

Orthopedic Patient Guide



**GOOD SAMARITAN
MEDICAL CENTER**

PALM BEACH HEALTH NETWORK

Stronger Together. For You.

#PBHNProud



Welcome

Welcome,

Thank you for choosing the Orthopedic Institute at Good Samaritan Medical Center to improve your quality of life through your new prosthetic joint. This book is provided as a resource for you and your family. It will guide you through your Orthopedic Surgery. We have included information about preparing your home, what to expect from pre-surgery through discharge and even what to expect at home after your surgery.

Good Samaritan Medical Center has developed a comprehensive plan of treatment to accomplish this goal. We believe that you are an important part of your healthcare team, and we hope this guide will answer many of your questions. This guide, along with your surgery specific educational video, will help you appropriately plan your activities before, during, and after your surgery. Our goal is to involve you in this process through every step of the program. We want to start you off and keep you on the road to recovery and success.

Our team of caregivers will include physicians, a nurse navigator, physician assistants, nurses, orthopedic technicians, dietitians, and physical and occupational therapists. We are here to review all the details from pre-operative to post-operative care and recovery. We look forward to helping you return to a healthier, more active lifestyle.

Let the healing begin!

Sincerely,

Your Orthopedic Team at Good Samaritan Medical Center

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Your Orthopedic Care Team

You: You are a participant in your own health care, and your active involvement is an integral component in getting you back home and back to the life you lead.

Orthopedic Surgeon: A specialized physician who will perform your joint surgery and direct your care. This doctor follows you through office visits and directs your rehab.

Physician Assistant (PA) and/or Nurse Practitioner (NP): A health care professional who works directly with your physician to diagnose and treat health care problems and is involved in your care before, during and after total joint replacement surgery.

Anesthesiologist: A physician responsible for putting you to sleep or numbing your legs during surgery and managing your pain after surgery.

Nurse Navigator: A nurse who will be working with your orthopedic surgeon and the joint replacement team to help guide you through the surgery process and to ensure that the care you receive is efficient, compassionate, and customized to your needs.

Registered Nurse (RN): RNs are responsible for your daily care after surgery. RNs follow orders given by your physician, administer medicine and monitor vital signs. RNs provide education to you and your family about your health and safety needs after surgery.

Physical Therapist (PT): Directs your rehab after your total joint replacement to help you regain strength, range of motion and balance after surgery. They will provide instruction on how to transfer, walk and navigate stairs safely with your new joint. They will instruct you on how to use a walker, which will be needed temporarily after surgery.

Occupational Therapist (OT): The occupational therapist provides techniques and strategies to complete your daily activities, such as dressing and bathing. The OT provides instruction on adaptive equipment which may be needed to perform selfcare tasks. They also provide tips on conserving energy and creating a safe home environment. They will also help you learn how to put on and take off your sling.

Dietitian: An expert in nutrition and regulation of food and health. The dietitian will provide appropriate nutrition therapy based on your medical and individual needs

Case Manager/Discharge Planner: An RN who works with your joint replacement team to assist your transition into your home setting. They will guide and direct you through the discharge process, arranging home or outpatient therapy or other needed services. They can also answer questions about insurance coverage for services and equipment.

Hospitalist: A doctor who is specialized in the care of patients while they are in the hospital.

Patient Checklist for Surgery

All Tasks must be completed by their requested deadlines to prevent surgery cancellations/delays.

BEFORE SURGERY

Pre-Surgery Medical Assessment, Lab work & EKG

Provider: _____ Date/Time: _____
Location: _____ Schedule: 21-28 days before surgery

DONE ☐

Additional Imaging/Consult

Provider: _____ Date/Time: _____
Location: _____ Schedule: 21-28 days before surgery

DONE ☐

Additional Imaging/Consult

Provider: _____ Date/Time: _____
Location: _____ Schedule: 21-28 days before surgery

DONE ☐

Surgery Planning CT Scan (If required by your surgeon for knee replacement)

Provider: _____ Date/Time: _____
Location: _____ Schedule: 14-21 days before surgery

DONE ☐

Pre-Op Therapy Evaluation

Provider: _____ Date/Time: _____
Location: _____ Notes: _____

DONE ☐

2 Week Pre-op Call with Nurse Navigator

Provider: GSMC Nurse Date/Time: _____

DONE ☐

Location: Phone Call Notes: Nurse will call you, the call takes approx. 15-20 minutes.

