



Reclaim your life.



Jim Craigie Center for
Joint Replacement

University Medical Center of Princeton
at Plainsboro

A Patient's Guide to Hip Replacement

Dear Friend,



Welcome to the Jim Craigie Center for Joint Replacement.

The decision to have joint replacement surgery — and the decision about where to have the surgery done — can have a major impact on the quality of your life, so I did extensive research before making the decision to have both of my hips replaced. One was done in 2009 and the other in 2010 by Dr. Gutowski and his surgical team at the University Medical Center at Princeton (UMCP).

Each operation took just over an hour and I started walking with little or no pain that same night. I left the hospital after three days and I went back to work full-time after two weeks. In less than three months I felt that I was born with my new hips as I now walk, run, climb and sit with no pain and great ease. This was a radical departure from the constant pain I endured while walking and being unable to sleep well. The advanced surgical care and rehabilitation provided by Princeton HealthCare System (PHCS) is outstanding, and you will not find a more comfortable

healing environment in the whole world than the new University Medical Center of Princeton at Plainsboro (UMCPP).

As you progress through what I know will be a life-changing series of events at the new Jim Craigie Center for Joint Replacement, please be assured that you are receiving outstanding care from highly skilled surgeons and staff delivered in a comfortable healing environment. And, while I had my operation in the “old hospital,” you will have the privilege of enjoying the incredible facilities of one of the most modern hospitals in the world, which was designed to provide every patient with the best and safest healing environment possible.

To show my gratitude for the improved quality of life afforded me by Dr. Gutowski and his team, I made a significant contribution in his honor to PHCS. My gift will name the Jim Craigie Center for Joint Replacement and will support the Center’s ongoing programmatic needs, including staff training and the purchase of the best surgical equipment. My hope is that

the creation of this Center will convince everyone in Central New Jersey and beyond to come to it for their joint replacement needs and enjoy the much improved quality of life that I now enjoy.

When you begin to enjoy your improved quality of life, I hope that you too will consider a gift to either this Center or the Institute for Surgical Care. Our additional support enables the Center and UMCPP to continue to attract the best and brightest surgeons, nurses, anesthesiologists, nurses’ aides, techs and therapists and remain the preeminent destination for total hip and knee replacement surgery in New Jersey.

For further information about how you can join me in helping keep our Center at the forefront of excellence, please turn to the last page of this guide.

I wish all of you a happy, healthy and pain-free life.

A handwritten signature in black ink that reads "Jim Craigie". The signature is written in a cursive, flowing style.

Jim Craigie

Patient's Guide to Joint Replacement



The Jim Craigie Center for Joint Replacement has earned *The Joint Commission's Gold Seal of Approval®* for its Total Hip Replacement Program and Total Knee Replacement Program.



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Welcome



Jim Craigie Center for Joint Replacement

University Medical Center of Princeton
at Plainsboro



Thank you for choosing the Jim Craigie Center for Joint Replacement for your hip replacement surgery. We have carefully planned every step of your care to help ensure a speedy and successful journey to recovery. Please rest assured, you're in excellent hands every step of the way.

We encourage you to read carefully through this *Patient's Guide to Joint Replacement*. If you have a question, do not hesitate to ask any of your care providers. And always let us know if there is anything we can do to make your stay more comfortable.

Introducing the Joint Replacement Team

The Jim Craigie Center for Joint Replacement has an experienced and highly skilled team to care for you.

Orthopaedic Surgeon:

Your orthopaedic surgeon is the physician who will perform your joint replacement operation and will oversee your care throughout your stay at the Jim Craigie Center for Joint Replacement (JRC).

Physician Assistant:

Your physician assistant may assist your orthopaedic surgeon in the operating room and help manage your care and recovery processes.

Orthopaedic Nurse Navigator:

Your navigator is a registered nurse who will serve as your coordinator of care and will follow you throughout your stay and will help you prepare for your transition back to your home. He or she will work directly with your surgeon and the rest of the team to ensure you and your family will have the best possible experience and outcome.

Coach:

Your Coach is a person that you designate to support you as you prepare for and recover from your joint replacement surgery. This can be a spouse, friend or family member who will provide you support and encouragement throughout your experience.

Anesthesia Team:

Your anesthesia physician and CRNA are responsible for administering the medications required to keep you safe, asleep and comfortable throughout your surgery. Your anesthesia physician will also help manage your postoperative pain.

Primary Care Provider:

Your primary care provider is your family physician and the physician who manages your overall health. You can expect your primary care provider to stay in contact with your orthopaedic surgeon, perform your pre-surgery physical and be informed regarding your progress after discharge.

Cardiologist:

If you have a history of cardiac disease, your cardiologist is an integral member of the team. Your cardiologist will provide surgical clearance and manage your cardiac medications as we plan for your surgery and throughout your hospitalization and recovery.

Hospitalist:

A hospitalist is a physician that may follow your medical care if needed during your hospital stay and will work closely with your orthopaedic surgeon.

Registered Nurse:

During your hospital stay, you will be cared for by a team of highly skilled, specialized nurses. They will help prepare you for surgery and will be in the operating room with you throughout your surgery. After surgery, our nursing team will continue to care for you and provide information for your transition home.

Nursing Assistant:

Your nursing assistant will help you with activities like bathing, dressing or getting to the bathroom.

Transition Planning Team:

A case manager, social worker and/or the Princeton HomeCare Planner help to plan your transition from the hospital to your home and arrange for any additional equipment and services needed.

Physical Therapist:

Your physical therapist and physical therapist assistant will help you gain strength and mobility in your new joint by teaching you how to exercise correctly. Your physical therapist will also teach you how to properly and safely use your walker or crutches after surgery and help you prepare for the transition home.

Occupational Therapist:

Your occupational therapist and occupational therapy assistant will teach you how to safely and effectively perform activities of daily living, such as bathing and dressing. He or she will also teach you how to use special equipment, like grabbers or shower seats, which you may need during your recovery.

Dietitian:

Dietitians are available by request to provide nutritional counseling regarding healthy food choices. They can help you understand the connection between diet and healing.

Chaplain:

A chaplain is available to serve your spiritual needs upon your request, as well as those of your family, regardless of your faith.

Other team members that you may meet include pharmacists, respiratory therapists, lab or x-ray technicians, patient transporters and volunteers.

Understanding Joint Replacement Surgery

COMMON CAUSES OF HIP PROBLEMS

What is osteoarthritis?

Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and is the most common type affecting nearly 21 million Americans. As we age, the chances of developing osteoarthritis increase, though the severity of the disease is different for everyone. Even people in early stages of life can develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, though it occurs most often in the hips, knees and spine. Cartilage is a rubbery material that covers the ends of bones in normal joints and helps ensure that joint bones don't rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, the cartilage may break down and wear away, preventing it from working properly. When this happens, tendons and ligaments in the joint can stretch, causing pain. And, if the condition worsens, joint bones can rub together, causing pain and discomfort.

What are the symptoms of osteoarthritis?

Symptoms of osteoarthritis can include:

- Joints that are sore and ache, especially after periods of activity
- Pain that develops after overuse or when joints are inactive for long periods of time

What are the causes of osteoarthritis?

There are several factors that increase a person's chances of developing osteoarthritis, including family history, obesity, injuries like fractures in the joint, osteonecrosis, previous surgeries where cartilage was removed from a joint and overuse.

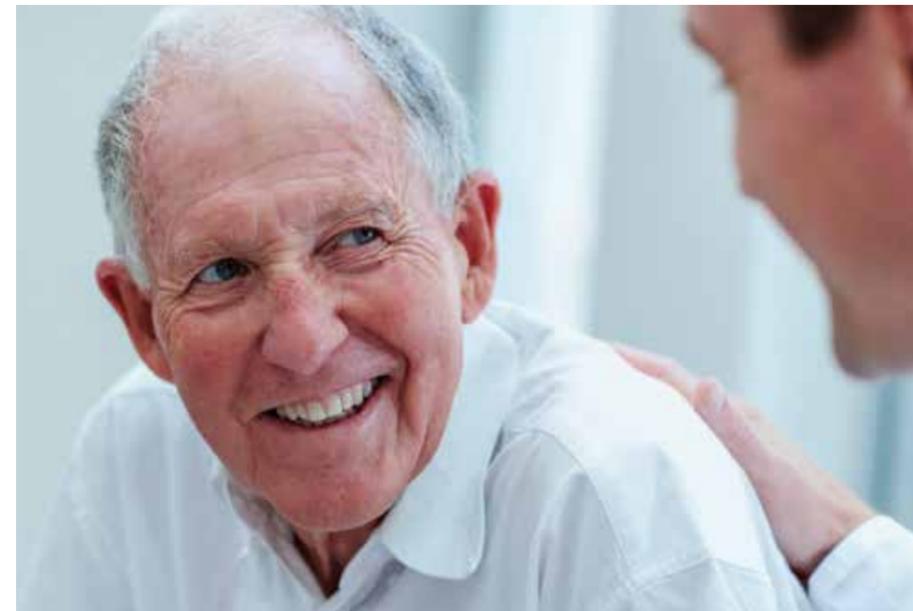
What is rheumatoid arthritis?

Rheumatoid arthritis is an inflammatory form of arthritis, meaning that the material that surrounds the joint and keeps it lubricated becomes swollen. Rheumatoid arthritis affects about 1% of Americans but is much more common in women than in men. This form of arthritis occurs in all age groups.

What are the symptoms of rheumatoid arthritis?

Symptoms of rheumatoid arthritis can include:

- Joint symptoms developing very quickly or gradually over years
- Stiffness
- Ligaments that stretch and become loose
- Decreased range of motion
- Pain
- Joint swelling



HIP REPLACEMENT SURGERY

Your hip is made up of two basic parts that move and work together to ensure smooth motion and function. When arthritis affects the joint and the cartilage that cushions the hip wears away or is destroyed, the hip joint requires replacement.

The materials used in your artificial joint are very strong and are designed to last a very long time inside your body. Your orthopaedic surgeon will consider many factors, like age, bone density and the shape of your joints to determine the exact kind of hip replacement you'll receive and how it will be inserted.

Total joint replacement surgery requires your surgeon to remove the damaged ends of two bones and insert new artificial joint surfaces. In hip replacement, your orthopaedic surgeon will replace the upper part of your femur (the long bone in the thigh of your leg) with an artificial ball. The hip socket in your pelvis will be lined with metal and plastic. The new ball will glide normally in the newly lined hip socket. Your surgeon may decide to attach your new joint with or without bone cement. If your doctor decides not to use cement, a special implant will be used that allows your bone to grow into it.

WHAT RESULTS CAN YOU EXPECT?

You can expect a successful outcome from your hip replacement surgery. Generally, patients experience less pain and more mobility and can resume most of the activities they enjoyed before the onset of arthritis. Long-term studies show that 85%-90% of artificial joints are intact and functional after 20 years. Your artificial joint will last longer if you maintain your ideal weight and if you avoid high-impact activities.



THE RISKS OF HIP REPLACEMENT SURGERY

Joint replacement surgery is major surgery, and although advances in technology and medical care have made the procedure very safe and effective, there are risks. We encourage you to discuss the potential risks with your orthopaedic surgeon, primary care provider and your family.

