



**PLEASE MUTE Your
MICROPHONES**

and

**Turn Off Your Cell
Phone Ringer**

**Do Not Answer Phone
Calls During Class.
Thank you!**



GBMC
HEALTHCARE



Malcolm Baldrige
National Quality Award
2020 Award Recipient

Pre-op Presentation: Joint Replacement Surgery

Presented by: April Asuncion Higgins, BSN, RN, CMSRN

Updated 1-7-2025

Orthopaedic Total Knee/Hip Replacement Surgeons

Orthopaedic Specialty of GBMC



Leroy M Schmidt, MD
Director, Joint Replacement Center –
Chief, Division of Orthopaedics
Orthopaedic Surgery

Dominick A Lanzo, MD
Director of Sports Medicine
Orthopaedic Surgery

Todd M Melegari, MD
Orthopaedic Surgery

James C Johnston, MD
Orthopaedic Surgery
Orthopaedics

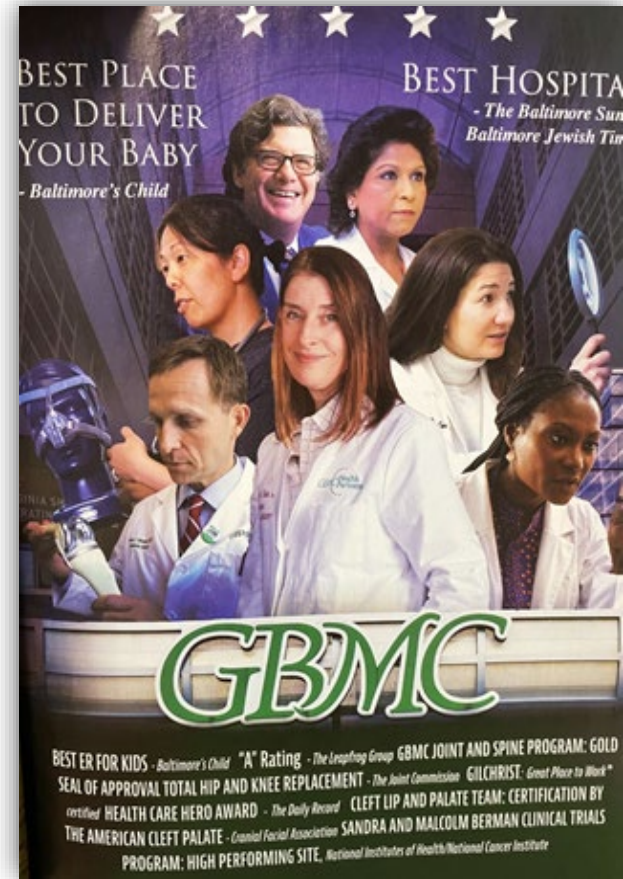
OrthoMD/Center of Advanced Orthopedics



David Buchalter, MD
Orthopaedic Surgery

Peter Jay, MD
Orthopaedic Surgery

Dr. Yonah Heller, MD
Orthopaedic Surgery



GBMC
HEALTHCARE



"To every patient, every time, we will provide the care that we would want for our own loved ones."

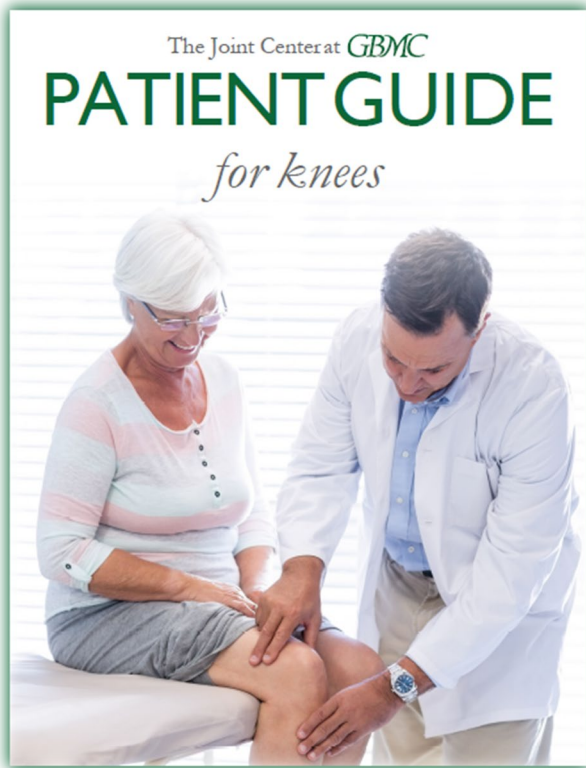
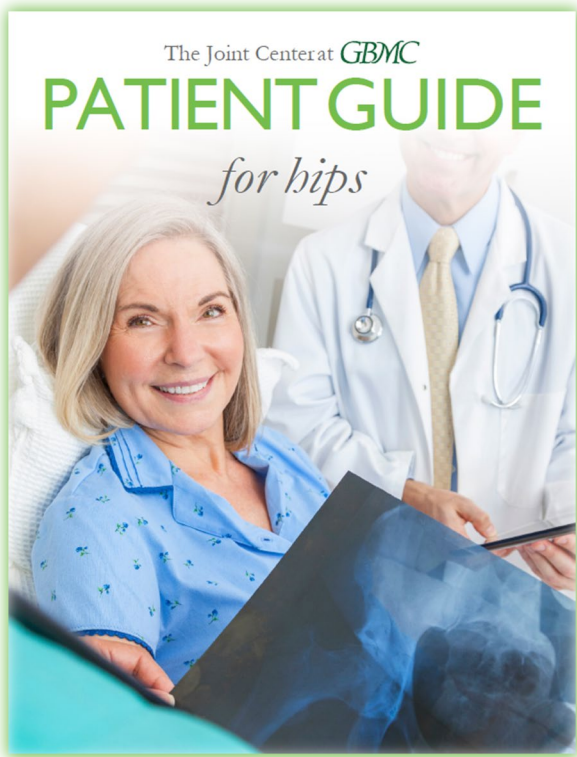
What is a **QR code**?

QR stands for quick response code.



- You will see these bar codes in your educational material, it is used to provide easy access to online information through a digital camera on a smartphone or tablet.
- **Open the built-in camera app. Point the camera at the QR code. Tap the banner that appears on your smartphone or tablet.**
- Use this to connect to GBMC web pages: Videos, Class Presentation pdf, Pre-op CHG Wash, Anesthesia Home Medication Guide, and other important information.



Joint Replacement Guidebooks and Recommendations



"To every patient, every time, we will provide the care that we would want for our own loved ones."

Please review the Joint & Spine Center Pre-op Packet for important information you need to complete:

Pre-op Checklist (Overnight Stay)

 GBMC Joint & Spine Center 443-849-6261		 Total Joint Replacement Overnight Stay Preop Checklist	
Surgeon: _____ Date of your surgery at GBMC: _____			
Place an X when task is completed			
<input type="checkbox"/>	Activate your GBMC MyChart	Online link on Welcome E-mail	
<input type="checkbox"/>	Schedule & Attend your GBMC Pre-op Joint Replacement Class	Time: 9 am Date of Class: _____	
<input type="checkbox"/>	Did you receive your GBMC Pre-Op Guidebook & Packet?	YES NO	
<input type="checkbox"/>	Do you know how to use your Hibiclens CHG wash kit? (The Antimicrobial Skin Cleanser, Disposable cloths, Instructions)	Total of 4-CHG Showers at Home Begin to use 3-days BEFORE surgery	
<input type="checkbox"/>	Pre-op MSSA/MRSA test at GBMC's Diagnostic Center <i>Test must be completed within 10-30 days before surgery date</i>	Walk-in, no appointments needed. Monday-Friday 8am-4pm No Holidays	
<input type="checkbox"/>	Orthopaedic Surgery at GBMC - GBMA Health Partners Dr. Schmidt, Lanzo, Melegari's patients: 443-849-3854 Dr. Johnston's patient: 443-849-3824	Discussion with ECP OrthoCare Coordinator: Discharge Planning Victoria Schmitz: 443-849-3828	
<input type="checkbox"/>	OrthoMD/CAO: Pre-op & Discharge Planning Randa Parker, Debra Maitland, Anna Green, Courtney Winkler:	Dr. Jay, Buchalter, Heller patients 410-377-8900	
<input type="checkbox"/>	Pick up your prescribed medication(s) from your pharmacy before your surgery date!	Please call your surgeon's office if you need to update your pharmacy location	
<input type="checkbox"/>	Who is your Coach/Support Person? <i>Your support person must be able to provide physical assistance, if necessary. Provide transportation or accompany the patient on the day of discharge</i>		
<input type="checkbox"/>	GBMC's Rehab Department will be calling you one week before your surgery to schedule your Support Person training session on Unit 58	GBMC Rehab Scheduler Chris Short: 443-849-2552	
<input type="checkbox"/>	Complete ALL PROMs Questions from the AIRR/AOOS Before Class/Surgery Date.	AAOS/AIRR will e-mail you a link to questions. Please check your e-mail spam/junk folder.	
<input type="checkbox"/>	If you have a rolling walker (RW) or received a RW from your surgeon's office Preop (Ortho MD), please bring it into the hospital. If you do not have one, the team in the hospital will assist you in obtaining one. <i>Rolling walker – 5-inch front wheel with 2 back slide caps. (If you have Medicare and received a rolling walker within the past 5-years, Medicare will not cover another, therefore you may have an out-of-pocket cost)</i>		
<input type="checkbox"/>	If you are missing any of these items, need assistance, or surgery is canceled: GBMC Joint & Spine Center 6701 N. Charles Street, Unit 58; Suite 5B35, Towson MD 21204	Please call 443-849-6261 Monday-Friday April, Patrick, or John	

Preop Checklist for Same-Day Discharge GBMA patients

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 online pre-op AJRR/AOOS surveys, you will receive an e-mail link from the American Academy of Orthopaedic Surgeons.
- 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
- 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

OrthoMD patients

GBMC Same-Day Discharge Joint Replacement: OrthoMD/CAO Pre-op Checklist: Knee/Hip

My surgeon and surgery date and time at GBMC: Dr. Heller/Buchalter/Jay ___/___/___

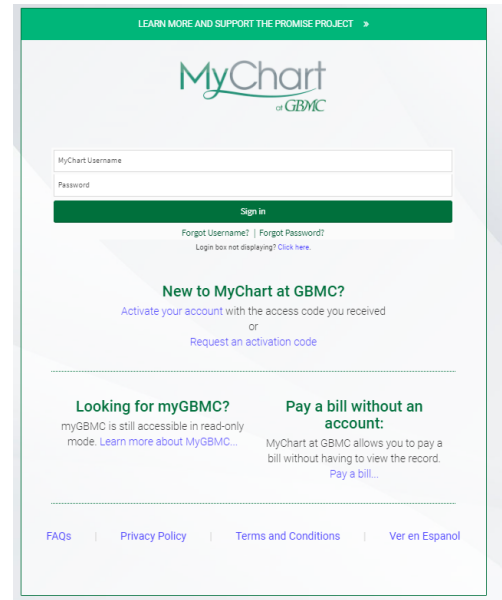
Starting 6-weeks before your surgery you must:

- Designate coach/driver who will be with you:** at the Pre-op Joint (Hip or Knee) Replacement Class, at 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 appointments, 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 GBMC's Pre-op Joint Replacement Class (Patient & Coach): Date/Time: _____
- Complete online pre-op AAOS/AJRR surveys, you will receive an e-mail link from the American Academy of Orthopaedic Surgeons.
- Call your OrthoMaryland/CAO Surgical Scheduler: 410-377-8900
 - Schedule your Pre-Surgical Review with your surgeon one week before surgery:
 - You will receive your walker and prescriptions
 - Schedule your OrthoMD/CAO Mobile PT Appointments.
 - Your first post-op appointment (within 72-hours of discharge from hospital)
 - Agency Name _____ Start of Care Date/Time: _____
- Begin your pre-op exercises 6-weeks before surgery date (located in guidebook and Joint & Spine Center webpage)
- Prepared your home: clear clutter, remove rugs, clean home
- Received your walker and/or cane before surgery date
- Prescription medication(s) filled before surgery date
- Prepared 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

Sign-up for GBMC MyChart

- **My Chart** allows you to verify your health insurance information, mailing address, phone number, e-mail, pharmacy, etc.
- **MyChart** will send reminders for your pre-op appointments and appointments while you are in the hospital.
- **MyChart** gives you access to your test results, allows you to communicate with your providers, pay your bill, and helps you to coordinate your healthcare needs.
- On the day of admission: **MyChart** will convert to **MyChart Bedside**, it is your portal for engaging with your care while admitted to the hospital. Empower yourself and your family with access to your care team, clinical data, and health education.





