



# Total Elbow Replacement Handbook



*Please bring this handbook with you to ALL your appointments.*

## For Patients Planning Total Elbow Replacement



### Patient Information

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

Coach's Name: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Pre-Op Appointment Date: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

Post-op Appointment Date: \_\_\_\_\_

*Please remember to bring this handbook to all of your appointments, including your Pre-Op appointment, the day of surgery, and all of your post-op appointments.*

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## Introduction to Total Joint Replacement

### Welcome to MUSC

Thank you for choosing the Medical University of South Carolina (MUSC) for your Joint Replacement Surgery! We appreciate your confidence in us and truly believe that we can help you *restore the motion of life* with your new artificial joint.

Our goal is to help make this process as smooth and uneventful for you as possible by making sure we give you everything you need to do well with your surgery. Please read this book carefully and refer to it often. As you think of questions, write them down in the notes section of this book. Your Pre-Op appointment is a good time to go over all of your questions.

Please keep in mind that this information is applicable to most of our patients. However, since every patient is different, there may be some differences in your particular case. So, please do not hesitate to ask questions!

We are pleased that you have chosen to have your surgery with MUSC and promise to work hard to make this a positive experience for you!



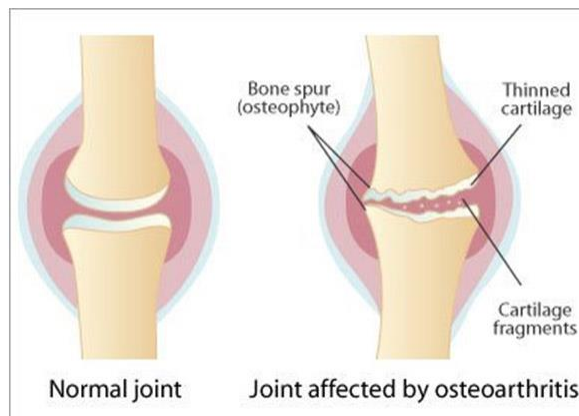
Sincerely,

*Your Joint Replacement Team*

## Indications for Elbow Replacement Surgery

### What is Arthritis?

“Arthritis” is the term used to describe the degeneration, or loss of function, of a joint in the body. It can be the result of age, disease, trauma, or autoimmune disorders (like Rheumatoid Arthritis). Arthritis causes swelling, pain, stiffness, and decreased range of motion in the affected joint(s).




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### TREATMENT OPTIONS FOR ARTHRITIS:

- **Exercise** – Exercising to increase the strength in your arms and shoulders helps your joint become more stable
- **Anti-inflammatory Medications** – Anti-inflammatory medications, also known as “Non-Steroidal Anti-Inflammatory Drugs” (NSAID), help decrease swelling. These come in gels that go directly on your skin or a pill that you take by mouth. You must take these drugs on a regular basis every day to be effective. Some examples of these medications are:
  - Aleve® (Naproxen)
  - Motrin® or Advil® (Ibuprofen)
  - Celebrex® (Celecoxib)
- **Cortisone Injections** – Cortisone is a type of steroid that is injected into your painful joint along with a numbing medicine to reduce swelling and pain.
- **Joint replacement surgery** – An *elective* operation for people who decide that their arthritis is severely affecting their quality of life and the treatments listed above are no longer working.

### OTHER INDICATIONS FOR ELBOW REPLACEMENT SURGERY:

- **Acute Distal Humerus Fracture** – that is NOT repairable
  - We may choose an elbow replacement as an option instead of attempting to repair this fracture
- **Injury**
  - Some patients will have an injury where the bone surface is so damaged that it can’t be repaired

## Understanding Joint Replacement Surgery

### Total Elbow Replacement Surgery

The elbow joint functions as a hinge joint, allowing movement in only one plane (uniaxial). It is supported by muscles and tendons and lined with cushioning cartilage. Over time, cartilage can wear away. As it does, the elbow can become stiff and painful. An elbow **prosthesis** (artificial joint) can replace the painful joint and restore movement.



#### **A HEALTHY ELBOW**

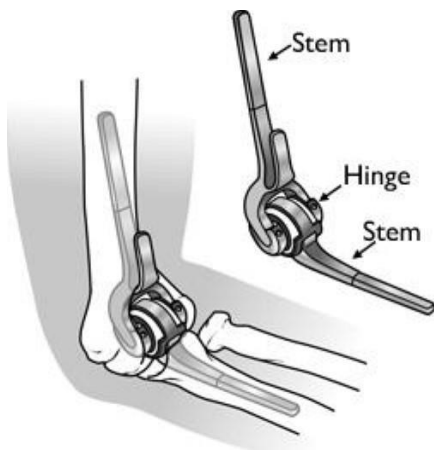
A healthy elbow joint moves easily. Cartilage, a smooth tissue, covers the ends of the upper arm bone (humerus) and lower arm bones (radius and ulna). Healthy cartilage absorbs impact and allows the bones to glide freely over each other. Joint fluid lubricates the cartilage surfaces, making movement even easier.



Arthritic Elbow

#### **AN ELBOW WITH ARTHRITIS**

A problem elbow is stiff or painful. Cartilage cracks or wears away due to usage, inflammation, or injury. Worn, roughened cartilage no longer allows the joint to glide freely, so it feels stiff. As more cartilage wears away, exposed bones rub together when the shoulder bends, causing pain. With time, bone surfaces also become rough, making pain worse.



#### **AN ELBOW REPLACEMENT**

An elbow prosthesis lets your elbow move easily again. The roughened ends of the upper and lower arm bones are replaced with metal and strong plastic components. With new smooth surfaces, the bones can once again glide freely. Any artificial joint has limitations, but it can let you move easily with greater comfort.

## Pre-Operative Care

### Deciding to Have Surgery

- The first step of getting a joint replacement is making that decision with your Orthopaedic surgeon in their outpatient clinic setting.
- Once you and your surgeon decide to move forward with surgery, your surgeon will send an order to their Surgery Scheduler to review and contact you about scheduling surgery.



### After You Decide to Have Surgery

- If you haven't signed up for a **MyChart** account, do so now (see page 38 for more on how). This is one of several ways to stay in touch with your surgeon and his team, but you can find more contact details on pages 39-40.
- If you have **diabetes**, you may be asked to have a blood test done, called a Hemoglobin A1C (HgbA1C), to measure how well-controlled your diabetes has been over the last 3 months. Having uncontrolled diabetes increases your chances of having complications after surgery, like infection, so it is important to get control of it before surgery.
- If you smoke cigarettes or use any other form of **nicotine**, you *must* completely stop this at least 4 weeks prior to surgery. This includes vaping, chewing tobacco, cigarettes, cigars, nicotine gum, and/or patches. Your blood's nicotine level will be tested when you come to Pre-op Clinic. If you have nicotine in your blood at this visit, your surgery may be postponed. You should continue to avoid nicotine use for at least 3 months after surgery, as well.
- If you do not have a **Primary Care doctor**, establish care with one now. If you *do* have a Primary Care doctor, but have not had an appointment within the last year, schedule one now. Since you will be seen in our Pre-op Clinic, you do not need to obtain "clearance for surgery" from this physician, but they can help you manage any chronic health issues, such as diabetes or high blood pressure, to be sure you are ready for surgery.
- You must address any **dental concerns you have** BEFORE surgery. If you do have any dental concerns, these must be taken care of at least 2 weeks before surgery, because any infection can easily spread to your joint replacement.
- You **MUST** have a **coach** to assist you after surgery. This should be an adult you can count on to provide encouragement, actively assist in your therapy sessions, and help with any needs you may have during your recovery. See pages 13 and 14 for further information. ***Not having a solid discharge plan may delay your surgery.***



## Pre-Operative Care

### Scheduling Your Surgery

- Once you and your surgeon decide on surgery, one of our surgery schedulers will call you to confirm a surgery date and work to schedule your Pre-op Clinic appointment with you. Once scheduled, you will receive a packet of information in the mail about your Pre-op visit and your surgery. It is important that you read this carefully.
- Every patient having a total elbow replacement at MUSC *must* attend the Shoulder Replacement Pre-op Clinic and education class. Pre-op Clinic occurs every **Thursday** morning (except holidays).
- The Pre-op Clinic is in MUSC's **Rutledge Tower** at 135 Rutledge Avenue in Charleston. A campus map has been added at the back of this book for additional directions.
- Parking is available in the **Ashley-Rutledge Parking Garage** located at 157 Rutledge Avenue. Please bring your parking ticket (that you will get when you pull into the garage) to the clinic to have it stamped at the front desk, to lower your parking fee. With a stamped parking ticket, the total fee for parking is \$3.00\* for your Pre-op appointments. If you would rather walk a shorter distance to the clinic, valet parking is available at the entrance to Rutledge Tower for \$10.00\* for the day.
- You will see 3 or 4 providers during your Pre-op Clinic visit, all on the 4th Floor of Rutledge Tower. You can find a schedule of events and a detailed list of what to bring with you to your appointment later in this book.
- You and your coach are also required to attend an educational class, in which you both will receive information about what to expect before, during, and after surgery. This is a great chance to ask any remaining questions you or your coach have about your operation and your recovery.



