



MedStar Health

Hip and Knee Replacement Guidebook.



It's how we treat people.



Thank you for choosing MedStar Georgetown University Hospital.

Welcome to MedStar Georgetown University Hospital Joint Replacement Center. We are pleased that you chose us for your joint replacement surgery.

MedStar Georgetown University Hospital boasts a team of highly skilled and experienced physicians, ensuring comprehensive care throughout your medical journey. Joint replacement is a core specialty at MedStar Georgetown, where our dedicated staff has provided exceptional care for over five decades. We remain committed to advancing our techniques to enhance your overall experience.

Recognized as one of the nation's premier total joint replacement centers, MedStar Georgetown has earned numerous accolades for its exceptional services. These distinctions underscore our unwavering dedication to delivering exceptional outcomes for our patients.

This booklet is your roadmap to recovery. Make sure to bring it with you to all your appointments (before and after your surgery), classes, and therapy. It's packed with information about what to do before and after your surgery, the procedure itself, and your recovery. We've also included a description of each team you'll meet along the way.

Your care is based on your individual needs and delivered in a friendly, supportive environment. We'll help you set goals for success and track your progress. We want you and your family or a friend/coach to be involved in your recovery. Our goal is to send you home safely and with a clear understanding of what's expected of you to make the most of your rehabilitation.

Your recovery begins today!

Sincerely,

Brett Levine, MD, MS

Director of Adult Reconstruction,
MedStar Orthopaedic Institute, Washington, D.C.



**Read more about your orthopaedic team
at [MedStarHealth.org/Ortho](https://www.MedStarHealth.org/Ortho)**

Language assistance services, free of charge, are available if needed. Call 202-444-1588.

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Preparing for knee & hip replacement surgery.

Total knee replacement.

Total knee replacement is a very common surgery with more than 750,000 procedures performed annually in the United States. The procedure involves resurfacing the ends of your femur (thigh bone) and tibia (shin bone) with an artificial joint. The goal is to relieve your pain and improve your activity level and quality of life. With your cooperation, the surgical team, and the medical staff, it can be an incredibly successful procedure. While the surgery typically results in a positive outcome, like any surgery, there are some risks involved. You should discuss the risks with your surgeon and make sure the benefits outweigh the potential downsides for you.

Total knee replacement implants typically consist of three to four parts. The individual parts include a femoral part (placed over the ends of your thigh bone) that provides a smooth surface for your knee to move. A common misconception is that a large bulk of bone is being replaced with this procedure, whereas just a small amount of bone is removed off the end of each bone (tibia and femur). A better description is that the implants resurface your joint. The second component covers the top of your tibia and holds, the third component, your polyethylene/plastic cartilage replacement. The fourth piece is an optional button placed on the back of your patella (kneecap). Including this part is based on surgeon preference and the condition of your knee. These four parts make up the major components of your knee replacement and will typically provide 20 plus years of sustained relief and restoration of function.

At MedStar Georgetown University Hospital we have a team of expert surgeons, nurses, anesthesiologists, operating room technicians, residents, physician assistants, and nurse practitioners. As a team, we work in tandem to provide you with world class care. We are well equipped to handle all your needs as a patient and offer outpatient and short stay options for your knee surgery.

As a tertiary referral center we offer the full range of options from simple primary (first time) surgeries to complex revision ("redo") surgeries. For more information on knee replacement surgery, visit our website [MedStarHealth.org/ortho](https://www.MedStarHealth.org/ortho). You can also find additional resources on the American Association of Hip and Knee Surgeons' website (<https://hipkneeinfo.org/>).

Unicompartmental knee replacement.

Unicompartmental knee replacement, or partial knee replacement, is a surgery that replaces just the severely damaged part of your knee joint, leaving the rest of it intact. There are three compartments in your knee that can be replaced. The medial (inner half) is the most common, but sometimes the lateral (outer half) or patellofemoral (the part where your kneecap meets the front of your thigh bone) can also be replaced.

In general, unicompartmental knee replacement is a great option for many people. It has many benefits compared to total knee replacement. The ligaments of your knee stay in place, and the worn-out part of the joint is resurfaced (with the same materials as a total knee replacement) while keeping the rest of the joint intact. Benefits include a smaller incision, a quicker recovery, a lower risk of serious medical complications, a lower risk of stiffness, and better function.

However, there's a small risk of needing another surgery in the future if another part of your knee gets worse over time (about 2 to 3% of all cases). Also, the other two knee compartments that aren't replaced can be injured, like a meniscal tear or an ACL tear, if you have an accident. In most of these cases, you can have a total knee or another partial knee replacement, and the results will be similar to a primary total knee replacement.



Talk to your surgeon to find out if you're a good candidate for this procedure. If you want to learn more about the differences between a unicompartmental and a total knee replacement, you can read this article: <https://hipkneeinfo.org/knee-care/full-vs-partial-knee-replacement-whats-the-difference/>.

We offer all available options for management of your knee pain. Your surgeon will discuss the options with you and come up with a treatment plan tailored for your condition and goals.

Total hip replacement.

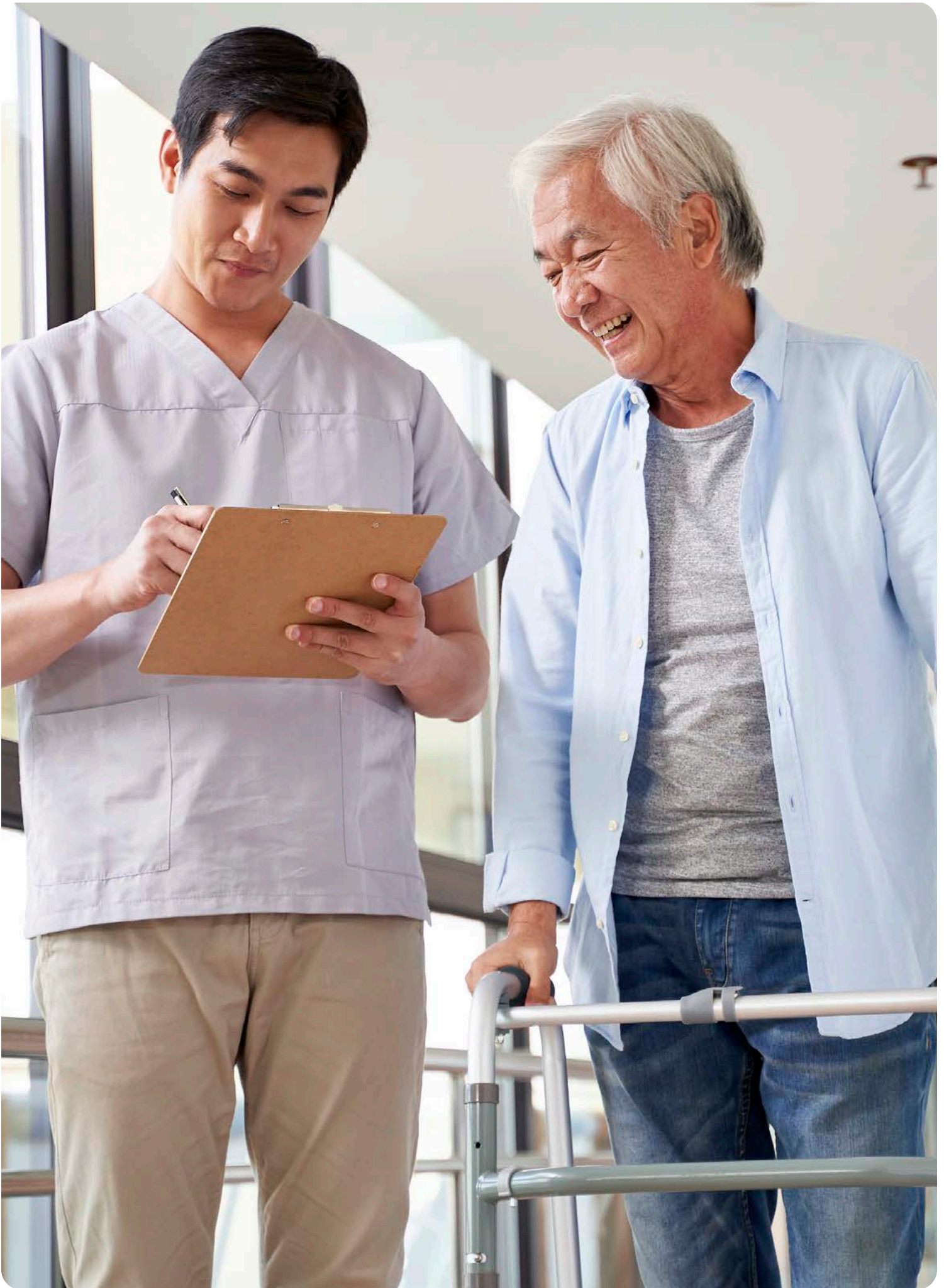
During total hip replacement, your surgeon replaces the ball and socket in your hip with an artificial joint. The goal is to relieve your pain, improve your activity level and quality of life. With your cooperation, the surgical team, and the medical staff, it can be an incredibly successful procedure. Like any type of surgery, there are some risks involved. Before you make a decision, talk to your surgeon about the risks and make sure the benefits outweigh the potential downsides for you.

Total hip replacement implants usually have four parts. These parts include a femoral stem (placed in your thigh bone) that holds the new ball. In your pelvis, your natural cup is cleaned out and prepared for a metal component that holds the liner (your cartilage replacement), which is made of polyethylene or plastic. These four parts make up the main parts of your hip replacement and can provide 20 or more years of relief and help you regain your function.

At MedStar Georgetown University Hospital, we have a team of expert surgeons, nurses, anesthesiologists, operating room technicians, residents, physician assistants,

and nurse practitioners. We work together to provide you with world-class care. We're well-equipped to handle all your needs as a patient and offer outpatient and short-stay options for your hip surgery.

As a tertiary referral center, we offer a wide range of options, from simple primary (first-time) surgeries to complex revision ("redo") surgeries. For more information on hip replacement surgery, visit our website [MedStarHealth.org/ortho](https://www.MedStarHealth.org/ortho). You can also find additional resources on the American Association of Hip and Knee Surgeons' website (<https://hipkneeinfo.org/>).



From pre-surgery through recovery, our focus is you.

Prior to your surgery, you will be matched with a patient care coordinator (PaCC), who will contact you approximately two weeks before your surgery. Consider your care coordinator your champion who will follow you every step of the way from your pre-surgical appointments through your post-surgical rehabilitation and recovery.

A PaCC's goal is to get you back to your active life as seamlessly as possible. PaCCs are specially trained healthcare professionals who focus on planning for your surgical recovery and rehabilitation. Working closely with your physician and other healthcare professionals, the PaCC assists in helping you safely return to your highest level of function, so you can live your life to the fullest.

The PaCC team will start by working with you, your health insurer, and your medical team before your surgery. Together you'll develop a personalized plan that will help you achieve your goals. This plan includes a prehabilitation therapy appointment as well as scheduling your post-surgical rehabilitation needs.

Your PaCC will continue to work with you, should your needs change. A PaCC focuses on you, so you can focus on healing.

If you are unable to complete your PCP visit (and/or specialist physician visits and testing) by 21 days before surgery, please let your surgeon's office know as soon as possible so we can work with you to find a date that allows you to complete these requirements.

Your name

Your PaCC

PaCC phone number

Please use this booklet as your guide. In this guide, you will learn what to expect from your healthcare team before, during, and after your hospital stay. You will also learn what your responsibilities are and how to take care of yourself after surgery.

Please bring this booklet with you to:

- **Every office visit**
- **The hospital on the day of surgery**
- **All physical therapy visits after surgery**

However, remember that this is just a guide, and your healthcare team may modify some of the instructions here. Always follow their recommendations first, and ask questions if you are unsure of any information.

My appointments.

Appointment assignments vary by physician, so you may not need to schedule all the appointments listed here. To help you keep track of your appointments prior to surgery, please record the date and time in the appropriate sections below.

