hope

Joint Replacement Digest

John Knapp
Hip Replacement Patient
For Patients Who Will Have Surgery at Rochester General Hospital

Day of Surgery
Your Joint Replacement Surgery is at Rochester General Hospital, 1425 Portland Avenue, Rochester, NY.

Date: _______________________________________________________

Surgeon: ____________________________________________________

Walking Directions: Day-of-Surgery Admissions (DOSA)
(See “About Us - Rochester General Hospital” for driving directions)
- Park in the Portland Avenue Garage
- Take the public elevator to the Lobby Level of the Polisseni Pavilion
- Turn right
- Take the grey elevator behind main stairwell of Polisseni Pavilion to the 2nd Floor to check into the DOSA unit
(The family waiting area is on the 1st floor)

Joint Replacement Pre-Operative Education Class
The Joint Replacement Pre-Operative Education Class at Rochester General Hospital, 1425 Portland Avenue, Rochester, NY, is in the Sengupta Room in the Polisseni Pavilion. A parking pass will be provided when you attend the class. See “Preparing for Surgery” for more information about this class.

To Register: Call 585-922-LINK (5465), or sign up online at http://www.rochestergeneral.org/classes

To Reschedule: Call 585-922-LINK (5465)

Date: ____________________________ Time 10:00 am - 12:00 pm

Walking Directions: Joint Replacement Pre-Operative Education Class, Eugene Polisseni Pavilion, Sengupta Room
(See “About Us - Rochester General Hospital” for driving directions)
- Park in the Portland Avenue Garage
- Take the public elevator to the Lobby Level of the Polisseni Pavilion
- Starting from the Main Information Desk, walk the length of the lobby
- The Sengupta Room is across from the Portland Café
Pre-Admission Testing (Rick Constantino, M.D. Patient Access Center)

Your Pre-Admission Testing is located on the ground floor in the Polisseni Pavilion, 1425 Portland Ave, Rochester, NY. See “Preparing for Surgery” for information about this appointment.

Date ___________________________ Time ___________________________

Walking Directions: Pre-Admission Testing
(See “About Us - Rochester General Hospital” for driving directions)
- Park in the Portland Avenue Garage
- Take the public elevator to the Lobby Level of the Polisseni Pavilion
- Turn Right
- Rick Constantino, M.D. Patient Access Center is located after the Polisseni Cafe on right

Post-Surgery Appointments

Your surgeon will want to see you periodically after your discharge from the hospital. Make your first appointment as soon as you get home.

Date: ____________________________________________

Surgeon: _______________________________________

Date: ____________________________________________

Surgeon: _______________________________________

Date: ____________________________________________

Surgeon: _______________________________________
The Center for Joint Replacement at Rochester General Health System is staffed by a multi-disciplinary team made up of surgeons, anesthesiologists, physician assistants, nurses, therapists, nutritionists, technicians, care managers, and rehabilitation specialists. They’ll work with you and your family to help you achieve the best possible outcome.

An Orthopaedic Clinical Navigator and a Social Worker will be with you throughout your joint replacement journey. They’ll be your “go-to” resources to respond to any questions and concerns you may have and to help you take a proactive role in your own preparation and recovery.

**Orthopaedic Clinical Navigator**

Jeff Withall, RN, BSN, your Orthopaedic Clinical Navigator, will help guide you through the entire joint replacement process, allowing you to keep your focus where it’s needed most: your healing and recovery.

Contact Jeff at:
Office: 585-922-4582
E-mail: orthonurse@rochestergeneral.org

**Social Work Services**

Erin Dick, BSW, your social worker, is an expert in the challenges joint replacement patients may encounter, including financial planning, choosing a skilled nursing facility for rehabilitation and setting up services for follow-up care at home.

Contact Erin at:
Office: 585-922-4166 or 585-922-4392
Fax: 585-922-5739
Rochester General Hospital

1425 Portland Avenue, Rochester NY 14621

Rochester General Hospital is the flagship of Rochester General Health System. The hospital provides care to more Monroe County residents than any other in the region and, as a tertiary care facility, has strong referral relationships with several regional hospitals. Distinctions for quality include:

- The Joint Commission Gold of Seal Approval™ recognizes Rochester General Hospital’s commitment to providing outstanding care to our patients and our community and is certified.
- An independent, not-for-profit organization, The Joint Commission is the nation’s oldest and largest standards-setting and accrediting body in healthcare.
- Rochester General Hospital has received the disease specific certification in total hip and total knee replacements.
- Demonstrates commitment to a higher standard of service.
- Provides a framework for organizational structure and management.
- Rochester General Hospital has achieved the prestigious distinction of being named a Nurse Magnet Hospital. Magnet Recognition is the nation’s highest honor for nursing excellence as awarded by the American Nursing Credentiling Center (ANCC).

Getting Here

Driving Directions to the Portland Avenue Garage and the Hospital

<table>
<thead>
<tr>
<th>From the East:</th>
<th>From the West:</th>
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<tbody>
<tr>
<td>- Take I-490 West to I-590 North to 104 West</td>
<td>- Take I-490 East to I-390 North to 104 East</td>
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<tr>
<td>- On 104 West, take the Portland Avenue exit</td>
<td>- On 104 East, take the Portland Avenue exit.</td>
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<tr>
<td>- The hospital is on your right.</td>
<td>- The hospital is on your right.</td>
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</table>
Driving Directions to the Carter Street Garage and the General Hospital Medical Building

<table>
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<tr>
<th>From the East</th>
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<tbody>
<tr>
<td>Take I-490 West to I-590 North to 104 West</td>
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<tr>
<td>On 104 West, take the Carter Street exit</td>
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<tr>
<td>The hospital is on your right</td>
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Parking
Rochester General Hospital has two parking garages:
- Portland Avenue Parking Garage
- Carter Street Parking Garage

Portland Avenue Parking Garage
The Portland Avenue Garage is the primary parking area for the main Hospital and the Parnall Building.
- Handicapped parking is available on levels G–3 adjacent to the elevators.
- The maximum height clearance of the Portland Avenue Garage is 6’9”. Oversize vehicles should park in the Carter Street Garage.

Carter Street Parking Garage
The Carter Street Garage is connected to the General Hospital Medical Building via an enclosed walkway. It’s a “pay-on-foot” parking facility.

- When entering the garage, take a ticket and keep it with you.
- Then…
  - Pre-pay for your parking at:
    - An automatic pay station (1st floor, elevator lobby)
    - At the parking office (1st floor, garage Mon – Fri 8:00am – 5:00pm).
  - Use your validated ticket as an exit pass at any exit marked “Pre-Paid.”
- Or…
  - Pay with a credit card at any exit:
    - Insert your ticket
    - Insert your MasterCard or Visa

Entrance and exit lanes as well as the pay station are equipped with intercoms should you need assistance.
NOTES:
Your Date for Surgery
Your surgeon will tell you the dates of your admission and surgery.
If you become ill (cold, flu, fever, etc.) before surgery, call both your surgeon and the hospital as soon as possible.

Pre-Operative Education
Attend one of our Joint Replacement Pre-Operative Education Classes prior to your surgery. The classes are very informative, and provide answers to many basic questions regarding your joint replacement before, during, and after hospitalization. See “Pre-Operative Education Class” in this section for more information.

Pre-Admission Testing
Pre-Admission Testing is done prior to scheduled procedures, including surgery. All testing requires written orders from a physician. Your physician’s office will schedule your pre-admission testing appointment. See “Pre-Admission Testing” in this section for more information.

Your Anticipated Length of Stay in the Hospital
Plan to be in the hospital three or four days, depending on your progress. Your surgeon, in collaboration with the entire health care team, will determine when you will be discharged. In general:

<table>
<thead>
<tr>
<th>If your surgery is on a...</th>
<th>Your anticipated discharge date will be...</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Thursday</td>
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<td>Tuesday</td>
<td>Friday</td>
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<tr>
<td>Wednesday</td>
<td>Saturday</td>
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<tr>
<td>Thursday</td>
<td>Sunday, if you’re going home; Monday is more likely if you’re going to a rehabilitation facility because most admissions departments are closed on Sundays</td>
</tr>
<tr>
<td>Friday</td>
<td>Monday</td>
</tr>
</tbody>
</table>

See “Your Hospital Stay” for more information.

Keeping You Safe for Surgery
Staphylococcus aureus or “Staph” is a germ that lives on the skin and in the nose of some healthy people. Your skin protects you from those germs. When you have surgery, these germs may enter your body through your surgery incision and cause infection.

What do we do about these germs before surgery?
You will use a nasal ointment with medication and cleansing wipes to help get rid of the germs. This can help prevent a post-operative surgical site infection.
- The wipes when applied helps get these germs off your skin and stay off before surgery.
- The ointment is put in your nose to help get rid of these germs around the surgery time.
How do we screen for Staph?
Your skin and nose have different types of staph. Everyone needs to use the cloths and ointment. We will swab your nose to see if you have a type of Staph called “MRSA.” The test will take about one day for us to know.
A positive test does **not** mean you have an infection. Your surgery will not be canceled or delayed.

If my test is positive, what happens?
If your test is positive, you will be told the morning you come in for surgery.

If I have “MRSA”, will I be treated differently in the hospital?
No, but some additional measures will be taken:
- You will have different antibiotics put in your IV before surgery.
- You will be in a single room on “Contact Precautions.” Your doctors and family will wear gloves and gowns when taking care of you. We do this to make sure we do not spread MRSA to another patient.

Anesthesia
All patients will have either general or regional anesthesia. General anesthesia is when you are asleep, while regional anesthesia provides numbness to the area that is being operated on. There are many factors which may affect which kind of anesthesia is best for you. Some of these factors include

- Past surgical experience
- Past reactions to anesthesia
- The risks of different anesthesia
- Your overall health and physical condition
- Input from yourself and surgical team

Your anesthesiologists will discuss which option is best for you.

Blood Donation
Many joint replacement patients will not require a blood transfusion. In fact, we make every effort to reduce or eliminate the need for blood transfusion wherever possible. We treat patients who are anemic prior to surgery and use a variety of blood management techniques to conserve blood during and after surgery.

Of course, there's always a chance that a patient will need a transfusion during or after surgery, so we prepare for that eventuality. When a transfusion is needed, most patients receive donated blood from our community blood bank. Banked blood is considered to be very safe.

Some patients, with their surgeon’s agreement, choose to donate their own blood prior to their surgery (known as “autologous” blood donation). Your blood can be collected during your Pre-admission Testing appointment.
Discharge Planning

Discharge planning will begin even before admission.

- Investigate what assistive equipment you may need and whether your insurance will pay for it. See page 16 for an “Assistive Equipment Checklist.”

- Talk to your doctor about discharge options and which might be likely for you. Options include:
  - Home with home care
  - A skilled nursing facility for rehabilitation (See “Your Checklists, Resources and Forms” for our list of Skilled Nursing and Rehabilitation Facilities in Monroe and surrounding counties.)

- Find out what post-operative care will be paid for by your insurance and what you will have to pay out of pocket. (See “Insurance” in this section.)

- If a family member or friend will be helping you at home, be sure to involve them early and share this book with them. They should be as knowledgeable as you about your needs. You should discuss the role each of you will play during your recovery, especially when traditional family roles may be reversed.

- If you live alone or have limited support, and it’s likely that you will need short term rehab care, you can look into which skilled nursing facilities might work for you.
  - Although you will not be able to make a reservation at a facility, you may want to visit it before your surgery and meet some of the staff.
  - If you know you will need short term care, let the health care team at the Pre-Operative Education Class know so they can help you to start working with Social Services on arrangements. See “Your Checklists, Resources and Forms” for a list of facilities in Monroe and surrounding counties and for our “Social Work Services Preadmission Discharge Plan” form.

- Think about your home care needs so you can get help in rearranging the rooms to make it easier to move about safely. See page 17 for a “Home Safety Checklist.”

- If you will require handicapped parking permit during rehabilitation, please obtain the necessary forms from your state department of motor vehicles.

