

Presidio Surgery Center

A California Pacific Medical Center Affiliate

PATIENT GUIDEBOOK: **Hip Replacement**



Surgeon's After Hours Contact #: _____

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presidiosurgery.com



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Contacts List

Presidio Surgery Center

Main Line

(415) 346-1218

Medical Director

Dr. Dan Perlov

(415) 346-1218

Patient Care Coordinator

Pre-Admission Nurse

(415) 659-3176

Administrator

Jessie Scott

(415) 659-3141

Insurance Coordinator

Shelly Cameron

(916) 529-4865

Affiliates

Sutter Care at Home

(415) 600-0444

Preop Physical Therapy

Visceral Physical Therapy

VisceralPT@gmail.com

Welcome Letter



Dear Patient,

Thank you for choosing Presidio Surgery Center for your joint replacement surgery.

Presidio Surgery Center is the first organization in California to receive The Joint Commission Advanced Certification for hip and knee replacement, representing our commitment to, and compliance with, advanced disease-specific care standards and total hip and total knee replacement requirements, including orthopedic consultation and preoperative, intraoperative, and post-surgical orthopedic surgeon follow-up care.

We are excited to offer you the latest in joint replacement technology, as well as a comprehensive integrated program allowing you to do most of your recovery in the comfort of your own home.

Your surgeon has chosen this location allowing you to receive care in a center designed around the needs of healthy patients undergoing elective surgery. We believe this option is a safer and more efficient care delivery model.

This program is designed with you in mind. You are the leader of your care team, and we want you to be involved in learning about your care and participate fully in the process. We will support you each step of the way.

I look forward to hearing from you if there is anything I can do to make the process smoother for you, and wish you healthy, speedy recovery.

Jessie Scott, MBA
Administrator
Presidio Surgery Center
Direct: (415) 659-3141

Total Hip Replacement Overview

Total hip replacement is a surgery to replace the entire hip joint (Fig I) with an artificial hip implant. The implant is commonly composed of metal and polyethylene; the prosthesis may be secured into place with bone cement. Certain diseases and conditions can affect hip function. The most common reason for total hip replacement is advanced arthritis (Fig II). Below are visuals of a healthy hip, a hip afflicted by arthritis, and finally a visual of what a total hip replacement would look like after surgery (Fig III).

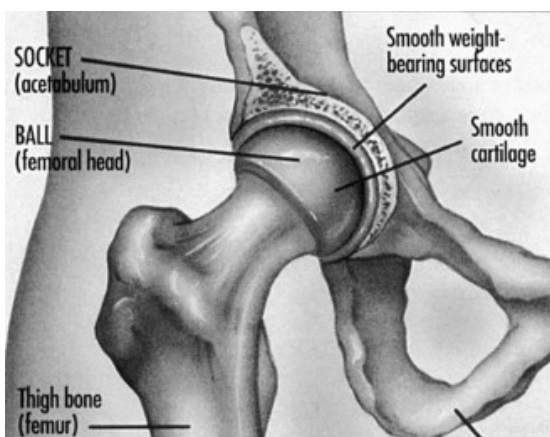


Fig I: Healthy hip joint

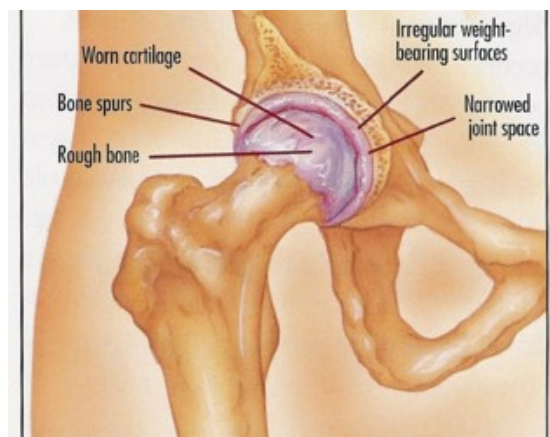


Fig II: Hip joint afflicted with arthritis

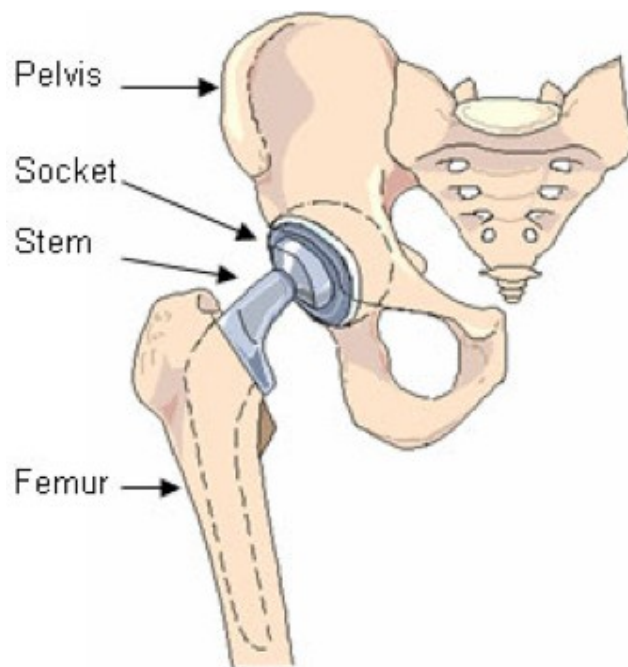


Fig III: Hip joint after hip replacement surgery

Timeline of Preop Events

One Month Before Surgery

- ❑ Do your exercises twice daily to strengthen the muscles around your hip.
- ❑ If you require medical clearance before surgery, you should have an appointment already scheduled with your primary care doctor.

