



**Total Knee Replacement**

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# **INTRODUCTION**

You are scheduled to be admitted to NYU Medical Center for **knee replacement surgery**. Please read this handout, which has information that should answer most of your questions about your hospital stay and discharge. Please share this information with your family members and/or friends.

It is anticipated that you will be ready for discharge approximately **3-4** days after your surgery although this will vary depending on your individual needs. The health care team: doctors, nurses, social worker, physical and occupational therapists, will be helping you with any concerns you have about discharge.

Included in this booklet is a list of questions to help you plan for discharge. Other discharge options, including the need for transfer to acute rehabilitation or another type of rehabilitation facility may be discussed with you, if appropriate.

**Bring this packet to the hospital with you, as the staff will be reviewing the information with you.**



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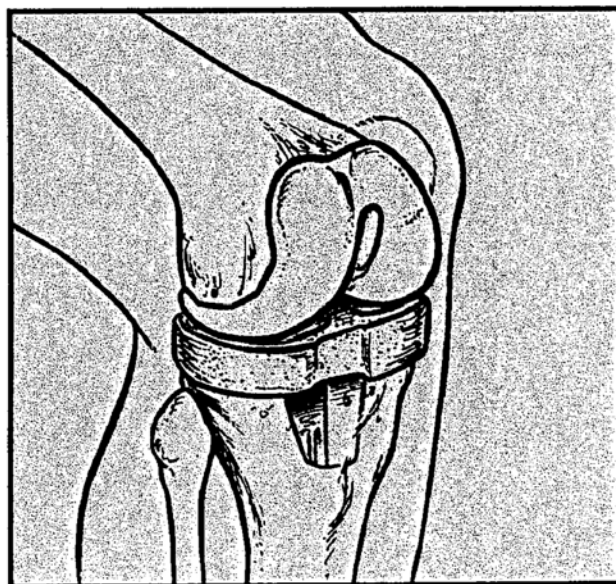
# **ABOUT KNEE REPLACEMENT**

## **ANATOMY OF THE KNEE**

The knee joint is the space between the femur (*the large bone of the upper leg*) and the tibia (*the large bone of the lower leg*), and fibula (*the smaller bone of the lower leg*). The knee joint is a “hinge” joint which allows you to move your lower leg primarily forward and backwards, with slight movement in several other directions. Cartilage covers both bones evenly allowing for smooth, unobstructed movement. The joint is supported by muscles and ligaments and protected by the knee cap.

## **KNEE REPLACEMENT**

During surgery the lower surface of the femur and the upper surface of the tibia are replaced with an artificial joint called a prosthesis. The femoral end is replaced with a metal piece (*femoral component*). The tibia end is replaced by a metal and plastic component (*tibial component*). In addition, the surgeon may opt to add a component that covers the underside of your kneecap (*patellar component*). Below is a picture of a prosthesis in place.





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# **BEFORE SURGERY**

### **MD OFFICE:**

You will be given a pre-admission packet in your doctor's office containing information necessary to complete the admission process. This packet includes the following forms:

- ◆ Personal and insurance information for the admitting office
- ◆ Health care proxy
- ◆ Health history that you will need to complete and bring with you to Pre-Admission Testing (PAT)

At this time you will also discuss the need for blood transfusions with your surgeon. If transfusions are needed, he/she may recommend that you donate your own blood in advance. This donation may be done the day of your PAT appointment. If this is not possible, family members or friends may be able to donate for you.

### **PRE-ADMISSION TESTING**

During the week before surgery, you will be scheduled for several appointments in Pre-Admission Testing. During this time, you will:

- ◆ Attend an educational session describing how to prepare for surgery, what to expect during your hospital stay, and discussing guidelines for discharge.
- ◆ Be interviewed and assessed by a nurse practitioner or a resident from your surgeon's service.
- ◆ Meet with the anesthesiologist who will explain the type of anesthesia you will have and pain relief options after surgery.
- ◆ Have blood tests, an EKG, and any additional tests or X-rays needed.
- ◆ Sign a consent form, after it has been explained to you, giving your permission for the surgery



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### **MEDICATIONS AND ADDITIONAL PREPARATION FOR SURGERY**

#### **One Week Before Surgery:**

- ◆ Avoid aspirin, aspirin-containing products, and medications from the class known as non-steroidal anti-inflammatory agents for one week before surgery. However, if you are taking one aspirin a day for heart, vascular or neurological reasons, check with your doctor for specific instructions.
- ◆ If you are taking Coumadin (warfarin), check with your doctor for specific instructions.
- ◆ Check with your surgeon regarding taking diuretic (water pill) or diabetic medications on the day of surgery.
- ◆ Pack items you will need during your hospital stay. Bring only skid-free shoes or shoes with rubber soles, and a bathrobe to the hospital. Please do not bring any valuables, such as jewelry, cash, or credit cards.

