



Total Joint Replacement Program

Patient Handbook



Stormont Vail Health



Stormont Vail Health



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the Total Joint Replacement
Patient Handbook online.
stormontvail.org/jointbook

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WELCOME LETTER

Dear Total Joint Patient,

On behalf of the Total Joint Center team members at Stormont Vail Health, welcome and thank you for choosing us for your joint replacement surgery. We built our program around you, the patient, and the experience you will have here at the Total Joint Center. As experts in orthopedic surgery, we strive to ensure our patients receive the highest quality care possible.

Inside this Total Joint Replacement Program Patient Handbook, you will find a wealth of information regarding pre-, during and post-operative surgery for knee, hip and shoulder replacements. This book was specially created to guide you through the entire surgical process.

We understand the road to surgery can be stressful. Please know that we are here for you every step of the way. We believe in taking a collaborative approach to health care. If at any time you have questions or concerns, feel free to ask!

Thank you again for choosing us for your joint replacement surgery. We will do everything we can to help you heal and get back to living a pain-free life.

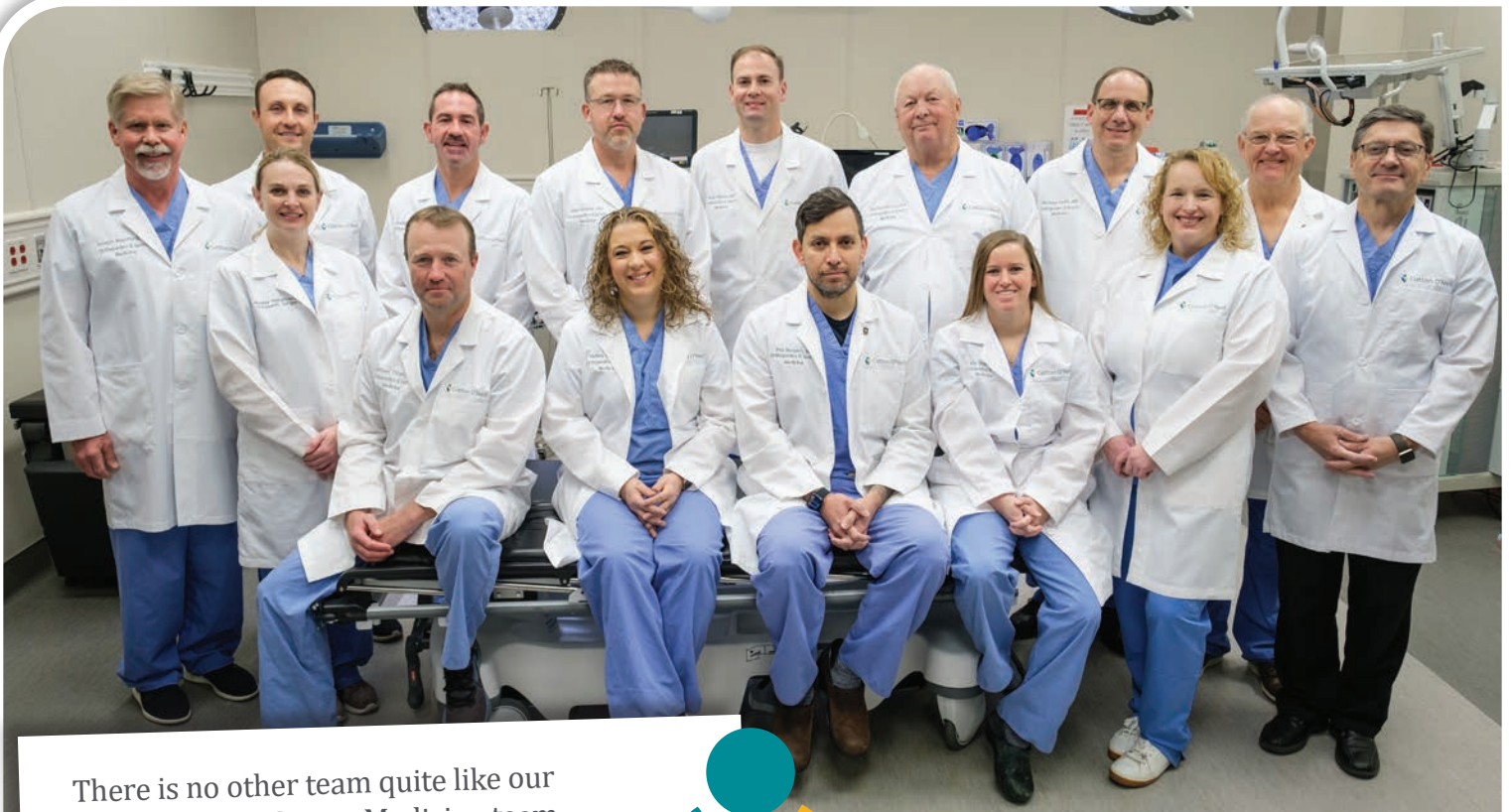


Cotton O'Neil

**ORTHOPEDICS &
SPORTS MEDICINE**

Stormont Vail Hospital
1500 S.W. 10th Ave.
Topeka, KS 66604-1301
(785) 354-6000

THE STORMONT VAIL HEALTH DIFFERENCE



There is no other team quite like our Orthopedics & Sports Medicine team. They are a powerhouse in their field, providing the most specialized treatment when it comes to sports medicine, joint replacement, fractures, as well as complex treatments such as knee, hip or shoulder reconstruction.

Our team of fellowship-trained orthopedists will work with you to create a tailor-made treatment plan to help relieve pain, build back your strength and coordination and get you back to living your best life.

Our Total Joint Center is accredited as an Advanced Total Hip and Total Knee Program through the Joint Commission — an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs.

If you have any questions or concerns, please reach out. We are always available!



UNDERSTANDING YOUR CARE

This patient handbook is part of a collaborative effort by our physicians, nurses and therapists to provide you with the most accurate information and expectations needed to make your total joint replacement a success.

Please use this handbook as a reference tool while you prepare for your joint replacement surgery, during your hospitalization and discharge. The handbook highlights areas where you might have questions. If you need additional help, your team of care experts are always available to answer questions or address concerns.

You are the Most Important Member in the Care Team

In being a part of any team, collaboration and communication is key. For you to have the best possible treatment and care, we have some helpful tips to keep in mind when working with your health care team.



- The most important way you can help prevent errors is to be an active member of your health care team.
- Speak up if you have questions or concerns. You have the right to question anyone who is involved in your care.
- Take an active role in your health care decisions.
- Make sure that someone is coordinating your care. This includes your personal physician, a family member or a designated advocate.
- Learn about your conditions and treatments by asking your physician or nurse and by using other reliable sources, such as stormontvail.org or the Mayo Clinic website.
- Make sure your care team knows what medications you are taking. This includes prescriptions, over-the-counter medications and dietary supplements such as vitamins and herbs.
- Ask your pharmacists for written information about side effects your medication could cause.
- Make sure your care team know about allergies and adverse reactions you have had to medications.
- Ask for the results of any test or procedure from your physician.
- Help prevent infections by washing your hands frequently and covering your nose/mouth when coughing or sneezing.
- If you are having surgery, make sure that you, your primary care physician and your surgeon all agree and are clear on exactly what will be done.
- In the preoperative area, your surgeon will review the procedure with you and mark the correct shoulder, arm, hip or knee to be operated on. This is a great time to ask questions or voice concerns.
- Before any medication, procedure or treatment is given, the nurse, therapist or technician will ask you your name and date of birth to confirm your identity. This process will continue throughout your hospitalization. If a staff member forgets to verify your identity, please stop them and ask to verify the correct information.
- When you are discharged, ask your doctor or nurse to explain your at-home treatment plan and who you should contact for follow-up questions.

STORMONT VAIL SERVICES

Health Connections

Health Connections is a specialized call center that provides after hours nurse consultation and assessment, physician referral, health information and class registration. Resource representatives are available 24 hours a day, seven days a week for information and physician referral, and can even schedule first appointments. Call (785) 354-5225 to reach Health Connections.

Visiting Hours

Visiting hours for the Total Joint Replacement Program are 9 a.m. to 9 p.m*. You will be very involved with physical and occupational therapy during the day hours, and we encourage your support person to be present if they would like to help learn and support their loved ones when they go home.

*Visiting hours are subject to change

Cotton O'Neil Physical, Occupational and Speech Therapy

Conveniently located in our new facility at 2660 SW 3rd, our outpatient rehabilitation services provide physical, occupational and speech therapies. Hours of operation are 8 a.m. to 4:30 p.m., Monday through Friday. Call (785) 354-6116.

Cotton O'Neil Orthopedic & Sports Medicine

Located at 2660 SW 3rd, Cotton O'Neil Orthopedic & Sports Medicine also provides physical therapy services and is open 8 a.m. to 5 p.m. Monday through Friday. For an appointment, call (785) 270-8880.

Language Bank

Interpreters are available. Contact a patient representative at (785) 354-6277, or ask your nurse for assistance.

Cotton O'Neil Diabetes & Endocrinology Center

The Diabetes & Endocrinology Center offers extensive outpatient services for adults and children with diabetes and endocrine disorders. The clinic houses five adult endocrinologists and three pediatric endocrinologists. Our continued commitment to health care goes beyond treating illness, to include wellness programs, support groups, exercise and educational programs for all patients of all ages.

Stormont Vail Retail Pharmacy

Stormont Vail Retail Pharmacy at SW10th and MacVicar offers convenient drive-thru service, touch-tone and online prescription refills and free prescription delivery within the Topeka city limits. Call (785) 235-8796 for information. Prescription refill services are available at stormontvail.org.

Stormont Vail Women's Center (823 Mulvane, Suite 102)

The Stormont Vail Women's Center was established to provide women with the resources and opportunities needed to meet the health needs of women and their families. It is staffed by women's health professionals who understand women's needs, including the need to be comfortable and listened to during visits. The center is open Monday through Friday. The Women's Center offers breast cancer screening and osteoporosis evaluations. In addition, the Breast Diagnostic Center is available for breast health problems. For more information, call (785) 354-5960.

STORMONT VAIL SERVICES (CONT.)

Sleep Center

The staff at the Stormont Vail Sleep Center diagnose and treat patients who suffer from sleep disorders such as, sleep apnea, periodic limb movement disorder and narcolepsy, with state-of-the-art, fully computerized laboratory. It is designed to duplicate a patient's home environment during his or her stay. For more information, call (785) 270-8090.

The Food Connection

Eat in or carry out; open 7 a.m. to 7 p.m. Monday through Friday*. Lunch and dinner specials, sandwiches, soups, salads, hot beverages, fountain drinks, ice cream, and yogurt are available. Located in the North Tower, first floor next to the gift shop.

*Hours are subject to change.

Sunflower Terrace Cafeteria

The cafeteria located in the basement is available from 6 a.m. to 8 p.m. (closed briefly from 10:30 to 11 a.m.) and from 10:30 p.m. to 3 a.m.*

*Hours are subject to change.

Coffee Shops

Java Plaza South, located on the first floor of the South Patient Tower, is open from 8 a.m. to 2:45 p.m., Monday through Friday*, serving cold sandwiches, salads, hot and cold beverages, including specialty coffee and tea, pastries and cookies. Java Plaza North, located on the first floor of the North Patient Tower, is open from 6:30 a.m. to 1:15 p.m., Monday through Friday* serving coffee specialty drinks, fruit smoothies, pastries and cookies.

*Hours are subject to change.

Gift Shop

The Auxiliary Gift Shop is open 9 a.m. to 8 p.m. Monday through Friday; 9:30 a.m. to 3:30 p.m. Saturday; and 1 to 5 p.m. Sunday* and is located on the first floor of the North Patient Tower.

*Hours are subject to change.

Spiritual Care

Patients and family members facing crisis may find spiritual support and assistance through our Spiritual Care team who are available 24 hours a day, seven days a week. To contact a chaplain, call (785) 354-6095 Monday through Friday 8 a.m. to 5 p.m.* After 5 p.m. and on weekends, call the main health center number at (785) 354-6000. Weekly Sunday chapel services begin at 9:15 a.m.*, and patients and visitors may watch the services on SVTV. The chapel is located on the first floor of Stormont Vail Health.

*Hours are subject to change.

Newspapers

Copies of the Topeka Capital-Journal are placed on the morning meal trays at no charge to patients. Patients may also request a paper from their nurse. Newspaper vending machines are located on the first floor of the North Tower and South Tower.

