



JOHNS HOPKINS M E D I C I N E

JOHNS HOPKINS COMMUNITY PHYSICIANS

Patient Registration Form

Is this your first visit to JHCP? Yes No Primary Care Physician: _____

Patient's Full Name - (Last)	(First)	(Middle)	(Suffix)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient's Birth Date
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Patient Residence Address	City	State	Zip	Home Phone
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SOCIAL SECURITY #:	Patient Work Phone	Patient Cell Phone
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Responsible Party for Account? Same as Patient's Above Relationship? Self Spouse
 Parent Guardian

Responsible Party Address <input type="checkbox"/> Same as Patient's Above	Resp Party Home Phone
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Name of Employer	Address	Business Phone	Occupation
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Name of Spouse / Parent (if under 18)	Phone (During the Day)	Cell Phone
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Referred by: Physician Family / Friend Insurance Listing Internet PPG Materials Publication

Referring Physician Full Name and Specialty: _____

Emergency Contact	Relationship to Patient	Home Phone	Cell Phone
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Father's Name	Mother's Maiden Name
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Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number	Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	State: _____	Medicaid Number	Effective Date
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Primary Insurance Company	Policy ID #	Group / Plan #	Effective Date(s)
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Insurance through employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Name	Employer Address
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Subscriber Name – Policy Holder	Policy Holder Birth Date	Policy Holder SSN	Relationship to Patient
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Secondary Insurance Company	Policy ID #	Group / Plan #	Effective Date(s)
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Insurance through employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Name	Employer Address
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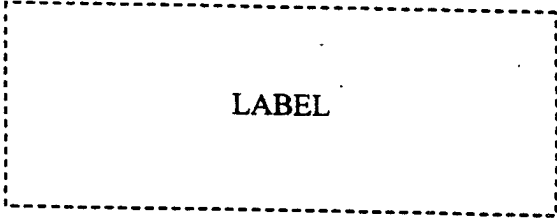
Subscriber Name – Policy Holder	Policy Holder Birth Date	Policy Holder SSN	Relationship to Patient
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Please complete the additional forms in the packet to complete your registration to our Practice – Thank You.

I certify that the information I have reported above is accurate and correct.

Patient, Parent or Guardian Signature (if child is under 18 years old)

Date



JOHNS HOPKINS COMMUNITY PHYSICIANS CONSENT FORM

This form serves three purposes: (1) It says that I want Johns Hopkins Community Physicians to treat me; (2) It says that Johns Hopkins Community Physicians can be paid directly by my health plan; and (3) It says I know that, in some cases, I may have to pay for my treatment.

1) CONSENT FOR TREATMENT

I, or the person who represents me, consent to have Johns Hopkins Community Physicians provide the medical care that the doctor or other health care people who are taking care of me say I need. Unless it is an emergency, they will describe this medical care and any significant risks that may be involved in my care.

2) WHO WILL PAY FOR MY CARE

I know that Johns Hopkins Community Physicians will bill my health plan for the care I receive. I agree that payments from my health plan will go directly to Johns Hopkins Community Physicians.

I know that under Maryland law Johns Hopkins Community Physicians can send me a bill in any of these cases:

- (1) When I choose to have care that my health plan covers but I do not get a needed referral or an approval from my health plan.
- (2) When I choose not to use my health plan and agree to pay for my care myself.
- (3) When my health plan does not include Johns Hopkins Community Physicians for the care I want or need and I agree to pay for my care myself.
- (4) When I receive care that is not covered under my health plan.

I know that I must pay for any co-payment or other part of the bill that my health plan says I must pay. I know I may need to pay this before I am treated.

My Signature _____ Date _____

For health care agent / guardian / surrogate / parent (circle one), I, _____, am the representative for the patient as circled above.

Representative's signature: _____

Address: _____ Phone #: _____

Witness Signature/Agency Representative _____ Date _____

AUTHORIZATION FORM**1. AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

I/we hereby authorize Johns Hopkins Community Physicians, and any of its employees and agents, to release any and all medical records, in its/their possession, which may include psychiatric and addiction information without further authorization, (I) to any other physician or other healthcare provider in order to render patient care, and (II) to my insurance carrier, in order to obtain payment of financial obligations to Johns Hopkins Community Physicians.