Every measure will be taken by our team of experts to minimize any risk and avoid complications. Although complications are rare, they do sometimes occur.

Blood Clots:

Blood clots can form in a leg vein and in your lungs after hip replacement surgery and can be dangerous. Factors that increase your risk of blood clots include advanced age, obesity, history of blood clots, smoking and cancer. Medications and activities to prevent blood clots after surgery are required to reduce this risk.

Infection:

Infection is very rare in healthy patients having hip replacement. Patients with chronic health conditions like diabetes and a compromised immune system are at higher risk of infection after any surgery. If an infection develops, it's usually treated with antibiotics. Deeper infections inside the joint are rare, and they may require additional surgery if they occur.

Nerve, Blood Vessel and Ligament Injuries:

Damage to the surrounding structures in the hip, including nerves, blood vessels and ligaments, is possible but extremely rare. Some patients experience numbness in the area of the incision, which usually resolves over time.

Dislocation of the Hip:

A patient's hip may move out of place after surgery (2%-3% of patients). If this occurs, your surgeon will put the hip joint back in place. Some patients may be required to wear a brace for a short time after the dislocated hip is reset. In very rare cases, surgery may be required to put the hip back in the socket. You will be taught techniques called "hip precautions" to prevent a dislocation from occurring.

Delayed Wound Healing:

Sometimes the surgical incision heals slowly, particularly if you take corticosteroids, have a disease that affects the immune system (such as rheumatoid arthritis or diabetes) or if you are a smoker.

Limited Range of Motion:

Within a day of surgery, you will begin exercises to help improve your range of motion. Even after your rehabilitation, you may continue to feel some stiffness after physical activity, particularly with excessive bending. Most patients find this stiffness minor compared to the limited function they experienced prior to surgery.

Hematoma:

Bleeding into the hip can occur either immediately after surgery or at a later time. Symptoms include acute pain and swelling and are sometimes confused with infection. Your surgeon will evaluate and determine a course of action/treatment.

Changes in the Length of Your Leg:

After hip replacement, slight changes in the length of your leg may occur. The change is typically very small (less than 3/8") and is usually not noticeable to patients.

Loosening of the Joint:

Over time, loosening of the artificial ball and socket is possible due to erosion of the bone adjacent to the prosthesis. Loosening occurs more frequently in heavier and more active patients.

You can also help reduce your risk for many of these complications by:

- Reducing or eliminating the use of tobacco and alcohol
- Being compliant with managing your diabetes, if applicable
- Maintaining a healthy diet
- Using good hand-washing techniques
- Performing your exercises as directed by your physical therapist
- Limiting high-impact activities, as directed by your surgeon

Preparing for Joint Replacement Surgery

Your experience begins long before your actual surgery. These guidelines will prepare you for a speedy and safe recovery, so you can have less pain, better mobility and *reclaim your life*.

To make sure you and your Coach are fully prepared for your joint replacement surgery, it is important that you carefully and thoroughly review this guide and practice your exercises before surgery. The information will help you better understand your diagnosis, the joint replacement process and what to expect every step of the way as you prepare for your surgery and recovery.

If you have any questions or concerns, please call the **Orthopaedic Nurse Navigator at 609.853.7954.**

PRE-OPERATIVE EDUCATION CLASS

To make sure you are fully prepared for your joint replacement surgery, we've designed a class especially for patients like you. The class will help you better understand your diagnosis and the joint replacement process. You will be instructed on the exercises, tips and activities you need to do to speed recovery. Please plan to attend a class with your Coach at least three weeks prior to your surgery and bring your questions.

PRACTICING YOUR EXERCISES

Included in this *Patient's Guide to Joint Replacement* on page 27 you will find exercises to do before surgery. Performing these exercises regularly and properly is perhaps the most important factor in speeding recovery and determining long-term success of your new joint. Keep in mind that the exercises are designed to strengthen muscles around the hip and improve mobility. The exercises are not always easy, but they are an important part of your treatment and recovery process. Some soreness in your joint is normal and will improve over time.

If you experience severe pain with any exercise, you should stop immediately and contact your surgeon.

PRE-ADMISSION TESTING

Once you and your physician have determined that hip replacement surgery is right for you, you will be given an appointment for Pre-Admission Testing at University Medical Center of Princeton at Plainsboro. The entire appointment lasts approximately two hours and consists of blood work, urine analysis, EKG, a chest x-ray, a nursing assessment and consultation with a representative from the Department of Anesthesia. That morning, you may eat breakfast and take all your normal medications.

Please complete the accompanying Patient and Home Assessment form and bring it with you. (See page 47)

The staff will ask you for details about any medication allergies or other allergies to metals (nickel), latex and skin adhesives, as well as the last time you were vaccinated for pneumonia or influenza.

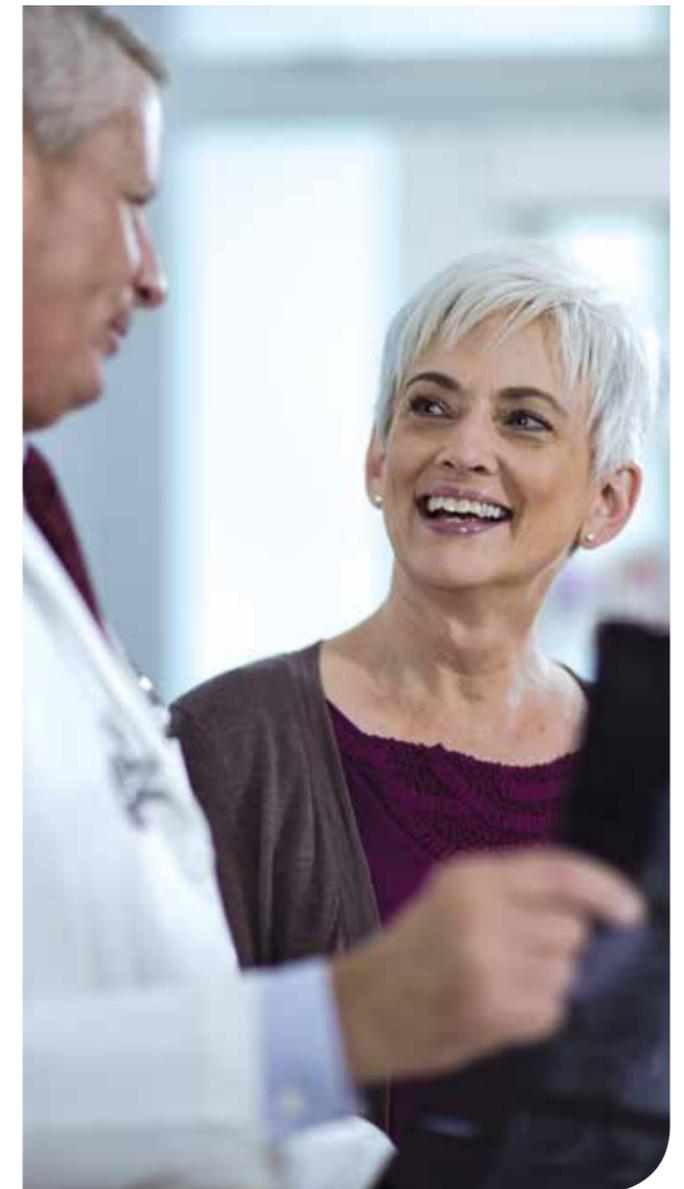
Please bring a list of all your medications (with dosages and frequencies) as well as any over-the-counter drugs, vitamins, supplements, inhalers and patches you are taking to your Pre-Operative Visit with the surgeon and to your Pre-Admission Testing visit at the hospital.

MEDICATION MANAGEMENT

Your surgeon and/or anesthesia provider will advise you about which medications to take or not to take prior to surgery.

Medications you may need to stop taking prior to surgery

Typically, medications that thin your blood are stopped 1 to 2 weeks prior to surgery and may include vitamins/supplements, anti-inflammatory medications (Advil, Motrin, Aleve, etc.) and anticoagulants (Aspirin, Plavix, Coumadin, etc.).



OBTAINING MEDICAL CLEARANCE

You also will need to schedule an appointment for medical clearance with your personal physician or cardiologist well before surgery. Please schedule this appointment to take place 2 to 10 days following your Pre-Admission Testing visit. Your test results from that visit will be faxed to your physician for his or her review. If you have risk factors or need special cardiac attention and you are not under the care of a cardiologist, we may recommend a consultation with one of the cardiologists on staff at University Medical Center of Princeton at Plainsboro.

INSURANCE INFORMATION

Joint replacement surgery is a covered benefit with most health insurance plans as well as Medicare and Medicaid. University Medical Center of Princeton at Plainsboro accepts most insurance plans. A financial advisor will also help you navigate your personal benefit coverage in order to help you understand what is covered by your health plan or government payor and what may be your financial responsibility for your surgery. Our financial advisor works to help determine your covered benefit package and will contact you to answer any questions you might have. Our financial advisor will also provide you with estimates on your health plan or government plan (i.e., Medicare) contribution as well as any co-payments that may be due at the time of your surgery. Our goal is to provide insurance information prior to the day of your surgery, so you are knowledgeable about your coverage. We know that having this information is reassuring to many patients. If your insurance provider does not cover the procedure, we will work with you to evaluate you for coverage under state programs, such as Medicaid and Charity Care or help you to make payment arrangements.

For Patients with Commercial or Managed Healthcare Insurance Coverage

Prior to your surgery at the Jim Craigie Center for Joint Replacement at UMCP, we will obtain your insurance information from you so that we can verify your benefits with your insurance carrier. In the process of verifying your benefits, we will do the following:

- Check your eligibility
- Determine what (if any) amount has been paid toward your annual deductible
- Calculate your co-pay (if any) for this surgery
- Estimate your co-insurance (if any) for this surgery
- Communicate with you the estimated amounts due to the hospital in advance of your arrival at the Jim Craigie Center for Joint Replacement at UMCP

For Patients with Government Healthcare Insurance Coverage

Prior to your surgery, one of the physicians at the Jim Craigie Center for Joint Replacement at UMCP will verify medical necessity as required by Medicare and Medicaid. We will also obtain information from you so that we can verify your benefits with Medicare, Medicaid or another government payor. Medicare coverage comes in two sections – Part A covers inpatient hospitalization, and Part B covers outpatient services, including physician office visits. If you are planning a surgery and you have Medicare Part A and Part B, we will do the following:

- Verify your Medicare coverage
- Calculate your inpatient deductible if you have not been hospitalized within the last 60 days (Medicare benefit period)
- Communicate with you the estimated amounts due to the hospital in advance of your arrival at the Jim Craigie Center for Joint Replacement
- If you have a secondary insurance to Medicare, such as AARP or a Blue Cross secondary plan, and have not been hospitalized in the last 60 days and owe your inpatient deductible, the hospital will bill your secondary insurance for your inpatient deductible

Our goal is to provide each patient with the best estimate of their charges and their payments. We believe that providing this insurance information prior to surgery is a critical component of your overall experience at the Jim Craigie Center for Joint Replacement.

To reach a financial advisor, please call 609.853.7852.



PREVENTING SURGICAL SITE INFECTION

At the time of surgery, it is important that you be free from infections. Any source of infection, such as teeth or ingrown toenails, should be treated. There are several steps that you can take to help prevent surgical site infections.

