Preparing for Surgery
St. Vincent Indianapolis Campus

**Driving Directions**

**From Northwest of Indianapolis**
Take Interstate 65 South to Interstate 865 to Interstate 465 East. Continue on Interstate 465 East to the Michigan Road/US421 exit (Exit 27). Turn right and head south to 86th Street. Turn left on 86th Street and head east. The various campus facilities may be entered from Township Line Road, Naab Road, or Harcourt Road. St. Vincent Indianapolis Hospital is located between Naab Road and Harcourt Road.

**From Northeast of Indianapolis**
Take Interstate 69 South to Interstate 465 West. Continue on Interstate 465 West to the Meridian Street/US31 exit (Exit 31). Turn left and head south to 86th Street. Turn right on 86th Street and head west. The various campus facilities may be entered from Township Line Road, Naab Road, or Harcourt Road. St. Vincent Indianapolis Hospital is located between Naab Road and Harcourt Road.

**From East of Indianapolis**
Take Interstate 70 West or Interstate 74 West to Interstate 465 North. Continue on Interstate 465 North, which turns into Interstate 465 West. Continue on Interstate 465 West to the Meridian Street/US31 exit (Exit 31). Turn left and head south to 86th Street. Turn right on 86th Street and head east. The various campus facilities may be entered from Township Line Road, Naab Road, or Harcourt Road. St. Vincent Indianapolis Hospital is located between Naab Road and Harcourt Road.

**From South of Indianapolis**
Take Interstate 65 North to Interstate 465 West. Continue on Interstate 465 West, which turns into Interstate 465 North. Continue on Interstate 465 North, which turns into Interstate 465 East. Continue on Interstate 465 East to the Michigan Road/US421 exit (Exit 27). Turn right and head south to 86th Street. Turn left on 86th Street and head east. The various campus facilities may be entered from Township Line Road, Naab Road, or Harcourt Road. St. Vincent Indianapolis Hospital is located between Naab Road and Harcourt Road.

**From West of Indianapolis**
Take Interstate 70 East or Interstate 74 East to Interstate 465 North. Continue on Interstate 465 North, which turns into Interstate 465 East. Continue on Interstate 465 East to the Michigan Road/US421 exit (Exit 27). Turn right and head south to 86th Street. Turn left on 86th Street and head east. The various campus facilities may be entered from Township Line Road, Naab Road, or Harcourt Road. St. Vincent Indianapolis Hospital is located between Naab Road and Harcourt Road.

**Where to Park**
Free parking is available at the Indianapolis Hospital main parking lot on 86th Street between Harcourt Road and Naab Road. Parking is available for a nominal fee at the garage adjacent to the Professional Office Building, 8402 Harcourt Road, outside lot next to Peyton Manning Children’s Hospital at St. Vincent on Katie Knox Drive, or underground parking between entrances 6 & 7 on Naab Road.

See campus map on reverse side.
1. Marten House Hotel
1801 W. 86th St.
Indianapolis, IN 46260
(317) 872-4111 or (800) 736-5634

2. The Gatehouse Suites Indianapolis
3553 Founders Rd.
Indianapolis, IN 46268
(877) 851-6763

3. Extended Stay America
9030 Wesleyan Rd.
Indianapolis, IN 46268
(317) 872-3090

4. La Quinta
3880 W. 92nd St.
Indianapolis, IN 46268
(317) 872-3100 or (800) 424-6423

5. Days Inn and Suites
3910 Payne Branch Rd.
Indianapolis, IN 46268
(317) 875-5656 or (800) 822-5252

6. Super 8 Indianapolis College Park
9251 Wesleyan Rd.
Indianapolis, IN 46268
(317) 879-9100 or (800) 228-2800

7. Embassy Suites North
3912 Vincennes Rd.
Indianapolis, IN 46268
(317) 872-7700 or (800) 362-2779

8. Red Roof Inn North
9520 Valparaiso Ct.
Indianapolis, IN 46268
(317) 872-3030 or (800) 230-4134

9. Caribbean Cove Waterpark Hotel
3850 DePauw Blvd.
Indianapolis, IN 46268
(317) 872-9790 or (800) 230-4134

10. Comfort Inn & Suites
9090 Wesleyan Rd.
Indianapolis, IN 46268
(317) 875-7676
Pre-Admission Process

Enter the St. Vincent Orthopedic and Spine Center through Entrance #8. Free valet parking is available for your convenience. Please proceed to the front desk to check in.

Please bring the following with you on the day of surgery so that we have everything we need to ensure a quick and efficient registration process:

- Insurance card
- Drivers license or personal ID
- Proof of legal guardianship/power of attorney/advance directive

You may receive two calls from the hospital: One for pre-registration and one from the Surgical Evaluation Center (SEC) nurses. You may also receive a phone call from your surgeon’s office with additional information.

If you have a pre-surgical evaluation visit, we will register you for that visit and your surgery at one time. If you do not have a pre-surgical evaluation visit, someone from the hospital registration department may attempt to call you prior to your surgery date. If you need to call them back, you may call (317) 338-8787 or 1-800-972-2459.

At St. Vincent, we want to make sure that every patient has the information needed to make decisions about their health care and health care options should family or friends need to make decisions for them. The Indiana State Department of Health has provided us with a complete discussion of health care decisions called “Advanced Directives”. You will be provided a copy of this information when you check in for your surgery or you may review and complete the information at anytime by logging on to: http://www.in.gov/isdh/files/advanceddirectives.pdf.

AWARDS
St. Vincent Indianapolis Hospital was recently recognized by HealthGrades, the nation’s leading independent healthcare ratings organization, as a Distinguished Hospital for Clinical Excellence for the fourth consecutive year.

Jan Draga, BSN, RN, ONC
Ortho Surgical Evaluation Center
The Surgery Family Lounge Waiting Area

Waiting during a surgical procedure can seem like a very long time for your family. At the St. Vincent Orthopedic and Spine Center, we will take good care of your family while we are taking good care of you!

Waiting Area
The waiting areas at the Orthopedic and Spine Hospital entrance provide comfortable seating for television viewing and a view of the outdoors. All areas in the hospital have Wi-Fi. There is an additional waiting room on the second floor, just off the elevator.

Pager
Your family’s spokesperson will be provided a pager at the Surgery Liaison desk. The pager transmits throughout the hospital grounds, allowing your family to move about while you are in surgery and the recovery room.

When the pager sounds, the spokesperson should return immediately to the Surgery Liaison desk where they will be escorted to a private consultation room to discuss the surgical findings with your surgeon. Since family members are not usually allowed in the recovery room area, they will be paged again when you are transferred to the outpatient recovery area or, for inpatients, when you are settled into your hospital room.

If family leaves the premises while you are still in the operative area, they are asked to inform the Surgery Liaison who will get an alternative way to contact the family member.

Amenities
The waiting area includes lockers at the Surgery Liaison desk where patient belongings can be temporarily stored. There are phones for free local calls and 2 desktop computers for short term use while waiting as well.

Information
Your family and friends can always check with the front desk or the Surgery Liaison desk staff for any questions.

Chapel
The Orthopedic and Spine Center offers a small chapel right in the lobby of the Center for your spiritual needs. We also have a larger chapel in the main hospital which offers a daily service at 8 am Monday through Friday. Saturday service is held at 7:45 pm. Sunday service is held at 8:30 am. Additionally, there is a chaplain available for you and your family at any time.

Overnight Stay
All our rooms are private rooms allowing for flexibility of visiting hours and also allowing for ONE person over the age of 18 to spend the night with the patient.

Patient Navigation System
We offer a state of the art patient tracking system that will allow the patient to be followed through the surgical areas. A family spokesperson will receive your code once they check in at the Surgery Liaison desk. Please see the Surgery Liaison for any questions you may have.

The hospital is smoke free.
Services and Conveniences

**Valet Services**
FREE valet parking is available from 5am-5pm Monday-Friday at the entrance to the Orthopedic and Spine Center (entrance #8). Simply drive your car to the circle drive door and an attendant will come to assist you. All parking in front of the hospital is free.

**Vending Machines**
There are snack and soda machines in the basement of the Orthopedic and Spine Center (please bring appropriate change). There is also an ATM machine in the café/coffee shop located in the main lobby of the Center.

**Handicap Parking**
Several areas near the entrances have been designated for handicap parking. Please notify the front desk/valet associate if you are unable to find parking to fit your needs.

**Shops/Restaurants**
There are a variety of shops and restaurants within a few miles of the hospital, including: a grocery store with a pharmacy, a movie theater, and many specialty gift stores.

**Restrooms**
Restrooms are located near the main lobby on the first floor by the stairwell, as well as in the upstairs waiting area and various other locations within the Center.

**Hospital Food Offerings**
The Orthopedic and Spine Center has a café which offers coffee, breakfast, lunch, and snacks throughout the day. The café hours are: Monday-Friday 7am-5pm.

St. Vincent Hospital has a full service cafeteria for all visitors and family members offering a delicious variety of nutritional food choices including daily grill menu, a deli area, a salad bar, and many other choices. The cafeteria hours are:
- 6:30am-10am
- 10:30am-2pm
- 4pm-7pm
- 11pm-3am

Food is available 24 hours a day in the cafeteria outside of the above hours; it is self service to available food choices.

**Shuttle Service**
The hospital offers a shuttle service to different areas of the hospital or to another local St. Vincent facility, including the Marten House Hotel and Conference Center for your convenience. Please see an associate or call 317-338-3883 to summon a shuttle vehicle.

**St. Vincent Pet Ministry**
We have therapy dogs who may visit during your stay in the hospital. This service is provided by TheraPets of Indiana. Please talk with your health care provider if you are interested.
Medical Evaluation

Primary Care Physician
If your medical clearance is to be done by your regular physician (PCP) instead of the hospitalist, your surgeon’s staff and the staff of the Surgery Evaluation Center (SEC) department at St. Vincent Hospital can provide information for your doctor to make sure that all necessary testing is completed. This information will be gathered and reviewed by the SEC nurses at the hospital who will consult with an anesthesiologist for special concerns if needed.

