

# GBMC Same-Day Discharge Joint Replacement:



## GBMA Pre-op Checklist: Knee/Hip

My surgeon and surgery date and time at GBMC: **Dr. Schmidt/ Lanzo/Johnston/Melegari** \_\_/\_\_/\_\_

### Starting 6-weeks before your surgery you must:

- Designate coach/driver who will be with you:** at the **Pre-op Joint (Hip or Knee) Replacement Class**, at the **hospital during the Pre-op Phase** on the day of your surgery and **during Recovery Phase 2** to bring your walker to PACU II, participate in the **discharge teaching sessions**, will **drive you home** and to your PT sessions, and be home with you. Must be able to provide physical assistance, if necessary.
- Call GBMC's Joint & Spine Center: 443-849-6261:** To verify your phone number, e-mail, & mailing address to receive: **pre-op CHG, wash cloths, guidebook, & incentive spirometer.** And to discuss:
  - MSSA/MRSA nasal swab** collected at **GBMC's Diagnostic Testing Center, 10 days to 30 days** before your surgery date. **Monday-Friday, 8:00 am - 4:00 pm, no holidays**
  - Schedule and attend GBMC's Pre-op Joint Replacement Class:** Date/Time \_\_\_\_\_
- Complete your three Pre-op AJRR/AAOS PROMS surveys** in your **GBMC MyChart.**
- Call the Ortho Coordinator: Victoria Schmitz 443-849-3828**
  - Schedule your Outpatient Therapy Appointments: Pre-Op & Post-Op:**
    - Pre-op Appointment: Agency Name \_\_\_\_\_ Date/Time: \_\_\_\_\_
    - Post-op Appointment, Start of Care Date/Time: \_\_\_\_\_
      - If I haven't heard from the Physical Therapy Agency 3-days after discharge or have any issues with scheduling, call your surgeon's office as soon as possible
- Begin your pre-op exercises 6-weeks before surgery date** (located in guidebook and Joint & Spine Center webpage)
- Prepare your home: clear clutter, remove rugs, clean home**
- Receive your walker and/or cane before surgery date**
- Prescription medication(s) filled before surgery date**
- Prepare your home/meals for your return**
- COMPLETE ALL Pre-op Requirements (no later than 72-hours before surgery)**
- 3-Night Before Surgery, begin your CHG 4% Preop Skin Prep**
  - **Four (4) CHG showers (3-nights before surgery, 2-night before surgery, night before, and morning**



of surgery)

### Do you have an Orange Fruit Allergy?

If, **YES**, please notify your surgeon or the surgeon's PA to discuss pre-op Mupirocin





JOINT AND SPINE CENTER

Dear patient,

We just received notification that you will be having a joint replacement at Greater Baltimore Medical Center (GBMC). There are few time sensitive tasks that you must complete before your surgery date to ensure that your joint replacement is not canceled or delayed. If you could please call back or respond to this letter, we can help schedule you for these pre-op tasks:

1. Activate your MyChart at GBMC
  - [MyChart at GBMC - Patient Portal - GBMC HealthCare - Towson/Baltimore, MD](#)
2. Your Pre-op MSSA/MRSA Test
  - This test must be completed 10 - 30 days before your surgery date at GBMC Diagnostic Center in the Main Hospital, 7601 N. Charles Street, Towson, MD 21204
    - Suite #3100 (across from Einstein Bakery)
    - Walk-in, no appointment needed: Monday-Friday 8am-4pm, no holidays
3. GBMC's Joint & Spine Center Pre-Op Supplies will be provided to you free of charge:
  - Hibiclens CHG Antimicrobial pre-op skin prep wash and a packet of disposable cloths.
  - GBMC Joint Replacement Guidebook
  - GBMC Joint & Spine Center gift tote
4. Complete your PROMS (VR-12, CJR, KOOS or HOOS) Questionnaires in one of two ways:
  - Complete in your GBMC MyChart, or
  - You will receive an e-mail invite from the AJRR/AAOS
    - Please check your junk or spam e-mail folder
  - These surveys must be completed before your surgery date; answer ALL questions
  - Please notify the Joint & Spine Center if you need assistance.
5. Register to attend GBMC's Joint Replacement Pre-Op Class
  - Online registration:
    - <https://eportal.gbmc.org/mychart/openscheduling>
    - Or call/e-mail GBMC Joint & Spine Center
  - Register as soon as possible, classes are limited
  - Select dates on a Monday or Tuesday

Thank you for choosing GBMC for your joint replacement surgery. We are available Monday to Friday, 8am-4pm. We look forward to hearing from you.

Warm regards,

April Asuncion-Higgins, RN, BSN, CMSRN GBMC  
Joint and Spine Clinical Program Manager



6701 N. Charles St., Suite 5835  
Towson, MD 21204



[gbmc.org/jointandspine](http://gbmc.org/jointandspine)



[jointspinecenter@gbmc.org](mailto:jointspinecenter@gbmc.org)

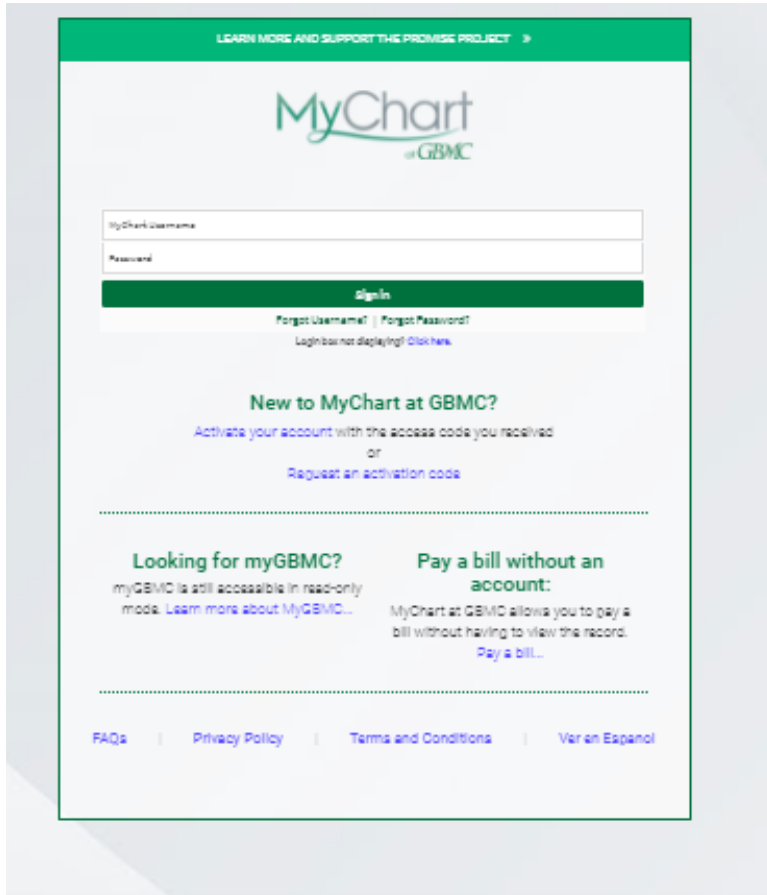


443-849-6261











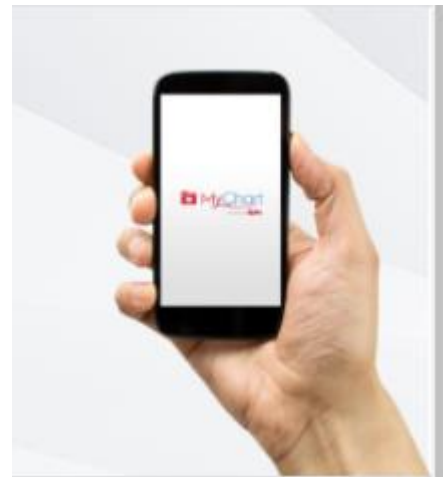
Set up your **MyChart at GBMC** today: <https://www.gbmc.org/mychart>



**Better Health.  
Better Care.**

At GBMC HealthCare, we're working to deliver well-coordinated care for you and your family. With MyChart at GBMC, it doesn't matter if you're at work, on the road, or at home, you will have secure, 24-hour access to your health information.