IMPORTANT PHONE NUMBERS

Your Orthopedic Surgeon: _____

Phone Number: _____

Your Primary Care Physician: _____

Phone Number: _____

Stormont Vail Health Phone Numbers



Main Operator	785-354-6000
Surgery Registration	785-354-6699
If no answer after 1:30 p.m., contact North Tower Registration	785-354-6874
Customer Service	785-354-6130
Total Joint Center	785-354-6325
Total Joint Center Patient Room	785-354-5000 enter three digit room #
Spiritual Care Services	785-354-6095
Patient Experience	785-354-6277
Pre-Access	785-354-6002
Patient/Visitor Information	785-354-6166
Lifeline	1-800-635-6156
Rehabilitation Services (inpatient)	785-354-6117
Cotton O'Neil Physical, Occupational & Speech Therapy	785-354-6116
Cotton O'Neil Orthopedics & Sports Medicine	785-270-8880
Gift Shop	785-354-6170

BEFORE SURGERY

Things to Consider Before Surgery

Before having surgery, you may be scheduled to attend an education class and clinic session designed to make the surgery and recovery process easier to understand. This is usually scheduled two weeks prior to surgery.



Shortly after your surgery is scheduled, you will receive a letter from the hospital scheduling you for:

Preoperative Clinic

A registered nurse will review your record to make sure all diagnostic testing has been completed and as well as go over your medical history to make sure our electronic medical record is up-to-date. At this time, you will also meet with an anesthesia provider. Please bring your photo identification and insurance card/s.



Preoperative Education

The class is held in the Total Joint Replacement Program classroom and is presented by our multidisciplinary team; family and friends are encouraged to attend but this is not mandatory. The class has been designed to give an overview of your stay and patient expectations, what to expect while you are here with us and upon discharge home. See page 11 for link to virtual class and videos.



Pre-Registration

You will receive a phone call from Stormont Vail pre-registration. The purpose of this call is to confirm the information in our files is accurate:



- Full legal name
- Date of birth
- Social Security number
- Current mailing address
- What telephone number you prefer to use
- Additional telephone numbers if any
- Email address
- Gender
- Insurance company name (primary and secondary)
- Primary Care Physician
- Surgeon
- Emergency contact information

Exercising Your Right

Advanced Directives/Health Care Decision Making

Kansas laws make two legal documents available to you to make sure your wishes are followed. One is known as a “living will” or natural death act declaration. The second is the durable power of attorney for health care decisions or health care power of attorney.

Remember, a living will and durable power of attorney for health care decisions provide you a way to maintain control of your health care.

BEFORE SURGERY (CONT.)

Notice of Privacy Practices – Health Insurance Portability and Accountability Act (HIPAA)

Please be aware that the educational class as well as a portion of the post-operative therapy is held in a group setting. It is our intention to ensure that you are aware of this and that you are comfortable discussing your upcoming procedure with others having a similar procedure. If you choose to participate in the group, please be aware that your Protected Health Information may be discussed. By attending, you agree to waive your HIPAA rights for the Protected Health Information discussed in the group. You agree to keep all information you receive in the group session confidential to preserve the rights of others. If you have any concerns please speak with a charge nurse or nurse manager.

Decreasing Risk of Infection

30 Days Before Surgery:

- Stop tobacco use, including cigarettes, cigar, pipes, chewing or dipping tobacco to help prevent infections.
- Tell your surgeon if you have any signs of infection such as fever, cough with colored phlegm, urinary frequency, burning or urgency or red swollen areas on your skin.
- If you are diabetic, talk with your doctor regarding sugar control.
- Tell your surgeon if you have conditions or take medications such as steroids that might increase the chance of infections.



Night Before & Morning of Preoperative Surgery Showering Instructions

- It is recommended to shower with 4 percent Chlorhexidine Gluconate (CHG) the night before surgery and the morning prior to surgery. When using CHG cleanser, do not use it on mucus membranes, such as your genital area. Do not get the soap in your ears or eyes. Follow directions on the package. Two CHG sponges will be provided at the Preoperative clinic appointment. One sponge for the night before surgery and one sponge for the morning of surgery.
- In the shower, wet skin and wash body from the neck down. Rinse Well.
- Gently dry with a clean towel.
- Do not shave or use a razor on any body parts from the neck down including your legs and underarms. Shaving can increase your risk of infection when you have surgery.
- After your shower, do not use any powder, deodorant, perfumes or lotions.
- Wear freshly laundered pajamas to bed that night and sleep on freshly laundered sheets.
- Wear freshly laundered clothes to the hospital.



- Joint Center Patient Orientation - General Information
- Joint Center Patient Orientation - Occupational Therapy
- Joint Center Patient Orientation - Occupational Therapy Demonstration
- Joint Center Patient Orientation - Physical Therapy
- Joint Center Patient Orientation - Mobility Demonstration
- Joint Center Patient Orientation - Pre and Post Operative Exercises

<https://vimeo.com/showcase/8308472>

Our Preoperative classes are offered virtually. Use the above QR code or enter the URL into your search browser to access the classes. **ALL VIDEOS MUST BE WATCHED BEFORE SURGERY.** We encourage you to view these videos with the person or persons who will be helping care for you following your surgery.

DAY OF SURGERY

- **Before coming to the hospital:** Unless told otherwise, do not eat after midnight before surgery. It's okay to drink clear liquids up to 4 hours before surgery. You may also brush your teeth, but do not swallow.
 - **Clear fluids are:**
 - Apple or white grape juice (not orange juice)
 - Black coffee
 - Carbonated drinks, such as cola, ginger ale, Sprite®
 - Clear, fat-free broth
 - Clear tea
 - Sports drinks, such as Gatorade®
 - Water
 - **Remember:**
 - Clear fluids cannot be hazy or cloudy. They cannot have pulp or fats.
 - No milk, creamer, or lemon added to any drinks.
 - No alcohol
 - No tobacco
 - Do not swallow gum, mints, or candy.
- Take only the medication that the anesthesiologist or your medical doctor has told you to take with a sip of water. If you are a diabetic, do not take your insulin; we will monitor your blood sugars and treat them accordingly throughout the day.
- Report to the hospital at the time indicated by Stormont Vail Health (Surgical services staff will call you the day before your surgery to inform you of your arrival time). During the registration process, you will meet with a registration representative who will ask to see a photo identification card, sign consents and resolve any outstanding information not currently on file.



Preoperative/Postoperative Area

You will be placed in a room on a surgical bed where you will be asked to completely undress and put on a hospital gown. A nurse will finalize your paperwork and complete any orders your surgeon has written. An intravenous needle (IV) will be started. Through this line medications will be given during surgery and the first 24 hours after surgery. If you have additional lab work ordered it would be completed during this time. You will have a brief visit by your surgeon and the circulating nurse. The anesthesiologist will also visit with you and may perform a nerve block to lessen your postoperative pain.

When your operating room is ready, the circulating nurse will transport you to the room. If you have dentures, hearing aids or any jewelry, please remove them unless arrangements have been made to keep them with you. You will be given a hat to cover your hair.

Surgical Suite/Operating Room

The operating room (OR) is bright, noisy, and cold. You will be given a warm blanket. The circulating nurse will be with you until the end of your surgery. There will be an anesthesiologist, scrub nurse or technician, and possibly an assistant for the surgeon in the room with you. At this

DAY OF SURGERY (CONT.)

time the circulating nurse will introduce you to the OR team and ask you to verify the procedure and which extremity it pertains to.

You may not remember the surgical suite, but be assured that your nurse and the entire surgical team are focused on your care. A large majority of our patients have spinal anesthesia with sedation.

Surgical drains are used at the discretion of your surgeon. Most drains come out within 12 to 24 hours after surgery, prior to discharge.

Recovery Phase

After your surgery is complete, you are moved to the Post Anesthesia Care Unit (Recovery Room). The staff in this area closely monitors your condition. Once they feel you are awake and pain is at an acceptable level you will be transferred to the Total Joint Center.

Total Joint Center

Once you have arrived at the Total Joint Center, you will meet your nursing care team. This team is comprised of a registered nurse and patient care technician. The first several hours on the unit you will receive ice chips and sips of water; we will advance your diet slowly to avoid problems with nausea. You will also have Intravenous (IV) fluids running from surgery. IVs are usually discontinued the following morning if you are tolerating fluids and food.

After surgery, you will feel some pain and discomfort, but your surgeon and nurses will provide medication to make you feel as comfortable as possible. Pain management is an important part of your recovery. Walking and joint movement will begin soon after surgery, you can start moving sooner and get your strength back more quickly. Talk with your surgeon if postoperative pain becomes a problem.

Right after your surgery, it will seem as if the health team is always reminding you to take deep breaths and cough. It is very important that you do this at least 10 times an hour. A device called an incentive spirometer will also be used. This device helps you breathe in and out the right way. Using it regularly and correctly can help keep your lungs clear. Deep breathing can help prevent pneumonia or other problems that can slow down your recovery and lengthen your hospital stay.

Sometime on the evening of surgery, you will be assisted to sit on the side of the bed and then stand for a few minutes; after this staff will assist you to the commode or stand to use the urinal as the need occurs.

Safety

Your safety is of the utmost importance to our Post-Surgical team. Following surgery you are at a higher risk of falling so **please make sure to call for assistance before getting up**. The nursing staff or physical therapy staff will let you know when you have achieved independence status. This usually does not occur until day two; until then the staff will assist with bed transfers, walking or going to the restroom.



SURGERY CHECKLIST

What to Bring? What not to Bring?

What do I bring to the hospital with me? _____



- ☐ Picture identification
- ☐ Insurance cards
- ☐ Your Patient Handbook
- ☐ A copy of your advanced directive (if you have such)
- ☐ A list of current medications with doses listed (include any over-the-counter and herbal drugs)
- ☐ Personal hygiene products (toothbrush, toothpaste, mouthwash, deodorant, etc.)
- ☐ Two or three outfits consisting of loose fitting pants and tops. Shorts are encouraged but not mandatory for knee patients.
- ☐ Please bring walker/sling in with you at time of surgery.
- ☐ Please leave all belongings in your car until you have been taken to your room. Surgery does not have space to store these items.

Additional items for knee patients.

- ☐ Adaptive equipment as discussed in class
- ☐ Walker
- ☐ Non-skid shoes

Additional items for hip patients.

- ☐ Walker
- ☐ If you are having a hip replacement and have purchased the “hip kit” for lower body dressing following surgery, please bring it with you. An occupational therapist will instruct you on its uses.

Additional items for shoulder patients.

- ☐ Slingshot bolster sling

*What should I **NOT** bring to the hospital with me?* _____



- Home medications (unless asked to bring in a certain medication)
- Jewelry
- Valuables
- Large amounts of money
- Remove makeup before surgery
- Remove nail polish from fingers and toes
- The hospital is not responsible for lost, stolen or broken cell phones, electronic tablets, glasses, hearing aids or dentures.

OUTPATIENT JOINT REPLACEMENT SURGERY

Good news! Surgery no longer means automatically spending the night in the hospital. Some orthopedic surgeries are now available as outpatient procedures. This means you can go home on the day of the procedure without having to spend the night in the hospital.

Things to Know Before Surgery

- Unless told otherwise, discontinue the following herbal medications **2 weeks** prior to your surgery procedures: **Ephedra (Ma Huang), St. John's Wort, diet drugs such as Metabolite, Meridia, Fastin and Phentermine, and any multivitamin that contains these products.**
- Please contact your medical doctor for instructions about your regular medications, especially if you are taking blood thinners or diabetic medication.
- The nurse will instruct you regarding eating and drinking prior to your scheduled procedure.
- Please bring a photo ID on the day of surgery.
- Please remember to report all allergies. If you have difficulty with latex, rubber products, elastic or balloons, be sure to tell the staff.
- If you have a fever, chest congestions or flu-like symptoms, make sure to notify your surgeon immediately.
- Let us know if you have a pacemaker, internal defibrillator or other implanted device.
- Leave your valuables, jewelry and body piercings at home. If possible, do not wear contacts. Bring a case for your contacts or glasses if you wear them.
- Wear casual, comfortable clothing.
- For children, please bring a favorite item for comfort.
- A parent or guardian must accompany a minor and stay at Single Day Surgery until the patient is dismissed.



Recovery and Discharge

Immediately after surgery, you will be taken to the recovery area. A nurse will closely monitor you and help make you as comfortable as possible. Your nurse will start you on fluids to drink and assist you with getting up. At the appropriate time, your family will be asked to join you.



Before you are discharged, you will receive:

- Specific instructions from your surgeon about your home care
- Information concerning your follow-up office visit
- Prescriptions for medications (if applicable)
- An opportunity to ask questions

Depending on your procedure, you will be ready to leave the surgery center **30 minutes to two hours following surgery.**

You will need to make arrangements for someone to provide transportation for you after you are discharged.

You will receive postoperative instructions as ordered by your doctor, and our staff will contact you at home to check on your progress.

It is recommended that an adult be present with you at home and that you do not drive or make any important decisions for the first 24 hours following surgery and anesthesia.

PREOPERATIVE EXERCISES

Preoperative Exercises

The benefits of exercise have been well documented in literature. It is strongly recommended that you exercise prior to having total joint replacement surgery. This will accelerate your recovery period.

