WELCOME!

We are so glad to have the opportunity to meet and talk with you before your surgery.

Our hope is that by providing you with more information and teaching prior to your surgery you will feel more comfortable with your hospital stay and more knowledgeable about decisions regarding your health care.

This booklet is intended to be a general guide. Your physician may order additional specific restrictions or limitations (not listed in the manual). You are responsible for following your surgeon’s specific directions.

Please contact us or your surgeon if you have any questions or concerns. We look forward to meeting with you.

Sincerely,

Bone & Joint RN Coordinators
WHAT TO DO BEFORE…

Coming to your Bone and Joint Pre-operative Teaching Class

1. Review the contents of the manual prior to the class.

2. **Please bring this manual with you to class.**

3. Bring one family member or friend to the class who will be your co-pilot to assist you when you go home from surgery.

4. Plan for the pre-operative visit to take approximately 3 hours to complete:
   a. Pre-admission visit and instructions– 1 ½ hours.
   b. Pre-op class – 1 to 1 ½ hours.

5. Please contact us if you have questions before coming to class.

6. Pre-operative YouTube videos are available:

   www.seton.net/SMCAssurgery
   - Click Link on top right hand side of page: “**What to expect during orthopedic surgery**”.
   - Watch the appropriate video(s) for your surgery.
   - Take the online video quiz to receive credit.
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Orthopedic Preoperative Teaching Manual

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PREOPERATIVE SURGERY VISIT

Date and time of visit: You will receive a call from a Seton scheduler to arrange.

- Your preoperative visit will be at Seton Medical Center Austin located at 1201 West 38th Street.

- To access the valet parking, enter from 38th Street. If the valet parking is full, please drive around to the West side valet or to the back of the hospital and use the South Garage.

- Parking will be validated for the preadmission testing day and day of surgery.

- Report to the surgery center pre-admission desk located on the first floor North Entrance, by the front door.

Please bring this booklet with you as well as a current list of your medications.

Your pre-surgery visit will include stops at the following stations:

1. **Registration**
   You will speak with an admissions counselor and pre-register for your hospitalization.

2. **Preoperative Class**
   A registered nurse will guide you through the preoperative visit and provide you with pre-operative teaching that will describe what to expect before, during and after surgery. He or she will explain how conditioning and preparation prior to surgery can speed up the recovery process.

   A physical therapist will instruct you on exercises to do before and after surgery, teach movement precautions and provide you with transfer and gait information.

   An occupational therapist will discuss ways to make your home a safe environment after surgery, and will further instruct you on movement precautions and use of assistive devices.

3. **Anesthesia**
   You will be seen by the anesthesia group who will review your planned procedure, medical history and laboratory studies. Additional tests could be ordered at that time as well.
4. Tests
If your physician or anesthesiologist has ordered specific tests (blood work, x-rays, EKGs) these will be done at this time.

5. Optimization Clinic
You may visit with an advanced practice nurse who will evaluate your readiness for surgery and make referrals as needed. This is done approximately four to six weeks before your surgery and you will be notified if you need to attend this clinic at another date.

When you come for your pre-surgery visit, be sure to bring your:
- Surgery guide (given to you in the doctor’s office).
- List of your current medications.
- Insurance information.
- Copy of Advanced Directives (Durable Power of Attorney, Living Will).
- This manual.

We expect you to have a family member or friend accompany you to the pre-operative teaching class so that he/she can participate in your care. This person should be whoever will be available to help you during your recovery process at home.

Be sure to quit smoking as early as possible prior to surgery (if you are currently a smoker)

- Many surgeons require complete abstinence from Nicotine for several weeks before surgery.
  - Compared to non-smoking patients, patients who smoke prior to surgery have been shown to experience more problems. Smoking has been associated with wound complications, lung and heart complications, as well as an increased length of stay in the hospital.
WHAT YOU SHOULD KNOW…

Before Surgery

**Items you might want to bring to the hospital on the day of surgery.** The person who accompanies you will take responsibility for these items while you are in surgery:
- Toothbrush and Toothpaste.
- Shaving equipment.
- Deodorant.
- Eye glasses/contact lens case.
- Loose fitting, comfortable clothing (examples include robes, loose fitting shorts, t-shirts, pajamas, sweatpants, etc.).
- A pair of comfortable, non-skid shoes.
- Books, puzzles, magazines if you so desire.

**What should I leave at home?**
- Valuables: Do not bring cash over five dollars, keys, credit cards, jewelry or any valuables.
- Medicines: Medication will be provided by the hospital. Only in rare circumstances will the hospital not have the medication you need in stock. By keeping your medications at home it is safer for you because it will help eliminate any confusion.

**What else is important?**
- During your preoperative visit, the anesthesia group will give you instructions regarding eating and drinking prior to surgery. This will depend on what time you are scheduled for surgery. They will also give you instructions about any diabetic medication adjustment for the day of surgery.
- Please alert the preoperative staff during your visit if you have sleep apnea. Please bring your machine day of surgery to utilize during your hospital stay.
- Prior to surgery do not schedule dental cleanings, pedicures, or any other invasive procedures that may cause bleeding and allow bacteria to enter your bloodstream. Avoid these procedures for six months following surgery also.
- Do not shave your legs for the week before surgery. Shaving can cause tiny cuts in the skin through which bacteria can enter.

WHAT YOU SHOULD KNOW…

Day of Surgery

**Diet**
- **Instructions on EATING, DRINKING, or taking medications** will be given to you by the nursing or anesthesia staff during your preoperative visit.

**Preparations**
- Relax and get a good night’s rest!
- Shower as usual unless otherwise directed.
- **Do not shave your legs.**
- Wear easy to remove, comfortable clothing.
This is a list of things you can expect after surgery. Following these activities will help with your recovery.