Name of surgeon:

Type of surgery:

My surgery is scheduled for:

Date:

Time:

I am to arrive at the hospital at:

Date:

Time:

Pre-operative appointments:

Pre-operative history and physical

Location:

Date:

Time:

- Call your primary care doctor, your nearest MedStar Health Urgent Care, or MedStar Georgetown University Hospital for an appointment. If you see any specialists (i.e., cardiologist, hematologist, pulmonologist), you may also require clearance from them prior to surgery. It is best to discuss this with your primary care physician.

Prehabilitation (MedStar Health Physical Therapy—only if ordered):

To view a list of MedStar Health PT locations, visit [MedStarHealth.org/PhysicalTherapy](https://medstarhealth.org/PhysicalTherapy) or call 844-914-3878.

Location:

Date:

Time:

Blood type and screen test (only if ordered)

Location:

Date:

Time:

Pre-operative class (view online at <https://medstarhealthinfocus.org/educationlibrary/orthopedics/total-joint-replacement/>)

Date:

Time:



Be on the lookout for your email and/or text message

You will receive an email and/or text message with an electronic link to a medical questionnaire with the subject line "Hello! The MedStar Health Pre-Anesthesia team would like to communicate with you about your upcoming procedure." You must complete the form as soon as received. You will also receive day of surgery instructions, medication instructions (if applicable), and helpful reminders via email and/or text message.

All materials from a non-MedStar Health physician should be faxed to our Pre-Anesthesia Testing Clinic at **202-444-4208** or **202-444-2011**.

For more information and frequently asked questions about pre-anesthesia, please visit our website at <https://www.medstarhealth.org/services/preparing-for-anesthesia>.

Post-operative appointments (as recommended by your surgeon and care team):

Outpatient physical therapy services (MedStar Health Physical Therapy): To view a list of MedStar Health Physical Therapy locations, visit [MedStarHealth.org/PhysicalTherapy](https://www.MedStarHealth.org/PhysicalTherapy) or call 844-914-3878.

Date:

Time:

Location:

Phone number:

Home health services

Date:

Time:

Name of agency:

Phone number:

To view a list of agencies with current Medicare ratings, visit [medicare.gov/homehealthcompare/search.html](https://www.medicare.gov/homehealthcompare/search.html)

Follow-up with surgeon (two to six weeks)

Location:

Date:

Time:

Important phone numbers.

Orthopaedic surgeon:

Phone number:

Primary care physician:

Phone number:

MedStar Georgetown University Hospital	202-444-2000
MedStar patient registration and good faith billing estimate	866-423-2734
Orthopaedic unit (6th Floor Main Building)	202-444-2241
MedStar Georgetown University physical therapy (3rd Floor PHC Bldg)	202-444-4180
MedStar pre-anesthesia testing fax	202-444-4208
Verstandig Pavilion lobby	202-444-9800
Surgery waiting area desk	202-444-2709
MedStar Health physical therapy.....	844-91-GETPT (43878)

Visit MedStarGeorgetown.org for more information about the hospital.

Phone calls to expect from us prior to your surgery:

As a courtesy to you, several members of our team at MedStar Georgetown University Hospital will contact you before your surgery to gather information and help you prepare for your patient experience.

Registration
(for pre-registration)

MedStar Health corporate finance
(You may get a phone call or electronic messaging for insurance verification.)

Patient care coordinator
(for post-surgical rehabilitation planning)

Pre-anesthesia team (PAT)
(Only if there are additional questions from pre-anesthesia after reviewing your questionnaire and medical records. Most patients should expect to receive personalized text or email messages.)



Preparing for your surgery.



Your recovery after surgery actually begins several weeks before your surgery date.

Physical exam and preoperative evaluation

A complete medical exam is usually required before your surgery. Often, your primary care physician performs the exam. Please make an appointment with your primary care physician when you receive this booklet. Your exam can be completed as early as six months before your surgery.

The exam consists of a review of your overall health to determine if any medical conditions could interfere with your surgery and recovery. In addition, your physician may order further tests if you have certain risk factors. Surgery may be delayed to optimize your medical condition and provide you with the best chance for an excellent outcome.

On the day of your exam, bring with you:

- **This joint replacement guidebook**
- **A list of your medications, including any over-the-counter medications and supplements you are taking**
- **Your insurance card and photo ID**
- **A list of your physicians and their phone numbers**

If your primary care physician performs your exam, their medical office must fax the form to MedStar Pre-Anesthesia Testing at **202-444-4208** at least **21 days** before your surgery.

If you are having difficulty getting clearance within the time frame allowed, please let your surgeon's office know as soon as possible so that they can assist you in completing this requirement.

Online pre-operative patient education classes

The online pre-operative patient education classes (<https://www.medstarhealth.org/services/orthopedics/patient-resources/hip-knee>) offer you the peace of mind that comes with understanding every step of your experience. We strongly encourage you and a family member or caregiver to watch these videos specifically designed for orthopaedic patients to learn what to expect before, during, and after surgery.

The class covers:

- **Planning ahead for a successful recovery**
- **Preparing your home**
- **Role of the PaCC**
- **Your joint replacement surgery**
- **Your hospital stay**
- **Therapy in the hospital**
- **Discharge planning, including outpatient therapy, home health services, and follow-up visits**
- **Please complete your patient reported outcome measure forms before your surgery. These are required forms that must be completed before surgery and as part of your follow-up after surgery.**
- **Additional information about joint replacement is available from the American Association of Hip and Knee Surgeons at <https://hipkneeinfo.org>**

Prehabilitation (Prehab)

MedStar Health's prehab program is an individually tailored outpatient physical therapy appointment to help prepare you for surgery and facilitate recovery afterward. This will help you return to your normal activities as quickly and safely as possible. You will learn what to expect during the in-hospital rehabilitation process, as well as the importance of rehabilitation once you return home. What's more, prehab helps determine any special needs you may have during recovery.

Physical therapy prehab includes:

- **Learning and practicing the range-of-motion and strengthening exercises that you will do after surgery**
- **Education about precautions following surgery**
- **Determining any specialized equipment you may need after surgery**

If prehab is ordered by your surgeon, follow their office's instructions for scheduling or ask your PaCC for assistance

To view a list of MedStar Health Physical Therapy locations, visit [MedStarHealth.org/PhysicalTherapy](https://www.medstarhealth.org/PhysicalTherapy).

Durable medical equipment

You may require special equipment at home for some time after surgery. Your therapy team will recommend specific items, and your PaCC will assist you with getting the equipment you need. Insurance does not pay for this equipment, so you are encouraged to explore other purchasing options.

To the right is equipment commonly used after orthopaedic surgery. Your PaCC can discuss specifically which equipment will best fit your needs for a successful recovery.

Examples of where to purchase equipment:

- **Amazon.com**
- **CVS**
- **Drugstore.com**
- **eBay**
- **Home Depot**
- **Lowe's**
- **Target**
- **Walgreens**
- **Walmart**

Medical equipment can also sometimes be found at county or local church loan closets.

Medical equipment you may need after surgery:



Raised toilet seat
(\$15-\$25)



Raised toilet seat with arms
(\$25-\$40)



Shower chair
(\$30-\$60)



Extended tub bench
(\$50-\$80)



Bedside commode
(\$35-\$50)

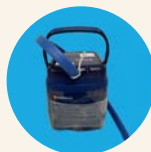


Safety/grab bars
(\$15 and up)

Note: For your safety, securely attach the grab bars to the wall; it is not recommended to use the bars with suction cups.



Rolling walker
(\$40 and up, but can be issued by hospital and billed to your insurance)
Note: Helpful for regaining stability and balance after surgery.



Ice machine
(Provided after surgery (free))
Note: Icing is helpful to reduce any post-surgical swelling.



T.E.D. Stockings
(\$9.99 and up)
Note: Compression stockings can help reduce the risk of DVT.



Hip kit (adaptive equipment)
(\$20-\$30)
Note: This equipment can be useful for both hip and knee replacement surgeries.

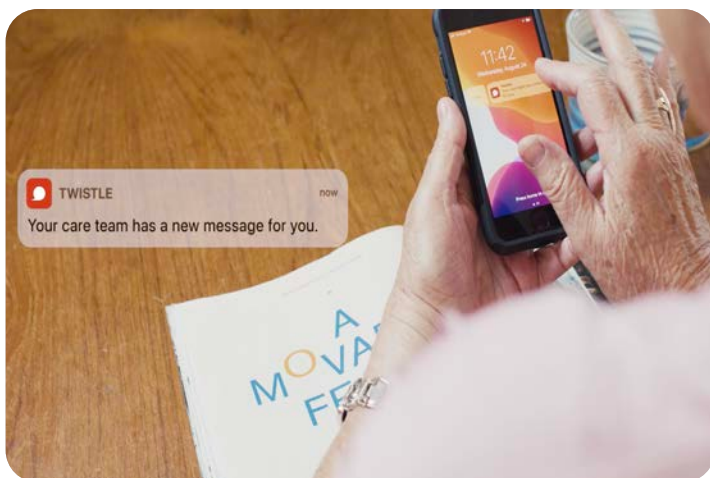
Preparing for anesthesia.



The role of the pre-anesthesia team

The MedStar Health pre-anesthesia team (PAT) plays an important role in our patient's pre-operative care by reviewing medical history and ensuring all necessary evaluations are completed for a safe and successful anesthesia experience. Our multidisciplinary team conducts comprehensive medical assessments and provides personalized pre-procedure medication instructions to ensure our patients are ready for their procedure and anesthesia.

Once your procedure is scheduled, you will receive secure messages from the MedStar Health pre-anesthesia team so you can complete the PAT intake questionnaire. We will review this information and the results of your preadmission tests to ensure you can safely receive anesthesia.



How the pre-anesthesia team will contact you

Once your procedure is scheduled, you will receive secure messages from the MedStar Health pre-anesthesia team via Twistle, our electronic communication platform. These messages will be sent to the patient's cell phone and/or email address. To access your personalized questionnaire and instructions, select the secure link and enter your date of birth for verification. Once the date of birth has been entered, a welcome message will be displayed, providing important information about the next steps in the pre-procedure process with the pre-anesthesia team.

We understand that some of the information requested in the PAT intake questionnaire may already be in your chart. However, to ensure accuracy and compliance, it is important that PAT verify and update all patient information. Your cooperation helps us maintain up-to-date records and deliver the best possible care to our patients.

The Twistle questionnaire will not route questions to your surgeon's office. The questionnaire is sent and reviewed by the MedStar Health pre-anesthesia team. For any questions related to your surgical date, time, type, duration, admission, or recovery, please contact your surgeon's office directly.

Planning ahead for a **successful** **recovery.**



There are several things you (or a family member, coach, or friend) can do to make sure your home is safe and comfortable when you return home.



Throughout your home

1. Choose firm chairs with armrests when possible and use a cushion to raise height if necessary.
2. Avoid chairs with wheels.
3. Before sitting down, make sure all items are within reach.
4. Remove clutter, loose rugs, and extension cords from the floor.
5. Install railings on stairs.



Kitchen

1. Move commonly used items in your refrigerator and cabinets to easy-to-reach shelves or counter tops (at arm level) to avoid excessive bending, reaching, and squatting.
2. Prepare meals ahead of time and freeze them.
3. Place a high stool or chair in the kitchen area to sit on while working.
4. Empty trash when only half full.



Bedroom and bathroom

1. Use a night light.
2. Use a shower chair or bench in your tub or shower.
3. Consider purchasing a hand-held showerhead.
4. Use a raised toilet seat (with armrests, if recommended by your therapist).
5. Leave the bathroom door unlocked, so it can be opened from both sides.
6. Consider the use of a rubber mat or nonskid strips in the tub and shower.
7. Consider installing grab bars around the toilet and tub or shower. (It is not safe to pull up on a towel bar.)



General

1. It is best to play it safe. If you have any concerns at home, address them prior to the surgery.
2. Try to set up follow-up appointments and therapy prior to your surgery.
3. If possible, pick up your prescriptions before surgery.



