

Northern Light Orthopedics Patient Guidebook

Total Hip and Knee Joint Replacement Surgery



Northern LightSM

Mercy Hospital





For more than 90 years, Northern Light Mercy has fulfilled its mission of carrying out the healing work of Christ by providing clinically excellent, compassionate health care for all, with special concern for the poor and disadvantaged. Our goal is to help you regain your ability to engage in life at the level that gives you the greatest satisfaction. While YOU are the most important member of your health care team, be assured that there are several outstanding medical professionals serving on it.

Welcome and Phone Numbers	4
Directions to Mercy Hospital	5
Planning for Hip Surgery	6
Hip Kit	7
Planning for Knee Surgery	8
IMPORTANT Pre-registration	9
Step 1 - Pre-operative Testing	
Clinic for Surgical Services	10
Step 2 - Surgery Scheduling	
Surgery Scheduling and Pre-op Education	11
Step 3 - Verify Insurance Coverage	
Contact Your Insurance Company	11
Step 4 - Preparing for Surgery	
Preparing for Surgery	12
Planning Ahead for Your Surgery	14
Pre-Surgical Checklist	17
Fall Prevention Checklist	18
Step 5 - Surgery	
What to Bring	20
Pre-Surgical Care Area, Anesthesia, Operating Room, and PACU	21
Step 6 - After Surgery	
Managing Pain, Preventing Complications, Precautions	22
Step 7 - Understanding Opioids	
Post-Operative Opioids, Additional Ways to Control Pain	27
Step 8 - Exercise	
Essential Exercises	30
Exercises	32
Managing Common Activities	47
IMPORTANT Additional Resources and Lodging	52
Notes	54

Welcome to Northern Light Mercy Hospital

175 Fore River Parkway
Portland, ME 04102
207-879-3481

NorthernLightHealth.org/Mercy-Hospital

Additional Contact Information

Main Number/Operator	207-879-3000
Clinic for Surgical Services (PAT)	207-553-6145
Care Management (general inbox)	207-553-6239
Financial/Billing/Insurance Queue	207-879-3470
Pre-Registration	207-879-3860
Physical Therapy	207-879-3287
Occupational Therapy	207-879-3387
Orthopedic Services	207-553-6541
Northern Light Home Care & Hospice	207-780-8624

Thank you for choosing Northern Light Mercy Hospital to meet your healthcare needs. Our staff and your surgeon are dedicated to providing you with the finest surgical care available.

Directions to Northern Light Mercy Hospital

Mercy Fore River, 175 Fore River Parkway, Portland, Maine

From Points North:

Take I-295 southbound to Exit # 5A. At the end of the ramp you should be in the left-hand lane.

Take a left at the traffic light and remain in the left-hand lane, continuing straight onto the Fore River Parkway.

The main entrance and patient drop-off are ahead on your left.

Follow signs for patient parking.

From Points South:

Take the Maine Turnpike north (I-95) to Exit 45.

Take I-295 northbound to Exit # 4 (U.S. Rte 1). Cross the Veteran's Bridge.

At the traffic light you should be in the left-hand lane and turn left onto Fore River Parkway.

Go through the next traffic light.

The main entrance and patient drop-off are ahead on your right.

Follow signs for patient parking.

From South Portland:

Go over the Casco Bay Bridge, through the traffic light at the State Street intersection and stay in the right lane, turning right onto Park Street.

Take another right at the stop sign onto Commercial Street. Head west on Commercial Street to the Veteran's Bridge intersection.

Proceed straight through the light, over the bridge and onto the Fore River Parkway.

After the next traffic light, the main entrance and patient drop-off are ahead on your right.

Follow signs for patient parking.

From Points West (Congress St. and Rte. 22):

Heading east on Congress Street/Route #22 into Portland, turn right at the traffic light after Norway Savings Bank, following the signs for South/I-295/Route 1/South Portland.

At the next traffic light, you should be in the left hand lane; continue straight onto the Fore River Parkway.

The main entrance and patient drop-off are ahead on your left.

Follow signs for patient parking.



Planning for Hip Surgery

When it's working properly, your hip lets you walk, sit, bend, and turn without pain. To keep it moving smoothly, a complex network of bones, cartilage, muscles, ligaments, and tendons must all work in harmony.

The hip is a very stable ball-and-socket joint. The ball portion of the joint is called the femoral head and is part of the upper leg bone (femur). The socket portion is called the acetabulum and is part of the pelvic bone. The femoral head (ball) fits into the acetabulum (socket). Both the femoral head and acetabulum have a smooth, friction-free surface of cartilage.

Arthritis is the wearing away of this cartilage layer to the underlying bone. Without this cartilage layer, the hip becomes painful with motion and daily activities, such as walking.

Your Hip Replacement Surgery

In total hip replacement surgery, the ball and socket that have been damaged by arthritis are removed and replaced with artificial parts. These artificial parts are called "implants" or "prostheses".

There are many different types of implants available and many different techniques used to place the implants. Your surgeon will evaluate your unique situation and recommend the options best for you.

Hip replacement is generally very effective in relieving arthritic pain and returning function; however, it is considered "major surgery" with significant risks.

Your doctor will discuss anticipated benefits and potential risks of the procedure with you.

Unless your surgeon otherwise specifies, we strongly recommend that you purchase a “Hip Kit” for after your surgery in order to follow your precautions.

Hip Kit items:

- Sock Aid/Elastic Shoe Laces
- Reacher
- Dressing Stick
- Long Handled Shoe Horn
- Long Handled Sponge



There are several types of hip kits available, which may or may not include a dressing stick and elastic shoelaces. Most hip kits contain a sock aid, reacher, long handled shoe horn, and a long-handled sponge. There are many options of where to purchase a hip kit. Several options are:

- Amazon.com
- Alimed.com
- Walmart.com
- Black Bear Medical (Stillwater Avenue, Bangor or Marginal Way, Portland)
- Northern Light Pharmacy (State Street, Bangor or Fore River Parkway, Portland)

*Insurance does not cover this equipment. It is an “out-of-pocket” expense. Most hip kits range between \$30-45, though **prices vary**. We recommend that you shop around.



Planning for Knee Surgery

Together, you and your surgeon have decided that replacing your knee with an artificial joint is the best solution to help relieve your pain and help you return to enjoying normal, everyday activities.

During knee replacement surgery, the surfaces of the damaged thigh (femur), lower leg, and usually the kneecap, are replaced with specially designed metal and polyethylene plastic joint components.

There are two methods of joining the artificial parts and your bones:

- Cemented
- Non-cemented

With a non-cemented joint, the bone grows into specially prepared surfaces of the prosthesis allowing for fixation. With cemented components, the bone cement provides a mechanical fixation for bonding the prosthesis to the bone.

Your surgeon will determine which prosthesis and method of fixation is best for you. Most often the decision is based on your age, activity level, your health, and how your bones appear on X-ray.

Unicompartmental (Partial) Knee Replacement

Partial knee replacement effectively relieves pain and returns patients to their desired lifestyle. This surgery works best for people who have already started the work of recovery before surgery. Please read this booklet, do your best to follow the instructions and advice, and attend 'joint camp'. Prepare your body and home for the best results of your surgery!

What are the risks of joint replacement surgery?

Infection: This is not common but can occur soon after surgery or even years later from bacteria that can enter the blood stream and settle in your artificial joint. An infection often results in the need for additional surgery.

Phlebitis: Blood clots may go to your lungs and cause difficulty breathing or chest pain. If it does occur, is most likely to occur shortly after surgery. After surgery, you will be on medication to decrease your risk of having a blood clot go to your lungs (pulmonary embolism).

Dislocation: The new joint can pop out of place if the joint is flexed or rotated excessively.

Swelling: Swelling of your leg is common after surgery. Your support hose stockings (TEDS) will help with this.

Other risks such as nerve injury, fracture around your artificial joint, and the joint wearing or loosening with time are less common.

Your new joint will be held in place by your own soft tissues (muscles) which will temporarily be weakened as a result of the surgery. Your physical therapist will teach you exercises to do before and after your surgery to strengthen and tone these muscles. Your recovery will be much better if you do these exercises as taught to you.

Despite these risks, joint replacement is usually very safe and effective!

You can look forward to decreased pain and the ability to be more active.

IMPORTANT- Pre-Registration

Pre-Registration: 207.879.3860

Pre-registration is essential to providing your care. After your surgery has been scheduled, call 207.879.3860 to complete the pre-registration process. Have your insurance card available for this call. You may be asked:

- Your legal name, date of birth, mailing address, phone number, Social security number
- Name of health insurance holder, his or her address, phone number and social security number
- Name of health insurance company, mailing address, policy and group number
- Your employer, their address and phone number
- Name, address and phone number of person to notify in case of emergency

Step 1 - Preoperative Call or Testing

Clinic for Surgical Services

Once your surgery is scheduled and you have pre-registered, a nurse from the Clinic for Surgical Services (PAT) will call you. Some patients may need to come to Mercy for a pre-operative testing appointment. On the phone you will be asked about medications, your health history, and prior anesthesia history. The nurse who calls you will discuss which medications you may take the day of surgery. There are some medications that should be discontinued for several days before surgery. **Your surgeon will inform you of any medications you take that should be stopped.**

The nurse will also confirm the date and time of your surgery, including what time to arrive at the hospital. Your surgeon's office will notify you if these times change.

Please have the following information readily available:

- List of all medications including prescriptions and over the counter medications
- List of prior surgeries
- Specialists (cardiologist, pulmonologist, etc.) names and telephone numbers

If you are scheduled for a pre-operative testing appointment, the following may be included in your visit:

- Blood (lab) work
- ECG
- Medical Management Consult/Hospitalist
- Chest X-ray

Please let us know if you have had any recent tests. It is very important that you go to this appointment or your surgery date may have to be changed.

Step 2 - Surgery Scheduling

Your Role in Preparing for Surgery

Surgery Scheduling

Your surgery date will be scheduled by your surgeon's office. Please be advised your arrival time is approximately two to three hours prior to your scheduled surgery start time. **You will receive a phone call from your surgeon's office if there is any change in the time of your surgery.**

Pre op Hip and Knee Replacement Education Class

Our educational class, Joint Camp, is held weekly for anyone scheduled for joint replacement surgery at Mercy Hospital. The class typically lasts 1-2 hours. We strongly recommend that you attend this program before your surgery. You only need to attend one class and family members, or friends are encouraged to attend with you. Our class schedule can be found online at www.mercyhospital.org or by calling our Orthopedic Education Registration line at **(207) 553-6588**.

Patients who attend this class have a better understanding of what they can expect before, during and after their surgery and their recovery is quicker and easier.

Step 3 - Verify Insurance Coverage

Your Role in Preparing for Surgery

Contact Your Insurance Company

All insurance companies are different in the coverage and requirements for joint replacement surgeries. Although each doctor's office has staff that can assist you with processing your insurance claim, you may want to contact your insurance company directly for specific information prior to your surgery. From them, you should ask if pre-authorization, pre-certification, second opinion or a referral form is required.

