This handbook was written and produced by Physicians and Hospital staff to help prepare you for your upcoming total joint replacement surgery, hospitalization and discharge care. The information in this handbook may not be specific to your surgical experience as each patient has different needs, and physician practice varies.

**PLEASE BRING THIS HANDBOOK WHEN YOU COME TO THE HOSPITAL FOR YOUR SURGERY.**

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Sutter General Hospital
2801 L Street, Sacramento, CA 95816
(916) 454-2222

Diagnostic Imaging: CT Scan, Nuclear Medicine, Radiology, Ultrasound
Emergency Room
Gift Shop
Inpatient Pharmacy
Lobby/Information Desk
Registration & Business Services
Administration
Bridges to Fort Sutter Medical Bldg. & Sutter Cancer Center
Cafeteria & Dietary Services
Central Services/Materials Management
Conference Rooms A, B, C
Health Information Services & Medical Records
Human Resources
Medical Staff Services
Nursing Administration

Case Management & Discharge Planning
Chapel
Intensive Care Units East & West (Patient Rooms 3310 – 3428)
Laboratory
Neurodiagnostic Lab/EEG.
Pathology
Pre-Surgical Unit/Ambulatory Care Department
Pulmonary Services
Rehab Services
Surgery Waiting Room
Surgical Services Department

Maps are subject to change due to construction. We apologize for any inconvenience.
Check in at the Information Desk located in the main lobby of Sutter General Hospital. After checking-in you will be directed to the registration area on the first floor. The main lobby is open from 5:00 a.m. - 8:30 p.m.

Our surgery waiting areas are equipped with a display monitor showing a patient’s progress through the surgery from pre-operative to recovery. A poster on the wall, near the monitor, describes how to read the monitor. This way, families and support people can always know where the patient is as the surgery progresses from pre-op to recovery.

While they are waiting, your family may want to visit the Cafeteria on the second floor for coffee or something to eat. Snacks and sodas are also sold in the gift shop located on the second floor across from the cafeteria. ATM machine is located near gift shop and cafeteria.

You will be brought to your room in the Sutter Orthopaedic Joint Replacement Center after surgery and recovery.

The elevators are located in the center of the hospital, and each floor has a directory and map posted across from the elevator doors.
Planning and Preparation

Planning ahead for surgery
Planning for your surgery and having realistic expectations about your recovery period are important. This guideline can be used as a checklist to be completed before your surgery. Some questions to answer before you are admitted to the hospital for your surgery include the following:

Help at home
Who will be with you once you return home after your surgery?
- It is important to have someone with you preferably for 1-2 weeks after you return home from the hospital to help with meal preparation, shopping and other tasks.
- If you do not have a spouse or significant other, you may want to arrange for other family members (grown children, other relatives, etc) or friends to stay with you when you get home.
- Another option would be to stay at the home of a family member or friend.
- If there is no one available to be with you when you get home, you might want to consider other options such as extended care facility until you are able to care for yourself at home. You can call (916) 733-8523 to get a list of skilled nursing facilities that provide extended rehabilitation. You may have a choice in which facility you go to so we want you to look at them in advance. You might want to check with your insurance company to make sure that you have skilled nursing benefit.
- The Case Management team supports you and your family during your hospital stay and helps prepare you for discharge. Case Managers are available to discuss discharge options, answer basic insurance questions, and assist in arranging other home care services.
- You may want to discuss these different options with your family members, the Total Joint Coordinator and your physician before your surgery.
- A list of licensed and bonded private pay agencies can be provided upon request. These services can range from home maker and companion services to skilled nursing care.

Transportation
Who will drive you to the hospital on the day of surgery?
- You will also need to plan a ride home from the hospital when discharged by your physician. You will not be able to drive yourself home.
- Consider a temporary Disabled Person placard or plates. A form is provided in the back of the booklet. Contact info for DMV is dmv.ca.gov or (800) 777-0133.

Eating
How will your meals be provided when you return home?
- If someone is not available to prepare your meals, here are some suggestions:
  1. Stock up on nutritious microwavable meals before your surgery.
  2. Cook meals before your surgery and freeze them for easy preparation.
  3. You will not be driving for 3 to 6 weeks after surgery (determined by your surgeon), so make sure you have enough meals prepared or have someone available to do your shopping.
- If you don’t have family to do your grocery shopping for you, check with your local supermarket to see if they have delivery or check out online grocery shopping and delivery like Safeway.com.
Safety

Is your home safe? (It is recommended that this is done BEFORE your surgery.)

- Make sure throw rugs are removed to avoid unnecessary trip hazards.
- A firm chair with arms is recommended when you return home after your surgery. The height should allow for your knees to be slightly lower than your hips to allow for ease in getting up from the seated position. Please measure the height of your chair. (Any questions can be referred to your Physical Therapist or Physician).
- Measure height, width and depth of steps for practice of same type step while you are in the hospital.
- Measure height of bed; the hospital bed can be adjusted for practice while you are in the hospital.
- Reposition furniture to allow for use of assistive devices, such as a walker.
- If doorways are narrow, consider removing doors temporarily to allow for easy access with assistive devices such as a walker.
- Put dishes, bathroom articles and frequently used items where they are easy to reach (generally at waist level).
- If you can’t reach your showerhead to adjust it, get a hand held version installed before surgery.
- If you have a bathtub shower with doors, consider removing doors and placing a shower curtain temporarily. This will allow for safer and easier movement in and out of the bathtub.
- Place non-skid mats in your shower and/or bathtub if the surface is slippery when wet to prevent slip hazards.
- For additional safety, you may want to consider installing grab bars near your shower/bathtub before surgery.
- The discharge planning department will discuss with you appropriate equipment that will make your recovery at home safer, easier and more comfortable. It is your responsibility to understand your insurance coverage for your portion of payment and deductibles regarding home health and equipment needed for home use.
- Plan ahead for the care and feeding of your pets while you are in the hospital, and for the first few weeks when you get home.
- Plan ahead for newspaper and mail handling, especially if you live alone.

Health

- We recommend that you attend the Joint Replacement Class before your surgery. See section Preparing for your hospitalization/Joint Replacement Class for more information.
- If you smoke, we strongly recommend you stop smoking for at least one week prior to your surgery to help you recover faster. You may want to talk with your physician about quitting.
- Talk with your doctor before surgery about bowel elimination because after surgery you may experience constipation.
- Starting now, we encourage you to eat a well balanced diet including foods high in iron, protein and fiber. You will also want to drink plenty of fluids. It will also be important after your surgery to continue with well-balanced meals to help you heal.
- You may need to check your temperature when you return home. If you don’t have a thermometer, consider purchasing one before your surgery.
- If you are taking any aspirin, anti-inflammatories or other blood thinning medications, let your physician know at least 2 weeks before your surgery, as he may want to change or stop these medications.
- If you are taking herbal-products, let your physician and/or surgeon know at least 2 weeks before your surgery, as they may want you to stop taking them. The morning of surgery, let your anesthesiologist know which herbal products you have taken in the past 3 weeks. The available scientific literature suggests that certain herbs can prolong bleeding time, prolong the sedative effect of anesthesia, or cause fluctuations in blood pressure.
If you are taking herbal-products, let your physician know at least 2 weeks before your surgery, as they may want you to stop taking them. The available scientific literature suggests that certain herbs can prolong bleeding time, prolong the sedative effect of anesthesia, or cause fluctuations in blood pressure.

Make sure your dental exam is current and teeth cleaned before your surgery. If you have painful teeth or bleeding gums that may require dental work, please discuss this with your surgeon well in advance of your surgery.

It is not recommended that you have your toenails trimmed immediately before or after your surgery, due to increased risk of infection. If you have questions regarding this, please discuss it with your surgeon well in advance of your surgery.

**Joint Venture**

Joint Venture is a program developed by physicians and hospital staff to help make your surgery and recovery go as smoothly as possible. If you haven’t received a phone call from the nurse (The Total Joint Care Coordinator) one week before your surgery, please call (916) 733-8523 or 1-877-361-BONE (2663) to discuss the following:

- Who will help you when you go home?
- What equipment do you have available to you?
- House layout (stairs, bathtub, bedroom, etc.).
- Medical history including medications and allergies.
- Review any concerns you have regarding going home.

Talking this over with us before your surgery will help us make a better plan for your return home.

Each person responds differently to surgery. How long you stay in the hospital depends on how you do medically and how you progress with physical therapy. Physical therapy is planned to help you with your specific functional needs to prepare you to go home.