Two Weeks Before Surgery

- ❑ Make sure you have seen your primary care doctor. Please call our patient care coordinator at (415) 659-3176 if you have any questions.
- ❑ Make sure you have a caregiver committed to being with you 24 hours a day for at least the first three days postoperatively.
- ❑ Schedule an appointment with our patient care coordinator by calling (415) 659-3176 for our preoperative class.

One Week Before Surgery

- ❑ The physical therapist arranged by the patient care coordinator should have scheduled a home visit by now to assist with ordering any special equipment you may need, go over exercises, and educate you on what to expect following surgery.
- ❑ You may be released to outpatient physical therapy about two weeks after surgery if needed. You and your surgeon will determine with whom and when, and you should call before surgery to reserve the appointments.
- ❑ Be sure you are clear on which medications to take and which to stop taking and when. If you are unclear, please call our patient care coordinator at (415) 659-3176.
- ❑ 3 days before surgery begin taking your shower with chlorhexidine soap (e.g. Hibiclens, available at a pharmacy without prescription) each day. For more information on showering with chlorhexidine, see page 26.

Notify the Surgery Center and Your Surgeon If:

- ❑ You get sick (e.g. cold or flu) or have a fever.
- ❑ You get a skin infection or wound on the operative leg.
- ❑ Your hip pain or swelling has significantly increased, or the hip feels unusually warm.

Day / Night Before Surgery

Checklist for the Day/Night Before Surgery

- ❑ Enjoy a light dinner. Avoid alcohol.
- ❑ A nurse from the surgery center will have called you prior to surgery to discuss:
 - When to stop eating or drinking anything
 - Which medications to take the morning of surgery
 - What time you should plan to arrive at the center
- ❑ You will get a call from your anesthesiologist to discuss your anesthesia care plan.
- ❑ You may brush your teeth and rinse your mouth the morning of surgery.
- ❑ Make sure to bring a photo ID, an insurance card, and a form of payment for any co-pay.
- ❑ Do NOT apply lotions, perfumes, or powders.
- ❑ Do NOT wear jewelry to the surgery center. If your wedding band cannot be removed, it can be taped to your finger at the center. ***It is best to leave all jewelry at home.***
- ❑ Dentures, partial plates, and contact lenses will need to be removed prior to entering the operating room. It is best to avoid wearing these items to the center on the morning of your surgery, and instead pack them in your overnight bag if you would like to wear them during your overnight stay.

Special Note About Shaving

Please **DO NOT** shave your surgical area for 7 days prior to your surgery. Your nurse will evaluate your skin prior to your surgery and will carefully clip the area at that time. If there are breaks in your skin, your surgery may need to be rescheduled because you may be at risk of developing an infection.



Leading up to Your Surgery

1. At your assigned time, please arrive at the surgery center and check in at the front desk.
2. A nurse will bring you to a preop room. You will be asked to remove all jewelry.
3. You will be asked to put on a patient gown, hat, and non-slip socks provided by the center.
4. A nurse will check your heart rate, blood pressure, temperature, and breathing.
5. A nurse will place an IV in your arm. You will be given numbing medication locally, so this should be painless.
6. You will sign surgical and anesthesia consents, and be given time to ask questions.
7. Your surgeon will speak with you and mark the joint you are having surgery on with a special pen.
8. A support stocking may be placed on the leg that is not being operated on to prevent blood clots. For more information on these stockings, see page 27.
9. An anesthesiologist will meet with you to discuss your anesthesia care plan again.
10. Immediately prior to walking back to the OR, you will remove dentures, partial plates, glasses, and contacts if you are wearing them.
11. You will walk back to the operating room with your nurse.

How long does surgery take?

Approximately 1 to 3 hours. Some of this time is required for the anesthesiologist to make sure that you are comfortable, and for the nursing staff to take care of you immediately before and after surgery.

Will I need a blood transfusion?

We do everything we can to minimize blood loss during surgery. We lower your blood pressure during surgery to diminish bleeding, carefully cauterize cut blood vessels, use the smallest incision possible, and administer a medication in surgery to help minimize blood loss. In addition, we utilize a device that collects your blood so that it can be returned to your body. Please discuss all the different options now available with your surgeon to ensure that, in the unlikely chance that you need blood during surgery, you have a plan in place.



The Recovery Room

After your surgery is done, you will be taken to the Post-Anesthesia Care Unit (PACU). You may have a small tube known as a drain right next to your incision to remove extra blood or fluid. You also may or may not have a urinary catheter in place. As you are recovering from your anesthesia, your surgeon will talk with your family and friends to let them know that your surgery is over and how things went. You may not remember much of this part as the anesthesia drugs can affect your memory immediately after anesthesia.

