

Patient Handbook

— **HPI** —
COMMUNITY
HOSPITAL

— **HPI** —
NORTHWEST
SURGICAL
HOSPITAL

Patient Handbook

— **HPI** —
COMMUNITY
HOSPITAL

— **HPI** —
NORTHWEST
SURGICAL
HOSPITAL

Contents

TAB 1 WELCOME	2
TAB 2 CARE AND SAFETY	3
Our Partnership Pledge	4
Your Health Care Team	5
Rapid Response Team	5
Pain Management	6
Medication	8
Prevention of Falls	9
TAB 3 SURGERY	10
Day of Surgery	11
Home Medication Chart	12
Preparing for Anesthesia	13
During Your Stay	15
Discharge From Hospital	16
Things you can do for a Safer Recovery	17
Discharge Preparation Checklist	18
TAB 4 INFECTION PREVENTION	19
Things you can do to Prevent Infection	20
TAB 5 HOME CARE	23
Home Instructions	24
Pain Control	26
Incision Care	27
Future Procedures	29
TAB 6 PHYSICAL THERAPY & EXERCISE	30
Strength Training before Surgery	31
Physical Therapy during Your Hospital Stay	32
Physical Therapy Options after Discharge	32
TAB 7 MAPS	34
TAB 8 DIAGNOSIS SPECIFIC INFORMATION	35



Welcome

On behalf of the staff and physicians of Community Hospital and Northwest Surgical Hospital we would like to welcome you to our hospital and share with you our total commitment to providing exceptional safe patient care and compassionate service to all our patients and their families.

Community Hospital and Northwest Surgical Hospital are a full-service, Det Norske Veritas (DNV) Accredited organization with a philosophy of patient focused care in a family oriented environment. Our size allows us the opportunity to be responsive and innovative and to provide very personalized care utilizing a team approach. While we have state-of-the-art facilities and technology, it is the dedication and experience of our staff and physicians that is the secret to our success.

We realize that being in the hospital may be an uneasy experience. Therefore, through our values of Compassion, Attitude, Respect, Excellence and Service we strive to make your visit as pleasant, comfortable, and successful as possible. These values drive our organization.

We always welcome your comments and questions. Your communication is extremely valuable for us to meet all your healthcare needs.

Our doctors, nurses and other healthcare professionals are dedicated to providing the highest quality healthcare. Service is at the heart of the care we deliver. During your hospital stay, we will attempt every effort to meet your healthcare needs, keep you and your family informed of your care and respond to your concerns or complaints quickly. We also strive to respect your privacy, include you in decisions about your healthcare, and answer any questions you may have.

Please tell us how we are doing. If we can help you in any way, please do not hesitate to ask. Once you return home, you may receive a survey asking for your opinions about your care. Completing and returning this survey will help us continue to improve our service to you and future patients.

Sincerely,

Debbie Kearns
CEO

Christine Weigel
VP Clinical Services, CNO

PARTNERS IN YOUR
Care and Safety

Care and Safety



— HPI —
COMMUNITY
HOSPITAL

— HPI —
NORTHWEST
SURGICAL
HOSPITAL



Our Partnership Pledge

We take a team approach to your care and your safety. We invite you and your family to join us as active members of your care team.

We Pledge to:

- › Coordinate your care
- › Explain your care and treatment
- › Listen to your questions or concerns
- › Ask if you have safety concerns and take steps to address them
- › Ask about your pain often and keep you as comfortable as possible
- › Check your identification before any medication, treatment, or procedure
- › Label all lab samples in your presence
- › Clean our hands often

We ask you or a loved one to:

- › Remember YOU are the center of the healthcare team
- › Ask questions
- › Pay attention to the care you are receiving
- › Educate yourself about your illness or procedure
- › Understand the medical tests you get and your treatment plan
- › Speak up if you are concerned about a test, procedure or medicine
- › Check the information on your ID bracelet for accuracy
- › Be clear and complete about your medical history, including current medications
- › Please wear your safety ID bracelet throughout your stay
- › Know what medications you take and how you take them. Medicine errors are the most common healthcare mistakes
- › Clean your hands often and remind visitors to do the same
- › Remind us if we do not carry out our pledge to you
- › Participate in all decisions about your treatment plan

Talk to Your Healthcare Team

- › Tell your doctor about all your healthcare problems
- › Tell the doctor about all your medicines: prescription, over-the-counter and herbal
- › Tell all healthcare workers about your allergies and medicine reactions
- › If you notice any new side effects after starting a medicine, notify your nurse, doctor or pharmacist

Your Health Care Team

While you receive treatment you are likely to have a team of health care professionals involved in your care. This well-rounded team enhances your care.

- › **The Attending Physician or Physician of Record**—doctor that supervises your treatment.
- › **Consulting/Hospitalist Physicians**—physicians that assist the attending physician with your care.
- › **Physicians Assistants / Nurse Practitioners**—licensed professionals who work closely with the attending physician in planning your care.
- › **Registered Nurses**—nurses who will plan and evaluate your daily care, administer medication and treatment, and provide education for discharge.
- › **Respiratory Therapists**—a respiratory therapist will teach you coughing and deep breathing exercises to help keep your lungs clear and prevent pneumonia. They will also instruct you in how to use an incentive spirometer. This respiratory device will help you take full, deep breaths following surgery.
- › **Pharmacists**—a pharmacist will review your medication orders and work with your doctor and nurse to ensure safe and accurate medication therapy.

Others who may be involved in your care:

- › Clinical Dietitians
- › Physical Therapist
- › Case Managers
- › Nursing Students

Rapid Response Team

Our hospitals have a rapid response team, which can be called if you feel something is wrong. The Rapid Response team is comprised of a physician, physician assistant, house supervisor, staff RN, and a respiratory therapist who are specifically trained to provide additional assistance to the nursing staff in response to a change in the patient's condition. The Rapid Response team is available 24 hours per day and can be quickly deployed to assist in the patient's assessment, and collaborate with the physician to provide immediate interventions.

