<table>
<thead>
<tr>
<th>MY PERSONAL TOTAL JOINT PROGRAM ITINERARY</th>
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</thead>
<tbody>
<tr>
<td><strong>Surgical Date</strong></td>
</tr>
<tr>
<td><strong>PAT Appointment</strong></td>
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<tr>
<td><strong>Prehab Appointment</strong></td>
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<tr>
<td><strong>Pre-Operative Home Safety and Discharge Assessment Phone Call</strong></td>
</tr>
<tr>
<td><strong>Pre-Operative Total Joint Education Class</strong></td>
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<td></td>
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<tr>
<td><strong>Anticipated Discharge Date</strong></td>
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<tr>
<td><strong>Initial VNA of Cape Cod Appointment</strong></td>
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<tr>
<td><strong>Two-Week Follow-Up Appointment</strong></td>
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<tr>
<td><strong>FH Outpatient Rehabilitation Appointment</strong></td>
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THANK YOU FOR CHOOSING CAPE COD HEALTHCARE

Our number one priority at Cape Cod Healthcare is to provide proven, safe, high-quality care to our patients. With that in mind, we have created this guide to help ensure that your experience with us — from pre-op, through surgical and post-op care — is a rewarding and pleasant one for you.

Before you get started learning about your upcoming surgery, let me tell you a little about our Total Joint Program. Our Total Joint Program at Falmouth Hospital provides a comprehensive, system-wide approach to orthopedic care. The Total Joint Program at Falmouth Hospital is comprised of a team of highly-skilled surgeons, dedicated nurses, therapists and technicians working together on achieving milestones specifically designed to support the best outcome for all our Total Joint patients.

Your care is coordinated from your initial diagnosis through the rehabilitation process, whether that takes place at home or at a skilled nursing facility. You can rest assured that the best treatment and care will be developed for your specific condition and needs.

Thank you for entrusting Falmouth Hospital with your care and I wish you a quick and successful recovery.

Sincerely,

Mike

Michael K. Lauf
President and CEO
Cape Cod Healthcare
Our Total Joint Replacement Program begins well before the day of your surgery. Through education and information, we set your expectation for success, guiding you through your journey to wellness.

We provide educational programs that outline every step of your plan, from medication management to where to park on the day of surgery.

You’ll have the opportunity to learn from and personally interact with a variety of skilled, enthusiastic healthcare professionals, all committed to supporting the surgical excellence provided at Falmouth Hospital.

The detailed preparation we provide is our reassuring promise to you – that the Total Joint Replacement Program is a comprehensive, tested approach that leads to your recovery.

Thank you for helping our program work for you. Our staff looks forward to caring for you throughout your stay and aiding your return to good health.
CONTACT NUMBERS

Falmouth Hospital Main Number............................................................... 508-548-5300

Business Office/Patient Accounts ...................................................... 800-635-6311

Case Management .............................................................................. 508-457-3664

Food/Nutrition (Room Service) ........................................................... 7-6325

Integrative Health Services (Complementary Medicine) ...................... 508-457-3760

JML ..................................................................................................... 508-457-4621

Medical Records ............................................................................... 508-457-3850

Pre-admission Testing Office ............................................................... 508-457-3881

Rehabilitation Services, Falmouth ...................................................... 508-495-7600

Rehabilitation Services, Bourne ......................................................... 508-743-0320

VNA of Cape Cod ................................................................................ 508-957-7400
YOUR RESPONSIBILITIES FOR OPTIMAL OUTCOMES

Smoking – Try to quit. If you can’t quit, cut down!
Please note, we are a non-smoking facility. If you smoke, we encourage you to stop before your surgery. This will decrease the chance of lung problems and will help to speed up your recovery. It will also reduce the risk of infection following surgery. If you cannot stop, please make sure to inform your doctor and your healthcare team of your smoking habits before surgery. Please talk with your doctor and/or nurses about using a nicotine patch during your stay.

Alcohol Use – Try to taper your alcohol consumption before surgery
If you consume alcohol on a regular basis, we encourage you to decrease your use before surgery. If possible, begin to slowly decrease and taper your use several weeks before surgery. If you cannot, please make sure to inform your doctor and your healthcare team of your alcohol use before surgery.

Diet – The better you eat before surgery, the better you’ll feel after surgery!
This includes meals rich in vitamin C, protein and iron.

Exercise – Regular exercise will help your body handle the stresses of surgery.
If you already exercise, excellent! Keep it up. If you don’t exercise regularly, first ask your physician if it’s ok to start. If so, start off slow and don’t hurt yourself. Try taking a short walk. If you are overweight, losing weight will reduce the risk of infection following surgery.