* start time may be delayed by up to 10 minutes if the nurse's prior call is running late

Surgery

Location: GSMC Victor Farris Building Date/Time: _____

*you will be called the AFTERNOON before surgery with the surgery time and arrival time

Vitamins, Supplements & Over-the-Counter Medication Recommendations

STOP TAKING THE FOLLOWING 10 DAYS PRIOR TO SURGERY

Over-the-counter (OTC) aspirin and any OTC combo medications that contain aspirin should be stopped, consult prescribing doctor for recommendation on when to stop aspirin if it has been prescribed for you as a blood thinner.

Non-Steroidal Anti-inflammatory Drugs (NSAIDs)

Advil/Motrin (ibuprofen)	Indocin (indomethacin)	Telectin (tolmetin)
Aleve/Anaprox/Naprosyn (naproxen)	Lodine (etodolac)	Toradol (ketorolac)
Celebrex (celecoxib)	Mobic (meloxicam)	Voltaren (diclofenac)
Clinoril (sulindac)	Nalfon (fenoprofen)	
Daypro (oxaprozin)	Orudis (Ketoprofen)	
Dolobid (diflunisal)	Relafen (nabumetone)	
Feldene (piroxicam)		

Herbal Products, Vitamins, Supplements

Arnica	Ginger	Omega-3 Fatty Acids (Fish oil)
Bromelain	Ginkgo (Ginkgo Biloba)	Saw Palmetto
Dong quai	Ginseng (Panax Ginseng)	St. John's Work
Echinacea	Glucosamine	Valerian
Ephedra/Ephedrine	Guarana	Vitamin E (Tocopherol)
Feverfew	Goldenseal	Vitamin K (Phytonadione)
Garlic	Licorice	

Other

Alka-Seltzer	Excedrin	Pepto Bismol
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**** be aware that many OTC cold, flu, acid reflux, pain, migraine, and menstrual medications may have aspirin or NSAIDS in them and should be avoided as well. Read the back of the box/bottle for the full list of active ingredients****

For recommendations regarding your prescription medications, please consult with your prescribing doctor(s) for a recommendation. We can also review these with you at your pre-op nurse call if you have additional questions.

Medicated Body Wash Shower Instructions

OVERVIEW

Showering with a medicated body wash before surgery can help lower the risk of infection. The medication is called chlorhexidine gluconate (CHG). The most common brand names for this medication are Hibiclens and DynaHex4. We will have you shower with this body wash at home the night before surgery and the morning of surgery. Patients with a CHG allergy should use an over the-counter antimicrobial body wash (example: Dial) instead.

WHAT TO BUY AND WHERE TO FIND IT

Product: Chlorhexidine gluconate (CHG) 4% Solution. It usually comes in a 4-ounce bottle.

Where to Buy it: Most drug stores (CVS, Walgreens) and online sellers (Amazon, Walmart) carry it.

HOW TO SHOWER THE NIGHT BEFORE SURGERY & MORNING OF SURGERY

1. Clean your hair, genital area, and face using your normal shampoo/soap/cleanser. Rinse all areas well with warm water to remove any residue. **Step out of the water stream** or turn off the water before starting step 2.

2. Use CHG wash: Use 1 capful of CHG for each body part listed below. Gently rub CHG into each body part using your hand or a clean, wet washcloth. It should take about 5 minutes total to gently rub the CHG across all body parts listed below. **Water stream should be off or turned away during this time**

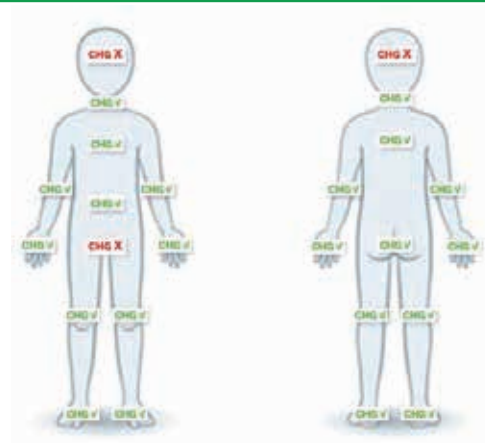
■ Neck and chest ■ Legs and Feet ■ Back and Buttocks ■ Stomach ■ Hands and arms

3. Rinse CHG: Move back into the shower stream to rinse your body well with warm water.

4. Dry off: Dry yourself off with a clean towel after your shower.

5. After showering: DO NOT USE: any hair products or skin products.

Remember to complete the 1st shower the night before surgery and the 2nd shower in the morning on the day of surgery.