2. AUTHORIZATION TO PAY INSURANCE BENEFITS

I/we hereby authorize payment directly to Johns Hopkins Community Physicians. I/we understand that I/we am/are financially responsible to Johns Hopkins Community Physicians for charges not covered by this assignment.

3. GUARANTY OF ACCOUNT

I/we, the undersigned, accept/s responsibility for any unpaid Johns Hopkins Community Physicians charges incurred during this course of the treatment. These charges will include anything not covered by insurance company coverage, Medicaid, Medicare, or other third party coverage.

The undersigned further expressly agree/s that if, upon default, this matter is referred to an attorney for collection, the undersigned agree/s to pay all attorney fees and court costs incurred by Johns Hopkins Community Physicians in its efforts to collect the balance due.

4. MANAGED CARE/HMO ENROLLEES

I/we understand that if a referral has not been appropriately authorized from my HMO/PCP, I/we will be financially responsible for any charges I/we incur.

5. MEDICARE AUTHORIZATION (IF APPLICABLE)

I/we certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I/we authorize any holder of medical or other information about me to release to Social Security Administration and its intermediaries or carriers or any other third party payer, any information needed for this or a related medical claim. I/we request payment of authorized benefits to be made on my behalf and hereby assign the benefits payable for the health care services received to the physicians or organizations providing such services.

6. RELEASE FROM RESPONSIBILITY FOR VALUABLES

I/we hereby acknowledge that Johns Hopkins Community Physicians assumes no responsibility for patients' valuables.

I/we certify that the above paragraphs (1-6) have been read in full and understood by the undersigned accept/s the terms and agree/s to be bound thereby.

Witness

Patient/Guarantor/Policy Holder
(parent/legal guardian)

Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Johns Hopkins Notice of Privacy Practices.

Patient Name: _____
(first) (m. initial) (last)

Signature: _____ **Date:** _____

Medical Record #: _____

Birth Date: _____

If you are NOT the patient but are signing on behalf of the patient complete the following:

I, _____, confirm that I am the representative for the patient
(insert your name)
based on the following relationship to the patient:

(state relationship, for example—parent, spouse, guardian)

Representative's Signature: _____ **Date:** _____
(Required)

Address: _____ **Phone:** _____

William Sadlack, MD – JHCP Orthopedic Surgery

PATIENT MEDICAL HISTORY FORM

Dear Patient: To better understand your health status, please complete the health survey below.

REVIEW OF SYSTEMS HISTORY - PLEASE CHECK-OFF IF ANY OF THE FOLLOWING APPLY TO YOU <u>NOW</u>, IN THE <u>PAST</u> OR <u>NEVER</u>				
	NOW	PAST	NEVER	
GENERAL HEALTH				<i>Please Explain Your Symptoms</i>
Weight loss or Weight gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fever or Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EYES				
Double vision or 'Spots'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
EARS, NOSE, THROAT & MOUTH				
Ear aches or Ringing in ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
CARDIO / PERIPHERAL VASCULAR				
Chest pain or Chest pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficult breathing on exertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Palpitations of heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swelling of legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extremity pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
RESPIRATORY				
Cough or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
GASTROINTESTINAL				
Nausea / Vomiting / Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
GENITAL / URINARY				
Blood in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Painful urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
MUSCULOSKELETAL				
Muscle Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Muscle Aches / Pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Muscle Cramping / Twitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Joint Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Joint Stiffness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bone Aches / Pains / Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
History of Fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limitations of Daily Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
SKIN				
Pain or Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Masses or Lumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rashes or Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
NEUROLOGICAL				
Dizziness or Fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Numbness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tingling or Involuntary Movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
PSYCHIATRIC				
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety / Mood Swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ENDOCRINE				
Dry skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessively Hot / Sweaty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessively Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
HEMATOLOGIC / LYMPHATIC				
Bruises, frequent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enlarged lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**** Stop ** - This Section For Physicians Use Only; Please continue on next page, Thank You**

