# Table of Contents

Welcome ........................................ 2  
Important Phone Numbers ................. 3  
Directions ...................................... 4  
PREPARE for Surgery .......................... 9  
Your Surgical Experience .................... 17  
After Surgery: Your Hospital Stay ......... 22  
Transitioning Home ........................... 30  
Nutritional Guidelines ....................... 31  
Preparing for Surgery Checklist .......... 39  
Home Safety Checklist ..................... 42  
Lodging Near Hartford Hospital .......... 47
Welcome Valued Patient,

On behalf of the Bone & Joint Institute and the Ayer Neuroscience Institute at Hartford Hospital, we would like to welcome you and thank you for choosing us for your surgery. We recognize you have a choice when deciding where to receive care and appreciate giving us the opportunity to exceed your expectations.

Our team provides the highest standards of care to promote the best-in-class healthcare experience for you and your family/friends. We are committed to keeping you informed, and helping you become an active partner in your health care. Each member of our healthcare team is committed to doing their best to ensure a positive outcome for you. We will do everything possible to make your stay with us as pleasant as possible.

You will find important instructions and information to prepare you for your surgery in this education packet. We hope it will answer many of the questions you may have and clearly outline the things you need to do before and after surgery. Planning tools, advice on medications, diet, and exercise are also included.

Please take the time to read the materials carefully and share them with your family members and support team.

If you have further questions about your surgery, please call your surgeon’s office or a member of the PREPARE team at 860.972.0475, option 2.

Sincerely,

[Signatures]

John C. Grady-Benson, MD
Physician-in-Chief Hartford HealthCare
Bone & Joint Institute

Inam Kureshi, MD
Chief Department of Neursurgery
Hartford Hospital
# Important Phone Numbers

**Your Surgeon**

**Your Medical Doctor**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone &amp; Joint Institute Directions &amp; Parking Information</td>
<td>860.972.6533</td>
</tr>
<tr>
<td>Patient Access/Registration</td>
<td>860.972.2730</td>
</tr>
<tr>
<td>PREPARE</td>
<td>860.972-0475</td>
</tr>
<tr>
<td>Surgery Time-Line</td>
<td>860.972.6754</td>
</tr>
<tr>
<td>Department of Neurology</td>
<td>860.972.3621</td>
</tr>
<tr>
<td>Integrative Medicine</td>
<td>860.972.4444</td>
</tr>
<tr>
<td>Diabetes LifeCare</td>
<td>860.972.3526</td>
</tr>
<tr>
<td>HHC Bariatric Program</td>
<td>860.246.2071</td>
</tr>
<tr>
<td>BJI 4th Floor</td>
<td>860.972.6670</td>
</tr>
<tr>
<td>BJI 5th Floor</td>
<td>860.972.6360</td>
</tr>
<tr>
<td>Food and Nutrition</td>
<td>860.972.2604</td>
</tr>
<tr>
<td>Nurse Manager</td>
<td>860.972.6769</td>
</tr>
<tr>
<td>Spine Coordinator</td>
<td>860.500.6985</td>
</tr>
<tr>
<td>Patient Relations</td>
<td>860.972.1400</td>
</tr>
<tr>
<td>Hudson Suites Guest suites/overnight accommodations</td>
<td>860.545.1111</td>
</tr>
</tbody>
</table>
Directions to the Bone & Joint Institute at Hartford Hospital

Coming from I-84 East Bound
Take I-84 East to Hartford. Take the Capitol Avenue Exit 48-B (a right hand exit). At the end of the ramp between the State Capitol Building and the Legislative Office Building, turn left onto Capitol Avenue and turn right onto Washington Street (at the statue of General Lafayette) continuing south to the sixth traffic light. Take a left onto Retreat Avenue. At the next traffic light, take a left onto Seymour Street. Valet parking is available in front of the Bone & Joint Institute on the right-hand side. The entrance to the BJI public garage is on the left. Visitor and patient parking spaces are reserved on the first floor.

Coming from I-84 West Bound
Take I-84 West to Hartford. Take the “Downtown Hartford” Exit 54 (a left hand exit) over the Founders Bridge and guide your vehicle to the far left lane. At the bottom of the bridge, turn left onto Columbus Boulevard; travel past the Convention Center and across the Columbus Boulevard Bridge. Continue through five traffic lights (Columbus Boulevard will curve west and uphill, becoming Wyllys St.). At the fifth traffic light, bear left toward Retreat Avenue. At the traffic light on Retreat Avenue, turn right onto Seymour Street. Valet parking is available in front of the Bone & Joint Institute on the right-hand side. The entrance to the BJI public garage is on the left. Visitor and patient parking spaces are reserved on the first floor.

Coming from I-91 North Bound
Take I-91 North to Hartford; follow Capitol Area signs to Exit 29A (a left hand exit). Move immediately to the right lane and take the first exit (Columbus Boulevard/Convention Center) and turn left crossing the Columbus Boulevard Bridge. Continue through five traffic lights (Columbus Boulevard will curve west and uphill, becoming Wyllys St.). At the fifth traffic light, bear left toward Retreat Avenue. At the traffic light on Retreat Avenue, turn right onto Seymour Street. Valet parking is available in front of the Bone & Joint Institute on the right-hand side. The entrance to the BJI public garage is on the left. Visitor and patient parking spaces are reserved on the first floor.

Coming from I-91 South Bound
Take I-91 South to Hartford. Take the Capitol Area Exit 29A (a right hand exit). Keeping in the right lane, take the first exit (Columbus Boulevard/Convention Center) and turn left crossing the Columbus Boulevard Bridge. Continue through five traffic lights (Columbus Boulevard will curve west and uphill, becoming Wyllys St.). At the fifth traffic light, bear left toward Retreat Avenue. At the traffic light on Retreat Avenue, turn right onto Seymour Street. Valet parking is available in front of the Bone & Joint Institute on the right-hand side. The entrance to the BJI public garage is on the left. Visitor and patient parking spaces are reserved on the first floor.

Coming from Route 2 (Norwich Area)
Take the “Downtown Hartford” exit onto the Founders Bridge. At the bottom of the bridge, turn left onto Columbus Boulevard; travel past the Convention Center and across the Columbus Boulevard Bridge. Continue through five traffic lights (Columbus Boulevard will curve west and uphill, becoming Wyllys St.). At the fifth traffic light, bear left toward Retreat Avenue. At the traffic light on Retreat Avenue, turn right onto Seymour Street. Valet parking is available in front of the Bone & Joint Institute on the right-hand side. The entrance to the BJI public garage is on the left. Visitor and patient parking spaces are reserved on the first floor.
Spine: The Basics

Overview
• The spine is made of 33 vertebral bones stacked one on top of the other
• Muscles and ligaments assist with support and stability
• The spine provides support to the body and allows you to stand upright, bend, and twist while protecting the spinal cord from injury
• When viewed from the side the adult spine has a natural S-shaped curve

Vertebra
• The spine consists of three segments:
  - Cervical spine (neck)
    - The main function of the cervical spine is to support the weight of the head
    - Consists of 7 vertebra
  - Thoracic spine (mid-back)
    - The main function of thoracic spine is to hold the rib cage and protect the heart and lungs
    - Consists of 12 vertebra
  - Lumbar spine (low back)
    - The main function of the lumbar spine is to bear the weight of the body
    - Consists of 5 vertebra

Facet Joints
• Small joints between the back of the vertebrae
• Each vertebra has four facet joints. One pair that connects to the vertebra above and one pair that connects to the vertebra below
• They function to assist with movement of your spine move

Sacroiliac Joints
• Connects the hip bones (the iliac crest) to the sacrum (end of the spine)
• Absorbs shock between the upper body, pelvis, and legs

Muscles
• Muscles and ligaments provide support and stability for your spine and upper body.
  Strong ligaments connect your vertebrae and help keep the spinal column in position

Intervertebral Discs
• Are located between the vertebra
• Functions as a shock absorber for the spine
• Flat and round, about a half inch thick, and are made up of two components
  - Nucleus pulposus: water-based, jelly-like material in the center of the disc, which gives the disc its flexibility and strength.
  - Annulus fibrosus: flexible outer ring of the disc that is made up of several layers, similar to elastics bands, which holds this jelly-like material together.

continued on next page >>
Spinal Cord

- Extends from the skull to your lower back and travels through the middle part of the vertebrae, called the central canal.