Surgical Evaluation Center (SEC)
The dedicated and trained nursing staff of the SEC department will attempt to contact you by phone prior to your surgery. They will either schedule an appointment to come in to the hospital for an evaluation; to collect your medication list and gather a health history; and any necessary paperwork before your surgery date. If you need to call them back, you may call (317) 338-3434 or 1-866-795-6665.

Nursing Clinical Assessment/Patient Education
• Pre-operative assessment and diagnostic testing (lab work, EKG, X-Ray if applicable) by the Surgery Evaluation Center (SEC) staff
• Surgery consent form signed
• Learn about pre-and post-op exercises
• Your role in your physical therapy program
• Important information on preparing for surgery, what to expect during your hospitalization, pain management, prevention of complications
• Display of equipment that may be used during your hospitalization
• Total Joint Replacement Class

This pre-surgical information collecting is necessary for your safety to make sure all health information is correct and up-to-date.

Orthopedic Spine Hospitalist Service
Your surgeon may recommend that you schedule a visit with our hospitalist before your surgery. Our “hospitalist” physician and staff of nurse practitioners and physician assistants are trained to identify your risks for health problems related to the surgery and to reduce those risks to have as safe a surgical experience as possible.

It is very important to supply all of your medical information. Please bring the following information to your appointment:
• A complete medical history
• All medications you currently take in their original containers, including prescription and over-the-counter medication and all supplements
• A list of ALL allergies (medications or other)
• Names and phone numbers of your cardiologist or other specialty doctors treating you for medical conditions
• Any pacemaker/defibrillator/stent information

Cardiologist
If you need further evaluation by your own cardiologist or a special test done by a cardiologist, the hospital staff can help arrange for special testing and will be involved in evaluating the results and communicate them to your surgeon.
Medications Before Surgery

The following recommendations are provided to help manage your medication concerns before surgery. Always check with your prescribing doctor if you are uncertain about any information.

Stop These Medications Before Surgery:

- All Anti-Inflammatories
  - Stop one to two weeks before surgery including: Asprin (Bayer, Excedrin), Diclofenac (Voltaren, Cataflam, Arthotec, Etodolac (Lodine), Ibuprofen (Motrin, Advil), Indomethacin (Indocin), Meloxicam (Mobic), Nabumetone (Relafen), Naproxen/Naprosyn (Aleve), Oxaprozin (Daypro), Piroxicam (Feldene)
- Aspirin
  - Check with your cardiologist about continuing aspirin if you are taking it to reduce the risk of heart attack or stroke.
- Erectile Dysfunction (ED) Meds
  - STOP 72 hours before surgery (Cialis, Viagra, Levitra).
- Estrogen Supplements
  - Stop two weeks before surgery. Stop ALL hormone replacements with estrogen, including Evista.

Consult with a Physician Before Surgery:

- Xarelto Aspirin, Anticoagulant & Antiplatelet Medications
  - (Coumadin, Pradaxa, Plavix, Effient, Brilinta)
  - Do this Right Away: Check with your surgeon right away for instructions on how these medications will be managed for your surgery.
- Insulin
  - For Day of Surgery: Check with the physician that monitors your insulin or with the hospitalist staff about adjustments needed the day of surgery.
- Prednisone
  - Please tell your surgeon, anesthesiologist or the hospitalist staff how much medication you are taking and how long you have been taking it.
- Celebrex
  - Special Instructions: Check with your surgeon about using Celebrex before surgery.
- Blood Pressure Medications
  - Special Instructions: You may be given specific instructions from your surgeon’s office, the hospitalist staff or an SEC department nurse about taking your blood pressure meds before surgery. Do not adjust your medication schedule unless instructed to do so.

Acceptable Medications Before Surgery:

- Tylenol / Tylenol Products
  - You may continue to use Tylenol or over the counter products with Tylenol up until the day of surgery.

Do Not use your own medications while at the hospital unless instructed to do so by your health care provider.
Supplements, Herbal and Vitamins

STOP All Herbal Supplements
Herbal supplements can interfere with anesthesia or medications that you may be given while you are a patient at St. Vincent Orthopedic and Spine Center.

STOP Taking Glucosamine and Chondroitin Supplements
Glucosamine supplements can raise your blood sugar levels.

STOP ALL Herbal Supplements
These include Black Cohosh, Coenzyme Q10, Ephedra, Fish Oils, Garlic, Ginger, Gingka biloba, Ginseng-All kinds, Glucosamine sulfate/Chondroitin Sulfate, Green Tea, Melatonin, SAMe, Saw Palmetto, St. John’s Wart, Vitamin E, and Weight Loss Supplements.

STOP Energy or Sport Drinks
There are now many soft drinks, energy drinks or sports drinks that have added supplements like Ginseng and high doses of vitamins. It is best to stop using these before surgery because of the possibility that the vitamins or herbs may interfere with medications you will receive at St. Vincent Orthopedic and Spine Center.

Ask your surgeon or the hospitalist staff about any supplements if you are unsure.

Vitamins can interfere with your body’s ability to stop bleeding and can react with other medications you may receive the day of surgery.

STOP Taking ANY Weight Loss Supplements
(Prescription or over the counter)
Weight loss supplements contain chemicals that can raise your blood pressure and your heart rate during surgery and may cause lung problems with anesthesia.
Anesthesia Recommendations

No Food or Drink after Midnight
An empty stomach protects your lungs during and after surgery. This also means no gum, no mints, no hard candies. Your surgery may have to be rescheduled if you have eaten or had something to drink unless instructed to do so by the surgeon, the hospital staff or anesthesiologist.

Stop Smoking and All Tobacco Use
Smoking and nicotine can increase your risk for infection after surgery and can have a negative effect on your body’s ability to heal wounds. Do not smoke the day of your surgery.

Alcohol or Street Drugs
These substances can interfere with anesthesia and may cause significant side effects as you recover from surgery.

CPAP
If you use a CPAP machine, please bring it with you to the hospital.

Inhalers
Please bring your inhaler to the hospital the day of surgery. The anesthesiologist will instruct you how to use it before surgery.

Pacemaker or Defibrillator
Please bring all information about your pacemaker or defibrillator to the hospital (including the card given to you by your cardiologist).

Call Your Surgeon
If there are any changes in your health before surgery such as chest pain, flu like symptoms, a fever, a skin infection, rash or a new illness, please call your surgeon right away.

Arrange for a Driver
You cannot drive home after any kind of anesthesia or sedation, including surgery. You cannot go home by taxi unless someone other than the taxi driver is present.
Preparing For After Surgery

It is very important to plan ahead for your needs at home after surgery. The following is a list of things to do before you have your surgery.

Prepare Your Home

- Remove all loose scatter type rugs. These increase your risk for slipping and falling at home.
- Find a FIRM chair with arms that you will use after surgery. It is very difficult to get in and out of soft chairs or chairs with no arms after surgery.
- Minimize obstructions that may cause you to trip or stumble (cords, wires, toys, etc).
- Make sure you have handrails in the bathroom near the toilet and in the shower. Check with your surgeon about when you may shower after surgery.
- Get your cleaning done before surgery. You won’t have the energy or the interest to clean for a while after your surgery.
- Do your grocery shopping before surgery. Plan your meals for two weeks and make sure you have lots of nutritious foods, like vegetables and fruits, available. If you are usually bothered by nausea after surgery, be sure to have ginger ale or 7 Up, as well as soda crackers. Gatorade is an easy way to maintain fluids and keep electrolytes balanced.
- Arrange for help from family and friends. You will need help with bathing, dressing, even walking for the first few days you are home.

Plan for the Unexpected

Place your surgeon’s phone number by the phone. When there is an unexpected problem, it can be difficult to find what you need.

Call 911 for any medical emergencies like chest pain, difficulty breathing or significant bleeding.

Make sure you have the phone number of a family member or friend who can come to your house for any non emergency needs.

Be sure you have your regular prescriptions filled and ready for you when you come home after your surgery.
Surgery Reminder Checklist

Admitting and Registration

☐ Are you registered for your hospital visit?

☐ Do you know your surgery time and arrival time? Typical arrival time is two hours before your scheduled surgery time. If unsure, please call your surgeon's office.

☐ Has your physician's surgery scheduler confirmed pre-authorization with your insurance?

Clinical Assessment

☐ Have you completed any lab testing and/or medical evaluation if ordered by your surgeon?

☐ Do you know what medications to take and which ones not to take leading up to the day of your surgery?

Patient Education Review

☐ Do you know what to expect during your surgery, hospitalization and recovery? Please write down and discuss any questions you have with your surgeon before surgery.

☐ Do you understand pain management and how to prevent complications?

☐ Have you modified your home for safety as discussed in this booklet?

☐ Do you have a family member or a friend who will be able to transport you home when you are released from the hospital? Patients are not allowed to drive themselves home after surgery.

☐ Have you arranged for family or friends to check on you after you are released from the hospital?

Other needs:

☐ Did you learn about your pre-and post-operative activities/exercises?

☐ Do you understand the role you will play in your physical therapy program?

Do not bring cash over $5, keys, credit cards, jewelry or any valuables, to the hospital the day of your surgery.

