Pre-op Presentation: Joint Replacement Surgery

Presented by: April Asuncion Higgins, BSN, RN, CMSRN
You MUST sign-up for GBMC MyChart

- **MyChart** will send reminders for your pre-op appointments.

- **MyChart** to complete the pre-op *Joint Replacement Discharge Planning Questionnaire* and/or *I-PSS* (males only).

- **MyChart** gives you access to your test results, allows you to communicate with your providers, pay your bill, and helps you to coordinate your healthcare needs.
Time Sensitive Tasks to Complete Before Your Surgery

- **Nasal swab for MRSA/MSSA**
  - Must be completed no later than 7 business days prior to your surgery date. *Golden window* for completion is within the 30-days prior to surgery.
  - **Kaiser Permanente** patients are to have their pre-op MRSA collected at the Kaiser PEEC Center.
  - Non-Kaiser Permanente patients (GBMC Ortho, GBMC Neurosurgery, Ortho Maryland)
    - Testing at GBMC Diagnostic Testing Center
    - **Monday-Friday 8am-11am only, no holidays**
    - Results valid for 60-days

- **Preop CHG Wash Kit with directions**
  - Begin 3 nights before surgery

- **Pre-op Questionnaires**

- **Fill your prescriptions** before your surgery date

- **Prevent Covid-19 exposure**
Walk-in, *no appointment needed.*  
*Monday-Friday 8am-11am ONLY, no holidays*

- Parking at **Iris Parking** (closest)  
  - For those entering from Iris Park at Pavilion East entrance, proceed down the hallway and turn right once you reach Einstein Bagels. The center will be the next office on your left.

- Parking at **Lily Park** (near ER/ED)  
  - Upon entering GBMC Lobby E walk straight down the hall until you reach the main concierge desk, turn left down the first hallway. You will pass the Chapel and Spiritual Services, proceeding to the center prior to arriving at Einstein Bagels.
Joint Replacement Guidebooks

The Joint Center at GBMC

PATIENT GUIDE for hips

The Joint Center at GBMC

PATIENT GUIDE for knees

“...every patient, every time, we will provide the care that we would want for our own loved ones.”
Must be Completed before Your Surgery Date!!

Complete these AAOS/AJRR Online Surveys:

THE VETERANS RAND 12-ITEM HEALTH SURVEY (VR-12)

Q1. In general, how much of the time during the last 4 weeks have you had:

- Pain
- Fatigue
- Sleep problems

Complete in your MyChart:

International Prostate Symptom Score (I-PSS)

Joint Replacement: Discharge Planning Questionnaire

Name: ___________________________ Date of Birth: / / Age: ______

Address: ___________________________ Phone # (home):__

__________________________ (Cell) ___

Email Address: _____________________

Type of surgery: (circle one) Partial Knee: Right Left Revision: Right Left

Total Knee Replacement: Right Left Bilateral

Total Hip Replacement: Right Left Bilateral

Date of Surgery: _________________ Name of Surgeon: __________

Any citrus allergy? Yes or No  Any history of post-op nausea or vomiting? Yes or No

Any history of having MRSA, Staph Aureus infections, or boils on the skin: Yes or No

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Reasons for Joint Replacement Surgery

- Improve quality of living
- Tired of living in pain
- Not being able to do things you like to do
**Total Knee Replacement**

The surgical procedure usually takes from 1 to 2 hours. Your orthopaedic surgeon will remove the damaged cartilage and bone, and then position the new metal and plastic implants to restore the alignment and function of your knee.

Different types of knee implants are used to meet each patient's individual needs.

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**Total Hip Replacement**

The surgical procedure usually takes from 1 to 2 hours. Your orthopaedic surgeon will remove the damaged cartilage and bone and then position new metal, plastic, or ceramic implants to restore the alignment and function of your hip.

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**Partial/Unicompartmental Knee Replacement**

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**Sources:**

Total Joint Replacement: Enhanced Recovery After Surgery

Goals on Day of Surgery
- Drinking
- Eating
- Analgesia
- Mobilizing
- Sleeping

Results from ERAS Protocols
- Decreased complications
- Decreased length of stay
- Decreased pain after surgery
- Decrease use of narcotics

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Preoperative Testing & Plan of Care for Discharge

- Ortho Care Coordinator
  - Assists with scheduling Pre-op PT Home Visit for qualifying patients

- Discharge planning begins
  - Home with outpatient physical therapy
  - Home with home physical therapy
  - Subacute rehab

- Designating family/friends support person(s), and preparing your home environment
  - Medical Equipment: Walker
    - (4-point, 5 in. front wheels only)

- Need Surgical Clearance from
  - Primary Care Physician
  - Specialist, if applicable

- MSSA/MRSA nasal swab to be completed 7 business days to 60 days prior to your surgery date:
  - GBMC Diagnostic Testing Center:
    - Monday-Friday 8am-11am ONLY
  - Kaiser Permanente patients are to have their pre-op MRSA collected at the Kaiser PEEC Center

- Your primary care physician office:
  - EKG, blood work, urinalysis, x-rays, etc.