- Nerves branch out from the spinal cord through openings in the vertebrae to carry messages between the brain and muscles.

The spine undergoes changes as we age and following injury. Sometimes this can result in pain in the neck, back, and legs or arms. Nerves can become compressed, leading to arm or leg pain. Bulging discs can generate back or neck pain. Fractures caused by osteoporosis can lead to discomfort and unwanted changes in our posture. There are many conditions that may affect the spine. The common conditions that we treat are discussed on the next pages.
Conditions We Treat

Degenerative Disc Disease

- Among the most common causes of low back and neck pain
- A condition in which natural, age-related wear- and-tear on a disc causes pain, instability, and other symptoms
- The condition usually does not result in long-term disability, and most cases can be managed using non-surgical treatment methods.
- Caused by wear-and-tear on a spinal disc, and it can cause weakness, numbness, and hot, shooting pains in the arms or legs
- Consists of a low-level chronic pain with intermittent episodes of more severe pain

Intervertebral Disc Herniation

- A common source of back or neck pain is a herniated disc. Sometimes called a “slipped” or “ruptured” disc.
- This condition most often occurs in the lower back, as well as the smaller discs in the neck.
- A disc herniates or ruptures when part of the center nucleus pushes through the outer edge of the disc and back toward the spinal canal; this puts pressure on the nerves.
- Spinal nerves are very sensitive to even slight amounts of pressure, which can result in pain, numbness, or weakness in one or both legs (lumbar discs), or arms (cervical discs).
- Symptoms of a disc herniation can include pain, burning, numbness, tingling (a “pins-and-needles” sensation), and weakness, depending on where in the spine the disc herniation occurs.
Spinal Stenosis
• Narrowing of the bone channel occupied by the spinal nerves or the spinal cord
• Some people are born with the disorder, but most develop spinal stenosis as a degenerative disorder over their lifetime.
• While there are some who will not feel the effects of the narrowing, most people with moderate or severe stenosis will eventually experience symptoms as they age which include radiating pain, weakness, and/or numbness in the legs (lumbar/cervical) or arms (cervical).

Spondylolisthesis
• Occurs when one bone vertebra in the back slides forward over the bone below it, most commonly in the lower back (lumbar spine)
• Condition may cause the spinal cord or nerve roots to be compressed causing back pain and numbness or weakness in one or both legs
• In rare cases, it can also lead to losing control over your bladder or bowels. There are several types or causes of spondylolisthesis, including degenerative, traumatic or congenital (from birth).
• For milder cases, your doctor may recommend nonsurgical treatment options.
• In progressive cases, however, your doctor may recommend surgery to straighten and fixate the spine with implants and other hardware.
PREPARE for Surgery

PREPARE Assessment Center
You have been scheduled for your elective spine procedure at Hartford Hospital.
In preparation for your surgery, you may be asked to complete a pre-operative medical risk assessment at our PREPARE (Procedure-Related Education and Pre-Anesthesia Risk Evaluation) Center within 30 days of your procedure. Your visit will take approximately 60 minutes. PREPARE is a program that ensures you have a safe and successful surgery.

How PREPARE Works
1. Your surgeon’s office schedules your surgery

2. You will receive a call from registration to schedule your PREPARE Center appointment for your anesthesia screening and pre-operative history & physical.

3. A registered nurse (RN) contacts you via telephone approximately 1-3 weeks before your PREPARE Center appointment. During this call the nurse will ask about your medical history. Complete responses are needed for a safe surgery. Your answers are confidential and will not be shared outside your healthcare team.
   Questions may include:
   • Do you have a health diagnosis such as diabetes, heart disease, or high blood pressure?
   • Are you taking any medications, vitamins or supplements?
   • How is your general health?
   • How well are you walking?

4. Based on your medical history, you may also be advised to visit a specialist physician prior to surgery. For example, if you have a cardiologist (heart doctor) or pulmonologist (lung doctor) that you see routinely, additional testing or clearance may be required.

What to bring to your PREPARE appointment:
• Government issued photo ID
• Insurance cards or forms
• A list of medications, including nonprescription and herbal supplements (include the name, dose and how often you take each one)
• A family member or friend to accompany you if possible

continued on next page >>
During your PREPARE appointment you will:

- Meet with a medical assistant, an Advanced Practitioner (APRN or PA) and if needed, a nurse case coordinator
- Receive instructions regarding your pre- and post-operative medications
- Complete a history and physical examination, blood work and EKG
- Complete airway and sleep apnea assessments for anesthesia
- Receive pre-operative and anesthesia education

After the PREPARE appointment:

- Your healthcare team will provide resources for obtaining medical equipment and confirm your choice of home healthcare provider if applicable
- You will receive a call one business day prior to surgery to notify you of your arrival time for surgery, review final instructions, and answer any questions you may have

Post-Surgery:

- The team will reinforce your need to prepare for your return home following your hospitalization

PREPARE Center Location:
Bone & Joint Ambulatory Services Building
2nd Floor, Suite 204A, 31 Seymour St, Hartford, CT

- Parking is available outside in the lot adjacent to the BJI Ambulatory Services Building and in the parking garage located behind the building on Seymour Street.

If you have any questions about your PREPARE Center visit, please call 860.972.0475
**Medications**

Be sure to inform your PREPARE team of ALL the medications you are taking, including:

- Vitamins
- Over the counter drugs (such as aspirin, antacids, pain relievers, etc.)
- Herbs and “natural” products

These can all have unwanted effects when combined with medications or anesthesia. You will receive instructions regarding managing your medications before surgery.

**Please Note:**

- If you are experiencing pain prior to surgery, you are allowed Tylenol up to the day of your surgery.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage (mg)</th>
<th>Frequency</th>
<th>Reason for medication</th>
<th>Prescribing Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisinopril</td>
<td>10mg oral tablet</td>
<td>1 orally once daily</td>
<td>Hypertension</td>
<td>Dr. Smith</td>
</tr>
</tbody>
</table>

**Medication Allergies:**  ☐ Yes  ☐ No

Allergic to

Reaction:

**Pharmacy Info:**

Name

Address  Phone
Optimizing Surgical Recovery

Tobacco
STOP smoking at least four to six (4-6) weeks before surgery. Nicotine hinders the healing process and the bone needs time to heal and to grow on the new implant. Smoking increases your risk for developing an infection after surgery.

Alcohol
NO alcohol use two (2) weeks prior to surgery. Also, please inform your healthcare team of any alcohol intake. Alcohol may interfere with certain medications you will be prescribed. Additionally, serious harm can result from alcohol withdrawal when not properly managed.