-   
**View your health record**
-   
**Schedule an appointment**
-   
**Request prescription refills**
-   
**Access your test results**
-   
**Communicate with your doctor or other members of your health care team**
-   
**Pay bills online**



Download the app.  
Stay Connected.

Click the buttons below to find the MyChart by Epic app in the Google Play or App Store.







# ARE YOU HAVING HIP OR KNEE SURGERY?

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

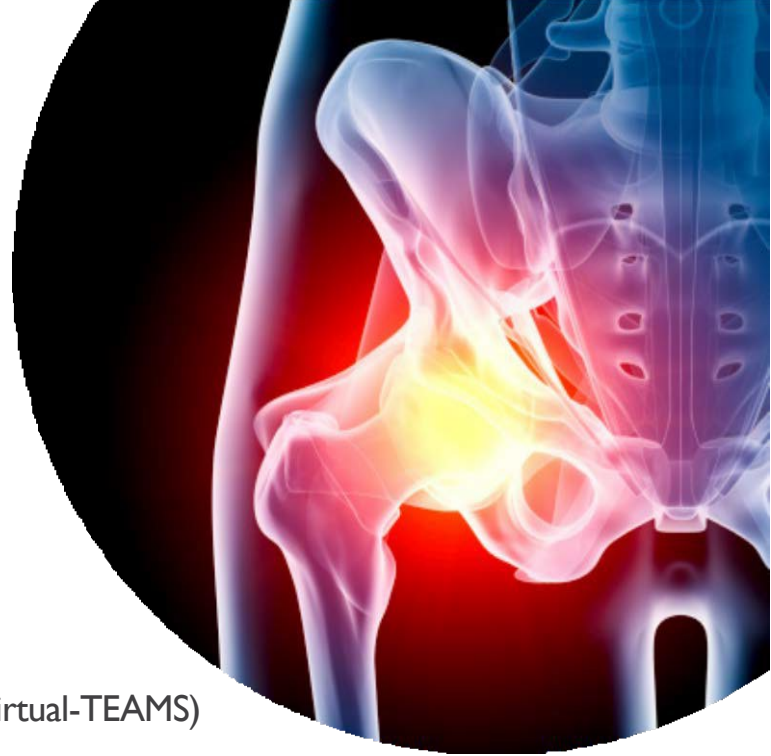
## WHEN

Classes are offered two or three times a month

- Select dates on a **Monday** (in-person) or **Tuesday** (virtual-TEAMS)
- **9 a.m. to 11 a.m.**

## WHERE

- **GBMC's Civiletti Conference Center** (near the East Pavilion): In-person class on Monday, *or...*
- **Virtual Online Microsoft TEAMS**: Class held on Tuesday.
- **Registration is required to confirm date**, time, and availability. Seating is limited.
- **Patient's support person **MUST** attend a pre-op class.**



## WHY

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

## REGISTER

- Directly online:  
<https://eportal.gbmc.org/mychart/openscheduling>
- By phone: **443-849-6261**

**Classes are limited;  
please register today!**

GBMC Joint & Spine Center



- Virtual: Live on-line class
- In-Person Class at GBMC's Civiletti Center



443-849-6261



[jointspinecenter@gbmc.org](mailto:jointspinecenter@gbmc.org)



**GBMC**  
HEALTHCARE





JOINT AND SPINE CENTER

Dear patient,

Please complete your Pre-op **PROMS Questionnaires** in your **GBMC MyChart**. You **MUST COMPLETE ALL THREE** online surveys before surgery. ANSWER ALL QUESTIONS.

- **HOOS JR (total hip) or KOOS JR (total knee) short survey**
- **Veteran RANDS-12 (VR-12) survey**
- **CJR survey**

GBMC's Joint Center is a TJC Advance Certified Program aligning with the American Academy of Orthopaedics/American Joint Replacement Registry (AAOS/AJRR) as part of our Quality & Safety initiatives. The questions on these surveys will tell your physician how you were feeling before your orthopaedic surgery. You will receive the same questionnaires 3-months and 1-year after your surgery. Your answers will help you and your physician better understand how you are doing. This information will also help improve care for patients undergoing similar orthopaedic procedures. Your answers to the survey questions are protected and secure. The AJRR system will only share your information with your physician's office. Complete your physician's surveys via your **GBMC MyChart**.

These SURVEYS SHOULD ONLY TAKE 5 - 10 MINUTES TO COMPLETE

*You must answer ALL Questions. After each survey choose "SUBMIT".* If you are having difficulty, please call the Joint & Spine Center for assistance.

Thank you for your participation.

Warm regards,

April Asuncion-Higgins, RN, BSN, CMSRN  
GBMC Joint and Spine Clinical Program Manager



Activate Your GBMC MyChart Account



6701 N. Charles St., Suite 5835  
Towson, MD 21204



[gbmc.org/jointandspine](http://gbmc.org/jointandspine)



[jointspinecenter@gbmc.org](mailto:jointspinecenter@gbmc.org)



443-849-6261



Why AAOS/AJRR Registry?

Dear patient,

An e-mail from the *American Academy of Orthopaedics/American Joint Replacement Registry* (AAOS/ AJRR) will be coming to you, you **MUST Complete** these online surveys before surgery. **ANSWER ALL QUESTIONS**. Check your junk/spam folder if you don't see the email.

- **HOOS JR** (total hip) or **KOOS JR** (total knee) **short surveys**
- **Veteran RANDS-12 (VR-12) survey**
- **CJR survey**

GBMC's Joint Center is a TJC Advance Certified Program aligning with the AJRR/AAOS as part of our Quality & Safety initiatives. The questions on these surveys will tell your physician how you were feeling before your orthopaedic surgery. You will receive the same questionnaires 3-months and 1-year after your surgery. Your answers will help you and your physician better understand how you are doing. This information will also help improve care for patients undergoing similar orthopaedic procedures. Your answers to the survey questions are protected and secure. The AJRR system will only share your information with your physician's office. Complete your physician's surveys via the internet using the American Joint Replacement Registry (AJRR) secure patient portal (website).

EACH SURVEY SHOULD ONLY TAKE 5 - 10 MINUTES TO COMPLETE

***Your must answer ALL Questions. After each survey choose "SAVE AND COMPLETE".*** If you are having difficulty, please call the Joint & Spine Center for assistance.

Thank you for your participation.

Warm regards,



April Asuncion-Higgins, RN, BSN, CMSRN  
GBMC Joint and Spine Clinical Program Manager



6701 N. Charles St., Suite 5835  
Towson, MD 21204



[gbmc.org/jointandspine](http://gbmc.org/jointandspine)



[jointspinecenter@gbmc.org](mailto:jointspinecenter@gbmc.org)



443-849-6261



Why AAOS/ AJRR  
Registry?

12-6-2024





GBMC Main Hospital 6701 N. Charles St./ Suite 3100/ Towson, MD 21204

MSSA/MRSA preop testing: Monday-Friday 8:00 am-4:00 pm, no holidays

**★ GBMC Diagnostic Center Suite #3100** (across from Einstein Bakery)

- ❖ Pre-op MSSA/MRSA nasal swab: To be completed **10 days to 30 days** prior to your surgery date; the test result is valid for 60-days.
- ❖ Walk-in, **no appointment needed for the MSSA/MRSA nasal swab.**
- ❖ **Monday-Friday 8am-4pm, no holidays.** Sign-in at the front desk.
- ❖ Park at **★ Iris Parking** (near the East Pavilion Entrance)



For those entering from Iris Park at Pavilion East entrance, proceed down the hallway and turn right once you reach Einstein Bagels. The Diagnostic Testing Center will be the next office on your left.