- Bring these forms to your surgeon’s office for completion and signature.
Appointments with Your Primary Care Physician and Specialist(s)

An important first step in preparing for surgery is to make sure your overall health is as good as possible and any medical conditions you may have are being appropriately treated. Talk to your primary care physician as soon as your surgery is scheduled. If you have a cardiologist, make an appointment with him or her as well.

Pre-Surgical Exercise

Being as physically fit as possible at the time of surgery will make recovery from surgery easier. Sometimes your surgeon will recommend specific exercises for you before your surgery or send you for physical therapy. (See page 12 for a list of “Strengthening Program Exercises” that your therapist can use to pick out those that are right for you.)

Smoking Cessation

If you smoke, cut down or quit. Smoking increases the level of carbon monoxide in your blood, decreasing oxygen. It increases your risks for breathing problems and other complications, delays healing and slows recovery. The ideal is to quit smoking four or more weeks prior to your surgery. Please talk to your primary care physician for help. You may also want to contact The New York State Smokers’ Quit line (800-697-8487 or http://www.nysmokefree.com/), a free, comprehensive service staffed by specialists who are trained to provide information and consultation on stop smoking techniques and medications.

Please note: Both Rochester General Hospital and Newark-Wayne Community Hospital are tobacco-free facilities. Smoking is not allowed anywhere on hospital grounds.

Diet

If you are overweight, your doctor may recommend a weight loss program to minimize the stress on your new joint and possibly decrease the risks of surgery. However, do not restrict calories, or diet, prior to your surgery unless your surgeon specifically recommends that you do so. If weight loss is a goal before surgery, your primary care doctor can refer you to a dietitian.

Eat a well balanced diet that includes calcium and iron rich foods to help build red blood cells and to build and strengthen your bones.

Pre-Surgical Dental Care

Because poor dental care has been associated with an increased risk of post-surgical infection, and bacteria can enter the bloodstream during dental procedures, you should consider a visit with your dentist several weeks before your joint replacement surgery. Note that some dental procedures can increase the risk of complications during and after the surgery and should not be performed without talking to your surgeon.
We want to ensure that you’re thoroughly prepared for joint replacement surgery and you know what to expect, from the pre-surgical phase through recovery.

You and your family are encouraged to attend a two-hour education class hosted by our Orthopaedic Clinical Navigator, featuring content developed by our Orthopaedic nurses, physical and occupational therapists and social workers. There is no fee for this class.

Classes are designed to address:

- **Pre-surgical planning**
  - Nutrition
  - Exercise
  - Pre-admission testing
  - Pre-surgical medication
  - Hospital admission
  - Preparing your home

- **Hospitalization**
  - Pain management
  - Safety tips
  - Mobility tips

- **Discharge**
  - Discharge planning
  - Wound care
  - Potential postoperative complications
  - Use of assistive devices
  - Exercise
  - Training in activities of daily living (bathing, dressing, etc.)
  - Nutrition
  - Medications

The classes are interactive and provide ample opportunities for questions and answers.

Classes are offered from 10 am to 12 noon several times each month. Please schedule your class at least 7-14 days prior to the class you wish to attend. See [“Appointments”](#) for details on how to [register for the class at either Rochester General Hospital](#).
PREPARING FOR SURGERY
Pre-Admission Testing Appointment

The Pre-Admission Department performs the necessary pre-surgical medical testing and paperwork for hospital registration.

Your surgeon’s office will schedule your appointment.

Please bring the following to your appointment:

- A complete list of medications, including over-the-counter medications, with dosages and how often you take them. Or, bring all original bottles. See “Checklists, Resources and Forms” for a “Medications List” form.
- Photo identification
- Your insurance card(s)
- If you have one – your Health Care Proxy or Living Will (See “Checklists, Resources and Forms” for blank forms)
- Social Work Services Preadmission Discharge Plan (See “Checklists, Resources and Forms” for a blank form)

Your appointment may take 1.5 to 2 hours. During this appointment, you will:

- Meet with an Admissions Officer
- Have a medical exam by a Nurse Practitioner
- Fill out a medical history form
- Fill out insurance and financial paperwork
- Get an EKG
- Get a blood test and urinalysis
- Get a chest X-ray if it is necessary based on your situation
- Sign a consent form for surgery
- Meet with the Day of Surgery Admission (DOSA) nurse. This nurse will answer questions and provide important information specific to your care, such as information about diet restrictions and medications to be taken the morning of surgery.

*A co-pay may be required for this appointment.

If you’ve had blood or urine tests or EKGs in the last 30 days prior to your pre-admission appointment, you may not need to repeat those tests. If you’ve had any of these tests, and if they were not done at Rochester General Health System affiliated labs, bring them to your admission meeting.
Adults in New York State have the right to accept or refuse medical treatment, including life-sustaining treatment. This means that you have the right to request or consent to treatment, to refuse treatment before it has started, and to have treatment stopped once it has begun.

You can make decisions and issue directives now that will ensure that your wishes are followed in the event you become incapable of making important decisions about the medical care you receive. It is the policy of the Rochester General Health System affiliates to follow the wishes you have expressed in a properly executed Health Care Proxy and/or Living Will.

**Health Care Proxy**
You can appoint someone you trust to decide about treatment if you become unable to decide for yourself by filling out a form called a Health Care Proxy.

You can give the person you select, your “health care agent,” as little or as much authority as you want. You can allow you health care agent to decide about all health care or only about certain treatments.

You may also give your agent instructions that he or she has to follow.

Hospitals, doctors and other health care providers must follow your agent’s decisions as if they were your own.

See “Checklists, Resources and Forms” for a “Health Care Proxy” form.

**Advance Care Directive (Living Will)**
If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will.

Living Wills must be clear and specific. You should document the kind of treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering.

See “Checklists, Resources and Forms” for an “Advanced Care Directive” form.
Joint replacement surgery usually is covered by health insurance. However, many insurance companies require pre-certification from the physician’s office before allowing a patient to undergo the procedure. Some insurance companies also require patients to pay a co-payment for the hospital stay.

Please look over the terms of your plan and talk with your insurer or your employer’s insurance liaison to determine the appropriate steps to take and the coverage available to you for:

- Surgery
- A rehabilitation facility (check how many days are available and if transportation to or from the facility will be covered)
- Home care services
- Assistive equipment such as a walker, crutches and cane (See page 16 for an “Assistive Equipment Checklist.”)

Rochester General Health System accepts most major insurance plans.

NOTES:
Take care not to injure yourself, especially the limb being operated on, as any skin sores or skin infections could delay your surgery.

If you become ill (cold, flu, fever, etc.) before surgery, call both your surgeon and the hospital (585-922-4000) as soon as possible.

Your surgeon can advise you which medications to stop taking before your surgery. Be certain to tell your physician all the medications that you are taking, including over-the-counter medications.

TRANSPORTATION

- Arrange for transportation to and from the hospital. Note that you will not be allowed to drive yourself home from the hospital.
- Make sure the vehicle has a passenger seat that reclines and has plenty of leg room. If you’ve had a hip replacement, your knees must be lower than your hips. Take a pillow along if you plan to travel by cab.
- Fill the gas tank in your own car if a friend or family member will be using it to drive for you.

MEDICAL AND HOUSEHOLD EQUIPMENT

Make plans for the medical assistive devices you’ll need during your recovery. Call your insurance company to find out which items will be covered and can be obtained prior to surgery. (See page 16 for an “Assistive Equipment Checklist.”)

If you don’t already own a cordless phone and television remote control, they will be helpful during your recovery.

CHANGES AT HOME

Some changes may be helpful for you to return home safely after surgery. If your bedroom is not on the ground floor, you may want to create a temporary bedroom there. Another option is to stay with a relative or friend for a month or so after surgery. See page 17 for a Home Safety Checklist.

OTHER PERSONAL AND HOUSEHOLD TASKS

- Fill prescriptions.
- Make arrangements for routine household chores (lawn care, snow removal, garbage removal) to be done.
- Arrange for someone to collect your mail and newspapers, or stop delivery for the time you’ll be away.
- Pay bills so they are up to date through a few weeks after your return home.
- Clean the house, including vacuuming the carpets.
- Catch up on laundry.
- Purchase food and supplies that can be used after your return home. It’s handy to have bags of frozen peas or corn on hand as they can be used for ice packs.
- Make meals and freeze them in single-serving containers.
- If you have pets, consider asking a friend to house them until you can walk with security.
PREPARING FOR SURGERY
1-2 Weeks Before Surgery

Your Support System

You can never have too much support. Your family and friends can play pivotal roles in your preparation for surgery and recovery.

- Make a list of people to call to tell them:
  - The date of your surgery
  - The hospital
  - The number of days you expect to be in hospital
  - How long you expect to be recovering at home
  - Whom they can contact, other than you, for information about your surgery and recovery

- Don’t be afraid to say “Yes” when people offer to help
  - Ask if and when they’d be available on short notice
  - Ask specific people to help with specific tasks according to their interests
  - Keep a list of potential helpers near your phone.
**Bactroban / Mupirocin Ointment Use:**

- You will need to do this two times a day for 5 days before surgery.
- Wash your hands before you use your medicine.
- Use a cotton swab.
- Apply enough medication to cover the white part of the Q-tip. Place directly into one side of your nose.
- Reapply enough medication to cover the white part of the swab and place directly into other side of your nose.
- Press the sides of your nose together and softly rub them to spread the medicine around the inside of your nose.
- Stop the medicine and call your primary care doctor if you have a severe irritation.

*Fill out Patient Checklist: Nasal Ointment & Cleansing Wipes.*
(See “Checklists, Resources and Forms” for a blank checklist)

*Bring checklist to the hospital the day of the surgery and give it to the Nurse.*
SAGE Cleansing Wipes

Cleansing the skin before surgery can reduce the risk of infection at the surgical site. Your skin must be cleaned for two days before surgery. You may need help with this.

Directions:

Day 2 before surgery:

1) Shower with soap and water.
2) DO NOT shave the surgical site.
3) Dry yourself off well.
4) Do not use any lotions.
5) Wait one hour after showering before you use the cleansing wipes.
6) During that time wear clean clothing.
7) Use scissors to open the package, do not use the sponge pad; it is just part of the packaging.
8) Do not allow the wipe to touch your eyes or mouth.
9) Use cleansing wipes following instructions on back of this sheet as they differ from the package.
10) Wipe areas for 30 seconds only. DO NOT scrub so hard that you create a red or open area on your skin.
11) If skin irritation occurs, STOP use and tell your nurse on day of surgery.
12) Allow the areas to air dry for one minute and do not wash off.
13) Re-dress with clean clothing.

Day before surgery:

- Repeat steps 1-13 AND once complete do not bathe or shower again prior to surgery.
- Continue to wear clean clothing.
Use one cloth to prepare each area of the body in the following order:

1) Wipe your neck, chest and abdomen.

2) Wipe both arms, starting each with the shoulder and ending at fingertips. Be sure to thoroughly wipe the arm pit areas.

3) Wipe both legs, starting at the thigh and ending at the toes. Be sure to thoroughly wipe behind your knees.

4) Wipe your back starting at the base of your neck and ending at your waist line. You may need help to do this.

5) Wipe your right and left hip followed by your groin. Be sure to wipe folds in the abdominal and groin areas.

6) Wipe the buttocks.
You will receive confirmation of your surgical date and time at your pre-op appointment. You will receive a call if there is a change.

At your pre-op appointment you will receive instructions on which of your medicines to take the night before surgery and the morning of surgery.

Take medications exactly as prescribed.

Use Chlorhexidine wipes as directed.

**DO NOT**

- Eat or drink anything (not even water, mints or chewing gum) after midnight unless instructed otherwise by your surgeon.

- Shave your legs; any rash, cut or break in the skin increases the possibility of infection and could be reason to delay surgery

Review your “What to Bring to the Hospital” checklist. (See “Checklists, Resources and Forms”.)
# Strengthening Program Exercises
Ask your therapist which exercises are right for you and how often you should do them.