Dental Care
If you need dental work (including routine dental cleanings), it is recommended to complete it at least two (2) weeks before surgery. After a spinal fusion your surgeon or dentist may want you to take antibiotics before any future dental work. Most surgeons prefer that no dental work be done for three (3) months after surgery (excluding dental emergencies). Please discuss with your surgeon any specific questions you may have regarding dental care.

Nutrition
Good nutrition is important before surgery. Eating healthy, well balanced meals, and avoiding any unnecessary weight loss or gain prior to your procedure is recommended. This will help make sure you have the strength for recovery.

Exercise
Keeping your muscles toned will help you to recover faster after surgery. Be sure to follow the exercise program you have been given by your doctor.

Pre-habilitation (Pre-hab) is an exercise therapy program started at least two to six weeks before surgery. Since you will be having a surgery that affects your legs it is important to strengthen your upper body and core to improve your ability to move after surgery.)
Home Planning and Preparation

It is a good idea to prepare your home for your hospital discharge BEFORE you go to the hospital. The following is a list of items that may be recommended to help you during your surgical recovery.

• Check with your insurance plan to verify which items are covered.

• Your surgeon may order a collar (image on right) or back brace for you to wear after surgery.

• If you need these items, your surgeon will address it with you prior to discharge.

• You may find these items at medical supply companies or at store such as Walmart or online (Amazon). Many town senior centers, churches or VFWs may have DME lending programs.

• In the event that you are going to a facility with a rehabilitation program, the facility may order the equipment for you.

• You may be offered a pre-surgical visit with a Transitional Care Nurse to assist you with your needs.

• Below are examples of common devices that your provider may or may not prescribe you.

### Durable Medical Equipment (DME)

<table>
<thead>
<tr>
<th>Personal Aids</th>
<th>Bathroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walker w/2 wheels</td>
<td>3-in-1 commode</td>
</tr>
<tr>
<td>Sock aid</td>
<td>Raised toilet seat</td>
</tr>
<tr>
<td>Cane</td>
<td>Grab bar for shower/tub no suction cups</td>
</tr>
<tr>
<td>Long-handled reacher/grabber</td>
<td>Shower chair</td>
</tr>
<tr>
<td>Long-handled shoehorn</td>
<td>Hand-held shower head</td>
</tr>
<tr>
<td>Elastic shoelaces</td>
<td>Long-handled bath sponge</td>
</tr>
</tbody>
</table>
Making Your Home Safe

Here are some things you can do prior to surgery to better prepare your home when you return from the hospital:

- Remove all throw rugs, loose rugs, electrical cords and clutter from your hallways/walking areas as those pose an increased risk for falling while home.

- Though you will be required to perform stairs with your physical therapist prior to returning home, it is recommended to set up a temporary sleeping area on the first floor of your home if your bedroom is upstairs. For the immediate discharge timeframe this may alleviate the necessity to go up and down the stairs multiple times until you have mastered the stairs at home.

- Consider installing safety bars, especially in the shower/bathroom. There are both permanent and removable items that can be purchased at medical supply stores or drug stores like CVS/Walgreens/Rite Aid. Do not use suction cup grab bars.

- Check your cabinets for items that you routinely use and place them at a level where you will not need to bend, reach, or use a step ladder to access.

- Make preparations for pets that may be underfoot.

- Make arrangements for your a family member or friend to stay with you for the first few days once you return home from the hospital.
**Post-Hospital Plan**

Your post-hospital plan will be discussed during your PREPARE visit prior to your hospital admission.

- Following your hospital stay, you will most likely return home.
- Your nurse case coordinator will provide you with a list of choices for you to select a home healthcare agency, or in rare cases, a skilled nursing facility to support your successful transition from Hartford Hospital.
- We have a network of preferred providers that collaborate with the Bone & Joint Institute to provide seamless surgical aftercare.
- If you require follow-up services, a Bone & Joint Institute nurse case coordinator will work with you to arrange your post-acute care needs.

**Discharge Transportation**

Transportation options include:

- Family member or friend
- A wheelchair van can be arranged by a nurse case coordinator however, it is not typically covered by insurance and may require an out of pocket cost.

On rare occasions, you may be transferred to a preferred provider Skilled Nursing Facility (SNF) post discharge. Transportation to a SNF can be by a family member or friend or via wheelchair van (not typically covered by insurance) or ambulance (only paid for by insurance with a certificate of medical need).

**Discharge Information**

Our goal is to have you recover at home as soon as possible in a familiar and comfortable setting. Some patients are transitioned home the day after surgery while others may remain in the hospital for two days. Your length of stay in the hospital is based on medical necessity. All patients must meet their individual physical therapy safety goals and be medically cleared by their medical or surgical care team before transitioning home.
Your Surgical Experience *The Day Before Your Surgery*

**Surgical Time Line**
You will receive a call between the hours of 1 pm and 6 pm one business day before surgery to inform you about your surgical time and when to report to the hospital. If your surgery is scheduled on a Monday or after a holiday, you will receive a call 1 business day before your scheduled admission. If you miss this call, they will leave a message or you can return the call to 860.972.6754.

**Bathing Instructions**
Following these instructions will help you to be sure that your skin is clean before surgery to help prevent infection.

**Important**
You will need to shower with a special anti-bacterial soap called Chlorhexidine Gluconate (CHG). A common brand name for this soap is Hibiclens, but any brand of CHG is acceptable to use.

**CAUTION:** CHG is not to be used by people allergic to chlorhexidine.
- You will receive a bottle of Hibiclens at your PREPARE appointment.
- You will take two (2) showers using the Hibiclens soap.
The NIGHT BEFORE your surgery you will shower and do the following:

- **REMOVE ALL JEWELRY** – must remain off until after surgery
- Take a shower with your normal soap, shampoo & conditioner
- Rinse off your normal soap products & turn off the water
- Using a clean, wet, washcloth, pour some Hibiclens onto the cloth and wash from your NECK DOWN. Scrub gently – focusing on the area of surgery
  - **DO NOT** use Hibiclens near your eyes, ears, or private parts to avoid permanent injury to those areas.
- Leave the Hibiclens soap on for five (5) minutes
- Rinse off and dry off with a CLEAN towel
- **DO NOT** use any powders, lotions, oils, deodorants, make-up or hair products after this shower.

Wear clean pajamas and sleep on clean sheets after taking the Hibiclens shower. Please do not allow pets to sleep on or in the bed with you.

The MORNING OF your surgery you will shower and do the following:

- You may wash your hair with your normal shampoo and conditioner
- **DO NOT** use your normal soap – ONLY use the Hibiclens soap
- Using a clean, wet, washcloth, pour some Hibiclens onto the cloth and wash from your NECK DOWN. Scrub gently – focusing on the area of surgery
  - **DO NOT** use Hibiclens near your eyes, ears, or private parts to avoid permanent injury to those areas.
- Leave the Hibiclens soap on for five (5) minutes
- Rinse off and dry off with a CLEAN towel
- **DO NOT** use any powders, lotions, oils, deodorants, make-up or hair products after this shower.
- Wear clean comfortable clothes to the hospital.
- Nail polish and acrylic (non-natural) nails must be removed prior to surgery.
The Night Before Your Surgery

You should not eat anything (including gum or candy) after MIDNIGHT the night before your surgery. You may drink clear liquids (liquids you can see through like water) after midnight until two (2) hours before your arrival time for surgery.