NOTES:

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Overnight Stay Recommendations

Items to Bring

☐ Toiletries, such as toothbrush, toothpaste, deodorant, comb/brush

☐ Paperwork: picture ID, insurance card, proof of legal guardianship/power of attorney if applicable

☐ Electric shaver (instead of razor with razor blade) if planning to shave

☐ Loose fitting comfortable clothes such as shorts, T-shirt, flat rubber-soled shoes, not slippers

☐ Walker or crutches that you already have and plan to use. (Please label with your name and bring in with your when you arrive for surgery)

☐ Orthotics or braces you normally wear when walking

☐ Containers labeled with your name for items such as glasses, contacts, dentures, hearing aids

☐ CPAP or BiPAP machine if you use one while sleeping at night

☐ Check with your surgeon about any braces, splints or cold-water cooling devices you have used before that might be used again

☐ Medications such as inhalers and eye drops

☐ Pacemaker or defibrillator information

☐ Positive attitude and a desire to return to a more acceptable lifestyle

Optional

☐ Reading materials

☐ CD player with headphones and your favorite music (relaxing music helps with pain control)

☐ Advance directives, living will, or health care representative form

If you have been provided a pre-operative educational binder, please bring the binder, your insurance card and insurance information to any pre-surgery visits.
Safe Patient Practices

At St. Vincent, we are dedicated to serving you and your loved ones. In doing so, we have necessary tasks that must be carried out to ensure your safety while you are under our care. We need to make sure we create the safest environment possible for YOU.

HIPAA (Health Insurance Portability and Accountability Act)
Rest assured all your information is confidential. Your health information is protected under the health information privacy laws.

Hand Washing
Frequent hand washing is the most effective way to prevent the spread of infection. Our hand washing policy (including hand foam/gel) for associates protects YOU, the patient, as you go through many different areas in the hospital. Please feel free to ask associates and your visitors to wash their hands at any time if you feel it is necessary.

Surgery
From the moment you arrive, we will ask you to confirm your name and date of birth MANY times throughout your stay with us. We will also look at and verify your identification bracelet and verify any allergies and significant health issues as well. Your surgeon will mark your surgery site at the area to be operated with a skin marker stating “yes”. These questions will be repeated many times for your safety throughout the surgical area.

Anesthesia
Your anesthesiologist will talk to you prior to your surgery. Please write down any questions you may have for your anesthesiologist so you will remember to ask them on the day of your surgery.

No Eating/Drinking/Smoking Before Anesthesia
It is important to keep your stomach as empty as possible to protect your lungs during and after surgery. Cigarettes, alcohol and street drugs can change the way anesthetic medicine works for you during surgery. Please provide accurate information so we can provide you a safe anesthetic environment.

St. Vincent Health Honored among the 15 Best Health Systems in the Nation.

*Indianapolis Star Online, Current in Fishers, Health News Digest Online, North Vernon Plain Dealer*

St. Vincent Health was identified in the Thomson Reuters 100 Top Hospitals: 15 Top Health Systems study as one of 15 best health systems in the nation. St. Vincent Health is the only one in Indiana and the Midwest to be honored in the large health system group.
Every part of your surgical experience requires coordinated efforts among many departments. Before you even enter the hospital there is a dedicated group of people who are preparing for YOUR arrival. All members of your care team are working to provide the best possible experience for you at St. Vincent.

You
You are the most important person on the care team. We need you to communicate openly about your needs, your questions and your concerns to other members of the care team so we can all work together toward a safe and successful surgery.

Your Surgeon
Your surgeon and staff oversee all phases of your surgery from the day you decide to have surgery until you are released from their care. Please ask questions about anything you don’t understand.

Anesthesiologists
Our staff anesthesiologists are board certified in anesthesia medicine and they work closely with your surgeon to provide you a safe and satisfying surgical experience. Our Acute Pain Service anesthesiologist may work with you and your surgeon to determine if a pain management procedure, typically done just before your surgery, is the right option for your pain management needs.

Ortho Spine Hospitalist Service (OSHS)
We have a specialized group of doctors, nurse practitioners, and physician assistants who may work closely with your surgeon and nursing staff before surgery and on the hospital unit to assist you in having the best possible outcome from your surgery.

Pharmacists
The pharmacy staff at St. Vincent coordinates your medications based on physician orders. They also monitor and educate you on your anticoagulation status and may also monitor your anticoagulation medications upon discharge.

Nursing
You will encounter a highly specialized and knowledgeable nursing staff throughout the hospital. The Surgery Evaluation Center nurses and staff will help make sure all necessary paperwork and testing are done prior to your surgery day. The pre-op nurses will get you ready for surgery; the surgical nurses will assist the surgeon throughout the surgery; and the recovery room nurses will ensure your safety after surgery. Once you arrive on the inpatient unit, you will be cared for by a dedicated nursing staff. We also have Patient Care Techs who are trained to assist the nurses with your care.

Physical Therapy
Physical therapists will care for you while you are here at St. Vincent and will instruct you on the proper and improper ways to move after surgery. They will assist you in completing your goals each day. You will also be instructed on exercises your surgeon would like you to perform after you are discharged from the hospital.

Care Manager
We have a specialized team of nurses who will work with you as needed to make the transition of leaving the hospital as smooth as possible. They work closely with you, your surgeon and nursing staff to help coordinate any discharge needs you may have.

Pastoral Care
At St. Vincent Orthopedic and Spine Center, your spiritual health is just as important to us as your physical health. There is a pastoral care associate available 24 hours a day. Please let a member of your care team know if you would like a pastoral care associate to visit you while you are here.

Behind the Scenes
There is a small army of other associates working hard to help make your surgery experience the best possible. These include registration/chart prep/scheduling associates, housekeeping, dieticians, surgery technicians, occupational therapists, orthopedic technicians, maintenance specialists, supply staff, surgery liaison associates and our volunteers all working together for YOU.
Pain Management

Less pain means less stress on your body and your body heals better with less stress. At the St. Vincent Orthopedic and Spine Center, effective pain management for all patients is a priority. Patients who have well managed pain have improved recovery from surgery and feel better during the recovery process.

Pain Management and Your Surgery
You may have two anesthesiologists assigned to your care. One will provide care in the operating room, and one may be dedicated exclusively to meeting your pain management needs. You will meet the pain management anesthesiologist, if applicable, before you go into surgery. Your medical history may be reviewed, pain management options will be discussed, and a pain management plan will be prescribed. Questions you may have about pain management can be discussed at this time.

Pain Assessment
Communication, assessment and evaluation are keys to managing your pain. Please tell your nurse if you are having pain. Do not wait until your pain is unbearable as oral medications take about 30 minutes to have an effect. The worse the pain, the harder it is to treat! Your nurse is your advocate and will work with you to provide you with the best plan possible.

Pain Scale
Your health care provider will ask you to rate your pain on a scale of 0 to 10, “0” meaning no pain at all, and “10” meaning the worst pain you can imagine. This scale is used both before and after pain medication has been given.

Other Possible Pain Solutions
Things that help you relax or distract you from your pain have been shown to help decrease pain after surgery and can improve the effectiveness of your pain medication. Activities including deep breathing, turning down the lights, listening to relaxation tapes or music, and watching TV or reading may help ease your pain. You may also try repositioning yourself, sitting in a chair, or a foot or hand massage. Different things may work for each person - don’t be afraid to experiment and find what works for you.

Cold therapy such as using ice packs or cold water sleeve devices can reduce swelling and pain after surgery. Your physician may prescribe cold therapy for you after surgery. Please check with your physician before starting any cold therapy.

Communication
It is important to tell us if you are having pain.
You will frequently be asked to rate your pain on a scale from 0 to 10.
0 = no pain
10 = the worst pain you can imagine

It is important to communicate early about your pain (when the pain starts) so we can quickly begin the appropriate pain strategies.
Since pain medicine may take 10 to 40 minutes to work, plan to ask for pain medication before physical therapy, before breathing exercises and before activities like turning in bed or going home.
**Blood Clot Prevention**

**Venous Thrombo Embolism (VTE) or blood clot**
The risk of developing a VTE increases when you have had surgery and are inactive. Therefore, both mechanical and pharmacological (medicinal) measures are taken to reduce that risk. These measures are based on your surgeon’s preference.

**Mechanical Prevention**
Ankle pumps and foot circles - your health care provider will remind you to perform these exercises frequently. Each of these increases the circulation throughout your lower leg.

Anti thrombotic hose - these are compression stockings that may be placed on one or both legs on your day of surgery to help control swelling and increase circulation to help reduce the risk of blood clots. Your surgeon may instruct you to wear these after you have returned home.

Walking - gentle activity, such as walking, helps to increase circulation. Be sure to follow any weight-bearing restrictions from your surgeon.

Intermittent Pneumatic Compression Device - this may be wrapped around the foot and/or lower leg and worn beginning in the operating room and may be continued on the nursing unit as well. Air is pumped into compartments of the wrap which gently compresses the foot or lower leg. This helps to mechanically move the blood along in your veins and is removed before getting out of bed.

**Medication Prevention**
Daily small injections of Lovenox or Arixtra may be prescribed right after surgery and continued a few more days after you are discharged to home. Your nurse will instruct you and your family about the process if it is ordered by your surgeon. Coumadin (Warfarin) or Xarelto (Rivaroxaban) pills may be prescribed daily following your surgery. Your surgeon will instruct you on length of time for treatment. You will have bloodwork associated with this treatment.

**Anticoagulation**
Your surgeon might decide you need to be on anticoagulation therapy after your surgery.

**What is an anticoagulant?**
Anti- means against, and –coagulant refers to blood clotting. Anticoagulants, also known as “blood thinners,” are used to help prevent blood clots and to treat blood clots that have already formed.

People who are ill, have heart problems, or have surgery are at higher risk of forming blood clots. When you are ill or have had surgery, you don’t move around as much, and this can cause blood clots to form in your vessels.

**What medication will I be on?**
There are different medications that can be used to help prevent blood clots, and your surgeon will determine which is best for you. Some of the medications used are aspirin, Coumadin, Lovenox, and Arixtra. If you are placed on one of these medications, your nurse will provide additional education.
WE WANT YOUR CARE AT ST. VINCENT TO BE EXCELLENT!

