

# Preparing for Your Total Joint Surgery



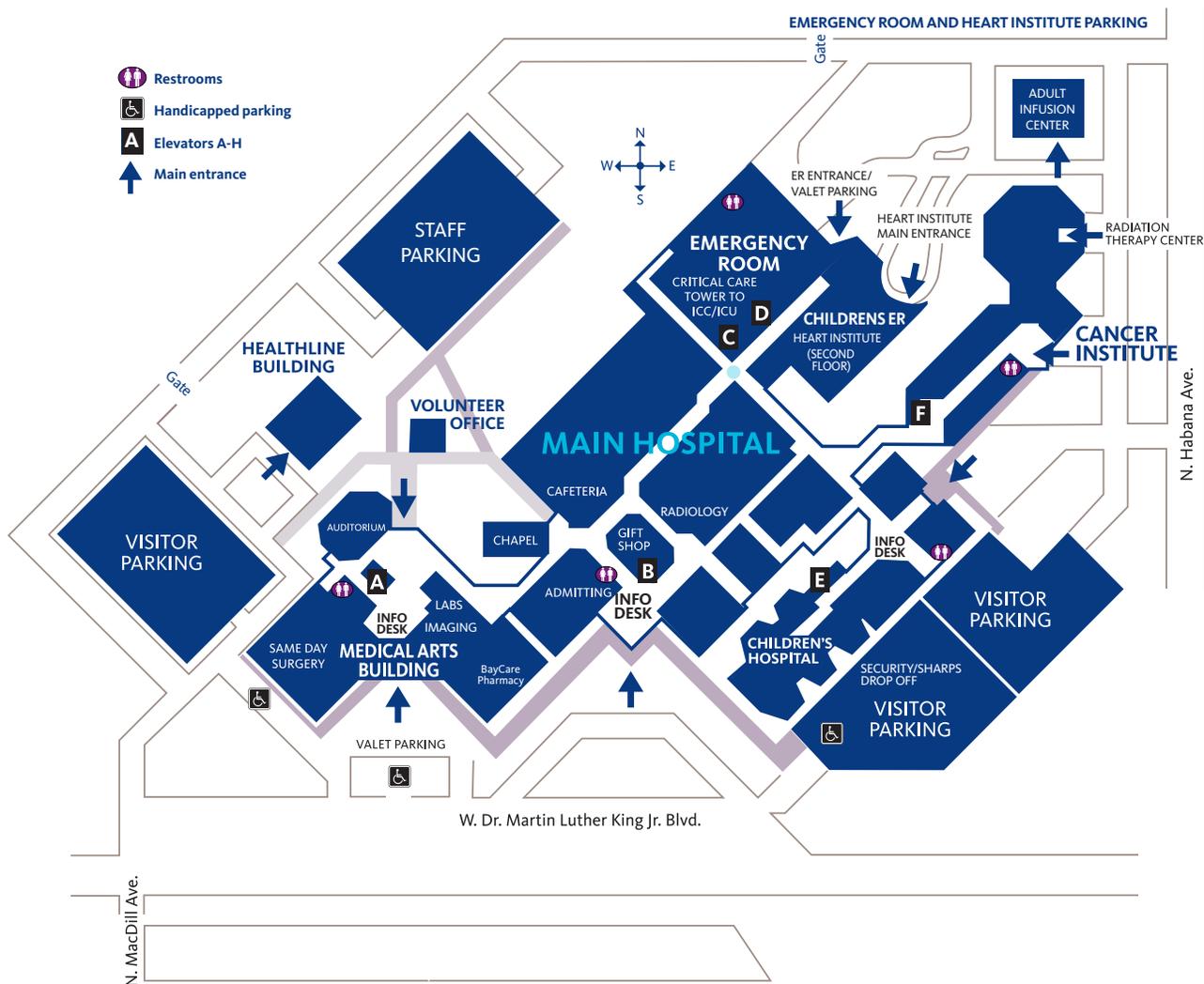
Return to your active lifestyle



**BayCare**

**St. Joseph's Hospital**

# Directions to Surgical Check-In



## Valet Parking

- Complimentary valet parking is available in front of the Medical Arts Building Monday–Friday from 6am to 6pm.
- If your arrival time is earlier than 6am, park at the closest parking garage to the main entrance.