Education Sessions

Video Education

This is a pre-recorded education video that you will need to watch in its entirety before the live education sessions listed below (Pre-Op Therapy and 2 Week Pre-Op Call with a Nurse). We encourage you to share the link with anyone that will be helping you after surgery so that they may learn what to expect as well. Our nurse will email you the link.



Pre-Op Therapy Evaluation

In this outpatient therapy visit, you will learn how to prepare your home for after surgery. We will teach you the exercises that you will be doing after surgery so that you can start practicing them ahead of time.

2 Week Pre-op Call with a Nurse

In this phone call, we will do a final confirmation that you are ready for surgery. Most of your questions will have been answered by this call but it is another opportunity for you get any remaining questions answered.

Education Handouts

We have added several handouts to help guide you before and after surgery.

Appointment Overview

This handout provides a brief explanation of each pre-op and post-op appointment

Technology Package Overview

This handout provides a brief explanation of the technology services used and the value we believe they provide even though these services are not covered by insurance.

Home Health Overview

This handout provides details about the home health options per county.

Frequently Asked Questions

This handout answers the most frequently asked questions about your care before surgery and after surgery.

General Discharge Instructions

This handout provides general instructions for after surgery. It should be referenced frequently after surgery for information regarding what is normal and when to seek office assistance or emergency care. Individual instructions, such as discharge medication instructions, will be provided when you leave the surgical facility.

Overview of Technology Services

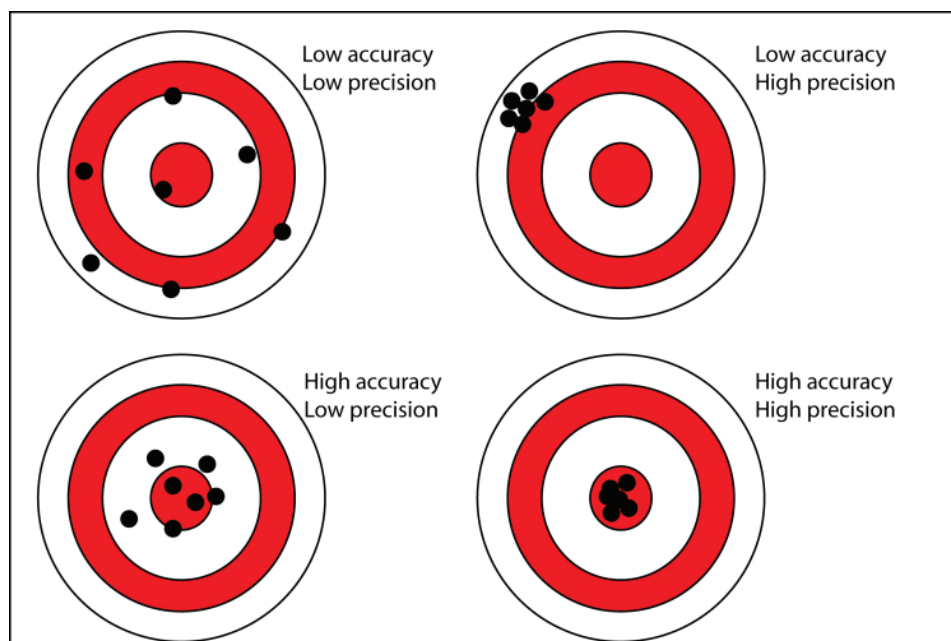
(KNEE AND TOTAL HIP REPLACEMENTS ONLY)

OVERVIEW

For your surgery, I am recommending the use of technology that has not yet been approved by insurance companies due to the fact that they deem its use to be experimental / investigational. Total joint replacements have been performed successfully for many years without these advancements but the technology allows for highly consistent and reproducible results by allowing for added precision and accuracy throughout the surgery. If you think of it as a target, a perfectly aligned joint occurs at the bullseyes of the target and the technology provides guardrails that help you narrow in on the target consistently, every time. I have multiple technologies that I chose to create a custom plan for your needs but they all fall into one of the two categories listed below.