Results and Surgical Clearance statements from you doctor(s) will need to be available to GBMC no later than 3-days before surgery.
Benefits of Pre-Operative In-Home Physical Therapy Assessment

Pre-Operative Measurements
- Establish Baseline Mobility, Strength and Range of Motion
- Results Communicated with Inpatient Therapists

Home Safety Tips
- Experienced Clinicians optimize your living environment
- Recommend equipment and prepare you for discharge home

Assistive Device Training
- Prepare for using a walker or cane to navigate your home after surgery

Exercise Review

Discharge Plan Discussion
- Ask questions and forecast your post-operative plan

CALL TODAY!
How to Prevent Infection and Complications

- Control your blood sugar before, during and after your surgery
- Exercising and healthy weight loss
- **You must STOP** smoking (including cigars, e-cigarettes and vaping) 2 weeks before surgery and at least 2 weeks after surgery
- Good nutrition with adequate calories and protein
- Making sure skin is dry in between skin folds
- Dental exam in the last six months

- Keep pets are away from the incision site after surgery
- Applying fresh linens to bed before surgery
Check off each yellow circle after your CHG shower
Pre-Op Infection Prevention

- Pre-Surgical Scrub: 4% CHG Solution
- Use all 4 bottles of CHG
- Start 3 days prior to surgery - every night before bed
- Last application is on the morning of surgery
- Avoid contact with your eyes, ears, mouth, and genitals
- Do NOT shave or use hair removal lotions, deodorant, perfume, lotion, creams, or oils on your body

Disposable cloths are provided for our use; #1-for your neck, chest and abdomen; #2- cloth for both of your arms; #3 & #4- for each of your legs; #5- for the back, and #6-for the surgical site, again. Use one whole bottle for each day. Preparing or "prepping" skin before surgery reduces the risk of infection at the surgical site.
Do you have an orange fruit oil allergy?

***You will receive the Nozin at GBMC
Preparing for Surgery

Exercises for before surgery

- Review exercises in your pre-op section of guidebook
- Start NOW
  - 2-3 times a day to strengthen your body before surgery
- Stop or do less repetitions if pain is severe

Exercises for knee replacement: videos are labeled as post-op exercises but can be used for pre-op readiness: https://www.gbmc.org/post-op-exercises-for-total-knee-replacement

Exercises for hip replacement: videos are labeled as post-op exercises but can be used for pre-op readiness: https://www.gbmc.org/post-op-exercises-for-total-hip-replacement
Coach/Support Person
Enlist a family member or friend for help

- Exercises
- Transfers to the toilet, tub, etc.
- Moving around with your walker or cane
- Bathing/dressing
  (using adaptive equipment if needed)
- Transportation to appointments

- Food, shopping, preparing meals
- Cleaning laundry
- Caring for pets, children, grandchildren

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Home Set-up

Before coming to the hospital
- Prepare meals ahead of time or arrange to have family/friends there to help
- Make frequently used items in the kitchen accessible for use
- Clear home of clutter
  - Remove rugs out of bathroom and kitchen
- Make sure all equipment that you may already have is easily accessible, clean and in safe working order
  - Borrow from friends or family or community loan closets
Current Medications

Can continue until day of surgery

- It is OK to take:
  - Tylenol (acetaminophen)
  - Oxycodone, Tramadol, Dilaudid, Neurontin, Flexeril and Skelaxin
  - Celebrex is the only NSAID that is OK
  - Beta blocker and/or Calcium Chanel blocker
  - **Non-MAIO** Anti-depressants, Anti-anxiety medications, Psychiatric medications
  - Anti-Seizure medications
  - Parkinson's medications
  - Asthma Inhalers/medications
  - Thyroid medications
  - Steroids: oral or inhaled
  - Cholesterol Medication-Statins: Zocor, Lipitor, Pravastatin
  - Birth Control Pills
  - Eye Drops

- Get specific instructions from your provider for medications listed below:
  - Eliquis, Coumadin, Pradaxa, Plavix, Xarelto, Ticlid, Lovenox injections, Aspirin, or other blood thinners
Current Medications

10 Days before surgery

- **Stop** taking aspirin or salicylates, including Excedrin, Alka-Seltzer, Pepto-Bismol, unless otherwise directed by your provider
  - It is important to stop as they cause excessive bleeding during your surgery and recovery period.