#### **The Night Before Surgery:**

- ◆ Shower the night before or morning of surgery.
- ◆ Do not eat or drink anything after midnight, the night before your surgery.

#### **The Morning of Surgery:**

- ◆ The morning of surgery, take your usual medications with a sip of water as recommended by your doctor. If you are taking diuretics (water pills) or medications for diabetes, you should get specific instructions from your doctor regarding whether or not they should be taken on the day of surgery.



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### **DAY OF SURGERY**

You should report to the **Same Day Admission Unit, 400 East 34<sup>th</sup> Street, Elevator K, 6th Floor**, at the time specified. Here you will be admitted and final preparations for surgery will be completed.

- ◆ Before you go to the Operating Room, you will need to change into a hospital gown and remove all jewelry, including wedding ring, dentures, etc. (It is best to leave jewelry at home.)
  
- ◆ You may be given a sedative to help you relax.

The surgery generally takes 2-3 hours (preparation and actual surgery) and an additional 2-4 hours is spent in the Post-Anesthesia Care Unit (PACU) on the 6th floor until the effects of the anesthesia wear off. Visitors are not allowed in the PACU. From the PACU you will be transferred to a room on one of the surgical floors, where your family members and friends can visit you during posted visiting hours.

- ◆ While you are in surgery, your visitors can wait in the Same Day Admit waiting area (maximum of 2 visitors), or in the Stoler Family Waiting Area in the Tisch Hospital lobby. It is advisable for one contact person to let the surgeon's office know a phone number or location where he/she can be reached after surgery.



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# **WHILE IN THE HOSPITAL**

The following is an overview of what to expect during your hospital stay. Your “**Patient Pathway**” is a day-by-day plan of what to expect and what you should do to assist your recovery.

### **ASSESSMENT:**

- ◆ Initially after surgery, your blood pressure, pulse and temperature will be taken frequently by your nurse.
- ◆ Your incision site will be inspected. Your circulation and level of comfort will be assessed. Pain medications will be adjusted as needed.
- ◆ As your recovery progresses, these observations will be less frequent.

### **DIET:**

- ◆ Initially after surgery, you will not be allowed to eat or drink anything.
- ◆ You will progress to a clear liquid diet. If you tolerate liquids, you will resume the diet you followed before surgery.
- ◆ Eating a well balanced diet is important to help promote wound healing. It is important that you eat even if you do not feel like it to ensure wound healing.

### **ACTIVITY:**

- ◆ A Zimmer splint or bulky knee dressing will be used to help keep your knee straight for the first 24 hours after surgery and at nighttime.



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- ◆ The nursing staff will help you turn every 2-4 hours. Changing your position will help keep you comfortable and help prevent skin breakdown.
  
- ◆ The day after surgery you will be evaluated by a physical therapist who will instruct you in prescribed exercises to improve the strength and range of motion (ROM) of your knee. You will be able to put some weight on the operated limb, as much as you can tolerate, when standing. The physical therapist will help you transfer out of bed to a chair. The physical therapist will show you how to use an assistive device such as a walker or crutches when you begin walking, putting as much weight on your leg as you can tolerate. Each day you will gradually increase the frequency and distance that you walk. You will also be taught how to climb stairs. Physical therapy will see you twice a day for the first few days after surgery.
  
- ◆ The occupational therapist will instruct you on how to safely perform daily activities such as dressing, personal hygiene, bathing, home management, and work activities using adaptive equipment, proper body mechanics, and techniques to conserve your energy.

### **COUGHING / DEEP BREATHING:**

- ◆ One of the most important ways you can help yourself, in addition to turning, is by doing the coughing and deep breathing exercises that your nurse will show you and by using the incentive spirometer or Inspiron.
  
- ◆ Unless otherwise instructed by your nurse, you should do these simple exercises 10 times every hour while awake to clear your lungs of mucus.