<table>
<thead>
<tr>
<th>Approved Pre-Operative Exercises</th>
<th>Frequency</th>
<th>Exercise</th>
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<tbody>
<tr>
<td>[X]</td>
<td></td>
<td>Deep Breathing  &lt;br&gt;1. Inhale deeply through your nose.  &lt;br&gt;2. Slowly exhale through your mouth.  &lt;br&gt;3. Repeat three times.  &lt;br&gt;4. Cough two times.</td>
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<tr>
<td>[ ]</td>
<td></td>
<td>Ankle pumps and circles  &lt;br&gt;1. Bend both your ankles up, pulling your toes toward you.  &lt;br&gt;2. Bend both your ankles down, pointing your toes away from you.  &lt;br&gt;3. Rotate your foot clockwise and counterclockwise, keeping your toes pointed toward the ceiling.</td>
</tr>
<tr>
<td>[ ]</td>
<td></td>
<td>Buttocks squeezes (gluteal sets)  &lt;br&gt;1. Squeeze buttocks muscles as tightly as possible.  &lt;br&gt;2. Hold for 3 seconds.</td>
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<tr>
<td>[ ]</td>
<td></td>
<td>Thigh squeezes (quadriceps sets)  &lt;br&gt;1. Slowly tighten muscles on thigh of straight leg.  &lt;br&gt;2. Hold for 3 seconds and relax.</td>
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</tbody>
</table>
### Heel slides (hip and knee flexion)
1. Bend knee by sliding your heel up toward your buttocks while keeping your heel on the floor/bed.
2. Hold _____ seconds.
3. Slide your heel back down to the starting position.
4. Keep your kneecap pointed up toward the ceiling during the exercise.

![Heel slides](image)

### Hamstring Sets
1. With one leg bent slightly, push heel into bed without bending knee further.
2. Hold or a count of ______

![Hamstring Sets](image)

### Short Arc Quads
1. Place a large can (3-lb. coffee can works) or rolled towel under involved knee.
2. Straighten involved knee and leg.
3. Hold ___ seconds.
4. Slowly lower your leg and relax.
5. The back of your knee should stay in contact with the can/blanket throughout the exercise.

![Short Arc Quads](image)
**Straight Leg Raise**
1. Bend your uninvolved leg, placing your foot flat.
2. Raise your involved leg 6 – 8 inches with knee locked straight.
3. Exhale and tighten thigh muscles while raising leg.
4. Slowly lower your leg down and relax.

**Leg slides (abduction/adduction)**
1. Place a pillow over thigh of stationary leg.
2. Slide your involved leg out to the side, keeping your kneecap pointed up toward the ceiling.
3. Slide your leg back to the starting position.

**Alternating Steps**
1. Hold onto stable object.
2. Lift leg forward as if marching.
Partial Knee Bends
1. Hold on to stable object.
2. Slightly bend knees and slowly straighten.

Standing Hip Abduction
1. Hold on to stable object.
2. Lift leg out to side.
3. Bring back to midline keeping toes forward.

Sitting kicks (long arc quads)
1. Sit in a sturdy chair.
2. Straighten your knee as much as possible.
3. Hold for 5 seconds.
4. Slowly lower your leg down and relax.
# Assistive Equipment Checklist

Some assistive equipment may be covered by your insurance policy with a prescription from your doctor. Check with the medical supply store before you go to make sure they accept your insurance. If assistive equipment or devices are not covered by your insurance, you may be able to borrow them. Check with family, friends, local loan closets.

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<tr>
<th>Item</th>
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<tbody>
<tr>
<td>Walker, crutches or cane</td>
<td>The physical therapist will recommend one for you while you are in the hospital.</td>
</tr>
<tr>
<td>Leg lifter</td>
<td></td>
</tr>
<tr>
<td>Elevated toilet seat or bedside commode</td>
<td>A bedside commode with arms may also fit in your shower.</td>
</tr>
<tr>
<td>Tub bench/shower chair</td>
<td>This allows safe transfer and sitting on it in the shower or tub.</td>
</tr>
<tr>
<td>Hand-held shower head</td>
<td>This can provide a much more pleasant bathing experience from a tub bench/shower chair than the wall mounted shower head.</td>
</tr>
<tr>
<td>Safety bars</td>
<td>Install them in your shower and any other areas where you need to make safe transfers.</td>
</tr>
<tr>
<td>Reacher/grabber</td>
<td>This 25-inch item allows you to pick up items or manipulate clothing easily with its trigger action handle.</td>
</tr>
<tr>
<td>Bath sponge</td>
<td>This 18-inch foam and plastic device will help you clean hard-to-reach places during bathing.</td>
</tr>
<tr>
<td>Long handled shoe horn</td>
<td>This device is ideal for use with slip-on shoes.</td>
</tr>
<tr>
<td>Dressing stick</td>
<td>This device is lightweight and easy to use. It features a coat hook on one end to pull or push clothes on or off and a C-hook on the other end.</td>
</tr>
<tr>
<td>Elastic laces</td>
<td>When tied permanently to shoes, these allow you to slip your feet into tie shoes without bending down.</td>
</tr>
<tr>
<td>Sock donners</td>
<td>There are two types: hard and flexible. Both keep your sock open so you can put it on without bending down.</td>
</tr>
<tr>
<td>A basket or bag that can attach to a walker or crutches</td>
<td></td>
</tr>
<tr>
<td>A travel mug or thermos with a secure lid</td>
<td></td>
</tr>
</tbody>
</table>
# Home Safety Checklist

After surgery, you have special needs. Prevent accidents that could prolong your recovery by carefully reading each item in this checklist and correcting any potential problems.

## Walkways

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Remove throw rugs whenever possible to avoid tripping.</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>If you can’t remove throw rugs, use rugs with non-skid backing to avoid slipping.</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Repair or replace torn carpeting to avoid tripping.</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Make the transition between types of flooring (such as wood floor to carpeted floor) as even as possible.</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Avoid waxing wood or linoleum floors.</td>
<td></td>
</tr>
</tbody>
</table>

## Stairs

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Make sure handrails are well anchored (or install handrails) on both sides of the stairway.</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Non-skid treads can be placed on wooden stairs.</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Make sure carpeting on stairs is secure.</td>
<td></td>
</tr>
</tbody>
</table>

## Furniture Layout

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>[ ]</td>
<td>Arrange furniture so that pathways are not cluttered.</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Chairs and tables need to be sturdy and stable enough to support a person leaning on them.</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Avoid furniture with sharp edges and corners. If furniture does have sharp edges or corners, pad them.</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Chairs with arm rests and high backs provide more support when sitting and more leverage when getting in and out.</td>
<td></td>
</tr>
</tbody>
</table>
**Lighting**

- Be sure that your lighting is ample to prevent falls and to insure that you can read medication labels and instructions easily.
- Light switches should be immediately accessible upon entering a room.
- Good lighting for hallways, stairs and bathrooms is especially important.

**Medicines**

- Keep medicines out of the reach of children.
- Dispose of expired medicines properly.

**Sliding Glass Doors**

- Mark sliding glass doors with stickers to prevent walking into them.

**Bathroom Safety**

- Use an elevated toilet seat or commode if you need support getting on and off the toilet.
- Install grab bars around the toilet if you need more leverage to get on and off the toilet.
- Install skid-resistant strips or a rubber mat.
- Use a bath seat if it is difficult to stand during a shower or too difficult to get up out of the tub.
- Install grab bars on the side of the tub or shower for balance.
- DO NOT use the soap dish or towel bar for balance – these can pull out of the wall easily.
- Avoid locking bathroom doors or use only locks that can be opened from both sides.
### Kitchen Safety

<table>
<thead>
<tr>
<th></th>
<th>Store frequently used items at waist level. Use a reacher or grabber to avoid standing on a chair or footstool when items are not at eye level.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mark “ON” and “OFF” positions clearly on the dials of the stove.</td>
</tr>
<tr>
<td></td>
<td>Use the front burners of the stove to avoid reaching over burners (unless there are small children in the home – in that case, use the back burners).</td>
</tr>
<tr>
<td></td>
<td>Make sure pan and pot handles are not over the burners and not over the edge of the stove.</td>
</tr>
<tr>
<td></td>
<td>Slide heavy pans across the stove instead of trying to lift them.</td>
</tr>
<tr>
<td></td>
<td>Keep baking soda near the stove to extinguish small cooking fires and keep a fire extinguisher in the kitchen.</td>
</tr>
<tr>
<td></td>
<td>Make sure the sleeves of your clothing are not loose or dangling while cooking.</td>
</tr>
<tr>
<td></td>
<td>Tables with four legs are more stable than pedestal-type tables.</td>
</tr>
</tbody>
</table>
At Home

- The morning of surgery use the two packages of chlorhexadine scrubs you received at your Pre-Admission Testing Appointment or Pre-Operative Education Class. (You were also given instructions on how to use them.)

- Take medications only as instructed by your surgeon with the smallest amount of water possible. Wear comfortable, loose-fitting clothing and flat, non-slip, walking or athletic shoes.

**DO NOT**
- Eat or drink anything (you may brush your teeth)
- Take insulin unless instructed otherwise
- Shave your legs or put anything (including lotion or powder) around the surgical area
- Wear makeup, nail polish or jewelry (a wedding band is fine)
- Wear eye contacts

- Review your “**What to Bring to the Hospital**” checklist. (See “Checklists, Resources and Forms”)

Check-In

- Arrive at the Day of Surgery Admissions (DOSA-Take green elevators to 2nd floor) unit 2 hours prior to your scheduled surgery time. It’s important to arrive at the hospital on time.

- You will complete any needed forms.

- Advise the medical staff of dentures or other prosthetic devices you may be wearing.

Before Surgery

- You’ll change into a hospital gown. Because nothing from outside the hospital can go into the operating room, remove socks and underwear, jewelry, eyeglasses, makeup, dentures, hearing aids, and any other foreign objects and give to a family member or friend.

- Blood pressure, pulse and temperature will be taken.

- An IV will be placed in your hand or arm for hydration and to administer anesthesia drugs in the operating room.

- You may be given medication to relax.

- You will be placed on a stretcher and an elastic stocking will be fitted to your non-operative leg.

- A pen marking will be made on the surgical side, verified both by you and the surgical consent form.

- The nurse will update your medical information and record any health changes.
You (and one visitor, if desired) will be taken to the pre-surgery holding area, where you will:
- See your surgeon
- Speak with your anesthesiologist and sign an anesthesia consent form
- Meet with the nurse who will be in the operating room during your surgery

When it’s time for you to move to the operating room, your visitor(s) will be directed to the Surgical Waiting Area. Please check in with the Surgical Hostess, so that we can inform your visitor(s) when the surgery is completed.

During Surgery

Patient safety and the best possible surgical outcomes are our top priorities for each and every patient.

- Each of our surgeons works with a team of anesthesiologists, nurse specialists and technicians who are specially trained in the intricacies of your joint replacement procedure.

- Because infection of the joint replacement site can cause serious complications, special precautions are taken to ensure sterility of the operating room.

Once in the operating room:

- Your anesthesiologist will put on standard monitors, such as a blood pressure cuff and EKG leads, and administer anesthesia as discussed with you.

- The surgery will begin with an incision that will expose the joint. Special, precision guides and instruments are used to remove the damaged surfaces and shape the ends of the bones to accept your implants.

- When your surgeon is satisfied that he or she has achieved the best possible fit and function of the implants, the incision will be closed.

- Your actual time in surgery will depend on your procedure. Your surgeon can give you an estimate. The amount of time you’ll spend in the recovery room will vary by procedure and the type of anesthesia used.
Immediately report any symptoms of pain, nausea, constipation, or difficulty urinating.

After your surgery is completed:
- You’ll go to the post-anesthesia care unit for monitoring for up to several hours; nurses will watch you closely until you are stable and then transport you to the Center for Joint Replacement.
- Your surgeon will talk with your family.

- Your vital signs will be checked frequently.
- There may be an oxygen tube in your nose. For most patients, it will be removed later in the day.
- You will do deep breathing and coughing exercises for several days after surgery. You may be asked to use a breathing device as well. This is done to expand your lungs and help get oxygen to your tissues.
- You will be given medication and therapy to prevent complications such as infection and blood clots.