## To Access the Medical Arts Building Entrance:

- Enter campus via the MacDill Avenue and Dr. Martin Luther King Jr. Boulevard entrance.
- Make a right and proceed to the valet parking area at the front of the hospital.

## Directions to the Surgery Waiting Room and Registration

When arriving for surgery, check in at the Surgery Waiting Room and Registration area, located on the 2nd floor of the main hospital. Enter through the main hospital entrance. Take the B elevators to the 2nd floor. The Surgery Waiting Room and Registration area is located directly across from the elevators.

For more information or help with directions:

**(813) 870-4000**

**St. Joseph's Hospital**

3001 W. Dr. Martin Luther King Jr. Blvd.

Tampa, FL 33607

**StJosephs.org**

# Getting Ready for Surgery

## Medical History, Physical Exam

No surgical procedure can take place without us first taking a good look at your overall health. In order for your orthopedic surgeon to do his or her job to the best of his or her ability, he or she needs to know about your medical history. The surgeon also needs to ensure that you are healthy enough to undergo joint replacement. Your primary care physician or surgeon will examine you to determine your current health status.

You may be directed to continue taking any general health medications up until the day of your surgery. Conversely, you may need to stop taking certain medications before checking into the hospital. Please talk with your doctor about which medications to take, and which to stop, before your surgery.

It is very important that you tell your primary care physician about any medication you may be taking, prescription or over-the-counter. Aspirin products and anti-inflammatory medications such as ibuprofen (the active ingredient in Advil and Motrin), naproxen (Aleve), piroxicam (Feldene), nabumetone (Relafen) and oxaprozin (Daypro) will need to be stopped several days before your surgery. This may also be true for diet pills, vitamin E and herbal supplements such as echinacea, ephedra, garlic, ginkgo, ginseng, kava and St. John's Wort.

## Insurance Coverage

Health care benefits are constantly changing. It is important for you to understand your benefits before undergoing surgery. Medications prescribed to you after surgery (for example, anti-coagulants) may be costly. Call your prescription insurance provider to find out what your co-pays on these medications will be.

## Discharge Planning

Our goal is to have you ready to go home after your hospital stay. After all, that is where we would all like to be! However, there may be occasions when you need to have further rehabilitation. Planning for discharge is important. We will work with you and your family to develop a discharge plan that will help you make discharge arrangements before surgery.

## Home Health Care

Most patients will need help beyond what family and friends can provide. Home health workers can bridge that gap. These include physical and occupational therapists, home health aides and nurses. Home health workers help you walk, regain strength and complete daily living tasks. They also monitor your condition and safety.

**You are a candidate for returning home (with the help of home health) if you can:**

- Get in and out of bed or a chair with minimal help
- Walk with a walker or cane
- Walk from your bedroom to your bathroom, and from your bedroom to your kitchen
- Safely navigate any stairs in your home

## Discharge to a Skilled Nursing Facility or Rehabilitation Center

Some patients need more help than home health can provide. They may need skilled nursing care and/or rehabilitation. In a skilled nursing or rehabilitation center, you can continue your rehabilitation before returning home. Therapy helps you build strength and endurance, with a goal of returning home as soon as possible.

Talk with professionals in your orthopedic surgeon's office and ask them to identify a facility that's right for you. If a skilled nursing or rehabilitation center is needed, there are lots to choose from. Our social worker will discuss options with you.