**NON-Kaiser Permanente patients only**

# Diagnostic Center and Laboratory Medicine at GBMC

GBMC Main Hospital 6701 N. Charles St./ Suite 3100/ Towson, MD 21204  
MSSA/MRSA preop testing: Monday-Friday 8am-4pm ONLY, no holidays

Near the EAST PAVILION-across the hallway from the Einstein Bagel Coffee Shop ↓





***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 Diagnostic Center 10-30 days before your surgery date to comply with GBMC's Joint or Spine Program protocol.

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). **A positive nasal screen does not mean you are infected, nor will your surgery be canceled.**

If your culture shows the presence of *Methicillin-sensitive Staphylococcus aureus* (MSSA) *standard precautions are needed. But if your result indicates Methicillin-resistant Staphylococcus aureus (MRSA)*, a form of the bacteria that is **resistant** to commonly used antibiotics, your care team will be notified, and the appropriate IV antibiotic(s) will be ordered and given to you in the pre-op/OR areas the day of surgery.

- 1. 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.
- 2. 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+**.
- 3. MRSA+ patients** will be placed on **contact isolation** requiring the staff to wear a protective gown and gloves to prevent the transmission of the bacteria to other patients in the hospital.
- 4. Pre-op Normal/MSSA+/MRSA+ result, you will receive the 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®.
- 5. Post-op Normal/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 (overnight stay) or PACU 2 phase (same-day discharge home) 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, every day until your post-op wound check or until the bottle is empty (30 days, twice a day).



**How to Apply Post-op Nozin®:** (see Figure 1 below)

1. Shake the 12-mL bottle well. Remove Cap.
2. Saturate the cotton applicator: Apply four (4) drops of solution onto cotton swab tip.
3. 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.
7. Follow your prescribed applications for post-op use.

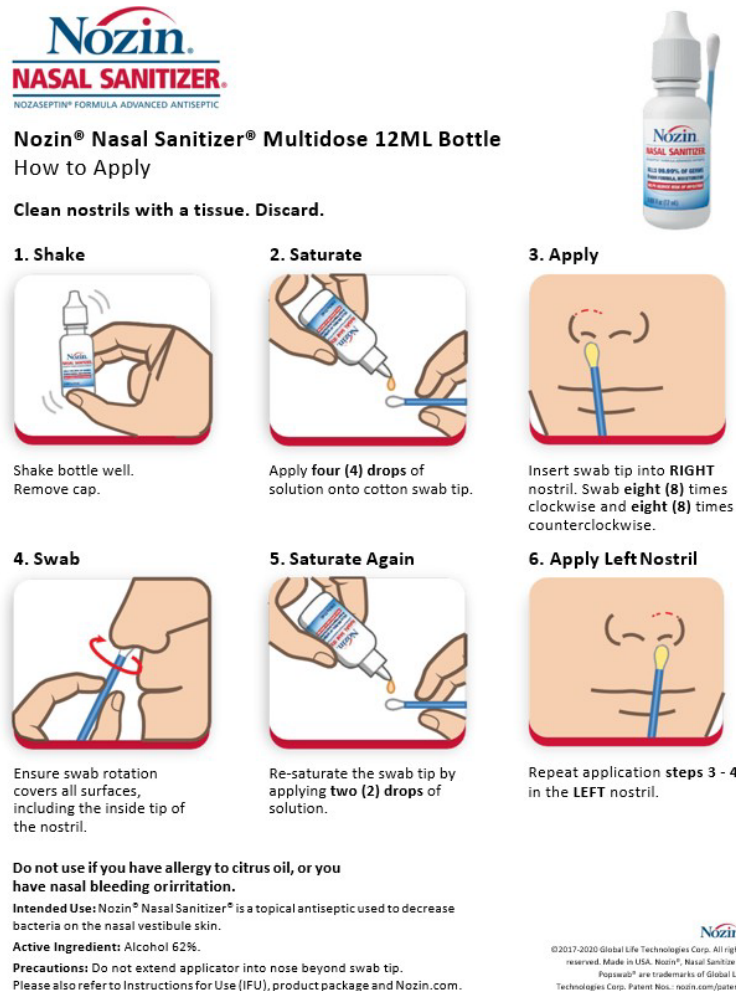


Figure 1

**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.

## ***Bactroban (mupirocin) 2% intranasal pre-op instructions*** **for patients allergic to orange fruit and/or cannot use the Nozin® Nasal Sanitizer®**

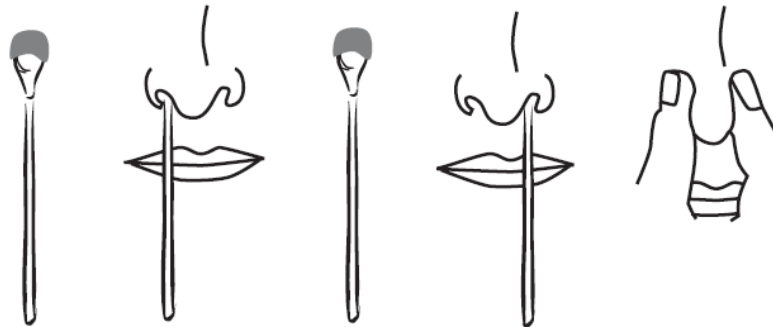
Mupirocin is an antibiotic ointment that provides treatment to help prevent a surgical site infection from *Staphylococcus aureus* organisms.

If your surgeon has ordered a prescription of mupirocin (Bactroban) to use before your surgery, you will need to begin this treatment **Five (5) Days before your surgery date**: You will apply the mupirocin (aka Bactroban) inside each nostril, twice a day for five (5) days, 10 applications, with a cotton Q-tip.

### **Application instructions:**

The picture below shows how to administer the intranasal mupirocin ointment to your nose. This ointment may be supplied in one large tube or several individual application tubes. Both are effective.

- If you receive a single tube of mupirocin (Bactroban) from the pharmacy, place a small amount of ointment on the tip of your finger or on a Q-tip and put on the inside front part of each nostril.
- If you receive 10 individual small tubes of ointment, put half of the ointment from the tube into one nostril and the other half into the other nostril.
- Gently press your nostrils together and release several times (for about a minute) to spread the ointment through your nostrils. Do this twice a day for five days before your surgery.



**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.
- Keep any wounds clean and change your bandages the way your healthcare provider taught you. Clean your hands before and after changing your bandages.
- Cleanse your skin with a pre-op surgical scrub prior to your surgery. It is suggested you start your pre-op skin cleanser 3-nights before surgery, every night, with the 4<sup>th</sup> and last application the morning of surgery before you come to the hospital. Do not use deodorant, lotion, cream, oil, hair removal lotion, or skin medication prior to surgery.



# GBMC

## Joint & Spine Center

### 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.
- Are malnourished (don't eat enough healthy foods).
- Are very overweight.
- You are a diabetic.
- You are a smoker.
- 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 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), long-sleeved 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 or the Joint & Spine Center of GBMC will order an MSSA/MRSA nasal swab test. This test will be done at the GBMC's Diagnostic Center (Monday-Friday, 8 am - 4 pm). This test must be completed 10-30 days before your surgery date.
- You will receive a CHG Pre-op Skin Cleanser Kit with instructions for use. This pre-op CHG skin prep begins three nights before surgery with the fourth wash the morning of surgery before you come to the hospital. 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. Smokers are at a higher risk of complications after surgery, including: Wound infections, Pneumonia, Heart attack, Stroke, and Slower healing of broken bones.
- If you are a diabetic, talk to your doctor about the best way to get your blood sugar under control before surgery. Uncontrolled diabetes can slow the healing of your surgical wound, and put you at an increased risk for infections, and kidney and heart problems. Be sure to tell your surgeon if you are taking insulin.
- If you are overweight with a BMI of 39 or more, talk to your doctor about the best way to lose weight before surgery. Overweight and obese patients are at increased risk of medical and surgical complications, including wound infections, pneumonia, blood clots, and heart attack.
- 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 tenderness at the surgical site.
- A red streak, increased redness, or puffiness near the incision.
- Warmth around affected area.
- Yellowish or bad-smelling discharge from the incision.
- Stitches that dissolve before the wound heals.
- Fever of 101 °F or higher. Chills.
- A tired feeling that doesn't go away.



