Albany Med Joint Replacement Guide

What You Need to Know to Prepare for Your Surgery
Welcome

Purpose
– Prepare for your surgery
– Strategies to improve your experience and recovery
– Answer your questions

Topics
– Nutrition
– Tobacco cessation
– Pre-admission screening
– Pre-operative care
– Pain management
– Post-operative care
– Occupational/Physical Therapy
– Discharge planning

Appendices
– Medication list
– Important Phone Numbers
– Appointment List
– CHG and Mupirocin Instructions
– Patient checklist
Before Surgery (1-2 Months)

Below are nutritional recommendations for patients scheduled to have hip replacement surgery in one to two months.

• Eat well-balanced meals, and avoid “junk food.”

• Control blood sugar(s) if diabetic, and see a certified dietician/nutritionist and/or endocrinologist.

• Lose weight if overweight. Do not use fad diets. If you require assistance we recommend consulting an outpatient registered dietician.

• If underweight or recently chronically ill, increase protein intake and consult with your physician for further instructions.

Weight and Surgical Risk

Obesity increases anesthesia complications/breathing problems, elevated glucose/possibility of infections, post-operative functional ability and risk for blood clots.
**Moderation**

**What is Moderation?**

Limit the below to once per week if trying to lose weight:

- Cake, candy, pie, cookies, doughnuts, chips
- High calorie coffee drinks, regular soda, large juice volumes
- Double servings of anything but vegetables
- Avoid “extras” on everything
- Alcohol: 1 drink 3 times per week
- Reduce added fat by half
  • This includes salad dressing, butter and sour cream
- No supersized portions
**Pre-operative Planning**

- Stop taking Vitamin E, fish oils or herbal preparations.
- Do not eat or drink anything after midnight before surgery (NPO).
- Ask physician how to manage insulin/diabetes medications before surgery if you are diabetic.
- Notify pre-screening staff of any food allergies, cultural/religious preferences, chewing or swallowing problems.
- Report actual height and weight; weight loss history for comparison after surgery.
- You may request a clinical dietitian consult on admission with your physician.

**Diet Advancement after Surgery**

A medical diet plan will be ordered by your physician which will differ from what you normally eat.

Day 1: CL—clear liquids—tea, Jello, sherbet.
Day 2: FL—full liquids—above plus dairy products
Day 3: Solids—many diet types—regular, low salt, American Diabetes Association (ADA) diet, renal.

The dietitian will evaluate your response and communicate to the physician and nursing team.

**Nutritional Requirements After Surgery**

**Plan on:**

- Doubling your protein intake (meat, egg, dairy).
- Eating 4 dairy servings per day for Calcium and Vitamin D.
- Drinking plenty of fluids 8-12 cups per day.
- Eating fiber (fruits and vegetables) to maintain bowel regularity.

**Typical Nutritional Issues After Surgery**

- Bowel slow to recover—may need IV fluids longer than usual.
- Constipation from pain meds leading to poor appetite, nausea.
- Blood sugars erratic with stress/diet changes.
- Development of acute protein malnutrition.
- Poor wound healing with inadequate nutrition, hyperglycemia, dehydration, micronutrient deficiencies.
**Registered Dietitian Evaluations**

- When are you admitted to the hospital you will be screened for malnutrition.

**The Registered Dietitian will then:**

- Make specific nutritional recommendations for patients with special needs.
- Communicate with your health care team to assure recommendations are implemented.
- Measure your response to nutritional program and adjust as needed.

You may request a consult from a Dietitian by asking a member of your health care team when you are admitted.

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**After Discharge**

- Eat meat, fish, poultry, eggs, milk, nuts.
- Eat 5-9 serving fruit/vegetables daily.
- Prepare and freeze entrees for easy meals once home.
- Eat healthy pre-packaged items like yogurt, cereal and fruit, soups, milkshakes, fortified juices.
- Include high Calcium and Vitamin D containing foods.
- Measure weight weekly for next month—expect some weight loss.
- Follow physician order for activity, medications.