You will also want to find out if your insurance covers home care or rehabilitation services such as a skilled nursing facility. Most doctors' offices will take the necessary steps to obtain your surgical pre-certification, but you will want to find out about your care options for after your surgery.

One of our financial counselors is available to assist you if you do not have insurance, have Medicaid or need to make payment arrangements. Please call our Patient Accounts department at **207-879-3860**. A financial counselor will verify your insurance coverage and review your benefit level. The counselor will contact you at least 7 days prior to your surgery to advise you of any co-pay/deductible/co-insurance amounts that may be due. The representative will be able to take a credit card payment over the phone for your estimated amount due. We accept Visa, MasterCard or Discover.

You can also bring cash, check or credit card to the financial counselor on the day of your pre-admission testing or surgery. If you are not able to pay the full amount you can also make an advance deposit towards the estimated amount due. The financial counselor is also available to financially screen for Medicaid or charity care. The financial counselor can be reached at **(207) 879-3470**. Feel free to use our toll free number as well **1-800-293-6583 ext. 6136**.

Preparing for Surgery

Advance Directive

Northern Light Mercy supports and complies with our patients' advance directives. Please bring a copy of your Living Will and/or Durable Power of Attorney for Health Care for your medical records. If you do not have an advance directive, and would like information on creating one, ask your surgeon's office or visit <https://northernlighthealth.org/HIM> to obtain one.

Home Medications

Leave your own medications at home, we will provide you with your medications while you are an inpatient.

Stop Smoking and Vaping

Before your surgery, it is very important to quit smoking and refrain from inhaling marijuana and vaping products. Smoking not only increases your risk of lung problems after surgery but also hinders healing. In some instances, your surgeon may choose not to operate if you continue to smoke. If you need assistance, please call the Maine Tobacco Helpline at **1-800-207-1230**. This free, confidential service has proven highly successful for many people.

Surgery Scheduling

Your surgery date will be scheduled by your surgeon's office. Please be advised your arrival time is approximately 2 to 3 hours prior to your scheduled surgery start time. You will receive a phone call from your surgeon's office if there is any change in the time of your surgery.

Nutrition

Eat healthy foods like fruits, vegetables, lean meats, and whole grains. If your doctor has recommended you lose weight, it is very important that you do the best you can to do this. Extra weight increases your risk of complications after surgery.

Physical Examination

You may be asked to see your primary care physician to assess your overall health and identify any medical conditions that could interfere with surgery or recovery. Be sure to tell your surgeon about: all medications you take, all allergies or sensitivities, any history of phlebitis (blood clots) or pulmonary emboli (blood clots in your lungs) and recent infections. Joint replacement surgery will not be performed if you have any infections elsewhere in your body.

Preparing for Surgery

Dental Care

Although infections after joint replacement are not common, an infection can occur if bacteria enter the bloodstream. Any tooth or gum problems can be a source of infection and need to be treated before surgery. After surgery, your surgeon will advise you about antibiotics to be taken before dental work. Do not schedule any dental work 1 month prior or 2 to 3 months after surgery.

Shape Up Before Your Surgery

The surgery date to replace your worn-out joint is coming up and you're wondering if you will bounce back or struggle to get back on your feet again. If you want a speedy recovery and best possible outcomes, you need to get to work! You need to get in "surgery shape." Many people with arthritis and pain favor their joints and limit their physical activities — unfortunately their muscles become weaker. We recommend that you begin to strengthen your muscles so that it is easier for you to regain movement and strength after surgery. This will greatly assist in your recovery.

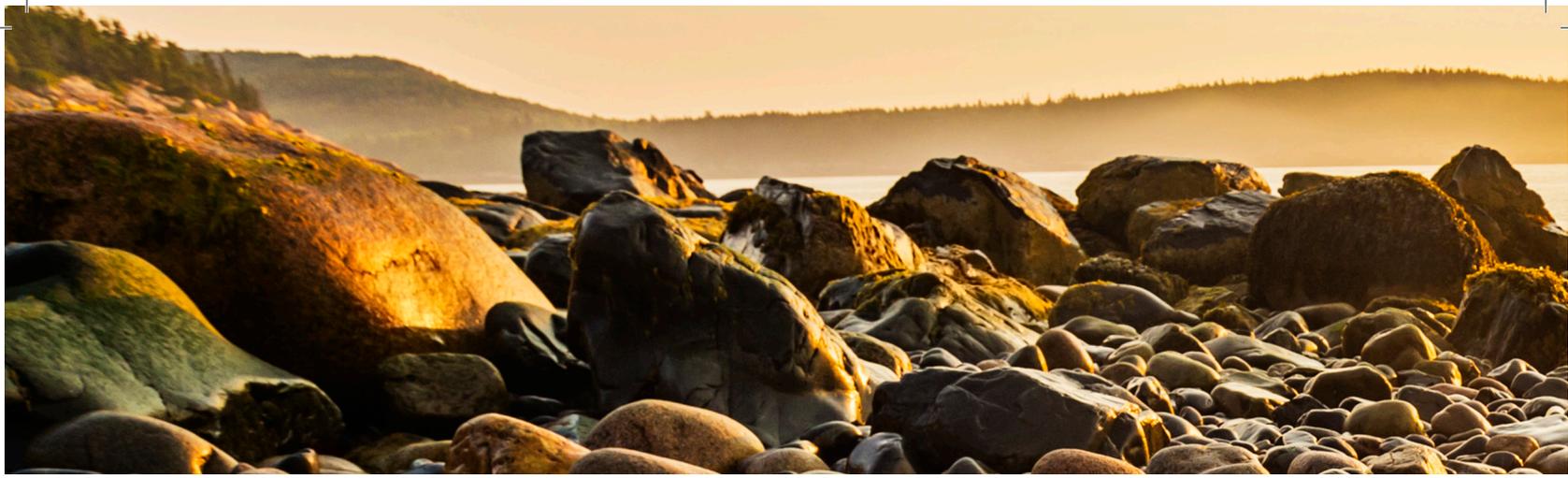
Physical and Occupational Therapy

It is important to be as fit as possible before undergoing a total joint replacement. This will make your recovery much faster and easier. The following exercises should be done now and continue until your surgery. You should be able to do them in 15-20 minutes and it is recommended that you do them 2-3 times a day.

Remember that you need to strengthen your entire body, not just your leg. It is very important that you strengthen your arms by doing chair push-ups because you will be relying on your arms to help you get in and out of bed, in and out of a chair, walk, and to do your exercises after surgery. Do not do any exercises that are too painful!

There are exercises in the back of the book. Please refer to these exercises and complete them as directed. The more you do before surgery, the stronger you will be after surgery. If you have any questions about these exercises, please feel free to contact your surgeon or discuss with your physical therapist.





Planning Ahead for Your Surgery

Although your hospital stay will be short, things that can improve your recovery include:

- Check with your surgeon to determine what medical equipment you will need
- Arrange furniture so you can walk around easily
- Clear clutter from the floors of your home and remove any throw rugs so you won't trip and fall
- Check that hand rails are secure both entering your home and within
- Be sure you have a clear path to the entrance of your home
- Get a non-slip mat for the bottom of your bathtub to prevent slipping
- Wrap up or tape down any long electric/ telephone cords
- Sleeping in a reclined and supported position may be more comfortable after surgery
Using a recliner or multiple pillows may also make sleeping easier
- Buy a cordless phone or portable phone
- Store food and supplies that you use often in cupboards or on counters that are at waist to shoulder level
- Place clothing that you use most often in drawers and closets at waist to shoulder level
- Buy or make individual meals that can be frozen or reheated easily
- If recommended by your surgeon, personal care devices can be purchased beforehand and/or bought in the Northern Light Mercy Gift Shop or Northern Light Pharmacy.



Arrange to Have Someone:

- Take you home from the hospital around 11 AM on your day of discharge
- Stay with you for the first week after you go home from the hospital
- Help with house cleaning, chores, and laundry
- Help with errands and groceries
- Take you to your doctor's office for follow-up visits
- Care for a child, spouse, pet, or parent while you are in the hospital and after you are discharged from the hospital

Prepare Your Bathroom

- If your shower is a bathtub, you should have a safety seat without arms
If you have a shower stall, you can use any safety seat
- The seat should have feet with rubber tips to keep it from slipping
- Some people find that a hand-held shower hose helps them out which are available at local home improvement stores
- You will be instructed on the proper way to use a bench or seat in the shower while you are in the hospital. Consider having hand rails installed in your shower
- Use of an elevated toilet seat with hand rails will help you maintain any hip precautions that you have and is also helpful for those who have knee replacements
They can be purchased at a pharmacy or department drug store

The Day Before Surgery

The day before your surgery, you can eat your usual diet for supper as well as eat or drink until midnight. You are not to eat or drink anything after midnight unless your surgeon instructs you otherwise. You may brush your teeth. At your pre-admission testing appointment, you will be instructed which of your medications you should take on the day of surgery. You should take these medications with a small sip of water. You will need to shower with antiseptic soap called Chlorhexidine as instructed by your surgeon. See the instructions on the next page.

Care Management Services

We have staff to help with discharge planning. They will see you either before or after your surgery to discuss which home health agency you prefer or which outpatient agency you would like to use. They also arrange for other home services as needed like lab draws, and they help to ensure you have the equipment you need for home.

Home Care Services

Should you require care at home following discharge, these services will be ordered by your physician. The Northern Light Home Care & Hospice clinical team includes nurses, medical social workers, and rehabilitation therapists (physical, speech and occupational). Should you choose Northern Light Home Care & Hospice, the team also includes home health aides or certified nurse's aides who can help you with bathing and grooming if needed. We refer to this as the continuum of care and are committed to make healthcare work for you. The discharge planning department will stop by your room to make the necessary arrangements. Once you are home, we will be in touch with you to schedule your first home visit.

For your records, here is the phone number:

Northern Light Home Care & Hospice: 1.800.757.3326

Pre-Surgical Checklist

2 weeks prior to surgery: (DATE: _____)

- Your physician will ask you to **stop taking Aspirin, anti-inflammatory medications like Ibuprofen, Aleve, Advil, or Naproxen.** You are also asked to stop taking garlic, flax seed, or Vitamin E supplements.
- If you take blood thinners, the doctor will instruct you when to discontinue these medications.

5 days prior to surgery: (DATE: _____)

- Some surgeons will order an ointment called Mupirocin or Bactroban to be applied in each nostril 2 times a day. Please use as instructed by your surgeon.