**Please note that most patients will spend several hours in this clinic, as you will see multiple doctors to make sure it is safe to do your joint replacement surgery.**

*\* at the time of printing*

## Pre-Operative Care

### What to Expect At Your Pre-Op Clinic Appointment

- You have chosen to have an elbow replacement. This operation is typically NOT emergent. Therefore, we have plenty of time to ensure that you are medically ready for surgery.
- Avoid delays in the clinic or postponing surgery by bringing a copy of any recent test results or clearance letters that have been completed at other doctors' offices for you. This may include labs, EKGs, ECHOs, stress tests, pulmonary function tests and/or office notes from your primary care physician, cardiologist, rheumatologist, or pulmonologist if necessary. This is especially important if you do not see MUSC physicians for these needs.
- **If possible, please have these records faxed to our clinic, prior to your pre-op appointment.** Our fax number is **(843) 792-7794**. Not bringing these records with you or having them faxed at the last minute may delay your surgery.
- **We recommend that you bring a family member or friend (ideally, your COACH) with you to this appointment.** It is very important to identify a coach *before* surgery, if you have not already, because you will need help at home for the first couple of weeks after your surgery.
- You *do not* need to fast for this appointment. Take all your morning medicines on the day of your Pre-op visit as you normally would. If you take medicines during the day, please bring these with you to take during your visit.
- You will be asked to provide a **urine sample** at the beginning of your visit, so please do not use the restroom when you first arrive.
- We recommend that you bring a snack with you to your appointment, as you may spend several hours in the Pre-Op Clinic.
- Please turn to the next page for the Medicine and Allergy List to write each medicine you are taking, including the dose of each medication you take and how often you take it. If you do not know the names of your medications or their dosages, please bring the bottles with you to your Pre-Op Clinic appointment.

★ **If there are any changes to your medications between your Pre-op visit and the day of your surgery, make sure to contact your Nurse Navigator prior to surgery. For contact information, please see page 40.**

## Pre-Operative Care

### Medicine and Allergy List

In the spaces provided below, please write the name of each of your medications, the dose, and how often you take them. Please also include all over-the-counter medications and/or vitamins that you are taking. *It is a good idea to bring all of your medications with you to review with the nurse at your pre-op visit.*

Name of Drug: \_\_\_\_\_ Dose: \_\_\_\_\_ How Often: \_\_\_\_\_

Name of Drug: \_\_\_\_\_ Dose: \_\_\_\_\_ How Often: \_\_\_\_\_

Name of Drug: \_\_\_\_\_ Dose: \_\_\_\_\_ How Often: \_\_\_\_\_

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Name of Drug: \_\_\_\_\_ Dose: \_\_\_\_\_ How Often: \_\_\_\_\_

Please list all of the **allergies** that you may have to **MEDICATIONS** or **FOODS**. Please include **LATEX** and **ADHESIVES (TAPE)** if you have allergies to these items:

Allergy: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_

## Pre-Operative Care

### Schedule for Your Pre-Op Appointment

<b>LAB:</b>	Your first appointment is at the Rutledge Tower Lab, which is located on the <u>4<sup>th</sup> floor</u> . They will draw some blood for any necessary lab work and collect a urine sample based on your surgeon's orders for before surgery.
<b>NURSE:</b>	Another appointment will be with one of our nurses. This appointment is also on the 4 <sup>th</sup> floor of Rutledge Tower. The nurse will take your vital signs, review your medical history and medications, and complete an electrocardiogram (EKG) if you have not had one recently to check your heart function. They will also perform a nasal swab to look for bacteria and go over some of your pre-op instructions.
<b>RESEARCH COORDINATOR:</b>	If we have any current research projects going on, you may meet one of our Research Coordinators. They will review the details of the studies with you during your appointment along with the consent forms, and possible surveys. We thank you in advance for your participation in our research projects to help us in advancing the care that we provide to you and future patients.
<b>ORTHOPAEDICS:</b>	Next, one of the Orthopaedic physician assistants(PA) or nurse practitioners(NP) will review your orthopedic history with you and make sure that your symptoms have not changed since your last visit with your surgeon. They will review the surgery consent form with you and have you sign it. You will be able to ask the PA or NP any questions you may have regarding your operation, but you will not be seeing your surgeon at this visit.
<b>HOSPITALIST:</b>	Your next appointment will be with one of our Internal Medicine physicians, also known as a Hospitalist. These doctors will help take care of you during your stay with us at MUSC. It is important for them to review your medical history and medications with you to make sure that it is safe for you to have joint replacement surgery. They may give you specific instructions for surgery. It is important that you listen to their advice and instructions carefully.
<b>ANESTHESIA:</b>	You may also see one of our anesthesiologists as a part of your visit. Not all patients will be asked to do this. It is important for the anesthesia team to see certain patients before surgery to make sure there are no concerns regarding their anesthesia care. If you do not see the anesthesiologist as a part of your visit, you will meet with them on the day of surgery. They will be able to answer any questions at that time.
<b>EDUCATION CLASS:</b>	You will meet with our Nurse Navigator and/or Physical / Occupational Therapist to discuss how to prepare for your elbow replacement surgery, and what to expect both during your stay at the hospital and during your post-op care. You will have an opportunity to ask more questions again at this time.

## After Your Pre-Op Appointment

- If any of the providers who saw you at your appointment requested that you obtain **additional information** for them (from your family doctor or dentist for example), then you will need to work quickly to get this information and fax it to our office at (843) 792-7794. Please address the front of the paperwork to the attention of the Nurse Navigator.
- After your Pre-Op appointment, a member of our team will contact you if you get a **positive nasal culture result** for bacteria (usually the following Monday). If this test happens to be positive, we will also call in a prescription for an ointment to use on the inside of your nose before surgery. You can find more information on why we do nasal cultures on the next page.
- You will also be contacted if you get a **positive urine culture result** for bacteria. If this happens, you will need to take an antibiotic for approximately one week before your surgery, which will be called into your pharmacy for you to pick up at your convenience.
- As previously stated, all **dental procedures** should be taken care of before surgery. If you think that you have a dental infection, this must be taken care of *at least* 2 weeks ahead of surgery, as dental infections can easily spread to your shoulder replacement.
- It is important to eat a **well-balanced diet** of carbohydrates, fruits and vegetables, dairy, protein, and iron-rich foods leading up to surgery as well as after surgery.
- It is important to **decrease your alcohol intake** prior to surgery. This is important because alcohol can thin your blood, which then can lead to increased bleeding during your surgery, as well as interact with any medication you may be given. Therefore, decrease your daily alcohol intake, and **do not consume any alcohol** for at least 48 hours prior to your surgery.
- **Nicotine and other tobacco products** increase your risk of having complications after joint replacement surgery. We require you to completely discontinue any exposure to nicotine for at least FOUR WEEKS prior to surgery, as well as after surgery. If you would like resources to assist with this, please contact your Nurse Navigator, whose information can be found later in this book.

Please make sure you carefully follow any instructions given to you at this appointment. If you have any questions, you are free to contact your Nurse Navigator, whose information is provided later in this book.

