

ENHANCED RECOVERY Surgical Innovation

lame:	
urgeon:	
urgical Procedure:	
urgery is scheduled for:	

Date:______Time:_____GBMC Location: _____

- Patients UNDER 12 years of age, arrive 1 hour prior to scheduled surgery.
- Patients OVER 12 years of age, arrive 2 hours prior to scheduled surgery in the Virginia Sherwood General Operating Room and 1 1/2 hours prior to surgery in the Women's and Outpatient Surgical Center.

Bring the Packet with you to ALL appointments regarding surgery
For Questions about the Enhanced Recovery Program Please Contact:
Tanika Thompson, DNP, RN, NEA-BC, CPHQ
Office: (443) 468-1642 Office Hours: Monday-Friday 8am-4pm

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Pre-Surgical Personalized Enhanced Recovery Pathway

Educator or Surgeon will check the boxes that apply to you:

- □ Activate your *MyChart* at *GBMC* sign-up: https://www.gbmc.org/mychart
- □ *MyChart* will allow you to self-schedule your pre-op MSSA/MRSA and COVID-19 tests. These two tests are to be collected 7-days before your surgery date.
 - □ Covid-19 test
 - □ MSSA/MRSA Nasal Swab
- □ Sign-up for your Pre-op Class with the Joint & Spine Center
- □ Increase/Begin Exercise
- □ See an Exercise Trainer
- Talk to the Ortho/ECIP coordinator to determine plan of action for postsurgical care
- □ Schedule pre-op physical therapy home visit
- □ Establish your Outpatient Physical Therapy with Active Life
- □ Practice Deep Breathing Exercises
- □ Use Incentive Spirometer
- See Dietician
- Weight Loss Management Program
- □ Seek a Smoking Cessation Program
- □ Shower with CHG/Hibiclens Solution (Theraworx if CHG allergic)

Surgery Timeline

Follow this timeline based on the medications you currently take, and the Enhanced Recovery Pathway created for you:

Consult your Primary Care Physician or Cardiologist if you are currently taking:

- Blood thinners (Coumadin, Xarelto, Plavix, Warfarin, Celebrex, Pradaxa, or Eliquis, Aspirin)
- □ **Erectile Dysfunction Drugs** (Viagra, Cialis, or Levitra).
- □ Hormone Replacement Therapy
- Consult your Primary Care Physician and/or Endocrinologist if taking insulin or using an insulin pump

From Now to the Day of Surgery

- TAKE your Tylenol (acetaminophen), Oxycodone (Roxicodone), Hydrocodone,
 Percocet, Diluadid (hydromorphone), Neurontin (gabapentin), Flexeril,
 Skelaxin
- TAKE your Celebrex, it is the ONLY NSAID you can take until the day of surgery
- **TAKE** your **Heartburn/Ulcer medications/acid blockers** (Axid, Pepcid,

Prilosec, Reglan and Zantac)

- □ **TAKE** your **Anti-depressants**
- □ **TAKE** your **Anti-anxiety medications**

- □ **TAKE** your **Psychiatric medications**
- □ TAKE your Anti-Seizure medications
- □ **TAKE** your **Parkinson medications**
- □ **TAKE** your **Asthma Inhalers/medications**
- □ **TAKE** your **Birth Control Pills**
- □ **TAKE** your **Eye Drops**
- □ **TAKE** your **Thyroid medications**
- □ **TAKE** your **Cholesterol medications**
- □ TAKE your Blood Pressure medications except for Angiotensin Converting

Enzyme (ACE) inhibitors and Angiotensin Receptor Blockers (ARB)s (See Pgs.