A Word About Catheters

Surgery can inhibit your ability to urinate. Often, patients will have a Foley catheter placed in the operating room. Nurses will remove the catheter as soon as it can safely be removed. Rarely, the catheter needs to be replaced during your stay. You may be sent home with the catheter. You will also be assessed for your need for a medication that can make urination easier: Flomax (tamsulosin). If you already take tamsulosin, you should continue taking it up to and including the day of surgery. Bring the medication to the center in its original container on your day of surgery.

What is squeezing my legs?

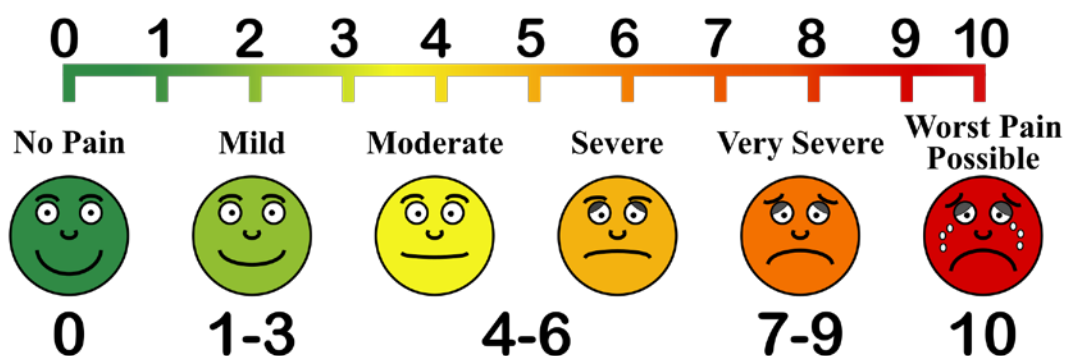
After you wake up from surgery, both of your legs may be in plastic sleeves known as intermittent pneumatic compression devices (IPCD). Every few minutes, they will inflate with air, and you will feel a squeeze that starts at the ankle and works its way up. These devices help pump blood back up from your legs to prevent blood clots. The amount of time these stay on is determined by your level of activity. Think of them as your own personal leg massagers!

Am I going to have pain?

Pain management is a very important component of your surgery. One of the biggest concerns patients have about surgery is how much pain they will experience. Our goals are to ease your discomfort and to alleviate your fears and concerns. A personalized pain management plan will be developed to meet your individual needs. Your doctors, nurses, and therapists will work with you to manage your pain after surgery so that you are as comfortable as possible and able to fully participate in and receive the greatest benefit from your therapy sessions. Your doctors will discuss different options to control your pain and assist you in choosing the correct method based on your individual situation.

You will have pain after surgery, though many patients find it is a reduced pain compared to what they had been living with prior to surgery. It is important that you understand that we cannot take away all of your pain, but controlling your pain is a very important part of your recovery. Too much pain will keep you from being able to do your exercises and physical therapy, which are crucial to getting you back on your feet sooner.

You can assist us in helping you manage your pain by understanding the 10-point pain scale (see below). By verbalizing your pain on a 10-point scale, you can share with your health professional the intensity of your pain. This gives your doctors, nurses, and therapists a measurable description of your pain and the type of pain relief you require. We will ask you to use the pain scale to rate your pain before and after you take pain medications, and during therapy sessions. We will work with you to help set a reasonable pain tolerance and help manage pain effectively so you can participate fully during your therapy.



Important: The majority of people who need narcotics for pain relief will not experience dependence or addiction. Do not be afraid to take an adequate amount of medication to receive the relief that you need.

Also, non-opioid options are very effective in reducing your pain and include ice (30 minutes on, 30 minutes off) and gentle physical activity.



Incentive Spirometer

You may be asked to breathe into a device called an incentive spirometer in order to help you keep your lungs clear and active during the recovery process. For more information on using an incentive spirometer, see page 28.

Physical Therapy

You may learn exercises to help strengthen the muscles in your leg and increase the movement in your hip. Your activities may include:

- Walking a few steps with assistance and a cane, crutches, or walker.
- Sitting in a chair.
- Sitting on the side of the bed.
- Transferring yourself to a bedside chair.
- Climbing up and down two or three steps.
- Walking to the bathroom.

Be sure to let a nurse know if:

Your pain medications seem to wear off too quickly or you start to feel nauseated. The earlier the team intervenes, the better you will feel. Please feel free to talk with your nurse about any other concerns.

FAQs about Your Stay

How long will I be at the surgery center?

Up to 24 hours. Some patients may be discharged on the day of their surgery, and others may stay overnight and will be discharged the following morning. These options should be discussed and decided upon by you and your surgeon.

Can a family member stay with me?

Your family member may stay with you until you are taken to the operating room. During your surgery, your family may stay in the waiting room or leave and provide a contact number. Our staff can notify your family when it is an appropriate time to return to stay with you. Your ride may want to bring a pillow and blanket for you for the car ride home.

What will my stay at the center be like?

You will most likely be “groggy” initially after surgery due to the medications you received during surgery. You will be transported from the recovery room to the overnight stay room once your anesthesiologist deems you sufficiently recovered from anesthesia. Your vital signs (blood pressure, temperature, and pulse) and any drainage from your dressing or drain will be monitored by your nurse.