Transportation

1. Consider the height of the vehicle (SUV vs. sedan) upon discharge. Tall patients will have difficulty getting into smaller cars, and shorter patients will have difficulty climbing into larger vehicles.
2. Remember, you will not be able to drive for some time. Before you can return to driving, you must be off all pain medication prescribed by your surgeon and you should feel physically ready and safe to return to driving. Consider practicing in an empty parking lot before returning to the roads.



Daily living

1. Use your assistive device as directed.
2. Allow yourself plenty of extra time to complete your daily tasks and get to scheduled appointments.
3. Stay home if inclement weather is in the forecast.
4. Consider alternative care for your pets. You will not be able to walk a dog or reach to the floor for food and water bowls or to change cat litter.



Recovery area

1. Select an area on one level of your home where you will be comfortable spending the majority of the day.
2. Make sure you have a bathroom or bedside commode close by.
3. Have comfortable, supportive seating where your feet can be elevated.
4. Have a table or tray next to your seat to have easy access to food, water, and a phone.



Countdown to surgery **checklists.**

Please review the preparing for your surgery section on pages 12 and 13.

Months before surgery:

- Schedule pre-operative physical exam. Be sure that your physical exam paperwork is faxed to MedStar Pre-Anesthesia Testing at least 21 days before your surgery.
- If you see any specialists (i.e., cardiologist, hematologist, pulmonologist), you may also require clearance from them prior to surgery. It is best to discuss this with your primary care physician. This office visit and testing also must be completed and received at least 21 days prior to surgery.
- Make a dental appointment if you haven't had one in the last year.
- Identify the family members and/or friends who will help take care of you when you get home.
- DO NOT smoke or use any nicotine products.** It's best to stop all nicotine products 6 weeks before surgery.

28 days before surgery:

- Prepare your home for recovery from surgery. Please review the suggestions on page 15.
- Arrange how you will get home when you are discharged from the hospital.
- Schedule your physical therapy prehab appointment. The PaCC team will contact you to schedule this appointment, or you may visit MedStar Health Physical Therapy locations at [MedStarHealth.org/PhysicalTherapy](https://www.medstarhealth.org/PhysicalTherapy).
- If you are having a total knee or total hip REVISION, make a plan to visit the hospital 1-3 days before your surgery for a type & screen blood test. Tell the check-in desk you need your

pre-surgery Type & Screen blood test in Gorman Lab. Hours are Monday-Friday 7a.m. to 5:45 p.m., and Saturdays 8 am. to 11:45 a.m. No appointment is needed, but please do not go earlier than 3 days before surgery.

- If you take a weight-loss supplement such as **phentermine**, or others, refer to page 20 on when to stop them to avoid cancellation of your surgery.

Within 21 days of surgery:

- Attend a pre-operative orthopaedic class or online at [MedStarOrtho.org/Class](https://www.medstarortho.org/Class).
- Expect a call from your PaCC, who will help you with planning.

7 to 10 days before surgery:

- Stop taking certain medicines before surgery, if told to do so by your doctor. See page 20.
- Stop smoking and using any products containing nicotine (cigarettes, electronic cigarettes, chewing tobacco, nicotine gum or patches, pipes, cigars, etc.).* Please stop any recreational drug use at this time.

5 days before surgery:

- Do not shave your legs for five days prior to surgery** to minimize potential risk of infection.
- Start showering daily with chlorhexidine gluconate (CHG). Please review the pre-operative shower instructions on page 22. **Remember to not apply any powder, deodorant, perfumes, or lotions after washing with CHG.**

Please note: For your safety, failure to comply with these requirements may result in your surgery being canceled.

Day before surgery:

- DO NOT eat or drink after midnight** before your surgery. This includes candy, gum, mints, etc.
- DO NOT smoke or use any nicotine products after midnight.** It's best to stop all nicotine products 6 weeks before surgery.
- Notify your surgeon immediately if you have a cold, show signs of any infection (drainage, sore, toothache), or experience other changes in your physical condition.

Day of surgery:

- DO NOT eat or drink after midnight** before your surgery. This includes candy, mints, etc. **Unless** instructed to by pre-anesthesia via messaging or phone, you can take your blood pressure medicine and any others they specifically mentioned with a sip of water more than 2 hours before your procedure.
- We encourage you to drink up to 12 ounces of Gatorade (or equivalent) or water. Please finish this drink 4 hours before your procedure time.**
- Please keep your cell phone on to maintain communication with your surgeon. If the operating room's schedule changes on the day of your surgery, your start time may be affected.
- Take a shower with CHG soap either the night before or preferably the morning of your surgery. Please review the pre-operative shower instructions on page 22.
- Wear clean, comfortable clothes.
- Brush your teeth, but do not swallow the toothpaste.
- Arrive at the hospital two to three hours prior to surgery (per your surgeon's instructions).

For the surgery center, use Garage 1 at Entrance 1 and park on P1, P2, or P3 levels and take the first elevator bank to the Ground Level. If you have mobility limitations, please bring an adult with you who can assist in getting you to your appointment or use Entrance 2, which is the only location for valet parking and wheelchair assistance.

Notes: For wheelchair assistance or valet, you must park in Garage 2 at Entrance 2.

Patient drop-off is available on the Ground/Street Level at Entrance 1 or Entrance 2.

Parking is \$3 for up to 1 hour, \$5 for up to 2 hours and \$7 all day. There is no additional fee for valet parking.

Your parking ticket must be validated at the hospital concierge desk prior to your departure.

- If you plan to fill your prescriptions at MedStar Georgetown University Hospital prior to discharge, please have a plan to pay your co-pay.
- Leave all valuables at home on the day of surgery. This includes cash, credit cards, jewelry, and laptop computers. Please note that MedStar Health and MedStar Georgetown University Hospital are not responsible for any loss of, damage to, or theft of valuables.
- DO NOT smoke** or use any nicotine products on the day of your surgery.
- DO NOT apply lotion,** oil, powder, perfume, or deodorant after using soap. This will help decrease the number of bacteria that naturally occur on the skin.
- DO NOT wear jewelry** (including wedding rings) or contact lenses.
- Bring containers for eyeglasses, dentures, and/or hearing aids if you wear them.
- Bring insurance cards, a photo ID, and a list of ALL medications and supplements you take.

Medications to stop prior to your surgery.

30 days prior to surgery

- **Rheumatoid arthritis/Psoriasis/Autoimmune/ Biologic medications**

Inform your prescribing doctor that you need to stop the medications in this list before surgery. (see pg. 21)

- **Please discuss the following medications with your prescribing provider and surgeon's office to determine if they can or should be stopped before surgery:**

- Mycophenolate mofetil
- Azathioprine
- Cyclosporine
- Tacrolimus
- Belimumab (Benlysta)

Up to 10 days prior

- **Blood thinners** - If prescribed by cardiology, hematology, or primary care doctor, please consult with them to ensure it is safe to stop for the specified amount of time. (see table pg. 21)
- **Do not** hold your medication longer than instructed. If the prescribing doctor informs you that it is not safe to stop the medication, **please let your surgeon know ASAP.**

Eight (8) days prior

- **GLP-1 agonists (weekly injections)** such as semaglutide (*Ozempic/Wegovy*), tirzepatide (*Mounjaro/Zepbound*), dulaglutide (*Trulicity*), liraglutide (*Victoza*), albiglutide (*Eperzan/Tanzeum*), or exenatide (*Bydureon*).

- *****If you are newly prescribed a GLP-1, please wait until after surgery to begin taking it.**

- If you have recently increased your dose or began taking a GLP-1 in the last 5 months, you may need to drink clear liquids (no solid food) for 24 hours before your surgery time to decrease your aspiration risk. See <https://www.medstarhealth.org/services/preparing-for-anesthesia> for more info.
- Daily injections (*Soliqua*) or pills (*Rybelsus*) only need to be stopped on the day of surgery.

Seven (7) days prior

- Nonsteroidal anti-inflammatories (NSAIDs). If you take aspirin for pain, please discontinue at this time including Bayer Select, Doan's Pills, Magan, Mobidin, Mobogesic.
- **Select blood thinners (see table pg. 21)**
If prescribed by cardiology, hematology, or primary care doctor, please consult with them to ensure it is safe to stop for the specified amount of time in table on pg. 21.
- **Over-the-counter supplements**

Five (5) days prior

- **Phentermine (alone or in combination pills).**

If you take any Phentermine within 5 days of surgery, your surgery may need to be canceled for your safety.

- **Aspirin and nonsteroidal anti-inflammatories**
Aspirin taken for medical reasons (including over the counter). If prescribed by cardiology, hematology, or primary care doctor, please consult with them to ensure it is safe to stop for five days.
- **Select blood thinners (see table pg. 21)**

Three (3) days prior to surgery stop

- **SGLT-2 Inhibitors:** Stop three (3) days before surgery (alone and in combination pills): canagliflozin (*Invokana, Invokamet*), dapagliflozin (*Farxiga, Xigduo, Qtern*), and empagliflozin (*Jardiance, Synjardy, Glyxambi, Trijardy XR*).
- **Ertugliflozin** (*Steglatro, Segluromet, Steglujan*) should be stopped for four (4) days before surgery.
- If you have diabetes, check your blood sugar twice a day and call your prescribing doctor if your blood sugar is higher than 250.
- **Select blood thinners (see table pg. 21)**

One (1) day prior and morning of surgery

Pre-Anesthesia will contact you if you need to hold any other medications the day before or morning of surgery. Otherwise, continue taking your blood pressure medication, etc. as you normally would.

Continued on next page.

Acetaminophen (Tylenol), tramadol (Ultram), and celecoxib (Celebrex) can be taken up until midnight before surgery.

See patient medication worklists on pages 24-25. Make sure to fill these out and bring with you the day of surgery.

Brand names of medicine from pg. 20 to stop taking.

Rheumatoid arthritis/Psoriasis/Autoimmune/ Biologic medications

- Infliximab (Remicade)
- Golimumab (Simponi)
- Rituximab (Rituxan)
- Tocilizumab (Actemra)
- IL-17 secukinumab (Cosentyx)
- Risankizumab (Skyrizi)
- IL-23 guselkumab (Tremfya)
- Baricitinib (Olumiant)
- Adalimumab (Embrel)
- Abatacept (Orencia)
- Certolizuman (Cimzia)
- Anakinra (Kineret)
- Ustekinumab (Stelara)
- Ixekizumab (Taltz)
- Tofacitinib (Xeljanz)
- Upadacitinib (Rinvoq)

Aspirin and nonsteroidal anti-inflammatories like:

- Aspirin (Anacin, Ascriptin, Bayer, Bufferin, Ecotrin, Excedrin)
- Choline magnesium trisalicylates (CMT, Tricosal, Trilisate)
- Diclofenac potassium (Cataflam)
- Diclofenac sodium (Voltaren, Voltaren XR)
- Diclofenac sodium with misoprostol (Arthrotec)
- Diflunisal (Dolobid)
- Etodolac (Iodine, Lodine XL, Ultracet, Ultradol)
- Fenoprofen calcium (Nalfon)
- Flurbiprofen (Ansaid)
- Ibuprofen (Advil, Motrin, Motrin IB, Nuprin)
- Indomethacin (Indocin, Indocin SR)
- Ketoprofen (Actron, Orudis, Orudis KT, Oruvail)
- Ketorolac (Toradol)
- Magnesium salicylate (Arthritab)
- Meclofenamate sodium (Meclomen)
- Meloxicam (Mobic)
- Mefenamic acid (Ponstel)
- Nabumetone (Relafen)
- Naproxen (Naprosyn, Naprelan)
- Naproxen sodium (Aleve, Anaprox)
- Oxaprozin (Daypro)

Blood thinners - When to stop before surgery

Aspirin	5 days	Lovenox (Enoxaparin)	24 hours
Brilinta (Ticagrelor)	5 days	Plavix (Clopidogrel)	7 days
Coumadin (Warfarin)	5 days	Pletal (Cilostazol)	2 days
Effient (Prasugrel)	10 days	Pradaxa (Dabigatran)	5 days
Eliquis (Apixaban)	3 days	Xarelto (Rivaroxaban)	3 days

Pre- and post-surgery CHG skin prep instructions.