Controlling Pain
Our goal is to keep you as comfortable as possible throughout your stay. Although pain may not disappear completely, it should be significantly diminished.

Your immediate post-operative pain-management plan depends on the type of anesthesia you’ve had. Regional anesthesia offers prolonged pain relief after surgery.

Regular pain assessment will be a routine part of your care. When vital signs are checked you will be asked to rate your discomfort using a scale of 0 to 10.

- 0 = No pain
- 1 to 4 = Mild pain
- 5 to 7 = Moderate pain
- 8 to 9 = Severe pain
- 10 = Worst pain possible

For the best possible assessment, never try to hide or ignore your pain. Your medical care team can only help you if they know how you’re feeling. Please let them know as soon as you start feeling it that your pain is not adequately controlled. You’ll be given a pain diary to help you identify patterns and relationships between activity and pain.

- You pain may be managed with:
  - Pain pills
  - Medication through your IV
  - A nerve block
  - Ice packs
The nursing and physical therapy staff will try to coordinate giving you your pain medication prior to your physical therapy sessions.

**Movement**
Active movement after your surgery helps to prevent possible complications. Depending on your surgeon, type anesthesia, and the time of your surgery, you may be getting out of bed this day.

- Therapists will teach you movements that you need to avoid and exercises to strengthen your muscles and help your blood circulate.
- Your bed may have a trapeze bar above it to help you position yourself. However, ask us to assist you when you need to turn in bed unless otherwise instructed.
- If you've had hip surgery, you may have a foam wedge pillow or regular pillow between your legs. It's to help remind you to keep your legs apart so as not to dislocate your new hip.

**Preventing Falls**
You are at higher risk of falling in a hospital setting.

- Be cautious, not courageous. Let us help determine if you can navigate alone.
- Call rather than fall. It pays to wait for some assistance rather than fall trying to go it alone.

**Food and Fluids**
You will have fluids going through your IV at first. Your first meal by mouth will be liquids, and your diet will increase to solid foods as tolerated. Increasing food slowly can help to avoid nausea that sometimes happens after anesthesia or use of pain medication. The IV will be stopped when you are eating and drinking well.

**Going to the Bathroom**
If you’re unable to urinate, you may have a tube (catheter) in your bladder for up to 48 hours. After that, your nurse will help get you out of bed and go to the bathroom. It may take a day or more to have a bowel movement. Anesthesia and pain medication can cause constipation. Your doctor may prescribe a stool softener or laxative if needed.

**Wound Care**
There will be a large dressing over your incision and there may be a drain tube coming from the surgical site. The drain will be removed either first or second day of surgery. Your incision may have sutures, staples, or steri-strips.
First Day After Surgery

- Vital signs will be checked frequently and blood work done daily until discharge.
- Your therapist will help you transfer from the bed to a chair. Depending on your situation, you may begin walking with an assisted device.
- Your therapist will work on daily activities such as dressing, bathing and grooming, and will offer advice on assistive devices.
- You will continue coughing, deep breathing, ankle pumps, and thigh and buttocks exercises.
- If you had hip surgery a therapist will review instructions on maintaining dislocation precautions.
- You will be going to Physical Therapy in the afternoon. We encourage you to bring a family or friend to all Physical Therapy sessions.

Second Day After Surgery

- You will receive physical therapy twice a day.
- The surgical dressing will be removed and a new dry, sterile dressing will be applied.
- If you had knee surgery, place a pillow under your calf only.
- If you’re headed home after discharge, we will review your home care plan with you.
- You will continue breathing and circulation exercises.
- A nurse will provide information on Coumadin, a prescription medication that prevents harmful blood clots. Daily blood tests will determine your daily dose. Once discharged, you’ll take the medication daily for approximately three to six weeks and have blood drawn two to three times a week.
**Third Day After Surgery**

Most patients will be discharged on Day Three.

**Prior to Discharge**

- You’ll walk around in your room with assistance.
- You’ll use the bathroom with an assistive device.

**Discharge from the Hospital**

- We’ll review discharge instructions with you regarding diet, activity, limitations, wound care, medications and the need for a follow-up appointment with your surgeon.
- If you’re headed home, equipment will be delivered today.
- If you’re headed to a rehabilitation facility, you’ll be transferred today.

**NOTES:**
Our goal is to provide you with the best and safest discharge plan. Your individual plan is determined by your surgeon in collaboration with the medical team. A nurse will call within one or two days after you leave the hospital to check your progress and answer any questions. If you have further questions at a later date, just call the Social Work Services Department at: 585-922-4166

Your doctor and healthcare team will let you know when it’s medically appropriate for you to be discharged from the hospital.

- Some patients are able to return directly home.
- Others may need temporary rehabilitation at a skilled nursing home.

The best and safest individualized discharge plan for you is based on many factors including:

- Who is at home to help you
- Whether you have stairs
- If your bathroom is easily accessible, and
- How quickly you regain your mobility after surgery.

Social workers and nurse care managers will work with you to ensure a smooth transition from the hospital to home or a care facility.

At the time of your discharge, you will be asked to sign a discharge form regarding your rights as a patient, and you will receive discharge instructions. Please be sure to review everything thoroughly before leaving, and get all your questions answered.

**Discharge to Home**

If you’re going home, you will work with a certified home care agency (such as Lifetime Care, Home Care of Rochester, or Visiting Nurse Service). A home care coordinator will meet with you in the hospital and order all necessary equipment, such as a walker, as well as arrange visits from nurses, physical therapists, occupational therapists, home health aides, and social workers (you should have checked about your insurance eligibility for home care prior to your surgery). If your surgeon has already sent an agency representative to your home, please let us know.

If you need additional equipment, not provided by your insurance company, we’ll provide you with a list of local medical equipment loan closets.

The person who is picking you up on the day of discharge should come to your room. At that time, they will be given instructions on picking you up in the Discharge Area, and you will be transported by wheelchair to the Discharge Area and assisted getting into your vehicle.
Discharge to a Skilled Nursing Facility

If there is any possibility of you going to a rehab facility after surgery it is very helpful to make arrangements for that prior to surgery. The hospital social worker will help you with that process. By doing this before you come to the hospital for your surgery, you’ll have one less thing to be concerned about while you’re in the hospital.

The social worker will ask you to select your top choices from a list of the facilities we work with (See “Checklists, Resources and Forms” for our list of Skilled Nursing and Rehabilitation Facilities in Monroe and surrounding counties); however, we cannot guarantee placement due to space restrictions and other factors out of our control. Your social worker will provide information on the average length of stay, how you will be transported, what you should wear and other pertinent details.

You may need a wheelchair car or ambulance to transfer to the nursing facility. These services can be arranged by the discharge planner at the hospital. Please note that most insurance companies and Medicare do not cover such transportation costs.

NOTES:
Call 911 immediately if you:

- Fall
- Start bleeding and cannot stop
- Cough up blood
- Have trouble breathing
- Have chest pain
- Experience confusion or unexplained anxiety

Call your surgeon if any of the following occur:

- Increasing redness, swelling, or warmth around your incision
- Redness, swelling or excessive tenderness in your foot, ankle, calf or thigh
- Increased drainage or a green purulent drainage from your incision
- Fever and/or chills
- Easy bruising
- Nosebleeds
- Red or dark brown urine
- Red or black tarry stools
- Unusual pain or swelling in your abdomen with excessive thirst
- Severe pain that cannot be controlled by the pain medication given to you when discharged

Blood Clots

Techniques to prevent blood clots include:

- Wearing elastic compression stockings
  - Wear everyday until your follow-up appointment with your doctor.
  - Remove stockings twice a day for at least 15 minutes or remove at bedtime and replace in the morning.
  - Inspect your feet for reddened or pressure areas daily.
- Elevating your legs above heart level for short periods throughout the day
- Ankle pump exercises
- Walking
Anticoagulation medications
If you’re sent home on anticoagulation medications, your doctor will determine whether you will take Coumadin or give yourself a shot (with a tiny needle that goes into the abdomen). If an injection is necessary, your doctor will discuss this with you and the nursing staff will teach you or a family member how to administer it. You will need periodic lab work done to make sure the medication is working properly. You will take this medication for as long as directed by your doctor.  *See Medication Safety in this section for more information.*

**Hip Dislocation Precautions**
Precautions may vary according to the surgical technique, prosthesis type, and the surgeon.

**DO NOT:**
- Lean forward to stand up
- Bend forward more than 90°
- Lift your knee higher than your affected hip when sitting
- Bring legs together or cross your legs (at the ankles or knees)
- Turn hip and knee inward or outward (always keep operative leg in proper alignment)
- Reach across your affected leg
- Twist your body when standing
- Put more weight on your affected leg than instructed
- Sit on low chairs or couches
- Sit in chairs without arms
- Lie on your side without a pillow between your legs
- Sit in a bathtub
- Lift heavy objects
- Put on socks or shoes without using an assistive device
- Have sexual intercourse until after the first follow-up appointment and after you have checked with your physician
- Run, jog, downhill or water ski, play tennis or participate in any contact sports or other demanding physical activities that require starting and stopping
- Drive a car until authorized by your physician

**DO:**
- Sit on a firm pillow if necessary to prevent extreme hip flexion when riding in a car
- Perform rehabilitation exercises as directed by your physical therapist
Knee Precautions

Precautions may vary according to the operation method, prosthesis type, and the surgeon.

**DO NOT:**

- Squat (instead, stoop by keeping operative leg back and bending other knee)
- Put more weight on your affected leg than instructed
- Run, jog, downhill or water ski, play tennis or participate in any contact sports or other demanding physical activities that require starting and stopping
- Drive a car until authorized by your physician

**DO:**

- Perform rehabilitation exercises as directed by your physical therapist

Infection

There are many things you can do that will greatly improve your chances of recovering from surgery without an infection.

- Wash your hands thoroughly using soap, lukewarm water and washing for at least 30 seconds before and after caring for you incision.
- Keep your incision clean and dry.
- Do not apply anything to your incision that your physician has not recommended.

Elevated temperature (over 101°F) may be a sign of impending infection. If you get repeated readings over 100°F contact your doctor.

Call your doctor if you experience excessive swelling at the surgical site, increased pain, drainage from the incision, redness around the incision or fever.

While unlikely, there is always a chance that a distant infection can travel to your joint replacement.

- If you develop an unrelated infection, such as strep throat or pneumonia, notify your physician.
- When having dental work done, tell your dentist that you have had a joint replacement.
- After having a total joint replacement, you should take a preventative antibiotic for all dental procedures.
- Notify your doctors that you have had a total joint replacement to determine if you need antibiotics for any other procedure.
Medications
Anticoagulant Medication

Most patients will leave the hospital with a prescription for an anticoagulant medication called Coumadin (Warfarin). By reducing your blood's ability to clot, this medication prevents harmful clots from forming in your blood vessels.

Take this medication precisely as your doctor directs.

Take it at the same time each day, preferably in the evening, so your doctor has time to call you with any changes in your dose.

Your dosage will be determined by regular testing.

- For outpatient laboratory, the name, address and phone number of the lab drawing your blood:

- For home draws, the name and phone number of the agency drawing your blood:

Your doctor will notify you if a change in dose is necessary.

If you forget to take a dose, call your doctor for instructions. Do not take a double dose the next day.

Check with your doctor before taking any over-the-counter medications, herbs or dietary supplements.

Certain foods high in vitamin K can interfere with an anticoagulant's effectiveness. Your doctor can help you regulate your dosage around your usual dietary intake. Foods high in vitamin K are beef liver, chicken liver, pork liver, green teas, broccoli, kale, spinach, cauliflower, garbanzo beans (chick peas), collard or mustard greens, lentils, cabbage and lettuce, especially Romaine lettuce.

Avoid alcohol.

