

ORTHOPEDIC & REHABILITATION THERAPY





www.MammothHospital.com
 (760) 934-3311

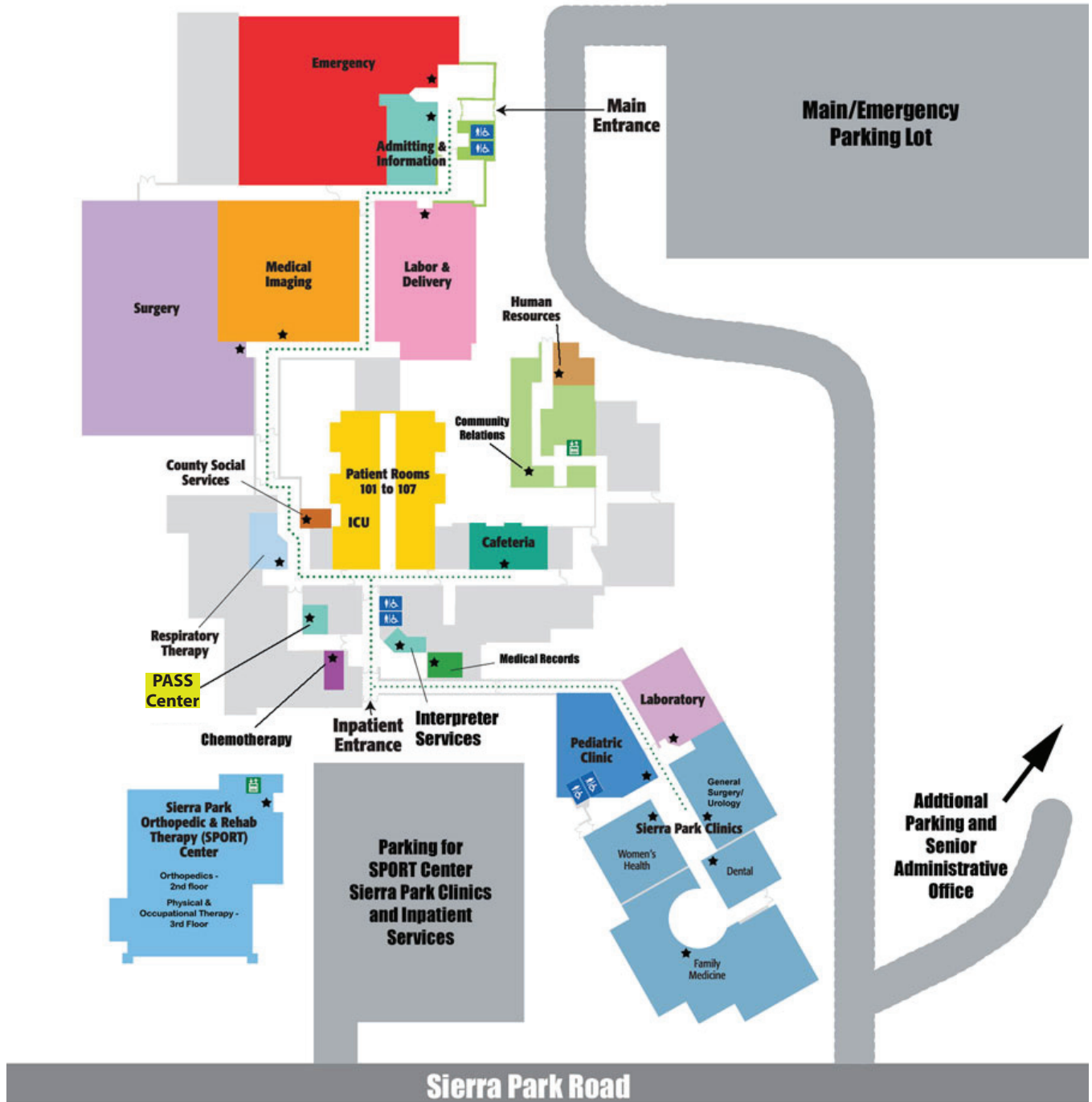


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**THANK
YOU**

Main Entrance



Dear Team Member,

Thank you for choosing Mammoth Hospital for your joint replacement. Please consider us your partner as we strive to make your stay with us an exceptional experience. Our goal is to exceed your expectations in preparing you for your surgery, in providing answers to your questions, and in transitioning you back to your routine life.

Our total joint program has been designed to ensure your success with your new joint. Our program combines evidence based practice with the clinical expertise of our physicians, nurses, therapists and health care professionals who are committed to your success.

We call you a team member because our goal is to partner with you to ensure the best care and communication. By actively participating in your care, you can improve your recovery and make your hospital experience safer. We encourage you to read this guide and refer to it often.

Features of the Mammoth Hospital Total Joint Program include:

- Your Mammoth PASS to Surgery Patient Guide Book
- Pre-operative education class with exercise program
- Preadmission visit in the PASS Center with a registered nurse and physician
- Individual physical therapy sessions
- Joint replacement team with specialized training and dedication
- Daily communication of expectations and activities
- Discharge planning with the Care Coordinator

Please remember that where health care is concerned, one size does not fit all and we are prepared to customize your care based upon your specific medical needs.

Thank you for participating in the Mammoth Hospital Total Joint Program and your PASS to wellness!

Sincerely,

The Mammoth Hospital Total Joint Team



**MY
INFO**

MY APPOINTMENTS

SURGERY

Surgery Date: _____ Arrival Time: _____

Surgeon: _____ Office Contact: _____

Check-in Location: See map for directions

What to Bring:

- This Book
- Insurance card and ID
- _____
- _____
- _____

JOINT CLASS

Date: _____ Time: _____

Location: _____

What to bring:

- _____
- _____
- _____

PRE-OP APPOINTMENT

Date: _____ Time: _____

Location: see map for directions

What to bring:

- This book
- All meds in original containers, including over-the-counter, herbals, vitamins, etc.
- _____
- _____
- _____

MY CONTACT INFORMATION

MY COACH OR COACHES:

_____ Phone: _____

_____ Phone: _____

MY HELPERS, FAMILY AND FRIENDS:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

PREFERRED PHARMACY:

_____ Vons Mammoth: (760) 934-4337

_____ Vons Bishop: (760) 872-8114

_____ Rite Aid Mammoth: (760) 934-8564

_____ Rite Aid Bishop: (760) 873-7883

_____ Dwayne's: (760) 872-2522

OUTPATIENT THERAPY PROVIDER:

Company: _____ Phone: _____

HOME HEALTH OR CARE CENTER: (If you plan on using a home health company or plan to go to a care center please let the surgery coordinator know.)

Company: _____ Phone: _____

SIERRA PARK ORTHOPEDICS:

Surgeon: _____

Mammoth Office Phone: (760) 924-4084 Fax # (760) 934-7285

Bishop Office Phone: (760) 872-7766 Fax # (760) 872-1832

Mammoth SPORT Physical & Occupational Therapy: (760) 934-7302

SPORT Physical Therapy – Bishop location: (760) 872-2942

SCHEDULING SURGERY

PREPARATION

Once you and your physician decide to proceed with surgery, you need to think about how it will affect your life before and after, including your work and family schedules.

THE PROCESS

- Before your surgery date can be finalized, our policy is to obtain authorization from your insurance company. Please notify us immediately if you have made any recent changes or plan to change your insurance policy.
- Make sure you understand your financial obligations with your insurance company and/or the hospital. The hospital is capable of providing you with an estimate and a payment plan for surgery if you would like one. Please notify your surgical coordinator if you would like these services provided to you.
- Be sure to get your EKG, blood work, and chest x-ray before your surgery. The surgical coordinator will let you know when and where you can get these tests done.
- A medical evaluation will be required before your surgery along with any other necessary tests. This will take place during your Pre-Operative visit.
- A dental clearance may be required by your surgeon.

FREQUENTLY ASKED QUESTIONS

What appointments will I need to attend before my surgery?

- Joint class: 90 minutes with additional time to answer questions. This appointment should be scheduled as soon as you know you are having surgery through the PASS center.
- Pre-op visit: 30-60 minutes. This appointment should be scheduled approximately 1-2 weeks before surgery. Make sure you bring all of your medications, vitamins and herbal supplements.
- Pre and post-op physical therapy as advised by your surgeon.
- Dental appointment for clearance if requested by your surgeon.

Why should I attend joint class?

- We believe you will have a better surgical experience if you know what to expect and how to participate in your care.
- You will meet other patients scheduled for joint replacement.
- You will meet members of the joint replacement team.

When will my appointments be scheduled?

- The surgery coordinator will call you with dates and times available after the authorization process has been completed.

ATTENDING A TOTAL JOINT CLASS AND CHOOSING A COACH

Why do I need a coach?

- To help you meet your goals.
- To properly assist you with daily exercises and walking.
- To help you remember instructions (pain meds and anesthesia can make you forget what to do).
- To help your transition from hospital to home.
- To provide moral support and encouragement.

How do I choose a coach?

- Choose someone that will be able to attend your therapy sessions and to help you throughout your recovery.

Can I bring my coach to the joint class and pre-op visit?

- YES! We want you to bring a coach to the class. It helps for them to know what you will experience; it will make them a more efficient coach.



**PREPARING
FOR
SURGERY**

MY CHECKLIST FOR SURGERY

Weeks before surgery

- Review total joint book and attend total joint class.
- Review dental guidelines.
- Read “A Patient’s Guide to Blood Transfusions” Most patients will not need a blood transfusion. In the event you require blood, banked blood is an option. We understand that you may wish to use or bank your own blood. This process takes time, so if you decide to donate your own blood after consulting your surgeon, you will need to make special arrangements for this. (Call the PASS center for more information.)
- If going to an Extended Care Facility for your recovery you should check with your insurance and the facility. You can work with the discharge planner to assist you with this.
- Start the exercises given to you in the total joint book or consult an outpatient physical therapist.
- Use of tobacco products is not recommended, as it can increase the risk of significant complications.
- If you have an obvious respiratory infection (cold), flu, rash, a skin infection, or any other acute illness within a week before surgery, contact your doctor’s office.
- Be careful not to get any cuts, scrapes, or bug bites anywhere near your surgical site. Please do not shave your surgical site prior to surgery. Please call us if you notice any cuts, scrapes, bites, or open sores on the affected limb prior to surgery.
- Review instructions for vitamins, herbal supplements, and anti-inflammatory medications.
- Obtain durable equipment if needed (walker, crutches, CPM, 3-in-1 chair).

Before the day of surgery

- Make plans to be away from home (newspaper, mail, pets, etc.).
- Pack clothes and personal items, including:
 - Loose fitting comfortable clothes and robe.
 - Supportive walking shoes.
 - Eyeglasses instead of contacts.
 - Personal toiletries.
 - Dentures.

Evening before surgery

- Remove jewelry and any piercings.
- If diabetic get instructions for insulin.
- Shower with Hibiclens if you are unable to shower in the morning.
- A nurse will call you to finalize your time to arrive and answer any last minute questions.
- No food after midnight. No candy, gum or mints.

Morning of surgery

- Shower with Hibiclens. (See “Preparing for Surgery: Antibacterial Shower”)
- Leave valuables/jewelry at home.
- Wear comfortable, loose clothing and walking shoes.
- You may drink clear fluids up to two hours before surgery or as advised the day before surgery.
- Take medications the morning of surgery as instructed.
- Bring your Coach.
- Bring your Total Joint Book.
- Bring your insurance card, ID and Co-pay if applicable.
- Bring sleep apnea assists (CPAP, BIPAP), inhalers and medications if instructed to.
- Bring a book, magazine or crossword puzzle – something to help pass the time while you wait.
- Bring walker, crutches, CPM if ordered.

You may have clear fluids up to two hours before your surgery. You will be advised of the exact time to stop drinking.

- **IMPORTANT: If you do not follow this diet before your surgery, your surgery may be cancelled and scheduled for another time.**
- Water.
- Coffee or black tea with no cream, milk or sugar.
- Clear fruit juice without pulp (apple juice, white grape juice.)
- Clear carbonated beverage.
- Gatorade.
- Jello (plain, no fruit.)