## Before Your Surgery

### Your Coach

Whether you plan to return to your own home after surgery, or stay with someone you know, you *must* have a “coach” to stay with you during your recovery. Consider **family, friends, neighbors, or church members** you can rely on to ensure your safety, help with tasks around the home, and be your champion for a speedy recovery. Other options to explore, if needed, include:



- **Home Care Aide** – also known as a companion care assistant, who is *separate* from the “home health” physical therapist visits you will receive. A list of Home Care agencies can be obtained from your Nurse Navigator, whose information is on page 40. Typically, these agencies bill on an hourly basis and are not covered by insurance.
- **Older Americans Act of SC** – a federal program that provides funds to the state to offer affordable home care and/or financial assistance for home care to those who qualify. To apply, visit <https://www.payingforseniorcare.com> or call 1-800-973-1540.
- **Veteran’s Programs** – a variety of options are available to veterans for both care services and/or financial assistance to cover home care.
- For needs other than home care, consider programs such as:
  - **Meals-on-Wheels** of Charleston (843-722-4127) for delivery of nutritious meals
  - **Lyft**, who has joined forces with many insurance companies for transportation to doctor’s appointments and the pharmacy. You can also use **Logisticare** (for Medicaid patients only), **Uber**, or **gogograndparent.com**, or Charleston’s public transit system called **CARTA/Tele-Ride**.
  - Some non-profit programs, such as **United Way**, offer in-home assistance that ranges from meal preparation and light housework to full-time personal care. Restrictions may apply.



Unfortunately, federal regulations and insurance restrictions make it *very* unlikely that you will qualify for **inpatient rehab** after surgery. In addition, these facilities, much like a nursing home, **do not provide private rooms**. As a result, you are exposed to more germs that may put your new joint at risk for infection.



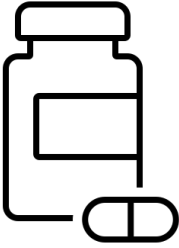



Living alone or not having a “coach” after surgery does NOT qualify for an inpatient rehab stay.



- You will be required to immobilize your elbow on your operative arm *at all times* for at least 2 weeks after surgery.
- You will not be allowed to lift anything heavier than a piece of paper for the first two weeks after surgery. You also cannot put *any* weight on the elbow that was operated on, such as pushing yourself up from a chair.
- You will need assistance with most activities throughout the day. Even getting dressed or using the restroom will be difficult to do by yourself.

If you do not have a plan in place for assistance after surgery, ***your surgery may be postponed***. Feel free to contact your Nurse Navigator if you need help making plans.

**Why Do I Need A Coach??**

	<ul style="list-style-type: none"> <li>• Since you will only be allowed to use the arm that was <i>not</i> operated on, it will be difficult to open containers such as medication bottles, screw-on lids, or food jars.</li> <li>• To make things easier, try to use containers with a pump to dispense liquids with one hand, if possible.</li> <li>• Your coach can also help open any medication bottles you may have and get out the correct number of pills.</li> </ul>
	<ul style="list-style-type: none"> <li>• If you are having surgery on the elbow of your dominant arm, many tasks will be more difficult and take more time for you to do.</li> <li>• Think about how you will feed yourself, use the bathroom, write, brush your teeth, squeeze liquids out of a bottle into your hand, etc. Try putting your operative arm inside your shirt to simulate going about your day without use of that arm before you have surgery, so you can prepare in advance.</li> <li>• Your coach must be able to assist you with things like meal preparation, bathing, and other daily living activities after you have surgery.</li> </ul>
	<ul style="list-style-type: none"> <li>• With one arm immobilized, it will be more difficult for you to keep your balance.</li> <li>• If you typically use a walker to get around, you may need different equipment right after surgery that can be used with only one hand.</li> <li>• Because of this, it is also very important to have someone with you to help ensure your safety and prevent you from falling.</li> </ul>
	<ul style="list-style-type: none"> <li>• Think about how you will squeeze soap, shampoo, and other bath products out of bottles and into your hand. Try using pump bottles to help with this. Your coach can also help you with these tasks, or set up single “servings” for you to use when you need to bathe.</li> </ul>

## Before Your Surgery

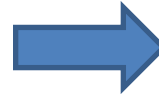
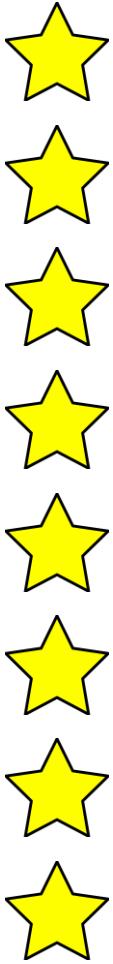
### Preparing for Your Safe Return Home

Become aware of any potential hazards in your home *before* your surgery in order to ensure an easier and safer recovery when you return home after surgery.

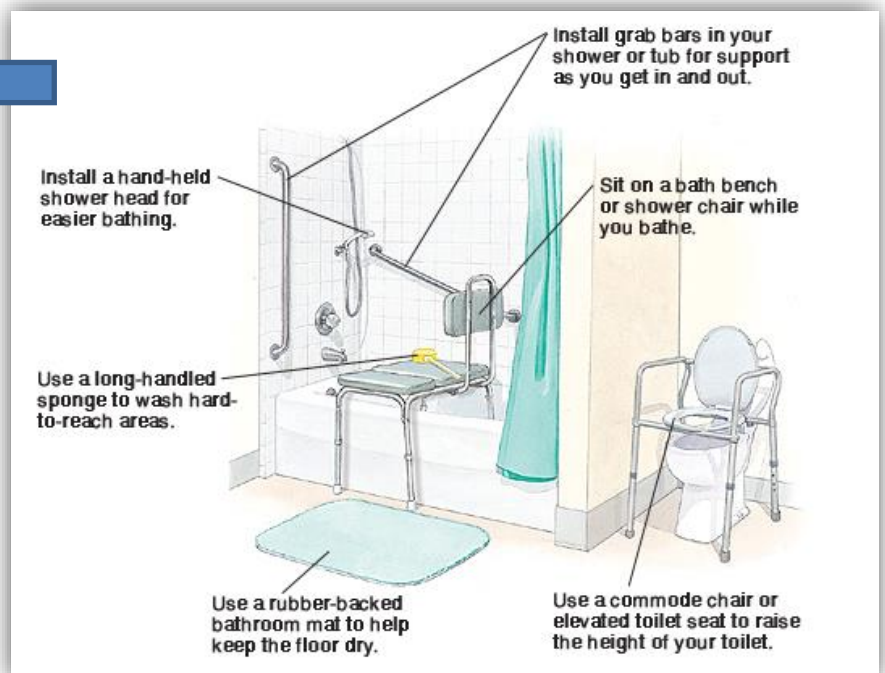


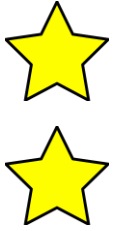
- Consider having furniture rearranged so it is easier to move around your home.
- Put away loose rugs and any other items you might trip over.
- What will be most comfortable for sleeping? Some patients are actually more comfortable in a





- In the shower, aids like handheld shower heads and a shower chair/bench can make bathing safer and easier for you after surgery.
- If possible, install grab bars for additional safety and support.
- Don't forget to watch out for risks like wet floors, tripping hazards, or uneven surfaces!
- Practice self-care activities – like brushing your teeth and going to the bathroom – using just your non-operative arm.
- Bottles with a pump will be easiest to use with just one hand.





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## Before Your Surgery

### Bacteria in Your Nose



- Staphylococcus aureus is a type of bacteria commonly found on the skin, and is one of the leading causes of infections after joint replacement.
- About 25% of people have this bacteria in their nose, where it usually does not cause any problems.
- However, studies have shown that people who have this type of bacteria in their nose have an increased risk of getting a wound infection after surgery.
- Therefore, all total joint replacement patients are tested at their pre-op visit to see if they have this type of bacteria in their nose. A nurse will collect a sample by rubbing a sterile Q-tip inside your nose.
- If your sample tests positive for these bacteria, a member of our team will call you after your Pre-op visit to let you know what steps to take next to decrease the risk of getting an infection, such as using the ointment described below..

### Only if you get a call from our team:

- If you are informed by our team that your nasal swab was positive, you will be asked to apply a an ointment called Bactroban® (Mupirocin) on the inside of your nose with a clean Q-tip twice a day for 5 days prior to surgery – a prescription will be sent to your pharmacy. This cream will help prevent the Staphylococcus aureus bacteria in your nose from growing and spreading, and help lower your risk of getting an infection after surgery from this particular bacteria.