Dental Care:

All dental work must be completed at least 6 weeks prior to your surgery. Please call the office if any dental problems arise prior to your scheduled surgery date.

Shaving:

It is very important that you do not shave your legs or use any hair removal products anywhere near the surgical area for 48 hours prior to surgery. Studies show an increased risk of surgical site infection associated with shaving. This is attributed to the microscopic cuts in the skin that allow bacteria to enter.

Clean Hands:

Hand hygiene is very important. You will notice your caregivers using alcohol-based hand sanitizer when entering your room. We also strongly encourage your family and friends to utilize this cleanser, as well as to wash their hands frequently to prevent the spread of infection.

Illness:

If you become ill with a fever, cold, sore throat, flu or any other illness, please contact your surgeon's office.

Skin Rash:

Please report any broken skin, rashes or sunburn to your surgeon.

Pre-Surgery Bathing:

Approximately 2 weeks before your operation, begin using antibacterial gel soap when you shower. This will generally help reduce the amount of bacteria living on your skin.

Before surgery, your skin needs to be thoroughly cleansed with a special soap. Humans naturally have healthy bacteria and germs living on our skin, but if these bacteria enter the incision after surgery, they can cause an infection. During your Pre-Admission Testing visit, your nurse will give you a special soap, which contains Chlorhexidine Gluconate solution 4.0%.

It is very important that you use this soap for 3 showers prior to your surgery.

If you have any questions after reading this information, please call **609.853.7970** to speak with a nurse.

Caution: please do not use the special soap on your head or face. Avoid contact with your eyes. (If contact occurs, flush eyes thoroughly with water.) Do not use if you are allergic to chlorhexidine gluconate or any inactive ingredients in this soap. Avoid use in the genital area, as irritation may result. Use your regular soap in that area.

SPECIAL INSTRUCTIONS:

DO NOT SHAVE THE SURGICAL AREA!

Your nurse will use clippers to remove hair, if needed, at the surgical site. Using a razor to remove your hair before surgery can lead to infections because it can leave small cuts on the skin.

THE FIRST SHOWER:

2 days before surgery: Take a shower and wash your entire body, including your hair and scalp, in the following manner:

- Wash your face and genital area with your regular soap or cleanser.
- Wash your hair using your normal shampoo. Make sure you rinse the shampoo from your hair and body.
- Using a fresh, clean washcloth and 1/3 of the special soap, wash from your neck down, but avoid genital area.
- Rinse your body thoroughly.
- Using a fresh, clean towel, dry your body.
- Dress in freshly washed clothes.
- Do not use lotions, powders or creams after this shower.

THE SECOND SHOWER:

The day before surgery: Take a shower and wash your entire body, including your hair and scalp, in the following manner:

- Wash your face and genital area with your regular soap or cleanser.
- Wash your hair using your normal shampoo. Make sure you rinse the shampoo from your hair and body.
- Using a fresh, clean washcloth and 1/3 of the special soap, wash from your neck down, but avoid the genital area.

- Rinse your body thoroughly.
- Using a fresh, clean towel, dry your body.
- Dress in freshly washed clothes.
- Use fresh, clean sheets and pillowcases after this shower.
- Do not use lotions, powders or creams after this shower.

THE FINAL SHOWER:

The day of surgery: Repeat the shower in the following manner:

- Wash your face and genital area with your regular soap or cleanser.
- Wash your hair using your normal shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap or cleanser.
- Using a fresh, clean washcloth and 1/3 of the special soap, wash from your neck down, but avoid the genital area.
- Rinse your body thoroughly.
- Using a fresh, clean towel, dry your body.
- Dress in freshly washed clothes.
- Do not use lotions, powders, creams, hair products, makeup or deodorant after this shower.

TIPS FOR PREPARING YOUR HOME

You and your family may want to consider these tips to help make your home safe and comfortable for when you return from your surgery:

- Purchase a non-slip bath mat for inside your tub/shower.
- Check every room for tripping hazards. Remove throw rugs and secure electrical cords out of the way.
- Determine what items from dressers, cabinets and shelves you'll need immediately after returning home. Any items you use often should be moved to counter height to avoid excessive bending or reaching.
- Plan on using a cordless phone or plan to use a cell phone. They can be tucked away inside a pocket, carried easily or set within reach.

- Make sure stairs have handrails that are securely fastened to the wall. If you must use stairs to enter your home or move around within your home, please discuss this with the physical therapist when you are seen in the hospital.
- If you have pets, you may want to consider boarding them for a few days after your return home or gate off an area of your home to avoid tripping over them or other accidents.
- We recommend that you use a chair that has a firm back and armrests during your recovery. A chair with a higher seat will help you stand more easily. Chairs with wheels should not be used under any circumstances. If you do not own an appropriate chair, you may need to buy, rent or borrow one.
- Please plan to sleep on the same side of the bed that you are having your operation on. For example, if you are having your right hip operated on, please plan to sleep on the right side of the bed, so it is easier to get in and out of bed.

PACKING FOR YOUR HOSPITAL STAY

The following checklist should help you pack for your hospital stay.

Items to Pack:

- This *Patient's Guide to Joint Replacement*.
- Clean, comfortable, loose-fitting clothing like elastic-waist pants, shorts, skirts or jogging outfits to wear while you are in the hospital.
- Sneakers/tennis shoes or shoes with flat, rubber bottoms. Do not bring tight-fitting footwear, as your feet may swell a bit following surgery. Do not bring backless shoes or slippers because of the risk of falling.
- At your pre-Admission Testing visit, you will receive instructions about which medications (if any) you should bring with you. Typically, this includes eye drops, inhalers and uncommon medications.
- Eyeglasses, contact lens cases with solution and denture storage
- If you use a breathing machine such as a CPAP, bring your machine, mask and hose.
- Your own pillows if you think they would make you more comfortable. To keep them separate from hospital pillows, it is helpful if you place them in colorful pillowcases.

- In order to minimize cooking, it is wise to prepare meals in advance and freeze them or to purchase prepared meals.
- To increase nighttime visibility, install night-lights in bathrooms, bedrooms and hallways.
- Avoid yard work for 10 days prior to surgery. Make arrangements for others to do outdoor work such as gardening or cutting the grass for at least 2 weeks after surgery.
- Plan ahead by having a supply of clean laundry and fresh linens on your bed.
- Since your safety is our primary concern, we recommend that your Coach, spouse, family member or friend stay with you after your surgery until you are able to perform activities of daily living independently and safely. Typically, this occurs within a few days after you return home.
- Obtain a note from your surgeon if you are planning to obtain a handicap placard for your vehicle.

- Your advance directive, a living will or durable power of attorney for healthcare. If you don't already have an advance directive, forms will be available at the hospital.
- Reading material for your enjoyment.

For Your Consideration:

Wi-Fi is available throughout the hospital and in your room. iPads and e-readers may be borrowed from the Medical Library and Business Center.

ITEMS TO LEAVE AT HOME:

Jewelry, cash or valuables should be left at home in the care of a trusted loved one or locked in the safe in your room. You may wear your wedding band in the operating room, but it will be taped to your finger. Taping prevents it from getting caught on anything or from loosening or falling off.

YOUR ITINERARY: COUNTDOWN TO SURGERY

4-6 Weeks Before Surgery:

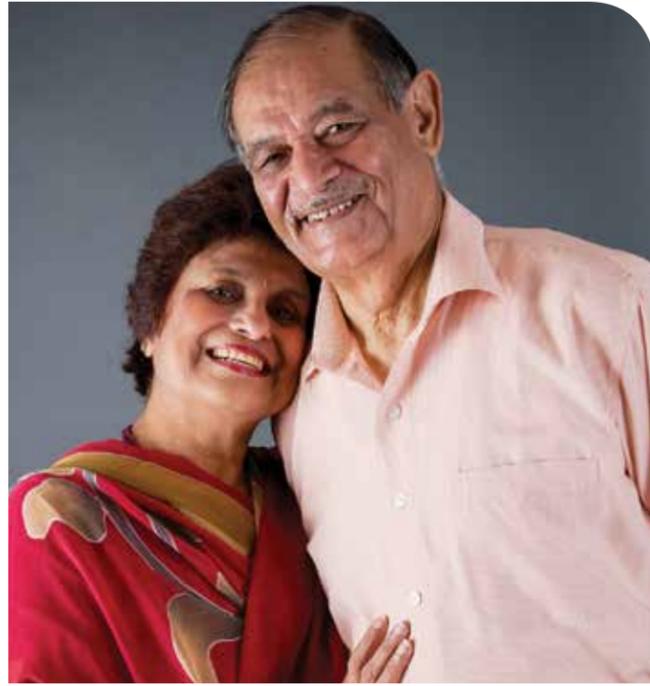
- Schedule and complete your medical clearance physical exam with your primary care provider or cardiologist or other specialist.
- Complete your Pre-Admission Testing appointment with the hospital no more than 30 days prior to your surgery date.
- Update your medication list, including name, dose and time you take your medications.
- Attend a Center for Joint Replacement class with your Coach.
- Begin your exercise program as directed in your *Patient's Guide to Joint Replacement*.

The Week Before Surgery:

- Start making home preparations (as described in the section beginning on page 12).
- Stop taking herbals and supplements, arthritis medications, aspirin and blood thinners, as directed by your physician.
- If you take Plavix (clopidogrel), you must stop this at least 7 days before surgery to have spinal anesthesia. You should discuss this with your cardiologist.
- Reduce alcohol consumption and stop smoking.
- Determine the last date of your flu and pneumonia vaccines, so you can provide this information when you are admitted.
- Prepare a photocopy of your advanced directive or living will for your hospital chart.
- If you are feeling ill, have broken skin or develop a rash, please contact your surgeon.
- Do not shave your legs or use any hair removal products 48 hours prior to surgery.
- Begin bathing with the special soap 2 days prior to surgery as described in this guide.
- Avoid having a pedicure so that your risk of infection is reduced.

Day Before Surgery:

- You will receive a phone call from a hospital representative to confirm your expected arrival time.
- Continue your special soap-showering schedule as described in this guide.
- Pack your bag for the Jim Craigie Center for Joint Replacement.



- Do not eat or drink, chew gum or have hard candy after midnight.
- Get a good night's rest.

Day of Surgery:

- Take a shower with the special soap as described in this guide.
- Brush your teeth, but do not swallow any water.
- Wear clean, comfortable clothes. Avoid wearing any fragrance, deodorant, cream or lotion. Take any medications as instructed during your Pre-Admission Testing with a small sip of water.
- Report to the UMCPP Institute for Surgical Care at your designated time.
- Take medications with a small sip of water, as instructed. Usually you should take your blood pressure medication on the day of surgery.
- If you usually take anti-anxiety medication, you can take it on the day of surgery.
- Typical medications taken the morning of surgery include those for: asthma, blood pressure, heart rate control, GERD, thyroid control, seizure disorders, anxiety and chronic pain.

The Day of Your Joint Replacement Surgery

Arriving at the Jim Craigie Center for Joint Replacement

Please arrive at the time you were given, so that you have plenty of time to check in and prepare for surgery.

Wear comfortable clothes. Please avoid wearing cologne, perfume or fragrances of any kind. Deodorants, creams, lotions, shaving creams and makeup should be avoided, as they may be a source of bacteria.