<table>
<thead>
<tr>
<th>Pathway: Total Hip Replacement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Physical Therapy &amp; Occupational Therapy</strong></th>
<th><strong>Day Of Surgery</strong></th>
<th><strong>Discharge Day</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy (PT):</td>
<td>Morning Surgery – PT will evaluate your strength, balance and stability and assist you to walk a short distance with a walker.</td>
<td>Physical Therapy (PT):</td>
</tr>
<tr>
<td></td>
<td>Afternoon surgery - Nursing staff will assist you out of bed to the bedside commode or chair. PT will start in the morning.</td>
<td>PT sessions are morning and afternoon.</td>
</tr>
<tr>
<td></td>
<td>ALL patients will get out of bed and take steps within 4 hours of arrival to the room (with staff assist only).</td>
<td>Learn how to walk with your Walker:</td>
</tr>
<tr>
<td><strong>TREATMENT</strong></td>
<td></td>
<td>Walk at least 50 feet or more in the morning.</td>
</tr>
<tr>
<td>TO PREVENT BLOOD CLOTS IN YOUR LEGS:</td>
<td>Pump your ankles 20-30x every hour.</td>
<td>Walk at least 150 feet or more in the afternoon.</td>
</tr>
<tr>
<td></td>
<td>Wear support stockings.</td>
<td>Practice leg exercises.</td>
</tr>
<tr>
<td></td>
<td>Wear leg compression devices while in bed.</td>
<td>Learn how to use the stairs.</td>
</tr>
<tr>
<td></td>
<td>Take the ordered blood thinning medication each day.</td>
<td><strong>Occupational Therapy (OT):</strong></td>
</tr>
<tr>
<td>To Prevent complications in your lungs:</td>
<td>Use your Incentive Spirometry (IS): 10 deep breaths every hour while awake.</td>
<td>OT will visit you once today.</td>
</tr>
<tr>
<td></td>
<td>Use cold therapy to operated area.</td>
<td>Help you to adapt to temporary lifestyle changes as needed - bathing, showering, dressing and grooming.</td>
</tr>
<tr>
<td></td>
<td>Pump ankles hourly.</td>
<td>Review home safety measures.</td>
</tr>
<tr>
<td></td>
<td>Squeeze your bottom and thigh muscles hourly.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lie flat in bed frequently to stretch the hip/groin area.</td>
<td></td>
</tr>
<tr>
<td>Continue the following treatments until discharge and at home:</td>
<td></td>
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<tr>
<td></td>
<td>Gradually increase your walking distance.</td>
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<tr>
<td></td>
<td>Be sure to balance activity with frequent intervals of rest with your leg elevated.</td>
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<tr>
<td></td>
<td>Lie flat in bed 4 x day for 20 minutes to stretch the muscles around the hip.</td>
<td></td>
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<tr>
<td></td>
<td>Wear stockings during daytime hours until you see the surgeon for follow up.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keep your surgical dressing dry, clean and intact unless otherwise directed.</td>
<td></td>
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<tr>
<td></td>
<td>Continue deep breathing, ankle pumps, thigh and bottom squeezes hourly.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue using cold therapy for 10-20 minutes at a time (remember to place a barrier between your skin and the ice bag).</td>
<td></td>
</tr>
<tr>
<td>Continue the blood thinning medication as directed until your surgeon tells you to stop – usually in a month.</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pain Management</th>
<th><strong>Pain Control:</strong></th>
<th><strong>Continue Same Pain Control Efforts:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Your pain should be at a tolerable level.</td>
<td>Take the pain pills routinely to keep pain at a tolerable level.</td>
</tr>
<tr>
<td></td>
<td>You may receive medication in surgery to numb your hip temporarily.</td>
<td>Continue to take the pain pills with food.</td>
</tr>
<tr>
<td></td>
<td>You can have pain pills routinely as needed.</td>
<td>Keep joint stiffness and swelling controlled (see treatment section).</td>
</tr>
<tr>
<td></td>
<td>You may need to be awakened during the night to stay on the pain pill schedule.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Take pain pills with crackers/food.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keep stiffness and swelling controlled (see treatment section).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alert the nurse if your pain is not controlled.</td>
<td></td>
</tr>
</tbody>
</table>
### DIET/Prevention of Constipation

**Diet:** You might have some nausea following surgery.
- You will start with clear liquids (ice chips, water, juice, jello) and advance to regular food as tolerated unless otherwise ordered by your doctor.

**Prevention of Constipation:**
- Begin drinking fluids if not nauseated.
- Stool softener may be started this evening.

Get up and move (with the staff assistance only!).

### ACTIVITIES

**ALL patients are to mobilize out of bed within 4 hours arrival to the room:**
- The staff will assist you to stand, transfer to a bedside commode, or walk to the bathroom if you are stable.
- Alert them before your bladder feels full.
- **DO NOT** attempt to get up without staff assistance.

Call Don’t Fall.

### Discharge Plans

**Discharge planning begins before you enter the hospital. Please try to plan ahead for:**
- A family member or friend available for 24 hours or overnight care for at least the first 3 days after you return home.
- Family/friends to help you with preparing meals, shopping, laundry, and other errands that require driving for at least 2 weeks.

**Case Manager** will discuss your discharge plans and equipment needs.
- Equipment – 2 wheeled rolling walker.
- Home Health Care arrangements for physical therapy visits.

### Diet and Constipation Prevention Continued:
- Your intravenous fluids will be stopped.
- Drink lots of fluids!
- You may return to a regular / high fiber diet.
- Take a stool softener while you are taking pain medication
- (a common side effect is constipation).
- Continue to pump your ankles and move your body!

### Discharge Day - You are going home!

- **Your schedule for the day will be:**
  - Get up in the chair for breakfast.
  - Ask for pain pills as needed.
  - Participate with Physical Therapy:
    - Practice stairs if needed.
  - Stay for afternoon PT session (if advised).

**Have Family member / friend scheduled to pick you up after:**
- Your equipment is delivered to your hospital room.
- Your Surgeon and Medical Hospitalist have both visited.
- Physical Therapy says you are safe with mobility.
- Nursing has given & explained your discharge instructions and you have signed you understand instructions.
- Nursing has given & explained your prescriptions.

**Staff will assist you and your belongings into the car.**
This is a list of things you can expect after surgery. Following these activities will help with your recovery.

