

A photograph of a middle-aged couple walking together in a lush, green park. The woman is on the left, wearing a light blue t-shirt and jeans, smiling and looking towards the man. The man is on the right, wearing a light green polo shirt and jeans, smiling and looking down. They are holding hands. The background is filled with vibrant green foliage and trees, creating a bright and healthy atmosphere.

Total Hip Replacement Education

**A Guide to Total Joint Surgery
Preparation and Recovery**

 Skagit Regional Health



WELCOME TO SKAGIT REGIONAL HEALTH

Now that you have made the decision to have a total hip replacement surgery, our highly trained staff is here to help you every step of the way. We will give you information on your upcoming joint replacement surgery and answer your questions. This starts with the preoperative phase and goes through your recovery at home.

At Cascade Valley Hospital and Skagit Valley Hospital, we are committed to providing you with a personalized, compassionate experience. Your care team is dedicated to exceeding your expectations and meeting your physical and emotional needs. We will work with you to provide the excellent service and care you have come to expect of Skagit Regional Health.

We want you to have all you need to get you through the stages of your surgery and back home as smoothly as possible. Please feel free to ask questions throughout the process to any of our staff members.

We created this booklet to help you navigate this process, so please use it as a continual resource guide. This is general information about total hip replacement, and each patient will have unique care. There are note-taking sections and areas you may fill in based on your individualized care.

Sincerely,

Your Surgical Care Team

THIS GUIDEBOOK BELONGS TO:

I am having a Total Hip Replacement because:

Short - Term Goal (3 months after discharge): _____

Long - Term Goal (rest of my life): _____

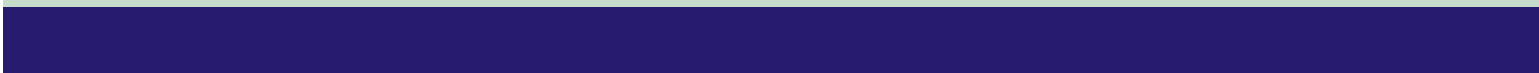


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CONTACT GUIDE

Providers

Surgeon Name: _____

Physician Assistant (PA)

Name: _____

Phone Number: _____

Physical Therapist

Name: _____

Phone Number: _____

Health Coach

Name: _____

Phone Number: _____

Other

Name: _____

Phone Number: _____



Skagit Valley Hospital
(360) 424-4111
300 Hospital Parkway
Mount Vernon, WA 98274



Cascade Valley Hospital
(360) 435-2133
330 S. Stillaguamish Ave
Arlington, WA 98223

To be filled out by a clinical staff member

Diagnosis Code (Dx): _____

Procedural Code (CPT): _____

Upcoming Appointments

Total Joint Education Class: At this class, you will learn about your total hip replacement and to best help you prepare for the surgery.

Date _____ Time: _____

Location: _____

Telephone: _____

Surgeon: _____

Pre-Operative Appointment: At this appointment, your provider will confirm you are ready for surgery and how to best prepare for the surgery.

Date _____ Time: _____

Location: _____

Telephone: _____

Surgeon: _____

Total Hip Replacement Surgery

Date _____ Time: _____

Location: _____

Telephone: _____

Surgeon: _____

Physical Therapy: At these appointments, you will continue the exercises you began while in the hospital and continue to regain strength and mobility in your hip.

APPOINTMENT #1

Date _____ Time: _____

Location: _____

Telephone: _____

Physical Therapist: _____

Post-Operative Appointment: At this appointment, your provider will evaluate how your recovery process is going.

APPOINTMENT # 1

Date _____ Time: _____

Location: _____

Telephone: _____

Provider: _____

APPOINTMENT # 2

Date _____ Time: _____

Location: _____

Telephone: _____

Provider: _____



Directions from I-5:

- Kincaid St. Exit #226
- Turn east onto Broad St.
- Continue four blocks
- Turn left onto 13th St. or 15th St.



1

Skagit Valley Hospital

300 Hospital Pkwy.

- Center for Sleep Disorders
- Children's Therapy
- Diabetes Education
- Endoscopy
- Family Birth Center
- Internal Medicine Residency Clinic
- Outpatient Infusion
- Rehabilitation
- Surgery

2

Skagit Regional Clinics Mount Vernon

1400 E. Kincaid St.

- Urgent Care
- Clinic Services
- Lab
- X-Ray & Ultrasound

3

Skagit Regional Health Cancer Care Center

307 S. 13th St.

- Cancer Care Center
- The Breast Institute
- Cardiology
- VA Clinic

4

Skagit Imaging Pavilion

1320 E. Division St.

- Comprehensive Imaging Center
- Women's Imaging Center

5

Hospital Parkway Plaza

208 Hospital Pkwy.

- Kidney Center
- Nephrology
- Wound Healing Center
- Hyperbaric Oxygen Therapy

For more information:

360-424-4111
SkagitRegionalHealth.org

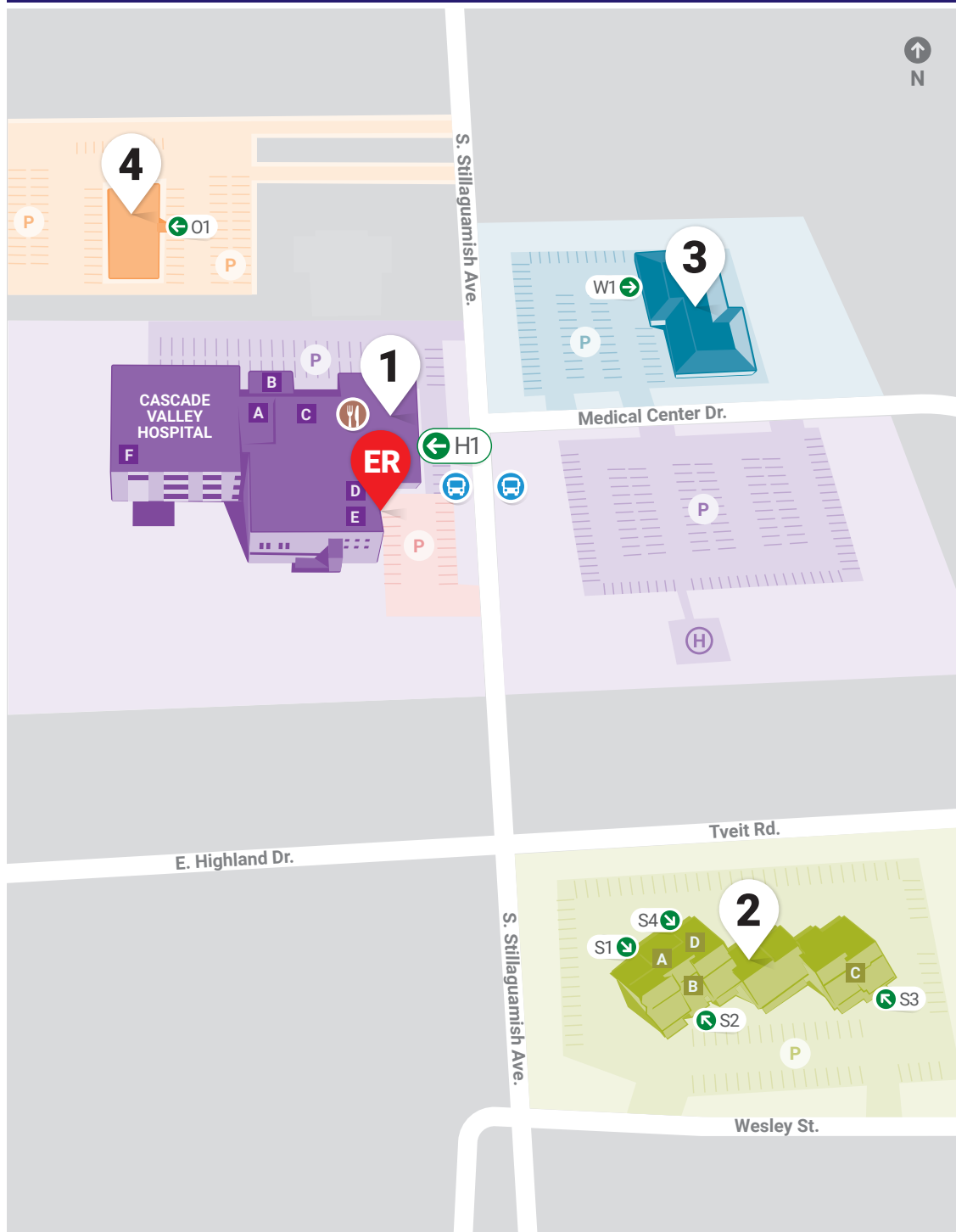
Cascade Valley Hospital

ARLINGTON CAMPUS MAP

FOR MORE INFORMATION:

360-435-2133

SkagitRegionalHealth.org



5 Directions from I-5

- Exit #208 to WA-530
- Continue for 3.8 miles
- Turn right onto WA-9
- Turn left onto E. Highland Dr.
- Turn left onto S. Stillaguamish Ave.
- Hospital will be on the left

ER Emergency Room & After Hours Entrance

1 Cascade Valley Hospital 330 S. Stillaguamish Ave.

- A** Imaging (1st fl.)
- B** MRI Building
- C** Laboratory Services (1st fl.)
- D** Cardiopulmonary (2nd fl.)
- E** Outpatient Physical Therapy (2nd fl.)
- F** Family Birthing Center (3rd fl.)

2 Whitehorse Building 875 Wesley St.

- A** Cascade Valley Hospital Wound Care and Hyperbaric Medical Center
- B** Arlington Pediatrics
- C** Arlington Surgery Center
- D** Arlington General Surgery

3 Arlington Women's Health 903 Medical Center Dr.

4 Arlington Specialty Clinic 328 S. Stillaguamish Ave.

- Bus Stop
- Public Parking
- Café
- Helipad

Public Entrances

- ER** Emergency Room & After Hours Entrance
- H1** Main Entrance
- O1** Arlington Specialty Clinic
- W1** Women's Health Entrance

- S1** Wound Care Entrance
- S2** Pediatrics Entrance
- S3** Surgery Center Entrance
- S4** General Surgery Entrance

All parking lots provide handicap parking spaces. Tobacco-Free Campus

Durable Medical Equipment (DME)

Durable Medical Equipment (DME) is any medical equipment that can assist with safety and function following surgery. Assistive devices are DME that help with walking and balance. Discuss with your provider what durable medical equipment will be helpful for your surgery.

You can bring your assistive devices into either hospital to be fitted.

See commonly suggested devices on these pages.

Other durable medical equipment may include: wall mounted grab bar, tub mounted grab bar, shower seat, and hand held shower head.

For a list of suppliers and lenders, see Appendix page II

Optional Hip Kit Available

Designed to help you as you recover from joint surgery at home, the kit includes a reaching tool, sock aid, shoehorn, and long-handled sponge. While not required, the kit can be very helpful for total hip patients.

Hip Kits available for \$26.99

**Cascade Valley Hospital
Gift Shop**

**Hilltop Pharmacy
1223 E Division Street,
Mount Vernon, WA 98274**

Each component may be purchased separately. See Appendix (page II) for a list of suggested retailers. If sold separately, prices may vary.



Bath Chair

Comes with or without a back and has adjustable legs. They are also available with armrests, which is recommended.



Transfer Bench

Can come padded with right or left side placement for the tub. Height can be adjusted for optimal comfort.





Bedside Commode

Adjustable height. They come in standard and bariatric widths.



Single Point Cane

Single straight walking cane with curve forming a handle at its top.

Front Wheeled Walker

Walking assistive device with 2 wheels in front and 2 fixed legs on the back. Requires use of both hands on rubber grip handles.



Raised Toilet Seat

Can come with or without arms and may come with splash protector or elongated seat.



NOTES

Measuring Your Recovery and Improvement

Many people have found surgery makes the quality of their lives better. Before you know it, we expect you will be back to doing the things you love.

As one part of your surgeon's care, we will have you complete several online assessments throughout your recovery process. These assessments are designed to track both your recovery, as well as the improvement to the quality of your life.

There are no right or wrong answers, but it is important that you answer each question the best you can. You can expect each assessment to take about 15 minutes to complete, and your responses will be kept confidential.



SAMPLE QUESTION

What amount of pain have you experienced when going up or down stairs?

None Mild Moderate Severe

Patient Satisfaction

We need your email, because we care.

We will be asking you to complete many online assessments throughout your care.




PRE SURGERY **3 Months** **6 Months** **1 Year** **2 Years**
SEVERAL INTERVALS POST SURGERY

Sending these assessments via email, is the easiest way for us to keep in touch.

If you haven't already provided your email, please share it with our staff.

Next Steps

You'll take the assessment from home on any device.

-  **Check your email**
-  **Complete assessment**
-  **Questions?**

If you have any questions, contact a member of our Outcomes Team at: srclinics@patientoutcomes.com

At this time, these surveys are only for patients having surgery at Skagit Valley Hospital.

Advance Care Planning

What is Advance Care Planning?

Advance care planning is for all adults 18 and older. It is talking about future health care decisions if you had a sudden event, like a serious accident or illness, and could not make your own decisions. A person close to you would need to make choices for you. This person is called a health care agent or attorney in fact . It is important to write down your goals, values and preferences using documents called advance directives. These documents should be updated regularly and shared with your healthcare agent, loved ones, physician and hospital.

What is a Health Care Agent?

A health care agent is the person you choose to make medical decisions for you if you cannot make them for yourself. You authorize this person to make decisions with your health care providers about your care.

For more information about Advance Care Planning, please contact your provider or go online to: wsma.org/advance-directives.

What are the Advance Care Planning Documents?

Living Will or Health Care Directive

The health care directive is a legal document allowing you to determine if you would want your death to be artificially prolonged if you had a terminal condition. This directive is used only if you have a terminal condition as certified by two physicians to be in an irreversible coma or other permanent unconscious condition and there is no reasonable hope of recovery. In either situation, the directive allows treatment to be withheld or withdrawn so that you may die naturally. Also, in the directive you can give further instructions regarding your care, select who you would like to be your health care agent (DPOAH), and the document may be changed at any time.

Physician Orders for Life Sustaining Treatment (POLST)

The POLST form is a medical order form that allows any individual with a serious illness or frailty to summarize their wishes regarding life-sustaining treatment. The POLST form accomplishes two major purposes: It is portable from one care setting to another. It translates wishes of an individual into actual physician orders.

NOTES



Dental and Medical Precautions

After your total joint replacement, it is important to stay healthy and avoid unnecessary procedures. If bacteria gets into the bloodstream your new joint could become infected. An infected joint is a very serious condition; for that reason patients may receive antibiotics to prevent infection in certain situations. At Skagit Regional Health, we encourage patients who plan to have a total joint surgery to avoid dental work (cleanings included) for six months after surgery. We recommend only scheduling dental procedures in that time frame if medically necessary. It is recommended to do any necessary dental work before having surgery.

A few examples of circumstances where the spread of bacteria may occur:

- **Presence of abscess or infection in the teeth, in the throat, or on the skin**
- **Any dental procedure causing bleeding of the gums**
- **Any other surgery or use of instruments in your body**
- **Any incisions being made to your body**
- **In the event you develop an infection somewhere in your body, make sure the treating provider knows you have an artificial joint. Then the provider can give appropriate antibiotics.**

If you anticipate having any procedures within 6 months after receiving your total hip replacement, inform your dentist or treating physician of your joint replacement. That way, preventative antibiotics may be considered with the procedure.