Do I have to bring a method of payment?

Yes. We make every attempt to work with your insurance carrier to understand what your expected out of pocket cost will be, and we will ask for this payment at the time of registration via cash, check, or credit card. You should receive a call within the week prior to surgery to let you know what we think this amount will be. You will also receive a bill from your surgeon and anesthesiologist. Please call our insurance specialist at (916) 529-4865 for more details.

When can I eat?

Most patients do not feel hungry right away. Usually patients are ready to try solid food by the evening after their surgery. Nausea may occur, but it is usually temporary. It is important to let your nurse know if you feel nauseated as there is medication that can minimize this.



Do you provide meals?

Yes. We have snacks available to you at the surgery center, and you will be able to select your own nutritious meals to be delivered to your bedside from a variety of local restaurants.

When do I start physical therapy?

You will get up with physical therapy on the day of surgery. Usually, you will be up and walking by the next morning. Your nurse may give you pain medication about 30 minutes before your therapy session so that you can do as many exercises as possible.

YOU SHOULD NOT ATTEMPT TO GET OUT OF BED ALONE UNTIL YOUR SURGEON OR PHYSICAL THERAPIST GIVE YOU THE 'OK'.

When can I leave the center?

Patients are usually discharged the morning after surgery, but some are ready to go home on the day of surgery. This will be decided with your surgeon once you have met the discharge criteria.

What items will be sent home with me after discharge?

This depends on what has been ordered by your surgeon. You will be sent home with an assistive device, such as a walker, crutches, or a cane. You may also be sent home with ice packs and an incentive spirometer.

Will I need assistance for personal care when I get home?

This varies, but you will need to have your relative or friend stay with you for at least three straight days. Depending on your healing progress, you may need someone on call to assist you for two weeks after surgery.

When can I drive my car?

The American Academy of Orthopedic Surgeons (AAOS) recommends that you do not drive for 3 weeks following a left hip replacement and 4 weeks for a right hip replacement. For your safety and that of others, please do not start driving without clearance from your surgeon.

Days Following Surgery

Day of Discharge

You will gradually increase your exercises and activities from day one at your home with the guidance of home health physical therapy. Daily activities may include:

- Walking farther each day with supervision and a cane, crutches, or walker.
- Getting on and off the toilet.
- Strengthening exercises.

Subsequent Days at Home

You will continue to work with home health physical therapy for two weeks following your surgery, and after that, you may move on to the outpatient physical therapy department. Each day you will increase your exercises and activities, and you will continue to make progress. In these subsequent days, you may be able to:

- Improve your range of motion.
- Walk without a cane, crutches, or walker.
- Bathe and dress yourself.
- Climb stairs more easily.

If you experience a setback, don't be alarmed – this happens! You will recover and resume making progress within a day or two. Contact your surgeon if you don't feel that you are making appropriate progress.

What type of professional care may I expect at home?

Your surgeon will order home health services, including physical therapy tailored to your home needs. A therapist will continue assisting you with your home exercise program. A nurse may be available if needed to monitor and manage your pain control, incision care, and possibly to take a blood sample if needed to monitor your blood count. The home care team will coordinate care with your surgeon and will help you with the transition to outpatient rehabilitation if needed.

Your successful surgical outcome is very important. Follow your instructions, use common sense, and give your surgeon a call if you have any questions. It is important that we know if there was anything we could do to improve your experience with us. It was our pleasure to care for you. Thank you for coming to Presidio Surgery Center!

Monitoring for Complications

Deep Vein Thrombosis

Call your surgeon immediately if any of the following signs develop:

- Swelling in legs that does not go away with elevation
- Pain in calf, or behind the knee
- Calf warmth or redness

Pulmonary Embolism

Go to your local emergency room immediately if you experience any of the following:

- Shortness of breath
- Chest pain
- Coughing up blood or pink mucus

Hip Dislocation

Call your surgeon immediately if any of the following signs develop:

- Severe hip pain
- Inability to walk
- Shortened leg on the operative side

If You Have an Anterior Approach:

DO NOT EXTEND THE LEG WHILE EXTERNALLY ROTATING THE LEG OR FOOT.

If You Have a Posterior Approach:

DO NOT BEND YOUR HIP PAST 90°.

DO NOT CROSS YOUR LEGS.

DO NOT ROTATE YOUR LEG OR FOOT INWARD.

Trips and Falls

You will have limited mobility after surgery and should take care to avoid trips and falls. You should clear clutter from your home before surgery and make sure to not rush while performing your daily activities and exercises during recovery. For more information on preparing your home, see page 19. If you experience increased pain or difficulty walking as a result of a fall, call your surgeon's office immediately.



Pain and Some Ways to Control It

You may experience varying degrees of pain during your recovery. Each patient experiences pain differently. Some ways to control pain include prescription medicine, over-the-counter pain relievers, and ice packs. If you experience pain, realize this is normal and approach it in a tiered fashion.

If your pain is **mild**, you can apply ice intermittently to the affected area, attempt to get up and move 5 times per day, and use over-the-counter Tylenol, 1000mg up to 3 times per day.