Excellent ✔ Pass
Very Good ☐ Fail
Good ☐ Fail
Fair ☐ Fail
Poor ☐ Fail

THE SPIRIT OF CARING®
Care Information

The orthopedic and spine nursing unit at St. Vincent is comprised of patient rooms located on the First and Second floors of the facility. The patients in these rooms typically have bone, joint or muscle problems.

Nurses and support staff are here to care for you 24 hours a day. Our management team is available to help you with your questions, concerns or special needs.

Manager (317) 338-5722
Clinical Supervisors Day (317) 338-9778
Night (317) 338-5711
Care Manager (317) 338-9026
Charge Nurse (317) 338-1749

Our Charge Nurse is available 24 hours a day, 7 days a week. Please call for any questions, concerns, comments or suggestions. There is also a St. Vincent Administration Representative available at all times who may be reached by calling the hospital operator (dial 0).

Visiting Hours
Visiting hours are flexible.
To provide the best care possible, we ask that family and friends who visit are respectful of all patients and their families.

One family member (18 years or older) may spend the night in the patient’s room. We do not allow visitors to spend the night in the lounges. A list of area lodgings can be found at the front of this booklet.

Meals
You will be able to select a variety of foods, appropriate to the diet ordered by your physician, from our room service menu. Our room service is available to you between the hours of 5:30 am – 8:30 pm. Remember, it takes approximately 45 minutes for meals to be delivered directly to you. If you are diabetic, the following are suggested meal times:

Breakfast 7:00 a.m. – 9:00 a.m.
Lunch 11:00 a.m. – 1:30 p.m.
Dinner 4:30 p.m. – 6:00 p.m.

Please let us know if you need a special diet. Kosher, vegetarian and calorie-or fat-restricted diets are available upon request. Registered dietitians are available to provide counseling and answer questions regarding hospital or home nutrition.

Drinks and some snacks are kept on the unit if you get hungry between meals. Just let us know your needs.

Chaplain
A Chaplain is available 24 hours a day. Please notify a member of your care team if you or your family member would like to talk with him/her.

Activity
Your physician will determine your activity orders. All patients need to do ankle pumps and incentive spirometry 10 times every hour while awake. As your strength and endurance improve, you will be able to get in and out of bed with minimal assistance. Until then, we will gladly assist you to the chair, to the bathroom or to walk in the hall. Please press your call button and wait for help.

Family members should plan to participate in the final Physical Therapy instruction on the discharge day.

Medication
The hospital purchases medications from a variety of drug companies, so the pills you take here may not look like the pills you take at home. Please ask your nurse if you have questions about the medications you are receiving.

We are unable to use any medications brought in from home. Please send home any medicines you may have brought with you.
As you go through the process of getting ready for surgery, going to surgery and recovering from surgery, you may encounter medical equipment, activities or procedures that are unfamiliar. Please check with your surgeon if you have any questions about the information presented in this section.

**Devices**

A pulse oximeter is a small clip placed on your finger to measure the oxygen carrying capacity in your blood. It helps to determine whether you will need supplemental oxygen.

An IV (intravenous) line is a small, sterile, plastic tubing through which fluids and necessary medicines are given. This is started before you go to the operating room.

TED hose are compression stockings that may be placed on both legs immediately after surgery to help control swelling in your legs.

Cooling devices are used to reduce swelling and to provide comfort, depending on your surgical site and your surgeon’s preference.

A drain may be placed near your surgical site as your surgeon closes the incision. This provides an outlet for any excess bleeding or drainage.

**You may have the following:**

- A catheter may be placed in your bladder during surgery to assist you in emptying your bladder after surgery. If you are able to use a bedside commode or get to the bathroom with assistance, the catheter is usually removed the day following surgery.

- An incentive spirometer is used for breathing exercises to be done on a regular basis following surgery. This helps to prevent a low-grade post-operative fever that sometimes occurs from lying flat on the back with slow, shallow breathing. It also helps to prevent respiratory complications by restoring your regular breathing rhythm.
Safety

Your safety is incredibly important for you to progress toward your maximum physical functioning. SAFETY is everyone’s concern including your own.

Be sure to push your call button while you are at the bedside or pull the call cord in the bathroom and WAIT for someone to come to assist you in the activity you need. There is a slight delay between calling for the nurse and the page being sent out. Our goal is to answer your call promptly and meet your needs!

Skylight Instructional Television

Being a partner in your care team, you need education and information. Needed education can be obtained by watching the Skylight Instructional Videos which are found on your television menu. Information about admission, discharge, medications which you may need to take at home after discharge, and about your surgery are located here. Please ask for help if you have a difficult time finding the videos you need.

Bedside Report

Another way to keep you and your family up-to-date is by the registered nursing staff having shift-to-shift reporting at your bedside. This should happen at least twice daily. This method of shift report lets everyone concerned with your care, including you, know what is happening as well as gives everyone a chance to add information to the report.

Rounding

In an attempt to be pro-active in meeting your needs, the care team does Bedside Rounding on all patients. Between 6 a.m. – 10 p.m., rounding is done approximately every 60 - 90 minutes. From 10 p.m. – 6 a.m., rounding is done approximately every two hours. The care team specifically will ask about your pain level and assisting you into a different position to avoid several potential post-operative complications. They will also see if you have important possessions or needed items in your reach and to see if you need time in the bathroom. The care team will also address other needs that you may have during this time too. You may also be visited by a nursing leader and/or a patient experience representative.

Computerized Charting and Medication Bar Code Scanning

These two high-tech processes help to keep you safe! Computerized charting can be completed at the bedside where your care team can continue to gather more details from you to better care for you. The medication bar code scanning is a detailed check to help make sure the correct medicines are getting to the correct patient. Some of the hospital medicines may look different than those you take at home because of coming from different suppliers. PLEASE ask if you have any questions regarding your medicines.

Fall Prevention

• Remove all obstacles from the floor such as loose throw rugs, electrical cords, and clutter
• Install railings next to the tub and toilet
• Do not wear backless shoes or slippers
• Use 100-watt bulbs in place of low-level lighting
• Review all medications with your doctor as many medications can cause dizziness and increase the risk of falling
• Participate in activities that enhance your balance, flexibility and strength (with your doctor’s approval)
Medications After Surgery

Prescription Medications
The nursing staff can provide guidance about resuming your medications upon discharge. Here are some additional recommendations:

Insulin or Pills for Diabetes
Diabetic patients are advised to check with the physician that manages their diabetes if they are uncertain how to resume taking their medications for blood sugar after surgery.

Blood Thinners
Patients taking Coumadin, Lovenox, Arixtra, Xarelto, Aspirin, Plavix, Effient, Brilinta, Pradaxa or any medication prescribed to prevent blood clots should have clear instructions on how to take the medication, how long to take the medication, and when to contact their physician. If you notice blood in your bowel movements or urine, or are having frequent bloody noses, contact your surgeon right away.

Blood Pressure and Heart Medications
Patients should resume their medications for blood pressure or heart disease unless told otherwise by their cardiologist or physician.

Pain Medications
You may be given a prescription for some type of pain medication to take at home after your surgery. It is very important to take this medication only as directed.

Types of Pain Medication

Opioids
(Norco, Vicodin, Percocet)
These medications are for severe pain and are to be used only as directed. Many patients worry about addiction to these types of medications but addiction is unlikely in patients who have never had a medication addiction problem.

Anti-Inflammatories
(Celebrex, Naproxen, Advil, Aleve, Ibuprofen, Toradol)
They are to be used only if directed by your surgeon. These medications can cause bleeding problems and stomach irritation, as well as constipation.

Vitamins/Supplements
You may take your vitamins and other herbal type supplements after surgery unless your surgeon instructs you otherwise.

If you are not sure about medications after surgery, please call your physician.
When to Call Your Doctor

Your surgeon will review your surgical findings and recovery plan with your family or friends right after surgery but may not review them with you until your first or second post-operative office visit.

The following information is to be used as a guideline only. If you were given specific printed instructions from your surgeon, please refer to those instructions first.

- If you are experiencing chest pain or severe shortness of breath, call 911.
- If you are experiencing bleeding that won’t stop, call your surgeon immediately.
- If you are concerned about the appearance of your incision, (increased redness, etc) call your surgeon to discuss.
- If you have a fever over 101.5 degrees, notify your surgeon.
- If you are having side effects from any of your medications such as a rash, itching, nausea or vomiting, call your surgeon immediately.
- If you fall or feel you may have reinjured your surgical area, call your surgeon for instructions.
- If you are feeling constant numbness, swelling or increased pain in the arm or leg that had surgery, call your surgeon.
- If you have pain, tenderness or swelling in your calf (lower leg), call your surgeon immediately.

If you were given specific instructions by your surgeon, please refer to those first.
Home Safety Tips: Preparing Your Home

There are many things that you can do before surgery to make your recovery easier and safer. Preparing your home before surgery makes less work for you and your family while you are in the hospital and also makes your discharge smoother.

Storage to Avoid Reaching
- Stock up on canned and frozen food.
- Store all food and other supplies between your waist and shoulder level, to make them easier to reach.
- Have someone remove your frequently used items from top shelves and bottom cabinets and place on the countertop in the kitchen.
- Do not use step stools or reach for objects on your tiptoes.

Rearrange Things for Easy Access
- If you normally sleep on the second level of your house, it is best that you go upstairs only one time each day if permitted by your surgeon.
- Prepare a room on the first floor with all the needed supplies so that you can rest during the day.
- Place the phone within reach.
- Make sure you have a good night light that is easily accessible.
- Attach a bag or lightweight basket to your walker to carry lightweight items.

Rugs and Other Clutter
- Remove any throw rugs in your house so that walking will be safer during your recovery.
- Look around the room for electrical cords, footstools, pets and other obstacles that may be a safety hazard after surgery.
- Rearrange furniture to allow enough clearance for your walker or crutches.
- Make sure you can secure your pets away from you while you are walking.