# Things to Remember

## Preparing for Your Surgery

- Drink extra fluids the day before your surgery, but do not eat or drink anything after midnight before surgery or as directed. This includes water, mints and gum.
- Eat a high-protein snack before midnight.
- Anesthesia requires your stomach to be empty for a set number of hours before surgery. Your surgery may be delayed or cancelled if you do not follow these instructions.
- Take only the medications indicated from your pre-admission testing appointment. Take all medications with a small sip of water.
- Diabetic patients should have a high protein snack at bedtime the night before surgery. Only take half the amount of Lantus or Levemir that you're normally prescribed. **DO NOT** take any diabetic medications the morning of surgery.
- If you smoke, do not smoke for at least 48 hours before your surgery.
- If you get a fever, rash or cold, call your surgeon regarding your change of health. Your surgery may need to be postponed.
- Bathe with chlorhexidine gluconate (CHG) the evening before your surgery or on the morning of your surgery, whichever is your last shower before surgery. Lather and properly rinse off the CHG soap. Apply to your entire body **FROM THE NECK DOWN**. **DO NOT** use on face, hair or genital areas.
- Do not shave your legs 24 hours prior to surgery. CHG will irritate freshly shaven legs.
- Do not use lotion, talcum or perfume the day of surgery.
- Wear comfortable, loose clothing.
- You may wear your hearing aids/dentures/glasses, but you'll be asked to remove them before your procedure. Please bring a container for them.
- Do not wear a watch, rings or jewelry.
- Do not wear makeup or nail polish.
- Leave cash, credit cards and valuable items at home.
- Arrange for a responsible person to drive you home. It's recommended that you have someone stay with you for 24 hours.

# Surgery

## Pre-Op (before surgery)

### *Prepare Your Home for Your Return After Surgery*

Some patients will require more assistance after their surgery than others. If your recovery lasts for more than a few days, you may want to arrange for help around the house. You may be unable to perform typical household duties that require standing for extended periods of time or bending and lifting, such as washing dishes and doing laundry.

Here are some things that you can do prior to surgery to help you when you return home:

- Prepare some meals ahead of time and put fresh linens on your bed.
- Make sure you have a chair with arms to sit in when you are out of bed.
- Pick up throw rugs and make sure electrical cords are out of the way.
- Put night lights in dark areas, especially in the bedroom area leading to bathroom.
- Prepare a comfortable rest area with tissues, phone, TV remote control, etc., nearby.

- Plan for pets to sleep in their own space during recovery.
- Arrange for pet care, if needed.
- Place frequently used items on countertops or waist height in the refrigerator.

### *What to Bring to the Hospital*

- Insurance cards
- A photo ID
- A small bag with your name on it for personal items such as dentures, contact lenses, glasses and cases to hold them
- A copy of your living will, advance directives, health care surrogate or durable power of attorney
- This booklet and any other applicable paperwork from the doctor's office
- Please do not bring valuables, jewelry or cash.
- A copy of your medication list. Be prepared to let us know when you took your last dose.



# Surgery



## What Happens at the Hospital

When you arrive at the main entrance of the hospital on the day of your surgery, you'll go to the 2nd floor surgery waiting room via the B elevators and check in at the desk. We offer electronic check in with a palm scanning system. After check in is complete, you will be escorted to your room where you will meet your nurse who will assist you with your final surgery preparations. Your family or friends will be able to wait in the surgery waiting room. Your family will be given a pamphlet with a tracking number so they can confidentially track your progress through surgery. Telephones and vending machines are available.

Here are a few things you can expect:

- An ID and allergy band will be placed on your wrist and the information will be verified.
- You will be asked to change into a hospital gown. Store your belongings in the bag that will be provided.
- You will be asked to verify and/or sign a consent form, if you have not already done so.
- Your nurse will monitor your vital signs and review your medical history with you.

- If you are of childbearing age, a urine sample may be taken to test for pregnancy.
- An I.V. will be started to provide fluids and medications during your surgical stay.
- Your surgical site will be confirmed and marked.
- Your blood sugar may be checked.
- You will be asked to remove your glasses, contact lenses and dentures.
- You may be asked to remove your hearing aid.
- You may be given medication to help you relax and to prevent nausea after your surgery.
- Warm blankets are available for your comfort.

## *Your Anesthesia Care*

Before, during and after surgery, you'll be given anesthetics; these are medications that have a sedating effect and are meant to keep you comfortable. This is called anesthesia care. It is provided by an anesthesiologist or a registered nurse anesthetist. Both are trained specialists. Your medical team will discuss the anesthesia plan that is best for you.

