

PATIENT GUIDEBOOK FOR HIP REPLACEMENT



Surgeon After Hours Contact #: _____

Presidio Surgery Center

A California Pacific Medical Center Affiliate

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Dear Patient;

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

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 a healthy, speedy recovery.

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

Total Hip Replacement Overview

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Total hip replacement is a surgery to replace the entire hip joint (Fig I) with an artificial hip implant. The implant is composed of metal and polyethylene; the prosthesis is 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 is a visual of a healthy hip (Fig I), one afflicted by arthritis (Fig II) and finally a visual of what a total hip replacement would look like after surgery. (Fig III)

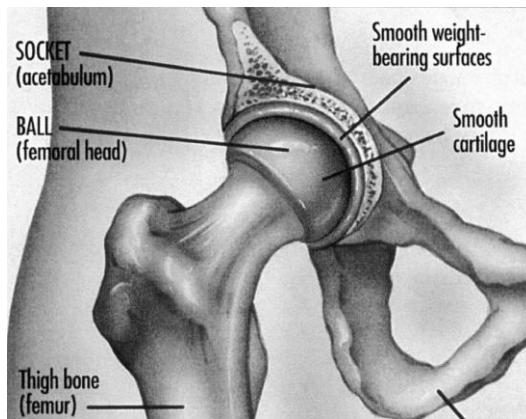


Fig I

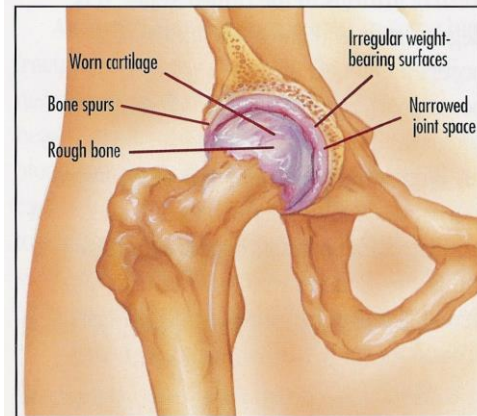


Fig II

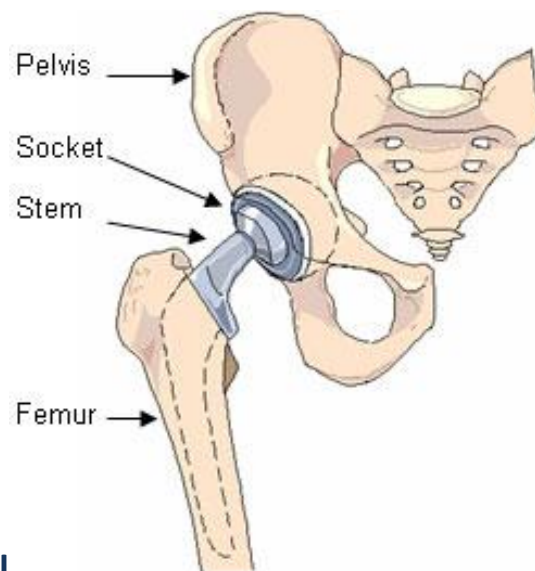


Fig III

Checklist for Completing Pre-Operative Requirements

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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 if needed. (Please call our patient care coordinator if you are not sure at 415-659-3176)
- ☐ Make sure you have a caregiver committed to being with you 24 hours a day for at least the first three days post op
- ☐ Schedule an appointment with our patient care coordinator by calling 415-659-3176 for our pre op hip class. **One Week Before Surgery:**

- ☐ The physical therapist should have made a home visit by now to order any special equipment you may need, go over exercises, and what to expect following surgery
- ☐ Be sure you are clear on which medications to take and which to stop taking and when. If you are unclear, please call our pre op nurse at 415-659-3176
- ☐ You will get a prescription for mupirocin at your pre op class. You must fill it and begin using this 5 days before surgery.
- ☐ 5 days before surgery begin taking your shower with clorhexidine soap each day (available at a pharmacy without prescription)