Nutritional Information

- **Proper nutrition greatly improves your recovery and aids in regaining strength. By giving your body the proper nutrients, you can promote wound healing and avoid surgical complications.**
- **Every person has different nutritional needs. If you have dietary restrictions, or are over or under weight, it is recommended you speak with your provider about your nutritional needs.**
- **If you are a smoker, you can greatly help yourself by reducing or stopping smoking during this surgical process.**
- **If you are have diabetes, please make sure you monitor your blood sugar throughout this entire process.**

For more information see “**Getting into Shape for Surgery**”- Appendix page 12



Managing Your Medical Conditions

Anemia

Anemia (low red blood cell count) increases your risk of cardiac and wound complications during surgery. Before surgery, your red blood cell count should be checked. If it is low, your doctor will work with you to increase your count before surgery. Discuss with your surgeon the plans for managing any blood loss that may occur after surgery.

Diabetes Mellitus

If you have diabetes, talk to your doctor about the best way to get your blood sugar under control before surgery. Uncontrolled diabetes can slow the healing of your surgical wound, and put you at an increased risk for infections, and kidney or heart problems.

Be sure to tell your surgeon if you are taking insulin. Surgery can cause increased stress to your body and higher blood sugar, so your insulin dose may need to be adjusted. Your surgeon should also know if you take oral medications for diabetes. Some of these medications should be discontinued before you are given anesthesia.

High Blood Pressure/Hypertension

If you have high blood pressure, talk to your surgeon and primary care provider about your medications. In the days before your surgery, check your blood pressure several times. It should be well-controlled with medication by the day of surgery. If it is not controlled, your surgery could be delayed.

Opioid/Narcotic Drug Use

If you regularly use opioid or narcotic medication to control your orthopedic pain, it can make it harder to control pain after surgery. Chronic opioid or narcotic use before surgery can lead to complications, including pneumonia, and withdrawal problems like seizures and confusion. Talk with your provider about how to decrease or stop your opioid medication before surgery. Consulting a pain specialist may be necessary to help you control your opioid use.

Be sure to discuss all your opioid and narcotic medications with your surgeon and primary care physician so that they can determine an appropriate plan for managing your pain before and after surgery.

Varicose Veins, Leg Swelling and Blood Clots

Surgery and postoperative immobility increases the risk of blood clots forming in your legs. Blood clots can cause pain and swelling, and may travel to other parts of your body, such as your lungs.

Be sure your surgeon knows if you or a family member has a history of blood clots, or problems with varicose veins or leg swelling. For some operations, blood thinners or compression devices for your legs are used to help prevent blood clots.

Getting into Shape for Surgery

Depression

A history of depression or low energy that requires medical treatment can result in an increased dependence on opioid pain medication after surgery and a slower recovery. If you have symptoms of depression before surgery, seek treatment so that you are physically and mentally prepared for your procedure and recovery.

Obesity

Overweight and obese patients are at increased risk of medical and surgical complications, including wound infections, pneumonia, blood clots, and heart attack.

Talk to your surgeon or primary care physician about losing weight before surgery to reduce your chance of complications.

Physical Conditioning

If you have limited your activities because of chronic orthopedic pain, you may have lost physical strength and endurance. Ask your surgeon about a physical activity and conditioning program to help you regain strength before surgery. The better shape you are in before surgery, the sooner you will recover your strength afterward.

Sleep Apnea

Sleep apnea is a medical condition that causes irregular breathing when you are sleeping. Older and heavier people are more likely to have this condition. Undiagnosed sleep apnea increases your risk of cardiac complications during recovery from your surgery.

If you suspect you have sleep apnea, ask your primary care provider or surgeon about preoperative testing and treatment for the condition.

Smoking

Smokers have increased risk for serious complications after surgery than non-smokers. These complications include wound infections, pneumonia, heart attack and stroke.

Smoking can also slow down or prevent broken bones from healing, and can delay the bone healing needed for successful joint replacement and fusion surgeries.

To improve your chances for a successful surgical outcome, stop smoking for at least a month before surgery, and try not to resume for several weeks afterward, or not at all.

NOTES

Questions for Your Insurance Company

Each person has different covered benefits depending on their insurance plan. We suggest that you contact your insurance company and ask the following questions to help you prepare for surgery, identify your benefits, and avoid unnecessary costs to you.

Please refer to your diagnosis (Dx) code and procedure code (CPT) on the contact guide - page 1.

Do I have an insurance claim/case manager?

If yes, what is his/her phone number?

Does my insurance policy cover durable medical equipment?

If yes, what equipment is covered? (Example: walker or raised toilet seat)

Do I need to obtain the equipment from a preferred vendor?

If yes, what is the name and phone number of the vendor?

A total hip replacement is considered an elective procedure, and even though skilled nursing facilities may be covered generally, your insurance company may not cover it for this surgery.

Is a skilled nursing facility a covered benefit for my elective total hip replacement?

Is a home health agency a covered benefit for my total hip replacement?

If yes, what are the qualifications I need?

Is Physical Therapy a covered benefit for this elective procedure?

If yes, how many visits are covered?

Health Coach

As you begin this joint replacement process, Skagit Regional Health strongly recommends that you find someone to act as your health coach. A health coach is a person who will be with you throughout this process to help you reach your recovery goals. This person can be anyone you feel comfortable with and can commit to being an active partner in your care; for example, it may be your spouse, a family member, a friend or a neighbor.

Your health coach will help you transition between all the steps in this process. There is a lot of information that you will be given before, during and after surgery. Your health coach can help you to remember the details so you can focus on your recovery.

Ideally, the person you choose as your health coach will be able to:

- **Attend appointments with you, before and after surgery**
- **Help prepare your home before surgery**
- **Assist with physical therapy exercises**
- **Provide transportation to and from the hospital**
- **Assist you in daily activities when you return home**



NOTES

Preparation Tests

To make sure you are medically stable to have a total hip replacement, your surgeon may order one or more pre-operative tests. The tests that are ordered will give you the best chance for a quick and efficient recovery.

Most of the pre-operative tests that your provider will order need to be done within 30 days before your surgery. However, there may be some lab work that needs to be done a week prior to surgery. This lab work is used to get the most current information about your health. Your provider will let you know what tests you need to complete and where you can complete them.



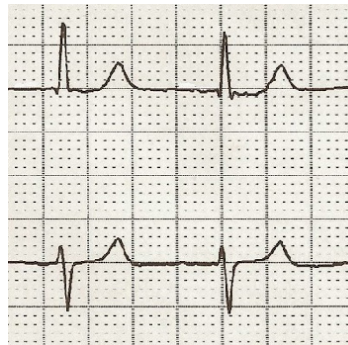
Labs

To be determined by your provider(s).



X- Ray

Is an image which shows the bones and alignment of the joint. It is used to diagnose the severity of arthritis and help the surgeon in planning your surgery.



EKG

(Electrocardiogram):

Electrodes are placed on the chest to record the electrical activity, rhythm and function of the heart. This is important information for anesthesia.

Hip joint after replacement surgery

Prepare Your Home Before Surgery

Focus on your home BEFORE surgery

Properly preparing your home before surgery will make your life easier and safer during your recovery.

- Remove all throw rugs.
- Arrange furniture to accommodate a walker.
- Make sure furniture is sturdy, with armrests. (When you sit, your hips should be higher than your knees.)
- Prepare a room on the main living level.
- Make sure the height of your bed's mattress is about 2-4 inches taller than your knees.
- Get a nightlight.
- Install handrails on indoor and outdoor stairs.
- Install non-skid strips on stairs, if they can be considered slippery.
- Keep regularly used items and clothing within easy reach.
- Set up a work/hobby station.
- Stock up on easily prepared, nutritional foods.
- On your walker, use an apron with several pockets, walker tray or a walker bag to make your walker more useful and you more independent.