Antibacterial shower

- Shower prior to surgery with Hibiclens. This is antiseptic/antimicrobial soap. This helps to decrease the bacteria present on your skin that could cause an infection in your surgical site.
- Shower the night before or the morning of your surgery with the soap provided.
- This soap should not be used on your head, face, ears, eyes, mouth or genital area.
- **Showering instructions:**
 - Rinse your skin with water from the neck down.
 - Use your regular non-lotion base soap and rinse off.
 - Apply Hibiclens to your washcloth and wash your entire body.
 - WASH GENTLY. This soap performs its antibacterial function without scrubbing.
 - Concentrate on the specific surgical area.
 - Rinse thoroughly.
- Do not shave or use any hair removal methods for five days prior to your surgery as tiny nicks to the skin could cause cancellation of your surgery.
- Do not use lotions or oils on your body after showering.
- Do not use if you have a known sensitivity to chlorhexidine gluconate.

Medications

- Make sure you discuss with your physicians the medications you are taking. Include all prescription medications, vitamins, herbal or dietary supplements, anti-inflammatory medications and any anti-coagulants (also called blood thinners).
- You will be instructed when to stop vitamins, herbal supplements and anti-inflammatory medications.
- If you are on anti-coagulants (also called blood thinners) you will need special instructions before surgery.
- At your pre-op visit, you will be notified what medications to take the morning of surgery. If you are on insulin you will be given dose instructions the evening before your surgery.

Bowel function

- Pain meds frequently cause constipation before and after surgery. It is important to maintain normal bowel function and avoid constipation. Drinking plenty of fluids and eating foods high in fiber will help prevent constipation. You may need an over-the-counter stool softener.

PREPARING YOUR HOME FOR SURGERY

Make arrangements BEFORE surgery to ensure your house is safeguarded against trip or fall hazards and to allow for daily activities with limited mobility or function. Arrange help from family or friends ahead of time that can provide assistance and support for when you need it most.

Fall prevention

- Remove throw rugs or tape down loose edges.
- Remove dust and dirt from floor.
- Arrange furniture to allow you to walk freely, especially if an assistive walking device is needed.

Stairs and steps

- Remove throw rugs.
- Make sure there is enough light in the area to see steps.
- Remove objects on or around steps.

Kitchen

- Remove throw rugs.
- Plan easy meals.
- Store food and cooking utensils lower where you can reach them with limited effort.
- Place frequently used items on upper shelf of refrigerator.
- Group similar items together for easy access.
- Prepare extra meals and freeze them.
- Clear countertops to allow for sliding items from one location to another.

Bathroom

- Remove throw rugs.
- Store commonly used items at waist level.
- You may need to elevate the toilet seat.
- Your method of bathroom use and showering may need to be modified. You may need help. Your therapist will help determine the safest method.
- Special equipment will be discussed during class and your hospital stay.

Bedroom

- Remove throw rugs.
- Remove clutter.
- Make wide paths for allowing you to walk with cane or walker or crutches.
- Place lamp or flashlight near your bed.
- Install night lights along the route to your bathroom and bedroom.
- Sleep in a bed that is high enough to easily enter and exit.
- Keep a phone nearby.
- If you have room, place a solid arm chair so you can sit and get dressed.

Living area

- Remove throw rugs.
- Arrange furniture to allow for walker, crutches or cane.
- Sit in chairs with arms and no wheels.
- Place a firm blanket or pillow in low chairs or sofas to make the seat higher; this will make it easier to get up.
- Remove all cords or tape them down. This is a large tripping hazard.

IMPORTANT TAKE HOME POINT: PLAN AHEAD! Do as much as possible before your surgery, it will make your recovery that much easier. If you have questions call your therapist or nurse.

OTHER ITEMS TO CONSIDER:

- Pets: they are part of the family but if they jump on you or trip you it could be disastrous. Try to arrange care for them for the first month after surgery or have a friend walk and feed them.
- Have comfortable clothes to wear.
- Pay bills online or get help paying bills.
- Arrange for someone to help with groceries and mail.
- Refill medications on a regular basis.
- Consider the type of car you own and if you can transfer in and out according to any precautions you may have. You may have to sit in back seat or put a pillow or blanket in the car to use for positioning when coming home. **DO NOT** drive until your doctor says it is OK.
- Have a portable phone to take with you while moving in the house in case you need to call for help.
- Have telephone numbers handy or preset on your phone.

NUTRITION CONSIDERATIONS FOR SURGERY

Surgery and wound healing increase your body’s energy needs. Your body also has special vitamin and mineral needs in order to help the tissue, muscles and bones that were affected by the surgery. With a well balanced diet, a healthy person is generally able to meet the body’s extra demands to support good healing following surgery. The following are nutrition guidelines to assist you with a healthy recovery following surgery.

NUTRITION BEFORE SURGERY

Healthy eating to support healing after surgery starts before you even have your surgery. There will be a period of time that your diet will be restricted before and after surgery. Before surgery you will be required to abstain or “fast” from foods and beverages for at least 8 hours. After surgery, it is very common for your appetite to be poor due to pain, nausea or constipation. Eating a healthy diet in the weeks before surgery help to support your body’s needs during the time your diet is restricted.

NUTRITION DURING RECOVERY

To support proper wound healing your body needs adequate intake of calories, protein, vitamin A, vitamin C, and zinc. Most people do not need to take a supplement to meet their body’s needs for wound healing after surgery. Eating a well balanced diet will provide enough of these nutrients. Refer to the tables below to find what foods are good sources of these nutrients. If you have restriction in your diet that prevents you from including these foods in your diet, have had unintentional weight loss, have severe burn or bed sore, or if you have chronic or poorly healing wounds you may need supplementation. Speak with your doctor or registered dietitian if you are concerned you may need a supplement.

Even when a person has good iron levels before surgery, it is common that the iron levels drop as a response to surgery. Good iron intake will help to ensure proper reproduction of the components of your blood that require iron. Consuming vitamin C rich foods with iron rich foods helps increase your iron absorption from both the animal and plant-based foods. Some people require iron supplementation in addition to what they eat. Iron is a substance that can be toxic if you take too much, so speak with your doctor if you are concerned and feel you need an iron supplement. Iron supplements can also cause constipation.

Vitamin A Rich Foods	Vitamin C Rich Foods	Protein/Zinc Rich Foods	Iron Rich Foods
Sweet Potatoes	Oranges	Meat	Beef
Cantaloupe	Cantaloupe	Pork	Poultry
Carrots	Honeydew Melon	Seafood	Pork
Mango	Strawberries	Dark Poultry	Baked Potato with Skin
Peaches	Papaya	Dairy Products	Chickpeas
Papaya	Broccoli	Beans	Kidney Beans
Collard Greens	Bell Peppers	Pork	Peas
Kale	Baked Potato	Seafood	Apricots
Spinach	Tomato	Beans	Egg
Fish	Cauliflower		Whole Grain Bread
Dairy Products			Tamarind
			Iron-Fortified Cereals

WEIGHT MANAGEMENT AND JOINT HEALTH

Being overweight contributes to the development of arthritis by increasing the stress on the joints. This excess stress can lead to the breakdown of the cartilage tissue. If you are overweight, weight loss can help you relieve some of the stress on the joint and may even help relieve the pain. If you choose to go forward with joint replacement surgery weight control is still important. Maintaining a healthy weight can help your new joint last longer and help keep the recovery period from being extended.

If you are overweight, weight loss should be a goal!

TIPS FOR LONG-TERM WEIGHT LOSS:

- **Avoid extremely restrictive diets:** Fad diets and extremely low calorie diets tend to produce rapid weight loss. While this may be desirable, the restrictions placed on you with these diets are usually difficult to maintain for an extended period of time. Once you quit the diet, the weight lost is usually regained.
- **Focus on learning healthy eating habits:** If you can incorporate healthy eating habits into your normal routine, you are more likely to be successful with maintaining your weight loss.
 - **Focus on healthy portion sizes that satisfy your appetite.** If you frequently have an upset stomach after you eat, your stomach may be trying to tell you that you are eating too much! Use the portion size guide below as a reference for healthy portion sizes.
 - **Slow down when you eat.** It takes time for our minds to register when our stomach says it is full. You tend to eat more food when you eat fast because you are not allowing your brain the time to catch up with the signals your stomach is sending. Allow yourself 30 minutes to eat each meal.
 - **Eat your fruits and vegetables.** When we do not eat our fruits and vegetables, we tend to replace them with higher calorie foods. Make sure you incorporate a fruit or vegetable serving with every meal. Fruits and vegetables are also great snacks.
 - **Snack.** If you are hungry between meals do not avoid your hunger cues. Ignoring your hunger cues can lead to excessive hunger and over eating at your next meal. Choose a healthy snack like fruit or string cheese to settle your hunger cues.
- **Remain active:** Even while your joints ache or are healing, you can usually find another activity to do to help you burn calories. Talk to your doctor and/or physical therapist about other activities that you can do to manage your weight and not place undue pressure on your joint. The proper exercises may also help strengthen the muscles around the joint, providing increased support for the joint to relieve some of the pressure and pain.

SERVING SIZES

One 3 oz meat serving is about the size of a deck of playing cards.

One 1/2 cup fruit serving is about the size of a tennis ball.

One 3/4 cup vegetable serving is about the size of a baseball.

One 1 oz serving of bread, pancakes or tortilla is about the size of a CD.

DIABETES AND SURGERY

Blood sugar control is extremely important after surgery. High blood sugar levels can result in poor healing, increased risk of blood clots and increases your chances of developing a serious infection. Blood sugar control can be difficult after surgery. Surgery places significant stress on your body, and stress leads to elevated blood sugar levels.

Start planning early: Good blood sugar control after surgery starts before surgery. Stable blood sugars for several weeks before surgery make it easier to control blood sugar levels during and after surgery. A normal blood sugar range is between 70-110. If your blood sugar levels are frequently higher, you should speak to your diabetes management team to help you get your blood sugar levels under control.

Log your numbers: Make sure you are keeping track of your blood sugar results in a log. A blood sugar log helps you to track trends in your blood sugar results. Bring this log with you on the day of your surgery. This log will be helpful to different health care providers that may visit you during your hospital stay. If you need a blood sugar log, contact the office of your endocrinologist, primary care physician or dietitian.

Surgery schedule: You will likely be directed to refrain from eating after midnight the evening before your surgery. The longer you are without food, the more difficult it may be to control blood sugar levels. To combat this complication, try to schedule your surgery for the early morning. An early morning surgery may help to decrease the likelihood of having a low blood sugar level during surgery.

Insulin: Insulin can help bring down blood sugar levels when other medication cannot. Even if you are not normally on insulin, you may need to be on insulin after surgery. If you are normally on insulin, your insulin dose may be larger than normal while recovering from surgery. Your insulin regimen may also be adjusted the day of surgery to account for the period of time you will not be able to eat.

Medications and supplements: If you take any regular medication or supplements you may need to discontinue or adjust them for a short period before your surgery. Make sure you discuss your complete list of medications and supplements with your doctor prior to surgery. While many medications and supplements are generally considered safe, some can interact with anesthesia, affect clotting or affect healing.

HOW TO IMPROVE BLOOD SUGAR CONTROL

Diet: You may need to monitor your diet more closely. The diabetic diet is complicated (it is not only about getting rid of the sweets in your diet). If you have never seen a dietitian, request a referral from your doctor to see a dietitian to discuss your diet. For basic tips on monitoring your diet, see the handout “Basic Principles for Meal Planning with Diabetes” in this packet.

Exercise: Exercise helps your body take up the sugar in your blood stream and use it for energy. This leads to a lowering of your blood sugar level. Speak with your doctor and physical therapist about exercises that you can do to help with your blood sugar control without aggravating your affected joint.

Medical management and screening: Maintain your annual screening appointments with your primary care provider. These appointments are important to review your medication regimen, your blood sugar trends and perform essential tests to assess for health complications related to diabetes.