### Physical Therapy & Occupational Therapy

<table>
<thead>
<tr>
<th>Pathway: Total Knee Replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day of Surgery</strong></td>
</tr>
<tr>
<td><strong>Physical Therapy (PT)</strong></td>
</tr>
<tr>
<td>✓ Morning of surgery: PT will evaluate your strength, balance, and stability and assist you to walk with a walker.</td>
</tr>
<tr>
<td>✓ Afternoon of surgery: Nursing staff will assist you out of bed to the bedside commode or chair. PT will start in the morning.</td>
</tr>
<tr>
<td>✓ All patients will get out of bed and take steps within 4 hours of arrival to the room (with staff assistance only).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Post-op Day 1 / Discharge Day</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Therapy</strong></td>
</tr>
<tr>
<td>✓ Morning and Afternoon: Learn to walk with your walker:</td>
</tr>
<tr>
<td>✓ Walk at least 50 feet or more in the morning.</td>
</tr>
<tr>
<td>✓ Walk at least 150 feet or more in the afternoon.</td>
</tr>
<tr>
<td>✓ Practice leg exercises.</td>
</tr>
<tr>
<td>✓ Learn how to use the stairs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Occupational Therapy (OT)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Help you to adapt to temporary lifestyle changes – bathing, showering, dressing, and grooming.</td>
</tr>
<tr>
<td>✓ Review home safety measures.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Post-op Day 2 / Discharge Day</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Therapy</strong></td>
</tr>
<tr>
<td>✓ Continue to see twice today if needed.</td>
</tr>
<tr>
<td>✓ Walk no less than 150 feet – encourage more.</td>
</tr>
<tr>
<td>✓ Learn to use the stairs.</td>
</tr>
<tr>
<td>✓ Continue exercises.</td>
</tr>
</tbody>
</table>

### Treatment

<table>
<thead>
<tr>
<th>Pathway: Total Knee Replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To prevent blood clots in your legs:</strong></td>
</tr>
<tr>
<td>✓ Pump your ankles 20-30 times every hour.</td>
</tr>
<tr>
<td>✓ Wear support stockings.</td>
</tr>
<tr>
<td>✓ Wear compression devices while in bed.</td>
</tr>
<tr>
<td>✓ Take the ordered blood thinning medications each day.</td>
</tr>
</tbody>
</table>

| **To prevent complications in your lungs:** |
| ✓ Use your incentive spirometry (IS) 10 deep breaths every hour while awake. |

| **To decrease joint stiffness and swelling:** |
| ✓ Use cold therapy to operated area. |
| ✓ Pump ankles hourly. |
| ✓ Squeeze your bottom and thigh muscles frequently. |
| ✓ Lie with leg straight – **do not** lie bent with pillows under knee. |

| **Continue the following treatments:** |
| ✓ Continue with ankle pumps, thigh and bottom squeezes hourly. |
| ✓ Wear support stockings. |
| ✓ Continue with incentive spirometry 10 breaths hourly. |
| ✓ Continue using cold therapy often. |
| ✓ Continue to lie with leg straight – **do not** lie with leg bent. |
| ✓ Your surgeon and or nurse will check your surgical dressing. The nurse may change dressing if greater than 50% soiled. |

### Pain Management

<table>
<thead>
<tr>
<th>Pathway: Total Knee Replacement</th>
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<tbody>
<tr>
<td><strong>Pain Control:</strong></td>
</tr>
<tr>
<td>✓ Your pain should be at a tolerable level.</td>
</tr>
<tr>
<td>✓ You may receive pain medication through a nerve block and/or pain pills.</td>
</tr>
<tr>
<td>✓ You may need to be awakened during the night to stay on the pain pill schedule.</td>
</tr>
<tr>
<td>✓ Take pain pills with crackers / food.</td>
</tr>
<tr>
<td>✓ Keep joint stiffness and swelling controlled - see above treatment section.</td>
</tr>
<tr>
<td>✓ Alert nursing if your pain is not controlled.</td>
</tr>
</tbody>
</table>

| **Continue Pain Control Efforts:** |
| ✓ If you have a nerve block – pain management staff will check on you and your block daily. |
| ✓ Take pain pills routinely to keep pain at a tolerable level. |
| ✓ Let the nurse know if your pain is not controlled. |
| ✓ Continue to take pain pills with food. |
| ✓ Keep pain controlled. |

| **Continue Pain Control Efforts:** |
| ✓ Keep joint stiffness and swelling controlled. |
| ✓ Continue taking your pain medication as needed. |
| ✓ You may go home with the nerve catheter for a few days. |
| ✓ The pain management team will: |
|   ✓ Send you home with nerve block instructions. |
|   ✓ Call you to follow up and answer questions. |
# Pathway: Total Knee Replacement

## Day of Surgery

### Diet and Prevention of Constipation

- **Diet:** You might have some nausea following surgery. You will start with clear liquids (ice chips, water, juice, jello) and advance to regular food as tolerated, unless otherwise ordered by your doctor.
- **Prevention of Constipation:**
  - Begin drinking fluids if not nauseated.
  - Stool softener may be started.
  - Get up and move (with staff assistance).

### Activities

- All patients are to mobilize out of bed within 4 hours arrival to the room:
  - Staff will assist you to stand, transfer to a bedside commode, or walk to the bathroom if you are stable.
  - Alert staff before your bladder feels full.
  - DO NOT attempt to get up without staff assistance.
  - Call Don’t Fall.

## Post-op Day 1 / Discharge Day

### Diet and Constipation Prevention Continued:

- Your intravenous fluids will be stopped.
- Drink lots of fluid.
- Take stool softener while you are taking pain medication – common side effect of pain medication is constipation.

### Physical Therapy

- Physical Therapy – will walk you in the hall:
  - In Morning: Walk at least 50 feet or more.
  - In Afternoon: Walk at least 150 feet or more.

### Occupational Therapy

- Occupational Therapy – will work with you on performing activities of daily living, and review home safety:
  - Dress in regular clothes.
  - Sit in chair for all meals.

## Post-op Day 2 / Discharge Day

### Diet and Constipation Prevention Continued

- Regular / high fiber diet.
- Include fruits and vegetables in your diet.
- Drink lots of fluid.
- Keep taking stool softener twice a day while taking pain medication.
- Keep your body in motion.

### Case Manager

- Case Manager – will be working behind the scenes to take care of your home needs.