Parking is available in visitor parking lots V1 or V2. For your convenience, a map and driving directions are provided at the back of this guide. If needed, wheelchairs are available at any of the patient entrances.

SURGERY PREPARATION

Upon your arrival, you will check in at the Institute of Surgical Care and be escorted to your room in the Center for Joint Replacement. There you will be instructed to change into a hospital gown, and you will also put on a pair of compression stockings to improve circulation and non-slip socks to prevent falls.

Your nurse will verify information regarding your health, allergies and medications. Your list of medications will be reviewed. Your vital signs (temperature, pulse, breathing rate and blood pressure) will be taken before you go into the operating room. Your nurse will also make sure the following preparations are completed:

- Clipping hair (if needed) around the surgical site and washing the surgical site to decrease the chance of infection
- Marking the operative site (left or right side)
- Starting an intravenous (IV) line in your arm to provide fluid you will need during surgery

Your surgeon may order pain medications to be given to you prior to the surgery. These medications are part of our multi-modal protocol and will help reduce the amount of pain you feel after surgery.

FAMILY WAITING

On the morning of surgery, your Coach, family member or friend will be able to stay with you until you're ready to be transported to the operating room. They will be asked to provide their cell phone number, or they will be provided with a hospital wireless phone. They may wait in your room, the atrium, restaurant, café or Medical Library/ Business Center, all of which are on the first floor. Each area has a comfortable seating area and WiFi services.

The Medical Library/Business Center has reading materials and computers available for use.

Once your hip replacement is complete, a member of the surgical team will contact your Coach, spouse, family member or friend. At this point, they will be able to speak with your surgeon to discuss your procedure.

You will still be in the recovery room for 1 hour or more before you go back to your room. Family and loved ones are not allowed in the recovery room for patient privacy reasons.

A Surgical Patient Liaison is also available to provide information to families and loved ones regarding a patient's status in surgery. The liaison can be reached at 609.853.9337 from an outside line or by dialing extension 19337 from a hospital phone.

ANESTHESIA — GENERAL INFORMATION

Your anesthesia team is usually composed of an Anesthesia physician (Anesthesiologist) and Nurse Anesthetist (CRNA). Your Anesthesiologist will meet you before surgery. At that time, the Anesthesiologist will examine you, discuss your medical history and determine the best plan for your anesthetic care. It is important that you tell your Anesthesiologist of any prior problems or difficulties you have had with anesthesia. He or she will discuss the risks and benefits associated with your anesthetic options. We encourage you to ask your Anesthesiologist any questions you might have, and to raise any concerns you have at that time.

We have developed a multi-modal approach to managing pain after hip replacement surgery. The strategy begins with medication before your surgery, the use of local anesthetics to numb the inside of your hip joint, special protocols for anesthesia in the operating room, and a refined protocol of pain pills and pain medications administered through your intravenous line (IV) after surgery. Our protocol keeps patients more comfortable with less side effects.

SPINAL ANESTHESIA

Spinal anesthesia involves the injection of a medication into the sack that holds the spinal fluid. It will numb the body below the chest, so it is often used for surgeries to hips and knees. You will receive sedation and a local anesthetic injection to numb the skin prior to giving the spinal anesthetic. You may not be able to feel or move your legs until the anesthetic wears off. This effect sometimes lasts for several hours, so it is important that you do not try to walk until your physical therapist determines you are ready.

THE OPERATING ROOM

Inside the operating room, you will be cared for by a team of physicians, physician assistants, nurses and skilled technicians. The total time required for your surgery will be different from patient to patient, depending on the complexity of the procedure.

In the operating room, you will be greeted by the staff involved in your care. The nurses will again ask you to identify yourself and your birth date. You will also hear the staff state your name and birth date or medical record number once more just before you receive your anesthesia. All these checks are required and performed to ensure your safety. The operating room is kept cold. Your nurse will give you a warming blanket. A calf-compression device will be applied to the unaffected leg to improve circulation. After your spinal anesthesia, you may have a Foley catheter to empty your bladder; you will not feel it, and it usually will be removed within 24 hours. You will then be positioned for your surgery. Once the spinal is placed, you will receive more sedation.

RECOVERY

After surgery, you will be transported to an area called the Post Anesthesia Care Unit (PACU) or recovery room. You will spend approximately 1-2 hours in the PACU while you recover from the effects of anesthesia.

Your nurse will check your vital signs, including blood pressure, respiratory rate and heart rate, and monitor your progress. Your nurse will also start your cold therapy, which helps to reduce swelling and pain.

You will have a special wrap for ice therapy on your surgical site continuously for up to 24 hours after surgery. It is important to continue to use cold therapy for 1 hour 3 times a day to reduce swelling and pain. You will take this wrap home with you.

Pain medications and medication for nausea will be provided through your IV as needed. It is important that you let your nurse know if you have pain or nausea so he/she can treat it.

Your nurse will check your bandages, check drainage from your surgical site and encourage you to take deep breaths. They will also apply calf compression devices to help with circulation.

After your stay in the PACU, you will be returned to your hospital room in the Jim Craigie Center for Joint Replacement to continue your recovery.

WHAT TO EXPECT AFTER SURGERY

Once you have arrived in your room, your nurse will assess you and continue to monitor you frequently. You will notice a bandage on your hip and may have a tube

that drains fluid away from your joint. At this point, you will have compression stockings and calf-compression devices on both legs. The calf-compression device will squeeze your legs at regular intervals to circulate blood and to help prevent clotting. If you do not feel the compression, be sure to let your nurse know.

For most patients, the spinal anesthetic wears off completely after 4 to 5 hours. When this occurs, you will start taking pain medications by mouth. Once your vital signs are stable and you have regained movement and sensation in your lower extremities, your nurse or physical therapist will assist you to sit at the edge of the bed, stand and walk.

When you first stand, you may feel dizzy. You should never get out of bed without assistance.

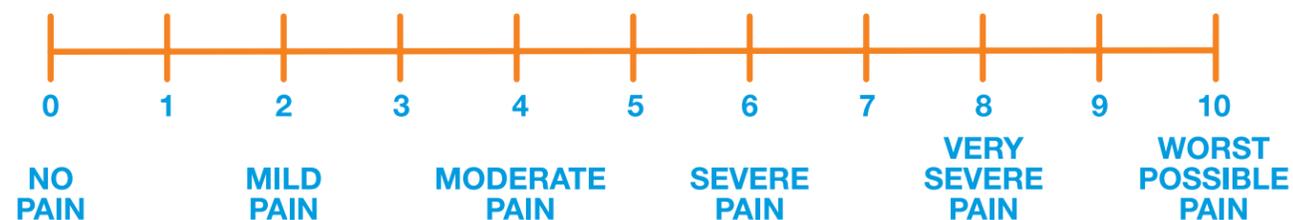
MANAGING YOUR PAIN

Most patients are concerned about having pain after a hip replacement. We take your concerns very seriously and will work hard to help you manage your pain.

The amount of pain and discomfort you experience depends on multiple factors. Our multi-modal pain management protocols use medications through your IV and by mouth as you are recovering in the Jim Craigie Center for Joint Replacement.

Your physicians and nurses will do everything possible to help control your pain and discomfort using medications and other techniques, including cold therapy, position changes and relaxation.

PAIN RATING SCALE



You may experience an increase in pain after your surgery when your local anesthetics in the hip joint wear off. Please let your nurse know, as you have medication available to smooth the transition. You may also notice increased soreness accompanying activity in the first few days, and your nurse will offer pain pills to address this.

Communication is an important part of helping us manage pain. We encourage you to share information with your nurses about any pain you experience. Please be as specific as possible. For example, specify where the pain is, how often you feel pain and what the pain feels like. Is it sharp, dull, aching and spreading out? On a scale of 0 to 10, where 10 is the worst pain imaginable, how would you rate your pain?

ADDITIONAL MEDICATIONS

You can expect to receive IV antibiotics during the first 24 hours of your hospital stay as well as medications for pain and anticoagulants to prevent blood clots. Sometimes, patients may feel nauseated or constipated. Both symptoms can be managed with medication or other interventions, so it is important that you talk with your nurse if you don't feel well.

EARLY AMBULATION

For most patients, the spinal anesthetic wears off after 4 to 5 hours. Within an hour of regaining movement and sensation in your lower extremities, your physical therapist or nurse will assist you to sit at the edge of the bed, stand, put some weight on the joint and walk.

Please do not try to walk until your nurse or physical therapist determines you are ready.

Your physical therapist will help you begin your exercise routine. These exercises are designed to help increase strength and flexibility in the joint. Ultimately, the goal is to perform activities of daily living, like walking, climbing stairs and getting in and out of a bed and up and down from a chair or toilet.

To ensure maximum success, it is important that you follow physical therapy instructions both while you are in the hospital and after you are dismissed from the hospital. While in the hospital, you will have group physical and occupational therapy sessions led by a member of our team to work on walking, strength and range of motion.

On the first day after surgery, you will use a walker and will walk. You will see a physical therapy team member twice daily.

Exercise and physical therapy are provided in a group setting, so that our patients can support and encourage each other on the road to recovery. New friendships are often made, enhancing the healing process. Family members (Coaches) are encouraged to participate in group activities.

Studies have shown that patients who have therapy in a group setting with other patients who have had the same procedure work harder, walk farther and achieve goals more quickly than in individual sessions. They typically have shorter lengths of stay in the hospital and are more prepared to go directly back home.

EXERCISES ON YOUR OWN

You will be instructed to perform ankle pumps every hour while you are awake. This keeps blood from pooling in your lower legs, reducing your risk of a blood clot. You will also be given exercises from your physical therapist that you can perform throughout the day from your bed or chair. Early physical therapy and patient participation are key to gaining range of motion.

DEEP BREATHING, COUGHING AND THE INCENTIVE SPIROMETER

You will receive a device called an incentive spirometer and will be instructed in its use. The spirometer helps you fully expand your lungs and keeps them active in order to prevent chest congestion. You may practice coughing after using the incentive spirometer to make sure that your lungs are clear.

Recovery Schedule

DAY OF SURGERY

- Resume regular meals
- Physical therapy begins
- Sit up in chair as tolerated
- Take a few steps or walk up to 50 feet
- Perform ankle pumps and exercises as instructed
- Deep breathing with the incentive spirometer 10 times every hour while awake
- Application of cold therapy
- Pain medications are given as needed

DAY ONE

- Removal of catheter, IV, drain (if applicable)
- Sit up in a chair during the day, with frequent leg-position changes
- Transition to oral pain medications and continuation of cold therapy
- Perform ankle pumps and exercises
- Initiate occupational therapy and continue physical therapy
- Participate in group therapy; walking goal: 50-100 feet
- Deep breathing with the incentive spirometer 10 times every hour while awake
- Application of new dressing (if needed)

DAY TWO

- Take a shower with assistance
- Sit up in a chair during the day, with frequent leg-position changes
- Take oral pain medications and continuation of cold therapy
- Perform ankle pumps and exercises
- Continue physical and occupational therapy
- Participate in group therapy; walking goal up to 250 feet
- Practice stair climbing with your therapist
- Practice getting in and out of car with your therapist
- Deep breathing with the incentive spirometer 10 times every hour while awake
- As all goals are met, prepare for transition to home
- Application of new dressing (if needed)

Transitioning
Home

PREPARING TO RETURN HOME

You will be ready to go home once you're able to walk safely and perform your exercise program. Your surgeon and physical therapist will determine that you are ready for the transition to home.