Patients and families can request the rapid response team by notifying any hospital team member. You may request the rapid response team if you are concerned about the patient or notice a change in the patient's condition that you feel needs immediate attention. In a non-emergent situation, any care or concern should be brought to the attention of the patient's nurse, or department manager.

Pain Management

Community Hospital and Northwest Surgical Hospital support the philosophy that all activities of pain management are to be conducted with an overriding concern for the patient, and above all, the recognition of their dignity as a human being.

What is Pain Control?

- › Only you know how much pain you feel.
- › You will be asked to rate your pain using a scale from 0 to 10 that best describes your pain.
- › A patient has the right to appropriate pain assessment and management.
- › When you are admitted to the hospital, you will be assessed for pain and the risk of pain.
- › You will be asked to use a pain scale for rating pain that is tolerable to you to allow staff to understand your individual pain-control goals. The nurse will explain the pain scale to you.
- › Please keep your healthcare team members informed about your pain so that they can help you to manage it. It is much easier to control pain if it is addressed before it becomes unbearable.
- › Let your nurses know which pain medications help and if there are any that do not.
- › Our goal is to manage your pain and provide you with prompt and appropriate pain medication.
- › Sometimes, patients are afraid that taking narcotics may lead to addiction. The duration and type of pain medications that will be used will not put you at risk for addiction.

Questions Your Health Care Team May Ask You About Your Pain:

- › Where do you feel pain?
- › How long have you had the pain?
- › How does the pain feel; is it dull, tender, aching, cramping, shooting, burning, radiating, throbbing, stabbing, tingly, gnawing, squeezing?
- › What makes the pain worse? What makes the pain better?

Tell Us if You Have Pain

10 9		Worst Possible Pain <i>El per dolor</i>	Unable to do any activities because of pain
8 7		Very Severe Pain <i>Un dolor mu fuerte</i>	Unable to do most activities because of pain
6 5		Severe Pain <i>Un dolor fuerte</i>	Unable to do some activities because of pain
4 3		Moderate Pain <i>Un dolor moderato</i>	Able to do most activities with rest periods
2 1		Mild Pain <i>Un dolor suave</i>	Pain is present but does not limit activities
0		No Pain <i>Sin dolor</i>	No pain is present

One of the most common ways to manage pain is with medication. Most pain medications can be taken by mouth. However, your healthcare team may set up a patient controlled analgesia (PCA) pump for you, which allows you to give yourself pain medication by pushing a button.

Some side effects of pain medications are very common but can be reduced and/or alleviated. These include constipation, sleepiness, nausea and itching. Please tell your nurse or provider whenever you have any side effects that you think could be related to the medications you are taking.

Some patients worry about using strong medications too soon. Your pain is easier to control if you start taking medication when your pain begins. For severe pain, strong medications may be needed. To help manage your pain, over time, your doctor may need to change your medication.

There are other simple treatments for pain that do not involve medicine.

- › Listening to music
- › Receiving a back rub
- › Watching television
- › Dimming the lights
- › Using cold compress or cryotherapy
- › Relaxation techniques, such as deep breathing exercises

The key to successful pain management is communication.

Remember: Your health care team will not know how much pain you have unless you tell them.

Medication

- › Your nurse will review your medications with your physician, who will make a decision on which medications you should continue during your hospitalization. Your nurse will bring your medications to you as ordered by your physician.
- › All medications you may have brought with you, should be returned home as they may interfere or interact with tests or medications ordered.
- › For your safety and protection, only medications approved by your physician and supplied by our pharmacy will be given to you during your stay.
- › Your nurse will ask you questions concerning your past reactions to medications and any allergies you may have. You may be asked to wear a red allergy bracelet, which alerts staff to your allergies.

Following discharge from the hospital, it is important to remember....

- › You must call the surgeons office, a minimum of 72 hours prior to needing a refill on your pain medication.
- › Refill requests will not be processed on Fridays.
- › Refill prescriptions are mailed to you via certified mail, or may be picked up at the surgeon's office.

Prevention of Falls

In the hospital, patients can be at a higher risk for falls. Illness, surgery and medications can weaken or affect your balance and judgment. Also, medical equipment and the unfamiliar environment can make movement more difficult. We are committed to keeping you safe from injury during your stay.

During your stay we will:

- › Assess your risk of falling upon admission and throughout your stay.
- › Determine what preventive measures should be taken to try to prevent a fall while you are in the hospital, and share this information with other staff involved in your care.
- › Show you how to use your call light and remind you when to call for help.
- › Respond to your call for assistance in a timely manner.
- › Assist you with getting in and out of bed as needed.
- › Provide you with safe footwear and any recommended equipment (such as a walker or bedside commode) that will make it safer for you to move about.
- › Make sure the call light and other needed items are within reach before staff leaves you alone.

We ask you or a loved one to:

- › Use the call light before attempting to get out of bed.
- › Tell your nurse if you have a history of falls.
- › Wait for staff to come and help you, before getting out of bed.
- › Be patient, your call light will be answered as soon as possible.
- › Ask your nurse about your assessed risk for falling and what prevention measures are being taken to reduce that risk.
- › Wear non-skid footwear and use equipment that has been provided for your safety.
- › Notify a member of the healthcare team if your yellow safety ID band comes off for any reason during your stay.