**Pre-surgical check list**

- Attend Joint Replacement Class
- Arrange help
- Arrange ride to and from the hospital
- Arrange meals if you live alone
- Remove small area rugs (throw rugs)
- Find comfortable chair with arms
- Measure the height of your bed and chair
- Measure the height, depth, and width of your steps
- Make sure there’s plenty of room around furniture
- Arrange house for safety and convenience
- Install a hand held shower unit, shower bar and non skid mat
- Remove doors from bathtub
- Stop Smoking
- Address Constipation Issues
- Eat Nutritiously
- Stop Aspirin and Non Steroidal Anti Inflammatory Drugs per your surgeon’s protocol
- Purchase a thermometer
- Mail and newspaper arrangements
- Care and feeding of pets
- Current dental exam
Things to bring to the hospital

Personal Items *(consider labeling all items with your name and telephone number)*
- Personal hygiene products: Deodorant, hand sanitizer, wet wipes, lip balm, toothbrush, toothpaste, hairbrush, and/or comb etc…
- Non-skid slippers or flat non-skid footwear (tennis shoes, loafers, etc…)
- Pajamas, nightgown or sleep wear (hospital gowns preferred one-two day’s after your surgery due to intravenous lines)
- Loose fitting underwear
- Loose fitting clothing for the ride home
- Glasses, hearing aide(s) and/or dentures and cases for each
- If you already own a Front Wheeled Walker (walker with 2 wheels only), please label it with your name and phone number and keep it in the vehicle that will bring you home from the hospital. The hospital therapist will check it out for safety and proper fitting for home use. The hospital has a walker for your use while you are in the hospital.
- If you use a CPAP machine for sleep apnea, please bring it in the morning of surgery and give it to the admitting nurse on 3 North before your surgery. Please label it with your name and phone number.

Paperwork
- The name of your personal or primary care physician
- Provide a list of medications: *Prescription Medications, Over the Counter Medications, Herbal Remedies and Vitamins*. Please include the *name, dosage and frequency* (how often you take them). Also include *allergies* to medications, food, latex, and any other allergies. A form, *The Day of Surgery List*, is provided in the back of this booklet. If possible, make extra copies, you may be asked to provide this information more than once.
- The name and telephone number of your local pharmacy (please don’t include mail order pharmacies). Please check with your pharmacy to make sure it is open on your anticipated discharge date.
- Any paperwork from your physician
- Advance Health Care directive (also known as Power Of Attorney for Health Care or Living Will)
- This handbook

Optional
- Non-electric razor
- Battery operated radio, tape recorder, or cassette player with headphones and extra batteries
- Easy listening music (CD’s and tapes)
- Books, magazines, crossword puzzles or other activities
- Ear plugs
- Pre-paid phone card for long distance or toll calls
- Cell phone (must be charged at home)
- Bathrobe - if you own one (knee or calf length)

Do not bring
- Anything valuable (money, credit cards, jewelry, etc)
  Please note all jewelry must be removed prior to surgery, including rings.
- Electric plug-in equipment
- Any medications unless directed to do so by your physician (Any questions regarding medications can be discussed with the Total Joint Care Coordinator or your Physician).

Please DO NOT bring your belongings into the hospital with you the morning of your surgery. We ask that you have your family and/or support person bring the belongings in AFTER your surgery.
Preparing for your hospitalization

Joint Replacement Class
We strongly encourage you and your family members to attend. Research has shown that patients who attend a surgical preparation class have less anxiety about their surgery and more realistic expectations about the recovery process.

The goal of the Joint Replacement Class helps prepare you for surgery by familiarizing you with pre and post-operative procedures and goals for recovery. Class topics include a general discussion of the admission process, nutrition, pain management, equipment, physical therapy and discharge planning. Family members are welcome and encouraged to attend. Wheelchairs are available if needed. Make a list of questions before the class so you can ensure they all get answered.

This FREE class is held every Tuesday from 1:00-3:30 p.m. Call 1-877-361-BONE (1-877-361-2663) for class details.

Registration
You may pre-register before your surgery. If you have two weeks or more before your surgery, you may do this online at suttermedicalcenter.org. For pre-registration one week or less before your surgery, go to the registration desk in the front lobby at Sutter General Hospital. You may receive a phone call from pre-registration in advance of your surgery.

Pre-admission lab tests
Your physician will tell you where and when to have your lab tests drawn. If done at Sutter General Hospital, you must register first. If you have donated your own (autologous) blood, you must have a blood test (type and cross match) done at Sutter General Hospital. This may be done up to 7 days before your surgery date, but may also be done the day of your surgery. You will receive any necessary paperwork from your physician’s office. A green armband will be placed on your wrist at the time that this blood test is completed. Do not remove. It is necessary for blood safety identification. If it is removed, the blood test will have to be repeated.

Pre-admission phone calls
You may receive a few phone calls, at home, before your admission to the hospital. The following departments may be contacting you:

- Business Services may call a few days ahead to verify insurance information and update your hospital record. You will be asked about Advance Directives (also known as Living Will or Power of Attorney for Health Care). You will be reminded to bring your insurance cards and a copy of the Advance Directive with you. For further information or any questions, call Sutter General Hospital at 916) 978-8000. An Advanced Directive must be completed BEFORE your hospital stay. Hospital employees may not be a witness to your signature on this form. A form is provided in the back of the book.
- Your anesthesiologist may contact you the night before surgery to discuss your health history, any prior experiences with anesthesia and/or pain management issues.
- The Surgical Pre-admission staff may call you 1-2 days before your surgery to discuss your health history, allergies and current medications. If you do not receive a call within 24-hours of your surgery, call (916) 733-7121.
- The Total Joint Care Coordinator may call you before your surgery to discuss your home situation and support system. You may call (916) 733-8523 or 1-877-361-BONE (2663) if you have not received a phone call 1 week before your surgery.

Do not be concerned if you do not receive calls from all of these departments. The information will be obtained when you are admitted to the hospital.
Medical library
Our free medical library is designed for patients and families to learn more about a procedure or illness. The library is located at Sutter Cancer Center, across from Sutter General Hospital, at 2800 L Street, 6th floor, call (916) 733-3880 for hours of operation.

Night before surgery
You will be instructed not to eat or drink anything after midnight the evening before surgery. Your anesthesiologist or your physician will instruct you if there are any exceptions, such as the need to take certain medications the morning before surgery. We encourage you to NOT SMOKE 12-24 hours before your surgery, or longer if possible.

General guidelines
We want to make your stay as comfortable and safe as possible. These guidelines will help you know what to expect during your stay with us.

Hospital personnel
Hospital staff changes shift every 8 to 12 hours. The “team” caring for you generally consists of a Registered Nurse (RN) and Nursing Assistant (NA). They work together, but each one has a different role. The RN will coordinate all the care, and the NA will assist with bathing and meals.

Privacy
Family and friends may contact you directly by calling the hospital operator at (916) 454-2222 and asking for you by name. We need your permission to give medical information to anyone other than yourself. You may want to ask a family member or friend to act as a spokesperson to manage inquiries about your progress.

Routines/procedures:
- Vital signs (blood pressure, pulse, respirations, and temperature) will be taken often during your hospital stay.
- Lab tests, when ordered by your physician, are generally done in early morning but may be done at other times when necessary.
- Showers are not permitted for a period of time after a joint replacement surgery (unless instructed differently by your surgeon). The nursing assistant will help you with a “bed” or “sponge” bath after surgery. You will be encouraged to do as much as possible for yourself.
- Physical therapy is usually performed twice a day for joint replacement patients while in the hospital. The nursing staff, physical therapy staff and physicians will work with you to manage your pain so you can fully participate in your physical therapy treatment.
- A representative from dietary is available to speak with you on a daily basis regarding your food preferences.

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<td><strong>Breakfast</strong></td>
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<td><strong>Lunch</strong></td>
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<td><strong>Dinner</strong></td>
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Food from home, kept at the proper temperature, is permitted once you are on regular food diet.
Medications
Bring a list of all medications that you are currently taking or have taken in the last 2 weeks. A form is provided in the back of the booklet. Include the name of the medication, amount taken (dose) and how often it’s taken (frequency). Do not bring your medications to the hospital unless instructed to do so by your physician or the Total Joint Coordinator. Inhalers, eye drops, creams or ointments, nasal sprays and pre-packed hormones (not loose in a bottle) are the exception. Medications are provided by the hospital pharmacy as ordered by your physician.

Patient rooms
Each room has its own bathroom for patient use only. Visitors’ bathrooms are located at either side of the elevators.

Private rooms
There are private rooms at the Joint Replacement Center and room designation is decided by hospital staff depending on availability and your specific needs after surgery. A semi-private room may be necessary after your surgery to allow for closer monitoring (due to the location nearest the nurse’s station). If you request a private room, every effort will be made to meet your needs. A cot may be provided for a family member to stay overnight in private rooms. Patient safety and space constraints make it difficult to provide a cot in semi-private rooms.

Phones
Each patient has their own phone. For an outside call, you need to first dial 9, then the number you are calling. If you need assistance, dial 0 for the hospital operator. Long distance calls need to be dialed collect, billed to your home phone, put on your calling card or consider a pre-paid phone card. You may use your cell phone in the patient rooms. Please do not use cell phones in the hallways or in and around the nursing station. We are not responsible for any lost items.