We'll use the following goals to assess when it is safe for you to go home. Can you:

- Get in and out of bed?
- Get up and down from a chair and toilet?
- Perform your personal hygiene independently?
- Walk up and down the stairs?
- Walk approximately 150 feet?
- Get dressed?
- Get in and out of your car?
- Perform your hip exercises?

Before you go home, we will make sure that all your transitional needs are met. Your surgeon may order the following based on your individual needs:

- Medication for pain and inflammation
- Anticoagulant medication to thin the blood
- Walker and other equipment

You will also receive written instructions and information about the next steps in your recovery.

THE DRIVE HOME

Please arrange for your Coach, family member or friend to drive you home. To make your ride more comfortable, please ask your driver to bring pillows for you to sit on, slide your seat back and recline the seat slightly.

RECOVERING AT HOME

As part of your recovery and when you are ready, your surgeon will prescribe outpatient physical therapy to emphasize stretching and strengthening of the hip after replacement. The University Medical Center of Princeton at Plainsboro Outpatient Rehabilitation Network offers physical therapy services at several locations.

If you are traveling for long periods of time, it is vital that you do ankle pumps and walk for 10-15 minutes every 1-2 hours. This will help prevent blood clots and joint stiffness.

Some patients may go home needing homecare services for a brief period of time until they can safely attend an outpatient physical therapy program. A visiting physical therapist and/or nurse can be arranged during this transition period to assure joint precautions are maintained in the safety of your home. A homecare discharge planner will help make appropriate arrangements depending on your needs and insurance coverage and assist in ordering any equipment needed for the home. Princeton HomeCare provides comprehensive nursing, physical therapy and home health aide assistance to patients living in Mercer County and many areas in Middlesex, Somerset, Burlington, Monmouth and Hunterdon counties.

MEDICATIONS

We recommend taking pain medication 30-45 minutes prior to performing the prescribed physical therapy exercises.

Some people experience constipation while taking pain medication. You may consider drinking prune juice daily, drinking more water, adding fiber to your diet or taking an over-the-counter stool softener to prevent this. Exercise and walking also help prevent constipation. To avoid stomach upset, be sure to take your pain medication with a meal or snack. Avoid drinking alcohol or driving while taking prescribed pain medication.

It is normal to experience some pain after joint replacement surgery. This will gradually decrease. If following your regimen of rest, cold therapy, elevation and taking your pain medications as prescribed does not relieve your pain to a satisfactory level, please contact your surgeon.

Please resume the medications you were taking prior to surgery as prescribed.

ACTIVITY

Continue your exercises as instructed by your physical therapist every day. You may put as much weight as tolerated on your affected leg. Your physical therapist will advise you as to when you may begin or resume certain physical activities such as using a stationary bike, golfing, etc. You may resume swimming when your surgeon verifies that your incision is fully healed.



MANAGING SWELLING

It is normal to have bruising around your hip as well as on the inner thigh and groin area. You may also experience swelling of the upper and lower leg down to the foot and ankle. Swelling usually peaks around 7 days after surgery.

Be sure to use your ice wrap 3-4 times a day for no longer than 1 hour at a time with your leg elevated 10 inches above the level of your heart. This will help reduce pain and swelling.

Please continue to wear your compression stockings at home to reduce swelling and improve circulation. The stockings may be removed while you sleep at night. Continue to wear them until following up with your surgeon. Please also continue to perform ankle pumps at least 10 times an hour.

Ice should not be placed directly onto the skin.

WHEN TO CALL THE SURGEON:

A moderate amount of bruising, swelling and redness can be expected after hip replacement surgery. If you experience any of the following, you should contact your surgeon.

- A fall
- Inability to walk
- Pain, tenderness or swelling isolated to your calf and/or ankle of either side (This may indicate a possible blood clot.)
- Increased redness around your incision
- Thick yellow drainage from the incision site or any other wound
- A temperature over 101° F (38.3° C)
- Bleeding from the surgical site
- Inability to do your exercises for any reason
- Toes that are very cold and do not get warm when you cover them
- Any unexpected problems, concerns or questions

If the following symptoms are not relieved by cold therapy, rest and elevation, please call your surgeon:

- Swelling
- Numbness, tingling or burning
- Pain not controlled by medication or pain that is getting worse

It is unlikely, but if you experience chest pain, palpitations or difficulty breathing, please call 911.

LIFE AFTER JOINT REPLACEMENT

Diet and Rest

It is important to eat a healthy diet to promote healing. You may experience decreased appetite after surgery. This is normal and should gradually resolve. Be sure to drink plenty of fluids. Your energy level may be less than usual for a few weeks after surgery. Take rest breaks as needed during the day and get a good night's sleep to support the healing process. However, it is common to have difficulty sleeping after surgery. This will gradually improve.

You may sleep on your back or on your affected side with a pillow between your legs to keep your legs from crossing.

HEALTHY EATING

Healthy nutrition both before and after surgery can help aid your healing process. It is important to eat a well-balanced diet that is rich in:

- **IRON** – to build red blood cells and minimize postoperative anemia
- **CALCIUM** – to strengthen your bones as they heal
- **FIBER** – to prevent constipation that can occur as a side effect
- **PROTEIN** – for healing your skin, bones and muscles
- **HYDRATION** – to prevent constipation, weakness and blood clot formation

IRON is a mineral your body needs to make red blood cells, which are the cells that carry oxygen to your muscles and organs. Because some blood was lost during surgery, your body will be generating new red blood cells. Our bodies don't make iron, so we must get it from foods and supplements. Iron supplements can cause your stool to appear dark and can also cause constipation. Foods that are rich in iron include:

- Fortified breakfast cereals
- Cream of wheat
- Meat, fish, poultry or eggs
- Dried fruits like apricots, figs, prunes or raisins
- Kale or spinach
- Legumes like kidney beans, pinto beans or lentils

Iron is best absorbed with Vitamin C, so be sure to include foods high in Vitamin C in your meals:

- Broccoli, cauliflower and Brussels sprouts
- Cantaloupe, grapefruit, oranges, tangerines and tomato products
- Fruit or vegetable juices

Calcium inhibits the absorption of iron, so do not take an iron supplement with milk. Acids in tea, coffee and wine can also reduce iron absorption.

CALCIUM is a mineral your body needs to build new bone and strengthen existing bone. Calcium-rich foods include low fat cheese, yogurt, milk and any other food products that have been fortified with calcium, such as orange juice.

FIBER is important to prevent constipation, which may be caused by iron supplements, pain medications and immobility. The best way to boost your intake of insoluble fiber is to eat a variety of whole grains, vegetables, beans and fruits. When buying breads or grains, look for the words "whole grain" on the label. Try to eat breads with at least 3 grams of fiber per slice and cereals with 3 or more grams of fiber per serving. Try whole-wheat pasta and brown rice, as they have 3 times as much fiber than the regular "white" variety.

PROTEIN is essential to every cell in the body, especially while you are healing. Legumes, poultry, seafood, dairy products, meats, nuts and seeds are rich sources of protein. Grains and vegetables supply small amounts of protein as well. Many high-protein foods can also be high in fat and cholesterol, so choose your protein wisely and focus on the lower fat protein foods such as lean meats, low-fat dairy and legumes.

HYDRATION can prevent constipation, weakness and blood clot formation. It is very important to consume 6-8 cups of fluid per day to ensure you remain properly hydrated. Fluids come in many different forms. Anything that melts at room temperature is considered a fluid. Examples include:

- Coffee
- Gelatin
- Ice chips
- Ice cream, sherbet and ice pops
- Juice
- Milk
- Soda
- Soup
- Tea
- Water

If you have concerns about meeting your nutritional needs after surgery, you may request a visit from a dietitian during your hospital stay.

Exercises and Activity

Exercise and maintaining an active lifestyle are important parts of health. Most patients with artificial joints are able to enjoy many activities, though some should be avoided. In general, high-impact exercises like running, jumping, heavy lifting or contact sports are not recommended. Participating in these activities, or activities like them, may damage your joint or cause it to wear down much more quickly. Low-impact activities like swimming, walking, gardening and golf are encouraged.

You can resume sexual activity when you feel ready. Generally, most people wait to resume sexual activity for a few weeks after surgery. Choose a position that feels safe and comfortable for you. Keep a few pillows or rolled towels nearby to help with body support. Take a mild pain medication 20-30 minutes before sexual activity to help prevent minor aches.

Dental Care

Following your joint replacement surgery, it is important to notify your dentist, prior to each visit, that you have a joint implant. It is essential that you obtain a prescription from your dentist for a prophylactic antibiotic to be taken PRIOR to any dental cleaning or procedure for the rest of your life. You will need to remind your dentist before every scheduled appointment in the future of this requirement in order to reduce the risk of developing an infection in your joint.

Reducing Risks of Infection in Your New Joint

To reduce your risk of infection, antibiotics may need to be administered prior to any invasive test, procedure or surgery. The physician or surgeon performing the test, procedure or surgery should prescribe antibiotics if indicated.

Follow-Up Care

You will see your surgeon or physician assistant for a follow-up appointment approximately 2 weeks after surgery and routinely several times during the first year. Joint replacements are monitored thereafter annually for life.

Traveling

When traveling long distances by car or airplane, you should attempt to change position or stand about every hour. Some of the exercises, like ankle pumps, can also be performed should you need to sit for long periods of time.

Because your new artificial hip contains metal components, you will likely set off the security systems at airports or shopping malls. This is normal and should not cause concern. Simply explain to the security guard about your hip replacement.

Driving

You should not drive a car or other motor vehicle until your surgeon says it is alright for you to do so. You will need to be off pain medications before you will be cleared to drive again. In most cases, patients are able to resume driving about 2-6 weeks after surgery, depending on which hip you had replaced.

Returning to Work

Please discuss your plan to return to work with your surgeon, as it will depend on the activity requirements of your job. If your job requires a work release form, ask your surgeon to sign one.



Exercises and Mobility

The following pages contain a list of basic exercises that you will be performing before and after your hip surgery. These are vital in helping you return to your normal activities and are designed to help increase leg strength, flexibility and function.

BEFORE SURGERY:

These are all performed lying in bed or sitting on a couch with your legs straight in front of you.
Please perform each exercise twice per day on both legs, as possible.

1. ANKLE PUMPS:

To promote circulation, point your toes up, down. Perform 2 sets of 10 repetitions.



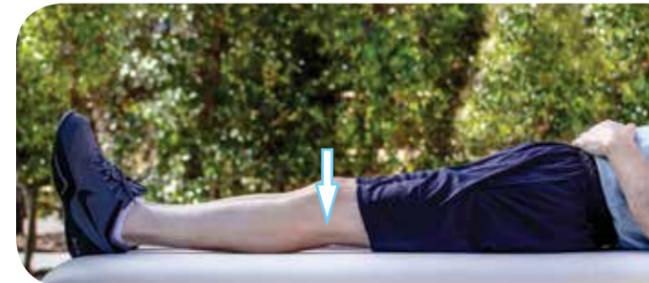
2. BUTTOCK SQUEEZES:

Squeeze your buttock muscles. Hold for 5-10 seconds, then release. Repeat 10-20 repetitions.