8 & 9 included in this packet)

- □ Try to increase walking/exercise to 30 minutes a day
- □ If you have not already, stop smoking cigarettes/cannabis, vaping
- Perform Daily oral care-Brush your teeth 3-4 times a day to reduce risk of developing pneumonia and other associated infections
- □ Eat a healthy diet this helps you to recover faster
- Appoint a friend or a family member to be your support person. This person can help you prepare for surgery and can also help you recover by picking up your prescriptions, shopping, completing household tasks
- □ Sign up for your GBMC Pre-op Class with the Joint & Spine Center

10 Days Before Surgery

- STOP Aspirin or salicylates including Excedrin, Alka-Seltzer, and Pepto-Bismol.
- **STOP** Herbal medications and non-vitamin supplements
 - Fish oil/Omega Vitamin E, Glucosamine, Gingko Biloba, Garlic, Ginseng, Turmeric, CoQ10, St. John's wort, Dong quai, garlic medicinal, kava, ma-huang

1 Week Before Surgery

STOP Non-Steroidal Anti-inflammatory Drugs (NSAIDS):

□ Meloxicam

Ibuprofen
Advil
Advil
Etodolac
Motrin
Aleve
Aleve
Naproxen
Naproxen
Excedrin
Kacedrin
Mobic
Motion

10 Days Before Surgery

□ **STOP** All diet/ weight loss medications

- Phentermine, Glucomannan, CLA (conjugated linoleic acid), Orlistat (Alli), Garcinia cambogia, Hydroxycut, Raspberry ketones, Meratrim, green tea extract, Forskolin, Synephrine)
- □ **STOP** CBD Oil (cannabidiol) taken internally

3 Days Before Surgery

- □ **STOP** Erectile Dysfunction Drugs
 - Viagra, Cialis, or Levitra Viagra, Levitra & Cialis
- □ **STOP** topical medications (creams and ointments)
- □ **START** your **Pre-op Showers with the CHG solution**/ Hibiclens.

(Theraworx if CHG allergic). Continue every night and the morning of

surgery. A total of 4 CHG Showers to be completed before surgery.

- □ **STOP** using lotions, oils, creams, hair removing lotions, etc
- **Do NOT Shave**

2 Days Before Surgery

- □ **STOP** your **Monamine Oxidase Inhibitors (MAIOs)**
 - Nardil (Phenelzine), Emsam (Selegline), Marplan (Isocarboxazid),
 Parnate (Tranylcypromine)

24 Hours Before Surgery

□ **STOP** Metformin 24 hours prior to surgery:

- □ ActoPlus Met
- □ Avandament
- □ Fortamet
- □ Glucophage
- □ Glucovance
- 🗆 Glumetza
- □ Glyburide

- 🛛 Glipizide
- □ Invokamet
- □ Jentadueto
- □ Janumet
- □ Kombiglyze XR
- □ Metaglip
- □ Metformin

- □ Prandimet
- □ Riomet
- 🗌 Xigduo
- 🗌 Kazano
- □ Synjardy
- □ Segluomet

□ **STOP** the following **blood pressure medications**:

Ace Inhibitors

- □ Aceon (perindopril)
- □ Accupril (quinapril)
- Accuretic
 (quinapril/HCTZ)
- □ Altace (*Ramipril*)
- □ Benazepril
- □ Capoten (*captopril/HCTZ*)
- Captozide(captopril/HCTZ)
- □ Captopril
- Enalapril
- □ Fosinopril
- Lexxel

(enelipril/felodipine)

- Lisinopril
- Lotensin
 - (benazepril)
- Lotrel
 - (amlodipine/benazep ril)
- □ Mavik (trandolapril)
- □ Moexipril
- Monopril
 (fosinopril)
- Monopril HCT (fosinopril/HCTZ)
- □ Perindopril
- □ Prinivil (*lisinopril*)
- Quinapril

□ Ramipril

- Tarka
 - (trandolapril/HCTZ)
- □ Trandolipril
- □ Uniretic (moexipril/HCTZ)
- Univasc (moexipril)
- Vaseretic
 (enalapril/HCTZ)
- □ Vasotec (*enalapril*)
- □Zestoretic
 - (lisinopril/HCTZ)
- Zestril
 (lisinopril)

24 Hours Before Surgery

□ **STOP** the following **blood pressure medications**:

Angiotensin Receptor Blockers

- □ Atacand (candesartan)
- Atacand HCT (candesartan/HCTZ)
- Avalide
 (Irbesartan/HCTZ)
- □ Avapro (Irbesartan)
- Azor
 (olmesartan/amlodipine)
- □ Benicar (*olmesartan*)
- □ Candesartan
- □ Cozaar (Losartan)