- **Stop** all Herbal Products/Alternative Medications:
  - Examples: Vitamin E, glucosamine, fish oils, ginkgo biloba, ginseng, dong quai, garlic, turmeric, CoQ10, kava, ma huang, St. John’s wort and non-vitamin supplements
7 Days before surgery

- Stop **NSAIDs** products
  - Examples: Aleve, Ibuprofen (Motrin, Advil), Naproxen, Nabumetone, Ketolorac, Mobic, Robaxin, Meloxicam, Diclofenac

- Stop all diet and weight loss medications

- Stop **CBD Oil** (cannabidiol) taken internally
Current Medications

36 Hours before surgery
- **Stop** Viagra, Levitra & Cialis
- **Stop** topical medications

48 Hours before surgery
- **Stop** Monamine Oxidase Inhibitors (MAIOs)
  - Examples: Nardil (Phenelzine), Emsam (Selegline), Marplan (Isocarboxazid), Parnate (Tranylcypromine)
Current Medications

24 Hours before surgery

- **Stop** ACE Inhibitors:
  - Examples: Lisinopril, Vasotec

- **Stop** Angiotensin Receptor Blockers:
  - Examples: Cozaar, losartan, Benicar, Candesartan, Atacand, Valsartan
Current Medications

24 Hours before surgery

- **Stop** oral hypoglycemic containing **Metformin**
  - Examples: Glucophage, Riomet, Glumetza, Glucophage XR, Fortamet, Avandamet, Actoplus, Glucovance, Actoplus, Glyburide, Glipizide, Invokamet, Jentadueto, Janumet, Kombiglyze XR, Metaglip, PrandiMet, Xigduo, Kazano, Synjardy, Segluromet

- All other **oral hypoglycemic agents** should be **held** the morning of surgery

- Wearable continuous blood glucose monitoring systems: please notify your surgeon and/or anesthesiologist as soon as possible. GBMC nursing staff will monitor your blood glucose per hospital policy.

- If you have a wearable insulin pump system, please notify your surgeon and/or anesthesiologist as soon as possible.

- If you are Diabetic notify your endocrinologist of your upcoming surgery
  - **Insulin:** your Endocrinologist will advise you on how many units they want you to take and when to take give your last dose before surgery.

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“To every patient, every time, we will provide the care that we would want for our own loved ones.”
The Night Before Surgery

- **NO** heavy meals past 8 pm
  - You can snack up until midnight

- **NO** eating past midnight
  - Including any mints, hard candies, and gum

- Patients who have the following must **STOP** liquids 6 hours before surgery:
  - Diabetes
  - Gastroesophageal Reflux Disease (GERD)
  - BMI >39 (morbidly obese)
  - Gastroparesis (slow moving gut)

- If you do not have diabetes, GERD, obesity, or gastroparesis:
  - You **CAN** drink clear liquids (a max total of 16 ounces) up to **2 hours** before your surgery
Current Medications: Morning of Surgery

Blood pressure/cardiac medication
- Take your Beta blocker and/or Calcium Chanel blocker heart medication and talk to your primary care or cardiologist to discuss which medications you should take the with a sip of water the morning of your surgery.
- Discuss with your primary care or cardiologist if they want you to take your diuretics the morning of your surgery
  - Examples: HCTZ, Lasix

Heartburn or ulcer medicine
- Acid blockers should be taken on the morning of the surgery to reduce the risk of aspiration pneumonia.
  - Examples: Zantac, Pepcid, Avid, Prilosec, Pantoprazole, Reglan
- Antacids should **NOT** be taken: they contain particulate material that may damage the lungs if aspirated
  - Examples: Maalox, Tums, Carafate
Same-Day Discharge Pre-op Check List

Before Your Surgery:
- Complete your prop surgical scrub as instructed
  - Four (4) CHG showers
- MSSA/MRSA nasal swab completed
- Prescriptions filled
- Post-op Rehab Appointment Scheduled
  - ActiveLife: (410) 842-0115
  - Start of Care Date (24 to 48 after you leave hospital): _____/_____/
- All Pre-op Requirements Met