**DO NOT** drink milk, coffee, tea or alcohol. Drink usual amounts of fluid.

**DO NOT DRINK OR EAT ANYTHING** (including water) two (2) hours before your arrival to the hospital.

Medication Instructions

During your PREPARE Center visit you will be given instructions on what medications to take the night before and morning of your surgery. Take ONLY those medications you were instructed to take by your provider during your PREPARE Center visit. Take these medications with a small sip of water.

What to Bring

- Two forms of identification
  - Picture Identification (Drivers License)
  - Insurance Cards
- Eyeglasses, Hearing Aids, Dentures (& cases)
- CPAP/BiPAP Mask & Machine for patients with Sleep Apnea
  - If you do not bring your machine, please bring your CPAP/BiPAP settings
- Clothing/Footwear
  - Loose fitting clothing (sweatpants or gym shorts)
  - Slip resistance shoes (rubber soles) with backs; any specialized footwear (orthotics/diabetic shoes);
  - **NO** sandals, flip-flops, crocs or open back shoes.

**DO NOT Bring**

- Money
- Valuables
- Credit Cards
It’s Surgery Time

Arrival
Your surgeon will let you know if you will be having your surgery at the main Hartford Hospital building (80 Seymour Street) or at the Bone & Joint Institute (32 Seymour Street). Please arrive at the hospital on time. When you speak with the Bone & Joint Institute or Hartford Hospital clinical team member the day before your surgery, he/she will let you know when to arrive on the day of admission.

Valet Services
Arrive Hartford Hospital offers all patients convenient access to the hospital with valet service provided by LAZ Parking.

**Valet Services located at:**

- **Hartford Hospital** – Main entrance at 80 Seymour Street
  Valet is offered 24 hours a day, 7 days a week

- **Bone & Joint Institute** – 32 Seymour Street
  Valet is offered Mon.-Fri. 5am-7pm

- **Hartford Hospital** – 85 Jefferson Street entrance
  Valet is offered Mon.-Fri. only

- **Helen & Harry Gray Cancer Center** – Retreat Avenue entrance
  Valet is offered Mon.-Fri. only

**Valet Parking Rates**
Valet parkers will be charged per hour (up to a maximum daily rate of $9). Please view our fee schedule for details. (Patients should see the area where they are being treated for discounted parking.)

Free validated parking is available to patients on their actual day of transition (discharge), and to patients that are here continuously three times or more per week for treatment (Dialysis, Infusion and Cancer Center Patients).

_Tipping for valet service is not allowed. Please know that our valet providers are sufficiently compensated for their services._

**Other Parking**
Self-parking is available at the Public Parking Garages on Seymour Street and Retreat Avenue. Handicap parking is located on Seymour Street in the circular drive in front of the main hospital admitting entrance and on the ground & first floors of the parking garage located on Seymour Street across from the Bone & Joint Institute.
**Upon Arrival**

- At the Bone & Joint Institute (32 Seymour Street): proceed to the main reception desk for a visitor badge ID. Once completed, proceed to the right side of the lobby (behind the water wall feature) to access the elevator to the third (3rd) floor for the surgical reception suite.

- At Hartford Hospital main building (80 Seymour Street): check in at the registration desk located immediately to the left of the entrance. A staff member will register you and guide you to the preoperative area.

- Your family/friend will be asked to wait in the waiting lounge. Please note that no food or drink is allowed for visitors in the pre-operative area.

- You will change into a hospital gown and the preoperative nurse will start your intravenous access (IV), ask questions and perform a physical assessment.

- Only one (1) family member/friend will be allowed to join you in the pre-operative area while you wait to go to surgery but that individual must be at least 18 years old.

- You will meet your surgical team and your anesthesiologist. Your surgical site will be identified and marked prior to your surgery.

**Anesthesia**

You and your anesthesiologist will discuss all necessary factors prior to surgery.

**General Anesthesia**

- Anesthesia that affects the whole body. You are completely unaware of your surroundings and will not respond to stimulation.

- This type of anesthesia is used for all spine surgeries.

**Intubation**

- A flexible breathing tube is inserted into your mouth and then into your airway to keep your airway open and help you breathe during your surgery.

- This is commonly done with patients who receive general anesthesia because with general anesthesia you are unable to breathe on your own. This tube allows your anesthesiologist to monitor your breathing throughout the surgery.

- Intra-operative Nerve Monitoring (IOM) is a service that is sometimes used during surgery. You may receive a handout regarding this service.
Duration of Surgery

The length of the surgery depends on the type of surgery performed, but typically spine surgeries can range from one hour to more than three hours. Once the surgery has been completed, your family member will be notified. The surgeon meets with or calls the family member and updates them on your progress.

After Surgery Your Hospital Stay

Recovery – Post Anesthesia Care Unit (PACU):

The Post-Anesthesia Care Unit is also referred to as PACU.

After your surgery you will be brought to the PACU, where you will be closely monitored as anesthesia wears off.

The length of stay in the PACU will be determined by many factors including the type of procedure and the nature of the anesthetic used. You may be in the PACU between 1-2 hours, but it will depend on your clinical need.

Visitors are limited to one (1) family member/friend at a time for approximately 5 minutes at a time. It is recommended that family members or friends wait to visit their loved ones until they are settled in their hospital room.

Please note that no food or drink is allowed for visitors.

While you are in the PACU the nurses will monitor your blood pressure, temperature, respirations, heart rate and oxygenation levels, as well as continually assess your pain level.

You may have a urinary catheter in place during your surgery, which may be removed at the end of your surgery, or continued at the surgeon’s discretion.

If you are able to be transitioned to home from recovery, you may be transitioned to a second stage recovery area where your family may stay with you. The PACU staff will contact the secondary recovery unit and provide a report of your surgical case and time spent in the PACU.
Understanding Pain & Expectations

The Important Part

Your surgeon has done his or her job by improving the space around the nerves and helping the nerves to slide and glide.

- However, the system will still be hyper-sensitive and in alarm mode. You will also be experiencing pain related to the surgical procedure. Your medical care team will assist you with pain management after the procedure.
- YOU own your back and your pain, take charge of your ACTIVE recovery with recommendations from your providers (Surgeon, Physician Assistants, APRN’s, Nurses, Physical Therapists, Occupational Therapists).

Some Things to Keep in Mind During Your Recovery

- **Pain is always REAL** and is an excellent but unpleasant response to what your brain judges to be a need to protect.
- **Pain is dependent on context** and can be influenced by the things you see, hear, smell, taste, and touch, things you say, things you think and believe, things you do, places you go, and things happening in your body during your recovery.
- **Pain is one of many protective outputs** and when the body is threatened it is capable of activating multiple body systems including the immune system, the endocrine system, autonomic system, and respiratory system. Any or all of these systems can become hyper protective.
- Understanding that you are so well protected that you cannot re-injure the tissue or injure the surgical site, you’re system will not let you.
- Understand that pain does not necessarily mean harm and during your recovery you will have ups and downs, which is expected.
- “It hurts but you are safe.”
- “Hurt DOES NOT equal harm”
- “Sore but safe”

After the surgery it is important to get moving. Your surgeon and their team, including physical therapists will give you advice on movement after you operation. Walking is an important aspect early in your recovery. As you move through your rehabilitation you will begin to increase your exercises focusing on strength and motion and continue with your walking program.
Pain Management: Keeping You Comfortable

You will experience pain following surgery. However, we will work with you to help manage your pain appropriately. If you are in pain or have discomfort, please tell us. Good pain control takes a partnership between you and your caregivers. Managing your pain will help you recover more quickly.