# Surgery

## Post-Op (after surgery)

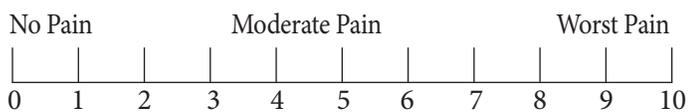
After surgery, you will be taken to the recovery area, also known as the post-anesthesia care unit (PACU). Specially trained nurses monitor your progress and medicate you for discomfort as needed. Nurses will also update your family members while you are in the recovery room.

- You may feel some pain or nausea. Medication can help. If you are in pain, don't be afraid to let your nurse know and ask about receiving medication to help with the pain.
- It is normal to be attached to equipment after your procedure, and to hear monitoring beeps. This is nothing to be concerned about; various equipment may be used to monitor your progress, including a heart monitor (pads on the chest), oxygen monitor (placed on your finger), I.V. to deliver fluids and medications.
- You will remain in the recovery room until you are awake and your heart rate, blood pressure and breathing are normal, and your pain is under control.
- After your vital signs are stable, you'll be transferred to your room.
- A physical therapist will complete your evaluation and you may begin walking, with assistance, shortly upon arrival to your room. Studies suggest that the sooner you're up and walking, the less chance of complications and the quicker the recovery.

To measure your pain, you will be asked to rate it before and after you are given pain medication on the 0-10 pain scale shown below.

On a scale of 0 to 10, with 0 being no pain and 10 being the worst pain possible, how would you rate your pain? Is this an acceptable level of pain for you?

### *Pain Scale*



# Your Personal Medication Record

Name: \_\_\_\_\_ Date: \_\_\_\_\_

List all the medications prescribed by a physician that you are currently taking:

Medication	Dose	Frequency

List all the nonprescription medicines that you take on a regular basis:

Nonprescription Medicine	Dose	Frequency

List the vitamins, herbs and nutritional supplements that you take regularly:

Vitamins, Herbs, Nutritional Supplements	Dose	Frequency

List allergies and sensitivities, such as drugs, food, latex, pollen, etc.

Allergies and Sensitivities

# Your Medical History

**Check all medical conditions that you have had treated:**

- Diabetes      When \_\_\_\_\_ Has a blood relative had this?    Yes    No
- High Blood Pressure      When \_\_\_\_\_ Has a blood relative had this?    Yes    No
- Tuberculosis      When \_\_\_\_\_ Has a blood relative had this?    Yes    No
- Cancer      When \_\_\_\_\_ Has a blood relative had this?    Yes    No

If yes, please explain type of cancer: \_\_\_\_\_

- Heart Disease      When \_\_\_\_\_ Has a blood relative had this?    Yes    No

If yes, please explain type of heart disease: \_\_\_\_\_

**List any other medical conditions that you have had treated:**

Medical Condition	When?

**List all past surgical procedures and when they occurred:**

Surgical Procedure	When?

**Do you use:**

- Oxygen    Yes    No      Nebulizer    Yes    No      Inhaler    Yes    No      CPAP    Yes    No

**Date of immunizations:**

- Tetanus \_\_\_\_\_      Pneumonia \_\_\_\_\_      Influenza \_\_\_\_\_      Other \_\_\_\_\_

**Are you an organ donor?**    Yes    No

**Blood/blood products:**

Do you have any religious/moral concerns regarding blood or blood products?    Yes    No

Have you ever had a reaction to any blood transfusion?    Yes    No

**Anesthesia-related problems:**

Have you ever experienced any anesthesia-related problems?    Yes    No

Has a blood relative ever experienced any anesthesia-related problems?    Yes    No

# Frequently Asked Questions About Surgical Site Infections (SSI)

## What is an SSI?

An SSI is an infection that occurs after surgery, in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in approximately one to three out of every 100 patients who have surgery.

Some of the common symptoms of SSIs are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

## Can SSIs be treated?

Yes. Most SSIs can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with an SSI may need another surgery to treat the infection.