3 days prior to surgery: (DATE: _____)

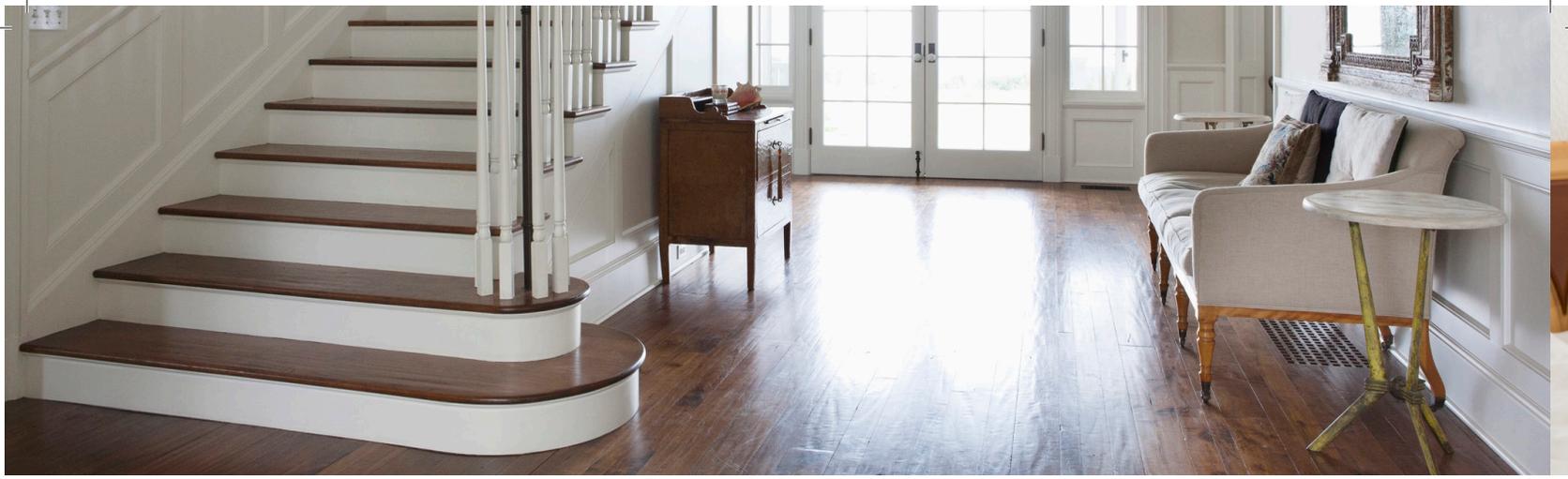
- Some surgeons will require that you Wash or shower with HIBICLENS antimicrobial skin cleanser (Chlorhexidine gluconate- CHG) every day. **DO NOT USE HIBICLENS ON FACE OR AS A SHAMPOO.**
 - Take a shower and wash your entire body, including your hair, using your normal shampoo and soap.
 - Rinse thoroughly.
 - Apply the antimicrobial skin cleanser to a wet clean wash cloth avoiding your eyes, ears and genital area. Pay special attention to the area where your surgery will be done.
 - Turn off the water to prevent rinsing off the soap too soon.
 - After washing gently for 5 minutes, turn the water back on and rinse your body completely.
 - Using a fresh, clean towel, dry your body.

Night Before Surgery (DATE: _____)

- Repeat the steps for washing or showering with the antimicrobial skin cleanser.

Day Of Surgery (DATE: _____)

- Repeat the steps for washing or showering with the antimicrobial skin cleanser.
- Dress warmly with freshly washed clothes. Keeping warm before surgery decreases your risk of developing an infection
- Do Not** use lotions, powders, or creams after this shower.



Fall Prevention Checklist

In General

- Remove all clutter
- Remove low lying objects
- Avoid cords
- Maintain clear pathways
- Be aware of pets or children who can pop up in front or behind you
- Clean up all spills immediately
- Avoid walking on stairs, wooden or waxed floors, wearing socks or nylons
- Choose shoes that have a slip-resistant sole
- Exercise regularly – it improves muscles and strength
- Stand up slowly to avoid unsteadiness or light-headedness

Telephones

- Cordless phone or cell phone accessible
- A phone in the bedroom, living room, and kitchen
- Answering machine
- Ask family & friends to let the phone ring 10 times

Seating

- Use sturdy, stationary chairs with armrests
- Make sure chairs are of the appropriate height
- Do not use chairs with wheels

Walkways

- Make sure walkways are level
- Make sure there is enough lighting
- Keep walkways free of objects
- Construct non-slip surfaces

Steps

- Keep steps in good repair
- Construct non-slip surfaces
- Mark the edges
- Secure handrails on both sides
- Place bright contrasting colored tape on the top and bottom step



Kitchen

- Make sure that storage areas are easily reached without using a stepstool or chair
- Be careful of slippery linoleum floors
- Place a non-skid mat near the sink areas to absorb any spilled water

Bathroom

- Have doors that are wide enough to enter; unobstructed thresholds
- Be careful of floors that may be slippery when wet
- Make sure you have a shower mat in the bathtub
- Make sure you have a shower seat
- Have grab bars available and securely fastened
- Make sure the toilet seat is the proper height to you can easily sit down and stand up
- Use non-slip bath mat

Lighting

- Use bright, glare free lighting
- Have light switches available before entering the room
- Install motion sensor lights
- Use clap-on lights
- Replace burnt out light bulbs immediately
- Utilize nightlights in the bedroom, hallway, and the bathroom

Rugs/Carpet

- No scatter rugs
- Non-slip backing
- Rugs need to be firmly attached
- Padding not excessive

Bedroom

- Have a lamp or light switch that you can easily reach without getting out of bed
- Make sure bed height is appropriate to get in and out of
- Make sure the heights of the closet rods and drawers are where you can reach them easily

What to Bring

Day of Surgery

Please do not bring valuables to the hospital.

Please bring:

- Exercise shoes with a closed-in heel and non-slip sole
- Glasses, hearing aid, and any other items you use everyday
- You will be getting dressed the day after surgery in regular comfortable clothes; no jeans or other restrictive clothing
- Loose fitting tops that zip or button up, and loose-fitting pants
- Grooming items such as shampoo, toothpaste, and deodorant
- A list of medications you are currently taking (we will need the name, strength and what time of day you take them, and how often you take each medication). Leave all medications at home unless your surgeon has told you to bring it in. We cannot leave these medications at the bedside.
- A list of allergies (to food, material or medicine) and how you react to each one
- Your Advance Directive (Living Will) or Health Care Power-of-Attorney (if you have one). Our staff is required by law to ask if you have one when you are admitted. They will make a copy for your medical record and return the original.
- If you have sleep apnea, please bring your CPAP or BiPAP

Pre-Surgical Care Area

On the day of surgery, please let us know if you have any new concerns or if there has been a change in your health since your pre-op visit. The pre-surgical area, also known as the Ambulatory Care Unit is where we begin to prepare you for your surgery. An intravenous catheter (IV) will be placed in a vein in the hand or lower arm. IVs are used to administer fluids and medication.

Anesthesia

An anesthesiologist will review your records and will meet with you prior to surgery. You will discuss your anesthesia options. Local anesthetic drug is usually injected around a bundle of nerves that provides sensation to the surgical area. The pain relief may last from 6 to 18 hours, with some numbness lasting longer at times.

Operating Room

A member of the Operating Room (OR) Staff will take you to the OR on a stretcher. There will be someone from the OR team with you at all times. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, ECG, and other devices for your safety. At this point, you will be ready for surgery. After surgery, your doctor will meet your family in the waiting room or call them at home to let them know how you are doing.

Post-Anesthesia Care Unit (PACU)

After surgery you will be taken to the recovery room, also called the PACU (Post Anesthesia Care Unit). There you will be watched closely by nurses specifically trained in caring for patients after anesthesia and surgery.

If you have had spinal anesthesia, you may be drowsy and numb from the waist down and unable to move. If you had a general anesthetic, you will be drowsy and may be a bit disoriented. We will quickly begin to treat your surgical pain with medications. Your discomfort should be tolerable but do not expect to be pain free.

You will be moved to your hospital room, when you are awake and your condition is stable. Once you are in your hospital room your family members or friends will be able to see you.

Your Hospital Stay

Managing Your Discomfort and Pain

Pain management is an important part of your care. Good pain control helps your body rest and heal with greater comfort as well as help you feel better faster. Unfortunately, pain is a common experience after surgery. Most of the discomfort occurs the first 12-24 hours following surgery, but our goal is to help you to be as comfortable as possible.

Make sure you let the nurses know what your pain level is so that they can help you manage your pain. Because of side effects, we like to use the least amount of opioids as possible. Side effects of opioids may include nausea, constipation, and depression. Therefore, less is better, and as your pain diminishes you should take fewer opioids.

In addition to medications, there are other pain reduction methods that have helped others relieve some of the anxiety of surgery, decrease muscle tension and increase circulation. Using some of these methods may also help you keep your mind off your discomfort. Try relaxation techniques, breathing exercises, music or humor.

Ask your health care team to help you manage your pain before it becomes intolerable. You will be asked frequently to rate your pain on a scale of 0-10, “0” being no pain and “10” being severe pain.

Nutrition

After your surgery, you will have a diet of clear liquids or soft foods until your body can tolerate a regular diet. The priority is good nutrition to promote healing, so we recommend you eat a variety of foods and drink plenty of fluids. If you have questions about your diet while in the hospital, please ask to see a dietitian.

If constipation becomes a problem, try the following:

- Eating 5 – 7 servings of fresh fruit and vegetables daily
- Eating a hot breakfast with a hot beverage daily
- Increasing fiber in your diet with whole grain cereals and breads
- Drinking at least 6 – 8 (8 oz.) glasses of water daily
- Increasing physical activity as much as you can tolerate
- Using a stool softener (Colace) or laxative

Your Hospital Stay

Preventing Complications

Coughing, deep breathing, and moving are important to do following surgery to prevent infections such as pneumonia. You may be taught to use a device called an “Incentive Spirometer” which is used to help keep your lungs healthy. To help prevent blood clots from forming in your legs, you should begin doing ankle pump exercises on the first day of surgery. All patients are encouraged to stand or walk within hours of their surgery. You may be discharged with compression stockings as well.

You will be getting out of bed on the day of surgery. Once you settle in to your inpatient room, therapy or nursing staff will get you out of bed. Do not get out of bed without help or you may fall.

Precautions

Hip Precautions

Depending on the surgical approach, one risk of hip replacement surgery is hip dislocation (the ball of the hip popping out of the socket). This risk is greater in the first 3 months after surgery when you are regaining strength and coordination. You can minimize the risk by avoiding extreme movements and by following the precautions from your surgeon.

What positions should be avoided?

While your precautions will depend upon which surgical approach your surgeon uses, there are some common movements you can plan on **avoiding for the next three months:**

- Any extreme movements such as; deep bending or extreme twisting
- Avoid crossing your legs at the knees
- Use a pillow between your legs when lying in bed and when turning side to side
- Reaching to your feet for bathing and dressing tasks

***Please see the section labeled “Attention Total Hip Patients” for a list of adjuncts to assist you with your daily needs.**



Do's and Don'ts for the Rest of Your Life

People who have had joint replacement surgery need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. You will need to engage in a regular exercise program. Speak with your physical therapist or surgeon for details. High impact activities such as running, and singles tennis may put too much load on the joint and are generally not recommended.

After your Discharge

You will be on anticoagulation (blood-thinning medications) during your hospital stay and usually for several weeks after surgery. This may include aspirin. Take as directed.

Handwashing/Infection Prevention

Every surgical wound must be considered “contaminated” with your normal skin bacteria. The area for the incision is thoroughly scrubbed and prepped before surgery, but your normal skin bacteria eventually returns. You will receive an IV antibiotic for the first 24 hours following surgery to help your immune system resist an infection, but it is your individual immune system which determines your risk for a wound infection.