## Before Your Surgery

### Using Antiseptic Soap before Surgery

**\*Bathing with a germ killing soap before surgery reduces the number of germs on the skin.\***  
All patients are asked to shower with an antiseptic soap called **4% Chlorhexidine Gluconate (CHG)** for **each of the 4 days prior to and the morning of surgery (5 days total)**, according to the following instructions:

You will be given several bottles of the CHG soap at your Pre-Op appointment. If you need more CHG soap, you can purchase it from any of your local drug stores.

#### **Instructions for each of the 4 Days Prior to and the Morning of Surgery (5 Days Total):**

1. Wash your hair, face, and body using your regular shampoo, conditioner, and soap. Rinse completely.
2. Once you start this regimen, DO NOT shave the area where you will have surgery.
3. Pour a quarter size amount of the CHG soap on a clean, wet washcloth. Wash your body FROM THE NECK DOWN (avoiding your genital area, face, and hair) with this washcloth. You should use HALF A BOTTLE for each shower.
4. Pay special attention when cleaning the area where you will have surgery, but avoid scrubbing your skin too hard.
5. It is important for the CHG soap to stay on your skin **for 3 MINUTES** to be effective, so turn the shower off or move away from the water to avoid rinsing too soon.
6. After those 3 minutes, rinse the soap off your body.
7. Dry yourself with a clean, freshly washed towel.
8. Stop using powders, lotions, or creams **24 HOURS BEFORE SURGERY**. *The day of your surgery, after your last shower with the CHG soap, ALSO do not use deodorant, hair products, and make-up.*
9. After bathing with the CHG soap, always dress in clean sleepwear or clothes.



#### **Caution:**

- Do NOT use this product if you are allergic to Chlorhexidine Gluconate (CHG).
- Do NOT apply this product to the genitalia (private parts).
- Do not use CHG soap on open wounds, sores, or cuts – *if you have open wounds of any kind, please let your surgical team know right away.*
- Do not use CHG near your eyes, ears, or mouth. If it contacts these areas, rinse them right away with plenty of water.
- If rash, redness, itching, or any other symptoms occur, STOP using the product right away, and contact your physician.
- Keep this product away from children. If swallowed, seek medical attention immediately or call a poison control center.

## The Days Just Before Surgery

### 4 WEEKS BEFORE SURGERY:

- 1) **Nutrition** – Focus on a well-balanced diet with plenty of protein, fiber, and iron-rich foods.
- 2) **Smoking and Alcohol Use** – If you use any form of nicotine (chewing tobacco, cigarettes, cigars, eCig, etc.), work to quit immediately. If you drink alcohol, gradually decrease the amount you drink. Do NOT drink alcohol for at least 48 HOURS prior to surgery.
- 3) **Prepare your Home for a Safe Return:**
  - Stock up on toiletries, food, and any other supplies that you may need in the weeks after surgery.
  - You may want to make a few meals to freeze now and re-heat after surgery, to make meal preparation as easy as possible.
  - Store food and other supplies at waist level to make them easy to reach without bending, stretching, or twisting. Put items you may need while sitting, such as toilet paper, on your *non-operative* side.
  - Refer to page 15 for more tips.
- 4) **Advanced Directive/Living Will** – If you are interested in creating these documents and need assistance, contact a member of the MUSC Pastoral Care Team. You can ask to speak with this department by calling the hospital operator at (843) 792-2300.
- 5) **Dental Exams** – Complete dental exams or cleanings at least 2 weeks prior to surgery. You should not have surgery if you have a dental infection, so please tell your surgeon if you have any concerns before surgery.
- 6) **Additional procedures or injections** – Do NOT have any procedures or injections once you have had your Pre-Op appointment, unless approved by your surgeon. Even minor procedures can lead to delaying your surgery.

### 1 WEEK BEFORE SURGERY:

- 1) **Stop any medications that increase the risk of bleeding** – These include medications known as anti-inflammatories or NSAIDs, such as Motrin® (Ibuprofen), Aleve® (Naproxen), or Advil®. You should also stop taking any fish oils, herbs, or other supplements at this time.
- 2) It is okay to take Baby Aspirin (81mg) and Celebrex® right up to your surgery unless you are told to stop by one of the doctors at your pre-op appointment.
- 3) If you take Coumadin®, Plavix®, Xarelto®, Pradaxa®, Eliquis®, or other blood thinning medications, follow the instructions given to you at your pre-op appointment about when to stop these medications.
- 4) Start bathing with the antiseptic solution 4 days prior to surgery as previously instructed.
- 5) Pack your bag for the hospital – flip to the next page for a list of suggested items to bring with you.

### THE DAY BEFORE SURGERY:

- 1) You will receive a call between 2:00 and 4:00PM on the day before your surgery to let you know what time to get to the hospital for surgery. If your surgery is on a Monday, you will get this call the Friday before. If you do not receive a call by 4:00PM, please call (843) 876-0116 for instructions.
- 2) Bathe with the antiseptic solution as previously instructed.
- 3) Do not eat solid food after midnight the night before surgery. You may continue drinking water until the morning of surgery (see page 20 for more information).

## What to Bring to the Hospital

- Driver's License or photo ID
- Insurance and prescription drug cards
- Credit card for prescription medications you will take home with you. Please do not bring large amounts of cash or other valuables.
- Advanced Directive, Living Will, and/or Medical Power of Attorney (if you have them)
- Your most current list of medications, including any you have stopped taking in preparation for surgery
- CPAP tubing, mask, and machine (if you use this while sleeping)
- Loose fitting clothing, including underwear, to change into once instructed to do so. **\*Tip: oversized t-shirts will be easier to get on/off, rather than button-down or zip-up tops.**
- Flat shoes with rubber bottoms
- Eyeglasses, hearing aids, and/or dentures (if you have them). **\*\*You will not need these during your surgery, so please be sure to leave them with your coach or other trusted person for safe keeping\*\***
- Personal toiletries (deodorant, brush/comb, toothbrush, etc.)
- Cell phone and charger
- Eye mask and/or earplugs to use for sleeping



**\*Tip: Have your coach bring your overnight bag to your hospital room after surgery, rather than trying to keep track of it while you are in surgery\***

**Note:** Carefully safeguard items such as your cell phone, chargers, eyeglasses, hearing aids, and dentures. Be careful not to leave these items on your bed or meal tray, as this could cause them to be lost.

Our Nurse Navigator will work with you to get you any equipment that you may need at your home after surgery. If you need a reach extender, sock aid, long-handled shoehorn, or long-handled bath sponge, occupational therapy will supply these items to you and they will also teach you how to use them.

## Hydration Before Surgery

### MORNING OF SURGERY:

- 1) Bathe with the antiseptic soap prior to leaving your house to come to the hospital, as previously described
- 2) Brush your teeth
- 3) Do not wear jewelry, body piercings, make up, or contact lenses to the hospital
- 4) Do not use deodorant, lotions, or powders anywhere on your body the morning of your surgery



If you purchased two bottles of a **NUTRITION DRINK** (shown below) at your Pre-op appointment, drink ONE bottle the night before surgery. On the morning of surgery, **FINISH** drinking the second bottle 2 HOURS BEFORE you are scheduled to arrive at the hospital. Do not eat or drink anything else the morning of surgery.



If you are a **diabetic** or did not purchase any bottles of the nutrition drink at your Pre-op appointment, you may drink up to **1 ½ cups** of water the morning of surgery. **FINISH** drinking this 2 HOURS BEFORE you are scheduled to arrive at the hospital.