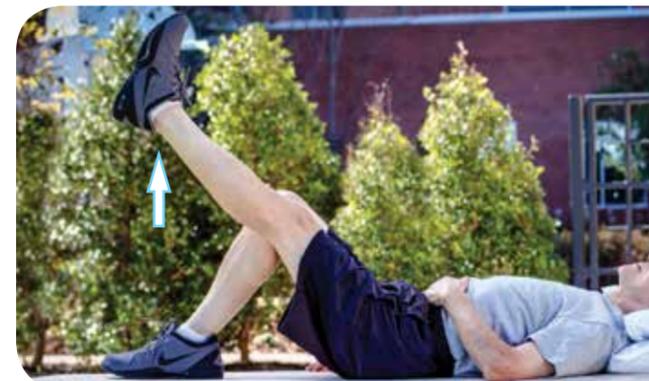
3. QUAD SETS:

Slowly tighten the muscles on the front of your thigh. Straighten your leg as if you are pushing the back of your knee into the bed. Hold for 5-10 seconds. Repeat 10-20 repetitions.



4. SINGLE LEG RAISES:

Bend one leg and keep your other leg straight. Raise your straight leg about 6-8 inches. Do not lift your left leg higher than your bent knee. Repeat 10-20 repetitions.



5. HIP ABDUCTION:

Place a pillow between your legs. Keep knees straight and toes pointed toward the ceiling. Slide one leg out to side and then back to the center. Repeat 10-20 repetitions.



6. HEEL SLIDES:

To promote active bending, lie on your back with your legs straight and your toes pointed toward the ceiling. Slowly pull the heel of one leg toward your buttocks as far as you can, attempting to achieve greater motion with each repetition. Perform 2 sets of 10 repetitions.



7. SEATED KNEE EXTENSION:

Sit-up on the side of a bed or chair. Lift your leg straight, as though you are kicking something in front of you. Repeat 10-20 repetitions.



AFTER SURGERY:

As you progress with outpatient physical therapy, your exercise regimen will be expanded. The physical therapists will make reference to your “affected leg” or “affected side.” This will be the leg that you had surgery on or that side of the body. We will also reference your “unaffected leg” or “unaffected side.” This will be the leg or side of your body opposite your surgical side.

Our goal is to assist you in achieving the safest level of functional mobility. We encourage you to actively participate in your rehabilitation process. Please feel free to ask any questions you may have concerning your progress or rehabilitation plan.

1. ANKLE PUMPS:

To promote circulation and to decrease swelling postoperatively, in bed or sitting in a chair, point your toes up and down. Perform 2 sets of 10 repetitions.



2. BUTTOCK SQUEEZES:

Squeeze your buttock muscles. Hold for 5-10 seconds, then release. Repeat 10-20 repetitions.



3. QUAD SETS:

Slowly tighten the muscles on the front of your thigh. Straighten your leg as if you are pushing the back of your knee into the bed. Hold 5-10 seconds. Repeat 10-20 repetitions.



4. HEEL SLIDES:

To promote active bending, lie on your back with your legs straight and your toes pointed toward the ceiling. Slowly pull the heel of your affected leg toward your buttocks as far as you can, attempting to achieve greater motion with each repetition. Perform 2 sets of 10 repetitions.



5. HIP ABDUCTION:

Keep knees straight and toes pointed toward ceiling. Slide your affected leg out to the side and then back to the center. Repeat 10-20 repetitions.



6. BOLSTER KICKS:

Make sure you are lying completely flat with no bend in your hips. Place a bolster (ball or pillow) under your knee. Straighten knee as much as possible, lifting foot up. Repeat 10-20 repetitions.



7. SEATED KNEE EXTENSIONS:

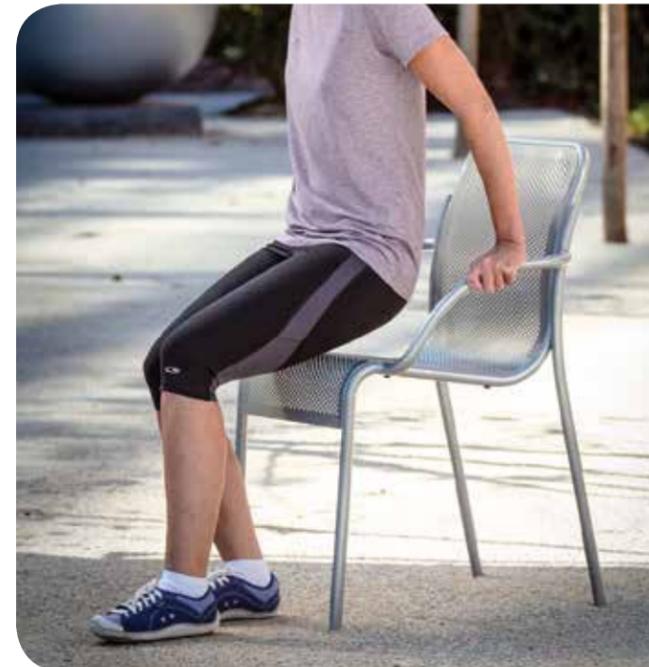
Sit-up on the side of a bed or chair. Lift your affected leg straight, as though you are kicking something in front of you. Repeat 10-20 repetitions.



ADVANCED EXERCISES:

1. SIT TO STAND:

Put your hands on the arms of the chair. Push to a standing position and then slowly return to sitting. Repeat 10-20 repetitions.





2. STANDING TOE AND HEEL RAISES:

To improve your standing balance, stand with feet shoulder-distance apart and hold onto a table or counter. Rise up onto the balls of your feet, lower slowly and rock back onto your heels, lifting your toes off the floor while keeping your knees straight. Perform 2 sets of 10 repetitions.



3. STANDING MARCHING:

To promote joint motion and strength, hold onto a table or counter and lift your knee up to the level of your hip, keeping your body erect, and lower slowly. Alternate legs with each repetition. Perform 2 sets of 10 repetitions.



4. STANDING KNEE BENDS:

To promote hamstring strength, hold onto a table or counter for balance and bend your knee, moving your foot toward your buttocks and keeping your thighs parallel. Slowly return to starting position. Switch legs after 10 repetitions. Perform 2 sets of 10 repetitions.

Precautions

WEIGHT-BEARING STATUS

After surgery, your orthopaedic surgeon will identify the amount of weight you can put on your affected side. This weight-bearing status is designed to help protect your new hip as it heals and encourage recovery.

POSTERIOR HIP PRECAUTIONS

After total hip replacement surgery, there are certain rules you must follow to protect your new hip. These movement restrictions must be followed for up to 6 weeks, or as advised by your orthopaedic surgeon. It is unlikely that your new hip will dislocate, but it does occur. Following these rules will help reduce the risk of dislocation.



LIMIT HIP FLEXION (Bending)

- Do not bend forward at the hips greater than 90 degrees while standing, sitting or lying down.
- Chairs should be at least as high as your knee. In sitting your knees should never be higher than your hips.



NO ADDUCTION (Crossing)

Do not allow your affected leg to cross the midline of your body. Do not cross your legs in standing, sitting or lying down. An abduction pillow (foam wedge) will be used to maintain abduction when you are lying down so you don't cross your legs by accident.



NO INTERNAL ROTATION (Turning In)

Your toes should always be pointing forward. In standing, sitting or lying down, you should not allow your affected leg to roll in. Do not cross your legs.

GETTING IN/OUT OF BED

You will want to get out of bed on your affected side.



- Sit up onto your elbows then up onto your hands. Remember your hip precautions.



- Sit on the edge of the bed using your arms for support.



- Have your affected leg slightly forward to prepare for standing.
- To return to lying down, follow the above steps in reverse.

GETTING IN AND OUT OF CHAIRS

Choosing the proper chair to sit in:

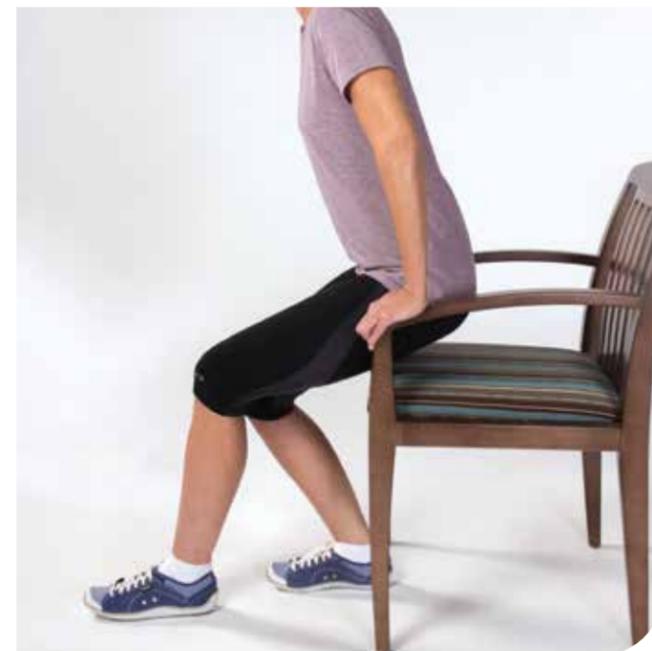
- Always choose a chair with a firm seat and armrests.
- Avoid chairs that are too low.
- Be sure to sit in chairs that are at least as high as the back of your knees. Add a firm cushion to the chair if it is not high enough.
- Avoid soft chairs that cause you to roll your hips in.
- Do not sit in chairs with wheels on the legs.

SITTING DOWN IN A CHAIR

- Back up, leading with your unaffected leg, until you feel the chair on both legs.
- Scoot affected leg out in front of you.
- Reach back for armrests of chair, one hand at a time.
- Slowly lower yourself down to the edge of the chair, keeping your affected leg in front of you in order to take pressure off and avoid an increase in pain.
- Scoot back into the chair.

STANDING UP FROM A CHAIR

- Scoot to the edge of the chair.
- Keep your affected leg out in front and your unaffected leg underneath you.
- Use both hands to push up from the armrests of the chair or surface that you are sitting.
- Stand.
- Reach for walker/assistive device.