Arrange for Help
- Make arrangements to have someone stay with you, especially at night.
- You will not be able to drive for at least a few weeks.
- Ask a friend or family member if they will be able to buy groceries, run errands for you, and drive you to appointments.
- You will also need help with cooking, bathing and exercises.
- Make arrangements to have enough ice at home for your cryocuff.

Maggie Jones, DPT
Physical Therapist
Healthy Lifestyle Changes

Changing your lifestyle to improve your health is one of the best gifts you can give yourself! St. Vincent offers many programs to give you the information, support and encouragement you will need to be successful.

Call (317) 338-CARE [2273] or toll free (888) 338-CARE for more information about these and other programs offered through St. Vincent. The CARE Line is available Monday through Friday, 8 a.m. - 7 p.m., closed Saturday and Sunday.

Mental Health/Substance Abuse

Some things get too big for one person or family to handle. For those times when help is needed for mental health or substance abuse issues, St. Vincent Stress Center is there. St. Vincent Stress Center has helped thousands of people overcome depression, anxiety and addiction. Programs are available for people of all ages, from children to seniors. Treatment is confidential and designed to help you recover-body, mind and spirit. For the most trusted provider of mental health services in the area, call St. Vincent Stress Center at (317) 338-4800.

Tobacco Cessation

Tobacco use inhibits wound healing in patients who require surgery. You can join the more than 46 million Americans who have quit smoking for good. If you are concerned about weight gain, consider this...you would have to gain 100 to 150 pounds after quitting to make your health risks as high as when you smoked.

When you smoke a cigarette, poisonous chemicals such as carbon monoxide are inhaled directly into your body. These chemicals have many adverse effects on your health. Bones and body strength are particularly affected. Smoking decreases the amount of oxygen in your blood. The lack of oxygen in the blood stream limits the benefits obtained from exercise. Smoking also affects hormonal output which results in a loss of bone density. This can eventually lead to osteoporosis, a disease which causes bones to become weak and more prone to fractures. In addition to breaking down existing bones, smoking inhibits the formation of new bone.

Smoking also compromises the immune system, which increases the risk of a post-operative infection, slows healing, and increases your risk of pneumonia.

Cigarette smoking decreases the chances of having a successful surgical outcome. Quitting before surgery will reduce all the associated risks and increase the likelihood of obtaining the best results. If you have stopped smoking, we applaud your continued efforts not to smoke. If you are currently smoking, we encourage you to stop. Please discuss with your physician for the best way for you to stop smoking.

Where can I go for support?

- **Indiana Tobacco Quitline**
  1-800-QUIT-NOW
  The **INDIANA TOBACCO QUITLINE** is a highly effective, evidence-based tobacco cessation program available by phone to Indiana residents. The **INDIANA TOBACCO QUITLINE offers:**
  - Free information on quitting tobacco
  - One-to-one, proactive telephone counseling, with a Quit Coach.
  - Referrals to local cessation programs and services in your community.

- **Smokefree.gov**
  Phone: 1-800-784-8669
  Web Address: www.smokefree.gov

- **American Lung Association**
  1301 Pennsylvania Ave. NW, Suite 800
  Washington, DC, 20004
  Phone: 1-212-315-8700
  Phone: 1-800-548-8252
  Web Address: http://www.lungusa.org

- **American Cancer Society**
  Phone: 1-800-227-2345
  Web Address: http://www.cancer.org

- **American Heart Association National Center**
  7272 Greenville Avenue
  Dallas, TX  75231-4596
  Phone: 1-800-242-8721
  Web Address: http://www.americanheart.org
Healthy Lifestyle Changes

Water Aerobics
The soothing warmth and buoyancy of warm water makes it a safe, ideal environment for relieving arthritis pain. A warm water exercise program supports the joints, lessens stress, allows free movement, and provides mild resistance to help build muscle strength. Water exercise programs also feature the added benefit of increased energy, improved circulation, and a sense of accomplishment.

To learn about warm water exercise programs in your area, contact the Arthritis Foundation, Indiana Chapter at (317) 879-0321. As with any exercise regimen, consult your physician before beginning a water exercise program.

Sports Medicine Services
St. Vincent Sports Performance is the largest, hospital-based, sports medicine program in the state of Indiana. Our member physicians include orthopedists, family practice and internal medicine physicians. Our physicians, certified athletic trainers, sport dietitians and sport psychologists provide sports performance services to over 60 professional teams, universities, high school, junior highs, clubs and organizations. Athletes from across the globe come to Indianapolis for the comprehensive performance and medical expertise provided by St. Vincent Sports Performance. Among their clients, St. Vincent Sports Performance counts U.S.A. Diving, Gymnastics, Synchronized Swimming, and Track & Field national teams. For more information, call (317) 415-5747 or visit DefiningSportsPerformance.com.

give.stvincent.org

Who’s your caring angel?
The Caring Angel Program: a meaningful way to thank your caregiver.

Would you like to thank someone special who’s cared for you or a loved one at St.Vincent? Through our Caring Angel Program, your tax-deductible gift helps St.Vincent provide needed services, technology, equipment and programs for patients and their families — while thanking the associates who provide unconditional care. Call 317-338-GIVE (4483) or visit give.stvincent.org for more information.
Nutrition

High Fiber Diet

Why Follow a High Fiber Diet?
By incorporating a high fiber diet into your lifestyle, you can help prevent and treat constipation. For some people, it may also help to lower blood cholesterol and control blood sugar levels. A high-fiber diet provides 20-35 grams of fiber per day.

Important Points to Keep in Mind
• The foods that supply the most fiber are: whole-grain breads and cereals, grains, fruits and vegetables.
• As you add more fiber to your diet, do it gradually. Too much fiber added too quickly may cause gas, cramping, bloating or diarrhea.
• Drink plenty of fluids, at least eight glasses every day.

Sample Menu for a Diet High in Fiber

Breakfast
• Grapefruit
• Whole-grain cereal with raisins
• Whole-grain toast with margarine and jam
• Milk and coffee or tea

Lunch
• Split pea soup with whole wheat crackers
• Hamburger with mustard, ketchup, sliced tomato, onion and lettuce
• Fresh fruit salad
• Water

Snack
• Bran muffin
• Milk

Dinner
• Tossed salad with vinegar and oil dressing
• Broiled chicken breast
• Herbed brown rice
• Steamed broccoli
• Whole-grain roll with margarine
• Low-fat frozen yogurt with fresh blueberries
• Iced tea with lemon

St. Vincent dieticians are happy to answer your questions. Just call (317) 338-2114.
Nutrition Therapy for Anemia

Eat More Foods Containing Iron

Animal Sources
- Beef
- Poultry
- Liver
- Eggs
- Sardines
- Canned Tuna
- Oysters
- Pork

Grain Sources
Enriched or Whole Grain:
- Breads
- Cereals
- Tortillas
- Cream of Wheat
- Oatmeal

Vegetable Sources
- Pinto Beans
- Lima Beans
- Navy Beans
- Kidney Beans
- Lentils
- Peas
- Potatoes
- Dark green, leafy vegetables
- Strawberries
- Prune Juice

More Ways to Add Iron to Your Diet
- If taking an iron supplement, do not take with milk or cheese
- Drink citrus juices with your meals
- Mix infant cereal into citrus juice

Eat More Foods Containing Folic Acid

Animal Sources
- Meat
- Fish
- Liver
- Eggs
- Milk

Grain Sources
- Soybeans
- Dry Beans
- Wheat Germ

Vegetable Sources
- Tomatoes
- Romaine Lettuce
- Spinach
- Oranges
- Bananas
Planning for Discharge

A word about insurance and planning for discharge
Coverage of services is determined by your insurance plan.* Medicare covers selected services after discharge. Private and supplemental insurance plans may require the use of a preferred provider. Please contact your insurance customer service or benefits representative to determine your covered benefits and preferred providers. Using a preferred provider will maximize your insurance benefit. This phone number is usually printed on your insurance card. For Medicare questions, call 1-800-MEDICARE.

*Coverage of services is based on medical necessity. Medical necessity is determined by your insurance plan administrator. Generally, this is not determined until the claim is filed and reviewed by your insurance provider.

Financial Assistance
The Social Worker or Financial Counselor can assist you in obtaining information about various federal, state and local financial assistance agencies. These agencies can answer questions regarding applying for Social Security Disability, food stamps and other assistance programs.

Financial assistance and referrals are handled on an individual case basis. Questions about your hospital bill should be referred to a Financial Counselor at (317) 338-9898 or 1-866-884-2457.

The Social Worker may be contacted through the Social Services Department at (317) 338-2205.

Discharge Planning
We want you and your family to understand the care you will need after you go home. The staff will begin your discharge teaching at your Pre-Surgery Visit to the hospital! Please let us know if we can help you with any additional health education needs that you may require.

Discharge Time
Please make arrangements for someone to be available to transport you on your day of dismissal so that you may arrive and settle in prior to the doctor’s office closing just in case you have questions.

Special Services
If you have hearing or visual impairments or other special needs that we can help with, please let us know. Signing and language interpreters, TTY’s and many other services are available.

Care Managers
Care Managers are registered nurses (RNs) who specialize in helping patients and families plan for discharge from the hospital. A Care Manager will not make decisions for you and your family, but will provide information that will allow you to make the best decision about your care after discharge. In addition, your insurance company may contact your Care Manager if there are questions about your hospital stay.

Your surgeon will determine when you will be released from the hospital.

Please have your transportation and care arranged to leave the hospital prior to your discharge date.

For additional questions, please call a Care Manager at (317) 338-9026.

Transportation
The Care Manager can provide a list of local ambulance companies should it be necessary for you to leave the hospital via a stretcher. There is no guarantee of reimbursement from Medicare, Medicaid or private insurance companies, even if your physician has ordered the ambulance. As with all medical expenses, the charges are subject to review, and you will be responsible for any charges not covered.
Wheelchair accessible vans are also available if you are able to leave the hospital using a wheelchair. Wheelchair van transport is not covered by Medicare and is rarely covered by private insurance companies. The Care Manager can provide you with a list of wheelchair van transport companies.