**1 ½ cups = 12 ounces (oz)**



*\* If a provider in the Pre-op Clinic tells you to take any of your morning medications on the day of surgery, take them with your morning drink.*



**Do not drink anything 2 hours before you arrive at the hospital.**

**Call the Nurse Navigator (contact info is on page 40) in the days leading up to surgery if you:**

- Develop a cold, sore throat, flu, or infection of any kind
- Begin to run a fever
- Have burning, pain, or urgency with urination
- Are exposed to anyone who tests positive for Covid-19
- Have ANY redness, swelling, skin rashes, or open wounds on the arm that is being operated on

## The Day of Surgery

### Arriving at the Hospital

#### PARKING:

- You should arrive at the hospital at the time that was given to you over the phone by the nurse the day before surgery. It is important that you arrive **on time** to the hospital. If you are late, it may cause problems with starting your surgery on time. In some cases, lateness may result in your surgery getting canceled.
- Refer to the map at the end of this handbook for easy directions to MUSC and for further parking instructions.
- Bring your parking garage ticket with you to be stamped at registration for a reduced parking fee of \$6.00\* for the day of surgery. If you would rather use valet parking, for \$10.00\* per day, this is available at the entrance to the Main Hospital (located in the “Horseshoe” off Ashley Ave). If your surgery is in Rutledge Tower, there is also a valet at the front entrance to Rutledge Tower.
- If you need **wheelchair assistance**, use your cell phone or any of the courtesy phones near the elevators in the parking garage to call 843-876-0101.
  - \* If you have a handicap placard, the handicapped individual *must* be in the vehicle to receive the handicap-parking rate.
  - \*\*If your visitor(s) arrives and leaves in the same 24 hours, tell them to keep their receipt to show the garage attendant so they do not have to pay extra for that day. With a stamped parking ticket, the maximum rate is \$6 for each 24-hour period.

#### CHECK IN:

##### Main Hospital – 171 Ashley Avenue

- Check in at the Registration Desk on the 1<sup>st</sup> floor, which is to your left after entering the Main Hospital
- After checking in, go to the "E" elevators by the Security Desk
- Take the "E" elevator to the fourth floor
- From the elevators, enter the surgery waiting room to your left
- Check in at the desk in the surgery waiting room

##### Rutledge Tower – 135 Rutledge Avenue

- Enter the front entrance of Rutledge Tower
- Go straight down the hallway past the Information Desk
- Go to Room 107 (Surgery/Blood Draw Check In)
- Let the Admissions Attendant know you are checking in for surgery
- Check in with Surgery Registration - a nurse will then take you to the “Holding” area to prepare you for surgery



\* at the time of printing



## The Day of Surgery: at the Hospital

### THE SURGERY:

- While in the holding area you will:
  - Remove any make-up, jewelry, eyeglasses, and/or dentures
  - Change into hospital gown, cap, and non-skid slipper socks
  - Identify operative site with a mark on your shoulder
  - Go over your medical history and medications
- The nurse will place an IV catheter in your hand or arm for IV fluids and medications.
- The anesthesiologist will meet with you to discuss the process and options for giving anesthesia and medication.  
*\*See below for more information about your anesthesia.*
- Before going to sleep for surgery, the anesthesiologist will place your nerve block. You and your surgeon must also confirm the correct elbow and procedure. From the time you leave the holding area, it usually takes about 2 hours to perform the surgery.
- While you are in surgery, your family and/or friends can wait in the Surgery Waiting Room. They will receive information on how to track your progress through the procedure.

### Anesthesia

#### WHO ARE ANESTHESIOLOGISTS?

Board certified anesthesiologists work in the Operating Rooms and Recovery Rooms at MUSC. Their primary role in the Operating Room is to ensure your safety and comfort during surgery, as well as manage your pain relief after surgery.

#### WHAT ARE THE DIFFERENT TYPES OF ANESTHESIA?

There are two main categories of anesthesia that are used in joint replacement surgery: general and regional.

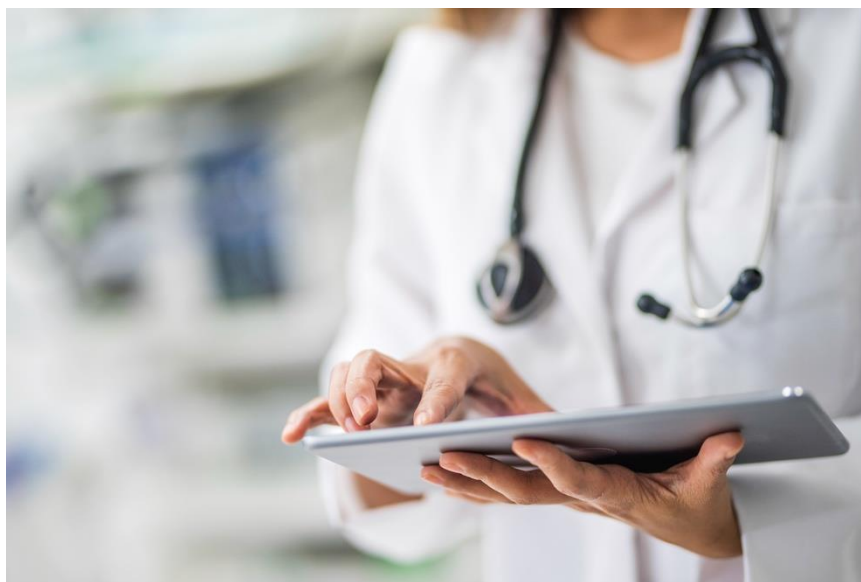
**General anesthesia** is like having your entire body “go to sleep”. You will be unconscious and will not have the ability to breathe on your own. For this reason, patients receiving general anesthesia must also be “intubated” with a tube down their throat, so that a machine will be able to breathe for them.

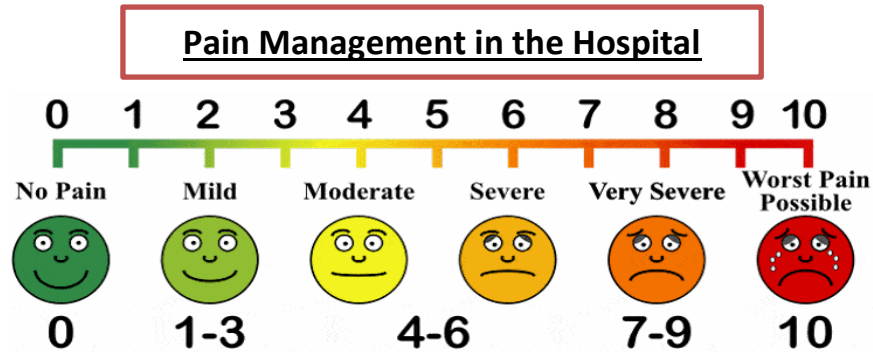
**Regional anesthesia** is like having one *part* of your body put “asleep”. This type of anesthesia is sometimes referred to as “spinal” anesthesia or a “block”. Numbing medicine (such as lidocaine) is injected in the exact location of the specific nerves that will numb a certain area. To help ensure correct placement of this injection, you are awake but relaxed with the help of intravenous (or IV) medications. The numbing you will experience typically wears off after 6-8 hours from the time you received the injection.

Most patients who are having total shoulder or elbow replacement surgery have **general** anesthesia, as well as a regional “block”. Based on your medical condition, your anesthesiologist will have a discussion with you and your surgeon to determine the best type of anesthesia for you.

### IMMEDIATELY AFTER YOUR SURGERY:

- When your operation is complete, you will be moved to the Recovery Room (also known as the Post Anesthesia Care Unit or PACU).
- A nurse will monitor your vital signs and assist you while you recover from anesthesia. The nurses also show you how to do breathing exercises to keep your lungs clear and prevent pneumonia.
- X-rays of your newly-replaced shoulder will be taken while you are in recovery.
- The arm that underwent surgery will be in a splint. This will stay on at all times until your first post-op appointment.
- You may also have a pain pump inserted in your shoulder, which is discussed in more detail on page 27.
- Special devices called sequential compression devices (SCDs) will be placed on your legs to help with blood flow and decrease your risk of developing a blood clot. *Be sure you keep these on when you are in bed while in the hospital!*
- Your family can visit you in the recovery room once you are awake, stable, and comfortable.
- Once a room is available, you are transferred to the Joint Replacement Unit on 10 East of the Main Hospital for the rest of your stay.
- A Nurse or Nurse's Aide will assist you with sitting on the edge of bed and walking to the bathroom once you are able to.
- An Occupational Therapist will also visit you in the hospital to begin your post-operative therapy program. **You will remove your splint ONLY AFTER your first post-operative clinic visit.**
- ***Prior to coming to the hospital for surgery, you must have a discharge plan in place*** – including a coach that will be staying with you. **You likely will not qualify for inpatient rehab**, so have a plan for going home. Refer back to page 13 for more information.