“The Patient’s History Was Reviewed and Found To Be Unchanged, Unless Otherwise Documented:”

<i>Date Reviewed</i>	<i>Provider Signature</i>	<i>Date Reviewed</i>	<i>Provider Signature</i>

William Sadlack, MD – JHCP Orthopedic Surgery

PATIENT MEDICAL HISTORY FORM

INJURY / ACCIDENT INFORMATION

Date of Injury?	Place of Injury		
Work Related? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident reported to employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reported to?		
Describe Injury: 			
Were X-rays Take? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Diagnostic Tests? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Workers Comp injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe:	
Date(s) of previous injuries:			

PERSONAL PAST MEDICAL AND SURGICAL HISTORY

Prescription & OTC Drugs - Name / Dosage / Frequency	Any Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known		
	<i>List:</i>		
Date of Last Tetanus Immunization:			
Operations / Hospitalizations – Reason	Date	Operations / Hospitalizations – Reason	Date

PAST MEDICAL AND FAMILY HISTORY

PLEASE INDICATE IF YOU OR A RELATIVE - (M)=MOTHER / (F)=FATHER / (S)=SIBLING / (GP)=GRAND PARENT – WAS AFFECTED BY CONDITION

Condition	You	Relatives	Condition	You	Relatives
Anemia or Bleeding Disorders			Herniated Disc		
Blood Clots or Phlebitis			High Blood Pressure		
Bursitis or Tendinitis			Hepatitis		
Cancer – (Bone or Muscle)			Joint Replacement Surgery		
Cancer – Other (_____)			Kyphosis (Rounding of back)		
Carpal Tunnel Disease			Osteoarthritis (Arthritis)		
Chronic Back Pain			Osteoporosis		
Degenerative Disc or Joint Disease			Stroke or Neurologic Disease		
Diabetes			Thyroid Disease		

SOCIAL HISTORY

Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Smoking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cigarettes Per Day:	Packs Per Day:	# Years:	
Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	Drinks Per Week:	Per Day:	
'Street' Drug Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	HIV or STD Exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupation / Last Job:					

Record Completed by: Patient - Initials: _____ Practice Staff - Initials: _____ Provider - Initials: _____

JOINT CENTER OVERVIEW

The Suburban Hospital Joint Replacement Center is a unique unit within the hospital. Our joint patients have their own area in which there are no “sick” people, only “sore” people in the process of healing and regaining their independence.

Most of our patients have their surgery towards the beginning of the week, and are ready for discharge after three nights in the hospital.

JOINT PROGRAM FEATURES INCLUDE:

- Unit dedicated to Total Joint Replacement patients
- Private rooms (at no additional cost)
- Joint Center Team members who specialize in the care of joint patients
- A Joint Replacement Program Manager who is your liaison from the pre-operative period through post-discharge; and is also the liaison to our surgeons’ offices
- This comprehensive Joint Book which guides you from before surgery thru postoperatively and beyond
- Emphasis on group therapy sessions, as well as individualized care
- Family and friends educated and encouraged to participate as “coaches” in the recovery process
- Coordinated discharge planning allowing for a smooth transition to the next step on your road to recovery

JOINT CENTER OVERVIEW

Your Joint Center Team includes:

- Orthopaedic Surgeon
- Anesthesiologists/ Pain Service
- Registered Nurses (RNs)
- Nurse Manager and Assistant Nurse Manager
- Physician Assistants (PAs)
- Patient Care Technicians (PCTs)
- Physical Therapists (PTs)
- Occupational Therapists (OTs)
- Discharge Planner/ Social Worker/ Case Manager
- Orthopedic Technicians (Ortho Techs)
- Joint Program Manager

Your Team Might Also Include:

- Hospitalist - Board Certified Internal Medicine Physicians who specialize in caring for you as a hospitalized patient, while maintaining close communication with your Primary Care Physician. Our Hospitalists are available to work with the Orthopaedic Team 24 hours a day, 7 days a week.

QUESTIONS AND ANSWERS ABOUT
TOTAL JOINT REPLACEMENT

WHAT ARE THE MOST COMMON INDICATORS FOR TOTAL JOINT REPLACEMENT?

