



# Total Hip Replacement



# Total Hip Replacement

Preparation, education and a pre-planned discharge are essential for best results in joint replacement surgery. This joint book is intended to help prepare you for what to expect.

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## Thank you for choosing OrthoNebraska!

OrthoNebraska Hospital officially opened its doors in April of 2004 as the region's first hospital dedicated to the complete care and treatment of the orthopaedic patient. The hospital is a unique partnership developed to bring practicing orthopaedic surgeons together with the leading academic medical center in the region - Nebraska Medicine. Through this ongoing collaboration we are able to identify and focus on the elements that make for a great health care environment.

Our Total Joint Replacement program is designed completely around you and your needs. It is personalized care, treatment and outcomes tailored to your lifestyle. From the first phone call you receive from our staff to your very last doctor's visit, everyone you meet has the same goal in mind - getting you back to what you love.

OrthoNebraska Hospital meets the definition of a "physician-owned hospital" under 42 CFR 489.3. Nebraska Orthopaedic Hospital, LLC and OrthoWest, PC are each operating under the name OrthoNebraska. For more information, visit [OrthoNebraska.com/legal](http://OrthoNebraska.com/legal).

### Nurse Navigation

Our Nurse Navigation team will be following you throughout your total joint replacement experience. Prior to surgery, a Nurse Navigator will contact you to schedule your Pre-Surgery Total Joint Class and to discuss your plan for after you leave the hospital. The surgeons of OrthoNebraska request that all of their patients attend Pre-Surgery Total Joint Class to help prepare for your surgical procedure and teach you how to care for your new joint.

While in the hospital, Nurse Navigators and the multidisciplinary team will collaborate with you to plan for your recovery period after hospital discharge. Additionally, the Nurse Navigators will assist in setting up any needed services.

After leaving the hospital, Nurse Navigation will contact you and continue to follow your recovery progress. If you have any questions or concerns, please contact Nurse Navigation at 402-609-2278.

**Please note:** The Pre-Surgery Total Joint Class is at no cost to our patients. Patients are encouraged to invite a family member or friend who will be caring for them after their procedure.

## Preparing Your Home Before Surgery

Your safety is our number one concern. Planning and setting up your home before surgery will help to keep you safe from falls and make your transition home easier. Listed below are suggestions to consider when preparing your home before surgery for a safe recovery.

### Action Items to Prepare Your Home Before Surgery

- Plan for transportation home from the hospital and to follow-up appointments, until cleared to drive by your surgeon.
- Remove anything you might trip over (e.g. cords, papers, shoes) from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep rugs from slipping.
- If needed, move furniture so you have a clear path to walk with a walking device, such as a walker.
- Keep items you use often in cabinets that are within reach and do not require a step stool.
- Use non-slip mats in the bathtub and on shower floors.
- Check current handrails to make sure they are not loose.
- Have handrails and lights installed on staircases, as needed.
- Have a sturdy chair with good arm rests to sit in.
- Clean the home, do laundry and complete yardwork in advance.
- Plan/Prepare meals ahead of time.
- Plan for care of your pet.

Upon returning home, you do not need someone with you 24/7. However, it is helpful to have a support person available to assist you.

## Your Information

Please fill out the following information BEFORE surgery. This will help us to assist in your rehabilitation and safety at home.

Style of home (example: ranch, split level, apartment) \_\_\_\_\_

Number of stairs *INTO* your home \_\_\_\_\_  Has Secure Railings

Number of stairs *INSIDE* your home \_\_\_\_\_  Has Secure Railings

Toilet height (from floor to seat rim) \_\_\_\_\_

Do you have a counter or sink on either side of your toilet?  Left  Right  None

Type of shower:  Walk-in  Tub Shower

Do you have a curtain or door on your shower? \_\_\_\_\_

Height of step in shower area \_\_\_\_\_

Width of bathroom door \_\_\_\_\_

Bed height (from floor to top of mattress) \_\_\_\_\_

Equipment I have at home (example: walker, cane, toilet riser) \_\_\_\_\_

Who will be your support person at home? \_\_\_\_\_

How long will you have a support person at home with you? \_\_\_\_\_

### My Goal After Surgery Is...

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Questions or Concerns? \_\_\_\_\_

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# Pre-Surgery Checklist

## Complete Before Surgery

- I have attended the Pre-Surgical Total Joint Class.
- I have completed all pre-operative appointments and tests requested from my surgeon's office.
- I have used the antimicrobial soap as instructed, given to me by the office.
- I have arranged for someone to drive me home when I'm discharged from the hospital.
- I have arranged for someone to drive me to my follow-up appointments.
- I have filled out "Your Information" on page 5.
- I have prepared my home and arranged any needed assistance before surgery.

## Things to Bring to the Hospital

- Loose fitting clothing (Elastic waist is preferable. Loose pajamas, sweatpants, shorts and tops)
- Shoes or slippers with a good tread
- Personal Toiletries (Toothbrush, Toothpaste, denture cleanser, deodorant, hair supplies)
- Walker (if you already have one)
- Total Hip Replacement Handbook (*THIS* book)
- Drivers license/ photo ID and insurance cards, including prescription drug and discount cards
- Current list of home medications
- Eyeglasses, if applicable
- CPAP (tubing and machine), if applicable
- Hearing Aid and extra batteries, if applicable
- Copy of Advanced Directives, if applicable

## Over the Counter Items to Consider Having at Home

- Tylenol/Acetaminophen
- Stool Softeners or Gentle Laxative
- Glad Press N Seal (to cover incision, if needed, after surgery)

# Anesthesia

You will talk about your anesthesia options the day of surgery with your anesthesiologist. The anesthesiologist will talk about your health history, past anesthesia experiences and perform a basic physical exam on you. They will talk about different options that are available and how we tailor them to you and your surgery. We strongly urge all patients to ask any questions they have.