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**Calcium-Rich Foods**

[Images of calcium-rich foods such as milk, cheese, salmon, and greens]
Tobacco Cessation

Why Quit?

• Improved health of heart and lungs.
• Improved circulation.
• Decreased risk of heart attack, stroke, high blood pressure and cancer.

Risks of Continuing to Smoke Prior to Joint Replacement Surgery

• Blood circulation is affected; clots may form.
• Less oxygen reaches the surgical site, therefore healing is delayed and recovery is slowed.
• Many general health risks that may complicate recovery.

Tobacco Dependence is a Two-Part Problem

• Nicotine addiction.
• Habit of using tobacco.

Tobacco Cessation Medication only Helps with One Part of the Problem

• Helps minimize withdrawal symptoms.
• Does not eliminate cravings.
• Before using any tobacco cessation medication, including over-the-counter options, always consult with a trusted health care provider.

The Second Part of the Problem Requires Behavior Change

• Substitutions.
• Delay tactics and distractions.
• Support system.

Inpatient Tobacco Cessation Service

Albany Medical Center offers a tobacco cessation service to all inpatients

Someone from the service can meet with you to discuss your options and resources.

We can help you:

• Make a plan to address both nicotine addiction and behavior.
• Identify strategies that can work specifically for you, and how to avoid problems that can cause you to "slip."
• Utilize community and online resources to adjust and improve your plan.

Where to Get More Help

• Family doctor or other trusted healthcare provider.
• Quitlines.
• Classes.
• Support groups.

You Can Quit
We Can Help

Albany Medical Center is a tobacco-free zone
Pre-Admission Testing (PAT)

Things to Know Before You Go

- You do not have to fast for this appointment, unless instructed to do so by your provider.

- The Pre-Admission Testing (PAT) process should take about 1 - 3 hours.

- You will need to have a physical within 30 days of your procedure. You should have a dental exam if your date of surgery will be more than 6 months from your last check-up.

What to Bring with You

- Medication list (see Appendix A)
- Doctors phone numbers (see Appendix B)
  - Primary care
  - Cardiologist
  - Pulmonologist

- Any information or phone numbers from medical providers you may need clearance from for your upcoming surgery.

Where to Go?

- Park in the 40 New Scotland Avenue parking garage.

- Go to Level 2 to the covered pedestrian bridge/walkway to access B-building.

- Go across bridge into B-Building.

- B-231 is on left as you travel through the concourse.

What Happens Next?

- A member of your health care team will collect your vital signs and ask you a few questions.

- A member of the anesthesia department will perform a history and physical to ensure you are safe to have anesthesia for your upcoming procedure.
  
  - At this time you may ask them any questions you may have about anesthesia.

  - You will receive a tube of Mupirocin* ointment for your nostrils and special medical wipes (see Appendix D for more information).

  *Mupirocin reduces the number of bacteria in your nose that can cause a post-op wound infection.

Before You Leave

- A lab technician will obtain blood tests and EKG if ordered by your surgeon.

- After your tests are obtained and the technician says it is OK to go, you may leave. You do not have to sign out.
Pre-Operative Care Unit (POCU)

Prior To Your Date of Surgery

If you become ill or develop a new injury before the day of surgery, please contact your surgeon before arriving for surgery.

– Any new infection should be reported.
– Any symptoms of infection should be reported, including:
  • Cough
  • Cold
  • Flu symptoms
  • Fever, chills
  • Sore throat
  • Unexplained diarrheal illness
  • Rash
  • Dental infection

Early Arrival

• It is important that you arrive early for your procedure.
• The nurses caring for your need to have enough time to conduct safety checks and prepare you for surgery.

Where to Go for the POCU?

• Park in the 40 New Scotland Avenue parking garage.
• Level 2 is where the covered pedestrian bridge/walkway to access B-building is located.
• Go across bridge into B-Building.
• Go past the preadmission testing area and take the B-building elevators to Basement level.