- Be aware of pets
- Obtain needed durable medical equipment (DME)- see pages 6-7
- Prepare your bathroom and toilet.
- Other _____

Consider asking someone to help you with the following:

- Meals
- Transportation
- Housework and yardwork
- Errands (*grocery shopping, mail, etc.*)
- Dressing and personal hygiene
- Pet care
- Exercises

Preparation Timeline

2-4 weeks before surgery

- Begin preparing the house– page 18
- Stop or decrease smoking, if applicable
- Attend Total Joint Education Class
- Complete ordered pre-operative tests
- Attend pre-operative appointment
- Find physical therapy location. Obtain referral if needed.
- Make sure you have clearance for surgery from other providers- if applicable (*Example: Cardiologist, Primary Care Provider*)

1 week before surgery

- Find someone who can give you a ride to/from the hospital
- Fill out PT/OT Questionnaire - page 44

1-3 days before surgery

- Receive call from pre-admission nurse to:
 - Verify time of surgery
 - Review health history
 - Review medication list
 - Medications to stop using until time of surgery:

- Do skin preparation
 - Chlorhexidine solution: Wipes
 - See instructions- pages 20-21
- STOP** shaving any part of the body 2 days before surgery
- Change sheets and wash pajamas
- Make sure you have natural nails (no polish or artificial products)
 - Trim fingernails
- You may shower the night before surgery
 - **STOP** using lotion, deodorant or powders after showering
- Eat a light dinner
 - **STOP** eating and drinking fluids after midnight the night before your surgery, unless directed otherwise by your provider

Skin Preparation

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, our hospitals use disposable cloths moistened with a rinse-free 2% Chlorhexidine gluconate (CHG) antiseptic solution designed to reduce bacteria on the skin. The steps below outline the prepping process and should be carefully followed.

You may shower the night before surgery with these guidelines:

- Wait at least one hour after showering before using disposable CHG cloths (directions on next page).
- Do not shave any area of the body for at least two days prior to surgery.
- No deodorant, lotion, powder or anything on the skin after showering.

We recommend that you perform special skin cleansing at home the night before your surgery with the CHG cloths provided.

- Do not apply CHG cloths to face or mucous membranes (genitals).
- Do not flush CHG cloths; dispose in the trash.
- Skin may feel sticky for a few minutes after CHG application. Do not wipe off. Allow to air dry.
- Do not bathe, shower or rinse skin after cleansing with CHG cloth.
- Make sure you have natural nails (trimmed with no nail polish or other artificial products).
- After solution has dried, dress in clean clothing and sleep in clean bedding.

**Only use CHG cloths below the jawline.
NEVER USE NEAR EYES, NOSE OR MOUTH.**

Using Disposable CHG Cloths

The steps below outline the prepping process. FOLLOW THESE STEPS CAREFULLY

There are 3 packages containing 2 CHG cloths each.

To remove bacteria, gently wipe all areas using one cloth for each area.

Open first pack:

- Using **CLOTH #1**, wipe your neck, chest and abdomen. Wipe thoroughly in any folds. Throw cloth away.
- Using **CLOTH #2**, wipe both arms, starting with the shoulder and ending at the fingertips. Be sure to thoroughly clean underarms.

Open second pack:

- With **CLOTH #3**, wipe your right leg starting from the thigh and ending at the toes. Be sure to wipe well behind the knee. Throw cloth away.
- With **CLOTH #4**, wipe your left leg starting from the thigh and ending at the toes. Be sure to wipe well behind the knee. Throw cloth away.

Open third pack:

- With **CLOTH #5**, wipe from the base of your neck to your lower back. Ask for assistance. Throw cloth away.
- With the last **CLOTH #6**, wipe hips, buttocks and groin. Wipe gently and thoroughly, avoiding mucous membranes (genitals).
- Allow skin to air dry. It will feel tacky until completely dry.
- Put on clean pajamas and sleep on clean sheets.

Morning of Surgery

- **DO NOT** shower or bathe.
- Repeat the above process at home prior to coming into the hospital.
- Put on clean clothes after completing the cleansing process with CHG wipes.
- Additional skin cleansing of surgical site will be completed at the hospital during admission.

NOTES

Hospital Packing List

Personal Items

- Loose fitting clothing to go home in
 - Shirt
 - Loose-fitting pants
 - Underwear
- Non-slip shoes
- Toiletries (if applicable)
 - Glasses
 - Dentures and case
 - Hearing Aids and batteries
 - Other
- CPAP Machine (if you use one at home)
- Things to do in the hospital
(Example: book, puzzles, knitting)

Paperwork

- Total Hip Replacement book
- Insurance information
- Medication list
- Advance Care Documents – page 9
- POLST
 - Living Will
 - Durable Power of Attorney for Healthcare

Other Items

DO NOT BRING: Medications • Money • Jewelry • Weapons • Fragrance products

Check-In Process

Step 1: Check-in at the registration desk of the hospital.

- Maps on pages 4-5

Step 2: Pre-Operative Room

- Change into a gown
- Vital signs are taken
- Nurses review your health history
- Start IV
- Final skin preparation

Step 3: Final Check

- Anesthesiologist discusses anesthesia options with you
- Surgeon checks in with you
- Surgical site is marked by surgeon

Step 4: Go to operating room for surgery



Family Waiting Area

- Your family may stay with you until it is time for surgery.
- Your family will be able to monitor your progress on a TV screen outside of pre-op holding by using an ID code given to them at registration.
- When the staff determines it is safe for your family to see you, they will come to the waiting area to notify you.

The family waiting area is located on the second floor.

- Skagit Valley Hospital map - Page 4
- Cascade Valley Hospital map - Page 5

Anesthesia Information

Before your total hip replacement surgery, your doctor will discuss anesthesia with you. The selection of anesthesia is a major decision that could have a significant impact on your recovery. It deserves careful consideration and discussion with your surgeon and anesthesiologist. Three broad categories of anesthesia are local, regional and general. During your surgery your provider will use one or a combination of these.

Local Anesthesia

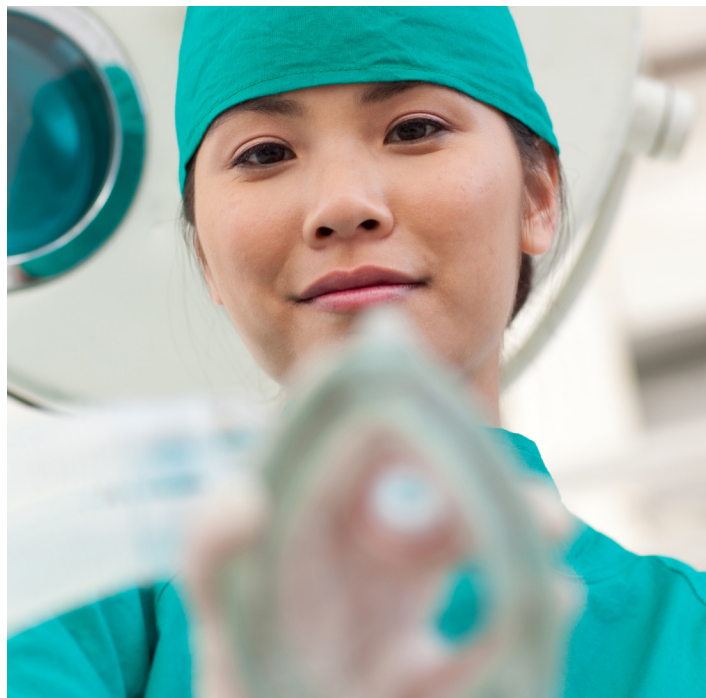
Local anesthesia numbs only the specific area being treated. The area is numbed with an injection, spray or ointment that only last for a short period of time. Patients remain conscious during this type of anesthesia. For hip replacement, local anesthesia may be used to complement the main type of anesthesia that is used.

Regional Anesthesia includes spinal block and nerve block

Spinal Block: The anesthesia is injected into the fluid surrounding the spinal cord in the lower part of your back. This produces a rapid numbing effect that wears off after several hours.