#### Example of needs:

- Equipment: 2 wheel rolling walker.
- Home health arrangements for physical therapy visits.

### Discharge Day – You are going home

#### Your schedule for the day will be:

- Get up in the chair for breakfast.
- Ask for pain pills as needed.
- Participate with Physical Therapy.
- Practice stairs if needed.

#### Have a family member / friend scheduled to pick you up after:

- Your equipment is delivered to the hospital room.
- Your Surgeon and Medical Hospitalist have visited.
- Physical therapy says you are safe with mobility.
- Nursing has given / explained your discharge information.
- You have signed that you understand your discharge instructions.
- Nursing has given / explained your prescriptions.

#### Staff will assist you (and your belongings) into the car.
WHAT YOU SHOULD KNOW…
During Surgery

• Surgery usually lasts one to two hours for a single joint and two to three hours for two joints or a revision. You will stay in the post-anesthesia care unit (recovery room) for a couple of hours.

• During your surgery, your family will wait in the Surgery Center Waiting Room until a room assignment is given. Room assignments on the orthopedic unit can be delayed due to late discharges of other patients. Your family should be prepared that most of their waiting time will be spent in the waiting room.

• When your family does get your room assignment, they are welcome to wait in the room and watch TV, use the telephone, and wireless internet.

• You may not arrive to the room until later. Nursing staff will keep your family informed.

THE SURGERY WAITING ROOM

Waiting during a surgical procedure can seem like a very long time for your family. At Seton, we will take care of your family while we are taking good care of you!

A reception desk is located in the surgery center waiting room. The staff is available to answer questions and offer directions to you if needed. We ask that your family or friends remain in the surgery center.

The surgeon will contact your family in the surgery center waiting room to inform them of your condition after surgery is completed.
After your surgery is finished you will be taken to the PACU (Post-Anesthesia Care Unit) for a couple of hours. The nurses in PACU are specially trained to care for you.

When you wake up, the nurse will be reminding you where you are and that your surgery is over.

You may begin to feel pain in your hip or knee. Your nurse in the recovery room will help you to keep it under control.

As you wake up you will notice your nurse checking your bandage, blood pressure, pulse, respiratory rate, etc. You will be attached to a heart monitor and an oxygen monitor. You may notice these monitors beeping.

You may begin your deep breathing and ankle pump exercises.

Visitors are not allowed in PACU.

When you are released from PACU, the surgery personnel will take you to your hospital room. Your family may already be there waiting for you to arrive.
YOUR ORTHOPEDIC CARE TEAM

At Seton, we are committed to providing care to you and your family that will be individualized to suit your needs and exceed your expectations. Our group of caregivers will work together as a team to ensure that this happens. Some or all of the following caregivers may be involved in your plan of care:

**Orthopedic Surgeon / Physician Assistant / Nurse Practitioner**
- Performs your surgery and directs your care.
- Sees you daily on hospital rounds.
- Checks on your progress at follow-up appointments.

**Internal Medicine Physician**
- May help with medical care as requested by your surgeon.

**Anesthesia Team**
- Administers anesthesia to you during the surgery.
- Monitors your condition during surgery.
- May help direct your pain management in the postoperative period.

**Bone & Joint RN Coordinators**
- Provide pre-operative teaching.
- Assist the orthopedic nursing staff in coordinating your care.
- Provide follow-up after you are discharged to home.
Orthopedic Floor Nursing Staff
• Includes RN’s, LVN’s, Clinical Assistants.
• Plans and coordinates your care based on physician orders and nursing expertise.
• Communicates information about your condition and progress to other team members.
• Teaches you and your family about your care needs.
• Assists you with your personal care needs.

Case Manager/Social Worker
• Coordinates your plan of care for discharge.
• Arranges for discharge needs including equipment and any home health needs.
• Interacts with other team members and insurance companies as needed.

Physical Therapy
• Provides pre-operative teaching.
• Instructs and assists you with pre/postoperative exercise programs.
• Instructs you in transfers, walking, and stair climbing.

Occupational Therapist
• Assists you with adapting to temporary daily living changes.
• Assesses needs for adaptive equipment for self-care.
• Trains caregivers as needed.
WELCOME TO THE ORTHOPEDIC FLOOR

Your return to maximum physical functioning is our primary goal.

Nurses and support staff are here to care for you 24 hours a day. Our orthopedic team is available to help you with your questions, concerns or special needs.

Visiting Hours
We do not have any restrictions. However, to allow us to provide the care you need, please limit your visitors to two at a time. Encourage visitors to come later in the day so you can participate in your therapy with fewer distractions. If a member of your family would like to stay the night, cots are available upon request. Let us know as soon as you arrive on the orthopedic floor to ensure cot availability.

Meals
A nutritional host/hostess will visit you daily to discuss your meal requests.

Please let the host/hostess know if you need a special diet. Kosher, vegetarian, low sodium, calorie-restricted or carbohydrate-restricted (Diabetic) diets are available upon request. Also, coffee, tea, juices, milk, popsicles and Jell-O are normally kept in the department and can be given upon your request.

Call Button
Our staff make hourly rounds during the daytime and every two hours during the night to proactively assist you with your needs. Use the call light for urgent or emergent needs, otherwise be aware that your nurse will be back for the next rounding.

When you press your call button, or call your nurse or clinical assistant on their portable phones, it may take them a few minutes to arrive as they may be attending to another patient so we encourage you to anticipate your needs.

Care Board
The erasable white board in your room will be used to communicate your plan of care, needs, reminders, your care team names and phone numbers, and any other information that is important to you. We will use this board to communicate your daily goals.
Activity
Early and frequent mobility is the key to a successful recovery. Expect to get out of bed on the day of surgery, within four hours of arrival to your room, with assistance from our staff. As your strength and endurance improve you will be able to get in and out of bed on your own. However, until then, we will assist you. Please press your call button for help. **Our goal is that you “Call, don’t fall!”**

Medication
The hospital purchases medications from a variety of drug companies so the pills we will give to you may not look like the pills you take at home. Please ask your nurse if you have questions about the medications you are receiving.

We are unable to use any medications that are brought from home. Please send home any medicines you may have with you, unless otherwise directed. This is for your safety.