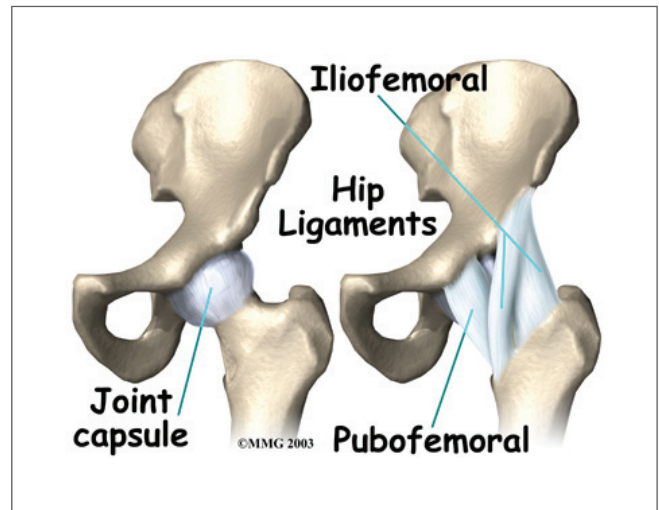
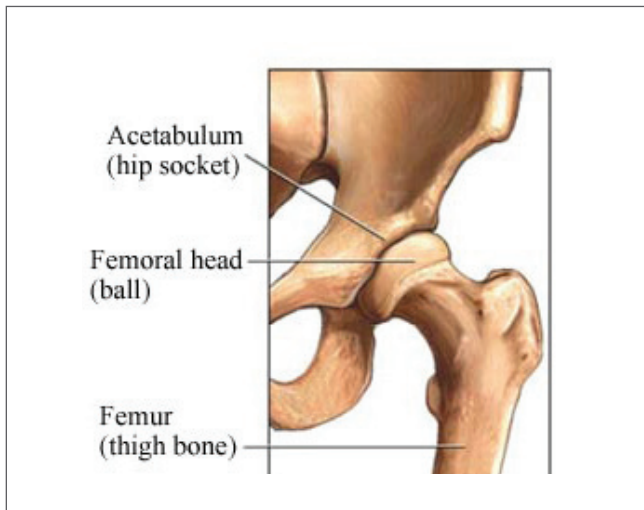
An anatomical illustration of the hip joint, showing the femoral head, acetabulum, and surrounding ligaments and muscles. The illustration is rendered in a light, semi-transparent style, allowing the underlying structures to be visible. A large, solid teal circle is overlaid on the center of the image, containing the text 'THE HIP JOINT' in white, bold, uppercase letters.

THE HIP JOINT

THE NORMAL HIP JOINT

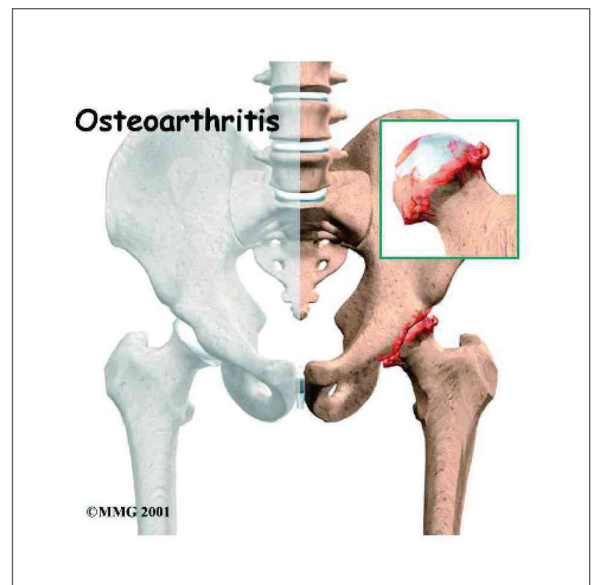
The hip joint is a ball and socket joint that is made up of the acetabulum (socket that is part of the pelvis) and the head of the femur (ball).

- The hip is a synovial joint: a capsule surrounds the joint and is filled with synovial fluid to provide joint lubrication.
- Ball and socket allows for many different motions of the hip including rotation, flexion (bending), and extension (straightening) of the hip.
- The bones are connected by large ligaments that provide stability of the hip.
- Cartilage between the two bones helps to provide shock absorption and distribute the load of our weight more evenly across the joint surface.



MOST FREQUENT CAUSES OF HIP JOINT REPLACEMENT

- Osteoarthritis: degeneration of the joint that causes breakdown of the cartilage on the end of the bones mostly caused by “wear and tear” with aging.
- Rheumatoid arthritis: a long term disease of unknown cause that attacks the joints and results in the destruction of joint cartilage and bone.
- History of injury or trauma resulting in degenerative changes.
- Excess body weight creating increased pressure and stress on the joint.
- Not performing regular exercise.
- Infection.
- All conservative treatments (physical therapy, injections, medication) have been exhausted and are no longer effective.



IS HIP REPLACEMENT SURGERY RIGHT FOR YOU?

This is a decision that should be made by you, your family, your family physician, and your orthopedic surgeon.

Common symptoms that drive people to have a hip replacement include:

- Severe hip pain with daily acts of living, such as walking, going up and down stairs, getting up and down from a chair, and getting in and out of a car.
- Moderate to severe pain while resting or at night. It can disrupt your sleep pattern.
- Loss of motion in the hip and/or weakness in the hip, thigh, and leg.
- Failure with conservative treatment such as medications, injections, and physical therapy.

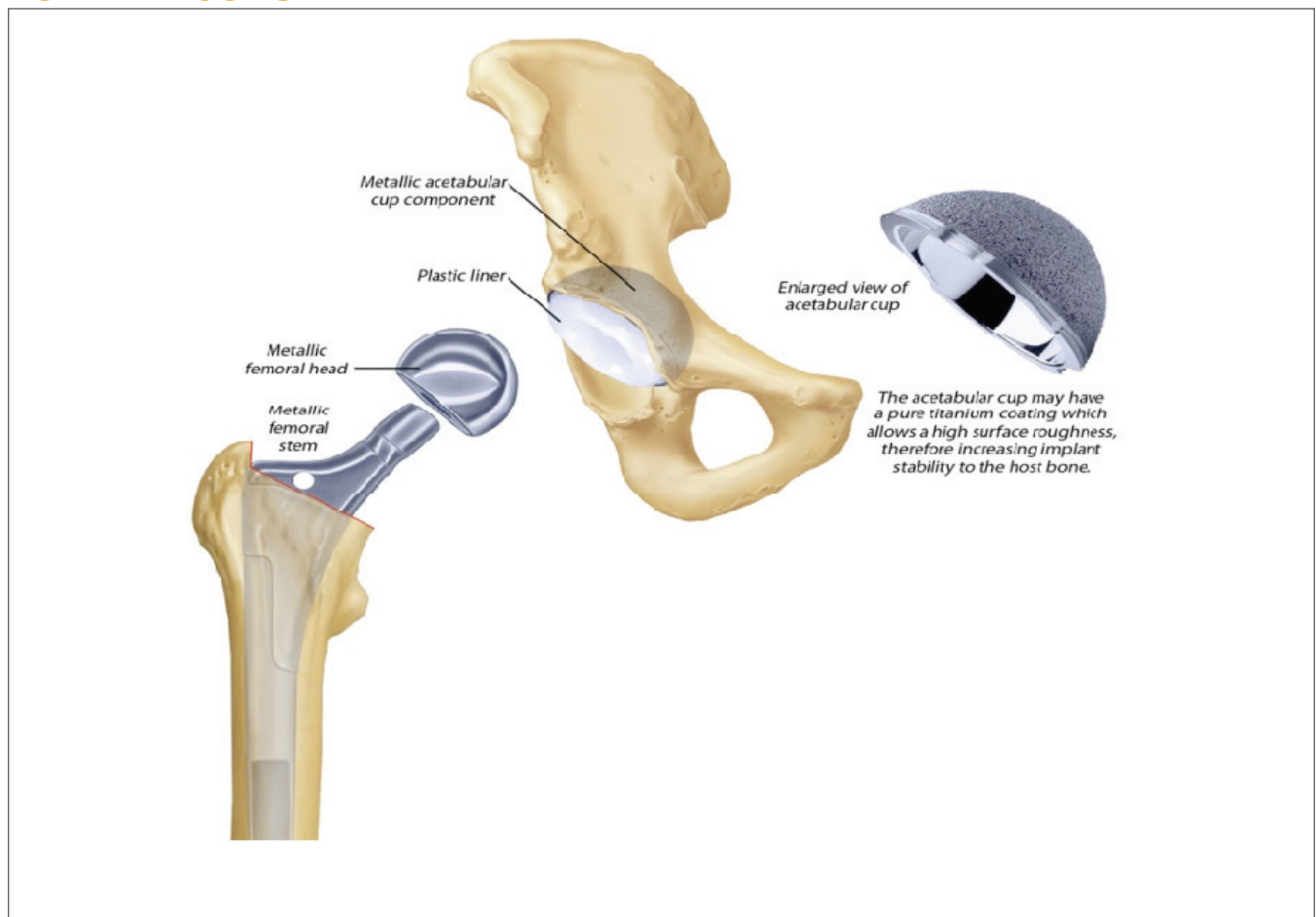
ORTHOPEDIC EVALUATION

Before deciding if you are a candidate for total hip replacement, your orthopedic surgeon will give you a comprehensive evaluation that will include:

- Medical history: to get information about your general health and activity level.
- Physical examination: to assess hip motion, strength, stability, and integrity.
- X-ray: to help determine the extent of damage to your hip. They will look for spurring, the contour of the joint, and damage to the bony surfaces.
- Other tests: your doctor may order an MRI, blood tests, or a bone scan to determine the condition of your bone and soft tissue.

After he or she has completed and studied the tests he or she may recommend total joint surgery and describe to you why you may need it, the surgical technique, and what options you may have.

TOTAL HIP SURGERY



Your surgeon will remove damaged cartilage and bone. The damaged area will then be replaced with plastic and metal joint surfaces to allow for restored function and alignment. The surgical technique may vary based on your surgeon's preference.

- Parts of the hip replacement:
 - Femoral head: the ball and neck of the femur will be replaced.
 - Acetabulum (pelvis): the socket will be replaced.

Typically surgery time is about one to two hours depending on extent of damage to repair and the surgeon's technique. You will also need to account for time spent in both the preparation room and the recovery room.

TOTAL HIP PRECAUTIONS

Depending on the technique that your surgeon uses, you may have certain precautions, or things you are not allowed to do, following the surgery. Your doctor will talk to you about your specific precautions, but here are some general guidelines that he or she may recommend. Your doctor will also discuss with you how long he or she would like you to abide by these precautions, but it is usually for several months.

POSTERIOR SURGICAL APPROACH

 Precautions applying to the operated leg.

1. No hip flexion past 90 degrees: this means that your trunk cannot come over your thighs creating more than a 90 degree angle of your trunk to your thighs.
 - a. No bending forward to pick objects up off the ground.
 - b. No bending forward excessively when attempting to stand up or sit down to and from a chair.
 - c. When sitting do not allow your knees to be higher than your hips. You may need to place pillows in your chairs or couch to bring your hips higher than your knees. Lean back and allow your operated leg to slide forward as you sit.
 - d. Do not attempt to sit in a bathtub.
 - e. Use an elevated toilet seat to avoid your knees coming up higher than your hips.
 - f. Avoid sitting in a sports car or car with a low seat height as your knees will come above your hips.
2. No hip adduction past midline:
 - a. If you were to draw a line down the middle of your body, you are not allowed to bring your operated leg over that middle line.
 - b. This means, no crossing your operated leg over your unaffected leg.
3. No hip internal rotation:
 - a. Internal rotation means the thigh rolls inwards. Therefore, keep your foot pointed straight forward or outwards at all times. Do not let your foot point inwards.
 - b. Turning on your operated leg to look over that same shoulder will result in internal rotation of the hip, so if you are turning towards the operated side, make sure to point your foot out first.

ANTERIOR SURGICAL APPROACH

 Precautions applying to the operated leg:

1. No excessive hip extension:
 - a. Extension means bringing the hip joint back past parallel with your trunk so that the front of the thigh is stretched back.
 - b. Do not step backwards with your operated hip as this will create excessive hip extension.
2. No excessive hip external rotation:
 - a. External rotation means your thigh is rotated outwards away from your body. Do not bend your knee and let your thigh fall outwards (for example, the position of one foot crossed over the other knee to put on your shoes.)