Surgery



Surgery

— HPI —
COMMUNITY
HOSPITAL

— HPI —
NORTHWEST
SURGICAL
HOSPITAL



Things You Can Do Before Surgery for a Safer and Smoother Recovery

- › Do the laundry and put it away.
- › Put clean linens on your bed.
- › Prepare meals and freeze them in single serving containers.
- › Place frequently used cooking supplies/utensils where they can be easily reached.
- › Cut the grass; tend to the garden and other yard work.
- › Pick up throw rugs and tack down loose carpeting.
- › Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- › Remove electrical cords and other obstructions from walkways.
Do NOT run wires under rugs, this is a fire hazard.
- › Install night lights in bathrooms, bedrooms, and hallways.
- › Arrange to have someone collect your mail and take care of pets or loved ones, if necessary.
- › Make sure everything you need is available on the ground level of your home.

Day of Surgery

What to Expect

Check in with the admitting staff when you arrive and you will be directed to the surgery waiting area. The pre-operative nurse will assist you with preparation for surgery, including starting an IV and marking your operative site. You will be interviewed by your operating room nurse and your anesthesia provider. The scheduled time of your operation is approximate; delays may occur due to changes in the surgical schedule.

After your surgery, you will be taken to a recovery unit where you will remain for 1-2 hours. While in recovery, pain control will be established and your vital signs will be monitored. Pain at the surgical site is expected in the immediate post-op period and pain medication will be available when you need it. Your surgeon will contact your family in the surgery waiting area to discuss your surgery and condition. Please have your family let the healthcare team know if they will be leaving the waiting area.

Colored Wristbands

Colored wristbands may be worn by some patients to alert our staff to a certain healthcare status or condition that also appears in the medical record. It is an alert that quickly communicates important health information. For example yellow wristbands are used when patients are at risk for falling. If any of your wristbands come off, please notify a member of the healthcare team.

My Current Home Medications

MEDICATION	DOSAGE	FREQ	TIME OF DAY	BEFORE SURGERY	TAKE AT HOME

Preparing for Anesthesia

Types of Anesthesia

- › General Anesthesia produces a loss of feeling through the entire body.
- › Regional Anesthesia produces a loss of feeling to a specific area of the body.
- › Local Anesthesia produces a loss of feeling to a smaller specific area of the body.

You will meet with your anesthesia providers the day of your surgery. They will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthesia. The anesthesia chosen for you will be based upon your physical health, the type of surgery, and your reactions to medications. Different types of procedures require different types of anesthesia.

Some things you should discuss with your anesthesia provider include your current medications, (both prescription and over the counter), food, herbals and alcohol use. Since these may react negatively with the anesthesia drugs, be frank and open in your discussion with your anesthesia provider. Inform your pre-admission nurse, your physician, or your anesthesia provider, if you, or anyone in your family has had problems with anesthesia in the past.

Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed.

Dentures: Inform the anesthesia provider of any false or loose teeth. Partial plates and full dentures may need to be removed at the discretion of our anesthesiologist. Please bring your denture cup.

Contact lenses: Wear glasses when possible. If contact lenses must be worn, bring your lens case and solution. If glasses are worn, bring a case for them.

Nail polish, nail tips, wraps, gels, etc.: All nail polish should be removed before your arrival for surgery. We understand that tips, wraps, gels, etc., are expensive; however, we ask these products be removed from at least one finger on each hand (preferably the index or middle finger). This will be used to accurately monitor your oxygen level during surgery.

Eating and Drinking: Do not eat or drink anything (including gum, mints, candy, water or black coffee) after midnight the night before surgery- even if your surgery will be performed under local anesthesia. When you brush your teeth, do not swallow any water.

Smoking: It is strongly encouraged that you stop smoking. This will reduce your risk of respiratory and anesthesia complications after your operation. You may want to speak with your primary care physician about smoking cessation programs and ask for a Smoking Cessation Booklet.

Patients with Diabetes: On the morning of surgery do not take your diabetic medication. If you are on insulin, someone will go over those instructions for the morning of surgery. If your arrival time is after 9am or you are not feeling well, immediately notify the reception staff at check in that you are an insulin dependent diabetic.

Patients with Asthma: You should take your inhaler the morning of surgery and bring it with you to the hospital. If needed, you may use your inhaler as directed by your physician.

Clothing: You will be most comfortable in loose-fitting, easily folded clothing and low-heeled shoes. Your family members are responsible for your belongings when you go to the operating room. Please leave your suitcase in the car until your room is assigned.

Hearing Aids: Patients who rely on hearing aids should wear them to the hospital so that you can hear and understand everything we need to communicate with you.

Hair: Wear your hair loose, avoiding the use of clips, or pins and bands that bind hair. Do not use hair spray. A head cover will be provided on the way to the operating room to contain hair.

Wigs and hairpieces: Before going to surgery, patients are asked to remove wigs and hairpieces and are given a head cover to wear.

Makeup and perfume: Makeup and perfume should not be worn the day of surgery.

Bathing, creams, lotions, and deodorants: Please shower or bathe the night before your surgery. Your surgeon may request bathing with a special soap; please follow their instructions. Creams and lotions should not be worn on the day of surgery. A light application of deodorant is permissible.

In Case of Illness: If you develop a cold, persistent cough, sore throat, fever or any other illness within two days of surgery, your surgeon needs to be notified. Call your surgeon's office.

Alcohol: Excessive alcohol use, defined as drinking more than three drinks per day, can affect the outcome of your surgery. Binge drinking (consuming large amounts of alcohol infrequently, such as on weekends) can also affect the outcome of your surgery.

How does alcohol affect my surgery? If you drink more than three drinks a day, you could have a complication, called alcohol withdrawal, after surgery. Alcohol withdrawal is a set of symptoms that people have when they suddenly stop drinking, after using alcohol for a long period of time. During withdrawal, a person's central nervous system "overreacts" and causes symptoms such as mild shakiness, sweating, hallucinations and other more serious side effects.