# GBMC

JOINT AND SPINE CENTER

## PRE-SURGERY INSTRUCTIONS

The HIBICLENS soap you have been given is a solution of 96% Gentle Foaming Soap, and 4% Chlorhexidine Gluconate Antiseptic for pre-surgical bathing, which is prescribed to mitigate the opportunity for infection:

- 1) It is VERY important that you follow these instructions no less than **FOUR (4)** days in a row.
- 2) Visit this link to watch a 2-minute 36-second video illustrating how to correctly shower using the foaming HIBICLENS: <https://youtu.be/eF3tae-c6d8>

[Scan this QR Code for video:](#)



- 3) **Shower #1** begin three (3) nights before your surgery.  
Wash your hair, face, and genitals with your regular shampoo and soap. Rinse thoroughly.
- 4) Run clear water on the rest of your body to wet the rest of your body.
- 5) Shut off the shower or step out of the water stream.
- 6) Pump the Hibiclens foam onto each of the 6 or 7 disposable cloths provided to you.
- 7) Lather up and wash your body from your neck down (each cloth for each body zone, see back of this page).

**IMPORTANT!!: Do not allow solution to come in contact with your face, eyes, nose, mouth, ears, or inside your genitals.**

- 8) Allow the HIBICLENS foam to sit on your skin for at least **two (2) to five (5) minutes.**
- 9) After you've waited at least 2 minutes, turn the water back on, or step back into the water stream to rinse.
- 10) Pat dry with a fresh clean towel.
- 11) You will repeat this process every night before surgery.

**Hibiclens Shower #2** is two (2) nights before surgery.

**Hibiclens Shower #3** is the night before surgery.

**Hibiclens Shower #4** is the morning of surgery before coming to the hospital.

**Do NOT shave or use removal lotions, deodorant, perfume, lotion, creams, or oils on your body.**

**FOUR (4) CHG SHOWERS ARE PRESCRIBED.**

**DO THIS EVERY DAY FOR FOUR (4) DAYS IN A ROW PRIOR TO SURGERY!!**



Each one of the disposable cloths (#1 through #6 or #7) is used on a different part of the body. By using a fresh clean cloth with the Hibiclens for each body zone, you help cut down on cross contaminating different body areas. Pump the Hibiclens foam onto each of the 6 or 7 disposable cloths provided to you. Use a fresh towel for every CHG shower. You will **complete 4 CHG showers at home.**



**Cloths #1-6: Pump Hibiclens onto cloths, lather skin as instructed below.**

**#1: Surgical Site.** (If multiple surgical sites, use a new cloth)

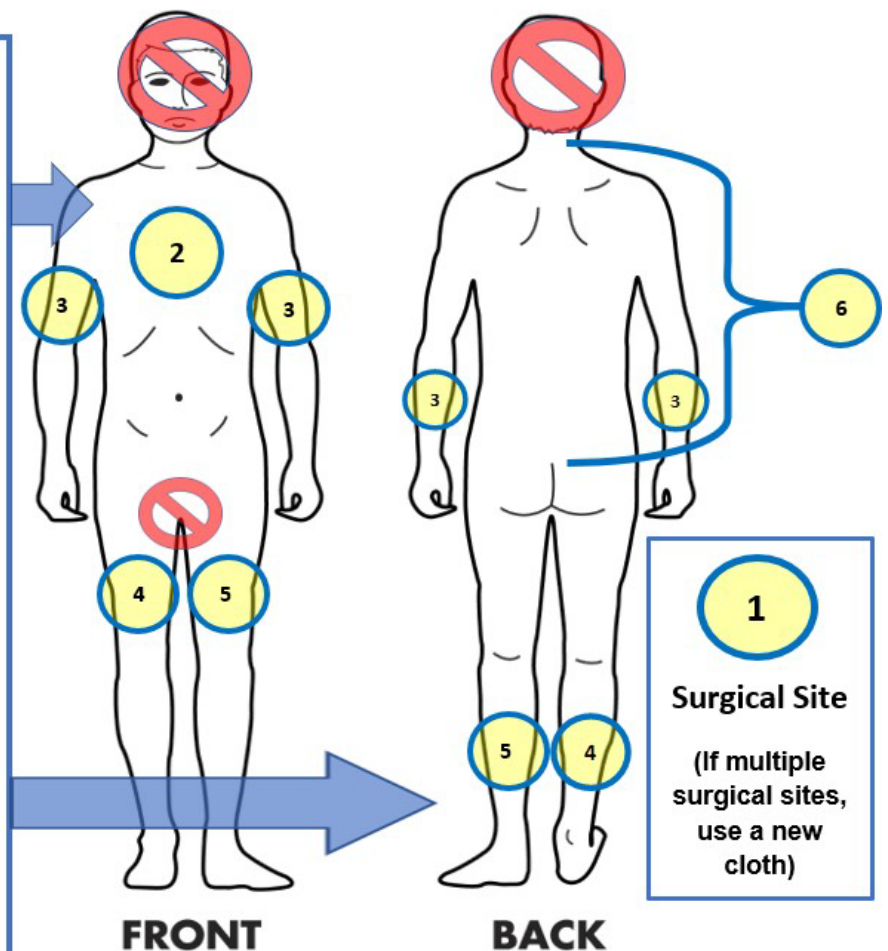
**#2:** Neck, chest, and stomach.

**#3:** Both arms front and back, arm pits, hands, and fingers.

**#4:** Starting at right hip, front and back of leg, feet, toes.

**#5:** Starting at left hip, front and back of leg, feet, and toes.

**#6:** Shoulders, back of neck, upper and lower back, and buttocks.



**Do NOT shave or use hair removal lotions, deodorant, perfume, lotion, creams, or oils on your body.**



<p><b>Three Nights Before Surgery</b></p> <p>●</p>	<p><b>Two Nights Before Surgery</b></p> <p>●</p>	<p><b>One Night Before Surgery</b></p> <p>●</p>	<p><b>Morning of Surgery</b></p> <p>●</p>
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## Community Outreach Information

### 1) **Geckle Diabetes & Nutrition Center**

*Providing personalized diabetes self-management training, nutrition education, and emotional support to help people achieve optimal health. 6535 N. Charles St., Pavilion North, Suite 405*

Towson, MD 21204

Tulip Parking Garage

(443) 849-2036

<https://www.gbmc.org/services/geckle-diabetes-and-nutrition-center/>

### 2) **Surgery and Smoking**

Smokers have a higher rate of complications after surgery than nonsmokers - in fact, smoking may be the single most important factor in postoperative complications. The most common complications caused by smoking include.

OrthoInfo, American Academy of Orthopaedic Surgeons.

<https://orthoinfo.aaos.org/en/treatment/surgery-and-smoking/>

### 3) **Smoking Cessation: It's Okay to Be a Quitter**

Tobacco use negatively affects every system in your body. According to the Centers for Disease Control and Prevention (CDC), cigarette smoking causes approximately 1 in 5 deaths every year and it's the leading cause of preventable deaths in the United States

**GBMC Greater Living**, 2017.

<https://www.gbmc.org/greater-living/its-okay-to-be-a-quitter>

### 4) **Alcohol and Opioid Epidemic Educational Resources**

**GBMC Our Community**, 2018.

<https://www.gbmc.org/our-community/opioid-epidemic-educational-resources>

### 5) **GBMC's Comprehensive Obesity Management Program (COMP)** 6565 N.

Charles St., Pavilion East, Suite 501

Towson, MD 21204

Iris Parking Garage

(443) 849-3779

<https://www.gbmc.org/services/bariatrics/medical-weight-loss-program>



**Current Medication List**

**Bring completed form to you primary care team and on the day of surgery**

Refer to Pre-op Home Medication Guidelines (Anesthesia Home Medication Guidelines) for instructions regarding when to stop taking certain medication(s) prior to surgery.