PreHab – Physical therapy prior to surgery may increase joint strength and mobility.
If your surgeon prescribes Prehab for you, take advantage of this opportunity to work with our physical therapists in order to best prepare you for surgery. Make sure to follow the physical therapist’s individually tailored exercise plan prepared for you.
PREVENTING SURGICAL SITE INFECTION

Prevention of surgical wound infection is of critical importance to your recovery. Our goal is zero (0%) surgical wound infections. We need your participation in our prevention efforts to reach that goal.

Here is what you can do to help:

Before Surgery

• High blood sugar increases the risk of infection. If you are diabetic be sure that you and your doctor discuss the best way to control your blood sugar before, during, and after your hospital stay.
• If you are a smoker, consider quitting (cigarettes, pipes, cigars, or any other form of tobacco) at least 30 days before surgery.
• Take a shower one day prior to surgery and the morning of surgery (before you come to the hospital) using the antiseptic liquid soap and instructions that we have provided.

HIBICLENS Showering Instructions Before Surgery

• Rinse your body with water and then turn off the water.
• Apply Hibiclens to your whole body ONLY from the neck down. Do NOT use Hibiclens in your hair or near your eyes or ears.
• Turning off the water will prevent rinsing off the Hibiclens too soon.
• Wash your body gently with the Hibiclens for five (5) minutes, paying attention to the area where your surgery will be performed. Do not scrub your skin too hard.
• Do NOT wash with regular soap after using Hibiclens.
• Turn the water back on and rinse your body thoroughly.
• Pat yourself dry with a clean, soft towel.

MRSA

Recent published reports show that patients having Orthopedic Surgery with total or partial joint replacement (e.g. hip replacement, knee replacement) should have a pre-operative nasal culture for the germ MRSA (Methicillin Resistant Staphylococcus Aureus).

MRSA is carried in the nose and on the skin. It is a common cause of surgical wound infection in patients undergoing Orthopedic Surgery.

Your surgeon or the nurse in Pre-Admission Testing will do a nasal culture.

If your nasal culture is positive for MRSA, your doctor will notify you. It is possible to eliminate this germ before surgery by treating your nose on the day of surgery and by showering twice with the antiseptic we have provided.
While in the Hospital
Wash your hands carefully after handling any type of soiled material or body fluids. This is particularly important after you have gone to the bathroom.

After the Hospital
Pay attention to symptoms that may indicate an infection: unexpected pain, chills, fever, drainage, or increasing redness of your surgical incision. Contact your doctor immediately if any of these occur.

Change your bedsheets and towels often or when they are soiled, in order to prevent the spread of germs. Always wear clean clothes each day, until your incision is completely healed.

Thank you for participating in your care and helping us to prevent a surgical wound infection.
PRE-ADMISSION TESTING (PAT)

Your pre-admission appointment is necessary to complete all of the medical tests and nursing and anesthesia assessments you will need prior to surgery. This appointment is normally scheduled 14 to 21 days prior to your surgery date.

What happens during this appointment?

- Blood tests and other laboratory testing
- Chest x-ray
- EKG
- Echocardiogram
- Initial MRSA swab to check for the presence of that germ. If your MRSA swab is positive at this appointment, you will be treated in order to decrease your risk of infection on the day of surgery.
- A nurse will review your medical history and medications.
- You will also meet with an anesthesiologist.
- Any other testing and/or evaluations requested by your care team prior to surgery.

Make sure to write down any questions you may have before your appointment to assure they are all answered and please leave your preferred phone number with the nurse.

Where do I go?

To the Registration Desk in the Faxon Building/Main Entrance.

How long will this appointment take?

Plan on being at your appointment for approximately 2 hours. Please arrive 15 minutes prior to your appointment time.

For the appointment

- Bring a driver’s license and insurance card.
- An updated list of your medications – please make sure to write down the dose of the medication and how often you take it (this includes all over the counter medications).
- If you have an implanted device (i.e., pacemaker, AICD), please bring your card.