Internet
Each hospital room is set up for wireless internet service.

Television
Each patient has a television operated by hand held controls. Your nurse will show you how to use the controls. Educational programs are also available 24-hours a day on our Closed Circuit television (refer to page 13 of the handbook for instructions). Ask your nurse how to get programs of interest to you.

Belongings and valuables
In order to prevent misplaced or lost items, please leave all valuables at home. We also strongly encourage marking any items brought to the hospital with your name and phone number. If you are moved from one hospital room to another or when you are discharged, be sure to check the following areas for personal items: drawers, closets, shelves, bathroom, and under the bed.

CaringBridge
CaringBridge websites are private personal patient web pages that will let you use the Internet to share messages about how the patient is doing during medical care with us. There are other benefits as well. For more information you can log on to a personal computer at suttermedicalcenter.org and click on the CaringBridge logo on the home page.

Sutter Spirit
Sutter Medical Center, Sacramento recognizes and honors employees, volunteers, physicians, and departments who personally and collectively go above and beyond by showing respect, consideration and compassion for others, thus serving as role models for all. If you would like to recognize someone for this, please find blank forms and the blue box for completed forms on the Orthopaedic unit.
Question
This section may be used to write your questions as you review the handbook and/or to take notes when you attend the Joint Replacement class.

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Your Hospital Stay

Admission to the hospital
You will be given a check-in time from your surgeon’s office. If you are the first surgery of the day (7 am or 7:30 am), please arrive between 5:00 am and 5:30 am. When you arrive at the hospital, go to the information desk in the hospital lobby, and they will direct you to the admitting office to complete your registration. If you have pre-registered, this will be to finalize your registration. You will be asked for a signed copy of your Advance Directive (or Power of Attorney) concerning your medical care. You will then be escorted to the surgical pre-op unit located on the third floor (3 North).

We encourage you to leave all your personal belongings in the car, and have your family or friends bring them to you after your surgery. This will help minimize the risk of losing your belongings. The clothes you are wearing will be placed in a bag and labeled with your name. We will ask your family to hold them while you’re in surgery. If you do not plan to have visitors while in the hospital, please discuss other arrangements for your belongings with the Total Joint Coordinator at (916) 733-8523 or with the pre-admission nurse during your pre-surgery admission call the day before your surgery.

You will be asked to put on a hospital gown and then be asked certain questions by the nursing staff to help us plan your care after surgery. An intravenous catheter (IV) will be inserted into your arm to provide fluids during and after surgery. Your family is welcome to stay with you until you are transported to the operating room. A waiting area is located just beside the Recovery Room for your family to wait during surgery.

You will meet with your anesthesiologist before you are given any medications that could interfere with your ability to think normally and answer questions.

The next step is to transport you to the Operating Room where you will be asked to move onto the operating table. The staff will be preparing both you and the room for surgery. The anesthesiologist will talk to you as he/she prepares and administers your anesthetic. After the operation, you will be placed in your hospital bed and brought to the recovery area.

After your surgery
After your surgery, your recovery room stay will range from 1-3 hours during which you will be monitored closely until you are ready to be moved to your room. You may be sleepy and hear a lot of voices and noise from the monitors. Try not to let these worry you. The first thing you may notice when you wake up is an oxygen mask covering your nose and mouth, which will be changed to a small tube (nasal cannula) by your nose to give you extra oxygen, after your surgery. You will also have cords attached to your chest to monitor your heart and a probe to one of your fingers to monitor your breathing. You will have an automatic blood pressure cuff attached to one of your arms to take your blood pressure. You will still have the intravenous catheter (IV) that was placed before surgery, as well as a tube in your bladder to drain your urine. You may notice a dressing over the surgical site. You may also have a drain that will collect blood and fluids from the surgical area. On your legs you may have thick, white elastic stockings and/or plastic with velcro compression stockings that inflate and deflate. Both of these stockings are to help prevent blood clots. If necessary, your physician may order a blood test to be drawn while you are in the recovery area.
When you are medically stable, you will be transported from the recovery area to your room. Your physician may have spoken with your family/support person regarding your surgery while you were in the recovery area.

**Special monitoring**

Your physician may have anticipated the possibility of you needing closer monitoring after surgery. If this is necessary, you could be moved to the Intensive Care Unit, the Telemetry Unit or the Neuro-observation Unit.

**Joint Replacement Center at Sutter Medical Center, Sacramento**

After your stay in the recovery area, you will be moved into your room in the Joint Replacement Center. You will have a team of hospital personnel caring for you, which includes a Registered Nurse (RN), and a Nursing Assistant (NA). Your vital signs (blood pressure, temperature, respirations and pulse) will be checked frequently. The nurse will also check your bandage and drain (if you have one). The staff will ask if you have any numbness or tingling; they will also ask you to move your feet and toes to check for movement and sensation. You will be turned side to side to have your skin checked and to relieve pressure from lying in the same position too long. You will continue to have the IV to give you fluids, antibiotics, and if necessary, blood. When you are taking fluids by mouth, the IV fluids will be discontinued but the IV catheter may remain in place for delivery of your antibiotics or medications.

The tube placed in your bladder during surgery to drain your urine will be removed 1-2 days after surgery. You may need to use a bedside commode for both bladder and bowel elimination until you are able to walk to the bathroom.

You will be instructed how to use a piece of equipment called an Incentive Spirometer to help prevent pneumonia. The Incentive Spirometer will help you take large, deep breaths. We encourage you to use the incentive spirometer 10 times every hour while you are awake.

The elastic stockings and/or compression stockings that were placed on your legs will remain for a few days to help prevent blood clots. Both will be removed for bathing and the compression stockings removed when you are walking. You will be encouraged to paddle your feet (point your toes away from your face then bring your toes back to your face) back and forth 10 times every hour while you are awake. This helps prevent blood clots.

The nurse will let you know when it is safe to have anything to eat or drink. When you are more fully awake, you will be started on ice chips or liquids, and you are usually eating solid food by lunch the next day. If you feel nauseated, your physician will have medications available for the nurse to give you.
TV Instructions

TV instructions to access Instant Healthline Education Videos on demand for total hip/total knee exercises

To Start a Video:
1. Turn on the T.V. using the Hand Held T.V. Remote
2. Dial Extension 82940 using the telephone key pad
3. Press the “1” key for English using the telephone key pad
4. Enter patient room number using the telephone key pad
5. Enter patient bed number using the telephone key pad
6. Enter the channel that is directed to you by the T.V. using the telephone key pad. When you have the channel entered press the * key using the telephone key pad
7. Press the “8” key using the telephone key pad (takes you to category 8)
8. For Hip Exercises press the “6” key using the telephone key pad
9. For Knee Exercises press the “8” key using the telephone key pad
10. To start this video press the “1” key using the telephone key pad
11. To go back & chose another video press the “*” key using the telephone key pad

Options for a video already playing:
1. Dial back into the system 82940 using the telephone
2. Re-enter patient room number using the telephone
3. Re-enter patient bed number using the telephone
4. Press the “1” key using the telephone to cancel video & go back to the main menu
5. Press the “2” key using the telephone to pause. Video will pause for 20 minutes
6. Press the “3” key using the telephone to resume a paused video.
Patient safety guidelines

Safety is one of our most important concerns while you are here in the hospital. The following are some safety requirements:

- No electrical appliances can be brought into the hospital since they may be an electrical hazard. This includes electric razors, cell phones, blow dryers, radios, etc. Battery operated equipment is okay including electric razors and cell phones that have previously been charged at home (they are not to be plugged in at the hospital).
- Always ask for help before getting up. Please press the Nurse Call Button located at your bedside or pull the cord located next to the toilet in the bathroom when help is needed.
- We recommend non-skid slippers or other flat non-skid footwear, such as tennis shoes, for use when you are out of bed.
- Keep the bedside rails in the up position at all times.

Guidelines for friends and family

Our goal is to provide you with very good care. We feel that family members and significant others play an important part in the healing process and deserve support. The following guidelines have been developed with this in mind.

It is our goal to provide a patient and family centered care environment. We welcome family and friends at any hour that meets your needs. Patient safety is our utmost concern; therefore, we ask that any family or friends with symptoms of cold, flu or any other illness should not come to the hospital. Children may visit with adult supervision. The number of family and friends in the room at one time may have to be limited, particularly in a semi-private room. We will work with you to best meet your needs while respecting the needs of other patients in your environment.

Lounges are located at the end of each hallway at the Joint Replacement Center. Sutter Medical Center, Sacramento is a smoke-free environment since October 2007.

Public rest rooms are available near the elevators.

Food may be brought in from home if the patient is on a regular diet. Please confirm with the nurse for proper storage.