Our Goals

• Develop a pain relief plan
• Decrease pain to a level that is tolerable
• Determine if pain medication is needed and the appropriate amount
• Develop a plan to transition you off of narcotic pain medication

Pain Assessment

• To help us minimize your pain after surgery you will be asked to rate the intensity and type of your pain through the use of a pain scale of 0-10.
• (0 is no pain, 10 is excruciating pain)
• Knowing that after surgery 0 is not attainable, a score between 4-5 is an attainable and acceptable score for most patients.
• It is best if you obtain medication when your pain level starts to rise. Do NOT allow your pain to get severe. If you maintain pain control, it takes less medication and less time to manage the pain.
• Some of the best non-medication pain management techniques include deep breathing, listening to music/distraction, and using ice near the incision.

Pain Scale (0-10)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Pain is present but <strong>does not limit activity</strong></td>
</tr>
<tr>
<td>1-2</td>
<td><strong>Can do most activities with rest periods</strong></td>
</tr>
<tr>
<td>3-4</td>
<td><strong>Unable to do some activities because of pain</strong></td>
</tr>
<tr>
<td>5-6</td>
<td><strong>Unable to do most activities because of pain</strong></td>
</tr>
<tr>
<td>7-8</td>
<td><strong>Unable to do any activities because of pain</strong></td>
</tr>
<tr>
<td>9-10</td>
<td><strong>Unattainable and unacceptable score</strong></td>
</tr>
</tbody>
</table>
What to Do When You are in Pain

- Your nurse will assess you to be sure your pain relief plan is working before and after an intervention for pain (such as pain medicine or an ice pack).
- Please let your nurse know what your own “comfort-function goal” is – the number where you feel comfortable enough to function.
- When you feel the pain intensity is higher than your comfort-function goal, we will try to help you feel better.

### Pain Relief Plan Options

<table>
<thead>
<tr>
<th>Pain Management</th>
<th>Integrative Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat/Ice</td>
<td>Reiki</td>
</tr>
<tr>
<td>Assisted Mobility</td>
<td>Massage Therapy</td>
</tr>
<tr>
<td>Pain Medication</td>
<td>Music Therapy</td>
</tr>
<tr>
<td></td>
<td>Meditation</td>
</tr>
<tr>
<td></td>
<td>Movies/Audio Books</td>
</tr>
</tbody>
</table>

### Integrative Medicine

Integrative medicine, which offers compassionate care to heal the mind, body and spirit, integrates alternative/complementary therapies into Western medical practice. Integrative medicine at Hartford Hospital provides pain management and relaxation without the use of medications to improve care and healing.

- Pain reduction
- Relaxation and stress reduction
- Relief of muscle spasm and soreness
- Improved range of motion and flexibility
- Improved sleep and digestion
- Increased circulation and tissue healing
- A general sense of well-being
Mobility

Mobility is Medicine
- Research has shown that early mobilization following surgery can decrease complications and help with decreasing pain.
- Expect that you will be moving (getting in and out of bed, going to bathroom, transferring to a chair) the day of your surgery.

### Mobility Includes

- Transfers (includes car transfer training)
- Toileting
- Stair training
- Walking with an assisted device (cane or walker)

Getting Started
- Mobility will begin either on the day of surgery or the day after surgery.
- You will receive a physical and/or occupational therapy evaluation and a customized therapy program will be developed.
- You may have certain precautions following your spine surgery that your physical therapist and/or occupational therapist will review with you. These may include no bending, lifting, or twisting.
- **DO NOT** get out of bed on your own, even if it is to use the bathroom or get up from the bed to the chair. **ALWAYS** ask for assistance from a staff member until you have been cleared to do these activities on your own safely.

One More Thing
- Pain medication is given as needed, but in the hospital, it is best to take your pain medication **PRIOR** to your therapy session to allow better participation

Make sure you always wear your collar or your brace if your surgeon instructs you to do so.
Getting Out Of Bed Using the Log Roll Method (3 Steps)

1. Roll onto your side with your knees bent.
2. Move feet off the bed; push up to sit.
3. Sit on the side of the bed before standing.

Reverse – Getting into Bed Using the Log Roll Method (3 steps)

1. Sit on the bed, towards to the top. Sit deep into the mattress – your calves should be touching the bed.
2. Lower your body down to your elbow, then your shoulder. Lift your legs with your knees bent.
3. Roll onto your back with your knees bent.

Breathing Exercises

Breathing exercises are an important part of your recovery. After your surgery, you will be encouraged to perform simple lung exercises like deep breathing and coughing after your surgery.

You will be given a device known as an Incentive Spirometer. The nurse will instruct you on how to use this device.

This will help you to fully expand your lungs by breathing deeply and will prevent fluid collection, pneumonia and fevers.

What is an Incentive Spirometer?

• An incentive spirometer is an apparatus that helps with deep breathing.
• It is best to use it 5-10 times every hour when awake for the first few days after surgery to help improve lung function, especially after surgery.
Blood Clot Prevention

Mobility is Medicine

Deep Venous Thrombosis (DVT) is a blood clot in a vein. The biggest danger is a clot that breaks off and travels to the lungs. This is called a Pulmonary Embolism (PE) and it can be life-threatening.

One More Thing

• Here are some of the signs of a blood clot:
  – **DVT** (clot in an arm or leg) – pain, swelling, warmth, numbness/tingling
  – **PE** (clot in the lungs) – difficulty breathing, chest pain, fast heart rate

• Ambulation is the key to blood clot prevention.

• Avoid sitting or lying in one position for long periods of time.

• Additional medical devices and medications will be provided to decrease the risk of a blood clot, which may include shots of a mild blood thinner delivered into the skin of the abdomen

Sequential Compression Device

Also known as pneumatic compression stockings or “pneumo-boots,” these stockings inflate and deflate automatically via a pump at the end of the bed. They assist in the prevention of blood clots by squeezing your calves to help the blood in your legs continue circulating throughout your body. They are worn while you are in bed or sitting in a chair until you are walking frequently.
Anticoagulation

Prevention of blood clotting is extremely important after total joint replacement. Different medications are used for anticoagulation.

- Medication may be injected or taken by mouth, depending on the type of anticoagulation your physician orders.
- If you are on anticoagulation medication during your hospital stay, your doctor will prescribe this medication or a substitute (such as aspirin), upon transition home.
- Most patients take this medication for about one month after surgery. Do not stop taking your anticoagulation medication until directed by your doctor.

Aspirin, the popular pain reliever found in our medicine cabinets, can also be used for blood clot prevention.

Did You Know Aspirin Could Do That?

- Aspirin prevents blood clots from forming in your body.
- Take Aspirin to prevent blood clots after surgery as directed by your doctor.
- DO NOT stop taking Aspirin until directed by your doctor.
- DO NOT substitute Aspirin for other prescribed anticoagulation medication (i.e. Lovenox®/enoxaparin, Xarelto®, Plavix®)

Lovenox®(enoxaparin)

Lovenox® (enoxaparin) is an injection that is prescribed by some practitioners to help prevent blood clots. If your doctor prescribes Lovenox® as an anticoagulant your nurse will educate you on proper use including injection techniques and signs/symptoms of blood clots and excessive bleeding before using this medication at home. You (or your caregiver) will be expected to perform these injections at home.
Transitioning Home
Your post-hospital recovery begins the day you are discharged from the hospital and go home.