Osteoarthritis:

- Often referred to as “wear and tear” arthritis, as years of normal use can cause the cartilage that lines the end of bones to wear away. The loss of the cartilage, or “shock absorber”, results in pain, swelling, and stiffness.
- Being overweight or having an alignment problem (being “knock-kneed” or “bow-legged”) can put extra force on the joint, speeding up the damage.

Inflammatory arthritis:

- A chronic disease, such as rheumatoid arthritis or gout, can cause swelling and inflammation in the joint lining.
- As the disease progresses, cartilage are worn away and the joint will become stiff and painful.

Traumatic arthritis:

- If an injury or fracture does not heal properly, extra force may be placed on a joint. Over time, this can cause the cartilage to wear away.

Avascular necrosis:

- Osteonecrosis can occur when a bad injury or long term use of steroids or alcohol reduces the blood supply to the bone. If the bone dies (necrosis) the joint will decay over time, causing severe pain and disabling arthritis.

Dysplasia:

- A congenital condition in which the joint doesn’t develop the normal or usual wear patterns, leading to early osteoarthritis.

WHAT IS A TOTAL HIP REPLACEMENT?

The hip is a ball-and-socket joint where the thigh bone (femur) meets the pelvis.

In a healthy hip, the head of the femur fits into a socket in the pelvis.

Both areas are covered in smooth cartilage which allows the head to glide easily inside the socket.

If the cartilage is worn down or the hip joint becomes damaged, moving the joint can be painful.

During surgery, an artificial ball replaces the head of the femur and an artificial cup replaces the worn socket. A stem, extending from the ball, is inserted into the thigh bone for stability. These parts fit together to create the new smoothly functioning joint.

Before Surgery



After Surgery



How long does a hip replacement surgery take?

The actual surgical procedure takes one to two hours. The remainder of the time you spend in the OR suite involves preparation before and follow up after the procedure.

What will the scar look like?

The type of technique and approach your surgeon uses will determine the number, location, and length of the scar(s).

Traditional approach yields a scar up to 6 inches long running lengthwise along the side of your hip.

You might also see a small round healing spot next to your incision line if your surgeon used a drain post-operatively.

There may be some numbness around the scar(s) which is normal, and it usually disappears over time.

Will my new hip feel any different?

Normally the new hip joint feels completely natural. However, some people may notice a slight leg length discrepancy. Sometimes a small lift placed inside the opposing shoe is needed to correct the difference. Your surgeon will consult with you should you encounter this issue.

A few patients report aching in the thigh when standing or weight bearing. This usually decreases and/or disappears after a few months.

Could I dislocate my new hip?

Dislocation of the new hip after surgery is a potential but rare occurrence. The muscles and ligaments around your new hip replacement help to hold the ball in the socket, and these will take time to heal after the surgery. This is why certain positions that stress these muscles and ligaments are restricted for especially the first 8-12 weeks postoperatively.

The Joint Center Team will teach you how to stay within your new hip's safe range of motion, by following certain movement precautions for at least two to three months after surgery.

WHAT IS A TOTAL KNEE REPLACEMENT?

The knee is a hinge-like joint, formed where the thigh bone, shinbone, and kneecap meet. It is supported by muscles and ligaments and lined with cartilage.

The cushioning cartilage can wear away due to usage, inflammation, or injury. Worn, roughened cartilage no longer allows the joint to glide freely, so it feels stiff. As more cartilage wears away, exposed bones rub together when the knee bends, causing pain. The bony surfaces can also become rough, making pain worse.

During surgery, the ends of the thighbone (femur) and shinbone (tibia) are shaped and then capped with prostheses made of a metal alloy. A plastic spacer is attached to the prosthesis that creates a smooth cushioning effect much like the original cartilage. The underside of your own kneecap is resurfaced and may be replaced with a metal patellar button.

Before Surgery



After Surgery



How long does knee replacement surgery take?

The actual surgical procedure takes an average of 1 to 1 ½ hours. The remainder of the time you spend in the OR suite involves preparations before and follow up after the procedure.