We strive to keep your pain level at **3 or 4** on a standard pain scale (seen above).  
Please let us know if you are having difficulty maintaining your pain level at 4 or less!  
**\*\*You may not reach a "0" for up to two weeks\*\***

A variety of medications and techniques will be used to help control your pain after surgery, including:

**IV MEDICATION**

- This pain relief medicine is given through a small tube in your vein, *only as needed* to help with *severe* pain, and only will be used while you are in the hospital.

**PILLS AND/OR MEDICATION TABLETS**

- Several different medications of this type are available to help control your pain.
- These medications may be necessary for a brief time after surgery, but you should not need them for longer than three months. Whenever possible, we minimize the use of opioid narcotics for pain control.

**ON-Q PAIN PUMP**

- You may have an ON-Q Pain Pump system. This is a small disposable pump filled with an anesthetic medication to help relieve pain after your surgery.
- The pump is connected to a small catheter (tube), which is inserted near the surgical incision site by your surgeon or anesthesiologist at the time of surgery.
- It then continuously delivers the pain medication to certain nerves in your shoulder. (\*see page 27 for additional information)



**YOUR HOSPITAL STAY**



**You will go home the day of or the day after surgery.** If necessary, you *might* stay in the hospital for an additional day to help ensure your successful recovery at home.

- You will have blood work drawn each day that you are in the hospital, usually early in the morning.
- You will continue to wear the SCDs on your legs at all times while in bed until you are discharged from the hospital.
- Your SAFETY is important to us! ALWAYS call a member of our team to help you before getting out of bed or out of a chair or off the commode – Remember: **CALL, DON'T FALL!**

## Occupational Therapy

- You will be required to keep your splint on at all times until your surgeon tells you that it is ok to resume regular activity or use of your surgical arm, keeping in mind that this may be up to two weeks after surgery.
- You **will not be allowed to put weight on the arm that was operated on**, so you will learn how to stand from a seated position without using that arm.
- You **will not be allowed to push, pull, or lift with the arm that was operated on**, so you will learn how to do daily tasks without using that arm.
- You will learn how to take a shirt off and put one on, and will also learn how to wash underneath the arm that was operated on.
- A therapist also will teach you exercises and special precautions that you will need to follow when you are at home. For more information, refer to the following pages.
- **Your “coach” must arrive in your hospital room by 8:30am the day after surgery. This ensures that he or she will be present for your Discharge Therapy session.**



## DISCHARGE FROM THE HOSPITAL

- Before you leave the hospital, a Nurse will give you written instructions regarding your medications, activity restrictions, and the management of common post-operative complaints.
- Your post-op appointment date and time with your surgeon or PA will be confirmed.
- Prescription medications for you to take at home will be sent to the hospital’s pharmacy. Before you leave the hospital, your coach can pick these up for you.



Your coach will need to be ready to drive you home **at the time of your discharge from the hospital.**



## Here is a list of things you should have when you leave the hospital:

- ❑ Date, time, and location of your post-op appointment
- ❑ Prescriptions for pain medicine, stool softener, and blood thinner medication.
  - For additional convenience, you can use MUSC’s pharmacy to fill your medications before you leave. *Be sure to have a credit card/cash/etc. to cover your copay*, if you typically have one at other pharmacies.
  - If you choose not to use the MUSC pharmacy, communicate with your nurse to make sure any prescriptions you need are available at the pharmacy of your choice.
- ❑ Any equipment needed for daily activities (reacher, sock-aid, etc.)
- ❑ Referral for home health services *if needed*. If you are discharged with home health services and do not hear from the agency within 24 hours of discharge, please call the Hospital Case Management Team directly. Their number can be found on the Important Contact Information at the end of this handbook.
- ❑ Written Discharge Instructions regarding your medications, activity restrictions, and management of common post-operative complaints.



## Recovering at Home After Surgery

### Pain Relief After Surgery

Pain relief after surgery is an important part of your recovery process. A combination of medications will be used to help keep you comfortable, including the [ON-Q\\* Pain Relief System](#).

### ON-Q\* Pain Relief System

The ON-Q\* system is a small disposable pump filled with a local anesthetic medication to relieve your pain after surgery. It continuously delivers the medication, which blocks the pain in the area of your procedure. With the ON-Q\* system, you may get better pain relief than by taking narcotics alone. You may also need to take less narcotic medication.

### How the ON-Q\* Pain Relief System Works

The pump is connected to a small catheter (tube), which is inserted by your surgeon or anesthesiologist. Depending on your procedure, the catheter will be placed near the surgical incision site or under the skin next to a nerve near the surgical area. The ON-Q\* pump continuously delivers the medication at a slow flow rate. It is completely portable and may be clipped to your clothing or placed in a small carrying case.

### Other Options for Pain Control

- Most total elbow replacement patients also go home with a prescription for Oxycodone 5mg tablets or Tylenol #3 with codeine tablets, unless you are unable to tolerate these medications. You can take 1-2 tablets every 4 hours as needed for pain following surgery.
- If you run out of your pain medication, you can call and ask to speak with one of our nurses (843) 876-0111. They can discuss options for pain control with you and can give you a prescription if necessary.
- Our goal is for you to take pain medications *only as needed* to help with your post-op pain, and to transition off these medications as quickly as possible.
- If discussed with your surgeon, you can also take Motrin or Advil, or other over the counter anti-inflammatory medications to help with pain control.



## Recovering at Home

### CARING FOR YOUR INCISION

- Keep your incision covered with the dressing applied at the hospital. **It should stay on for 7 days after surgery.** If your dressing begins to come off, leaks, or becomes saturated with fluid, please call your surgeon's office.
- After your dressing is removed, keep your incision clean and dry. If you prefer to cover your incision, you may apply a light gauze dressing for comfort.
- Do NOT apply any ointment or lotion to your incision until your surgeon tells you that it is okay to do so.
- The area around your incision will feel slightly swollen and warm after surgery. This feeling can last up to several months after surgery. This feeling is normal, but if anything changes or becomes worse after you leave the hospital, you should notify your surgeon.
  - \* **If you see another doctor who tells you the incision looks infected, notify your surgeon immediately. Do not start antibiotics for infection before you talk with your surgeon.**



*\* Call your surgeon if you develop a fever **higher than 101.5 degrees.** You should also notify your surgeon if you have increased drainage, redness, pain, odor, or heat around the incision.*

### SHOWERING

- Your splint **IS NOT** waterproof. You also *should not* get your On-Q Pain Pump or the area where it is inserted in your arm wet.
- **ONLY AFTER YOUR ON-Q PUMP AND SPLINT ARE REMOVED,** you may shower or bathe at home.
- When bathing **BEFORE** your split is removed, you **MUST** protect and cover it with a plastic sleeve to prevent it from getting wet. Another option before your splint is removed, if you have assistance, is to wipe your body down with a wet rag or towel
- You do not need to cover your incision once the splint is removed but be careful not to scrub the area surrounding it. You will still likely have a mesh tape covering it. Do not use harsh or drying soaps either.
- Do NOT soak your elbow in a tub of water or swimming pool until your surgeon tells you it is okay to do so.
- Once you are allowed to fully shower or bathe, to dry your elbow you must only **pat** the area dry, and make sure it is **completely** dry.



### PNEUMONIA PREVENTION

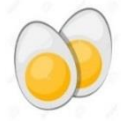
- Rarely, a patient may develop pneumonia after surgery.
- Symptoms of pneumonia include fever, cough, shortness of breath, and chest pain.
- To help you prevent developing pneumonia after surgery, sit upright and turn in bed as much as possible. You also need to walk around as frequently as you are able to.
- Use your incentive spirometer at least once every hour – you will receive this before you leave the hospital.