Time Sensitive Tasks to Complete Before Your Surgery

➤ Nasal swab for MRSA/MSSA

- **Golden window** for completion is within **10-30 days** prior to surgery. Must be completed **no later than 10 days** prior to your surgery date.
 - Non-Kaiser Permanente patients (GBMA Ortho, GBMA Neurosurgery, Ortho Maryland/CAO)
 - Testing at GBMC Diagnostic Testing Center
 - **Monday-Friday 8:00 am - 4:00 pm, no holidays**
 - Results valid for 60-days

➤ Preop CHG Wash Kit with directions

- Four (4) Showers, begin 3 nights before surgery

➤ Pre-op Questionnaires

➤ Fill your prescriptions before your surgery date

➤ Pre-op Clearance from your Primary Care team(s), Diagnostic Tests, and blood work



“To every patient, every time, we will provide the care that we would want for our own loved ones.”

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.





S SHUTTLE STOP **V VALET PARKING**

N

V 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.

- Physicians Pavilion West

S 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

S SHUTTLE STOP **V VALET PARKING**

N

NORTH CHARLES STREET

NORTH CHARLES STREET

GATEHOUSE DRIVE

LA PETITE ACADEMY OF TOWSON

SANDRA R. BERMAN PAVILION

BLUEBELL PARK

CLOSED

BERMAN LOT

Labor & Delivery

EMERGENCY DEPARTMENT

LOUIS AND PHYLLIS FRIEDMAN BUILDING

LILY PARK

TULIP PARK

DAFFODIL PARK

CLOSED

DIAGNOSTIC TESTING CENTER

PHYSICIANS PAVILION NORTH

PHYSICIANS PAVILION WEST

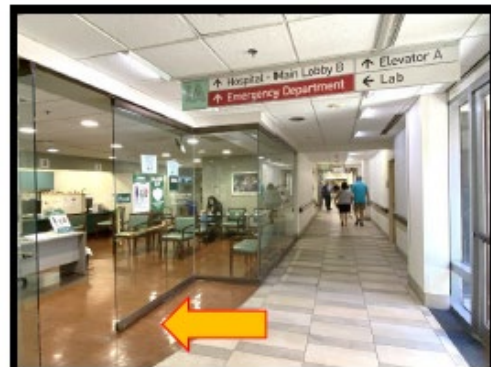
Pavilion West

PHYSICIANS PAVILION EAST

Pavilion East

IRIS PARK

Near EAST PAVILION-across the hallway
from the Einstein Bagel Coffee shop



GBMC HEALTHCARE

**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, no holidays



GBMC
HEALTHCARE

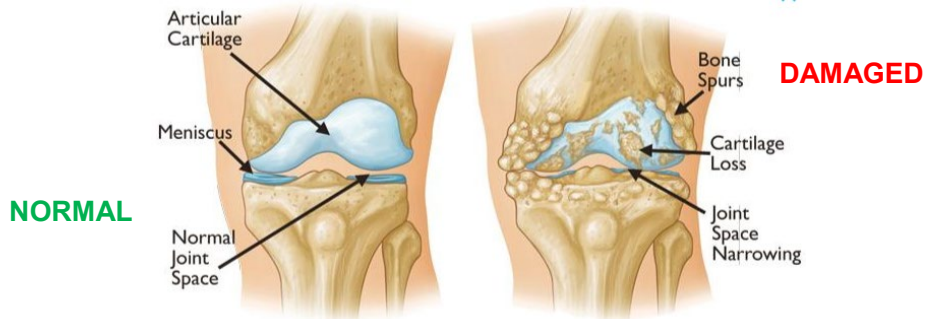


Malcolm Baldrige
National Quality Award
2020 Award Recipient

*"To every patient, every time, we will provide the care
that we would want for our own loved ones."*

Osteoarthritis of the Knee

[Arthritis of the Knee - OrthoInfo - AAOS](#)



Arthritis is inflammation of one or more of your joints. Pain, swelling, and stiffness are the primary symptoms of arthritis. Any joint in the body may be affected by the disease, but it is particularly common in the knee.

Knee arthritis can make it hard to do many everyday activities, such as walking or climbing stairs. It is a major cause of lost work time and a serious disability for many people.

The most common types of arthritis are osteoarthritis and rheumatoid arthritis, but there are more than 100 different forms. While arthritis is mainly an adult disease, some forms affect children.

Although there is no cure for arthritis, there are many treatment options available to help manage pain and keep people staying active.



OrthoInfo

AAOS

AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS



AAOS Osteoarthritis
Of the Knee Video

GBMC
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2021 Award Recipient



Osteoarthritis of the Hip

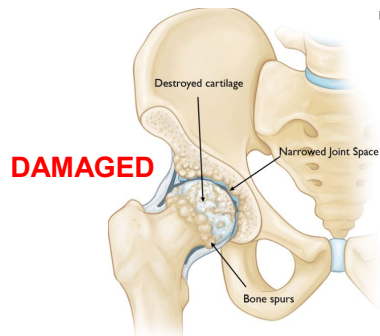
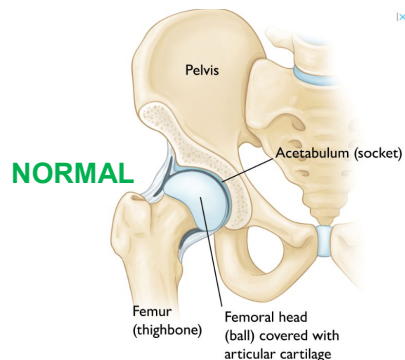
<https://orthoinfo.aaos.org/en/diseases--conditions/osteoarthritis-of-the-hip/>



OrthoInfo

AAOS

AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS



Osteoarthritis, sometimes called "wear-and-tear arthritis," is a common condition that many people develop as they age. It can occur in any joint in the body, but most often develops in weight-bearing joints, such as the hip.

Osteoarthritis of the hip causes pain and stiffness. It can make it hard to do everyday activities like bending over to tie a shoe, rising from a chair, or taking a short walk.

Because osteoarthritis gradually worsens over time, the sooner you start treatment, the more likely it is that you can lessen its impact on your life. Although there is no cure for osteoarthritis, there are many treatment options to help you manage pain and stay active.



AAOS Osteoarthritis of the Hip Video



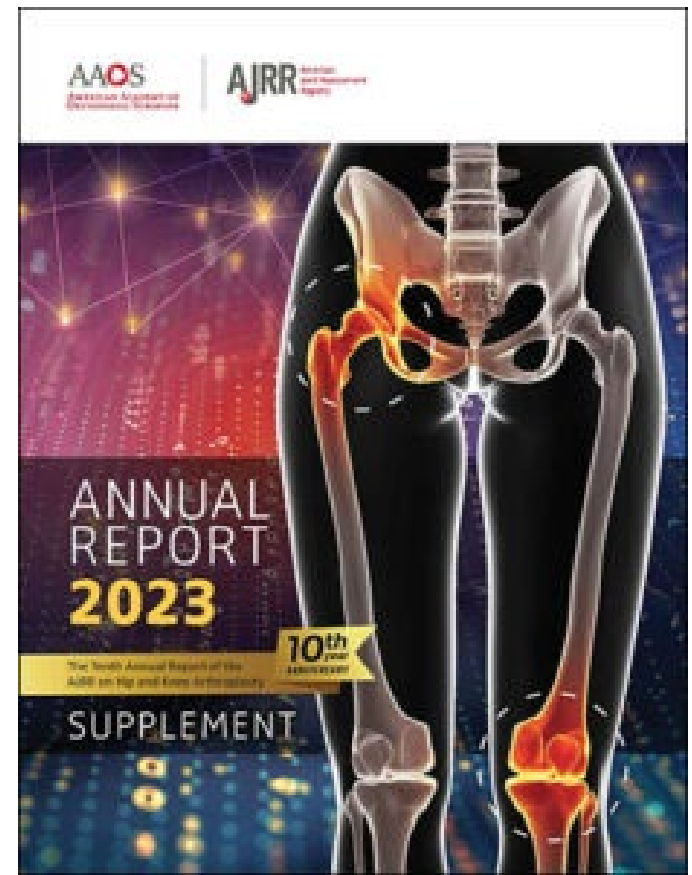


American Joint Replacement Registry (AJRR)

- ❖ 2023 approximately 2.06 million combined hip and knee replacements were performed in the United States.
- ❖ 1.3 million total knee replacements
- ❖ 766 thousand total hip replacements

Almost all of them have chronic joint pain which patients no longer wish to tolerate.

Joint Replacement Surgery aims to relieve pain, restore independence, and return you to work and other daily activities.



Must be Completed before Your Surgery Date!!

You Will Receive an **E-mail Invite** from the **AAOS/AJRR** to Complete These **Online Surveys**

****Check your spam or junk email****

Three Sets of Questions:
Total 23-24 Questions to Answer
then Choose:
“**Save & Complete**”



#1

Patient Verification

Please provide the details below to verify the link.

Last Name
Last Name

Date Of Birth
/

VERIFY



EXIT SURVEY

My Progress

Question 1 of 21

Stiffness

Regarding Right Knee...

The following question concerns the a
sensation of re

How severe is your knee stiffness after first wakening in the

None

Mild

THE VETERANS RAND 12-ITEM HEALTH SURVEY (VR-12)

The following questions ask for your views about your health—how you feel and how well you are able to do your usual activities. All kinds of people across the country are being asked these same questions. Their answers and yours will help to improve health care for everyone. There are no right or wrong answers; please choose the answer that best fits your life right now.

dysfunction and Osteoarthritis Outcome Score for Joint Replacement (KOOS, JR.), English version 1.0

HOOS, JR. HIP SURVEY

Pre-op

CJR Hip

Injury and Osteoarthritis Outcome Score for Joint Replacement (KOOS, JR.), English version 1.0