## What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses and other health care providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery
- Clean their hands with soap and water or an alcohol-based hand sanitizer before and after caring for each patient
- May remove some of your hair immediately before your surgery using electric clippers, if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns and gloves during surgery to keep the surgery area clean
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes of the start of surgery and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs



# Frequently Asked Questions About Surgical Site Infections (SSI)

## What can I do to help prevent SSIs?

### Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near the place where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

### At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

### After your surgery:

- Make sure that your health care providers clean their hands before examining you, either with soap and water or an alcohol-based hand sanitizer.

### If you do not see your health care providers, visitors and family clean their hands, please ask them to do so.

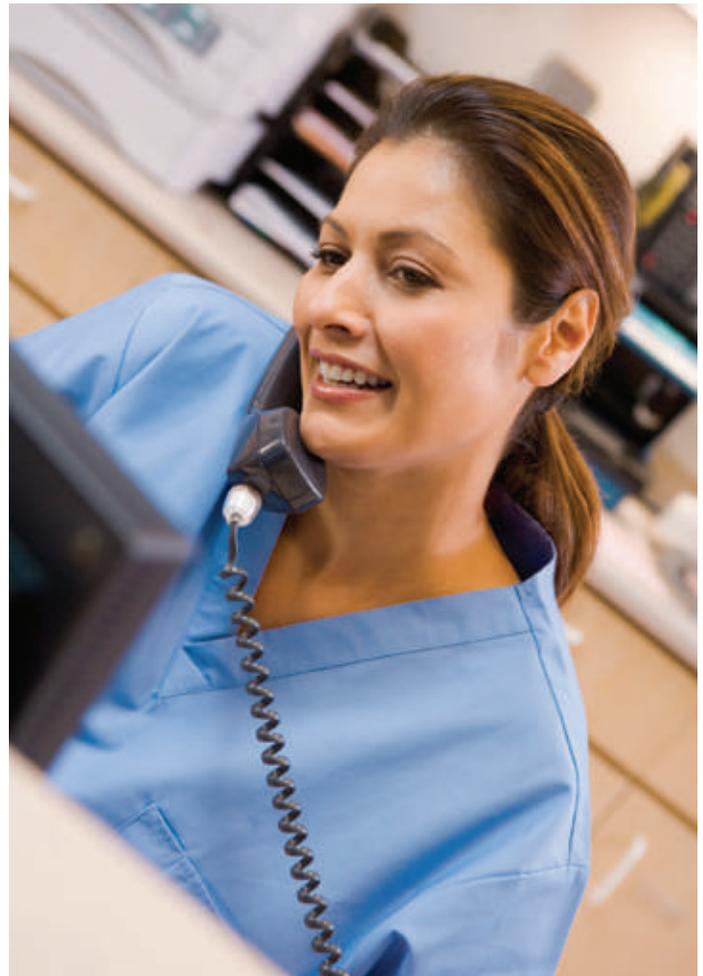
- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand sanitizer before and after visiting you. If you do not see them clean their hands, ask them to do so.



### What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and increased pain at the surgery site, drainage or fever, call your doctor immediately.

### If you have additional questions, please ask your doctor or nurse.



# Total Joint Replacement Preoperative Checklist

Check off below items upon completion:

- My scheduled surgery date is \_\_\_\_\_.
- As soon as your surgery is scheduled, call (813) 870-4151 to register for the Total Joint Replacement Class and call (813) 870-4048 to register for the Pre-Admission Testing (PAT) appointment.

PAT date/time: \_\_\_\_\_

Total Joint Replacement Class date/time: \_\_\_\_\_

A family member/caregiver is encouraged to come with you. Please allow approximately an hour and a half to complete the class and two hours for the PAT appointment.