Contact your doctor if you have any of the following symptoms: bleeding gums when you brush your teeth, bruising or purplish marks on your skin, coughing up blood, nosebleed, vomiting, prolonged bleeding or oozing from a cut or wound, red or black tarry stools, red or dark brown urine, unusual pain or swelling in your abdomen with excessive thirst.

Narcotic Pain Medications

One part of pain management is the use of narcotic pain medications immediately following joint replacement surgery. Because these types of medications can be addictive and often have side effects, they are meant to be used only for as short a period of time as possible. See Pain Control in this Section for more information.
**While taking narcotic pain medications DO NOT:**

- Take other types of drugs that depress the central nervous system, such as
  - Alcohol
  - Tranquilizers
  - Barbiturates (i.e. sleeping pills)
  - Antihistamines, even over-the-counter cold or allergy medications
- Try to walk without help if the medication is making you feel sleepy or dizzy
- Stop taking pain medicine suddenly if you have been taking it longer than 2 weeks
- Ask your pharmacists if you are concerned about potential medication interactions.

**Over-the-Counter Pain Medications**

Ask your doctor before taking nonsteroidal anti-inflammatory drugs (NSAIDs) e.g., aspirin, ibuprofen, Advil, Motrin, Nuprin; naproxen sodium, Aleve. NSAIDs may cause bleeding and interfere with Coumadin. Tylenol is typically a safe medication to take as an alternative to narcotics. See “Pain Control” in this Section for more information.

**For All Medications**

- Keep a record of your medications. See “Checklists, Resources and Forms” for a “Medication List” form
- Store all medicines in their original containers so you will not accidentally take the wrong drug.
- Take the recommended dose at the recommended times.
- Learn why you take each medicine.
- Know the side effects.
- Be aware of drug interactions.
- Check the expiration date. Do not use medication that is expired.
- If you have questions, ask your doctor or pharmacist.
Pain Control is Multifaceted

Everyone feels pain differently and responds differently to pain control treatments. The extent of your procedure will also affect how much discomfort you have afterwards as well.

Medication

You will be sent home with prescriptions for medications to control pain.

- Take pain medication as prescribed. Studies show that patients who take pain medicine for medical reasons DO NOT become addicted to them. If you are concerned about this, talk to your doctor.
- Preventing pain is easier and more effective than controlling of established pain. Talk to your doctor about a schedule that will allow you to take pain medicine when you first start to feel pain.
  - It may be helpful to take your pain medication about 30 minutes before your planned therapy/exercise session.
  - If you have pain an hour after taking your pain medication, talk to your doctor (it may not be strong enough).
  - If your pain is worse when you first wake up in the morning, talk to your doctor. You may need to take a dose during the night.
- If you feel too sleepy or groggy, call your doctor (your pain medication may be too strong).

As time passes and you have less discomfort, start to decrease how many pain pills you are taking and how often you are taking them.

Elevation and Compression

Elevating the extremity will help control the swelling. In addition, wearing your compression stockings and possibly an additional ace bandage, if instructed by your physician, can be very helpful in controlling the swelling and therefore the pain.

Heat and Cold Therapies

Your therapist will tell you if cold and/or hot packs will help your pain. It’s important to use them correctly, so make sure you get specific orders to do so. Generally, you’ll use heat on the surrounding tissue before exercise and ice or other type of cold therapy after exercise. Hint: A frozen pea or corn bag forms easily to your body.

Rhythmic Breathing and Visualization

Simple breathing exercises can ease pain. It can help when you’re waiting for your pain medication to work.

- Relax in a quiet spot
- Breathe in slowly and deeply
- As you breathe out, feel yourself begin to relax
- Think of your favorite place such as a beach or a park
- Breath in and out slowly at a rate that makes you feel relaxed
- End with a slow deep breath
To focus, say to yourself, “In, two, three.” As you breathe out say, “Out, two, three.” Or, each time you breathe, try saying a word such as “peace” or “relax.” Do these steps once, or repeat them for up to 20 minutes.

Other
- Listen to soothing music
- Hold a pillow to your surgical site
- Have a family member or friend give you a massage (but not close to the surgical site)

Constipation
Your bowel movements are affected by your:
- Age
- Diet
- How much liquid you consume
- How much you exercise
- The medications you’re taking

Pain medications, in particular, often cause constipation.

You can prevent constipation by:
- Drinking lots of water
- Eating high fiber foods, such as raw fruits and vegetables, whole-grain breads and cereals, dried fruits and nuts
- Walking
- Decreasing narcotic medications

Your doctor may suggest that you take fiber supplements, a mild laxative (such as Dulcolax, Senokot, Milk of Magnesia), or a stool softener (such as Colace), all of which may be bought without a prescription. Either may cause rectal bleeding. Call your doctor if you experience any amount of rectal bleeding.

Conservation of Energy
Pace yourself. Taking time to think before doing previously automatic activities will help give you the strength to continue progressing.

Rest
- Try to get back to your normal sleep pattern at night
- Take a nap in the afternoon if needed
- Take 5- to 10-minute breaks during activities
- While resting (or any activity), change your position every 20 minutes to avoid stiffness
Plan
Plan your schedule and stick to it.
- Schedule top priorities first.
- Alternate heavy and light activities.
- Save the more difficult activities for times when you have the most energy.
- Allow for frequent rest breaks.

Prepare
- Prepare work spaces before beginning an activity.
  - Eliminate excess clutter and gather all necessary materials.
  - Use good lighting, good ventilation, comfortable shoes with good support, and loose clothing.
  - Mentally and physically relax.
- Organize work spaces with relevant supplies.
  - Store soaps, sponges and cleaning agents in a carryall basket near the sink.
  - Keep staples, utensils, spices, bowls, can openers and other tools near counter tops.
  - Keep skillets, pots, pans and utensils near the stove.

Position
- Work at proper heights.
- Store frequently used supplies within easy reach (between shoulder height and knee height).
- Sit whenever possible
- When sitting, make sure table height is at the elbows when shoulders are relaxed.
- Eliminate unnecessary bending, reaching and stretching by using long-handled dust pans, sponge mops, shoe horns, etc.

Protect
- Change positions frequently.
- Use both hands whenever possible.
- Use gravity (use laundry chutes; slide objects along countertops).
- Use carts with wheels to transport things.
NOTES:


**Incision Care**

See “*Preventing/Recognizing Potential Complications – Infection*” in this section.

- If you have a dressing, it should be changed as needed to keep it dry.

- Inspect the incision twice daily. Do not twist to see the incision for yourself. Use mirrors to view it if necessary.
  
  - There will be some swelling initially, especially after exercise.

  - There should be no odor, increased drainage, or opening of the incision. Call your surgeon’s office if you notice those changes.

- You may shower as directed by your surgeon. Do not take a tub bath or submerge yourself in water for 4 weeks. Pat your incision dry with a soft towel to avoid irritation.

- Sutures or staples that remain in place when you go home will be removed. They will be removed by the home care nurse approximately two weeks after the surgery.

- Wear loose clothing over the incision site to maintain comfort and prevent skin irritation.
Exercises

Exercises that increase your strength and range of motion are extremely important after surgery to help prevent complications. (See “Checklists, Resources and Forms” for a list of “Strengthening Program Exercises” that your therapist can use to pick out those that are right for you.)

Breathing exercises should be done every 2 hours until you’re fully mobile. Practice as follows:

- Take a slow, deep breath in through your nose; hold for the count of five; slowly blow the air out through your mouth. You can tell when you are taking a deep breath if you place your hand on your chest and feel your chest rise and fall as you take the air in and out.

- Repeat the above five times.

- During the last breath, hold the air in and tighten the muscles in your chest and stomach; then cough to let the air out. To be effective, the cough must come from your chest and not your throat.

Walking will help you to build a normal, comfortable stride. It also keeps you in shape and helps prevent blood clots.

- Begin by taking three or four short walks every day.

- Gradually increase how far, how long, and how many times a day you walk.

- Be sure to discuss weight bearing with your physician and physical therapist. Their recommendations will depend on the type of implant and other factors in your situation. They will instruct you when and where to use your walker, crutches, or cane.
Your therapist may show you different ways to accomplish various tasks than those outlined below. Follow the instructions you are given.

**Weight Bearing**

Your surgeon will let you know how much weight you can put on your operated leg. Do not put more weight on your new joint than your surgeon has ordered.

There are various degrees of weight bearing:

- Non-weight bearing: No weight should be placed on your operated joint
- Toe-touch weight bearing: Approximately 10% of your body weight may be placed on your operated joint
- Partial weight bearing: Approximately 50% of your body weight may be placed on your operated joint
- Weight bearing as tolerated: You may put as much weight as you can tolerate on your operated joint

**Getting In and Out of Bed**

*Getting into bed:*

- Sit on the edge of the bed with both feet on the ground.
- For a hip replacement: Make sure you are not bending forward and that your operated hip is not turning in.
- Bearing weight on your hands, scoot your hips backward onto the bed. Keep your shoulders back.
- Lower yourself onto your forearms
- Carefully slide your legs onto the bed, keeping operated leg with knee straight and toes pointed up.
- For a knee replacement: Do not place a pillow under the knee. If a pillow is used to relieve pressure on the heel, it should be placed under the calf.

*Getting out of bed:*

- Slide your legs toward the edge of the bed, keeping operated leg with knee straight and toes pointed up.
- Push up onto your forearms.
- Push up onto your hands.
- Slide legs so your heels are over the edge of the bed.
Showers and Baths

You may shower when directed by your physician. Gently towel the area dry after showering. Do not allow your incision to get wet if there is still some drainage. A shower stool is a good idea for the first 6 weeks after surgery.

Do not take tub baths until advised by your surgeon to avoid motions that could dislocate your joint.

- Make sure your bathtub/shower has a non-slip surface to prevent falls.
- Use liquid soap to avoid dropping a bar of soap.
- Use a long-handled bath sponge to avoid twisting and bending.

Stepping In and Out of the Shower

You may not be able to stand to take a shower. If that’s the case, you’ll need a special chair in the shower stall. Before you shower, be sure you have everything you’ll need — soap, sponge and towel — within reach.

Getting into the shower:

- Use you walker, cane or crutches for support. Walk up to the edge of the shower stool; then turn so your back is to the stall. Do not step into the shower stall.
- Reach back with one hand for the shower chair back or seat. Leave your other hand on the walker, cane or crutches.
- Lower yourself onto the shower chair.
- Lift your legs over the edge of the shower stall. Turn to sit facing the shower controls.
- Shower and dry off while seated.

Getting out of the shower:

- While seated, turn facing the opening of the shower stall.
- Using your walker, cane, or crutches for support, stand and step out of the shower stall.
Getting In and Out of a Chair

**Step 1**
Get to the front edge of the chair. Have your walker out in front of you.

**Step 2**
Push up from the chair, standing straight. Never pull on the walker to get yourself to standing.

**Step 3**
Reach for your walker.

**Step 1**
Get to the front edge of the chair. Hold your crutches together in one hand at the hand grips.

**Step 2**
With your other hand, push up from the chair, standing straight.

**Step 3**
Get your balance. Place one crutch under each arm.
To Sit Back Down With Crutches:

1. Walk straight up close to the chair. Turn and back up to the chair until you can feel it on the back of your legs.

2. Take the crutches out from underneath your arms. Take the crutches together in one hand at the hand grips. With the other hand, reach back for the chair and sit slowly, sliding the _______________ leg forward as you sit.

To Sit Back Down With Walker:

1. Walk straight up close to the chair. Turn and back up to the chair until you can feel it on the back of your legs.

2. Reach back with your hands for the chair and sit slowly, sliding the _______________ leg forward as you sit.

Dressing

Your occupational therapist will instruct you in the use of adaptive equipment to assist you with dressing

- Avoid bending forward when putting on pants, socks and shoes.
- Do not cross your legs when putting on pants, socks and shoes.
- Putting on pants: using a reacher or dressing stick thread the operated leg into the pant leg first. Then put the non-operated leg into the other pant leg.
- Removing pants? Fist, remove the non-operated leg from the pant leg. Then, remove the operated leg from the other pant leg using a reacher or dressing stick.
- Keep your back touching the back of the chair.
- Tying shoes: use elastic shoelaces or slip-on shoes.
- Putting on socks or TED stockings: you will need to use a sock aid or have someone else assist you with this.
Working Together For Joint Success

Walking with Crutches

Step 1
Place one crutch under each arm.