KOOS, JR. KNEE SURVEY

Pre-op

CJR Knee



Higher scores indicate better physical health

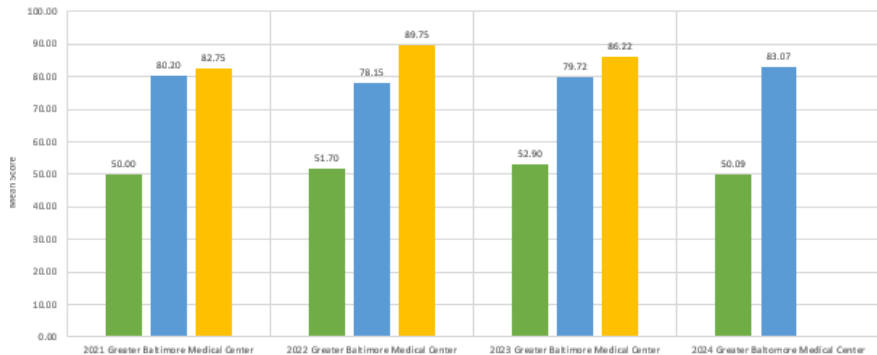
■ Pre-op

■ 3- Month

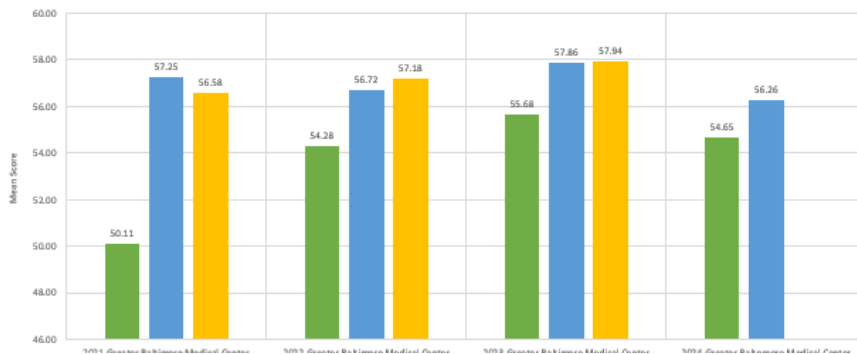
■ 1- Year



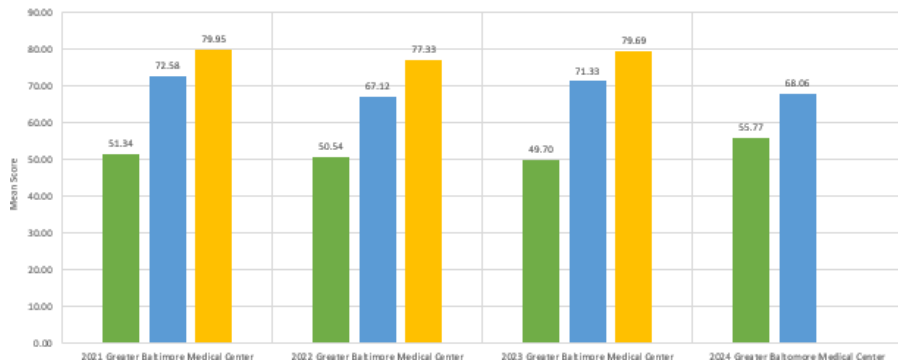
HOOS (Hip) Jr. Mean Scores



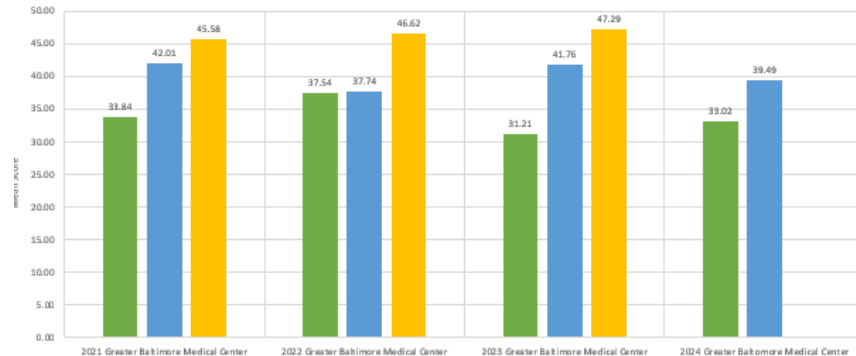
VR-12 Mean Mental Component Score



KOOS (Knee) Jr. Mean Scores



VR-12 Mean Physical Component Score





**Joint Replacement Reunion Brunch
Post-Surgery 3-months to 1-year**





OrthoInfo

AAOS

AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

- *Preparing for Surgery: Health Condition Checklist*
- *Before and After Total Joint Replacement*
- *Outpatient Total Joint Replacement*
- *Possible Complications of Surgery*
- *Realistic Expectations*
- *Resuming Orthopaedic Surgery After COVID-19*





- *It is Important to Stop Smoking Before Knee or Hip Replacement*
- *Tips for getting a good night's sleep after hip or knee replacement surgery*
- *How to Relieve Pain After Hip or Knee Surgery*
- *A Guide to Returning to Sexual Activity Following Hip Replacement Surgery*
- *Traveling After Joint Replacement*
- *Where to Find Credible Joint Care Information*





Total Joint Replacement: Enhanced Recovery After Surgery

Goals on Day of Surgery

- Drinking
- Eating
- Analgesia
- Mobilizing
- Sleeping

Results from ERAS Protocols

- Decreased complications
- Decreased length of stay
- Decreased pain after surgery
- Decrease use of narcotics





Preoperative Testing & Diagnostics

MUST be completed 10-30 days from surgery date:

- MSSA/MRSA nasal swab, EKG, echocardiogram, blood work, urinalysis, x-rays, etc
- Need Surgical Clearance from
 - Primary Care Team (physician or advance practitioner)
 - Specialist, if applicable (cardiologist, pulmonologist, etc.)

Results and Surgical Clearance statements from you doctor(s) will need to be available to GBMC **no later than 3-days** before surgery.

Plan of Care for Discharge

- Discharge planning begins as soon as you decide to have surgery
 - Your surgeon's office will discuss with you your tentative discharge plans
 - **GBMC Surgeons (Drs. Schmidt, Johnston, Lanzo, Melegari)**
 - **Tori Schmitz**, GBMC Ortho Care Coordinator, #443-849-3828
 - **OrthoMaryland/CAO (Drs. Heller, Jay, Buchalter)**
 - Questions contact your surgical scheduler **Debra Maitland**, **Ronda Parker**, or **Anna Green**
- Designating family/friends support person(s), ***must be able to provide physical assistance, if necessary.***

Provide transportation or accompany the patient on the day of discharge.

- Clean and preparing your home environment
- Rolling Walker

If your primary insurance is MEDICARE and you received an ambulatory DME item (rollator, rolling walker, cane) in the last 5 years, please be aware that your health insurance will not cover a new item.

- Physical Therapy Exercise:
 - Self Motivated Every Day Before and After Surgery
 - On the Day of Discharge from Hospital: Start of Care aim is 72-hrs

Preparing for Surgery: Health Condition Checklist

How to Prevent Infection and Complications

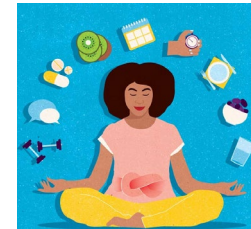
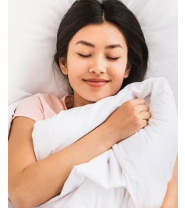


- Control your blood sugar before, during and after your surgery.
- Exercising and healthy weight loss.
- **You must STOP** smoking (including cigars, e-cigarettes and vaping) 2 weeks before surgery and at least 2 weeks after surgery
- *Keep pets and animals away from the incision site after surgery.*
- Applying fresh linens to bed before surgery. *No pets are to sleep in bed or on the sofa with you until cleared by your surgeon.*

Preparing for Surgery: Health Condition Checklist

How to Prevent Infection and Complications

- Advised no dental work within the 2-weeks prior to surgery and/or the first 3-months after surgery.
- Frequent UTI's, notify your primary team & surgeon.
- Making sure skin is healthy and clean.
- **Recommend no gel/dip/shellac polish** on fingernails.
 - Artificial nails such as acrylics: must be unpolished, a light natural/nude polish is acceptable (can be removed with acetone).
 - Best to have only clear, clean nails.
- Good nutrition with adequate calories and protein.
- Stay hydrated
- Sleep Hygiene



Resources:

- <https://orthoinfo.aaos.org/en/treatment/surgery-and-smoking/>
- [Preparing for Surgery: Health Condition Checklist - OrthoInfo – AAOS](#)
- <https://orthoinfo.aaos.org/en/treatment/preventing-infection-after-joint-replacement-surgery-video/>

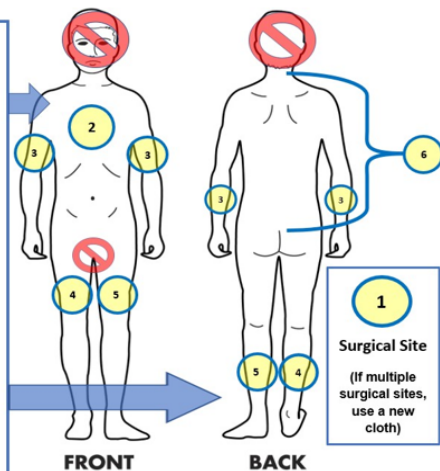
Pre-surgery Hibiclens CHG Showers: Preventing Surgical Site Infection

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. You a fresh towel for every CHG shower. You will **complete 4 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.



Three Nights Before Surgery	Two Nights Before Surgery	One Night Before Surgery	Morning of Surgery
●	●	●	●



Hibiclens CHG Shower Video
Please note **GBMC J&S Center** requires patients to **complete 4 showers at home** before surgery

Pre-Op Skin Preparation:

❖ First, wash with your normal hair shampoo and body/facial soap, rinse away completely, then step out of water stream:

- **Hibiclens Shower #1** begin three (3) nights before your 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.



4 Days of Pre-surgery CHG Showers



<https://vimeo.com/882515698/36b386b075?share=copy>

Hibiclens CHG Shower Video

Please note **GBMC J&S Center** requires patients to **complete 4 showers at home** before surgery

- Pre-Surgical Scrub: 4% Chlorhexidine gluconate (CHG).
- Four (4) Total CHG Showers at home.
- **Begin three (3) nights before surgery**, last application is on the morning of surgery before coming to the hospital.
- Apply the CHG foam (two pumps) onto your 6 or 7 disposable cloths, lather the solution onto skin. **Leave on for 2 – 5 minutes.**
- Then rinse with shower water. Pat dry with a fresh clean towel
- Avoid contact with your eyes, ears, mouth, and genitals.
- Do **NOT shave** or use **hair removal lotions, deodorant, perfume, lotion, creams, or oils** on your body.



How It Works

Increased Protection Against Risk of Infections

The nose is a reservoir for bacteria that escape typical hygiene protocols such as hand washing. Nozin® Nasal Sanitizer® antiseptic equips health professionals, patients and individuals with a safe and effective nasal shield that helps decrease bacteria on nasal vestibule skin. Importantly, Nozin Nasal Sanitizer antiseptic is clinically shown to reduce nasal bacteria carriage without antibiotics.



Nozin® Nasal Sanitizer® is specially formulated to effectively address nasal carriage of bacteria:

- Effective – kills 99.99% of germs and is clinically proven to decrease nasal bacteria carriage
- Safe, Fast-Acting – the active ingredient is ethyl alcohol, a well-established, trusted, broad spectrum antiseptic
- 12-Hour Duration – soothing solution is well tolerated, safe for regular use and Nasal Sanitizer® effect lasts 12 hours
- No Antibiotics – alcohol-based antiseptic
- Pleasant – experience a soothing, moisturizing feeling and a soft smell of citrus
- Easy To Use – with the multiple use bottle, application of Nozin is simple and convenient

Think hand sanitizer for your nose.

Do you have an **orange fruit oil allergy?**

***You will receive the Nozin at GBMC



“To every patient, every time, we will provide the care that we would want for our own loved ones.”

Lung Exercises: Before Surgery & After Surgery

Purpose:

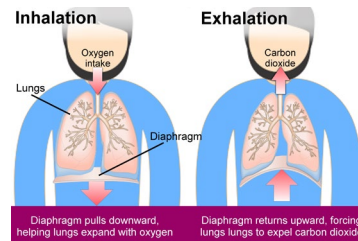
These exercises will help to optimize the functions of your lungs when breathing in and out, increasing oxygen and carbon dioxide exchange before, during, and after surgery.

Will help prevent complications such as pneumonia infection and/or collapse of lungs. Improves wound healing.

- **Before surgery:** At least 30 times throughout the day, starting in the morning.
- **After surgery:** 10 times an hour when awake.

➤ Deep Breathing & Coughing

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.