In either case, it is suggested that a family member transfer all personal belongings if possible.

**Skilled Nursing Facilities/Rehabilitation Units**

If you need additional rehabilitation after your acute hospital stay, your Care Manager will assist you. There are different levels of care available, including skilled and intermediate care facilities, transitional care units and rehabilitation hospitals. Placement is determined by the level of care you need (medical necessity), physician orders, bed availability and payment source. These units provide 24-hour-a-day care for patients.

When it becomes apparent that you will have care needs that cannot be provided at home, the Care Manager will begin to assist you and your family in making arrangements. The Care Manager will review the physician’s recommendations, physical therapy progress, and your care needs to determine the level of care required.

Because the timeline for selecting a facility can be very short, it is very important that you and your family discuss potential choices prior to your surgery in the event that a transfer is necessary. The Care Manager can provide you with a list of facilities to visit and tour prior to your hospitalization. A specific appointment time is not required, but it is advisable to contact the facility prior to visiting to ensure that a bed is open for admission and that someone will be available to answer your questions. If possible please pick two or three facilities in case your first choice does not have a bed available.

**Durable Medical Equipment (DME)**

The Care Manager will review your medical record and visit with you to discuss any equipment needs, and assist you in obtaining any **durable medical equipment** (DME) you will need at home after discharge. Durable medical equipment may include walkers, crutches, and 3-in-1 commodes. DME can be delivered to the hospital or your home. The Care Manager will offer you many options regarding where to purchase required DME, one of which includes a DME company that has an agreement with St. Vincent Hospital and can deliver your needed equipment to you before you are discharged from the hospital. Or, you may obtain a prescription from your physician and obtain equipment before surgery.

A physician’s order is usually required for DME. Your insurance company’s guidelines will determine reimbursement. Insurance coverage is determined by benefits available and medical necessity as determined by your insurance plan administrator. Medicare and Medicaid have specific criteria for DME coverage. **Equipment recommended by your health care team may not be covered by your insurance plan.**

**Outpatient Services**

Many patients will continue their physical therapy at an outpatient location. These patients may also require outpatient laboratory services. Please locate an outpatient physical therapy clinic and medical laboratory that would be convenient, if this is appropriate for you. Generally, most patients use a Home Care Agency for these services.

**Home Health Care**

Some patients will need more care at home than their families can provide. Home visits from a registered nurse or physical therapist are covered by Medicare, Medicaid and many private insurance companies if you have skilled care needs and are considered homebound. Home health care requires a physician order.

Some patients will need assistance with bathing, meal preparation and light housekeeping after discharge from the hospital. Medicare, Medicaid and private insurance companies may cover a few hours of this service either daily or every few days if it is needed in conjunction with skilled nursing visits. As
a rule, Medicare, Medicaid or private insurance **do not** cover custodial care or extended care hours.

**St. Vincent Home Care**  
(317) 338-9696  
1-877-287-4663

**Bringing the Spirit of Caring to Your Home**  
St. Vincent Home Care is committed to participating in your care after you go home. For more than 20 years, St. Vincent Home Care has been providing traditional home health care and high-tech services throughout Central Indiana. We are licensed by the Indiana State Department of Health, certified as a Medicare and Medicaid provider and accredited by The Joint Commission. Under an order from your physician, a St. Vincent Home Care registered nurse or physical therapist will develop a plan of care with you to help regain your independence. Please tell your physician or Care Manager if you would like St. Vincent Home Care to participate in your recovery. We look forward to working with YOU!

**Home-Delivered Meals (Meals on Wheels)**  
You may qualify for delivered meal service if you are unable to prepare or shop for food. Service is limited and not available in all locations. Your Care Manager can assist you by identifying services that are available in your area. There is a charge for the delivered meals.

You may find it more feasible to purchase nutritious frozen dinners prior to your surgery to have available when you return home. Local grocery stores may deliver for an added charge.

Thank you for choosing St. Vincent for your care.
The Spirit of Caring is alive at St. Vincent, represented by the three doves of our logo, flying proudly in an integrated formation, depicting the three aspects of holistic healing - body, mind and spirit. We strive to deliver to our patients and families extraordinary patient care every day, with the three doves as our guiding symbol.

As a member of Ascension health and St. Vincent Health, we are called to:

**Service of the Poor**
Generosity of spirit for persons most in need

**Reverence**
Respect and compassion for the dignity and diversity of life

**Integrity**
Inspiring trust through personal leadership

**Wisdom**
Integrating excellence and stewardship

**Creativity**
Courageous innovation

**Dedication**
Affirming the hope and joy of our ministry
Total Knee Replacement Surgery
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## Total Knee Replacement Surgery

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Total Knee Replacement
Total joint replacement is one of the greatest orthopaedic surgical advances of this century. During this procedure, an orthopaedic surgeon replaces an arthritic or damaged joint with an artificial joint, called a prosthesis. In 2006, there were 497,000 knee replacements (HCUP Nationwide In-patient Sample). Currently, 95% of prostheses are lasting for more than 15 years, as newer bearing surfaces allow most prostheses to last longer.

Some of the conditions that lead to surgery include:

- **Osteoarthritis** in which the cartilage that normally cushions the bones begins to wear down, leaving the bones to rub together while causing pain. Osteoarthritis results from aging and general wear and tear, and occurs most often in the hips, spine, knees, ankles, toes and fingers - the joints that you use most often.

- **Rheumatoid arthritis** occurs when the body’s own immune system attacks the synovial lining of the joints that produces synovial fluid. Synovial fluid is a clear, smooth oil-like lubricating liquid that makes it easier for the joints to move. The loss of synovium causes destruction of the joint.

- **Traumatic arthritis** results when the joint wears out because of a previous injury.

Other conditions which cause similar damage and may lead to total joint replacement include **congenital birth defects** and **avascular necrosis** (diseased bone from poor blood supply).

All these arthritic conditions result in pain, stiffness, swelling, and the loss of motion that progress over time, affecting your ability to perform activities of daily living.
Living with arthritis involves adjusting to and managing the pain

Although there is no cure for osteoarthritis, conservative measures such as proper diet with weight loss, physical therapy, exercise, therapeutic joint injections, joint protection by wearing a brace, and medications often help to alleviate the pain. When these treatments fail, the answer for many patients is total joint replacement.

If joint replacement is recommended, patients can expect significant relief from pain — often dramatically. Motion of the joint will also improve. The extent of improvement will depend upon how stiff the joint was before the operation.

What is done during Total Joint Replacement Surgery?

After you have been prepared for surgery and given an anesthetic, the surgeon will make an incision. It is needed to expose the ends of both bones so that the surgeon can reach the areas needed during the surgery. Using special instruments, the damaged ends of the bones are removed and shaped to accept the prosthesis. Bone cement may or may not be used to hold the prosthesis in place, depending on the condition of your bones and the preference of your surgeon. Please refer to the last page for a list of websites to learn more about total joint replacement.

Research

Participation in research and outcome assessments enables both patients and physicians to play an important role in improving specialized care. Therefore, your physician may inform you of any current research studies in which your participation is optional.
Joint replacement is also called joint arthroplasty. The surfaces in the joint where the bones meet are resurfaced. There is very minimal to no risk that your body will reject these components. Types of joint replacements include:

**Total Knee Replacement Options**

- **Total Knee Replacement (TKR, TKA)**
  All three compartments of the knee are resurfaced, usually including the undersurface of the patella (knee cap).

- **Revision of Total Knee Replacement**: A re-operation on a previously performed total knee which has worn out or become loose. Part or all of the previous implant is removed and replaced with a new one.

- **Partial Knee Replacement (Unicompartmental Knee Replacement or Patellofemoral Replacement)**
  Partial joint resurfacing where one part of the knee is diseased and therefore replaced, and the part of the knee that is not diseased is not replaced.

- **Bilateral—Partial or Total Knee Replacements**: Both knees are replaced during the same surgery.

**Types of Incisions**

Incisions will be as long as necessary, but as short as possible to ensure proper placement of your prosthesis. Minimally invasive techniques may be used when appropriate. The decision to use the minimally invasive approach is determined by your body weight, bony deformity, and surgeon preference. Previous scars will often be used so as to not compromise the healing process.

**Most knee replacement patients are expected to be safe to return home in 2-3 days.**

If you have not met discharge criteria by day 3, you may go to an in-patient rehabilitation unit prior to going home. Make sure family, neighbors, and friends know when you’re coming home. You may not need someone with you 24/7.
Possible complications associated with total joint replacement surgery

There are always risks involved in any surgery and should be discussed with your surgeon. Although joint replacement surgery is quite safe and predictable, you should be aware of the following potential complications which include:

**Infection**
Certain medical conditions or lifestyles can increase the risk of infection, including obesity, diabetes, nicotine or alcohol abuse, immune suppression, chronic anemia.

The following precautions should help to reduce the risk of infection:

- Intravenous antibiotics before, during, and after surgery.
- Laminar airflow system in the operating room that minimizes the bacteria in the air.
- Complete any dental work before your surgery.
- Good nutritional intake.
- Blood sugar control for diabetics.
- Frequent hand washing.
- Stop the use of nicotine (smoking or chewing tobacco).

**Blood clots in the legs**
*(VTE: Venous Thrombo Embolism)*
caused by decreased activity and swelling (1 or 2 in 100 occurrence). You may be treated with a blood thinner to lower this risk. Depending on where the clot is located, you may need to be readmitted to the hospital for intravenous blood thinners.