Hand washing is the number one way to avoid an infection. It is important that everyone caring for you, including your family and friends, wash their hands with soap and water or alcohol gel upon entering your room. We encourage you to ask anyone who enters your room, “Did you wash your hands?” It is also important that you also wash your hands after using the bathroom and before and after eating.

What to Do in General

- Take antibiotics 1 hour before dental procedures or cleaning or other invasive procedures for as long as instructed by your surgeon.
- Although the risks are very low for post-op infections, it is important to realize that a risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-Aid on it and notify your doctor. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment.
- Notify your doctor if the area is painful or reddened.
- Notify all health care providers performing any procedure that you have an artificial joint, as some individuals or procedures may require antibiotics prior to the procedure. Your surgeon will let you know if this is necessary or not.
- When traveling, stop and change position every 30 minutes to prevent your joint from tightening. If you are flying, you will set off the security alarms at the airport. Just indicate that you have had a hip replacement and they will check you with a security wand.

Call your surgeon if you develop any of the following complications

You should call your doctor's office immediately if you experience:

- Increased bleeding, drainage or redness associated with your wound (some bruising is expected)
- A fever greater than 101.5 degrees (38.5 degrees) for 24 hours
- Persistent calf pain or swelling that does not improve with elevation (putting the leg on two-three pillows bringing it above the level of your heart)
- Calf pain or swelling could be an indication of a blood clot
- Worsening pain not controlled by rest, ice and pain medications
- Worsening or persistent numbness in the surgical leg
- Difficulty urinating or if you have symptoms of burning with urination
- Abdominal discomfort that persists longer than 24-48 hours
- Redness, warmth, or tenderness in the back of the calf of your leg(s)
- A persistent headache that is different when sitting or lying down
- New problems urinating or having control of your bladder or bowel movements
- Persistent nausea or vomiting

Call 911 immediately if you have sudden onset of chest pain or difficulty breathing

After Your Surgery

After your surgery, your surgeon will schedule regular follow-up visits to assess for signs of wear or any other problems with your new knee.

	Before Surgery	After Surgery	Day 1 (Hospital or Home)	Discharge
Nutrition	Nothing to eat or drink after midnight unless otherwise instructed	Diet as tolerated	Regular Diet	Regular Diet
Activity or Therapy	Perform exercises from guidebook and attend pre-op education class	Get out of bed, turn every 2 hours, incentive spirometer, walk with assistance	PT and OT, up in chair for all meals, walk with assistance, training on stairs and cars	Do your exercises, walk several times a day for short distances
Pain Meds and Other Meds	Regular meds: stop as directed by your doctor	Oral pain meds, laxative as needed, blood thinning meds	Pain meds before therapy, laxative as needed	Get discharge prescriptions including pain meds
Hygiene	Use CHG as directed		Bathe and dress	Shower as directed
Discharge Plan	Discuss with doctor	Work with therapies	Finalize plan with doctor and care manager, prepare home	Return home

Patient's Guide to Post-Operative Opioids

General Recommendations

Opioid medications are safe when used at prescribed doses and for limited periods of time. The dose of opioid is reduced gradually (or tapered) over several days to prevent symptoms that may occur from stopping them cold turkey.

Opioids should be used on an as needed basis. For example, if your medication label states, "one tablet every 4 hours as needed" and you feel that don't need it in 4 hours, you can skip that dose and take your medication in 6 hours. If the prescription states "1 to 2 tablets," you may not need 2, one tablet may be enough. It's usually preferable to start with one and take an additional in 30 – 45 minutes if needed.

Examples of prescription opioids are oxycodone, hydrocodone, and hydromorphone.

Additional Ways to Improve Pain Control

- Talk to your doctor or pharmacist about over-the-counter pain medications and doses that are appropriate for you. Scheduling acetaminophen (Tylenol) or ibuprofen (Motrin) at regular intervals throughout the day will help prevent pain from becoming too severe and limit the amount of opioid you need.
- Drink plenty of fluids throughout the day and eat regular meals and snacks.
- Use relaxation techniques such as breathing exercises, music, meditation and reading.
- Follow individual recommendations for movement and exercise.

Important Reasons for Reducing Your Opioid Usage in the Days Following Surgery²

- Opioids can cause constipation and nausea.
- Opioids may cause slowed breathing (known as respiratory depression).
- Opioids may cause drowsiness and can increase your risk of falling.
- Opioids may cause you to not sleep as well at night.

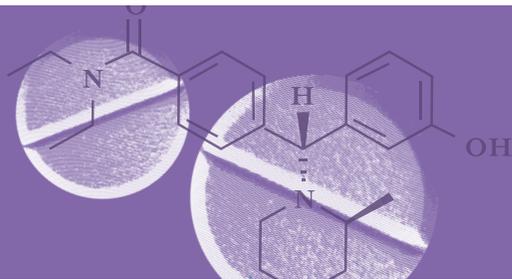
You can become dependent on opioids, meaning that you feel the need to take the medication long after you have recovered from surgery.

Some Symptoms You May Experience While Reducing Your Opioid Medication

- Flu-like symptoms such as sweating, chills, goose bumps, and headache.
- Fatigue, anxiety, and difficulty sleeping.
- Nausea, vomiting or diarrhea.

Some patients may not experience any symptoms while reducing opioids. However, if you experience these symptoms, they may last for 5 to 7 days after your last dose of opioid medication.

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



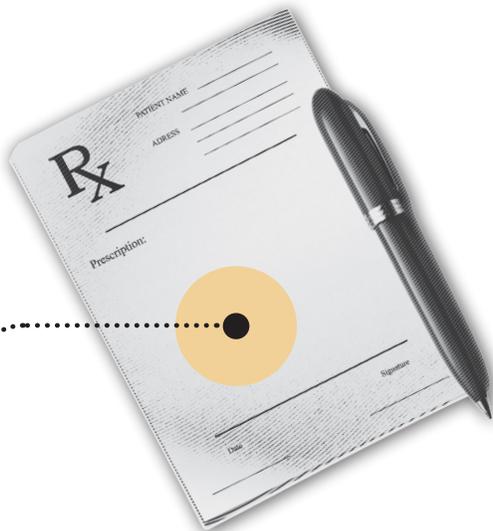
American Hospital
Association®

CS264107C May 9, 2016

KNOW YOUR OPTIONS

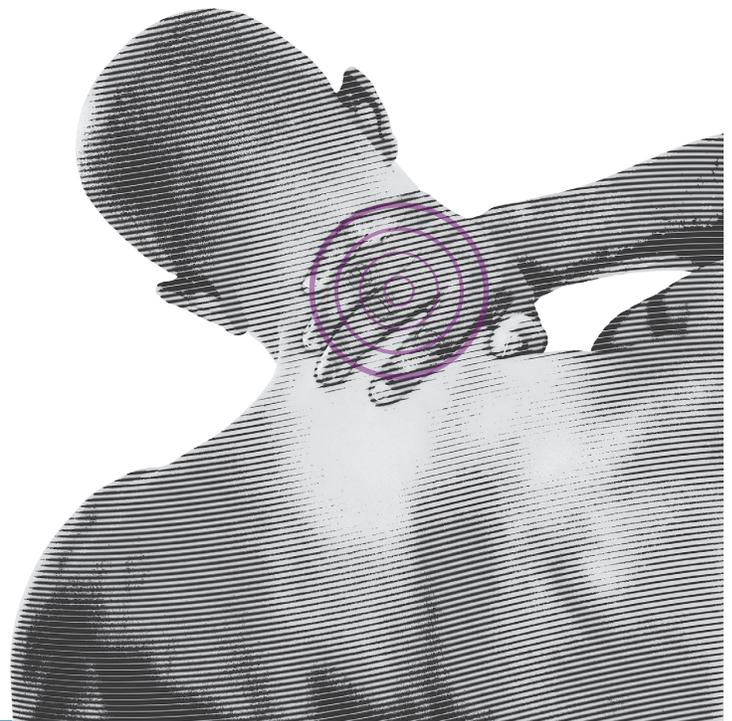
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within ___ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- ❑ Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

Essential Exercises

Prehab Outpatient Phase – See page 32

- Instruction provided on home program to include isometrics, heel slides, ankle pumps and a 3 point straight leg raise (SLR).
- Strengthening in Pre-Op physical therapy focuses on quadriceps and hip abductors.

Hospital Phase

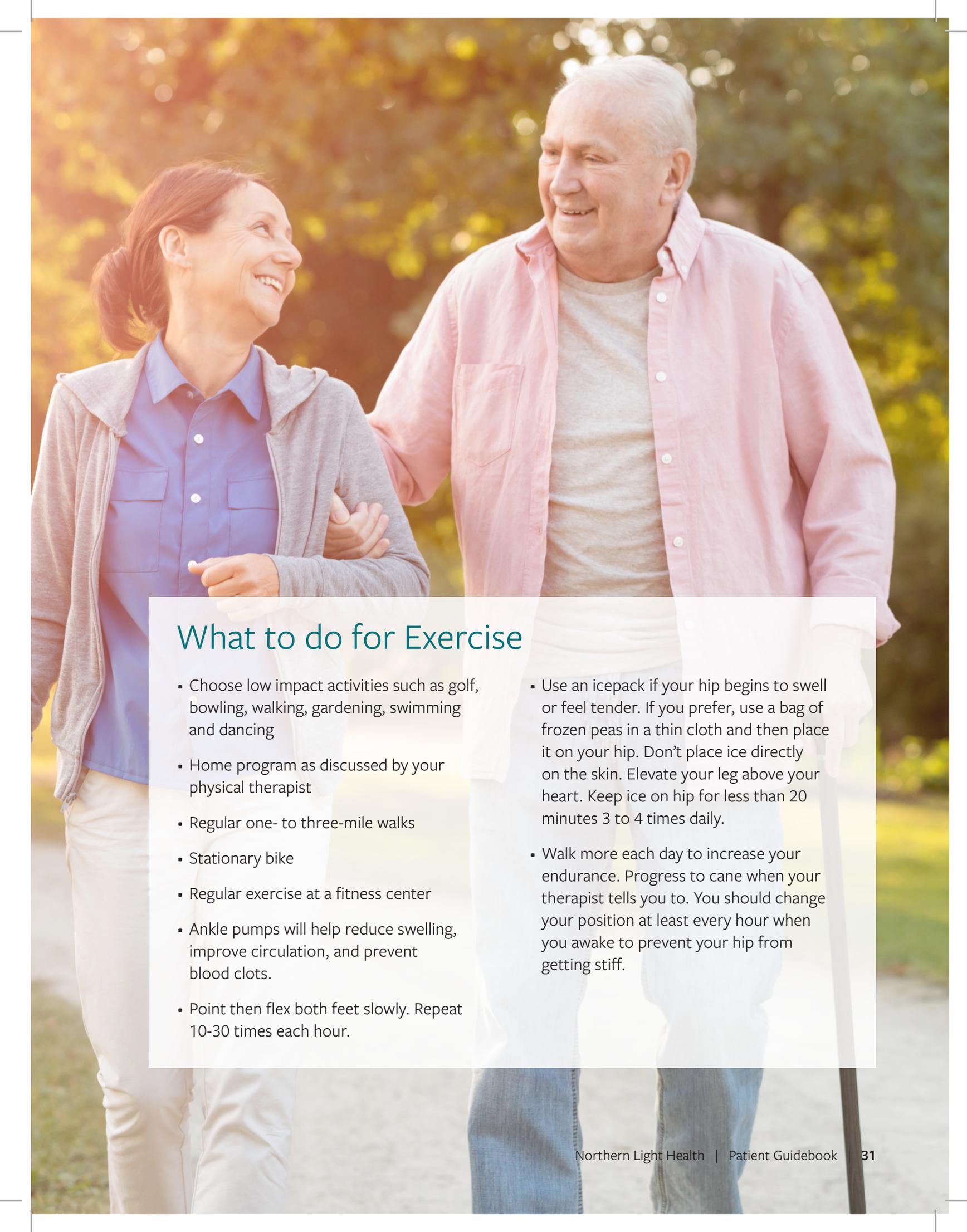
- Focus is placed on control of swelling, pain control and positioning of operative limb with knee in full extension.
- Exercises shared by patients with Total Knee Replacement (TKR) and Total Hip Replacements (THR) are isometrics, ankle pumps and heel slides in supine and sitting positions.
- Patients with TKR will also perform 3-point SLR.
- Patients with THR will also perform active assist hip abduction and SLRs if allowed by surgeon.