Bring to the hospital:
- State issued driver’s license
- Insurance Card
- Advance Directive
- Walker
What to Bring to the Hospital

- Your ID card
- Insurance card
- Advance directive (a copy if you have one)
- Joint Replacement Guidebook
- Rolling walker from home (if you have one)
- Bring in glasses, contact lenses, and hearing aids
- Regular clothing
  - Loose fitting shorts or pants; elastic waist is easiest, under garments
  - Walking shoes with good ankle support (no open heel shoes). Do not buy new shoes: bring something comfortable
- Any braces, shoe inserts or splints that you normally use
- CPAP machine** (Patients with sleep apnea, overnight stay)
Day of Surgery Patient Drop-Off
Arriving to the Hospital

- Arrive at the hospital at least **2 hours** before your surgery time
- Park in Lily Garage. Enter Lobby E on the 3\(^{rd}\) floor of main hospital. Take Elevator E to 4\(^{th}\) floor, check in at admission desk
The Pre-operative Area

In Pre-Op

- You will be given a hospital gown to change into
- You will be given in this pre-op area:
  - CHG wipes to clean your skin a 5th time
  - Nozin Nasal Sanitizer to begin application
- Meet your surgical team: surgeon, nurse, anesthesiologist, tech
- Admission database will be completed
- Vital signs, IV will be started; IV fluids and antibiotic(s)
Do you have an orange fruit oil allergy?

**This product will be given to you the morning of surgery in GBMC’s Pre-op Area.
Types of Anesthesia

Your anesthesiologist will discuss the types of anesthesia

- **Spinal anesthesia**
  A form of regional anesthesia involving the injection of a local anesthetic into the fluid surrounding the spinal cord in the lower back: this will numb the legs and block all sensation in the lower half of the body for several hours. You will be sedated and not awake.

- **General anesthesia**
  Anesthesia is inhaled through a breathing tube or mask: it affects the whole body and usually induces a loss of consciousness.

- **Adductor Block**
  An injection performed in the inner thigh to block sensation of surgery pain in the knee: the block wears off by 72 hours post operatively, other means of pain relief may be necessary.

- **PENG Block**
  A injection performed in pelvic region to block sensation of surgery pain in the hip: to help provide pain relief.

- **Joint Cocktail**
  A mixture of pain medication, local anesthetic, and anti-inflammatory injected into the knee or hip. To provide pain relief when the surgery is completed.
DO NOT…

Do **NOT** write on extremities before coming to the hospital

For example: “Wrong leg!” You and your surgeon will verify which knee or hip will be operated on.

**Your surgical team will:**

- Actively communicate in the operating room; this check is called a **TIME-OUT**
- During the time-out, the team members agree:
  - correct patient identity
  - correct site
  - procedure to be done
In the Operating Room

Surgery times are determined by the type of surgery:

- **Total knee or hip**: 2 to 2.5 hours
- **Partial Knee**: 1.5 to 2 hours
- **Bilateral knees**: 4 to 5 hours
- **Knee or hip revision**: 2.5 to 5 hours
After Surgery

Recovery Room (PACU)
- You will wake up and probably feel sleepy
- Your vital signs will be assessed every 15 minutes
- Cardiac and oxygen monitors will be in place
- Pain should be well managed with the nerve block and cocktail, but additional pain relievers are available as needed
- GBMC Same-Day patients will be discharged home from the PACU

Admission to Unit 58
- Once your vital signs are stable, pain is managed, and you have sensation in operative leg
- Private room
- Meet your RN (Registered Nurse) and NST (Nurse Support Tech)
- Communication Board updated
- Ice wrap, a Welcome Folder, and an I-pad (tablet)
- Nozin 12 mL bottle kit, a dose will be given when you arrive to U58
Post-op Infection Prevention

- **First dose**: after surgery upon arrival to U58
- **Next dose**: at 9 pm, then every 12 hours
- **Continue every 12 hours** until your 1st post-op visit or until the bottle is empty (30 days)

Do you have an **orange fruit oil allergy**?
Fall Risk

- Red non-skid socks will be placed on you, signaling that you are at a high risk for experiencing a fall
- Do NOT get up without the help of staff assisting you.
- Use your call bell
Sequential Compression Device

- Used on your lower extremities to help circulation
- Help prevent blood clots

Worn in the hospital

“Portable SCD for Home Use”

Circul8

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Incentive Spirometer

1. Exhale.
2. Place mouth on mouthpiece.
3. Take a slow, deep breath in and hold for 5-10 seconds.
4. Exhale.

Video (same technique for pre-op and post-op): https://www.youtube.com/watch?v=6G-HftP1Vio

Purpose: Exercise your lungs to help with oxygen and carbon dioxide exchange before, during, and after surgery. Will help prevent complications such as pneumonia and/or collapse of lungs.