Notify the Surgery Center if

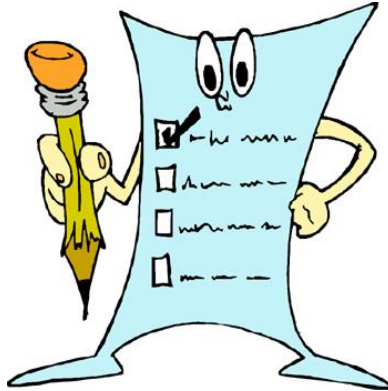
- ☐ You get sick (ex: cold or flu) or have a fever
- ☐ You get a skin infection or wound on the operative leg
- ☐ Your hip pain or swelling has significantly increased, or the hip feels unusually warm

What Should I Pack for the Surgery Center?



- ☐ Flat supportive athletic or walking shoes that won't slip
- ☐ Toiletries such as toothpaste, toothbrush, deodorant
- ☐ Eyeglasses instead of contacts
- ☐ 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 (we will have Netflix and Hulu available for you)
- ☐ A "going home" outfit that is loose, easy to don and doff
- ☐ Personal care items
- ☐ This guidebook to use as a reference

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 may brush your teeth and rinse your mouth the morning before surgery
- ☐ Do **NOT** apply lotions or perfumes or powders



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 shave 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.

What to Expect the Day of Surgery

1. At your assigned time, please arrive at the surgery center.
2. Once there you will be asked to remove:
 - a. All Jewelry. If your wedding band cannot be removed it can be taped to your finger. ***It is best to leave all jewelry at home.***
 - b. Dentures and partial plates
 - c. Contact lenses and eyeglasses
3. You will be asked to put on a patient gown, hat and slippers
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.
9. An anesthesiologist will meet with you to discuss your anesthesia care plan
10. You will receive antibiotics in your IV as prevention against infection
11. You will walk back to the operating room with your nurse
12. You will be getting up to walk the day of surgery with a physical therapist

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THE RECOVERY ROOM:

After your surgery is done, you will be taken to the recovery room, or Post-Anesthesia Care Unit, also known as the 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 catheter in place. These are usually removed the morning after surgery. 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.

WHAT IS SQUEEZING MY LEGS?

After you wake up from surgery, you may have some plastic sleeves on both of your legs. 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 sleeves 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?

Yes, you will experience some pain after surgery. Many patients find it is a reduced pain than what they had been living with prior to surgery. You will be asked what your pain level is on a scale of 0 to 10 (0 being no pain, and 10 being the most pain). It is important that you understand that we cannot take away all of your pain. Some pain is normal after surgery and we try to keep you at a 2 or 3 on the pain scale. 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.

BE SURE TO LET THE 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.

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Frequently Asked Questions Regarding My Stay

HOW LONG WILL I BE AT THE SURGERY CENTER?

Up to 24 hours. Your surgeon may request that you go to a rehab facility following discharge from the center for further physical therapy or you may return home for at home physical therapy.

CAN A FAMILY MEMBER STAY WITH ME?

Your family can stay with you until you are taken to the operating room. Your family may stay in the waiting room or leave and provide a contact number. Our staff can notify your family/friend 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 in surgery. You will be transported from the recovery room to the overnight room once your anesthesiologist deems you sufficiently recovered from anesthesia to be moved. Your vital signs (blood pressure, temperature and pulse) and any drainage from your dressing or drain will be monitored by your nurse.

HOW LONG DOES SURGERY TAKE?

Approximately 1 ½ 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.

DO I HAVE TO BRING A METHOD OF PAYMENT?

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

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DO YOU PROVIDE MEALS?

Yes. We will take care of all meals during your stay. Nutritious choices, customized to your medical needs are delivered to you.

WHEN CAN I EAT?

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

WHEN DO I START PHYSICAL THERAPY?

