

Guide to Total Joint Replacement

Shoulder Edition

Please bring this book with you to all appointments regarding your joint replacement.



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SURGERY APPOINTMENT AND INSTRUCTIONS

Date of Surgery: _____

IMPORTANT! Do not eat or drink anything after midnight the night prior to surgery.

Check In: The day before your surgery, you will receive a call to inform you of your check-in time. When you arrive, please check in at Registration inside the Outpatient entrance.

Post-Surgery Appointments: You will have appointments at two weeks, six weeks, three months and nine months. Your next appointment will be scheduled at your follow-up visit.

Post-Surgery Exam: At Orthopedics two weeks after your surgery.

Date: _____ Time: _____

Pre-Op will call within 24 hours to schedule your appointment.

Date of Pre-Op: _____ Time: _____

Check in at Registration located inside the Outpatient entrance.

Please Bring Your Guide to Total Joint Replacement With You to This Appointment

- Arrive 15-30 minutes before appointment time.
- You will meet with a nurse to discuss your medical history, surgery and medications, receive lab work and tests to ensure clearance for surgery and visit with a member of the Therapy Services team.
- Have a current list of medications or bring medications in original bottles.
- Bring a list of your questions.
- Bring your insurance card. If you are a work-comp or motor-vehicle accident patient, you will need to supply billing information (claim number and/or billing address).

If you have any questions or need to reschedule surgery, please call the Orthopedics office at 660.890.8443.

Business hours are Monday–Friday, 8 a.m.-5 p.m. Messages left after 3 p.m. may not be returned until the next business day. For urgent concerns after normal business hours, please call 660.885.5511.



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WELCOME

At Golden Valley Memorial Healthcare (GVMH), we are dedicated to providing you our Golden Standard of Care.

This begins with knowing you, both inside and outside our facilities. Our patients are not just patients. They are members of our community — our families, friends and neighbors. It is understanding how to best care for you and treating you with the highest level of personal care, compassion and friendliness.

We have highly trained medical experts, a full-range of primary and specialty care services and conveniently located facilities.

Ranked as one of the top quality and safest hospitals in the U.S., GVMH has a high-tech 56-bed hospital, 24/7 emergency department and four multispecialty clinics located in Clinton, Osceola, Warsaw and Windsor, as well as an outpatient treatment center and cancer center.

Thank you for trusting us with your care.

MEET YOUR HEALTHCARE TEAM



James Womack, MD
Orthopedic Surgeon

Dr. Womack received his Doctor of Medicine from the University of Oklahoma College of Medicine, in Oklahoma City, Okla., where he graduated fifth, with distinction, out of his class of 150 students. He completed his residency at the University of Kansas, Department of Orthopaedics.

Womack is also board certified by the American Board of Orthopaedic Surgery and a Fellow of the American Association of Hip and Knee Surgeons.

JOINT REPLACEMENT AT GOLDEN VALLEY MEMORIAL HEALTHCARE



Thank you for choosing Golden Valley Memorial Healthcare for your total hip or knee joint replacement. This guide was developed to help you understand and prepare for your joint replacement experience. Information will be shared to inform you about how to get ready for surgery, how we will work with you during your hospital stay and what you will be doing to recover during the weeks after surgery.

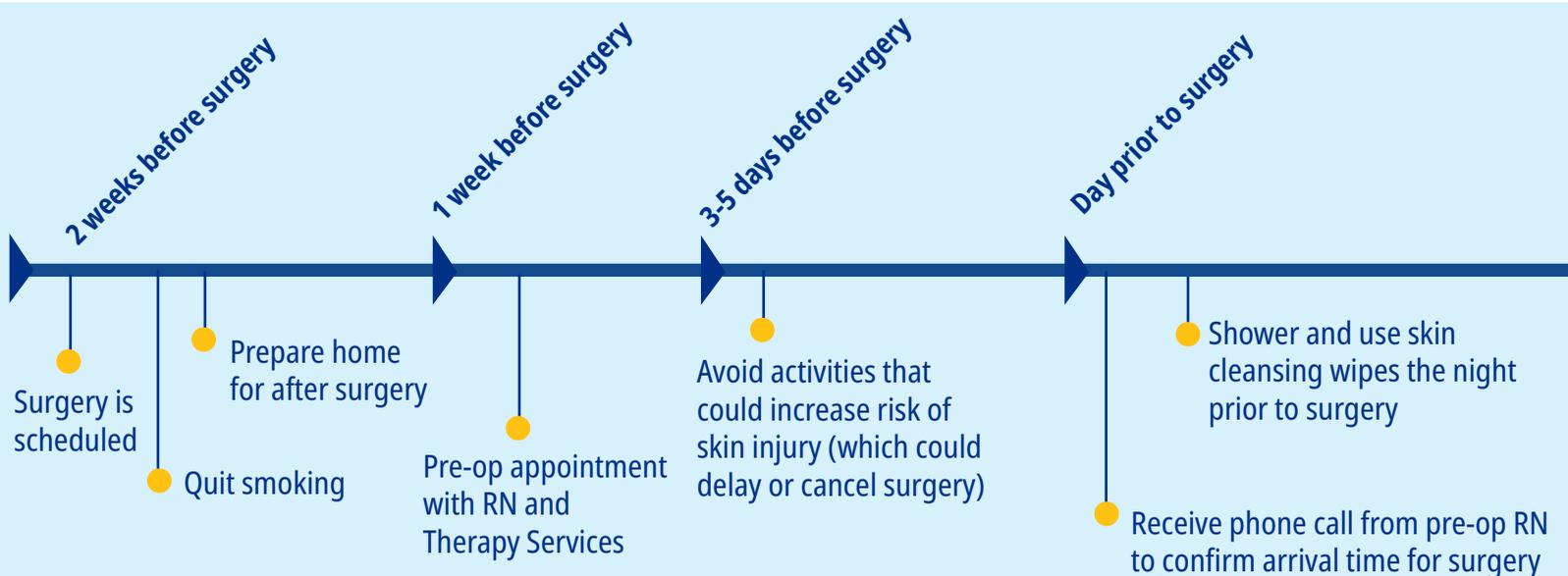
Information you read here and learn about during your pre-op education will explain how we care for most patients. We will customize all care to meet your individual needs. We hope this information will help you understand what to expect in the days and weeks prior to and after your surgery.

Our staff is here to answer any questions that you may have about the surgery and to help you be prepared for the experience we will be going through together.

We look forward to helping you recover from your surgery and regain your quality of life.

This guide should never replace the specific advice given to you by your surgeon.

TIMELINE OF JOINT REPLACEMENT



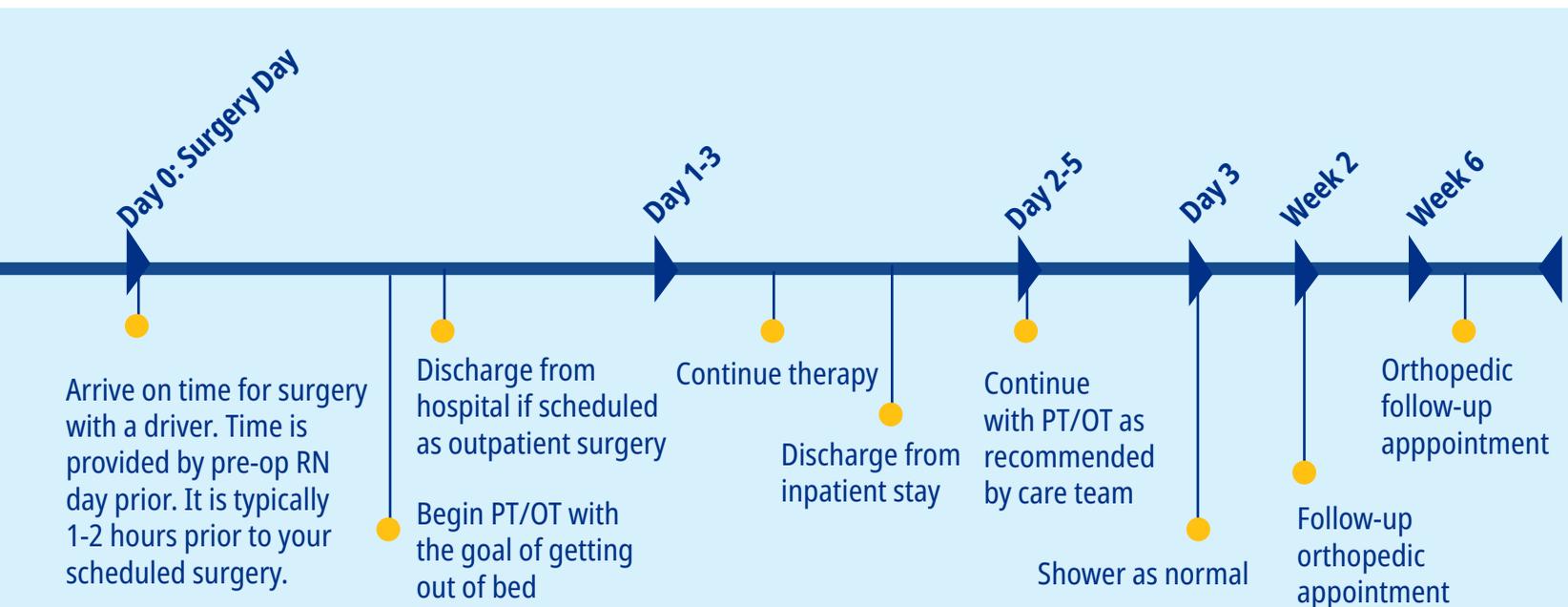
RN: Registered Nurse

PT: Physical Therapy

OT: Occupational Therapy

WHAT IS YOUR ROLE?