If your pain is **moderate**, you should use the narcotic prescribed by your surgeon in the manner prescribed by your surgeon. It is best to try to anticipate when your pain transitions from mild to moderate so that you can take your narcotic to control it.

If your pain is **severe** and not controlled by your medication, please call your surgeon's office immediately. If this occurs after hours, call the on-call physician. It may be recommended that you go to the ER for an IV dose of medication. Very rarely do patients' pain levels get to this point. Please remember that narcotic medication cannot be called into a pharmacy. If you find that you are running low on your medication, contact your surgeon's office during business hours so that you may get a refill prescription.

Nausea or Vomiting

A possible reaction to anesthesia and pain medication is an upset stomach. This often occurs when taking pain medication on an empty stomach. Try to take your pain medication with food. Stay well hydrated. Eat several small meals throughout the day and avoid large, rich meals. Saltine crackers and ginger ale are often helpful. If you are still nauseous, your doctor may call in a prescription medication that can help.

Bleeding and Wound Care

Some drainage from your incision is normal. If you have active bleeding that is not controlled with pressure or a new bandage, please contact your surgeon immediately.

Wash your hands before and after touching the incision area and/or changing the dressing. Applying an ice pack intermittently to the area and elevating the extremity can lessen bleeding and swelling.

You may shower according to your surgeon's specific instructions. Do not submerge your wound in water (e.g. hot tub, bath, or pool) until cleared to do so by your surgeon. If you have TED hose, wear them for 2 weeks and as needed for swelling.

Infection Symptoms and Prevention

It is highly unlikely that you will experience an infection. We are extremely proud of our low infection rate. Possible signs of infection include fever, swelling, heat, drainage, or redness. Most every patient experiences a low-grade temperature for 1-5 days after surgery, which is a typical reaction to anesthesia. Temperatures that are above 101.3°F and persist despite Tylenol and deep breathing exercises are worrisome for infection. If you experience any symptoms that concern you, please contact your surgeon's office immediately.

Most surgeons do not want you submerging your wound (swimming, hot tubs, baths) until you are cleared to do so in a follow-up visit.

Make hand washing a habit - especially before and after caring for your wound or dressing.

If you are prescribed antibiotics (not everyone is), it is important that they are taken on time to optimize therapeutic blood levels.

If you are diabetic, it is important to maintain a normal blood glucose level during surgery (we check it upon arrival at the center) and during the recovery period. Elevated levels of blood sugar are linked to higher risk of post-surgical infections.

Maintain a healthy lifestyle; good nutrition helps with healing:

- Eat well – fruits, vegetables, whole grains. Drink plenty of fluids to stay hydrated.
- Avoid alcohol and recreational drugs – calories from alcohol have no nutritional value. Alcohol and recreational drugs impair judgment, increase your fall risk, and can decrease optimal healing.
- Maintain a healthy weight – avoid putting more stress on your joints. Set a healthy target weight.
- Stay active – follow your surgeon's recommendations regarding early ambulation and prescribed physical therapy. Exercise promotes healing and decreases risk of blood clots, and toned muscles will help you recover faster.
- Stop smoking – smoking makes recovery harder by stressing your heart, affecting your blood pressure, reducing oxygen in your blood and body tissues. Quitting smoking lowers your risk for smoking-related disease and can add years to your life. Ideally you should stop smoking 30 days before your surgery and at least until your wound is healed.

The American Dental Association and American Academy of Orthopedic Surgeons have developed guidelines for you to consider when having dental work after an artificial joint replacement. Please discuss with your surgeon to see if you need to take an antibiotic prior to dental work.

Constipation

This can be a side effect from pain medication. To counteract this side effect, take your stool softener as prescribed and include fiber in your diet. Staying active and well hydrated can decrease constipation. You may need to take a mild, over-the-counter laxative as well.

Deep Vein Thrombosis Prevention

After surgery, you are at an increased risk of forming blood clots. Clots most often occur in the lower leg. In order to help avoid clots forming in the leg, you may be given a pair of surgical stockings called T.E.D. hose. The stockings are designed to compress your muscles and blood vessels and will help reduce the risk of blood clots. You may remove them twice for one hour in a 24-hour period. Otherwise, we strongly encourage you to wear these stockings 24/7 until your first postoperative visit.

Blood clots after surgery can be associated with inactivity. Follow your surgeon's activity instructions. Your surgeon may place you on one of the following medications to help in the prevention of blood clots:

- Aspirin – pill taken orally
- Coumadin – pill taken orally
- Lovenox – given by injection
- Arixtra – given by injection
- Xarelto – pill taken orally

Signs of a blood clot include:

- Increased swelling that does not respond to rest/lying down
- Fever
- Fast heart rate
- Pain in your leg when you flex your foot.

If a blood clot does form, it can dislodge and migrate to your lungs. This is called a pulmonary embolism and can be life-threatening. Signs of a pulmonary embolism include:

- Chest pain
- Shortness of breath
- Coughing up blood or pink mucus

If you experience these signs of a pulmonary embolism, you should seek medical treatment immediately.