- Most patients will go home one to two days after surgery.
  - Do you have a caregiver/support person that will help you at home?  Yes  No
  - Do you have stairs at your home?  Yes  No
  - Do you have any other barriers to your recovery process at home?  Yes  No
- Bring your medications and completed Personal Medication Record to your Total Joint Replacement Class/PAT appointment.
- Review EMMI educational videos.
- Review preoperative instructions the evening prior to surgery:
  - Nothing by mouth after midnight except for medications instructed to take by PAT staff with a small sip of water
  - Shower with chlorhexidine soap the night before or morning of surgery, whichever is your last shower prior to surgery.
  - Bring photo ID/insurance card/credit card. Leave all other valuables and jewelry at home.
  - Any last minute questions, call PAT at (813) 870-4035 or the Ortho Nurse Navigator at (813) 870-4073.



# Total Joint Replacement Discharge Checklist

Anticipated date of discharge: \_\_\_\_\_

Choose one of the following:

Home Care Arranged

Equipment delivered:

Walker

3-in-1 commode

Hip kit (out of pocket cost)

Other: \_\_\_\_\_

Medications/prescriptions filled

Transportation arranged

Rehab Arranged

Facility: \_\_\_\_\_

Wheelchair transport at \_\_\_\_\_  
am/pm

Notify your physician if you have any of the following:

Temperature greater than 100.4 F

Increased or discolored drainage

Increased pain (not relieved by pain medication)

Increased swelling

Severe lower leg pain

Trouble breathing/chest pain



# Therapy Before and After Surgery

## Total Hip Replacement Modifications

Hip surgery patients may require special modifications **if ordered by your physician**. Your therapist will instruct you on safety recommendations related to your surgery. Following these restrictions will help you heal faster, and reduce the risk of dislocating your new hip during recovery.

## Surgery Mobility Exercises

Until your joint heals from surgery, you may need to learn how to move differently even when performing the most common tasks such as getting in and out of bed, or getting on and off a chair. Practice the following mobility techniques before surgery, so you'll know how to move after surgery.

### Getting in Bed

- Back up against the bed until you feel it hit the back of your legs.
- Place your surgical leg forward.
- Reach for the bed surface, lowering yourself slowly to the edge.
- Scoot back on the bed until your knees feel supported.
- Gradually turn your body until you are straight in the bed.



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# Therapy Before and After Surgery

## Getting Out of Bed

- Come to a sitting position in the bed.
- Push with your hands and slide your body across the bed until you are sitting at the edge.
- Place your surgical leg forward.
- Push off the bed and stand up.
- Do not reach for a walking device until your balance is secure.



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## Sitting On a Chair or Toilet

- To sit down, back up against the chair or toilet until you feel it hit the back of your legs.
- Place your surgical leg forward.
- Reach back with both hands and sit down.



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## Getting Off a Chair or Toilet

- Move toward the edge of the chair or toilet.
- Push off with your arms while leaning forward slightly.
- Do not reach for a walking device until your balance is secure.



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# Therapy Before and After Surgery

## Sitting in an Armless Chair

We recommend chairs with armrests.

- To sit down, back up against the chair until you feel it hit the back of your legs.
- Place your surgical leg forward.
- Reach back for the seat of the chair with one or both of your arms, depending on the height of the chair, and sit down. (If the chair is high, reach back with both arms. If the chair is low, reach back with one arm.)



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## Getting Out of an Armless Chair

We recommend chairs with armrests.

- Place your surgical leg forward.
- Push up from the chair with both hands.
- Do not reach for a walking device until your balance is secure.



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## Getting in the Shower/Tub



For a time after surgery, you may need handrails or grab bars to help support yourself getting in and out of the shower. In addition, ask someone to stand nearby to provide assistance, if needed. Since everyone's tub and shower setup varies, it's a good idea to talk to your occupational therapist. He or she can give you some tips for your bathroom.

- Buy a tub bench. Have it placed in your bathtub or shower.
- Back up to the side of the bench, then place your surgical leg forward.

# Therapy Before and After Surgery

- Reach back for the edge of the tub bench and sit down.
- Scoot back far enough in your seat then lift your legs one at a time into the tub.  
If you can't use your own muscles to move your surgical leg, you can use a leg lifter to lift your leg into the tub.
- Slide your bottom further on to the tub bench so you are sitting in the center of the seat.