NOTE: Some of your medications will need to be stopped up to seven (7) days before you have surgery. The following page is a list of medications and their needed stop times. Please call your physicians office with ANY questions about your medications and what you should or should not stop.
**WHAT MEDICATIONS SHOULD I STOP PRIOR TO SURGERY?**

<table>
<thead>
<tr>
<th>MEDICATION NAME</th>
<th>WHEN TO STOP TAKING MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anticoagulants:</strong></td>
<td></td>
</tr>
<tr>
<td>• Apixaban (Eliquis)</td>
<td></td>
</tr>
<tr>
<td>• Aspirin/Dipyridamole (Aggrenox)</td>
<td></td>
</tr>
<tr>
<td>• Betrixaban (Bevyxxa)</td>
<td></td>
</tr>
<tr>
<td>• Cloistazol (Pletal)</td>
<td></td>
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<tr>
<td>• Dabigatran (Pradaxa)</td>
<td></td>
</tr>
<tr>
<td>• Enoxaparin (Lovenox)</td>
<td></td>
</tr>
<tr>
<td>• Ticagrelor (Brilinta)</td>
<td></td>
</tr>
<tr>
<td>• Prasugrel (Effient)</td>
<td>Please speak to your physician regarding these medications!</td>
</tr>
<tr>
<td>• Rivaroxaban (Xarelto)</td>
<td></td>
</tr>
<tr>
<td>• Warfarin (Coumadin)</td>
<td></td>
</tr>
<tr>
<td>• Clopidogrel (Plavix)</td>
<td></td>
</tr>
<tr>
<td>• Endoxaban (Sevysa)</td>
<td></td>
</tr>
<tr>
<td>• Heparin</td>
<td></td>
</tr>
<tr>
<td>• Ticlopidine (Ticlid)</td>
<td></td>
</tr>
<tr>
<td><strong>Aspirin</strong></td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td><strong>NSAIDs (Non-Steroidal, Anti-Inflammatory Drug):</strong></td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td>• Ibuprofen (Advil, Motrin)</td>
<td></td>
</tr>
<tr>
<td>• Indomethacin (Indocin)</td>
<td></td>
</tr>
<tr>
<td>• Ketorolac (Toradol)</td>
<td></td>
</tr>
<tr>
<td>• Naproxyn (Naprosyn, Anaprox, Aleve)</td>
<td>ok to take up until midnight the night before surgery</td>
</tr>
<tr>
<td>• Meloxicam (Mobic)</td>
<td></td>
</tr>
<tr>
<td><strong>Celecoxib (Celebrex)</strong></td>
<td>ok to take up until midnight the night before surgery</td>
</tr>
<tr>
<td><strong>Acetaminophen (Tylenol)</strong></td>
<td>ok to take up until midnight the night before surgery</td>
</tr>
<tr>
<td><strong>Herbal Medications:</strong></td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td>all that start with G, omega 3’s, all fish oils, seaweed, St. John’s Wort</td>
<td></td>
</tr>
<tr>
<td><strong>Pain Medication, including:</strong></td>
<td>ok to take up until midnight the night before surgery</td>
</tr>
<tr>
<td>• Hydrocodone (Vicodin)</td>
<td></td>
</tr>
<tr>
<td>• Oxycodone (Percocet)</td>
<td></td>
</tr>
<tr>
<td>• Hydromorphone (Dilaudid)</td>
<td></td>
</tr>
<tr>
<td>• Oxycontin</td>
<td></td>
</tr>
<tr>
<td><strong>Diabetes Control</strong></td>
<td>Ask your physician prior to surgery in reference to these types of medications.</td>
</tr>
<tr>
<td><strong>Beta Blockers:</strong></td>
<td>Make sure to take these medications with a small sip of water on the morning of surgery.</td>
</tr>
<tr>
<td>• Acebutolol (Sectral)</td>
<td></td>
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<tr>
<td>• Atenolol (Tenormin)</td>
<td></td>
</tr>
<tr>
<td>• Bisoprolol (Zebeta)</td>
<td></td>
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<tr>
<td>• Carvedilol (Coreg)</td>
<td></td>
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<tr>
<td>• Metoprolol (Lopressor, Toprol)</td>
<td></td>
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<tr>
<td>• Nadolol (Corgard)</td>
<td></td>
</tr>
<tr>
<td>• Nebivolol (Bystolic)</td>
<td></td>
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<tr>
<td>• Propranolol (Inderal)</td>
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</table>

Please call your surgeon about ANY medications not listed here!
How will I know what time my surgery will be?
You will receive a call from the Pre-Admission Testing (PAT) Nurse after 11:30 am 3 business days before your surgery.
- If your surgery is scheduled for a Monday, you will receive a call the Wednesday before.
- If your surgery is scheduled for a Friday, you will receive a call on Tuesday.

Day of Surgery Parking
We offer complimentary valet parking at the Faxon (Main) Entrance between the hours of 6:30 AM – 3:00 PM, or you may park in the designated areas as marked on the map below.

How long will my surgery take?
Total joint replacement surgery generally takes 2-4 hours but varies according to each individual patient. In addition, you will be in the recovery room for a few hours after the surgery.