## Anesthesia Options

### Spinal Anesthesia/Regional Anesthesia

Spinal or regional anesthesia involves an injection into your lower back area, which will numb you from your waist to your toes. Medication will also be given to make you “sleep” during your surgery. Due to less medication in your system, this method requires less internal organ involvement and a lower risk of side effects. 95% of Total Hip Replacements patients have their surgery under spinal anesthesia.

### General Anesthesia

General anesthesia provides loss of consciousness, which requires us to breathe for you during surgery. While still very safe, general anesthesia carries a higher risk of side effects and takes longer to wear off due to higher levels of medication in your body.

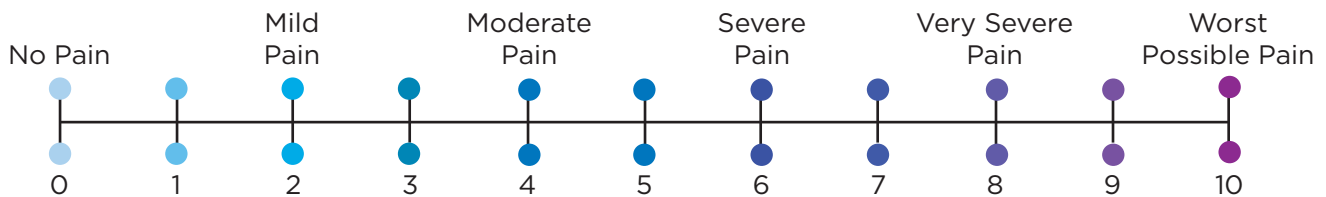
Our Anesthesia Department is comprised of board-certified anesthesiologists and certified registered nurse anesthetists. While under anesthesia, you will have a member of the Anesthesia Department with you at all times.

# Pain Management

Joint replacement surgery does come with some pain. However, our goal is to manage your post-surgery pain to ensure you are able to actively participate in your recovery. A dedicated team will work with you to achieve comfort, so you can recover quickly and safely.

## Our Approach

During your stay, we will set an individual “pain goal” with you. We will frequently ask you to “rate your pain level” from 0-10. This helps us to better understand how you are feeling and to help achieve comfort. A score of zero (0) means you are having no pain. A score of ten (10) means you are having the worst possible pain and may not be able to move or function.



Different types of medications are available to help manage your pain. We use a combination of medications and comfort techniques. You may use one or more of the options listed in this handbook. *This will be tailored to you and your health history.*

## Medications

Before Surgery Medications:

- A combination of medications taken by mouth to get a “head start” on pain control.

After Surgery Medications:

- A combination of medications taken by mouth that are proven to provide more relief than narcotics alone. This combination will be ordered by your surgeon and specific to you and your health history.



## Comfort Techniques

- Ice: Used for comfort and to decrease swelling
- Repositioning
- Exercise
- Relaxation Techniques: Meditation, Deep Breathing
- Music

## Possible Side Effects of Pain Medications (and safe remedies for the relief of side effects)

Some medications can have side effects. It is important to be aware of these when you start taking a new medicine. Please let your doctor know if you are experiencing a side effect.

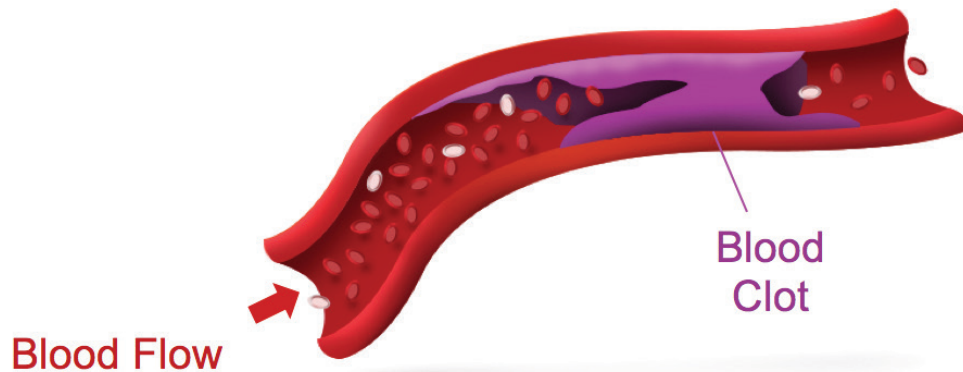
- Drowsiness
- Dizziness
- Nausea/Vomiting
  - Always eat a light meal or snack with pain pills.
  - If you are still nauseated even after eating food, please call your doctor.
- Itching
  - Benadryl
- Constipation
  - Stool Softeners
  - Gentle Laxatives

## Preventing Complications

There are potential risks and complications associated with any surgery, even a Total Joint Replacement. You will have a highly specialized team trained in minimizing the potential complications related to your surgery. The risk of a complication is very minimal. However, we will take every precaution necessary to reduce your risk. It is important that you are educated and involved in preventing complications.

### Blood Clots

When you injure yourself and bleed, your body begins to heal by clotting the blood at the site of the injury. Your body will have the same response after a joint replacement. After surgery, your body could start to clot blood in the vein deep in your calves and thighs. We call this a deep vein thrombosis (DVT). If the blood clot breaks off, it can travel to your lungs causing a pulmonary embolism (PE).