- ❑ **Carefully Study All Pages of This Handbook and Any Information Provided by the Surgeon**
- ❑ **Get Information:** Ask your healthcare team about your condition and your treatment options. Seek additional information from reliable resources. Take notes during your clinic visits. Ask questions! Request to have information printed or written down.
- ❑ **Give Information:** Provide your provider and nursing staff with a list of ALL medications you take, including nonprescription medications, such as herbal supplements and vitamins. Tell us about any allergies or sensitivities you have.
- ❑ **Attend Pre-Op Appointment:** We want you to have a great experience, so this appointment is mandatory to attend prior to surgery. At this appointment, you will meet with a nurse to discuss your medical history, day of surgery and medications, receive lab work and tests to ensure clearance for surgery and visit with a member of the Therapy Services team.
- ❑ **Stay Informed and Keep Us Informed:** If you have any medical tests or procedures performed outside of GVMH, ask when and how you will receive the results. Do not assume that results are normal if you do not hear from your provider. Call your provider and ask for the results as well as how the results may affect your healthcare.
- ❑ **Prepare for Your Return Home:** Be actively involved in planning your care for the days following surgery. For example, do you have handrails to go up and down steps, meal planning, family/friend support and someone to drive you to/from surgery and therapy appointments?
- ❑ **Attend All Appointments With Your Provider and Therapy Services:** Closely follow the specific instructions you are given.





Before Surgery



BEFORE SURGERY

Attend Pre-Op Appointment

Approximately one week prior to your surgery, you will be scheduled for a pre-operative appointment with a nurse. This appointment will take one to two hours. During your visit with the nurse, you will discuss medical history, medications you are currently taking, what medications to take prior to surgery and what to expect the day of surgery. During this time, you will also undergo heart testing, lab work and give a urine sample to ensure you can safely proceed with surgery. You will meet with a member of the Therapy Services team to discuss aspects of rehab prior to surgery, during your hospital stay and after surgery.

If you are diabetic and take insulin daily, please discuss specific instructions on insulin use the day of surgery with your nurse at the time of your pre-op appointment.

Things to Bring to Pre-Op Appointment:

- **Medication list**
- **Information from outside providers (i.e., cardiologist, pulmonologist, etc.)**
 - **Any information from cardiology (heart) is important, specifically pacemaker/defibrillator information**

Blood-Sugar Management

If you are diabetic, please monitor your blood sugar closely and make every effort to control it. Poor blood-sugar control will affect your healing process.

Stop Smoking

We strongly encourage you to stop smoking prior to surgery. Smoking increases your risk of developing complications with breathing during and after surgery. Smoking also decreases your body's ability to heal, particularly in the healing of your surgical incision.

Medications

All of your medications will be reviewed at your pre-op appointment, and your provider will provide you with detailed information on which medications to stop and when. However, if you have any questions regarding your medications, please contact your provider.

Typically, you must avoid the use of certain medications one to two weeks prior to your scheduled surgery to decrease risk of blood loss during surgery. Generally, these medications include aspirin (or any medication containing aspirin), anti-inflammatory agents, blood thinners and arthritis medications. It may also be necessary to stop vitamins and herbal supplements. Please only stop and start medications as directed by your provider.

Diet/Hydration

Eating healthy is important when preparing for surgery and healing. Iron, calcium and plentiful water intake are especially important following joint replacement surgery.

Foods that are rich in iron include lean red meats; iron-fortified whole grains, including cereal, bread, rice and pasta; vegetables, including broccoli, asparagus and brussels sprouts; chicken; turkey; nuts; and dried fruits such as raisins, prunes, dates and apricots.

Foods that are rich in calcium include yogurt, cheese, milk, calcium-fortified orange juice, instant oatmeal, calcium-fortified cereal, spinach and broccoli.

PREVENTING INFECTION

Infections are passed from one individual to another through a variety of means; many are transmitted through the skin and mouth. In order to reduce the risk of infection, we recommend taking the following precautions:

- Maintain blood sugars if you are diabetic.
- Brush and floss teeth daily.
- Notify surgeon/Orthopedics office of any dental pain, dental procedures or dental infection. Infections can pass easily through the bloodstream during dental procedures and this will minimize your risk after your surgery.
- Tell your provider if you have a history of surgical site infections.
- Notify your dentist of your new artificial joint at your next appointment.
- Take a shower, followed by skin cleansing wipes, the night prior to surgery. (Do NOT shave area.) Do NOT apply any lotions, powders, hair spray or make-up.
- Wash sheets and pajamas, and do not sleep with pets the night before surgery.
- Do not allow pets on your bed or near your incision following surgery.
- Use clean linens, wear clean clothes and keep your environment as clean as possible.

Signs of Surgical Site Infection Include:

- Increasing and uncontrollable pain/swelling in your joint after taking pain medication.
- Fever over 101.5° F.
- Increased redness around incision site.
- Drainage of cloudy or foul-smelling fluid from your surgical site.

Please call your provider if you have any questions or concerns regarding infection following your surgery.

HOME SAFETY CHECKLIST

- Remove throw rugs to prevent you and your assistive device from getting caught on them.
- Install night lights to light the pathway to your bathroom and minimize your fall risk.
- If your bedroom/bathroom is upstairs, consider moving your bedroom to an area where you will not have to use the stairs for the first one to two weeks.
- Make sure the handrails on any necessary stairways are securely attached to the wall; ensure you have appropriate handrails on stairs into the home.
- Remove or tuck away long cords that you or your assistive device may get caught on.
- Arrange furniture in a way that will allow you to easily maneuver around the house with your walker.
- Place frequently used household items and clothing within reach, between shoulder and waist level.
- Plan to keep a cordless phone or mobile phone at your side if possible.
- Make sure your bed is at a comfortable height.
- Select a sturdy chair with a high back where you can keep your feet elevated following surgery. For your safety, do not use any chairs with wheels on them.
- Find support through family or friends.
- Arrange for someone to stay with you for a few days following surgery and take care of the household chores/ other responsibilities until you are able to resume these activities.
- Make arrangements for the care of any pets. Pets can be a tripping hazard/infection risk.
- Find a friend/family member to drive you to/from appointments until you are released by your surgeon to drive. Anticipate to not drive for at least two to four weeks.

ASSISTIVE DEVICES AND ADAPTIVE EQUIPMENT

Following your joint replacement surgery, you will be placed in an abduction sling. This will be provided at surgery. If you are using a cane or walker prior to surgery, your therapist will work with you on any modifications needed.

You will need to obtain your equipment before coming for your surgery. Our staff can assist you in obtaining the appropriate durable medical equipment (DME).

If you have equipment that is borrowed or has been used in the past, please ensure it is clean and in good repair. Please bring your assistive device on the day of surgery so staff can make sure it fits you well prior to leaving the hospital.

Refer to the equipment section on local agencies and resources to obtain medical equipment.





Surgery



SURGERY DAY



You will receive a phone call the day before surgery to confirm the time you must arrive. Patients typically arrive one to two hours before surgery. Please be packed and prepared. If you do not receive a phone call by noon the day prior to your scheduled surgery, please call 660.890.7155.

Do not eat or drink anything after midnight the night prior to surgery (no gum, mints, water, etc.)

WHAT TO BRING

- This handbook with any additional questions or concerns.
- A list of all medications and dosages, including herbal supplements and over-the-counter medications. Please bring date and time of last dose.
- A list of allergies to foods and medications.
- Loose, comfortable clothing to wear to therapy (t-shirts, button-up shirts, shorts, pants, pajamas, underwear).
- Shoes with a back that are comfortable, slip-resistant, supportive and easy to put on. No open toe, flip flops, high heels or difficult shoes to put on such as boots.
- Assistive device as applicable
- Cases for contact lenses, glasses, hearing aids, dentures, phone charger, etc.
- CPAP machine, if applicable.
- A copy of your advanced directive, if applicable. (Only if inpatient surgery.)

WHAT NOT TO BRING

- Jewelry
- Valuables
- Large amounts of money
- Credit cards

NOTES

SURGERY DAY (continued)

Before Leaving Your Home

- Dress in clean clothes. (Note: The night before surgery, shower and use your cleansing wipes. Do NOT shave the area around your surgical site prior to surgery.)
- Brush your teeth and rinse with water; do not swallow any water.
- Take only the medications that you were instructed to take during the pre-op visit, with a sip of water.
- Use any breathing medications per inhalation treatments or inhalers.
- Dress in clothes that are clean and loose fitting that can be easily removed.
- Remove all jewelry and leave at home, including rings.
- Remove all fingernail polish and toenail polish.
- Do NOT apply any makeup, perfumes, deodorant or scented lotions. This helps decrease infection risk.