## Getting Out of the Shower/Tub

- Slide your bottom towards the tub edge.
- Lift your legs one at a time out of the tub. If you can't use your own muscles to move your surgical leg, you can use a leg lifter to lift your leg out of the tub.
- Once your legs are over the tub ledge, scoot and turn forwards towards the edge of the bench.
- Push up from the bench with both hands, or use handrails to pull yourself up with the surgical leg forward.
- Do not reach for a walking device until your balance is secure.

## For Walk-In Showers

- Your therapist may recommend practicing how to get in and out of a walk-in shower with the use of a shower chair.

## How to Go Up and Down the Stairs

Your therapist will review the specifics of stair climbing with you but, in general:

- Remember to go up the steps leading with your good leg, then bring your surgical leg up to the same step. You can remember this technique with the phrase, "Up with the good."
- When going down the stairs, lead with your surgical leg, then bring your good leg down to the same step. The phrase, "Down with the bad" applies.



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# Therapy Before and After Surgery

## Getting in a Car

*We recommend sitting in the front passenger seat.*

Placing a large plastic bag on the car seat will help you move more easily. Move the car seat back as far as possible. Tilt/recline the seat back. A high car will need a step stool. If you have a low car, you may need a seat cushion to raise the seat.

Anytime you're getting in or out of a car, ask the driver to park about 4' from the curb edge. Also ask him or her to avoid inclines. Then:

- Back up to your car seat with your assistive device. Place your surgical leg forward.
- Reach back and find a stable surface to hold onto with your hand—a dashboard, seatback or stable car door will do
- Slowly lower yourself onto the seat
- Scoot back into the car seat. Ask for help from a friend, or use a leg lifter to lift your surgical leg as you bring your legs into the car.



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## Getting Out of a Car

- Lift your right leg out of the car first. If the right leg is your surgical leg, ask for help, or use a leg lifter to lift your right leg out of the car.
- After both legs are out of the car, scoot to the edge of the seat as you turn your body towards the door, and place your feet on the ground (not on the curb or uneven surface). Place your surgical leg forward.
- Using the handholds discussed in “Getting In a Car,” push with your arms and use your legs to stand.
- Do not reach for your walking device until your balance is secure.

TRUNK STABILITY - 24 Isometric Gluteals



Tighten buttock muscles.

Repeat \_\_\_\_\_ times per set. Do \_\_\_\_\_ sets per session.  
Do \_\_\_\_\_ sessions per day.

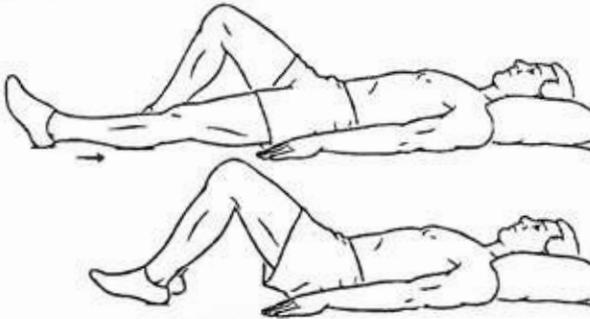
ANKLE / FOOT - 18 ROM: Plantar / Dorsiflexion



With both legs relaxed, gently flex and extend ankles.  
Move through full range of motion. Avoid pain.

Repeat \_\_\_\_\_ times per set. Do \_\_\_\_\_ sets per session.  
Do \_\_\_\_\_ sessions per day.

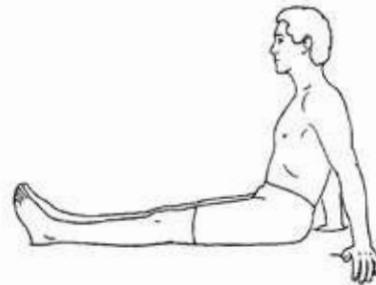
HIP / KNEE - 65 Self-Mobilization: Heel Slide (Supine)



Slide the affected sides heel toward buttocks until a gentle stretch is felt. Hold \_\_\_\_\_ seconds. Relax.

Repeat \_\_\_\_\_ times per set. Do \_\_\_\_\_ sets per session.  
Do \_\_\_\_\_ sessions per day.