Pain management

The main goal of post-operative pain management is maximum patient comfort with minimal sedation. Our goal is to keep you as comfortable as possible. However, we cannot promise a total absence of pain. It is important that you are able to take an active role in your post-operative activities.
It is important to have good pain control so you can recover faster. With less pain, you can start walking, do your breathing exercises and get your strength back more quickly. You may even leave the hospital sooner. People whose pain is well controlled do better after surgery.

It is easier to prevent pain than to treat it once it has become established. Do not wait until your pain is out of control to ask for pain medication; stay on top of your pain. It may take several doses of a medication to achieve effective pain relief. Here in the hospital, we will ask you to rate or “measure” your pain using a 0-10 pain rating scale. Although each person experiences pain in a different way, using this scale helps the physicians and nurses know how well your treatment is working and whether to make any changes.

You will also be asked to identify your Comfort/Function Goal. This is a number on the 0-10 pain scale that allows you to do your Activities of Daily Living without having pain that is uncontrolled or intolerable. The pain scale, shown on the previous page, is the one that will be used to have you rate your pain and identify your Comfort/Function Goal.

Your surgeon and/or anesthesiologist will discuss with you which pain management options are best to meet your individual needs. It is important to let them know any medication allergies you may have as well as any prior experiences you may have had with pain medication and/or anesthesia. Anaesthesia and pain management may include one or more of the following:

**Spinal/epidural**
Using the spinal/epidural method, pain medications may be given with the anesthetic at the time of surgery. The effects of this pain medication may last from 18-24 hours. As this medication “wears off”, your surgeon/anesthesiologist will order another form of pain management. The goal is for you to take pain pills by mouth as soon as possible because it offers more constant blood level of medication and longer pain relief. It is also what you will be sent home with to be taken as needed.

**Peripheral nerve block**
A numbing medication to assist in pain relief may be given by the anesthesiologist at the time of surgery. This can either be a single dose shot lasting 12 to 24 hours or through a catheter as a continuous infusion lasting 1 to 3 days. An alternative to this could be the surgeon using a local anesthetic (peri-articular injection) at the surgical site which may last up 12 to 18 hours.

**PCA**
Patient Controlled Analgesia (PCA) is a postoperative IV pain medication that is to be utilized by the patient only. The nurse will discuss proper usage if ordered by your surgeon as it is rarely used.

**Other**
Other methods of pain control include IV injections, intramuscular injections (IM or “shots”) and pills taken by mouth. These methods may be ordered as “scheduled” which means you will not have to ask for them or “PRN” which means that you need to ask for the medications when you are experiencing pain. The medications ordered as “scheduled” could be a long acting narcotic which may last up to 12 hours and given twice a day and/or a specific Non Steroidal Anti-inflammatory (NSAIDS). Muscle relaxants may also be ordered for muscle spasms as well as using muscle relaxation techniques. The goal is for you to take pain pills by mouth because it offers more constant blood level of medication and longer pain relief. It is also what you will be sent home with to be taken as needed.

continued on next page
Side effects

Side effects may vary from medication to medication and from person to person. Common side effects of pain medications may include: drowsiness, slowed breathing, stomach upset (nausea), itching, difficulty urinating, constipation and confusion. Many of these side effects disappear over time and/or can be treated. Please report any side effects to your physician and the nursing staff.

In addition to medications to help control post-operative pain, there are non-drug pain relief measures that can be used. These methods can be effective in reducing mild to moderate pain and, when used together with pain medications, can also help decrease severe pain. These techniques are best learned before surgery.

Relaxation methods include a variety of techniques to help decrease anxiety and muscle tension. You may need to experiment with each method to find what works best for you. Practice these techniques while in a comfortable position.

Relaxation techniques

A. Slow, rhythmic breathing

1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax, feel the tension as it leaves your body.
3. Now breathe in and out slowly and regularly, at whatever rate is comfortable for you. You may wish to try abdominal breathing.
4. To help you focus on your breathing and breathe slowly and rhythmically:
   - breathe in as you say silently to yourself, “in, two three.”
   - breathe out as you say silently to yourself, “out, two, three.”
   OR – each time you breathe out, say silently to yourself a word such as peace or relax.
5. You may imagine that you are doing this in a place you have found very calming and relaxing for you, such as lying in the sun at the beach.
6. Do steps 1 through 4 only once or repeatedly for up to 20 minutes.
7. End with a slow deep breath. As you breathe out you may say to yourself, “I feel alert and relaxed.”

   Additional points: If the above is done for more than a few seconds, get in a comfortable position in a quiet environment, and close your eyes (or focus on an object). This technique has the advantage of being very adaptable in that it may be used for only a few seconds or for up to 20 minutes.

B. Body awareness

First, you must become aware of your breathing. Spend a few minutes concentrating on your breath as it enters and leaves your body. Try directing your breath to your belly or abdomen. This is called diaphragmatic breathing and is important for all kinds of relaxation.

After three or four minutes of concentrating on your breathing, move your attention to your toes. Don’t move your toes, just think about how they feel. Don’t worry if you don’t feel anything at all. If you find any tension, let it go as your breathe out.

After a few moments of concentrating on your toes, change your attention to the bottom of your feet. Again, don’t move, just concentrate on any sensations you have. Let go of any tension you may find as you breathe out. Next concentrate on the top of your feet and your ankles. After a few more moments shift your attention to your lower legs.
Continue this process, shifting your attention every few moments to another portion of the body, working slowly upward. If you find tension, let it go as you breathe out. If at any time your mind wanders, bring your attention back to the feeling in your body and to your breathing.

This technique can also be used for getting back to sleep, as it helps to clear your mind of worries and/or other distracting thoughts. The secret is to give full attention to the body awareness.

C. Music distraction
Using a battery operated radio or walkman, listen to “easy listening” or music you prefer. This is an effective method to help decrease mild to moderate pain. A variety of books, audiotapes and musical selections can be purchased to help assist you with relaxation. Please check your local book or music store.

While you are in the hospital, several programs can be found on the closed circuit TV to help with relaxation. Ask your nurse for a T.V. guide that includes all patient/family education programs available and the schedule of times that they are shown.

Nutrition considerations
Since most joint replacements are an elective surgery, patients are usually well nourished upon admission to the hospital. Your physician weighs all risk factors, including your nutritional status, before deciding on surgery.

Nutrition considerations before surgery:
- Eat well-balanced meals. Refer to the USDA My Plate Guidelines to make sure you are getting the necessary nutrients you need daily.
- Multivitamin/mineral supplements supplying 100% RDIs can be taken to assure adequate micronutrient intake if you don’t feel you are getting proper nutrition. (You may want to consult with your physician about continuing the vitamins/minerals the week before and after surgery).
- Discontinue use of all herbal supplements 2-3 weeks prior to your surgery date. Many herbs can affect bleeding time, prolong the effect of anesthesia and increase blood pressure.
- Avoid doses of Vitamin E over the RDI (15mg). In large doses Vitamin E can affect platelet function.
- If you are under-nourished or unable to prepare meals, good meal alternatives include instant breakfast and liquid supplements (Ensure, Boost, Resource).
- If you are overweight, avoid fad or crash dieting before surgery. Gradual, reasonable weight loss following a well-balanced, low-fat meal plan is acceptable.
- Be sure to mention to your admitting nurse any special dietary needs you have that you would like the Nutrition Department to address, such as Diabetes, unintentional weight loss, true food allergies or intolerances.
- When you are asked about your food allergies, please be specific. For example, if you state you are allergic to milk, anything containing milk or milk products will be removed from your tray including ice cream, most breads, pudding, cream soup and cheese. If you are lactose intolerant, let us know how strict you need to be in avoiding dairy in your diet. If you just don’t tolerate milk or don’t like to drink it, alternative products such as lactaid milk and soymilk are available.
Nutrition considerations after surgery:

- After surgery your first meal will be clear liquids. If tolerated, you will be advanced to a Regular diet by lunch the first post-op day.
- Refer to the My Plate Guidelines to help you choose a balanced diet including adequate protein during the healing process. Protein is one of the three main building blocks of food, along with carbohydrate and fat. It plays many important roles in your body which includes helping your body heal after surgery and keeping your immune system strong by building antibodies that protect you from disease. You will want to choose lean protein sources including lean cuts of beef, ground chuck labeled at least 90% lean and draining any fat when browning ground meats. Also trim any fat from meat or poultry before cooking. This will help decrease your saturated fat which can increase your risk of heart disease or stroke.
- Tips for getting more iron include: Avoid coffee and tea for 1 hour after eating. These drinks contain tannic acid which blocks iron absorption. Cook foods in an iron skillet. Eat iron-enriched rice. Don’t rinse it before cooking. If you take both iron supplements and calcium supplements, do not take them at the same time. By taking them a few hours apart, your body will absorb more of both. To help your body use non-heme iron(found in foods from a plant source such as dark green vegetables and whole grains), have a food rich in vitamin C at the same time because vitamin C helps your body absorb non-heme iron. For example, top iron-enriched cereal with berries. Add a food with heme iron (found in foods from an animal source such as beef, poultry, pork and fish) to a stir-fry with spinach and iron-fortified rice.
- Your physician may order an iron supplement temporarily. Check with your physician regarding when to stop iron supplementation to avoid iron overload. FOOD SOURCES OF IRON ARE PREFERRED to assure long term adequacy. Normal need for men is 10mg, women 15mg a day.
- Get adequate calcium for strong bones. FOOD SOURCES ARE PREFERRED. Normal need for men is 800-1000mg, women 1000-1500mg a day. If dietary intake of calcium is low, ask your physician about a supplement. The maximum recommended total intake of calcium is 2500mg a day.
- Vitamin D is important to bone health. It helps your body absorb calcium, which helps healthy bones. Tips for getting more Vitamin D include having several servings of milk every day. If you drink soymilk, rice milk, or another non-dairy milk, check the food label and choose types fortified with vitamin D. Look for products, such as some juices, that are fortified with calcium and vitamin D. Aim to eat fish twice a week. Choose yogurt that is vitamin D-fortified.
- Limited activity, lack of mobility and pain medication can lead to constipation. Remember to get adequate fiber and fluid. Increase the fiber content of your diet SLOWLY to 25-35 grams a day. Drink at least 8 cups of liquid a day.

Nutritional goals for long term:

- Obtain a healthy body weight for age (loss or gain).
- Practice good nutritional habits for a lifetime.

Nutrition information website:

- California Dietetic Association website - dietitian.org
- American Dietetic Association website - eatright.org
- Medical information - webmd.com
- USDA My Plate - choosemyplate.gov
Hip surgery
If you will be having a total hip replacement surgery, the following points are specific to this surgery:

- An Abductor Pillow is a large, triangular shaped foam pillow that may be placed between your legs. It is used to help prevent dislocation of your new hip joint. It is attached to both legs by straps and velcro. This pillow may be kept between your legs at all times, especially when turning. The staff will assist you with turning, so do not try to turn without assistance. Regular pillows may be used in place of the abductor pillow.
- The exercises for your hip surgery will be reviewed with you by the physical therapist. We encourage any family/support person who will be with you at home to attend your physical therapy sessions. The therapist will also be reviewing the following four safety precautions to help decrease the risk of dislocating your new hip joint:
  - Don’t bend at the waist past 60 - 90 degrees. Discuss this with your surgeon.
  - Don’t cross your legs.
  - Don’t turn your toes or knee inward.
  - Don’t raise your entire leg straight up while lying in bed.

Any change in these precautions will be discussed with you by your surgeon and reviewed with you by your physical therapist and nursing staff.
Hip Daily Goals

< DAY OF SURGERY >
- Bed Rest (with pillows or triangular pillow between legs at all times)
- Incentive Spirometer 10 times every hour while awake
- Ankle pumps 10 times every hour while awake
- Clear liquid diet
- Reposition or turn every 2 hours with pillows or triangular pillow between legs at all times (with staff assistance)
- Comfort/Function goal achieved
- Physical Therapy
  - Evaluation as tolerated
  - Bed exercises
  - Hip precautions
  - Stand with walker
Number on the 0-10 pain scale that allows you to do your Activities of Daily Living without having pain that is uncontrolled or intolerable.
*(Scale 0-10; 0=no pain, 10=worst pain possible)

< POST-OP DAY 1 >
- Physical Therapy
  - Evaluation
  - Bed exercises
  - Hip precautions
  - Stand with walker
- Incentive Spirometer 10 times every hour while awake
- Ankle pumps 10 times every hour while awake
- Regular diet at lunch time
- Reposition or turn every 2 hours with pillows or triangular pillow between legs at all times (with staff assistance)
- Up in chair 1 time
- Meet with Discharge Planner to discuss home needs
- Comfort/Function goal achieved
- Start drinking warm prune juice for bowel elimination and to prevent constipation as needed
Number on the 0-10 pain scale that allows you to do your Activities of Daily Living without having pain that is uncontrolled or intolerable.
*(Scale 0-10; 0=no pain, 10=worst pain possible)
< POST-OP DAY 2 >

- Physical Therapy
- Bed exercises
- Hip precautions
- Walk with assistance
- Get in and out of bed and to and from the bathroom or bedside commode
- Incentive Spirometer 10 times every hour while awake
- Ankle pumps 10 times every hour while awake
- Reposition or turn every 2 hours with pillows between legs at all times (with staff assistance)
- Up in chair 2 times
- Comfort/Function goal achieved
- Continue drinking warm prune juice for bowel elimination and to prevent constipation as needed.

Number on the 0-10 pain scale that allows you to do your Activities of Daily Living without having pain that is uncontrolled or intolerable
- Pain pills by mouth

*(Scale 0-10; 0=no pain, 10=worst pain possible)*

<Post-Op Day 3 or 4 (Day of Discharge)>

- Physical Therapy
- Bed exercises
- Hip precautions
- Continue practicing getting in and out of bed and to and from the bathroom.
- Caregiver to review Physical Therapy session
If above goals met, then:
- Learn getting in and out of car
- Learn to climb stairs with assistance
- Incentive Spirometer 10 times every hour while awake
- Ankle pumps 10 times every hour while awake
- Continue with pain pills by mouth
- Up walking with walker 2 times (with Nursing or Physical Therapy assistance)
- Up in chair for meals
- Final arrangements completed for discharge
- Safe for discharge
- Dulcolax suppository and/or fleets enema for bowel elimination and to prevent constipation as needed.
GOING HOME CHECKLIST FOR TOTAL HIPS

Before leaving the hospital, be sure you know the following:

- The hip precautions you have to follow
- How to get into and out of bed unassisted
- How to turn in bed
- How to climb stairs or step up and down from a curb
- How to get into and out of the tub or shower
- How to put on pants, shoes, and socks
- How to get into and out of a car
- Equipment you might need at home (bath bench, elevated toilet seat, walker, crutches, etc.)
- Who will be available to help you at home
- What symptoms should be reported to your doctor
- What restriction and limitations you have
- When you should follow-up with your doctor
- What arrangements have been made for blood draws to monitor Coumadin therapy (if needed) and home physical therapy
- Know what medications have been prescribed and why for home use, how to take and side effects to report
- Continue to monitor bowels at home and prevent constipation.
- If you have not received a call from the Home Health Agency within 48 hours of your discharge to home, please call the Home Health Agency. The phone number will be located on the Nursing Department Discharge Instructions, hand written in the blank space behind the word Referrals. The nurse that discharges you from the hospital will give you these instructions.

If you have any questions, feel free to ask your nurse, doctor, or therapist.
HOME HIP EXERCISE PROGRAM

Points to remember

- Progress your activities, and exercises gradually, always to tolerance.
- Some discomfort is not unusual with exercise, but sharp pain must be avoided. If you experience significant pain, swelling or drainage with your exercise, contact your physician immediately
- Do not stay in bed, sit up for meals. You should elevate your leg the majority of the day to control swelling and pain.

Weight Bearing Precautions

Will be ordered by your surgeon and discussed by the physical therapists and the nurses.

- Non Weight Bearing
- 10% Weight Bearing
- 50% Weight Bearing
- Weight Bearing as tolerated

Lie on your back

Do the following exercises every 1-2 hours. 10-20 repetitions each.

1. **Ankle pump:** With your leg straight, bring the foot up as far as possible stretching the calf muscles, then push the foot down as far as possible.

2. **Quad set:** With your leg straight, tighten the muscles on the front of your thigh and push your knee into the bed, hold for 5 seconds.

3. **Glut set:** Tighten the muscles of the buttck, squeeze hold 5 seconds and relax.

Do the following exercises 3 times a day. 10-20 repetitions each.

4. **Heel slide:** Lay flat on your back or semi-reclined. Bend your knee toward your chest, sliding your heel toward your buttocks. Stop where you can touch your knee with your hand and keep your knees apart, then straighten your knee rest and repeat. If this causes pain you may use a towel behind your thigh to assist.

5. **Short arc knee extensions:** Place a small pillow or roll under you knee. Lift your foot as far as you can, hold for 5 seconds, lower down gradually, rest and repeat to mild fatigue.

Knee surgery

The following points are specific things to remember if you are having a total knee replacement surgery:

- You may have a piece of equipment called a Continuous Passive Motion (CPM) machine. Your physician will discuss with you whether your surgery will require you to use this machine while in bed. It will help with knee mobility by gently moving your knee back and forth as it is cradled in the soft padding of the CPM.