**Blood clots in the lungs**
*(Pulmonary Embolism; PE)*
The clot can travel to your heart or lungs causing a heart attack or even death. If you experience sudden shortness of breath and chest pain, go to the nearest emergency room or call 911. This complication is extremely rare, occurring in approximately 1 in 1,000 patients.

**Blood loss requiring a transfusion**

- Females over 60 years old are at a slightly higher risk.
- Your surgeon will take precautions during your surgery to minimize blood loss.
Leg length discrepancy
Your surgeon will do everything possible to equalize your leg lengths, depending on what needs to be done in surgery in order to ensure a stable and well functioning prosthesis. Correcting this with a small lift inside your shoe is better than an unstable prosthesis.

Stiff knee
• Do not skip physical therapy sessions or exercises recommended by your surgeon.
• Place a pillow under your heel (not the knee) so that the knee can straighten out more while resting.

Neurovascular damage
• Numbness and weakness or persistent pain in the leg and foot (1 in 1,000).
• Rare loss of muscle function. The risk is higher when the joint replacement surgery involves straightening a severely “knock-kneed” knee. Nerve injuries of this type can lead to a “foot drop” or the inability to raise your ankles or toes.
• An area of numbness in the skin surrounding the surgical scar is normal. Over time, this area of numbness may decrease, while a small portion closer to the scar may be permanent. This “superficial” skin numbness does not interfere with the function of the leg or knee.

Loosening of the prosthesis
This can happen over time and may require a revision surgery to repair.

Dislocation of the joint prosthesis or fractures (femur, tibia) Observe all precautions to help reduce the risk of dislocation. These will be taught to you by your physical therapist.

Abnormal or heavy wear
As wear over time may not cause any symptoms, routine X-rays are taken periodically to determine whether replacement of the weight-bearing surface is required.

Complication of general anesthesia could result in death.
Therapy
“Pre-habilitation” Exercise Program
Before Surgery

Getting Started - Today

One of the keys to a successful outcome from surgery is starting an exercise program before surgery. This gives you a head start on strength and flexibility and improves circulation. These exercises have been developed specifically for joint replacement patients and should be done 2 to 3 times a day. They are similar to the exercises you will do after surgery, unless your surgeon has provided you with his own specific set.

• These exercises do not require any special equipment and can be done lying in bed, on a couch, and sitting in a chair.

• Any exercises that cause additional leg, hip or back pain should either be adjusted or discontinued.

To Begin…..

• Start with 10 repetitions of each exercise. Gradually increase this by 1-2 repetitions each day as tolerated until you can perform a total of 20-30 repetitions of each exercise. Continue with 20-30 repetitions of each exercise until your surgery.

• Take short rest periods between exercises if needed (1 to 2 minutes).

• Use slow, steady movements while exercising.

• Take slow deep breaths while exercising. Breathe out during the most difficult part of the exercise. Counting your repetitions out loud can help you remember to breathe.

• Do not over-exert yourself. Over-exerting is when you are not able to carry on a conversation while doing the exercise.

• Do not exercise in a cold room.

• There may be a limit to the movement available in your arthritic joint while exercising before surgery. This limitation is signaled by pain, so stay within the limits of your pain tolerance.

• You may start with just a few repetitions, or modify the exercise, or stop doing it altogether if pain continues.
Welcome to the St. Vincent Center for Joint Replacement rehabilitation program. St. Vincent Rehabilitation Services is committed to providing you with the resources and information you need to help you prepare for your surgery.

The following suggestions will assist you in your preparation.

• Understand the important role YOU play in your recovery. Determine to do your best in physical therapy. The success of this surgery requires effort and YOU are a vital part of the rehabilitation team.

• Start the exercise program as soon as possible. Improving your muscle strength before surgery can decrease the time and effort you spend recovering after your surgery.

• Review the home safety tips found in this section and inspect your home environment prior to your surgery. Arrange for the necessary changes to your home environment prior to your return home from the hospital. This will ensure your safety as you recover at home.

• Please call St. Vincent Rehabilitation Services at (317) 338-2269 with any questions or concerns.

We look forward to working with you to make your recovery a success.

Sincerely,

St. Vincent Rehabilitation Team
Pre-operative Upper Extremity Exercises

These exercises are designed to improve the strength of your arms and upper trunk muscles. You will use these muscles when using a walker or crutches to get around.

1. Tie a knot in the Thera-band about 5 inches from the end. Put the knot in the door jamb and close the door. Stand facing the door with your arm at your side.

2. Lie on your back. Hold a soup can in each hand. Bend your elbow and bring the soup can toward your shoulder. Hold for 5 seconds and then slowly straighten your arm out completely.

Keeping your elbow straight, pull the band back with a slow controlled motion. Hold five seconds and then release back towards the door slowly with control. Do not let the band snap back during this exercise.
Knee Replacement Exercises

Perform 10 - 30 repetitions of each exercise two times daily.

These exercises are designed to improve your strength while maintaining the mobility of your legs as you prepare for surgery. They will also be used to improve the strength and mobility of your operated knee following surgery.

Exercises 1-6 are performed while lying on your back.

1. **Ankle pumps:** Move your feet up and down through the full range of movement available.

2. **Ankle circles:** Move your feet around in circles clockwise, then counter-clockwise.

Pull your toes up toward your shin, then point your toes as far as possible.
Knee Replacement Exercises continued

3. **Quad Sets:** Tighten your thigh (quadricep) muscles, pressing the back of your knee down into the bed. Hold this contraction for a count of 5 and then relax.

4. **Straight Leg Raises:** Bend the uninvolved knee and plant your foot flat on the bed. Do a quad set with the involved leg to keep it straight. Raise the involved leg off the bed, bringing the leg to the level of your bent knee. Gently lower your leg to the bed maintaining a straight knee.

It is important for you to see the knee cap glide up and down during this exercise. This indicates you are using the correct muscle. You may prefer to sit up during this exercise to see this movement.
Knee Replacement Exercises continued

5. Heel Slides: While lying flat on your back on your bed, slide the foot up to bend your knee as much as possible, hold for a few seconds then slide your foot back down. Make sure you are wearing a sock so your heel slides easily.


7. Short Arc Quads: Place a firm roll under your knee (this may be a two-liter bottle wrapped in a towel or a folded pillow). Keep your knee on the roll as you raise your foot up to straighten the knee. Hold the knee straight for a count of 5 and then slowly lower your leg.
Knee Replacement Exercises continued

8. Knee Extension: This exercise is performed from a sitting position. Raise your leg to straighten your knee. Hold this position for a count of five, then slowly lower your leg.

9. Knee Flexion: Bend your knee, moving your foot as far back as you can. Use your un-operated leg to help push your foot back further. This should be done after the replacement surgery.

Additional activities you may do before and after surgery to improve your strength and flexibility without placing too much stress on your joints include:

- Riding a stationary bike with the seat high and resistance light, up to 30 minutes a day.
- Swimming to strengthen and tone the muscles.
- Walking to increase your endurance.
- Water Aerobics

- If you have severe medical problems, such as significant lung or heart disease, please check with your medical doctor before beginning the bike or swimming. If you notice chest pain, dizziness or excessive perspiration while exercising, stop exercising and contact your doctor.

- To learn more about healthy lifestyle changes and warm water exercise programs in your area, contact the Indiana Chapter of the Arthritis Foundation at (317) 879-0321.
For a few weeks after surgery, it is more comfortable to ride in a mid-size or large car with regular bench seats. Your size, the size of the front and back seats, as well as height, are factors to consider. Try out the seating situation prior to surgery.

**Front Seat**

- Scoot the seat all the way back to allow as much leg room as possible.
- Back up to the seat, find hand holds, and ease yourself down. Is there enough clearance to bring in your legs without the ability to bend your knee greater than 70 or 80 degrees?

**Back Seat**

If unable to bring in your legs using the front passenger seat, consider the back seat. Is the seat bench wide enough to support the width of your body as you sit sideways with your operative leg stretched across the seat? Will your back tolerate this position during the drive home?

- Sit down slowly with one hand on the walker and the other hand on a sturdy support.
- Use your strong leg, your arms and hands to scoot and slide your body onto the seat. Placing a plastic trash bag under your bottom makes it easier to slide across cloth car seats.
- Continue moving backwards until your operated leg is totally supported by the seat bench.
- Use a pillow behind your back for support and comfort.

*To get out of the car, just reverse your movements.*
Bed Mobility

Getting out of bed

Push up with your elbows and hands until you are sitting, supporting yourself with your hands.

Slide your legs out, one at a time, until you are sitting at the edge of the bed, supporting yourself with your hands.

Getting into bed

Once you are sitting on the edge of the bed, slide your legs onto the bed, one at a time. Use your hands to help scoot your hips around, until you are in the long sitting position.

Lower yourself gently with the help of your arms.
Turning in Bed

This may be done if your surgeon says it is acceptable.

• While on your back, bend your hips and knees.

• While log rolling to the unaffected side, keep your torso in line with your hips so that you do not twist at the waist, hips or knees.

• Place 2 – 3 pillows between your knees to keep your legs apart.

• Turn to your unaffected side, keeping the pillows between your knees.

• Keep the pillows in place as long as you are lying on your side.

• You may have someone place a pillow behind your back for comfort and support.

• This protocol should be followed for 6-8 weeks following your surgery.
Standing and Sitting

After surgery your physical therapist will show you how to first sit up on the side of the bed, then stand up, then take steps with the help of a walker or crutches.

- First, scoot to the edge of the chair, keeping the operated leg extended.
- Second, push up with the help of your arms and good leg.
- Third, reach out and take hold of the walker, with the other hand on the arm of the chair.
- Take a minute to make sure you feel steady before walking.

IMPORTANT! For your safety, remember to ask for assistance the first few times you are up after surgery until cleared by physical therapy.
Standing and Sitting

Standing Following Bilateral Knee Replacements

Hint: When going from sit to stand with bilateral knee replacements, instead of keeping your operated leg extended, you will try to bend your knees as much as possible.