- □ Diovan (*valsartan/HCTZ*)
- Doivan HCT
 (valsartan/amlodipine)
- Eprosartan
- Exforge
 (valsartan/amlodipine)
- Exforge HCT (valsartan/HCTZ/amlodipi ne)
- □ Hyzaar (*losartan/HCTZ*)
- □ Ibesartan

- □ Losartan
- □ Micardis (telmisartan)
- Micardis HCT (telmisartan/HCTZ)
- □ Olmesartan
- □ Telmisartan
- □ Teveten (*eprosartan*)
- Teveten HCT
 (esprosartan/HCTZ)
- □ Valsart

- Do simple things to make your homecoming easier such as: put things you use frequently between waist and shoulder height to avoid having to bend down or stretch too much to reach them
- Clear the walkways outside of your home and inside, wide enough for a walker to move freely; remove all area rugs
- Ensure adequate lighting outside and inside your home
- Buy the foods you like and other things you will need

How to Use Your Incentive Spirometer *Before Surgery*

To better prepare you for your surgery, we are supplying you with an incentive spirometer (IS) to start using before your procedure. Your goal is to use this at least 30 times a day before your surgery. This information will help you learn how to use your incentive spirometer (IS)

About Your Incentive Spirometer

An incentive spirometer (IS) is a device that will expand your lungs by helping you to breathe more deeply and fully. The parts of your incentive spirometer are labeled in Figure 1.

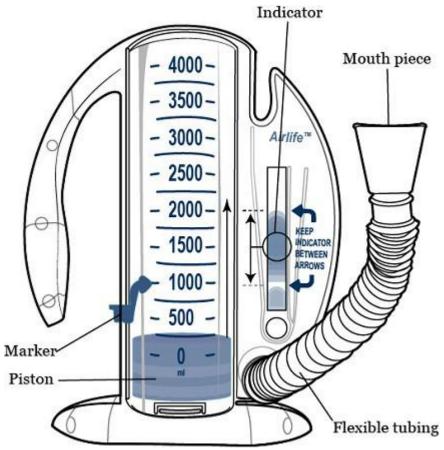


Figure 1. Incentive Spirometer

Use your incentive spirometer (IS) before your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your recovery and prevent complications such as pneumonia.

Setting up your incentive spirometer

The first time you use your incentive spirometer (IS), you will need to take the flexible tubing with the mouthpiece out of the bag. Stretch out the tubing and connect it to the outlet on the right side of the base (see Figure 1). The mouthpiece will be attached to the other end of the tubing.

Using your incentive spirometer

When you are using your incentive spirometer (IS), make sure to breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug your nose if you have trouble.

The goal is to use this incentive spirometer least 30 times throughout the day. Breathing-in several times consecutively may leave you feeling dizzy, stop and rest. Try again later.

To use your incentive spirometer (IS), follow the steps below. Sit upright in a chair or in bed. Hold the incentive spirometer at eye level.

- 1. Slowly breathe out (exhale) completely.
- 2. Put the mouthpiece in your mouth and close your lips tightly around it. Breathe in (inhale) slowly through your mouth as deeply as you can. As you take the breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see Figure 1).
- Try to get the piston as high as you can, while keeping the indicator between the arrows.
 If the indicator does not stay between the arrows, you are breathing either too fast or too slow.
- 4. When you get it as high as you can, hold your breath for 5-10 seconds, or as long as possible. While you're holding your breath, the piston will slowly fall to the base of the spirometer.
- 5. Once the piston reaches the bottom of the spirometer, breathe out slowly through your mouth. Rest for a few seconds.
- 6. Repeat twice. Try to get the piston to the same level with each breath.
- 7. After each set of breaths, try to cough, holding a pillow over your incision, as needed. Coughing will help loosen or clear any mucus in your lungs.
- 8. Put the marker at the level the piston reached on your incentive spirometer (IS). This will be your goal next time.