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### **PREVENTION OF DEEP VEIN THROMBOSIS (DVT):**

- ◆ Your physician will order the use of a device called **antiembolic boots**. These boots automatically inflate and deflate to help promote blood flow in the legs and decrease the chance of clot formation.
- ◆ Doing ankle exercises that your nurse and physical therapist will demonstrate will also help improve blood flow in your legs.
- ◆ In addition, your doctor may prescribe the use of anticoagulants to prevent blood clots.
- ◆ You may be instructed to wear special elastic stockings or anti-embolism stockings after your surgery. These special stockings will help improve circulation for the legs and lessen the formation of blood clots in your veins.

### **PAIN MANAGEMENT:**

- ◆ Your surgeon and anesthesiologist will determine the most appropriate pain relief medication for your specific needs. After surgery, you will receive medications for pain relief in the form of intravenous or intramuscular injections. An intravenous infusion of pain medication using a method called PCA (Patient Controlled Analgesia) may be prescribed. The PCA allows you to push a button and give yourself a dose of pain medication if you need it. The machine is set so that you can only get a specified amount of pain medication at a given time. Sometimes, this method of pain medication delivery may be given through a **spinal catheter**, which is inserted in the **epidural** space of the spine. Your nurse will instruct you on the use of the PCA machine.
- ◆ To help the staff evaluate your level of pain, you will be asked to rate your pain using a scale of 0 - 10 with 0 meaning no pain and 10 indicating the worst pain. Using this scale will help your physicians and nurses make sure that your pain is adequately controlled.



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- ◆ The use of ice is recommended to help reduce swelling of your knee following surgery. Ice is available from the Nursing station, or your physical therapist can also help you with ice pack set-ups.
- ◆ As your level of discomfort goes down and you are able to tolerate liquids and food, you will receive pills for pain management.
- ◆ **It is important that you do the exercises both in bed and with the physical therapist. It may be helpful to take pain medications before your physical therapy appointment or your walks on the unit.**

### **BLADDER AND BOWEL FUNCTION:**

- ◆ The Foley catheter that was inserted into your bladder during surgery will be removed as soon as possible.
- ◆ After it is removed, you are encouraged to walk to the bathroom or transfer to the bedside commode. If you are unable to do this, you may use a bedpan or urinal.
- ◆ Due to your decreased activity and use of pain medicine, you may have constipation after surgery. A bowel regimen, including stool softeners and mild laxatives, will be started as soon as you are tolerating food. It is also important that you increase your fluid intake as well.

### **OTHER MEDICATIONS:**

You will receive:

- ◆ Laxative medications or stool softeners for constipation.
- ◆ Medications such as aspirin or anticoagulants to reduce the possibility of blood clots.
- ◆ Iron and folic acid to prevent or reduce anemia.



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- ◆ Antibiotics given intravenously for one day following surgery.
- ◆ Medications that protect your stomach lining.

### **CARE OF INCISION SITE:**

- ◆ Your incision will be covered with a dressing that your surgeon or one of the residents will change on the third day. Afterwards, the nurse will change the dressing as needed.
- ◆ In addition, during surgery a drain may be inserted at the incision site. Depending on the amount of drainage, the drain may be removed one or two days after surgery.
- ◆ It is very important to keep the incision clean and dry at all times.
- ◆ Before you are discharged, you should look at your incision so that you can report any changes to your physician. Look for the following:
  - ◆ Redness
  - ◆ Drainage
  - ◆ Increased temperature



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# **DISCHARGE INFORMATION**

### **DISCHARGE:**

- ◆ Most patients are ready for discharge approximately **3** days after surgery.
- ◆ Your nurse, physical and occupational therapists, and doctor will discuss specific discharge information including medications, incision care, activity instructions, equipment needs, and follow-up appointments at this time.
- ◆ Discharge time is 10:00 a.m.
- ◆ The team will evaluate the need for transfer to a rehabilitation facility for further physical and occupational therapy after discharge.
- ◆ If you are discharged home directly from Tisch Hospital, a Visiting Nurse referral will be made for the continuation of physical and occupational therapy at home to assess your safety, and increase your level of independence.
- ◆ If you are going home, the physical therapist will arrange for any bathroom equipment (such as a raised toilet seat, shower chair, or grab bar) to be delivered to your home. Since reimbursement for equipment will vary depending on your insurance, the Discharge Planning Unit (DPU) will contact you regarding what your plan covers.
- ◆ Equipment that you need to safely get into your home will be delivered to the hospital on the day of discharge. Other equipment may be delivered directly to your home (such as bathroom equipment).
- ◆ You should continue to use the walker or crutches and adaptive equipment for as long as your physician or physical and occupational therapist recommends.