Home Health Phase

- Focus continues on control of swelling, pain control and positioning of the operative leg with knee in full extension.
- Patients will continue with exercises received in the hospital independently.
- Therapist will incorporate sitting and standing exercises for increasing joint range and quad/abductor strengthening.
- Some patients will be able to attend outpatient therapy without the need for home health visits.

Outpatient Clinic Phase

- Focus is now on strengthening and maintaining/ increasing joint range per patient need.
- Utilization of equipment in clinic, i.e. bicycle, calf weights, progressive resistive equipment.
- All patients will continue with quad strengthening.
- Patients with THR who have been limited by surgeon in active hip abduction will begin abductor strengthening once cleared by surgeon.



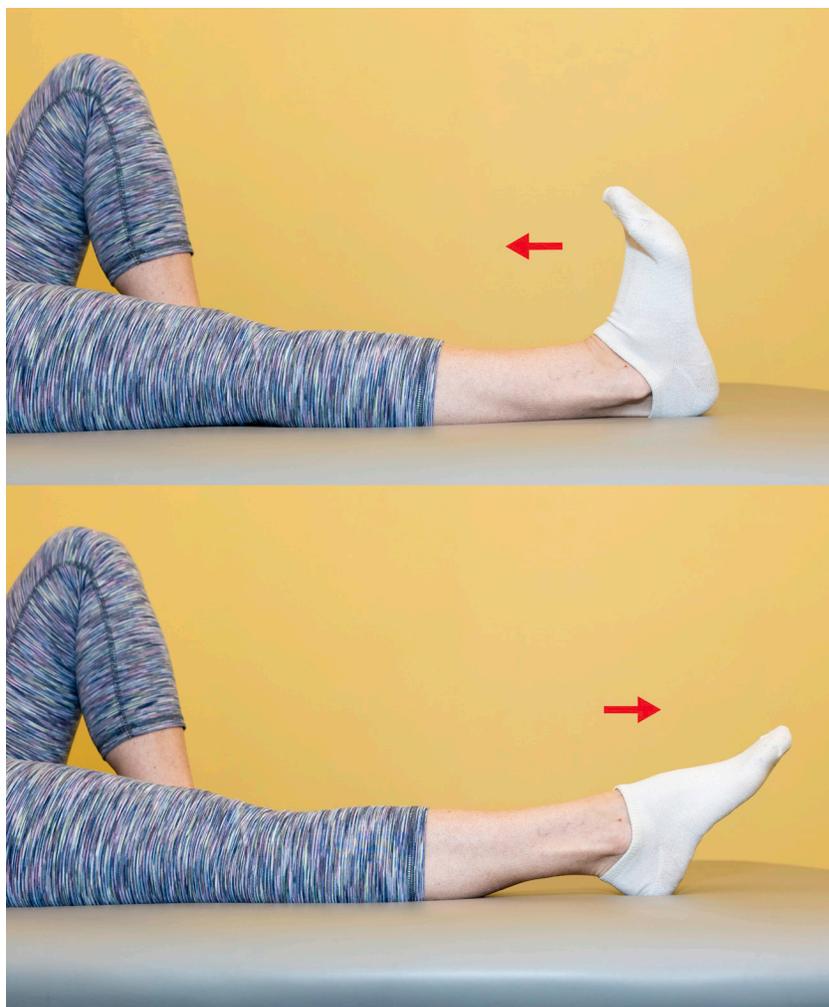
What to do for Exercise

- Choose low impact activities such as golf, bowling, walking, gardening, swimming and dancing
- Home program as discussed by your physical therapist
- Regular one- to three-mile walks
- Stationary bike
- Regular exercise at a fitness center
- Ankle pumps will help reduce swelling, improve circulation, and prevent blood clots.
- Point then flex both feet slowly. Repeat 10-30 times each hour.
- Use an icepack if your hip begins to swell or feel tender. If you prefer, use a bag of frozen peas in a thin cloth and then place it on your hip. Don't place ice directly on the skin. Elevate your leg above your heart. Keep ice on hip for less than 20 minutes 3 to 4 times daily.
- Walk more each day to increase your endurance. Progress to cane when your therapist tells you to. You should change your position at least every hour when you awake to prevent your hip from getting stiff.

Exercises

***These should be performed as tolerated, if too painful stop.**

Ankle Pumps



**With your leg relaxed, gently flex and extend ankle.
Move through full range of motion.**

**Repeat 10 times per set. Do 2 sets per session.
Do 2 sessions per day.**

Exercises

***These should be performed as tolerated, if too painful stop.**

Hip/Knee Heel Slide



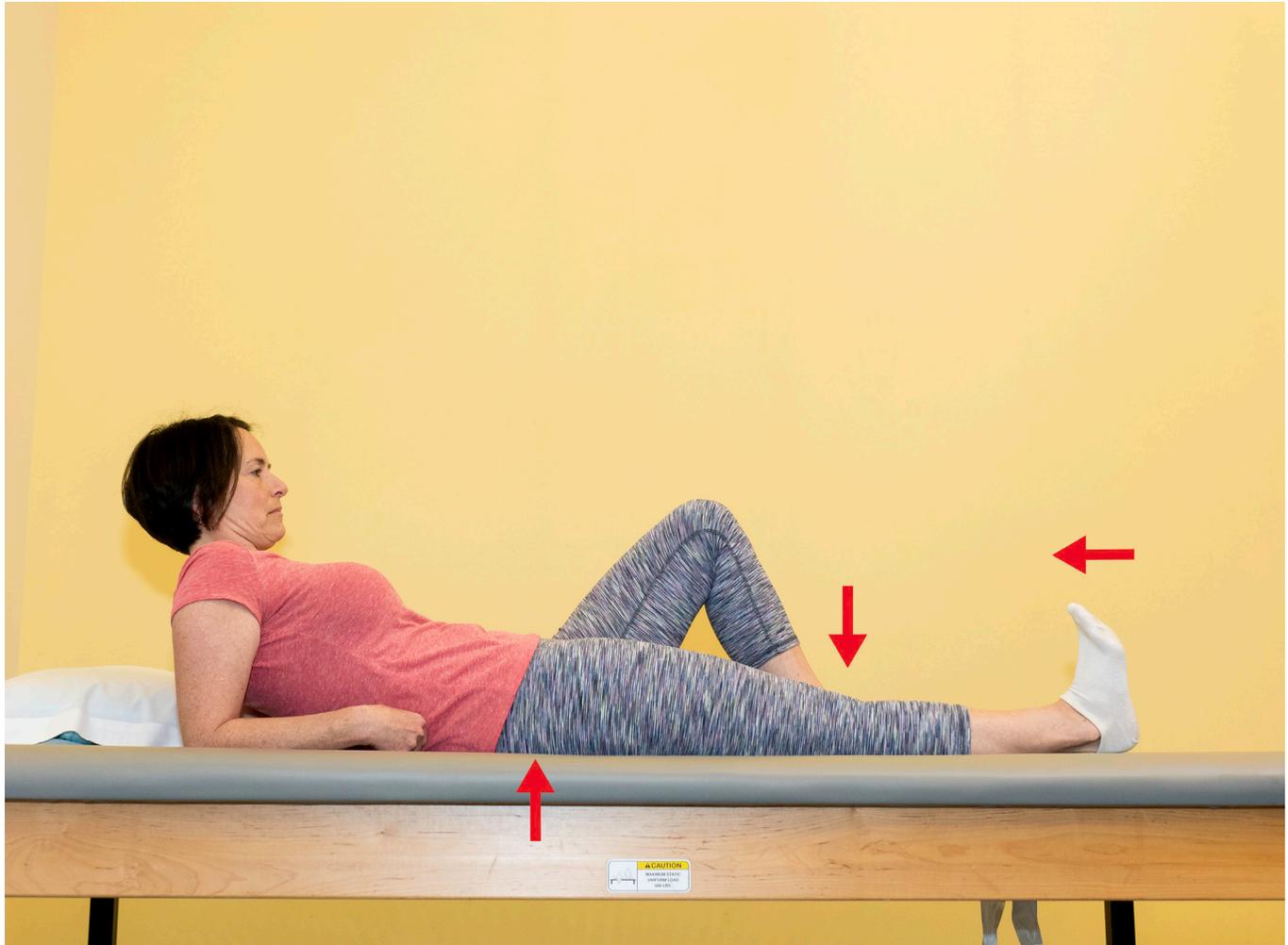
Slide your heel toward buttocks until a gentle stretch is felt. Hold 10-15 seconds. Relax.

Repeat 10 times per set. Do 2 sets per session. Do 2 sessions per day.

Exercises

***These should be performed as tolerated, if too painful stop.**

Hip/Knee muscular holds – Quadriceps set/Gluteus sets



Pull toes toward your knee, tense muscles on front of thigh and simultaneously squeeze buttocks. Keep leg and buttocks flat on bed. Hold for 5-6 seconds.

**Repeat 10 times per set. Do 2 sets per session.
Do 2 sessions per day.**

Exercises

***These should be performed as tolerated, if too painful stop.**

Towel Prop Extension



Place a rolled towel under your ankle. Relax in this position for 5-10 min to allow a stretch to be felt at the back of the knee.

Perform 2 sessions per day.