How do I know if I am at risk for alcohol withdrawal after surgery? During your pre-operative appointment, you will be asked to answer a series of questions to assess your risk of alcohol withdrawal and other alcohol problems after surgery. Please respond to the questions as honestly as possible. Remember, any information provided is held in strict confidence. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

During Your Stay

What to Expect

You will be moved to your room after you have been monitored for one to two hours in the recovery unit. Your family will be able to join you in your room. Most of the discomfort occurs the first 24 hours following surgery so you may be receiving pain medication through your IV or PCA (Patient-Controlled Analgesia).

After surgery, fluid can collect in the lungs. Breathing exercises will start the day of your surgery. Practice breathing deeply and coughing at least several times an hour to help avoid pneumonia. Your respiratory therapist or nurse will instruct you on 'turn, cough & deep breath' and 'incentive spirometer' exercises. An incentive spirometer is a device that can help you breathe more deeply.

To ensure your physician has the most current laboratory results when they visits you, the phlebotomists start very early in the morning. Technologists and technicians perform tests using the newest methods and techniques to provide rapid, accurate and precise results. Physical therapy may start the day after surgery. Physical therapy staff will help you with exercises. Your first therapy session may include sitting and standing at the bedside in your room. You will be assisted out of bed and the therapy staff will instruct you on walking with a walker, on crutches, or as determined by your surgeon.

Going Home

Someone responsible needs to drive you home. You will receive written discharge instructions concerning medications, physical therapy, activity, etc. We may arrange for mobility equipment for use in your home (i.e. rolling walker.) Your therapist will also discuss with you about making arrangements for additional home equipment that may be appropriate for your needs.

If your surgeon orders home health visits, we will arrange them through the home health agency and will notify you when visits will begin. The case managers will make arrangements if a skilled nursing facility is required, and provide referrals to rehab facilities as needed. If you have a preferred home health or skilled nursing facility preference, please provide their information to your case manager or social worker.

Discharge from Hospital

Case Management

Our case management staff will assist in coordinating your care and discharge plans throughout your stay. Case managers utilize advanced nursing skills, knowledge of resource management, and financial responsibility to ensure you receive appropriate, effective and efficient care. They will assist with patient care through patient and family education, assessment of discharge needs, coordination of discharge and follow up care, and facilitation of communication with all team members involved in your care.

We understand your desire to be discharged from the hospital as soon as your condition warrants. Therefore, the case management staff and the nursing staff on your unit will facilitate the coordination of your discharge plan during your stay, including your need for community resources. If you require extensive planning in anticipation of your discharge, such as placement assistance, your nurse will contact the hospital case manager.

After discussion with you and/or your family, your physician will determine if you are ready to be discharged and will advise your nurse.

- › Your nurse will assist you with the discharge process.
- › The Business Office may contact you prior to your discharge, if additional information is needed.
- › Any valuables placed in the safe should be reclaimed upon discharge.
- › Please arrange for transportation home.
- › Final instructions will be completed in your room prior to discharge.
- › A health team member will transport you from your room to your vehicle at the time of your discharge.

Instructions for Care after Discharge

- › Before you go home, your doctor or nurse will discuss the physician's orders for care of your surgical site and any new medication you may need to take.
- › Make sure you understand the instructions.
- › Ask questions.
- › Always wash your hands before and after caring for your incision.
- › Make sure you know whom to contact if you have questions or problems after you get home.
- › If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your surgeon immediately.

Discharge Preparation Checklist

- › Have my most important questions been answered by my physician, nurse and/or physical therapist?
- › Have my home medications been returned to me?
- › Did I get my prescriptions?
- › Do I understand what my medications are, how to take them, possible side effects and who to call if I experience any side effects?
- › Do I have a ride arranged and does my family or someone close to me know that I'm coming home and what I will need once I leave the facility?
- › Do I know where I am going after I leave this facility and what will happen to me once I arrive?
- › Have I checked my drawers and closet for belongings?
- › Have my valuables been returned by security?
- › Have I asked how soon I can begin driving?
- › Have I finished the checkout procedure with nursing?
- › Have I received equipment needed for home?
- › Have I received my home activity instructions sheet?
- › Do I have a contact phone number to call for questions?
- › Do I understand what physical symptoms to watch out for and who to call if I notice them?
- › Do I have the date for my follow-up surgeon's appointment?

Important Things to Remember

- › Follow your physician's orders regarding rest, exercise, diet and medication.
- › Do not drive or drink alcoholic beverages for at least 24 hours after taking pain medication.
- › Call your physician if you have any questions about your condition. If your physician is unavailable, you can call the Emergency Room at (405) 602-8100

I N F E C T I O N

Prevention

Infection
Prevention



— HPI —
COMMUNITY
HOSPITAL

— HPI —
NORTHWEST
SURGICAL
HOSPITAL

Infection Prevention

YOU ARE PART OF THE HEALTH CARE TEAM

CLEAN YOUR HANDS AND REMIND OTHERS TO CLEAN THEIR HANDS

Things You Can Do to Prevent Infection

We care about preventing infection and avoiding the spread of germs – not only while you're in the hospital, but when you go home. Your recovery and continued good health are important to us. It is imperative to take the following steps to help prevent infection and avoid spreading germs that could infect you or others. Ask everyone in your home to follow these guidelines too.

Clean your hands

- › Whenever your hands are visibly dirty, wash your hands with soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
- › If your hands do not look dirty, clean them with alcohol-based sanitizer. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- › Clean your hands before and after preparing food, and before you eat. Clean them before touching your mouth, nose or eyes, after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.
- › Use a clean paper towel to turn off the water faucet, and discard it in a trash can. Do not share towels or washcloths.