Use your incentive spirometer every few hours, the goal is at least 30 times spread-out through the day. No more than 8-10 times an hour.

Deep Breathing Exercises and/or Incentive Spirometry

- 1. Sit upright.
- 2. Take a few slow breaths, then take a slow, deep breath in through your nose.
- 3. Hold your breath for 2-5 seconds.
- 4. Gently and Slowly breathe out through your mouth making an "O" shape.
- 5. Repeat 10-15 times

If you have any questions or concerns, contact us at The Joint and Spine Center 443-849-6261

Night Before Surgery

- □ Scopolamine Patch (if recommended by your surgeon)
- □ 3rd CHG/Hibiclens shower
- □ **NO** heavy meals past 8 pm
 - o You can snack up until midnight
- □ **NO** eating past midnight
 - $\circ~$ Including any mints, hard candies, and gum
- □ Some patients CAN drink clear colorless liquid, like water (a max total of 16

ounces) up to 2 hours before your surgery, UNLESS:

If you are a **patient** who has one or more of the following, you **must STOP**

drinking liquids 6 hours before surgery:

- Diabetes
- Gastroesophageal Reflux Disease (GERD)
- BMI >39
- Gastroparesis (slow moving gut)

Day of Surgery

- **STOP Diuretics**
- □ **STOP** Theophylline
- STOP Antacids (Carafate, Maalox, or Tums)
- □ **Complete** your 4th CHG/Hibiclens shower, place clean sheets on the bed
 - Take Medications, if any, as prescribed or recommended by the surgeon or healthcare provider
 - □ NO SOLID food, NO MILK products, NO Gum or Mints
- □ Plan to arrive to GBMC's GOR no later than 2 hours from your schedule

surgery time





Information for Patients with Positive Nasal Screens for MSSA (Methicillin-sensitive Staphylococcus aureus) or MRSA (Methicillin-resistant staphylococcus aureus)

One important part of your preoperative evaluation is the identification of possible sources of infection. It is important to diagnose and treat any infections prior to surgery to reduce the risk of infection after surgery. This process involves specific testing done at GBMC's Ambulatory Testing Center (ATC) to comply with GBMC's Joint or Spine Program protocol.

At the ATC the MSSA/MRSA nasal swab will be obtained at the same time as your preoperative COVID-19 test. The MSSA/MRSA nasal culture will check for the presence of staphylococcal bacteria. Staphylococcal bacteria can be present on the skin and in the nose of healthy individuals without symptoms (known as colonization). <u>A positive nasal screen does not mean you are infected nor will your surgery be cancelled.</u>

If your culture shows the presence of *Staphylococcus aureus* or Methicillin-resistant *Staphylococcus aureus* (MRSA), a form of the bacteria that is resistant to commonly used antibiotics, your care team will be notified.

- Pre-op CHG wash: You will be given a Pre-op CHG Wash Kit from the Joint & Spine Center. Your CHG preop wash starts three nights before surgery with the fourth wash the morning before you come to the hospital for your surgery. Your surgeon may need you to continue to use the CHG wash when you are discharged home. Follow the instructions you are given for the CHG antiseptic. The morning of your surgery, your pre-op nurses will have you wash your skin with a chlorhexidine gluconate (CHG) wipes. Using CHG on your skin will reduce your risk of getting an infection.
- Pre-op IV Antibiotic(s): On the day of surgery, once you are admitted into the pre-op area, IV
 antibiotics will be infused. Ancef, Vancomycin, or both if you are positive for MRSA.
- Pre-op MSSA/MRSA decolonizing nasal cleanser: Nozin® Nasal Sanitizer® is advanced antiseptic for nasal decolonization of germs that can transfer into the surgical incision site. The morning of your surgery your nurse in the pre-op area will clean the inside of your nose with Nozin®.
- Post-op MSSA/MRSA decolonizing nasal cleanser: After surgery, you will continue to use the post-op Nozin® Nasal Sanitizer® every 12 hours until your post-op wound check with your surgeon or until the 12-mL bottle is empty (30 days/twice a day).