TOTAL HIP TIPS FOR HOME

- Depending on the surgery that your surgeon performs, you may have range of motion limitations that make it difficult for you to dress or bend down. Getting items such as a “reacher” can help you pick things up off the floor. A “sock aid” can help you put your sock on, and a “shoe horn” can help you put your shoes on.
- If your surgery was a posterior approach, if you are sleeping on your unaffected side or back, sleep with a pillow between your legs so that you do not violate hip precautions set by your surgeon.
- Wearing sweat pants or loose bottoms will make it easier to get pants on and off.

PRE-OPERATIVE AND POST-OPERATIVE EXERCISES:

Before your surgery you should perform exercises to help you improve the strength and tone of your muscles. The stronger you are before you have surgery, the easier it will be for you to recover. Some of these exercises may cause soreness or discomfort, but stop exercises that cause you sharp pain.

Before your surgery, you should perform the exercises (below) once a day for 10 repetitions. You can rest and perform two to three sets of 10 depending on how fatigued you become. You can divide up the exercises however you like, doing some in the morning, and some in the afternoon, all at once, or one set of all in the morning, and one set of all in the evening.

You will perform the same exercises after your surgery; however, some of them may be challenging and painful. If this is the case, do not worry. Your physical therapist will tailor your exercise routine to fit your specific need.

DO NOT PERFORM THE STANDING EXERCISES WITHOUT ASSISTANCE AND DIRECTION FROM YOUR PHYSICAL THERAPIST FIRST FOLLOWING SURGERY.

Your physical therapist will mark which exercises he or she would like you to perform following surgery and how many times a day, repetitions, and sets he or she would like you to perform.



ANKLE PUMPS

Instructions: while lying down or sitting up, gently move your ankles up and down to keep the blood flowing throughout your legs.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day





SHORT ARC QUADS

Instructions: while lying on your back roll up a towel or fold a pillow in half and place it under the knee of your operated leg. Tighten the muscles in your thigh and straighten your knee out while keeping the back of your knee on the towel or pillow. Hold for 5 seconds, then lower your foot back to the bed.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



SUPINE HAMSTRING SETS

Instructions: while lying on your back, bend the knee of the operated leg and tighten the muscles on the back of your thigh (hamstrings) by digging your heel into the bed. Hold for 5 seconds.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



SUPINE HIP ABDUCTION

Instructions: while on your back, slide your operated leg out to the side away from your body. Then slide it back towards midline, but do not bring in past midline. This can be a challenging exercise initially following surgery, so you may need assistance from your physical therapist.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day





QUAD SETS

Instructions: sitting up with both legs straight, tighten up your thigh muscles (quadriceps) by pushing the back of both knees towards the bed (using both legs will help your affected leg contract). Hold the contraction for 5 seconds.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



SEATED KNEE EXTENSION

Instructions: sit on the edge of your bed or chair. Straighten your operated knee as much as possible then lower down slowly. If you had a posterior surgical approach make sure your hips are not flexed more than 90 degrees while seated.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



STANDING KNEE FLEXION

Instructions: hold onto a stable object such as your walker or the back of a couch. Bend your knee up as far as you can as if you were to kick your buttock. Keep the front of your hip straight and do not let it bend forward, only your knee bends.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



MINI SQUATS

Instructions: hold onto a stable object like your walker or the back of a couch. Try to keep your weight even between both legs. Keep your back flat, bend at the waist and stick your bottom back as if you were to sit in a chair. There is no need to squat down deeply. Make sure not to have the angle of your trunk to thighs greater than 90 degrees if you had a posterior surgical approach.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



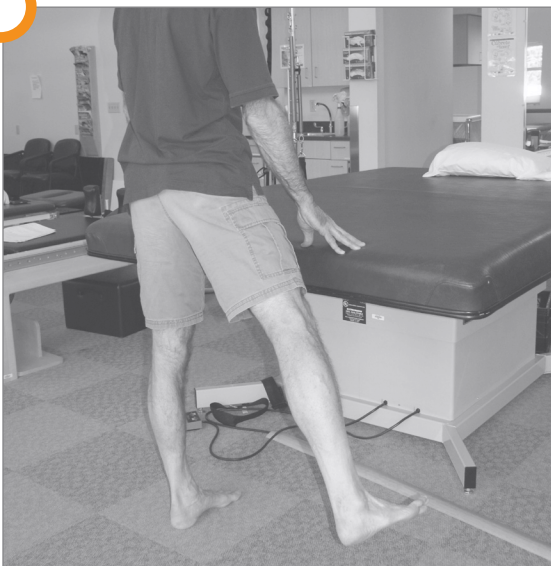
STANDING CALF RAISES

Instructions: hold onto a stable object like your walker or the back of a couch. Stand with your feet about hip distance apart. Try to keep your weight even between both legs. Lift your heels up off the ground while keeping your knees straight.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



STANDING HIP ABDUCTION

Instructions: while standing, hold onto a stable object like your walker or the back of a couch. Stand on the unaffected leg and bring your operated leg straight out to the side while keeping your knee straight and your toes pointed straight forward. Bring leg back down and rest.

Repeat the exercise: _____ times per set

Do: _____ sets per session

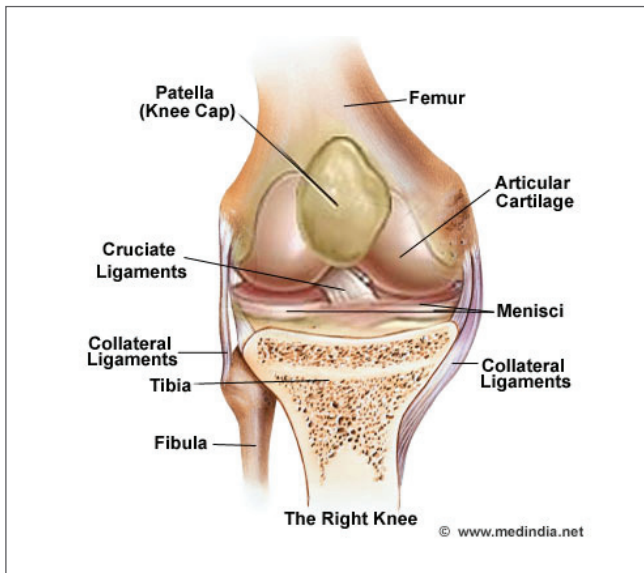
Repeat this: _____ times per day

An anatomical illustration of a human knee joint, showing the femur (thigh bone) at the top, the tibia (shin bone) at the bottom, and the patella (kneecap) on the right. The bones are rendered in a light gray, semi-transparent style. A large teal circle is overlaid on the center of the knee joint, containing the text "THE KNEE JOINT" in white, bold, uppercase letters.

THE KNEE JOINT

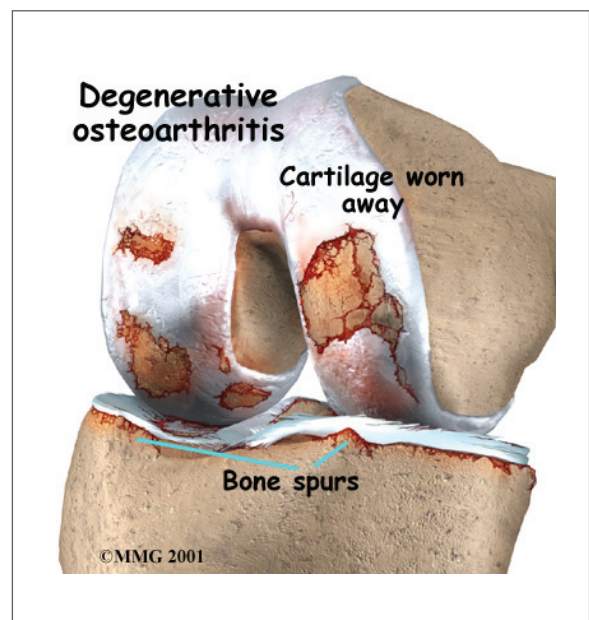
THE NORMAL KNEE JOINT

1. Made up of both the tibiofemoral joint (where the tibia, or shin bone, meets the femur, or thigh bone) and patellofemoral joint (where the patella, or knee cap, lies on top of the femur).
2. Tibiofemoral joint:
 - A synovial joint: a capsule surrounds the joint and is filled with synovial fluid to provide joint lubrication.
 - Flexes (bends) and extends (straightens) the knee.
 - The bones are connected by ligaments which provide stability of the knee.
 - Cartilage and menisci between the two bones help to provide shock absorption and distribute the load of our weight more evenly across the joint surface.
3. Patellofemoral joint:
 - The patella (or knee cap) slides up and down and helps to distribute the forces of large leg muscles over the knee.



MOST FREQUENT CAUSES OF KNEE JOINT REPLACEMENT

- Osteoarthritis: degeneration of the joint that causes breakdown of the cartilage on the end of the bones mostly caused by "wear and tear" with aging.
- Rheumatoid arthritis: a long term disease of unknown cause that attacks the joints and results in the destruction of joint cartilage and bone.
- History of injury or trauma resulting in degenerative changes.
- Excess body weight creating increased pressure and stress on the joint.
- Not performing regular exercise.
- An infection.
- All conservative treatments (medication, injections, and physical therapy) have been exhausted and are no longer effective.



IS KNEE REPLACEMENT RIGHT FOR YOU?

This is a decision that should be made by you, your family, your family physician, and your orthopedic surgeon.

Common symptoms that people who have knee replacement surgery often include:

- Severe knee pain with daily acts of living, such as walking, going up and down stairs, getting up and down from a chair, and getting in and out of a car.
- Moderate to severe pain while resting or at night that can disrupt your sleep pattern.
- Loss of motion in the knee and/or weakness in the hip, thigh, and leg.
- Failure with conservative treatment such as medications, injections, and physical therapy.

ORTHOPEDIC EVALUATION

Before deciding if you are a candidate for total knee replacement, your orthopedic surgeon will give you a comprehensive evaluation that will include:

- Medical history: to get information about your general health and activity level.
- Physical examination: to assess knee motion, strength, stability, and integrity.
- X-ray: to help determine the extent of damage to your knee. They will look for spurring, the contour of the joint, and damage to the bony surfaces.
- Other tests: your doctor may order an MRI, blood tests, or a bone scan to determine the condition of your bone and soft tissue.

After he or she has completed and studied the tests he or she may recommend total joint surgery and describe to you why you may need it, the surgical technique, and what options you may have.

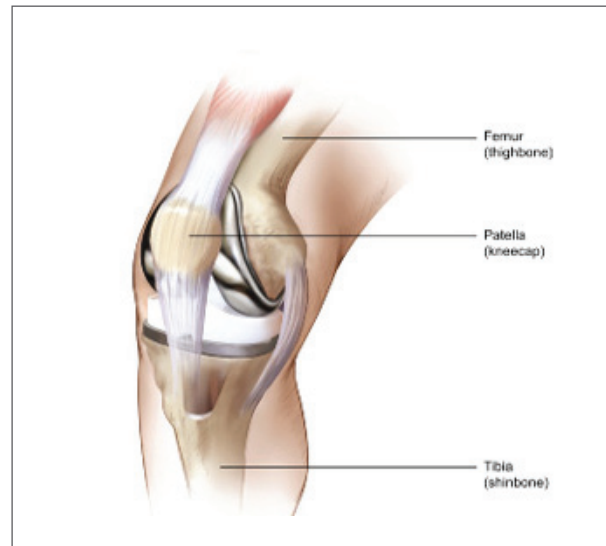
TOTAL KNEE SURGERY

Your surgeon will remove the cartilage and bone that is damaged. The damaged area will then be replaced with plastic and metal joint surfaces to allow for restored function and alignment. The surgical technique may vary based on your surgeon's preference.

Parts of the knee replacement:

- Femoral: replaces the end of the femur or thigh bone cartilage.
- Tibial: replaces the top of the tibia or shin bone cartilage.

Typically surgery time is about one to two hours depending on extent of damage to repair and the surgeon's technique. You also will need to account for time spent in both the preparation room and the recovery room.