Listed below are exercises that should be initiated now and performed up until your day of surgery. Diagrams of these exercises can be found on the following pages. These exercises should be completed twice a day and should not keep you from doing other activities you enjoy. You may be tempted to skip the armchair pushups since they do not work your lower extremity muscles, but you will find it to be beneficial when using a walker or getting in or out of bed following surgery. Stop any exercises that are too painful. It is our goal to improve your strength, not to increase your level of discomfort. If you have a medical condition or illness that causes a conflict with these exercises, please check with your physician prior to starting them. It is also recommended to exercise both legs prior to surgery.

Preoperative Knee Exercises

Start with 10 repetitions and progress to 20 reps as you tolerate. Repeat each exercise twice daily. Standing exercises should be performed while holding onto something solid like the kitchen counter or dining room table. Exercises performed lying down should be done on a bed or couch not on the floor.

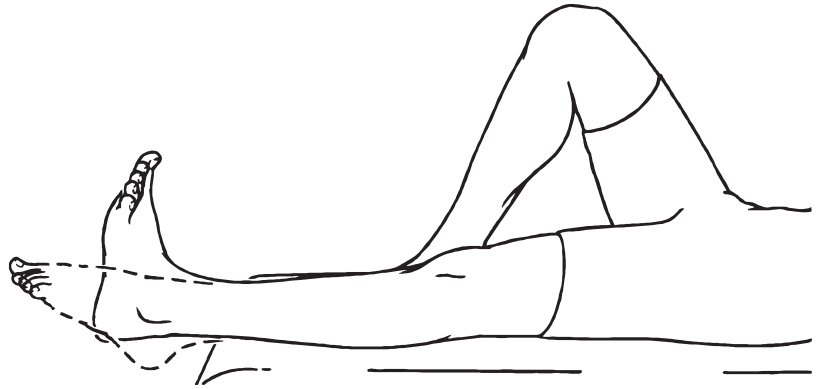
1. Ankle pumps10 to 20 reps, two times-a-day (page 16)
2. Quadriceps sets10 to 20 reps, two times-a-day (page 16)
3. Hamstring sets10 to 20 reps, two times-a-day (page 16)
4. Gluteal sets.....10 to 20 reps, two times-a-day (page 17)
5. Knee extension stretch.....5 minutes, two times-a-day (page 17)
6. Heel slides10 to 20 reps, two times-a-day (page 17)
7. Short arc quadriceps10 to 20 reps, two times-a-day (page 18)
8. Abduction/adduction10 to 20 reps, two times-a-day (page 18)
9. Seated hamstring stretch.....5 reps, two times-a-day (page 19)
10. Straight leg raises10 to 20 reps, two times-a-day (page 19)
11. Armchair push-ups10 to 20 reps, two times-a-day (page 20)
12. Long arc quadriceps10 to 20 reps, two times-a-day (page 20)
13. Mini squat (hip only).....10 to 20 reps, two times-a-day (page 21)
14. Standing hip extension (hip only)10 to 20 reps, two times-a-day (page 21)
15. Standing hamstring curl (post-operative only).....10 to 20 reps, two times-a-day (page 22)
16. Standing heel raises (post-operative only)10 to 20 reps, two times-a-day (page 22)
17. Standing hip flexion (post-operative only)10 to 20 reps, two times-a-day (page 23)

PREOPERATIVE EXERCISES (CONT.)

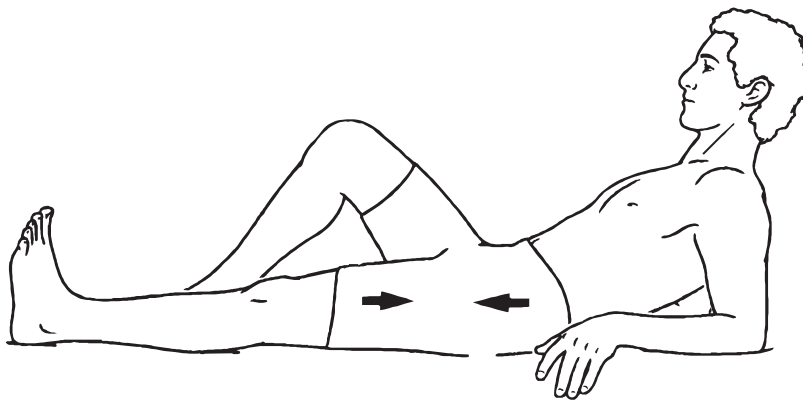
10-20 reps, 2 times per day

Ankle Pumps

- Pump your foot up and down, as if you were pushing on the gas pedal of your car.
- Make sure to pull your foot up as far as you can and push down as far as you can.
- Hold for 3 seconds in each direction and relax.



10-20 reps, 2 times per day



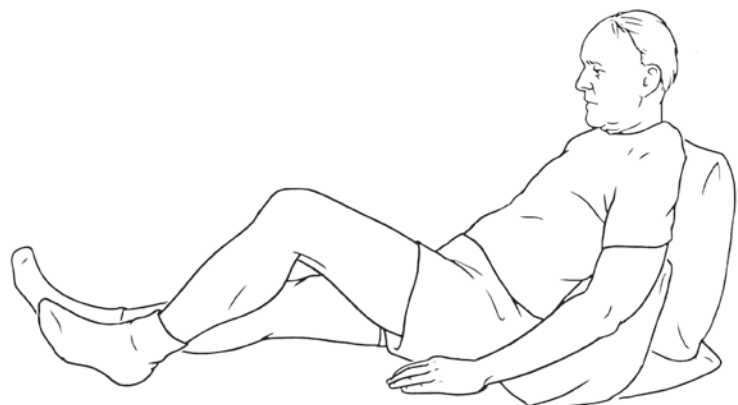
Quadriceps Set

- Lie on your back with your legs straight.
- Tighten and push the back of your thigh and the back of your knee into the bed.
- Hold for 5 seconds and then relax.

10-20 reps, 2 times per day

Hamstring Sets

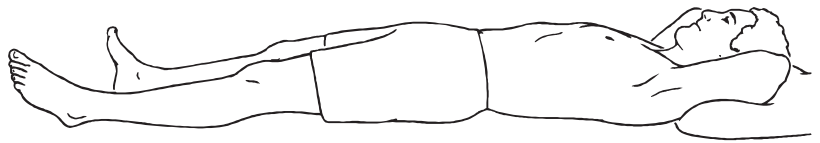
- Lie on your back, slightly bending your leg over a 6" object.
- Press heel down and back, tightening the back of your thigh.
- Hold for 3 to 5 seconds and relax.



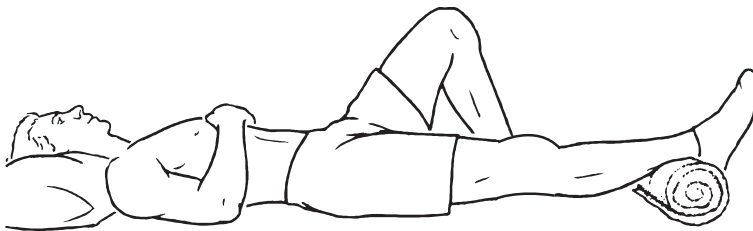
Gluteal Sets

- Lie on your back with your knees straight.
- Tighten the muscles in your buttocks.
- Hold for 5 seconds, then relax.
- Do not hold your breath.

10-20 reps, 2 times per day



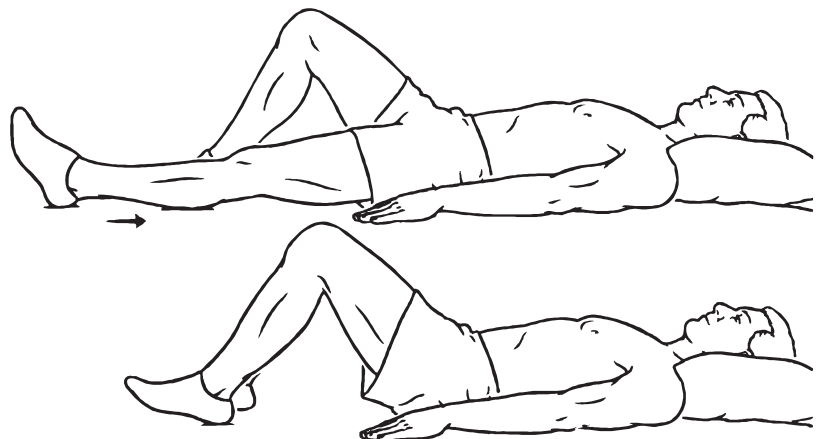
5 minutes, 2 times per day



Knee Extension Stretch

- Lie on your back with a towel roll placed behind your heel so your heel is slightly off the bed.
- Lie in this position and try to relax. You should feel a stretch behind your knee.

10-20 reps, 2 times per day



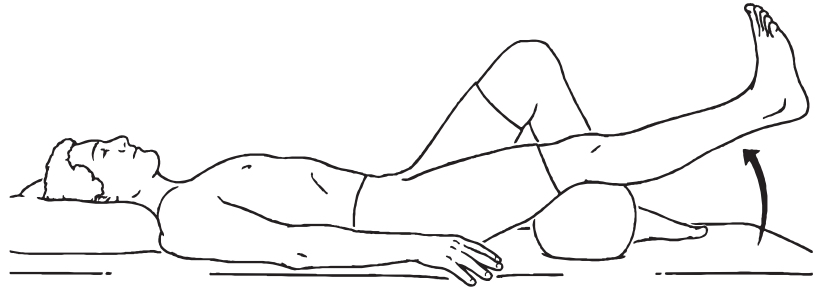
Heel Slides

- Lie on your back with your legs straight.
- Slide your heel towards your buttocks by bending your knee.
- Keep your heel on the bed and return to the starting position.

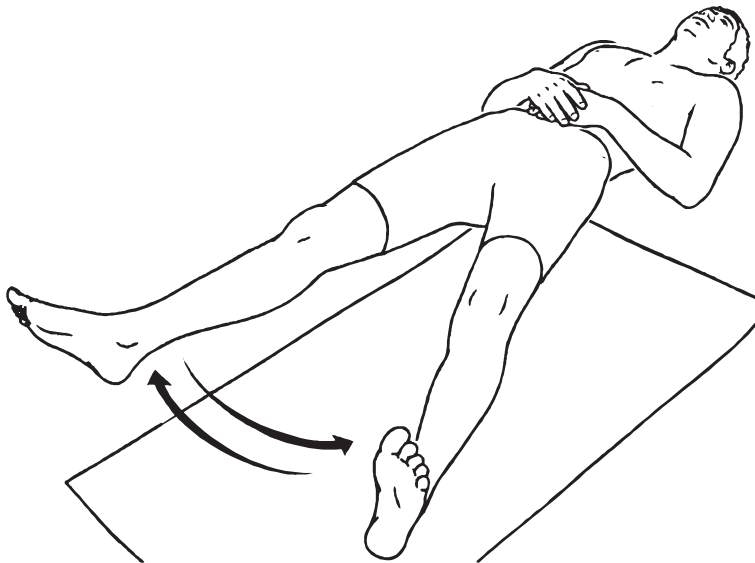
10-20 reps, 2 times per day

Short Arc Quadriceps

- Lie on your back with a roll at least 6" in diameter placed under your knee.
- Raise your foot off the bed until your knee is straight, without lifting your knee off the towel roll.
- Hold 3 to 5 seconds, then relax.



10-20 reps, 2 times per day



Abduction / Adduction

- Lie on your back with legs straight and toes pointed to the ceiling.
- Keeping your knee straight, slide your leg out to the side and back in to the starting position.

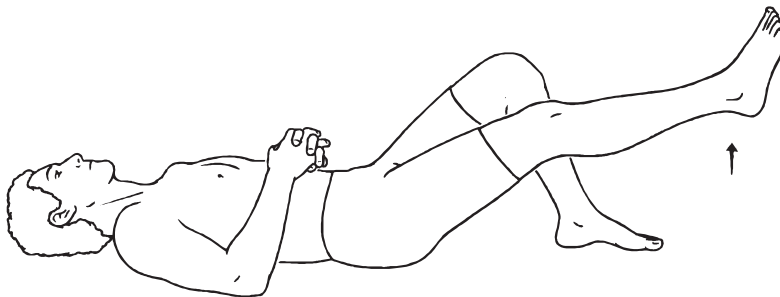
5 reps, 2 times per day

Seated Hamstring Stretch

- Sit on the edge of the bed or couch with one leg straight out and the foot of your other leg on the floor.
- Lean forward, keeping your back straight, and reach towards the toes of your straight leg. You should feel a stretch in the back of your thigh.
- Hold for 10 seconds and then relax.