- The physical therapy department will review the exercises specific for your knee surgery to help you gain the maximum motion. To keep your knee as straight as possible while lying in bed, it is very important not to have pillows under your surgical knee. To help get maximum extension of your knee, the staff will be placing a rolled towel under your ankle three times daily for a minimum of 10 minutes. During your physical therapy treatments, we encourage any family/support person who will be with you at home to attend.
Knee Daily Goals

< DAY OF SURGERY >

- Bed Rest
- Incentive Spirometer 10 times every hour while awake
- Ankle pumps 10 times every hour while awake
- Clear liquid diet
- Reposition or turn every 2 hours (with staff assistance)
- Comfort/Function goal achieved
- Physical Therapy
  - Evaluation as tolerated
  - Bed exercises to work on bending and straightening your knee
  - Stand with walker
  - Begin CPM (if physician prescribes)

Number on the 0-10 pain scale that allows you to do your Activities of Daily Living without having pain that is uncontrolled or intolerable

*(Scale 0-10; 0=no pain, 10=worst pain possible)

< POST-OP DAY 1 >

- Physical Therapy
  - Evaluation
  - Bed exercises to work on bending and straightening your knee
  - Stand with walker
  - Begin CPM (if physician prescribes)
- Incentive Spirometer 10 times every hour while awake
- Ankle pumps 10 times every hour while awake
- Regular diet at lunch time
- Reposition or turn every 2 hours (with staff assistance)
- Up in chair 1 time
- Meet with discharge planner to discuss home needs
- Comfort/Function goal achieved
- Start drinking warm prune juice for bowel elimination and to prevent constipation as needed

Number on the 0-10 pain scale that allows you to do your Activities of Daily Living without having pain that is uncontrolled or intolerable

*(Scale 0-10; 0=no pain, 10=worst pain possible)
< POST-OP DAY 2 >

- Physical Therapy
  - Bed exercises
  - Walk with assistance
  - Get in and out of bed and to and from the commode or bathroom
  - Advance CPM by 10 degrees daily (as physician prescribes)
- Incentive Spirometer 10 times every hour while awake
- Ankle pumps 10 times every hour while awake
- Reposition or turn every 2 hours (with staff assistance)
- Up in chair 2 times
- Comfort/Function goal achieved
- Continue drinking warm prune juice for bowel elimination and to prevent constipation as needed

Number on the 0-10 pain scale that allows you to do your Activities of Daily Living without having pain that is uncontrolled or intolerable
- Pain pills by mouth

*(Scale 0-10; 0=no pain, 10=worst pain possible)*

<Post-Op Day 3 or 4 (Day of Discharge)>  

- Physical Therapy
  - Bed exercises
  - Continue practicing moving in and out of the bed and chair and to and from the bathroom.
  - Advance CPM by 10 degrees daily (as physician prescribes)
  - Caregiver to review P.T. session

If above goals met, then:
- Learn car transfers
- Learn to climb stairs with assistance
- Incentive Spirometer 10 times every hour while awake
- Ankle pumps 10 times every hour while awake
- Continue with pain pills by mouth
- Up walking with walker 2 times (with Nursing or Physical Therapy assistance)
- Up in chair for meals
- Final arrangements completed for discharge
- Safe for discharge
- Dulcolax suppository and/or fleets enema for bowel elimination and to prevent constipation as needed.

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**Pain Assessment Tool**

- **0** (no pain)
- **1** (a little pain)
- **2** (a little more pain)
- **3** (a lot of pain)
- **4** (a whole lot of pain)
- **5** (the worst pain possible)

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**Total Joint Replacement Surgery Handbook**
GOING HOME CHECKLIST FOR TOTAL KNEE

Before leaving the hospital, be sure you know the following:

- The exercise program
- How to get into and out of bed unassisted
- How to turn in bed
- How to climb stairs or step up and down from a curb
- How to get into and out of the tub or shower
- How to put on pants, shoes, and socks
- How to get into and out of a car
- Equipment you might need at home (bath bench, elevated toilet seat, walker, crutches, etc.)
- Who will be available to help you at home
- What symptoms should be reported to your doctor
- What restriction and limitations you have
- When you should follow-up with your doctor
- What arrangements have been made for blood draws to monitor Coumadin therapy (if needed) and home physical therapy
- Know what medications have been prescribed and why for home use, how to take and side effects to report
- Continue with bowel care as needed and prevent constipation
- If you have not received a call from the Home Health Agency within 48 hours of your discharge home, please call the Home Health Agency. The phone number will be located on the Nursing Department Discharge Instructions, hand written in the blank space behind the word Referrals. The nurse that discharges you from the hospital will give you these instructions.

If you have any questions, feel free to ask your nurse, doctor or physical therapist.
KNEE HOME EXERCISE PROGRAM

The following is a home exercise program for total knee replacement patients. We encourage you to practice these exercises before your operation to help you be more comfortable with them.

Points to remember

- Restoring full range of motion as soon as possible should be your main focus, both extension and flexion. 3 times per day minimum.
- You should never cause pain with your exercises, always to tolerance.
- Walk for function only, not for exercise for the first month. Walking too much may cause your knee to swell, decreasing range of motion, increasing pain, and delaying your recovery.
- Elevate your leg the majority of the day. You may place a pillow under your calf, never under your knee. This is to control/eliminate swelling, and to promote extension, which is very important to your progress.
- Ice after exercise and as needed for decreased pain and swelling, 20 minutes maximum.

Lie on your back

Do the following exercises every 1-2 hours. 10-20 repetitions each.

1. **Ankle pump:** With your leg straight, move your foot forward and back, the full available range of motion.

2. **Quad set:** With your leg straight, tighten the muscles on the front of your thigh and push your knee down into the bed, hold for 5 seconds. (If your knee is not yet straight, or you are having pain, you can place a small diameter towel roll under your knee, press into the roll and remove when finished.)

Do the following exercises 3 times a day. 10-20 repetitions each.

3. **Active assisted heel slides:** Place a towel under your knee. Use your arms to help bend your knee as far as you can tolerate easily, lower down and repeat. Use this to warm up, and to stretch. You may discontinue using the towel when you can bend your knee with out help, with out pain.

4. **Short arc knee extension:** Place a pillow or roll under your knee. Lift your foot as far as you can, lower down, rest and repeat. You will need help until you can do 10 repetitions with out help, with out pain.

5. **Passive knee extension:** This is your number 1 goal! Lay on your back and place a roll or pillow under your ankle, not under your knee, and allow your knee to straighten. If this is too painful, you may slide the roll a little closer toward your knee, this will decrease the intensity of the stretch. This exercise needs to be done for 10 minutes 3-4 times a day until you maintain full extension. If 10 minutes is too long, do as long as you can tolerate, just do the exercise more frequently

6. **Knee flexion:** Whether seated or supine, bend your knee to where you can easily hold for 10 seconds, then pull back a little more, rest and repeat 10 times, at least 3 times a day. Always to tolerance, never to pain.
Discharge Process and at Home

Planning for discharge
Our goal at Sutter Medical Center, Sacramento is to help you plan for your discharge before you even enter the hospital. This process begins when you receive this book in the mail or at the Joint Replacement Class.

The Total Joint Care Coordinator also helps plan for your discharge by calling you before surgery to discuss your needs, available support systems and expectations. Along with the information that you have been given by your physician, the Total Joint Coordinator will help you set up a post-operative discharge plan. Once you enter the hospital the entire team (your physician, nurse, physical therapists and discharge planner) will work together to meet this goal. Changes can be made to the discharge plan as necessary depending on your progress and medical condition.

There are different discharge options available depending on your specific needs:

Hospital to home
Some people will go directly home after a few days at the Joint Replacement Center. For this to be possible, we recommend you have a family member/support person available with you 20-24 hours a day for the first few days up to 2 weeks. If it needs to be scheduled in advance then we recommend a minimum of 1 week. Your dressing over the surgical incision needs to be clean and dry. Your pain needs to be under good control with pills by mouth and you must have completed all of the physical therapy goals. The Home Health Coordinator will discuss home care needs with you that may include equipment (a walker, a bedside commode), nursing and physical therapy in the home. They will also discuss any special needs that you may have.

Hospital to long-term rehabilitation
You would be discharged from the hospital and admitted to the long term care facility upon your physicians order approximately the 3 or 4th day after surgery. This may be especially true for people who live alone and/or have no support systems available. This long-term therapy is needed to bring about a level of function necessary to be safe for independent living. There are a number of facilities available throughout the area, and depending on your insurance requirements and personal preferences, the discharge planner will discuss which of these facilities will best meet your needs. Please call (916) 733-8523 if you would like a list of these facilities mailed to you in advance, so you can look at the facilities, if you choose to do this. Questions you may want to ask when you are looking into a skilled facility for post operative rehabilitation:
- How many times a day on week days do they have physical therapy?
- How many times a day on weekends do they have physical therapy?
- Do they have physical therapy on both Saturday and Sunday?
- Do they have there own physical therapy staff?
- Do they have protocols in place to manage your pain?
- Do they try to put therapy patients in rooms with other therapy patients or will you share a room with long term residence?
- Do they have a walker for you or should you bring your own?
- Do you bring your own medications in with you?
- Can your friends and family bring food in from home and is there storage there for food brought in from home?