What will the scar look like?

The technique your surgeon uses will determine the number, location, and length of the scar(s). It may be either a straight incision over the kneecap, or curved around the side of the kneecap; usually about 6 inches long.

Will my new knee feel any differently?

Some people notice a minor “clicking” sound when bending the new knee. This is usually the result of the artificial parts coming in contact with each other.

Kneeling may be a bit uncomfortable during the first year. This normally becomes less uncomfortable over time.

Is it possible to have both knees done at the same time?

Yes, it is possible to have both knees replaced at the same time; this would be called bilateral total knee replacement. However, this is done only at the surgeon’s discretion if you are in generally good health.

Is it possible to have only part of the knee replaced?

Yes; A partial knee prosthesis replaces only a damaged section of the joint. The inside (medial) or outside (lateral) of the joint can be replaced. Your surgeon can determine if you are a candidate based on clinical findings.

If I have a partial knee (unicompartmental) replacement, what should I expect?

Your surgeon might utilize more of a “fast-track” protocol for your postoperative course of treatment. Mobilization and physical therapy can begin as early as the day of surgery, usually leading to discharge in the next day or two.

When should I have joint replacement surgery?

Your orthopedic surgeon will determine if you are a candidate for surgery, based upon multiple factors: your history, physical exam, X-rays, and response to other conservative measures such as therapy or injections. The decision to then proceed with surgery will then be yours usually based on your level of discomfort or limitation.

Is age a factor?

Not if you are in reasonably stable health with a desire to continue living a more comfortable, active life. Your overall health is more of a determining factor than age.

Are there risks associated with joint replacement?

All surgeries carry a certain amount of risk. However, because of your proactive approach in preventing possible complications, almost all of our joint patients have no serious post-operative issues.

Should I exercise before surgery?

The better condition your muscles are in before surgery, the easier your rehabilitation should be after surgery. Unless your surgeon instructs you to rest your operative leg before surgery, you could start pre-operative exercises now. Gentle exercising will help to build muscle tone, familiarize you with terminology and proper exercise methods, and begin paving a path down the road to recovery!
(SEE EXERCISE SECTION)

Will I need blood transfusions after surgery?

In most cases, the body can replace the typically small amounts of blood lost during the surgery on its own. If a transfusion becomes necessary, the blood can be supplied by our blood bank. Some of our surgeons might ask you to donate your own blood prior to surgery called “autologous” donation, for your use only after surgery if needed.

Should I donate my own blood?

Autologous blood donation requires your surgeon’s permission. The surgeon’s office will then contact the American Red Cross to initiate the process (American Red Cross: 1-800-272-2084).

Should I donate my own blood (continued)?

Please be aware of the following:

- Autologous blood can only be used by the donor. There is a chance you might not need it; unused blood is discarded.
- Pre planning is required as donation (especially for two units) is a time-sensitive process. The donations process must be finished a week prior to your surgery.

What types of anesthesia are available?

Decisions regarding your anesthesia are made collectively by you, the surgeon, and the anesthesiologist. The type of anesthesia decided upon is tailored to your personal needs and medical issues. The types available include:

General Anesthesia: Provides loss of consciousness.

Regional Anesthesia: involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional techniques include spinal blocks, epidural blocks, or femoral (leg) blocks.

Will I be asleep during surgery?

You may have a general anesthetic, which most people call “being put to sleep”. Or, you may have a spinal or epidural anesthetic, in which case you could be sedated or made drowsy with medication if you choose.

Will I be in a lot of pain after surgery?

You will probably have some discomfort after surgery, but we will keep you comfortable with appropriate medication. Most patients control their own medication delivery with a special pump (PCA) that delivers the drug directly into their IV when needed. The majority of our patients were able to transition to oral pain medications after the first day.

How long will I be in the hospital?

The average patient can expect to be with us at Suburban for the day of surgery, followed by up to three post-operative days:

Example:
Day of Surgery = Monday
Post OP Day (POD) 1 = Tuesday
POD 2 = Wednesday
POD 3 = Thursday

When can I start moving after surgery?

