



Joint Replacement Class



Welcome to Our Program!

We are excited to have this opportunity to help you prepare for your joint replacement procedure. Surgery can be a stressful process, and we are here to help you along the entire journey from pre-surgery to rehabilitation and life with your new knee or hip.

This book includes general information to educate and guide you through the entire process. We are always available to answer your individual questions. Studies have shown that the more prepared you are before surgery, the easier it will be for you to participate in your care, and to restore you back to an optimal level of your activities of daily living.

Our dedicated, multidisciplinary Total Joint Replacement Team of professionals includes your orthopedic surgeon, anesthesiologist, primary care physician, physician hospitalists, physician assistants, nurses, physical therapists, occupational therapists, nurse navigator, pharmacists, registered dietitians, and care coordination team.

MarinHealth® Medical Center offers a comprehensive pathway of treatment. We believe that you play a key role in your recovery. Our goal is to involve you in your treatment through each step of the process. The Total Joint Replacement Program is designed to improve your mobility and quality of life and return you to an active lifestyle as quickly as possible.

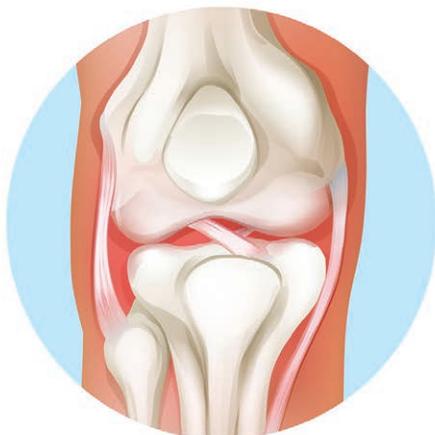
Arthritis is a general term for inflammation in the joints. Osteoarthritis is the result of wear and tear due to aging and/or previous joint injuries and fractures. Rheumatoid arthritis is an immune disorder that affects the lining of the joints and other tissues. Osteonecrosis (avascular necrosis) is caused by inadequate blood flow to the bones and joints. These problems result in damage to the cartilage that normally covers the ends of your bones and allows your joints to move smoothly and without pain.

Joint replacement surgery removes the damaged bone surfaces and cartilage. Precision instruments and guides are used to make sure the bones align properly after the new surfaces (implants) are attached. Most implants can last for 20 or more years.

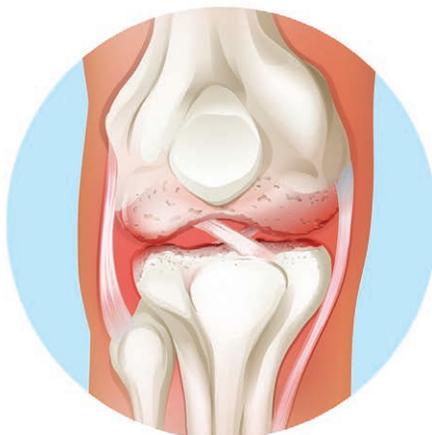
The need for total joint replacement surgery is determined through simple X-rays, MRIs, and careful examination by your doctor. Once you and your surgeon have decided that knee/hip replacement surgery is the right option, it is essential to start preparing for surgery in the weeks and days before the procedure.



ARTHRITIS OF THE KNEE JOINT



Normal knee joint



Knee joint with arthritis

During your initial surgical consultation, your surgeon will review the procedure and answer any questions you may have. The scheduler at your surgeon's office will provide you with information including:

- Medical consultations (e.g., cardiovascular, diabetes)
- Complete medical history and physical examination
- Insurance pre-authorization
- Pre-registration contact information and/or your scheduled appointment
- EKG information
- X-rays
- Blood work
- Clinical laboratories information
- Surgery date and arrival time
- Directions and parking instructions

Additional Consultations Required

You will need to schedule these appointments before surgery:

- Primary care provider
- Cardiologist (if needed)
- Braden Diabetes Center (if needed)
- Dentist—Talk to your surgeon if you are planning any dental work or other invasive procedures before your surgery. Your surgeon will inform you of the safe time frame needed to prevent any complications or infection with your new joint. It is typically recommended to not have dental work or other procedures less than one month before surgery and no earlier than three months after surgery.

Your surgeon's scheduler will either make this appointment or direct you to schedule it up to 30 days before your surgery. To schedule your appointment, call 1-415-925-7935.