You will get up with physical therapy on the day of surgery. Remember that pain control is imperative. Usually by the next morning, you will be up and walking. Your nurse may give you pain medication about 30 minutes before your therapy session so that you can do as many exercises as possible. **VERY IMPORTANT... YOU SHOULD NOT ATTEMPT TO GET OUT OF BED UNTIL YOUR SURGEON OR PHYSICAL THERAPIST GIVES YOU THE OK.**



What to Expect After Surgery

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. Patients who go to a skilled nursing facility or rehabilitation facility will stay at that facility as long as they need assistance, but no longer than necessary. You will go home from your rehabilitation facility when:

- ✓ Your physical therapist feels that you are safely moving around and are able to get in and out of bed
- ✓ You can get to the bathroom or bedside toilet by yourself
- ✓ You can keep solid food down
- ✓ Your incision has no signs of infection
- ✓ Your vital signs are normal
- ✓ You can control your pain with oral medication
- ✓ Your lab work is acceptable to your physician

WHAT ITEMS WILL BE SENT HOME WITH ME TO USE AFTER DISCHARGE?

This depends on what has been ordered by your surgeon. It may include any of the following: ice bags, a special ice machine, a walker or crutches. Please check with your surgeon for what was ordered for you.

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.

WHEN CAN I DRIVE MY CAR?

You should be able to drive in approximately 6 weeks, maybe sooner if your operative leg is your left leg.

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HOW LONG WILL I NEED SOMEONE ELSE TO CARE FOR ME?

Depending on your healing progress, you may need someone on call to assist you for two to four weeks after surgery.

WILL I NEED A BLOOD TRANSFUSION?

We do everything we can to minimize blood loss during surgery. Your blood pressure is lowered during surgery to diminish bleeding, cut blood vessels are carefully cauterized, and we use the smallest incision possible. Even so, some hip replacement patients might need an infusion of blood. Today's technology offers new options to replace blood versus traditional methods of blood transfusion. Please discuss all the different options now available with your surgeon, to insure that in the unlikely chance that you need blood during surgery, you have a plan in place.

What can I Expect over the next few Days Following Surgery?



It is important to realize that everyone recovers at different levels. Recovery is unique to each patient. Below are some general guidelines of what to expect.

Day of Surgery

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

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

Day After Surgery

You will gradually increase your exercises and activities from day one. Daily activities may include:

- Walking across the room with a cane, crutches or walker with supervision
- Getting on and off the toilet

Subsequent Days

Each day you will increase your exercises and activities, you may be able to

- Bend the hip to a 90* angle, or show improvement in bending the hip
- Extend the hip
- Walk with a cane, crutches or walker
- Move to a chair or toilet independently
- Bathe and dress yourself
- Climb several steps

Your physical therapist will provide you with an exercise/activity log.

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 may take blood sample if needed to monitor your blood count. The home care team will coordinate care with your physician and will help you with the transition to outpatient rehabilitation.

Pain Management Overview



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 goal is to alleviate your fears and concerns and ease your discomfort. 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 you are as comfortable as possible and able to fully participate 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.

ON A SCALE OF 1 TO 10...

You can assist us in helping you manage your pain by understanding the 10 point pain scale. The scale is a measurable description of the pain you are experiencing. By verbalizing the pain on a 10 point scale, zero (no pain) up to ten (most pain), 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 medication, and during therapy sessions. Some pain is expected and normal after joint surgery. 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 that 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.

Preventing Blood Clots



After surgery, or, particularly, when you are less active, 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. The stockings are designed to compress your muscles and blood vessels. These 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 post operative visit.

Your surgeon may place you on one of the following medications to help in the prevention of blood clots:

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

Dental Treatments

It is possible, in some situations, for bacteria from the mouth, teeth or gums to travel through the bloodstream and settle in an artificial joint. This could increase your chance for infection.

The American Dental Association and the American Academy of Orthopedic Surgeons have developed guidelines for you to consider when having dental work after an artificial joint replacement. Infections are easy to avoid with an antibiotic prescription. Regardless of your current health condition and potential dental procedure, please always check with your physician and your dentist.