10-20 reps, 2 times per day



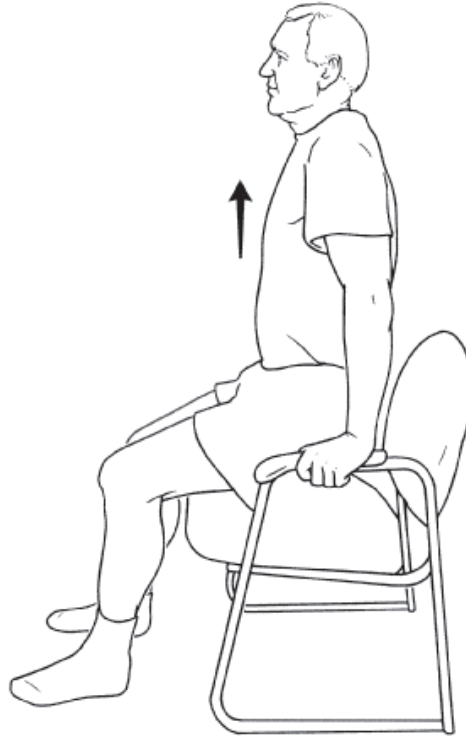
Straight Leg Raises

- Lie on your back with one knee bent and foot flat on the bed.
- Lift your opposite leg off the bed, keeping your knee straight. Do not lift any higher than your bent knee.
- Relax and lower your leg back down to the bed.

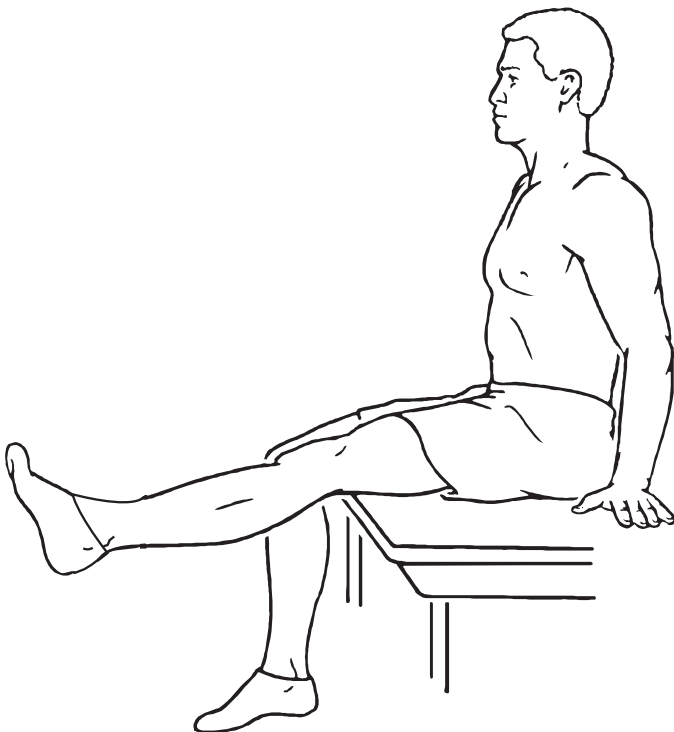
10-20 reps, 2 times per day

Armchair Push-Ups

- Sit in an armchair with feet flat on the floor.
- Push with hands on the armrest and try lifting your weight off the seat of the chair.
- Return to seated position in chair



10-20 reps, 2 times per day



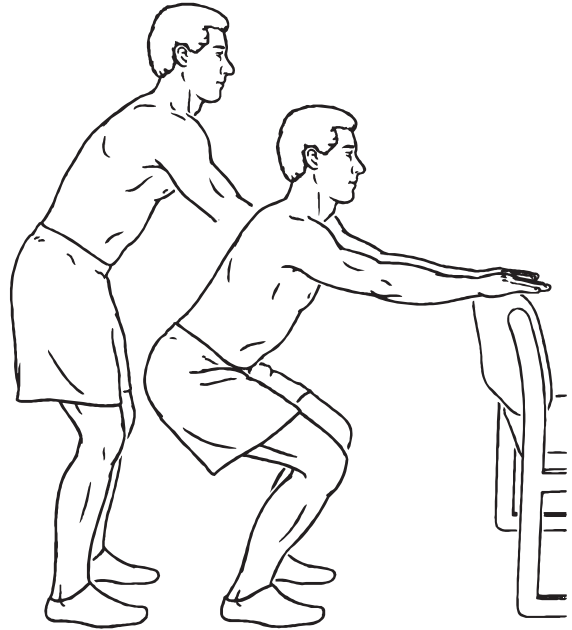
Long Arc Quadriceps

- Sit all the way back in a chair with your feet flat on the floor.
- Raise your foot up off the floor until your knee is straight.
- Hold for 3 to 5 seconds.

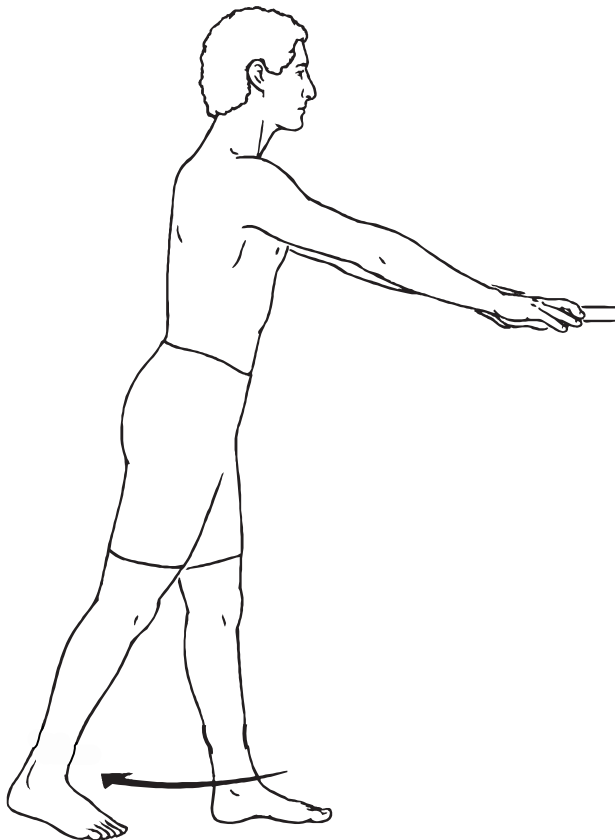
Mini Squats (hip only)

- Stand straight while holding onto something solid for support.
- Slightly bend your knees.
- Relax and slowly straighten your knees.

10-20 reps, 2 times per day

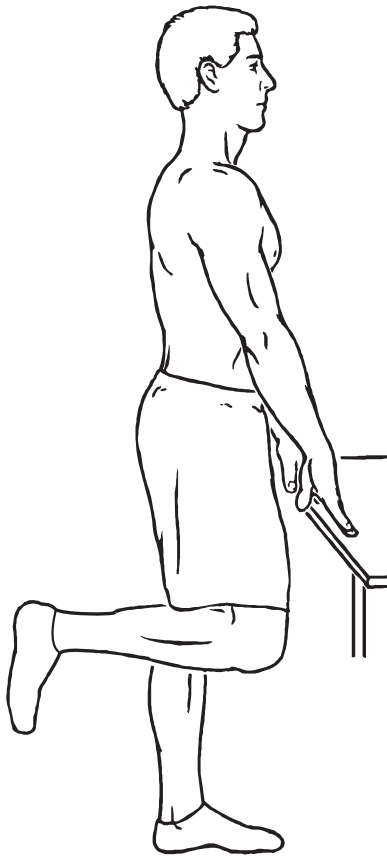


10-20 reps, 2 times per day



Standing Hip Extension (hip only)

- Stand straight while holding onto something solid for support.
- Keeping your knee straight, slowly lift your leg back behind you. Do not lean forward.
- Relax, slowly lowering your leg to its starting position.

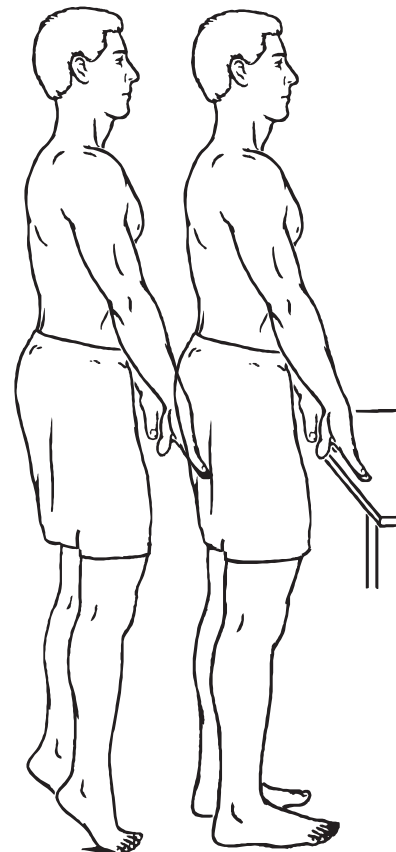


30 Standing hamstring curls (postoperative only)

- Stand straight while holding onto something solid for support.
- Bend your knee slowly, bringing your heel up towards your buttocks.
- Relax, slowly lowering your leg to its starting position.

Standing heel raises (postoperative only)

- Stand straight while holding onto something solid for support.
- Raise up onto your toes so that your heels are off the floor.
- Relax and return to starting position.



10-20 reps, 2 times per day

Standing Hip Flexion (postoperative only)

- Stand straight while holding onto something solid for support.
- With knee bent, raise your leg up like you were going to step onto a step.
- Be sure to keep your hip bent less than 90 degrees. Do not bring your knee higher than your hip.
- Relax and return to starting position.



FREQUENTLY ASKED QUESTIONS

Questions Regarding *Billing*



How much do I really owe and will I receive a bill?

You will not receive a statement for the portion of the bill for which you are responsible until your insurance company(s) have paid or denied payment on your account. If you do not have insurance, you will receive an itemized bill within 30 days of the date of service. Payment in full is expected within 30 days after you receive your statement from us. If you are unable to pay your balance in 30 days, please call Customer Service.

Whom can I call if I have questions about my bill?

You may call a Customer Service Representative at (785) 354-1150 during the hours of 8 a.m. to 5 p.m. Monday through Friday. You may email our Customer Service Department: billingcustomerservice@stormontvail.org.

What if I cannot pay my bill?

We have a variety of financial assistance options available to our patients. We will assist you in determining if you qualify for financial assistance or other programs available that may help pay your balance. To obtain more information, call Customer Service at (785) 354-6130.

What forms of payment does the hospital accept?

We accept cash, check, money order, electronic funds transfer from your checking or savings account, MasterCard, Visa, Discover and American Express credit cards. In addition, we also offer a Bank Loan program.

Who else might be sending me a bill?

You may also receive additional bills from the radiologist who reviewed any X-rays you may have had, anesthesiologist, surgeon, pathology, laboratory, etc. If you have questions regarding those bills, you need to contact their offices directly at the numbers listed on the statements you receive.

Questions About *Knee, Hip and Shoulder Surgeries*



How long does the surgery take?

Total operating time from skin incision to closure is about 60-75 minutes. The time elapsed from entering the operating room to exiting into the recovery is two to two and a half hours. This includes anesthetic induction, positioning surgical site preparation; it is not all “operating time.”

How long will I be at the Total Joint Center?

Most patients will go home the same day or the next day. Please plan on being discharged on postoperative day 1 or more simply, the day after your surgery. Do not feel bad if you cannot leave on post-op day 1; your surgeon looks at many variables in determining your discharge date. If you have any questions about discharge please speak with your surgeons nurse associate to help you understand discharge decision. Regardless of what day you go home we ask you arrange for someone to pick you up by 3 p.m.

FREQUENTLY ASKED QUESTIONS (CONT.)

Will I have scar?

You will have a scar from your surgical incision. It will begin just above your knee joint and extend over just below the bottom of the joint. Do not put anything on your incision other than what is specifically approved by your surgeon. Doing otherwise could lead to increased risk of infection in your new joint.

Will I have bruising after surgery?

Bruising is completely normal after a joint replacement. Your incision will be swollen, bruised (black and blue in color) and may be red after surgery. You may see bruising anywhere from your incision site down to your toes. These symptoms are common and part of the healing process.

Will I use a walker after surgery?

You will need a walker or some assistive device for stability when you walk after knee or hip surgery. Your surgeon will evaluate how long you will need to use a walker or crutches after your surgery at your follow-up appointment. Do not discontinue the use of your walker or crutches without checking with your surgeon. The need for any equipment will be discussed at your preoperative class.

How long will my new joint replacement last?

A number of factors will affect the successfulness of your new implant. Thus, there is no guarantee for specific length of time for your implant to last. Factors that are under the control of the patient that can affect longevity of your new knee joint include weight, activity, and medical condition stability. It is important to remember that an implant is a medical device subject to wear that could lead to mechanical failure. Statistically, loosening or wear rates requiring repeat surgery are about one percent per year. In other words, about 90% of replacements will last 10 years and about 80%, 20 years.

What causes loosening of a new implant?

The loosening of the artificial surface of the bone is the most common cause for revision of the knee joint. Wear and tear of your mechanical knee will occur over time. Your surgeon will explain these and other possible complications to you.