- Before surgery: At least 30 times throughout the day, starting in the morning.
- After surgery: 10 times an hour when awake.

Deep Breathing & Coughing

1. Sit upright.
2. Take a few slow breaths, then take a slow, deep breath in through your nose.
3. Hold your breath for 2-5 seconds.
4. Gently and Slowly breathe out through your mouth making an “O” shape.
5. Repeat 10-15 times.
Pain Management

- Pain scale 0-10
  - “0” means no pain
  - “10” means the worst pain that you have ever had
- Remember: You should not expect your pain level to be “0” after surgery
- Pain medications are available as needed (prn)

Call your nurse when you are experiencing pain above your goal
Ice Wraps after Surgery

- Placed on your operative joint after surgery
- Decreases pain levels and swelling

Ice wraps
- 2 packs of ice (hips)
- 4 packs of ice (knees)
Abduction Pillow for Hip Replacements

Posterior hip replacement only

- Placed between legs while in bed

**Posterior Hip precautions**
- Do **not** cross legs
- Do **not** turn toes inward
- Do **not** bend beyond 90 degrees
- Do **not** twist
**Total Knee Replacement**

**Knee Precaution:** Do NOT place a pillow under your knee

- Negative Outcomes
  - knee flexor contractures and
  - prevent full knee extension
  - poor outcomes and gait disturbances

**DO** place a towel roll under your ankle.

- Positive Outcomes
  - promote knee extension while in the bed or the chair
Physical and Occupational Therapy Starts the Day of Surgery

- You may be evaluated by a physical therapist (PT) or occupational therapist (OT) when you arrive to Unit 58.

- They will walk you around the unit or just get you up to the chair.

- If you are not seen by a PT, the nursing staff will get you out of bed before midnight.
Rehabilitation: PT versus OT

**Physical Therapy:** helps you with functional mobility
- Walking
- Getting in/out of bed
- Transfers into/out of a chair
- Going up/down steps
- Doing your exercise program

**Occupational Therapy:** helps you with functional activities of daily living (ADL)
- Getting dressed and bathed
- Getting in/out of tub/shower
- Using the toilet
- Car transfers
- How to use adaptive equipment if needed
- Getting items out of refrigerator/cabinets
Physical and Occupation Therapy: Their Assessment and Education

- **Social information:** Do you live alone or have help?

- **Environment during recovery:**
  - Do you live on one level or more?
  - Number of steps inside/outside home?
  - Are there railings?
  - Bathtub or shower equipment?
  - Take pictures of your bathroom, kitchen, living room, etc.

- **Prior level of function:** How were you doing before you came into the hospital?

- **Rolling walker:** If you brought a walker with you, they will ensure proper fit and condition.
Medical Equipment Needs

- Long Handled Sponge
- Long Shoehorn
- Reacher
- Leg lifter
- Sockaid
Medical Equipment Needs

Your PT and OT will assess, evaluate, and determine what (if any) assistive devices are needed at home

- Reacher
- Sock aid
- Long handled shoehorn
- Long handled sponge
- Leg lifter
- Elastic shoelaces
- Dressing stick
- Bedside commode
- Raised Toilet Seats
- Toilet Safety Frame
- Tub seat

- Equipment is usually not covered by insurance
- Shower doors on bathtubs may need to be removed
Medical Equipment Needs

**Bedside Commode**
- Can be used next to your bed
- Can be used as a shower chair for your walk in shower

**Tub/Shower Chair**
- Decreases the risk of falls in the shower or tub
- Allows you to safely sit while showering if you have pain or dizziness
- Shower doors on bathtubs may need to be removed

**Raised Toilet Seat**
- Important for those who have had a posterior approach total hip replacement
- Raise the height of your toilet

**Toilet Safety Frame**

"To every patient, every time, we will provide the care that we would want for our own loved ones."
Medical Equipment Needs

Walker & walker bags

- Made from a reusable grocery bag
- Cut each handle 1x then tie around the front of your walker bag