Later in the evening after your surgery, the Joint Center staff will help you to sit on the side of the bed (in a “dangle” position, with your feet touching the floor).

Early the next morning, we will help you to transfer to a recliner chair. Your goal should be to stay out of bed as much as possible.

Nearly all of our patients are up and walking with assistance on the first post-op day.

What is Physical Therapy?

Physical Therapy (PT) will focus on functional mobility and ambulating with the appropriate assistive device (both on level surfaces and stairs). PT will also address range of motion and strengthening of the surgical leg.

Will I need PT when I go home?

Depending on your functional status, you will either have In-home PT or Outpatient PT.

If you qualify for in-home PT, our Discharge Planner will make arrangements for a Physical Therapist to come to your home. Your Home Healthcare PT might also perform dressing changes or staple removal if requested by your surgeon. Home PT typically occurs two to four times per week until you are able to transition to an outpatient Therapy Center.

The duration of home PT and/or outpatient PT depends upon your progress, but can often last several weeks.

What is Occupational Therapy?

Occupational Therapy (OT) addresses your activities of daily living after your surgery. OT will assist you to adhere to safety precautions while completing activities such as bathing, and transfers to bed, chair, toilet, or vehicle.

Will I need Occupational Therapy when I go home?

Maybe; You will have OT while you are in the hospital or if you are transferred to a rehab facility. Further OT may be ordered and provided at your home depending on your needs.

Will I need to use a walker, crutches, or cane?

We recommend the use of an assistive device for up to three to four weeks following surgery, depending on your rate of progress. Your Therapists will determine which device is most appropriate and safest for you.

An assistive device also serves as a visual cue to others to provide you with more space and time while recuperating!

Where will I go after discharge from the hospital?

Most patients are able to go directly home after discharge, with continued therapy.

Some patients may need to be transferred directly to an inpatient rehabilitation facility with continued supervision and therapy.

The Joint Center Team will help you make this decision and make all the necessary arrangements.

How often will I need to see my surgeon after my total joint surgery?

Most of our surgeons will see you at the office two to three weeks after surgery. Routine follow-up visits usually occur at six, then twelve weeks. Routine annual follow-up visits are necessary in order to examine the joint and surrounding bone for changes or potential problems.

What if I live alone?

We prefer that you have someone at home with you after surgery for safety's sake. It would be best to ask a relative or friend to stay with you for the first several days following discharge.

PLEASE NOTE: Living alone does not automatically make you eligible for admission to a rehab facility. Since this is usually an elective procedure, most insurance companies will expect you to make arrangements for someone to be at home with you.

It is a good idea to pre-arrange for family or friends to be available to assist you when you get home with things such as...cooking, shopping, chores, and transportation to doctor's appointments and therapy sessions.

When will I be able to drive?

The ability to drive often depends on whether surgery was on your right or left leg, and whether your vehicle is manual or automatic.

After surgery on your right leg, your surgeon will determine how soon you can drive based upon your progress and strength; often anywhere from three to six weeks postoperatively.

After surgery on your left leg, you could be driving within two to three weeks if your surgeon permits.

Regardless of your physical progress, you should not consider driving if you are still taking narcotic pain medication frequently.

When can I return to work?

Your surgeon will help you to decide, based upon your progress and type of job; a safe guess would be at least a couple of weeks. Your Occupational Therapist (OT) can make recommendations for work-related safety, energy conservation, comfort, and joint protection.

Are there any activity restrictions with my new joint?

Walking, dancing, swimming, and golf are considered to be generally safe activities after your initial recovery period. Ask your doctor when it is safe for you to incorporate low impact activities into your normal routine.

High-impact or injury-prone contact sports are usually not recommended. You should avoid any activity that puts a pounding stress on your new joint, such as running, jumping rope, singles tennis, etc. or consult with your surgeon prior to doing so.

How long will my new joint last?

A total joint implant's longevity will vary in each patient. All prostheses have a limited life expectancy depending on the individual patient's age, weight, medical condition, and activity level. There are no guarantees on how long your new joint will last, although the average can be from 15 to 20 years.