TOTAL KNEE TIPS FOR HOME

- Depending on the surgery that your surgeon performs, you may initially have range of motion limitations that make it difficult for you to dress or bend down. Getting items such as a “reacher” can help you pick up things up off the floor; a “sock aid” can help you put your sock on, and a “shoe horn” can help you put your shoes on.
- Wearing sweat pants or loose bottoms will make it easier to get pants on and off.
- You may or may not go home with a continuous passive motion machine (CPM) depending on whether your doctor thinks it is appropriate and/or if your insurance covers one. When you are in bed and not using the CPM, try to make sure that you are keeping your knee completely straight. You can do this by rolling up a small towel and propping it under your ankle, or placing a small pillow under your calf or ankle.
- Often times it feels better to move your knee frequently. Do not sit in one position for an extended period of time. If you change position often, this will prevent you from getting stiff. Also, if you do not have access to a stationary bike, you can purchase a “restorator” for a fairly low price. It helps you to stretch the knee and bend it similarly to the way you would on a stationary bike. Do not use this until your physical therapist instructs you to and demonstrates the proper way to use it.
- Ice and elevation can help decrease your pain and swelling. Try to keep your leg elevated and ice often. You may or may not be issued a machine called an “Ice man” for icing if your doctor thinks it is appropriate; however, it is most often not covered by insurance companies. They are available for purchase in our orthopedic office.



PRE-OPERATIVE AND POST-OPERATIVE EXERCISES:

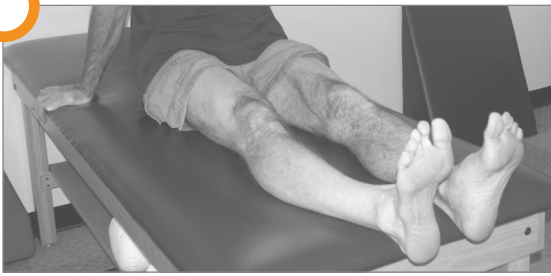
Before your surgery you should perform the following exercises below to help you improve the strength and tone of your muscles. The stronger you are before you have surgery, the easier it will be for you to recover. Some of these exercises may cause soreness or discomfort, but stop exercises that cause you sharp pain.

You should perform the exercises (below) once a day for 10 repetitions. You can rest and perform two to three sets of 10 repetitions depending on how fatigued you become. You can divide up the exercises however you like, doing some in the morning, and some in the afternoon, all at once, or one set of all in the morning, and one set of all in the evening.

You will perform the same exercises after your surgery, however, some of them may be challenging and painful. If this is the case, do not worry. Your physical therapist will tailor your exercise routine to fit your specific needs.

DO NOT PERFORM THE STANDING EXERCISES WITHOUT ASSISTANCE AND DIRECTION FROM YOUR PHYSICAL THERAPIST FIRST FOLLOWING SURGERY.

Your physical therapist will mark which exercises he or she would like you to perform following surgery and how many times a day, repetitions, and sets he or she would like you to perform.



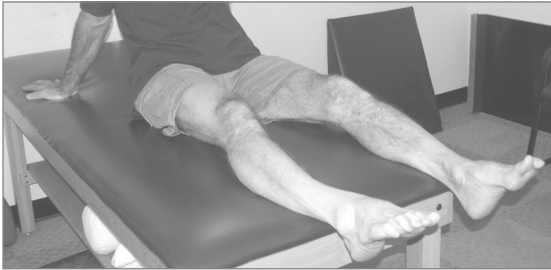
ANKLE PUMPS

Instructions: gently move your ankles up and down to keep the blood flowing through your legs.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



QUAD SETS

Instructions: sitting up with both legs straight, tighten up your thigh muscles (quadriceps) by pushing the back of both knees towards the bed (using both legs will help your affected leg contract). Hold the contraction for 5 seconds.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



HEEL SLIDES

Instructions: lie on your back with your unaffected knee bent, slide the heel of the operated leg towards your buttock until you feel a stretch. You may use a towel looped around the bottom of your foot to help bend your knee. Then slide your heel back down until your leg is straight.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



SHORT ARC QUADS

Instructions: lie on your back and roll up a towel or fold a pillow in half and place it under the knee of your operated leg. Tighten the muscles in your thigh and straighten your knee out while keeping the back of your knee on the towel or pillow. Hold for 5 seconds, then lower your foot back to the bed.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



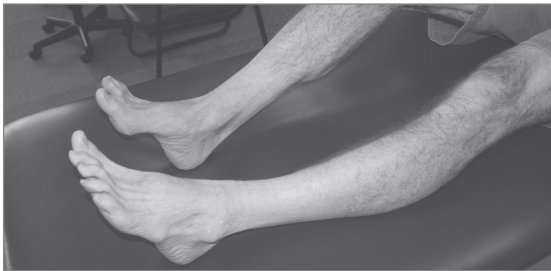
SUPINE HAMSTRING SETS

Instructions: lie on your back and bend the knee of the operated leg and tighten the muscles on the back of your thigh (hamstrings) by digging your heel into the bed. Hold for 5 seconds.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



SUPINE STRAIGHT LEG RAISE

Instructions: lie on your back and bend your opposite leg up to protect your back. Tighten the thigh muscles of your operated leg, try to straighten out your knee as much as possible, and lift the leg 6 inches off the bed. Bring your leg back down and relax.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



SUPINE OR SEATED KNEE EXTENSION STRETCH

Instructions: it is VERY important that you gain full extension (straightening) of your knee to be able to walk in a normal pattern. Lie on your back with your opposite knee bent, or you can sit up. Roll a towel up and place it under your ankle. Try to keep your knee as straight as possible for up to 10 minutes 3-4 times a day.



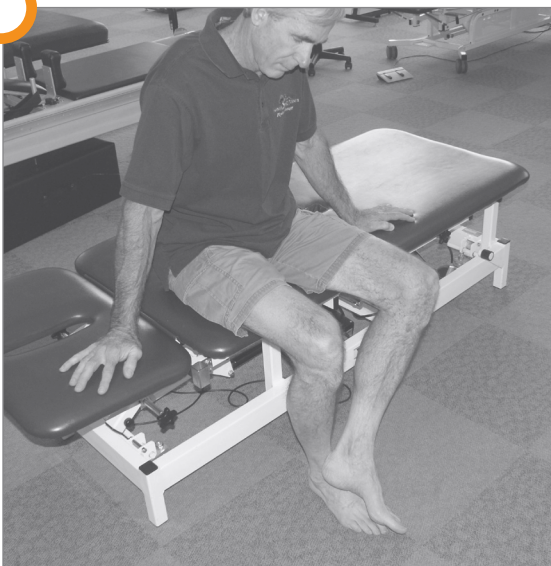
SEATED KNEE EXTENSION

Instructions: sit on the edge of your bed or chair. Straighten your operated knee as much as possible then lower down slowly.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



SEATED KNEE FLEXION

Instructions: sit on the edge of your bed or chair. Bend your knee and slide your heel back and underneath you as far as you can. You can use your unaffected leg in front of your operated leg to help slide the operated leg back.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



STANDING KNEE FLEXION

Instructions: hold onto a stable object such as your walker or the back of a couch. Bend your knee up as far as you can as if you were to kick your buttock. Keep the front of your hip straight and do not let it bend forward, only your knee should bend.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



MINI SQUATS

Instructions: hold onto a stable object like your walker or the back of a couch. Try to keep your weight even between both legs. Keep your back flat, bend at the waist and stick your bottom back as if you were to sit in a chair. Make sure that your knees do not protrude over your feet. There is no need to squat down deeply.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



STANDING CALF RAISES

Instructions: hold onto a stable object like your walker or the back of a couch. Stand with your feet about hip distance apart. Try to keep your weight even between both legs. Lift your heels up off the ground while keeping your knees straight.

Repeat the exercise: _____ times per set

Do: _____ sets per session

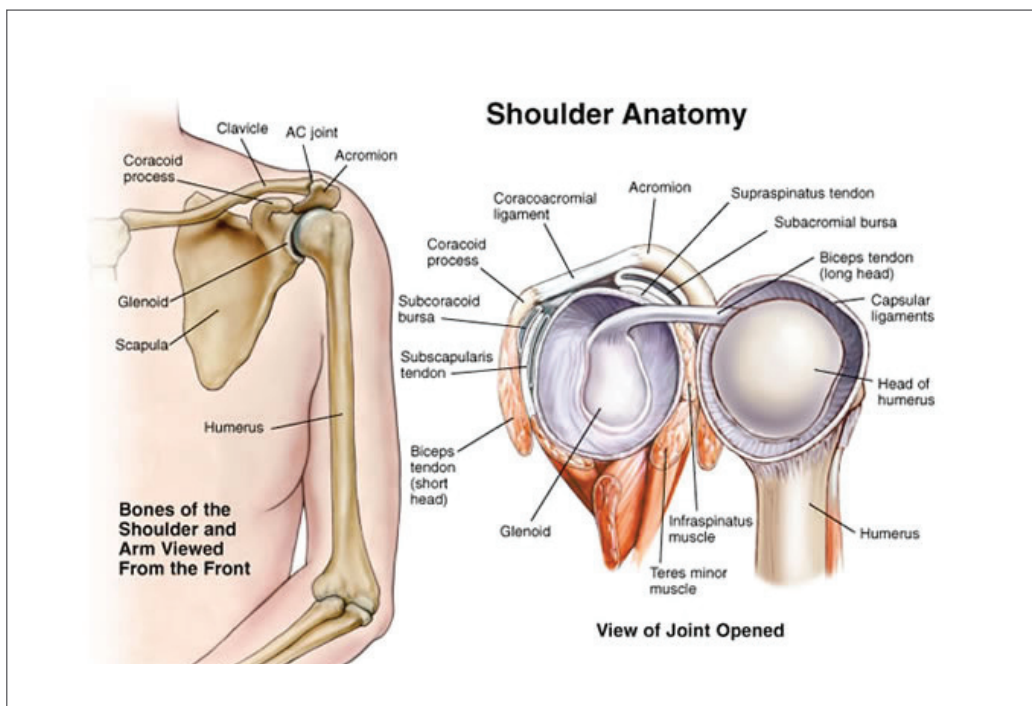
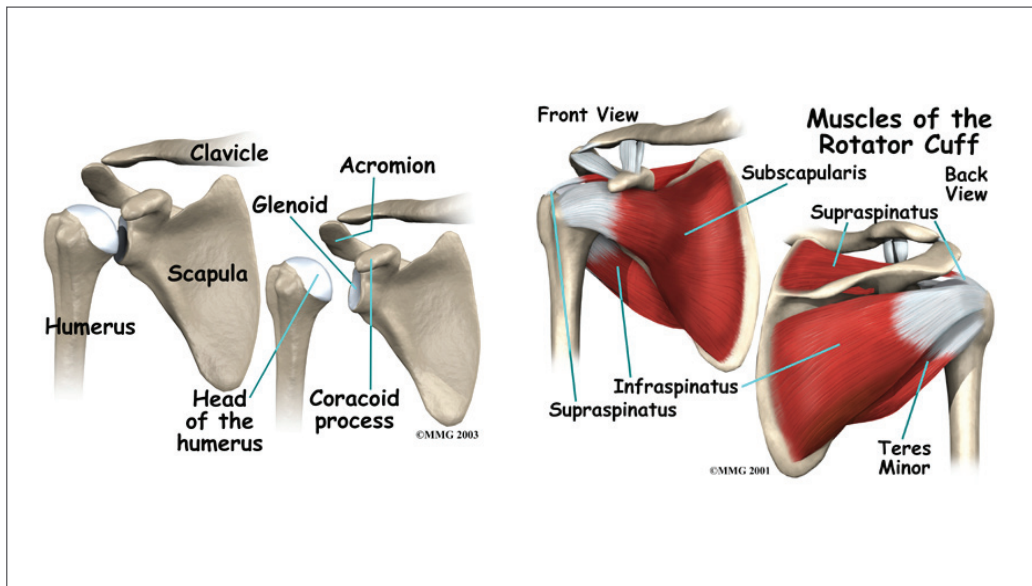
Repeat this: _____ times per day



**THE
SHOULDER
JOINT**

THE NORMAL SHOULDER JOINT

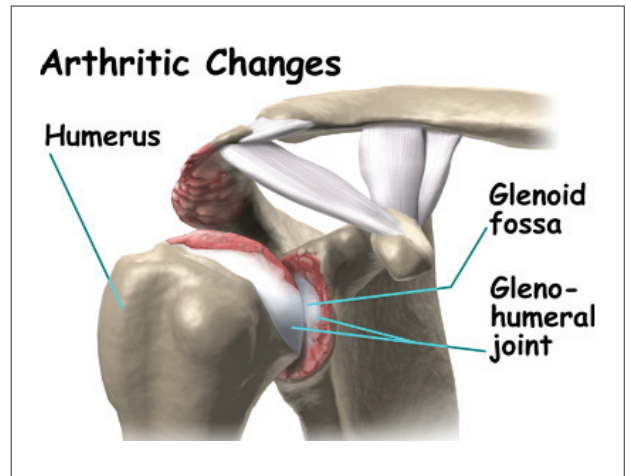
1. The shoulder joint is a highly mobile joint with a very wide range of motion.
2. It is the ball and socket joint that allows this mobility.
3. The shoulder is comprised of three joints; the glenohumeral joint (ball and socket); the AC joint that connects the clavicle (collar bone) to the scapula (shoulder blade); and the sternoclavicular joint which connects the sternum to the clavicle.
4. The ball and socket portion are covered with cartilage that is at risk to break down. Around that joint is a secondary support structure called the labrum which helps the joint depth.
5. Surrounding the glenohumeral joints are four rotator cuff muscles; supraspinatus; infraspinatus; subscapularis; and teres minor. Their job is to help the ball glide and slide in the joint and rotate the arm. They can be torn easily with faulty biomechanics, poor posture, and weakness in the shoulder.
6. The primary movers for the shoulder are the deltoid and the rotator cuff.