NAVIGATION & ROBOTICS

Navigation systems focus more on increased accuracy while robotics systems focus more on increased precision. Some systems include components of both. If you think back to our target example, the illustration below will help you spot the difference between accuracy and precision.



Overview of Appointments

BEFORE SURGERY

Medical Clearance (Pre-Surgery Medical Assessment, Lab work, & EKG)

You will need to see your medical doctor for a complete history & physical within 21-28 days before surgery and you will need to complete lab work and an EKG during that window of time as well. We will provide both you, and your doctor, with a copy of the testing that we are asking your doctor to order and review. He or she may have additional testing recommendations as well. Please call your medical doctor today to make this appointment for 21-28 days before surgery and provide him/her with your testing requirements so that he/she can arrange for the testing ahead of the appointment or at the appointment. Your doctor will need to send us a finalized copy of all notes and test results at least 14 days ahead of your surgery. For your safety, if we have not received these notes and results at least 14 days before surgery, your surgery will likely need to be delayed. For this reason, we recommend that you personally request copies of your notes and testing results as well.

Please contact your surgeon's office to verify if your pre-surgery testing/clearance items have been received.

Pre-Op Therapy Evaluation

In this outpatient therapy visit, you will learn how to prepare your home for after surgery. We will teach you the exercises that you will be doing after surgery so that you can start practicing them ahead of time.

2 Week Pre-op Call with a Nurse

In this phone call, we will do a final confirmation that you are ready for surgery. All preoperative appointments and testing should be done and your post-op plan should be finalized. If your appointments and testing have not been completed, the surgery date will likely need to be delayed. If you do not have your plan in place for help at home after surgery, the surgery date will likely need to be delayed.

AFTER SURGERY

Home Health Services

This is a nurse and a physical therapist coming to your home to provide care. The nurse will typically come one time after surgery in the first 48 hours after you get home. He/She will check your vital signs and complete an assessment of your surgery site. Future visits with a nurse would only be set up if a continued need exists. The physical therapist will do an initial visit typically within the first 48 hours and set-up future visits at that time. Most patients are seen 2 or 3 times a week, for two weeks. If therapy is needed for longer than 2 weeks, you are typically ready to transition from these home visits to an outpatient therapy location at 2 weeks. This will be determined at your 2-week follow-up appointment.

2 Week Follow-Up Appointment

In this post-op visit, we will assess your post-op progress and talk about a timeline for next steps such as: the transition to outpatient therapy, driving, use of baths/pools, travel and return to work.

What to Bring

Please refer to the checklist below regarding what to bring to the hospital. Leave valuables at home or with family. You will be prepped in a separate area, different from your inpatient room during your stay. Please leave your personal belongings with family or friends until after you are taken to your inpatient room.

If you have a Healthcare Power of Attorney, Advanced Directive and/or Living Will, please bring it with you the day of surgery. Remember to bring a valid photo identification along with your health insurance card.

Items to bring to use while you are prepped for surgery:

- ☐ List of medications, dosage, when you take them, last time you took them
- ☐ Glasses
- ☐ Hearing Aids
- ☐ Dentures



Items you may bring:

- ☐ Personal hygiene products
- ☐ Loose-fitting shorts & shirts
- ☐ Walking shoes or sneakers
- ☐ CPAP machine if you use one
- ☐ Cell phone and charger
- ☐ Credit Card – if choosing Walgreens Bedside Pharmacy



Items you should leave at home on day of surgery:

- ☐ Cash
- ☐ Keys
- ☐ Jewelry and other valuables
- ☐ All medication

What to Expect Morning of Surgery

- Take only the medication as instructed by the nurse during your pre-assessment testing appointment.
- Do not use any lotions, powders or perfumes.
- Do not wear makeup, jewelry or hair-pins.
- Wear loose fitting clothing that is easy to get on and off.
- Please arrive at the time you were instructed, which may be 2-3 hours before your surgery starts. This gives us time to get you ready for your surgery.

Pre-Op Holding

- A nurse will perform an assessment.
- You will change into a hospital gown.
- An IV will be started.
- Your skin will be prepped with a CHG cloth as a final infection prevention step.
- Vital signs will be taken.
- Lab work or additional testing will be completed if necessary.
- Medications will be given as needed.
- An anesthesia provider will discuss your anesthesia plan and review your medical history.
- Your family will go to the surgery waiting area at this time.
- You will then be taken to surgery.