## PAIN CONTROL & SLEEP

- Carefully follow the directions for your pain medication that were given to you before you left the hospital. If you are having trouble managing your pain, you can call your Nurse Navigator (contact information on page 40).
- If you run out of your pain medication, you can call your Nurse Navigator or one of our clinic nurses at (843) 876-0111. *You may be required to send your coach to one of our clinics to pick up the written prescription to take to a pharmacy.* Please allow **at least 24 hours before you run out of your medication** to call for a refill.
- You **SHOULD NOT** take anti-inflammatory medications until your surgeon says it is okay to do so.
- **Ice your elbow** as much as possible while you are sitting or lying down. This will help decrease your swelling, which help in turn to decrease your pain.
- **SLEEPING POSITION:** lay on your back with a pillow propping up your elbow splint.
- Though you will be tired, you may have difficulty sleeping after surgery due to your pain or having to sleep on your back. Ways to possibly help you sleep include:
  - Sleeping in a recliner if you cannot get comfortable in your bed.
  - Using several pillows to rest your arm on and to help elevate it. You may also use pillows to prop yourself up and get more comfortable. See examples in the photos above.
  - If you continue to have difficulty sleeping, contact your Primary Care Doctor for further instructions or medications.

## APPETITE & ENERGY

- You may lose your appetite for a week or two after surgery. However, it is important to eat a well-balanced diet to get the nutrients you need to recover.
- You may want to **eat several small healthy snacks during the day**, rather than large meals. Try to incorporate **protein** – which helps with healing – and **fiber** to help prevent constipation.
- Drink plenty of water to prevent dehydration and constipation!



- Your energy level may be low after surgery, but it will improve over time.
- Your body is spending a lot of energy healing. You will tire quickly with even short activities. **Listen to your body and ask for help** from your coach when necessary. Be careful not to do too much activity before you are ready.

- Maintaining a healthy diet will also help improve your energy and mood.

## NAUSEA

- Some patients will have nausea after surgery, from either the anesthesia or pain medications.
- If you experience continuous nausea, you should call your Nurse Navigator or our nurses at (843) 876-0111. We will either call in a nausea medication prescription or talk to you about ways to decrease the amount of nausea you are having. This may involve decreasing or changing your pain medications, as tolerated.



### CONSTIPATION

- Constipation is a common side effect of pain medication.
- We will give you a prescription for Colace® (Docusate Sodium), which is a stool softener, and Senna®, which is a laxative, to help you relieve any constipation that you may experience.
- **Drink plenty of water and eat more fiber-filled foods (such as x, y, z, etc.) to help maintain regular, soft bowel movements.**
- Decreasing the amount of pain medication that you are taking will also help improve constipation.
- If constipation persists for greater than a few days, you should contact our office or your primary care provider.
  - \* *If you develop severe abdominal pain, uncontrolled vomiting, fever, dizziness, or fainting, you should go to the MUSC Emergency Room.*

### SWELLING & BRUISING AFTER SURGERY

- Most patients will have swelling and bruising after surgery.
- Bruising and swelling may be in just one part of your elbow/arm or may extend down to your fingers.
- **Ice your elbow regularly** to help with pain and swelling. DO NOT place ice packs directly against your skin – wrap it in a towel, t-shirt, or thin cloth first.
- Use pillows or blankets to prop your elbow and arm up when you are sitting or lying down.



*\*If your swelling does not get better after icing and elevating your elbow, or if you develop any of the symptoms below, contact us immediately at (843) 876-0111 or go to the Emergency Room.*

### BLOOD CLOTS

- Rarely, a patient may develop a blood clot in one of their legs following surgery. This is called a deep venous thrombosis (DVT). A blood clot that travels up into the lungs is called a Pulmonary Embolism (PE).
- Walk around your home frequently to help prevent a blood clot from forming. When sitting or lying down for long periods of time, do ankle pumps regularly to help reduce swelling and improve circulation. To do the ankle pump exercise, point then flex both feet slowly, then repeat multiple times.
- **It is very important that you are aware of the signs and symptoms of a blood clot or pulmonary embolism. Seek medical attention immediately if you have any of the following symptoms:**
  - Swelling in the thigh, calf, or ankle that does not decrease with elevation
  - Pain or tenderness in the calf
  - Sudden chest pain or discomfort
  - Chest pain when taking deep breaths
  - Rapid or difficult breathing
  - Shortness of breath
  - Sweating
  - Confusion
  - Fainting or passing out

### PHYSICAL THERAPY AFTER SURGERY:

- You will begin working with a physical therapist AFTER your first post-op appointment.
- You will not receive home health services unless you have extenuating circumstances that require additional nurse monitoring, therapy, etc.
- **You will need help at home from your coach(es) for approximately 2 weeks after surgery.**

## Follow Up Appointments

### 2-3 WEEKS AFTER SURGERY – FIRST POST-OP APPOINTMENT

This visit should be scheduled for you before you leave the hospital. At this visit, we will:

- Remove your staples or sutures (if you have them) and apply Steri-strips to your incision. It is okay if they get wet, so you can shower. If the Steri-strips have not fallen off after a week, you can remove them yourself. You will also be taken out of your splint.
- Refill pain medications, if necessary.
- Give you an order for outpatient physical therapy, if necessary. You can go to the physical therapist of your choosing. We will include a list of different therapy locations on your prescription if you do not have one in mind.
- Give you instructions on your weight-bearing status and activity restrictions.
- Schedule your next appointment.

### 6 WEEK POST-OP APPOINTMENT

At this visit, we will check your progress to make sure you are meeting all your goals. By the time of this visit:

- You will be feeling stronger and getting your energy back.
- Most people are no longer taking prescription pain relieving medications.
- Most people are returning to basic activities and driving.
- You will have your first post-op x-ray to check your joint replacement.

### 3 MONTH POST-OP APPOINTMENT

This appointment is designed as an opportunity for your surgeon to check in with you and make sure you are progressing and healing as expected. At this visit, most people have returned to work and other regular activities.

### 6 MONTH POST-OP APPOINTMENT

At this visit, we will again check your progress to make sure you have returned to full activity and are meeting all your goals. Depending on your surgeon's protocols, you may have x-rays taken at this visit.

### 12 MONTH POST-OP APPOINTMENT

Congratulations! You are now 1 year out from your surgery! At this visit, we will again check your progress to make sure you are meeting all of your goals. You will also have x-rays taken to check on your elbow replacement.

### ANNUAL APPOINTMENTS

We will see you every 1-2 years following your first annual appointment. It is important to keep a regular follow up schedule with your surgeon **for your whole life** to make sure that your elbow replacement continues to do well.

***\*If you ever have questions or concerns at any time, please do not hesitate to call us!***

**You may receive a survey before surgery, after your hospital stay, and again at certain post-op appointments. These questionnaires are helpful in measuring your improvement and outcome over time.**

**If you are happy with your care, please give us the highest marks available – anything less indicates that we have not met our goals. If there is anything we can do better, we greatly appreciate your feedback!**

## Recovering at Home

### Frequently Asked Questions

#### **Will I need help at home after my surgery?**

ABSOLUTELY – You will need assistance at home for at least the first two weeks after surgery: to help you get around, go to the bathroom, shower, dress, remove/apply your sling, and prepare meals.

#### **When Will I Be Able To Return to Work?**

Returning to work varies for each patient, based on the details of their surgery and the type of work that they do. Typically, most patients return to work by 3 months after surgery. If you have a desk job, you may be able to go back to work sooner. You will discuss your return to work status with your surgeon at each of your visits.

#### **Do I need Antibiotics for Procedures after my Elbow Replacement Surgery?**

Yes – You will need antibiotics prior to any invasive procedures such as dental work or GI procedures. We are happy to call in a prescription for you, or your dentist or doctor can take care of this for you. These antibiotics decrease your risk of getting an infection that can spread to your prosthetic elbow joint, and is strongly recommended by your surgeon.

#### **Can I Get a DMV Disability Placard?**

Our goal is for you to be as mobile as possible both before and after surgery, so we discourage giving out DMV Disability Placards. However, we can give you a temporary prescription if we feel that it is necessary.

#### **Do I Need a Card to Show Airport Attendants When Travelling?**

The Transportation Security Administration (TSA) does not require you to have a card to indicate that you have had a joint replacement, as showing a card will not prevent you from needing additional screening at the airport. We do not give out any documentation for travelling purposes.

#### **How Soon Can I Drive After Surgery?**

You should NEVER drive while taking prescription-strength pain relievers. We advise our patients to wait until they have close to full range of motion in their elbow (approximately about 4-6 weeks after surgery). You may discuss this further with your surgeon at your post-op follow up appointments.