Make sure health care providers clean their hands or wear gloves.

- › Doctors, nurses, dentists and other healthcare providers come into contact with lots of bacteria and viruses. So before they treat you, ask them if they've cleaned their hands.
- › Healthcare providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, and examining your mouth or private parts. Do not be afraid to ask them if they should wear gloves.

Cover your mouth and nose.

- › Many diseases spread through sneezes and coughs. When you sneeze and cough, the germs can travel 3 feet or more. Cover your mouth and nose to prevent the spread of infection to others. Turn away from other people before coughing or sneezing.
- › Use a tissue. Keep tissues handy at home, at work and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
- › If you do not have a tissue, cover your mouth and nose in the bend of your elbow or hands. If you use your hands, clean them right away.

Take special care for wounds.

- › If you have an intravenous catheter (IV), make sure the skin around the dressing stays clean and dry. Let your nurse know if the area becomes reddened or the dressing becomes loose.
- › Likewise, if you have a dressing on a wound, tell your nurse if it gets wet or loose.
- › To prevent infection, clean your hands before and after changing wound dressings. Wear gloves to change dressing if recommended by your doctor.

If you are sick, avoid close contact with others.

- › If you are sick, stay away from other people or stay home. Do not shake hands or touch others.
- › When you go for medical treatment, call ahead and ask if there's anything you can do to avoid infecting people in the waiting room.
- › Ask your family or friends not to visit if they are ill.

Get shots to avoid diseases and fight the spread of infection.

- › When you are admitted to the hospital, you may be asked about your desire to have a flu or pneumococcal vaccination. They are very effective at reducing the spread of disease.
- › Make sure that your vaccinations are current – even as an adult. Check with your doctor about shots you may need. Vaccinations are available to prevent the following diseases:
 - › Chicken Pox
 - › Pneumonia (Streptococcus Pneumoniae)
 - › Measles
 - › Human Papillomavirus (HPV)
 - › Tetanus
 - › Mumps
 - › Shingles
 - › Diphtheria
 - › Flu (also known as influenza)
 - › Hepatitis
 - › Whooping Cough (also known as Pertussis)
 - › German Measles (also known as Rubella)

Disinfect germ “hot-spots” at home.

- › Disinfect commonly touched hard surfaces in your home like countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
- › Products (sprays, wipes, etc.) that are labeled “disinfectant” are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on your disinfectant’s label to maximize the benefits.
- › Use a clean, dry cloth or paper towel to clean and dry all surfaces. Wiping surfaces with a dirty dishcloth, sponge, or towel will only spread germs.
- › Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths and bath towels. Germs can be passed from person to person on these personal items.

Multi-Drug Resistant Bacteria Awareness and Precautions.

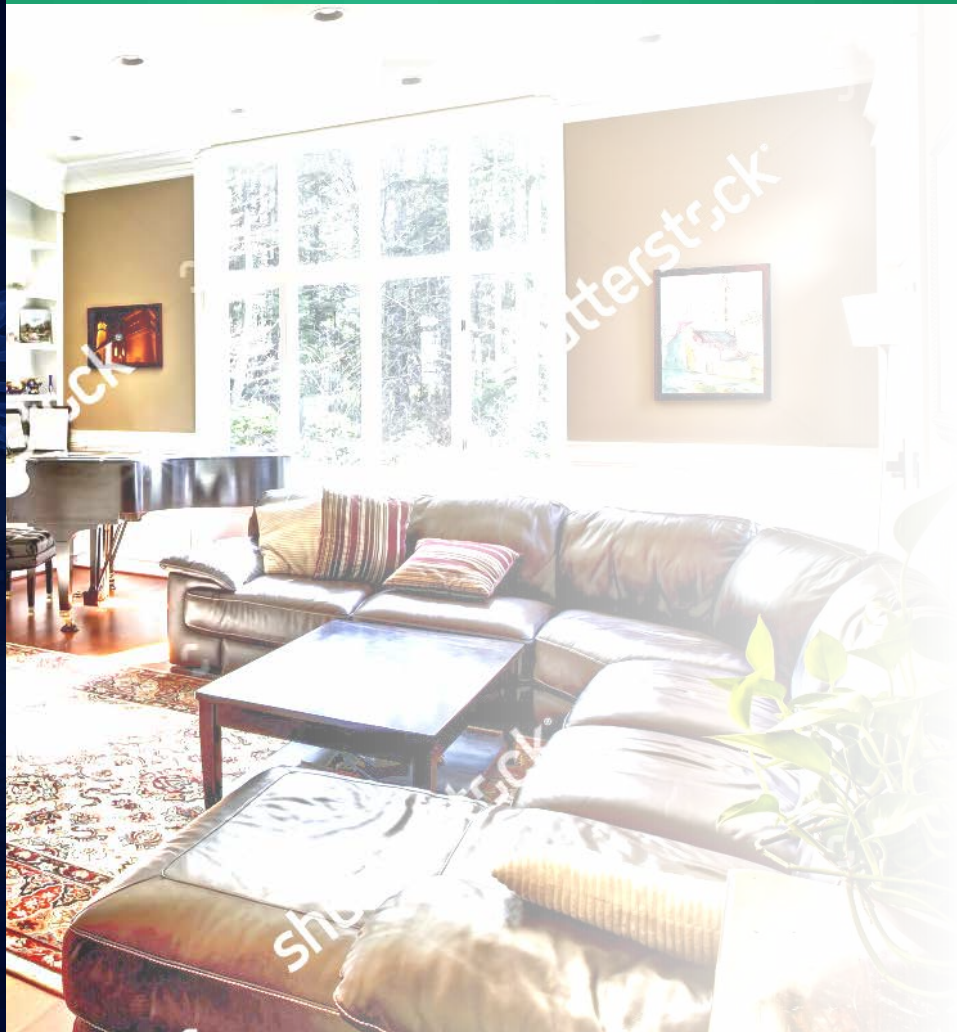
Multi-Drug Resistant Bacteria is not affected by the antibiotic that would commonly be used to treat it. Infections caused by these bacteria are hard to treat. A person can have these bacteria on his/her body without having an infection.