Swelling

Swelling after joint replacement is an expected symptom after surgery and is a part of healing. Measures you can use to help control your swelling are

- Balancing activity and rest and when at rest elevate the surgical limb above the heart if possible
- Continue to use compression stockings
- Intermittent ice
- The non steroidal anti-inflammatory prescribed by your doctor can help
- If you have focal calf swelling and pain and redness that does not improve with these measures you should call your surgeon.

The recovery period after hip replacement surgery is crucial to the overall success of your procedure. You should prepare your home for recovery well before your surgery. Below are some helpful tips for safely navigating your recovery in your home.

Entryway Stairs and Hallways

- Keep well-lit and clutter-free.
- Install night-lights and illuminated switches.
- Make sure carpets and loose rugs are firmly anchored to the floor.
- Install non-skid pads on uncarpeted steps.
- Have two different escape routes in case of fire.
- Check and repair all loose handrails. You may want to have additional handrails installed in some locations.

The Kitchen

- Move the most commonly used items within easy reach.
- Keep floors dry.
- Install and know how to use a fire extinguisher.
- Buy or pre-cook easy-to-prepare meals such as frozen foods - enough for a few days.
- Make sure your grocery shopping is done prior to surgery.

The Bathroom

- Place non-skid adhesive strips on the floor of bathtub/shower.
- Turn on lights when getting up at night to use the bathroom.
- Sit at the bedside for a few minutes to fully wake before getting out of bed.
- Keep bathroom floors dry.
- Have a hand-held shower or a shower seat.



General Safety Tips

- Remove furniture from walkways.
- Wear supportive, comfortable shoes.
- Place emergency phone numbers near the phone.
- Never rush to answer the phone or door.
- Organize your day to give yourself plenty of time; rushing can cause falls.
- Be aware of changes in level surfaces (i.e. curbs, stairs, carpet vs. linoleum).
- Pick up your feet to avoid tripping.
- Watch out for your pets; they can cause tripping. You may want to consider having a rambunctious pet stay with friends for a few days.
- Make sure you have done your laundry so you do not need to carry laundry or go to a laundromat.
- Clean your house prior to surgery. You will not want to do housekeeping immediately post-op.
- Relax in firm chairs that have armrests and are a little high. Using pillows can make a chair higher and this will make it easier to get up.

Preoperative Checklist

Item	Done	Date	Notes
Receive a home visit from the physical therapist arranged by Presidio's patient care coordinator.			
Purchase or rent medical equipment as directed by your surgeon/physical therapist.			
Speak with the Presidio Surgery Center patient care coordinator: (415) 659-3176.			
Schedule and attend a Total Joint Class with the patient care coordinator at Presidio Surgery Center.			
Stop shaving the operative leg 7 days prior to your surgery.			
Begin taking daily chlorhexidine showers starting 3 days before your surgery. For more information, see page 26.			
Fill any prescriptions ahead of time. Call your surgeon for a prescription if you were not given one.			
Pack any necessary medications that you will need to take at the center during your stay (e.g. insulin, heart medications, hormones, seizure). Please bring them in their original packaging with the instructions attached.			
Pack a small overnight bag. For a complete packing list, see page 22.			
Bring your inhaler, even if you only use it occasionally.			
Bring documents for check-in: <ul style="list-style-type: none"> <input type="checkbox"/> Photo ID <input type="checkbox"/> Insurance Card <input type="checkbox"/> Method of Payment <input type="checkbox"/> Advance Directives (if you have them) 			

Surgery Center Packing List

For Overnight:

- ☐ Flat, supportive athletic or walking shoes that won't slip.
- ☐ Toiletries such as toothbrush, toothpaste, and deodorant.
- ☐ Eyeglasses instead of contacts lenses.
- ☐ Dentures
- ☐ Medications that you take regularly, ***in their original packaging*** that states route, dosage, and frequency. Please do not bring non-essential medications such as vitamins and herbs.
- ☐ CPAP device and inhalers, if applicable.
- ☐ Telephone numbers of people you may want to call.
- ☐ A book, magazine, or other portable hobby. There is WiFi and a television with Netflix available for you at the center.
- ☐ A "going home" outfit that is loose and easy to don and doff.
- ☐ Personal care items.
- ☐ This guidebook to use as a reference.
- ☐ Do not bring valuables such as jewelry.

For Check-in:

- ☐ Photo ID
- ☐ Insurance Card
- ☐ Method of Payment
- ☐ Advance Directives (if you have them)

Please note: You will be asked to remove glasses, contact lenses, dentures, partial plates, and jewelry prior to surgery. Leave jewelry at home, but you may wear dentures, partial plates, contacts, and glasses until right before you go to surgery, or pack them in your overnight bag for use during your stay.

Ankle Pumps:



Bend ankles to move feet up and down, alternating feet.

Repeat _____ times.

Do _____ sessions per day.

Heel Prop:



Lie with pillow under heel. Tighten the muscles on the top of the leg while trying to push the knee toward the floor.

Hold _____ seconds.

Repeat _____ times.

Do _____ sessions per day.

Heel Slide:



Bend knee and pull heel toward the buttocks.

Hold _____ seconds.

Repeat _____ times.