Safety and Preparation of Your Home

ENTRYWAY STAIRS AND HALLWAYS

- Keep well lighted and clutter free
- Install night lights and illuminated switches
- Make sure carpets and loose rugs are firmly anchored to the floor
- Install nonskid 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 in addition to night lights when getting up at night to use the bathroom
- Sit at the bedside for a few minutes to fully wake up before getting out of bed
- Keep bathroom floor dry
- Have a hand held shower for 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 (ie curbs, stairs, carpet vs linoleum)
- Pick up your feet to avoid tripping

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- Watch out for your pets, they can cause tripping, you may want to consider have a rambunctious pet stay with friends for a few days, or arrange a walking service
- Make sure you have done your laundry so you do not need to carry laundry or go to a Laundromat
- Clean you house prior to surgery, you will not want to do housecleaning immediately post op
- Relax in firm chairs that have armrests, and are a little high. Using pillows can make a chair higher. This will make it easier to get up

PREPARE YOUR SHOWER



- ☐ If your shower is also a bathtub, you will need a shower bench without arms. If you have a shower stall you can use any safe seat. These can be bought online or any medical supply store.
- ☐ The seat should have rubber tips to prevent it from slipping
- ☐ The proper way to use a bench or seat in the shower will be shown to you at the time of your discharge from the surgery center or rehabilitation center

ADJUST YOUR TOILET



- ☐ If your toilet is not handicapped accessible, you may want to consider buying a raised toilet seat, toilet safety frame, or a three in one commode
- ☐ These can be bought online or any medical supply store

My Hip Replacement Preoperative Checklist

Item	Done	Date	Notes
Receive a home health assessment arranged by your surgeons office			
Purchase/Rent medical equipment as directed by surgeon (eg; cold therapy unit,) Rent your CPM			
Speak with Presidio Pre Op nurse			
Pack a small overnight bag – toothbrush, robe, eyeglasses to read papers, non slip athletic shoes, sweat suit. Do not bring jewelry, or contact lenses. Do not wear lotions. If being admitted to a skilled nursing facility contact that facility for directions on what to bring.			
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. (ie: insulin, heart medications, hormones, seizure) please bring them in their original packaging with the instructions attached.			
Complete the pre surgery survey and bring it to the center with you			
Use the mupiricin and chlorhexidine daily for 5 days pre operatively			
Bring your inhalers even if you only use it occasionally			
Bring Documents: <ul style="list-style-type: none"> <input type="checkbox"/> Survey <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) 			

Pre-Operative Patient Education Acknowledgement

- ☐ I have received pre operative patient education regarding my hip replacement surgery and had the opportunity to ask questions and voice concerns
- ☐ I have received the hip replacement guidebook, and a tour of the facility
- ☐ I understand that I may have to spend the night at the facility, depending on my course of recovery
- ☐ I understand that I may or may not receive antibiotics, depending on my surgeons preference
- ☐ I understand the safety issues that need to be in place for my home recovery, as outlined in the guidebook
- ☐ I understand that pain management is an important issue, and that I can expect to have some pain during recovery. I understand how to take the pain medications and other therapies that may be ordered, in order to maximize comfort
- ☐ I understand the purpose of blood thinners and how to take them

Patient Signature _____ Date/Time _____

RN Signature _____ Date/Time _____

Exercises

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 towards the floor.

Hold _____ seconds,

Repeat _____ times, Do _____ sessions per day

Heel Slide:



Bend knee and pull heel towards buttocks.

Hold _____ seconds.

Repeat _____ times, Do _____ sessions per day

Straight Leg Raises:

Bend unoperated leg. Raise operated leg _____ inches with knee locked. Exhale and tighten thigh muscles while raising leg. Repeat _____ times, Do _____ sessions per day.



Knee Straightening over a 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.

