

Pre-Operative Preparation

WHAT SHOULD I BRING TO THE HOSPITAL?

Personal care

- toothbrush and toothpaste
- shaving equipment (electric shavers recommended)
- deodorant
- eyeglasses and/or contact lens case and solution
- comb or brush

Clothing

- knee-length gowns and/or robe
- loose-fitting shorts and T-shirts or loose shirts to wear once IV and catheter are removed
- tennis shoes or sturdy, lace-up or Velcro-closure shoes
- AFO, orthotics or built-up shoes, if you normally wear them

Non-skid slipper socks will be provided for you to wear during your hospital stay.

Equipment

- standard walker (no wheels): If you have one, have your family bring it to your room once you are out of recovery. If you do not have one, you may purchase one at the hospital.
- CPAP machine, if you normally use one, and a bottle of distilled water.
- several pillows for positioning on the way home (Leave these in your car until your discharge.)

Communication

- cell phone: You may use it in the hospital.
- contact information of your preferred rehabilitation facility if you have planned to recover away from your home

This instruction book

A positive attitude

Confidence in yourself and a desire to return to a more acceptable lifestyle will aid you tremendously!

WHAT SHOULD I LEAVE AT HOME?

Valuables

- cash, keys, credit cards, jewelry and other valuables. Wedding rings may be left on but will be covered with tape by staff.

Medicines, supplements or herbal remedies

Unless you are specifically instructed to do so, do not bring medications from home. All medicine will be provided by the hospital.

Slippers, Crocs and sandals

These can put you at a great risk for falls and cannot be used during your hospital stay.

Home Safety Tips: Preparing Your Home

There are many things you can do *before surgery* to make your recovery easier and safer. Preparing your home before surgery makes less work for your family afterward and can make your discharge smoother.

Storage to avoid reaching

- Stock up on canned and frozen foods.
- Store all food and other supplies between your waist and shoulder level to make them easier to reach.
- In the kitchen, have someone remove frequently used items from top shelves and bottom cabinets and place them on countertops.
- Do not use step stools or reach for objects on your tiptoes.

Rearrange things for easy access

- If you normally sleep on the second floor of your home, it is best to go upstairs only one time a day — and only if permitted by your surgeon.
- Prepare a room on the first floor with all supplies you will need each day so that you can rest during the day.
- Hip patients should ensure their bed is the right height for getting in and out of bed easily, as well as a chair with arms and pillows to sit on.
- Keep the phone within reach.
- Make sure you have a good night light that is easy to reach.
- Attach a bag or lightweight basket to your walker to carry lightweight items.

Rugs and other clutter

- Remove any throw rugs in your house so that walking will be safer during your recovery.
- Look around all rooms for electrical cords, footstools, pets and other obstacles that could be a safety hazard after surgery.
- Rearrange furniture to allow enough clearance for your walker or crutches.
- Make sure you can secure your pets away from you while you are walking.

Arrange for help

- Make arrangements to have someone stay with you, especially at night for one to two weeks.
- You will not be able to drive for several weeks. Your surgeon will determine how long, depending on your circumstances.
- Ask a friend or family member to buy groceries, run errands for you and drive you to your appointments.
- You will need help with cooking, bathing, vacuuming, making the bed, mowing the lawn, raking, bending and stooping in the garden, and with exercises.
- Make arrangements to have enough ice at home for ice packs, or a cryo cuff if one is issued to you.

Other Important Information

- Do **not** eat, drink, smoke (including e-cigarettes), chew gum, eat mints or take medication after midnight the night before your surgery. Your surgeon or internal medicine physician might grant an exception for diabetes and blood-pressure medications the day of your surgery. Be sure to discuss this with him or her before your surgery date.
- Surgery usually lasts 40 to 90 minutes for a single joint and two to three hours for two joints or a revision.
- Your family will communicate with the surgery receptionist in the Surgery Waiting Area.
- During your surgery, your family can wait in one of several seating areas near the surgery suites.
- Spiritual care professionals are available to visit with you and your family before, during and after your surgery. Please let us know if you would like to see a chaplain.
- On the day of surgery, bring a copy of your living will or health care representative form (completed with witness signatures). You will be offered these forms and information at your pre-operative visit.
- Once in your room, you may be reached through the hospital switchboard at (317) 831-1160 (Mooresville) or (317) 705-4670 (Carmel), room #_____ from 7 a.m. to 9 p.m. You also can be reached directly at the phone number in your room. You may use your cell phone, as well.
- Review the Patient Care guide (section 3) for important information.
- The Hospital addresses are:
 - Franciscan St. Francis Health – Mooresville**
1201 Hadley Road
Mooresville, IN 46158
 - Franciscan St. Francis Health – Carmel**
12188-B N. Meridian St.
Carmel, IN 46032

Planning for Hospital Discharge

Even before your surgery, you should start planning for your recovery and evaluating your ability to return home after you leave the hospital. You will need to consider many factors when making these decisions.