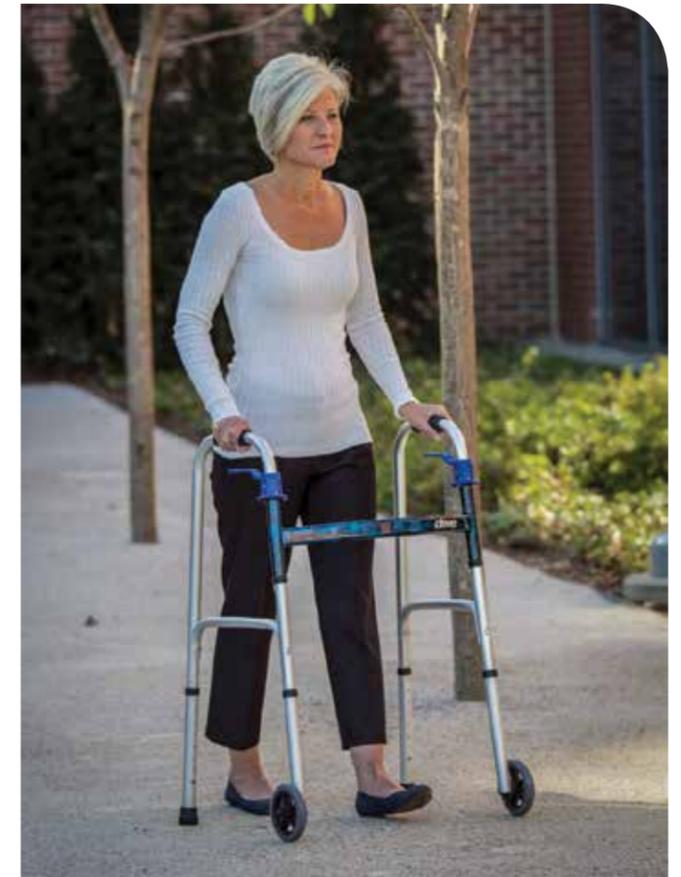


SAFETY WITH WALKING

Initially, you will be walking with the help of an assistive device. This will first be a rolling walker, which will give you the most support. As you are able, the assistive device can be changed to a cane, crutches, etc. This progression will be made with the assistance of your therapist. If you have a weight-bearing restriction, your walker will help you maintain it.

SEQUENCING WITH A WALKER

- Move the walker a few inches in front of you.
- Lean onto the walker so it supports your weight.
- Step into the walker with your affected leg first; step into the middle of the walker; your toes should not cross the front of the walker.
- Step your unaffected leg into the walker next to your affected leg. If you have a weight-bearing restriction, you will need to bear your weight through your arms on the walker.



SAFETY WITH STAIRS

While in the hospital, a therapist will teach you and your Coach how to get up and down stairs, simulating the stairs you have at home.

The one thing to always remember with stairs: Climb the stairs with your unaffected leg first and descend stairs with your affected leg first. “Up with the Unaffected and Down with the Affected.”

SAFETY IN THE BATHROOM

Using the bathroom can be challenging after surgery, so always follow your hip precautions. Depending on the configuration of your bathroom, you may need an elevated toilet seat. During your hospital stay, your physical or occupational therapist will help you determine which equipment you may need.

USING THE TOILET

- Back up, leading with your unaffected leg until you feel the toilet touch the back of your legs.
- Place your affected leg in front of you, keeping your weight on the other leg.
- Look behind you and grasp the grab bar (or armrest, if you are using an elevated toilet seat).
- Lower yourself onto the front of the toilet and then scoot back.
- When ready to stand up, place the affected leg in front of you.



GETTING INTO A TUB

- Back up, leading with your unaffected leg, until you feel the tub on the back of your legs.
- Reach behind you for the tub bench/seat first with one hand.
- Keep the affected leg in front of you.
- Lower yourself down onto the seat/bench.
- When getting into the tub, help lift your affected leg up and over the side of the tub as demonstrated by your therapist.
- Reverse the steps above when getting out of the tub.

BATHING

When bathing, always remember to use your hip precautions. Use a long-handled sponge to assist you with washing your legs, feet and back. Remember, when washing your back you CANNOT twist your upper body around to reach parts of your back. Your therapist will instruct and demonstrate this for you.

SAFETY WITH DRESSING

To protect your hip, it is very important to learn safe ways to perform daily tasks. This includes getting dressed and undressed. You may need a reacher, sock aid and long-handled shoe horn.

PUTTING ON SOCKS

- Sit on a chair or on the bedside.
- Pull the sock onto the sock aid as shown by the therapist.
- Hold the sock in front of the foot on your affected side. Slip your foot into the sock. Pull the sock aid out of the sock.
- Put the other sock on with the sock aid or bring your foot toward your knee and slip it on with your hands.



PUTTING ON SHOES

- Wear slip-on shoes or use elastic shoelaces so you don't have to bend.
- Sit in a chair.
- Put your foot into the shoe.
- Use a reacher or long-handled shoehorn to pull the shoe on.

PUTTING ON PANTS

- Sit in a chair or the bedside.
- Using a reacher, catch the waist of the underwear or pants.
- Slip the pants onto the affected leg first. Then slip your other leg into the pants.
- Use the reacher to pull pants over your feet and above your knee.
- Pull them to where you can reach with your hands.
- Hold the pants with one hand. Push up from the chair or bed and steady yourself with your walker.
- Then, once you are steady on your feet, pull the pants up the rest of the way.



CAR TRANSFERS

Slide the passenger seat of your car as far back as possible and if able, recline the seat.

- Using your walker, back up to the car, leading with your unaffected leg.
- Slide your affected leg forward as you sit down on the edge of the seat.
- Scoot back on the seat as far as possible and lean back as you swing your legs into the car.
- To get out of the car, follow the above steps in the reverse order.



Additional Information

FREQUENTLY ASKED QUESTIONS

How often will I see my physician after surgery?

Your surgeon will follow your care throughout your Jim Craigie Center for Joint Replacement stay. It is likely that you will see your surgeon every day while you're recovering in the Jim Craigie Center for Joint Replacement. Your surgeon will also want to see you for follow-up appointments in his or her office after you are discharged.

How do I know if my incision is infected?

After surgery, you will notice discolored skin, some swelling and drainage around your incision. This is normal. If your incision is red or inflamed, or there is drainage that is thick or smells bad, you may have an infection. A temperature over 101° F (38.3° C) also may indicate an infection.

When can I take a shower?

Most patients will shower on the second day after surgery while still in the Jim Craigie Center for Joint Replacement. When you return home, you may need special equipment, like a bath mat, handheld shower head or shower seat to help you bathe comfortably and safely. Your surgeon may also instruct you on how to cover your incision when you shower (if needed). It is important that you do not bathe in a tub until your incision is well healed and your surgeon has told you that you may do so.

When will I be able to drive again?

For your safety, you should not drive a car or other motor vehicle until your physician says it is alright to do so. You must be off of pain medications before you will be cleared to drive again. In most cases, patients are able to resume driving within 2 to 6 weeks after surgery. This will depend on which hip you had replaced, you will be able to drive sooner after a left hip replacement than a right hip replacement.

Why must I take antibiotics for dental work or other surgical procedures?

Taking antibiotics is a precaution to help ensure that your new artificial joint does not become infected. Additional surgeries or dental work increase the chance of infection. No matter where the infection starts, if it spreads to your new hip, the results could be very serious. When artificial joints become infected, they must be removed surgically and then replaced.

Please let your dentist or physician know that you have had joint replacement surgery. This is important no matter how small or straightforward the procedure.

How should I sleep at night to keep my hip comfortable and safe?

Placing a pillow between your legs should help keep your hip comfortable and stable. You may sleep on your back or affected side, depending on what makes you most comfortable.

OVERNIGHT ACCOMMODATIONS

Clarion Hotel Palmer Inn
3499 US Highway 1 South
Princeton, NJ 08540
877.432.9044

Courtyard by Marriott
3815 US Route 1 at Mapleton Road
Princeton, NJ 08540
609.716.9100

Crown Plaza Princeton
900 Scudders Mill Road
Plainsboro, NJ 08536
609.936.4200

Doubletree Hotel Princeton
4355 Route 1
Princeton, NJ 08540
609.452.2400

Holiday Inn
100 Independence Way
Princeton, NJ 08540
609.520.1200

Homewood Suites
3819 US 1 South
Princeton, NJ 08540
609.720.0550

Hyatt Place
3565 US Highway 1
Princeton, NJ 08540
609.720.0200

Hyatt Regency Princeton
102 Carnegie Center
Princeton, NJ 08540
609.987.1234

Nassau Inn
10 Palmer Square East
Princeton, NJ 08542
609.921.7500

Princeton Marriott Hotel & Conference Center at Forrestal
100 College Road East
Princeton, NJ 08540
609.452.7800

Residence Inn Marriott
4225 US Highway 1
Monmouth Junction, NJ 08852
732.329.9600

Sonesta ES Suites Princeton
4375 US Route 1 South
Princeton, NJ 08540
609.951.0009

The Westin Princeton at Forrestal Village
201 Village Boulevard
Princeton, NJ 08540
609.452.7900

IMPORTANT PHONE NUMBERS

Joint Replacement Nurse Navigator	609.853.7954
Jim Craigie Center for Joint Replacement	609.853.7970
Orthopaedic Nurse Manager	609.853.7952
Patient Relations	609.853.7490
Main Hospital	609.853.7000
Pre-Admission Testing	609.853.7360
Patient Access Services (Admissions)	609.853.7866
Financial Advisor	609.853.7852



Entrance Routes:

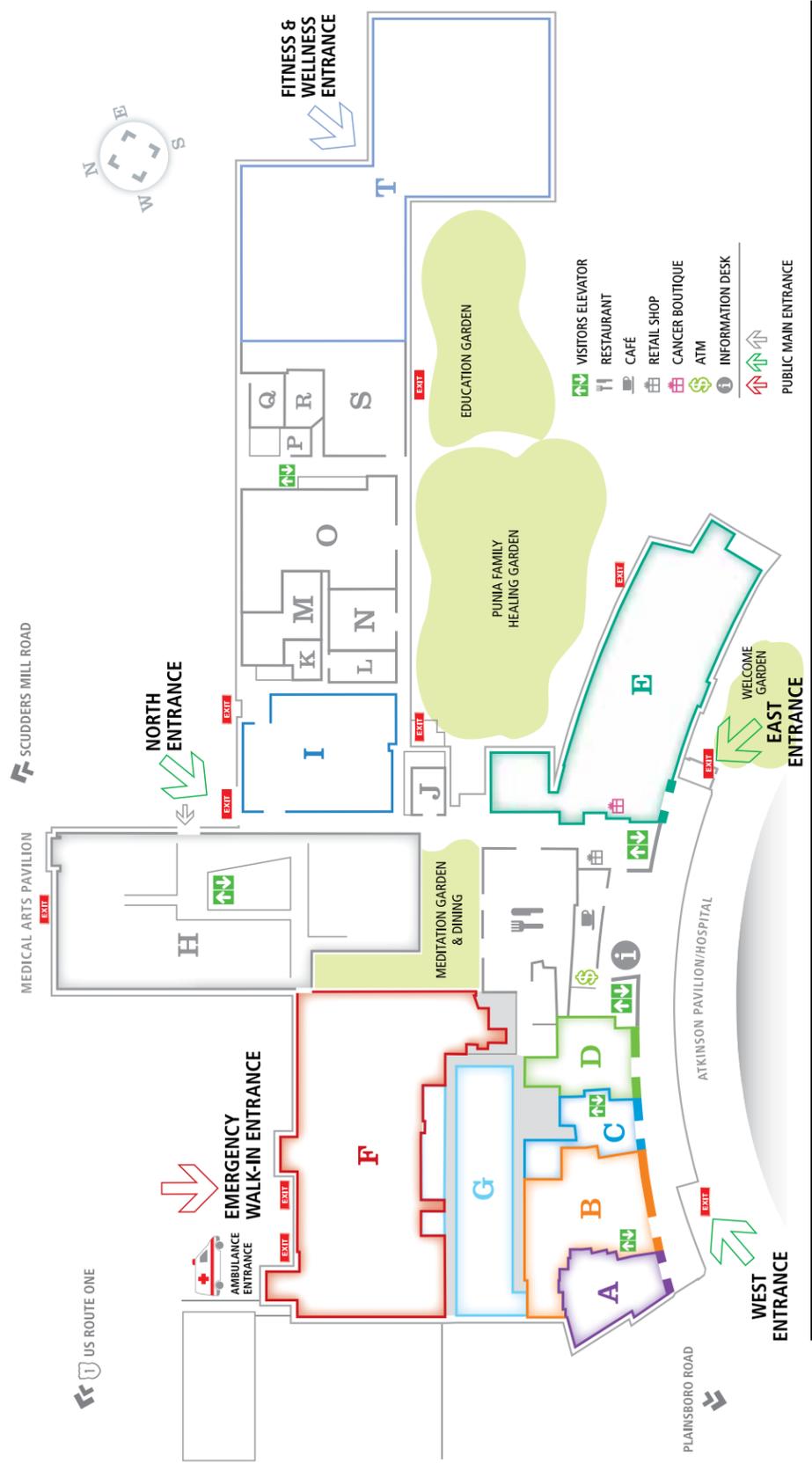
- Main Entrances
- Emergency Entrance
- Fitness & Wellness Center Entrance
- Loading Docks