HIP / KNEE - 11 Strengthening: Quadriceps Set



Tighten muscles on top of thighs by pushing knees down into surface. Hold \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times per set. Do \_\_\_\_\_ sets per session.  
Do \_\_\_\_\_ sessions per day.

HIP / KNEE - 50 Hip Abduction / Adduction: with Extended Knee (Supine)



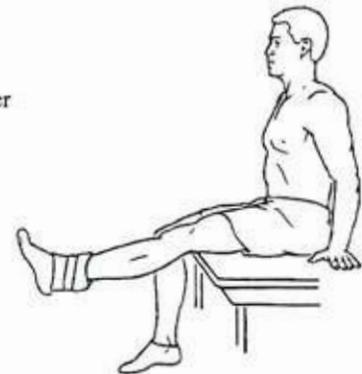
Bring the affected leg out to side and return. Keep knee straight.

Repeat \_\_\_\_\_ times per set. Do \_\_\_\_\_ sets per session.  
Do \_\_\_\_\_ sessions per day.

HIP / KNEE - 76 Knee Extension (Sitting)

Straighten knee on the affected side, fully, lower slowly.

Repeat \_\_\_\_\_ times per set.  
Do \_\_\_\_\_ sets per session.  
Do \_\_\_\_\_ sessions per day.



**DESIGNATION OF HEALTH CARE SURROGATE**

I, (NAME) \_\_\_\_\_, want to choose how I will be treated by my health care team.

**INSTRUCTIONS FOR MY HEALTH CARE SURROGATE:**

**If I am unable to communicate or make my medical decisions, my health care surrogate (HCS) will:**

- Talk to my health care team and have access to my medical information
- Authorize my treatment or have treatment stopped based on my choices and values
- Authorize transportation to another facility if needed
- Make decisions about organ/tissue donation based on my choices
- Apply for public benefits, such as Medicare/Medicaid, on my behalf
- Ensure my comfort and management of my pain
- Involve palliative care as a way to ensure my comfort
- Honor my written or oral wishes for end-of-life as designated in my living will

**My health care surrogate's authority only begins when my doctor decides that I am unable to make my own health care decisions, UNLESS I initial either or both of the following boxes:**

My health care surrogate can receive my health information immediately.

My health care surrogate can make health care decisions immediately.

**If I am able to make decisions and disagree with any choices made by my health care surrogate, MY choices will be honored.**

**I designate as my health care surrogate:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**If my health care surrogate is not willing, able or reasonably available to perform his or her duties, I designate as my alternate health care surrogate:**

**Alternate surrogate:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(signatures on next page)

**Other instructions:** \_\_\_\_\_





# 10 Tips to Help Us Keep You Safe

Research has shown that the best way to prevent medical errors is for patients and families to take an active part in their health care. You can play an important role by following these simple tips.

1. Make sure every health care team member who cares for you checks your name band.
2. Ask us any questions you may have. Ask a family member or friend to speak for you if you are not able to speak for yourself.
3. Give us complete and correct information about your health history, personal habits (such as alcohol use or smoking) and diet.
4. Let us help you out of bed until we know you are steady on your feet. We do not want you to fall.
5. Make sure we know what medicine you take. This includes what is ordered by a doctor and what you take on your own (e.g. aspirin or cold remedies). Include vitamins, herbs and diet supplements.
6. Ask what each medication is for, if it is new to you or if you don't know. Learn about medication side effects. Tell us if you think you are having a side effect.
7. Find out why a test or treatment is needed and how it may help you.
8. Ask your doctor about the results of your test. Do not assume, "No news is good news."
9. Feel free to ask health care team members if they have washed their hands before they provide care to you. Good hand washing is the best way to prevent the spread of germs.
10. Be sure you know what to expect when you go home and what to report to your doctor.

## **St. Joseph's Hospital Surgical Services**

Pre-Admission Testing, located in the  
Healthline Building: (813) 870-4035

Pre-Op Area, located in the main hospital on  
the 2nd floor: (813) 870-4059, extension 7