Step 2
Move the crutches ahead.

Step 3
Step forward with the_____ leg, then _____leg. Your doctor wants you to put _____ weight on the _____leg.

Step 1
Move the walker ahead a comfortable distance.

Step 2
Step forward with the_____ leg, then _____leg. Your doctor wants you to put _____ weight on the _____leg.

Step 3
Repeat steps 1 & 2.
Walking Up Stairs with Crutches

Step 1
Place one crutch under each arm.

Step 2
Step forward with the ______ leg, then ______leg. Your doctor wants you to put ______weight on the ______leg.

Step 3
Repeat

Step 1
Place crutches in down one step.

Step 2
Step forward with the ______ leg, then ______leg. Your doctor wants you to put ______weight on the ______leg.

Step 3
Repeat
Walking Up Steps with Walker

**Step 1**
Place walker on top of step.

**Step 2**
Step forward with the ______ leg, then ______ leg. Your doctor wants you to put ______ weight on the ______ leg.

**Step 3**
Repeat.

**Step 1**
Place walker on down one step.

**Step 2**
Step forward with the ______ leg, then ______ leg. Your doctor wants you to put ______ weight on the ______ leg.

**Step 3**
Repeat.
**Intimacy**

Talk to your doctor about when you can resume sexual activity.

- It may be helpful to take a mild pain medication about 20-30 minutes before sex. However, do not take medication that may mask warning pain.
- Have pillows and rolled towels nearby to be used for body support.
- Do a few easy stretches within a safe range of motion beforehand.
- The bottom or missionary position is usually the most safe and comfortable.

**Travel**

- Avoid nonessential travel out of the house for about 7 to 10 days.
- Do not take extended car or plane trips for five weeks as prolonged sitting increases your risk of blood clots.

**Getting In and Out of a Car**

*Getting into a car:*

- Be sure the passenger seat is pushed all the way back.
- Recline the seat back as far as possible.
- With your walker in front of you, slowly back up to the car seat.
- Sit on the car seat.
- Swing your legs into the car (placing a plastic bag on the seat can help). For a hip replacement: **Lean back if you need to avoid bending at the hip more than 90°.**
- When traveling, make frequent stops and get out and walk around.

*Getting out of a car:*

- Push the seat all the way back.
- Recline the seat all the way back.
- Lift your legs out. For a hip replacement: **Lean back if you need to avoid bending at the hip more than 90°.**
- Place your walker in front of you and stand up on the unaffected leg.
Driving

Talk to your doctor about when you can **SAFELY** drive.

There are 3 primary criteria that you should meet.

- You need to be off of narcotic pain medicines (otherwise you are driving under the influence).
- You need to be able to get in and out of the driver’s seat comfortably.
- You must have regained your normal reflexes / strength.

Test drive in an empty parking lot or quiet street before doing any serious driving to get used to moving your foot from pedal to pedal and applying the right amount of pressure.

Home Management

- Talk to your home therapist about a tray or a bag for your walker.
- Slide objects along counter tops rather than carrying them.
- Wear a fanny pack to carry small items.
- Use a long-handled reacher to pick up objects on the floor.
- Avoid any unnecessary bending/reaching into cupboards.

Return to Work

The type of activities you perform at work is one factor that determines the length of time you will be away from work. Talk to your doctor about when you can safely return.
# What To Bring to the Hospital Checklist

## For Check-In

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>☐</td>
<td>Driver’s license or photo ID</td>
</tr>
<tr>
<td>☐</td>
<td>Social Security card</td>
</tr>
<tr>
<td>☐</td>
<td>Insurance card(s)</td>
</tr>
<tr>
<td>☐</td>
<td>A copy of your Advance Directives (health care proxy and living will)</td>
</tr>
<tr>
<td>☐</td>
<td>Your most current list of medications and supplements, noting which ones have been stopped and when. Do not bring your own medications.</td>
</tr>
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## For Your Stay

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>☐</td>
<td>This guidebook</td>
</tr>
<tr>
<td>☐</td>
<td>Important telephone numbers (include person bringing you home)</td>
</tr>
<tr>
<td>☐</td>
<td>Hospital gowns are provided, but you are welcome to bring your own (loose pajamas or short nightgown)</td>
</tr>
<tr>
<td>☐</td>
<td>Short, lightweight robe</td>
</tr>
<tr>
<td>☐</td>
<td>Non-slip slipper socks are provided, but you are welcome to bring your own (or walking sneakers/shoes with Velcro® closures or elastic shoe laces)</td>
</tr>
<tr>
<td>☐</td>
<td>Toothpaste and a toothbrush are provided, but you are welcome to bring your own</td>
</tr>
<tr>
<td>☐</td>
<td>Deodorant</td>
</tr>
<tr>
<td>☐</td>
<td>If you are bringing dentures, eyeglasses, or a hearing aide with you, please be sure to tell the admitting nurse that you have these items</td>
</tr>
<tr>
<td>☐</td>
<td>Any hand-carry equipment you may have such as a reacher, sock aid, long-handled shoe horn, walker (marked with your name)</td>
</tr>
<tr>
<td>☐</td>
<td>For men – an electric razor, since you will be on anticoagulants</td>
</tr>
</tbody>
</table>
For Discharge

- Loose-fitting underwear and clothing
- Comfortable walking shoes with non-slip soles and good support

About Valuables

Please leave jewelry and large sums of money at home. If that’s not possible, ask your nurse to have your valuables stored with Hospital Security.

More patients are bringing cell phones and laptop computers. While cell phones and wireless computers are permitted in patient rooms and we will do everything to insure that they are not lost, you and your family members will be responsible for them.
## Total Knee Exercises

Ask your therapist which exercises are right for you and how often you should do them.

<table>
<thead>
<tr>
<th>Approved Rehabilitation Exercises</th>
<th>Frequency</th>
<th>Exercise</th>
</tr>
</thead>
</table>
|                                   | Every day; 3 times daily 20-30 reps | 1-Ankle Pump  
1. Bend ankles up and down at the same time  
2. Repeat 20 times. |
|                                   |           | 2-Quad Sets  
1. Slowly tighten thigh muscles of both straight legs while counting out loud  
2. Relax |
|                                   |           | 3-Gluteal Squeeze  
1. Squeeze buttocks muscles as tightly as possible while counting out loud to 5 |
### Exercises Beneficial After Surgery

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Description</th>
</tr>
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</table>
| **4-Heel Slide**       | 1. Bend operated knee and pull heel toward buttocks.  
                          | 2. Be careful not to hike up your hip with this exercise.                                                                                   |
| **5-Straight Leg Raise** | 1. Keep operated leg as straight as possible and tighten muscles on top of thigh.  
                                | 2. Slowly lift straight leg 2-3 inches from chair/bed and hold 3 seconds.  
                                | 3. Lower it, keeping muscles tight 3 seconds.  
                                | Relax                                                                             |
| **6-Long Arc Quad**    | 1. Straighten operated leg and try to hold it 3 seconds.                                                                                  |
# Total Hip Exercises

Ask your therapist which exercises are right for you and how often you should do them.

<table>
<thead>
<tr>
<th>Approved Rehabilitation Exercises</th>
<th>Frequency</th>
<th>Exercise</th>
</tr>
</thead>
</table>
|                                   | Every day; 3 times daily 20-30 reps | 1-Ankle Pump  
1. Bend ankles up and down at the same time  
2. Repeat 20 times. |
|                                   |           | 2-Quad Sets  
1. Slowly tighten thigh muscles of both straight legs while counting out loud  
2. Relax |
|                                   |           | 3-Gluteal Squeeze  
1. Squeeze buttocks muscles as tightly as possible while counting out loud to 5 |
<table>
<thead>
<tr>
<th>Exercise Type</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| 4-Heel Slide                  | 1. Gently bend knee on operated leg, while maintaining your hip precautions.  
Return                                                                            |
| 5-Leg Slides (Aduction/Adduction) | 1. Slide operated leg out to side.  
2. Keep kneecap pointing up.  
3. Gently bring leg back while maintaining your hip precautions. |
| 6-Long Arc Quad               | 1. Straighten operated leg and try to hold it 3 seconds.                                                                                   |
# Working Together For Joint Success

## SKILLED NURSING AND REHABILITATION FACILITIES

### ROCHESTER GENERAL HEALTH SYSTEM AFFILIATED FACILITIES

<table>
<thead>
<tr>
<th>NAME/PHONE NUMBER</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hill Haven Nursing and Rehabilitation 585-671-4300</td>
<td>1550 Empire Blvd Webster, NY 14580</td>
</tr>
<tr>
<td>DeMay Living Center 315-332-2337</td>
<td>Driving Park Avenue New York, NY 14513</td>
</tr>
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</table>

### MONROE COUNTY

<table>
<thead>
<tr>
<th>NAME/PHONE NUMBER</th>
<th>ADDRESS</th>
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<tbody>
<tr>
<td>Aaron Manor 585-377-4000</td>
<td>100 St. Camillus Way Fairport, NY 14450</td>
</tr>
<tr>
<td>Baird Nursing Home 585-342-5540</td>
<td>2150 St. Paul Blvd. Rochester, NY 14621</td>
</tr>
<tr>
<td>Blossom South 585-442-0450</td>
<td>1175 Monroe Ave. Rochester, NY 14621</td>
</tr>
<tr>
<td>Blossom Health Center 585-482-3500</td>
<td>989 Blossom Road Rochester, NY 14610</td>
</tr>
<tr>
<td>Blossom North 585-544-4000 Admissions: ext 3114</td>
<td>1335 Portland Ave Rochester, NY 14621</td>
</tr>
<tr>
<td>Brightonian Nursing Home 585-271-8700</td>
<td>1919 Elmwood Ave. Rochester, NY 14613</td>
</tr>
<tr>
<td>Crest Manor 585-223-3633</td>
<td>6745 Pittsford-Palmyra Rd Fairport, NY 14450</td>
</tr>
<tr>
<td>Edna Tina Wilson 585-723-7949</td>
<td>700 Island Cottage Road Rochester, NY 14612</td>
</tr>
<tr>
<td>Episcopal Church Home 585-546-8400</td>
<td>505 Mount Hope Avenue Rochester, NY 14620</td>
</tr>
<tr>
<td>Fairport Baptist Home 585-377-0350</td>
<td>4646 Nine Mile Point Road Fairport, NY 14450</td>
</tr>
<tr>
<td>Name/Phone Number</td>
<td>Address</td>
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<td>-----------------------------------------</td>
<td>--------------------------------------------</td>
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<tr>
<td>Hamilton Manor 585-225-0450</td>
<td>1172 Long Pond Road Rochester, NY 14626</td>
</tr>
<tr>
<td>Highland Living Center - Brighton 442-7960</td>
<td>5901 Lac De Ville Blvd Rochester, NY 14618</td>
</tr>
<tr>
<td>Highland Living Center - Pittsford 383-1700 x249</td>
<td>500 Hahnemann Trail Pittsford, NY 14534</td>
</tr>
<tr>
<td>Hurlbut Nursing Home 585-424-4770</td>
<td>1177 East Henrietta Road Rochester, NY 14623</td>
</tr>
<tr>
<td>Jewish Home of Rochester 585-427-7760</td>
<td>2021 South Winton Road Rochester, NY 14618</td>
</tr>
<tr>
<td>Kirkhaven 585-461-1991 or 271-1772 x3010</td>
<td>254 Alexander Street Rochester, NY 14607</td>
</tr>
<tr>
<td>Lakeside Beikirch 585-395-6095</td>
<td>170 West Avenue Brockport, NY 14420</td>
</tr>
<tr>
<td>Latta Road Nursing Home 225-0910</td>
<td>2100 Latta Road Rochester, NY 14612</td>
</tr>
<tr>
<td>Maplewood Nursing Home 872-1800</td>
<td>100 Daniel Drive Webster, NY 14580</td>
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<tr>
<td>Monroe Community Hospital 585-760-6500</td>
<td>435 East Henrietta Road Rochester, NY 14620</td>
</tr>
<tr>
<td>Park Ridge Nursing Home 585-723-7000</td>
<td>1555 Long Pond Road Rochester, NY 14626</td>
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<tr>
<td>TCU Admissions: Rehab Jessica 585-723-7949</td>
<td>Tracy 585-723-7688</td>
</tr>
<tr>
<td>Penfield Place 585-586-7433</td>
<td>1700 Penfield Place Penfield, NY 14526</td>
</tr>
<tr>
<td>Rochester Friendly Home 585-381-1600</td>
<td>3156 East Avenue Rochester, NY 14618</td>
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### Working Together For Joint Success