Exercises

***These should be performed as tolerated, if too painful stop.**

Hip/Knee Short Arc Quad



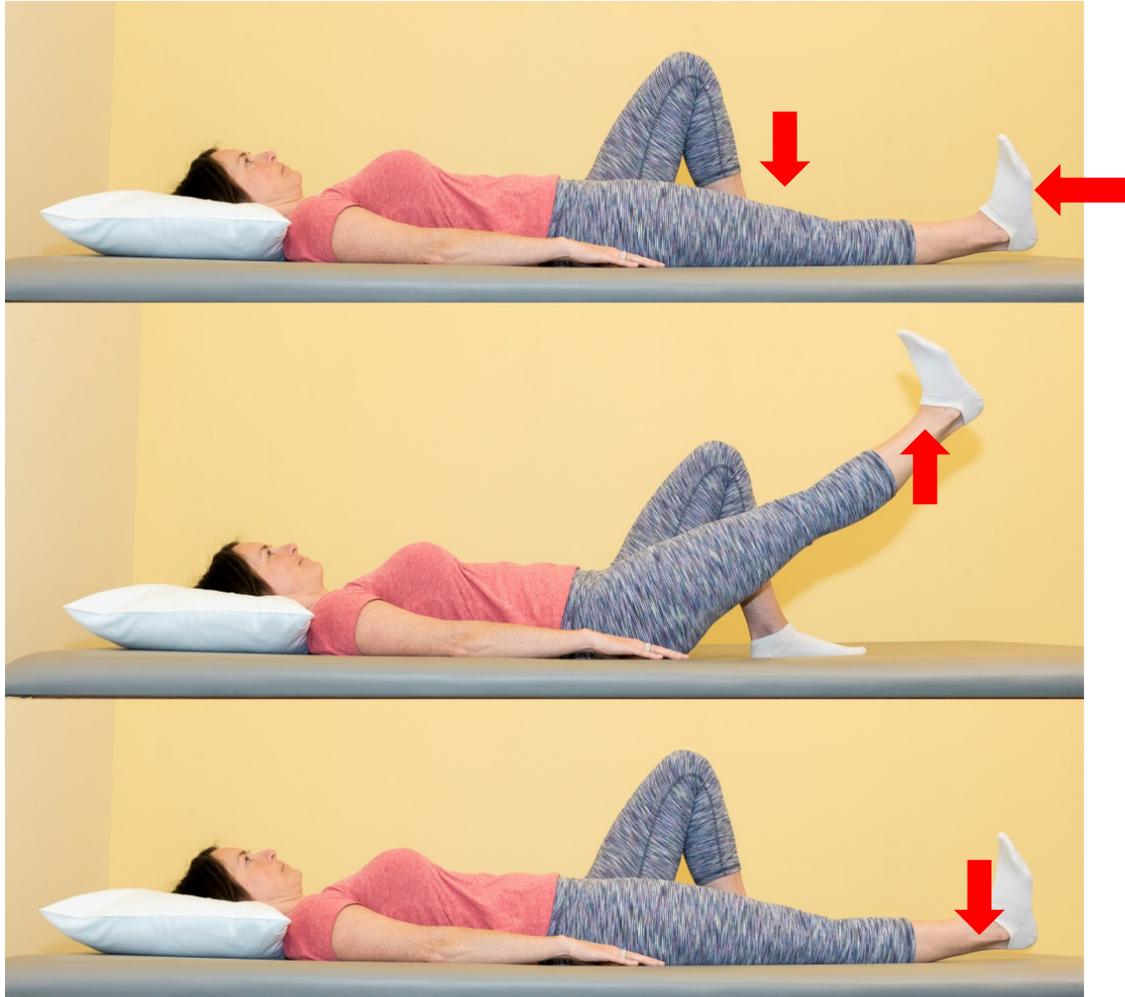
Place a towel roll or pillow under your knee. Raise your foot off the bed surface by straightening your knee. Do not raise your thigh off the towel roll or pillow.

**Repeat 10 times per set. Do 2 sets per session.
Do 2 sessions per day.**

Exercises

***These should be performed as tolerated, if too painful stop.**

Knee: Three-Point Straight Leg Raise



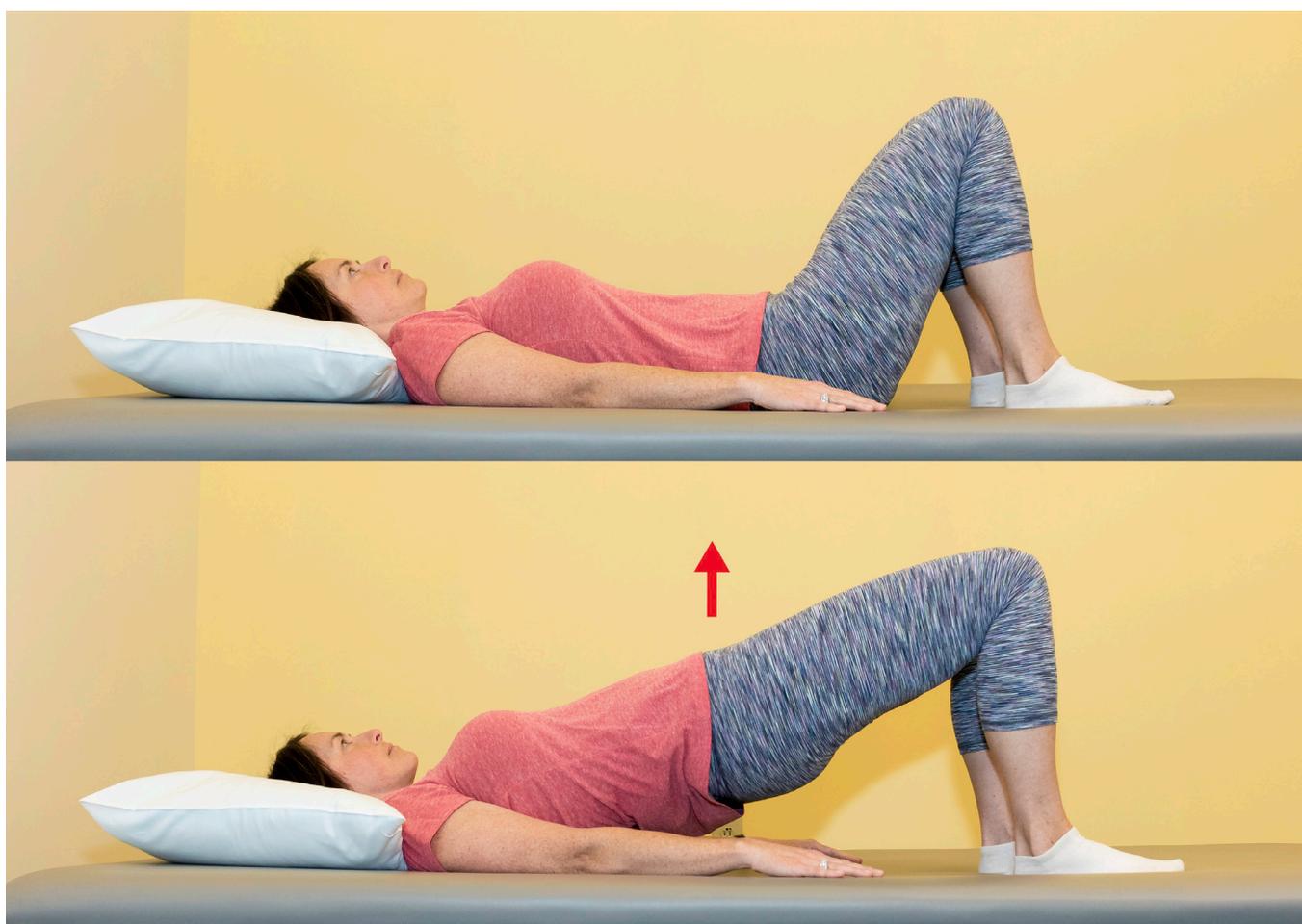
Flex your ankle, tighten the muscles on the front of the thigh, then lift your leg up to but not higher than the bent leg, keeping knee locked.

**Repeat 10 times per set. Do 2 sets per session.
Do 2 sessions per day.**

Exercises

***These should be performed as tolerated, if too painful stop.**

Hip: Bridging



Lie on bed with knees bent.

Lift hips off the bed while squeezing the muscles in your buttocks.

Return to start position.

Repeat 10 times per set. Do 2 sets per session.

Do 2 sessions per day.

Exercises

***These should be performed as tolerated, if too painful stop.**

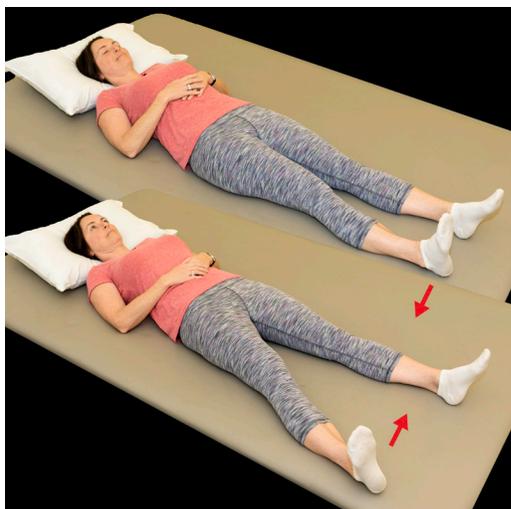
Hip Abduction/Adduction (slide heels in and out)



Stand/Hold onto your walker or a stable surface for balance. Keep knee straight, move operative/non-operative leg outward. Hold 2-3 seconds, slowly relax. Return to start position.

Slide leg kickout

(circle “operative” or “non-operative” leg based on surgeon’s post op precautions)