Fasting

• It is important to fast for the recommended time before your surgery.
• Your provider may have also asked you to avoid some medications, vitamins, or herbal remedies prior to surgery.
  – Double check the instructions given to you by your doctors.

Jewelry

• Please remove and leave jewelry at home, remember to remove any piercings as well.
  – Some patients experience swelling which may require jewelry to be removed.
  – Jewelry which can get caught or fall off can easily become lost or damaged.
• For these reasons it is really in your best interest to leave all jewelry at home.

Medications

• Bring an accurate medication list (See Appendix A).
• Remember to take the medications you were instructed to take by Pre-Admission Testing/Services and your medical providers.
Chlordexadine (CHG) Baths

• Please remember to use the CHG bath wipes as instructed that were given to you during your pre-admission visit.
• If you have not used your CHG bath wipes please let us know.
• When you arrive for surgery, you will be given time to perform one last CHG bath before surgery. Please let us know if you need assistance using the wipes.

Final Steps Before Your Surgery

• If you do not have a health care proxy we will help you fill out a simple form to designate one.
• Your anesthesia team will meet with you to discuss the best plan for your anesthesia.
Pain Management

Our Philosophy

• Pain causes stress on your body which can impair your overall wellbeing and recovery.
• Pain prevented is better than pain treated.
• Pain medicines can have side effects, so we prefer to use multiple different treatments in lower doses that work together to alleviate pain and minimize these side effects.

Acute Pain Service

• Most pain is easily controlled by the providers on the unit.
  - Your nursing staff will collaborate with your other providers to deliver the best pain management options.
• However, an acute pain service is available to you if you have any issues controlling pain.
• They will discuss different pain management options available to you.
• They may continue to follow you during your hospital stay to help treat your pain.
• The Acute Pain Service is available 24 hours per day if your pain is not adequately controlled.

Pain Management Options

• Positioning
• Ice
• Oral and IV medications
• Nerve blocks

Take Home Message

• Treating your pain is a high priority.
• There are multiple different pain management options available to you.
• Feel free to ask questions.
• Ask for pain medications when you need them.
• Ask for help if you feel your pain is not adequately controlled.
• The Acute Pain Service is always available.
Nursing Post-Operative Care

Orthopaedic Unit (B3 West)
• 24 private rooms with showers.
• Visiting hours from 12pm - 9pm.
• There is a nutrition room on the unit (drinks, snacks). You can also bring in food from home.
  - Please talk to someone from your health care team on the unit if you want to bring in food.

What to Bring with You
• Mupirocin tube.
• List of medications (see Appendix A).
• Personal items if you want (snacks, tablets, headphones, phone and charger).
• Comfortable clothing to wear home and non-skid shoes.

Prevention of Infection
  - **Hand hygiene** for you, visitors, health care workers. Clean your hands frequently, and always before touching any area around your surgical incision.

  - Dressing changes and wound care. Please make sure you understand how to safely care for your wound before you leave the hospital.
  - Blood sugar/gucose control.
  - Returning to appropriate activity as soon as possible.

Prevention of Blood Clots
Avoiding blood clots and understanding how to prevent them is important after surgery.

  - You may end up wearing special compression stockings (sometimes called TEDs), or compression devices (SCDs) after surgery.
  - Some people also receive medication to prevent clots after surgery. These medications may be something you are familiar with such as Aspirin, but also include Lovenox, Coumadin, Heparin.
  - Exercise and early ambulation are the best way to prevent blood clots, so these activities should begin as soon as possible after surgery.

Fall Prevention
• For your safety, please do the following:
  - Utilize your call button.
  - Do not get up alone.
  - There might be an alarm on your chair and/or bed to let the staff know you need assistance.