Name:

Date of Birth:

	Name of Medication	Dose	Frequency	Used for	Last Dose
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

**List all medication allergies, including Latex and IV contrast dye:**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_

Date:	Stop 14-days before surgery date	Stop 10-days before surgery date	Stop 9-days before surgery date	Stop 8-days before surgery date	Stop 7-days before surgery date	Stop 6-days before surgery date	Stop 5-days before surgery date	Stop 4-days before surgery date	Stop 3-days before surgery date	Stop 2-days before surgery date	Stop 1-day before surgery date	Stop Morning of Surgery	Date and Time of the last dose taken:
Medications to stop on: <b>NSAIDs</b> <i>(Non-Steroidal Inflammatory Drugs)</i>					X								
Daily/Weekly Medications													
As Needed Medications													
<p><b>Important Reminders for Pre-op Clearance:</b>            *Please refer to the pre-op packet from your surgeon's office/surgical scheduler</p> <p>*30-days prior to surgery date: History and Physical, Cardiac Clearance, Pulmonary Clearance</p> <p>*30-60 days prior to surgery date: your primary care team may order the following items for you to complete:            EKG, Echocardiogram, labwork (BMP, CMP, CBC w/platelets, A1C, PT/INR, PTT, Serum Heg, Urinalysis w/Micro (only if symptomatic for UTI))</p> <p>10-30 days before surgery date: <b>MSSA/MRSA swab collected at GBMC's Diagnostic Center</b></p> <p><b>Complete this section ONLY if you have Outpatient PT therapy already scheduled:</b></p> <p>What is the name of the Outpatient Therapy Group/Company you are going to after discharge: _____ Phone number: _____</p> <p><b>When is your first appointment date after you leave the hospital?</b> _____ (your first session should be within 72-hrs from your discharge date)</p> <p>Who is driving you to your first outpatient therapy session? _____</p>													
<p><b>Notes:</b></p> <p>5-7 day before your surgery date:            Pick up your prescribed medications from your pharmacy.            Call the surgeon's office if the prescriptions are not at your preferred pharmacy location.</p> <p>Begin antibacterial CHG skin prep            1st CHG shower:            3 nights before surgery</p> <p>2nd CHG Shower:            2 nights before surgery</p> <p>3rd CHG shower:            3 nights before surgery</p> <p>4th CHG shower:            morning of surgery</p> <p><b>Notes:</b></p> <p>Pack your overnight bag.            If you have a rolling walker or cane, please bring it to the hospital.            If you do not own a rolling walker, your Care Manager on Unit 58 will arrange to have one delivered to your hospital room before discharge.</p>													

# Pre-op Home Medication Guidelines



Hold the following medications prior to surgery as instructed



## Angiotensin Converting Enzyme (ACE) Inhibitors Hold day of surgery

Benazepril / amlodipine (Lotrel)  
Benazepril (Lotensin)  
Benazepril / HCTZ (Lotensin HCT)  
Captopril (Capoten®)  
Captopril / HCTZ (Capozide)  
Enalapril (Vasotec®)  
Enalapril / HCTZ (Vaseretic)  
Fosinopril (Monopril)  
Fosinopril / HCTZ (Monopril HCT)  
Lisinopril (Prinivil®, Zestril®)  
Lisinopril / HCTZ (Prinzide or Zestoretic)  
Moexipril (Univasc)  
Moexipril / HCTZ (Uniretic)  
Perindopril (Aceon)  
Quinapril (Accupril)

## Particulate Antacids Hold day of surgery

Gaviscon  
Maalox  
Mylanta  
Milk of Magnesia

## CBD/THC Products Hold day of surgery

No Flower, Edibles  
Concentrates,  
Topicals, or Tinctures

## Angiotensin Receptor Blockers (ARB) Hold day of surgery

Azilsartan (Edarbi)  
Candesartan (Atacand)  
Candesartan/HCTZ (Atacand HCT)  
Eprosartan (Teveten)  
Eprosartan/HCTZ (Teveten HCT)  
Irbesartan (Avapro)  
Irbesartan / HCTZ (Avalide)  
Losartan (Cozaar)  
Losartan / HCTZ (Hyzaar)  
Olmesartan (Benicar)  
Olmesartan / HCTZ (Benicar HCT)  
Telmisartan (Micardis)  
Telmisartan/HCTZ (Micardis HCT)  
Valsartan (Diovan)  
Valsartan / HCTZ (Diovan HCT)

## Diuretics - Hold day of Surgery

EXCEPTION: Do take for congestive heart failure or ascites, as directed by your doctor.

Acetazolamide (Diamox)  
Amiloride  
Amiloride/Hydrochlorothiazide (Moduretic)  
Bendroflumethiazide  
Bumetanide (Bumex)  
Chlorothiazide (Diuril)  
Chlorthalidone (Thalitone)  
Eplerenone (Inspra®)  
Ethacrynic acid (Edecrin)  
Furosemide (Lasix®)  
Hydrochlorothiazide (Microzide, Esidrix®)  
Indapamide (Lozol)  
Metolazone (Zaroxolyn)  
Methazolamide  
Spironolactone (Aldactone)  
Metolazone (Zaroxoxlyn)  
Spironolactone/Hydrochlorothiazide (Aldactazide)  
Toremide (Demadex)  
Triamterene (Dyrenium)  
Triamterene / HCTZ (Dyazide, Maxzide)

## Appetite Suppressant (Diet Drug)

Discontinue for 6 days before surgery

Phentermine (Adipex®, Suprenza®)  
Phentermine / Topiramate (Qsymia®)

## SGLT-2 Inhibitors

Discontinue according to time listed below:

Jardiance (empagliflozin) 3 days before surgery  
Invokana (canagliflozin) 3 days before surgery  
Farxiga (dapagliflozin) 3 days before surgery  
Brenzavvy (Bexagliflozin) 3 days before surgery  
Zynquista (Sotagliflozin) 3 days before surgery  
Steglatro (ertugliflozin) 4 days before Surgery

## GLP-1 Agonist

See Presurgical Guidelines on next page



## PATIENTS TAKING GLP-1 AGONIST PREPARING FOR SURGERY

### Pre-Surgical Guidelines For GBMC Joint Replacement or Neurosurgery

The pre-surgical diet guidelines below are for patients using GLP-1 Agonist medication for diabetic management or weight loss management. Your physician, surgeon, or anesthesiologist may require you to follow an alternative plan. In that case, follow your physician's instructions.

#### **GLP-1 AGONIST BRAND (Generic) examples:**

- Trulicity (*Dulaglutide*)
- Ozempic, Wegovy, Rybelsus (*Semaglutide*)
- Byetta, Bydureon Bcise (*Exenatide, Extended Release*)
- Mounjaro (*Tirzepatide*)
- Saxenda, Victoza (*Liraglutide*)
- Xultophy (*Insulin degludec and liraglutide*)
- Adlyxin (*Lixisenatide*)
- Soliqua (*Insulin glargine and lixisenatide*)

#### **GUIDELINES FOR DIET AND FASTING BEFORE SURGERY:**

- **24 HOURS BEFORE YOUR SCHEDULED SURGERY TIME:**
- **CLEAR LIQUID DIET ONLY.**
- **If you are taking a GLP-1 medication, take CLEAR FLUIDS ONLY BEGINNING 24 hours before surgery time. No Solid Foods.**

### CLEAR FLUID DIET

#### **ALLOWED**

- Water
- Apple, Cranberry & Grape Juice (pulp free)
- Gatorade
- Black Coffee or Tea
- Clear Broth
- Ginger ale and Seltzer
- Jello, Italian Ice, Popsicles (pulp free)

#### **NOT ALLOWED**

- Milk or Dairy Products (including in coffee and tea)
- Citrus Juices
- Prune Juice
- Juices with Pulp
- Any food or beverage not listed in the "allowed" column

- **MIDNIGHT BEFORE YOUR SURGERY:**  
**NOTHING BY MOUTH AFTER 12-MIDNIGHT**

Adhere to **clear liquid diet** starting **24 hours** prior to scheduled surgery time  
**Nothing by mouth (NPO) starting at midnight** the night before surgery.