<table>
<thead>
<tr>
<th>NAME/PHONE NUMBER</th>
<th>ADDRESS</th>
</tr>
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<tbody>
<tr>
<td>St. Anns</td>
<td>1500 Portland Ave Rochester, NY 14621</td>
</tr>
<tr>
<td>585-697-6000</td>
<td></td>
</tr>
<tr>
<td>Rehab 585-544-6000x247</td>
<td></td>
</tr>
<tr>
<td>St. Johns Home</td>
<td>150 Highland Avenue Rochester, NY 14620</td>
</tr>
<tr>
<td>585-271-0720</td>
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<tr>
<td>Pat DeVoees 760-1394</td>
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<tr>
<td>St. Marys BIU</td>
<td>89 Genesee Street Rochester, NY 14611</td>
</tr>
<tr>
<td>585-368-3222</td>
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<tr>
<td>St. Marys Living</td>
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<tr>
<td>Shore Winds</td>
<td>425 Beach Avenue Rochester, NY 14620</td>
</tr>
<tr>
<td>585-663-0930</td>
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<td>x111</td>
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</tr>
<tr>
<td>Wedgewood</td>
<td>5 Church Street Spencerport, NY 14559</td>
</tr>
<tr>
<td>585-352-4810</td>
<td></td>
</tr>
<tr>
<td>Wesley Gardens Nursing Home</td>
<td>8 North Goodman Street Rochester, NY 14607</td>
</tr>
<tr>
<td>585-241-2111</td>
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<tr>
<td>Westgate Nursing Home</td>
<td>525 Beahan Road Rochester, NY 14624</td>
</tr>
<tr>
<td>585-247-7880</td>
<td></td>
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<tr>
<td>Woodside Manor</td>
<td>2425 South Clinton Avenue Rochester, NY 14618</td>
</tr>
<tr>
<td>585-461-0370</td>
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**Affiliated with Rochester General Health System**

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<thead>
<tr>
<th>NAME/PHONE NUMBER</th>
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<tbody>
<tr>
<td>Independent Living for Seniors (ILS)</td>
<td>2066 Hudson Avenue Rochester, NY 14617</td>
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<td>Serving zip codes:</td>
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</tr>
<tr>
<td>14445, 14450 (north of route 31), 14526, 14534 (north of route 31), 14580, 14604, 14605, 14606, 14607, 14608, 14609, 14610, 14611, 14612, 14613, 14614, 14615, 14616, 14617, 14618, 14619, 14620, 14621, 14622, 14625</td>
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### ALLEGHANY COUNTY

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<tbody>
<tr>
<td>Highland Healthcare Center</td>
<td>160 Seneca St.</td>
</tr>
<tr>
<td>585-593-3750 x315</td>
<td>Wellsville, NY 14895</td>
</tr>
<tr>
<td>Wellsville Manor</td>
<td>4192 A Bolivar Rd.</td>
</tr>
<tr>
<td>585-593-4400</td>
<td>Wellsville, NY 14895</td>
</tr>
<tr>
<td>Absolute of Allegany</td>
<td>5th Street &amp; Maple Ave.</td>
</tr>
<tr>
<td>716-373-2238</td>
<td>Allegany, NY 14706</td>
</tr>
<tr>
<td>Absolute of Houghton</td>
<td>9876 Luckey Drive</td>
</tr>
<tr>
<td>716-567-2207</td>
<td>Houghton, NY 14744</td>
</tr>
<tr>
<td>Cuba Hospital Rehab</td>
<td>140 West Main Street</td>
</tr>
<tr>
<td>585-968-3877 x370</td>
<td>Cuba, NY 14627</td>
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### BROOME COUNTY

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<tr>
<td>Absolute of Endicott</td>
<td>301 Nantucket Drive</td>
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<tr>
<td></td>
<td>Endicott, NY 13760</td>
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### CATTARAUGUS COUNTY

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<th>NAME/PHONE NUMBER</th>
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<tbody>
<tr>
<td>Cattaraugus County Nursing Home</td>
<td>2245 West State Street</td>
</tr>
<tr>
<td>716-373-1910/The Pines Olean</td>
<td>Olean, NY 14760</td>
</tr>
<tr>
<td>Adm.: Maureen Mooney-Myers</td>
<td></td>
</tr>
<tr>
<td>716-353-8516/The Pines Machias</td>
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<tr>
<td>Adm:  Thomas Schobert</td>
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<td>Olean General Subacute</td>
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<tr>
<td>716-375-4126</td>
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<tr>
<td>Absolute of Salamanca</td>
<td>451 Broad Street</td>
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### CHAUTAUQUA COUNTY

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<th>NAME/PHONE NUMBER</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absolute of Dunkirk 716-366-6710</td>
<td>447 Lakeshore Drive Dunkirk, NY 14048</td>
</tr>
<tr>
<td>DeMay Living Center 315-332-2337</td>
<td>Driving Park Avenue Newark, NY 14513</td>
</tr>
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### ERIE COUNTY

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<thead>
<tr>
<th>NAME/PHONE NUMBER</th>
<th>ADDRESS</th>
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</thead>
<tbody>
<tr>
<td>Absolute of Aurora Park 716-652-1560</td>
<td>292 Main Street East Aurora, NY 14052</td>
</tr>
<tr>
<td>Absolute of Eden 716-992-3987</td>
<td>2806 George Street Eden, NY 14057</td>
</tr>
<tr>
<td>Absolute of Orchard Park 716-662-4433</td>
<td>6060 Armor Road Orchard Park, NY 14127</td>
</tr>
<tr>
<td>Brothers of Mercy 716-759-6985 Adm: Richard Cleland</td>
<td>10570 Bergtold Road Clarence, NY 14031</td>
</tr>
<tr>
<td>Greenfield Health &amp; Rehabilitation Center 716-684-3000</td>
<td>5949 Broadway Lancaster, NY 14086</td>
</tr>
<tr>
<td>McAuley Residence 716-447-6600 Adm: Shari Hutchison</td>
<td>2950 Elmwood Avenue Kenmore, NY 14217</td>
</tr>
<tr>
<td>Niagara Lutheran Home &amp; Rehabilitation Center 716-886-4377</td>
<td>64 Hager Street Buffalo, NY 14208</td>
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### GENESEE COUNTY

<table>
<thead>
<tr>
<th>NAME/PHONE NUMBER</th>
<th>ADDRESS</th>
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<tbody>
<tr>
<td>Batavia Nursing Home 585-343-1300 Adm: Gerard Desimone</td>
<td>257 State Street Batavia, NY 14020</td>
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### GENESEE COUNTY continued

<table>
<thead>
<tr>
<th>NAME/PHONE NUMBER</th>
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<tbody>
<tr>
<td>Batavia VA (Federal)</td>
<td>160 Seneca St. Wellsville, NY 14895</td>
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<tr>
<td>585-343-7500 - Call Administrator</td>
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</tr>
<tr>
<td>located in Buffalo: Michael Finegan Admissions: 716-862-8880</td>
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<tr>
<td>NYS Veterans’ Home at Batavia 585-345-2049 SNF</td>
<td>220 Richmond Ave Batavia, NY 14020</td>
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<tr>
<td>Genesee County Nursing Home 585-344-0584</td>
<td>278 Bank Street Batavia, NY 14020</td>
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<tr>
<td>Adm: Robert Burlingham</td>
<td></td>
</tr>
<tr>
<td>LeRoy Village Green</td>
<td>10 Munson Street LeRoy, NY 14510</td>
</tr>
<tr>
<td>585-768-2561 Administrator: Daniel Morphet</td>
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### JEFFERSON COUNTY

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<tr>
<th>NAME/PHONE NUMBER</th>
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<tr>
<td>Mercy of Northern NY 315-782-7400</td>
<td>2245 West State Street Olean, NY 14760</td>
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<tr>
<td>Samaritan Hospital 315-785-4095 CEO: Thomas Carman</td>
<td>830 Washington Street Watertown, NY 13601</td>
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<tr>
<td>Samaritan Keep Nursing Home 315-785-4400 Adm: Donna MacPherson</td>
<td>133 Pratt Street Watertown, NY</td>
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### LIVINGSTON COUNTY

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<tbody>
<tr>
<td>Avon Nursing Home 585-226-2225</td>
<td>215 Clinton Street Extension Avon, NY 14414</td>
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<tr>
<td>Conesus Lake Nursing Home 585-346-3001</td>
<td>Route 15 Box F Livonia, NY 14487</td>
</tr>
<tr>
<td>Livingston County Center for Nursing &amp; Rehab 585-243-7209</td>
<td>11 Murray Hill Drive Mt. Morris, NY 14510</td>
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### NIAGARA COUNTY

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<tbody>
<tr>
<td>Absolute of Gasport 716-772-2631</td>
<td>4540 Lincoln Drive Gasport, NY 14067</td>
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### ONTARIO COUNTY

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<tr>
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<tbody>
<tr>
<td>Canandaigua VA</td>
<td>400 Fort Hill Canandaigua, NY 14424</td>
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<tr>
<td>Clifton Springs Nursing Home Clifton Springs Hosp 315-462-9561</td>
<td>2 Coulter Road Clifton Springs, NY 14432</td>
</tr>
<tr>
<td>Elm Manor 585-394-3883</td>
<td>210 North Main Street Canandaigua, NY 14424</td>
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### Ontario County continued

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<thead>
<tr>
<th>Name/Phone Number</th>
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<tr>
<td>Living Center at Geneva 315-787-4728</td>
<td>196-198 North Street Geneva NY 14456</td>
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<tr>
<td>Geneva Acute Rehab 315-787-4728</td>
<td>196-198 North Street Geneva NY 14456</td>
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<tr>
<td>Ontario County Health Facility 585-396-4340</td>
<td>3893 County Road #46 Canandaigua, NY 14424</td>
</tr>
<tr>
<td>M.M. Ewing Continuing Care Center 585-396-6045 (name changed from Thompson Health)</td>
<td>350 Parrish Street Canandaigua, NY 14424</td>
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### Orleans County

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<thead>
<tr>
<th>Name/Phone Number</th>
<th>Address</th>
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<tbody>
<tr>
<td>Orchard Manor 585-798-4100 Adm: Michelle Brabon</td>
<td>600 Bates Road Medina, NY 13165</td>
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<tr>
<td>Orleans County Home &amp; Infirmary 585-589-3232</td>
<td>Route 31 Albion, NY 14411</td>
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<tr>
<td>Medina Memorial Hospital 585-798-2000 Medina Acute Rehab Facility</td>
<td>500 Ohio Street Medina, NY 14103</td>
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### Schuyler County

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<thead>
<tr>
<th>Name/Phone Number</th>
<th>Address</th>
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<tbody>
<tr>
<td>Schuyler Hospital Long Term 607-535-7121</td>
<td>220 Steuben Street Montour Falls, NY 14865</td>
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### SENECA COUNTY

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<thead>
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<th>NAME/PHONE NUMBER</th>
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<tbody>
<tr>
<td>Huntington Nursing Home 315-539-9200</td>
<td>369 East Main Street</td>
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<td></td>
<td>Waterloo, NY 13165</td>
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<tr>
<td>Seneca Nursing Home 315-539-9202</td>
<td>200 Douglas Drive</td>
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<td></td>
<td>Waterloo, NY 13165</td>
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### STEUBEN COUNTY