Plan for 1.5 hours for this appointment, which will include:

1. Meet with the pre-admission center nurse or nurse practitioner to review:
 - Health history
 - Medications
 - Night before and morning of surgery information
 - Cleansing for surgery instructions
2. Any remaining lab work can be completed at this visit.
3. Sign up for an informative, interactive Joint Replacement Class taught by experts from our Nursing, Physical Therapy, and Occupational Therapy Departments. In this class, you will learn about joint anatomy, the surgical process itself, pain management, and expectations for healing and rehabilitation. You will see joint models and have plenty of time for Q & A. The more you know, the better prepared and comfortable you will be for the procedure—so you will be back on your feet in no time. You can also register for this class by calling 1-415-925-7907.



The Three Months Before Your Operation

Medication

Your consulting physicians and surgeon will review your medication to determine pre-operative surgery instructions and a medication regimen. Ask your surgeon about stopping anti-inflammatory and blood thinning medications for 10 days prior to surgery (Aspirin, Coumadin, Lovenox, Motrin, Advil, Naprosyn, and other nonsteroidal anti-inflammatories).

Nutrition

Eating a healthy diet before your surgery is very important to help your body recover. Be sure to eat balanced meals that include plenty of protein, high-fiber carbohydrates, and fruits and vegetables, and drink plenty of water, coconut water, and Gatorade to stay hydrated, especially the day before surgery. We encourage you to stop smoking and reduce or eliminate your alcohol consumption prior to surgery. You may eat as you normally would on the day before the surgery, **but you should have nothing to eat or drink after midnight.**

Exercise

We encourage you to continue exercising as directed by your physician to ensure good muscle strength. Refer to the pre-operative strengthening exercises on pages 28–37.

Preparing Your Home for a Safe Return

Remove all walking hazards like rugs and small floor items. Complete shopping prior to surgery and have healthy foods ready to eat or easy to prepare. Arrange for help from family, friends, or neighbors, or hire private help in advance. Insurance does not cover help in the home.

Most total knee and hip replacement patients are discharged directly home after recovering from surgery in the Medical Center. When planning your transportation back home, try to arrange for a car that will be easy to get in and out of. We advise you to plan on having two persons to assist you in getting into your home.

Preplanning for Your Recovery After Discharge

Some total knee and hip replacement patients will have physical therapy the first two weeks with a Home Health Agency (HHA). Discuss your discharge plans with your surgeon at your pre-operative appointment. Rarely, a Skilled Nursing Facility (SNF) is needed. Research these options online and visit the facilities ahead of time, if possible. Your admission into a particular facility is dependent on your insurance, your medical condition, your post-operative status, and the number of beds available at the time of your discharge. While you are still recovering from surgery, your team will help you determine your best options. See page 40 for a list of HHA and SNF contacts and locations. It is also very wise to check with your insurance for authorization, co-pays, and out-of-pocket expenses.

The Night Before Surgery

Nothing to Eat or Drink After Midnight!

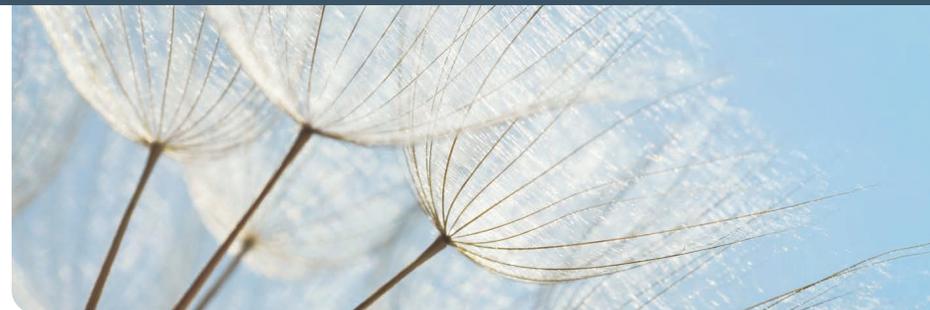
- Absolutely nothing, including gum, mints, and ice
- If instructed by your physician to take certain medications the morning of surgery, take with only a sip of water

Cleansing Instructions

Show up using the antibacterial chlorhexidine (CHG) soap given to you at your surgeon's office, the Joint Replacement Class, or the pre-admission center appointment. Chlorhexidine cleanses the skin by disrupting the cell membranes of bacteria. Do not shave the area near or at your operative site for 48 hours prior to your surgery. Follow the detailed instructions given to you by the pre-admission RN or surgeon on how to properly cleanse the area. It is essential to cleanse with chlorhexidine the night before AND the morning of surgery, and do NOT shower between the two CHG applications.