If diet restrictions are broken, your surgery may be canceled.

Patients experiencing active GI symptoms on the day of surgery (such as nausea, vomiting, bloating, or abdominal pain) will have their surgery postponed. Patients with these symptoms should work with their prescriber prior to surgery to de-escalate or hold medication until symptoms are no longer present





Please ask your primary care team prior to taking the following medications before your surgery date



**Anticoagulants and Antiplatelets:**

**You MUST consult with your cardiologist and/or primary care team.**

Continue for carotid surgery, recent heart stent, recent MI or stroke. Again, please consult with your doctor.

**Coumadin:**

Generally, discontinue for 5 days pre-surgery. Again, must consult with your doctor and see if bridging therapy is needed.

- Dabigatran (Pradaxa®)
- Fondaparinux (Arixtra)
- Apixaban (Eliquis®)
- Rivaroxaban (Xarelto)
- Clopidogrel (Plavix)
- Prasugrel (Effient)
- Ticagrelor (Brilinta)
- Ticlopidine (Ticlid)

**Non-steroidal anti-inflammatory:**

**Joint Replacement & Neurosurgical Patients**

**Discontinue 7 Days prior to surgery**

- Diclofenac (Cataflam®, Voltaren®)
- Etodolac (Lodine®)
- Fenoprofen (Nalfon®)
- Flurbiprofen (Ansaid®)
- Ibuprofen (Advil®, Motrin®)
- Ibuprofen/Hydrocodone (Vicoprofen®)
- Ibuprofen/Oxycodone (Combunox®)
- Indomethacin (Indocin®)
- Ketoprofen (Orudis KT®, Oruvail®)
- Ketorolac (Toradol®)
- Meclofenamate (Meclomen®)
- Mefenamic Acid (Ponstel®)
- Tolmetin (Tolectin®)
- Diflunisal (Dolobid®)
- Etodolac (Lodine XL®)
- Meloxicam (Mobic®)
- Nabumetone (Relafen®)
- Naproxen (Aleve®, Anaprox®, Naprosyn®)
- Oxaprozin (Daypro®)
- Piroxicam (Feldene®)
- Sulindac (Clinoril®)

**Aspirin or Salicylates:**

**Discontinue for 10 days prior to your joint replacement or neurosurgery.** May cause excessive bleeding during surgery and recovery period. Again, please consult with your primary care team.

**Herbal Medications and Non-Vitamin Supplements**

**Discontinue for 10 days prior to your joint replacement or neurosurgery.**

**\*\*May cause excessive bleeding during surgery and recovery period**

- \*\* Vitamin E
- \*\* Fish Oil/Omega
- \*\* Glucosamine
- CoQ10
- Gingko Biloba
- Ginseng
- Turmeric
- Garlic
- Dong quai
- Kava
- Ma-huang

**Cox-2 Inhibitor:**

**Consult with your surgeon.**

**Discontinue 7 Days prior to surgery**

**Celecoxib (Celebrex) – Joint Replacement patients can continue to take this medication.**

**MAO inhibitors:**

**Obtain psychiatry consult before elective surgery**

- Isocarboxazid (Marplan®)
- Phenelzine (Nardil®)
- Tranylcypromine (Parnate®)
- Rasagiline (Azilect®)
- Selegiline patch (Emsam®)
- Isocarboxazid (Marplan®)
- Phenelzine (Nardil®)
- Tranylcypromine (Parnate®)
- Rasagiline (Azilect®)
- Selegiline patch (Emsam®)

**Joint Replacements ONLY:**

Apixaban (Eliquis) or Rivaroxaban (Xarelto), hold these medications for 72-hrs before surgery if deemed safe to do so from a cardiac/neuro standpoint. Please consult your doctor(s).





# You may take the following medications the day of your surgery.



Beta Blockers
Acebutolol (Sectral)
Atenolol (Tenormin)
Betaxolol (Kerlone)
Bisoprolol (Zebeta)
Carvedilol (Coreg)
Metoprolol (Lopressor, Toprol XL)
Nadolol (Corgard)
Nebivolol (Bystolic)
Penbutolol (Levatol)
Pindolol (Visken)
Propranolol (Inderal)
Sotalol (Betapace)

Bronchodilators, Inhaled Steroids, Anticholinergics, or combination of these
Albuterol (ProAir, Proventil, Ventolin)
Albuterol/Ipratropium (Duoneb, Combivent)
Formoterol/Budesonide (Symbicort)
Formoterol/Mometasone (Dulera)
Ipratropium (Atrovent)
Levalbuterol (Xopenex)
Salmeterol (Serevent)
Salmeterol/Fluticasone (Advair)
Beclomethasone (QVAR)
Flunisolide (AeroBid)
Fluticasone (Flovent)
Mometasone (Asmanex)
Triamcinolone (Asmacort)
Fluticasone/vilanterol (Breo)
Tiotropium/olodaterol (Stiolto)

Steroids (Glucocorticoids)
Prednisone
Methylprednisolone (Medrol) or (Solumedrol)

Opioid Agonist/Antagonist:
Consider transitioning to alternative medication 1-2 weeks prior to elective surgery by the prescribing physician.
Buprenorphine/Naloxone (Suboxone)
Buprenorphine patch (Butrans)
Naltrexone (Vivitrol, ReVia, Depade)

Thyroid hormone
Levothyroxine (Synthroid, LevoxyI)
Dessicated thyroid (Armour Thyroid)

Calcium Channel Blocker
Amlodipine (Norvasc)
Clevidipine (Cleviprex®)
Diltiazem (Cardizem®)
Felodipine (Plendil®)
Isradipine (Dynacirc®)
Nicardipine (Cardene®)
Nifedipine (Procardia®, Adalat®)
Nimodipine (Nimotop®)
Verapamil (Calan®, Covera-HS®, Verelan®)

Statins
Atorvastatin (Lipitor)
Fluvastatin (Lescol)
Lovastatin (Mevacor)
Pitavastatin (Livalo)
Pravastatin (Pravachol)
Rosuvastatin (Crestor)
Simvastatin (Zocor)

Opioid/Narcotics
Fentanyl Patch (Duragesic)
Hydromorphone SR (Exalgo)
Methadone (Dolophine)
Morphine SR (MS Contin, Kadian, Avinza)
Morphine SR/Naltrexone (Embeda)
Oxycodone SR (Oxycontin)
Oxymorphone (Opana ER)
Hydrocodone
Hydrocodone/Acetaminophen (Hycet, Lorcet, Lortab, Norco, Vicodin, Zydone)
Hydrocodone/Ibuprofen (Vicoprofen)
Hydromorphone (Dilaudid)
Hydromorphone ER (Exalgo)
Morphine
Oxycodone (Roxicodone)
Oxycodone/Acetaminophen (Percocet, Endocet, Roxicet)
Oxycodone/Aspirin (Percodan, Endodan)
Propoxyphene/Acetaminophen (Darvocet)
Propoxyphene/Aspirin (Darvon)
Tapentadol (Nucynta)