Medication Instructions
- Take all medication as prescribed by your doctor.
- Remind your physician of any medications you were on before your surgery, that were not prescribed for you after your surgery.
- Remember to check with your physician before you begin taking any over-the-counter medications, herbal remedies, and/or supplements.
- Avoid alcoholic beverages while you are taking pain medications.
- Please get all of your medications filled at the same pharmacy so that your pharmacist can properly identify harmful medication interactions. Ask your pharmacist questions you may have regarding your medications and associated side effects.
- Remember, pain medication is typically written “AS NEEDED.” You do not need to take it routinely if you are not in pain or your pain intensity is at a low level!
- After the surgery it is important to get moving. Aerobic exercise (WALKING) is an important part of your post-operative plan to assist with the movement of blood and oxygen to help calm down your nerves and decrease your pain.

Pain medication prescriptions are usually given for 7 days, per Connecticut law. Early refills are not allowed, so please do not take pain medications more frequently than allowed on the prescription.
Nutrition Guidelines

After your procedure you may experience constipation. Fluid and fiber have been the foundation for treatment of constipation. You should **gradually increase your fiber** and fluid intake over the course of your recovery.

### HOW MUCH FIBER DO I NEED

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30–38 grams per day</td>
<td>20–25 grams per day</td>
</tr>
</tbody>
</table>

Fluid Needs

When increasing your fiber intake you must also increase your fluid intake! Otherwise it could potentially make your constipation symptoms worse. Many people will want some more variety in their fluids instead of plain water. If a beverage contains flavoring it may cause you to drink more. Try the list below to increase your fluids daily:

### FLUIDS OTHER THAN WATER

- Smoothies
- Non-calorie additives (ex. Crystal Light, Hint, Bai etc)
- Low calorie Sports Drinks (<50 calories /serving)
- Electrolyte Beverages (Propel, NUUN tablets, etc)
- Fruit Infused Water

It is recommend to keep a water bottle with you most of the time, so that you will drink more fluids. Remember the old saying: “out of sight out of mind” that holds true for fluid intake too.
Foods with Fiber

Here is a list of variety of foods with fiber. When in doubt look at the nutrition facts label to see how much fiber is in each product. We are aiming for at least 3-5 grams of fiber per serving. Pick and choose from the list below to meet your fiber needs!

### FOOD ITEMS WITH AT LEAST 4 GRAMS OF FIBER

<table>
<thead>
<tr>
<th>Grains</th>
<th>Fruits</th>
<th>Vegetables</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/3 to ½ cup of high fiber cereal (check nutrition facts)</td>
<td>½ cup blackberries/ raspberries</td>
<td>1 artichoke (cooked)</td>
<td>½ cup cooked beans (lima, kidney, black, etc)</td>
</tr>
<tr>
<td>½ cup dry oats (makes 1 cup cooked)</td>
<td>4 dried prunes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FOOD ITEMS WITH 1 TO 3 GRAMS OF FIBER

<table>
<thead>
<tr>
<th>Grains</th>
<th>Fruits</th>
<th>Vegetables</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 slice of whole wheat bread</td>
<td>1 apple</td>
<td>½ cup beets (diced/canned)</td>
<td>2 Tablespoons almond / peanuts / walnuts</td>
</tr>
<tr>
<td>4 whole wheat crackers</td>
<td>½ cup apricots (canned)</td>
<td>½ cup broccoli, brussel sprouts or cabbage (cooked)</td>
<td>1 cup plain popcorn cooked</td>
</tr>
<tr>
<td>1 whole wheat English muffin</td>
<td>1 banana</td>
<td>½ cup carrots</td>
<td>2 TBSP Ground Flaxseed</td>
</tr>
<tr>
<td>1 TBSP of rice/bran/wheat cereal</td>
<td>½ cup of cherries</td>
<td>½ cup cauliflower</td>
<td></td>
</tr>
<tr>
<td>1 packet of oatmeal (flavored or plain)</td>
<td>½ cup of fruit cocktail</td>
<td>½ cup of corn</td>
<td></td>
</tr>
<tr>
<td></td>
<td>½ grapefruit</td>
<td>½ cup eggplant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 kiwi</td>
<td>½ cup okra (boiled)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 orange</td>
<td>½ cup potatoes (baked)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 peach or ½ cup peaches (canned)</td>
<td>½ cup spinach / kale or turnip greens (cooked)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 pear or ½ cup pears (canned)</td>
<td>½ cup squash (winter/summer) (cooked)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 plum</td>
<td>½ cup zucchini (cooked)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>¼ cup raisins</td>
<td>½ cup sweet potatoes or yams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>½ cup strawberries</td>
<td>½ cup tomatoes (cooked)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 tangerine</td>
<td>½ cup canned pumpkin</td>
<td></td>
</tr>
</tbody>
</table>

For more information call **860.972.5945** to schedule an appointment with **Chris Barrett**, Registered Dietitian at the Bone and Joint Institute.
Showering/Bathing

- Keep your incision dry at all times.
- You may shower when your physician instructs you to do so. When you are able to shower, **DO NOT** rub the incision.
- **NO tub baths**, hot tubs, spas, or pools until approved by your surgeon.
- You will receive instructions from your care team about wound-care management and showering.

Exercise

- Please follow the activity plan that your doctor and physical therapist and/or occupational therapist establish for you.
- Your recovery process and continued health depends on good nutrition, rest and appropriate activity.
- It is important to walk daily for short distances and frequently.
- There are no limitations to walking; however, you should avoid long distances, power walking, and treadmills.
- Keep pets away from you when you are walking as they may cause falls or twisting.

Other Important Information

- Smoking interferes with bone healing, and nicotine products should be avoided, particularly after any fusion procedures.
- Avoid anti-inflammatory medications, such as ibuprofen, Advil, Aleve, Naprosyn, naproxen, and Motrin, for at least the first 4-12 weeks after your surgery UNLESS otherwise suggested by your surgeon.
Don’t Forget

• It is important that you fully understand your transitional care plan to ensure your continued healing, safety, and comfort. You will receive these instructions in writing before you leave the hospital.

• Before you leave the hospital ask questions about all of your medications and be sure you know what medications are being prescribed, the proper dosage, how and when to take the medication, and possible side effects.

• Be informed about your health condition (ask the care team if you do not understand any information shared with you) and what you can do to help facilitate your recovery.

• **NO driving** while on narcotic pain medication and return to driving will be decided by your surgeon.

Your instructions may include your follow-up appointments with your surgeon and/or other specialists or your primary care physician. If you do not have a follow-up appointment with your surgeon, please make one as soon as you return home. At your follow-up appointment you will discuss when you may return to driving, work and usual activities and hobbies.

We will not release you from the hospital until we are confident that you are ready to go home.
60-Day Follow-up Phone Call

- A member of our quality team will follow up with you regarding the following topics during your 60-Day follow-up phone call. Feedback from this call will help us improve our program.
  - Your surgical recovery
  - Pain management and medication use
  - Walking and mobility
  - Return to work/driving
  - Complications & re-admissions
  - Staff feedback

Home Care Services

- Will conduct a home visit within 24 hours of discharge if ordered by your physician/care team.
- Provide care on weekends

If needed, Medicare and most private insurers will pay for home care services when you initially come home from the hospital.

You will be made aware of the scope and frequency of services your insurance has authorized for your home care provider. Your specific plan will be discussed with you upon initiation of your home care services.