Linen Instructions

Make sure to have clean, fresh sheets on your bed, clean clothes to wear to bed, and clean clothes to wear to the Medical Center after your morning shower.



Anesthesia Consultation

State-of-the-art anesthesia is provided by the Anesthesia Consultants of Marin (ACM), a group based in MarinHealth Medical Center. All ACM physicians are Diplomats of the American Board of Anesthesiologists. Prior to surgery, the anesthesiologist will contact you and ask questions about your current health and physical condition, past experiences with anesthesia, medications you are currently taking, and any known allergies to medication. They will also go over the risks associated with different types of anesthesia.

Drinking any amount of alcohol on a regular basis can cause your body to become alcohol dependent. It is important to discuss your consumption of alcohol, recreational drugs, and narcotics with your surgeon and anesthesiologist. Medication can be provided that helps to prevent alcohol withdrawal while you are hospitalized. Alcohol withdrawal is a serious medical condition.

Preparing for Surgery

Day of Surgery

Medication

Take any medication prescribed by your physician the morning of surgery with only a sip of water.

What to Bring to the Medical Center

Cell phones are allowed. Wireless is available. Items you should bring include:

- Photo ID
- List of all medications
- Insurance information
- Your physician's information (primary care and any others)
- Any forms given to you to bring in completed for check-in
- What you wear to the hospital can be the same outfit you return home wearing; we advise comfortable clothing with elastic waistbands
- Personal toiletries
- Hearing aids
- CPAP breathing machine if you use one at home
- Pictures of inside your home
- This booklet

What to Wear

Wear loose, comfortable clothing with elastic waistbands. Do not wear heavy makeup, body lotion, or perfumes. We recommend you leave jewelry and any valuables and credit cards at home.

Preparing Your Support Person

Once you are admitted to the Medical Center, you and your support person are taken to the pre-surgical area where the nursing staff will take your vital signs, start intravenous (IV) fluids, conduct pre-operative preparation of the operative site (which may include clipping hair), and administer medications.

Pre-operative Interview, Safety, and Site Initialing

You will meet your OR circulating nurse, who will be responsible for your care while in the operating room. Your anesthesiologist will stop by to review the medications and procedures to be used during surgery. Your surgeon will also meet with you and validate and initial your surgical site.

When you are ready to go to the OR, your support person will be directed to the surgical waiting area or asked to provide a phone number for the surgeon to contact after procedure. Your surgeon will call them after the procedure. They can remain in the waiting area for the 1–2 hours you will be in the Post-Anesthesia Care Unit (PACU) until you are transferred to the Medical-Surgery or Observation Unit.

Surgery

The length of surgery time is typically 2–3 hours. After surgery, patients are taken to the Post-Anesthesia Care Unit to begin recovery and monitoring for approximately for 1–2 hours.

Sedation, Blocks, Spinals, Medications, and Pain Management

Your specific type of anesthesia will be determined by your anesthesiologist based on the procedure, your medical history, and your surgeon's preferences. Most patients receive a combination of sedation and regional anesthesia.

Regional anesthesia includes both spinal anesthesia and peripheral nerve blocks. A spinal anesthetic is given through a single injection in the lower part of your back to numb the lower half of your body during surgery and the immediate post-operative period.

Peripheral nerve blocks are the administration of local anesthetic near the nerves going to the leg.

General anesthesia is given to make you unconscious during the procedure. While you are asleep, your airway and breathing are controlled by the anesthesiologist. Your anesthesiologist will discuss general anesthesia with you, if it is the best and safest option.

Post-Anesthesia Care Unit (PACU)

After surgery you are transferred to the recovery room for observation for 1–2 hours (note: visitors are not permitted in PACU). Vital signs, neuro checks, pain management, circulation, and ability to tolerate ice chips are monitored. After surgery, you may have:

- Foot pumps—Prevent deep vein thrombosis (DVT)/blood clots
- Oxygen mask/nasal prongs—Deliver oxygen
- Ice machine (knee replacements only)—A cooling unit on your incision that decreases inflammation and reduces pain (you take this home with you)
- Post-operative X-rays
- Dressing on the incision
- Foley catheter, if necessary, for one night

Post-Operative Recovery Units

Nursing Assessments

After your surgery, you will be taken to the Medical-Surgery Unit in Oak Pavilion (1-415-925-7800) or the Adult & Pediatric Short Stay Unit in Redwood Pavilion (1-415-925-7590.) The nurses will continue to assess your progress by monitoring and evaluating the following:

- Vitals
- Ability to take food and medications
- Pain management and comfort measures
- Physical and occupational therapy
- Transition from IV pain medications to oral pain medications
- DVT prevention
- Blood thinners
- Ambulation
- Foley catheter removal

Who's Who

RN: Registered Nurse
CNA: Certified Nurse Assistant
PT: Physical Therapist
OT: Occupational Therapist
EVS: Environmental Services
Case Management/
Care Coordination
Hospitalist
Physician Assistant

Medication

Your nurse will address medication needs and administer medication for pre-existing medical conditions, anticoagulants, and pain treatment. Stool softeners should be taken with oral pain medications to avoid constipation. Your nurse will also make sure you are staying hydrated.