Celecoxib (Celebrex) - NSAID
Celebrex: Joint Replacement patients <b>ONLY</b>



# You may take the following medications the day of your surgery.



## GERD/antacids

Esomeprazole (Nexium)  
Lansoprazole (Prevacid)  
Omeprazole (Prilosec)  
Pantoprazole (Protonix)  
Rabeprazole (Aciphex)

## Alzheimer's (acetyl cholinesterase inhibitors)

Donazepil (Aricept)  
Galantamine (Razadyne)  
Rivastigmine (Exelon)  
Tacrine (Cognex)

## Antidepressants (and anti-anxiety)

Citalopram (Celexa®)  
Duloxetine (Cymbalta)  
Escitalopram (Lexapro®)  
Fluoxetine (Prozac®)  
Fluvoxamine (Luvox®)  
Paroxetine (Paxil®)  
Sertraline (Zoloft®)  
Strattera (Atomoxetine®)  
Desvenlafaxine (Pristiq, Khedezla)  
Amitriptyline (Elavil®)  
Bupropion (Wellbutrin)  
Desipramine (Norpramin)  
Doxepin (Sinequan)  
Imipramine (Tofranil)  
Mirtazapine (Remeron)  
Nefazodone (Serzone)  
Nortriptyline (Pamelor)  
Trazodone (Desyrel)  
Buspirone (Buspar)

## Lithium

You may take morning of surgery. Please consult with your psychiatrist for instructions.

## Skeletal Muscle Relaxants

Carisoprodol (Soma)  
Metaxalone (Skelaxin)

## Histamine H2 blockers

Cimetidine (Tagamet)  
Famotidine (Pepcid)  
Nizatidine (Axid)  
Ranitidine (Zantac)

## Psychiatric (including anxiety and depression) and Neurological Medications

Alprazolam (Xanax®)  
Chlordiazepoxide (Librium®)  
Diazepam (Valium®)  
Clonazepam (Klonopin)

## Anticonvulsants

Carbamazepine (Tegretol)  
Felbamate (Felbatol)  
Gabapentin (Neurontin)  
Levetiracetam (Keppra)  
Lamotrigine (Lamictal)  
Oxcarbazepine (Trileptal)  
Phenytoin (Dilantin)  
Pregabalin (Lyrica)  
Primidone (Mysoline)  
Tiagabine (Gabitril)  
Topiramate (Topamax)  
Valproic Acid (Depakote)  
Zonisamide (Zonegran)

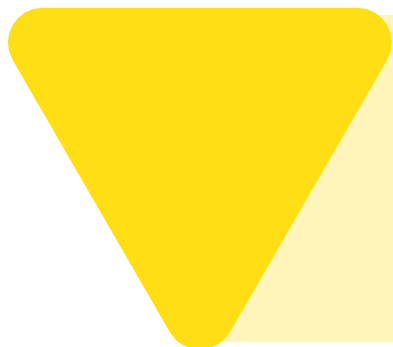
## ADHD (stimulant and non-stimulant)

Dextroamphetamine (Adderall)  
Lisdexamfetamine (Vyvanse)  
Dexmethylphenidate (Focalin)  
Methylphenidate (Ritalin, Metadate, Concerta, Daytrana patch)  
Guanfacine (Intuniv)  
Atomoxetine (Strattera)

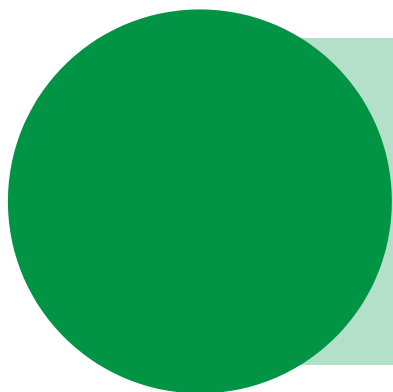
# When is it Appropriate for Patients with a Total Joint Replacement or Neurosurgery to use Antibiotics prior to Dental Procedures?



**Antibiotics are NOT recommended if the patient is allergic to penicillin**



**Amoxicillin may be utilized (but is not required) in most other instances**



**Antibiotics ARE recommended if the patient has a history of uncontrolled Diabetes (1), a medical treatment or condition that causes suppression of the immune system (2), or a history of prior total joint infection**

- 1. Uncontrolled Diabetes – Hemoglobin A1c > 8**
- 2. Immune Suppression – Examples include: stage 3 AIDS, immunosuppressive chemotherapy, immunosuppressants after solid organ transplant, inherited conditions, bone marrow transplant**



# How to Use Your Incentive Spirometer *Before Surgery*

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

## 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 Figure 1.

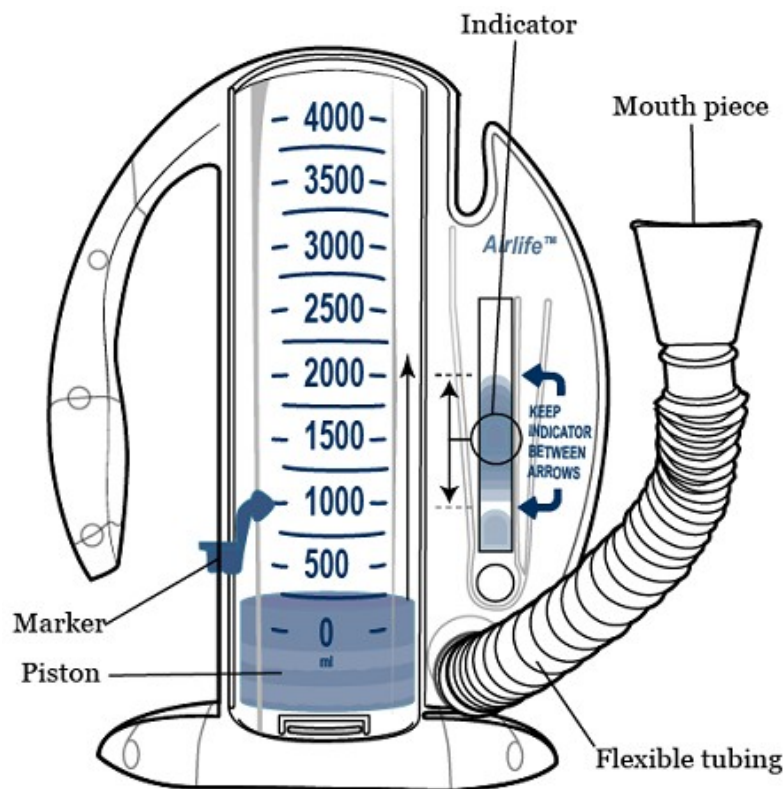


Figure 1. Incentive Spirometer



Use the Incentive Spirometer (IS) before your surgery and do your deep breathing and coughing exercises. This will 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 at least 30 times throughout the day. Breathing-in several times consecutively may leave you feeling dizzy. Stop and rest if this occurs and 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).
3. Try to get the piston as high as you can, while keeping the indicator between the arrows.
  - o 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. 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



## **Joint and Spine Center**

### **Directions to GBMC General Operating Room (GOR)**

- Begin by entering the **GBMC Main Entrance** from **North Charles Street**. Proceed up the hill and when you come to the fork in the road, turn left to go up the hill towards the Emergency room and follow the signs to **Lily Park**, which will be on your left directly across from the Emergency Department. ***Collect your parking ticket*** when entering garage.
- Parking is available for patients anywhere in **Lily Park**; however, the first 3 levels are reserved for you and your family members, so you should find available parking on these levels.
- Once you have parked your car, take the garage elevator to the ground floor (3<sup>rd</sup> floor), turn right, and follow signs to the **Main Hospital**. You will pass through a short tunnel and into the concourse adjacent to the Emergency Department. Walk straight and look for **Elevator E** that will be on your left.
- It is very important to remember that you are now on the 3<sup>rd</sup> floor of the hospital as you enter the concourse from the tunnel and the parking garage at GBMC is built on a hill. Please keep this in mind.
- Take **Elevator E** to the 4<sup>th</sup> floor. When the doors of the elevator open, the **Family Waiting Information Desk** will be directly in front of you. Here you will check in with a volunteer who will then direct you to an Admissions Officer who will register you for surgery.