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<th>NAME/PHONE NUMBER</th>
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<tbody>
<tr>
<td>Founders Pavilion 607-654-2400</td>
<td>205 East First Street</td>
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<tr>
<td>Admissions: 607-654-2408</td>
<td>Corning, NY 14830</td>
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<tr>
<td>Hornell Gardens 607-324-7740</td>
<td>435 Monroe Avenue</td>
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<td></td>
<td>Hornell, NY 14843</td>
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<tr>
<td>Steuben County Healthcare Facility</td>
<td>7002 Mt. Washington Road</td>
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<tr>
<td>607-776-7651</td>
<td>Bath, NY 14810</td>
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<tr>
<td>Bath VA Medical Center 607-664-4000</td>
<td>75 Veterans Ave</td>
</tr>
<tr>
<td></td>
<td>Bath, NY 14810</td>
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<tr>
<td>McAuley Manor (Mercy Care) (NH and Rehab) 607-324-6918</td>
<td>One Bethesda Drive</td>
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<tr>
<td></td>
<td>North Hornell, NY 14843</td>
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<tr>
<td>Absolute of Three Rivers 607-936-4108</td>
<td>101 Creekside Drive</td>
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<td></td>
<td>Painted Post, NY 14870</td>
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### TOMPKINS COUNTY

<table>
<thead>
<tr>
<th>NAME/PHONE NUMBER</th>
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<tbody>
<tr>
<td>Cayuga Medical Center Acute Rehab 607-274-4011</td>
<td>101 Dates Drive</td>
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<td></td>
<td>Ithaca, NY 14850</td>
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</table>
**TOMPKINS COUNTY continued**

<table>
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<tr>
<th>NAME/PHONE NUMBER</th>
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<tbody>
<tr>
<td>Groten Community Health Care Center</td>
<td>120 Sykes Street</td>
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<tr>
<td>607-898-5876</td>
<td>Groton, NY 13073</td>
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<tr>
<td>Lakeside Nursing Home</td>
<td>1229 Trumansburg Road</td>
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<tr>
<td>607-273-8072</td>
<td>Ithaca, NY 14850</td>
</tr>
<tr>
<td>Oak Hill Manor</td>
<td>602 Hudson Street</td>
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<tr>
<td>607-272-8282</td>
<td>Ithaca, NY 14850</td>
</tr>
<tr>
<td>Beechtree Caring Center</td>
<td>318 South Albany Street</td>
</tr>
<tr>
<td>607-273-4166</td>
<td>Ithaca, NY 14850</td>
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**WAYNE COUNTY**

<table>
<thead>
<tr>
<th>NAME/PHONE NUMBER</th>
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<tbody>
<tr>
<td>Newark Wayne Comm. DeMay Living Center</td>
<td>Driving Park Avenue</td>
</tr>
<tr>
<td>315-332-2337 (Kathy)</td>
<td>Newark, NY 14513</td>
</tr>
<tr>
<td>Newark Manor</td>
<td>222 West Pearl Street</td>
</tr>
<tr>
<td>315-331-4690</td>
<td>Newark, NY 14513</td>
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<tr>
<td>Wayne County Nursing and Rehab</td>
<td>1529 Nye Road</td>
</tr>
<tr>
<td>315-946-5673</td>
<td>Lyons, NY 14489</td>
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<tr>
<td>Blossomview - Sodus</td>
<td>6884 Maple Ave</td>
</tr>
<tr>
<td>315-483-9118</td>
<td>Sodus, NY</td>
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## WYOMING COUNTY

<table>
<thead>
<tr>
<th>NAME/PHONE NUMBER</th>
<th>ADDRESS</th>
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</table>
| East Side Nursing Home  
585-786-8151  
Admissions- Harold Coller | 62 Prospect Street  
Warsaw, NY 14569 |
| Wyoming County Community Hospital Extended Care  
585-786-8940  
Admissions - Gary Norsen x4701 | 400 North Main Street  
Warsaw, NY 14569 |

## YATES COUNTY

<table>
<thead>
<tr>
<th>NAME/PHONE NUMBER</th>
<th>ADDRESS</th>
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</thead>
</table>
| Penn Yan Manor  
315-536-2311 | 655 N. Liberty Street  
Penn Yan, NY 14527 |
| Homestead of Penn Yan  
Admissions - Gary Norsen x4701 | 400 North Main Street  
Warsaw, NY 14569 |

**NOTE:**
The services, programs, and/or facilities above are offered to our patients and families as a resource.

This is not all-inclusive and does not constitute a recommendation by Rochester General Health System, nor an assurance as to the quality of services provided.
Rochester General Hospital
FORMS:

☐ Social Work Services Preadmission Discharge Plan
☐ Health Care Proxy
☐ Advance Care Directive (Living Will) Form
☐ Medication List
☐ Patient Checklist: Nasal Ointment & Cleansing Wipes
Social Work Services Preadmission Discharge Plan

Your Post Surgery Plan: Please check one

Home [ ] Rehab [ ]

Name_____________________________________________   Date of Birth__________________

Telephone(s)
   Home:_____________________________________   Date of Surgery_______________

   Cell:   _____________________________________    Hip or Knee (Circle One)

Rehabilitations Options: Hill Haven Nursing and Rehabilitation, a Rochester General Hospital affiliate, is our preferred facility for rehabilitation. Please list additional choices, as needed.

1. ___________________________________________________________________

2. ___________________________________________________________________

3. ___________________________________________________________________

Homecare agency: Please place a check mark next to the agency you would like for homecare.

   ____ Lifetime Care

   ____ Home Care of Rochester

   ____ Visiting Nurse Service

Orthopaedic Surgeon:__________________________________________________________
HEALTH CARE PROXY

To: My Family, my Physicians, my Lawyer, any Medical Facility in whose care I happen to be, any Individual who may become responsible for my Health Affairs, and All Others Whom It May Concern:

1. Print Name: ______________________________________________________________
   Birth Date: ____________________
   Address: ______________________________________________________
   Social Security #: ___________________________

This form is for appointing another person as your agent to make decisions about your medical treatment if for some reason you lose the capacity to make a medical decision. It is very important that you discuss your wishes with your agent and your doctor. In particular, you must tell your agent what your wishes would be on artificial nutrition and hydration or else your agent cannot decide on your behalf. You are also encouraged to complete an Advance Care Directive (Living Will).

I, ______________________________________________ , hereby name the following person(s) as my Health Care Agent(s).

Name: _____________________________________________________________________________
Address: ___________________________________________________________________________
All Phone Numbers: __________________________________________________________________

2. Alternate Health Care Agent is  (optional, to serve if agent is unavailable)
   Name: _____________________________________________________________________________
   Address: ___________________________________________________________________________
   All Phone Numbers: __________________________________________________________________

My health care agent may make any and all health care decisions for me, except to the extent that I state otherwise. This agent shall take effect should I become unable to make my own health care decisions.

3. Instructions: I direct my agent to make health care decisions according to my wishes and instructions which I have shared with my agent. I have the following limitations or special instructions (for additional space use the last page of this form). Examples are given in the booklet you received with this document. Discuss your thoughts, feelings and questions about this document with your doctor.

4. Unless I change this, the proxy shall remain in effect indefinitely, or until the date or conditions stated below.
   This proxy shall expire (specific date or conditions, if desired) ____________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

5. Your signature (this must be signed in the presence of two (2) adults that are NOT persons you named as your proxy or alternate proxy).
   Signed: _________________________________________  Today’s Date: __________________
   (Sign and Date this document)
6. **Witness** (must be two (2) adults).  I declare that the person who signed this document is known to me and is acting of his/her own free will. He/she signed (or asked another to sign for him/her) this document in my presence.

Witness #1
Your signature: _______________________________  Print Name: _______________________________
Today’s Date: ____________

Witness #2
Your signature: _______________________________  Print Name: _______________________________
Today’s Date: ____________

Additional Instructions:

1. Let important people in your life know who you have named as your health care agent.
2. Make photo copies of this document and keep original in a safe place.
3. Give copies to: your agent, all doctors involved in your care, lawyer, minister, other family members.
4. Bring a copy with you when you are admitted to the hospital.
ADVANCE CARE DIRECTIVE (LIVING WILL)
To: My Family, my Physicians, my Lawyer, any Medical Facility in whose care I happen to be, any Individual who may become responsible for my Health Affairs, and All Others Whom It May Concern:

1. Print Name: ____________________________________________________________
   Birth Date: __________________
   Address: ______________________________________________________
   Social Security #: ___________________________

2. I, ________________________________________________, being of sound mind, make this statement as instructions to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm decision to **decline** medical treatment under the following circumstances indicated below.

3. If I have an **incurable or irreversible** condition that renders me incapable of making decisions on my own and there is no reasonable expectation that I will recover, then I direct my attending physician to withhold or withdraw treatment that only prolongs my dying.

These instructions only apply if: (Check those statements you agree with)

- I am in a terminal condition
- I am minimally conscious with irreversible brain damage
- I have Alzheimer’s or another form of dementia
- I am permanently unconscious
- Other ____________________________________________________________

I instruct that my treatment be limited to measures to keep me comfortable and to relieve pain.

While I understand that I am not legally required to be specific about future treatments, if I am in the conditions) described above I have strong beliefs about the following forms of treatment: (Check those statements that you agree with)

- I do not want cardiopulmonary resuscitation (CPR).
- I do not want mechanical ventilation (respirator).
- I do not want artificial nutrition and hydration (intravenous fluids or feeding tube).
- I do not want medical treatment (antibiotics/other medications) unless they are necessary for my comfort.
- I do not want hospitalization.

4. Other directions/instructions that you wish to add (for additional space, use the bottom or back of this form):

5. These express my legal right to refuse treatment, under the law in New York. I intend my instructions to be carried out unless I have changed them in writing or by clearly indicating that I have changed my mind.

Signed: _________________________________________  Today’s Date: __________________

(Sign and Date this document)
6. **Witness** (must be two (2) adults). *I declare that the person who signed this document is known to me and is acting of his/her own free will. He/she signed (or asked another to sign for him/her) this document in my presence.*

Witness #1
Your signature: ____________________________ Print Name: _______________________________
Today's Date: __________

Witness #2
Your signature: ____________________________ Print Name: _______________________________
Today's Date: __________
**Medication List**

- Bring a copy to your Pre-Admission Testing Appointment
- Bring several copies of this list with you to the hospital on the day of surgery

Allergies:

- [ ] Yes - List all allergies: __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________

- [ ] No

Include all prescribed medications, over-the-counter medications, vitamins and herbal supplements.

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<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Instruction</th>
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Continue listing on back page:

Patient name (print): _______________________________________________________________

Patient signature:__________________________________________________________________

Patient’s Pharmacy:_________________________________________________________________

Pharmacy Number:___________________________________________________________________
### Joint Replacement Patient Checklist

<table>
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<th>Date</th>
<th>Nasal Ointment</th>
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<td>Day 5 _____________</td>
<td>Morning ☐</td>
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<tr>
<td></td>
<td>Evening ☐</td>
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<tr>
<td>Day 4 _____________</td>
<td>Morning ☐</td>
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<td></td>
<td>Evening ☐</td>
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<tr>
<td>Day 3 _____________</td>
<td>Morning ☐</td>
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<td></td>
<td>Evening ☐</td>
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<tr>
<td>Day 2 _____________</td>
<td>Morning ☐ ☐</td>
<td>☐</td>
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<tr>
<td>2 Days before surgery</td>
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<tr>
<td>Day 1 _____________</td>
<td>Morning ☐ ☐</td>
<td>☐</td>
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<tr>
<td>Day before Surgery</td>
<td></td>
<td></td>
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<tr>
<td><strong>DAY OF SURGERY</strong></td>
<td>To be done by nurse at the hospital</td>
<td>To be done by nurse at the hospital</td>
</tr>
</tbody>
</table>

*Bring this to the hospital the day of surgery and give it to the Nurse*