Bathing
We encourage you to bathe daily and to actively participate in the bathing process because the activity will greatly assist in healing. We will help you with a sponge bath until discharge home so that your wound will stay dry. Please alert staff when you would like to bathe.

Rehab Community Room
(SMCA only)
You may have a therapy session in the sixth floor gym. Since you may be with other patients, please bring loose fitting, comfortable pants (shorts, workout pants, pajama pants, etc.).

Getting Dressed
We encourage you to get dressed as soon as you feel able. Being in your own clothing will help you feel better and more able to participate in your activities. The movements during dressing also greatly assist in your healing. We will help you as needed, and occupational therapy (OT) may be working with you on this as well.

Special Services
If you have hearing or visual impairments or other special needs that we can help you with please let us know.
SETON REHABILITATION SERVICES

Physical and Occupational Therapy

Welcome to the Bone & Joint Center. Seton Rehabilitation Services is committed to providing you with the resources you will need to help prepare you for your surgery.

The following information is meant to assist you with your preparation:

• Begin the exercises shown to you as soon as possible. Improved muscle strength before surgery can decrease the time you spend recovering after the surgery.

• You will rely tremendously on your upper body and arms after surgery with the use of an assistive device so any prehabilitation you can do before surgery to strengthen your upper body will help.

• Inspect your home environment and implement any safety suggestions recommended in this book. Completing these changes before you go home from the hospital will ease your recovery and ensure your safety.

• You play an important role in your recovery. We encourage you to do your best with the physical and occupational therapists. Success of this surgery is a TEAM effort and YOU are a critical member of this team.

We look forward to working with you.

Sincerely,

Rehabilitation Services Physical and Occupational Therapists
Starting Your Exercise Program

Before your surgery, perform the exercises one to two times each day.

Start with 10 repetitions and gradually increase by one to two repetitions each day until you can perform 15 to 20 repetitions. If you can tolerate this, continue to perform 15 to 20 repetitions of each exercise until your surgery.

Perform each exercise with slow and controlled movements. You may rest in between each exercise to prevent over exerting yourself.

Do not hold your breath. Breathe out during the most difficult part of the exercise.

Before your surgery remember to exercise within the limits of your pain tolerance.

If pain or discomfort increases with an exercise, stop performing the exercise. Stop all exercise if you experience any chest pain, dizziness or excessive perspiration and call your doctor immediately.

Lifetime Joint Replacement Precautions

1. You should not engage in collision sports; e.g., rodeo, rugby, martial arts. Check with your surgeon prior to snow or water skiing. Any activity where there is a high likelihood of falling can potentially damage the prosthesis and may require you to have surgery redone prematurely. Do Not Fall! Most all other activities are encouraged.

2. Current guidelines do not recommend antibiotics prior to dental work after a total joint replacement. However, it is important to tell your dentist/physician that you have an artificial joint before any procedures. Any infection can cause bacteria to get into your bloodstream and possibly to your artificial joint, therefore it is important to seek medical care quickly if you think you have any type of infection.

3. DO NOT RUN for the sake of exercise. Walking for the sake of exercise is beneficial. Running will increase the wear and tear on the prosthesis, causing it to need early replacement.
Use of Walker

Proper Fit
Your walker will be adjusted to fit you in the following position: Standing within the walker with your shoulders relaxed and your hands on the handgrips, the handles should be even with the crease of your wrist when your arms are at your sides.

If you change the heel height of your shoes by an inch or more, please make the appropriate adjustment to the walker by using the push button located on each leg of the walker.

Walking
The goal is to walk fluidly and without a limp. To walk with the walker place the walker forward and flat on the floor while placing your “surgical leg” forward, the length of a normal step. Distribute your weight between your hands and involved leg according to the weight bearing instructions from your physician. Step forward with your “good leg” so that the steps are the same lengths. Repeat the sequence.

Physical Therapy will work with you to advance your gait pattern as your recovery progresses.

Again, the goal: Develop a normal walking rhythm without a limp.

Remember: For the best outcome from surgery, you must follow the recommendations regarding how much weight to put on your surgical leg (also called your weight-bearing status).

Getting In/Out of the Car
1. Approach the vehicle so that the door can swing clear of the walker.
2. Open the door and step forward. Pivot to back up to the seat.
3. Once you feel the car frame behind you, grasp the doorframe, dashboard, or seatback and gently lower yourself to the seat.
4. From a seated position, scoot your hips back then pivot to bring your legs into the vehicle.
5. To exit the vehicle, simply reverse the process. Pivot in the seat to bring your legs out and scoot to the edge before you attempt to stand.
6. Never hold onto a car door as it will move.
Going Up/Down a Curb or Step

Do Not attempt to climb a set of stairs with a walker unless your physical therapist has instructed you in the appropriate method.

Up With the Good*
1. Approach a curb or step head on. Stand close to the step.
2. Set all four posts of the walker up on the higher level.
3. Step up with your strongest leg to lift you up against the force of gravity. Follow up with your operated/weaker leg.
*Alternate techniques may be taught by your physical therapist.

Down With the Bad
1. Step so the toes of both feet are at the edge of the curb/step. Set all four posts of the walker down on the lower level.
2. Step down with the operated/weaker leg first. This way your strongest leg is under you, controlling how quickly you descend.
3. Support your weight on your arms and step down with the stronger leg.

Use Caution Near:
• Electrical cords in your path
• Throw rugs
• The corner of your bedspread
• Toys on the floor
• Water or oil on the floor
• Family pets
• Changes in floor surfaces, example: carpet to tile

Note: Temporary disabled parking permits are available from the Texas Department of Motor Vehicles. A doctor’s prescription is required to obtain a permit.
KNEE EXERCISES

Ankle Pumps

✓ Lift **ALL** toes up and down.
✓ This uses the calf muscles and shin muscles and can increase blood flow in your legs 200%!
✓ Perform as often as you can remember – at least 20 times an hour!
**Quad Set**

- Push the back of your knee down toward the ground.
- Hold this contraction for 5 seconds.

**Perform**

- 10 sets twice a day in the hospital.
- 10 sets three times a day at home.