- › Make sure EVERYONE who comes in contact with the patient uses proper hand hygiene as described in this section. This includes before and after touching the patient or anything in the patient’s room.
- › Let us know if your room needs attention from housekeeping.
- › Contact isolation is required for patients with multi-drug resistant bacteria infections. ALL who enter the patient room must wear isolation gowns and gloves and follow these standard precautions.

Additional Considerations:

- › If you have diabetes, discuss with your doctor the best way to control your blood sugar during the hospital stay. High blood sugar significantly increases the risk of infection.
- › If you smoke, consider quitting. This will reduce the chance of developing a lung infection while in the hospital and may improve your healing abilities after surgery.

Home Care



Home Care

— HPI —
COMMUNITY
HOSPITAL

— HPI —
NORTHWEST
SURGICAL
HOSPITAL

Home Instructions

After surgery, you can expect gradual improvement over the coming months. You should expect less pain, stiffness and swelling and a more independent lifestyle. Returning to work depends on how quickly you heal and how much demand your job puts on your new joint.

Activity

Resume activity as you gain strength and confidence. Swelling and bruising is common with an abrupt increase in activity. If this occurs, and elevation is indicated by your surgeon, elevate the surgical site above the level of your heart as instructed and apply cryotherapy or cold pad therapy. You may continue with elevation and icing as needed to help decrease swelling and discomfort.

Continued exercise at this early stage is of utmost importance to maximize the outcome of your new joint replacement. Based on your needs, you may have continued therapy at home or in an outpatient setting of your choice. You will be given an exercise program to continue exercising at home.

Lifting

You will have weight restrictions set by your surgeon, usually for the first 6 months after your surgery. Do not lift objects in a position where you need to squat or bend. Avoid climbing ladders.

Driving

You are not permitted to drive a car while taking narcotic medication. Do not drive until after your first follow-up visit with your surgeon. If riding for a long distance, you should get out and stretch approximately every 2 hours.

Sex

Sexual activity may resume when you are comfortable. If interested, you may request safe positions information from your Physical Therapist that will comply with your precautions.

Diet

Resume your diet as tolerated. Include vegetables, fruits, and proteins to promote healing. Also, remember to have adequate fluid intake at least 8 glasses a day. It is common after surgery to lack an appetite.

Good nutrition is necessary for healing. During the healing process, the body needs increased amounts of calories, protein, vitamins A and C, and sometimes, the mineral zinc. The following guidelines will help you choose “power” foods to promote healing. Eat a variety of foods to get all the calories, proteins, vitamins, and minerals you need.

Eat iron-rich foods prior to surgery such as:

- › Lean red meat
- › Fortified cereals
- › Enriched breads
- › Liver
- › Dried beans & peas
- › Pasta
- › Clams/oysters
- › Dried apricots, raisins and prunes

If you are not eating well after surgery

Eat 5 or 6 small meals a day. Instead of trying to eat 3 big meals a day, try eating smaller meals and snacks such as cheese and crackers, glass of milk, cottage cheese and fruit, ½ small sandwich, milkshake, peanut butter on crackers or celery, fruit or fruit juices.

Some food that taste good during recovery are not very nutritious. Try replacing them with foods that contain good sources of protein, vitamins, calories, and minerals.

If you experience taste changes, try a variety of foods. You may find that cold foods and foods with little odor taste the best.

Use a nutritional supplement if nothing appeals to you. These are available at grocery stores, drug stores, and discount chains. All the supplements vary in taste, so if you do not like the first one, try another brand. Adding milk or ice cream may improve the taste of the supplement.

Pain Control

How can I control pain at home?

You may be given prescriptions for pain medication to take at home. These may or may not be the same pain medications you took in the hospital. Talk with your surgeon about which pain medications will be prescribed at discharge.

Note: Make sure your surgeon knows about pain medications that have caused you problems in the past. This will prevent possible delays in your discharge from the hospital.

When you receive your prescriptions for pain medication after surgery, make sure a family member takes your prescriptions to the pharmacy as soon as possible after your discharge from the hospital. They will need your photo identification, insurance card and any co-payments. It is important that you are prepared in case you have pain.

While at home, remember to take your pain medication before activity and at bedtime. Your surgeon may advise you to take your pain medication at regular intervals (such as every 4 to 6 hours). Be sure to get enough rest. If you are having trouble sleeping, talk to your primary care physician.

Note: If you need to have stitches or staples removed and you are still taking pain medications, be sure to have a friend or family member drive you to your appointment. Check the label of your prescription for any warnings or ask your doctor, nurse, or pharmacist.

Take the pain medication as prescribed.

Nausea may occur with the use of pain medication. If this happens you may need to take the medication with food, decrease the amount you are taking, or stop all together.

If you need additional pain medication, please contact your surgeon's office. It is required that you give a 3-day advance notice BEFORE you run out of pain medication. Regulations require the doctor write a new prescription for pain medications. Laws do not allow a refill to be called in to your pharmacy.

ALL narcotics have a side-effect of CONSTIPATION. A stool softener (such as Dulcolax, Colace, or Phillips Stool Softener) is recommended while taking narcotics. Stool softeners are not the same as laxatives. Please read the product label carefully.

Incision care

Your incision may be covered by a dressing. The dressing is typically allowed to be removed 7 days after surgery. A new bandage is not necessary, except for comfort purposes or drainage. Call your surgeon immediately if you notice any increase in drainage, redness, warmth, or have a fever. These may be signs of infection.