#### **When Can I Re-Start My Rheumatologic Medications?**

We stop these medications prior to surgery to decrease your risk of complications, like infection, prior to surgery. Your surgeon will tell you how long you should not be taking them based on both the medication and your own medical history. Your surgeon will also discuss this at your first post-operative appointment.

#### **How Soon Can I Swim After Surgery?**

You should *not* soak in any water for long periods of time until your surgical incision has completely healed. This includes swimming and taking a bath. Typically, your incision will be healed around the 4 week post-operative time point, but this may take longer for some patients. Ask your surgeon before swimming or performing other recreational activities.

#### **When Can I Have Sex Safely After Surgery?**

Joint replacement is a major surgery, and healing takes time. You should not engage in sexual activity until you and your partner feel comfortable, and we recommend waiting until your incision is completely healed, or until at least 4-6 weeks post-op.

## **Medical University of South Carolina**

### **Department of Orthopaedics**

#### **OUTPATIENT CLINIC LOCATIONS:**

##### **West Ashley Office**

2060 Sam Rittenberg Boulevard  
Charleston, SC 29407



##### **East Cooper Office**

1106 Chuck Dawley Boulevard  
Mount Pleasant, SC 29464



## Medical University of South Carolina

### **Directions to Rutledge Tower**

#### **IF YOU ARE DRIVING FROM I-26:**

- Take exit 221A.
- After the first light when the center divider goes away, merge to the farthest right lane.
- Take the exit for Rutledge Avenue.
- Follow Rutledge Avenue until you come to the Ashley-Rutledge parking garage on the right side of the street. If you prefer to use valet parking for the day, continue driving down Rutledge Avenue past the parking garage to the entrance the Rutledge Tower Handicap surface lot. Enter and drive around to the valet. The valet can assist you from there.

#### **IF YOU ARE DRIVING FROM WEST ASHLEY VIA HIGHWAY 17:**

- Drive across connector from West Ashley on Highway 17 North.
- Turn right onto Lockwood Boulevard.
- Take exit for Calhoun Street.
- Turn left on Ashley Avenue.
- Follow Ashley Avenue until you come to the Ashley-Rutledge parking garage on the right side of the street. If you prefer to use valet parking for the day, continue driving down Ashley Avenue, past the parking garage and turn right at Halo onto Doughty Street.
- Turn right on Rutledge Avenue. Continue driving down Rutledge Avenue, past the parking garage to the entrance the Rutledge Tower Handicap surface lot. Enter and drive around to the valet. The valet can assist you from there.

### **Directions to the Main Hospital**

#### **IF YOU ARE DRIVING FROM I-26:**

- Take exit 221A.
- After the first light when the center divider goes away, merge to the farthest right lane.
- Take the exit for Rutledge Avenue.
- Follow Rutledge Avenue until you come to the Ashley-Rutledge parking garage on the right side of the street.
- The Ashley-Rutledge parking garage is connected to the Main Hospital via the second floor.

#### **IF YOU ARE DRIVING FROM WEST ASHLEY VIA HIGHWAY 17:**

- Drive across connector from West Ashley on Highway 17 North.
- Turn right onto Lockwood Boulevard.
- Take exit for Calhoun Street.
- Turn left on Ashley Avenue.
- Follow Ashley Avenue until you come to the Ashley-Rutledge parking garage on the right side of the street.
- The Ashley-Rutledge parking garage is connected to the Main Hospital via the second floor.

### **DIRECTIONS FOR PICKING UP A PATIENT WHO IS BEING DISCHARGED FROM THE HOSPITAL**

- Exit the Ashley-Rutledge parking garage on the Ashley Avenue side. Turn right.
- On the left, you will see the MUSC Horseshoe. Enter via the second opening to the Horseshoe, as the Horseshoe is designed to be a one-way street.
- Drive 2/3 of the way around the Horseshoe on Ashley Avenue to get to the hospital entrance.

### **Directions to the MUSC Emergency Room**

#### **IF YOU ARE DRIVING FROM I-26:**

- Take exit 221A.
- After the first light when the center divider goes away, merge to the farthest right lane.
- Take the exit for Rutledge Avenue.
- Turn right on Bee Street.
- Turn left on President Street.
- Turn left onto Jonathan Lucas Street and follow around to surface parking lot for MUSC Emergency Room on the left side of the road.

#### **IF YOU ARE DRIVING FROM WEST ASHLEY VIA HIGHWAY 17:**

- Drive across connector from West Ashley on Highway 17 North.
- Turn right onto Lockwood Boulevard.
- Take exit for Calhoun Street.
- Turn left on Jonathan Lucas Street and follow past Hollings Cancer Center and MUSC Clinical Science Building to the surface lot right after the Clinical Science Building ramp on the right side of the road. You have arrived at the surface parking lot for MUSC's Emergency Room.

## Contact Us

### My Chart



You can send a message to your doctor or his team through **My Chart**, as well as request prescription refills.



You can access **My Chart** on a computer by going to [mychart.musc.edu](http://mychart.musc.edu) or by downloading the **My Chart App** on your mobile device.



You can sign up for **My Chart** within 30 days of any appointment by using the **Activation Code** given to you in your After Visit

### Telehealth

Complimentary  
Virtual  
Urgent Care

**MUSC Health is now offering an easy-to-use online virtual urgent care service at no cost! Common reasons to use this resource include:**

- Fever
- Flu/Covid symptoms
- Rash
- Constipation
- Urinary issues
- Nausea/vomiting
- Concerns about your incision
- Pain



It's easy! Go to the website: [musccare](http://musccare) and click "Get Care Now". Then, either log in or create an account.

- Receive top-rated care from an MUSC ER provider without leaving your home.
- Most visits take less than 15 minutes.
- No charge to you for 3 full months after your surgery.

**\*Please see the next page for further Contact Information\***



## Important Contact Information

### CLINIC NURSING STAFF

**Phone:**

(843) 876-0111 (select option 2)

Please use our Nurse's line to speak with one of our nurses regarding all your medical questions or concerns, prescription refills, or changing your appointment time. They will be in touch with your surgeon or his/her Physician Assistant or Nurse Practitioner.

### ADMINISTRATIVE ASSISTANTS

Administrative Assistants are available if you have questions regarding paperwork that you may need your surgeon to complete, such as short- or long-term disability paperwork, FMLA paperwork, or return to work notes. **Please be aware that there is a fee for each disability and FMLA request.** Administrative Assistants are able to accept payments via credit card or debit card. If you would prefer pay in cash or check, please do so in clinic. You can mail or fax paperwork that needs to be completed by your surgeon to:

**Fax:**

(843) 792-3674

**ADDRESS:**

MUSC Health  
College of Medicine  
Department of Orthopaedics  
96 Jonathan Lucas Street, MSC 622  
Charleston, SC 29425

### **For questions regarding your FMLA paperwork, you can call:**

Administrative Assistant to:

- Dr. Josef Eichinger**  
(843)792-9542

### SURGERY SCHEDULING DEPARTMENT

Our surgery schedulers will arrange your pre-op appointments, surgery, and first post-op appointment.

- Surgery Scheduler to **Dr. Joseph Eichinger**  
(843) 792-9019

**Paperwork that needs to be directed to our Surgery Schedulers, please fax to: (843) 792-7794**

## **NURSE NAVIGATOR**

Once you have decided to proceed with surgery, your Nurse Navigator will be available to you for any questions or concerns you may have regarding getting ready for surgery, recovery, post-op needs, etc. She will also serve as a liaison among your surgeon and his mid-level provider, your other physicians, the nurses, and other staff members.

### **☐ Katie Case, MBA, RN, ONC**

Joint Replacement Program Nurse Navigator

(843) 792-4832

[casek@musc.edu](mailto:casek@musc.edu)

*Note: you can also call the Nursing Staff number on the previous page afterhours or if you can't reach your Navigator*

**We hope you have a successful surgery and pleasant experience throughout the process!**

**We welcome feedback at any time, but you will be receiving surveys during and after your hospital stay. These scores and comments help demonstrate what is working and what areas could use improvement. We greatly appreciate you sharing your positive experience on these surveys and hope you will consider recommending us to your friends and family!**