  **Always Call, Don't Fall!**

Communication
• Unit staff (nurses, assistants, support staff) will be checking on you regularly to ask if you need anything.
• Physicians, including residents and nurse practitioners will meet with you daily.
• Your nursing staff will include you at every change of shift for a bedside handoff. Ask questions!
• Nurse manager and assistant nurse manager will also be checking in with you during your stay.
Occupational Therapy and Physical Therapy

Total Hip Replacement

Introduction

• The goal of physical therapy is to promote independence with your ability to mobilize safely and efficiently.
• Following surgery, physical therapy will assess lower body strength, bed mobility, transfers and gait.
• The goal of occupational therapy is to promote independence with your ability to care for yourself at home.
• Following surgery, occupational therapy will assess your independence in a variety of areas including dressing, grooming, bathing and bathroom mobility.

Prior to Surgery

We highly recommend completing exercises for your legs to increase your strength, range of motion, and flexibility prior to surgery. Beginning an exercise program before your surgery can greatly enhance your recovery period.

When completing exercises, make sure to complete your workout on both legs in order to build strength equally.

If an exercise causes an increase in joint pain, stop doing that exercise.

We encourage you to build up your upper body strength prior to surgery. You will be using your arms to transfer and to use ambulation devices. The stronger you are the easier it will be to move around safely and independently.

Please see your handout on Upper Extremity Exercises.
Precautions

Depending on the type of surgical approach used, you will need to follow specific precautions post-operatively. It is important to talk to your surgeon about your specific case prior to surgery to make sure you understand all the precautions you should follow. There are two standard surgical approaches for a total hip replacement; anterior approach or posterior approach, and the usual precautions for each are discussed below.

**Anterior Approach:**

Hip precautions include:
- No hyperextending surgical leg.

**Posterior Approach:**

Hip precautions include:
- No bending past 90 degrees at hips.
- No crossing legs.
- No crossing legs.

The precautions you should follow will be discussed with you again after your surgery.
Precautions for Knee Replacement

It is important to talk to your surgeon about your specific needs prior to surgery to make sure you understand all the precautions you should follow. Precautions will be discussed with you again after surgery.

Do not twist your knee

• When turning, take small steps. Also avoid crossing your legs at the knees or ankles.

Avoid activities that provide pounding on your knee

• This would include activities that require running or jumping.

Avoid kneeling on the ground

Always keep operated leg straight

• It is important to keep the leg you had operated on straight until you are told otherwise.

• While sitting in a chair with your legs elevated, or while in bed, DO NOT place a pillow under the leg that you had operated on.
Adaptive Equipment

- Following surgery, you may have difficulty performing self-care tasks independently, especially lower body dressing and bathing.
- In occupational therapy, you will learn how to use the adaptive equipment or different strategies to increase independence with these activities.
- If needed, you will learn how to use special tools (adaptive equipment) that will help you with certain activities.

Commonly used adaptive equipment:

**Reacher**
Device used for lower body dressing and to retrieve lightweight objects that are difficult to reach.

**Sock-Aid**
Device used to put on socks.

**Long Handled Shoe Horn**
To put on shoes without the need to bend.

**Long Handled Sponge**
Device utilized to bathe difficult to reach areas, specifically lower legs and feet.
Durable Medical Equipment

- There is medical equipment available to increase safety and independence within the home.
- Most of this equipment is not covered by insurance companies, however you may want to consider purchasing equipment that you feel would be beneficial prior to surgery.
- These items can typically be found in local medical supply stores, drug stores, ‘big box’ stores and online.

Equipment to optimize safety within the bathroom:

3-in-1 Commode
This is the most common bathroom device approved by insurance companies. The height is adjustable. A commode may also be used as a raised toilet seat or as a shower chair.

Raised Toilet Seat
Attachment to add height to your existing toilet seat. These can be purchased with and without armrests, as well as in varying heights.

Grab Bars
May be installed next to the toilet or in the shower for added support during transfers.

Shower Chair
A shower chair may be beneficial if you have pain with standing or are unable to stand safely for a long period of time.
Assistive Medical Equipment

• You may also benefit from special equipment to help you walk while you are in the hospital, and sometimes for a period of time after returning home.

• A physical therapist will decide what, if any, assistive walking device you may benefit from.

• If you already have equipment like this at home, you should bring information on the device with you to the hospital (such as a product name and model number). This can help determine if the equipment you already have is safe or appropriate to use after your surgery.