General Anesthesia

This anesthesia affects your entire body. It acts on the brain and nervous system and renders you temporarily unconscious.



REMEMBER

Tell your anesthesiologist if you or anyone in your family has ever had:

- **Any problems with anesthesia.**
- **A very high temperature during or after surgery.**

Source: American Academy of Orthopaedic Surgeons

NOTES

Waking Up After Surgery

After your surgery, your anesthesia will begin to wear off. This may happen either in the operating room or in the Post Anesthesia Care Unit (PACU). The recovery nurses and anesthesiologist will monitor you and your surgical site. Once they establish you are stable, you will be moved to your inpatient room.

The PACU staff is there to help you recover from the anesthesia. Some effects you may experience from the anesthesia are:

- **Confusion**
- **Chills and shivering**
- **Nausea and/or vomiting**
- **Itching**



Sequential Compression Device (SCDs)

Things You May Find On Your Body:

- **Oxygen in your nose or over your mouth**
- **Catheter in your bladder**
- **A drain in the surgical site**
- **Sequential Compression Device (SCDs) and/or compression stockings on your legs**
- **Ice packs on the surgical site**
- **A dressing over the surgical site**
- **Electrodes on your chest to monitor heart activity**
- **Oxygen sensor on your finger**
- **Blood pressure cuff around your arm**
- **A pillow or foam wedge between your knees to prevent you from crossing your legs.**

Do not grab or pull on any of these devices.

NOTES

Managing Your Recovery

Skagit Regional Health is committed to helping you recover quickly and efficiently. After surgery, your new joint is ready to use right away. The goal of your care team is to help you return to normal life. Our staff will help you get up and moving as soon as possible.

- **Confusion**
- **Chills and shivering**
- **Nausea and/or vomiting**
- **Itching**

Things That May Be Used To Help Manage Your Recovery

- **Ankle pumps:** An exercise to help prevent blood clots from forming in your legs and reduce swelling by increasing circulation.
- **TED hose:** Stockings that fit tight to help keep your leg supported, control swelling, and prevent blood clots
- **Sequential Compression Devices (SCDs):** Foot or leg wraps attached to a pump that gently squeeze and release your leg(s) to help increase blood flow while in bed.
- **Anti-coagulants:** Medication to thin your blood to decrease the risk of blood clots.
- **Early walking:** Your physical therapist and/or nurse will help you get out of bed and get you walking as soon as possible.
- **Elevation:** Lay down with your feet above your heart. You may need multiple pillows to do this.
- **Ice:** You should apply ice for 20 minutes and then take it off for 20 minutes. A good indicator of when you can use ice again is when your skin returns to normal temperature. Keep a towel or clothes between your skin and the ice to protect your skin.



During your stay in the hospital, your care team will closely monitor you to ensure the swelling in your legs stays at a manageable level. Your care team will also be monitoring the health of your lungs and watching for signs of deep vein thrombosis to make sure you are healthy enough to go home.

Swelling (Edema)

Swelling in the leg(s), especially the surgical leg, is common after surgery. As you begin to get up and move around it is common for the swelling to move down your leg(s). As a result, your feet will likely be swollen. Compression stockings, along with ankle pumps, and elevating your operative leg can help to manage the swelling.

Maintaining Healthy Lungs

Similar to the rest of your body, your lungs need exercise. While in the hospital, and once you return to home, if you do not get adequate exercise your lungs may not be able to fully expand. If left untreated, this can lead to pneumonia.

Signs of Weak Lungs/Pneumonia:

- **Fever**
- **Shortness of breath**

Deep Vein Thrombosis (DVT)

You are not able to walk as much as normal right after surgery. This causes the blood flow to slow down in your legs, and sometimes it can lead to a blood clot. If you develop a blood clot, it is important to treat it quickly. A complication of DVT is when a blood clot travel to the lungs, which could be fatal if left untreated.

Signs of Deep Vein Thrombosis:

- **Swelling**
- **Calf (lower leg) tenderness**
- **Shortness of breath**

Preventing Infection

Be a Partner in YOUR Care

If you do not see someone washing his/her hands or using hand sanitizer, ask them to do so. You are a partner in your care and it is important that you make sure you are doing your part to prevent infection!

Infections can be prevented through good hand hygiene. You, your visitors and staff should all follow good hand hygiene.

Hands should be washed:

- After using the bathroom
- Before and after meals
- When entering or leaving your hospital room

Don't touch your wound with your bare hands unless directed to do so by your care team.

Any infection in your body can get into your blood stream and infect your new joint. It is important to ask your provider what will be normal to expect after your surgery so you can identify signs of infection early.

Some redness, warmth and swelling is considered normal.

The above symptoms could be signs of infection if:

- The symptoms get worse
- The symptoms start to spread

Other signs of infection include:

- Sudden increase in discharge (yellow/green color, foul smelling)
- Sudden increase of pain for no reason



Discharge Information

Most patients will be discharged 2-3 days after surgery. Patients must be in a stable medical condition and demonstrate safe functional mobility, in order to be discharged home. If you are having trouble achieving these goals, our staff may look into discharging you to a skilled nursing facility or refer you to a home health agency. Use page 13 to know your insurance benefits.

Meet Functional Goals

You can navigate your own home with your walker and/or standby assistance.

- Get in and out of bed
- Go up and down stairs (if needed)

You can get dressed with minimal assistance.

Be Medically Stable

- Stable vital signs
- Adequate pain control
- Medical issues have been resolved or stabilized with appropriate follow-up arranged as needed

Our staff will evaluate your medical and mobility progress on a day-to-day basis. When it is determined you are ready to go home, the nurses will provide education and training to aid in your recovery. This will include how to prevent DVT (page 21) and how to manage your pain (page 24).

Items to Help Your Recovery After Discharge:

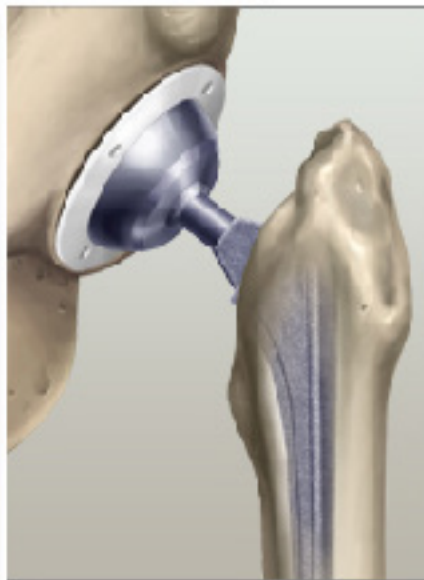
1. **Patient Care Education** – These will help you to understand your precautions and when you should call your provider if concerns arise.
2. **Total Hip Kit and other appropriate durable medical equipment**– See pages 6-7.

Your New Hip Joint

Before



After



 ADAM

Source: Penn State Hershey Medical Center, & A.D.A.M Multimedia Encyclopedia, 2017

Pain Scale

A total hip replacement is an invasive surgery and you will be in pain. Our staff will try to make you comfortable throughout your recovery, but it is important to understand that you will NOT be pain free.

At Skagit Regional Health, we use a numerical pain scale. We will ask you what your pain level is on a 0-10 scale.

- 0 is no pain and 10 is the worst pain imaginable
- There is no 11, 12, 13 etc.

Everyone Experiences Pain Differently

The way each person experiences pain is different. At our hospitals, we ask that before you have surgery you begin to think about what a tolerable pain level is to you.

A tolerable pain level is the amount of pain you are able to handle at any point. With a total hip replacement, your tolerable pain level may include using pain medication.

Our staff will keep you comfortable based on your tolerable pain level.