Instructions for Post-op Nozin® Nasal Sanitizer®:

All Joint & Spine patient cohorts regardless of their MSSA/MRSA results will be participating in this decolonizing regimen. The picture below shows how to clean the inside of your nose. This nasal sanitizer removes MSSA/MRSA and harmful germs that are harboring inside your nose, reducing your risk of getting an infection.

- Once you are admitted to the nursing unit after your surgery, your nurse will provide you with a
 Post-op Nozin® Nasal Sanitizer® 12 mL kit that includes a starter supply of cotton applicators. *Do not misplace or throw away the box.* You can use any over the counter cotton swab.
- · The nurse will scan the box barcode into your electronic medication administration record (eMAR)
- · Your first dose after surgery will be on arrival to the unit.
- Your second dose will be at 9 pm that same day of your surgery.
- You will continue to clean the inside of your nose every 12 hours as instructed, 9 am and 9 pm, everyday until your post-op wound check or until the bottle is empty (30 days, twice a day).

MSSA/MRSA PREOP SCREENING | November 2020





How to Apply Nozin®: (see Figure 1 image on next page)

- Shake the 12-mL bottle well. Remove Cap.
- 2. Saturate the cotton applicator: Apply four (4) drops of solution onto cotton swab tip.
- Apply: Insert swab tip into the RIGHT nostril. Swab eight (8) times clockwise and eight (8) times counterclockwise.
- 4. Swab: Ensure swab rotation covers all surfaces, including the inside tip of the nostril.
- 5. Re-saturate Again: Re-saturate the swab tip by applying two (2) drops of solution.
- 6. Apply to Left Nostril: Repeat application steps 3-4 in the LEFT nostril.



How can you prevent infections after surgery? The most important thing you can do is wash your hands regularly. You should wash your hands frequently with soap and water or use an alcohol-based hand sanitizer.

- Don't shave near where you will have surgery. Shaving with a razor can irritate your skin and make it
 easier to develop an infection.
- Wash with the Preop CHG solution as directed, starting 3 nights before surgery, last CHG shower is the morning of surgery; a total of 4 CHG showers.
- Keep any wounds clean and change your bandages the way your healthcare provider taught you. Clean
 your hands before and after changing your bandages.

MSSA/MRSA PREOP SCREENING | November 2020



How to use the CHG solution skin treatment before your procedure or surgery

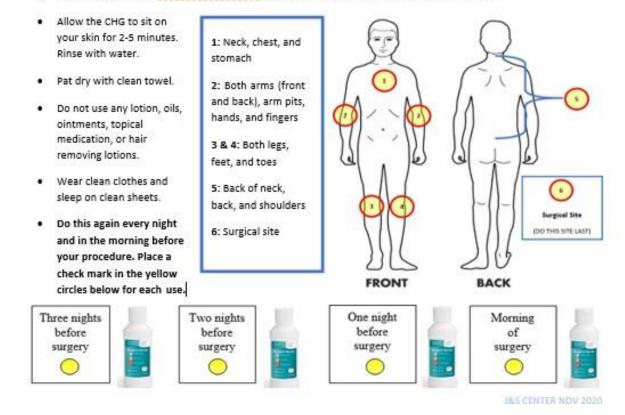
Prior to surgery, you should clean your skin with chlorhexidine gluconate (CHG) solution. Using CHG on your skin will reduce your risk of getting an infection. It is very important that you follow these directions every night, starting three nights before your surgery, and on the morning of surgery.

Why do I need to take a shower and then apply the CHG solution?

- Using the CHG on your skin after using soap and shampoo and rinsing is the best way to remove germs from your skin.
- This helps keep you from getting an infection from germs (known as "superbugs") that are difficult to treat.
- Surgeries, drains, some medicines, and being ill make it easier to get an infection.
- CHG works for 24 hours.

How to use the CHG solution skin treatment:

- Starting three nights before your procedure, take a shower with your regular soap and rinse.
- Wash hair with regular shampoo and rinse.
- Turn off the shower. Place a large amount of CHG solution on 6 disposable cloths.
- Apply the CHG onto your skin, from your neck down. Apply the CHG in the order shown on picture below, starting at number 1 and ending at number 6. Use one cloth for each area of the body.
- Do not allow CHG to come in contact with your face, eyes, nose, mouth, ears, and genitals.