How are my relatives/significant others/friends notified that my surgery has been completed?
If family members or friends choose to wait, once the surgery is complete and you are transferred to the recovery room, the surgeon will come out to speak to them.

While you are in surgery, your family/loved ones may follow your progress on the SmartTrack screen at the Registration Desk in the Faxon Lobby. You will receive more information about this system when you register on the day of your surgery.

If the person accompanying you chooses to leave the hospital while you are in the operating room, he or she will be asked to provide a phone number where they can be reached. The surgeon will call once the operation is complete and you have been moved to the recovery room.
BLOOD LOSS MANAGEMENT

Your surgeon will work to minimize the amount of blood you lose during surgery. Modern techniques including temperature control, small incisions, cauterizing (veins and arteries sealed as they are cut), and medications have significantly decreased the patient’s need for transfusion.

Some patients, however, will require a blood transfusion to replace lost volume, increase blood levels and to help maintain a good blood pressure.

CASE MANAGEMENT (DISCHARGE PLANNING)

Case Management facilitates your discharge plan. A Case Manager will call you prior to your surgery date to complete a home safety and discharge planning assessment. The Case Management team will evaluate your rehabilitation needs and coordinate a safe, comprehensive discharge plan.

All patients should expect some type of rehabilitation service after discharge from the hospital. Most patients are able to go directly home and receive therapy from the VNA of Cape Cod. If needed, services may be provided at JML, our inpatient rehabilitation facility. The Case Management team will coordinate referrals for post-discharge care.

Please keep in mind that transportation upon discharge to JML is not always a covered service. Your Case Manager can help you decide what option is best for you on discharge. If going directly home, please make sure that you have a family member or friend who can provide transportation to home.

Here’s what you can do to make the discharge process run smoothly

• Contact the person who is to provide your transportation and ask that he or she arrive before 12 Noon.
• Tell your contact person that he or she can park in front of the Lilly Lobby entrance for their convenience.
• Review and understand information on your discharge instruction sheet.
• Ask your nurse or doctor if you have any questions or concerns.
• Learn about your medications. Be sure you know the names, what they do, how much to take, when to take them, how to take them and how to store them.
GETTING YOUR HOME READY FOR YOUR RETURN

Here are a few suggestions to make the transition easier and safer!

- Prepare meals for your freezer or stock up on frozen dinners.
- Store frequently used items in easy to reach cabinets at waist level or higher.
- Remove scatter rugs.
- Move long electrical and telephone cords against the walls.
- Have a comfortable chair with two arms available. Seat height should be at a level that places your knees lower than your hips. Use a cushion or pillow to raise the seat to the correct height. Avoid overstuffed furniture.
- Re-arrange furniture to allow ease in maneuvering about the home with a walker or crutches.
- Place nightlights in hallways and bathrooms.
- Keep a phone close by your bedside if possible.

Considerations for the bathroom

Toileting: A commode allows for sitting on the toilet while maintaining precautions, and provides arms to assist in sitting and standing.

Showering: A Shower or Tub Seat allows for height adjustments and is useful if your weight bearing precaution is 50% or less. It can also be an important tool towards preventing falls during your recovery.

Handheld Shower Hose – inexpensive and easy to install, these are useful for showering while seated.

Grab Bars  A crucial tool in the prevention of falls. Please note that towel racks or soap dishes DO NOT qualify as grab bars. These are not properly installed to support body weight.

Please be sure to have a non-skid mat in your bathtub or shower.
WELCOME TO FALMOUTH HOSPITAL MEDICAL/SURGICAL UNIT

You may be admitted overnight to one of our inpatient rooms. Each room has its own television, and bathroom with a toilet and a sink. For your convenience, we can provide toiletries including the following:

- Soap
- Mouthwash
- Toothbrush & Toothpaste
- Body Lotion
- Brush & Comb

What should I bring to the hospital?

- **This Book**
- Any breathing machines used while sleeping
- Glasses (with case)
- Dentures (with case)
- Hearing aids (with case)
- Cell phone charger if bringing your cell phone
- A credit/debit card if using our Meds to Go program
- Your Incentive Spirometer that was provided to you at your PAT appointment.

What Not to Bring to the Hospital

- Valuables
- Jewelry
- Cash/Checkbooks
- Medications (unless told to do so)
- Weapons of any kind
- Smoking materials, recreational drugs or alcohol. We are a non-smoking facility.

**The hospital cannot be responsible for any money, valuables or other belongings.**

Communication White Board

You will see a white board on the wall in your room. This board is used to include you in your care and will be updated by your care team during your stay. Your nurse will orient you to its contents upon admission. Please ask questions to clarify information on your board as needed.