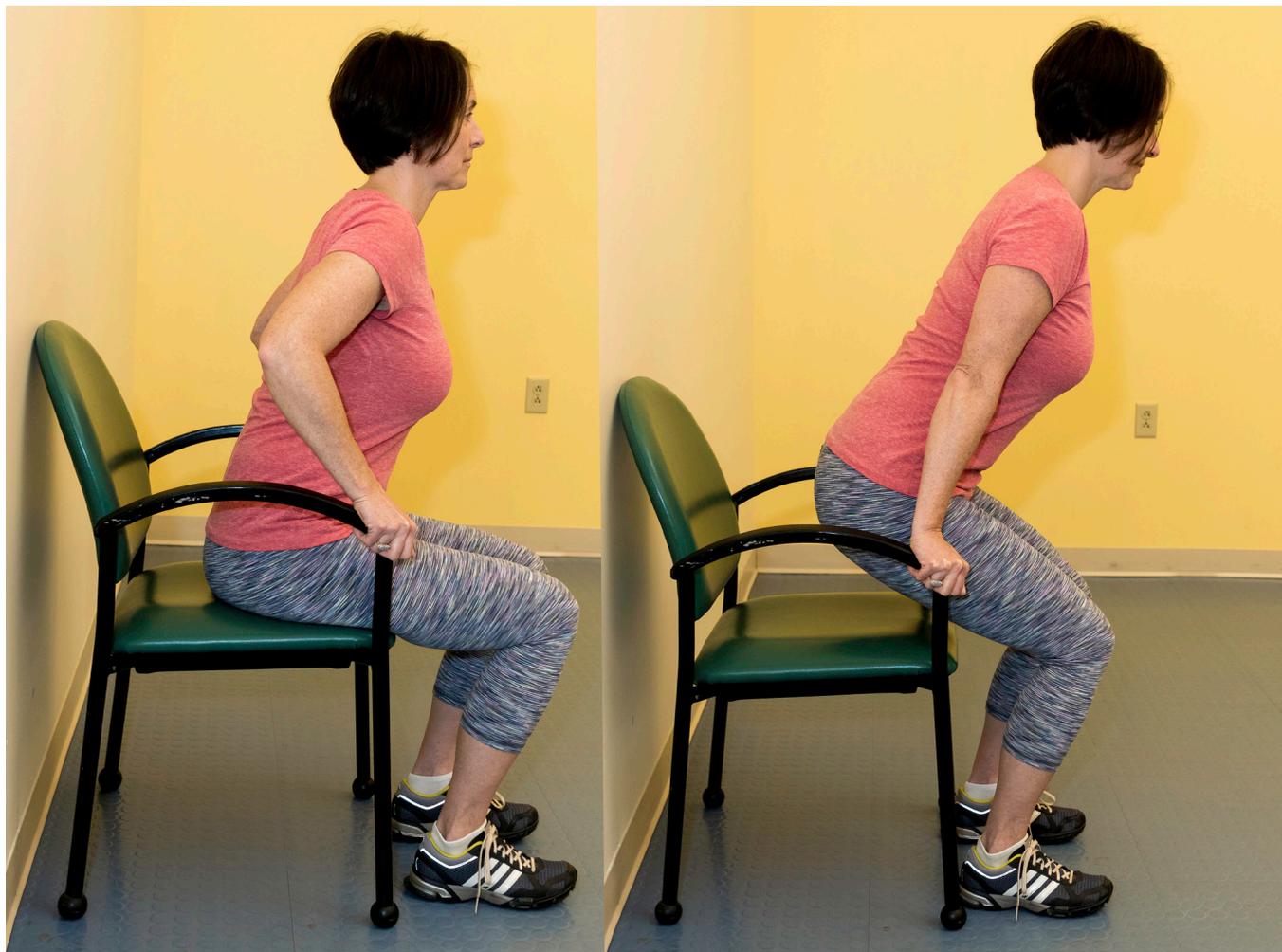
Lie on back or stand. Slide leg out to the side and return to the center. Keep toes pointed up and knees straight.

Repeat 10 times (each leg), 2 times per day.

Exercises

***These should be performed as tolerated, if too painful stop.**

Hip/Knee: Armchair Push-ups



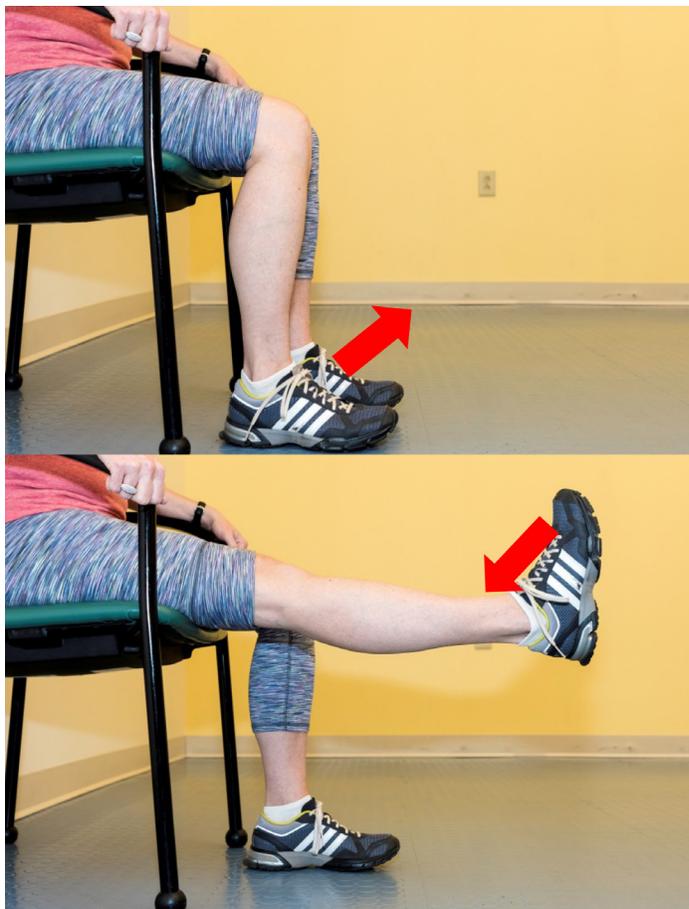
**With hand on armrests, push up from chair.
Use legs as much as necessary. Return slowly.**

**Repeat 10 times per set. Do 2 sets per session.
Do 2 sessions per day.**

Exercises

***These should be performed as tolerated, if too painful stop.**

Knee: Long Arc Quads



**Sit, with involved leg bent to 90 degrees, as shown.
Straighten leg at knee with emphasis on tightening the muscle in
your thigh. Hold 5 seconds.
Return to start position.**

**Repeat 10 times per set. Do 2 sets per session.
Do 2 sessions per day.**

Exercises

***These should be performed as tolerated, if too painful stop.**

Knee: Heel Slides (Sitting)



**Sit in a chair with your feet on the floor.
Slide your foot back on your operative leg. You may use your non-operative leg to help push your operative leg back to get an extra stretch.**

Return to start position.

**Repeat 10 times per set. Do 2 sets per session.
Do 2 sessions per day.**

Exercises

***These should be performed as tolerated, if too painful stop.**

Hip/Knee: Mini Squats



Stand on both legs.

Use secure object to maintain balance.

Bend knees to 45 degrees.

Return to starting position while squeezing muscles in your thighs and bottom.

Repeat 10 times per set. Do 2 sets per session.

Do 2 sessions per day.

Exercises

***These should be performed as tolerated, if too painful stop.**

Knee: Terminal Knee Extension



Stand with back against wall.

Place small rolled up towel behind operative knee.

Push the back of your knee into the towel to tighten your thigh muscle. Hold 5 seconds.

Relax and repeat.

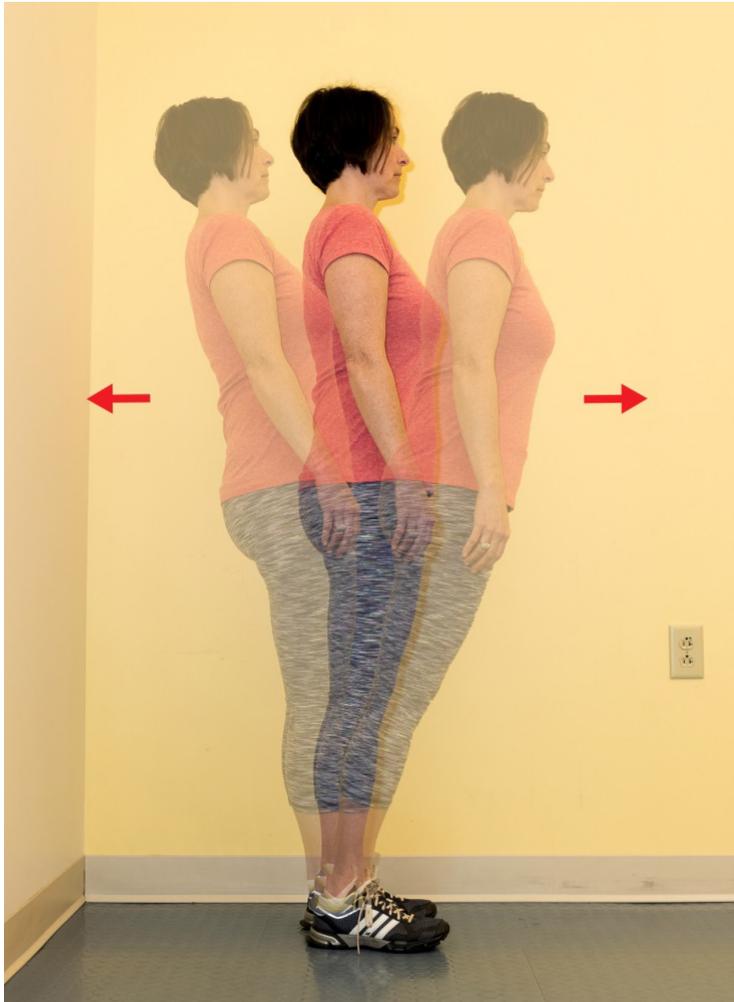
Repeat 10 times per set. Do 2 sets per session.

Do 2 sessions per day.

Exercises

***These should be performed as tolerated, if too painful stop.**

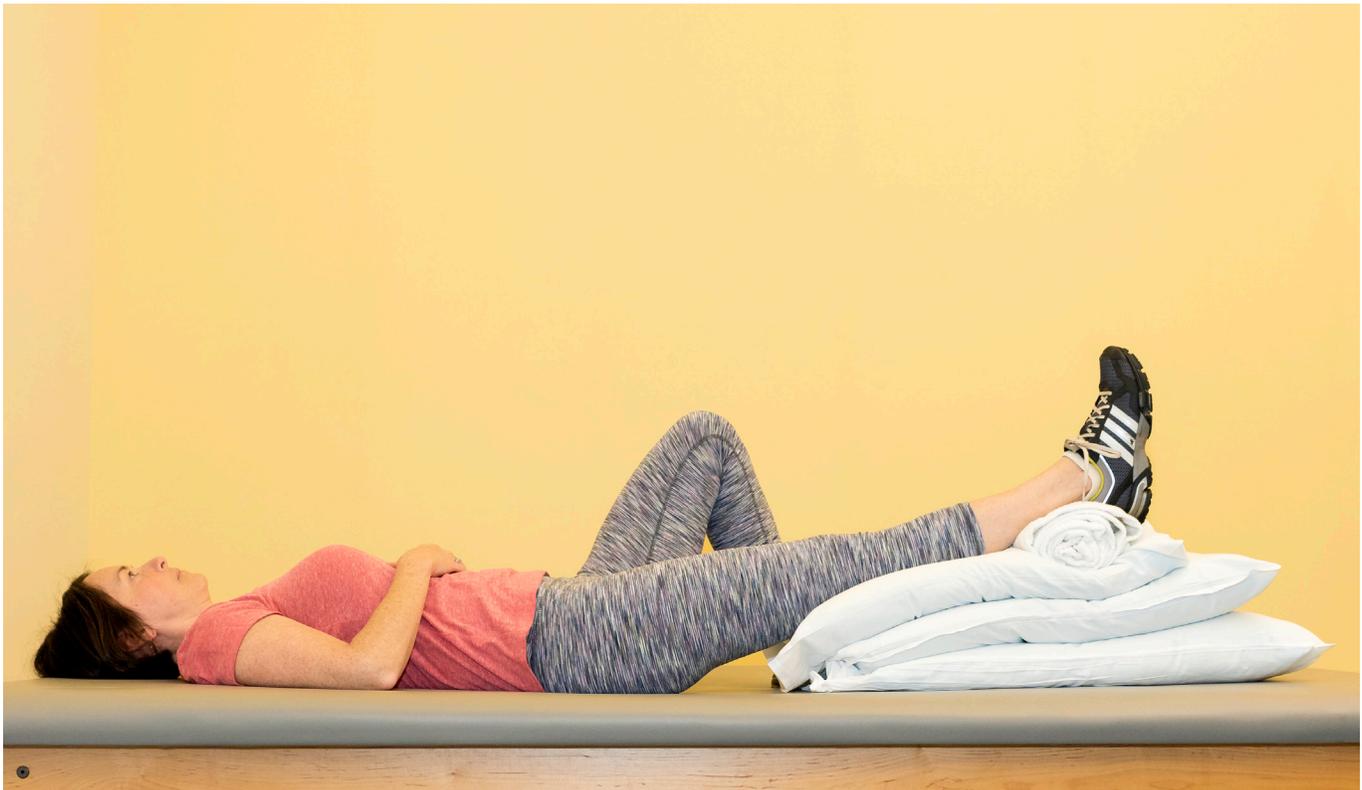
Hip/Knee: Standing Weight Shift (Church Pew Exercise)



**Stand up straight with a chair behind you.
Keep your feet flat on the floor.
Slowly shift your weight forward and back while keeping
your knee straight, do not allow your heels or toes to lift from
the floor.
Repeat forward/backward weight shift for 1-3 minutes.**

Managing Symptoms

Leg Elevation to decrease swelling (*edema management*)



Elevating your operative leg is very important for edema (swelling) management. Use several pillows in your home to create a wedge as shown in the picture to elevate your leg above your heart with your knee kept straight. Rest in this position throughout the days following your surgery to help with your swelling. Consider doing this while icing your operative leg.