Why might I require joint revision surgery in the future?

Just as your original joint wore out, the implanted prosthesis is a medical device subject to wear that could lead to mechanical failure.

The most common reason for revision is the loosening of the artificial surface from the bone. If the plastic or polyethylene spacer that cushions the joint becomes extremely worn, this may require replacing. Regular or annual follow-up care with your surgeon is necessary, including X-Rays to determine the integrity of your artificial joint.

What is the difference between a cemented or non-cemented prosthesis?

With a cemented technique, a prosthesis with a smooth finish is cemented or glued into place. This technique is used for less active people or those with osteoporosis and weaker bones.

With a non-cemented technique, a prosthesis with a porous coating, allowing for rapid bony fixation anchoring the prosthesis into place. Non-cemented components are more frequently used for younger, more active people.

When can I have sexual intercourse after surgery?

The Joint Program Manager has a guidebook entitled “Sex after Total Joint Replacement” and will give you a copy on request.

Individuals vary in their rate of healing, but the incision, muscles, and ligaments are usually sufficiently healed four to six weeks postoperatively enabling patients to consider resuming sexual activity.

Will my new joint set off security sensors?

Most prostheses are made of metal alloys which may or may not be detected when going through some security devices, depending on the sensitivity of the device or machine. Some surgeons offices will issue a medic alert card indicating that you have an artificial joint. Most security agencies will no longer accept these cards, but instead will individually examine you.

Where can I learn more?

Many websites are available, including:

www.aaos.org (American Academy of Orthopaedic Surgeons)

www.niams.nih.gov (National Institute of Arthritis and Musculoskeletal and Skin Diseases)

Many vendors (or makers of prostheses) offer patient education on their websites. Some common vendors include: Biomet, DePuy, Johnson and Johnson, Smith and Nephew, Stryker, and Zimmer.

Another educational website which offers views of both virtual and actual surgeries:
www.edheads.org

CONTACT SUBURBAN HOSPITAL SCHEDULING AND
REGISTRATION FOR: PRE-REGISTRATION
AND PRE-TESTING CENTER APPOINTMENT

Once your surgery has been scheduled, you can contact our Scheduling and Registration Department either online or by phone to pre-register.

ONLINE: Go to www.suburbanhospital.org

Click on “Pre-register for your hospital service” and follow the directions. A Hospital representative will confirm receipt of your information within 24 hours, and will then contact you to make the Pre-Testing Center appointment.

OR

*BY PHONE: Call us at 301-896-2222

If you reach a recording, please leave your name, phone number, and surgery date. Your call will be returned within 24 hours. Our Operator will ask you to provide the following information:

- Patient’s full legal name, address, and county of residence
- Home, work, and cell phone numbers
- Religion
- Marital status
- Social security number
- Name of primary (and secondary, if applicable) insurance company, mailing address, policy and group numbers
- Name of insurance holder, his/her address, phone number, work address and work phone number
- Patient’s employer, address, phone number, and occupation
- Name, address, and phone number of nearest relative
- Name, address, and phone number of someone to notify in case of emergency (which can be the same as nearest relative)

Once you are Pre-registered, our Operator will also schedule your Pre-Testing Center Appointment.

- THE PRE-TESTING CENTER APPOINTMENT IS REQUIRED FOR ALL SURGICAL PATIENTS
- THIS PRE-TESTING CENTER APPOINTMENT MUST TAKE PLACE HERE AT SUBURBAN WITHIN SEVEN DAYS PRIOR TO SURGERY

It is advantageous to schedule and complete this Pre-Testing Center Appointment seven days prior to surgery, allowing sufficient time in case any issues are identified requiring follow-up prior to surgical clearance. (For example, if your Pre-Testing Center Appointment is on Friday with subsequent surgery on Monday, there might not be enough time for medical or cardiology follow-up or consultations if needed, thus causing a delay in your surgery date.)

PLEASE NOTE: This Pre-Testing Center Appointment is in addition to any pre-operative clearance appointments with your own Primary Care Physician or Cardiologist.

See page 32 for more information regarding the content of this appointment.