During Surgery

The average length of surgery and recovery is expected to be at least 4 hours. The surgeon will call the family in the room after surgery. A family member should be available before, during and after surgery to speak to the surgeon. If there are multiple family members and they are at separate locations, it is best to identify one individual for the surgeon to call after the surgery as the point person.

What to Expect After Surgery

Recovery Room – Post Anesthesia Care Unit (PACU)

After surgery, you will be taken to the recovery area. You will gradually wake up during the immediate recovery period. During this time, additional pain medication may be administered if needed, your vital signs will be monitored and an X-ray may be taken of your new joint. They may ask you to “pump” your feet up and down to make sure you have feeling in your legs and feet, especially on the surgical side. You will go to your room once you are fully awake and stabilized in the recovery room.

Ortho Unit

Once you are back in your room, your nurse will examine you and continue to administer antibiotics and IV fluids. Your blood pressure, heart rate, breathing and temperature will be checked regularly.

Diet

A clear liquid diet may be ordered and diet will be advanced as tolerated by your surgeon. This is to help prevent nausea and vomiting, which are common side effects of anesthesia and pain medication. If experience any nausea or vomiting, please, alert our staff members so these conditions can be treated promptly. You may be hungry, but it is important that you stick to this plan. You may be given more food when you are able to tolerate it. Please do not have family deliver food on this day.

Bladder

Due to anesthesia after-effects, you may not be able to urinate normally for a day or so. If you have difficulty urinating, a catheter may be placed in the bladder.

Visitors

The day of surgery we ask that no more than two family members visit, to allow you time to rest and heal. You may have one family member stay overnight.

Sequential Compression Device (SCD)

Sequential Compression Device (SCD) is a method of preventing blood clots by improving blood flow in the legs. SCD's are shaped like “sleeves” that wrap around the legs and inflate with air one at a time. This imitates walking and helps prevent blood clots. You should wear your SCD's any time you are in bed or sitting in a chair. The SCD's must be removed for walking. Foot exercises are also important to prevent the formation of a blood clot. Point your toes toward the bottom of the bed, then up toward your face. Repeat 10 times each hour you are awake.

What to Expect After Surgery cont'd

Anticoagulation

Prevention of clotting is extremely important after total joint replacement. Different medications are used for anticoagulation. These medications may be injected or taken by mouth as indicated by your physician. You may need blood testing to determine if your anticoagulation therapy needs to be adjusted. Most patients take some form of anticoagulation therapy for approximately one month after discharge.

Coughing and Deep Breathing

You will be encouraged to take deep breaths and cough after surgery, which will help keep secretions in your lungs from accumulating. When fluids accumulate it can cause pneumonia or a condition called postoperative atelectasis. You'll be given a device called an incentive spirometer to help with deep breathing. It's best to use it 5-10 times every hour when awake for the first few postoperative days. Make yourself cough after each use.

Fall Precautions

You will be assessed for your fall risk. Additional precautionary measures may be taken to keep you safe. These additional measures may include a change in room assignment to move you closer to the nurses' station, a bed alarm, assistive equipment, and may also result in a medication review at any time during your stay, if warranted. Non-skid socks will be provided by the hospital.

You are at high risk for falls after knee and hip replacement surgery. Please do not get out of bed without assistance. You will have significantly decreased leg function and possible confusion, placing you at high risk for a fall. Call any time for immediate help from staff members,

In-Hospital Rehabilitative Services

Therapy Timeline:

• Post Op Day 0 (Day of surgery)

- Physical Therapy evaluation and assessment
- Sit at the edge of bed, stand and walk a short distance with assistance as appropriate.

• Post Op Day 1 (First day after surgery)

- Occupation therapy evaluation and assessment.
- Physical therapy – twice daily.
- Out of bed for all meals.

Why is it so important to mobilize the day of surgery?

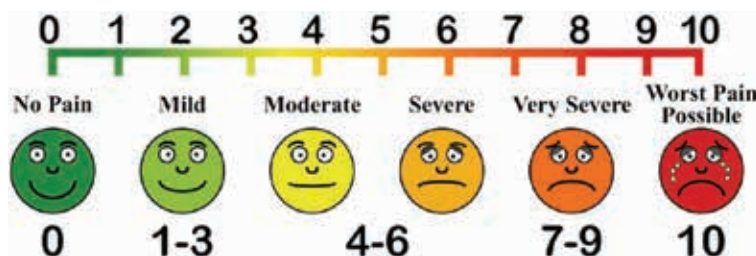
- Decreased length of stay.
- Decreased use of opioids.
- Increased ambulation distance.
- Significant increase in likelihood for discharging home.
- Greater than 80% of those who received therapy on post op day 0 were discharged home as opposed to 55% of those who received therapy the day after surgery.



In-Hospital Pain Control

We are committed to managing your pain. Every patient has an individualized response and reacts differently to both pain and pain management medication. It is important to let your health care team know if you are not getting pain relief to a tolerable level with the medications that you are receiving. The staff will ask you frequently to rate your pain from 0 to 10. Zero is equal to no pain and 10 is the worst possible pain you can imagine. It is important that your pain level is tolerable to allow you to better participate in your recovery. Please help us to better manage your pain by doing the following:

- Discuss pain management options with your physician or nurse.
- Let your physician know what pain medications have worked best for you in the past or if you had any adverse reactions.
- Discuss any concern that you have about taking pain medications. Let your healthcare team know what makes your pain better and what makes it worse.
- Discuss your comfort goal. This is the level of comfort you need to be at in order to carry out your activities of daily living, deep breathing, getting in and out of bed, and walking.



At Home After Surgery

Discharge Planning

The ultimate goal is for you to be discharged home with either home health and/or outpatient rehabilitation. Your surgeon, and the orthopedic/medicine team will determine whether it is safe for you to be discharged home or to a rehabilitation facility based on medical necessity. Please check with your insurance provider prior to surgery to determine your inpatient rehabilitation benefits and covered facilities. Insurance coverage is an important factor in determining post discharge rehabilitation placement.

- Discharge instructions will be reviewed with you before you go home.
- Your therapist will ensure that you understand your home exercises, movement and activity precautions.
- Please ensure that you and your care taker understand abnormal post procedure signs and symptoms.
- Prepare your home
- Arrange for transportation
- Please do not order/purchase until your discharge plans are confirmed:
- Raised toilet seat or 3-in-1 commode/toilet seat with bars
- Walker, crutches, cane (Spine, Knee and Hip patients only)

*You may consider purchasing prior to surgery, as these items are usually not covered by insurance:

In the first 2 weeks

- o What is normal after surgery
- o When to call the office
- o When to seek emergency care
- o Wound care
- o Pain management
- o Blood clot prevention
- o Home health services

After the first 2 weeks

- o Return to activities such as driving, work, and travel
- o Antibiotic recommendations for future dental work



Overview of Home Health Agencies

For a full list of agencies – we recommend use of www.medicare.gov/care-compare and narrowing your filters to 4 stars and above.

Broward

• CareGivers of America	954-722-7662
• Activa Home Health	954-344-1761
• Boca Home Care	561-989-0441
• Pinnacle Home Care	954-641-9440
• Ready Care	305-669-5957

Martin

• Activa Home Health	722-249-0606
• Elite Home Health Group Inc.	561-509-5800
• Encompass Home Health of Jupiter	561-244-0120
• First at Home	561-963-8109

Miami

• Caring Professional Services, Inc.	305-266-0731
• Kindred at Home	305-821-5553
• Princess Home Health Agency	305-693-3108
• Ready Care	305-669-5957
• Southeast Homecare	

Okeechobee

• Activa Home Health	772-249-0606
• Centerwell	833-453-1107
• Elite Home Health Group Inc.	561-509-5800
• First at Home	561-963-8109

Palm Beach

• Activa Home Health	561-819-0460
• Caregivers of America	561-832-0504
• Elite Home Health Group Inc.	561-509-5800
• First at Home	561-963-8109
• Pinnacle Home Health	561-624-0653

St Lucie

• Activa Home Health	772-249-0606
• Elite Home Health Group Inc.	561-509-5800
• First at Home	561-963-8109
• Pinnacle Home Health	772-781-3006

*Companies that are highlighted are ones that have achieved even higher quality and cost standards.

Wound Care

CARING FOR YOUR INCISION AT HOME

- Wash your hands frequently with soap and water, creating sufficient friction for a good 30 seconds under running water and rinse under running water.
- Take daily showers, as ordered by your surgeon. Caring for yourself and keeping yourself clean can keep your body healthy. It reduces the risk of infections and diseases and also helps you feel better.
- You may shower only after receiving permission from your surgeon. Cover incision with a nonporous plastic bag until informed to stop — this prevents water and other organisms from entering your healthy incision. If your incision is closed with glue it does not need to be covered. Do not soak but shower water can run over incision lightly.
- Keep your incision dry. Do not touch or scratch your incision as it is healing.
- Apply ice packs often to reduce inflammation to your surgical site and relieve pain to the site.
- Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the incision.
- Do not enter large bodies of water where your incision can be submerged. This includes pools, the ocean or other bodies of water, including baths and hot tubs.
- Do not perform strenuous exercise until cleared by the surgeon.
- Do not drive until cleared by the surgeon.



Avoiding Falls

Risk Factors for Falls

- A previous fall in the last 6 months
- Difficulty walking or getting out of bed or chairs
- Difficulty maintaining balance while walking
- Feeling weak or dizzy
- Forgetting limitations or cognitive impairment such as Alzheimer's
- Use of narcotic pain medications

Consequences of Falls

- Increase in risk of premature death
- Decrease in mobility and independence
- Increase in admittance to nursing homes or long-term care facilities
- Falls among older adults: One out of every three people over the age of 65 fall each year.
- For older adults, falls are the leading cause death due to injury.

Fall Prevention

- Pick up throw rugs, tack down loose carpeting and cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backing.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms & hallways.
- Keep extension cords and telephone cords out of pathways. DO NOT run wires under rugs — this is a fire hazard.
- Sit in elevated chairs with arms.
- Rise slowly from either a sitting or lying position so as not to get lightheaded.
- DO NOT lift heavy objects for the first three months and then only with your surgeon's permission.
- Act deliberately and SLOWLY. Stop and think.
- Use your assistive device to help you walk.
- DO NOT wear open-toe slippers or shoes without backs.
- Wear your glasses and hearing aids if you have them.
- See your physician. Discuss medication and health conditions.
- Keep moving. Wear sensible shoes and wear the non-slip grip footwear provided to you.
- Have your feet measured each time you buy shoes, since foot size can change.

Frequently Asked Questions

We try to keep answers to most of your questions right at your fingertips. Many answers are found here, in the Home Exercise Program booklet, or in the pre-surgery education video. For questions about your home set-up, equipment needs, exercise program, and recovery – we have dedicated Q&A time in your personal pre-op therapy session. For medical questions – we have dedicated Q&A time in your personal pre-op call with the nurse. If you need a question answered before these sessions, please call your surgeon's office and we will connect you with best resource for the need.

BEFORE SURGERY

How can I make sure I am ready for surgery so that I don't experience a surgery delay or cancellation?

The best way to stay on track is to keep your Pre-Surgery Checklist visible on your fridge, mirror, or other location where you will see it often. Ensure your pre-op appointments and tests are scheduled between the defined date ranges. If you are having a hard time getting them scheduled please call our office so that we can provide you with recommended next steps. Please request physical copies of all notes and test results for each appointment you attend. We do ask your doctor(s) to send us copies but, in the event, that we don't receive them, it is extremely helpful if you also have copies. Within 2 weeks of surgery, you will want to limit large gatherings or exposure to anyone that is sick to prevent a cancellation due to illness. It is also a good time to limit activities that can lead to injury or skin damage. Rashes, abrasions, or any opening in the skin could allow bacteria to enter the bloodstream and travel to the joint. If you get sick or injured within 2 weeks of surgery please call our office so that we can provide recommended next steps.

When will I find out if there are medications that I should stop taking before surgery?

We have included a handout, titled "Vitamins, Supplements, and Over-the-Counter Medication Recommendations" for any non-prescription items. You should receive recommendations from the prescribing doctor for each of your prescription medications. If you still have questions, the nurse can also review each medication during your pre-op call.

Will I need to see the surgeon again before the surgery?

You will not need an additional visit with the surgeon before surgery unless it has been more than 6 months between your last visit and the date of surgery or unless he specifically indicated an additional reason for a visit.

When will I find out my surgery time?

Surgery times are not typically determined until the day before the surgery as the schedule could still be changing up until that time. You should expect a call the afternoon before surgery. If you have not received a call by 4pm, please call 561-650-6080.

Frequently Asked Questions

What should I do the night before surgery?

DO NOT eat or drink anything after midnight. This includes water. No hard candy or gum after midnight. Sleep in clean sheets and pajamas. DO NOT sleep with your pet.

DAY OF SURGERY

What should I wear on the day of surgery?

We recommend wearing loose fitting comfortable attire and closed toe/closed heel comfortable shoes. Remember that you should not wear: jewelry, make-up, perfume, lotions, or hair products of any kind. Nail polish and acrylic nails are generally okay as long as the color is not too dark. Rarely, we may need to remove polish from one finger/toe for oxygen readings and/or to check circulation.

What should I bring to the facility?

All patients should bring photo ID, insurance cards, current medication list, and any items that you need on a daily basis (glasses/contacts, dentures, hearing aids and any associated cases/supplies for those items). Patients staying overnight at the hospital should bring one change of clothes. Other possible recommendations include: toothbrush, toothpaste, and cellphone charger.

When will I be discharged from the facility?

Patients having surgery at GSMC and are booked for same-day discharge will typically be discharged 3 hours after surgery once cleared by our medical staff. If you are booked as 23-hour observation, you will stay overnight for medical monitoring in our dedicated orthopedic unit. Once you have been consulted by our team the average discharge is around 12pm the following day if cleared by medical staff. Remember that when you get home, you need a support person present for the first 5-7 days after surgery.

What if I live alone?

Patients that live alone will arrange to have a family member/friend/neighbor stay with them or have a combination of people staying a few hours at a time spread out throughout the day. Even if your insurance includes a nursing home/rehab hospital benefit, Medicare and commercial insurers do not consider living alone to be a qualifying reason to authorize a stay at a skilled facility.

How do I get home?

Remember that you will not be able to drive for the first couple of weeks after surgery and you will need to have someone drive you home from the facility. If you are staying overnight, your ride should be available in the early morning as most patients are ready for discharge by 11am. Rideshare services should not be used unless a support person is riding with you too.

What are the directions to the facility and where do I park?

If you are scheduled as the first surgery of the day and our PAT confirms that you should arrive at 5:30am, we ask that you please be dropped off at the main entrance of the Victor Farris Building. Your transport can park in the outside lot across the street. You will take the elevators to the 2nd floor and check in with the pre-admitting team.

If you are asked to arrive after 6:30am for your surgery, please follow the above steps or park in the patient/visitor garage and head to 2nd floor. You will then cross the bridge to Victor Farris pre-admitting.

Parking Garage: 1411 N Flagler Dr, West Palm Beach, FL 33401

Frequently Asked Questions

Can I go to the Dentist right before or after Orthopedic Surgery?

You should plan on a visit to a qualified dentist, beforehand. If at all possible, you should make sure your mouth is free of gum disease before you schedule that new hip or knee. However, you should avoid a cleaning visit to the dentist 3 weeks prior to your surgery and avoid a cleaning visit until you're at least 3 months post op to reduce risk of infection.

AFTER SURGERY

Will I need special equipment after a total joint replacement?

An elevated toilet seat, bedside commode, shower chair, grab bars and other equipment may be necessary for your safety at home.

Can I drive after surgery?

No, you cannot drive immediately after surgery or while you are taking pain medicine. Your physician will advise you on when to begin driving at your first post-operative visit.

When can I return to work?

The ability to return to work depends on your job demands, typically sedentary work is often possible within 1-2 weeks.

When can I play sports again?

Low impact activities are encouraged after surgery including walking, golfing, swimming, bowling, gardening, dancing and biking. High impact activities like running and basketball are discouraged. Sports are often allowed at 4 months post-surgery.

RESOURCES

Where to purchase your walker/compression stockings:

- Amazon
- Walmart
- CVS/Walgreens
- Clinics Can Help: 2560 Westgate Ave, WPB (561)-640-2995

Walgreens Bedside Delivery at Good Samaritan Medical Center:

- Speak with your case manager or your nurse to setup a bedside delivery
- You can also speak with Ian Finn (Orthopedic Navigator)

Contact Information:

- Orthopedic Navigator – Ian Finn: Office (561) 671-7127; Mobile (561) 385-7541
- Case Management (561)-650-6220 (*ask for orthopedic case manager*)



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