November 2021

DO NOT FLUSH





HEALTHCARE Preventing Surgical Site Infections

One risk of having surgery is an infection at the surgical site (any cut the surgeon makes in the skin to perform the operation). Surgical site infections can range from minor to severe or even fatal. This sheet tells you more about surgical site infections, what hospitals are doing to prevent them, and how they are treated if they do occur. It also tells you what you can do to prevent these infections.

What Causes Surgical Site Infections?

Germs are everywhere. They're on your skin, in the air, and on things you touch. Many germs are good. Some are harmful. Surgical site infections occur when harmful germs enter your body through the incision in your skin. Some infections are caused by germs that are in the air or on objects. But most are caused by germs found on and in your own body.

What Are the Risk Factors for Surgical Site Infections?

Anyone can have a surgical site infection. Your risk is greater if you:

- Are an older adult.
- . Have a weakened immune system or other serious health problem such as diabetes. Smoke.
- Are malnourished (don't eat enough healthy foods).
- Are very overweight.
- Have a wound that is left open instead of closed with sutures. What Are the Symptoms of a Surgical Site Infection?
- The infection usually begins with increased redness, pain, and swelling around the incision. Later, you may
 notice a greenish-yellow discharge from the incision. You are also likely to have a fever and may feel very
 ill.
- Symptoms can appear any time from hours to weeks after surgery. Implants such as an artificial knee or hip can become infected a year or more after the operation.

How Are Surgical Site Infections Treated?

- Most infections are treated with antibiotics. The type of medication you receive will depend on the germ causing the infection.
- An infected skin wound may be reopened and cleaned.
- · If an infection occurs where an implant is placed, the implant may be removed.
- If you have an infection deeper in your body, you may need another operation to treat it.

Preventing Surgical Site Infections: What Hospitals Are Doing

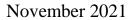
Many hospitals take these steps to help prevent surgical site infections:

Handwashing: Before the operation, your surgeon and all operating room staff scrub their hands and arms with an antiseptic soap.

Pre-op CHG wash: The morning of your surgery, your pre-op nurses will have you wash your skin with a chlorhexidine gluconate (CHG) solution. Using CHG on your skin will reduce your risk of getting an infection. Our goal is to keep you from getting an infection.

Pre-op MSSA/MRSA decolonizing nasal cleanser: Nozin® Nasal Sanitizer® is advanced antiseptic for nasal decolonization of germs that can transfer into the surgical incision site. The morning of your surgery your nurse will clean

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the inside of your nose with Nozin®.

Clean skin: The site where your incision is made is carefully cleaned with an antiseptic solution.

Sterile clothing and drapes: Members of your surgical team wear medical uniforms (scrub suits), longsleeved surgical gowns, masks, caps, shoe covers, and sterile gloves. Your body is fully covered with a sterile drape (a large sterile sheet) except for the area of the incision.

Clean air: Operating rooms have special air filters and positive pressure airflow to prevent unfiltered air from entering the room.

Careful use of antibiotics: Antibiotics are given no more than 60 minutes before the incision is made and stopped shortly after surgery. This helps kill germs but avoids problems that can occur when antibiotics are taken longer.

Controlled blood sugar levels: After surgery, blood sugar levels are watched closely to make sure it stays within a normal range. High blood sugar delays wound healing.

Controlled body temperature: A lower- than-normal temperature during or after surgery prevents oxygen from reaching the wound and makes it harder for your body to fight infection. Hospitals may warm IV fluids, increase the temperature in the operating room, and provide warm-air blankets.

Proper hair removal: Any hair that must be removed is clipped, not shaved with a razor. This prevents tiny nicks and cuts through which germs can enter.

Wound care: After surgery, a closed wound is covered with a sterile water-resistant dressing.