Equipment to optimize safety with walking:

Crutches    Cane    Walker
Discharge Planning

- Your discharge planner will meet with you to help you plan for going home.
- Your discharge date will be based on several factors including the recommendations of your therapists.
- Patients are typically discharged one to two days after surgery.

Insurance Coverage

Prior to surgery, check with your insurance company to verify benefits and co-pays regarding:

- Your hospital stay.
- Home health services.
- Home physician therapy, outpatient physical therapy, or inpatient rehabilitation.
- Any special equipment you made need at home.

Careful planning is essential - insurance companies will not assist with things like:

- Transportation upon discharge.
- Assistance at home.
- Physical set-up of your home.

Going Home

- Most patients go directly home and soon begin therapy at an outpatient physical therapy facility.
- If you are going home, you will likely be given a prescription for outpatient physical therapy.
- You are responsible for scheduling your own outpatient physical therapy.
  - Follow instructions given to you about when you should begin therapy. Patients usually begin therapy 2-3 days after discharge.

Special Equipment

- Your physical therapist and/or occupational therapist may recommend special equipment to help you while you recover from surgery.
- Your therapist will discuss any equipment needs and your discharge planner will assist with obtaining the equipment.
- Equipment costs may be covered by insurance or you may have to pay out-of-pocket.

Home Health Services

- Your need for home health services will be determined by your joint care team.
- If you are going home needing these services (visiting nurses, home physical therapy, etc.), please be aware that these services are provided based upon your insurance coverage.
- If you need home health services, your discharge planner will make arrangements for you.
Short Term Inpatient Rehabilitation

• Your therapist may recommend that you have inpatient rehabilitation before going home.
  – If you need this care, your discharge planner will help you choose a facility based upon your insurance coverage.
  – You will need to make a few choices in case your first or second choice is not available.

• The majority of our patients recover quickly and do not require inpatient rehabilitation.

• Remember, some insurance companies may not cover inpatient rehabilitation or may charge a co-pay.

• These are considerations that you should address before your surgery.

Transportation to the Inpatient Rehab Facility

• If you require inpatient rehabilitation at another facility, you will need transportation to get there.

• If you do not have anyone to drive you from the hospital, you may pay privately for a wheelchair van or stretcher service.

• Your discharge planner will help you determine the best way to get to the rehabilitation facility, if necessary.

Summary

• Albany Medical Center is committed to provide the best care for you and to meet your needs.

• We know that patients have better outcomes and faster recovery times when they become a part of our health care team.

• Active participation in preparing for your surgery with our team is critical to success.

• We hope you will review the items in this guide and contact us with any questions you may have about your joint replacement.
## Medication List

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<th>Medication Name/Dose</th>
<th>Special Instructions</th>
<th>Reason for Medication</th>
<th>Duration</th>
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<td>Medication name and medication dosage</td>
<td>When and how do you take the medication?</td>
<td>Why are you taking the medication?</td>
<td>How long have you taken the medication?</td>
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### Health Care Provider Phone Numbers

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<td>Nurse</td>
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<td>Occupational Therapist</td>
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<td>Surgeon</td>
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<td>Primary Care Doctor</td>
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### Other Phone Numbers

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# Appointment List

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## Notes

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Starting Three (3) Days Before Surgery

Using Your Chlorhexadine (CHG) Bath Wipes

Start using your CHG wipes the third night before surgery. Using the CHG wipes that were given to you during your pre-admission visit will remove more germs from your skin than soap and water and lessen the chance of infection. You will be given three (3) nights worth of CHG wipes during your pre-admission appointment.

Please follow these directions for using your CHG wipes:

- Shower (including shampooing hair) several hours before you use wipes for the first time
- Wash your hands before and after using the wipes
- After using the wipes let your skin air dry. DO NOT RINSE the skin
- Once you use the first set of wipes do not put on lotions, deodorant, perfume or makeup
- Use the wipes from the neck down; do not use wipes near eyes, ears, nose or mouth or the perineal area (private parts)
- Do not use over open areas like injuries or burns
- Shave only your face for the two (2) days prior to surgery; do not shave other parts of your body
- Do not microwave these wipes

☐ Open package using scissors. Each package contains two wipes. You will need three packages for each application.