Meals

As you recover, you will progress to foods you normally eat, unless you have any special nutrition needs. You may contact Nutrition Services at 1-415-925-7375 if you have any questions or concerns.

What to Expect Your First Evening

If you arrive in the early afternoon, a physical therapist will assist you to get up and walk. If you arrive in the early evening, you will get up to either dangle your feet at the bedside or eat dinner in a chair.

What to Expect on Your First Post-Operative Day

| | |
|-------------------|------------------------------------------|
| 7:45 am – 8:30 am | Breakfast |
| 9:00 am | Physical Therapy Occupational Therapy |
| 11:00 am | Discharge |

Additional post-op days will be determined by your medical needs.

Pain Management

Our goal is to manage your pain effectively so you can participate in therapies to hasten your recovery.

We manage pain in multiple ways to achieve optimum comfort:

- Anesthesia—spinal and block
- IV medications
- Multi-modal pain management with pills
- Comfort measures (ice, elevation)

Types of Pain Medication

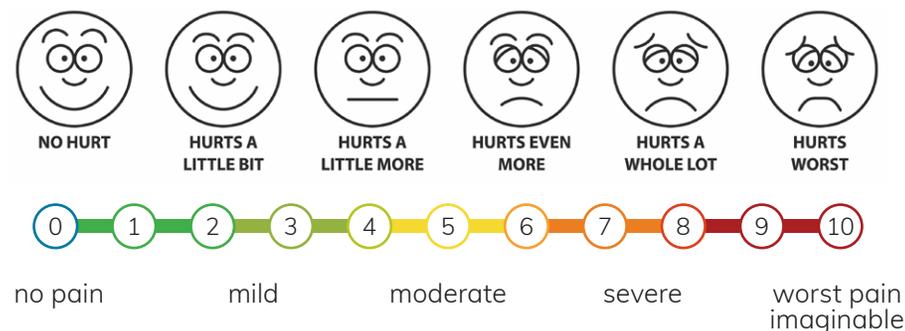
Depending on your pain level and overall condition, the nurse will administer the most appropriate type of pain medication for you:

- Oxycodone: This short-acting pain pill is given every four hours for mild, moderate, and severe pain. It can take 30 minutes to take effect.
- Intravenous morphine and dilaudid: This pain medication is given in your IV per your surgeon's orders. It takes effect within 15 minutes and is short-acting.
- Multi-modal pain medications may include gabapentin, COX-2 inhibitors, tramadol, meloxicam, and acetaminophen.

Breakthrough pain is pain that persists despite long-acting pain medication. Oxycodone and intravenous morphine and dilaudid can be given when you experience breakthrough pain. To ensure consistent pain management, make sure you talk to your nurse when your pain rises above level 3 in the pain scale. (See next page.)

Pain Scale

Healthcare providers will routinely assess your pain level by asking you to rate your pain between 0 and 10. The Pain Scale is defined as follows:



Surgeons may refer chronic pain patients to a Pain Management Specialist.

Best Practices for Managing Pain

Increased pain may impede mobility and interfere with the healing process.

- Notify the nursing staff when you start to experience mild to moderate pain (around a 3 on a scale of 1 to 10).
- Our experienced nurses will administer the pain medications most appropriate for your pain level and evaluate your response to make sure you are comfortable.
- Our staff will work with you to be sure you are medicated before physical and occupational therapies.
- Remember that pain pills take 30 minutes to begin to work.
- If medication is not working, notify your nurse, who can discuss alternatives with you and your physician.

Preventing Complications

Thromboembolism (DVT)

This is actually two interrelated conditions: deep vein thrombosis and pulmonary embolism. It occurs when blood clots are formed in the large veins of the legs. In some cases, these clots can become dislodged from the veins, travel through the circulatory system, and become stuck in the critical arteries of the lungs. This scenario, called a pulmonary embolism, is a serious medical condition. The following steps may be taken to avoid or prevent thrombosis:

- Anticoagulation therapy
- Sequential compression devices (SCDs), which are foot or calf sleeves that simulate walking while in bed
- Foot elevation to prevent swelling
- Ankle exercises (“foot pumps”) to optimize blood flow

IMPORTANT: If you develop swelling, redness, pain, and/or tenderness in the calf muscle, report these symptoms immediately to your nurse and physician.