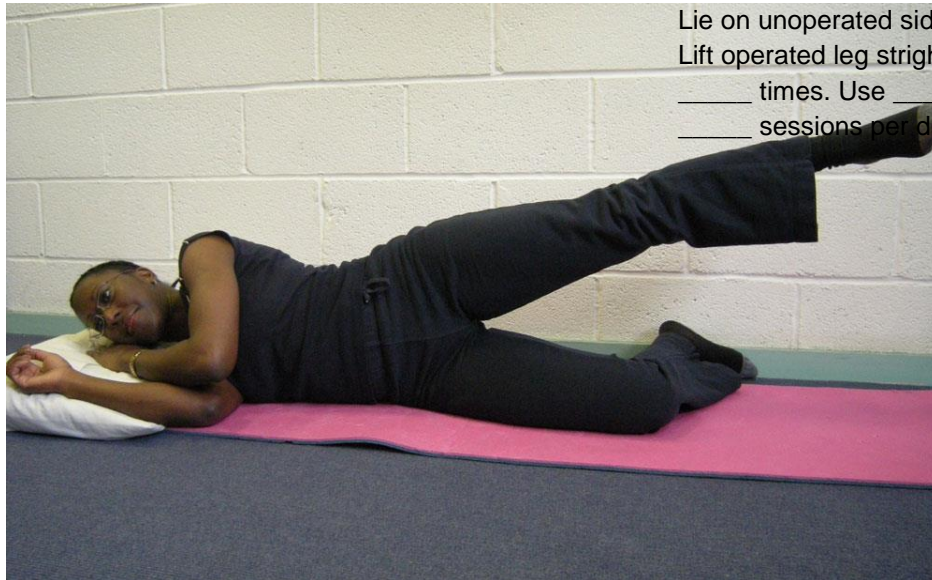


Active Flexion and Extension:



Straighten operated leg and try to hold it _____ seconds. Use _____ lbs on ankle. Repeat _____ times. Do _____ sessions per day

Hip Abduction:



Lie on unoperated side.
Lift operated leg stright to the side. Repeat _____ times. Use _____ lbs on the ankle. Do _____ sessions per day.

Range of Motion:

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Place operated foot on a smooth surface. Slowly slide foot back as far as possible. Hold _____ seconds. Repeat _____ times. Do _____ sessions per day.



Place heel of operated leg on a low table or chair. Let knee hang and gravity stretch your leg. Hold for _____ seconds, Repeat _____ times, Do _____ sessions per day.

Helpful Hints for Activities of Daily Living:

1. Riding in Cars: Position the seat back as far as possible. You may recline the seat slightly. Get in the passenger side of the front seat. Back up to the seat, and sit down on the edge of the seat. Pivot into the car, and assist one leg at a time into the car. Reverse to get out.
2. Usually you can drive yourself after 3 to 6 weeks. (Sometimes sooner with left sided surgery) You must be able to demonstrate equal leg strength and agility if you are in an accident otherwise your carrier may not cover you.
3. Active Sports (ex: tennis, golf) are not resumed for 6-12 months post operatively.

Monitoring for Complications

Deep Vein Thrombosis:

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

- Swelling in legs which 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 you develop these signs:

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

Hip Precautions

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

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Contacts

Presidio Surgery Center

Main Line

415-346-1218

Medical Director

Dr. Steve Vitcov

415-317-4669

Patient Care Coordinator

Theresa Morse

415-659-3176

Administrator

Jessie Scott

415-659-3141

Insurance Coordination

Shelly Cameron

916-529-4865

Sutter Care at Home

415-600-0444

CPMC Outpatient Physical Therapy

Harold Fisk: 415-600-5393

Appointments: 415-600-5356

Medical Equipment

Jamie Decoit

415-307-0950

CPMC Lab Stations

California Campus

3838 California Street, Room 104

415-600-2200

Hours of Operation:

Monday through Friday 7:00 a.m. - 6:00 p.m.

Saturday 7:00 a.m. - 3:30 p.m.

Davies Campus

Castro & Duboce Streets

Main Hospital North Tower - Level A

415-600-2200

Hours of Operation:

Monday through Friday 7:00 a.m. - 6:00 p.m.

Saturday 8:00 a.m. - 4:30 p.m.