1. Scoot to the edge of the chair, bending your knees as much as possible. Try to slide your feet back under you as far as you can. The more you can bend your knees, the easier standing will be.
2. Push up from the chair with the help of your arms to stand up. You may need to slowly walk your legs back underneath you to help you stand until you can bend your knees more.
3. Reach out and take hold of the walker, one hand at a time.

Note: Often, patients have one knee that will bend a little easier than the other knee; this may make standing a little easier.

Sitting Following Bilateral Knee Replacements

1. Back up to the chair using your walker until you feel the chair pressed against the back of your legs.
2. Take a small step forward with each foot.
3. Reach back for the armrests of the chair, one hand at a time.
4. Use your arms to slowly lower yourself into the chair, sliding both of your feet forward a little bit at a time as you sit. This will ease the discomfort of your knees bending as you sit.
5. Once seated, scoot back into the chair with the help of your arms.

Walking with a Walker

- Move the walker forward until the back two legs of the walker are in line with your toes.
- With all four walker legs on the ground, step forward with your operated leg to the middle of the walker. Do not step past the front of the walker.
- Bearing weight through your hands, step forward with your other leg.
- Remember to keep your head up and look ahead.
Bathtub & Shower 
Using a shower seat with a walker

Your surgeon will tell you when you may get your incision wet. When you first begin bathing in a tub or shower after your surgery, have someone assist you until you have a routine and feel safe with the motions involved. A walk-in shower is easier. However, if you use a shower/bathtub combination, you may find the tub seat helpful. It provides a safer way to enter and exit the bathtub as described below. The shower/tub seat will also help you to avoid rising from a low-sitting position. Do NOT attempt to step over the side of the tub by yourself, and remember to use a non-skid mat.

The shower seat should be placed firmly in the tub. Stand with your back toward the bathtub with your walker in front of you.

Next, lower yourself slowly onto the shower seat while reaching back with one hand. Do not plap down!
Slowly lift your un-operated leg over the side of the tub. Use your arms to gently lift your operated leg over the side of the tub.

Slide your bottom back to make sure you are in a safe, comfortable sitting position.

To get out of the tub, lift your operated leg as you use your stronger leg to help turn your body. Place your feet flat on the floor before you attempt to stand. Beware of wet floors!

It is helpful to fit your shower with a hand-held sprayer before your surgery.
Adaptive Equipment

Your surgeon will prescribe the equipment that is best for your recovery. A care manager will assist in ordering prescribed equipment. Please check your insurance for coverage.

- **Walking aids:** Walker, crutches, or cane to steady your gait (walk). If you already have the walker and/or crutches, please bring them with you the morning of surgery labeled with your name. Your physical therapist will then determine which is best for you.

- **Elevated toilet seat:** Reduces stress on your knees following surgery and is commonly used when both knees are operated on.

- **Seat cushion:** You can use a folded blanket or pillow to elevate the seat of a chair. It is recommended to use a chair with arms at home. If you have a recliner, practice getting up and down prior to surgery. Keep in mind that a recliner is not an effective method for elevation.

- **Bath seat:** Extends over the side of the tub to provide safe access into the tub. The bath seat is placed in the tub or shower and adjusted to the proper height. It allows you to enter the tub by first sitting down, keeping weight on your bottom instead of the operative leg. Most bath seats will elevate to 21 inches.
Adaptive Equipment continued

• **Reacher:** The long-handled reacher can be used to pick up dropped items and to put on underwear or pants until you are able to bend your knee enough to reach your foot. Pull the trigger to activate the “claw.”

![Image of a reacher](image1.jpg)

• **Sock-aid:** Place the sock over the end of the sock aid and pull on most of the sock. Lower the aid down to your foot by using the straps, and place your foot into the opening of the sock. Pull the aid until the sock is all the way on. The sock aid pulls out of the top of the sock.

![Image of a sock aid](image2.jpg)

• **Dressing stick:** Assists you in dressing yourself until you are able to bend your knee more. The combination hook-pusher on one end helps you pull on slacks or skirts, or to remove socks.

![Image of a dressing stick](image3.jpg)

• **Long-handled shoehorn:** Helps to slide on your shoes until you are able to reach your foot. Place the shoe horn inside the back of the shoe and push your heel down into the shoe.

![Image of a shoehorn](image4.jpg)

• **Elastic shoelaces:** Provide firm support yet stretch to allow your feet to slip in or out of the shoes without having to untie and retie them.

![Image of elastic shoelaces](image5.jpg)
Where to Find Adaptive Equipment

**Bed Bath & Beyond**

**Benchmark Mobility Inc.**
79th & Georgetown
7998 Georgetown Rd., Ste. 400
Indianapolis
(317) 872-5987

**CVS Pharmacy**

**Home Health Depot**
7657 Shelby & US Hwy 31 (Greenwood)
(317) 882-9532

**Hook’s Medical Supply**
4200 S. East Street, Indianapolis
(317) 784-0226

**Lowe’s**

**Sears Catalog**
1-800-326-1750

**Advantage Medical Equipment**
12415 Old Meridian Street
Carmel, IN
(317) 581-1551

**Walgreens**

**Wal-Mart & Wal-Mart Supercenter**

**At Home Health Equipment**
2452 Lake Circle Drive, Indianapolis
(317) 228-2340
(86th and Township Line Rd.)

**eWellness, LLC**
7740 Zionsville Road, Suite 800
(800) 472-0604
Indianapolis, IN 46268
(317) 704-3305

**Multiple websites:**
Search under “adaptive equipment for tub and shower” and “adaptive equipment for activities of daily living.”
Discharge
Plan Ahead for Discharge from the Hospital

There are multiple options after your hospitalization based on “medical necessity,” whether your care needs can be provided at home. Call your insurance company for a better understanding of what benefits are covered in the following options.

- Return home with assistance from family and friends with a home exercise program.
- Attend outpatient physical therapy services near home.
- Return home with family assistance, as well as professional in-home services, such as:
  - physical therapy
  - nurse visits
  - lab draws
  - medical issues
- Acute inpatient rehabilitation — Receive at least 3 hours of occupational and physical therapy per day with a goal of returning home in 7 to 10 days. *Strict medical necessity guidelines to qualify.
- Skilled nursing facility — This level of care is called “sub-acute” rehabilitation. It’s an option for people who are medically stable to be discharged from the hospital, but require more time before they can safely return to home. Patients receive one to two hours of physical therapy per day with the goal to return home.

*Medical necessity guidelines: Both joints are replaced, body mass index of 50 or more, 85 years of age or older, requires daily rounds/visits by a physician, can tolerate 3 hours of therapy per day, medical conditions.

Transportation

If you don’t believe you can travel in a car after discharge, a care manager can arrange wheelchair van or ambulance transport. This must be a medical necessity and is subject to insurance approval.

Important Insurance Information

Your insurance company’s telephone number is typically printed on your insurance card. If you have Medicare coverage questions, call 1-800-MEDICARE.

If you learn that your insurance does not cover physical therapy, skilled or acute inpatient rehabilitation stays, or in-home nursing and therapy services, please call: Care Manager, 317-338-9026.

You may also contact your insurance company to find out if there is an appeals process whereby you can get coverage for the services if needed.
Timeline for Recovery and Pain Management

The pace of recovery varies from person to person, depending on your health and activity level before surgery. This timeline is based on average recoveries, to be used as a guideline for your progress.

**Up to 2 weeks after surgery**
- Use your walker, taking it easy around the house, doing home exercises and/or physical therapy as instructed.
- Take your pain medicines as directed.

**3 Weeks**
- May switch from walker to cane if feeling safe.
- Continue home exercises and/or physical therapy as instructed.
- Taper down your pain medicine as tolerated by lengthening the time between doses: instead of taking a pill every 4 – 6 hours, try every 5 – 7 hours and so on. Try taking only one pill at a time instead of two.

**3 to 6 weeks**
- Able to drive a car, depending on the operative side — check with your surgeon.
- Continue to taper down the pain meds as above. You may switch over to Tylenol or to a non-steroidal such as ibuprofen, Aleve, or Motrin if able to tolerate.
- Within this time period, you may try reserving your narcotic pain medicine for nighttime and/or physical therapy.

**6 weeks**
- 80% recovered.
- Off the cane as able.
- OK to travel more than 2 hours from home.
- By now most patients have stopped taking narcotic pain medicines, reserving only for nighttime and physical therapy. Use Tylenol as needed, or a non-steroidal if able to tolerate.

**Up to 2 months**
- Follow all precautions, especially dislocation precautions.

**3 months**
- If you still require narcotic pain medicine, you may be referred to a pain management specialist.

**6 to 9 months**
- Completely healed; however, expect swelling, soft tissue discomfort and maybe warmth after extra activity. This gradually diminishes with time and often doesn’t restrict activities.
- Kneeling may be uncomfortable for up to a year.
- If gardening, use a pad for the knees.

Once healed, you will have very few restrictions regarding your prosthesis. Walking, golf, bowling, swimming, riding a bike, and doubles tennis are not restricted. Avoid running, jumping or heavy lifting.
Selected Orthopedic Websites for Patient Education

**American Academy of Orthopaedic Surgeons**

www.aaos.org
Look under tab at the top labeled Patient/Public Information

**American Association of Hip and Knee Surgeons**

www.aahks.org

**Arthritis Foundation**

www.arthritis.org
Search for joint, hip or knee replacement on their site

**About.com**

www.arthritis.about.com/od/jtreplace/

**eMedicine**

www.eMedicine.com/pmr/topic221.htm

**Edheads**

www.edheads.org
(This is an educational, fun, interactive site where you can perform a virtual knee or hip replacement surgery on your computer.)

**MedlinePlus**

www.medlineplus.com

**TheMedicalClub**

www.themedicalclub.com

Your surgeon may have his/her own personalized website.