COMMON CAUSES OF SHOULDER JOINT REPLACEMENT

- Rheumatoid arthritis - A type of arthritis that attacks your joints causing degenerative scars.
- Previous injury or trauma.
- Massive rotator cuff tears with osteoarthritis.
- Infection
- Aging.
- Injury that is let go too long causing faulty mechanics and excessive movements.
- Too many dislocations over time.
- Avascular necrosis.
- Severe fractures.

The arthritis in the joint can lead to tears in the rotator cuff making arm elevation and other movements extremely painful and weak.



IS SHOULDER REPLACEMENT RIGHT FOR YOU?

This is a decision that should be made by you, your family, your family physician and your orthopedic surgeon.

People who decide to have shoulder replacement surgery often have these symptoms:

- Severe shoulder pain with daily activities of living, such as reaching into a cupboard, grooming, washing, toileting.
- Moderate to severe pain while resting or at night. It can disrupt your sleep pattern.
- Loss of motion and/or weakness in the shoulder.
- Failure with conservative treatment such as medications, injections, and physical therapy.

ORTHOPEDIC EVALUATION

Before deciding if you are a candidate for total shoulder replacement, your orthopedic surgeon will give you a comprehensive evaluation that will include:

- Medical history – to get information about your general health and activity level.
- Physical examination – to assess shoulder motion, strength, stability, and integrity.
- X-ray – to help determine the extent of damage to your shoulder. They will look for spurring, the contour of the joint and damage to the bony surfaces, alignment and if there are any loose pieces floating in the joint.
- Other tests – your doctor may order an MRI, blood tests, or a bone scan to determine the condition of your bone and soft tissue.

After he has completed and studied all the tests he or she may recommend total joint surgery and describe to you why you may need it and what options you may have.

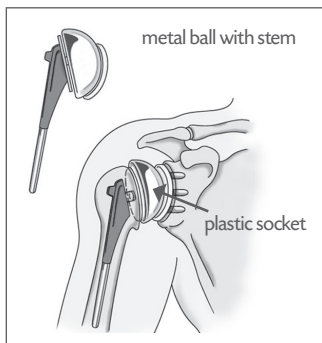
TOTAL SHOULDER SURGERY

PREPARING FOR SURGERY:

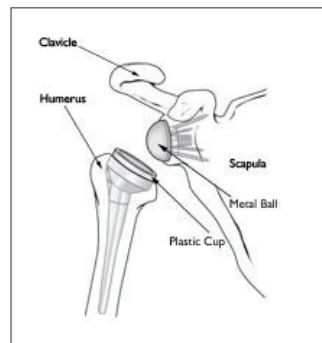
- Discontinue any anti-inflammatory meds one week prior to surgery.
- Have clothes that you can use with a brace/sling ready ahead of time.
- Clear any obstacles that may be in the way and are potential trip hazards.
- Talk to your MD about all your medications to make sure they are still safe to take.
- Make sure that commonly used items are placed at about shoulder level and that you can access with the opposite arm that is having surgery.

SURGICAL PROCEDURES:

- The surgeon will remove the arthritic portions for the shoulder. In the process he will take down surrounding muscle and capsule.
- He will then insert the prosthetic portion of the joint.
- Three types of shoulder replacement exist: standard; reverse; and hemi-total shoulder.
- Your doctor will decide which surgery is right for you and your situation.



Standard Shoulder Replacement



Reverse Total Shoulder where the ball and socket are reversed. This is used when the patient's rotator cuff muscles are already severely torn. The patient will need to use more of the deltoid to elevate arm.



Hemi-Total Shoulder: This is used when one side of the joint is degenerative and other side is healthy.

TOTAL SHOULDER HOME TIPS

- Make sure phone is on your non-surgical side when in bed.
- Use talcum powder under arm to help avoid chaffing from the brace.
- Sleep in a semi-reclined position with towel or pillow under the surgical arm for support.
- If you are a side sleeper put a pillow under your back to avoid rolling onto your surgical side.
- Remove the arm out of some shirts on the surgical side to allow donning and doffing of your shirt more easily.
- Adjust your furniture so the table next to the chair or night stand is on your non-surgical side.
- Use sweat pants that do not have buttons. Manipulating buttons will be difficult the first few weeks after surgery.

TOTAL SHOULDER EXERCISES

PRE- OPERATIVE EXERCISES: Before your surgery it is not a bad idea to try to maintain range of motion (ROM) as best you can. After the surgery you will need to do specific ROM exercises. These may help prevent muscle shortening and your post-operative program to regain ROM.



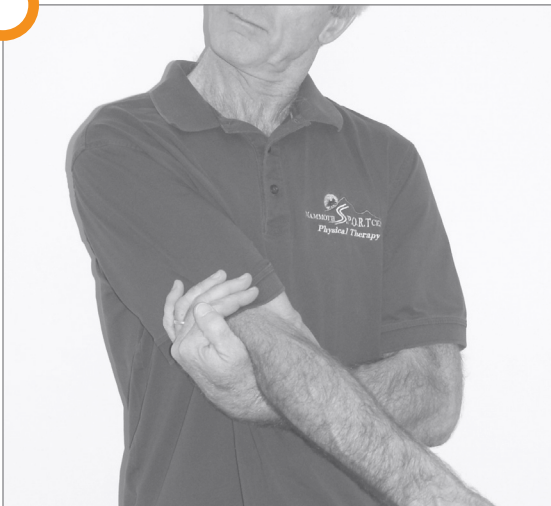
CHEST STRETCH

Instructions: standing in a doorway with forearms on the wall and up close to shoulder level. Step into doorway keeping forearms on the wall. You should feel a gentle stretch across your chest.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



UPPER TRAP/NECK STRETCH

Instructions: reach across your body with your right arm and pull it across you toward the left. Tilt your head toward the left. Repeat opposite side.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



WALL WALKS

Instructions: walk arm up wall and slowly stretching into overhead flexion.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day

POST-OPERATIVE EXERCISES:



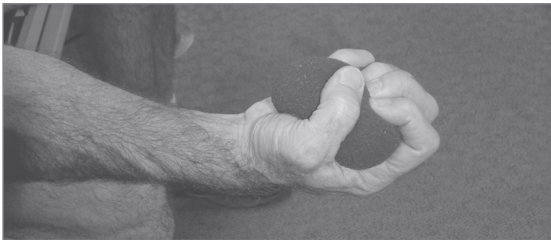
HAND AND WRIST ROM

Instructions: move hand and wrist 30 times in circles and up and down, also grip a towel or a ball if one came with your sling.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



PENDULUM EXERCISES

Instructions: let your body swing to move your arm. Use the momentum of the motion of your body. Do not use the muscles in your arm to swing the arm.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



ARM SLIDES ON TABLE

Instructions: gently slide arm forward while leaning forward until you feel a stretch.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day





SCAPULAR PINCHES

Instructions: gently pinch your shoulder blades together.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



UPPER TRAP STRETCH

Instructions: tilt your head away from your operated shoulder until a stretch is felt.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day



PASSIVE ELBOW RANGE OF MOTION

Instructions: with your arm supported by a table or pillow, use your unaffected arm to bend and straighten the elbow of the arm you had surgery on. This will prevent your elbow from getting too stiff in the sling.

Repeat the exercise: _____ times per set

Do: _____ sets per session

Repeat this: _____ times per day

NOTE: Your doctor may give special precautions on movements he wants you to avoid. ALWAYS check with you surgeon or therapist before performing or progressing these exercises.



**MY
HOSPITAL
STAY**

MY SAFETY

We want you to understand how we work to provide a safe environment for you. You are part of the health care team. Safe and effective health care requires your participation; by involving you, we work together to ensure your safety.

PATIENT IDENTIFICATION

You may think “Don’t they know why I am here?” For patient safety, we repeatedly check patient identification and confirm the procedure you are having. Be prepared for hospital staff to ask you some of the same questions; we are just double-checking the information we have for you.

PATIENT POINT: Do not let anyone give you medications or perform tests without checking your ID band first!

ILLNESS

If you develop new symptoms of fever with body aches, sore throat, or cough (flu like symptoms) before you are scheduled to come to the hospital for surgery, please notify your surgeon.

PREVENTING INFECTIONS

Let your surgeon know as soon as possible if you have breaks in the skin such as an insect bite, rash or cut. An opening on your skin could put you at risk for infection.

HAND HYGIENE

All hospital personnel should wash their hands before and after entering your room or providing care:

- Cleaning hands can be done using a hand sanitizer or soap and water.
- A friendly reminder, by you, to anyone if they forget to cleanse their hands is always appropriate.
- Visitors should be encouraged to wash their hands. Hand sanitizers are located in the hallways and rooms.

PATIENT POINT: Listen carefully to questions you are asked, and speak up immediately if something is not right or if you have a question.

PRE-OP ANTIBIOTIC

An antibiotic will be given through your IV shortly before your procedure to help with infection prevention.

MARKING THE SURGERY SITE

The surgeon will verify the location of your surgery with you. Prior to taking you to the operating room the site will be marked by your surgeon.

TIME OUT

Before your surgery or procedure the staff will perform a “Time Out” using a checklist. This can be compared to a pilot completing a pre-flight checklist. Staff will verify important tasks such as your identification, verifying the surgical site, allergies or other medical considerations and that the antibiotic has been given.

MY SURGERY

ARRIVAL TIME AND PLACE

- Your arrival time is different than your surgery time.
- Check in at Admitting.
- You will be escorted to the pre-op area where you will be prepared for surgery.
- A perioperative staff member will call you with your arrival time the day before surgery.

SURGERY TIME

Please note that your surgery time is an estimate, not a promise. Unfortunately, emergency or unexpected circumstances may cause your surgery to start later than estimated. The surgery staff make every effort to keep your surgery as close to the estimated time as possible. To help pass the time we encourage you and your visitors to bring a book, magazine, crossword, etc. to pass the time.

PATIENT POINT: All surgeries require preparation and recovery time. Remind your family members that you are not in surgery the entire time you are away from them.

PREOPERATIVE AREA

- A registered nurse will finish your admission questions, orient you to your surroundings, and address any concerns.
- A family member or coach can stay with you while you wait to go to surgery, but there is not enough room for a large group.
- You will be asked to change into a hospital gown, cap and socks.
- Your gown is made of a special paper material that acts as a heated blanket that will keep you warm and comfortable while you wait. You will be able to adjust the temperature controls yourself.
- Your vital signs will be taken.
- Additional lab tests may be done as ordered by your doctor.
- An IV will be started to provide you with fluids and to give you medications.
- You will meet with the anesthesiologist who will be caring for you.
- Your surgeon will see you and mark the surgical site.
- You may be given medicine to help you relax.