Thank you for choosing MedStar Georgetown University Hospital for your upcoming surgery. Our goal is to provide you with a positive experience in a safe, healing environment. The following are instructions on how you can help prevent infections with a special skin cleanser.

Cleansing your skin **before and after** your surgery can greatly reduce the number of germs present on your skin and it may help to prevent an infection at your surgery site. Please shower with Chlorhexidine (Hibiclens is a brand) the **NIGHT BEFORE SURGERY** and in the **MORNING BEFORE COMING** to the hospital. Chlorhexidine is available in 4 ounce bottles and can be purchased at the Out-Patient Pharmacy here at MedStar Georgetown in the PHC building ground floor as well as larger pharmacies in the community such as Walmart, Target, CVS, Walgreen's and Rite Aid.

If you are allergic to chlorhexidine gluconate, **do NOT** use and please alert your surgeon's office for further directives. Chlorhexidine should **NOT** be used on your face, head or genital area.

Pre-operative Skin Care Instructions:

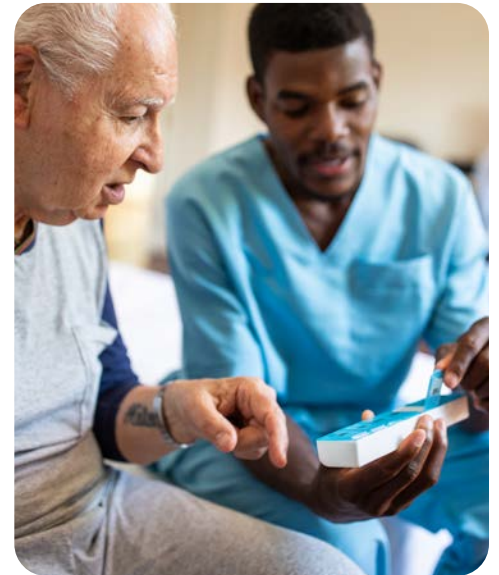
1. Wash your hair and face with products you normally use. Rinse your hair and body of any remaining shampoo or face soap.
2. Turn off water.
3. Apply minimum amount of chlorhexidine necessary and gently wash your body starting at your neck and working toward your toes. Pay special attention to the area where the surgery will be performed.
4. Turn the water back on and rinse skin thoroughly to remove chlorhexidine.
5. Dry skin with a clean soft towel after each shower. After rinsing the chlorhexidine off **DO NOT** apply lotion, perfume or make-up.
6. Put on clean clothing after each shower and sleep on clean sheets.

Post-operative Skin Care Instructions:

1. The nursing staff will provide you with chlorhexidine to wash.
2. The nursing staff will assist you with setting up the chlorhexidine wash.
3. Once you have applied chlorhexidine to your body (excluding, face, hair, groin, and incision), leave in place for at least **ONE** minute then rinse off and towel dry.
4. This is to be done the first two days following your surgery.

Following these instructions may help to reduce infections and allows you to be an active member of the healthcare team. We appreciate your assistance with this.

Contributing factors to complications.



Conditions that may increase your risk of having a complication during orthopaedic surgery include:

Obesity and poor nutrition

Proper nutrition plays an important role in your recovery and overall health. When your weight is under control and you are preparing for replacement surgery, it is important that your diet be nutritionally sound. Poor nutrition and obesity can increase your risk for infection and/or delay wound healing.

If you are overweight and would like to lose weight before or after surgery, we recommend that you join a physician-supervised weight-loss program. Please ask a member of your healthcare team for more information.

Heart and lung disease

These pre-existing conditions may lead to post-operative complications. Please make sure your healthcare team is aware of any heart or lung conditions.

Smoking and nicotine products

Stop smoking and using any products containing nicotine (cigarettes, electronic cigarettes, chewing tobacco, pipes, cigars, nicotine patches or gum, etc.). Nicotine has been scientifically proven to slow bone healing by poisoning the cells in your body that are responsible for making bone. Smoking can increase your chance of lung complications and delay wound healing. Please ask a member of your healthcare team for information regarding smoking cessation.

Diabetes

Poorly controlled diabetes can slow healing and lead to an increased risk for infection. We prefer your hemoglobin A1c level be less than 8% prior to surgery.

Signs of infection, such as a recent cold, flu, sore throat, and/or tooth disease

An infection anywhere in the body can interfere with the healing of the surgical site. Bacteria can travel through the bloodstream to the artificial implant. It is important that you are free of infection before surgery and seek immediate treatment for any infection that may occur after your surgery.

The most common areas that may be a source of bacteria in the body are the teeth and urinary tract. If you have not had a dental checkup within the last year, or if you have any dental infections, you are encouraged to make an appointment prior to your surgery. If you have any problems with urinating—frequency, burning, or difficulty passing urine—you should see your family doctor or urologist before surgery. Let your surgeon know if you have a cold, sores, cuts, or inflamed areas anywhere on your body.

Prior infection

If you've had an infection after any surgery in the past, please let your doctor know. This could increase your risk of getting an infection after your joint replacement. But don't worry, there are extra steps you can take to reduce the risk.

Allergies

If you have any type of metal allergies—especially nickel—let your surgeon know. A different type of orthopaedic implant may be used.

Please visit <https://hipkneeinfo.org> for more information about preventing complications.

Day of surgery

Navigating the hospital.



Arriving at the hospital

Remember to read and prepare for your surgery using the Countdown to surgery checklists on pages 18 and 19. The checklists remind you of things to do and things not to do before your surgery.

Visit [MedStarGeorgetown.org](https://www.medstar-georgetown.org) for directions to MedStar Georgetown University Hospital.

On the day of your surgery, please arrive at the hospital at least two to three hours prior to your scheduled surgery (per your surgeon's instructions). Reduced-price parking vouchers are available in the gift shop, located in the main hospital lobby. More detailed information on parking is on page 19.

Day Surgery Pre-Op

You will be directed to Day Surgery Pre-Op, located on the first floor of the Verstandig Pavilion. Here, you will register, receive a nurse visit, meet your anesthesia provider, and have a chance to speak with your surgeon.

While in the Pre-operative Assessment Center, information regarding your medical condition will be reviewed and confirmed by the surgical team. You will have an IV inserted in your arm for fluids and medications during surgery. Your surgeon will also mark the surgical site with their initials and assure the consent form is completed. You are now ready for surgery.

Operating room

Your time in the operating room will depend on the complexity of the procedure. Your family and friends are welcome to stay in the waiting area until you are ready to be taken to your hospital room, or they may go to other common areas within the hospital, such as the cafeteria, coffee stand, or gift shop. Once your surgery is completed, the surgeon will speak with your family and friends in the waiting area and discuss the outcome of your surgery.

Post Anesthesia Care Unit (PACU)

After your surgery is complete, you will be taken to the Post Anesthesia Care Unit to recover from anesthesia.

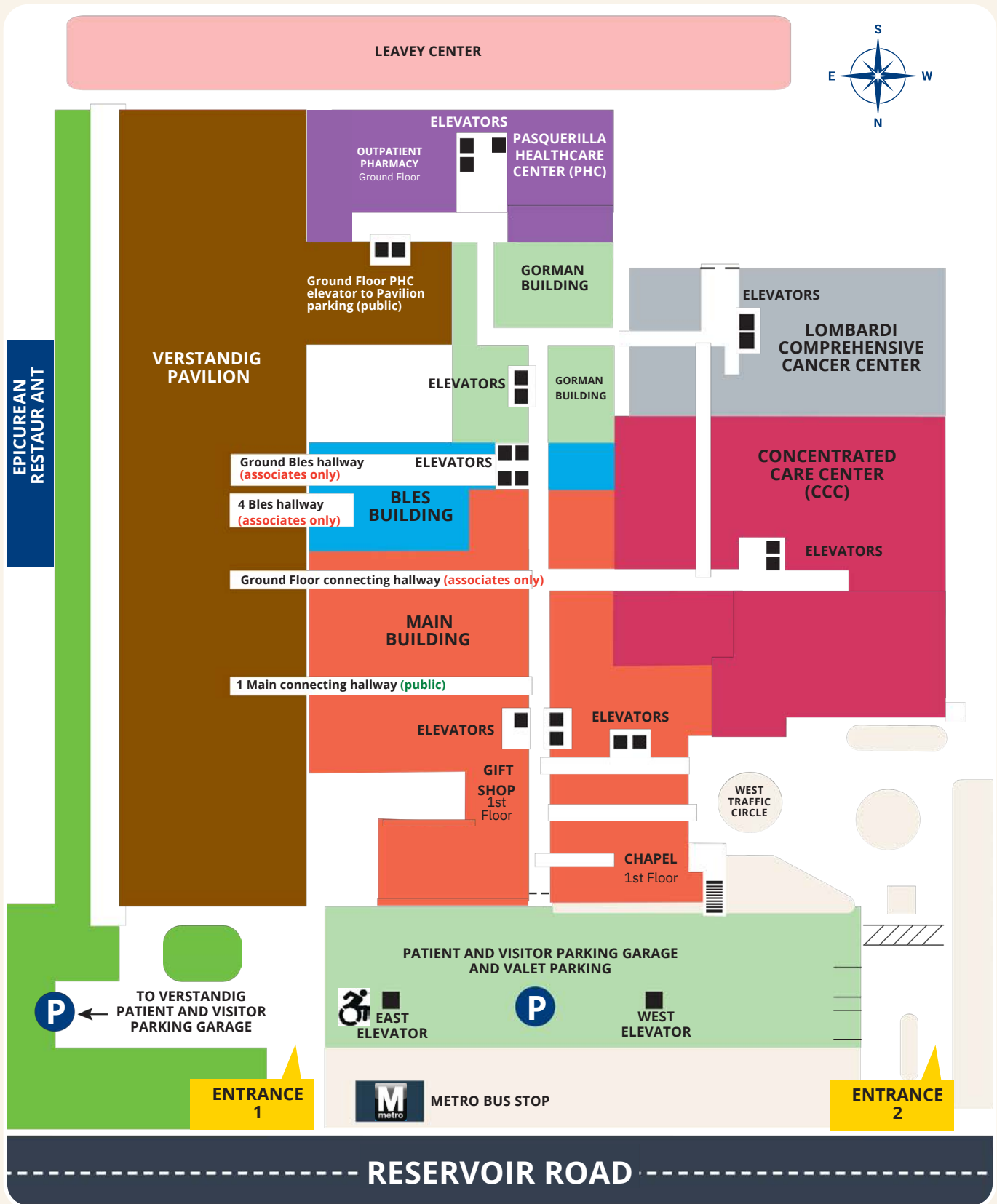
This is also known as the recovery room. This is a critical care unit staffed with specialty trained nurses who will monitor you closely, checking your vital signs, pain level, and bandages.

If you're having an outpatient surgery, you will receive therapy in the PACU after your surgery and then be discharged home. We encourage you to have your support person present during therapy, so they can learn how to help you at home. If you are staying overnight in the hospital, you will be transferred to your room on the orthopaedic unit once stable.

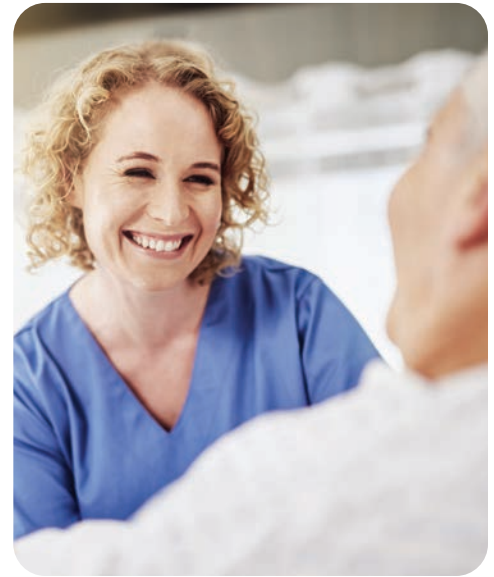
In order to be safely discharged to home from the PACU or the orthopaedic unit, you will need to be medically stable and be cleared by therapy.