Wong-Baker FACES[™] Pain Rating Scale



0

No
Hurt



2

Hurts
Little Bit



4

Hurts Little
More



6

Hurts
Even More



8

Hurts
Whole Lot



10

Hurts
Worst

MY TOLERABLE PAIN LEVEL IS (0-10): _____

NOTES

Possible Effects

Every person reacts differently to pain medication. You are the main judge of what you can handle while taking pain medication. If you feel uncomfortable with your medication, talk with your provider about other options.

Be sure to follow to the instructions that your provider gives you for your medication. The instructions may help prevent side effects.

Constipation

Constipation is a common effect of pain medication. A sign of constipation is when your stool pattern becomes less frequent. Pain medication can cause your stool to get backed up, which can result in cramping and pain in your stomach. Please talk to your provider about which medication would be best for you.

Ways to help your symptoms

- **Drink a lot of fluids**
- **Eat foods that are high in fiber: fruits, vegetables, and legumes**
- **Laxative or stool softener**
- **Move around**

Drowsiness

Drowsiness is described as feeling extremely tired. It can be from your body relaxing due to less pain or from a certain type of medication. If you are feeling drowsy, it is important to know that there may be functions that are unsafe for you to do, such as driving or cooking.

Ways to help your symptoms

- **Rest**
- **Decrease your dosage of medication – only do this as you feel able and consult your provider if you have questions.**

Nausea/Vomiting

Nausea is discomfort in your stomach that can cause the feeling of needing to vomit. Pain medication can cause both nausea and vomiting. Vomiting takes away from the nutrients in your body and causes you to feel weak; this can slow your recovery.

Ways to help your symptoms

- **Drink a lot of fluids**
- **Eat healthy foods – foods high in fat are more difficult to digest.**
- **Talk to your provider – if your symptoms don't improve.**

Dealing with Pain

Listen to your body; you will be the best judge of what your body can handle following the surgery. It is important to understand that you will not be pain free and your pain could last for some time after you leave the hospital.

Pain is uncomfortable, but it is a part of the recovery process. Your care team uses your pain level to understand where you are in recovery. If you know what level of pain you can handle before surgery, you can better explain to your care team how you are feeling.

You will have an individualized pain plan that you discuss with your providers. After you have your surgery, your provider will work with you to taper the medications.

Skagit Regional Health recommends that you find ways to handle the pain so you can keep a tolerable pain level when you return home. You can help decrease your pain and improve the recovery process if you focus on things that bring you comfort.

Consider these examples to help you manage your pain:

- **Meditate**
- **Stay hydrated.**
- **Balance rest and activity.**
- **Move a little, multiple times during the day.**
- **Distract yourself – with music, television, reading or with a quiet hobby.**



Narcotic Refill Process

It is recommended that you keep track of your pain medications. If you find that you are running out, please follow these steps:

1. **Call our office during regular business hours. It usually takes 48-72 hours to refill a prescription. Please plan ahead.**
2. **Prescriptions must be picked up during regular business hours. We do not refill prescriptions after hours, on weekends or on holidays.**
3. **I.D. is required for picking up all prescriptions. The office will need to know the name of the person picking it up each time if it will not be you.**

NOTES

Protecting Your Medications

Tips for Keeping Your Medications Safe

Your provider will prescribe medications for your pain. It is important to know that your medications are prescribed for your unique characteristics. It can be hazardous if another person uses your medications. It is also important to prevent unintentional access to your medications; this includes family, friends, children, other visitors or pets.

- Keep out of reach of children
- Keep in one safe place so you can always remember where they are
- Keep top cap securely on
- Keep your medications with you, when you can
- Keep track of how many are left/how many you have taken

Disposing of Medications Yourself

If you decide to dispose of the medications yourself, the Food and Drug Administration (FDA) recommends doing so in the following manner:

1. Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. **DO NOT** flush prescription drugs down the toilet unless this information specifically instructs you to do so.
2. If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:
 - a. Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
 - b. Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag. Then place in your trash receptacle.
 - c. The same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

Medication Disposal

Everyone has different experiences with pain medication. If your pain levels are comfortable without using pain medication, but you still have pain medication remaining, we recommend that you dispose of it. Keeping extra pain medication at home puts you, your family, and your community at risk. Please see below locations that have medication take-back programs.

SKAGIT COUNTY

Anacortes Police Dept.
(360) 293-4684

Skagit County Sheriff
(360) 336-9450

Swinomish Tribal Police
(360) 466-3163

Burlington Police Dept.
(360) 755-0921

Sedro-Woolley Police Dept.
(360) 855-0111

Washington State Patrol
(360) 654-1204

Skagit Valley Hospital
(360) 428-2500

SNOHOMISH COUNTY

Arlington Police Dept.
(360) 403-3400

Snohomish County Sheriff
(425) 388-7939

Granite Falls Police Dept.
(360) 691-6611

Marysville Police Dept.
(360) 363-8300

Stanwood Police Dept.
(425) 388-5290

ISLAND COUNTY

San Juan County Sheriff
(360) 378-4151

Oak Harbor Police Dept.
(360) 279-4600



All Locations

ACCEPT

- Prescription drugs
- Over the counter drugs
- Vitamins
- Inhalers
- Unused Epi Pens

DO NOT ACCEPT

- IV bags
- Needles or syringes
- Bloody or infectious waste
- Used Epi Pens
- Personal care products

For more locations and details go to: takebackyourmeds.org. Most law enforcement offices take back prescription medications.

MEDICATION TRACKER- EXAMPLE

Medications	Percocet	Zofran	Colace	Lovenox	Vistaril	Notes/ Comments
Frequency	Every 4 hours	Every 4 hours	Twice a day	Once a Day	Every 6 hours	Write the name of your medications
Use	Pain	Nausea	Constipation	Blood Thinner	Spasms	Write how often you take each medication
6 a.m.						Write the reason you take each medication
7 a.m.						
8 a.m.						
9 a.m.	X	X	X	X	X	
10 a.m.						
11 a.m.						Mark the box that is associated with the hour you should take your medication
12 p.m.						
1 p.m.						
2 p.m.						
3 p.m.						
4 p.m.						
5 p.m.	X	X				
6 p.m.						
7 p.m.						
8 p.m.						
9 p.m.	X	X			X	
10 p.m.						Use this column to write any notes or effects from your medication
11 p.m.						
12 a.m.						
1 a.m.	X					Woke up with level 8 pain
2 a.m.						
3 a.m.						
4 a.m.						
5 a.m.						

Tear-out Blank Medication Tracker sheets are in the Appendix pages III- VI

Introduction

Physical Therapy and Occupational Therapy will work with you to regain your function and increase your activity. They will teach you about:

- Adaptive and assistive devices
- Body mechanics
- Safety in movement
- Energy conservation
- Pain management
- Positioning
- Strengthening
- Range of motion



Physical Therapy

Develops an individualized plan of care using a variety of treatment techniques that will help you move, reduce pain, and restore optimal function of your new joint.

Occupational Therapy

Evaluates your functional ability for basic activities of daily living (such as getting dressed, shower safety, etc.) and instructs you in ways to adapt in order to be as independent as possible as quickly as possible.



PT/OT Questionnaire

Please describe the entrance you will use upon returning home?

If there are steps on that entrance, how many steps up/down?

On that entrance, are there handrails?

Left Right Both

On your main living level are there any unique

What is the height of your bed?

What type of chair will you mainly sit in when you return home?

Have you had your walker fitted?

Do you know how to adjust your walker yourself?

Do you have your appropriate durable medical equipment?

Can our PT/OT Team help you with anything else in order to prepare you for your return home?

Posterior Approach – Exercises



Ankle Pumps

Bend ankles up and down, alternating feet.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



Heel Slides

While lying down, slide heel of involved leg along bed surface, bending hip and knee.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



Quad Sets

Slowly tighten muscles on thigh of involved leg while pressing back of knee into bed. Hold 5 seconds.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



Gluteal Sets

Squeeze buttocks muscles as tightly as possible. Hold 5 seconds.

- Repeat 10-15 times.
- Do 2-3 sessions per day.