Folding Walker With 5-Inch Fixed Wheels

Sew for Vets

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Case Management

The Case Manager on Unit 58 will visit you the day after your surgery to continue working on your discharge planning needs

- Home with Out-Patient Therapy
- Home with Home Physical Therapy
- Skilled Nursing Facility (SNF)
- Equipment for home
- Offering resources
Medical Orders for Life-Sustaining Treatment (MOLST)

MOLST

- Portable medical order form covering options for cardiopulmonary resuscitation and other life-sustaining treatments
- Does **not** expire
- Medical orders are based on a patient’s wishes about medical treatments
- The advance practitioner or surgeon will have the paperwork.
- **Not** Advance Directives
- All patients that are transferred to another facility will **require** a MOLST form prior to EMS transport
Preventing Blood Clots

Everyone will be prescribed an anticoagulant medication to help prevent blood clots

- Aspirin
- Eliquis tablets
- Injections into the abdomen (only): education provided by nurse
  - Lovenox
  - Arixtra
- Circul8 device: notify your nurse so you can be taught how to use it before you are discharged

- Your ability to do your exercises and ambulate is paramount in preventing a blood clot
- Stay hydrated by drinking fluids
- Avoid excessive time on your feet or with your legs dependent as this can cause lower leg swelling which can lead to blood clots
Preventing COVID-19 After Surgery

While in the hospital
- Wear your mask whenever leaving your hospital room for therapy or any diagnostic tests
- Wash your hands often

When you get home
- Wash hands often,
- Cover your cough and sneeze
- Wear a mask in public areas
- Minimize going out into public areas
- Avoid traveling
- Avoid sick people
Discharge Day

Pain Medication at Discharge

- Could be prescribed a 7-day supply of medications
  - Dependent upon your insurance
  - Verify with your pharmacy at time of pick up

- Per the Maryland Department of Health & Mental Hygiene guidelines, you will be prescribed an opioid antidote called Naloxone (Narcan) in the event of an overdose

- Call the office three days in advance of the need to have medications renewed

- No prescriptions will be addressed on weekends or after hours

- Pain medications and/or muscle relaxers will only be prescribed for up to 3 months following your surgery
  - After that period of time: if needed, you will be referred to a pain management specialist
Discharge Day

- GBMC Same-Day Outpatient surgery, patients will be discharged the day of surgery from GBMC’s PACU recovery area.

- You will need to be cleared by medical provider and by PT/OT.

- In-patient surgery are discharged the day after their surgery
  - **Coach/Support Person Training**
  - Most patients are discharged after 1 pm, when your:
    - Coach/Caregiver therapy training is complete
    - Walker and/or cane is delivered to your room
    - Discharge therapy for home or outpatient therapy has been arranged
    - You are given you prescription for medications (can be electronically sent to your pharmacy)
    - Nurse has given you your discharge paperwork
Discharge Day Checklist Guide - Joint

☐ I have reviewed my discharge instructions with the nurse
☐ I know who is my support person/help at home

Post-op Physical Therapy/Occupational Therapy Agency: ________________

☐ Phone # __________________ Start of Care Date: ________________

☐ If I haven’t heard from the Physical Therapy Agency 3-days after discharge or have any issues with scheduling, I will call my surgeon’s office as soon as possible.

☐ Do I have my prescription(s)?

☐ Medication(s) MUST be picked up the day of discharge
☐ GBMC Walgreens can deliver your medications to your room, accepts cash or credit cards

☐ Do I know the reason for and side effects of my prescriptions?

☐ I have my...

☐ Walker and/or cane (if you do not have one, insurance approval is needed)
☐ Ice packs (2 for hips and 4 for knees) and the wrap
☐ Dressing material (gauze and tape)
☐ Nozine Nasal Sanitizer, 12-ml bottle and starter cotton swabs
☐ Belongings that I brought into the hospital

☐ If you are a high-risk for developing blood clots your surgeon may recommend a portable SCD device for you to take home

☐ I will call my surgeon’s office with any signs of infection such as fever, redness, swelling, tenderness, or pus-like drainage

☐ Please contact your surgeon’s office with any questions at (__________)

GBMC HEALTHCARE
Thank you for choosing GBMC for your Joint Replacement!

Joint and Spine Center
6701 N Charles St
Towson, MD 21204
Phone: 443-849-6261
Email: jointspinecenter@gbmc.org
Website: www.gbmc.org/JointandSpine

ACTIVATE your MyChart today
GBMC Diagnostic Center
Suite #3100 (across from Einstein Bakery)

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