Will I need physical therapy once I return home?

Total knee replacements require consistent exercise and stretching to loosen tight ligaments and prohibit stiffness and swelling. Your surgeon will discuss with you the frequency and duration of your outpatient physical therapy.

Typically, hip replacements will not require outpatient physical therapy. You will be taught exercises to perform twice a day once you get home. It is important that you understand and perform these exercises on a daily basis.

Typically, shoulder replacements will not start physical therapy until after the first post op appointment.

How long until I can drive again?

Your surgeon will instruct you on this prior to discharge.

FREQUENTLY ASKED QUESTIONS (CONT.)

When can I return to work?

Overall, the recommendation is not to return to work for one month. There may be exceptions to this, largely dependent on what you do for a living. If you have specific questions about how to perform your job tasks once your return to work, please ask our occupational therapist during your evaluation and treatment while in the hospital.

When do I see the surgeon after I return home?

You will have an office appointment scheduled before you are discharged. Your first visit is usually within 10-14 days to check your incision. You will see your surgeon at intervals depending on your progress, usually at one, six and 12 months.

What restrictions will I have after surgery?

The goal of a successful surgery is to enable you to return to an active lifestyle. In general, high-impact activities such as distance running and contact sports are discouraged. Discuss your activity goals with your surgeon.

Will I be able to put on a shirt following shoulder surgery?

Patients should not attempt to raise their arms and may need assistance for dressing initially. Button down or oversized shirts are easy to put on and require minimal arm movement. There are also specially made Velcro® shirts that can be purchased online.

What activities are encouraged/permitted after a knee replacement?

You should be able to return to the activities you enjoyed before surgery following the healing stage. Talk to your doctor or any member of the Total Joint Care team if you have questions or concerns.

Will this new knee, shoulder or hip feel different?

It is very common to have a small area of numbness outside of your scar line following hip, knee and shoulder surgery. This could last a year or more. You may also hear or feel a clicking noise when you move your new knee. This is merely artificial surfaces moving over each other and nothing to be alarmed about.

Often patients report that their new hip feels “normal” to them. The leg with the new hip may be slightly longer than it was before surgery. Most patients get used to this feeling; rarely, some require use of a small lift in the shoe of the non-operative leg. Patients report a range from no pain to an aching type of discomfort in the operative leg for a few months after surgery.

Will I need antibiotics prior to dental procedures?

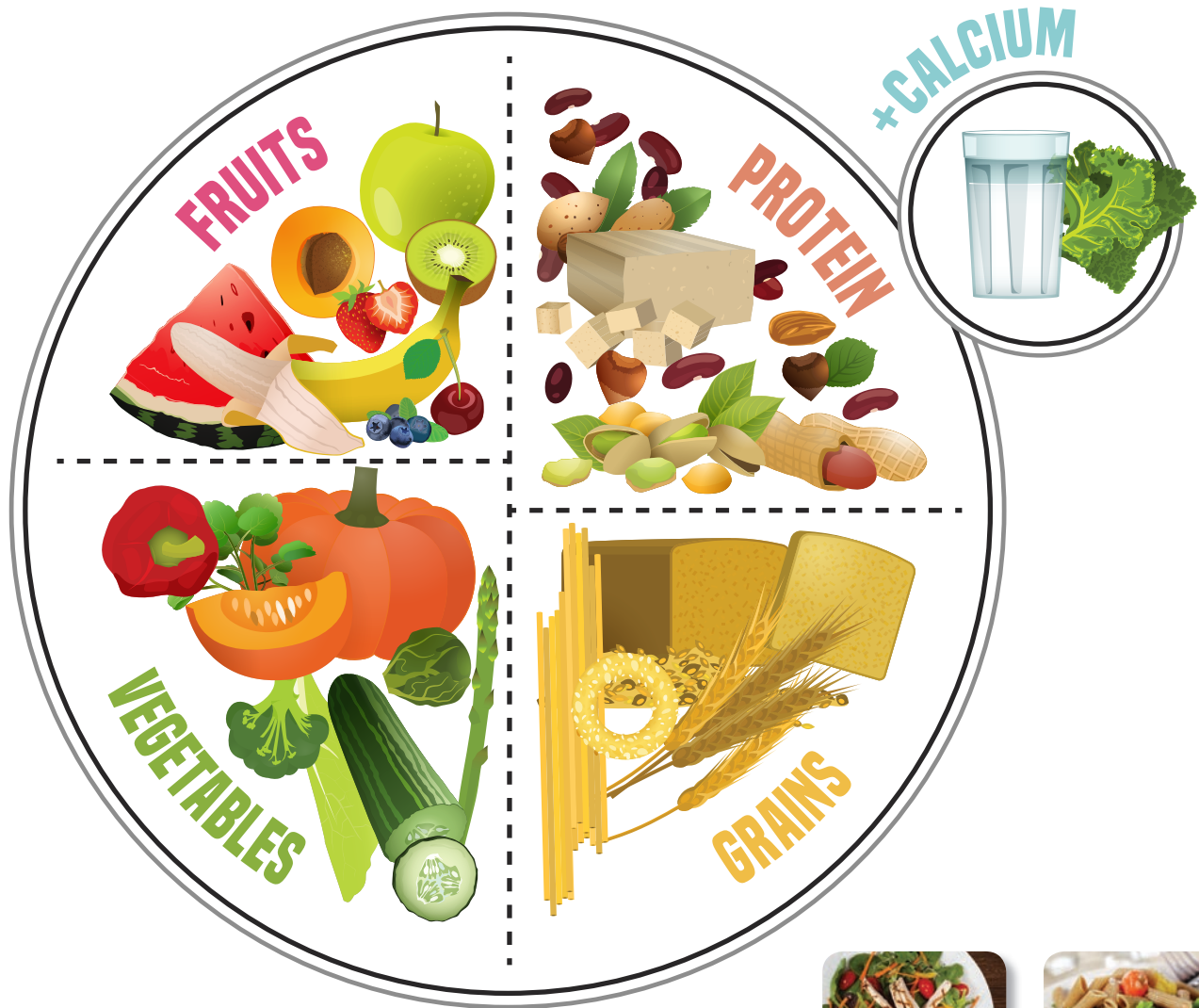
Your surgeon may require antibiotics to be taken prior to all dental procedures.

A GUIDE TO HEALTHY LIVING

Be Kind To Your Body - Eat Well

Preoperative or post-operative, try to eat a variety of healthy foods each day even if you are not hungry. It is important for your body to get enough vitamins and protein. Eating well speeds healing and you will be less tired after surgery. Ensure is available for you post-operatively if you do not feel like eating. Ensure is a balanced nutrient shake, which will help to promote healing.

Food Pyramid



Before you eat, think about what and how much food goes on your plate or in your cup or bowl. Over the day, include foods from all food groups: vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods.



Make half your plate fruits and vegetables.



Make at least half your grains whole.



Switch to skim or 1% milk.



Vary your protein food choices.

Cut back on sodium and empty calories from solid fats and added sugars



Look out for salt (sodium) in foods you buy. Compare sodium in foods and choose those with a lower number.

Drink water instead of sugary drinks. Eat sugary desserts less often.

Make foods that are high in solid fats—such as cakes, cookies, ice cream, pizza, cheese, sausages, and hot dogs—occasional choices, not every day foods.

Limit empty calories to less than 260 per day, based on a 2,000 calorie diet.

Be physically active your way

Pick activities you like and do each for at least 10 minutes at a time. Every bit adds up, and health benefits increase as you spend more time being active.

Children and adolescents: get 60 minutes or more a day.

Adults: get 2 hours and 30 minutes or more a week of activity that requires moderate effort, such as brisk walking.

Vegetables	Fruits	Grains	Dairy	Protein Foods
<p>Eat more red, orange, and dark-green vegetables like tomatoes, sweet potatoes, and broccoli in main dishes.</p> <p>Add beans or peas to salads (kidney or chickpeas), soups (split peas or lentils), and side dishes (pinto or baked beans), or serve as a main dish.</p> <p>Fresh, frozen, and canned vegetables all count. Choose “reduced sodium” or “no-salt-added” canned veggies.</p>	<p>Use fruits as snacks, salads, and desserts. At breakfast, top your cereal with bananas or strawberries; add blueberries to pancakes.</p> <p>Buy fruits that are dried, frozen, and canned (in water or 100% juice), as well as fresh fruits.</p> <p>Select 100% fruit juice when choosing juices.</p>	<p>Substitute whole-grain choices for refined-grain breads, bagels, rolls, breakfast cereals, crackers, rice, and pasta.</p> <p>Check the ingredients list on product labels for the words “whole” or “whole grain” before the grain ingredient name.</p> <p>Choose products that name a whole grain first on the ingredients list.</p>	<p>Choose skim (fat-free) or 1% (low-fat) milk. They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.</p> <p>Top fruit salads and baked potatoes with low-fat yogurt.</p> <p>If you are lactose intolerant, try lactose-free milk or fortified soy milk (soy beverage).</p>	<p>Eat a variety of foods from the protein food group each week, such as seafood, beans and peas, and nuts as well as lean meats, poultry, and eggs.</p> <p>Twice a week, make seafood the protein on your plate.</p> <p>Choose lean meats and ground beef that are at least 90% lean.</p> <p>Trim or drain fat from meat and remove skin from poultry to cut fat and calories.</p>
<p>For a 2,000-calorie daily food plan, you need the amounts below from each food group. To find amounts personalized for you, go to ChooseMyPlate.gov.</p>				
Eat 2½ cups every day	Eat 2 cups every day	Eat 6 ounces every day	Get 3 cups every day	Eat 5½ ounces every day
<p>What counts as a cup? 1 cup of raw or cooked vegetables or vegetable juice; 2 cups of leafy salad greens</p>	<p>What counts as a cup? 1 cup of raw or cooked fruit or 100% fruit juice; ½ cup dried fruit</p>	<p>What counts as an ounce? 1 slice of bread; ½ cup of cooked rice, cereal, or pasta; 1 ounce of ready-to-eat cereal</p>	<p>What counts as a cup? 1 cup of milk, yogurt, or fortified soy milk; 1½ ounces natural or 2 ounces processed cheese</p>	<p>What counts as an ounce? 1 ounce of lean meat, poultry, or fish; 1 egg; 1 Tbsp peanut butter; ½ ounce nuts or seeds; ¼ cup beans or peas</p>



U.S. Department of Agriculture • Center for Nutrition Policy and Promotion
August 2011
CNPP-25
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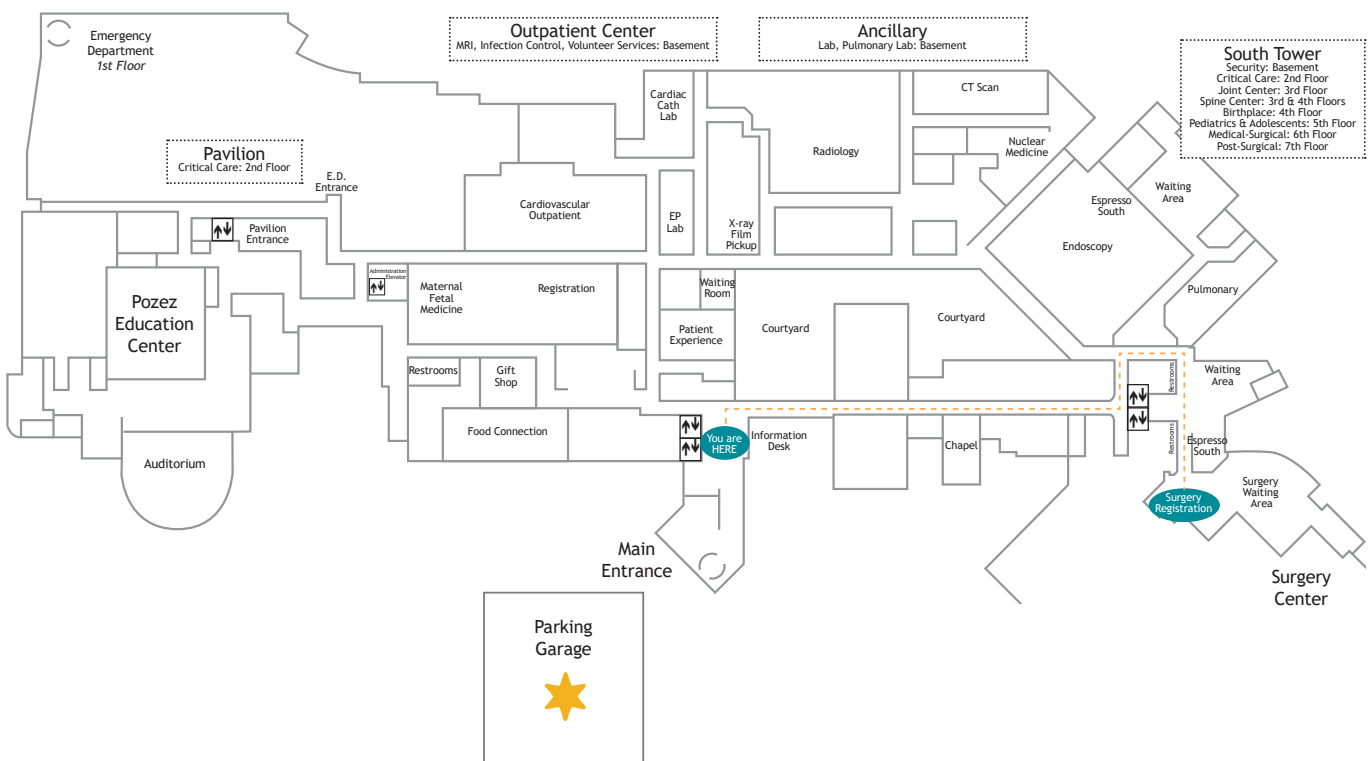
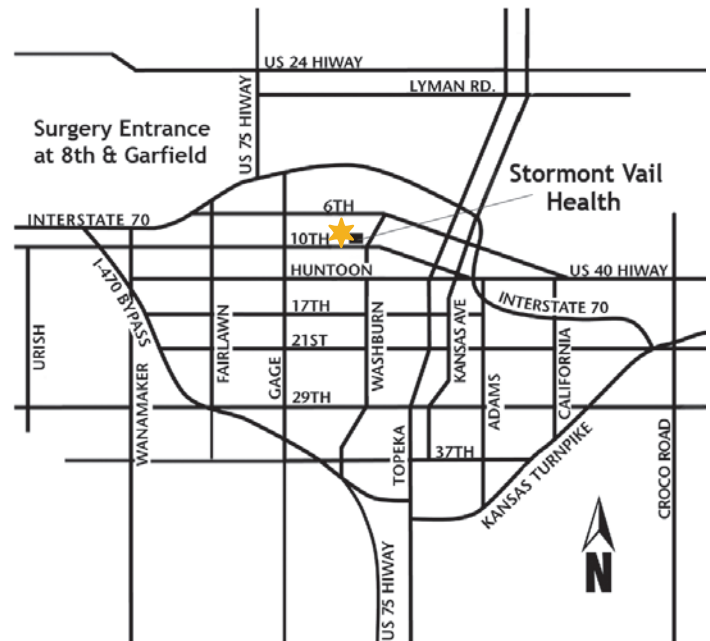
DIRECTIONS