Surgical Site Infection Prevention

The following tactics are used to prevent infection before and during your hospitalization:

- Pre-operative cleansing the night before and day of surgery with antimicrobial solution, chlorhexidine
- Antibiotics given 30 minutes prior to incision and another dose given within 24 hours after surgery
- Dedicated operating room (OR) for orthopedic surgery
- Skin is cleansed with chlorhexidine gluconate (CHG), which kills germs on your skin, and continues to work for 48 hours
- Foley catheter, if utilized, is removed on post-op Day 1
- Excellent handwashing by Medical Center staff and by all visitors

Inpatient Physical Therapy

Your Physical Therapy Program is designed to increase strength and functional mobility and help you return to an active lifestyle. Your physical therapists will teach you exercises to strengthen your arms and legs to promote circulation and healing. You will be able to bear weight on your new joint, as tolerated. Physical therapy starts on the day of surgery after your procedure, and will continue twice a day throughout your hospitalization. Your active participation in physical therapy will help speed your recovery.

Your physical therapists will assess function, assist and teach mobility, help you increase strength around your new joint, and coordinate care with other healthcare providers. Their focus and expertise include:

- Early mobilization
- Body mechanics and balance
- Joint mobility
- Patient education
- Progressive exercises
- Bed mobility
- Transfers
- Walking and stairs
- Safety and fall prevention
- Pain management
- Surgical precautions
- Equipment assessment for discharge
- Recommendations for safety and family training as needed

Inpatient Occupational Therapy

Occupational therapy helps you manage the activities of daily living, such as how to safely use the toilet, bathe, get dressed, and care for yourself. Occupational therapy starts the day after your surgery and will continue once daily throughout your hospitalization.

Occupational therapists focus on:

- Safety
- Patient education
- Precautions
- Activities of daily living
- Energy conservation
- Treatment sessions
- Equipment
- Family training
- Discharge planning
- Body mechanics and balance
- Joint mobility
- Strengthening and conditioning support muscles



Your therapists will work closely with you and the rest of the team to help prepare you for a safe discharge.

Going Home

Hip and knee replacement patients are discharged when they are determined to be medically stable and physically able. After you leave the Medical Center, you may be discharged to home with physical therapy and possibly home healthcare nursing. Your surgeon makes the discharge decision with input from you and your nursing and therapy staff.

Discharge Instructions

Before you leave the Medical Center, you will be given written individualized discharge instructions on medications, diet, activity, and other care. Your nurse will review this documentation with you before you leave.

Case Management/Care Coordination

Case manager nurses help coordinate communication and authorization from your insurance provider and after-discharge rehabilitation. A Case Manager will visit with you in the Medical Center to review your discharge plan. Information regarding home healthcare agencies, equipment resources, and skilled nursing facilities is included in this booklet.

Your case manager will help assess how you are coping, your living situation, available help (family, friends, private help), progress with physical and occupational therapy, and arrangements for transportation. Your surgeon will determine your discharge day. Our goal is to arrange for discharge by 11:00 am. Purchase your durable medical equipment (DME) ahead of your surgery date. Reacher/ grabbers, sock aids, and long shoehorns are available for purchase in our gift shop.

Adjusting to Life at Home

Most patients return home after surgery. Naturally, this has many benefits—familiar surroundings, lower infection risk, and faster recovery thanks to the comforts of home. You will not be expected to manage your rehabilitation alone: Home physical therapy will be arranged prior to discharge and home healthcare nursing can be arranged for any complex medical needs.

You will need support at home when you return there, whether you go directly home from the Medical Center or after a short nursing facility stay. Plan to ask for assistance in your recovery, even if it is only needed for a short while. Tasks such as laundry, chores, errands, and pet care will likely require assistance for the first two weeks at home. Before surgery, arrange your recovery space at home to enable easy access to a comfortable chair, bed, or couch, nourishment, and a bathroom—preferably all on one floor.

Stairs

Many homes have stairs. You are well aware of how you handled these before surgery, with a stiff, painful, arthritic joint. Keep in mind that after surgery, climbing and descending stairs will be part of your therapy before you leave the Medical Center. With caution and a little assistance, most stairs can be safely negotiated.