☐ Gently wipe each area for 30 seconds. Let dry for one (1) minute. Do not rinse. It is normal for skin to feel ‘tacky’ for a few minutes after using wipes.

1. Use 1 wipe for your neck and chest, from shoulder to just above your groin.
2. Use 1 wipe for both arms, starting each with the shoulder and ending at fingertips. Be sure to thoroughly wipe the arm pit areas.
3. Use 1 wipe for your right leg front, ankle to your groin. Be sure to wipe folds in the stomach and groin areas.
4. Use 1 wipe for the back of right leg, ankle to groin. Be sure to thoroughly wipe behind your knees.
5. Use 1 wipe for your left leg front, ankle to your groin. Be sure to wipe folds in the stomach and groin areas.
6. Use 1 wipe for the back of left leg, ankle to groin. Be sure to thoroughly wipe behind your knees.
Using Your Mupirocin Ointment

Start using your Mupirocin ointment three (3) days before surgery. Mupirocin is used to reduce potentially harmful bacteria inside the nose. This helps reduce the risk of post-surgical wound infections. You will be provided with ointment during your pre-admission appointment. You will have enough ointment to use for three (3) days before surgery and for two (2) more days after. Remember to bring your ointment when you come to the hospital for your surgery. If you forget please let your nurse know so you can be given more.

Please follow the directions given to you for using your Mupirocin Ointment:

☐ Apply ointment to each nostril twice a day starting three (3) days before your surgery
☐ Wash your hands thoroughly and unscrew the cap from the tube
☐ Squeeze a raisin sized amount of the ointment onto the tip of a finger
☐ Apply the ointment to the inside of one nostril, repeat process for the other nostril
☐ Close your nostrils by pressing the sides of the nose together and then releasing them. Do this over and over again for approximately 1 minute. You may also press the sides of the nose together and gently massage the nose. These will help spread the medicine throughout the inside of the nostrils
☐ Wash your hands and screw the cap back on the tube
☐ Continue using the ointment the morning of surgery and through your second day after surgery

If a dose is missed, apply it as soon as you remember unless it is close to the next dose. If it is close to the next dose, skip the missed dose and apply the next dose as scheduled. Never double the dose.
Pre-Surgical Patient Checklist

This checklist will help you get ready for your surgery. Your doctor will tell you which appointments and tests you will have.

**Things to begin right after your surgery is scheduled:**

___ I have made all my appointments with other doctors as requested.

___ I have started my pre-surgical nutrition and stretching program.

___ I scheduled a dental exam if my date of surgery will be more than 6 months from my last check-up.

___ I will STOP/CUT down smoking cigarettes.

___ I created a list of my medications including name, dose, how often I take it and why I take it.

___ I will attend a pre-operative education class on ___________ at ___________.
   (date)                                (time)

**Things to begin 1-2 weeks before surgery:**

___ I have completed my Pre-admission Screening before my surgery.

___ I read and understand the “Advance Directives and Patient Rights” information that was given to me.

___ My doctor said to STOP taking blood thinning or anti-inflammatory medications on ___________.
   (date)

**Things to begin 3 days before surgery:**

___ I will shower and use the provided CHG cloths for 3 days before my surgery.

___ I will use the Mupirocin ointment for my nose as directed. I will bring tube with me to the hospital.

**Things to do the night before surgery:**

___ I will shower and use CHG cloths, wear clean clothing to sleep in and ensure my bed linens are clean.

___ I will NOT eat or drink anything after ___________ on ___________.
   (time)                                (date)

**Things to do morning of surgery:**

___ I will arrive early so the hospital can provide me with one final set of CHG cloths to cleanse my skin.

**I will bring:**

___ My list of medications and only medications that I was told to bring.

___ Mupirocin ointment.

___ Personal belongings.