After your dressing is removed:

- › You may shower as long as the incision is not draining.
- › Do not rub or scrub the incision.
- › Do not soak in a bathtub or swim in a pool until your surgeon approves the activity.

If draining is present when the dressing is removed, apply another dressing to the incision and do not shower until there is no drainage from the incision for 72 hours. Notify your surgeon immediately if you notice any increase in drainage, redness, warmth, or have a fever.

Staples

You may or may not have staples securing the incision after surgery. If you do, the surgeon, or nurse will remove the staples. Typically, staples are removed 10-14 days after surgery. You may note redness of the incision edges while the staples are in place. This is normal and will decrease when staples are removed. Steri-strips (strips of tape) may be applied after the staples are removed.

If you do not have staples, your incision may be closed with stitches or surgical skin glue. Be sure to ask your doctor or nurse when you are allowed to get the incision wet or shower.

What is a surgical site infection (SSI)?

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection.

Some common symptoms of surgical site infection are:

- › Increased redness and pain around the area where you had surgery
- › Drainage of cloudy fluid from your surgical wound
- › Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection.

Deep Vein Thrombosis (DVT)

Deep Vein Thrombosis (DVT) is a formation of a blood clot. This is a potential complication following a total joint replacement. A blood clot from your leg can travel to your lungs and cause a serious complication.

Sudden onset of shortness of breath and chest pain are warning signs of this condition. If you develop any of these signs go the Emergency Room.

Symptoms of a DVT may include:

- › Pain in your calf and leg unrelated to your incision
- › Increased swelling of your thigh, calf, ankle or foot
- › Redness
- › Increased skin temperature at the site
- › **CALL your surgeon's office immediately if any of these symptoms occur**

Prevention of blood clots is the best treatment:

- › Exercise, increased mobility
- › Blood thinners
- › Support stockings
- › Sequential Compression Device (SCD) pumps

Future Procedures

It is possible to develop an infection in your artificial joint if antibiotics are not taken before having certain procedures. These procedures include:

- › ANY dental procedure
- › ANY infection (sinus, lung, urinary tract, skin etc.)
- › Colonoscopy/Sigmoidoscopy
- › Cystoscopy/Genitourinary instrumentation
- › Prostate and/or bladder surgery
- › Kidney surgery
- › Cardiac cauterization
- › Barium Enema
- › Endoscopy

Antibiotic protection should be given by the treating physician or dentist for any of these procedures. Prior to having any procedures, let the physician doing the procedure know you have an implant. You may also contact the surgeon who performed the total joint replacement to obtain the appropriate prescription antibiotics, if needed.

When to contact your surgeon

Please contact your surgeon's office if:

- › You have fever over 101.3 for 24 hours
- › A significant increase in your pain for no reason
- › A significant change in the amount of drainage from the wound
- › Pus draining from the wound site

Normal Findings (it is normal for the following to occur)

- › The operative site will feel slightly warmer than the other side
- › Bruising around the operative area
- › Swelling around the operative site

If you have questions or concerns about your incision or wound care call the surgeon's office.

P H Y S I C A L
Therapy & Exercise



Physical
Therapy & Exercise

— HPI —
COMMUNITY
HOSPITAL

— HPI —
NORTHWEST
SURGICAL
HOSPITAL



What You Can Do Before Surgery, Will Help You after Surgery

Strength Training Before Surgery

Building strength will help you to have a successful outcome after surgery.

Low impact exercise sessions are sponsored by the Arthritis Foundation and many local senior centers, YMCA/YWCA and gyms. Water exercise, walking in waist high water, or swimming 2-3 times a week can also increase strength and endurance.

Community Hospital and Northwest Surgical Hospital has several options to assist you before and after surgery.

- › Aquatic Physical Therapy
- › Patient Education
- › Home Exercise Program
- › Injury Prevention

There are some simple, effective exercises you can do in your own home from now through your rehab after surgery. Using adaptive devices such as a walker requires use of your upper body. Strengthening your upper body now, will help you use your walker with greater ability after surgery. Ask your healthcare team for exercise flyers specific to your physical needs. It is important to consult your primary care physician before beginning an exercise regimen. Working together with your healthcare team will ensure that you are prepared to reach the best possible outcome.

Do not hold your breath while exercising; oxygenation is important for muscle development and endurance.

Remember to drink plenty of water. If you are chronically dehydrated your muscles will be stiff and sore. Coffee and tea are natural diuretics; please start decreasing your intake, while increasing your water intake. Your muscles will be more flexible and less likely to be sore or get strained as you begin your strength training.

Physical Therapy During Your Hospital Stay

Our goals for you: balance, endurance, strength and distance.

While in the hospital, your surgeon will order the level of activities appropriate for you. You may remain on bed rest until you have sensation and movement to your legs, if a nerve block was used as part of your surgical procedure. It is important to continue to do leg exercises while in bed and as instructed by your surgeon and physical therapist. You will progress to sitting on the side of the bed and sitting in a bedside chair, with the help of our staff.

You will be up and moving the day of your surgery. Our PT staff will see you twice a day. The first day is about learning to use a walker with confidence. We will be right there beside you. Please remember to bring the shoes you will be wearing home. These need to be flat and with a closed heel. No sandals or backless house shoes, as these require your toes to maintain resistance to hold the shoe on your foot. The second day is practice and distance. We want you to gain strength and keep your body in motion, but pace yourself and of course a little self-challenge is rewarding.

Physical Therapy After Discharge

Community Hospital Outpatient Therapy provides the most advanced physical therapy treatment available through a network of clinics located throughout the Oklahoma City metro area. Our licensed physical therapists, physical therapy assistants and administrative staff will be here to make your rehabilitation program as productive as possible.