Stormont Vail Hospital is located at 1500 SW 10th Ave. in Topeka, Kansas. You will register at the Surgery Registration Desk in the South Tower. Once registered, you will be escorted to the Pre-Operative Waiting Room.

Parking

For your optimum convenience, please park in the main parking garage at SW 9th and Garfield*. All parking is free. From the parking garage, please enter at the main entrance.

Valet parking is available for patients and visitors at the main entrance of the hospital. This free service is open Monday through Friday 7 a.m. to 4 p.m., excluding holidays. Hours may be subject to change based on patient needs.



KNEE SURGERY

If your knee is severely damaged by arthritis or injury, it may be hard for you to perform everyday activities. It may even be painful to simply sit or lie down.

Joint replacement surgery is a safe and effective procedure to relieve pain, correct deformity and help you get back to doing normal activities.

About Knee Replacement Surgery

There are four basic steps to a knee replacement procedure:

- 1) **Preparing the bone:** The damaged cartilage surfaces at the ends of the femur and tibia are removed along with small amounts of bone.
- 2) **Positioning the implants:** The removed cartilage and bone is replaced with metal components that recreate the surface of the joint.
- 3) **Resurfacing the patella:** The underside of the patella (kneecap) is cut and resurfaced with a plastic button. Depending on the severity of the knee damage, some surgeons may not resurface the patella.
- 4) **Inserting a spacer:** A plastic spacer is inserted between the metal components to create a smooth gliding surface.



PREOPERATIVE - KNEE

Preoperative Classes

A special class is held weekly for patients scheduled for joint surgery. You will only need to attend one class, which will be scheduled two to three weeks before your surgery. Member of the Total Joint Center staff will be in attendance to answer your questions. You will receive a letter in the mail scheduling your Preoperative (Pre-Op) class. You will also meet with the Pre-Op clinic nurse and anesthesiologist during the class.

Pre-Op class/clinic visit date: _____

First appointment time: _____



- Joint Center Patient Orientation - General Information
- Joint Center Patient Orientation - Occupational Therapy
- Joint Center Patient Orientation - Occupational Therapy Demonstration
- Joint Center Patient Orientation - Physical Therapy
- Joint Center Patient Orientation - Mobility Demonstration
- Joint Center Patient Orientation - Pre and Post Operative Exercises

<https://vimeo.com/showcase/8308472>

Our Preoperative classes are offered virtually. Use the above QR code or enter the URL into your search browser to access the classes. **ALL VIDEOS MUST BE WATCHED BEFORE SURGERY.** We encourage you to view these videos with the person or persons who will be helping care for you following your surgery.

Class Outline:

- ☐ Slide Presentation
- ☐ The Pathway
- ☐ Expectations
- ☐ Physical Therapy Discussion
- ☐ Occupational Therapy Discussion
- ☐ Discharge Planning/Obtaining Equipment
- ☐ Questions and Answers

Please bring your insurance card and a picture ID card with you for registration check-in.

Scheduling Your Outpatient Physical Therapy

All knee replacement patients will be prescribed a formal outpatient therapy regimen that is vitally important to the success of their new knee. We ask all knee replacement patients to schedule their first physical therapy appointment prior to surgery. The first therapy session is typically 1-2 days after you leave the hospital.



We encourage you to schedule this appointment at a location that is convenient for you and whoever will be driving you to the appointment.

PRE-SURGERY CHECKLIST- KNEE

Most patients will go home the same day or the next day. It is very important to have a discharge plan in place well before your surgery date.

*If you feel you need assistance in your home the first few days after surgery, please arrange with friends or a family member ahead of time.

NOT HAVING A DISCHARGE TO HOME PLAN IN PLACE, COULD POSTPONE OR CANCEL YOUR SURGERY

Prior to Surgery

- ☐ You will need to make arrangements for transportation to and from all appointments for 4-6 weeks following surgery. You are NOT allowed to drive yourself for 4-6 weeks.
 - o You will **not** be able to **drive** until released by your physician so you must have **reliable transportation**.
- ☐ Plan to have a caregiver available to assist you with getting dressed, bathing, toileting, and preparing meals after surgery.
- ☐ You may NOT have any cortisone injections on operative side for 3 months prior to surgery.
- ☐ **PRE-OPERATIVE CLEARANCE VISIT WITH YOUR PRIMARY CARE DOCTOR.**
 - o A letter will be sent by our office to your doctor. This will include lab and EKG.
 - o **This appointment, all lab work and EKG must be complete no sooner than 30 days prior to your surgery and must be done prior to your Pre Admission Testing Appointment at the Hospital.**
- ☐ **PRE ADMISSION TESTING (P.A.T) APPOINTMENTS**
 - o We are no longer having in person Total Joint classes prior to surgery due to COVID. The Total Joint Center book has all the information for you to read.
 - o This appointment will be made for you by the hospital IF NEEDED.
 - The time and date of this appointment will be **sent to you in the mail and will show up in MyChart as: PAT Total RN and PAT W/Anesthesia.**
 - If you do not receive a letter in the mail or need to reschedule the date you were given, please contact your nurse navigator at least 3 weeks before your surgery date
 - o You will receive soap scrubbers to use day before and morning of surgery (See day before surgery for instructions)
 - o You will check at Surgery registration for this appointment.
 - See surgery check in below for instructions
- ☐ Obtain a walker with just 2 front wheels PRIOR to surgery. There is a list of locations to rent/purchase a walker in pages 47-48 of your book. If a prescription is required, please contact your navigator. **The walker is required for your surgery and you will need to bring it to the hospital on the day of your surgery.**
- ☐ **Perform pre-op exercises regularly prior to your surgery.** The stronger and more mobile you are before surgery will help your recovery post-operatively. Exercise pictures and descriptions are in Section 2 of your Joint Center handbook.
- ☐ **PHYSICAL THERAPY (FOR TOTAL KNEES ONLY)**
 - o Set up your post-operative physical therapy (at least your first visit) **prior to your surgery.**
 - Call the physical therapy provider of your choice
 - Orders will be sent or printed at discharge from hospital
- ☐ A representative from Stormont Vail will be calling you before and after to surgery to have you answer some questions that are essential to meeting our joint center requirements. If you could please answer these questions it would be greatly appreciated.

PRE-SURGERY CHECKLIST- KNEE (CONT.)

1-2 Weeks Before Surgery

- ☐ Please discontinue your medications according to the surgery letter and physician instructions:
DO NOT STOP ANY MEDICATIONS UNLESS TOLD TO STOP.
 - o Please stop the following medications 7 days prior to surgery:
 - Advil, Ibuprofen, Aleve, Naproxen, Aspirin, Excedrin, or any products containing any of these medications. Vitamins, supplements, creams or herbals.
 - o Tylenol (Acetaminophen) or Extra Strength Tylenol is OK to take up until the night before surgery.
- ☐ **COVID SCREENING**
 - o You will receive a COVID screening phone call 4 days prior to surgery.
 - The caller will set up a COVID test if required per current protocol.
 - If a COVID test is needed, the screener will schedule an appointment for 3 days prior to surgery
 - These phone calls and testing are done 7 days a week including holidays.
 - o **If the test is not completed or the appointment missed, surgery will be cancelled.**
 - If test comes back POSITIVE, the surgery will be rescheduled. The doctor's office will contact you with a new date per the current COVID protocol.

Day Before Surgery

- ☐ The night before your surgery do NOT eat or drink after midnight.
 - o This Includes: Water, Gum, Mints, Cough drops, Chewing tobacco, smoking, Alcoholic Beverages
 - o You may brush your teeth, but do NOT swallow the fluid.
- ☐ Use the soap scrubbers given to you at the pre-operative clinic by the PAT RN.
 - o Use 1 soap scrubber the night before your surgery and the other soap scrubber the morning of the surgery.
 - o Shower with the first scrubber washing your entire body from the neck down and avoid the private areas. Repeat the process the morning of the surgery.
 - o Change your sheets on your bed so you are sleeping on clean sheets
 - o Sleep in clean clothes
 - o Wear clean clothes to the hospital
 - o Do not shave or use any lotions or perfumes on surgery day
- ☐ **Surgical services staff will call between 9 a.m. - 1 p.m. the day prior to your surgery date to inform you of your scheduled arrival time. They will let you know how many visitors are allowed at that time.**

PRE-SURGERY CHECKLIST- KNEE (CONT.)

Day of Surgery

Items to Bring to the Hospital:

- ☐ Picture ID/Insurance cards
- ☐ Current home medication list
- ☐ Toiletry items (toothpaste, tooth brush, deodorant, etc)
- ☐ Loose fitting clothing

Surgery check in:

- Please park in the **Main parking garage (9th & Garfield)**.
- Enter through the **North Tower Main Entrance** (Revolving Doors).
- You and your visitor will be COVID screened as you walk in to the lobby.
- Let the screeners know that you are there for surgery and they will get you to the **South Tower registration desk to check in**.
- Surgery start times can sometimes vary for many reasons. Please be flexible the day of your procedure.

After Surgery:

- Following surgery you are at a higher risk of falling. You will have assistance with getting up.
- If you're staying overnight, staff will help you with getting dressed and in a chair by 6 a.m.
- Physical and/or Occupational Therapy will see you for an evaluation prior to being discharged.
- If you're staying overnight, you need to have your ride ready to pick you up BEFORE 3 p.m the day you are discharged.
- Constipation is a side effect of narcotic pain medication. Please continue to take over the counter stool softener daily.
- Take your prescribed blood thinner for 3 weeks and pain medication as needed.

***NO VACCINATIONS 2-3 WEEKS BEFORE OR AFTER SURGERY**

Call the office if you develop a cold or flu prior to your surgery date, or have any scratches, rashes, cuts, sores, bug bites. This might cause your surgery to be postponed or cancelled.

Dental Procedures:

No cleanings/procedures 3 weeks **BEFORE** surgery or for 6 months **AFTER** surgery. If it is an **emergency** and you need something done, call Ortho Care Manager to notify before so that surgeon may be notified and antibiotic prescribed as needed or other recommendations.

For 2 years after joint replacement, please contact Ortho before you have a dental cleaning or procedure so that Ortho may prescribe a one-time dose of antibiotics.

Stairs and Handrails

If you have to negotiate the stairs repeatedly during the day, you may want to consider making accommodations to stay on the main level of your home where you have access to the kitchen, bathroom and a bed.

Handrails are ideal. If you would like to install them prior to surgery, that would be a great idea.