While you have a choice for home care agencies, Hartford Healthcare at Home is an affiliate of Hartford Healthcare and works collaboratively with your surgical team.
Rehabilitation at Home

Focus of Rehabilitation:
1. Strength
2. Functional mobility
3. Achieving your goals of recovery

Home care services will be provided, on average for a period of 1-2 weeks with a transition to outpatient rehabilitation as appropriate. Your surgeon will determine your needs for outpatient rehabilitation services.

What to Expect
• A phone call from your home care agency to schedule times of visits EITHER the same day as discharge from the hospital or the following morning
• A 2-hour initial visit (RN or PT) to assure full assessment of safety, medical and functional status
• Home care services will be provided, on average, 1-2 weeks
• Transition to outpatient rehabilitation as appropriate

What You Need
• Additional support at home to assist with activities
• Your medication, equipment, insurance information and caregiver available (in person or by phone) especially on initial visits
• Transportation to get to appointments
• Dedication to your rehabilitation
• Goal for your recovery

Dedicate Yourself to Your Rehabilitation
• Get dressed
• Get moving
• Be diligent about your home exercises
• Be part of your care plan and partner with your care team

Thank you for choosing Hartford HealthCare
How well are YOU RECOVERING today?

EVERY DAY
Follow your exercise plan  Take your medications as prescribed  Eat healthy meals

**RED LIGHT – STOP/EMERGENCY**
Go to the Emergency Department or call 911 if you have any of the following:
- Difficulty breathing or shortness of breath
- Chest pain
- Localized chest pain with coughing or when taking a deep breath

**YELLOW LIGHT – CAUTION**
Call your surgeon’s office or home care agency if you have any of the following:
- Fever of 101.0° or higher
- Uncontrolled shaking or chills
- Increased redness, heat, drainage or swelling in or around the incision
- Increased pain or significant decrease in motion during activity and at rest
- Increased swelling, pain or tenderness of the thigh, calf, ankle or foot
- Abnormal bleeding or any kind, such as increased bleeding from the incision, nosebleed, etc.
- Blood in the urine

**GREEN LIGHT – ALL IS GOOD**
When your symptoms are under control you experience:
- No difficulty breathing or flu-like symptoms
- No chest pain
- No abnormal bleeding or drainage from incision site
- Slight pain and swelling expected during healing process
Congratulations!

You are well on your journey to recovery! We at Hartford HealthCare would like to extend our gratitude to you for allowing us to be a key aspect of your spine surgery. Going through any spine surgery has with it a lot of information and is accompanied by many questions.

Our goal here at Hartford HealthCare is to provide you with the information and guidance to make this experience as positive as it can be for each patient we care for. We hope that the information provided from within this booklet and from the staff at Hartford HealthCare has provided that positive experience.

If you have any questions before or after your procedure, please call your surgeon’s office.
Preparing for Surgery Checklist
PREPARE Program

To Complete Before Surgery
Our PREPARE program will help you gather and complete the necessary information required prior to surgery. This includes:

1. **Medical Clearance** (within 30 days of surgery)
   - History & Physical
   - Lab/blood work
   - EKG

2. **Specialist Clearance** (If you currently see a specialist)
   - Cardiologist (Heart)
   - Pulmonologist (Lung)
   - Endocrinologist (Diabetes)

3. **Important Paperwork**
   - Medication Reconciliation (Please have your medication list ready)
   - Clinical profile/history
   - Surgical Consent Form
   - Insurance Verification

4. **Spine Education Class Attendance**
   - Date: / / 

5. **Discharge Planning**
   - Our goal is for you to recover as soon as possible in the comfort of your own home. Your discharge plan from the hospital should be to go home with home care services. On rare occasions, a skilled nursing facility may be recommended and authorization from your insurance company may be needed. Since more than 80% of our patients will be going directly home, you need to discuss your post-hospital plan with your doctor and family PRIOR to your surgery.

6. **Going Home**
   - Be sure you have all recommended equipment
   - Arrange for transportation from the hospital for 11 am discharge
   - Please have your support person with you to review discharge instructions with your care team,
Post-acute Skilled Nursing Facility

- Facilitated by nurse case coordinators
- Insurance authorization may be needed for a skilled nursing facility. Authorization cannot be obtained until AFTER your surgery and you have been evaluated by physical therapy and your medical team.
- Transportation from hospital on day of discharge

# Home Planning and Preparation

1. **Sleeping arrangements:**
   - If your bedroom is upstairs, you may need to set up a temporary sleeping area on the first floor. Stairs are not impossible but are difficult until you have full mobility.

2. **Decrease fall risk**
   - Remove all throw rugs, loose rugs, electrical cords and clutter from hallways/walking areas. These pose a risk for falling.

3. **Out of reach objects:**
   - Check your cabinets for items you routinely use and place them at a level where you will not need to bend or get on a step stool to reach them.
   - Prepare an area for supplies you will need, such as a telephone, TV remote control, radio, tissues, medication, reading materials, etc.

4. **Safety bars/rails:**
   - Install safety bars in the shower and rails for all stairs (inside & outside) as needed.
   - **Do not use suction-cup grab bars**

5. **Durable medical equipment (DME):**
   - You will receive recommendations for equipment prior to admission and prior to transitioning home from your care team.

6. **DME insurance coverage:**
   - Verify that your necessary DME is covered by insurance.

7. **Pets:**
   - Make preparations for pets that may be underfoot.

8. **Recovery games and entertainment**
   - Consider activities that you will be able to engage in during your recovery such as books, movies/DVDs, etc.

9. **Company:**
   - Make arrangements to have a family member or friend stay with you once you return home for the first few days.
To Improve My Health Before Surgery:
- I have stopped smoking to help improve my healing and recovery.
- I eat healthy, balanced meals. I have also increased my fluid intake.
- My dental care has been completed prior to surgery.
- My diabetes has been checked and is in control.

What to Bring to the Hospital:
- Two forms of identification (picture ID and insurance cards)
- Eyeglasses, hearing aids, denture cases
- Loose clothing (shorts) and slip resistant shoes
- CPAP/BiPAP mask and machine
## Home Safety Checklist

### Entrance

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are step surfaces non-slip?</td>
<td></td>
<td></td>
<td>Add adhesive-backed sandpaper stripping?</td>
</tr>
<tr>
<td>Are step edges visually marked to avoid tripping?</td>
<td></td>
<td></td>
<td>Add strips of tape in a contrasting color to the edge of each step?</td>
</tr>
<tr>
<td>Are there handrails on the stairs or ramp?</td>
<td></td>
<td></td>
<td>Add handrails at the appropriate height</td>
</tr>
<tr>
<td>Is there adequate outdoor lighting?</td>
<td></td>
<td></td>
<td>Add lighting as appropriate</td>
</tr>
<tr>
<td>Do you keep outdoor walkways, steps, and porches free of wet leaves and snow?</td>
<td></td>
<td></td>
<td>Remove wet leaves and snow as necessary.</td>
</tr>
<tr>
<td>Do you sprinkle icy outdoor areas with de-icers as soon as possible after a snow fall or freeze?</td>
<td></td>
<td></td>
<td>Put down salt, kitty litter, and/or de-icers as necessary.</td>
</tr>
</tbody>
</table>