➤ Incentive Spirometer

1. Exhale.
2. Place mouth on mouthpiece.
3. Take a slow, deep breath in and hold for 5-10 seconds.
4. Exhale.



MyChart
at GBMC

How to Properly Use an
Incentive Spirometer

Preparing for Surgery

Exercises for before surgery

- Review exercises in your pre-op section of guidebook
- Start **NOW**
 - 2-3 times a day to strengthen your body before surgery
- Stop or do less repetitions if pain is severe

- Exercises for knee replacement: videos are labeled as post-op exercises but can be used for pre-op readiness:
 - <https://www.gbmc.org/post-op-exercises-for-total-knee-replacement>
- Exercises for hip replacement: videos are labeled as post-op exercises but can be used for pre-op readiness:
 - <https://www.gbmc.org/post-op-exercises-for-total-hip-replacement>



Joint Class Videos

[Watch Class Videos](#)

[Post-Op Knee Replacement](#)

[Post-Op Hip Replacement](#)

[How to Use Your Incentive Spirometer](#)



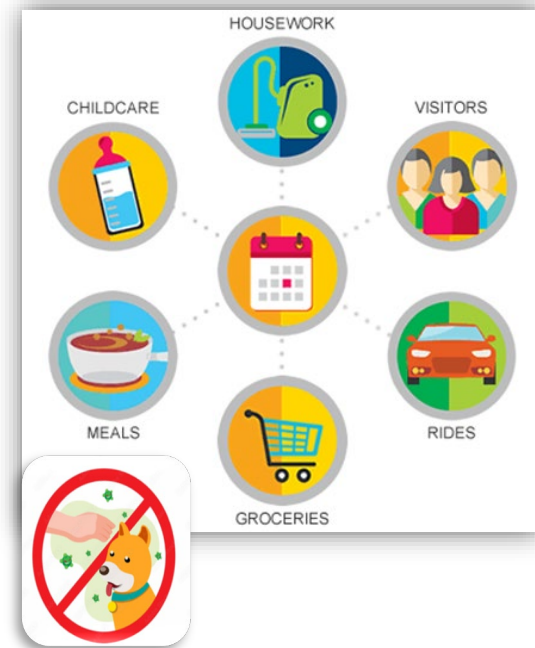
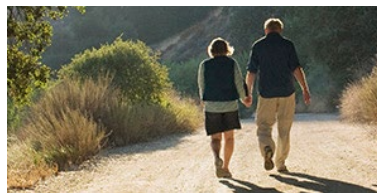
[Joint Replacement Class - Video Library - GBMC HealthCare in Baltimore, MD](#)



Coach/Support Person

Enlist a family member or friend for help

- Transportation: to hospital, home discharge day, and appointments
- Exercises
- Transfers to the toilet, tub, etc.
- Moving around with your walker or cane
- Bathing/dressing (using adaptive equipment if needed)
- Clean and prepare your home
- Food, shopping, preparing meals
- Cleaning laundry
- Caring for pets, children, grandchildren

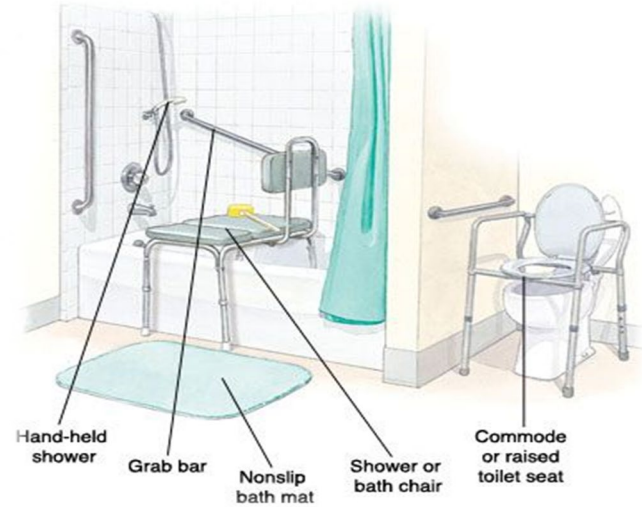




Home Set-up

Before coming to the hospital

- Prepare meals ahead of time or arrange to have family/friends there to help
- Make frequently used items in the kitchen accessible for use
- Clean and clear home of clutter
 - Remove rugs out of bathroom and kitchen
- Make sure all equipment that you may have is/are easily accessible, clean and in safe working order
 - Rolling Walker is fit to your height and width of hips, and has 5-inch front wheels with 2 back slide caps, skis, or tennis balls
 - Borrow from friends or family or community loan closets



Medical Equipment Needs to Consider

Bedside Commode



Bedside commode

- Can be used next to your bed
- Can be used as a shower chair for your walk-in shower

Tub/Shower Chair



Tub Seat/Shower Chair

- Decreases the risk of falls in the shower or tub
- Allows you to safely sit while showering if you have pain or dizziness
- Shower doors on bathtubs may need to be removed

Raised Toilet Seat



Toilet Safety Frame



Raised toilet seats, bedside commodes, and toilet seat frames

- Important for those who have had a posterior approach total hip replacement
- Raise the height of your toilet

Medical Equipment Needs

If you have a rolling walker (RW) or received a RW from your surgeon's office preop (Ortho MD), please bring it into the hospital.

Overnight stay patients: If you do not have one, the team in the hospital will assist you in obtaining one.



Approved

Not Approved

**Rolling Walker with
Front 5" Wheels and Rear Glide Caps**

Walker & walker bags



- Made from a reusable grocery
- Cut each handle
1x then tie around
the front of your walker bag



Sew for Vets



Review Your Home Medications Before Surgery

DO NOT STOP ALL MEDICATIONS.

Medications that need to be held before surgery will be reinstated after surgery.

➤ Joint Center Patient Guidebook:

➤ **Current Medication List** at the beginning of the book.

➤ Write the name of the Medication/Supplement/Vitamin.

➤ The dosage, frequency (how many time you take it in a 24-hour day), and why you take the medication.

➤ Read the **Anesthesia Guidelines for Home Medications**** section.

➤ Bring your Guidebook to ALL your Preop Appointments

➤ **With your Provider** you **MUST review and discuss current** medications, supplements, or vitamins you are taking.

➤ Show them the *Anesthesia Guidelines for Home Medications* section.

➤ Write down which medications to **stop** and **when to stop**.

➤ Use the **Medication Chart** at the beginning of the book.

➤ This chart will help you keep track of when to stop your daily or weekly medication(s), vitamin-E, supplements.

Current Medication List

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

Refer to Medication Guideline for instructions regarding when to stop taking medication 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:	
Daily/Weekly Medications														
As Needed Medications														
<p>Important: Be ready for Pre-op Clearance *Fast as refers to the pre-op packet from your surgeon's office/surgeon's scheduler *30 days prior to surgery date: History and Physical, Cardiac Clearance, Pulmonary Clearance *2-30 days prior to surgery date: your primary care team may order the following tests for you to complete: EKG, Echocardiogram, labwork (BMP, CMP, CBC w/platelets, A1C, P/T/INR, PTT, Serum Hcg, Urinalysis w/Micro (only if asymptomatic for UTI) 10-30 days before surgery date: MSSA/MRSA swab on Bednet at GBMC's Diagnostic Center Consider this session ONLY if you have Outpatient PT therapy already scheduled:</p>									<p>Notes</p> <p>5-7 days before your surgery date: Pick up your prescribed medications from your pharmacy. Call the surgeon's office if the prescription is not at your preferred pharmacy location.</p>		<p>Notes</p> <p>3-4 days before surgery date: 3 night before surgery 2nd CMO shower 3 night before surgery 4th CMO shower 3 night before surgery 4th CMO shower morning of surgery</p>		<p>Notes</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 5B will arrange to have one delivered to your hospital room before discharge.</p>	
What is the name of the Outpatient Therapy Group/Company you are going to attend at discharge? _____ Phone number: _____ When is your first appointment date after you leave the hospital? _____ (your first session should be within 72 hrs from your discharge date) Who is driving you to your first outpatient therapy session? _____														

Located at the Beginning of Guidebook





Current Home Medications

Can continue until day of surgery

It is **OK** to take on the morning of surgery with a sip of water before leaving the house.

- **BETA BLOCKER** and/or **CALCIUM CHANEL BLOCKER** (**DO NOT STOP TAKING**)
- Tylenol (acetaminophen)
- Oxycodone, Tramadol, Dilaudid, Neurontin, Flexeril and Skelaxin
- Celebrex is the only NSAID that is **OK**
- Anti-depressants, Anti-anxiety medications, Psychiatric medications
- Anti-Seizure medications
- Parkinson's medications
- Asthma Inhalers/medications
- Thyroid medications
- Steroids: oral or inhaled
- Cholesterol Medication-Statins: Zocor, Lipitor, Pravastatin
- Birth Control Pills
- Eye Drops



Anticoagulant (Blood Thinner) and Anti-platelet meds

You must review your medications with your cardiologist, neurologist, and/or primary care provider(s).

Get specific instructions from you provider for medications such as:

- **Eliquis, Xarelto**
 - *Ask your cardiologist or neurologist if you are to stop 48 hrs or 72 hrs before surgery.*
- **Coumadin, Pradaxa**
- **Lovenox or Arixtra injections**
- **Plavix, Ticlid, Aspirin, or other blood thinners**
- ***When do I stop taking this medication before surgery?***
 - *3-days, 4-days, 5-days, or 7-days before surgery?*
- ***When do I need to restart this medication after surgery?***



Current Medications

10 Days before surgery

- **Stop** taking **aspirin** or **salicylates**, including **Excedrin**, **Alka-Seltzer**, **Pepto-Bismol**, unless otherwise directed by your provider
 - It is important to stop as they cause excessive bleeding during your surgery and recovery period.
- **Stop** all Herbal Products/Alternative Medications:
 - Examples: **Vitamin E**, **glucosamine**, **fish oils**, ginkgo biloba, ginseng, dong quai, garlic, turmeric, CoQ10, kava, ma huang, St. John's wort and non-vitamin supplements



Current Medications

7 Days before surgery

- **Stop NSAIDs** products
 - *Non-Steroidal Anti-inflammatory Drugs*
 - Examples: **Aleve, Ibuprofen (Motrin, Advil), Naproxen, Treximet, Vimovo, Duexis, Nabumetone, Ketolorac, Mobic, Robaxin, Meloxicam, Diclofenac**
- **Stop** all **diet** and **weight loss** medications
 - Examples: **Phentermine, CLA (conjugated linoleic acid), Glucomannan, Orlistat (Alli), Garcinia cambogia, Hydroxycut, Raspberry ketones, Meratrim, green coffee bean extract, green tea extract, Forskolin, Synephrine, etc**

Current Medications

3-days (72 hours) before surgery

- **Stop** Viagra, Levitra & Cialis
- **Stop** topical medications





Current Diabetic Medications

4 days before surgery

- **Stop** SGLT-2 Inhibitor medications: Steglatro

3 days before surgery

- **Stop** SGLT-2 Inhibitor medications: Jardiance, Invokana, Farxiga, Brenzavvy, Zynquista

- ❖ Wearable continuous blood glucose monitoring systems: please notify your surgeon and/ or anesthesiologist as soon as possible. GBMC nursing staff will monitor your blood glucose per hospital policy.
- ❖ If you have a wearable insulin pump system, please notify your surgeon and/or anesthesiologist as soon as possible.
- ❖ If you are Diabetic notify your endocrinologist of your upcoming surgery
 - ❖ **Insulin:** your Endocrinologist will advise you on how many units they want you to take and when to take give your last dose before surgery.

Patient's taking a GLP-1 Agonist medication **

24 hours before surgery


Semaglutide (**Ozempic**, Rybelsus), dulaglutide (**Trulicity**), exenatide (**Bydureon BCise**, **Byetta**), liraglutide (**Victoza**, Saxenda), lixisenatide (**Adlyxin**), etc.