Pre-Operative Procedures

Upon arrival to GVMH, please park in the “O” parking lot and enter through the Outpatient entrance. You will go to the Registration desk to check in. Following registration, we will assist you to the surgery waiting room and let the volunteer know you have arrived. Your driver should accompany you.

- You will be brought into the pre-op area by the outpatient surgery nurse.
 - To prevent errors, you will be asked by each member of our team (that is involved in your care) your name, date of birth, the procedure you will be having and the side/site of your procedure. We take your care and safety seriously.
- Your nurse will verify and update your medical information.
- You will be given three packages of antibacterial skin prep to wipe on your skin, just as you did the prior evening at home. The nurse will help with your back and provide you a hospital gown.
- An intravenous (IV) line will be started and your nurse will start IV fluids for hydration.
- Any hair around the surgical site will be clipped to decrease infection risk.
- An anesthetist will discuss options and plans for sedation. You will be asked to sign a consent for anesthesia.
- To reduce your risk of complications, your nurse will place compression stockings (TED hose) on your leg and a compression sleeve around one or both knees.

Operating Room (OR)

- Prior to being taken to the operating room, an OR nurse will explain the surgery process. A surgical hat will be provided to cover your hair.
- Once you are ready, you will be wheeled back to the OR on the stretcher and your support person will be taken to the waiting room. The surgeon will come to talk with your support person following your procedure.
 - In the waiting room, there is a case-tracking board where your support person may follow you through the surgery progress.
- Once you are in the OR, warm blankets will be provided to make you comfortable and a team member will reconfirm your procedure prior to the start.

Recovery Room

Once surgery is complete, you will be taken to the recovery room. During this time, a nurse and anesthesiologist will closely monitor your condition and level of pain. The length of time in the recovery room is dependent on your specific needs.

SURGERY DAY (continued)

Outpatient Total Joint Replacement

Patients may elect to go home the same day following surgery. After surgery you will go to the recovery room to be monitored then return to the pre-operative area you began in. You will be monitored by a nurse closely for pain, comfort and vital signs the immediate hours following surgery. You may wake up feeling groggy, slightly dizzy and nauseated. You may have pain at the surgical site. These symptoms are common following surgery.

An occupational therapist will evaluate you to ensure your safety to return home. The occupational therapist evaluation will include mobility, dressing techniques and education. As long as your pain or any post-operative symptoms are controlled, you will be able to go home.

Prescriptions will be sent to your pharmacy which will include a pain medication, an antibiotic to be taken for five days and a blood thinner to prevent blood clots. It is important that you take these prescriptions as directed.

Inpatient Total Joint Replacement

For patients being admitted to the hospital, you will be taken to your private inpatient room on our surgical floor. You will meet your nursing team and begin the recovery process. You may wake up feeling groggy, slightly dizzy and nauseated. You may have pain at the surgical site. These symptoms are common following surgery.

Your nursing team will consist of a registered nurse or license practical nurse, with assistance from a certified nurse's aide. These healthcare professionals will be responsible for ensuring you are making progress during your recovery phase and will be in frequently to monitor your vital signs, level of pain and overall comfort in the immediate hours following your arrival to your inpatient room.

An occupational therapist and respiratory therapist will visit within one to three hours of your arrival. A hospitalist will likely be consulted as well. A hospitalist will manage and monitor other medical conditions (other than your total joint) during your stay.

You will have IV fluids throughout your first day and night to ensure you are staying hydrated. You will also receive antibiotics through your IV. These are started prior to your surgery and will continue after surgery to help prevent infection.



You will always be at risk for a fall after receiving sedatives and other medications during your stay in the Surgery department. Please do not try to get up by yourself. Always call staff to assist you.

Oxygen

Supplemental oxygen may be used after surgery to help you breathe easier. Usually, it is only needed for the first few hours after surgery. The oxygen is given through a tube placed close to your nose, or with a mask that is placed over your mouth and nose. Your care team will monitor oxygen levels in your blood stream periodically by placing a monitor on your fingertip.

SURGERY DAY (continued)

Surgical Dressing

The day of surgery, your surgical site will be covered in a bulky dressing which will be changed the day after surgery. Nursing will provide you additional dressings at discharge. Apply a non-stick dressing to the surgical site and change approximately every three days or when dressing becomes soiled. Do not soak or scrub your dressing or surgical site. Nothing other than a dry dressing should be placed over the surgical site. Topical ointments, tape or Vaseline products will loosen the dressing.

Support Stockings (TEDS)

TED hose will be used after surgery to help increase blood flow and prevent blood clots from forming in your legs. You will wear these stockings for up to six weeks after surgery. Your surgeon will tell you when you may stop wearing these. If you must remove the TED hose to wash them, only take them off for short periods of time during the day when you are up moving around.

Blood Thinners

Blood thinners will be administered either orally or by injection. Your provider will determine the method that is best for you and monitor appropriately.

Sequential Compression Devices (SCDs)

SCDs are special calf wraps attached to an air pump that inflate and deflate to improve circulation in your legs, which helps prevent blood clots. SCDs will be placed on your legs while you are in bed during your hospital stay. Once you are home, you will no longer need these; increased mobility will help prevent blood clots.

Incentive Spirometer

Respiratory Therapy will visit the day of surgery to discuss the proper use of an incentive spirometer. An incentive spirometer is a small, hand-held device that helps you to breathe deeply, allowing your lungs to expand more fully and to prevent breathing complications after surgery. It is very important that you use an incentive spirometer at least 10 times every hour while you are awake.

Diet

Food will be introduced slowly during your immediate recovery phase. Your nursing care team will advance your diet to regular foods as you are able to tolerate more food without any problems of nausea. It is normal to experience a loss of appetite in the first several days after surgery. It is important that you do your best to eat a well-balanced diet during this time to maintain strength and improve the healing process.

Nausea

Some patients experience nausea and vomiting after surgery. Generally, this is the result of anesthesia and other medications. These symptoms usually go away after the first day. Your provider can order medication to help reduce or eliminate these symptoms. Eating something with oral pain medications can help decrease nausea as well. Please notify nursing staff prior to surgery if you have a history of nausea/vomiting following surgeries in the past.

Constipation

After surgery, it is very common to experience constipation. Pain medication, decreased activity and changes in diet are all factors that contribute to constipation or changes in your normal bowel pattern. Stool softeners are usually given to you daily. It is important to increase water intake and remain active to help decrease constipation.

PAIN MEDICATION AND PAIN CONTROL

Staying Ahead of the Pain

Pain medication is ordered PRN, or “as needed.” This means it is not a scheduled medication, but instead to be taken when needed, following the time parameters. It is up to each patient to ask the nurse for pain medicine prior to the pain becoming unbearable.

Pain Scale

Total joint replacement surgery is usually painful. While you are in the hospital, you will be asked to rate your pain on a scale from 0-10 in order to help us adjust your medications, if needed. A sample of the pain scale is shown below with a score of 10 for the worst pain you can imagine and a score of 0 for no pain at all. Together, we will work toward the best way to control pain after surgery.



0

NO HURT



2

HURTS LITTLE BIT



4

HURTS LITTLE MORE



6

HURTS EVEN MORE



8

HURTS WHOLE LOT



10

HURTS WORST

IV Medications

We may use IV medications to help supplement pain control during the first 24 hours after surgery. These medications will start working faster, but do not tend to work as long.

Oral Medications (Pills)

Pills are generally more effective than shots of medication for managing pain after surgery. While they may take longer to start working, they last longer. There are two main types of pain medications that we provide patients after surgery: anti-inflammatory medications and narcotic pain medication. We will work to find the right balance between the medication strength for pain control and clear thinking so you can participate well with therapy.

Peripheral Nerve Block (PNB)

A PNB is used to block the pain of key nerves in and around the surgical area using a local anesthetic. This type of block can help with pain control and potentially decrease the amount of pain medication that a patient needs during the first 6-12 hours after surgery. A negative effect of PNB is that the patient may experience numbness up to 24 hours after surgery.

Ice Therapy

You will receive an ice machine (polar care) following your surgery to help decrease swelling and help control post-operative pain. You will go home with your machine and should continue to use it as recommended by your surgeon and therapist.



You may also create an ice pack by following these instructions:

Mix two to four cups of tap water with one to one-and-a-half cups of rubbing alcohol. Place mixture into a one-gallon ziplock bag. Remove extra air and then place into another one-gallon ziplock bag. Again, remove extra air and place into the freezer until you have a gel-like consistency.

REHABILITATION DURING YOUR HOSPITAL STAY

Participation in Therapy is Vital to the Success of Your Recovery

Regaining Strength and Mobility

Your physical therapist, occupational therapist and nursing care team will assist you with regaining strength and mobility in your new joint.