While considering different options available to you when you leave the hospital, be sure to think about:

- the amount of help you will have at home
- the type of surgery you are having
- your level of function after surgery
- the physical structure of your home
- your insurance coverage

Our case management team

The Case Management Team includes registered nurses and licensed clinical social workers who will guide you in making decisions surrounding your plan of care. They will provide you and your family with the information you need to understand and decide upon your best discharge option. (Your surgeon will ultimately determine exactly when you are ready to be discharged from the hospital.)

Our case managers will communicate with skilled nursing, extended care and rehabilitation facilities to ensure your care is not interrupted if you transfer to another facility. They will also work with your insurance company to answer questions about your hospital stay and discuss discharge options.

Discharge time

On the day of discharge, you should make arrangements to be ready to leave the hospital by 11 a.m. This will allow time for travel, filling prescriptions and getting settled into and accustomed to your home environment. You will need to arrange transportation. It is a good idea to bring several pillows for positioning and comfort during your trip.

Durable medical equipment

It is important to consider your equipment needs **before** you come to the hospital for surgery. After a joint replacement, there is almost always a need for some type of **durable medical equipment (DME)**. This usually includes a walker or pair of crutches, elevated commodes and other items.

(See Rehabilitation Services section.)



Often this equipment is available at your local drug store, and making arrangements before surgery will make your transition home easier. If you need to wait until the time of your surgery to make these arrangements, our Physical Therapy staff can distribute walkers or crutches while you are in the hospital through an outside provider. Be aware that this will result in a bill that is separate from your hospital bill. A physician's order may be required to obtain DME, and your insurance company might or might not cover the cost. Your insurance plan administrator will determine coverage, so talk to your insurance company ahead of time to learn the financial implications of all options. Medicare and Medicaid also have specific criteria for DME coverage.

Discharge options

Our goal is to help you be able to go home after your hospital stay. Sometimes individual circumstances require additional levels of care, however, until you are functioning independently at the degree required for you to be home without assistance.

Skilled nursing facilities and inpatient rehabilitation

If your circumstances require 24 hours-a-day care and additional rehabilitation, several options are available to you, including skilled nursing and inpatient rehabilitation facilities. The level of care you need, bed availability, physician orders and insurance coverage all will affect your placement. The Case Management Team will discuss these options with you and will help to facilitate the transfer of both you and your medical records.

Outpatient services

Many patients are able to return home but require additional formal rehabilitation. These services are available at outpatient physical therapy facilities. (See the map of available Franciscan St. Francis Health facilities located in the Rehabilitation Services section of this book.) Outpatient physical therapy can be done at any location that is convenient for you. You will need an order from your physician before beginning treatment at an outpatient facility.

Home health services

Some patients are able to return home but may need more assistance than what their family or friends can provide. If you are in need of skilled care but are unable to leave your home to receive it, home health nursing and physical therapy are usually covered by insurance. You will need an order from your physician before arranging home health care.

Common Insurance Questions

Do I need to let my insurance company know that I'm going to be in the hospital?

So that you better understand your insurance coverage, you should call your insurance company to verify benefits and determine if prior authorization or precertification is required for your procedure. As a routine, your physician's office will be obtaining any necessary prior authorization or precertification.

How do I know if my insurance company will cover my visit or certain services?

Every insurance plan — even ones under the same insurance company — is different. Contact your insurance company or your employer if you have questions about your coverage.

Please note that the portion of the bill that insurance will pay is subject to your plan's:

- out-of-pocket maximum
- deductible
- copay
- coinsurance

You may be asked to pay these amounts at the time the service is provided.

How do I know if my insurance company will cover services provided by all professionals (i.e., anesthesiologists, radiologists and pathologists)?

Ancillary service providers contract with insurance companies separately from the hospital. These services may be out of network, depending upon your plan. Every insurance plan — even ones under the same insurance company — is different. Contact your insurance company or your employer if you have questions about your coverage.

How do I follow up with my insurance company?

Call the phone number on the back of your ID card. It can help to have your explanation of benefits and/or your bill(s) from and other providers with you when you make the call.

What is the difference between my copay and coinsurance?

A copay is a flat amount that can be charged to you per hospital visit or stay, as defined by your benefit plan. Coinsurance is a percentage of a bill that is approved by the insurance company as the total amount allowed to be billed.

What is an explanation of benefits?

An explanation of benefits, or EOB, is a letter from your insurance company that states how much the company will pay and how much you will owe.

How much will Medicare or Medicaid pay?

Medicare may pay a portion or all of the covered services during your stay depending on your remaining deductibles, copays and co-insurance. Refer to your Medicare handbook or the Medicare Website, www.cms.gov, for more information. Medicaid is paid 100 percent, after your spend-down level. Refer to your Medicaid handbook for more information.

Why do I have to give you information about other insurance if I have Medicare coverage?

Medicare does not pay 100 percent of the charges. If you have supplemental insurance, it often pays the difference and we will bill that insurance company also.

Do I have to sign any forms before you can bill Medicare?

In addition to other forms all patients are required to complete, you need to authorize us to bill Medicare on your behalf.

Who do I call with questions?

You can call your insurance directly using the phone number on your card, or for questions directly related to Franciscan St. Francis Health, our billing phone number is (855)-376-0014. For anesthesia questions call (317) 870-6736 or (866) 806-1190.