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### **RETURN VISIT TO DOCTOR:**

- ◆ When you get home, call your surgeon's office to arrange a follow-up appointment.
- ◆ Usually, you will be asked to return to see your surgeon 6 weeks after your discharge.
- ◆ At that time, your doctor will remove any stitches or staples and give you further instructions regarding increasing your activity.

### **HOME**

The following are general guidelines. Before you are discharged, your doctor, nurse, and physical and occupational therapists will review this information that is specific to your individual situation.

### **BATHING:**

- ◆ Discuss with your doctor when you can shower or tub bathe.
- ◆ You should use a shower chair or a shower bench to be as safe as possible when showering. It is advisable to have someone available to help you the first few times you shower.
- ◆ Drying your feet and putting on shoes before leaving the bathroom are recommended to prevent falls. In addition, the use of a rubber mat can prevent falls when getting in or out of the tub or shower.



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### **GENERAL ACTIVITIES:**

- ◆ Arrange the most commonly used objects in the kitchen, bathroom, and bedroom so that they are within easy reach.
- ◆ Determine the most efficient method of accomplishing your daily activities.
- ◆ Plan your activities so that you can do them at a moderate pace. Avoid rushing, which can contribute to falls.
- ◆ Plan rest periods during the day.
- ◆ When sitting for long periods of time, it is recommended that you elevate your operated leg to decrease swelling and discomfort.

### **STAIRS:**

- ◆ Stair climbing is permitted but should be limited to once or twice a day. Remember the old saying: up with the good, down with the bad. When going up steps, your unoperated leg should go up first. When coming down steps, your operated leg should step down first.
- ◆ Use the assistive device as you were instructed by the physical therapist.

### **MEDICATIONS:**

- ◆ You will receive a prescription for pain medication for use after discharge.
- ◆ Your nurse will review the information about the specific medication including indications and side effects with you.



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### **DIET:**

- ◆ No special diet is required after a knee replacement. However, a balanced diet with adequate fluid intake is important for your recovery.
- ◆ If you are on a special diet for another medical condition and would like to speak with a nutritionist, please notify your nurse.
- ◆ If you will be on Coumadin (warfarin), the nutritionist will discuss foods that should be limited or avoided.

### **SEXUAL ACTIVITY:**

- ◆ Initially, discomfort may limit sexual activity, but generally, sexual activity is not contraindicated. If you have questions, ask your physician, nurse, or physical therapist.

### **CAR TRAVEL:**

- ◆ Riding in a car is permitted but for longer trips you should stop frequently so that you can stretch to decrease stiffness and swelling.
- ◆ You should not drive until your physician gives you permission to drive.



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**OTHER SPECIFIC DISCHARGE INSTRUCTIONS**

**PREVENTIVE (PROPHYLACTIC) ANTIBIOTIC THERAPY**

If you have had a joint replacement, you will need antibiotics before certain diagnostic procedures (especially those involving the gastrointestinal [GI] or the genitourinary [GU] tract) or dental procedures. The antibiotics will prevent bacteria from collecting on your prosthesis.

The antibiotics are prescribed to be taken before and after any dental work or diagnostic procedure. The medication usually prescribed is a derivative of penicillin. However, if you are allergic to penicillin, another drug will be prescribed.

It is very important that all doctors and dentists who treat you know that you have had a total knee replacement. If they have any questions, they should contact your orthopedic surgeon.

The following are the most common procedures that usually require antibiotics:

<b>GI TRACT</b>	<b>GU TRACT</b>	<b>DENTAL</b>
Sigmoidoscopy	Cystoscopy	Extraction
Colonoscopy	D&C	Periodontal Treatment
Surgery on the anus or rectum	Surgery on prostate or bladder	Abscess or infection
Endoscopy		



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### **WHEN SHOULD I CALL THE DOCTOR?**

Your doctor should be notified if any of the following symptoms develop:

- ◆ Sudden increase in pain.
- ◆ Fever equal to or greater than 100.8° on two or more occasions during the first 1-3 weeks after surgery. For a reliable temperature reading, no aspirin, acetaminophen (Tylenol), ibuprofen, should be taken for 3-4 hours before. Hot liquids should not be taken immediately before taking your temperature.
- ◆ Signs of possible infection, such as redness, swelling, tenderness, and stiffness at the incision or in the joint and surrounding area.
- ◆ Drainage from incision site.
- ◆ Any increased swelling of the affected limb.
- ◆ Bleeding from the incision site.
- ◆ Separation of edges of the incision site.
- ◆ Any loss of motion of the knee.
- ◆ Any sharp pain in the calf region.