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**Short Arc Quad**

- Place bolster of pillows or towels underneath your knee.
- Slowly lift your heel up and down with as much control as possible.

**Perform**

- 10 sets twice a day in the hospital.
- 10 sets three times a day when at home.
Heel Slides

✓ This is an exercise to increase your flexibility (also known as range of motion).
✓ Slide your heel toward your hip.
✓ You should feel a stretch in your top thigh muscle (also known as your quadriceps).

GOAL: Total knee replacement patients can bend their knee to around 90 degrees by the time they leave the hospital.

Perform
- 10 sets twice a day in the hospital.
- 10 sets three times a day when at home.

Extension Block

✓ Place ankle on towel roll
✓ Relax leg and allow gravity to straighten leg

GOAL: tolerate a 0 degree bend or have your leg lay perfectly straight

Perform
- 15 minute hold three to four times a day in the hospital and at home.
Tighten/squeeze your thigh muscle.
Slowly lift your heel off the ground from 8-12 inches off of the bed and control your leg on the way down.

Perform
- 10 sets twice a day in the hospital.
- 10 sets three times a day when at home.
**HIP EXERCISES**

Use the following three exercises described in knee section above (also for Hip):

1. Ankle Pumps
2. Quad Set
3. Short Arc Quad

Use the exercises described below for Hip:

**Heel Slides**

✓ This is an exercise to increase your flexibility (also known as range of motion).
✓ Slide your heel toward your hip.
✓ You should feel a stretch in your top thigh muscle (also known as your quadriceps).

**GOAL:** Stretch the thigh and hip muscles so that tasks like sitting are more comfortable.

**Perform**

- 10 sets twice a day in the hospital.
- 10 sets three times a day when at home.
Windshield Wipers

- Lie on back with legs straight and hips, knees and ankles aligned.
- Move the surgical leg out to side without moving the opposite leg.
- Return leg back to start position.

**GOAL:** To increase the strength of your hip muscles so you will be able to get your leg in and out of bed & cars.

**Perform**
- 10 sets twice a day in the hospital.
- 10 sets three times a day when at home.

Glute Squeezes

- Lie on back with legs straight and hips, knees and ankles aligned.
- Squeeze bottom together and hold for 5 seconds
- Relax
- Repeat

**Perform**
- 10 sets twice a day in the hospital.
- 10 sets three times a day when at home.
Pain Management

Our goal is to provide you with satisfactory pain relief after surgery. With adequate pain control, you are more likely to accomplish goals needed to heal and recover from surgery. This includes eating, sleeping, and participating in therapy.

Depending on your surgery and surgeon’s preferences, you may have a combination of different types of pain medication that will help treat your pain. This is called a multi-modal approach to pain management.

The most common types of pain medications that are used are:

- **Opioids** (also known as narcotics)
- **Anti-inflammatories**
- **Local anesthetics** (injected at the surgical site by your surgeon during surgery or by the anesthesiologist in a form known as a peripheral nerve block)
- **Neurologics** (for nerve pain, for example Lyrica or Neurontin)

We will start with a pain regimen that has been designed for you by your surgeon and anesthesiologist. **We will try to avoid IV pain medications as you are not able to go home with IV pain medications and they may prolong your stay in the hospital.** Adjustments will be made to your regimen based on your pain status and ability to meet your therapy goals. If you feel that your pain is not satisfactory, or you are not able to meet your therapy goals due to pain, your regimen will be adjusted. Additionally, your pain medications can be decreased if you are not tolerating them well.

Some oral pain medications may be scheduled by your surgeon or anesthesiologist. Meaning, you will not need to ask for them. Other pain medications will be ordered on an ‘as needed’ basis. These are available upon your request, usually available every 4 hours as needed. **It’s best to take your ‘as needed’ pain medications before your pain becomes intense. This is especially important before your therapy sessions.**

Remember that most pain medications are more easily tolerated with some amount of food in your stomach.

Other pain relieving techniques that your surgeon may encourage are elevation of the operative extremity and cold therapy to the surgical site. These techniques help to decrease swelling and the pain that is associated with swelling. Movement of the legs, feet, and ankles also helps to reduce stiffness and swelling.
Our Expectations of You Regarding Pain

• Let the nurses know as soon as you feel the pain beginning, because it gets harder to ease the pain once it intensifies. By requesting your pain medication routinely, you will keep your pain under control.
• Utilize the pain scale to describe your pain as a number when communicating your level of pain. This will help the care team to know if their methods are effective or if changes need to be made.
• Remember that your pain is now a positive, healing pain and that the faster you are able to get up, walk and exercise, the faster you will heal and go home.
• Actively perform the range of motion exercises every hour to decrease pain and stiffness, and work the excess fluid out of your limb.
• Remember to take your pain medications with food to avoid an upset stomach. Crackers are available at all times and it is best to keep some at your bedside for night time medication doses.
• The use of cold packs will help decrease pain and swelling.

What You Can Expect from Us

• Our care team will work together to respond promptly to your pain needs.
• We will utilize all options available to ensure satisfactory pain relief including repositioning and relaxation techniques.

Precautions related to Opiate (narcotic) Use

• Do not drive or operate heavy machinery. Opiates can slow your reaction time. Call your physician immediately if you experience any unexplained rashes or unusual sensations.

• **ACETAMINOPHEN (TYLENOL):** Do not take more than 4 grams (4000mg) of Acetaminophen (Tylenol) in a 24 hour period. If you have any known liver problems, consult with your doctor about the maximum amount that is safe for you. It can be toxic to your liver in large doses, and is an ingredient in many pain medications.
PREVENTION OF COMPLICATIONS

Blood Clot Prevention – Keep your blood flowing!

DEEP VEIN THROMBOSIS: DVT is a disorder in which clots can form in the veins (especially the legs) causing the veins to become inflamed. DVT can become life-threatening if the clot breaks loose and travels to other parts of the body. Factors that can contribute to DVT are injury, surgery, and immobilization.

To prevent the development of blood clots in your legs your physician will order a blood thinning medication for you to take. This medication may be in the form of a pill or small injection.