Therapy on your new joint will start the day of surgery, as ordered by your provider or surgeon. Pain should be expected when you begin any activity after surgery; it is important to be up out of bed as soon as possible. Your provider will prescribe pain medications to help decrease pain to a tolerable level to allow you to participate in therapy.

Therapists will teach you how to:

- Perform your daily activities such as dressing, bathing, grooming and toileting, as applicable.
- Safely move around in bed, and get into/out of bed.
- Stand from a seated position, and sit back down again.
- Use an assistive device, if applicable.
- Navigate stairs, if applicable.

Nursing staff will reinforce what your therapist has taught you.

Activities of Daily Living (ADL)

Many ordinary self-care activities will require some modification for a period of time after surgery. An occupational therapist will assist with these activities and teach you the proper way to modify them including:

- Dressing yourself with one arm
- Sponge bathing or showering, if applicable
- Toileting
- How to put on and take off sling properly

Sitting/Walking

On the day of surgery, our goal for you is to be out of bed. We will encourage you to be out of bed as much as possible during your stay to decrease risk of post-operative complications such as pneumonia and blood clots. You will begin getting out of bed as soon as a few hours after surgery with a member of your care team. Please always have a nurse or therapist walk with you during your inpatient stay.

REHABILITATION FOLLOWING DISCHARGE

It is imperative to continue a therapy program after discharge from GVMH to ensure progress is made in the days following your surgery.

Options include:

- Outpatient therapy
- Home health
- Skilled nursing facility
- Inpatient rehabilitation facility
- Swing bed

Most patients return home with outpatient therapy services; however, this decision will be discussed at your pre-operative appointment and at the time of discharge, to make sure the best and safest option is identified for your individualized needs.

Individual rehabilitation options are based on several factors including your:

- Preferences
- Provider
- Insurance
- Progress and health up to the time of discharge
- Home situation and assistance available at home



Discharge



AFTER DISCHARGE



Transportation

Someone must drive you home after discharge. Make sure your driver is available from the day of surgery to three days after surgery, as discharge times may vary.

If you are an outpatient total joint replacement, you will be discharged the same day. If you are having an inpatient total joint replacement, typically you will be discharged one to two days following surgery.

You will be discharged home with the following:

- Follow-up with physical/occupational therapy in the appropriate setting as applicable
- Prescriptions for pain medication and blood thinners, if needed
 - Long-term pain medication use will not be refilled at this time. Please contact your primary care provider for long-term pain management.
- Instructions for use of TED hose
- Information on how to contact your provider for any questions
- Dressing and showering instructions
- Home exercise program from Therapy Services
- Follow-up appointment information

Therapy

Perform home exercise program as directed by Therapy Services two to three times per day. Please follow up with outpatient physical therapy (if applicable) to ensure progress with your recovery.

Take short walks every one to two hours (or change positions) when awake, in order to prevent pneumonia and blood clots.

Wear sling at all times except for bathing, dressing and therapy.

Ice continuously for the first 72 hours when resting. After the initial 72 hours, ice 15-20 minutes on and 15-20 minutes off as needed to help with pain control and reduce swelling. Do not place ice directly on skin to prevent skin irritation.

Blood Clot Prevention

Patients will utilize a blood thinner (as prescribed by physician) and TED hose for six weeks following surgery.

Diet

It is very important that you eat a well-balanced diet when you return home and drink plenty of water. A healthy diet will supply you with proper nutrition to help you heal and restore your strength. You should eat foods high in protein and iron. It is normal if you experience a decrease in appetite for the first week or two after surgery. If you do experience a decrease in appetite, try eating five to six small meals each day.

IMPORTANT SIGNS TO UNDERSTAND

Infection

Infections are an uncommon, but serious complication from a total joint replacement surgery. Please be aware of the signs of infections as listed below so you can seek early treatment.

Signs of Infection

- Increased swelling and redness at incision site
- Change in color, amount and/or odor of drainage
- Increased pain in joint (that is NOT due to increased activity)
- Fever greater than 101.5° F

Preventing Infection

- Wash your hands frequently and wear clean clothing
- Take proper incision care (per surgeon's instructions)

Preventative Antibiotics

- Take preventative antibiotics when having dental work or other procedures (colonoscopy), as recommended by provider or surgeon
- Be sure to tell your primary care provider and dentist that you have had a total joint replacement

Blood Clots/DVT

Blood clots or DVT (deep vein thrombosis) can sometimes occur after total joint replacement surgery. You can reduce the risk of blood clots by taking the following steps:

1. Take blood thinner as prescribed by provider.
2. Wear supportive stockings (TED hose) for six weeks.
3. Get mobile as soon as possible. Move often and do not stay in one position for long periods of time.

Warning Signs of Blood Clots

LUNGS	LEGS
<ul style="list-style-type: none">• Sudden increased shortness of breath• Sudden onset of chest pain• Localized chest pain with coughing, or when taking deep breath	<ul style="list-style-type: none">• Increased tenderness in calf• Redness in your calf• Increased swelling in the thigh, calf, ankle or foot• These signs may occur in only one leg
Call 911 IMMEDIATELY if you are experiencing any signs of the above symptoms.	Call your provider immediately if you are experiencing any of the above symptoms.

DISCHARGE PLAN

Outpatient Therapy

You will go to the clinic two to three times a week for your therapy. Your treatment sessions will be 45 minutes to one hour long. You will need a ride to/from the clinic until you are released to drive. GVMH Therapy Clinics are located in Clinton, Osceola, Warsaw and Windsor.

Therapy Services – Clinton

1625 N. Second St. | 660.890.7190

Therapy Services – Warsaw

1771 Commercial | 660.428.1146

Therapy Services – Osceola

675 3rd Street | 417.646.2122

Therapy Services – Windsor

100 S. Tebo St. | 660.647.4000

Home Health Services

Home health services include physical therapy, occupational therapy, nursing and bath aide (not home chore services). Therapy will come into your home two to three times per week for approximately one hour sessions. Nursing typically will visit once a week depending upon your medical needs. Home health services are typically only covered by insurance when medically necessary (not when a patient can safely attend outpatient services).

The following patients will be eligible for home health services:

- Patients that are homebound or have great difficulty leaving the home without assistance or an assistive device
- Patients that would experience a health risk leaving the home

Inpatient Rehab Facility (IRF)

Facility that provides coordinated rehabilitation, social and vocational services to promote return to maximum functional capacity. You must be able to tolerate at least three hours of therapy daily. The amount of daily rehabilitative therapy in an IRF is more intensive than a skilled nursing facility. Most common injuries that qualify for this setting are stroke, brain injury, Parkinson's, multiple sclerosis, spinal injury and amputation.

Skilled Nursing Facility (SNF)

Skilled nursing facilities provide medical support, care and therapy after a hospitalization. Twenty-four hour nursing coverage is provided for a full range of skilled needs and medical staff assist the patient with activities of daily living and medication administration. Therapy services are offered five days per week. This is in a nursing home setting where there is a rehab-to-home unit. The goal is to improve mobility and return home. Typical length of stay is two to four weeks.

Swing Bed Program

Swing bed is provided in a rural hospital setting where a patient requires 24-hour skilled nursing and therapy. This setting will use the same insurance benefits as a skilled nursing facility.

Long-Term Acute Care Facility (LTACH)

Long-term acute care hospitals provide a higher level of care than skilled nursing facilities and specialize in treating patients requiring complex medical intervention. Patients may require life-sustaining equipment such as ventilators to assist in breathing. Patients who require LTACH need daily provider visits and 24-hour medical and nursing management.



Transportation

TRANSPORTATION ASSISTANCE

ATS - City of Clinton

The ATS provides door-to-door bus service between points within the city limits of Clinton. Transportation services are available for physically challenged and wheelchair riders.

660.885.3114

ATS vehicles are equipped with special seat belts and anchors for the safe transport of passengers in wheelchairs. This service may be arranged in advance by calling the dispatcher. All wheelchair and mobile devices will be anchored down by the driver with NO exceptions. Wheelchair service is limited by the rated capacity of our lifts. Passengers with disabilities may request modifications to current service procedures to access the service. To make a request, call 660.885.3114 at least the day before the trip.

Home grocery delivery days are only on Tuesdays and Thursdays. Contact ATC for more information. To provide more efficient and timely service to our riders, the bus generally operates in the south and west parts of the city on the hour and in the north and east parts of the city on the half-hour.

Restrictions

- Use of tobacco or alcohol is prohibited while riding any of the ATS vehicles
- All passengers must observe the rules and regulations of the Area Transportation Service

Rates

- A fare of \$1.00 is charged for a one-way trip between any locations within the city limits
- Fares may be paid by cash or personal check when boarding.
- Passes may be purchased for \$9.00. The \$9.00 pass provides 10 one-way rides
- You may purchase passes in person at City Hall by cash, personal check or debit/credit card

Hours

Our dispatcher is available to accept calls for rides from 8:00 am to 11:00am and 12:30-4:30 pm. The office is closed for the lunch hour. Please call at least 30 minutes in advance to schedule a ride.