Do _____ sessions per day.

Straight Leg Raises:



Bend non-operative leg. Raise operative leg _____ inches with knee locked. Exhale and tighten thigh muscles while raising leg.

Repeat _____ times.

Do _____ sessions per day.

Knee Straightening over Towel Roll:



Lying on back with a rolled towel under knee, slowly straighten knee to fully extended position.

Hold _____ seconds, then relax.

Repeat _____ times.

Do _____ sessions per day.

Active Flexion and Extension:



Straighten operative leg and try to hold it _____ seconds.

Use _____ lbs on ankle.

Repeat _____ times.

Do _____ sessions per day.

Hip Abduction:



Lie on non-operative side. Lift operative leg straight to the side.

Use _____ lbs on ankle.

Repeat _____ times.

Do _____ sessions per day.

Range of Motion:



Place operative foot on a smooth surface. Slowly slide foot back as far as possible.

Hold _____ seconds.

Repeat _____ times.

Do _____ sessions per day.



Place heel of operative leg on a low table or chair. Let knee hang and gravity stretch your leg.

Hold _____ seconds.

Repeat _____ times.

Do _____ sessions per day.

Chlorhexidine Showers

Chlorhexidine gluconate (CHG) bathing is done to decrease the number of potentially harmful germs on the patient, which decreases the risk of getting a postoperative infection. You should take this shower for 3 days prior to surgery.

Gather the Supplies

- 2%-4% CHG solution (a brand name is Hibiclens, which can be purchased at your local pharmacy)
- Clean wash towels
- Clean towels
- Clean (freshly washed) clothing to put on after bathing.

How to Shower with CHG

1. With each shower, wash and rinse your hair first using your normal shampoo. Make sure you completely rinse the shampoo from your hair and body.
2. Apply the CHG solution to a wet, clean washcloth. Turn the water off in the shower or move away from the water spray to avoid rinsing the soap solution off, and then lather your entire body, except your face. **DO NOT USE CHG ON YOUR FACE.**
3. Once you have completely lathered your entire body, concentrate for 3 minutes gently washing and lathering your surgical site area.
 - Do not shave any parts of your body.
 - Pay particular attention to skin folds under the breast and the armpit area.
 - Avoid scrubbing too hard – you don't want to irritate or break the skin.
 - **Never use the antiseptic solution on your face or near your eyes.**
4. Once you have completed the scrub, turn the water on and rinse the CHG solution off your body completely. CHG can be drying and irritating to the skin if left to dry.
5. Do not wash with regular soap after you have used the CHG solution.
6. Pat yourself dry with a clean, freshly-washed towel. DO NOT apply any powders, deodorant, or lotions. Dress with freshly-washed clothes.

Although compression stockings are constructed of elastic and rubber fibers strong enough to provide pressure on lower legs and feet, a gentle hand is required when it comes to wash time. Hand wash compression stockings after every wearing. A single cycle in the washer and dryer can stretch or damage the stockings, rendering them ineffective.

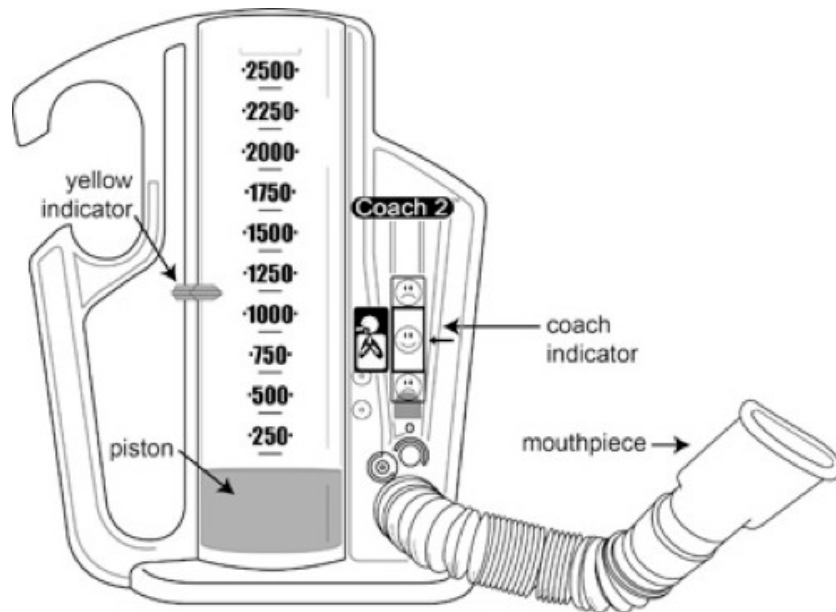


Washing Instructions

1. Fill a small tub or basin with cool water.
2. Dip the stockings in the cool water, then remove.
3. Add a mild detergent to the water and mix the water with your hand to circulate the soap.
4. Place the stockings back in the soapy water and let them soak for 5 to 10 minutes.
5. Gently rub the stockings to remove dirt and oil. Squeeze them out gently and rinse to remove any soap. Do not pull or twist the stockings.
6. Squeeze out as much water as you can, then lay the stockings flat to dry in a cool or warm place. Do not place near heat.