Preventing Surgical Site Infections: What Patients Can Do

- Ask questions. Learn what your hospital is doing to prevent infection.
- Your doctor and the Joint & Spine Center of GBMC will order an MSSA/MRSA PCR nasal swab test, give
 you a CHG Wash Kit with instructions for use. The CHG preop wash starts three nights before surgery with
 the fourth wash the morning before you come to the hospital for your surgery. Your surgeon may need you
 to continue to use the CHG wash when you are discharged home. Follow the instructions you are given for
 the CHG antiseptic.
- If you smoke, stop or cut down. Ask your doctor about ways to quit.
- Take antibiotics only when told to by a healthcare provider. Using antibiotics when they're not needed can
 create germs that are harder to kill. Also, finish all your antibiotics, even if you feel better.
- Be sure healthcare workers clean their hands with soap and water or with an alcohol-based hand cleaner before and after caring for you. Don't be afraid to remind them.
- After surgery, you will continue to use the Post-op Nozin® Nasal Sanitizer® every 12 hours until your
 post-op wound check with your surgeon or until the 12-mL bottle is empty (30 days/twice a day).
- When you return home, care for your incision as directed by your doctor or nurse.
- Eat a healthy diet.

Call Your Doctor If You Have Any of the Following:

- Increased soreness, pain, or tendemess at the surgical site.
- A red streak, increased redness, or puffiness near the incision.
- Yellowish or bad-smelling discharge from the incision.
- Stitches that dissolve before the wound heals.
- Fever of 101 ^o F or higher.
- A tired feeling that doesn't go away.

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HELP US, HELP YOU.

Properly Wear Your Face Mask at All Times



Cover mouth and nose entirely

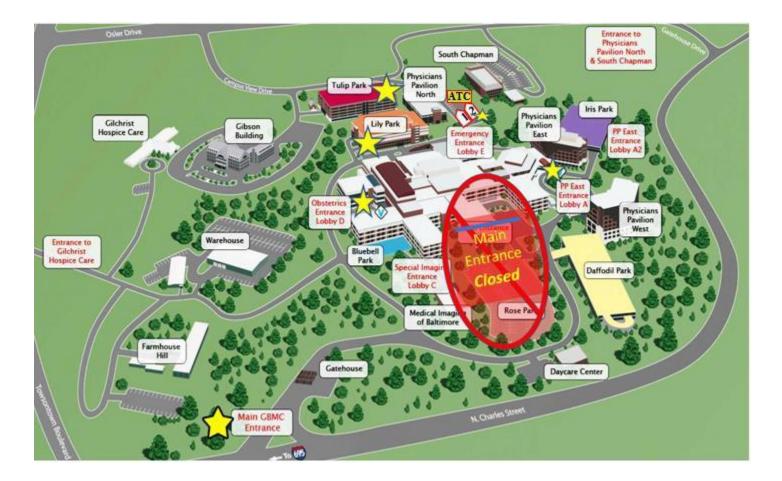


Tighten mask with ear leeps or ties for snug fit



Wear mask for duration of shift/visit

<u>Map</u>







Your Surgery is Scheduled at the following location on GBMC Campus

General Operating Room (GOR)

From Charles Street: Enter the GBMC campus from Charles Street. At the fork, stay to the left and proceed on the main road. Turn at the second left into Lily Park, across from the Emergency Department.

MAIN LOBBY ENTRANCE CLOSURE

On Monday, August 23, 2021, the main lobby entrance and loop will close for The Promise Project construction and will remain closed until the new entrance opens in Fall 2023. Parking at GBMC: *https://www.gbmc.org/parking*

Please plan to use Lily or Tulip Park garages or valet services located at the Physicians Pavilion West, Sherwood loop, or Obstetrics entrances. A temporary Information Desk is now located at the Sherwood loop entrance to assist patients and visitors.

QUESTIONS? Contact the GBMC HealthCare Parking Office (during regular business hours) at 443-849-6271 or Security at 443-849-2222.

- **Park in Lily Park Garage** (which is left of the ER).
- Take the elevator to the main floor to **Lobby E**.
- Once inside, Lobby E, STOP at the checkpoint to have your temperature taken. Then you will pass a sitting area on the LEFT.
- Continue until you reach elevator E.
- Take **Elevator E** on the left to the 4th floor.
- When you exit the elevator walk straight forward to the GOR registration desk.