You may be required to wear support stockings to prevent swelling and fluid from pooling in your legs. Additionally, compression sleeves will be placed over the stockings while in the hospital to keep the blood in your legs moving by inflating and deflating air within the sleeves.

Blood that is moving is less likely to clot. One way to prevent clot formation is to actively exercise your ankles at least 20-30 times every hour. Because this is so important the staff will remind you to perform your ankle pumps routinely and continue until after discharge from hospital.

Another way to prevent clot formation is early and frequent mobility:
- Mobilize out of bed with staff assistance within 4 hours of leaving the recovery room.
- Sit up in the chair for meals.
- Use the bedside commode or bathroom with assistance.
- Walk in the halls with the physical or occupational therapist.

Keep Your Lungs Healthy

There are a few things you can do to keep your lungs healthy during the postoperative period:

The medications given to relieve your pain combined with a decrease in your overall physical activity can cause you to breathe less deeply and increase your risk of lung problems.
The best way to help your lungs stay healthy is to slowly deep breathe and hold your breath a few seconds. This should be done as often as possible during your hospital stay.

You will be taught to use an Incentive Spirometer (IS). IS exercises the lungs and improves blood flow through your body, which helps prevent complications and helps you heal faster. IS should be done at least 10 times every hour in the hospital and continued for a few weeks at home.

NOTE: For the first few days after surgery (especially late afternoon and into the evening), it is normal to run a slight elevation in your body temperature. DO NOT be afraid. This does not mean you have an infection or that something is wrong. This is the body reacting to the process of surgery.

We encourage you to do the following to keep your temperature down:
• Drink lots of fluids.
• Deep breathe often and use the Incentive Spirometer hourly.
• Move around a lot.
• Keep your body working – see below.

Keep Your Body Working (including your bowels)

The medications given to relieve your pain, the anesthesia sedation, and the decrease in overall physical activity can cause your stomach and colon function to slow down and put you at risk for constipation.

The best ways to prevent constipation are to drink a lot of fluids, eat high fiber foods and exercise your body as much as possible. This includes:
• Walking the halls with assistance.
• Getting in and out of bed as much as possible.
• Actively participating in your daily activities.
• Performing your ankle pumps 20-30 times every hour.

Your physician will order a stool softener to be given every day while in the hospital, and if needed, laxatives can be given before discharge to help you feel more comfortable.

It is recommended to continue a daily stool softener at home until the narcotics are discontinued and you are more active. These can be bought over the counter.
DISCHARGE PLANNING

Prepare Your Home
• Remove throw rugs and move electrical cords out of the way.
• Add pillows to low chairs and use chairs with arms.
• Hip surgery patients should avoid all low-lying, soft chairs including rocking chairs.
• Rearrange furniture to allow enough clearance for a walker.
• Keep hallways and doorways clear of objects.
• Place the phone within easy reach, move the cord out of the way or consider a cordless phone/cell phone instead.
• Install nightlights in hallways and bathrooms.
• Get a bag, basket or tray for your walker to transport items.
• If possible prepare a bed in the main living area if you normally sleep upstairs.
• Store foods and other items at waist to shoulder level to prevent bending over and straining your hip or knee.
• Stock up on easy to prepare foods and items that you will need.
• Plan ahead and discuss with family and friends who would be able to help you with activities of daily living, including picking up groceries.

Prepare Your Bathroom – Consider the following as needed:
• Installing grab bars in your shower or tub for support as you get in and out.
• Use a long-handled sponge to wash hard-to-reach areas including your legs. (Available at any discount store).
• Use a non-slip mat to keep the floor dry, and place a rubber mat or decals in the tub or shower floor.
• Place a commode chair or elevated commode seat over the toilet to raise the height of the seat.
• Relocate the position of your toilet paper to be within reach.
• Consider installing a hand-held shower hose.
• Store toiletry items within easy reach.
• Consider purchasing a long-handled "grabber" to help you pick things up and assist with dressing.
Durable Medical Equipment
Please Be Advised That:

- Your occupational therapist or physical therapist will help you determine if any items are needed.
- If a Seton case manager arranges for equipment delivery to Seton and you *take it home*, you become financially responsible for those items whether they are covered by insurance or not.
- A rolling walker is covered by most insurance plans.

**Mobility Devices**

![Two-Wheeled Walker](image)

- **Two-Wheeled Walker**

![Shower/Tub Chair](image)

- **Shower/Tub Chair**

![Shower/Tub Bench](image)

- **Shower/Tub Bench**

![Tub Transfer Bench](image)

- **Tub Transfer Bench**
Hip surgery patients may want a Hip Kit to assist in dressing themselves. A Hip Kit should have at least four basic pieces: reacher, long-handled shoe horn, sock aide and long-handled sponge.

- Shower items are not covered by insurance.
- You can purchase them at most medical equipment stores, some pharmacies, grocery, and drug stores.

**Toilet Elevation**

- **Standard Bedside Commode**
- **Toilet Seat Riser**

(Some pharmacies/drug stores also carry toilet elevation devices.)
During Your Hospital Stay
We want you to be prepared when you go home; therefore we will begin teaching you about home preparation at your pre-operative teaching class. Our care team members will then follow up with you during your hospital stay to ensure that you have what you need in terms of equipment, supplies, and help.

On Discharge Day
• Joint replacement patients should make transportation arrangements to be ready to leave the hospital on the day of discharge. Prepare to have your family pick you up in a vehicle that would be easy to get in and out of, without being too low to the ground or too high to get into.
• Have family take home excess belongings prior to discharge day if possible.
• Before you are discharged:
  ✓ Work with physical therapy (and occupational therapy as needed).
  ✓ Surgeon and internal medicine hospitalist visit and write discharge orders.
  ✓ Discharge prescriptions given/explained.
  ✓ Discharge instructions given/explained (see instructions on next page).
  ✓ Receive an extra dressing for home dressing change.

Case Managers
Case managers/social workers help patients and their families plan for discharge from the hospital.
• Your surgeon will determine when you will be released from the hospital.
• Please have your transportation and care arrangements made.