Incentive Spirometer

Using your incentive spirometer after surgery will help you keep your lungs clear and will help keep your lungs active throughout the recovery process, as if you were performing your daily activities.



How to Use an Incentive Spirometer

1. Sit on the edge of your bed if possible, or sit up as far as you can in bed.
2. Hold the incentive spirometer in an upright position.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. Breathe in slowly and as deeply as possible. Notice the yellow piston rising toward the top of the column. The yellow indicator should reach the blue outlined area.
5. Hold your breath as long as possible. Then exhale slowly and allow the piston to fall to the bottom of the column.
6. Rest for a few seconds and repeat steps one to five at least 10 times every hour.
7. Position the yellow indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each slow, deep breath.
8. After each set of 10 deep breaths, cough to be sure your lungs are clear. If you have an incision, support your incision when coughing by placing a pillow firmly against it.
9. Once you are able to get out of bed safely, take frequent walks and practice the cough.

Presidio Surgery Center Website

Total Joint Program:

www.PresidioSurgery.com

Click the “Total Joint Program” link in the center of the page.

Nutrition Counseling

Dietitian:

www.ThriveRD.com

Kelsey@thrived.com, (415) 763-5544

Nutrition Counseling Clinic at Mt. Zion:

www.ucsfhealth.org/clinics/nutrition_counseling_clinic_at_mount_zion

(415) 353-4174

American Diabetes Association:

www.diabetes.org

Activity and Exercise

You should discuss your outpatient physical therapy options with your surgeon and schedule your sessions before surgery if needed. Your physical therapist will guide your activity and exercise until you are recovered enough to progress on your own. At the time you are discharged from physical therapy, speak with your therapist about options for continuing your exercise program.

Maintaining a Healthy Weight

Weight Watchers:

www.weightwatchers.com/us/find-a-meeting

California Weight Clinic:

www.californiaweightclinic.com

(415) 447-4200

Patient Rights and Responsibilities

Presidio observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems.

You have the right to:

Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.

- Access to treatment without regard to race, gender ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the center to disclose, when applicable, physician financial interests or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the center, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the center's policy regarding advance directives/living will. Expect the center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center's payment policies.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff
- Be free from all forms of abuse and harassment.
- Expect the center to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time.

Grievances may be lodged with the state agency directly using the contact information provided on the patient rights poster posted in the center lobby.

If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

If the State court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

You are responsible for:

Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.

- Respecting the property of others and the center.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications – including OTC & dietary supplements, allergies or sensitivities, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

You may contact the following entities to express any concerns, complaints or grievances you may have:

CENTER	Jessie Scott, Administrator (415) 346-1218
STATE AGENCY	Attn: Kathleen J. Billingsley, RN, Deputy Director California Department of Public Health Center for Health Care Quality (CHCQ) Licensing and Certification Division P.O. BOX 997377 MS 3000 Sacramento, CA 95899 Complaints (800) 236-9747 General Information (916) 558-1784 CDPH SF OFFICE (415) 330-6353
MEDICARE	Office of the Medicare Beneficiary Ombudsman: www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html
OFFICE OF CIVIL RIGHTS	US Department of Health and Human Services Office of Civil Rights 200 Independence Avenue SW, Room 509F, HHH Building Washington, D.C. 20201 (800) 368-1019; (800) 537-7697 (TDD) Internet address: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
ACCREDITING ENTITY	The Joint Commission Office of Quality Monitoring One Renaissance Boulevard Oakbrook Terrace, Illinois 60181 (800) 994-6610 complaint@jointcommission.org

Language Disclosures

Limited English Proficiency of Language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-415-659-3141 (TTY: 1-415-346-1218).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-415-659-3141 (TTY: 1-415-346-1218).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-415-659-3141 (TTY: 1-415-346-1218)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-415-659-3141 (TTY: 1-415-346-1218).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-415-659-3141 (TTY: 1-415-346-1218).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-415-659-3141 (TTY: 1-415-346-1218). 번으로 전화해 주십시오.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք 1-415-659-3141(TTY (հեռատիպ)՝ 1-415-346-1218

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-415-659-3141 (TTY: 1-415-346-1218) تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-415-659-3141 (телетайп: 1-415-346-1218).

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-415-659-3141 (TTY: 1-415-346-1218)。まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-415-659-3141 (رقم هاتف الصم والبكم: 1-415-346-1218).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-415-659-3141 (TTY: 1-415-346-1218) 'ਤੇ ਕਾਲ ਕਰੋ।

សូមយកចិត្តទុកដាក់ ៖ បើអ្នកនិយាយភាសាខ្មែរ យើងខ្ញុំមានផ្តល់ជូនសេវាកម្មបកប្រែភាសា ដល់អ្នកដោយឥតគិតថ្លៃ ។ សូមហៅទូរស័ព្ទមកលេខ 1-415-659-3141 (TTY: 1-415-346-1218)។

LUS CEEV: Yog tias koj paub lus Hmoob ces muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-415-659-3141 (TTY: 1-415-346-1218).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-415-659-3141 (TTY: 1-415-346-1218) पर कॉल करें।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-415-659-3141 (TTY: 1-415-346-1218).