- **Diabetic medication**, or
- ****off label use for weight loss**

- **STRICT PRE-op Diet Restrictions to be followed, failure to do so may cancel your surgery.**

- **CLEAR LIQUID DIET** starting 24 hours before your surgery time**
 - **Clear Liquids** for 24h before surgery**
 - Coffee and tea without milk or non-dairy creamer (sweetener is ok)
 - Clear, nonfat broths
 - Fruit & vegetable juices that are strained & pulp free
 - Sodas & Sports drinks
 - Pulp-free popsicles
 - Jell-O

- **12 Midnight before surgery: nothing by mouth**



Pre-op Diet Instructions for patients NOT taking a GLP-1 medication

The Night Before Surgery:

- **NO** heavy meals** past 8 pm
 - You can snack up until midnight**
- **NO** eating past midnight**
 - **NO** mint, hard candies, and gum**
- **If you do not have** diabetes, GERD, obesity, or gastroparesis (a slow-moving gut):
 - You **CAN** drink clear liquids (a max total of 16 ounces) up to **2 hours** before your surgery
- **Patients who have** the following, must **STOP** liquids **6 hours before surgery**:
 - **Diabetes****
 - **Gastroesophageal Reflux Disease (GERD)**
 - **BMI >39** (morbidly obese)
 - **Gastroparesis** (Delayed gastric emptying)

“To every patient, every time, we will provide the care that we would want for our own loved ones.”

GBMC



Morning of Surgery

Blood Pressure Medication

- **Stop ACE Inhibitors:**
 - Examples: Lisinopril, Vasotec
- **Stop Angiotensin Receptor Blockers:**
 - Examples: Cozaar, losartan, Benicar, Candesartan, Atacand, Valsartan

You must review your medications with your cardiologist or primary care provider.
Use your guidebook to discuss which medications you should STOP or which medications you are allowed to take the with a sip of water the morning of your surgery.



Morning of Surgery...continued...

- **Take** your **Beta blocker** and/or **Calcium Chanel blocker**
 - These two medications helps to treat abnormally rapid heart rhythms and other cardiac conditions.
 - Take the with a sip of water at home before leaving the house the morning of your surgery.

- Discuss with your primary care or cardiologist if they want you to take your diuretics the morning of your surgery
 - Examples: **HCTZ**, **Lasix**



Morning of Surgery...continued.

Heartburn vs. ulcer medicine

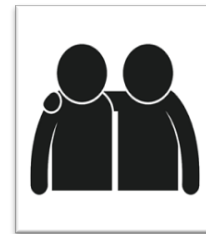
- **Acid blockers should be taken** with a sip of water at home before leaving for the hospital; helps to reduce the risk of aspiration pneumonia.
 - Examples: **Zantac, Pepcid, Axid, Prilosec, Pantoprazole, Reglan**
- **Antacids** should **NOT** be taken they contain particulate material that may damage the lungs if aspirated
 - Examples: **Maalox, Tums, Carafate**

No CBD/THC products on the day of your surgery.

Same-Day Discharge Pre-op Check List

Before Your Surgery: (please refer to your GBMC Same-Day Discharge Joint Replacement Checklists)

- Designate your coach/family member** who will be coming with you to the hospital, be with you during the **pre-op education phase**, **discharge phase** for the **nurse education** and **training with the physical therapy**, and to **drive you home from the hospital**. This person will need to present at the hospital on the day of your surgery.
- Complete your pre-op surgical scrub as instructed
 - **Four (4) CHG showers**
- MSSA/MRSA nasal swab collected at GBMC's Diagnostic Center, results available
- Prescriptions filled
- All Pre-op Requirements Met



GBMA Ortho group

- Schedule your Post-op Rehab Appointments** (SELF-Schedule)
 - **ActiveLife: (410) 842-0115**
 - Start of Care Date (24 to 48 after you leave hospital) : ___ / ___ / ___

OrthoMD/CAO group

- Schedule your Post-op Rehab Appointments** (SELF-Scheduled task)
 - **Surgical Scheduler:** (410) 377-8900
 - **Outpatient PT Start of Care Date:**
(24 to 48 after you leave hospital): ___ / ___ / ___

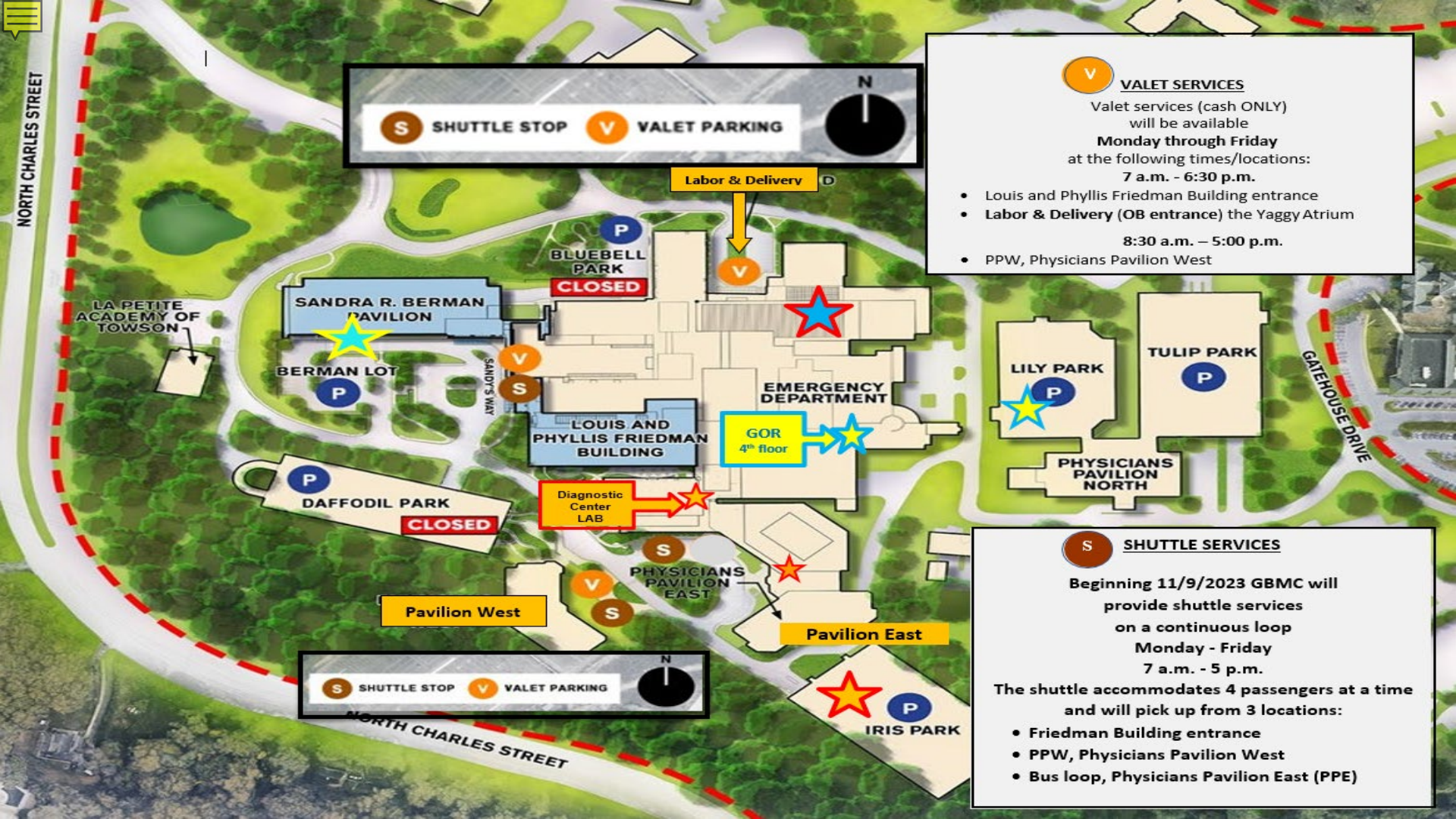
Bring to the hospital:

- State issued driver's license
- Insurance Card
- Advance Directive
- Walker and/or Crutches

What to Bring to the Hospital



- Your ID card
- Insurance card(s) and Medicare card-if applicable
- Advance directive (if you have one, bring a copy)
- If you already have: **Walker w/ 2-front wheels, cane,** or **crutches** from home (place your full name on the device)
- Bring your **eyeglasses, contact lenses,** and **hearing aids**
- Regular clothing
 - Loose fitting shorts or pants; elastic waist is easiest, under garments
 - Walking shoes with good ankle support (no open heel shoes). Do not buy new shoes: bring something comfortable
- Any braces, shoe inserts or splints that you normally use
- CPAP machine** (Patients with sleep apnea, **overnight stay only**)
- Joint Replacement Guidebook (*optional*)



S SHUTTLE STOP **V VALET PARKING**

N

V 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

S 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**

N

Labor & Delivery

BLUEBELL PARK
CLOSED

SANDRA R. BERMAN PAVILION

BERMAN LOT

LOUIS AND PHYLLIS FRIEDMAN BUILDING

GOR 4th floor

EMERGENCY DEPARTMENT

LILY PARK

TULIP PARK

PHYSICIANS PAVILION NORTH

DAFFODIL PARK
CLOSED

Diagnostic Center LAB

PHYSICIANS PAVILION EAST

Pavilion West

Pavilion East

IRIS PARK

NORTH CHARLES STREET

GATEHOUSE DRIVE

NORTH CHARLES STREET

Arriving to the Hospital on the Day of Surgery

- Arrive at the hospital at least **2 hours** before your surgery time.
- Park in **Lily Garage**.
- Take elevator to the main floor to enter Lobby E.
- Lobby E is on the 3rd floor of main hospital.



Directions to the General Operating Room (GOR)

- 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 4th floor



- When you exit the elevator walk straight forward to the GOR registration desk.



The Pre-operative/Intra-op Areas

In Pre-Op

- You will be given a hospital gown to change into
- You will be given in this pre-op area:
 - CHG wipes to clean your skin a 5th time
 - Nozin Nasal Sanitizer to begin your antimicrobial intranasal coverage
- Meet your surgical team: surgeon, nurse, anesthesiologist, tech
- Admission database will be completed
- Vital signs, IV will be started; IV fluids and antibiotic(s)
- Regional block



Pre-op Infection Prevention: antimicrobial intranasal coverage



How It Works

Increased Protection Against Risk of Infections

The nose is a reservoir for bacteria that escape typical hygiene protocols such as hand washing. Nozin® Nasal Sanitizer® antiseptic equips health professionals, patients and individuals with a safe and effective nasal shield that helps decrease bacteria on nasal vestibule skin. Importantly, Nozin Nasal Sanitizer antiseptic is clinically shown to reduce nasal bacteria carriage without antibiotics.



Nozin® Nasal Sanitizer® is specially formulated to effectively address nasal carriage of bacteria:

- Effective – kills 99.99% of germs and is clinically proven to decrease nasal bacteria carriage
- No Antibiotics – alcohol-based antiseptic
- Safe, Fast-Acting – the active ingredient is ethyl alcohol, a well-established, trusted, broad spectrum antiseptic
- Pleasant – experience a soothing, moisturizing feeling and a soft smell of citrus
- 12-Hour Duration – soothing solution is well tolerated, safe for regular use and Nasal Sanitizer® effect lasts 12 hours
- Easy To Use – with the multiple use bottle, application of Nozin is simple and convenient

Think hand sanitizer for your nose.

Do you have an **orange fruit oil allergy**?

****This product will be given to you the morning of surgery in GBMC's Pre-op Area.**



PreOperative Pack How to Apply



Preparation Instructions:

Clean nostrils with a tissue. Discard.



Application Instructions:

RIGHT nostril



Ensure swab rotation covers all surfaces, including the inside tip of the nostril.

Rotations per nostril: 16



Total # rotations: 32



REPEAT Repeat cycle with Ampules 2 and 3.

USE AND DISCARD

Use all three (3) Ampules consecutively. Discard after use.