Rides will be scheduled from:

- 8 a.m. -2:30 p.m. for wheel chair services
- 8 a.m.-3:30 p.m. for other riders

Scheduling a Ride

Call the ATS dispatcher at 660.885.3114 to request a ride. Give them your location, your destination and the approximate time you need to arrive. All riders that need picked up before 9 a.m. must call the ATS office prior to 4:30 pm on the previous business day to schedule your ride. Mention any special needs you may have at that time.

A 24 hour advance notice is preferred but not required. However, rides are on a first call, first serve basis.

After you have arrived at your destination, you must inform the bus driver or call the dispatcher again to arrange to be picked up for your return trip.

TRANSPORTATION ASSISTANCE

OATS Transit

Available to drop off or pick up at any GVMH location for any GVMH service

660.827.2611 or 800.276.6287

Availability

- Monday-Friday from 6 a.m.-5 p.m.
- Earliest appointment time for pickup is 8 a.m. with advance notice
- Transportation offered to residents of Calhoun, Clinton, Deepwater, Osceola, Warsaw, Windsor and surrounding areas

Scheduling a Ride

- Call the OATS Transit office at 660.827.2611 or 800.276.6287 to schedule a ride
- An automate response will answer
 - To skip, press 1
 - Provide your name, address and phone number
 - Be prepared to provide the destination address, appointment time and pickup time
- Please schedule at least 24 hours in advance for early morning and out-of-town rides
- Rides can be scheduled up to three weeks before the appointment date

To cancel a ride, please call 660.827.2611 or 800.276.6287.

Medical Transportation Management

Medical Transportation Management is available for patients who may be eligible for transportation benefits through Medicaid

866.269.5927

Scheduling a Ride

- Be prepared to answer the following questions:
 - Name and date of birth
 - Height and weight (if in a wheel chair)
 - Destination address and phone number
 - Medicaid number
 - Patient address and phone number
 - Name and type of provider
- You must schedule at least 48 hours in advance.
- To cancel a ride or arrange to be picked up following your appointment, call 866.269.5944.

New Growth Transit

417.283.7991

You must schedule at least 48 hours in advance.

New Growth Transit is available to schedule rides for:

- Medical appointments
- Physical therapy
- Banking
- Local shopping



Total Shoulder Replacement



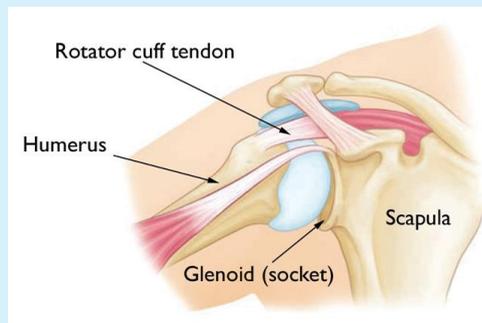
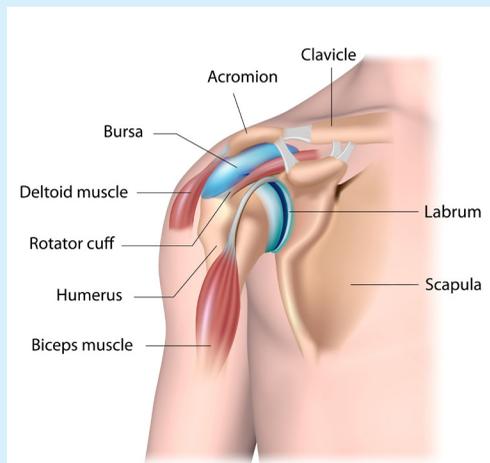
TOTAL SHOULDER REPLACEMENT ANATOMY

Normal Anatomy of Shoulder Joint

Your shoulder is made up of three bones: your upper arm bone (humerus), your shoulder blade (scapula) and your collarbone (clavicle). The shoulder is a ball-and-socket joint. The ball, or head, of your upper arm bone fits into a shallow socket in your shoulder blade. This socket is called the glenoid.

The surfaces of the bones where they touch are covered with articular cartilage, a smooth substance that protects the bones and enables them to move easily. A thin, smooth tissue called synovial membrane covers all remaining surfaces inside the shoulder joint. In a healthy shoulder, this membrane makes a small amount of fluid that lubricates the cartilage and eliminates almost any friction in your shoulder.

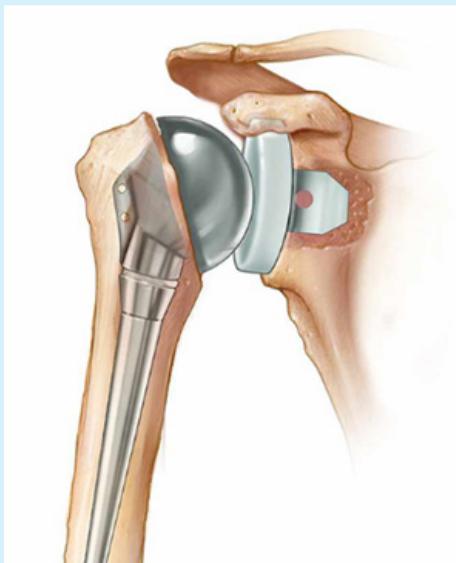
The muscles and tendons that surround the shoulder provide stability and support.



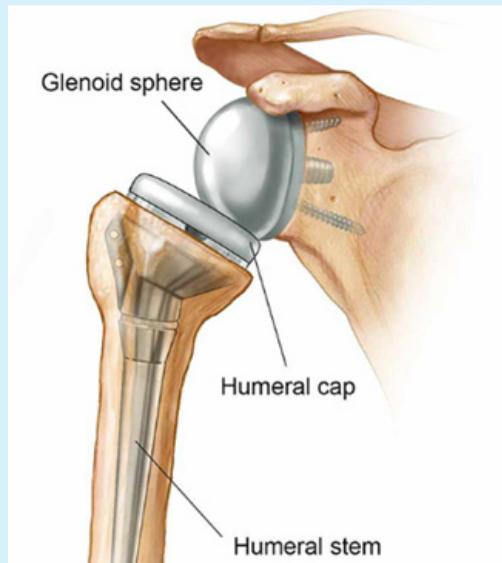
Reverse Total Shoulder Replacement Versus Primary Total Shoulder Replacement

A conventional total shoulder replacement will mimic the normal anatomy of the shoulder below. A “cup” is fitted into the shoulder socket (glenoid), and a “ball” is attached to the top of the upper arm bone (humerus). In a reverse total shoulder replacement, the socket and ball are switched. The ball is fixed to the socket, and the cup is fixed to the upper end of the humerus as show in the image below.

Primary Total Shoulder Arthroplasty



Reverse Total Shoulder Arthroplasty





WHAT TO EXPECT THE FIRST SIX WEEKS AFTER SURGERY

Day One to 2 Weeks After Surgery

- Sling must be worn for four weeks (except bathing, dressing and therapy).
- Full passive range of motion in flexion and abduction allowed as tolerated.
- External rotation to neutral only.
- You may complete active range of motion of the elbow, wrist and hand.
- Scapular exercises (scapular protraction, retraction, elevation and depression)
- No lifting with surgical arm.
- First outpatient or home health occupational therapy visit will begin within two to seven days after your surgery.

2-4 Weeks After Surgery

- Perform active assisted exercises for shoulder flexion and abduction as tolerated.
- Initiate active range of motion exercises if patient is tolerating active assisted range of motion well.
- It is okay to use arm for light daily activities after two to four weeks – with strict precautions of no active external rotation, no extension with internal rotation and no lifting.
- Continue passive ROM in flexion and abduction and scapula exercises.

4-6 Weeks After Surgery

- Continue with passive range of motion.
- Use full active ROM in flexion and abduction.
- May perform active range of motion exercises for shoulder extension and shoulder external rotation (arm abducted to 90 degrees). No passive range of motion in these planes.
- Initiate gentle isometric strengthening of rotator cuff muscles/deltoid muscles.

6-8 Weeks After Surgery

- No restrictions at this point, but continue to be gentle with external rotation. No aggressive stretching in external rotation.

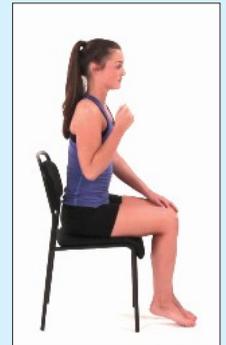
TOTAL SHOULDER REPLACEMENT HOME EXERCISE PROGRAM

Medbridge Code: _____

Visit www.golden-valley.medbridge.go.com to access home exercise program via app or internet browser.

Seated Elbow Flexion and Extension Active Range of Motion (AROM)

- Begin sitting upright in a chair with one arm straight at your side.
- Bend your elbow upward as far as is comfortable, then straighten it and repeat.
- Make sure to keep your movements slow and controlled.



Seated Forearm Pronation and Supination AROM

- Begin sitting upright in a chair with one arm bent to 90 degrees, palm facing up and fingers straight.
- Rotate your forearm inward, then outward, and repeat.
- Make sure to only move your forearm, and keep your wrist straight during the exercise.