WAITING AREA FOR FAMILY AND FRIENDS

- Your family members should generally expect to be away from you for about four hours, but you will not be in surgery the entire time.
- When family members or visitors check in they may be asked to wait in the lobby area. Perioperative staff will be able to assist them if they have questions or concerns.

PATIENT POINT: You are the most important person in the operating room. Your safety, comfort and care are our priorities!

OPERATING ROOM

- You may notice a lot of activity in the operating room. This is normal.
- The operating room has bright surgical lights overhead and lots of technical equipment.
- Sticky patches will be applied to your chest to monitor your heart rate and rhythm.
- A soft finger probe will monitor the oxygen content of your blood.
- An automatic blood pressure cuff will squeeze your arm as it takes your blood pressure.
- Your family should be reassured that you are not in surgery the entire time you are away from them. Some of the time is spent in preparations for the procedure and transporting you to different areas.

ANESTHESIA

- Anesthesiologists are doctors who have completed specialty training in anesthesia. The anesthesiologist will care for you the entire time you are in the operating room and ensure you have a smooth and safe anesthetic.
- The anesthesiologists are not employed by the hospital and charge a professional fee for their service. The hospital charges for supplies and medications. You may wish to contact your insurance company to determine your coverage.

GENERAL ANESTHESIA

This is the most common type of anesthesia used for surgery. You will be given medicines through your IV that make you unconscious throughout the surgery. These medications, called anesthetics, keep you from having pain during your surgery. A small breathing tube will be placed in your airway (trachea) after you are asleep. When your surgery is finished, the medications will be stopped to allow you to wake up. Side effects can include nausea, sore throat, headache or a generalized “hangover” feeling.

SPINAL ANESTHESIA

This type of anesthesia is particularly well suited for certain procedures performed below the waist. Spinal anesthesia is placed in the low back (lumbar region) to numb the lower body. Once the needle is placed, medicines, including local anesthetics and sometimes narcotics are given through the needle. The needle is removed after the medications are injected. You may be sedated with IV medications during the surgery and before your spinal procedure. Minor side effects can occur from the narcotics: itching, nausea, vomiting and/or diminished respiratory rate.

PATIENT POINT: The type of anesthesia you receive depends on the evaluation by the anesthesiologist, your surgeon and your state of health.

MAJOR NERVE BLOCKS

This type of block may allow an entire arm or leg to be numbed for surgery. This is different than local anesthesia because it is placed near large nerves traveling to the surgical area. Major nerve blocks are usually placed by anesthesiologists. Medications will be given to you through your IV to make you drowsy and comfortable during surgery. Sometimes, major nerve blocks may be used to control pain after surgery. Numbness and pain control is temporary and the effects will vary from patient to patient.

POST ANESTHESIA CARE UNIT (PACU OR RECOVERY ROOM)

- After your surgery you will be taken to PACU. Your recovery time will depend upon the type of procedure you have had and the anesthesia used.
- A nurse will closely monitor your vital signs. You will have a blood pressure cuff on your arm, oxygen on your face (by mask or nasal prongs), and a finger probe to monitor your oxygen.
- You may have a wound vac on your incision. This is a device that is placed on top of your closed incision and has a vacuum quality to promote wound healing.
- An x-ray will be taken of your new joint.
- Because we want to ensure that each patient’s privacy is protected, family and friends are not allowed to visit you in the PACU. We will keep you and your family updated concerning your condition and bed status.
- When you begin to wake up and your vital signs are stable you will be taken to the nursing unit.

RECOVERY FROM SURGERY

PREVENTING BLOOD CLOTS

- **Mobility:** Decreased mobility following surgery and normal postoperative swelling put you at risk for blood clot formation in your legs. This is why activity is emphasized after surgery. Many steps will be taken to prevent blood clots.
- **Anticoagulant Therapy:** You will be receiving medication (by mouth or injection) to prevent your blood from clotting as easily. This may require that you have daily blood tests done to monitor your dose.
- **Foot/Leg Pumps:** You may have special wraps placed on your feet or legs. These wraps gently squeeze your legs to promote circulation. Pumps should be worn at all times while you are in bed. If they are taken off and not reapplied, let nursing staff know so they can put them back on.
- **Compression Stockings (Ted Hose):** Your surgeon may order these support stockings for you to wear.
- **Leg Exercises:** Perform these gentle exercises after surgery to promote circulation in your legs.
- **Early Ambulation (walking):** Every effort will be made to get you up and moving as soon as possible. Your physical therapist will assist you with this.

ON THE ORTHOPEDIC UNIT

- You will be cared for by a registered nurse.
- Upon arrival from the PACU, your registered nurse will meet you in your room, orient you to your room, assess your surgical site, and explain the unit's nursing routines to you. At this point your family may join you in your room if you wish.
- You will be assessed every four hours (awakened as needed) to check the pulses and feeling in your leg or arm and take your vital signs.
- Antibiotics and anticoagulants (blood thinners), along with other medications ordered by your physician, will be given during your stay.
- Ask your caregivers if you are permitted to change positions. Performing your post-operative exercises and walking will increase your circulation and help prevent blood clots and pneumonia.
- Perform the breathing exercises you were taught hourly while awake.
- Please call your nurse any time you would like to get out of bed. For your safety, please do not get out of bed on your own.

COACH'S ROLE

- A coach's involvement can help you reach your goals. Recovery from surgery is hard work and a coach's guidance and encouragement can help.
- After surgery, you may not remember instructions due to effects of pain medication and anesthesia. Having someone help you with your exercises and to provide general moral support is very important.
- Let your coach help you with "visitor overload" discuss ways to deal with this in advance. The hospital staff can place a sign outside your room to regulate visitors if needed. This lets you limit visitors without offending your family and friends. Let them help you get some much-needed rest.
- Ideally, your coach will be with you in the hospital during the daily therapy session and help in the transition from the hospital to home.

VISITOR GUIDELINES

Before your surgery, educate your family and friends about those things that will be helpful to your recovery. Some issues to consider are:

- Not visiting if cold and flu symptoms or other illness is present.
- The charge nurse and unit manager will also introduce themselves to you each day and check to see that you are being well cared for.
- Wash hands (or use hand sanitizer) before and after visiting.
- Not sitting or lying on your bed
- Not using your private restroom
- Discouraging visits from babies and small children.
- Observing visiting hours.
- Not providing any medications to you.
- Not bringing food to you, if you are on a special diet.

STAFF ROUNDING

- Staff makes rounds hourly during the day and every two hours at night in an effort to increase your safety and satisfaction. They will not wake you during the night if you are sleeping during their rounds.
- The charge nurse and the unit manager will also introduce themselves to you each day and check to see if you are being well cared for.
- Staff will ask you if you need to be repositioned, go to the bathroom, are having pain and check if everything you need is within reach, such as your call light, water, phone, bedside table, etc.
- Staff will do everything they can to create a quiet environment at night to allow you to sleep and rest as much as possible, but must continue to provide you with medications, monitoring, and therapies to assist in your successful recovery.

PAIN MANAGEMENT

- Managing your pain is crucial to your recovery. Our goal is for you to be able to participate in all the activities of your recovery such as deep breathing, coughing, walking, sitting in a chair, and resting. Good pain management will help you feel more comfortable, which will help you heal and regain your strength more quickly.
- Everyone feels pain differently and responds differently to treatment. Both drug and non-drug treatments can be successful in helping to prevent and control pain. Don't worry about getting 'hooked' on pain medicines. Studies show that this occurs in less than one percent of people (unless a history of drug abuse is present).
- You may be surprised at where you experience pain after surgery. Often the incision is not the area of greatest discomfort. You may feel:
 - Muscle aches and pain in the back, shoulders, or chest from lying on the operating table.
 - Sore or scratchy throat from the breathing tube placed during surgery.
 - Pain at the incision site when you move about, such as sitting up and walking.
- Work to keep your pain under control. The nurse will help you set an appropriate comfort goal and explain the rating scale. Reporting your pain as a number helps the health care team treat your pain. Use the pain scale on the following page to rate your pain between 1 and 10. "1" is minimal pain and "10" is the worst pain you can imagine. Your nurse will ask you to rate your pain before and after each time you receive pain medication, with activity, and at regular intervals. You will have some pain after surgery, but we will work hard to keep the pain manageable and you comfortable.

PATIENT POINT: Pain medication is more effective if taken before pain is severe. When you feel pain, tell your nurse. Don't wait for it to become severe before asking for pain medication.

PAIN RATING SCALE



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It is not realistic to set a comfort goal of zero (no pain) after surgery, because there is some discomfort even after minor procedures. Your doctors and nurses want and need to know when your pain is not under control. We will assist you in managing your pain. Request pain medicine when you begin to feel discomfort; pain medication is more effective if taken before pain is severe.

ORAL PAIN MEDICATIONS

Depending upon the type of anesthesia that you have and what your surgeon orders for pain control, you may receive oral pain medications once you are awake and able to take liquids. Oral medications can be supplemented with IV pain medication (PCA-noted below) as ordered by your surgeon. Some oral pain medications may be given routinely around the clock or you may need to ask for them as you need them. Your nurses will explain your pain medication to you.

PATIENT-CONTROLLED INTRAVENOUS ANALGESIA (PCA)

- This type of medication is given by you! When you feel pain – push the button. A small dose of medicine is given to you through the IV.
- Your surgeon controls the dose and how often you may receive the medicine. This information is programmed into the IV pump. If you push the button too soon, you will not receive the medication.
- It has many advantages such as no painful injections, no delay in getting your pain medication, immediate and more consistent pain relief, tendency to use less pain medication overall than those who receive pain shots.
- Your breathing effectiveness and oxygen level will be monitored during PCA use.

PATIENT POINT: Never allow family members to “push your buttons” – your PCA pump button, that is.

NERVE BLOCKS

- Nerve blocks may be used for anesthesia during the surgery (along with additional medication to keep you sleepy) and also for pain relief afterwards.
- YOUR LEG WILL BE NUMB AND WEAK
- DO NOT GET UP WITHOUT STAFF ASSISTANCE
- YOUR LEG WILL NOT SUPPORT YOUR WEIGHT WHEN YOU STAND
- YOU WILL NOT HAVE CONTROL OVER YOUR LEG
- Nerve blocks may last one to three days.
- Nerve blocks reduce the amount of pain medication needed.

OTHER PAIN CONTROL OPTIONS AND RELAXATION TECHNIQUES

- **Ice:** Cold therapy helps reduce swelling and pain and is an important treatment in your recovery. This can be applied in several ways. Ice packs may be used, or a device called an ice machine. No matter which you have, the purpose is the same. Ice will be applied to your operative site as your surgeon has ordered
- **Relaxation breathing:** Focus on your breathing. Breathe in slowly and deeply. As you breathe out slowly, feel yourself begin to relax and let the tension leave your body.
- **Mental imaging:** Close your eyes and imagine a peaceful and comfortable place. Breathe deeply and think peaceful and relaxing thoughts.
- **Positioning:** Ask staff to help you change your position when you become uncomfortable.
- **Music:** Listen to your favorite music (iPod, TV, etc.)
- **Surroundings:** Keep the lights and noise in your room as low as possible.

BOWEL FUNCTION

Your bowel activity may be slow to return to normal due to anesthesia, pain medication, and inactivity. You may be given a daily stool softener to prevent constipation which is a common side effect of pain medication. A laxative may also be ordered if you need it. Please let your nurse know if you have not had a bowel movement.

PATIENT POINT: Constipation is a common side effect of pain medications; stool softeners are given routinely.

COUGHING EFFECTIVELY

Deep breathing and coughing helps prevent pneumonia after surgery. Take a slow deep breath and hold it for a second or two then push the air out of your lungs with a deep strong cough. You may also be given an incentive spirometer. This is a small plastic device that encourages you to breathe more effectively. You will be shown how to use the spirometer if indicated. This is an exercise you can do on your own.

HOW TO USE AN INCENTIVE SPIROMETER (IS)

1. Sit on the edge of your bed, if possible, or sit up as far as you can in bed.
2. Hold the spirometer in an upright position. Exhale normally.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. Breathe in slowly and as deeply as possible, raising the piston in the chamber.
5. When inhaling, maintain top of the yellow flow cup in the "Best" flow range.
6. Continue inhaling and try to raise the piston to prescribed volume level (top of piston indicates inspired volume). When inhalation is complete, remove mouthpiece, and hold your breath as long as possible (at least 5 seconds). Exhale and allow the piston to fall to the bottom of the chamber.
7. Rest for a few seconds and repeat steps one through five at least 10 times every hour while you are awake.
8. Position the indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each repetition.
9. After each set of 10 deep breaths, practice coughing to be sure your lungs are clear.
10. Once you are able to get out of bed, walk in the hallway and cough well.