MedStar Georgetown University Hospital

First Floor



Your hospital stay (if staying overnight).



Orthopaedic unit

This is a skilled orthopaedic nursing unit where staff is specialty trained and dedicated to the care and well-being of orthopaedic patients. When you arrive on the unit, your vital signs (blood pressure, pulse, respirations, temperature, and oxygen levels) will continue to be monitored as your anesthesia wears off.

You will notice a lot of equipment on and around you, which may include:

- **Compression stockings** may be purchased (but will not be supplied) to help minimize the risk of developing blood clots and help with swelling.
- **Sequential compression devices (SCD)** on legs to assist with circulation. An SCD comfortably squeezes and relaxes your legs like a massage.
- **Heel protectors** on feet to help keep your heels slightly off the bed to prevent pressure areas from developing. These may be used in patients at high risk for pressure sores.
- **Ice bags or cold therapy devices** on the surgical site, helping to decrease the swelling and pain in the joint after surgery. Please don't hesitate to ask for ice bags whenever you need them. An alternative cold therapy device is provided or one can be purchased.

In addition to the regular hospital menu, the orthopaedic unit has snacks and sandwiches available if you miss a scheduled meal.

Your care

We will visit your room frequently, but you can always call for assistance. Your room is connected to the nursing station via an intercom system. To call for your nurse, press the NURSE call button located at your bedside.

Your recovery

On the day of surgery, when you are fully awake, you will get out of bed with the assistance of a physical therapist or orthopaedic nurse. While in bed, you may lie in any position that makes you comfortable, taking into account the precautions you should follow after surgery, along with specific instructions from your nurse and therapist. When you are cleared by physical therapy, you can go home.

Getting in and out of bed

We are committed to making sure you are safe while getting in and out of bed following surgery. Use the call button, located at your bedside, to call your nurse for help each time you have a need to move about the room. Please do not get out of bed without assistance. We want to keep you safe from falls.

Going to the bathroom

Because your safety comes first, your caregiver may stay with you during your bathroom visit to prevent falls. Due to the effects of medication and anesthesia, all patients should be monitored—even those who have never fallen before or do not believe they are at risk for falling. Although this might seem awkward, please know that we respect your privacy.

Managing your pain

Everyone experiences and handles pain differently. That's why we work closely with you to develop a pain goal and keep you as comfortable as possible after your surgery. Remember, it is normal to have pain and discomfort after surgery. There are many ways to control pain that do not involve medication, including ice, distraction, and deep breathing. We strive to determine the best way to keep your pain controlled while you are in the hospital and then send you home with a plan to manage your pain and prescriptions for the medications that work for you.

Things to bring to the hospital:

- ❑ **Driver's license or passport** for photo identification
- ❑ **Insurance cards** (including your prescription card, if you have one)
- ❑ **Copies of advance directives** or living will (if you have them)
- ❑ **List of all of the medicines you take**, dosages, and the time of day you take them, including over-the-counter drugs and prescription medicines, as well as a list of any allergies you have. Please bring only the list of medications with you to the hospital. Do not bring the medicine.
- ❑ **A plan to pay co-pays** for any prescriptions you fill at MedStar Georgetown. Your plan could include paying over the phone, having a family or friend pick up the medications, or paying at the bedside with cash or credit card.
- ❑ **Toiletries:** Soap, shampoo, shaving items, toothbrush, toothpaste, comb, makeup, brush, and deodorant
- ❑ **Personal items:** Glasses, hearing aids, and dentures
- ❑ **Footwear:** Shoes that protect your toes and heels, have a rubber sole, and will stay on your feet such as sneakers, slip-on flats, or sturdy slippers are recommended.
- ❑ **Clothing:** You may have a bulky dressing on your surgical incision, which may drain fluid for the first few days, so loose-fitting clothing is recommended. This could include elastic waist shorts, skirts, short gowns, pajamas, bathrobes, and several changes of underwear and socks. You are encouraged to bring shorts and a T-shirt to wear once you begin therapy, as measurements may be taken of your leg.
- ❑ **C-PAP or external breathing devices:** If you typically use assistive breathing devices at home, please bring them with you and label them with your name. Your nursing team will discuss arrangements for using them while in the hospital and will provide the sterile water for the machine.



Participating in your care.



Your hospital care team is made up of highly skilled and trained healthcare professionals, including your surgeon, anesthesia providers, nurses, pharmacists, physician assistants, physical and occupational therapists, and a patient care coordinator. But the most important member of the team is you.

Patient

You are the most important member of the team. Preparing yourself prior to surgery and understanding what must happen before and after your hospital stay contribute to a positive, successful outcome. Your participation is extremely important in your return to an active, independent lifestyle.

Orthopaedic surgeon

Your surgeon is board certified and fellowship trained in the surgical techniques and care involved in orthopaedic surgery.

Anesthesiology care team

Your anesthesiologist will thoroughly review your medical chart and formulate an appropriate anesthetic plan that is unique to you. For hip and knee replacements, regional anesthesia is often selected for superior pain control with fewer side effects than general anesthesia.

Patient care coordinator

Your patient care coordinator (PaCC) will advise you on pre- and post-surgical options, from attending your joint replacement class to post-surgical rehabilitation and recovery. Working with your surgeon, your insurance, and members of your healthcare team, your PaCC will assist you in developing a post-surgical plan based on the anticipated levels of rehabilitation services you need to reach your goals.

Pharmacist

After your surgery, you may be prescribed a blood-thinning drug to help prevent blood clots from forming.

Specialty nursing

Your nurses—both in the operating room and on the orthopaedic inpatient unit—have been specialty trained in orthopaedics and are experts in the care of patients undergoing orthopaedic surgery.

Physician assistant/Nurse practitioner

The orthopaedic physician assistants or nurse practitioners are specialty trained healthcare providers who work directly with your surgeon and care team to manage your overall medical care while in the hospital.

Physical therapist

The physical therapist (PT) evaluates and monitors your progress before and after surgery as it relates to your strength, range of motion, and physical function. The PT helps make sure that you are as independent and safe as possible before you are discharged from the hospital.

Occupational therapist

The occupational therapist (OT) evaluates and monitors your ability to participate in activities of daily living (ADLs), such as bathing, dressing, transferring to the toilet and tub or shower, and getting around your home. The OT helps ensure that you are able to safely manage your ADLs in preparation for your discharge from the hospital.

Here are other ways you can participate in your care:

- **Visit the bathroom prior to your therapy sessions. Please ask for ice afterward and as needed throughout the day.**
- Make sure your nurse or doctor checks your identification (ID) wristband or asks your name before they administer any medication or treatment.
- Make sure your caregiver is wearing an identification (ID) badge.
- Carefully read any medical forms, making sure you understand them before you sign them.
- Know what medications you take and why you take them.
- Talk to your doctor or nurse about your medications and any side effects you may experience.
- Ask for written information about your medication.
- Ask your caregivers if they have washed their hands before providing care to you.
- Ask staff to explain what they are doing and why.
- Educate yourself about your diagnosis, medical tests, and treatment plan. Ask your caregiver for any written information you can keep or check the patient education channel on your TV. The MedStar Georgetown University Hospital Medical Library also has materials that may be helpful.
- Sign up for **myMedStar**, a secure way to access your medical information any time of day or night on your own computer, tablet, or smartphone. To sign up, visit **myMedStar.org** and click Enroll Now. Learn more on page 58.
- Complete any email questionnaires that are sent to you about your surgery. To learn more about our orthopaedic outcomes program, turn to page 58.



Preventing blood-clots.



Anticoagulants (blood thinners)

Aspirin is frequently used to help prevent blood clots that can sometimes occur. Additional anticoagulants that may be prescribed include enoxaparin, rivaroxaban, and apixaban. For people with certain medical conditions, warfarin (Coumadin®) may be prescribed. Your surgeon will select an appropriate anticoagulant based on your risk factors.

Getting moving is also a form of anticoagulation. It is important you maintain a reasonable level of activity prior to surgery. If you're too sedentary, blood clots may start to form even before the surgery. Additionally, if you walk within 24 hours after the surgery your risk for blood clots drops significantly. The more you move after surgery the lower your risk for developing blood clots.

While you are taking this medication, please remember:

- **You cannot take any nonsteroidal pain medications (ibuprofen, naproxen, ketoprofen).**
- **You should not take herbal products and dietary supplements that may affect vitamin K and Coumadin® unless already discussed with your surgeon.**
- **You should wear your thrombo-embolus deterrent (TEDS) compression stockings according to your doctor's discharge instructions. In general, wear them for three to four weeks after your surgery, or until you return to see your doctor.**

If taking Coumadin® (warfarin), the hospital's Anticoagulation Service will arrange for follow-up appointments and assist with adjusting doses to reach proper levels after your discharge from the hospital.

Over-the-counter products that contain aspirin or aspirin-related compounds (such as methyl salicylate or bismuth subsalicylate):

- Alka-Seltzer products
- Anacin and Anacin Extra Strength
- Ascriptin and Ascriptin A/D
- Aspergum
- Aspirin
- Bayer—all products (unless it specifically states "aspirin-free")
- BC powder and Cold powder
- Bufferin, Bufferin Arthritis
- Cama
- Doan's Pills
- Easprin
- Ecotrin
- Empirin
- Entercote
- Excedrin
- Icy Hot topical rubs
- Pepto-Bismol liquid or tablets
- Ursinus Inlay-tablets

Over-the-counter products that contain NSAIDs (ibuprofen, naproxen, or ketoprofen):

- Actron
- Advil and Advil Migraine
- Aleve
- Dristan Sinus caplets
- Elixsure IB
- Excedrin IB
- Genpril
- Haltran tablets
- Medipren
- Mediproxen
- Midol IB
- Motrin IB
- Children's Motrin Suspension
- Neoprofen
- DrisNeoprofen
- Orudis KT
- Pamprin IB
- Propinal
- Sine-Aid IB
- Ultraprin

Important note: This is NOT a complete list, so you should read all product labeling carefully. If you have any questions, please ask your doctor or pharmacist.



Tips for caregivers.



- **Visiting hours are subject to change due to hospital or health department regulations.** All visitors must have a visitor's pass. Under normal circumstances, visiting hours are from 9 a.m. to 9 p.m. daily.
- Please check with your family member's nursing team for the latest information on how many visitors are allowed, their age restrictions, and if a single overnight guest is permitted. Remember that limiting visit time allows patients to use their energy for recovery.
- You may bring your family member's favorite foods to the hospital, as long as he or she does not have any dietary restrictions. Please ensure any food you bring to the hospital is placed in labeled and sealed containers.
- The hospital is unable to store personal property, such as suitcases and laptops, and is not responsible for lost or stolen property. Please do not bring valuables to the hospital except for payment for your medication upon discharge.
- Please do not bring medications from home.
- Be sure the vehicle used to bring the patient home is large enough to get into and out of easily. Small, compact cars are not recommended and can cause unnecessary discomfort.
- Discount parking passes may be purchased in the parking office, but **ONLY** after the patient has been admitted to the hospital. These are not commonly needed because the hospital stay for a standard hip or knee replacement is relatively short.
- Free Wi-Fi is available in the hospital. The network is "MedStarGuest."
- Encourage your family member to follow all instructions and guidelines provided. This is especially important since they might be discouraged by pain and fatigue that can often follow surgery. Remember, it is normal to have some pain and discomfort after surgery.
- When your family member is home from the hospital, encourage them to do as much as possible without your assistance. This leads to a quicker recovery and greater sense of independence.
- The rehabilitation exercises included in the back of this book should be completed daily.
- Call the surgeon's office if you have any questions or concerns.