Wrist Flexion Extension AROM - Palms Down

- Begin sitting with your elbow bent and your forearm resting on a table, in your lap or in your sling. Your palm should be facing down.
- Slowly bend your wrist upward as far as is comfortable, then relax and repeat. Do not put weight through arm.
- Make sure to only move in a pain-free range of motion.



Hand AROM Composite Flexion

- Begin sitting upright with your elbow supported on a table and your fingers and thumb straight.
- Curl your hand into a full fist position, bending all of your finger joints. Hold briefly, then relax and repeat.
- Make sure to move slowly and keep your wrist straight during the exercise.



TOTAL SHOULDER REPLACEMENT HOME EXERCISE PROGRAM (cont.)

Circular Shoulder Pendulum With Table Support

- Begin in a standing position with your trunk bent forward, one arm resting on a table for support and your other arm hanging toward the ground.
- Slowly shift your body weight in a circular motion, letting your hanging arm swing in a circle at the same time.
- Make sure the movement comes from your body shifting and do not use your arm muscles to create the circular motion.



Flexion-Extension Shoulder Pendulum With Table Support

- Begin in a standing position with your trunk bent forward, one arm resting on a table for support and your other arm hanging toward the ground.
- Slowly shift your body weight forward and backward, letting your hanging arm swing in those directions.
- Make sure the movement comes from your body shifting, and do not use your arm muscles to create the back and forth motions.



Horizontal Shoulder Pendulum With Table Support

- Begin in a standing position with your trunk bent forward, one arm resting on a table for support and your other arm hanging toward the ground.
- Slowly shift your body weight side to side, letting your hanging arm move in those directions at the same time.
- Make sure the movement comes from your body shifting and do not use your arm muscles to create the side-to-side motions.



WHAT YOU NEED TO KNOW ABOUT YOUR SLING



- Must be worn at all times except when bathing, dressing and therapy for approximately two to four weeks. Your surgeon will release you from wearing the sling when appropriate.
- If you experience any increased pain, swelling, sensation changes, or any unusual reactions while using the sling, consult your medical professional immediately.
- Correct positioning of the sling is important for proper healing and keeping your shoulder safe.
- Sling and pillow cover may be washed in cold water with mild detergent. Air dry. Always consult with your physician or therapist before making changes to the sling.

What Should I do While in my Sling?

- Do not move shoulder
- Always keep shoulder in neutral position

What Should I Not do While in my Sling?



Do not rotate shoulder inward (across body)



Do not hike shoulder upward



Do not extend shoulder backward

How to Safely Put on Your Sling

- With your surgical arm at your side, slightly lean to the side of your surgical arm to create a gap without actively moving your shoulder. (Do not put any weight through your arm). (picture 1)
- Use your nonsurgical arm to slide the abductor pillow with sling attached between the surgical arm and your waistline at the side. Large end of the pillow should be facing forward. (picture 1)
- Place the elbow back as far as possible in the sling.
- Fasten snaps and the lower arm strap to the bottom metal ring closest to the lower arm strap. (picture 2). Thumb may be placed through black loop inside the sling for additional comfort.
- Pull the shoulder strap across the back and over the unaffected shoulder and fasten through the top metal ring closest to the shoulder strap. OR bring shoulder strap that is still attached over your head and adjust the strap. (picture 3)
- Adjust tightness to ensure elbow is at a 90-degree angle and arm feels secured. (picture 4) Your forearm should be level with the floor. This prevents swelling from collecting in your hand.
- Secure the waist strap through the metal ring on the front of the pillow and tighten until it is snug, but not too snug. (picture 5)
- Your arm should be at your side and not across your abdomen.
- Shoulders should be relaxed away from your ears (do not shrug), allowing the sling to support your arm. Keeping shoulders shrugged and tensed for too long can result in increased pain and headaches.

1



2



3



4



5



How to Safely Remove Your Sling

- Undo Velcro of waist strap.
- Undo Velcro of lower arm strap across forearm and undo snaps.
- Undo Velcro of the shoulder strap OR loosen the Velcro on the shoulder strap and use the nonsurgical hand to pull the shoulder strap over the head.
- Gently lower your hand down to straighten your elbow and slide the sling down off your arm.



Equipment and Devices



EQUIPMENT AND DEVICE EXAMPLES

Front Wheeled Walker



(Typically recommended after hip or knee surgery)

Four Wheeled Walker



Standard Walker



Hemi Walker



Straight Cane



Quad Cane



Shower Chair



Transfer Tub Bench



Long Handled Sponge



Hand Held Shower Head



Non Slip Bath Mat



Clip On Grab Bars



Grab Bars



Toilet Riser



Commode



Toilet Safety Frame



Long Handled Shoe Horn



Dressing Stick



Elastic Shoe Laces



Reacher



Sock-Aide



To inquire about borrowing equipment in the Clinton area, please contact:

First Baptist Church
209 East Jefferson
Clinton, MO
660.885.2211

If needed, you will be provided with a sock aid, reacher, shoehorn and long-handled sponge by a member of our therapy team.

APPROXIMATE PRICE IF YOU BUY EQUIPMENT OUT OF POCKET:

Device	Amazon	Walmart	CVS	Walgreens
Front Wheeled Walker	\$40	\$40	\$90	\$35-80
Four Wheeled Walker	\$80-90	\$65	\$75-90	\$140
Standard Walker	\$35	\$55	\$50	\$90
Single Point Cane	\$10-15	\$10-15	\$35	\$20
Quad Cane	\$25-35	\$20	\$35-45	\$40
Hemi Walker	\$30-35	\$40-60	NA	NA
Commode	\$40	\$60	\$85	\$40-50
Toilet Riser	\$30-50	\$40	\$35-65	\$30-35
Shower Chair	\$30-60	\$40	\$50-65	\$40-50
Transfer Tub Bench	\$55	\$80	\$90+	\$70
Grab Bar, Wall Attachment	\$15-20	\$15	\$15	\$15
Grab Bar, Tub Attachment	\$30	\$25	\$35	\$30
TED Hose, Knee High	\$15	\$15	\$10	\$20
TED Hose, Thigh High	\$20	\$20	\$20	\$20



Dressing

RIGHT-SIDE AFFECTED DRESSING

Putting on an Open Front Garment | One-Handed Method



1. Lean forward and dangle your right arm in between your legs. Locate the right sleeve.



2. Work the sleeve up your right arm.



3. Move as much of the shirt around your back as possible.



4. Grasp the collar on the left side and pull the shirt around your left shoulder.



5. Place your left arm into the other sleeve.



6. Finish by fastening the shirt.

RIGHT-SIDE AFFECTED DRESSING

Removing Open Front Garment | One-Handed Method



1. Grasp the back of the collar.



2. Pull the shirt off over your head.



3. Remove your right arm from the sleeve.



4. Remove your left arm from the shirt by rubbing it against your leg.

RIGHT-SIDE AFFECTED DRESSING

Putting on Pullover Garment | One-Handed Method



1. Position your shirt face down on your lap with the collar at your knees.



2. Gather the opening of the right shirtsleeve and place on your lap.



3. Lean forward and place your right arm into the sleeve opening.



4. Pull the sleeve up your arm and over your elbow.



5. Place your left arm into the left sleeve opening.



6. Grasp the fabric and pull the shirt over your head.



7. Push the shirt fabric over your right shoulder.



8. Adjust the shirt, pulling it down in the front and back.

RIGHT-SIDE AFFECTED DRESSING

Removing Pullover Garment | One-Handed Method



1. Grasp the collar of your shirt.



2. Pull the shirt over your head.



3. Using your left hand, push the shirt off your right arm.



4. Rub your left hand against your leg to remove the shirt from your left arm.

RIGHT-SIDE AFFECTED DRESSING

Putting on Pants and Underwear | One-Handed Method



1. Cross your right leg over the left knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the right pant leg over your foot.



2. Pull the pant leg up your right leg until you can see your foot.



3. Place your left foot into the pants.



4. Pull the pants up as far as you can.



5. Pull the pant legs up over both knees. This will prevent them from falling down once you stand up. You may also remain seated and lean side to side.



6. Stand and pull up the pants. Fasten the pants after you sit back down. You may also remain seated and work the pants over your hips.

RIGHT-SIDE AFFECTED DRESSING

Removing Pants and Underwear | One-Handed Method



1. Unfasten your pants while sitting. Stand and push your pants down past both hips.



2. Sit down.



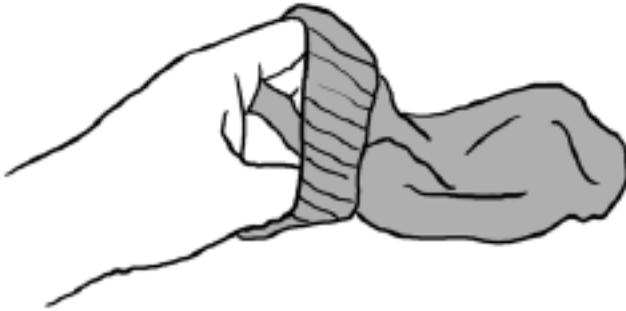
3. Remove the pants from your left leg.