Inhale...hold it, hold it, hold it, hold it, hold it...Exhale...slowly!

POST-OPERATIVE ACTIVITY

Postoperative exercises are extremely important; activity stimulates circulation and deep breathing which speeds recovery. Remember that you are part of the health care team and can ask for help if you need it to move around.

FOR YOUR CIRCULATION

The risk of forming blood clots increases whenever the movement of blood is sluggish or if the blood vessel is diseased or damaged. The movement of blood can become sluggish during surgery and in the post-operative phase due to inactivity. To help prevent blood clots from occurring, you should increase activity as you are able to do so and do exercises as instructed by your nurse or physical therapist.

- **Compression stockings (Ted Hose):** your doctor may order Ted Hose for you to wear after surgery. These tight stockings mimic what your muscles usually do during normal activity and help with blood circulation.
- **Foot or calf pumps:** your doctor may order foot or calf pumps to be worn while you are in bed. These pumps gently squeeze to help with circulation. It is common to have both Ted Hose and foot or calf pumps after joint replacement surgery.
- **Lovenox:** your physician may also order small injections of medicine to help prevent blood clots. This is also very common after joint replacement surgery.

PATIENT POINT: Breathing deeply and coughing helps keep the air moving in and out of the small air sacs in your lungs.



**AFTER
MY
SURGERY**

MY DISCHARGE PLANNING TEAM – CASE MANAGEMENT DEPARTMENT

Planning your care both in the hospital and after discharge is an important step in your recovery. The case management nurse, will work with you and your family to ensure continuity in your care. Your discharge plan will be discussed and planned with you and your family. The case management nurse will order equipment, make arrangements for home health care and transfer to transitional care unit, (skilled nursing) or rehab, if needed.

PATIENT POINT: Preparation for going home started well before your surgery! Remember to discuss discharge plans with your family and plan ahead before you come to the hospital for your surgery. Your case management team will continue to assist and help you prepare for discharge.

CASE MANAGEMENT REGISTERED NURSE:

- Assists in managing the health care team to meet your needs both during and after your hospital stay.
- Arranges, as needed, for home health care, skilled nursing, rehab and equipment (such as CPM, walkers, commodes, etc.).
- Serves as a link to your insurance company by providing information regarding your care.

Your progress and readiness will be assessed daily. Your case management nurse will discuss your discharge plan with you and your family and order any equipment you may need at home.

REHABILITATION AFTER SURGERY

If you have a knee or hip replacement, you will most likely stay in the hospital for one to three days following your surgery before you are discharged. If you have had a shoulder replacement, your average length of stay in the hospital is one to two days. The length of your stay will depend on both your clinical and physical status; you will not be discharged until it is safe to leave the hospital. Our goal is for you to go directly home following discharge from the hospital; however, there are instances where patients do not go directly home.

Here are some options after leaving the hospital:

- **Home with home health nursing and therapy:** your physician can order nursing and physical therapy care for home if you do not have enough or any help at home and you are not well enough to make it into an out-patient physical therapy clinic.
- **Home with outpatient physical therapy:** It is very important that you attend physical therapy following a total joint replacement. Once you return home, if someone can drive you to an outpatient physical therapy clinic, you will receive physical therapy as ordered by your surgeon.
- **Skilled nursing facility for continued therapy:** If you do not have enough help at home to return home safely, you will be transferred to a skilled nursing facility of your choice. At this facility, you will continue to receive physical and occupational therapy several times a day until you are safe and ready to go home.

PHYSICAL AND OCCUPATIONAL THERAPY IN THE HOSPITAL FOLLOWING YOUR SURGERY

Physical and occupational therapy is a very important part of your recovery and post-operative care. Our therapy team will work with you to decrease your pain, increase your function, and help you return to the activities you need and like to do. Your therapy in the hospital will usually begin the day after your surgery and consist of two physical therapy sessions per day. If your doctor orders occupational therapy, you will have one to two occupational therapy sessions.

During your therapy sessions, you and your therapist will work on activities that include:

- Range of motion and strengthening exercises.
- Walking with an assistive device (walkers, crutches) if you have had a hip or knee replacement.
- Going up and down stairs safely.
- Performing transfers: getting in and out of bed, a chair, the car, the toilet, and possibly the tub or shower.
- Self-care activities such as dressing and grooming (and getting your sling on and off if you have had a shoulder replacement.)
- Use of adaptive equipment such as a sock aid or a reacher.
- Practice with any other assistive equipment that your therapist thinks you may find useful.

Common therapy goals to be met before going home:

- You should be able to follow all precautions determined by your surgeon.
- You should be able to get in and out of the bed safely with the proper technique.
- You should be able to walk safely with either a walker or crutches if you have had a hip or knee replacement.
- You should be able to dress and bathe yourself with some assistance.
- If you have stairs at home, you should be able to go up and down stairs safely with some assistance.
- You should be able to perform your home exercise program issued by your physical therapist independently while abiding by precautions set by your surgeon.

SPECIAL INSTRUCTIONS FOR THERAPY

- Physical and occupational therapy are a very important part of your recovery following surgery. Your participation is essential as you prepare to go home. Be encouraged, as the more your rehabilitation progresses, the more your pain and stiffness will decrease.
- If you are having a hip or knee replacement and you have a walker, bring it on the day of your surgery. If you own a walker you can have a family member bring it to the hospital the day after your surgery. If you do not own a walker, the hospital will either help you obtain one from a medical supply company ahead of time or will issue you one for home during your stay here and bill your insurance company if your insurance covers durable medical equipment.
- Feel free to bring clothes to the hospital so you do not have to wear a gown the whole time. For therapy session please wear shorts or pants with baggy legs that can be rolled up over the knee if you had knee replacement surgery. If you had shoulder replacement surgery, tank tops or undershirts are usually the most convenient for therapy purposes, however, loose T-shirts or blouses work as well.

USING COMPRESSION STOCKINGS AT HOME

Purpose of compression stockings (Ted Hose):

- In the days and weeks after surgery you have the highest chance of developing a deep vein thrombosis (DVT).
- This condition occurs when a blood clot forms in a deep vein in the leg. If a clot breaks loose and travels to the heart or lungs, severe problems and even death can result.
- Compression stockings help keep blood flowing toward the heart, so that it is less likely to pool in the legs and cause a blood clot.

When wearing compression stockings be aware of the following:

- Do not turn the tops of the stockings down; this may constrict your circulation.
- Ensure there is no bunching up of the stockings. When sitting out of bed ensure stockings are not restricting the circulation at the knee.
- Stockings can be worn up to 24 hours but remove at least once daily for inspection of the legs and skin care.
- STOP wearing stockings if you experience any of the following:
 - Pain or discomfort from compression stockings.
 - Changes to skin under compression stockings.
 - Redness, rash or itching under compression stockings.

Check your toes and foot for sensation, circulation and movement. Report to you healthcare provider immediately if there are any problems. Look for the following symptoms:

- Discolored toes- blue or white.
- Cold toes.
- Tingling; pins and needles feeling in your toes.
- Swelling in your toes.

For any of the above symptoms stop wearing the compression stockings and report immediately to your health care provider.

How to apply compression stockings:

- Insert your hand into the stocking until seamed area is reached at heel.
- Grasp the center of heel pocket and turn inside out to heel area.
- Carefully position over your foot and heel. Be sure heel is in the heel pocket.
- Begin pulling body of stocking up and around ankle and calf. Smooth out any excess material. Pull toe section forward to smooth ankle and instep area and allow for comfort.
- It may be necessary to have another person help you apply the compression stockings.

MY CARE AT HOME

PREVENTING FALLS

A fall during the first few weeks after surgery can damage your new joint and lead to further surgery. You should use a walker, crutches or cane until otherwise instructed by your surgeon or therapist.

SHOWERING OR BATHING

- No tub baths.
- You may shower after staples are removed and incision is thoroughly sealed and dry.
- Do not scrub surgical site and gently pat dry.
- To prevent falls, do not use bath oils while in the shower.
- Do not use lotion on incision until completely healed (no scab, no open areas, no drainage.)

WOUND CARE

- Make sure you wash your hands prior to touching incision. Avoid touching the incision with bare hands as much as possible.
- Your incision may have staples. These are usually removed about two weeks after surgery.
- Your incision may have a "Wound Vac." This will be removed at your clinic appointment.
- Keep your incision dry until your doctor tells you otherwise.

ICE THERAPY

- Your surgeon may request that you use ice therapy at home to help with pain and swelling.
- Do not leave the ice pack on for more than one to two hours at a time.
- Use a thin cloth between the ice pack and your skin, or wear it over pants so that it does not become too cold for your skin.
- Keeping the ice pack on your skin for an extended amount of time may cause tissue damage.

PLANNING MY ACTIVITIES

- Plan each day by setting priorities and eliminating unnecessary tasks.
- Perform only light tasks and rest as needed until your energy level increases.
- Plan your menu in advance to avoid frequent shopping.
- Shop when the stores are not as busy.
- Shop in stores where assistance is available and seek help to load and unload your car.

SEX

- When cleared by surgeon.

DRIVING

- Do not drive until cleared by surgeon.
- DO NOT DRIVE if you are still taking pain meds.

SYMPTOMS OF CONCERN. CALL YOUR SURGEON IF YOU HAVE:

- Increased pain in your thigh, calf or ankle.
- Increased swelling in your thigh, calf or ankle.
- Redness or heat in calf or ankle.
- Shaking chills.
- Increased redness, tenderness or swelling of the wound.
- Drainage that has a foul odor (pus-like) from the surgical incision.
- Severe pain that prescription medication does not control.
- Sudden sharp pain with a clicking or popping sound at your joint.
- Leg shortening with your foot turning outward.
- Loss of control over leg motion or complete loss of leg motion.

EMERGENCY SYMPTOMS: CALL 911 IF YOU HAVE:

- Sudden increased shortness of breath.
- Sudden onset of chest pain.
- Localized chest pain with coughing.
- Uncontrolled bleeding.
- Joint dislocation.
- Stroke-like symptoms (Remember FAST):
 - Face-numbness or drooping.
 - Arm- weakness.
 - Speech – slurred.
 - Time – Is of the essence – Call 911!

NOTES

GETTING BACK TO MY LIFE

EXERCISE

Once you have fully healed, your new joint will allow you to complete many leisure activities. You are encouraged to exercise 30-60 minutes most of the days of the week.

Recommended Activities	To Be Avoided
Swimming	Jogging/Running
Stationary Bicycling	Softball
Walking	Basketball
Golf	Soccer
	Racquetball/Singles Tennis

PROTECTING YOUR JOINT FROM INFECTION

Infection can be very serious after a joint replacement. The chance of getting an infection following a joint replacement is very small.

The most common cause of infection following total joint replacement surgery is bacteria entering your bloodstream during dental procedures, urinary tract infections, or skin infections. These bacteria lodge around your total joint replacement.

Your surgeon may want you to take antibiotics when you have dental work or surgical procedures on your bladder or colon to reduce the risk of spreading germs to the joint. Check with your surgeon and dentist prior to any procedures.

MRI – MAGNETIC RESONANCE IMAGING

If anyone schedules an MRI for you, make certain they know you have had a total joint replacement.

SECURITY CHECKPOINTS

Your new joint may activate metal detectors required for security in airports, courtrooms, etc. If an alarm is activated, tell the security agent about your joint replacement.

Your surgeon's office may give you a small identification card that confirms you have an artificial joint. Check with your surgeon's office if this is a concern.

MY JOINT REPLACEMENT EXPERIENCE

We are interested in your feedback. You will receive a survey in the mail regarding your hospital stay. Thank you in advance for taking time to complete this survey. We will use this valuable information to continually improve our service. All information is strictly confidential.

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PO BOX 660 / 85 SIERRA PARK ROAD
MAMMOTH LAKES, CA 93546
760.934.3311