To help facilitate recovery, caregivers and patients can view post surgery exercises at hipkneeinfo.org/general/hip-exercises or hipkneeinfo.org/general/knee-exercises



Dining and accommodations.



Scan this QR code with your phone for the MedStar Georgetown University Hospital Visitor Guide for information on dining and accommodations.



After surgery

Rehabilitation services and going home.



Rehabilitation helps you get back to the highest level of function possible. In fact, you will begin therapy the same day as your surgery.

Rehabilitation is an ongoing process and requires your hard work. We are here to support and guide you in all steps of your rehabilitation.

After surgery, your PT and OT will first work with you either in the PACU or at the bedside on the orthopaedic unit. You will have therapy daily during your hospital stay.

Physical therapy

Beginning the day of surgery or the morning after, you will be seen initially to:

1. Evaluate your mobility, gait function, and range of motion.
2. Begin exercises to strengthen and gain range of motion.
3. Stand up and walk (with assistance).

You may also participate in group exercise in the gym. The physical therapy staff will teach you specific precautions you must follow after surgery. They will also suggest modifications to your home to make your mobility easier and safer, and provide recommendations for home equipment.

Occupational therapy

Beginning the day of surgery, you will be seen initially to:

1. Evaluate your ability to perform activities of daily living.
2. Teach you the easiest and safest techniques for getting dressed and bathed.
3. Practice how to safely navigate the bathroom, such as toileting, bathing, and grooming.

4. Recommend any equipment that could make toileting, bathing, or dressing easier or safer for you.
5. Answer any questions or concerns you have about your home setup.

The OT may recommend equipment to enhance your participation in ADLs. Each piece of equipment has a function that will assist you during recovery. You will be able to practice with the equipment prior to discharge.

Discharge goals

Your program will focus on walking with an assistive device, exercises, and activities of daily living (ADLs).

You should be able to independently or with the assistance of a caregiver achieve the following goals prior to discharge:

1. Demonstrate the ability to get in and out of bed.
2. Demonstrate understanding of techniques for dressing and bathing.
3. Get up and down from a seated position safely, including the toilet.
4. Walk safely with an appropriate assistive device.
5. Climb stairs as needed.
6. Show a good understanding of your home exercise program. These exercises are included in the following pages. You should complete these daily.
7. Make sure you have a plan for your therapy. This can be completed on your own, at a local physical therapy facility, or with a detailed physical therapy facility, or with a detailed plan such as the one listed on the AAHKS website: <https://hipkneeinfo.org>

The majority of our joint replacement patients are discharged within 24 hours of surgery, and oftentimes, on the same day as surgery.

During the discharge planning process, your healthcare team will work together to ensure that your needs are met for a speedy recovery. Please discuss your anticipated discharge day and time with your physician, nurse, PaCC, and family members before surgery, so you can be prepared for a safe and healthy return home.

Discharge instructions

Before you leave the hospital, your doctor or nurse will review discharge instructions about any post-hospital care, including medications, diet, activity restrictions, and future appointments. These discharge instructions provide information about when you can expect to return to certain activities of daily living, such as showering and driving.

You will receive a written copy of these instructions and review the instructions with your care team before you leave the hospital. You may be required to contact your surgeon's office for specific details about your individual recovery. If you have questions about your diet, activities, or other matters, please don't hesitate to ask.

Your opinion matters

We are always committed to providing the best in quality and service. Following your visit, you may receive a survey asking about your experience. Your feedback helps us identify ways to continually improve your patient experience and our quality of care.

Before going home

- **Arrange for a family member or friend to drive you home on the day of discharge.**
- **A staff member will escort you to the patient pickup area located in front of the hospital.** Check your room carefully to make sure you have all your personal belongings.
- **Your doctor will write a prescription for any medication before you are discharged. Pain medication will only be prescribed for two months after surgery. After that, pain management would be recommended.** As an added convenience, you can have your prescriptions filled at the MedStar Health Pharmacy, located in the PHC building on the ground floor, and delivered to your bedside prior to leaving. Talk to your nurse and/or PaCC to make the arrangements. Please have a plan to pay your co-pays. You can have a family member or friend pay for you, pay by credit card over the phone, or pay with cash/credit card at the bedside. You also may take your prescriptions with you to fill at your local pharmacy.
- **Your PaCC will work with you to arrange any special services or supplies you may need at home.** If you have a preference for a certain outpatient physical therapy clinic, home health agency, or durable medical equipment supplier, we will work with that company to continue your care.

Your PaCC will assist with arranging the post-op therapy services most appropriate for your individual surgery and recovery plan.

- **Outpatient services:** The patient goes to a physical therapy clinic two to three times per week. The quicker you can begin outpatient services, the faster your recovery will be.
- **Home care services:** The patient receives physical therapy and occupational therapy in the home two to three times per week. Home care is a transition between hospital and outpatient and lasts about two weeks.
- **No services:** The patient goes home after surgery and performs exercises on their own. This is more common for hip surgeries but can apply to knees as well. Please see the AAHKS website for a detailed program: <https://hipkneeinfo.org>

Ongoing **recovery.**

Your doctor, along with the team, will help you understand which rehabilitation services are best for you.

Should you require further rehabilitation and ongoing therapy, there are acute rehabilitation and sub-acute rehabilitation options available, depending on your needs and insurance coverage. Your PaCC will discuss these options with you pre-operatively.

MedStar Health

MedStar Georgetown University Hospital is part of MedStar Health, a nonprofit, regional healthcare system with ten hospitals and more than 20 other health-related services in the region. As you progress from surgery to at-home recovery and outpatient therapy, you may choose to continue your MedStar Health patient experience at another provider in the MedStar Health system. Your PaCC can answer any questions you may have as you consider your options for care after your orthopaedic surgery.

Outpatient physical therapy

For patients who are mobile and can function safely at home when they leave the hospital, therapy is available on an outpatient basis at more than 50 MedStar Health Physical Therapy sites.

Visit [MedStarHealth.org/PhysicalTherapy](https://www.MedStarHealth.org/PhysicalTherapy) for a list of physical therapy locations.

Generally, you attend outpatient therapy for two to three visits per week as part of your rehabilitation until you reach your therapy goals.

Home health

If you are considered homebound, and outpatient physical therapy is not a safe option, your doctor may write an order for you to receive healthcare services in the home. Depending on your needs, this may include physical therapy, occupational therapy, and/or nursing. Make sure to tell your PaCC the address where you will be staying after surgery (especially if it is not your home address). Your PaCC will work to set up the appropriate services based on your needs, doctor's orders, location, and insurance coverage.

You have the right to choose whatever home healthcare provider you prefer. If you have a preference, we will work with that company to continue your care. Please keep in mind that your insurance company, as well as the amount of services you receive, may influence the home-health agency.

Visit [Medicare.gov/HomeHealthCompare](https://www.Medicare.gov/HomeHealthCompare) to view a list of agencies with current Medicare ratings.



Important information from your **therapy team.**

General precautions

These precautions decrease the chance of developing problems after surgery and help ensure a good result for your new joint. Remember to ask your care team for assistance getting in and out of bed while you are in the hospital.



DO NOT put pillows UNDER your operated knee (for knee replacements only).



DO NOT attempt to kneel after surgery. Discuss this activity with your physician. It is not encouraged early on but can be performed further into the recovery process.



DO NOT hold on to the walker to stand up or sit down. Whenever you stand or sit, make sure you ask staff for assistance and push up from the bed or chair.



DO continue to use your walker, crutches or cane until your doctor or therapist gives you further instructions.



DO NOT use stairs unnecessarily. Use stairs only when necessary and not as an exercise.



When you are allowed to use a cane, **DO** hold it in the hand opposite the operated hip or knee.



DO NOT sit on LOW chairs or surfaces.



DO use a pillow **BETWEEN** your legs when lying in bed.

Daily tasks after a hip or knee replacement



Lower body dressing

- Dress the operated leg first.
- When undressing remove clothing from the operated leg last.
- Sit for lower body dressing tasks until needing to stand to pull up pants/underwear.
- Wear comfortable, loose-fitting pants or shorts (elastic waistbands are easiest).
- Wear sturdy, rubber-soled shoes with a back.
- It is best to have assistance for putting on compression stockings.
- If you are unable to easily dress yourself, you may want to consider purchasing a “hip kit/adaptive equipment” (see page 13).



Toileting

- It is best to use grab bars, a vanity, or the toilet itself to assist with standing up or getting down to the toilet.
- If this is difficult, consider purchasing something to raise your toilet: (see page 13).
 - Raised toilet seat with or without arms
 - Bedside commode (can be placed over toilet with the bucket removed or next to bedside)



Bathing

- Wait until cleared by your doctor to shower. Typically this can be done when you go home as long as your waterproof dressing is in place over your incision.
- Do not take baths or swim in a pool until your surgeon clears you to submerge your incision.
- We recommend using a shower chair for getting in/out of a tub, as well as for increased safety with showering (see pages 45 to 47).



Adaptive equipment

You may want to purchase these items prior to surgery. Your occupational therapist may demonstrate and help you practice using the recommended adaptive equipment during your hospitalization.

Sock aid

Device that helps you put on most socks and compression stockings without having to lean or bend over



Slide your sock over the sock aid. The bottom of your sock should be touching the rounded part of the sock aid. Hold the handles and toss it to the floor. Slide your foot in and pull on the ropes until the sock comes on to your foot, and the sock aid comes out of the sock.

Long-handled shoehorn

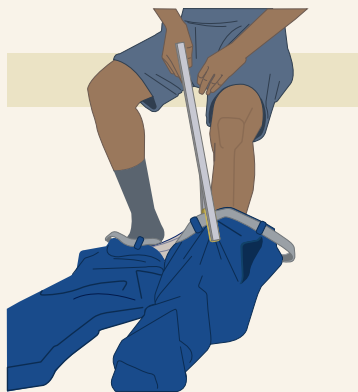
For ease of putting on your shoes until you have more range of motion



Use the reacher to hold the top or tongue of your shoe and slide your toes in first. Then, place the shoehorn in the back of the shoe and behind your heel. Slide your heel down the shoehorn and into the shoe.

Reacher

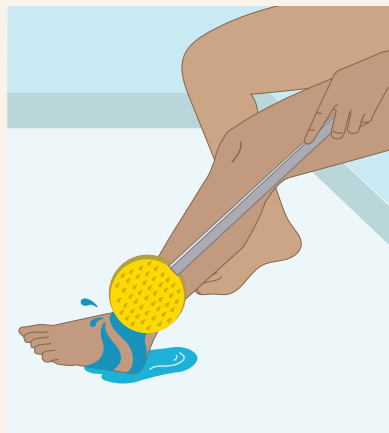
Device that helps you get dressed/undressed, pick up items from the floor, and reach items in high cabinets



Hold the front of the waistband with the reacher and lower it to your foot. Slide your operated leg into the pant leg and pull up the pants until you can safely reach it with your hands. Repeat these steps for your other leg.

Long-handled sponge

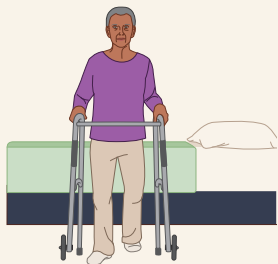
For ease of bathing yourself while sitting



Lather the sponge with soap and water. Use the sponge to reach down and wash your lower legs and feet.

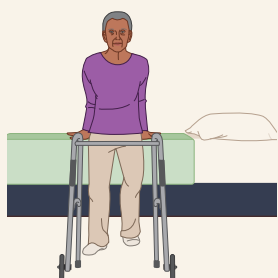
Tips for safe mobility after surgery

Getting into bed



1

Back up until you feel the bed behind your legs.



2

Keeping your operated leg slightly in front of you, reach back for the bed with both hands.