Do not use if you have allergy to citrus oil, or you have nasal bleeding or irritation.
Intended Use: Nozin® Nasal Sanitizer® is a topical antiseptic used to decrease bacteria on the nasal vestibule skin.
Active Ingredient: Alcohol 62%
Precautions: Use ONLY with sleeve on ampule. Do not extend ampule into nose beyond swab tip.
 Refer to Instructions for Use (IFU) for complete product information.



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Types of Anesthesia, local blocks, multimodal pain management

Your anesthesiologist will discuss the types of anesthesia

➤ Spinal anesthesia

A form of regional anesthesia involving the injection of a local anesthetic into the fluid surrounding the spinal cord in the lower back: this will numb the legs and block all sensation in the lower half of the body for several hours. You will be sedated and not awake.

➤ General anesthesia

Anesthesia is inhaled through a breathing tube or mask: it affects the whole body and usually induces a loss of consciousness.

➤ Adductor Block

An injection performed in the inner thigh to block sensation of surgery pain in the knee: the block wears off by 72 hours post operatively, other means of pain relief may be necessary.

➤ Joint Cocktail

A mixture of pain medication, local anesthetic, and anti-inflammatory injected into the knee or hip. To provide pain relief when the surgery is completed.

DO NOT...

- Do **NOT** write on extremities before coming to the hospital
 - For example: “*Wrong leg!*” You and your surgeon will verify which knee or hip will be operated on.

Your surgical team will:

- Actively communicate in the operating room; this check is called a **TIME-OUT**
- During the time-out, the team members agree:
 - correct patient identity
 - correct site
 - procedure to be done



In the Operating Room

Surgery times are determined by the type of surgery:

- **Total knee or hip:** 2 to 2.5 hours
- **Partial Knee:** 1.5 to 2 hours
- **Bilateral knees:** 4 to 5 hours
- **Knee or hip revision:** 2.5 to 5 hours



Total Knee Replacement

<https://orthoinfo.aaos.org/en/treatment/total-knee-replacement>

Knee Replacement

The surgical procedure usually takes from 1 to 2 hours. Your orthopaedic surgeon will remove the damaged cartilage and bone, and then position the new metal and plastic implants to restore the alignment and function of your knee.



Different types of knee implants are used to meet each patient's individual needs.



Total Knee Replacement

(Left) An x-ray of a severely arthritic knee. (Right) The x-ray appearance of a total knee replacement. Note that the plastic spacer inserted between the components does not show up in an x-ray.

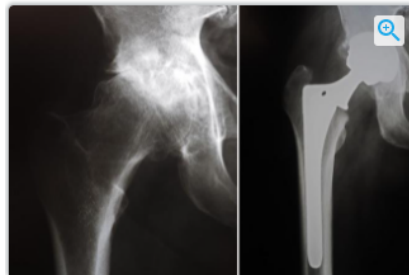


Total Hip Replacement

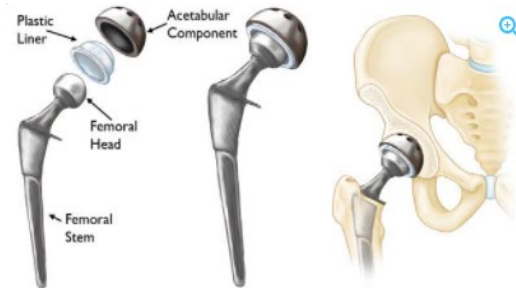
<https://orthoinfo.aaos.org/en/treatment/total-hip-replacement>

Hip Replacement

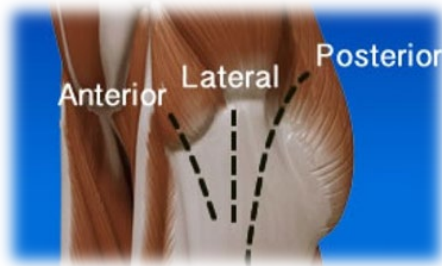
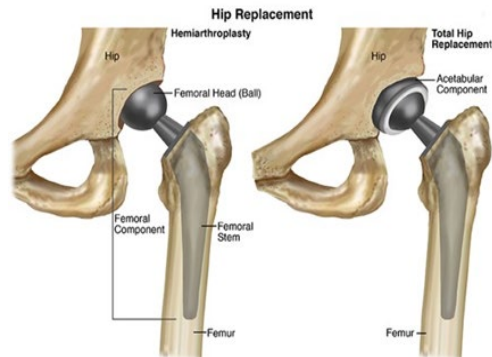
The surgical procedure usually takes from 1 to 2 hours. Your orthopaedic surgeon will remove the damaged cartilage and bone and then position new metal, plastic, or ceramic implants to restore the alignment and function of your hip.



X-rays before and after total hip replacement. In this case, non-cemented components were used.



(Left) The individual components of a total hip replacement. (Center) The components merged into an implant. (Right) The implant as it fits into the hip.



Total Hip Replacement



TREATMENT

Unicompartmental (Partial) Knee Replacement

In unicompartmental **knee replacement** (also called **partial knee replacement**) only a portion of the knee is resurfaced with metal and plastic components. This procedure is an alternative to **total knee replacement** for patients whose disease is limited to just one area of the knee.



Article



X-rays of a good candidate for partial knee replacement. (Left) Severe osteoarthritis limited to the medial compartment. (Right) The same knee after partial knee replacement.



TREATMENT

Revision Total Knee Replacement

Most total **knee replacements** are very successful. Over time, however, a **knee replacement** can wear out or fail for different reasons. These cases require a revision surgery to replace the original knee implant components.



Article



TREATMENT

Revision Total Hip Replacement

Most total hip replacements are very successful. Over time, however, a hip replacement can wear out or fail for different reasons. These cases require a revision surgery to replace the original hip implant components.

Article



PACU I (postanesthesia care unit)

- You will wake up and probably feel sleepy
- Your vital signs will be assessed every 15 minutes
- Cardiac and oxygen monitors will be in place
- Pain should be well managed with the nerve block and cocktail, but additional pain relievers are available as needed
- Your anesthetist will evaluate your progress, once you have met the criteria for the next phase: vital signs are stable, pain is managed, you have sensation in operative leg, and the room you will be transferred to is clean:
 - GBMC's **23-hour/admit** patient will **be transferred to Unit 58**

Pre-approved Same-Day patients

- GBMC's pre-approved **Same-Day patients** will be **begin the PACU II phase** towards discharge home.
- Meet your Registered Nurse (RN) and your assigned Physical Therapist (PT)
- Your Nurse and Physical Therapist will **provide teaching to you** and **your support person**, they will evaluate you for discharge home.
- You will be given an Ice Therapy Wrap to help relieve pain and manage swelling after surgery.
- You will be given your post-op Nozin 12 mL bottle kit; your nurse will teach you how to apply and when to apply the Nozin. Your first dose will be given at this time.

Post-op Infection Prevention

- **First dose:** after surgery upon arrival to PACU Phase II or Unit 58
- **Next dose:** at 9 pm, then every 12 hours
- **Continue every 12 hours** until your 1st post-op visit or until the bottle is empty (30 days)

Do you have an **orange fruit oil allergy**?



Nozin.
LEADER IN NASAL DECOLONIZATION.

How It Works
Increased Protection Against Risk of Infections

The nose is a reservoir for bacteria that escape typical hygiene protocols such as hand washing. Nozin® Nasal Sanitizer® antiseptic helps health professionals, patients and individuals with a safe and effective nasal rinse that helps decrease bacteria on nasal vestibule skin. Importantly, Nozin Nasal Sanitizer antiseptic is clinically shown to reduce nasal bacterial carriage without antibiotics.

Nozin.
Clinically proven
Kills 99.99% of germs

Nozin® Nasal Sanitizer® is specially formulated to effectively address nasal carriage of bacteria:

- **Effective** – kills 99.99% of germs and is clinically proven to decrease nasal bacteria carriage
- **Safe, Fast-Acting** – the active ingredient is ethyl alcohol, a well-established, trusted, broad spectrum antiseptic.
- **12-Hour Duration** – soothing solution is well tolerated, safe for regular use and Nozin Sanitizer® effect lasts 12 hours
- **No Antibiotics** – alcohol-based antiseptic
- **Pleasant** – experience a soothing, moisturizing feeling and a soft smell of citrus
- **Easy To Use** – with the multiple use bottle, application of Nozin is simple and convenient.

Think hand sanitizer for your nose.



Nozin® Nasal Sanitizer® Multidose 12ML Bottle
How to Apply

Clean nostrils with a tissue. Discard.



1. Shake



Shake bottle well. Remove cap.

2. Saturate



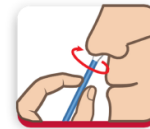
Apply **four (4) drops** of solution onto cotton swab tip.

3. Apply



Insert swab tip into **RIGHT** nostril. Swab **eight (8)** times clockwise and **eight (8)** times counterclockwise.

4. Swab



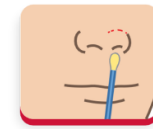
Ensure swab rotation covers all surfaces, including the inside tip of the nostril.

5. Saturate Again



Re-saturate the swab tip by applying **two (2) drops** of solution.

6. Apply Left Nostril



Repeat application **steps 3 - 4** in the **LEFT** nostril.

Do not use if you have allergy to citrus oil, or you have nasal bleeding or irritation.

Intended Use: Nozin® Nasal Sanitizer® is a topical antiseptic used to decrease bacteria on the nasal vestibule skin.

Active Ingredient: Alcohol 62%.

Precautions: Do not extend applicator into nose beyond swab tip. Please also refer to Instructions for Use (IFU), product package and Nozin.com.

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Fall Prevention Risk

- **Red** non-skid socks will be placed on you, signaling that you are at a high risk for experiencing a fall
- Do **NOT** get up without the help of staff assisting you.
- Use walker
- Use your call bell



DVT Prevention: Sequential Compression Device

Worn in the hospital

- Used on your lower extremities to help promote circulation
- Helps prevent post-op lower leg DVT (blood clot)



Optional: Portable SCD for Home Use:

Patient being discharged from Unit 58 only

\$150 to billed by Precision Medical

DVT Prevention: *Optional* Home Sequential Compression Device

Accepting insurance companies (no out-of-pocket cost)


- CAREFIRST BCBS, TRICARE, NALC

Out-of-pocket cost is \$150:

- BC Federal, Medicare/Medicaid, AETNA, United Healthcare, Johns Hopkins Advantage, University of Maryland Advantage, Amerigroup, or non-commercial insurance.
- Payment plans can be arranged through **Precision Medical Products, Inc.**
- **Precision Medical** will arrange payment with you (NOT GBMC)
 - All **out-of-pocket sales are final**, no cash/credit refund

CIRCUL8[®]
-PRO-

<https://vimeo.com/530505717>



The CIRCUL8[®] PRO is intended to be an easy to use portable system, prescribed by a physician, for use in the home or clinical setting to help prevent the onset of DVT in patients by stimulating blood flow in the extremities (stimulating muscle contractions).

CIRCUL8 PRO Can Be Used To:

- Aid in the prevention of DVT
- Enhance blood circulation
- Diminish post-operative pain and swelling
- Reducing wound healing time

DOWNLOADABLE COMPLIANCE MONITOR

EASY TO USE

UP TO 20 HOUR RECHARGEABLE BATTERY LIFE

PORTABLE & LIGHTWEIGHT

GBMC
HEALTHCARE



“To every patient, every time, we will provide the care that we would want for our own loved ones.”