Home Physical Therapy

Physical therapy will progress your exercise program for continued functional mobility within your home. Walking on a regular basis will enhance your recovery, strengthen your leg muscles, and increase circulation to achieve improved mobility of your new joint. It may take up to a month to regain your energy. It is essential for you to have a healthy balance between activity and resting to obtain your optimal recovery.

Outpatient Physical Therapy

Outpatient physical therapy instructions are always “surgeon-specific.” They are determined during your pre-operative appointment with your surgeon. Outpatient physical therapy typically includes:

- Advanced strengthening program, adding weights as tolerated
- Stationary cycling
- Walking program

Outpatient Physical Therapy Clinic

1350 S. Eliseo Drive, Suite 250
Greenbrae, CA 94904

1-415-925-7299 (phone)

1-415-461-3576 (fax)

Driving: Do not drive until it has been approved by your physician.

Keep in Touch with Your Surgeon

Communication is essential to successful joint replacement surgery. If you have questions or concerns, always contact your physician. If you experience any of the following during your recovery, contact your physician immediately:

- Redness, drainage, odor, or severe pain in the incision
- Fever, above 101.5°F (38.5°C)
- Inability to bear weight on the operative leg
- Sudden shortness of breath or chest pain
- Confusion or disorientation

Infection

Infections occur in a small percentage of patients even when every effort is made to prevent them. The following steps help to minimize the risk of post-operative infections:

- Monitor the incision and immediately report signs of redness, swelling, tenderness, drainage, foul odor, increasing pain, or persistent fever.
- Leave the dressing intact and avoid touching the dressing.

Milestones

Return to Work

When you can safely get back to work depends on the type of job you do and how well you are recovering. Give yourself plenty of time to heal, and consult with your surgeon.

Driving

Discuss with your surgeon the best time to start driving again. You must not drive with narcotics in your system, and you must be ready to respond appropriately and safely with your operative leg. The best way to assess whether you are ready to get behind the wheel is to stage a supervised test drive in a parking lot.

Airports

Your joint replacement is made of a metal alloy and may or may not be detected by airport security devices. Allow for 20 extra minutes at the airport and inform the security agent that you have a metal implant.

Home Exercise Program

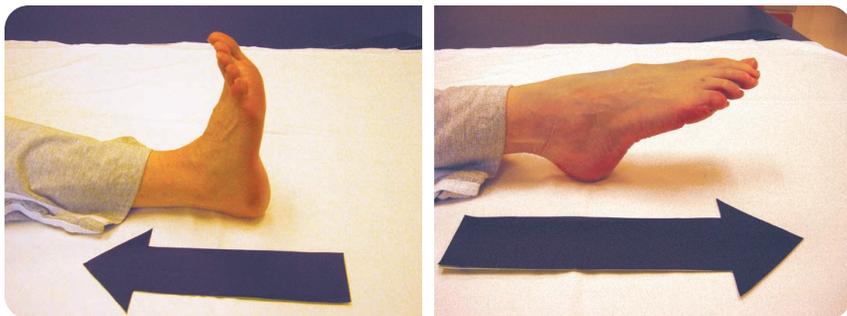
Upper Arm Strengthening

This exercise will help strengthen your arms for getting up out of a chair, walking with crutches or walker. Sit in a chair with armrests. Place hands on armrests. Straighten arms, raising bottom upward. 10 – 20 repetitions, 3 times/day.



Ankle Pumps

This exercise helps increase circulation. Point your toes toward your face, then point away. Exercise one foot 25 times, then the other. 3 – 4 times/day. Can do them sitting.



Knee Replacement Exercises

Hamstring Set: Dig Heel into Bed

With leg bent slightly, push heel diagonally into bed, tightening the muscles in the back of the thigh. When sitting, dig your heel diagonally into floor. 10 repetitions, 3 times/day.



Isometric Quadriceps Set

Push the knee downward into bed. Tighten the thigh muscles of straight leg while counting to 10 out loud. 10 repetitions, 3 times/day.



Home Exercise Program

Knee Exercises

Short Arc Quadriceps Set

Place a towel roll under the knee. Push knee downward into towel roll lifting the foot upward, then lower foot. 10 repetitions, 3 times/day.



Short Arc Quadriceps Set II

Place both legs over bolster. Slowly straighten leg, then lower slowly. 10 repetitions, 3 times/day.



Long Arc Quadriceps Set

Sit upright in chair. Slowly straighten leg, then slowly lower leg. 10 repetitions, 3 times/day.