We follow the “MEET” process and also practice Purposeful Rounding. The purpose of the MEET process is to welcome you to the unit, introduce you to your healthcare team and orient you to your surroundings. Purposeful Rounding ensures that a member of your care team checks on you at least every hour during the day and every two hours overnight.
Early Mobilization (Out of Bed on Your Surgical Day)
Studies have shown that early mobilization after Total Joint Replacement surgery can decrease your risk of developing pneumonia and blood clots, increase joint mobility, and decrease recovery time and length of stay. To provide the best care possible, your healthcare team will assist you in getting out of bed and sitting in a chair several hours after surgery. In addition to this, a member of your healthcare team will assist you with walking to the bathroom and walking in your room or the hallway.

When can I start eating?
Anesthesia can make digestion difficult which may result in nausea and vomiting. Therefore, your first meal in the hospital will be ordered for you. This meal will be a clear liquid diet. When you can tolerate food, your diet will be advanced to solids. This may occur on the same day as surgery.

Falmouth Hospital provides room-service for your meals; you will be provided with a menu. Please call our dietary service department to order your meal at least 45 minutes prior to the time you would like to eat.

Dial 76325 (7MEAL) Directly from your room phone
ORTHOPEDIC MILESTONES

You will see a milestone chart on the wall in your room. This chart was designed to give you the opportunity to become directly involved with your care during your stay. As you achieve each milestone, the staff will work with you to complete your chart. When you have successfully completed this chart, you should be ready to be safely discharged.

Discharge Goal

Date: ___________ HOME: ☐ REHAB: ☐

*Please note: Some milestones may be completed post discharge with home care per physician instructions.

<table>
<thead>
<tr>
<th></th>
<th>MILESTONE 1</th>
<th>MILESTONE 2</th>
<th>MILESTONE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td>Out of bed post-operative day 0, out of bed for meals, washing-up</td>
<td>Up with assistance of 1 person at least 2 times daily, ambulate in hall 50-100 ft.</td>
<td>Walk with assistive devices 2 times per day or more, able to navigate stairs, dress oneself, to bathroom by oneself</td>
</tr>
<tr>
<td><strong>Diet</strong></td>
<td>Able to tolerate liquids without nausea</td>
<td>Drinking adequate fluids, able to discontinue IV fluids</td>
<td>Able to resume regular pre-operative diet</td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td>Able to manage discomfort with oral pain medication</td>
<td>Educated on use of prescribed pain medication</td>
<td>Able to “Teach Back” pain medication information</td>
</tr>
<tr>
<td><strong>Bowels</strong></td>
<td>Passing flatus</td>
<td>Educated on bowel regime</td>
<td>Able to “Teach Back” bowel regime/management information</td>
</tr>
<tr>
<td><strong>Anticoagulation</strong></td>
<td>Received education on anticoagulation</td>
<td>Able to “Teach Back” on medication dose and side effects, signs and symptoms to report to MD</td>
<td>Able to “Teach Back” on foods to avoid and follow-up labs (if applicable)</td>
</tr>
<tr>
<td><strong>Wound Care</strong></td>
<td>Wound is clean, dry and intact</td>
<td>NO signs of infection</td>
<td>Education on wound care received</td>
</tr>
<tr>
<td><strong>Discharge Plan</strong></td>
<td>Joint Coach (family, friend) in place for home assistance as needed</td>
<td>Home environment is ready for home discharge</td>
<td>Discharge time/ride is arranged</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONTROLLING YOUR PAIN

One important aspect of your care will be the control of your post-operative pain. Your team of physicians and nurses will work with you to create an individualized plan of care to meet your specific pain control needs.

Pain medications can be administered orally (by mouth) or intravenously (in a catheter that is inserted into a vein).

• It is very important that you take your pain medicine on a regular basis. Some are regularly scheduled, and some will be given as needed. These are called “PRN” medications. Please be sure to let your nurse know when you need your pain medication.
• You will frequently be asked to describe your pain using a numerical scale.
• 0 = No pain → 10 = The worst pain you have ever experienced
• If you have trouble determining what the number should be, you can use the scale below

We understand that nobody wants to have pain. While your pain goal may be a “0”, it has been shown that pain consistently below “4” allows you to participate in physical therapy, getting out of bed, walking with assistance, and resting. Your healthcare team will work to keep you very comfortable.