General Reminders

- Arrive to GBMC's GOR no later than 2 hours from your scheduled surgery
- Wear your mask at ALL TIMES outside of your assigned hospital room
- Follow Visitor Policies
 - If a visitor has been granted special allowances to enter the hospital:

Visitor MUST ALWAYS WEAR a MASK at all times, no exceptions, this

includes the inside of the patient's room/bay

- Keep all your jewelry, piercings and valuables in a safe place at home
- Do not eat any solid foods, gum, mints or smoke cigarettes before surgery!
- You may brush your teeth and rinse your mouth
- Make sure you have your photo ID and insurance card with you before leaving home
- Make sure you have your small hospital bag, CPAP machine, necessary assistive devices; bring in your walker only if you need to use it to enter the hospital to safely arrive at the GOR registration desk. All other items, walkers, assisted devices should be stored in the car or with someone you trust until you are settled in your hospital room after surgery. But please keep in mind the latest COVID visitor policies at GBMC. Less is best.
- Discharge pick-up location: Obstetrics (OB) Entrance, Lobby D



ARE YOU HAVING HIP OR **KNEE SURGERY**?

Join us for a FREE educational class to learn what to expect before and after surgery!

WHEN

Virtual online class every week • Tuesday from 9-11 a.m.

WHERE

Virtual Online Microsoft Teams Class Registration is required to confirm date, time, and availability. Seating is limited. Family/coach is highly encouraged to attend.

WHY

To prepare you for surgery, answer questions, and learn what to expect after your surgery.

REGISTER

· Directly online: https://gbmchealthcare.formstack.com/forms/ jointspineclass

· By phone: 443-849-6261

Classes are limited; please register today!

GBMC Joint & Spine Center Virtual Online or Call-in Class E-mail Invite Only

jointspinecenter@gbmc.org







November 2021



ARE YOU HAVINGBACK OR NECK SURGERY?

Join us for a FREE educational class to learn what to expect before and after surgery!!

WHEN

Virtual online class every week (except holidays) • Tuesday from 9-11 a.m.

WHERE

Virtual Online Microsoft Teams Class • E-mail invite with the link to class

REGISTER

 Directly online: https://gbmchealthcare.formstack.com/ forms/jointspineclass

By phone: 443-849-6261

Classes are limited please registertoday!



GBMC Joint & Spine Center Virtual Online Class E-mail Invite Only



443-849-6261



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YOU MUST activate your **MyChart at GBMC** today: https://www.gbmc.org/mychart

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Resources

Enhanced Recovery After Surgery (ERAS) at GBMC Facebook page.

Use this social media page to connect with and gain support from other GBMC

ERSI program patients.

Search: Enhanced Recovery Surgical Innovation (ERSI)

at GBMC

Aunt Bertha

Aunt Bertha will ask you for your zip code and allows you to search for free or

reduced cost services like food, nutrition

and health education, medical supplies,

home aides, transportation, insurance,

financial assistance, and more!

www.AuntBertha.com

Mend Well You are an athlete getting ready for a big race. Your Race is your Surgery! You need to train, and get yourself ready to take on the challenge. We're here to be your coach! https://mendwell.com/









Resources

Tanika Thompson, DNP, RN, NEA-BC, CPHQ

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GBMC Joint and Spine Center

jointspinecenter@gbmc.org Office: (443) 849-6261 Office Hours: Monday-Friday 8am-4:00pm Website: https://www.gbmc.org/jointandspine

Ortho/ECIP Care Coordinator (*Dr. Schmidt, Lanzo, Melegari, or Johnston*) GBMC Ortho Care Coordinator Victoria "Tori" Karnas, Office: 443-849-3828, Fax: 443-849-3840

Active Life Physical Therapy <u>Phone</u>:(443) 849-6210 <u>Fax</u>:(443) 849-6326 Email: tduda@activelifesports.com Website: http://www.activelifesports.com/Joint-Program/Joint-Program/a~21385-c~401897/article.html