After you have completed reading this handout, please speak with your nurse about any additional questions you may have. Please remember that we would like to make your stay as comfortable as possible.



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**GENERAL FACT SHEET:  
AFTER TOTAL KNEE REPLACEMENT**

**The following are recommendations that are to be observed for 6 months after your surgery unless otherwise specified by your doctor.**

1. Bend and straighten your knee as often as possible to reduce stiffness.
2. When sleeping on your side, place a pillow between your knees.
3. **Do Not** place a pillow under your knees when lying on your back.
4. If your knee becomes swollen or is painful, place an ice pack on the area for about 10-20 minutes. Use ice packs before and after CPM and physical therapy.
5. When coming up to stand, try to keep even pressure on both feet.
6. Try not to favor your operated leg.
7. Follow "General Tips for Orthopedic Patients." (See next page.)



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# GENERAL TIPS FOR ORTHOPEDIC PATIENTS

**The following are recommendations that are to be observed for 6 months after your surgery unless otherwise specified by your physician.**

- ◆ After discharge, if you have any evidence of infection, contact your doctor. Signs of infections are:
  - Fever
  - Redness
  - Heat in the joint
  - Persistent swelling
  - Drainage from the incision
- ◆ Do your exercises regularly. If they cause significant pain, contact your surgeon.
- ◆ Do not spin or twist on your operated leg when turning. Never pivot or twist your operated leg.
- ◆ Use your walker until your doctor advises you otherwise.
- ◆ If you are using a cane, use it in the hand opposite to your operated leg.
- ◆ Go **up** stairs and curbs leading with your **strong** leg and **down** stairs and curbs leading with your **operated** leg.
- ◆ Try to get up, move around, and use your leg as much as possible. To allow time for healing, check with your doctor and/or therapist before resuming any vigorous exercise, such as recreational sports, or more intense use of your operative leg.
- ◆ While you are sleeping, **do not** put any pillows under your knees. However, if you sleep on your side you may place a pillow between your knees.



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# **TOTAL KNEE REPLACEMENT HOME EXERCISE PROGRAM**

Perform the following exercises 3 times a day; each exercise is to be done 10 times. Avoid pain and fatigue.

**POSITION:** The following exercises are to be performed lying on your back.

While performing exercises, count out loud so as not to hold your breath.

<b>I. ISOMETRIC EXERCISES</b>	
1. Gluteal sets	Tighten your buttocks, hold for a count of 3, and then release.
2. Quad sets	Tighten your thighs, pressing the back of your knees into bed sheet. Hold for a count of 3, then release
3. Modified quad sets	Place a firm rolled towel under your ankle. Press the back of your knee down into the bed. At the same time, begin to stretch your toes up towards your nose. Hold for a count of 3, then release.
4. Ankle isotonic	With your legs straight, raise your ankle up for a count of 3 and release, and then turn your ankle down for a count of 3 and release.
<b>II. HIP AND KNEE FLEXION</b>	Slide your heel up the sheet towards the head of the bed, bringing your knee towards your chest. Hold for a count of 3, then slide your heel back down the sheet to the starting position.
<b>III. HIP FLEXION</b>	
A. Straight leg raise	With your leg straight, repeat the Quad Set exercise. At the same time turn your ankle up and raise leg towards your head. When it is raised as far as possible, without bending the knee, hold for a count of 3 and slowly lower your leg to the starting position (Flex opposite knee during exercise program).
B. Modified straight leg raise	Slide your heel up the sheet, towards the head of the bed. Raise your leg towards your head. Hold for a count of 3 and slowly lower your leg without bending the knee.



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<b>IV. TERMINAL EXTENSION</b>	Place a firm pillow roll under your knee. Press your knee down into the pillow roll as you raise your foot towards your head. Hold for a count of 3, and then slowly return your foot to the bed.
<b>POSITION:</b> The following exercises are to be performed in the sitting position. Sit in a straight-back chair with thigh supported.	
<b>V. KNEE STRETCH</b>	Sitting with knees bent and feet flat on the floor, place good leg over operated leg. Begin to push operated leg back further with the assist of the good leg. Hold this position for a count of 3, then release.
<b>VI. KNEE STRENGTHENING</b> (Do not perform this exercise until you clear it with your physician during your first office visit after surgery.)	Place a 3-pound weight around your ankle. Sitting with feet flat on the floor straighten your leg. Hold for a count of 3, and then slowly lower. Now, straighten your leg halfway. Hold for a count of 3, and then slowly lower.