If you do not have access to a handrail, you will need someone's support getting up the stairs.

Approach the stairs with the non-operative leg going up. Lead with the surgical leg when going down the steps.

Bedroom

If the bed is too high, and you are able to lower it, that would be ideal.

However, this is something that your physical therapist can work with you on.

Bathroom

A shower chair would be ideal for the first couple of weeks during your recovery.

Many pharmacies, medical supply stores, home improvement and housewares stores have these items for you to purchase.

Doorways

Practice getting through your doorways PRIOR to surgery, helpful to use the walker you will be using after surgery.

If you can't fit through them straight on, try to walk through the door sideways.

Driveway

Avoid or limit uneven or unstable surfaces for the next several weeks.

Transportation

Practice getting in/out of the front passenger seat.

This seat offers the most adjustments to allow for access.

If the vehicle is too low, it could create a difficulty getting out of the vehicle.

If the vehicle is too tall it makes it difficult getting in.

Support Person

You may need someone available to help you the first week after your surgery.

They will need to make sure that you are able to get around the house safely, help with getting dressed, helping to prep your meals, and some bathing activities.

Incision Care

Replace your dressing as directed with a light gauze dressing. Keep your incision clean and dry. You may shower after you place plastic wrap over your incision, making sure to secure all sides with tape. If you have a waterproof dressing, leave this dressing in place until your sutures are removed. You may shower with just this dressing in place, as it is waterproof. After your staples or sutures are removed, you may lightly wash your incision with soap and water, no dressing is needed at this time.

Please note, DERMABOND® PRINEO® patients do not need to cover their incision.

Medication

- Take your medication as prescribed by your surgeon.
- Reconcile your medications. That means to compare your pre-surgical medicine list with your discharge medicine list and be sure to ask any questions that you may have.
- Your surgeon may prescribe a blood-thinning agent based on your Preoperative risk assessment.

Ice and Elevation

- Ice and elevation is used to reduce swelling.
 - Ice in 20 minute increments.
 - Do not apply ice directly to skin. Instead, wrap ice in a tea towel, t-shirt or thin cloth.
 - For knee replacement, you will need to elevate your entire leg, down to the ankle.
 - Your feet should be above the level of your heart.
 - Pillows may be used, but never place the pillow behind your knee.
 - Your knee should be as straight as possible when elevated.

Activity

- Walking is permitted and encouraged hourly while awake. Using your walker, put as much weight on your operative leg as your surgeon directs.
- Increase activities daily.
- You are encouraged to sit with both your feet on the floor when resting. Intermittent elevation of one or both legs on a footstool is permitted.
- Attend your physical therapy appointments, making sure to take pain medication before you arrive for therapy.

Other Reminders

- Tell your dentist and other health care providers that you have had a joint replacement.
- Antibiotics may be required prior to dental work or other procedures.

Knee Precautions

- After your knee replacement, there may be some safety rules that you may need to observe to help prevent injuring your new knee. Your health team will remind you often of your knee precautions.
- Ask your doctor how many months you may need to follow these rules after your surgery.

Exercise

- When you get home, keep up the exercise program you have been taught. You will regain your strength and endurance as you begin to do your normal daily routine. Feeling tired and becoming easily fatigued is normal after joint replacement surgery.

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs known as a venous thromboembolism (VTE), creating a blood clot. This is why after surgery your surgeon will order either aspirin or another type of blood thinner. If a clot occurs despite these measures, you may need to be admitted to the hospital for intravenous blood thinners. Prompt treatment usually prevents the more serious complication of the blood clot moving to the lungs, called a pulmonary embolus (PE).

Signs of Blood Clots in Legs

- Swelling in thigh, calf, or ankle that does not go down with elevation and the use of ice.
- Pain, heat and tenderness in calf, back knee or groin area (Note: blood clots can form in either leg).

Prevention of Blood Clots

- Foot and ankle pumps
- Walking
- Blood thinners such as aspirin or Coumadin
- Adequate fluid intake

Blood Clots in the Lung, Pulmonary Emboli (PE)

An unrecognized blood clot that breaks away from a vein and travels to the lungs is a PE. This is a medical emergency and you should call 911 if suspected.

Signs of Blood Clots in the Lung

- Sudden chest pain
- Difficult and/or rapid breathing
- Severe shortness of breath not relieved by resting
- Sweating
- Confusion

Prevention of Blood Clots in Lungs

- Prevent blood clots in legs
- Activity
- Proper fluid intake

Discharge Instructions: Living with Your New Knee

- Don't be shy — ask for help when you need it. Your goal is to be able to do things for yourself, but right now, you need to take care of your new knee until it fully heals. Do not risk hurting yourself by trying to do too much too soon.
- Keep your check-up appointment with your doctor. It is important to monitor the healing and function of your new knee.
- To your body, your new knee is a large, foreign substance. Germs from other areas can move to the new knee and cause infection. Call your family doctor if you have any signs of infections (urinary tract infection, abscessed teeth, etc.). **Early treatment is needed.**
- Tell your dentist and your family doctor before having your teeth worked on or having any procedure (such as cardiac cath., bladder exam, etc.) or surgery. Antibiotics may be needed before the procedure to prevent infection.
- Your new knee may set off metal detectors such as those found in airports and some buildings.
- **Wash your hands often.**

HIP SURGERY

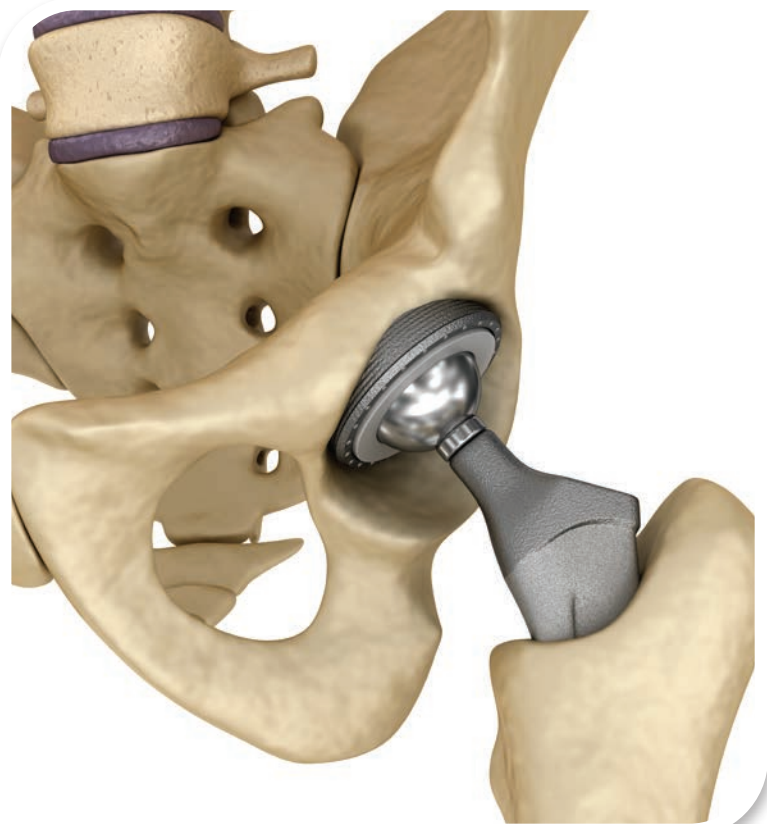
Hips that have been damaged by arthritis, fractures or other conditions can make everyday activities such as walking or getting in and out of a chair painful and difficult. Your hip may be stiff and even feel uncomfortable while resting.

If medications, changes in your everyday activities and the use of walking supports do not adequately help your symptoms, your doctor may recommend hip replacement surgery. Hip replacement surgery is a safe and effective procedure that relieves pain, increases range of motion and gets you back to enjoying normal, everyday activities.

About Hip Replacement

In a total hip replacement, the damaged bone and cartilage is removed and is replaced with a prosthetic component.

- The damaged femoral head (the ball portion in the ball-and-socket joint) is removed and replaced with a metal stem. It is then placed into the hollow center of the femur.
- A metal or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed.
- The damaged cartilage surface of the socket (acetabulum) is removed and replaced with a metal shell.
- A plastic or ceramic spacer is inserted between the new ball and the socket to allow for a smooth gliding surface



PRE-SURGERY CHECKLIST - HIP

Most patients will go home the same day or the next day. It is very important to have a discharge plan in place well before your surgery date.

*If you feel you need assistance in your home the first few days after surgery, please arrange with friends or a family member ahead of time.

NOT HAVING A DISCHARGE TO HOME PLAN IN PLACE, COULD POSTPONE OR CANCEL YOUR SURGERY

Prior to Surgery

- ☐ You will need to make arrangements for transportation to and from all appointments for 4-6 weeks following surgery. You are NOT allowed to drive yourself for 4-6 weeks.
 - o You will **not** be able to **drive** until released by your physician so you must have **reliable transportation**.
- ☐ Plan to have a caregiver available to assist you with getting dressed, bathing, toileting, and preparing meals after surgery.
- ☐ You may NOT have any cortisone injections on operative side for 3 months prior to surgery.
- ☐ **PRE-OPERATIVE CLEARANCE VISIT WITH YOUR PRIMARY CARE DOCTOR.**
 - o A letter will be sent by our office to your doctor. This will include lab and EKG.
 - o **This appointment, all lab work and EKG must be complete no sooner than 30 days prior to your surgery and must be done prior to your Pre Admission Testing Appointment at the Hospital.**
- ☐ **PRE ADMISSION TESTING (P.A.T) APPOINTMENTS**
 - o We are no longer having in person Total Joint classes prior to surgery due to COVID. The Total Joint Center book has all the information for you to read.
 - o This appointment will be made for you by the hospital IF NEEDED.
 - The time and date of this appointment will be **sent to you in the mail and will show up in MyChart as: PAT Total RN and PAT W/Anesthesia.**
 - If you do not receive a letter in the mail or need to reschedule the date you were given, please contact your nurse navigator at least 3 weeks before your surgery date
 - o You will receive soap scrubbers to use day before and morning of surgery (See day before surgery for instructions)
 - o You will check at Surgery registration for this appointment.
 - See surgery check in below for instructions
- ☐ Obtain a walker with just 2 front wheels PRIOR to surgery. There is a list of locations to rent/purchase a walker in pages 47-48 of your book. If a prescription is required, please contact your navigator. **The walker is required for your surgery and you will need to bring it to the hospital on the day of your surgery.**
- ☐ **Perform pre-op exercises regularly prior to your surgery.** The stronger and more mobile you are before surgery will help your recovery post-operatively. Exercise pictures and descriptions are in Section 2 of your Joint Center handbook.
- ☐ **PHYSICAL THERAPY**
 - o Set up your post-operative physical therapy (at least your first visit) **prior to your surgery.**
 - Call the physical therapy provider of your choice
 - Orders will be sent or printed at discharge from hospital
- ☐ A representative from Stormont Vail will be calling you before and after to surgery to have you answer some questions that are essential to meeting our joint center requirements. If you could please answer these questions it would be greatly appreciated.

PRE-SURGERY CHECKLIST- HIP (CONT.)

1-2 Weeks Before Surgery

- ☐ Please discontinue your medications according to the surgery letter and physician instructions:
DO NOT STOP ANY MEDICATIONS UNLESS TOLD TO STOP.
 - o Please stop the following medications 7 days prior to surgery:
 - Advil, Ibuprofen, Aleve, Naproxen, Aspirin, Excedrin, or any products containing any of these medications. Vitamins, supplements, creams or herbals.
 - o Tylenol (Acetaminophen) or Extra Strength Tylenol is OK to take up until the night before surgery.
- ☐ **COVID SCREENING**
 - o You will receive a COVID screening phone call 4 days prior to surgery.
 - The caller will set up a COVID test if required per current protocol.
 - If a COVID test is needed, the screener will schedule an appointment for 3 days prior to surgery
 - These phone calls and testing are done 7 days a week including holidays.
 - o **If the test is not completed or the appointment missed, surgery will be cancelled.**
 - If test comes back POSITIVE, the surgery will be rescheduled. The doctor's office will contact you with a new date per the current COVID protocol.

Day Before Surgery

- ☐ The night before your surgery do NOT eat or drink after midnight.
 - o This Includes: Water, Gum, Mints, Cough drops, Chewing tobacco, smoking, Alcoholic Beverages
 - o You may brush your teeth, but do NOT swallow the fluid.
- ☐ Use the soap scrubbers given to you at the pre-operative clinic by the PAT RN.
 - o Use 1 soap scrubber the night before your surgery and the other soap scrubber the morning of the surgery.
 - o Shower with the first scrubber washing your entire body from the neck down and avoid the private areas. Repeat the process the morning of the surgery.
 - o Change your sheets on your bed so you are sleeping on clean sheets
 - o Sleep in clean clothes
 - o Wear clean clothes to the hospital
 - o Do not shave or use any lotions or perfumes on surgery day
- ☐ **Surgical services staff will call between 9 a.m. - 1 p.m. the day prior to your surgery date to inform you of your scheduled arrival time. They will let you know how many visitors are allowed at that time.**

PRE-SURGERY CHECKLIST- HIP (CONT.)