Other methods to help control your pain are ice therapy, frequently changing positions, and our complementary alternative therapy program.
INCENTIVE SPIROMETRY

What is an incentive spirometer?
An incentive spirometer will be provided to you during your PAT appointment. This device is used to examine the health of your lungs by measuring how well you are filling your lungs with each breath. Using an incentive spirometer will encourage you to take slow, deep breaths. After your surgery, it’s important to continue your breathing exercises at home. This will help restore your regular breathing rhythm, and help you avoid pneumonia and other lung problems.

You will be instructed on how to use this device.

DVT–DEEP VEIN THROMBOSIS & PE–PULMONARY EMBOLISM

Deep Vein Thrombosis or DVT is when a blood clot (thrombus) forms in one or more of the deep veins in the body. This condition usually occurs in the legs. Deep vein thrombosis can cause leg pain or tenderness in the calf, increased warmth and/or red or blue discoloration in the leg. It can also occur without any symptoms at all.

Pulmonary Embolism, or PE, is when a blood clot moves to the lungs. Symptoms include chest pain, shortness of breath or rapid breathing, rapid heart rate or a sudden cough.

We will monitor you and provide you with treatments that can help to prevent DVT and PE.

Treatments include:

- Early and frequent ambulation.
- Pumps that are placed around your legs while you are in bed. These pumps will squeeze your legs forcing blood return and improving circulation.
- Anticoagulants; these medications help reduce the risk of forming blood clots.

NOTE: It is extremely important that you let your caregivers know immediately if you experience any of these symptoms.
FH Falls Prevention Program

At Falmouth Hospital, your safety and well being is our number one priority. All Total Joint Replacement patients are at high risk for falls.

This is due to the following reasons:
- Receiving recent anesthesia.
- Taking medications that may make you unsteady.
- Being attached to medical equipment.
- Using a mobility device, such as a cane, a walker, or crutches.

Your care team has a number of ways to ensure your safety, including:
- Beds and chairs equipped with motion sensors or pads that sound an alarm to remind you to ask for assistance prior to getting out of bed.
- Special room signage
- Yellow wristbands
- Yellow socks
- Yellow blankets
- Gait Belts

Always call for assistance when getting out of bed or out of a chair. Don’t do it alone!
Prescriptions, ready when you are.
If you have chosen to use Falmouth Hospital Retail Pharmacy, a member of your healthcare team will help to facilitate this process. Medications can either be delivered to your bedside or picked up by a family member at the pharmacy, located adjacent to the Main (Faxon) Lobby.

**HOURS OF OPERATION**
- Monday – Friday: 9AM – 7PM
- Saturday, Sunday & Holidays: 8AM – 4PM
- 508-495-7520
DISCHARGE INSTRUCTIONS SUMMARY

Discomfort/Pain
Discomfort is to be expected for a while after discharge. Everyone is different. Remember to take your pain medicine as prescribed by your surgeon as needed. It is important to take your pain medicine as often as prescribed for the first 48 hours. It is best to take this medicine with food to prevent stomach upset. Taking pain medication 30 minutes prior to physical therapy may help minimize discomfort. Ice placed on the joint can help to decrease pain and swelling. Use the ice for 20 minutes at a time, several times a day. Changing position frequently will help to avoid stiffness. If you had a knee replacement, do not place a pillow under your knee. A pillow may be placed under the entire leg for elevation. Eventually, your pain will become less and less, and you will no longer require medication. Please contact your surgeon if your pain does not respond to the above treatments.

Anticoagulant Medication
You have likely been given a prescription for an anticoagulant. This medicine helps to prevent blood clots from forming. This medication may be in pill or injection form. Some anticoagulants require frequent blood draws to monitor the effectiveness of the medication. You will receive instructions for the specific medication your surgeon has prescribed. Take this medication as directed by your doctor. Call your doctor if you notice easy bruising, nosebleeds, or blood in your urine or stool. You will be given additional information pertaining to your particular medication.

Wound Care
You should keep your incision clean and dry. The dressing may be changed based on your surgeon’s instructions. Before changing the dressing, be sure to wash your hands with soap and water. Look for signs of infection, including redness, warmth, excessive swelling, and/or a foul smell or oozing form the incision. Sutures or staples will be removed 10-14 days after surgery.

Bowels
Certain pain medication can slow down your bowels, leading to abdominal discomfort and/or constipation. Your physician will most likely prescribe stool softeners for you to help promote an easier bowel movement. Drinking plenty of fluids may help as well. However, if you do not have a bowel movement shortly after discharge from the hospital (1-2 days), please call your physician.

Activities after Discharge

Driving: You should not drive until you see your surgeon at your 2 week appointment, unless otherwise instructed by your physician. You cannot drive while taking certain pain medications, as clarity may be impaired.