Pacific Campus

2100 Webster Street, Lobby Level, Suite 103

415-600-2200

Hours of Operation:

Monday through Friday 7:00 a.m. - 6:00 p.m.

St. Luke's Campus

1580 Valencia, Montecagle Bldg, Suite 103

415-600-2200

Hours of Operation:

Monday - Friday 7:00am to 6:00pm

Saturdays - 9:00am to 12:00pm

Closed Sundays and Holidays

Downtown San Francisco

490 Post Street, Suite 1146

415-600-3170

Hours of Operation:

Monday through Friday 8:00 a.m. - 4:30 p.m.

HOW TO – CHLOROHEXADINE SHOWER

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 5 days prior to surgery

Gather the supplies:

- Antiseptic solution – a 2% to 4% chlorhexidine gluconate (CHG) solution (a brand name is Hibiclens, which can be purchased at your local pharmacy)
- Clean wash cloths (2-3)
- Clean towels and clean sheets
- Clean (freshly washed) clothing to put on after bathing

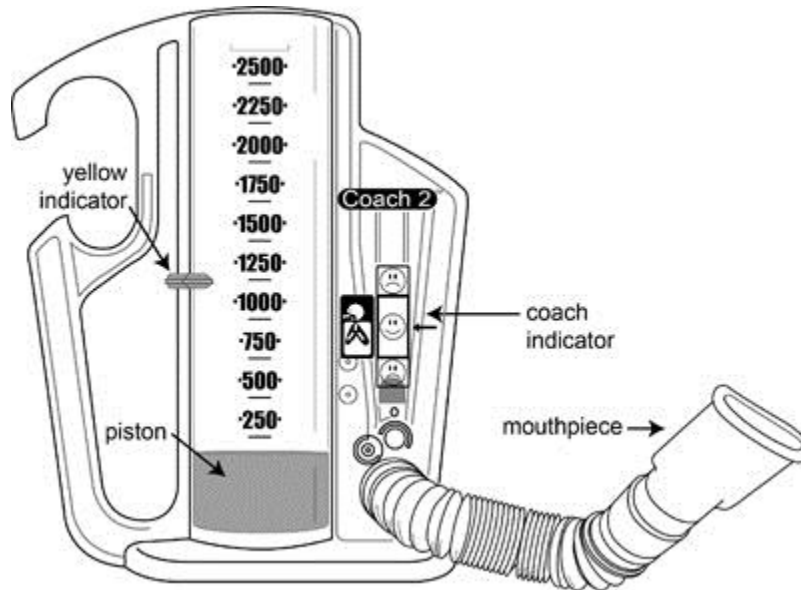
Using CHG in the shower*:

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 antiseptic solution (CHG) 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, then lather your entire body, except your face. **DO NOT USE CHG ON YOUR FACE.**
3. Once you have completely lathered-down 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. Place clean, freshly laundered sheets on your bed to avoid re-contamination of your skin from cells shed on previous nights.

How to Use an 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 the 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.

HOW TO WASH YOUR TED HOSE (COMPRESSION STOCKINGS)

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

Fill a small tub or basin with cool water. Dip the stockings in the cool water, then remove. Add a mild detergent to the water. Mix the water with your hand to circulate the soap. Place the stockings back in the water and let them soak for 5 to 10 minutes.

Gently rub the stockings to remove dirt and oil. Squeeze them out gently and rinse to remove any soap. Do not pull or twist stockings.

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.



NUTRITION COUNSELING:

Dietitian: www.ThriveRD.com, Kelsey@thrived.com, 415-763-5544

Nutrition Counseling Clinic at Mt Zion: (415) 353-4174

https://www.ucsfhealth.org/clinics/nutrition_counseling_clinic_at_mount_zion/

American Diabetes Association:

<http://diabetes.org/>

ACTIVITY AND EXERCISE:

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: find a meeting:

<https://www.weightwatchers.com/us/find-a-meeting>

California Weight Clinic (415) 447-4200

<http://www.californiaweightclinic.com/>