3

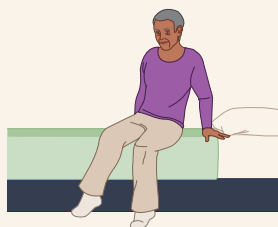
Start lowering your trunk toward the pillows as you lift your legs into the bed.

Getting out of bed



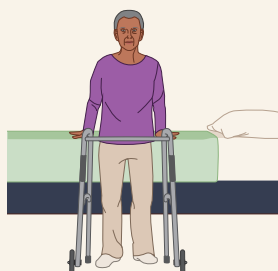
1

Lift your trunk to a sitting position, being careful not to break any surgical precautions.



2

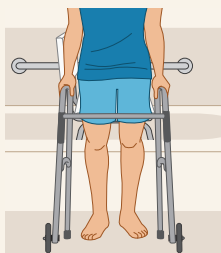
Lower your legs over the edge of the bed and come to a sitting position.



3

Push up from the bed to a standing position.

Bathtub transfer with shower chair



1

Back up to the tub so both heels touch the side. Make sure you are lined up with the shower chair.



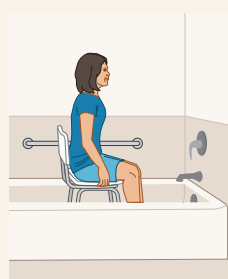
3

Turn and swing your legs into the tub, one at a time. Hold on to the chair with both hands.



2

Let go of the walker and reach for the back of the chair. Slowly sit, pushing your hips back to the seat as you go.

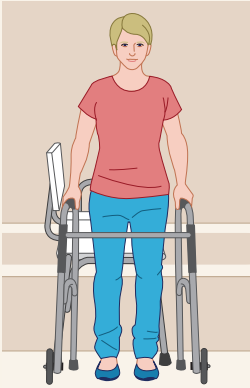


4

Once both legs are in the tub, position yourself comfortably on the chair. You may need to move forward a little.

Note: To get out of the tub, start by bringing both legs out of the tub, scoot to the edge of the seat, and push up from the seat to stand at your walker.

Bathtub transfer with extended tub bench



1

Back up to the end of the bench so both legs touch the bench.



4

Swing your legs into the tub, one at a time. Hold on to the bench with both hands.



2

Let go of the walker and reach for the bench. Slowly sit down.



5

Once both legs are in the tub, position yourself comfortably on the bench. You may need to move forward a little.

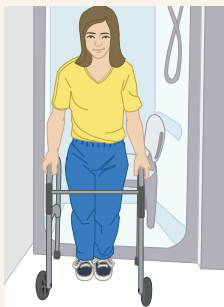


3

Turn your legs and begin to slide over on the bench.

Note: To get out of the tub, start by bringing both legs out of the tub, scoot to the edge of the bench, and push up from the bench to stand at your walker.

Shower transfer with shower chair



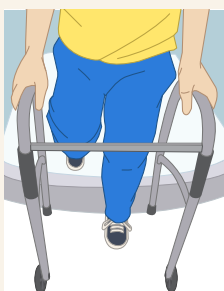
1

Back up to the shower so both heels touch the ledge. Make sure you are lined up with the shower chair.



4

Reach back for the seat and slowly sit, pushing your hips back on the chair as you go.



2

Step back over the ledge and into the shower with your non-operated leg first.



5

Turn and swing your legs around to the front of the chair, holding on to the chair with both hands.



3

Step back over the ledge and into the shower with your other leg so that both feet are all the way in the shower.

Note: To get out of the shower, start by bringing both legs out of the shower, scoot to the edge of the chair, and push up from the chair to stand at your walker. When stepping out of the shower, be sure to step out with your operated leg first.

Sit to stand



1

Place hands on armrests or seat of chair and slide operated leg out in front of you.



2

Push down on hands and non-operated leg to stand up.



3

Reach forward and put one hand onto walker.



4

Bring other hand up onto walker.

Stand to sit



1

Walk back until you feel the chair seat behind your non-operated leg. Your operated leg stays forward.



2

Reach one hand back until you feel the chair's seat or arms and bring the other hand back and place onto the chair.



3

Lower yourself down into the chair gently.

Note: These techniques also work for toilet transfers.

Curb step up with walker

"Up with the good"



1

Stand with the walker close to the edge of the curb.



2

Put the walker up on the curb. Step up on the curb with your non-operated leg.



3

Bring your other leg up onto the curb.

Curb step down with walker

"Down with the bad"



1

Stand with the walker close to the edge of the curb and place the walker on the ground.



2

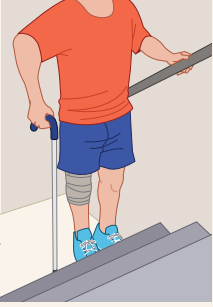
Step down on the curb with your operated leg.



3

Bring your other leg down onto the curb.

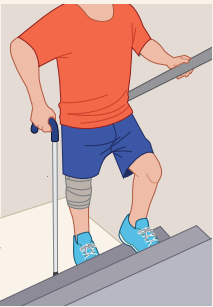
Climbing up stairs



1

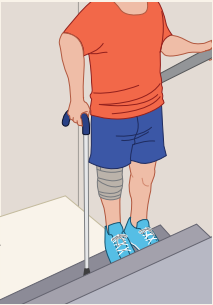
Start close to the bottom step.

Hold on to the rail with one hand and put your cane in the other hand.



2

Step up on the first step with your non-operated foot first.

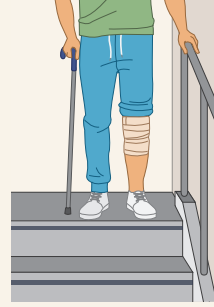


3

Bring your operated leg and the cane up to the same step.

Continue this same sequence until you've reached the top of the stairs.

Climbing down stairs



1

Start close to the top step.

Hold on to the rail with one hand and put your cane in the other hand.



2

Bring the cane and operated leg down to the first step.

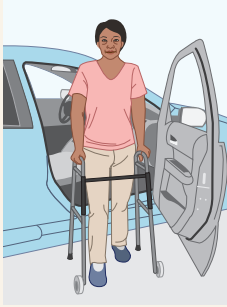


3

Bring your non-operated leg down to the same step.

Continue this same sequence until you've reached the bottom of the stairs.

Car transfer technique



1

Have your family member move the seat back as far as it will go prior to getting into the car.

Back up to the front passenger side seat.



2

Sit down on the seat, keeping your operated leg slightly in front of you and reaching back for the seat with both hands.



3

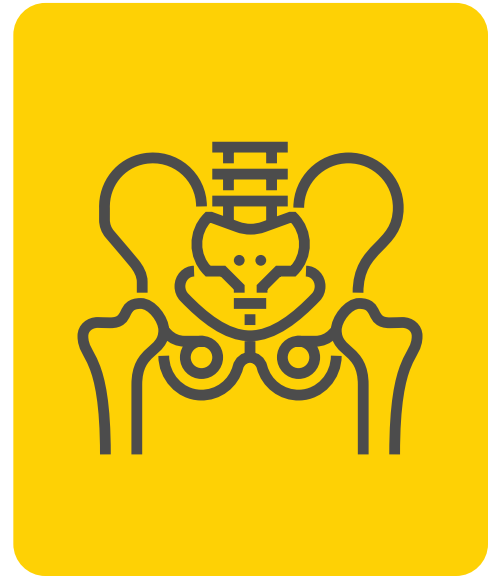
Place your legs into the car, one leg at a time. If you have posterior hip precautions, lean back to maintain your precautions while getting into the car.

To get out of the car, reverse the steps, being careful not to bend forward as you get out of the car (only applies if you have posterior hip precautions).

Car transfer tips

- You may find it easier to have the driver pull up to the curb when entering and exiting the car.
- Sit on a towel for leather or a plastic bag for cloth seats to make it easier to scoot in and out.
- Keep car riding to a minimum, beginning with short trips.
- Get out of the car and stretch at least every hour if traveling long distances.

Important information for hip replacement patients.



1. Once you are discharged from the hospital, you must keep working on the motion and strength of your new hip.
2. It will take several months for the swelling in your hip to go down. Icing your hip during recovery is very important. Ice packs should be used frequently throughout the day.

You should apply ice especially after walking or exercise. The best position to ice your hip is sitting or lying down with the lower leg elevated. This can be done either by sitting with your foot up on a chair or ottoman, or in bed with a pillow under your lower leg.



3. Change positions frequently. Try not to sit for longer than 45 minutes at a time without getting up and walking. Sitting too long may cause stiffness of the hip and swelling of your entire lower leg. Doing ankle pumps while sitting may help alleviate some of this swelling.
4. Many of the most frequently-asked questions from hip replacement patients are about having sex. For more information on sex after hip replacement surgery, please visit RecoverSex.com/Sex-After-Hip-Replacement. Or see the AAHKS web page for more details: <https://hipkneeinfo.org/hip-care/a-guide-to-returning-to-sexual-activity-following-hip-replacement-surgery/>.

5. If you develop fever, swelling, increased pain, or drainage from your wound, contact your surgeon immediately.

Hip replacement exercises

Your home exercise program is essential to a successful outcome following joint replacement surgery. The exercises will speed your recovery and improve your mobility quicker. It is important that you devote time each day to the exercises, which should be done at least two to three times per day.

Reminders for all exercises:

- **Do not hold your breath.** Tip: Count out loud during exercises to ensure that you maintain normal breathing.
- **Use ice after exercises and walking.**
- **Take pain medication as directed by your physician until you reach your therapy goals.**
- **Do NOT perform exercises on the floor; it can be difficult/dangerous to get down and up from the floor after surgery.**

Your at-home exercise program is an important part of your short-term and long-term recovery from joint replacement surgery. Do not hesitate to contact your therapy provider or surgeon with questions as you continue your recovery. For a detailed home program/schedule visit the AAHKS website: <https://hipkneeinfo.org/wp-content/uploads/2024/06/hip-exercises-print-guide.pdf>

Exercises for total hip replacement patients



Ankle pumps

Bend ankles up and down, alternating feet.

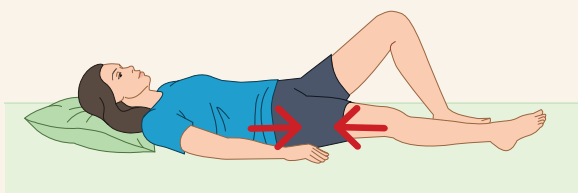
REPEAT this exercise at least 50 to 100 times per day. Performing ankle pumps throughout the day helps to reduce the risk of blood clots.



Gluteal squeezes

Squeeze buttocks muscles as tightly as possible. Hold for five seconds. Relax.

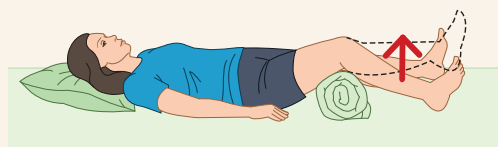
REPEAT: 10 times 2-3 times per day



Quad sets

Slowly tighten muscles on top of thigh of operated leg while pushing back of knee down toward the bed. Hold for five seconds.

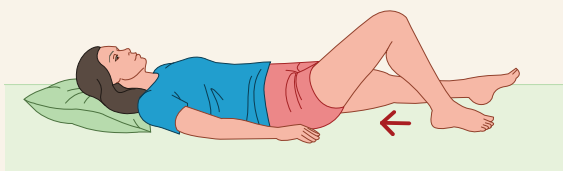
REPEAT: 10 times 2-3 times per day



Knee extensions

Place a towel roll (which can be made by covering a two-liter soda bottle with a towel, or by rolling up two or three towels to measure about the same size) under your knee. Rest your thigh on the towel. Slowly straighten your knee. Then return to resting position.

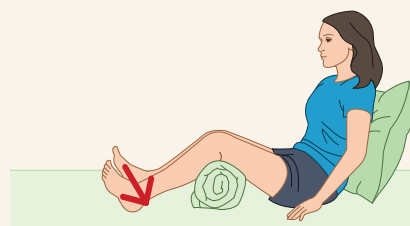
REPEAT: 10 times 2-3 times per day



Heel slides

Gently bend your operated knee up as far as possible, sliding your heel toward your buttocks. Return to starting position. It is best to perform these on a smooth surface. (You can use a baking sheet or plastic grocery bag to help your heel slide.)