Day of Surgery

Items to Bring to the Hospital:

- ☐ Picture ID/Insurance cards
- ☐ Current home medication list
- ☐ Toiletry items (toothpaste, tooth brush, deodorant, etc)
- ☐ Loose fitting clothing

Surgery check in:

- Please park in the **Main parking garage (9th & Garfield)**.
- Enter through the **North Tower Main Entrance** (Revolving Doors).
- You and your visitor will be COVID screened as you walk in to the lobby.
- Let the screeners know that you are there for surgery and they will get you to the **South Tower registration desk to check in**.
- Surgery start times can sometimes vary for many reasons. Please be flexible the day of your procedure.

After Surgery:

- Following surgery you are at a higher risk of falling. You will have assistance with getting up.
- If you're staying overnight, staff will help you with getting dressed and in a chair by 6 a.m.
- Physical and/or Occupational Therapy will see you for an evaluation prior to being discharged.
- If you're staying overnight, you need to have your ride ready to pick you up BEFORE 3 p.m the day you are discharged.
- Constipation is a side effect of narcotic pain medication. Please continue to take over the counter stool softener daily.
- Take your prescribed blood thinner for 3 weeks and pain medication as needed.

***NO VACCINATIONS 2-3 WEEKS BEFORE OR AFTER SURGERY**

Call the office if you develop a cold or flu prior to your surgery date, or have any scratches, rashes, cuts, sores, bug bites. This might cause your surgery to be postponed or cancelled.

Dental Procedures:

No cleanings/procedures 3 weeks **BEFORE** surgery or for 6 months **AFTER** surgery. If it is an **emergency** and you need something done, call Ortho Care Manager to notify before so that surgeon may be notified and antibiotic prescribed as needed or other recommendations.

For 2 years after joint replacement, please contact Ortho before you have a dental cleaning or procedure so that Ortho may prescribe a one-time dose of antibiotics.

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs known as a venous thromboembolism (VTE), creating a blood clot. This is why after surgery your surgeon will order either aspirin or another type of blood thinner. If a clot occurs despite these measures, you may need to be admitted to the hospital for intravenous blood thinners. Prompt treatment usually prevents the more serious complication of the blood clot moving to the lungs, called a pulmonary embolus (PE).

Signs of Blood Clots in Legs

- Swelling in thigh, calf, or ankle that does not go down with elevation and the use of ice.
- Pain, heat and tenderness in calf, back knee or groin area (Note: blood clots can form in either leg).

Prevention of Blood Clots

- Foot and ankle pumps
- Walking
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- Adequate fluid intake

Blood Clots in the Lung, Pulmonary Emboli (PE)

An unrecognized blood clot that breaks away from a vein and travels to the lungs is a PE. This is a medical emergency and you should call 911 if suspected.

Signs of Blood Clots in the Lung

- Sudden chest pain
- Difficult and/or rapid breathing
- Severe shortness of breath not relieved by resting
- Sweating
- Confusion

Prevention of Blood Clots in Lungs

- Prevent blood clots in legs
- Activity
- Proper fluid intake

SHOULDER SURGERY

The shoulder is the most flexible joint in the body, as well as one of the largest. This makes it susceptible to various issues from instability to impingement of the soft tissues. The shoulder, like the hip joint, is a ball-and-socket joint.

Shoulder problems happen in different ways such as limited mobility, weakness, numbness and stiffness. These problems often cause extreme pain in the shoulder.

Three of the most common causes of shoulder pain include:

- Osteoarthritis
- Rotator cuff injuries
- Rotator cuff tears

When the tendons in the shoulder are severely damaged, shoulder replacement or reverse shoulder replacement surgery may help restore the joint's function and reduce pain, especially if the joint is affected by arthritis.

About Shoulder Replacement

Your physician may order a shoulder replacement to fix osteoarthritis, a severe shoulder break, badly damaged tissues in your shoulder or other issues. During a shoulder replacement, a surgeon fits a plastic cup-like device into the shoulder socket and attaches a metal ball to the top of the upper arm.

About Reverse Shoulder Replacement

During reverse shoulder replacement, the normal ball-and-socket structure is reversed. Instead of positioning the shoulder implant to rely on the rotator cuff muscles for movement, surgeons position it in to rely on the large deltoid muscle -- the triangular muscle on your uppermost part of your arm. This can help prevent further pain and difficulty lifting your arm later.



PREOPERATIVE - SHOULDER

Before having traditional or reverse shoulder replacement, there are several things that need to be done first. Prior to surgery, ensure to:

- Schedule appointments for outpatient physical therapy.
- Get fitted for bolster sling in office.
- It is recommended to shower with 4% chlorhexidine sponges provided the night before surgery and the morning prior to surgery. Please note, this is provided by pre-op.
- This is a planned surgical procedure. We encourage you to arrange for assistance if needed at home upon discharge, and you also need to coordinate your transportation home the next day.
- Please do not eat or drink after midnight. You may brush your teeth but do not swallow fluid.

In addition, take only medication your physician approved.

Items to Bring to Hospital

- ☐ Picture ID/insurance card
- ☐ Current home medication list
- ☐ Personal hygiene kit (include toothbrush, toothpaste, deodorant, etc.)
- ☐ Loose fitting clothing or shirt with Velcro (see more information on page 50)
- ☐ Slingshot bolster sling



PRE-SURGERY CHECKLIST - SHOULDER

Most patients will go home the same day or the next day. It is very important to have a discharge plan in place well before your surgery date.

*If you feel you need assistance in your home the first few days after surgery, please arrange with friends or a family member ahead of time.

NOT HAVING A DISCHARGE TO HOME PLAN IN PLACE, COULD POSTPONE OR CANCEL YOUR SURGERY

Prior to Surgery

- ☐ You will need to make arrangements for transportation to and from all appointments for 4-6 weeks following surgery. You are NOT allowed to drive yourself for 4-6 weeks.
 - o You will **not** be able to **drive** until released by your physician so you must have **reliable transportation**.
- ☐ Plan to have a caregiver available to assist you with getting dressed, bathing, toileting, and preparing meals after surgery.
- ☐ You may NOT have any cortisone injections on operative side for 3 months prior to surgery.
- ☐ **PRE-OPERATIVE CLEARANCE VISIT WITH YOUR PRIMARY CARE DOCTOR.**
 - o A letter will be sent by our office to your doctor. This will include lab and EKG.
 - o **This appointment, all lab work and EKG must be complete no sooner than 30 days prior to your surgery and must be done prior to your Pre Admission Testing Appointment at the Hospital.**
- ☐ **PRE ADMISSION TESTING (P.A.T) APPOINTMENTS**
 - o **This appointment will be made for you by the hospital.**
 - The time and date of this appointment will be **sent to you in the mail and will show up in MyChart as: PAT Total RN and PAT W/Anesthesia.**
 - If you do not receive a letter in the mail or need to reschedule the date you were given, please contact your nurse navigator at least 3 weeks before your surgery date
 - o You will receive soap scrubbers to use day before and morning of surgery (See day before surgery for instructions)
 - o You will check at Surgery registration for this appointment.
 - See surgery check in below for instructions
- ☐ **CT SCAN**
 - o If your doctor requires a CT, someone from the office will call you to set this up.
 - o The appointment is usually coordinated with your PAT appointments.
- ☐ **SLING FITTING APPOINTMENT:**
 - o You will receive a call from Kanza Physical Therapy for an appointment.
 - o Bring sling with you to the hospital on the day of surgery.
- PHYSICAL THERAPY**
 - o Set up your post-operative physical therapy (at least your first visit) **prior to your surgery.**
 - Call the physical therapy provider of your choice
 - o Your first visit will be **2 weeks** post-op.
 - Orders will be sent or printed at discharge from hospital
- ☐ A representative from Stormont Vail will be calling you before and after to surgery to have you answer some questions that are essential to meeting our joint center requirements. If you could please answer these questions it would be greatly appreciated.

PRE-SURGERY CHECKLIST - SHOULDER (CONT.)

Home Considerations

- ☐ It is ideal to be on the main level of your home to avoid stairs. Handrails are ideal, but remember you will NOT be able to use your operative arm for support.
- ☐ In order to bathe or shower, you are safest if you are sitting on a shower chair. This can be purchased at pharmacies, medical supply stores and home improvement stores.
- ☐ Plan to sleep in a recliner for 4-6 weeks.
- ☐ Assess toilet. May need a toilet riser.

1-2 Weeks Before Surgery

- ☐ Please discontinue your medications according to the surgery letter and physician instructions: **DO NOT STOP ANY MEDICATIONS UNLESS TOLD TO STOP.**
 - o Please stop the following medications 7 days prior to surgery:
 - Advil, Ibuprofen, Aleve, Naproxen, Aspirin, Excedrin, or any products containing any of these medications. Vitamins, supplements, creams or herbals.
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 - o You may brush your teeth, but do NOT swallow the fluid.
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 - o Use 1 soap scrubber the night before your surgery and the other soap scrubber the morning of the surgery.
 - o Shower with the first scrubber washing your entire body from the neck down and avoid the private areas. Repeat the process the morning of the surgery.
 - o Change your sheets on your bed so you are sleeping on clean sheets
 - o Sleep in clean clothes
 - o Wear clean clothes to the hospital
 - o Do not shave or use any lotions or perfumes on surgery day

Surgical services staff will call between 9 a.m. - 1 p.m. the day prior to your surgery date to inform you of your scheduled arrival time. They will let you know how many visitors are allowed at that time.

PRE-SURGERY CHECKLIST - SHOULDER (CONT.)

Day of Surgery

Surgery check in:

- Please park in the **Main parking garage (9th & Garfield)**.
- Enter through the **North Tower Main Entrance** (Revolving Doors).
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After Surgery:

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- If you're staying overnight, staff will help you with getting dressed and in a chair by 6 a.m.
- Physical and/or Occupational Therapy will see you for an evaluation prior to being discharged.
- If you're staying overnight, you need to have your ride ready to pick you up BEFORE 3 p.m the day you are discharged.
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For 2 years after joint replacement, please contact Ortho before you have a dental cleaning or procedure so that Ortho may prescribe a one-time dose of antibiotics.

QUESTIONS REGARDING REVERSE TOTAL SHOULDER SURGERY

What Are My Restrictions After Surgery?

- You are NOT allowed to extend your elbow
- You are NOT allowed to move your elbow away from your body
- You are NOT allowed to put weight on the operative arm (example—pushing up from bed, chair, or toilet)
- You MUST wear your black bolster sling at all times with the following exceptions
 - o Shower sling (This will be provided at your surgery location)
 - o Dressing upper body

When Can I Stop Wearing My Sling?

- Physical therapy will typically have you discontinue wearing your sling at 4 weeks.

How Will I Get Dressed?

- ALWAYS dress upper body while seated
- ALWAYS dress your operative arm first
 - o Use the non-operative arm to support the operative arm in a sling like position at your body while your caregiver assists with placing your operative arm in the shirt sleeve. Then your caregiver can assist with moving the shirt over your head or behind your body for front opening clothing.
 - o We recommend wearing lower body clothing that pull on (not buttons or zippers) and/or loose fitting materials
 - o We recommend wearing upper body clothing that opens in the front and/or loose fitting clothing. There are also “Velcro shirts” that can be used post-operatively



How to Cut a Shirt For Shoulder Surgery

(4 Changing Tips) (sewingiscool.com)

How Do I Shower?

- Follow nursing instructions for rules about getting your incision wet.
- Use shower sling to support the operative arm.

How Do I Eat?

- Use your non-operative arm to eat.

What position do I sleep in?

- You MUST wear your black bolster sling while sleeping
 - a. We recommend you sleep in a recliner
 - b. You may want to use pillows to support your arm and trunk on the operative side.



#WeTogether

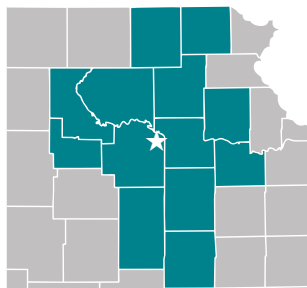


Stormont Vail Health

Serving a multi-county region in Kansas, Stormont Vail Health features the region's only

Level II Trauma Center as well as a **Level III Neonatal Intensive Care Unit**.

Specialty clinics in Topeka include the **Behavioral Health Center**, the **Cancer Center**, the **Diabetes & Endocrinology Center**, the **Digestive Health Center** and the **Heart Center**.



Stormont Vail Health serves the **primary care** needs of eastern Kansas with five clinics in Topeka and clinics in the surrounding communities of Carbondale, Emporia, Lebo, Manhattan, Meriden, Netawaka, Osage City, Oskaloosa, Rossville and Wamego.



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