Managing Common Activities

Stair Negotiation

To Go Up the Stairs

Hold onto handrail if available and use cane/crutch in the opposite hand as usual.

Place your “good” (unoperated) leg up first.

The “bad” (operated) leg follows with the help of the cane/crutch and rail.

To Go Down the Stairs

Hold onto handrail if available and use the cane/crutch in the opposite hand as usual.

Put the cane/crutch down onto the next step to assist the “bad” (operated) leg down first

The “good” (unoperated) leg follows.

Managing Common Activities

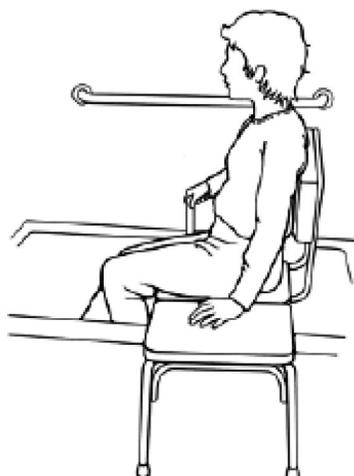
Getting in and out of the Shower - Using a Tub Bench



Check with your doctor before you shower or bathe. You may want someone to help you when you get in and out of the tub or shower. Using walker, back up to appropriate height adjusted tub bench. Extend the operated leg forward, one hand on walker, one hand on bench and lower yourself down.



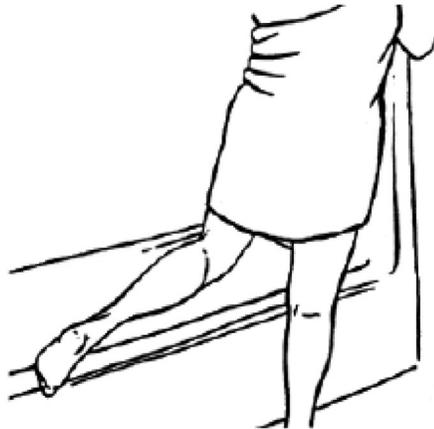
While sitting on bench, slide your hips to the inside of the tub. Extend operated leg and lift over tub edge.



Position yourself for a shower. Reverse the order of these steps to transfer out of the tub / shower.

Managing Common Activities

Taking a Bath or Shower Without a Tub Bench

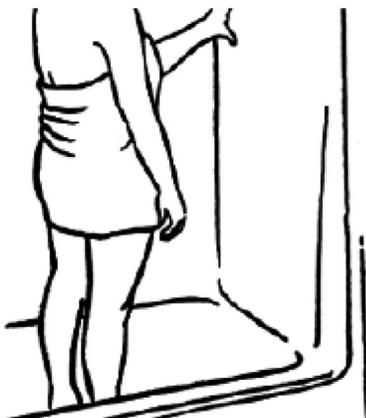


To Get Into the Tub

Bend your non-operated leg, lifting your foot behind you. Lift your leg over the edge of the tub and stand with your non-operated leg.



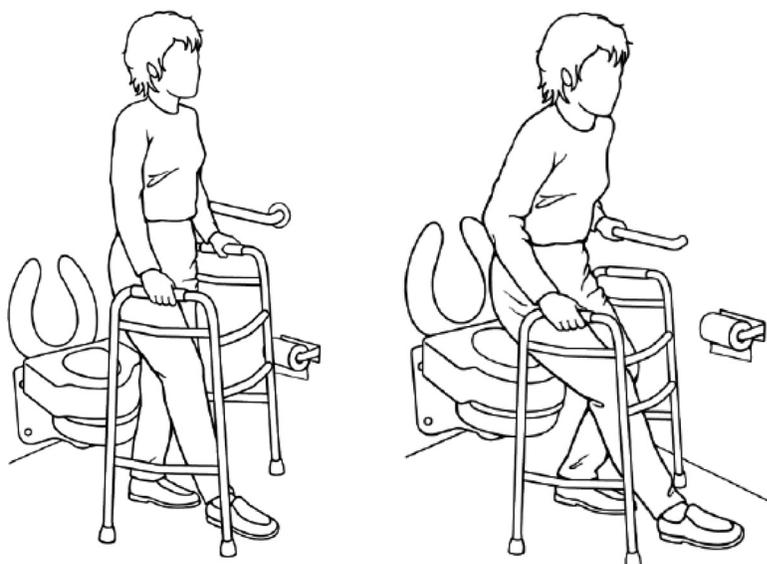
Take a step sideways with your non-operated leg to allow room for your operated leg in the tub.



Holding onto a bar, wall or helper for support, lift your operated leg into the tub. You may need a bathtub chair, a hand-held shower head and a non-slip bath mat. Position yourself for a shower. Reverse the order of these steps to transfer out of the tub /shower.

Managing Common Activities

Getting on the Toilet



You may need to obtain a raised toilet seat depending on your ability to move from sitting to standing. Extend your operated leg forward.

Slowly lower yourself onto the toilet. Use one hand to support yourself on a secure surface (not the walker).

Transfer Off the Toilet

Extend your operated leg forward. Keep your back straight and slowly stand up from the toilet. Use one hand to support yourself on a secure surface (not the walker).



When you get home

This is a transitional time.

For some, going home is a relief. For others, it is the scariest thing in their world. Since your arrival at the hospital, the joint team has been directing you in your care; motivating you to get out of bed, eat, drink, get dressed and go to the bathroom. The nursing staff have been managing your pain and giving you your medications.

We take your independence, then as quickly as we took it, we give it back to you with a lot of new directions, medications and pain. Some of you will take all of this in stride, while others need more time and assistance. There is no right or wrong in how you feel once you get home because no two people are the same. If you go through periods of exhaustion, take a nap. If you want to cry, cry. If you feel overwhelmed, take a deep breath. If you have a question or even think you have a question call ~ there is a team here to help you.

Additional Resources

Lodging

If you are traveling a distance to have your surgery, there are a number of other options for lodging in the greater Portland area. Some of the area hotels/motels offer a discount for family members. Please call for rates. You will need to inform the hotel/motel that you have a family member at Northern Light Mercy Hospital.

American Academy of Orthopaedic Surgeons

Patient information provided by the professional organization for Orthopaedic surgeons.

www.orthoinfo.aaos.org

American Association of Hip and Knee Surgeons

A sub-specialty organization of Orthopaedic surgeons the patient information section includes links to videos, support groups and includes information about your condition and surgery.

<https://hipknee.aahks.org/>

MedlinePlus

An extensive resource provided by the National Library of Medicine with the National Institutes of Health, this site offers information on various health topics and procedures, drugs and medications, as well as online surgery videos, interactive patient tutorials and much more.

www.medlineplus.gov

NOAH (New York Online Access to Health)

NOAH provides access to high quality consumer health information in English and Spanish. The site consists of full-text consumer health information that is current, relevant, accurate and unbiased.

www.noah-health.org

Lodging

Gary's House

97 State St., Portland, ME 04101

Phone: 207-535-1320

www.garyshouse.org

Gary's House is an affiliate of Northern Light Mercy Hospital that provides a home away from home to families or loved ones of patients. There are nine tastefully decorated rooms in which to sleep, relax, make calls or watch T.V.

\$15/ night. Visit website to submit referral form.

Best Western Merry Manor Inn

700 Main St.,

South Portland, ME 04106

Phone: 207-774-6151

Best Western Merry Manor Inn

700 Main Street,

South Portland, ME 04106

Phone: 207-774-6151

Clarion Hotel

1230 Congress St.,

Portland, ME 04102

Phone: 207-774-5611

Holiday Inn Express

303 Sable Oaks Dr.,

South Portland, ME 04106

Phone: 207-775-3900

Comfort Inn

90 Maine Mall Rd.,

South Portland, ME 04106

Phone: 207-775-0409

Howard Johnson Hotel

675 Main St.,

South Portland, ME 04106

Phone: 207-775-5343

Courtyard by Marriott Portland Airport

100 Southborough Dr.,

South Portland, ME 04106

Phone: 207-253-5005

Ramada Plaza by Wyndham Portland

155 Riverside St., Portland, ME 04103

Phone: 207-774-5861

This Guidebook Belongs to:

Date of Birth: _____

Phone: _____

Pharmacy Name and Phone: _____

This guidebook is designed to provide information and education about all phases of care for your spine surgery so that you will know what to expect every step of the way. Please bring this guidebook with you for all pre-surgical appointments, your hospital stay, and post-surgical appointments. Important dates and times to remember: (Please write below)

Surgery: _____ at _____ AM or PM

Pre-Admission Testing/Evaluation: _____ at _____ AM or PM

Follow up Appointment with Surgeon: _____ at _____ AM or PM

Please list **all medications** you are currently taking including prescription medications, over the counter medications and herbal or dietary supplements:

<i>Medication Name</i>	<i>Directions</i>	<i>Dose (how often do you take it?)</i>
------------------------	-------------------	---

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient ID Sticker

I acknowledge that I received this information booklet about my upcoming surgery.

Patient Signature _____ Date _____

Representative Signature _____ Date _____



Northern Light Health

- Acadia Hospital
- A.R. Gould Hospital
- Beacon Health
- Blue Hill Hospital
- C.A. Dean Hospital
- Eastern Maine Medical Center
- Home Care & Hospice
- Inland Hospital
- Maine Coast Hospital
- Mayo Hospital
- Mercy Hospital
- Northern Light Health Foundation
- Northern Light Laboratory
- Northern Light Medical Transport
- Northern Light Pharmacy
- Sebasticook Valley Hospital

northernlighthealth.org



Northern LightSM
Mercy Hospital