**REMINDER:** Start with 5 repetitions, increasing by 1 repetition each day. Do not exceed 10-15 repetitions.



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# **WEIGHT BEARING INSTRUCTIONS**

1. Crutches
2. Step
3. Repeat

Weight may be placed on operated leg as much as you can tolerate, unless otherwise specified by your doctor. Crutches are placed forward. Step with the involved extremity up to the crutches. Weight is placed on the crutches and involved extremity. The uninvolved leg steps through and lands in front of the crutches.

## **INSTRUCTIONS FOR STAIR CLIMBING**

### **Ascending Stairs**

1. Raise the non-operated leg up to the step.
2. Bring the operated leg up onto the step.
3. Follow with the crutches (or cane) up onto the step.
4. Repeat.

### **Descending Stairs**

1. Place the crutches (or one) down onto the step.
2. Lower the operated leg down onto the step.
3. Step down with the non-operated leg onto the step.
4. Repeat.



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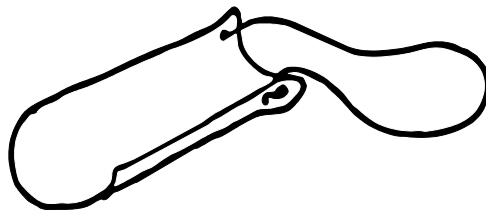
# **ASSISTIVE DEVICES**

The following assistive devices may be recommended by your occupational therapist. These devices are designed to prevent unnecessary bending while you attempt activities of daily living. Their use is temporary until the time your physician eliminates post surgical precautions.

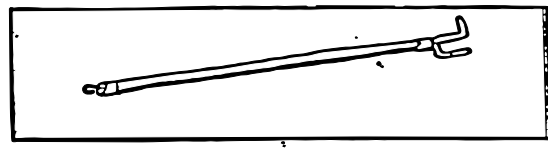
### **DEVICES TO HELP YOU GET DRESSED**

During your recovery, you may find that putting on clothes such as stockings, trousers, panties, shorts, or trying shoes presents a temporary problem.

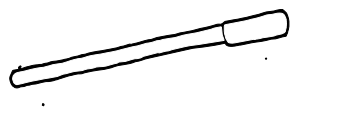
**SOCK AID:** To assist in putting on socks/stockings.



**DRESSING STICK:** To assist in putting on and/or removing lower extremity garments, stocks, or stockings.



**LONG SHOE HORN:** To assist with putting on or taking off shoes.





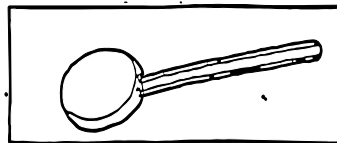
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**SHOELACES:** To slip foot in/out of shoe without tying/untying shoe laces.

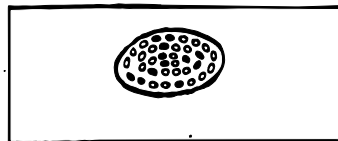


## DEVICES TO HELP YOU BATHE:

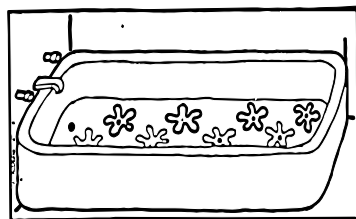
**LONG HANDLED SPONGE:** Used to wash back, legs, or feet. Wrap towel around the sponge for drying.



## SUCTION SOAP HOLDER:



**BATH MAT or STRIPS:** To prevent slipping in a wet tub, or shower.





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### **OTHER HELPFUL DEVICES:**

**LONG HANDLED REACHER:** To assist in picking up things from the floor and shelves.



Ask your doctor when you can assume regular activities without taking precautions or using assistive devices. You may wish to ask your doctor questions related to other important activities for work and leisure.



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# **PREPARING YOUR HOME FOR DISCHARGE**

### **LOOK AROUND YOUR HOME**

- ◆ Think about objects you frequently use that are in low spaces (e.g., bottom drawers of dressers, low bins in the refrigerator, low cupboards, bottom of closets, storage area below sinks, and file cabinets.
- ◆ Are there scatter rugs?
- ◆ Are pathways clutter free?
- ◆ How is your furniture arranged – will you be able to walk through your home easily using a walker, crutches, etc.?
- ◆ What furniture do you usually sit on – will it be too low?
- ◆ If you have sliding glass shower doors, they will need to be removed.

These areas will be discussed in more detail when you meet your occupational therapist after surgery.