4. Cross your right leg over your left and remove the pants from your right leg.

RIGHT-SIDE AFFECTED DRESSING

Putting on Socks and Shoes | One-Handed Method



1. Use your left hand to spread open the sock.



2. Cross your right leg over the left knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the sock over your right foot.



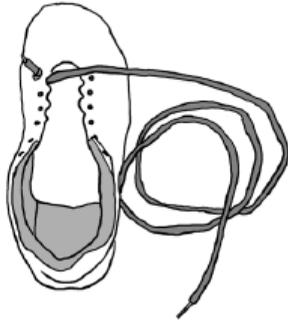
3. Cross your right leg over the left knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the right foot into your shoe.



4. Wear slip-on shoes or replace the laces with elastic laces or Velcro closures. Learn how to tie your shoelaces with one hand.

RIGHT-SIDE AFFECTED DRESSING

One-Handed Shoe Tying | Preparing the Shoes



1. Place a knot at the end of the shoelace. Thread the shoelace through the last hole on the left side. Both shoes are prepared the same.



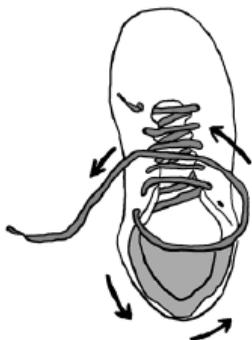
2. Lace the shoes by threading the right side from the top.



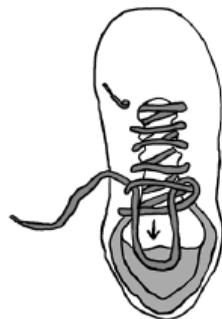
3. Thread the left side from underneath.



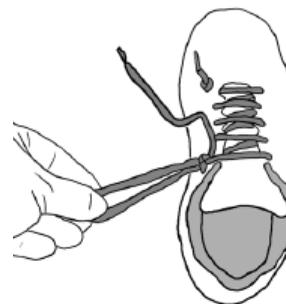
4. Continue threading the shoelace. End on the last hole on the left side.



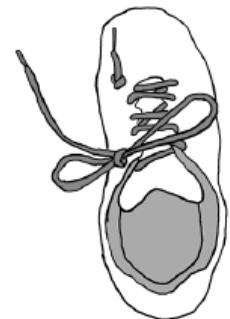
5. Holding onto the shoelace, loop it around to the right.



6. Push the loop up through the last shoelace crossover.



7. Pull the end of the loop to the left to tighten.



8. Insert the end of the shoelace into the knot to create a second loop.

LEFT-SIDE AFFECTED DRESSING

Putting on an Open Front Garment | One-Handed Method



1. Lean forward and dangle your left arm in between your legs. Locate the left sleeve.



2. Work the sleeve up your left arm.



3. Move as much of the shirt around your back as possible.



4. Grasp the collar on the right side and pull the shirt around your right shoulder.



5. Place your right arm into the other sleeve.



6. Finish by fastening the shirt.

LEFT-SIDE AFFECTED DRESSING

Removing Open Front Garment | One-Handed Method



1. Grasp the back of the collar.



2. Pull the shirt off over your head.



3. Remove your left arm from the sleeve.



4. Remove your right arm from the shirt by rubbing it against your leg.

LEFT-SIDE AFFECTED DRESSING

Putting on Pullover Garment | One-Handed Method



1. Position your shirt face down on your lap with the collar at your knees.



2. Gather the opening of the left sleeve and place on your lap.



3. Lean forward and place your left arm into the sleeve opening.



4. Pull the sleeve up your arm and over your elbow.



5. Place your right arm into the right sleeve opening.



6. Grasp the fabric and pull the shirt over your head.



7. Push the shirt fabric over your right shoulder.



8. Adjust the shirt, pulling it down in the front and back.

LEFT-SIDE AFFECTED DRESSING

Removing Pullover Garment | One-Handed Method



1. Grasp the collar of your shirt.



2. Pull the shirt over your head.



3. Using your right hand, push the shirt off your left arm.



4. Rub your right hand against your leg to remove the shirt from your right arm.

LEFT-SIDE AFFECTED DRESSING

Putting on Pants and Underwear | One-Handed Method



1. Cross your left leg over the right knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the left pant leg over your foot.



2. Pull the pant leg up your left leg until you can see your foot.



3. Place your right foot into the pants.



4. Pull the pants up as far as you can.



5. Pull the pant legs up over both knees. This will prevent them from falling down once you stand up. You may also remain seated and lean side to side.



6. Stand and pull up the pants. Fasten the pants after you sit back down. You may also remain seated and work the pants over your hips.

LEFT-SIDE AFFECTED DRESSING

Removing Pants and Underwear | One-Handed Method



1. Unfasten your pants while sitting. Stand and push your pants down past both hips.



2. Sit down.



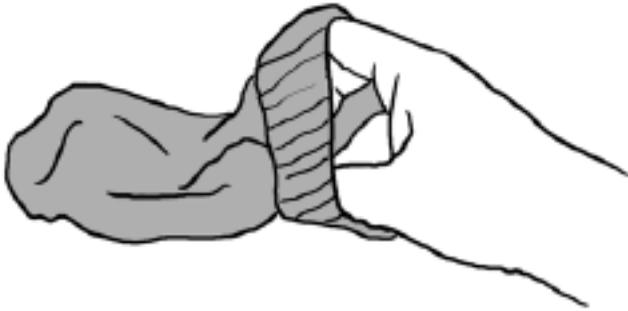
3. Remove the pants from your right leg.



4. Cross your left leg over your right and remove the pants from your left leg.

LEFT-SIDE AFFECTED DRESSING

Putting on Socks and Shoes | One-Handed Method



1. Use your right hand to spread open the sock.



2. Cross your left leg over the right knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the sock over your left foot.



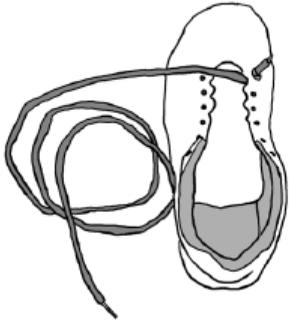
3. Cross your left leg over the right knee. Use a piece of non-slip drawer liner to keep your knees crossed. Place the left foot into your shoe.



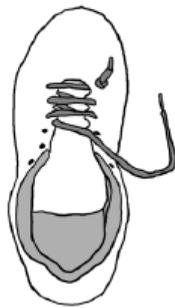
4. Wear slip-on shoes or replace the laces with elastic laces or Velcro closures. Learn how to tie your shoelaces with one hand.

LEFT-SIDE AFFECTED DRESSING

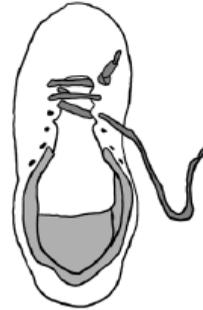
One-Handed Shoe Tying | Preparing the Shoes



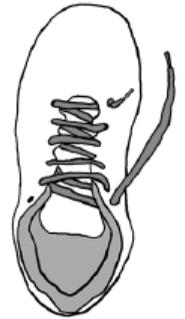
1. Place a knot at the end of the shoelace. Thread the shoelace through the last hole on the left side. Both shoes are prepared the same.



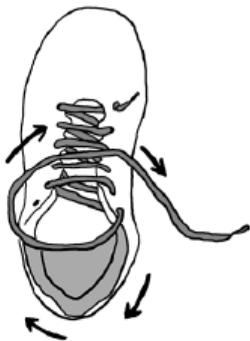
2. Lace the shoes by threading the left side from the top.



3. Thread the right side from underneath.



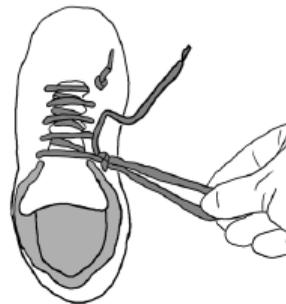
4. Continue threading the shoelace. End on the last hole on the right side.



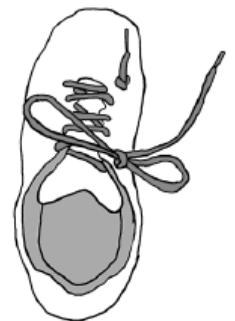
5. Holding onto the shoelace, loop it around to the left.



6. Push the loop up through the last shoelace crossover.



7. Pull the end of the loop to the right to tighten.



8. Insert the end of the shoelace into the knot to create a second loop.



Reference Information



FREQUENTLY ASKED QUESTIONS

What Material Is Used in My Total Joint Replacement?

Cobalt chrome and titanium.

Does My Incision Look Okay?

Please contact the Orthopedics office with any concerns regarding your incision. Call 660.890.8443 as soon as possible. If you leave a voicemail, please allow time for a return call prior to contacting your primary care provider.

How Long Do I Have to Wear My Compression Stockings?