DVT Prevention

Everyone will be prescribed an anticoagulant medication to help prevent blood clots

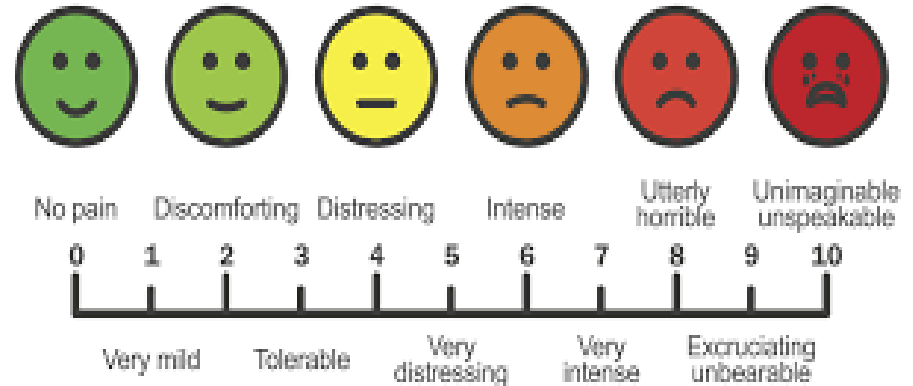
- Aspirin, or
- Eliquis tablets, or
- Injections into the abdomen (only): education provided by nurse
 - Lovenox
 - Arixtra
- **Circul8** device (optional): notify your nurse so you can be taught how to use it before you are discharged
- Your ability to do your exercises and ambulate is paramount in preventing a blood clot
- Stay hydrated by drinking fluids
- Avoid excessive time on your feet or with your legs dependent as this can cause lower leg swelling which can lead to blood clots

Pain Management

*After surgery there will be bruising, swelling, and pain;
this is normal after a joint replacement.*

- Pain scale 0-10
 - “0” means no pain
 - “10” means the worst pain that you have ever had
- Remember: You should **not** expect your pain level to be “0” after surgery
- Pain medications are available as needed (prn)

- **Call** your nurse when you are experiencing pain above your goal



To Help Reduce Swelling and Discomfort

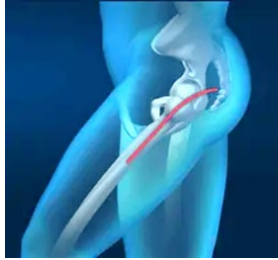
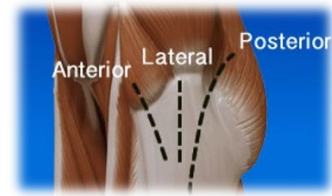
- Ice packs and elastic wrap placed on your operative joint after surgery:
 - 2 packs of ice (hips)
 - 4 packs of ice (knees)
- **Do not place the ice packs directly on skin.**
 - Place a cloth between ice wrap and your skin.
- **20-minutes “On”** for every hour of use.
- **Do not sleep at night with the ice packs on.**
- **Assess skin often** for **redness, tingling, numbness, blistering.**



- Elevated your leg when at rest to promote circulation
 - Knee: knee extended
 - Hip: be mindful of your hip precautions



Hip Replacement Precautions:



Posterior Hip Precautions



➤ Posterior Hip precautions

<https://vimeo.com/showcase/10854689/video/815691264>

- Do **not** cross legs
- Do **not** turn toes inward
- Do **not** bend from waist beyond 90 degrees

Abduction Pillow



➤ Placed between legs while in bed to help prevent inward rotation

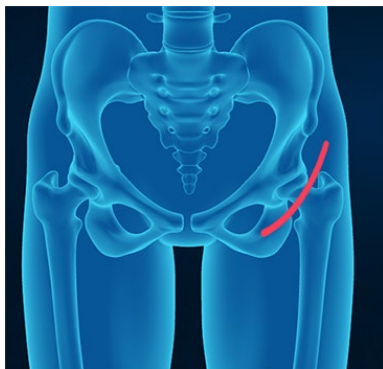


...continued

Hip Replacement Precautions videos:

➤ Anterior Hip Replacement

<https://vimeo.com/showcase/10854689/video/815690946>



Direct Anterior Hip Precautions

➤ Lateral Hip Replacement

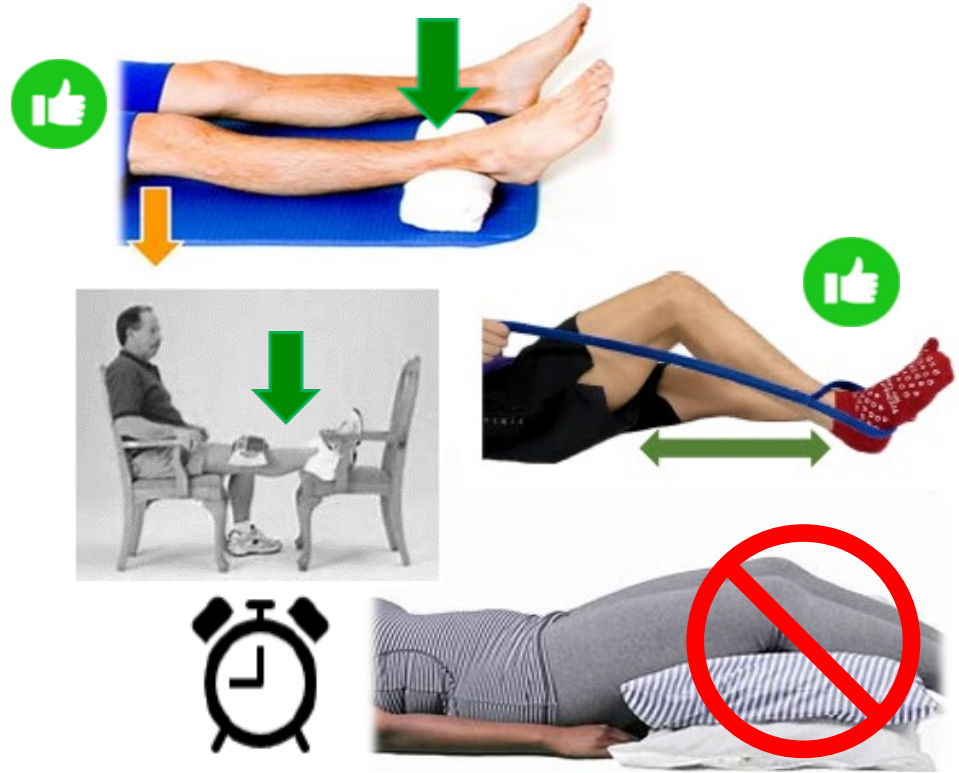
<https://vimeo.com/showcase/10854689/video/815691026>



Lateral Hip Precautions

Total Knee Replacement Considerations

- You are **ENCOURAGED** to **actively extend** and **flex your knee** throughout the day.
- Do **NOT** keep leg extended for long periods of time.
- 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.



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 Sanitizer



Gauze & Tape



Knee:
1 wrap & 4 ice packs
Set timer:
*20-mins on skin,
40-mins off

Hip:
1 wrap & 2 ice packs
Set timer:
*20-mins on skin,
40-mins off

Home SCD:
(optional)



Gait Belt

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

➤ Goals for Same-Day Discharge Home:

- Self Scheduled Outpatient PT appointments are in place.
- Medically stable (vital signs within normal limits, pain managed).
- **Coach/Family member** present for education and training.
- Cleared by your PT (ambulate with your walker and go up and down steps safely and appropriately, etc.).
- Given the final clearance for home by your surgeon.
- You and your Coach/Support Person will be given Home Discharge Instructions (AVS) and post-op supplies by your nurse.

← Please bring to the hospital
your Day of Surgery Checklist

GBMC
HEALTHCARE

Malcolm Baldrige
National Quality Award
2018 Award Recipient



PRESENTATION FOR SAME-DAY DISCHARGE ENDS NOW.

Thank you for choosing GBMC!



Presentation Continues for
23-hour Observation/
In-Patient hospital stay
Admission to Unit 58



Outpatient Total Joint Replacement additional resource:
<https://orthoinfo.aaos.org/en/treatment/outpatient-joint-replacement-surgery/>



Hospital Admission: *23-hour observation/ in-patient admit*

- Once your vital signs are stable, pain is managed, and you have sensation in operative leg(s). Your anesthesiologist will clear you for transfer from the PACU to Unit 58.
- Unit 58 is located on the 5th floor of Zone D (Labor & Delivery entrance)



Admission to Unit 58

- Private room
- Meet your RN (Registered Nurse) and NST (Nurse Support Tech)
- Communication Board updated
- Ice wrap, Welcome Folder, and your Nozin 12 mL bottle kit will be given to you when you arrive to U58.
 - Upon arrival, the nurse will be teaching you how to give yourself a dose of Nozin from your home kit.
- Meet your Physical Therapist (PT) or Occupational Therapist (OT)



Visitor Policy: Inpatient Adult Units



- Visiting hours are from 8am-9pm
- 4 visitors are allowed at a time, **1-visitor can stay overnight (9p-8a)**.
 - *No children under 18 may stay overnight.*
- Visitors under the age of 14 must remain under the supervision of a responsible visiting adult.
 - *A patient may not be the designated adult.*
- Visitation guidelines will reflect our Zero Tolerance policy as it relates to disruptive behavior.
- *Visitors with any respiratory symptoms must wear a mask covering the nose and mouth at all times*

Physical and Occupational Therapy **Starts** the Day of Surgery and continues every day until discharged

- You may be evaluated by a physical therapist (PT) or occupational therapist (OT) when you arrive to Unit 58 (Friday cases)
 - Late cases, you will meet your PT/OT on POD#1
- If you are not seen by a PT or OT, the nursing staff will walk you from the chair to bathroom before midnight.
- You will learn to walk with a walker around the unit, go up and down steps, and/or learn to get out of a model car, or in/out of a shower tub.
- **Coach/Care Giver/Support Person Training** on POD#0 or POD#1

Rehabilitation: PT versus OT

Physical Therapy: helps you with functional mobility

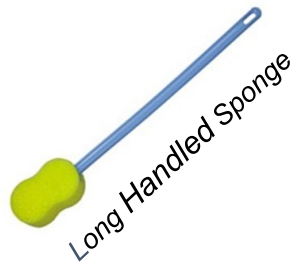
- Walking
- Getting in/out of bed
- Transfers into/out of a chair
- Going up/down steps
- Doing your exercise program

Occupational Therapy: helps you with functional activities of daily living (ADL)

- Getting dressed and bathed
- Getting in/out of tub/shower
- Using the toilet
- Car transfers
- How to use adaptive equipment if needed
- Getting items out of refrigerator/cabinets

Medical Equipment to help *prevent hip dislocation*.

Hip Kit may include one or more of these items:

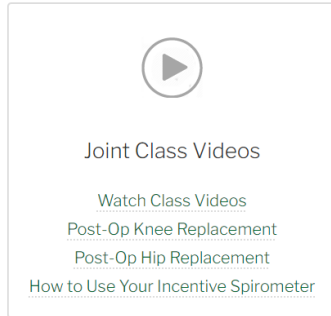


These items are available to your
GBMC therapists

After Surgery Physical Therapy Goals

Exercises after surgery

- Continue your home **exercises independently** every day, 2-3 times a day.
- Exercises and Goals in your Post-op section of guidebook
- Exercises videos on the GBMC Joint & Spine Center Webpage



[Joint Replacement Class - Video Library - GBMC HealthCare in Baltimore, MD](#)

GBMC Care Management:

The Inpatient Care Manager (CM) will introduce themselves to you on **Unit 58 the day after your surgery** to continue working on your discharge planning needs and offer you resources.