Stairs: Please follow your physical therapist’s instructions for stair usage. When going up or down stairs, use a handrail or banister for stability. For total knee and total hip replacement patients, lead off with your good leg to go upstairs and lead with your operative leg to go down stairs.

Assistive Devices/Equipment
You may be using a rolling walker, walker, crutches or a cane to help you walk. You may eventually be able to progress to walking unassisted. A raised toilet seat or toilet safety rails may be helpful in the bathroom. Other adaptive equipment such as a reacher, sock-aid, long-handled shoe horn, shower seat, long handled sponge, handheld shower head or grab bars may prove useful. Make sure grab bars are installed by a professional. The case management/physical therapy teams at the hospital or rehab facility will help you with assistive devices for home use.

If you have any questions or concerns, you may call your surgeon’s office at any time. If you call after hours, you may speak to the covering physician or physician’s assistant. If you are experiencing an emergency, such as uncontrolled pain or excessive bleeding from your incision, please go to your nearest emergency room, or call 911. If you are experiencing chest pain or shortness of breath, please call 911.
Welcome to Falmouth Hospital Rehabilitation Services

Our Physical Therapy and Occupational Therapy staff is excited to work with you! Our staff will help you regain the motion, strength and function you may have lost before surgery and get you back into life—participating in work and recreational activities and optimizing your independence while your body is healing. We look forward to working with you all the way through your Total Joint Program!

Benefits of Physical and Occupational Therapy

The benefits of Physical and Occupational Therapy are numerous and include the following:

- Optimizing Function
- Controlling Pain and Swelling
- Restoring Joint Motion
- Encouraging Tissue Healing
- Improving Strength
- Improving Balance and Coordination
- Restoring Gait Ability (crutches, walkers – Physical Therapy)
- Improving Activities of Daily Living (such as bathing, dressing, toileting – Occupational Therapy)

Your Comprehensive Rehabilitation Program Pathway

Your Rehabilitation program may consist of PreHab, Post-operative Inpatient and Post-operative Outpatient Therapy. PreHab appointments prepare you for your surgery and post-operative appointments ensure you are progressing both in and outside the hospital. We strongly recommend that you schedule your post-operative outpatient therapy initial appointment well ahead of your surgical date. Participation in Prehab and post-operative outpatient rehabilitation requires a referral order form signed by your surgeon to be scheduled.
Protocols

Your therapist will follow a protocol for your rehabilitation. Protocols are a set of guidelines for setting goals for your rehabilitation. The protocols have been approved by our Orthopedic Surgeons and our Rehabilitation Team. Every patient is different, so some modifications may be made to our protocols in order to meet your individual needs during your rehabilitation process. Any changes will be based on collaborative and on-going assessments by your therapist and surgeon.

PreHab

“Prehab” is rehabilitation that starts before your surgery! Rehabilitation improves your ability to carry out daily functional tasks and activities and requires physical activity. Engaging in physical activity before and after surgery is the most effective way to optimize your physical function.

Prehab Classes

Your individualized program may include the following classes based on your individual needs, your surgical date and the recommendations of your surgeon and therapist:

**Touchpoint Evaluation:** 60-minute evaluation and education session. Prepares patients for surgery and discharge to home through instruction on post-operative exercises and activities, home equipment recommendations, and simulations. Gateway evaluation for the Total Joint Aquatics Program.

**Total Joint Aquatics:** Gets you moving! Pre-surgical group exercises in a therapeutic (warm) water environment. Improve cardiovascular fitness and mobility; receive education on appropriate exercise techniques. Fun, safe way to exercise while reducing stress on joints.

**Customized Sessions:** Increase significant strength, range of motion or balance deficits prior to surgery through 4 to 8 weeks of regularly-scheduled individualized therapy sessions scheduled one-on-one with a therapist. 60-min evaluation, land and aquatic-based treatments scheduled as appropriate.

Inpatient Rehabilitation

Your initial inpatient rehabilitation evaluation will occur on the same day of your surgery (“post-op day zero”). In some cases it may be necessary for your evaluation to occur the morning following your surgery. Our goal in addressing your post-operative rehabilitation needs is to make you confident and prepared to go home.

