Our Mission

St. Peter’s Health Care Services, acting in the Catholic tradition of the Religious Sisters of Mercy, is a community of persons committed to being a transforming, healing presence within the communities we serve.

- We treat all persons with dignity, hospitality and compassion, calling forth their best human potential.
- We provide comprehensive services that support healthy communities, including quality medical care with holistic approaches to healing body, mind and spirit.
- We care for and strengthen the ministry and all resources entrusted to us.
- We advocate for accessible health care and quality of life for all, especially those who are poor.
- We respond with courage and integrity to needs for services in a rapidly changing health care environment.

Our Core Values

Compassion – We share the suffering of others; showing empathy and concern for anyone in distress and responding kindly and sensitively.

Reverence For Each Person – We show respect and consideration for each person, affirming the sacredness of human life.

Community – We demonstrate our interdependence through inclusive and compassionate relationships.

Hospitality – We create an environment where persons feel welcome and included, striving to meet perceived as well as expressed needs.

Excellence – We take pride in our work, continuously improving our skills and abilities so that our distinctive service benefits those we serve and with whom we work.

Integrity – We keep our word and are faithful to who we say we are.

Courage – We dare to take the risks our beliefs demand of us.
At St. Peter’s Hospital, we believe that:

Patient and family education is a critical component of providing excellent patient care. This education is essential:

• First, in the prevention of disabilities resulting from chronic disease, musculoskeletal abnormalities, trauma, and improvement from such disabilities.
• Second, in the planning, healing, recovery and rehabilitative process surrounding surgery.

Patients and families have the right to learn:

• What services and treatment are available to them from St. Peter’s Hospital;
• The benefits of their participation in treatment plans;
• The outcomes they can expect.

Patients and their families are our principal sources of ideas, inspiration, information, and requests for the development and on-going improvement of patient education materials and programs.

High satisfaction, learning and changing health behaviors of patients are the most significant outcomes of our efforts.

The education pertinent to each patient must be conveyed by the teaching/learning method and strategies, which are adapted to each patient’s and caregiver’s age, level of development, culture, educational background, language, and readiness to learn.

Patient education is the responsibility of all health care providers. As providers of clinical excellence, we further believe that we have a responsibility to continuously improve our methods of approaching, developing, and providing patient and family educational information.

In support of these beliefs, the multidisciplinary orthopedic team serves as a resource and facilitator to all such providers. The team supports a consistent approach to the presentation of all materials, which carry out the mission of the institution, as well as a universal, uniform respect for the cultural and educational diversity of our patients.
Dear Patient:

We designed this book to help guide you through your surgical journey from beginning to end. Its objectives are three-fold:

- To help prepare you for your surgery and hospital experience
- To guide your recovery from your Total Joint Replacement Surgery while in the hospital, encouraging you to be as independent as possible
- To prepare you for your recovery at home

This book is a general guide to recovery from Total Joint Replacement. However, not all patients have the same conditions or needs. Your doctor, physical therapist, or nurse may make changes from this book. We will use the best technology and educational strategies in an atmosphere that nurtures your well being.

At St. Peter’s Hospital all of our caregivers and support personnel are committed to excellence. They complement and support the outstanding surgical staff. You can help achieve your optimal recovery from your surgery by becoming an active, helpful part of the St. Peter’s Hospital team before, during and after the surgery. Of course, the long-range benefit of your surgery depends very much on the success of your continuing rehabilitation at home. Therefore, we hope and expect that you will continue to practice what the team has taught you long after you have left us.

This book guides your recovery. you will refer to it while you are in therapy and throughout your hospital stay. You and your support network should read this book carefully now, and then refer to it as needed during your recovery process.

Please bring this book to the hospital with you. You will need it for reference and guidance.

Sincerely,

St. Peter’s Hospital Orthopedic Team
Thank you for choosing to have your surgery at St. Peter’s Hospital.

Your health care is a cooperative effort among you, your doctor and the hospital staff. The staff at St. Peter’s Hospital would like you to know how we will assist you and your surgeon in preparing for surgery.

The pre-anesthesia testing process is an essential part of the preparation for your surgery. Please call the Pre-Admission Testing (PAT) Department at 525-1545 to schedule two appointments:

1. A telephone assessment/interview with a nurse, and
2. An appointment for any tests your surgeon or anesthesiologist has ordered.

This telephone interview is a very important part of the preparation for your surgery. The nurse will review your medical and surgical history, inform you of the things you will need to do in preparation for your surgery (i.e., fasting), and tell you which medications to take (or NOT take) the morning of surgery.

Please have the following information ready for this telephone interview:

• A list of medications, vitamins and herbal supplements you are taking (both prescription and over-the-counter), including the dose and spelling of each medication.
• The name and phone number of your primary care physician and any other physician specialist you routinely visit.
• The name and number of your pharmacy.

To help us ensure we have all of the reports required for your medical record, please tell the PAT staff if you have had any blood work, electrocardiograms (EKG), or pre-surgical evaluations within the last 30 days. Please note that your physician must have completed a history and physical exam within 30 days prior to your surgery and faxed that form to 944-2505.

Confirming Your Surgery

You will need to confirm the time of your surgery so that you know what time to arrive at the hospital. If your surgery is on a Monday, you need to call the operating room scheduling office on the Friday before the surgery. If you are having surgery Tuesday through Saturday, you need to call the day before your surgery. The number to call is 525-1113, between 1 and 4 p.m. If you are unable to call during that time, you may call the pre-admission testing office at 525-1545 between 4 and 6 p.m.

You must arrange for someone to drive you home from the hospital. (Your driver may have his/her parking ticket validated for free parking the day...
Welcome to the St. Peter’s Hospital Total Joint Program

At St. Peter’s, we are committed to providing the highest quality of care to our patients. Our goal is to provide you with excellent care and to make your stay as pleasant as possible. To ensure that your needs are met as quickly as possible, an hourly rounding schedule is in place.

Rounding – What to Expect

As part of your hospitalization, members of your healthcare team will be visiting you on a regular basis. We call this “rounding”. Rounding visits will occur as follows:

- **Every hour**, from 6 a.m. to 10 p.m.
- **Every two hours**, from 10 p.m. to 6 a.m.

If you are sleeping, we will not awaken you during a rounding visit.

During a rounding visit your caregivers will do the following:

- Check on your general health and well-being
- Monitor your comfort and pain
- Help you move and change positions
- Assist you with trips to the bathroom

In addition, we will also make sure you have access to:

- A telephone
- A bedside table
- Water and other beverages
- Your glasses (if you wear them)
- A call light for assistance
- A urinal and/or bedpan
- A wastebasket

How Will This Benefit You and Your Visitors?

Regular rounding visits give your healthcare team the opportunity to address your personal needs while allowing visiting family and loved ones to focus on your recovery.

Let Us Know How We Are Doing

Our efforts are intended to improve your hospitalization experience. Your feedback is strongly encouraged. After you have been discharged from the hospital, you may receive a survey in the mail. We ask that you complete the survey. Your feedback helps us to recognize our staff and know what needs improvement.

If you have any special needs or concerns that you would like to share with us prior to your arrival or while you are here, please do not hesitate to call.

Mary Alice Murphy, MS, RN
Orthopedic Program Manager
Operations Manager
Office: 525-1605
Cell: 330-6480

Margaret Urquhart, RN
Patient Care Supervisor, Orthopedics
Office: 525-1605
Cell: 525-8872

Anne Martin
Patient Representative
Office: 525-1192
What to Bring to the Hospital

• X-rays and lab reports (if requested)
• Health Care Proxy
• Flat, supportive athletic or walking shoes that are non-slip.
• Short lightweight bathrobe (short clothing helps prevent tripping while walking).
• You may prefer to wear your own nightwear after the first day. Short gowns, loose pajamas, or baggy shorts work best.
• Sweat suit, or loose, comfortable fitting clothes to wear home (your family could bring these when you are ready to leave).
• Personal toiletries
• Eyeglasses instead of contact lenses. (They are easier to take care of and less likely to be lost in the hospital. We cannot be responsible if you lose them.)
• Dentures: we will provide a container for you to use. (When you remove them, keep the container on your bedside table or in a drawer, not in the bed or food tray. As with glasses, we cannot be responsible for loss.)
• Patient’s Guide to Total Joint Replacement.
• A list of the medications you have been taking (include any you may have stopped in anticipation of surgery).
• Telephone numbers of people you may want to call.
• Small amount of money ($20 or less) for newspapers, and other items.
• A book, magazine or hobby item to help you relax.

Do Not Bring to the Hospital

• Valuables
• Jewelry
• Credit cards

Planning Your Hospital Stay

Personal articles and clothing should be limited to those that fit into a single, small piece of luggage. There is very little storage in your inpatient room. With regard to bringing things in, we suggest you plan in two phases:

• What you may need, or want, while in the hospital. If you expect family or someone else to visit you as soon as you go to your inpatient room, it may be most convenient for them to bring in the things you want in the hospital. Please bring your non-skid shoes to wear during your therapy sessions.

• What will you need for your trip home. You will need loose-fitting clothing, non-skid shoes, outer coat (in season), etc. Your family can bring in these items the day you leave.

Regarding your crutches or walker:
You will need crutches or a walker when you begin to practice walking in the hospital. The hospital has equipment for your use during your hospital stay. The case manager will assist with arranging for equipment you may need at discharge.

Regarding your hospital stay, please note the following: We prefer that you use the hospital gown for 24 hours after surgery. It is easier to get on and off. You will be walking shortly after surgery. Shoes with non-skid soles are necessary. Bring orthotics, if you use them. If you prefer a special type of soap or hair product, please bring them. And of course, bring your basic cosmetics.

Electric razors and battery-operated appliances are the only appliances you may bring to the hospital. This is for safety for yourself and others patients.
Relaxation Items: A device for playing music, a stuffed animal, reading materials, or any personal articles that may help you relax. Arrange for these to be brought to you in your inpatient room. TV and telephone service are available in your room (at additional charges). Also, an accessible Wi-Fi Hotspot called “Guest” is available.

Medications: Once you arrive at St. Peter’s Hospital, we will supply all your medications.

Women: Your surgery may trigger a change in your menstrual cycle. Sanitary pads are available from the hospital or you may bring your own.

Planning Your Discharge
(Complete the attached discharge planning form on page 15 and bring it with you to the hospital on your scheduled surgical day.)

Discharge planning begins when you and your physician schedule a surgical date. Our goal is to assist you with a seamless discharge plan. Please be aware that your hospital stay will be 2-3 nights following surgery, therefore the discharge plan needs to be in place prior to surgery. We encourage consistency with that choice of plan to avoid discharge delay.

Discharge Planning Options

- **Outpatient Physical Therapy:**
  This is a service that provides therapy in an outpatient setting. A prescription will be provided by your surgeon for therapy at the facility of your choice. This can be discussed with the case manager. Transportation to and from therapy will be your responsibility. Therapy is usually as ordered by your surgeon.

- **Home Health:** This is a service covered under Medicare and most private and HMO insurances. Your nurse Case Manager or Social Worker will assist you in selecting an agency that is a provider for your insurance carrier. A physical therapist will visit the home for therapy at the frequency ordered by your doctor. This is an option for patients who do not have available transportation to and from outpatient therapy and are considered homebound. Non-Medicare patients will need to contact your insurance company to verify coverage for home health and co-pay requirements.

- **Skilled Nursing Facility:** A facility that provides inpatient therapy and skilled nursing services. This is an option for patients who live alone, or do not have an able caregiver and will need to be more mobile for a safe discharge home. Therapy is usually twice daily for the duration of your stay at the facility. Length of stay is usually 7–10 days based on your progress. It is the responsibility of patient and family to select a facility. St. Peter’s has two skilled facilities, St. Peter’s Nursing & Rehabilitation Center and Our Lady of Mercy Life Center.

- **Equipment:** This will be ordered by your case manager or social worker in the hospital.

- Your discharge plan will be finalized during your hospital stay.
Short-Term (Sub-Acute) Rehabilitation

St. Peter’s Nursing & Rehabilitation Center

St. Peter’s Nursing & Rehabilitation Center is staffed and equipped to provide a broad range of services, including a separate 40-bed, designated rehabilitation unit. This is for individuals who do not require hospital-based acute rehabilitation. Length of stay can be several days or several weeks, with a personalized plan of care to ensure appropriate medical, therapeutic and social services, and discharge planning at every stage of the rehabilitation process.

Our interdisciplinary treatment team is comprised of physiatrists (rehabilitation medicine physicians) including the chief of Rehabilitation Medicine at St. Peter’s Hospital; physical, occupational and speech-language therapists; along with skilled nursing staff oriented to the needs of rehabilitation patients. Our goal is to help patients reach their optimal level of functioning and return home safely.

Sub-acute rehabilitation patients enjoy a wide range of amenities including cable television and DVD players in each room, DVD movies to borrow, telephones, computer classes, religious services, and rehabilitation-specific group activities and dining areas.

Comprehensive Rehabilitation

Upon admission, each resident is evaluated by physical and occupational therapists to determine any specific needs. Our rehabilitation services include:

- Physical therapy
- Occupational therapy
- Speech therapy and audiology
- Evaluation for any equipment needs

All therapies are delivered with the goal of enabling each resident to achieve the most satisfying, independent lifestyle possible.

Convenient Location

As a caregiver, family member or resident, you’ll want frequent visits to be convenient. St. Peter’s Nursing & Rehabilitation Center is located in the heart of the Capital Region, minutes from major highways, in one of Albany’s largest and nicest residential neighborhoods.

If any medical emergency arises, residents have fast access to St. Peter’s Hospital, which is located adjacent to our facility. St. Peter’s Hospital is one of the nation’s top-rated hospitals for cardiac, stroke and clinical care.

Comfortable Environment & Activities

St. Peter’s Nursing & Rehabilitation Center is the perfect union of quality care and a comfortable atmosphere. While we offer the latest in medical technology, we also have bright, sunlit rooms and courtyards that are warm and welcoming. Our multidisciplinary staff is highly experienced in long-term care. They understand the power of a smile and know residents and their families by name.

Our Lady of Mercy Life Center

Our Lady of Mercy Life Center’s Rehabilitation Program is staffed and equipped to provide a broad range of professional services designed to meet your needs.

A sub-acute program at Our Lady of Mercy Life Center is a great place to begin the rehabilitation process. Whether the length of stay is several days or several weeks at our facility, a personalized plan of care assures appropriate medical, therapeutic, social services and discharge planning at every stage of the rehabilitation process.

Our interdisciplinary treatment team consists of physical, occupational and speech-language therapists, along with skilled nursing staff oriented to the needs of rehabilitation residents.
Through the St. Peter’s continuum of care, of which the Life Center is an integral part, you will have access to a wide range of treatments and resources. Our goal is to assist you in reaching your optimal level of functioning and help you return home safely.

Additionally, our sub-acute rehabilitation residents enjoy a wide range of amenities, including cable television, same-day phone installation, group activities, religious programs and more.

**Nutrition Before Your Surgery**

**Before Coming to the Hospital**

Your nutritional program is an important piece for your overall health. But before surgery, it becomes even more important to eat healthy. You should take a fresh look at how and what you eat at this time.

To help you heal, be sure that you eat foods from all the food groups: breads and starches, fruits and vegetables, lean meat, poultry, dry beans, eggs and nuts, and low-fat dairy products.

Your present nutritional program may offer opportunity for improvement. With the motivation for preparing for surgery, now is a perfect time to begin adjusting your diet on a long-range basis. It will help you now, it will help you heal, and can improve your health in the future.

**Controlling Your Weight**

Your nutritional program should help you maintain an ideal weight for your size and age. Proper weight decreases stress on all joints.

**If You Are Overweight**

Your doctor may prescribe a weight loss diet for you before your surgery. Your weight-loss diet should be a balanced meal plan for weight loss of one to two pounds per week. Losing weight more rapidly can be bad for your health. Your weight loss should be supervised by your doctor or by a registered dietitian.

You may contact the American Dietetic Association at 1-800-877-1600 ext 4193 or visit the American Dietetic Association website at [www.eatright.org](http://www.eatright.org) to find a registered dietitian near your home.

**Your Day of Surgery**

You and your family are to follow the instruction provided when you confirmed your surgical time. When you arrive on the unit, the admitting staff will complete your admission process.

You will put on a surgical gown. Your clothes and personal possessions will be given to your family.

The nursing staff will review your final preparations before surgery.

- An intravenous infusion (IV) will be started. Your IV line provides a route for fluids, medications, antibiotics and blood transfusion, if necessary. Your IV will be continued for approximately 48 hours following surgery.
- Special white, knee-high support stockings (we call them TEDS) will be put on your legs. They support and promote circulation to your legs during and after surgery.
- The anesthesiologist will discuss the anesthesia and pain management methods appropriate for you.

During your surgery, your family members may stay in the Surgical Waiting Room.

- Your type of surgery will take about 1½ to 2½ hours.
- Your recovery time in PACU will be another one to two hours.
The surgeon will talk with your family when the surgery is completed. If your family is unable to be present after your surgery, please notify your surgeon's office about where your family can be reached and provide the telephone number.

**Initial Recovery**

Your Initial Recovery After Surgery in the Post-Anesthesia Care Unit (PACU)

After surgery, you will need immediate, careful monitoring while you recover from anesthesia and gradually awaken.

An anesthesiologist or CRNA will bring you from the OR to a special recovery room called the Post-Anesthesia Care Unit (PACU) and will oversee your recovery from anesthesia. You will be provided with oxygen, IV fluids, and continuous cardiac and respiratory monitoring, while your anesthesia wears off. Nurses continuously monitor your condition and provide aid and comfort as you recover.
Beginning Your Pain Management Program

At St. Peter’s Hospital, we are fully aware that your surgery will be followed by pain, which you may (or may not) begin to feel in the PACU. Our goal is that your pain will be treated and rated a three or less on the pain scale of one to 10 before you leave the PACU.

You will remain in the PACU until your recovery is stabilized. The anesthesiologist or medical physician will determine your readiness to be transferred to your in-patient hospital room.

Visitation While You Are In the PACU

Visitation in PACU is restricted in order to promote privacy for all patients, decrease the risk of infection, and to enhance the healing process. Every effort will be made to provide your family with the most current information about your condition. They will be informed about your schedule for transfer and then your move to your inpatient room as soon as the assignment is known.

People used to think that severe pain after surgery was something they “just had to put up with.” Today with current pain control methods, that is no longer true. At St. Peter’s, we provide a team approach to manage the pain that results from your surgical procedure.

Because there are no tests to measure pain, you must be ready to tell the staff what your pain feels like, where it is located and if it changes. The staff will also ask how well the pain medications are working. Sometimes pain is constant, other times it comes in bursts. Pain can be sharp, burning, tingling, throbbing, or aching.

You will be asked to rate your pain on the scale below:

![Pain Rating Scales](image)

Even under your personal Pain Management Program, your pain level may change at times. Be sure to tell your nurse if it becomes worse.

Your need for pain control after surgery will be met immediately. Tell your nurse as soon as the pain starts. Your pain is easier to control if you do not allow it to become severe before taking pain medication. Please discuss the best schedule for you with your nurse.

Please notify your nurse or doctor if you are not getting pain relief. We want you to be as comfortable as possible while you heal. And also, you will be able to participate better in your recovery activities.

A day after your surgery, you will be switched to a pain medication given to you by mouth. By this time, your surgical pain will be less severe and you will be able to progress with various activities more readily. Oral pain medication helps patients resume daily activities with a minimum amount of discomfort.

For additional pain relief we will provide you with ice packs and introduce you to helpful relaxation exercises.
Once you are in your inpatient room, you will encounter various conditions and activities.

- **Vital signs:** Your vital signs, which consist of blood pressure, pulse, respiratory rate and temperature, are taken frequently after surgery. The circulation of blood and motion in your legs will also be assessed regularly.

- **Breathing and exercise:** You will be asked to breathe deeply, to use your incentive spirometer (described elsewhere) and to exercise your legs frequently in order to prevent complications.

- **Surgical dressing and drainage:** You will have a bulky dressing around the surgical site. The dressing will be removed a day or so after surgery.

- **Continuous Passive Motion (CPM) machine for total knee replacement surgery only:** You will have a CPM machine on your operated leg. It bends your leg at the knee to help the healing process. The CPM machine is described in detail on a following page.

- **Urination after surgery:** Patients may be unable to urinate on their own after surgery. This is related to temporary effects of the anesthesia, your pain medicine and your need to be in bed. A catheter may be inserted into your bladder to remove urine if you are unable to urinate on your own.

- **Blood transfusion:** A blood transfusion may be necessary to replace blood loss during surgery.

- **Intermittent Pneumatic Compression Device:** You will have special leg wraps placed on your legs after surgery. These wraps attach to a pneumatic compression device. This modern technology is designed to help increase blood flow.

- **TED Stockings:** You will return with TED stockings (anti-embolism stockings). These stockings apply compression to promote increased blood flow to reduce the risk of blood clots.

- **Physical Therapy/Occupational Therapy:** You may be seen as early as the day of surgery for evaluation by the rehabilitation professionals. A personalized exercise and activity program will be developed to restore your strength and promote independence.

**Cold Therapy**

Cold therapy in the form of ice packs is provided to reduce swelling and pain. Cold therapy decreases pain at the surgical area.

We recommend that ice packs be applied to the surgery site for 20 minutes every two hours (four or five times each day) throughout your hospitalization. Don’t hesitate to ask the nursing staff for ice packs between various activities.

Cold therapy can be very helpful at home. If your leg feels heavy and stiff, we recommend that you rest with ice packs applied to the tender or swollen areas. Cold therapy is also helpful after physical therapy. You may take the ice packs home with you.

**Relaxation Exercises**

Relaxation exercises, such as a slow rhythmic breathing, can help handle any pain you may be feeling, as well as provide overall comfort.

- Breathe in slowly and deeply.
- As you breathe out, slowly feel yourself beginning to relax; feel the tension leaving your body.
- Now breathe in and out slowly and regularly at whatever rate is comfort-able for you. You may wish to try abdominal breathing (using your diaphragm). If you do not know how to do abdominal breathing, ask your nurse for assistance.
- To help you focus on your breathing, breathe slowly and rhythmically. Breathe in and say silently to yourself “in, two, three.” Then breathe out and say silently to yourself “out, two, three.”
- It may help to imagine that you are doing this in a place that is very calming and relaxing for you, such as lying in the sun at the beach or in your own special place.
- End with a slow, deep, breath. As you breathe out say to yourself, “I feel alert and relaxed.” Then concentrate on staying that way!
Soon after surgery, you will be asked to perform gentle exercises. These exercises, such as ankle pumps, quad sets, and gluteal sets, will help prevent circulation problems. They will also strengthen your muscles. Other exercises appropriate for you (some are reviewed later in this section) will be taught by the physical therapist.

To enhance your circulation, you will be expected to perform these exercises 10 times each, every hour while awake.

**Ankle Pumps:** Bend your feet toward you (use your ankles to flex your feet) and away from you (point your feet). You can do this exercises whether you are laying or sitting.

**Quad Sets:** Press the backs of your knees into the bed by tightening the front of your thigh. Hold for five seconds, relax.

**Note:** you can only do these when laying down.

**Gluteal Sets:** Squeeze your buttocks together. Hold for five seconds, then release. You can do this exercise whether you are laying or sitting.
Help Prevent Lung Problems

After surgery it is important to exercise your lungs by taking deep breaths. Normally, you may take a deep breath each hour, usually without being aware of it. They are spontaneous, automatic, and occur in the form of sighs and yawns.

However, when you are experiencing pain or drowsiness from the anesthesia or your pain medication, your normal breathing pattern can change. Therefore, you will be provided with an incentive spirometer by the nursing staff. A member of the staff will show you how to use your incentive spirometer.

Using the incentive spirometer will force you to take the deep breaths necessary to expand the small air sacs of your lungs and help clear the air passages of mucus.

We recommend that you use your incentive spirometer 10 times every hour while awake, both after surgery and while at home.

With the unit in an upright position, exhale normally, then place your lips tightly around the mouthpiece.

To achieve a slow Sustained Maximal Inspiration (SMI)…

Exhale…

After performing exercises, remove the mouthpiece from your lips and exhale normally.

Then Relax…

Following each prolonged deep breath, take a moment to rest and breathe normally.
Coughing: Another excellent way to help breathe and clear your lungs.

Coughing is, of course, one of nature’s important methods for clearing your lungs any time…not just after surgery.

- Breathe in deeply through your nose.
- Hold your breath and count to five.
- Breathe out slowly through your mouth.
- On the fifth deep breath, cough from your abdomen as you breathe out.
- Make a habit of doing this two to three times hourly, especially when it is inconvenient to use your incentive spirometer.

Questions I Want Answered

Please write your questions here, whenever they arise. Then address them with your care providers at any of your meetings or appointments.

Anticoagulation Therapy

Phlebitis (inflammation of the veins of the legs) or Deep Vein Thrombosis (DVT), which refers to blood clotting in the veins of the leg, are possible risks after total joint replacement surgery.

To prevent these problems after surgery, many patients will be prescribed an oral anticoagulant. The purpose of an oral anticoagulant is to prevent your blood from clotting.
Orthopedic Patient Discharge Planning Information

PLEASE COMPLETE AND BRING WITH YOU TO THE HOSPITAL ON THE DAY OF YOUR SURGERY

Last Name: ___________________________  First Name: ___________________________

County in which you reside: ______________________________________________________

Who will be your support person in your home? ______________________________________

Do you have transportation home after surgery? ______________________________________

Which Pharmacy do you use? _____________________________________________________

Do you have any durable medical equipment already in your home (walkers, crutches, canes, commodes etc.)? _______________________________________________________________

Number of steps into your home: __________________________________________________

Layout of your home (bathroom downstairs, upstairs, bedroom downstairs, upstairs etc):

______________________________________________________________________________

______________________________________________________________________________

Do you currently or have you had home care services in the past?

______________________________________________________________________________

Home Care Agency preference: ______________________________________________________

Skilled Rehabilitation Nursing Facility preferences:

______________________________________________________________________________
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