- Your **GBMC inpatient CM** will help:
 - **Confirm** any discharge arrangements made prior to your surgery that were discussed with your Ortho Care Coordinator or scheduler:
 - **GBMC Surgeons (Drs. Schmidt, Johnston, Lanzo, Melegari)**
 - Questions contact your Ortho Care Coordinator, Tori Schmitz, at #443-849-3828
 - **OrthoMaryland/CAO (Drs. Heller, Jay, Buchalter)**
 - Questions contact your surgical scheduler
 - *If no plan was discussed or arranged prior to surgery, your GBMC CM will assist with setting you up with any discharge needs that are recommended by your surgeon and our physical therapy team prior to your discharge from our hospital.*



(Continued on next slide)

GBMC Care Management: (continued)



- Your **Discharge planning discussion** with the GBMC CM include:
 - **Post-op Physical Therapy recommendations from your hospital care team:**
 - **Outpatient Physical Therapy**
 - **Home Therapy**
 - *It is important to note home PT is limited to your insurance approval, service area and available therapy group and physical therapist. **Holidays or weekends** are also factors to consider.*
 - **Skilled Nursing Facility (SNF)**
 - *We like to see patients recover in their home.*
 - *SNF placement is based only on medical necessity AND insurance authorization. If your insurance denies discharge to subacute rehab, you will be discharged home.*
 - **Rolling Walker**
- **Do Not LEAVE the hospital until you have discussed and confirmed plans, received your post-op supplies and equipment (if ordered and delivered to your room).**

Discharge Day

❑ Coach/Care Giver/Support Person Training to be completed.

- GBMC's Acute Rehab Team will contact you to arrange scheduled time(s).
- Family member(s) or friend will attend your Discharge **Coach/ Care Giver/Support Person Training** session(s) with you.
- This caregiver should be able to provide physical assistance, if necessary, upon return home.
- The training is beneficial to ensure your safety and recall of therapy education upon your return home.



Discharge Day



Once all discharge criteria are met:

Coach/Support Person Training completed.

Cleared by your PT/OT.

Cleared by your surgical and/or medical team for discharge home.

Your GBMC In-patient Care Manager:

Has confirmed postoperative physical therapy arrangements.

You have a walker with 5" wheels, 2 back slide caps or skis.

If not done prior to surgery, a prescription will be sent electronically to your pharmacy


Nurse has reviewed your discharge instructions with you.

Discharged home is typically between the hours of 1pm-5pm, OB Entrance.

You must have a walker and a ride home with a family member, friend, or care companion.

Discharge Checklist-Joint

- I have reviewed my discharge instructions with the nurse
- I know who my support person/help at home is
- Post-op Physical Therapy Agency: _____
 - Phone #: _____ Start of Care Date: _____
 - If I haven't heard from the Physical Therapy Agency 3-days after discharge or have any issues with scheduling, I will call my surgeon's office as soon as possible
- Do I have my prescription(s)?
 - Medication(s) MUST be picked up the day of discharge
 - Do I need a referral/prescription for Outpatient Physical Therapy?
- Do I know the reason for and side effects of my prescriptions?
- I have my...
 - Walker and/or cane (if you do not have one, insurance approval is needed)
 - Ice packs (2 for hips and 4 for knees) and the wrap
 - Dressing material (gauze and tape)
 - Nozine Nasal Sanitizer 32-ml bottle and starter cotton swabs
 - Gate Belt
 - Belongings that I brought into the hospital
- If I am at high-risk for developing post-op blood clots my surgeon may recommend a portable SCD device to take home
- I will call my surgeon's office with any signs of infection such as fever, redness, swelling, tenderness, or puss-like drainage, concerns, or questions.



Discharge Instructions

Your discharge nurse will provide verbal and written discharge instructions from your surgeon located on the printed **After Visit Summary (AVS)** packet:

- **Blood Clot Prevention, Signs & Symptoms:**
 - medication and activity
- **Medication(s) ordered by your surgeon:**
 - pain management, preventing constipation, etc.
- **Surgical Dressing and Wound Care.**
- **Activity:**
 - physical therapy, ice and ice wrap, and precautions
- **Follow Up and When to Notify Your Surgeon's Office.**

The image shows a screenshot of a patient's discharge instructions document. At the top right is the GBMC logo. The document title is "DISCHARGE INSTRUCTIONS". Below the title, it lists patient information: Patient NAME (MRN: 000xxxxx), Date of birth (xx/xx/19xx), and a diagnosis (Osteoarthritis (arthritis due to wear and tear of joints)). It also includes a date range (1/29/2024 - 1/30/2024), a unit (Unit 58 - Ortho/ENT), and a phone number (443-849-2670). The address is Greater Baltimore Medical Center, 6701 North Charles Street, Baltimore, MD 21204.

The main content is divided into two sections: "Instructions" and "Your Next Steps".

Instructions: A red icon indicates that medications have changed. It lists "START taking" medications: acetaminophen (TYLENOL), aspirin, ethyl alcohol (NOZIN), sennosides-docusate sodium (SENNA-5), and tramadol (ULTRAM). It also lists a "CHANGE how you take" medication: oxycodone (ROXICODONE). A link is provided to "Review details of your medication changes below."

Activity instructions: A blue icon indicates activity instructions. It thanks the patient for working with the rehab team and asks them to consider the following to increase safety upon return home: 1. Keep hallways and entryways free of objects (including electrical cords) which may be tripped over. 2. Remove or tack down throw rugs. 3. Improve lighting throughout the home, use night lights. 4. Use nonslip mats in the tub or shower. 5. Move frequently used items to easy to reach areas. It also mentions the rehab team: Physical Therapy & Occupational Therapy.

Your Next Steps: A blue icon indicates the next steps. It includes a "Go" button and a "1st Post OP 1000 PM" appointment with Leroy M Schmidt, MD, Ortho at Padonia Road, 63 E Padonia Road, Timonium MD 21093-2306, 443-589-5500. It also provides the office location: 63 E Padonia Road, Timonium, MD 21093. It asks the patient to bring insurance information and a copayment if required by their insurance company and any imaging that they recently had done.

At the bottom, there is a "MyChart Signup Information" section with a link to the MyChart portal and a phone number (443-849-6100). A footer at the very bottom of the page includes the patient name, date, and page number (Page 1 of 17).

Discharge Checklist-Joint

- _____ I have reviewed my discharge instructions with the nurse
- _____ I know who my support person/help at home is
- Post-op Physical Therapy Agency: _____
 - Phone # _____ Start of Care Date: _____
 - If I haven't heard from the Physical Therapy Agency 3-days after discharge or have any issues with scheduling, I will call my surgeon's office as soon as possible
- _____ Do I have my prescription(s)?
 - Medication(s) **MUST** be picked up the day of discharge
 - Do I need a referral/prescription for Outpatient Physical Therapy?
- _____ Do I know the reason for and side effects of my prescriptions?
- I have my...
 - _____ Walker and/or cane (if you do not have one, insurance approval is needed)
 - _____ Ice packs (2 for hips and 4 for knees) and the wrap
 - _____ Dressing material (gauze and tape)
 - _____ Nozine Nasal Sanitizer® 12-mL bottle and starter cotton swabs
 - _____ Gate Belt
 - _____ Belongings that I brought into the hospital
- If I am at high-risk for developing post-op blood clots my surgeon may recommend a portable SCD device to take home
- I will call my surgeon's office with any signs of infection such as fever, redness, swelling, tenderness, or puss-like drainage, concerns, or questions.



Nozine® Nasal Sanitizer® 12mL Bottle

**Please review the
Joint & Spine Center
Pre-op Packet
for important information,
including this
post-op checklist
seen here.**



Thank you for choosing GBMC for your Joint Replacement!

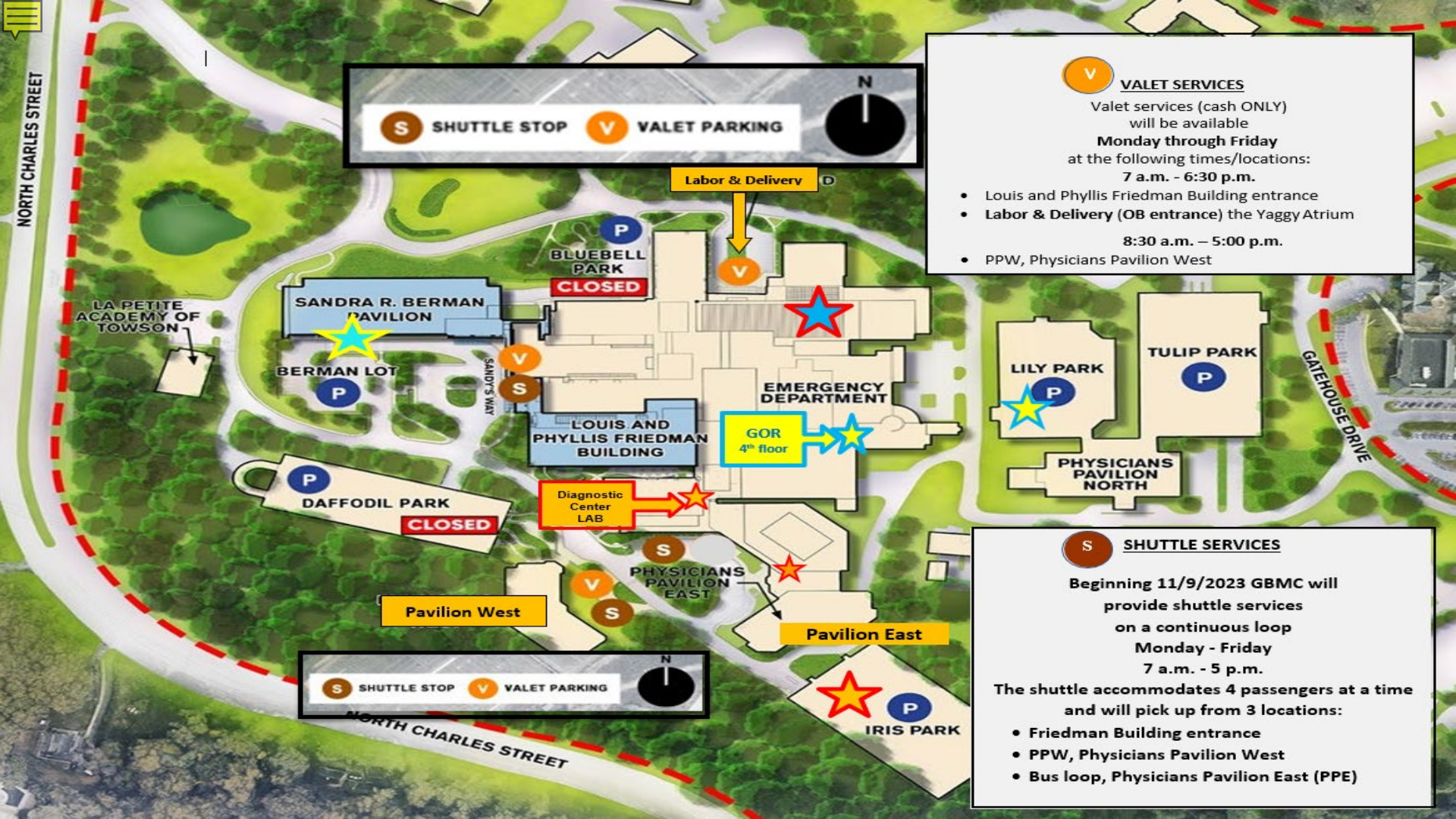
Joint and Spine Center
6701 N Charles St
Towson, MD 21204
Phone: 443-849-6261

Email: jointspinecenter@gbmc.org

Website: www.gbmc.org/JointandSpine

ACTIVATE your MyChart today





S SHUTTLE STOP **V VALET PARKING**

N

V 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

S SHUTTLE STOP **V VALET PARKING**

N

S 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)

NORTH CHARLES STREET

GATEHOUSE DRIVE

NORTH CHARLES STREET

Labor & Delivery

Pavilion West

Pavilion East

LA PETITE ACADEMY OF TOWSON

SANDRA R. BERMAN PAVILION

BLUEBELL PARK

LOUIS AND PHYLLIS FRIEDMAN BUILDING

EMERGENCY DEPARTMENT

LILY PARK

TULIP PARK

PHYSICIANS PAVILION NORTH

BERMAN LOT

DAFFODIL PARK

PHYSICIANS PAVILION EAST

IRIS PARK

SANDY'S WAY

GOR 4th floor

Diagnostic Center LAB

CLOSED

CLOSED