**Thank you for choosing GBMC!**

For further information, contact the Joint and Spine Center at GBMC at


443-849-6261 or online at [www.gbmc.org/jointandspine](http://www.gbmc.org/jointandspine)

Joint & Spine Care Coordinator: 443-849-6281





**General Reminders for Same-Day Discharge**

- Park at Lily Garage 
- Arrive to GBMC's GOR no later than 2 hours from your scheduled surgery.
- **GBMC Visitor for Same-Day Discharge**
  - 1-Coach/Support Person (an independent adult), must be present on the day of surgery for the pre-op education in the Pre-op Phase, and be present during the PACU II/ Recovery 2 phase and discharge.
  - The designated coach/support person will bring the patient's rolling walker with slide caps to the Recovery 2 phase for the discharge PT training and evaluation.
  - The designated coach support person is required to be present during the PT training and during the discharge education.
  - The designated coach/support person will drive/ride with the patient home or to their discharge recovery location.
  - Visitation guidelines will reflect our Zero Tolerance policy as it relates to disruptive behavior.
- 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(s) with you before leaving home.
- **Discharge pick-up location: [LILY PARK](#) or [EMERGENCY DEPARTMENT loop](#)**





### VALET SERVICES

Valet services (cash ONLY) will be available

**Monday through Friday**

at the following times/locations:

**7 a.m. - 6:30 p.m.**

- Louis and Phyllis Friedman Building entrance
- Labor & Delivery (OB entrance) the Yaggy Atrium
- 8:30 a.m. - 5:00 p.m.
- PPW, Physicians Pavilion West



### SHUTTLE SERVICES

Beginning 11/9/2023 GBMC will

provide shuttle services

on a continuous loop

**Monday - Friday**

**7 a.m. - 5 p.m.**

The shuttle accommodates 4 passengers at a time and will pick up from 3 locations:

- Friedman Building entrance
- PPW, Physicians Pavilion West
- Bus loop, Physicians Pavilion East (PPE)

**S SHUTTLE STOP** **V VALET PARKING**

**Labor & Delivery**

**S SHUTTLE STOP** **V VALET PARKING**







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Your Surgery is Scheduled at the following location on GBMC

Campus: **GOR, the floor above the Emergency Room**



### **General Operating Room (GOR)**

**From Charles Street:** Enter the GBMC campus from Charles Street. At the fork, stay to the left (towards the ER) and proceed up the hill. Turn at the second left into Lily Park, across from the Emergency Department.

-  **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**, walk down the corridor, you will pass a sitting area on the LEFT.
- Continue until you reach elevator E.
- Take **Elevator E** on the left to the 4<sup>th</sup> floor.
- When you exit the elevator walk straight forward to the GOR registration desk.

The **GBMC HealthCare navigation** app <https://www.gbmc.org/gbmc-app>

A GPS wayfinding, directing you from home to the proper parking garage.)

## **MAIN LOBBY ENTRANCE**

On November 9, 2023, GBMC's new Louis and Phyllis Friedman Building entrance will open. This is not a handicap accessible entrance. There will be limited shuttles and valet services available. Please review parking at GBMC

UPDATES: <https://www.gbmc.org/parking>

Please plan to use Lily Park  garage on the day of your surgery.

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

## Patient & Visitor Parking Rates:

Up to 1 hour: FREE

1 hour to 3 hours: \$6.00

3 hours to 6 hours: \$7.00

Over 6 hours (per 24 hours): \$8.00

## Valet Available in the Following Locations: CASH ONLY

- **Labor & Delivery (OB) entrance**
- Louis and Phyllis Friedman Building entrance



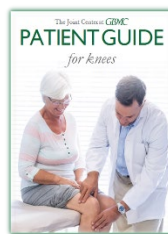
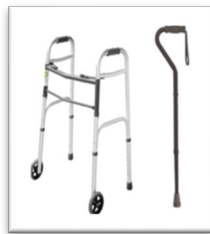
# Same-Day Discharge Joint Replacement Surgery:

## Day of Surgery Checklist: Knee/Hip

➤ Arrive with you **Coach/Support Person** to the hospital 2-hours before your scheduled surgery time.

### Bring to the hospital:

- State issued ID card
- Insurance card(s)
- Walker with two 5" wheels
- Guidebook (optional)
- Coach/Family/Support Person to receive information from Pre-op Nurse.



### Discharge from the Post Anesthesia Care Unit (PACU):

- Confirmed Post-operative physical therapy arrangements
- Coach/Family member MUST BE PRESENT** for education and PT training, brings the walker
- Nozin® Nasal Sanitizer®, 12-mL bottle and starter cotton swabs
- Gauze and tape
- Therapy ice packs & wrap (knee or hip)
- Gait belt

## At Home After Surgery

- I will call my surgeon's office with any signs of infection such as fever, redness, swelling, tenderness, or drainage.
- I will call my surgeon's office with any new loss or decrease in sensation in the operative leg or foot.
- I will call my surgeon's office if there is persistent pain, cramping, or soreness in the calf.
- I will contact my surgeon's office with any questions or concerns.



Nozin® Nasal



Gauze & Tape

<u>Knee:</u>	<u>Hip:</u>
1 wrap & 4 ice packs	1 wrap & 2 ice packs
<b>Set timer:</b>	<b>Set timer:</b>
*20-mins "ON"	*20-mins "ON"
*40-mins "OFF"	*40-mins "OFF"



### Home SCD: (optional)



Gait Belt

\*\*\*IF your surgery at GBMC is cancelled, please call the Joint & Spine Center, 443-849-6261



## Total Knee Replacement Considerations:

Pre-op  
&  
Post-op



- You are **ENCOURAGED** to **actively extend and flex** your knee throughout the day.
- Do **NOT** keep a pillow under your knee for long periods of time.
  - The pillow is to be removed often to allow you to actively extend the operative leg.
- Do **NOT** keep leg extended for long periods of time.

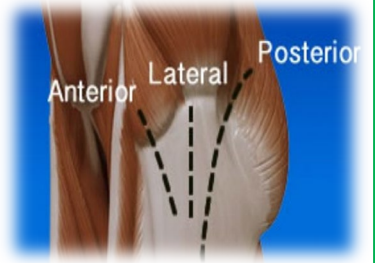
## Post-op Hip PRECAUTIONS

### Total Hip Replacement Post-op Precaution Videos below

There are three types of surgical approaches for a total hip replacement:

Posterior, Lateral, or Anterior.  
Your surgeon will order the specific precautions for you to follow to prevent post-op dislocation.

Below are the QR codes to link you to the videos of each precaution:



### Posterior Hip Replacement

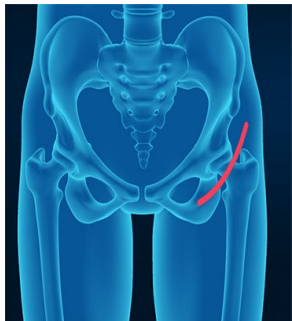


Posterior Hip Precautions

- **No** crossing legs
- **No** turning toes inward (internal rotation)
- **No** bending from waist beyond 90 degrees



### Anterior Hip Replacement



Direct Anterior Hip Precautions

Follow your surgeons Direct Anterior Hip replacement precaution orders.

You may have these precautions to prevent dislocation:

- **No** extreme Extension
- **No** flexion with External Rotation

### Lateral Hip Replacement



Lateral Hip Precautions

- **No** extreme Extension
- **No** External Rotation
- **No** flexion with External Rotation
- **No** Active Abduction unless allowed by your surgeon