If equipment and/or services are needed once you are ready to return home, the discharge planner for the facility will make these arrangements with you.
For patients that go to long-term care for extended physical therapy, the discharge planner will work closely with you to make these arrangements, including transportation options to the facility.

Most insurance do not cover the cost of transportation from the hospital to the skilled nursing facility. Please check with your insurance carrier in advance if you think this will be necessary or make arrangements with your family to transport you.

**Day of discharge**

On the day of discharge, final arrangements will be made by the team caring for you. If you will be going home, your physician will review any medications you need to take at home, any exercises you should continue with and when you need to be seen in their office for a follow-up visit. The nurse will ask you for the name and telephone number of your pharmacy so that your prescriptions can be called in ahead of time. Discharge prescriptions cannot be filled at the Sutter Medical Center, Sacramento pharmacy. If your physician wants you to continue taking a blood thinning medication upon your discharge, the pharmacist will meet with you, before you go home, to discuss the Home Coumadin Program. Your nurse will also review any final instructions to be followed at home. The Hospital Home Health Coordinator will arrange for your equipment needs as well as any home services (nursing care and/or physical therapy) as needed. Discharge time is generally at 1 p.m. and it is important to have your ride available. If you have a lot of flowers and belongings, you may want your family to bring them out to the car ahead of time. It is a good idea to bring extra pillows from home to help make your car ride more comfortable. If you have a long car ride, we may recommend that you take pain medication prior to your discharge. When you are ready to leave, your family may bring the car to the front entrance driveway of the hospital (corner of 28th and L Streets). You will be brought down by wheelchair and assisted into your car.

**At home**

The healing process continues now that you are home. It is important to continue with your exercises, take any medication that has been prescribed for you, get plenty of rest, and eat a balanced diet.

Prior to discharge your physician will have discussed with you certain things of concern that he will want to be called about, should they occur, including:

- Fever greater than 100 degrees
- Redness or drainage from the incision
- Sudden increase in leg pain
- Numbness or weakness in the surgical leg
- Any chest pain or difficulty breathing
- Calf pain with or without redness and swelling

Do not put off a call, or let your symptoms get worse. It may be something minor, but your physician would like to know.

You can resume your daily activities when your physician tells you it is safe to do so. There may be permanent restrictions on certain activities that your physician will discuss with you. Be sure to let any health care professional know of your joint replacement surgery (other physicians, dentists, etc.).

If your physician orders home health for you, the Home Health Coordinator will arrange it while you are in the hospital. The name and phone number of the home health agency will be included on your Home Care instruction sheet (also known as the discharge instruction sheet).
Please call the home health agency if you have not received a call from them within 48 hours of going home from the hospital.

Check with your Orthopaedic Surgeon before purchasing or using any exercise equipment.

Make an area for yourself where you can be comfortable during your recovery process. Have frequently used items available to cut down on unnecessary trips.

If you are using an assistive device such as a walker, you may want to attach a basket or plastic grocery bag to the front of it. You can carry small LIGHTWEIGHT items such as a travel mug (with a SECURE, leak-proof lid), water bottle, and portable phone if you have one.

**Do Not Drive** until your physician says it is safe for you to do so. This is generally 3-6 weeks after your surgery, but will vary depending on your physician’s individual preference.

You may resume sex when your surgeon says it’s okay. Just remember you must follow any precautions or restrictions related to your specific surgery. You may ask your nurse, doctor, or physical therapist about any specific concerns.

**Implant card**

You will receive an implant (manufacture) card, in the mail, approximately 10 weeks after your surgery. If you don’t receive it 4 months from the date of your surgery, then please call (916) 733-8571. This card will allow you to share specific manufacturing information with any healthcare provider requesting this information. We are told this card may not be of any value going through airports or other security.

We hope this book has been a helpful resource guide in preparing for your total joint surgery. Our goal is for a smooth hospitalization and recovery process to help you get back to the activities you enjoy most. In short, to get the outcome you and your providers want, you must take an active role in your care. You and your family are your best advocates and can assist your physician and hospital providers to know what works best for you. You have chosen an outstanding team to work with you who will do an excellent job caring for you and with you.

**Additional Information**

**Billing**

For questions regarding your Hospital bill, please call the Central Billing Office at 1-800-353-3369.

**Arthritis/Joint Replacement Support Group**

For those who have arthritis or have had a joint replaced, performing activities of daily living can be challenging. Learning to manage everyday concerns is essential to successful coping. The Arthritis/Joint Replacement Support Group provides a forum for education, discussion, problem solving, and support. This free class is held the fourth Monday of each month, except for November and December, for more information call the Joint Replacement Center at Sutter Medical Center, Sacramento at 1-877-361-BONE (2663).
ADVANCE HEALTH CARE DIRECTIVE

(California Probate Code Section 4701)

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.) Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
(b) Select or discharge health care providers and institutions.
(c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
(e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.
<table>
<thead>
<tr>
<th>PART 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>POWER OF ATTORNEY FOR HEALTH CARE</td>
</tr>
<tr>
<td>(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:</td>
</tr>
<tr>
<td>Name Of Individual You Choose As Agent</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Home Phone</td>
</tr>
</tbody>
</table>

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

| Name Of Individual You Choose As First Alternate Agent |
| Address | City, State, ZIP Code |
| Home Phone | Work Phone |

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

| Name Of Individual You Choose As Second Alternate Agent |
| Address | City, State, ZIP Code |
| Home Phone | Work Phone |

(1.2) AGENT’S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

(Add additional sheets if needed.)

(1.3) WHEN AGENT’S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. If I mark this box ( ), my agent's authority to make health care decisions for me takes effect immediately.

(1.4) AGENT’S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT’S POSTDEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.
## PART 2
### INSTRUCTIONS FOR HEALTH CARE

If you fill out this part of the form, you may strike any wording you do **not** want.

**2.1 END-OF-LIFE DECISIONS:** I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

- (a) **Choice Not To Prolong Life**, I do not want my life to be prolonged if I have an incurable and irreversible condition that will result in my death within a relatively short time, I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or the likely risks and burdens of treatment would outweigh the expected benefits, OR

- (b) **Choice To Prolong Life**, I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

**2.2 RELIEF FROM PAIN:** Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be Provided at all times, even if it hastens my death:

(Add additional sheets if needed.)

**2.3 OTHER WISHES:** (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

(Add additional sheets if needed.)

## PART 3
### DONATION OF ORGANS AT DEATH

(OPTIONAL)

**3.1 Upon my death (mark applicable box):**

- I give any needed organs, tissues, or parts, OR
- (b) I give the following organs, tissues, or parts only.

(c) My gift is for the following purposes (strike any of the following you do not want):

- (1) Transplant
- (2) Therapy
- (3) Research
- (4) Education

## PART 4
### PRIMARY PHYSICIAN

(OPTIONAL)

**4.1 I designate the following physician as my primary physician:**

<table>
<thead>
<tr>
<th>Name Of Physician</th>
<th>Phone</th>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City, State  Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OPTIONAL:** If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

<table>
<thead>
<tr>
<th>Name Of Physician</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
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<tr>
<th>Address</th>
<th>City, State  Zip Code</th>
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</table>
### PART 5

**5.1 EFFECT OF COPY:** A copy of this form has the same effect as the original.

**5.2 SIGNATURE:** Sign and date the form here:

<table>
<thead>
<tr>
<th>Sign Your Name</th>
<th>Print Your Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City, State Zip</td>
</tr>
</tbody>
</table>

**5.3 STATEMENT OF WITNESSES:** I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

<table>
<thead>
<tr>
<th>FIRST WITNESS</th>
<th>SECOND WITNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Print Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City, State Zip</td>
<td>City, State Zip</td>
</tr>
<tr>
<td>Signature Of Witness</td>
<td>Signature Of Witness</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

**5.4 ADDITIONAL STATEMENT OF WITNESSES:** At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance Health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

| Signature Of Witness | Signature Of Witness |

### PART 6

**SPECIAL WITNESS REQUIREMENT**

**6.1** The following statement is required only if you are a patient in a skilled nursing facility—a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

**STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN**

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

<table>
<thead>
<tr>
<th>Date</th>
<th>Sign Your Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Print Your Name</td>
</tr>
<tr>
<td>City, State Zip</td>
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</table>
APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

NOTE: For lost, stolen, or mutilated Disabled Person or Disabled Veteran License Plates or Placard, please complete an Application For Replacement Plates, Stickers, and Documents (REG 156) form, available at www.dmv.ca.gov.