Bus Stop

Walking Route between Bus Stop and Hospital

Parking:

- Hospital (A) Patient & Visitor Parking:** Lots V1, V2
- Emergency (B) Patient & Visitor Parking:** Lot E
- Physician Parking:** Lots D1, D2
- MAP & Education Building (C, D) Parking:** Lot V4
- Staff Parking:** Lots S1, S2, S3
- Fitness & Wellness Center (E) Parking:** Lot V3



LEVEL

<p>ATKINSON PAVILION/HOSPITAL:</p> <ul style="list-style-type: none"> A CENTER FOR NEUROSCIENCE CARE B GEORGE & ESTELLE SANDS CENTER FOR CARDIAC & PULMONARY CARE C CENTER FOR TESTING & TREATMENT D INSTITUTE FOR SURGICAL CARE E EDWARD & MARIE MATTHEWS CENTER FOR CANCER CARE 	<p>F CENTER FOR EMERGENCY CARE</p> <p>G IMAGING</p> <p>H MEDICAL ARTS PAVILION:</p> <ul style="list-style-type: none"> - WOMEN'S IMAGING & PENN - MATERNAL FETAL MEDICINE AT UMICPP - OUTPATIENT IMAGING - OUTPATIENT LABORATORY 	<p>I BRISTOL-MYERS SQUIBB</p> <p>J COMMUNITY HEALTH CENTER</p> <p>K CHAPEL OF LIGHT</p> <p>L SECURITY</p> <p>M MEDICAL STAFF OFFICE</p> <p>N MEDICAL RECORDS</p> <p>O LIBRARY/BUSINESS CENTER</p>	<p>O ADMINISTRATION</p> <p>P VOLUNTEERS</p> <p>Q SOCIAL SERVICES</p> <p>R DIABETES MANAGEMENT PROGRAM</p> <p>S EDUCATION CENTER</p> <p>T FITNESS & WELLNESS CENTER</p> <p>- KROGH OUTPATIENT REHABILITATION</p>
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Please
Fill Out
Forms

PATIENT AND HOME ASSESSMENT

Please fill in as much detail as possible on this form. At your Pre-Admission Testing visit, a copy will be placed on your hospital record.

Your Name: _____

Your Best Contact Number: _____

Your Coach's Name: _____

Your Coach's Best Contact Number: _____

Primary Physician: _____

Phone: _____ Fax: _____

Other Physician and Specialty (For Example, Cardiology)

Name: _____

Phone: _____ Fax: _____

Allergies and Side Effects to Medications

What allergies do I have?	What kind of reaction did I have?

Health Problems/Concerns

Heart Condition (detail):

<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Aortic Stenosis	<input type="checkbox"/> AICD (defibrillator/pacemaker)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleep Apnea	<input type="checkbox"/> Parkinson's
<input type="checkbox"/> Pulmonary Embolus	<input type="checkbox"/> DVT	

Past Surgeries	Approximate Date

Pneumonia Vaccine	Approximate Date
Have I had a Pneumonia Vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Advance Directive/ Living Will

Do I have an Advance Directive:	If yes, contact person listed:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

My Height: _____ **My Weight:** _____

I Live With: _____

After my surgery, I will need help arranged for the following:

- Preparing meals Bathing Laundry
 Cleaning Transportation Food shopping

My Home is:

- Single story Multi-story (Rails at stairs? Yes No)
There are _____ steps to enter my home. (Rails at stairs? Yes No)
My bedroom is on the _____ floor. My bathroom is on the _____ floor.

My Bathroom has:

- Stall shower Tub only Enough space to walk with a walker
 Hand-held showerhead Bathroom rails Non-skid bath mat

My Toilet Seat Height is:

- At or above the level of my knee Below the level of my knee

I can be transported home by: _____

I have the following equipment already:

- Rolling walker Commode Other: _____
 Shower chair Hip kit _____

Currently I get around using:

- No assistance Cane Walker Wheelchair Other: _____

Currently I can walk:

- Only around the house 1-2 blocks Unlimited

Additional Comments:

Have you used any home care services in the past? Yes No

If yes, name of service: _____

Prescription Plan:

Mail Order: Yes No

Prescription Co-Pay: Yes No

Pharmacy: _____

Phone: _____ Fax: _____

If you have an insurer OTHER than Medicare or if you have a secondary insurance in addition to Medicare, please fill in the following information:

Insurance Company:

ID #: _____

Group #: _____

Phone: _____

Name of Rep: _____

Date Called: _____

Reference #: _____

Home Care is covered: Yes (_____ % Covered) No

Deductible amount: _____ Out of Pocket amount: _____

Durable Medical Equipment is covered: Yes (_____ % Covered) No

Outpatient Physical Therapy is covered: Yes (_____ % Covered) No

Deductible amount: _____ Out of Pocket amount: _____

Inpatient Rehabilitation is covered, if needed: Yes (_____ % Covered) No

Continued Need for Grateful Patient Support

The Jim Craigie Center for Joint Replacement at University Medical Center of Princeton at Plainsboro (UMCPP) provides top-quality, comprehensive, individualized care close to home. The Center's multidisciplinary team uses the latest advances in surgical techniques and surgical technology and delivers compassionate care and services to patients and their loved ones. Every element of patient care — from the moment the decision is made to undergo surgery through a patient's discharge and physical therapy — is designed to promote comfort and healing.

In addition to former patient Jim Craigie's generous support, other patients and families have supported the UMCPP Institute for Surgical Care and the new Jim Craigie Center for Joint Replacement. Our programs and future patients and families will continue to benefit from the generosity of our grateful patients and their families.

If you feel that you have received outstanding care and want to express your gratitude for your experience as a patient, we hope you will consider making a gift of any amount in honor of a surgeon, nurse or other staff member or honor a friend, family member or your Coach. Your gift can be designated for either the Surgery Institute Fund or the Jim Craigie Center for Joint Replacement Fund. These gifts will provide immediate support for our surgical programs and will be recognized in the year in which they are given in the Princeton HealthCare System Foundation's (PHCSF) Annual Report.

You can also make a gift to support a specific need within either the Institute or the Center and receive a naming opportunity as a result of your gift. These gifts will be recognized each year in the PHCSF's Annual Report and may be recognized with signage in the Institute or the Center.



W. Thomas Gutowski, MD, FACS, Medical Director, Jim Craigie Center for Joint Replacement

NAMING OPPORTUNITIES

The following gifts support the Institute for Surgical Care and the Jim Craigie Center for Joint Replacement.

Institute for Surgical Care \$10,000,000

The new Institute for Surgical Care at University Medical Center of Princeton at Plainsboro (UMCPP) is a state-of-the-art, multi-specialty surgical institute for patients and physicians in the Central New Jersey area. Our Institute for Surgical Care will support over 9,000 surgeries annually and will have a commitment to provide safe, high-quality healthcare to all patients. Our physicians, nurses and other staff members are carefully chosen among the best providers in healthcare and inpatient and outpatient surgery. Each member of the team is dedicated to employing the latest technologies for optimal patient outcomes and providing outstanding care and service.

Operating Suite \$2,500,000

Name one of UMCPP's state-of-the-art operating suites. Two of these suites are dedicated to orthopaedic surgeries.

Endowed Medical Director \$1,500,000

Endowed Medical Directors are the hallmark of great medical centers and support Princeton Healthcare System's mission and our commitment to recruit and retain exceptional physicians/surgeons. The Medical Director is responsible for the short and long-term goals for the Jim Craigie Center for Joint Replacement while ensuring the continued professional development and proper training of all clinicians and staff in the Center. An Endowed Medical Directorship may be established with a gift of \$1,500,000 or more paid over not more than five years and may be used to honor a surgeon or may be named for the family donating the Endowment.

The Rehabilitation and Multipurpose room \$750,000

The rehabilitation gym is a designated area for patients in the Jim Craigie Center for Joint Replacement focused on providing unparalleled rehabilitation treatment in a sophisticated setting designed by leading consultants in their field.

Neurological Block Suite \$500,000

The Neurological Block Suite in the Institute for Surgical Care is located between the two operating suites used for hip and knee replacements at UMCPP.

Post Anesthesia Care Unit (PACU) \$500,000

The Post Anesthesia Care Unit (PACU) is a 14-bed unit adjacent to our operating suites where staff members provide intensive observation and care of patients who have undergone procedures that require anesthesia.

Art for Healing \$100,000

The mission of the Art for Healing Program at Princeton HealthCare System is to create an environment that enhances the wellbeing of patients, staff, physicians, volunteers and visitors. Our vision is to position this new Center and Princeton HealthCare System at the forefront of the use of the arts in healthcare. This gift will fund the purchase, cataloging and maintenance of the art in the new Jim Craigie Center for Joint Replacement.

Unit Staff Lounge \$100,000

The lounge on the unit is for doctors, nurses, and other clinical staff.

Unit Nurses Stations (3) \$50,000 to \$75,000

The nurses station that serves the Center will serve as the work station for all of the nurses on the unit and will be the location where physicians and other staff do their charting and medical ordering.

Patient Rooms \$35,000

Single Patient Rooms on our Surgical Care Unit and in the Jim Craigie Center have been designed with decor and amenities that provide a very comfortable experience, reducing stress and anxiety while minimizing hospital-acquired infections, improving patient safety, enhancing privacy, improving communication and confidentiality and speeding recovery.

Pre- and Post-Procedure Rooms \$15,000

These are the rooms where patients are prepared for their surgery, and up to two (2) family members can be with them. Rooms are spacious, and each room shares a bathroom with the adjacent room.

For more information about any of these naming opportunities or how you may support the Institute for Surgical Care or the Jim Craigie Center for Joint Replacement, please contact Tim Mathiasen, the Princeton Healthcare System Foundation Gift Officer assigned to the Department of Surgery.

Tim may be reached at 609.252.8717 or tmathiasen@princetonhcs.org.





Jim Craigie Center for
Joint Replacement

University Medical Center of Princeton
at Plainsboro