Social Worker/Financial Counselor
The social worker or financial counselor can assist you in obtaining information about various federal, state, and local financial assistance agencies. These agencies can answer questions regarding applying for social security, disability, food stamps, and other assistance programs.
• Financial assistance and referrals are handled on an individual case basis. Questions about your hospital bill should be referred to a financial counselor.
DISCHARGE INSTRUCTIONS
Total Hip and Total Knee Replacement Surgery

Incision Care:
• DRESSINGS: Keep the original surgical dressing in place until your follow-up appointment or 7 days after your surgery (whichever comes first). Change your original surgical dressing and replace with the Mepilex dressing provided to you at discharge if:
  ➢ It has been 7 days after your surgery.
  ➢ The original surgical dressing becomes more than 50% soiled with drainage, or you notice pooling of drainage under the dressing PRIOR to 7 days after your surgery.
  ➢ If this new dressing becomes more than 50% soiled with drainage, replace with gauze and tape daily and as needed to keep incision clean and dry until your follow-up appointment.
• SHOWERING: If you had a total knee replacement, you must wait to shower until after the nerve catheter is removed, typically 3 days after surgery. Otherwise, you may shower 2 days after surgery with your dressing ON AND COVERED with plastic wrap and tape to ensure it stays dry. Keep it dry and covered until your surgeon allows you to leave it open to air.
• DO NOT USE lotions, ointments, creams, or powders on incision. DO NOT SUBMERGE incision in water such as a bath or pool until cleared by your surgeon.
• CALL YOUR NAVIGATOR OR SURGEON’S OFFICE: if you develop a sustained temperature greater than 101.5 °F, excessive drainage (i.e. multiple soaked bandages), pus (thick cloudy drainage), foul odor and/or expanding redness from surgical incision. Call if you develop excessive swelling, redness, pain or bruising around former IV/blood draw sites.

Controlling Pain and Swelling:
• Bruising and swelling of the joint, leg, and foot is normal after surgery.
• Take pain medication as directed to keep pain at a tolerable level. Managing your pain will help you recover faster because you will be more comfortable doing your exercises and walking.
• Use ice to help reduce pain, swelling and stiffness. Do not place ice pack directly on your skin (use a light towel or pillow case). Apply ice to surgical site for 20 minutes 4-5 times a day.
• Support stockings: continue to wear daily until seen for follow-up or instructed otherwise. Remove stockings at night.
• Be sure to balance activity with frequent intervals of rest with your leg elevated.
• CALL YOUR NAVIGATOR OR SURGEON’S OFFICE: if you develop persistent nausea, vomiting, diarrhea, or pink, red, or brown colored urine.

Blood Clot Prevention:
• You will be instructed to take Aspirin or prescribed a blood-thinning medication for up to 5 weeks after surgery. Take as directed.
  o YOUR MEDICATION DOSE AND INSTRUCTIONS (RN TO FILL OUT AT DISCHARGE):

• Take short, frequent walks on flat surfaces (use your assistive device as needed).
• Continue to do ankle pumps 20-30 times every hour while awake.
• Signs and symptoms of a blood clot called Deep Vein Thrombosis (DVT) can include increased calf pain/swelling/tightness in the affected leg, warm/red skin in the area of the clot, or new thickened veins. If you suspect a DVT, call your navigator or surgeon’s office. CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM IMMEDIATELY IF YOU EXPERIENCE SUDDEN CHEST PAIN OR SEVERE SHORTNESS OF BREATH.
• Call your navigator or surgeon’s office if you develop nosebleeds, bleeding gums, cuts that do not stop bleeding after pressure is applied, persistent headache or abdominal pain, or pink, red, or black feces.
Prevention of constipation:
- Drink lots of fluids (at least 2 quarts a day). Include fruits and vegetables in your diet. Increase your daily activities.

- You may continue to use stool softeners or laxatives (such as Colace, Milk of Magnesia, Miralax, or others). These can be purchased over the counter and taken once or twice a day. Follow instructions on the label.

Physical Therapy:
- Continue with the exercises and precautions taught by the Physical Therapist (PT).

- Home Health Care PT will follow with your care as arranged by the Case Manager or your insurance. The Home Health Care Agency will call you to arrange visits.

Special Notes
- Current guidelines do not recommend antibiotics prior to routine dental cleaning after a total joint replacement (anything more extensive is at the dentist’s discretion). However, it is important to tell your dentist/physician that you have an artificial joint before any procedures. Any infection can cause bacteria to get into your bloodstream and possibly to your artificial joint, therefore it is important to seek medical care quickly if you think you have any type of infection.

- Be aware that after your surgery, you will most likely set off metal detectors at the airport. Tell airport personnel prior to being scanned that you have a joint prosthesis.

- You will be receiving home follow-up calls to check on your recovery and obtain your feedback about your hospital experience. We need your comments and suggestions to improve our service to you!

**REMEMBER:** Call your surgeon’s office to schedule or confirm your follow-up appointment (1-2 weeks from your date of surgery).

Thank you for choosing Seton Healthcare Family.  
We appreciate the opportunity to serve you!
Post Hospitalization Precautions

Call Your Doctor immediately if you develop:
- New temperature greater than 101°F for more than two days.
- Increased shortness of breath (unable to finish a sentence without taking a breath).
- Calf pain or swelling.
- Drainage or foul odor around the incision.
- Excessive swelling, redness, pain, or bruising around incision or former IV/lab sites.
- Persistent nausea, vomiting, or diarrhea.
- Nosebleeds, bleeding gums, headache or abdominal pain.
- Cuts that do not stop bleeding after pressure is applied.
- Pink, red or brown colored urine.
- Pink, red or black feces.

Call 911 if you have sudden chest pain or severe shortness of breath.

Special Notes
- Be aware that after your surgery you will most likely set off metal detectors at the airport. Tell airport personnel prior to being scanned that you have a joint prosthesis.
- Avoid elective invasive procedures in the weeks prior to surgery and for six months after surgery (dental cleanings or procedures, pedicures, etc.).
- You will be receiving home follow-up calls to check on your recovery and obtain your feedback about your hospital experience. We need your comments and suggestions to improve our service to you!

Thank you for choosing Seton Healthcare Family.

We appreciate the opportunity to serve you!
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<thead>
<tr>
<th><strong>Contact</strong></th>
<th><strong>Phone Number</strong></th>
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