Heel Slide

Lying on back: Bend one knee. Slide the other knee upward and then back downward. 10 repetitions, 3 times/day.



Home Exercise Program

Hip Exercises

Gluteal Exercises

Lying: Squeeze buttocks muscles together. Hold and release.

Standing: Same as above. 10 repetitions, 3 times/day.



Isometric Quadriceps Set

Push the knee downward into bed. Tighten the thigh muscles of straight leg while counting to 10 out loud. 10 repetitions, 3 times/day.



Heel Slide

Lying: Bend one knee. Slide the other knee upward and then back downward. 10 repetitions, 3 times/day.



Hamstring Set: Dig Heel into Bed

With leg bent slightly, push heel diagonally into bed, tightening the muscles in the back of the thigh. When sitting, dig your heel diagonally into floor. 10 repetitions, 3 times/day.



Hip Exercises

Hip Abduction

Lying: Slide leg outward then back to middle. 10 repetitions, 3 times/day.

Standing: Hold onto surface. Bring leg outward, keep toes pointed forward and body upright. 5 repetitions, 3 times/day.



Hip Precautions

You will be receiving a personalized program which will include hip precautions designed specifically for you.

The physical therapist, occupational therapist, nurse, and surgeon will review your precautions with you throughout your stay.

You will receive a personalized program detailing your precautions when you arrive.

How to Get Out of a Chair

Straighten operated leg before you stand or sit.



How to Get Out of Bed

Come up on elbows. Straighten arms with hands pointed backwards, inch your legs across bed to end of bed.



Home Health Agencies

Accent Care

1-800-734-1604

Amedisys Home Health

1-855-354-2007

Blize Healthcare

1-800-343-2549

Guardian Angel Home Health Care, Inc.

1-707-526-5210

Healing at Home

1-707-935-5135

Healthy Living at Home, Marin and Sonoma

1-877-513-7363

In Care Home Health

1-415-673-8989

Kindred at Home

1-510-301-4422

Loving Care to You Home Health Care

1-800-601-0585

Summit Home Health

1-510-573-2415

Sutter Care at Home

1-415-209-7700

Skilled Nursing Facilities

Aldersley

San Rafael, 1-415-453-7425

Generations Smith Ranch Skilled Nursing & Rehabilitation

San Rafael, 1-415-499-1000

Marin Convalescent Hospital

Tiburon, 1-415-435-4554

Marin Post Acute

San Rafael, 1-415-497-3450

Northgate Post Acute

San Rafael, 1-415-479-1230

Novato Healthcare Center

Novato, 1-415-897-6161

Pine Ridge Care Center

San Rafael, 1-415-497-3610

Professional Post-Acute

San Rafael, 1-415-497-5161

Redwoods

Mill Valley, 1-415-383-1600

San Rafael Health and Wellness Center

San Rafael, 1-415-456-7170

South Marin Health & Wellness

Greenbrae, 1-415-461-9700

The Tamalpais

Greenbrae, 1-415-461-2300

Villa Marin

San Rafael, 1-415-499-8711

At the skilled nursing facilities, patients receive continued nursing care, daily Physical therapy and occupational therapy, and laundry service. Patient meals are prepared to accommodate special dietary needs. MarinHealth Medical Center case managers as well as the rehabilitation facility will call your insurance to obtain prior authorization.

Assistance Devices & Equipment

Durable Medical Equipment to Purchase

Albor Medical (purchase or rent)

1106 Magnolia Avenue, Larkspur
1-415-785-3559

Bath Safe Solutions

238 Oak Manor Drive, Fairfax
1-415-419-4406

Costco

CVS

Golden Years Medical

625 DuBois Street, #C, San Rafael
1-415-453-6500

Home Depot

Jack's Medical Supplies

121 Tunstead Avenue, San Anselmo
1-415-454-3355

Ron Andrew's Medical Co., Inc.