Posterior Approach – Exercises



Short Arc Quads

Place a rolled pillow or large can under involved knee to allow slight bend. Straighten knee by raising heel off of bed, maintaining contact with roll. Slow and controlled for a count of 5 seconds.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



Abduction/ Adduction

Slide involved leg out to side keeping knee and toes pointing up.

- Repeat 10-15 times.
- Do 2-3 sessions per day



ADVANCED

Standing Hip Abduction

Hold onto counter or back of sturdy chair. Lift involved leg out to side keeping toes and knee pointing forward.

- Repeat 10-15 times.
- Do 2-3 sessions per day.

Posterior Approach – Exercises



ADVANCED

Standing Hip Extension

Hold onto counter or back of sturdy chair. Lift involved leg back while keeping upper body straight.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



ADVANCED

Standing Hip Flexion

Hold onto counter or back of sturdy chair. Using involved leg, lift knee up but keep knee lower than hip joint.

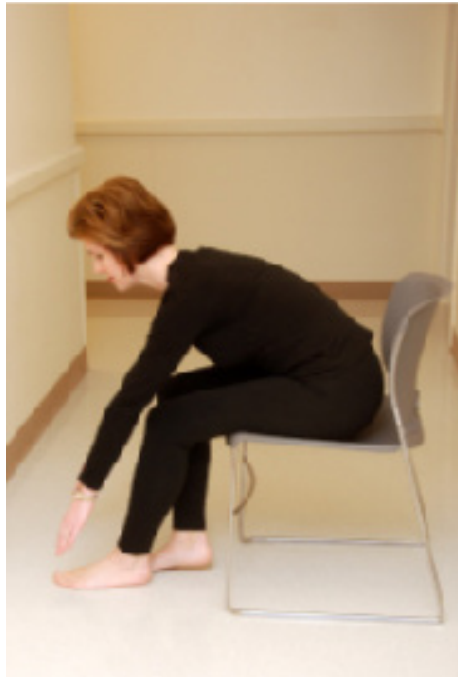
- Repeat 10-15 times.
- Do 2-3 sessions per day.

Posterior Approach– Precautions

DON'T DO THESE MOVEMENTS



No Crossing Legs



No Bending Forward



No Internal Rotation

DO THESE MOVEMENTS



Legs Apart



Use Reacher



Neutral Stance

Lateral Approach– Exercises



Ankle Pumps

Bend ankles up and down, alternating feet.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



Heel Slides

While lying down, slide heel of involved leg along bed surface, bending hip and knee.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



Quad Sets

Slowly tighten muscles on thigh of involved leg while pressing back of knee into bed. Hold 5 seconds.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



Gluteal Sets

Squeeze buttocks muscles as tightly as possible. Hold 5 seconds.

- Repeat 10-15 times.
- Do 2-3 sessions per day.

Lateral Approach– Exercises



Short Arc Quads

Place a rolled pillow or large can under involved knee to allow slight bend. Straighten knee by raising heel off of bed, maintaining contact with roll. Slow and controlled for a count of 5 seconds.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



ADVANCED

Standing Hip Extension

Hold onto counter or back of sturdy chair. Lift involved leg back while keeping upper body straight.

- Repeat 10-15 times
- Do 2-3 sessions per day



ADVANCED

Standing Hip Extension

Hold onto counter or back of sturdy chair. Lift involved leg back while keeping upper body straight.

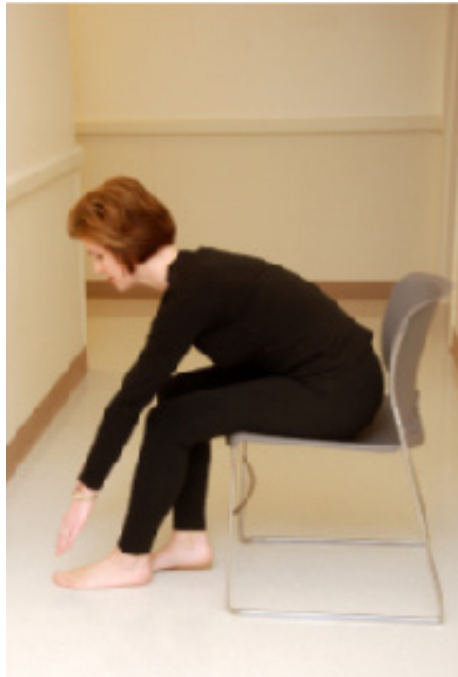
- Repeat 10-15 times
- Do 2-3 sessions per day

Lateral Approach– Precautions

DON'T DO THESE MOVEMENTS



No Crossing Legs



No Bending Forward



No Hip Abduction

DO THESE MOVEMENTS



Legs Apart



Use Reacher



Neutral Stance

Direct Anterior Approach – Exercises



Ankle Pumps

Bend ankles up and down, alternating feet.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



Heel Slides

While lying down, slide heel of involved leg along bed surface, bending hip and knee.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



Quad Sets

Slowly tighten muscles on thigh of involved leg while pressing back of knee into bed. Hold 5 seconds.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



Gluteal Sets

Squeeze buttocks muscles as tightly as possible. Hold 5 seconds.

- Repeat 10-15 times.
- Do 2-3 sessions per day.

Direct Anterior Approach – Exercises



Short Arc Quads

Place a rolled pillow or large can under involved knee to allow slight bend. Straighten knee by raising heel off of bed, maintaining contact with roll. Slow and controlled for a count of 5 seconds.

- Repeat 10-15 times.
- Do 2-3 sessions per day.



Abduction/ Adduction

Slide involved leg out to side keeping knee and toes pointing up.

- Repeat 10-15 times.
- Do 2-3 sessions per day

Direct Anterior Precautions

No hip external rotation beyond 90 degrees.

DON'T DO THESE MOVEMENTS



DO THESE MOVEMENTS



Direct Anterior Approach – Exercises



ADVANCED

Standing Hip Flexion

Hold onto counter or back of sturdy chair. Using involved leg, lift knee up but keep knee lower than hip joint.

- Repeat 10-15 times
- Do 2-3 sessions per day



ADVANCED

Standing Hip Abduction

Hold onto counter or back of sturdy chair. Lift involved leg out to side keeping toes and knee pointing forward.

- Repeat 10-15 times.
- Do 2-3 sessions per day.

Returning Home

Once your surgery is complete, you will start a period of readjustment when you return home. For the next six to 8 weeks, your new joint will continue to heal. You will need to learn to balance your exercise periods with your rest periods. It is important to continue to remember that you are the best judge of your pain and capabilities, so do not overdo or push yourself beyond your limits.

Medications

You will be given prescriptions for new medications you may need at home. Resume your usual medications as discussed at discharge.

Sitting

Do not sit longer than 30 minutes at a time. Get up often, walk and change your position. If you do not move, you will become stiff and have swelling. Moving frequently is important to decrease swelling and the possibility of forming a blood clot.

Walking

Do not walk without your walker or cane until your doctor or PT tells you that it is allowed. You may feel you can do without these devices, but remember that healing is ongoing and it takes time. Use of an assistive device protects the healing of your joint. Walk often on level ground and go outdoors if weather permits, or choose a large indoor area such as a shopping mall.

Driving and Riding in a Car

If you are riding in a car, stop every 30 minutes to get out to stretch and walk. Do your ankle pumping exercises while you are riding in the car.

At about four weeks, once you have complete control of your operative leg and are no longer taking pain medication, your doctor may permit you to drive a vehicle.

Sexual Activity

Many patients and their partners have a great deal of anxiety about resuming sexual activity after a total hip replacement. This section will address these issues and hopefully relieve your anxieties and answer your questions.

What affect will total hip replacement have on sexual relations?

Patients who need total hip replacement often have a great deal of pain and stiffness before their joint replacement that can interfere with their sexual activity. Total hip replacement will relieve a lot of the pain and stiffness so sexual activity is more comfortable.