**Home Confidence Room:** The Home Confidence Room is located on the 3rd Floor (MS3) of Falmouth Hospital. The room is used by both inpatient physical and occupational therapists, and provides a controlled and engaging environment in which to practice functional activities. These functional activities are ones that are routinely required in home and community environments. The use of the room assists in preparing you to confidently navigate these functional activities. Use of the Home Confidence Room and its equipment is individualized and based on your therapist’s post-operative evaluation.
Equipment:

Depending on your surgery, and based on feedback from your medical team, one or more of the following items may be recommended:

**Reacher:** The reacher allows items to be picked up from the floor

**Sock Aid:** This device assists in donning socks without requiring you to bend at the hips

**Long-handled Shoehorn:** Use is similar to a standard shoe horn but allows for adherence to hip precautions

**Long-handled Sponge:** Assists you with bathing while adhering to hip precautions

**Elastic Shoelaces:** Allows you to slide shoes on and off more easily than with the use of standard shoelaces

**Shower Benches and Raised Toilet Seats:** For adherence to hip or knee precautions and assists with safety

**Crutches / Walkers:** For assistance with walking, safety and functional movement

**Getting In and Out of a Car**

Going home is exciting and important. You can help ensure your travels are safe by following guidance from your therapists regarding transfers in and out of your car.

Prepare to get into the car by requesting assistance with pushing the passenger seat all the way back and reclining the seat. With your walker in front of you, and with assistance, slowly back up to the car seat. Feel for the seat before sitting down. Sit down then lift and place your legs into the car. Remember to lean back if you need to avoid bending at the hip over 90 degrees.

Prior to getting out of the car, request assistance with placing the walker in the doorway of the car and to help recline and slide back the seat. To get out of the car, lift your legs out of the car, remembering to adhere to hip flexion precautions. Using one hand on the seat and one on the walker, help push yourself up into a standing position, ensuring that you are steady in standing before trying to move forward.
THE VNA OF CAPE COD WELCOMES YOU HOME

Home-based Rehabilitation

Welcome home! Rehabilitation and your opportunity to return to full function do not stop at discharge from your hospital stay. In fact, the Visiting Nurse Association (VNA) of Cape Cod will be ready to continue your rehabilitation soon after you leave our hospital and will bring rehabilitation services to the comfort of your own home.

Once you have been discharged home, you will receive a call from the VNA on what time a clinician will be out to complete a full medical assessment. Depending on your condition, a combination of services will be provided to you in your home. These services include nursing, physical therapy, and/or occupational therapy. Therapy will be provided to you daily for the first 5-7 days which includes weekends.

On the day you are discharged home, the physical/occupational therapist will complete a home safety assessment which involves ambulating in and out of your home and ambulating through your bathroom, bedroom, and kitchen to ensure your safety after your surgery. After this assessment, the therapist will provide you with recommendations for equipment and/or environmental changes. In addition, you and the therapist will collaborate on goals which will include restoring you back to normal function, relieving your pain, and improving your range of motion and muscle strength.

Once all evaluations have been completed, you will be scheduled for daily physical therapy and/or occupational therapy. Your therapist will work with you to obtain the goals you and she/he have established. Not only will they instruct you in exercises to strengthen your muscles and improve your range of motion, but they will work on functional activities to ensure you can manage safely at home. You will also be given a personal exercise program with specific protocols as established by your surgeon to promote your post-operative outcomes. Your home therapy will continue until your surgeon has cleared you for outpatient rehab at Falmouth Hospital Outpatient Rehab.

We strive to ensure optimal outcomes with all of our Total Joint Patients; you should expect a phone call from the VNA of Cape Cod at 3 months post your discharge from home therapy. During this call, we will ask you a series of questions to see how you are doing and then will relay this information back to your surgeon.
POST-OPERATIVE OUTPATIENT REHABILITATION

Once you have completed your therapy at home, you will be expected to continue your rehabilitation as an outpatient. We are excited to work with you at one of our outpatient clinics located at Falmouth Hospital and Bourne Health Clinic.

Though rehabilitation may be hard work, most people experience a significant reduction in joint pain, improved function and improved quality of life following joint replacement surgery. As you begin to feel better following your surgery, remember to adhere to the precautions and guidance of your therapist and surgeon so you protect your new joint, allow your body to heal, optimize the benefits of your therapy sessions, and meet your goals.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Address</th>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>Falmouth Hospital Rehabiliation</td>
<td>90 Ter Heun Drive, Falmouth</td>
<td>508-495-7600</td>
</tr>
<tr>
<td>Bourne Health Clinic</td>
<td>1 Trowbridge Place, Bourne</td>
<td>508-743-0320</td>
</tr>
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Outpatient Appointment Rules and Patient Responsibilities

- Keep your appointments
- Be on time for your appointments
- Wear comfortable clothing (shorts, athletic pants, t-shirts)
- If you are unable to make an appointment, please call to reschedule immediately
OUR SURGEONS

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QUESTIONS I HAVE FOR MY HEALTHCARE TEAM: