations for at least a month. It takes time for the body to heal and regain strength and stamina. When you return to work, go back gradually if it is at all possible: 4 hour days for a week, then 6 hour days, and then a normal schedule. You and your surgeon will decide when you are ready to return safely back to work.
You will not be driving for at least a couple of weeks after surgery.

Following hip replacement, you are not as limited in leg mobility, so you will be able to resume driving as soon as you are not taking narcotics.

After knee replacement it will depend on whether it was your right or left knee, and how easily you regain range of motion and the agility you need to be safe behind the wheel. You can resume driving when you are not taking narcotics.
You might want to apply for a temporary handicap parking permit. The paperwork is in your Guidebook. When it has been completed, you just need to take it to your local DMV office to get the permit.

Please ask your surgeon’s care coordinator any questions regarding a parking permit.
Now we want to talk about managing issues after surgery. If you are prepared and know what to look out for, you’ll have a much speedier and pleasant recovery.
Most patients will use narcotic pain medication to manage pain after surgery. We’d like to tell you the “A, B, Cs” of taking narcotics, managing side effects and weaning off of them when you are ready. Everyone is a little different in their tolerance and pain, so we can’t predict how much you will take and how long you will need them.
Narcotics cause constipation. Please have a variety of items on hand to manage this at home. You will be given metamucil and stool softeners during your hospital stay, and you should plan to continue using these at home. You might also want suppositories or an enema on hand just in case. Drink plenty of fluids and increase your fiber intake to reduce problems.
You will usually be given at least a 10 day supply of pain medication. If you need more, please call your surgeon. Narcotic pain medications now require a written prescription and can no longer be called into your pharmacy. Someone will have to drive to the clinic to pick up the new prescription.

Keep track of how many pills you have and what you will need over a weekend or a Holiday because the doctors will NOT refill narcotics outside of normal clinic hours.

If your medication is not working for you, don’t hesitate to call your surgeon to adjust it. There are many options available.
In the Medication section of your Guidebook, we have given you recommendations for weaning off of your pain medications.

We cannot predict when this will occur; everyone’s pain and tolerance are different. But when you are ready to try, please do so gradually. Cut out the stronger, 12 hour medication first. Then try decreasing the number of pills you take at one time. Then increase the time in between dosing. You may find that each day is a little different.

Follow the Guidelines in the book and consider adding in Tylenol (Acetaminophen) as you taper off the narcotics. Please remember to limit the amount of Tylenol you take each day to 4000 mg.
Blood clots are a risk after surgery, so we will have you do a number of things to reduce the risk.

We recommend several actions to reduce the risk of blood clots.
It is important to get up and move in order to keep circulation going through your legs.

Ice and elevate your legs above the level of your heart for 20 minutes at a time at least twice a day.

Wear your compression stockings until your surgeon says you can stop (usually at least 2 weeks).

You and your surgeon should discuss this at your post-op appointment which is usually about 10 days after surgery.
Symptoms of a blood clot in the leg include:
  - pain and swelling in the calf, thigh or ankle that does not go away with rest or elevation
  - warmth, tenderness, redness in area of clot

Clots can occur in either leg.

Blood clots are easy to rule out. If you think you have one, please call your surgeon or show your physical therapist to see if it should be checked out. If it does, it’s a simple ER visit and an ultrasound to see if there is a clot.

Blood clots in the leg can become dislodged and move to the lungs, creating a potentially life-threatening situation. Symptoms of a blood clot in the lungs include:
  - shortness of breath
  - chest pain
  - sweating
  - confusion

This situation warrants a 911 emergency call and an ambulance ride to the ER.
You may be prescribed a blood thinning medication for a period of time after your surgery.

We use aspirin, Coumadin (warfarin) or Xarelto. There are pros and cons to each one, so your surgeon will decide which one makes the most sense for you.

If you go home using warfarin, your dosing needs to be monitored with regular blood testing. You will go to your family doctor’s lab, have your blood drawn and the results faxed to the Anti-Coagulation Clinic here at Ridgeview. A nurse will call you and adjust your dosing for the next few days until your next blood test. Patients are typically on warfarin for 5 weeks.
We have an extremely low infection rate for joint replacement patients. Following all of our recommendations both before and after surgery will minimize your risk of developing an infection.

If at anytime during your recovery you have any concerns and it is after your surgeon’s clinic hours, please utilize the Twin Cities Orthopedic Urgent Care walk in clinic hours which are 8:00 am to 8:00 pm.

Locations include: Waconia, Minnetonka, Maple Grove, Edina, Eagan, Coon Rapids, Burnsville, Lake Elmo
Change your dressings as instructed and keep an eye out for any signs of infection in your incision. We will send you home with the supplies you need.
From now on, whenever you go to the dentist (even for just a cleaning), you will need to take preventive antibiotics ahead of time. You can get a prescription from either your dentist or your surgeon.

You will also need antibiotics before any other invasive procedure or surgery for the rest of your life.
You are greater risk for infection after joint replacement. Your body’s normal immune system is suppressed around the metal of the joint. So you must be watchful of developing an infection in any wounds or cuts you get in the future. Clean all cuts and use antibiotic ointment. See your doctor if you feel that any wound is getting infected.
You will recover much sooner if you are active. Alternate rest and activity; walk frequently; gradually increase the length of time that you are up and the level of activity you pursue.
You need to walk at least twice a day, starting with the same distances you were walking in the hospital and then gradually increasing the length of time you are up and moving. Make a circuit in your home and time yourself. Get outside or to a public space where you can walk and rest as needed.
It is beneficial to ice frequently in the initial weeks after surgery.

We will provide you with 2 ice packs to use during your recovery.

Ice for at least 20 minutes at a time. Ice on and off as needed during your initial phase of recovery and then ice after activity, including excursions like grocery shopping. You may continue to need ice for several months. This is NORMAL. If you find you are having lots of pain at night, you are probably not icing enough during the day (and elevate your leg more).
Motion is definitely lotion to your joints and tissues. Moving and using your new joint will help your body heal better and faster.

Tissues will heal, regardless of what you do. But if you don’t move, the scar tissue will grow erratically and in a very disorganized way. Your movement and activity train the scar tissue to remodel in ways that allow you to move and do what you need to. It can take up to a year for things to completely settle down after joint replacement (particularly a knee replacement).
If you are able, you might want to start using anti-inflammatories but this should be discussed with your surgeon first due to blood thinning side effects.

These medications might be helpful during your recovery when you are still having an inflammatory response to activity.
If you have questions or need more information, I have a few recommendations and resources for you to consult.
If you are interested in seeing what takes place during surgery, I highly recommend this website, www.edheads.org. It is an educational website for children that has a variety of topics; one of which is joint replacement. You can see a cartoon video that is interactive – so you perform the surgery. It is an accurate step-by-step depiction of a total hip and a total knee replacement.
There is a link on the Ridgeview Medical Center website to access the slides and notes that were used in today’s class. This handout will show you how to get there from the main page.
Items Available for Purchase

• First Floor gift shop
  Monday – Friday 8AM to 7:30PM
  Saturday/Sunday 12PM to 3:30PM

• Third Floor Boutique
  Monday – Friday 8AM to 7:30PM
  Saturday/Sunday 12PM to 3:30PM

Hours our gift shop is open.

Our gift shop is run by volunteers.
You can try the sock aide during your hospital stay.

Reminder we will give you two large ice packs during your stay so most patients do not need to buy further ice packs.
This is where your group physical therapy sessions are held.
We have two wings on the Ortho/Surgica/Center for Joint Replacement.
South/North Rooms
If you are interested in looking at the joint replacement models and getting more detail about the procedures, you are welcome to stay after class and I’ll go over the surgeries and answer any questions you may have.
Please don’t hesitate to call me if you have any questions or concerns both before and after surgery. My phone number is listed at the beginning of your guidebook.
To finish with our boating theme, we have this lovely tranquil scene from the Boundary Waters.

Getting yourself and your home ready, following recommendations and getting moving after surgery will help you get the most out of your new hip or knee.