You should receive a pair of TED hose at discharge from the hospital in order to minimize your risk of blood clots. You will wear these for six weeks following your surgery. Please call the Orthopedics office at 660.890.8443 with any questions or concerns.

Pain Medication

The following information is subject to change per Dr. Womack at any time on a case-by-case basis.

Dr. Womack does not give long-term pain medication. After two prescriptions of narcotic pain medication, he will start to step down to a non-narcotic medication.

Norco prescriptions have to be sent by providers electronically to a pharmacy. Please notify the Orthopedics office one to two business days prior to your medication being gone. This will avoid delay in refilling of the medication.

You can take one or two Norco every four to six hours. Forty pills need to last five to seven days. If possible, take one throughout the day and two before bedtime. If able to take ibuprofen, it can be taken in between the Norco doses. Ibuprofen (600 mg-800 mg) can be taken three times per day, not to exceed 2,400 mg daily to help decrease inflammation.

When Can I Drive?

Typically, you are able to drive when you are no longer taking narcotic pain medication and you no longer require a sling. This typically takes more than two weeks. Please discuss this with your provider or surgeon at your follow-up appointment after your surgery. Do not drive without being cleared by your surgeon.

When Can I Shower?

You may shower three days after surgery; otherwise, you will be notified of specific showering instructions by your nursing staff at discharge. Keep incision as dry as possible. If incision gets wet, pat or air dry before applying new bandage.

How Do I Get Medical Equipment That I Need?

- First Baptist Church has a loan program in Clinton, MO to borrow medical equipment. Contact them at 660.885.2211.
- You may purchase equipment out of pocket or through your insurance coverage also. Insurance coverage for medical equipment will vary dependent on the insurance plan and equipment needs. Please contact Social Services to inquire about equipment needs at 660.890.7297.

What Is a Medbridge Code?

This code can be used to access your home exercise program electronically. By accessing your home exercise program online, you can view videos of exercises, learn about your condition and track your progress. There are two ways to access electronically:

- Internet browser, go to Golden-Valley.medbridgego.com
- Download “MedBridgeGO” through the App Store or Google Play. Once you are to the app/browser, you will enter your access code to go straight to your individualized home exercise program.

CAMPUS MAP



1 HOSPITAL

Ground Floor

- Café
- Pharmacy

First Floor

- Administration
- Business Office
- Gift Shop
- Health Information Management/ Medical Records
- Human Resources
- Marketing

Second Floor

- Biomedical Engineering
- Education
- Intensive Care Unit (ICU)
- Information Technology
- Patient Rooms

Third Floor

- Birthing Center
- Patient Rooms
- Social Services

2 CLINIC

Providers

- Family Practice
- General Surgery
- Geriatric Services
- Internal Medicine
- Pediatrics
- Walk-in Clinic

Specialists

- Ear, Nose & Throat (ENT)
- Eye Services
- Obstetrics/Gynecology/ Women's Health
- Psychiatry & Behavioral Health
- Rheumatology
- Urology

Other Services

- Diabetic Services
- Imaging Services
- Lab Services
- Pharmacy

Additional Services

- Physician's Optical
- Summers Pharmacy

3 OUTPATIENT

Cancer Center

- Oncology & Hematology

Outpatient Treatment Center

- Cardiac & Pulmonary Rehabilitation
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Infusion Therapy
- Maternal Fetal Monitoring
- Nephrology
- Neurosurgery
- Pulmonology
- Vascular Clinic
- Wound & Ostomy Clinic

Other Services

- Endoscopy
- Imaging Services
- Lab Services
- Pain Management
- Pulmonary Services
- Registration
- Respiratory Therapy & EKG
- Surgical Services
- Sleep Studies

Additional Services

- The Bistro

4 EMERGENCY

- Emergency Room

5 EAST CAMPUS

- Imaging Services
- Neurology
- Orthopedics
- Podiatry

6 RADIATION ONCOLOGY CENTER

- Radiation Therapy Services

7 WEST CAMPUS

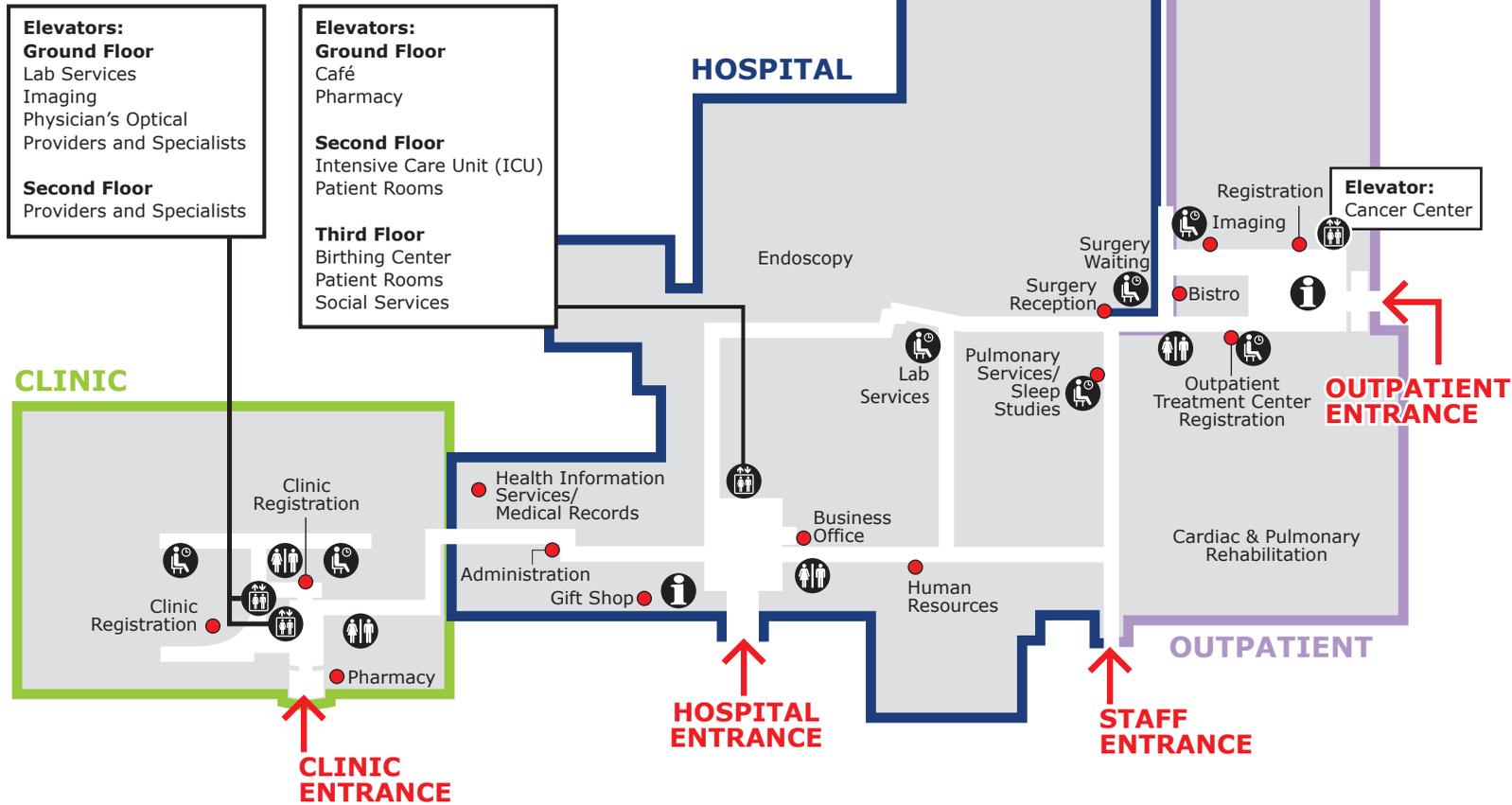
- Ambulance Services
- Therapy Services

KEY

V VISITOR PARKING

E EMPLOYEE PARKING

FIRST FLOOR



MAP KEY

- Information
- Elevators
- Restrooms
- Waiting
- Vending

DEPARTMENT	BUILDING	FLOOR
Administration	Hospital	1
Birthing Center	Hospital	3
Bistro	Outpatient	1
Business Office	Hospital	1
Café	Hospital	G
Cancer Center	Outpatient	2
Cardiac & Pulmonary Rehabilitation	Outpatient	1
Clinic Registration	Clinic	1
Emergency	Emergency	1
Emergency Registration	Emergency	1
Endoscopy	Hospital	1
Gift Shop	Hospital	1
Health Information Services/ Medical Records	Hospital	1

DEPARTMENT	BUILDING	FLOOR
Human Resources	Hospital	1
Imaging	Outpatient	1
Registration	Outpatient	1
Intensive Care Unit (ICU)	Hospital	2
Lab Services	Clinic	G
Lab Services	Hospital	1
OTC Registration	Outpatient	1
Patient Rooms	Hospital	2,3
Pharmacy	Hospital	G
Pharmacy	Clinic	1
Sleep Studies	Hospital	1
Surgery Reception	Hospital	1
Surgery Waiting	Hospital	1