We specialize in creating customized rehabilitation programs for recovery from a variety of operative and non-operative orthopedic injuries, arthritis, sports and work-related injuries. Staffed by highly skilled therapists, Community Hospital Outpatient Therapy is dedicated to returning our patients to the life they knew before their injury occurred.

We specialize in:

- › Manual therapy techniques
- › Joint mobilization
- › Neuromuscular re-education techniques
- › Therapeutic exercises
- › Gait training

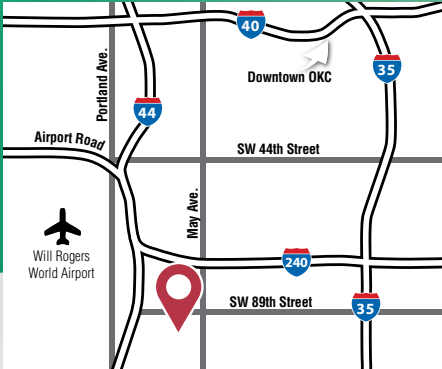
If you will be going to a Skilled Nursing Facility, Inpatient Rehab, or home with home health, you should have PT provided for you by these companies. Don't let up on your strength training if you are going home. It is possible to do exercises while sitting and in between your Home Healthcare and Outpatient PT visits.

Notes:

EXPERTS

Close to Home

CLOSE TO HOME



SOUTH CAMPUS

3100 S.W. 89th St.
Oklahoma City, OK 73159

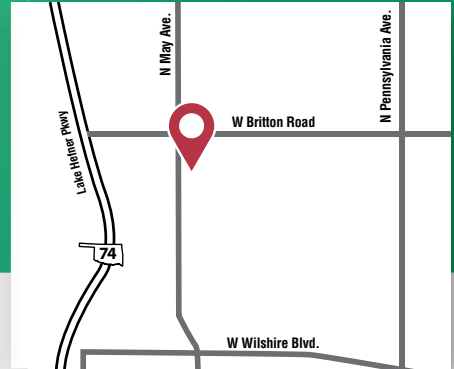
405.602.8100



NORTH CAMPUS

9800 Broadway Extension
Oklahoma City, OK 73114

405.419.2980



NORTHWEST SURGICAL HOSPITAL

9204 North May Avenue
Oklahoma City, OK 73120

405.848.1918

PATIENT FOCUSED

Medical Services

- › EKG, Stress Tests, Echocardiogram
- › Emergency Services
- › Full-Service Laboratory
- › Gastrointestinal Diagnostic Lab
- › Inpatient Medical Surgical Unit
- › Inpatient Physical Rehabilitation Unit
- › MRI / CT / Ultrasound
- › Outpatient Physical / Occupational Therapy
- › Pain Management Center
- › Pulmonary Function Testing
- › Surgical Services
- › Sleep Center



HPI
COMMUNITY HOSPITAL

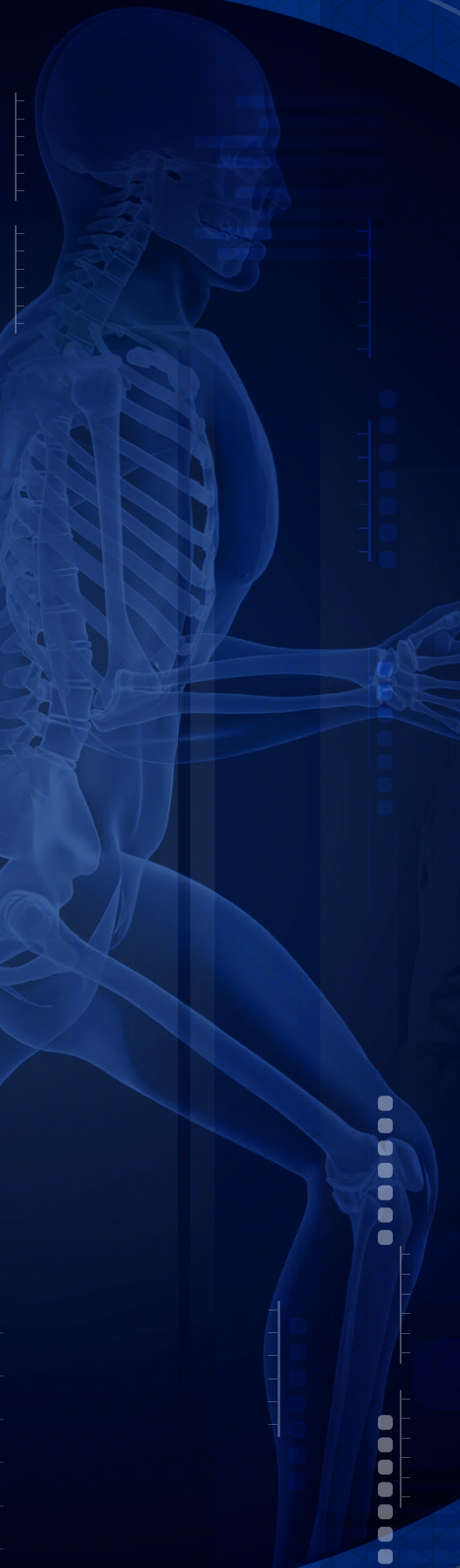
HPI
NORTHWEST SURGICAL HOSPITAL

CommunityHospitalOKC.com

Maps

D I A G N O S I S

Specific Information



— HPI —
COMMUNITY
HOSPITAL

— HPI —
NORTHWEST
SURGICAL
HOSPITAL

— HPI —
COMMUNITY
HOSPITAL

— HPI —
NORTHWEST
SURGICAL
HOSPITAL

Business Card Index