### Prevention of Blood Clots

- Get moving as soon as possible
- Compression Sock (TED Hose), if applicable
- Calf Sleeves (compression device)
- Blood-thinning medications (e.g. Aspirin, Coumadin, Xarelto, Eliquis)

**CALL SURGEON FOR LEG PAIN, SWELLING, OR REDNESS:** You may be swollen from your big toe all the way up to your hip on your surgical leg, which can be normal. You may also experience bruises up and down your surgical leg, which can be normal. Check both legs. Remember, blood clots can occur in either leg after surgery. Sometimes you can have a blood clot without any signs or symptoms.

**CALL 911 FOR CHEST PAIN/SHORTNESS OF BREATH:** This could be a sign of a blood clot that broke off and is traveling to your lungs (Pulmonary Embolism). *This is a medical emergency.*

## Surgical Site Infections

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Minor infections can occur in the incision area. Although rare, you can get an infection in your wound or deep around the joint replacement.

### Prevention of Infection:

- Antibiotics are given pre/post-operatively in the hospital to reduce risk of infection.
- Use the antimicrobial soap prior to surgery, as instructed, given to you by the office.
- Do not shave your legs for 48 hours prior to surgery.
- Any dental work should be done three weeks or more prior to surgery, unless cleared by your surgeon.
- After surgery, you will need to wait at least six weeks or until cleared by your surgeon, before seeing the dentist. You will need to let the dentist know you have had a Total Joint Replacement. You may be required to take an antibiotic one hour prior to each dental visit.
- At home, keep your incision clean and dry and change the bandage as instructed.
- Always wash your hands before and after dressing changes.

**CALL YOUR SURGEON if you develop a fever of 101° or more and/or you experience increased drainage, the incision is red, hot, foul smelling, yellow/green drainage, or drains for more than two days.**

## Fall Safety

To make your home safer we recommend the following:

- Remove anything you might trip over (e.g. papers, books, clothes and shoes) from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Keep items you use regularly in cabinets which are within each reach and do not require using a step stool.
- Have grab bars installed next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting in your home. As you age, brighter lights help you to see more clearly. Hang light-weight curtains or shades to reduce glare.
- Have handrails and lights installed on all staircases.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.

# Occupational Therapy

An occupational therapist is a licensed healthcare professional who works with you to teach you how your new joint functions in daily activities.

Occupational Therapist: \_\_\_\_\_

## Goals & Expectations after Surgery

Day after Surgery or until goals are met:

- 1-2 sessions per day
- Work on getting up and down from the bed, toilet, and chair
- Activities of daily living (dressing)
- Getting in and out of car
- Getting in and out of shower

Further instruction/education includes:

- Equipment needs
- Home setup/safety
- Precautions, if applicable

## Goals for Discharge from Occupational Therapy

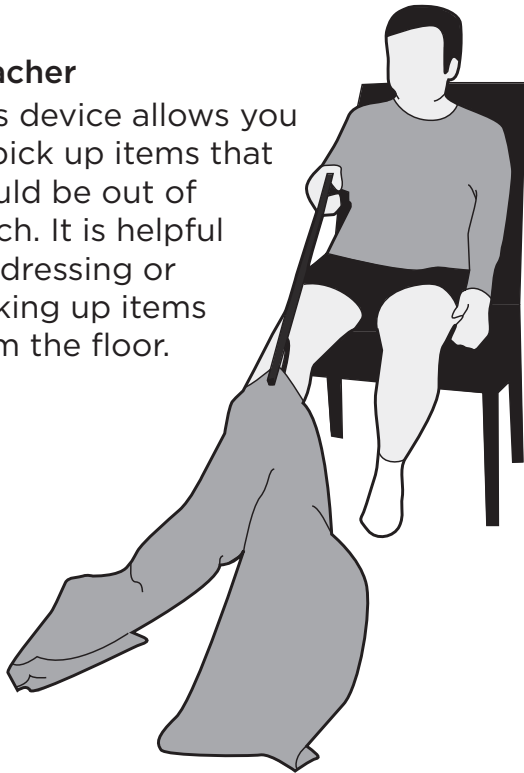
- Demonstrate a good understanding of hip precautions, if applicable.
- Complete basic dressing and activities of daily living.
- Complete car and household transfers (i.e. bed, toilet, shower, chair).
- Understand equipment recommendations and how to obtain them, if necessary.

## Activities of Daily Living

There are several different types of adaptive equipment that may help you reach your lower legs with dressing and bathing in the early stages after surgery. Your occupational therapist will instruct and recommend the appropriate equipment for you during your stay.

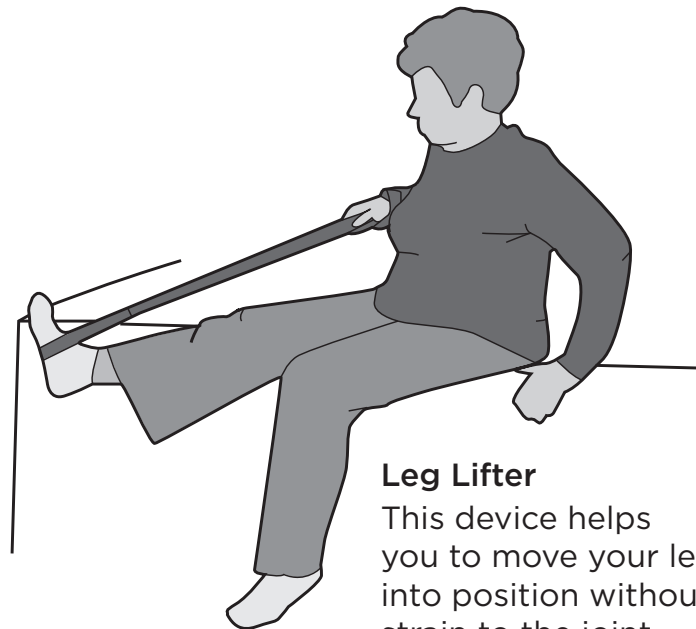
### Reacher

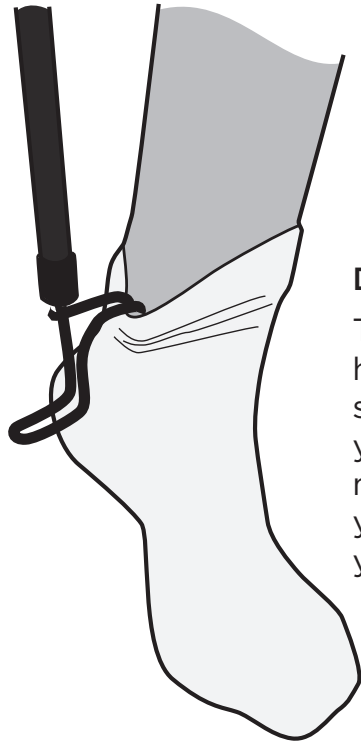
This device allows you to pick up items that would be out of reach. It is helpful for dressing or picking up items from the floor.



### Leg Lifter

This device helps you to move your leg into position without strain to the joint.





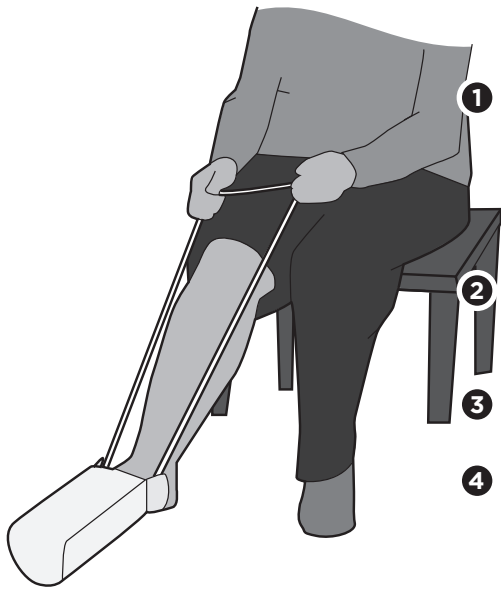
### **Dressing Stick**

This device is helpful to push socks or shoes off your feet. It also may be used to pull your pants over your feet.



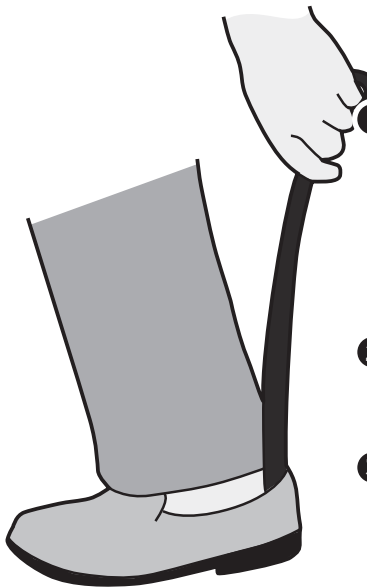
### **Long Handled Sponge**

This device is used to wash your lower legs and feet.



### Sock Aid

- 1 Sit in a chair. Slide the sock onto the sock aid. The toe should be stretched tight across the end. The top of the sock should not be pulled over the end of the sock aid.
- 2 Bend your knee as much as possible. Hold onto the cords and drop the sock aid by your foot.
- 3 Slip your foot into the sock aid.
- 4 Straighten your knee, point your toes and pull the sock on. Keep pulling on the cords until the sock aid pulls out.

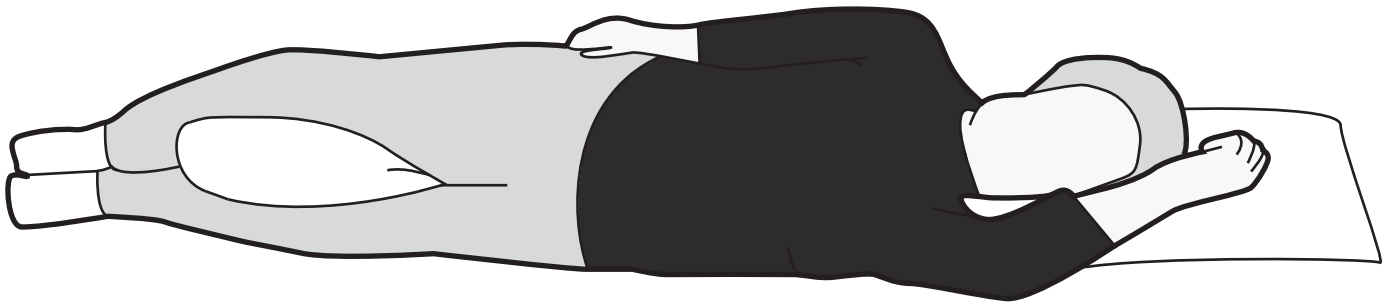


### Long Handled Shoe Horn

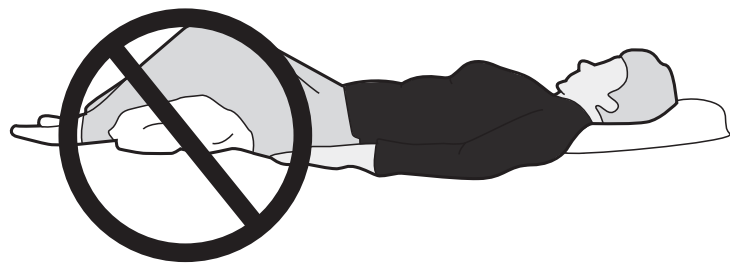
- 1 Bring your shoe close to your foot using a reacher or your shoe horn. Place the shoe horn inside the shoe at the back of the heel. Position it on the inside of the leg to avoid internal rotation.
- 2 Recline, if needed, to lift your leg and place your toes into the shoe.
- 3 Slide your heel down the shoe horn as you press your foot down into the shoe.

## Bed Positioning

After surgery, you will be allowed to lay on your non-surgical side with a pillow between your knees. Two pillows may be needed when lying on your side to keep the knees separated initially after surgery. A pillow placed between your ankles may also increase your comfort in this position.



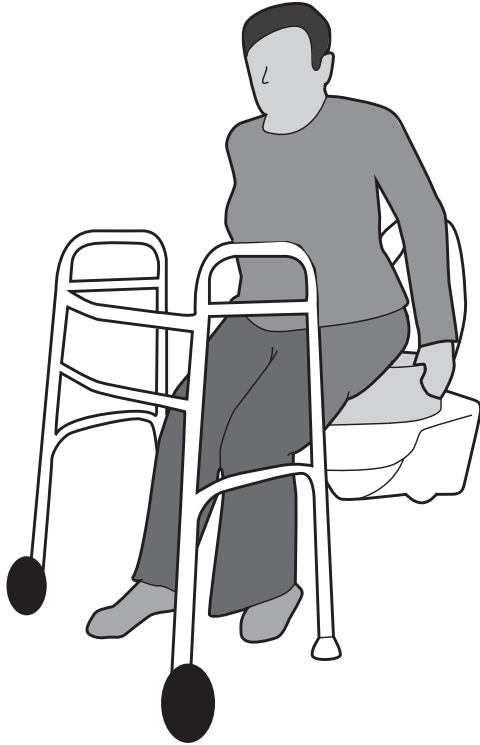
Do NOT put a pillow under your knees while laying on your back as this may cause stiffness.





# Toilet Transfers

A toilet riser may make it easier for you to get up and down from the toilet.



## Standard Toilet & Standard Riser

- 1 Back up to the toilet until you feel it touching the back of your knees.
- 2 Keep your surgical side hand on the walker and reach back with your non-surgical side hand for the edge of the toilet seat or riser.
- 3 Keep your operated leg out in front of you as you bend the other leg to lower yourself to the seat.
- 4 Reverse the process for getting up, with your hands in the same position. Be sure to get your balance before taking any steps.



## Riser with Arms

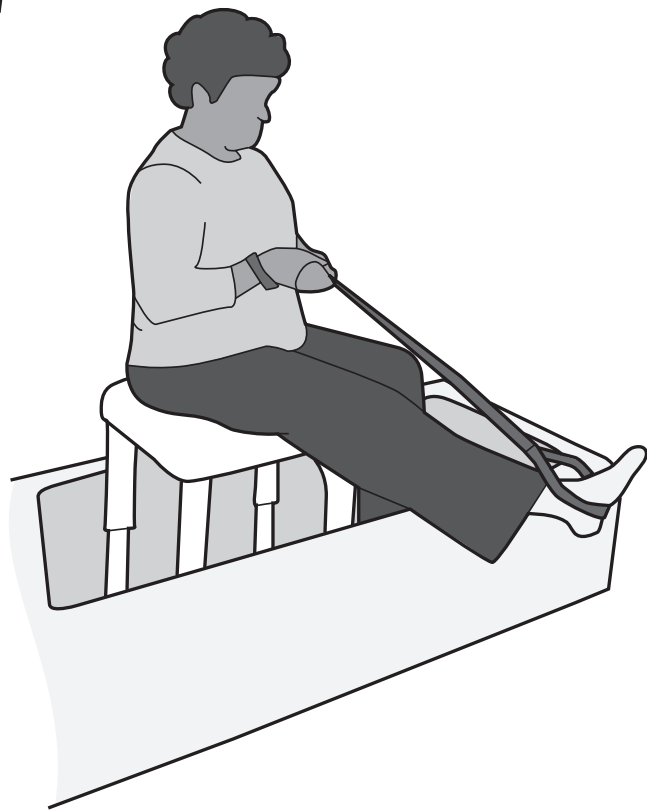
- 1 Back up to the toilet until you feel it touching the back of your knees.
- 2 Be sure you have your balance and reach back for the armrests with both hands.
- 3 Keep your operated leg out in front of you as you bend the other leg to lower yourself to the seat.
- 4 Reverse the process for getting up. Use the armrests to push up. Be sure to get your balance before taking any steps.

## Tub Transfers



- 1 Place the bench or seat in the tub facing the faucet. Back up to the tub until you can feel it on the back of your legs. Be sure you are right in front of the seat. Reach back with your non-surgical side hand for the seat. Keep your surgical side hand on the walker.

2 Sit down carefully on the seat, keeping your operated leg out in front of you. Pivot your legs up and over the side of the tub. Remember to keep the walker within reach.



To get out, reverse the process. Turn on the seat as you lift your legs over the side of the tub. Push up from the seat with your non-surgical side hand. With your surgical side hand on the walker, stand up outside the tub. Take hold of the walker and get your balance carefully as you stand.

## Car Transfers

Push the car seat all the way back and recline it, if possible. Back up to the car with your walker until you feel the car touch the back of your legs. Reach back for the car seat with one hand. The other hand is on the walker.



Keep your operative leg out in front of you. Duck your head as you carefully sit. Turn as you lift your legs into the car, keeping a reclined position.



Return the seat back to upright if you had it reclined.

To exit your car, reverse the process. Recline the seat back, if possible. Turn and lift your legs out of the car. Keep your head down as you push off the seat back with one hand. The other hand will be on your walker. Stand carefully and get your balance.

### Tips

- Avoid sports cars and bucket seats due to low seat height.
- Take your shoe off on your operative side if you need more room to clear your toes in or out.
- Avoid high vehicles with running boards, if possible.

## Compression Stocking Instructions

- Plan to wear your stockings from day of surgery until your first follow-up appointment with your surgeon (typically 2-3 weeks). At that appointment, ask your surgeon if you can be finished wearing them or if they want you to wear them longer.
- You have two pairs of stockings that were issued to you - one to wear and one to wash. Please note: stockings should be hand washed only.
- Wear the stockings 24/7 except when bathing. Plan to change into a clean pair *daily*, giving yourself approximately 30 minutes of a break from wearing the stockings. If you are not showering daily, still plan to change into a clean pair of stockings every day.
- Your occupational therapist may provide additional information for your wearing schedule based on your surgeon's specific recommendations.

## Directions for a helper to assist in putting on compression stockings

1. Patient may lie in bed or sit in chair (bed position may be easiest for any helper that has knee or back problems).
2. Helper places plastic bag over patient's foot (grocery sacks or newspaper bags work well).
3. Thread compression stocking over foot - it should slide easily over plastic bag.
4. Have patient (if able) assist in pulling stocking up over knee, smooth out any wrinkles.
5. There is a hole on the underside of the stocking foot. Stretch the hole open and pull the foot of the stocking up and over the foot to the patient's ankle.
6. Remove plastic bag.
7. Pull stocking back over foot and smooth additional wrinkles.

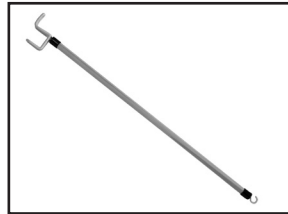


# Adaptive Equipment

Your therapist will recommend the appropriate equipment for you during your stay.



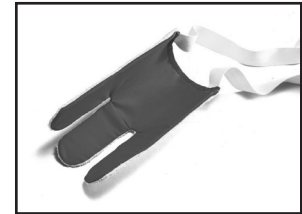
Reacher



Dressing Stick



Plastic Sock Aid



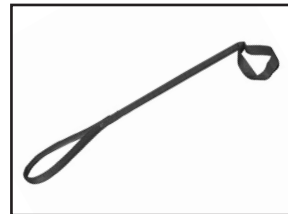
Soft Sock Aid



Long Handled Shoehorn



Elastic Shoelaces



Leg Lifter



Walker Tray



Shower Chair



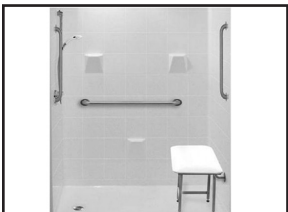
Shower Chair with back



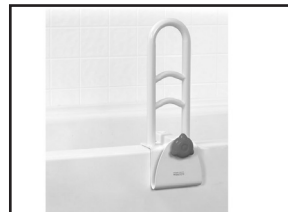
Tub Transfer Bench



Bariatric Tub Transfer Bench



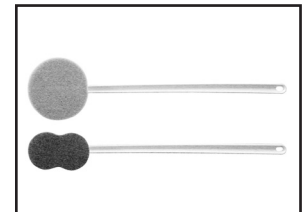
Safety Rails for Shower



Tub Clamp-on Bar



Hand Held Shower



Long Handled Sponge

more on next page >>



Toilet Riser



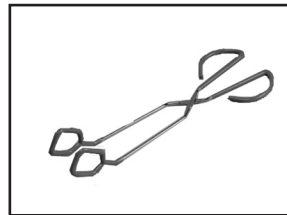
Toilet Riser with Arms



3-in-1 Commode



Toilet Safety Frame



Toilet Paper Tongs

### ***Local Medical Supply Vendors***

*Please note:* OrthoNebraska does not own or operate any of the following vendors.

**Helget Home Care**  
(402) 339-1056

**Kohl's Pharmacy & Homecare-Call Center**  
(402) 408-1990

**Elmwood Pharmacy**  
(402) 551-6882

**Kubat Pharmacy**  
(402) 558-8888

**HELP Adult Services**  
(402) 341-6559

**See The Trainer**  
(402) 493-4747

### **Online Options include:**

- Amazon.com
- Walmart.com

If you are unable to secure equipment prior to your stay, or needs are identified during your stay, then OrthoNebraska Hospital may also provide equipment through a local vendor for your purchase and convenience.

## Sexual Activity

Prior to surgery, many people have difficulty enjoying sexual activity because of their joint pain and limited range of motion. Joint pain and stiffness, particularly in the hips and knees, can limit your ability to perform sexual activities. Your partner may also avoid sex for fear of causing you discomfort.

Sex is an important part of our lives. A healthy sexual relationship requires open and honest communication with your partner. After your surgery, you and your partner may have questions or concerns about resuming sexual activity with a joint replacement. Please do not feel embarrassed to discuss your concerns with your healthcare team. We will address you and your partner's questions and concerns in a respectful and sensitive manner.

In most cases it takes six to twelve weeks for your incision, muscles, ligaments and bones to begin to heal. During this time, if you feel you are ready to resume sexual activity, it is important to speak with your surgeon and your partner. Your surgeon will be able to discuss a timeline with you when it is appropriate to resume sexual activities.

For hips, you may have to avoid certain positions to protect the joint and incision as it heals. Your OrthoNebraska Hospital healthcare team have informed you of your hip precautions, if you have any.

When you and your surgeon feel you are ready to resume sexual activity, please take the precautions to protect your new joint. Communicate with your partner what is comfortable and what is not.

If you have any questions, please feel free to contact your surgeon and healthcare team.

## Physical Therapy

A physical therapist is a licensed healthcare professional who provides services designed to preserve, develop and restore maximum physical function.

Physical Therapist: \_\_\_\_\_

### Goals & Expectations after Surgery

Day of Surgery:

- Up out of bed walking with walking device
- Begin exercise program

Day after Surgery and until goals are met:

- Two sessions per day
- Increase walking distance
- Perform stair training
- Review exercise program

### Goals for Discharge from Physical Therapy

- Safely walk household distances with walker or crutches.
- Able to go up and down stairs safely.
- Understand and be able to do exercise program, as indicated by your doctor.





## Lateral Total Hip Replacement Precautions

The precautions you will need to follow after hip surgery will depend upon the complexity of your surgery and the surgical approach used. If you have precautions, they are temporary to allow your body to heal and your surgeon will tell you how long they need to be followed.

### No Active Hip Abduction



DO NOT actively bring leg out to the side.



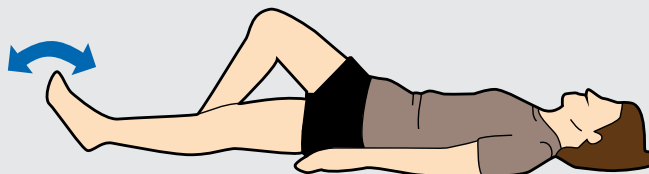
DO NOT actively bring leg out to the side.

## Lateral Total Hip Replacement Exercise Instructions

All exercises to be completed in a chair or bed. We can assist you in all your Physical Therapy needs. To schedule an appointment call (402) 609-1750.

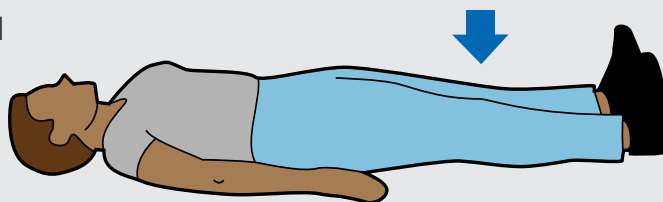
### Ankle Pumps

- 1 Lie on your back or sit up in a chair.
- 2 Point your toes up then down as far as possible.
- 3 Repeat 20 times, 3 times per day.



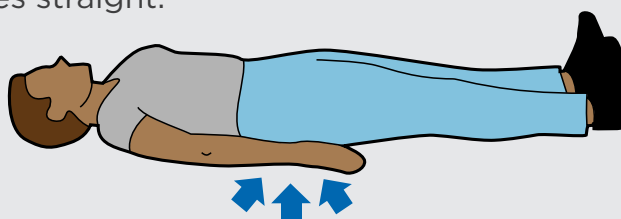
### Quad sets

- 1 Lie on your back with your legs straight.
- 2 Press the back of your knee downward towards the floor. This will tighten the muscle on top of your thigh.
- 3 Hold for 5 seconds.
- 4 Repeat 10 times, 3 times per day.



### Gluteal Sets

- 1 Lie on your back with both your knees straight.
- 2 Tighten your buttocks muscles firmly together.
- 3 Hold for 5 seconds.
- 4 Repeat 10 times, 3 times per day.

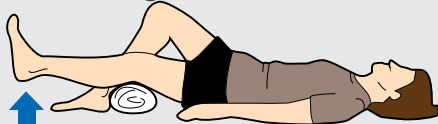


### Short Arc Quad

- 1 Lie on your back with a towel/pillow under the operative knee.



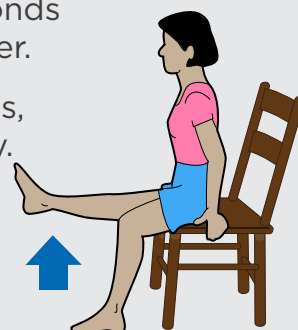
- 2 Raise your heel off the surface until your knee is straight.



- 3 Hold for 3 seconds and slowly lower.
- 4 Repeat 10 times, 3 times per day.

### Long Arc Quad

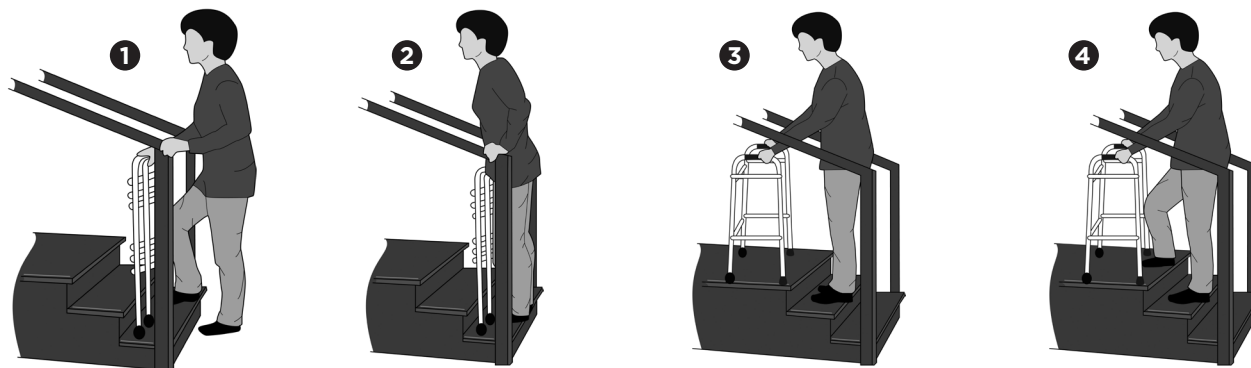
- 1 Sit in a chair or on the edge of a bed.
- 2 Lift your foot toward the ceiling.
- 3 Hold for 3 seconds and slowly lower.
- 4 Repeat 10 times, 3 times per day.



## Using a Walker with Stairs

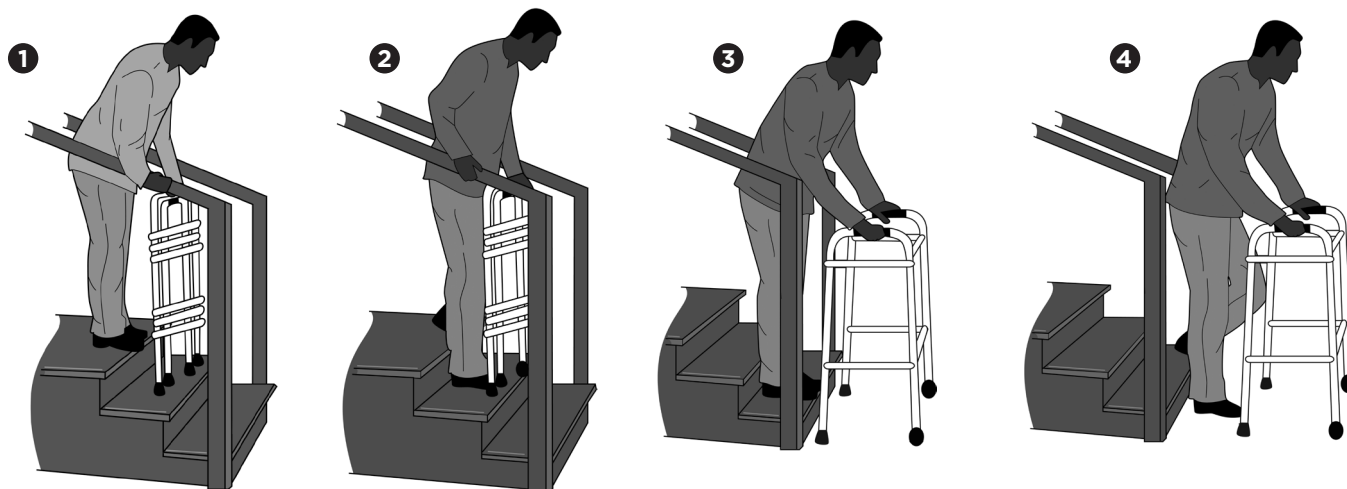
### Going Up Stairs

Walk up to the stairs and place your feet about six inches from the first step. Fold the walker and place it in one hand. Place your other hand on the handrail if one exists. Lift the folded walker and set it to the back of the step. Step up first with your good leg and then bring up your operated leg. At the final stair, unfold the walker and set it on the landing. Make sure you hear the walker click into the locked position. Place both hands on the walker. Step up first with your good leg, and then bring up your operated leg.



### Going Down Stairs

Walk up to the stairs and place your walker about two inches from the top step. Fold the walker and place it in one hand. Place your other hand on the handrail if one exists. Set the folded walker down and near the front edge of the first step. Step down first with your operated leg, and then bring down your good leg. At the bottom of the stairs, unfold the walker and set it on the landing. Make sure you hear the walker click into the locked position. Place both hands on the walker. Step down first with your operated leg and then with your good leg.



**Remember: UP with the good, DOWN with the bad.**

## One Step with a Walker



- 1 Use only with one step or multiple steps which are large enough to put a walker on.
- 2 Approach the step with your walker and get as close to the step as possible. Place the walker up onto the step, step up leading with the good leg first, and then bring up the operative side.

To go down the step, walk to the edge of the step. Place the walker down to the lower level and step down, leading first with the operated side.

## Using Crutches with Stairs

When climbing up and down the steps, remember this rule: *up with the good leg* and *down with the bad leg*. Use one crutch and one handrail.

### Going Up Stairs

Align yourself closely to the stairs, use a handrail if present and sturdy. Start by placing your good leg on the upper step, push through the good leg to bring your body up, step next with the operated leg, and crutches last.



### Going Down Stairs

Use a handrail if present and sturdy. Start by first placing the crutch down on the next step. Step down leading with the operated leg, and then down with the good leg last.



# Information Review Form

The information you received is important to making your recovery a success. In order to assess your understanding of the information, please indicate true or false to each of the statements below.

- 1. After surgery, I cannot get up without assistance in the hospital.  True  False
- 2. After surgery, I will use compression devices (ex: TED hose or calf sleeves) & blood thinning medicine to prevent blood clots.  True  False
- 3. I will start therapy the day of surgery.  True  False
- 4. The pain experience is different for each person. For that reason, it is important that I tell my nurse or doctor if my pain is not being effectively controlled.  True  False
- 5. All of my pain will be gone immediately after surgery.  True  False
- 6. To help prevent infection, I am expected to shower with the antimicrobial scrub given to me for three nights before surgery and the morning of surgery.  True  False
- 7. Therapy can assist me with my equipment needs while I am in the hospital.  True  False
- 8. Before surgery, I need to notify my surgeon if I develop a rash, sore, wound or any open area on my skin.  True  False
- 9. Nurse navigation will be a consistent point of contact for me throughout my joint replacement journey.  True  False
- 10. A common side effect of pain medications is constipation.  True  False

Your comments and suggestions will help us to evaluate this program and to plan future programs to meet your needs.

Was the information valuable to you?  Yes  No

Was the information delivered in an effective way for you?  Yes  No

Comments \_\_\_\_\_  
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\_\_\_\_\_

Name (optional) \_\_\_\_\_

## Notes

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