When may I resume sexual intercourse?

The soft tissue around the hip, namely the skin incision and the muscles, require about 4 to 6 weeks for healing. It is most often safe to resume sexual activity in about 4 to 6 weeks after surgery. However, if you have no problems after surgery and have little to no hip pain, you may resume sexual activity at an earlier time. Please discuss this topic with your doctor.

What positions are safe and what precautions should be followed during sexual activity?

Total hip replacement precautions have been outlined for you by your surgeon, nurse and physical therapist. These precautions should be followed in all activities of daily living. As your hip heals, you may assume a more active role. After several months you can resume sexual activity in any comfortable position.

What should I tell my partner?

Your partner should understand that your hip precautions may limit positions. Tell your partner openly and freely about your level of comfort, concerns, and anxieties.

For any additional questions please ask your provider and/or PT/OT.

Activities

Your new joint can be damaged or worn out by rough treatment. You will always need to exercise to keep your muscles and ligaments strong. You will need to avoid activities that may cause excess stress to the joint and cause it to loosen.

Activities to avoid:

- Jogging or running
- Contact sports
- Jumping rope
- Lifting > 35 pounds

Recommended activities:

- Exercises taught by your physical therapist or occupational therapist
- Swimming • Golf • Bike riding • Walking

If you have a specific sport that you are interested in, talk with your provider to see what your options or limitations may be. Wait to use exercise equipment, whirlpools or spas until approved by your provider.



Caring for Your Incision

Caring for your incision is important to prevent infection. Your incision may be closed with staples or stitches you can see, or be closed under the skin. Your incision may be covered with a special tape called steri-strips. The steri-strips will be removed at your first post-op appointment.

Do not soak incision under water for two weeks. You will be given specific instructions for showering when you are discharged.

Please follow instructions for dressing changes as ordered by your doctor.



Please report any of these signs to your doctor:

- Excessive redness
- Excessive swelling
- Sudden increase in discharge (yellow/green color, foul-smelling)
- Fever of 101°F or higher
- Edges of incision separate
- Coldness of the leg
- Leg turns pale or blue
- Tingling or numbness
- Pain in the leg for no apparent reason

If you feel you are developing an infection in any part of your body, be sure to tell your providers.

Places to watch for infection:

- Tooth and gum infections– See page 10
- Urinary Tract Infection (UTI)
- Lungs
- Skin (Abscess, Cellulitis)

Glossary of Terms

Care Team

Providers: This is a general term for anyone that may be providing care to you during this process. This can include your primary care physician, surgeon, anesthesiologist, physician assistant, as well as your rehabilitation team and your nursing staff.

In the office

Surgeon: The doctor who will be performing your surgery.

Physician Assistant: A mid-level provider that assists in surgery. She or he will see you in the office and hospital, as well as order tests and write prescriptions.

Surgery Scheduler: Schedules the surgery and makes appointments related to the surgery, such as pre-op and post-op appointments. Gets insurance authorization(s) and provides instruction on where to go for the surgery.

Registered Nurse (RN): Reviews your surgical chart and pre-operative testing results.

Medical Assistant (MA): Works with the surgeon in the office and gives you the pre-op skin care instructions, dispenses a walker if needed, and gives directions.

In the hospital

Anesthesiologist: The doctor that will administer anesthesia for your surgery.

Registered Nurse (RN): The surgical nurse that will check you in before surgery, organize the operating room and take care of you as you wake up from surgery. A floor nurse will take care of you in your hospital room and administer medications.

Certified Nursing Assistant (CNA): Helps you with bathing, getting out of bed, getting to the bathroom, changing the sheets, emptying drain contents, and taking vital signs.

Social Worker/ Discharge Planner/ Case Manager: Helps you make plans for going home after the hospital stay.

Unit Assistant: Sits at the front desk of the unit, answers the phones, may answer the call light, and directs family or visitors to patient rooms.

Durable Medical Equipment Suppliers

Suppliers and Lenders are chosen based on proximity to our patients. Skagit Regional Health does not endorse any of these companies.

Loaner Medical Equipment

Knights of Columbus – Martin Steiner

(360) 466-1967

18651 Josh Wilson Road

Burlington, WA 98233

Tuesday and Thursday 3p.m.- 4p.m.

Soroptomist International of Anacortes

Must live in 98221 zip code

(360) 293-7251

1107 3rd Street

Anacortes, WA 98221

Tuesday and Friday 8a.m.- 4p.m.

Stillaguamish Senior Center

(360) 653-4551

18308 Smokey Point Blvd.

Arlington, WA 98223

Wednesday and Thursday 9a.m.- 3p.m.

Stanwood Senior Center

(360) 629-7403

7430 276th Street NW.

Stanwood, WA 98292

Monday– Friday 9a.m.- 4p.m.

Disabled American Veterans

(360) 420-4046

Call to make appt.

Medical Equipment Suppliers

Bellevue Healthcare

(425) 258-6700

2031 Broadway Street

Everett, WA 98201

Monday– Friday 8a.m.- 6p.m.

Saturday 9a.m.- 5p.m.

Can do home deliveries

Whidbey Home Medical

(360) 679-7927

239 NE Midway Blvd #1

Oak Harbor, 98277

Monday– Friday 9a.m.- 4p.m.

(Closed 12p.m.-1p.m.)

Drugstores and Other Retailers

Examples: Rite Aid, Walmart,

Goodwill, Salvation Army

MEDICATION TRACKER- EXAMPLE

Medications							Notes/ Comments
Frequency							
Use							
6 a.m.							
7 a.m.							
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
12 p.m.							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							
10 p.m.							
11 p.m.							
12 a.m.							
1 a.m.							
2 a.m.							
3 a.m.							
4 a.m.							
5 a.m.							

MEDICATION TRACKER- EXAMPLE

Medications							Notes/ Comments
Frequency							
Use							
6 a.m.							
7 a.m.							
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
12 p.m.							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							
10 p.m.							
11 p.m.							
12 a.m.							
1 a.m.							
2 a.m.							
3 a.m.							
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MEDICATION TRACKER- EXAMPLE

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Thank you for choosing Skagit Regional Health for your total hip replacement. We are dedicated to providing our community with high quality, compassionate medical care that is comprehensive and continuous throughout your life.

MOVE WITHOUT HESITATION

ORTHOPEDICS & SPORTS MEDICINE

Lifting your kids. Tending to your garden. Walking your dog. A healthy body is a body in motion. But when pain and immobility interrupt, your movements and the activities you love become a struggle.

The experts at Skagit Regional Health are dedicated to returning these joys to you. Our Board Certified Orthopedics and Sports Medicine team gets you back to living to the fullest, **and moving without hesitation.**



Skagit  Regional Health

(360) 435-6641
ARLINGTON

(360) 814-6800
MOUNT VERNON



One Caring, Connected System

SPECIALTIES AND SERVICES

- Cardiology
- Dermatology
- Endocrinology
- Family Medicine
- Foot and Ankle
- Gastroenterology
- General Surgery
- Hospice of the Northwest
- Infectious Disease
- Internal Medicine
- Interventional Pain
- Laboratory
- Midwifery
- Nephrology
- Neurology
- Occupational Medicine
- Oncology
- Optometry
- Orthopedics and Sports Medicine
- Pediatrics
- Plastic/Reconstructive Surgery
- Pulmonology
- Radiology/Imaging
- Rehabilitation
- Rheumatology
- Sleep Medicine
- Thoracic Surgery
- Urgent Care
- Urology
- Women’s Health
- Wound Care



URGENT CARE CENTERS

<p>MOUNT VERNON 1400 E. Kincaid St., Mount Vernon 360-428-6434</p>	<p>RIVERBEND 2320 Freeway Dr., Mount Vernon 360-814-6850</p>	<p>SMOKEY POINT 3823 172nd St. NE, Arlington 360-657-8700</p>
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