Attention Disabled Veterans with a 100% Disability Rating: You may be eligible for a Disabled Veteran License Plate, which is exempt from the payment of the registration and license fees. Documentation from the Department of Veterans Affairs along with DMV form REG 256A is required – see www.dmv.ca.gov or call 1-800-777-0133.

A. DISABLED PERSON’S INFORMATION (PLEASE PRINT)

<table>
<thead>
<tr>
<th>TRUE FULL NAME (LAST, FIRST, MIDDLE OR ORGANIZATION NAME)</th>
<th>DATE OF BIRTH (NOT REQUIRED FOR ORGANIZATIONS)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Month Day Year</td>
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</tbody>
</table>

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<thead>
<tr>
<th>PHYSICAL ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)</th>
<th>APT./SPACE/STE.#</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>DRIVER LICENSED CARD NUMBER</th>
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<tr>
<th>MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ABOVE)</th>
<th>APT./SPACE/STE.#</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>DAYTIME TELEPHONE NUMBER</th>
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Were you ever issued Disabled Person or Disabled Veteran License Plates or a Permanent Parking Placard in California?

- ☐ Yes – A doctor’s disability certification is NOT required, unless the placard was canceled by DMV or is no longer on record.
- ☐ No – A doctor’s certification is required. The doctor must complete Sections F and G on the reverse side.

The Disabled Person or Disabled Veteran License Plates or Placard number is:

B. PLEASE CHECK AT LEAST ONE OF THE FOLLOWING BOXES:

- ☐ Permanent Parking Placard  No Fee
- ☐ Temporary Parking Placard  $6.00
  - Is this a renewal of a previously issued Temporary Parking Placard? ☐ Yes  ☐ No. If Yes, enter the number of consecutively issued placards to you: _________.

- ☐ Disabled Person License Plates  No Fee (see Section C)

NOTE: Disabled Person License Plates can only be assigned to vehicles currently registered in the name of the qualified disabled person.

C. DISABLED PERSON LICENSE PLATE APPLICANTS – DO NOT COMPLETE IF APPLYING FOR A PARKING PLACARD ONLY.

Please list the vehicle registered to you on which you will place the Disabled Person License Plates:

<table>
<thead>
<tr>
<th>CURRENT LICENSE PLATE NUMBER</th>
<th>VEHICLE IDENTIFICATION NUMBER</th>
<th>MAKE</th>
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COMMERCIAL VEHICLE EXEMPTION

I am requesting an exemption from weight fees for the vehicle described above. It weighs less than 8,001 pounds unladen. I understand that this exemption may be used for ONE commercial vehicle only and I do not have this exemption for any other vehicles I own. ☐ Yes  ☐ No

D. IMPORTANT INFORMATION – PLEASE READ

- • The only legal use of a placard is its display by the person to whom it is issued. It cannot be loaned to anyone, including family members or friends, and a police officer or parking enforcement person may confiscate a placard being used for parking purposes that benefit a person other than the person to whom the placard was issued. A placard ID card identifying the placard owner is issued with every placard and should be kept with the placard owner at all times wherever the placard is in use, and presented upon request of a peace officer or a person authorized to enforce parking laws, ordinances, or regulations. The disabled person does not have to own or drive the vehicle to use the placard.
- • Placard abuse or misuse can result in the confiscation, cancellation, and revocation of the placard and loss of the privileges it provides.
- • Placard and Disabled Person License Plate abuse is a misdemeanor punishable by a fine of not less than $250, not more than $1,000, or by imprisonment in a county jail for not more than 6 months, or by both fine and imprisonment. The court may also impose a civil penalty of not more than $1,500, for each conviction.
- • To alter, forge, counterfeit or falsify a placard is a felony punishable by 16 months to 3 years in a state prison or up to 1 year in the county jail.
- • A person who forges, counterfeits, falsifies or passes, attempts to pass, acquires, possesses, sells, or attempts to sell a genuine or counterfeit placard, or a person who displays with fraudulent intent, or causes or permits to be displayed a forged, counterfeit or false placard is guilty of a misdemeanor and upon conviction shall be punished by imprisonment in the county jail for 6 months or by a fine of not less than $500 or more than $1,000, or by both fine and imprisonment. The court may also impose a civil penalty of not more than $4,200 for each conviction.
- • Any information contained in this application will be available to local public law enforcement or the local agencies responsible for the enforcement of parking regulations. DMV compiles its record of disability placards issued against the records of the Bureau of Vital Statistics.
- • The plate and/or placard must be surrendered to DMV within 60 days of the death of the disabled person.

IT IS ILLEGAL

- • To alter a placard or placard identification card.
- • To provide false information to obtain a placard or disabled person plates.
- • To allow someone to use your placard, if you are not in the vehicle.
- • To forge a doctor’s signature.
- • To possess or display a counterfeit placard.
- • For an individual to have more than one permanent placard.

E. DISABLED PERSON’S SIGNATURE AND CERTIFICATION – MUST CHECK BOX AND LIST REASON.

I have read the “Important Information” in Section D and I fully understand and take responsibility for the use of the Disabled Person Placard or Plates that are issued to me. I also certify that I am a disabled person per California Vehicle Code (CVC) §295.5 (as defined in Section F) and that I am: ☐ Permanently or ☐ Temporarily disabled due to:

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED AT (PLACE SIGNED (CITY, STATE))  SIGNATURE OF APPLICANT  DATE

X  

Total Joint Replacement Surgery Handbook 35
36

Joint Replacement Center at Sutter Medical Center, Sacramento
DAY OF SURGERY LIST

Bring this list to the hospital on the day of your surgery and give it to the surgical admitting nurse on the third floor.

(A) Medication

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Dose</th>
<th>Frequency</th>
<th>Date Stopped</th>
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(B) Allergy List and type of reaction (i.e., medications, tape, foods and latex).

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
5. __________________________________________________________

C) Phone numbers

1. Name and phone number of your local pharmacy (_____)__________________________
2. Name and phone number of family “spokesperson” (_____)__________________________
3. Other (_____)__________________________
(D) **Brief Medical History**

a) Please include major surgeries and illnesses.
   1. 
   2. 
   3. 
   4. 
   5. 

b) Have you ever had an adverse reaction from pain medication or anesthesia? **YES** or **NO**

If yes, please explain:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

(E) **Equipment or Assistive devices you already have** *(please circle)*

1. Reacher/grabber  
2. Long handle shoe horn  
3. Sock device  
4. Long handle sponge  
5. Shower chair  
6. Bath tub transfer bench  
7. Hand held shower unit  
8. Walker  
9. Crutches  
10. Bedside commode  
11. Raised toilet seat

(F) **Height of bed from the floor to the top of your mattress**

(G) **Number of steps into house** _______ **Height** _______ **Depth of tread** _______

Is rail on right or left going up? _______ **surface where you place your foot**

(H) **If multi-level home:** **Number of steps to next level**

Height of steps_________ **Depth of tread** *(See G above)_________

Is the rail on the right or left going up? __________

Is there a landing area? __________

(I) **Please provide a copy of your Advance Health Care Directive** *(also known as Power of Attorney for Health Care or Living Will)* on admission.
Thank you for choosing Sutter Medical Center for your Orthopaedic surgery.

Please take a moment and let us know how you learned about the Orthopaedic services at Sutter Medical Center, Sacramento.

☐ Referred from a friend or family member.

☐ Attended a Sutter educational seminar.

☐ Referred from your primary care physician, if so, who________________________

☐ Learned about Sutter through the Internet.

☐ Saw an advertisement in a local newspaper or magazine.

☐ Learned about the program through a brochure.

☐ Referred from your Orthopaedic physician, if so, who______________________

☐ Other__________________________________

Please give this form to the class facilitator before leaving.
Thank you for your feedback.
JOINT REPLACEMENT/ORTHOPAEDIC PRE-OP CLASS EVALUATION

Please complete the following evaluation at the end of today’s session. Your comments are valuable and will help improve the type of educational materials presented for patient and family education in the future.

1. Was the information in the class presented in an understandable manner?
   Yes ( )  No ( )  If no, what section could be clearer?
   Nutrition ( )  Discharge instructions ( )  Pain Management ( )  Physical Therapy ( )
   Prevention of Post-op complications ( )  Hospital Stay Information ( )

2. Do you have a better understanding of how to prepare your home for the post hospital period?
   Yes ( )  No ( )

3. Did the classes help you understand what to expect when you come into the hospital?
   Yes ( )  No ( )

4. Was the speaker able to answer your questions or refer you to a resource that could?
   Yes ( )  No ( )

5. Did the visual materials help you to better understand the subject matter?
   Yes ( )  No ( )

6. Would you recommend this class for someone planning to have a total joint replacement?
   Yes ( )  No ( )

7. How did you hear about the Joint Replacement/Pre-op class?
   Doctor’s office ( )  Handbook ( )  Phone call from Nurse ( )  Website ( )
   Friend/Family member ( )  Other ( )

8. COMMENTS: ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
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