117 Carlos Drive, San Rafael
1-415-492-1170

Rite Aid

Free, Used, or Donated Durable Medical Equipment (call in advance to check availability)

Home CARES Equipment Recyclers (free)

Wednesday, 11:00 am – 2:00 pm, 3100 Kerner Boulevard, San Rafael
1-415-388-8198 (other locations in Oakland & San Francisco)

Marin Center for Independent Living (free)

710 4th Street, San Rafael | 1-415-459-6245

Novato Senior Center (free)

1560 Hill Road, Novato | 1-415-899-8290

West Marin Senior Services (loans)

11435 State Route 1, Pt. Reyes Station | 1-415-663-8148

Phone app "Nextdoor"

Nextdoor is the neighborhood hub for the exchange of information, goods, and services. You may be able to find used medical equipment in the "For Sale and Free" section.

www.nextdoor.com

Pre-operative Checklist for Joint Replacements

1. **Make an appointment to see your orthopedic surgeon:**
 - Discuss blood thinners and anti-inflammatories (when to stop taking them before surgery)
 - Discuss dental appointments with your surgeon (need to take antibiotics?)
2. **Cancel dental appointments that fall between one month before surgery and three months after surgery**
3. **Attend Joint Replacement Class at MarinHealth Medical Center; this class helps answer questions regarding this checklist and items for during your stay. [Call 1-415-925-7907](tel:1-415-925-7907) to reserve a spot.**
4. **Make an appointment to see:**
 - Your primary care provider
 - Your cardiologists, as needed
5. **Make a list of all medications, including herbal and over-the-counter medications, and bring this to:**
 - Your appointments with all your physicians
 - Your pre-registration appointment at the Medical Center
 - The Medical Center the day of your surgery
6. **Mark your calendar with the appointment to see the pre-registration nurse at MarinHealth Medical Center. If your surgeon's office did not make this appointment for you, make this appointment by calling 1-415-925-7935. This appointment is 1.5 hours and includes:**
 - Pre-admission
 - Meeting with the pre-registration RN to discuss your medical history, medications, and instructions for your surgery
 - During this appointment, you may also get an EKG and lab work



7. **Check insurance for authorization—co-pays/out-of-pocket expenses:**
 - Total knee replacement CPT code: 27447
 - Total hip replacement CPT code: 27130
8. **Research outpatient physical therapy near you. Choose one and schedule appointments—3 weeks after your surgery.**
9. **Plan for equipment needs ahead of surgery date. For example, if your toilet is extremely low, rent or borrow a raised toilet seat (for free at loaner medical suppliers). Otherwise, the day after your surgery, occupational therapy will work with you to determine your individual equipment needs for the bathroom.**
10. **Take good care of yourself before your surgery by:**
 - Eating a healthy, balanced diet, staying hydrated, and getting plenty of sleep
 - Continuing your exercise program
 - Stopping smoking and decreasing or stopping alcohol consumption
 - Notifying friends and family to help when you are recovering

Prepare for Your Return Home

What to Bring with You to the Medical Center

- Measure height of bed, toilet, and shower. Take a photo with your phone—stand next to the items indicated to anticipate your needs/equipment recommendation). This is information for physical and occupational therapists.
- Photograph bathroom (access to shower, toilet, and sink), bed, stairs, walker (including wheels), and any area with questionable access and bring the pictures to the Medical Center.

Home Safety

- Pick up throw rugs and tack down loose carpeting; remove clutter in hallways
- Practice getting in and out of bed CLOSEST to bathroom
- Check railings to see that they are not loose
- Place a night-light in walkways and halls used at night to bathroom and kitchen
- Plan to use chairs with armrests that are high enough to get out of easily
- Choose shoes that have secure heel backing and are easy to slide on with use of a shoehorn

Live alone? Contact case management nurses at MarinHealth Medical Center for Life Alert information.

Kitchen/Bathroom/Bedroom

- Put things you use often (coffee pot, clothes, etc.) on a shelf or surface that is easy to reach in kitchen, bathroom, and bedroom
- Place a non-skid mat in shower
- Purchase disposable plates and cups if you do not have help doing dishes
- Prepare easy, healthy foods
- Collect phone numbers of local food delivery services (grocery stores, Munchery.com, restaurants)

Home Management

- Have 2 – 3 weeks of household supplies (tissues, paper towels, soap, etc.) available
- Stock up on ice for ice machine (knee replacement patients only)
- Have 2 – 3 weeks of clean linens and loose, comfortable clothing available
- Put mail and newspaper on hold or arrange for someone to bring in the mail and newspaper. Have your house and yard cleaned.
- Use a walker bag or walker tray attached to your walker to free your hands

Pet Care

- Use long-handled pooper scooper to avoid bending
- Set up food and water on a space 1 – 2 ft. in height. Fill food and water bowls from sitting position/avoid bending.
- Plan for animals who are energetic to be in a separate room upon your arrival. Once you are sitting, they can come say hello.

Additional Notes

- Have plenty of restful activities available, e.g., movies, books, etc.
- Arrange for transportation home and to all follow-up appointments in a moderate-height vehicle (a sports car may be too low)

For questions about our orthopedic program call 1-415-925-7907.



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