REPEAT: 10 times 2-3 times per day



Hamstring sets

Place a towel roll (which can be made by covering a two-liter soda bottle with a towel, or by rolling up two or three towels to measure about the same size) under your knee. Slowly tighten muscles on the back of the thigh of your operated leg by digging your heel down and back into the bed.

REPEAT: 10 times 2-3 times per day

Important information for knee replacement patients.



1. Once you are discharged from the hospital, you must keep working on bending and straightening your new knee.
2. It will take several months for the swelling in your knee to go down. Icing your knee during recovery is very important. Ice packs should be used frequently throughout the day.

You should especially apply ice after walking or exercise. The best position to ice your knee is with the knee fully extended (straight) and elevated. This can be done by either sitting with your foot up on a chair or ottoman or in bed with a towel roll under your ankle.

3. Change positions frequently. Try not to sit for longer than 45 minutes at a time without getting up and walking. Sitting too long may cause swelling of your entire leg. Doing ankle pumps while sitting may help alleviate some of this swelling.
4. Do not keep your knee in a bent position for prolonged periods of time (for example, leaving a pillow under your knee at night).
5. Many of the most frequently-asked questions from knee replacement patients are about having sex. For more information on sex after knee replacement surgery, please visit **RecoverSex.com/Total-Knee-Replacement**. Or visit the AAHKS web page for more details: **<https://hipkneeinfo.org/knee-care/a-guide-to-returning-to-sexual-activity-following-knee-replacement-surgery/>**.
6. If you develop fever, swelling, increased pain, or drainage from your wound, contact your surgeon immediately.

Knee replacement exercises

Your home exercise program is essential to a successful outcome following joint replacement surgery. The exercises will speed your recovery and improve your mobility quicker. It is important that you devote time each day to the exercises, which should be done at least two to three times per day. You will be starting outpatient physical therapy as soon as you are able to tolerate being away from home and can get in and out of the car easily.

Reminders for all exercises:

- **Do not hold your breath.** Tip: Count out loud during exercises to ensure that you maintain normal breathing.
- **Use ice after exercises and walking.**
- **Take pain medication as directed by your physician until you reach your therapy goals.**
- **Do NOT perform exercises on the floor, it can be difficult/dangerous to get down and up from the floor after surgery.**

Your at-home exercise program is an important part of your short-term and long-term recovery from joint replacement surgery. Do not hesitate to contact your therapy provider or surgeon with questions as you continue your recovery. For a detailed home program/schedule visit the AAHKS website: **<https://hipkneeinfo.org/wp-content/uploads/2024/06/knee-exercises-print-guide.pdf>**

Exercises for total knee replacement patients*



Ankle pumps

Bend ankles up and down, alternating feet.

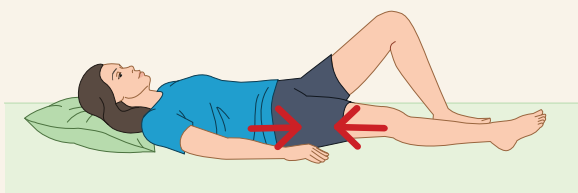
REPEAT this exercise at least 50 to 100 times per day. Performing ankle pumps throughout the day helps to reduce the risk of blood clots.



Gluteal squeezes

Squeeze buttocks muscles as tightly as possible. Hold for five seconds. Relax.

REPEAT: 10 times 2-3 times per day



Quad sets

Slowly tighten muscles on top of thigh of operated leg while pushing back of knee down toward the bed. Hold for five seconds.

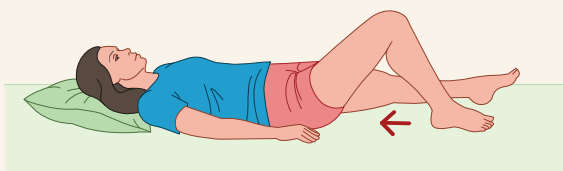
REPEAT: 10 times 2-3 times per day



Knee extensions

Place a towel roll (which can be made by covering a two-liter soda bottle with a towel, or by rolling up two or three towels to measure about the same size) under your knee. Rest your thigh on the towel. Slowly straighten your knee. Then return to resting position.

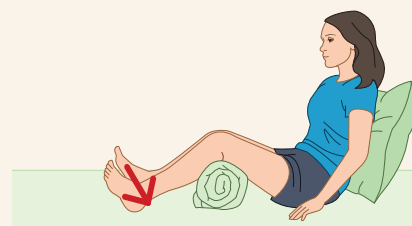
REPEAT: 10 times 2-3 times per day



Heel slides

Gently bend your operated knee up as far as possible, sliding your heel toward your buttocks. Return to starting position. It is best to perform these on a smooth surface. (You can use a baking sheet or plastic grocery bag to help your heel slide.)

REPEAT: 10 times 2-3 times per day



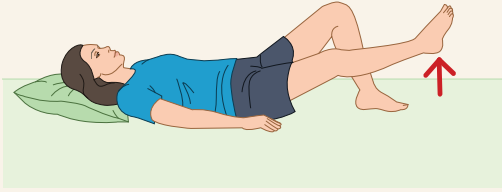
Hamstring sets

Place a towel roll (which can be made by covering a two-liter soda bottle with a towel, or by rolling up two or three towels to measure about the same size) under your knee. Slowly tighten muscles on the back of the thigh of your operated leg by digging your heel down and back into the bed.

REPEAT: 10 times 2-3 times per day

*Continued on the next page

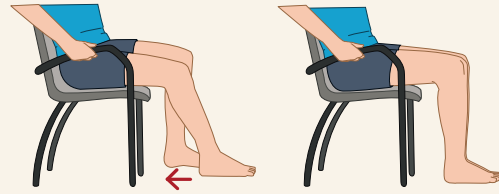
Exercises for total knee replacement patients (continued)



Straight leg raises

Bend your non-operated leg. Keep muscles on the front of your thigh tight with your knee straight. Slowly raise your leg six to eight inches off the bed. Lower your leg back down.

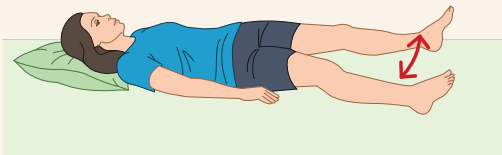
REPEAT: 10 times 2-3 times per day



Knee bends

Place your foot on a smooth surface. Slowly slide your foot back as far as possible as your knee bends. Hold for five seconds.

REPEAT: 10 times 2-3 times per day



Hip abductions

Slide your operated leg to the side away from your body. Keep your kneecap pointing toward the ceiling. Gently bring your leg back to the midline. Repeat with the other leg.

REPEAT: 10 times 2-3 times per day

Other resources

Financial information and patient advocacy.



We understand that billing and payment for healthcare services can be confusing. Once your physician has scheduled your surgery, the Admitting Office may call you to verify your insurance coverage and other information obtained from your physician.

We make every effort to contact you at home, but it may be difficult to reach you during regular business hours. Therefore, we will need to verify your information during the registration process prior to surgery.

Your hospital bill

As a routine practice, the hospital attempts to collect all patient expenses prior to the delivery of services. This includes deductibles, co-pays, and co-insurance amounts. The MedStar Health Central Business Office will contact you with this request.

Processing your bill

If you have insurance coverage, the hospital will bill your insurance carrier shortly after healthcare services are provided. While we attempt to provide all information and paperwork to your insurance company, sometimes a response from you is needed to resolve issues related to your account or insurance coverage.

If your health plan has not made a payment within a reasonable period of time (usually 60 days after billing) and has not responded to our attempts to resolve payment matters on your behalf, the balance may become your responsibility.

Physician professional fees

The hospital bill for orthopaedic surgery does not include fees for physician services. Because your treatment includes the services of a surgeon, anesthesia providers, and perhaps other physician specialists, you will receive a separate bill from these providers. If you have questions regarding any of your physician bills, please call the telephone number printed on the physician bill.

Payment options

For your convenience, MedStar Health accepts cash, personal checks, debit cards, and money orders, as well as Visa, MasterCard, and Discover.

Financial office contact information

If you have questions before surgery, please contact the MedStar Patient Financial Services Office at **866-423-2734**.

If you have questions after surgery, please contact the MedStar Health General Billing Office at **844-817-6087**.

Pre-registration

It is important to pre-register for your procedure. We will contact you by phone several weeks before your surgery to verify insurance coverage, co-payments, deductibles, and other information.

On the day of your surgery, you simply need to check in, provide a copy of your insurance card and photo ID (driver's license or passport), and complete any paperwork you are given.



Patient advocacy

Your care and comfort during your hospital stay are very important to us. Should you have any concerns or problems that cannot be resolved by a member of your healthcare team, our Patient Advocacy staff is available to help answer questions, respond to complaints, and assist in a variety of other ways.

If you wish to voice a concern, please call Patient Advocacy at **202-444-3040**. MedStar Georgetown University Hospital encourages you to share any concerns you may have about your care. All attempts will be made to resolve the concern or issue in a timely manner. If your concerns are not resolved to your satisfaction after you leave the hospital, you may submit a complaint to the Washington, D.C. Department of Health, or The Joint Commission.

Patient Advocacy

MedStar Georgetown University Hospital
3800 Reservoir Road, NW
3rd Floor CCC Building
202-444-3040

Washington D.C. Department of Health
2201 Shannon Pl. SE
Washington, DC 20020
202-442-5955

The Joint Commission

Office of Quality Monitoring
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
800-994-6610



Speak up about patient safety

Patient safety is a top priority at MedStar Georgetown University Hospital, and we encourage you to take an active role in your health care. We urge you to speak up if you have questions or concerns about your diagnosis, hospital care, medications, tests, and treatments. If you don't understand, ask again. You have a right to know.

Consider asking a trusted family member or friend to help you if you are uncomfortable asking for information or voicing concerns. Remember, you are the center of your healthcare team. Participate in all decisions about your treatment.



myMedStar.org Patient Portal

Wondering what the results of your cholesterol test were? Need a prescription refill or an appointment with your MedStar Health doctor? There's a secure way to get access to your medical information any time of day or night on your computer, tablet or smartphone. Sign up for myMedStar, our free, secure, online patient portal.

Just go to **myMedStar.org** and click **Enroll Now**.



MedStar Georgetown University Hospital Outcomes program

Our interest in your successful recovery doesn't end after surgery. Your participation in the MedStar Georgetown University Hospital Outcomes program is a way for you and your surgeon to stay connected. Through this partnership, your surgeon will have a better understanding of how well you recovered, particularly with regard to pain, mobility, and quality of life.

At the time of your post-op visit, you will be asked to complete a brief questionnaire. By repeating these questionnaires at specific intervals, both you and your surgeon will be able to review and compare your improvement over time.

For your convenience, MedStar Georgetown University Hospital offers an easy and efficient way for you to stay in touch with this important program. Your surgeon will contact you via email with a secure link to your personal questionnaire, so please provide your email address to your surgeon's office. Rest assured, all information is HIPAA compliant and is treated with the same level of patient confidentiality as your medical record.

Measuring results for the quality of care that we provide is just one example of our commitment to maintain the highest standard of excellence in orthopaedic surgery. Your surgeon and our team of healthcare professionals thank you in advance for your support.

Thank you for choosing MedStar Georgetown University Hospital for your joint replacement.

If you were completely satisfied with your experience, we invite you to make a gift in support of the hip and knee replacement program at MedStar Georgetown University Hospital. With your generous support, we can advance the treatment of hip and knee disorders by enhancing patient care and patient education, providing continuing medical education for physicians and nurses, and growing the basic science and clinical research division that has the potential to impact the lives of countless people.

To learn how you can support the hip and knee replacement program, scan this QR code.

Thank you for your support.



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