### Bathroom

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the path from the bedroom to the bathroom dark?</td>
<td></td>
<td></td>
<td>Use nightlights in the bedroom, hallway, and bathroom.</td>
</tr>
<tr>
<td>Is the bathtub or shower floor slippery?</td>
<td></td>
<td></td>
<td>Install non-slip decals or a rubber mat.</td>
</tr>
<tr>
<td>Is it difficult to get on and off the toilet?</td>
<td></td>
<td></td>
<td>It may be helpful to raise the seat and/or install handrails.</td>
</tr>
<tr>
<td>Is it necessary to reach far or turn around to get towels, shampoo, or soap?</td>
<td></td>
<td></td>
<td>Keep supplies in an easy to reach receptacle, or in a storage unit that attaches to the tub or shower wall.</td>
</tr>
<tr>
<td>Is it difficult to enter the shower because you have to step over your tub?</td>
<td></td>
<td></td>
<td>Purchase and extended tub seat so that you can sit down and swing your legs over the edge to enter the tub.</td>
</tr>
</tbody>
</table>

### Bedroom

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it necessary to get out of bed to reach a light, the telephone, or your eyeglasses?</td>
<td></td>
<td></td>
<td>Place a lamp, telephone and your eyeglasses within reach of the bed. Consider attaching a light to your headboard and/or using a cordless phone.</td>
</tr>
<tr>
<td>Is there clutter (clothes, shoes, books, newspapers) on the floor?</td>
<td></td>
<td></td>
<td>Remove clutter to ensure a obstacle-free paths within and between rooms.</td>
</tr>
<tr>
<td>Do you get up during the night to use the bathroom?</td>
<td></td>
<td></td>
<td>Place a portable commode near your bed to eliminate nighttime trips to the bathroom</td>
</tr>
</tbody>
</table>
# Home Safety Checklist

## Living Room

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do carpets, rugs and floor coverings have frayed corners or rolled-up edges?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Remove damaged floor coverings or secure them with non-skid backing?</td>
</tr>
<tr>
<td>Are there throw rugs in walkways?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>It is best to remove throw rugs or put non-skid backing on them?</td>
</tr>
<tr>
<td>Are chairs and sofas low to the ground?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Use furniture with higher, firm seats and armrests to safely ease into sitting or rise from chairs or sofa</td>
</tr>
<tr>
<td>Do you need to walk around furniture to get through the living area?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Rearrange furniture to have a straight path, free of obstacles</td>
</tr>
<tr>
<td>Do you have to reach up to pull cords to lights and/or ceiling fans?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Install longer cords or link ceiling lights/fans to a switch on the wall. This eliminates the need to look up and reach as necessary.</td>
</tr>
</tbody>
</table>

## Kitchen

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it necessary to reach far, bend over, or climb on a stool to get commonly used items and foods?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Arrange cupboards and drawers so that frequently used items are stored waist high. Use a sturdy step stool with a grab bar (never a chair) to reach overhead items.</td>
</tr>
<tr>
<td>Is there liquid, food, grease, or clutter on the floor?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Sweep often and wipe up spills immediately.</td>
</tr>
</tbody>
</table>

## Outdoor Areas

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it necessary to get out of bed to reach a light, the telephone, or your eyeglasses?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Place a lamp, telephone and your eyeglasses within reach of the bed. Consider attaching a light to your headboard and/or using a cordless phone.</td>
</tr>
<tr>
<td>Is there clutter (clothes, shoes, books, newspapers) on the floor?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Remove clutter to ensure an obstacle-free paths within and between rooms.</td>
</tr>
<tr>
<td>Do you get up during the night to use the bathroom?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Place a portable commode near your bed to eliminate nighttime trips to the bathroom</td>
</tr>
</tbody>
</table>

continued on next page >>
## Other

<table>
<thead>
<tr>
<th>Potential Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have light switches near every doorway?</td>
<td>☐</td>
<td>☐</td>
<td>Add lighting to improve visibility at thresholds and flooring changes?</td>
</tr>
<tr>
<td>Do you have light switches at both the tops and bottoms of stairways?</td>
<td>☐</td>
<td>☐</td>
<td>Add lighting to improve visibility on stairs.</td>
</tr>
<tr>
<td>Do you have securely fastened handrails that extend the full length of the stairs on both sides?</td>
<td>☐</td>
<td>☐</td>
<td>It is important to make sure handrails are the full length of the stairs to avoid over reaching</td>
</tr>
<tr>
<td>Are you alert for children playing on the floor or toys left in your path?</td>
<td>☐</td>
<td>☐</td>
<td>Keep all floors clean of toys</td>
</tr>
<tr>
<td>If you have pets, are you alert for sudden movements across your path of pets getting underfoot?</td>
<td>☐</td>
<td>☐</td>
<td>Keep pets out of very narrow/small spaces. Keep pet food dishes in an easily accessible area.</td>
</tr>
<tr>
<td>When you carry bulky packages, do you make sure they don’t obstruct your vision?</td>
<td>☐</td>
<td>☐</td>
<td>Divide large loads into smaller ones whenever possible</td>
</tr>
<tr>
<td>Do you take time to get your balance when you change position from lying down to sitting and from sitting to standing?</td>
<td>☐</td>
<td>☐</td>
<td>If you feel dizzy upon sitting wait one full minute after dizziness passes before you stand.</td>
</tr>
<tr>
<td>Do you keep yourself in good condition with moderate exercise, good diet, adequate rest, and regular medical checkups?</td>
<td>☐</td>
<td>☐</td>
<td>Make regular appointments with your medical provider. Complete all exercises prescribed by your therapist. Keep hydrated and maintain a healthy diet.</td>
</tr>
<tr>
<td>If you wear glasses, is your prescription up to date?</td>
<td>☐</td>
<td>☐</td>
<td>Make sure to schedule an annual appointment with your optometrist.</td>
</tr>
<tr>
<td>If you live alone, do you have daily contact with a friend or neighbor?</td>
<td>☐</td>
<td>☐</td>
<td>Establish a routine of daily communication with family and/or neighbors. Consider setting up a monthly service/emergency call button such as First Alert.</td>
</tr>
</tbody>
</table>
Hartford HealthCare at Home

Hartford HealthCare at Home (Affiliate of Hartford HealthCare) provides a partner in your quickest and safest recovery, at home.

What should you anticipate?

- A visit from our transitional care coordinator in the hospital following your surgery to discuss your goals of recovery and plan for transition home
- Initiation of a home visit within 24 hours of discharge, 7 days a week
- An initial visit (RN or PT) to assure full assessment of safety, medical and functional status
- Collaboration with you and your physician in your goals of care
- Consultative services available for Hartford HealthCare at Home programs and service lines as desired
- Discussion of Insurance benefits and co-payments required

You will be made aware of the scope and frequency of services your insurance has authorized for your homecare provider. Most insurers will initially allow for 4-6 days/week of rehabilitation services, but your specific plan will be discussed with you upon initiation of your home care services.

Home care services will be provided, on average for a period of 1-2 weeks with a transition to outpatient rehabilitation as appropriate. Hartford Healthcare

Hartford HealthCare Rehabilitation Network locations will be provided by your homecare therapy team.

Call 1.800.HOMECARE (1.800.466.3227)
for more information or to pre-arrange services.
Welcome to Hartford Hospital Bone & Joint Institute

Food & Nutrition Services

Your complete satisfaction is our goal. That’s why we’ve designed a room service dining program for just one person – YOU!

Dining on Call puts you in charge of your meals, allowing you to order what you want to eat for each meal at your convenience.

How Does it Work?

• Upon arrival you will find a room service menu in your room
• To order your meals simply dial 2-MEAL (2-6325) from 6:15 am–6:15 pm daily to speak directly to a nutrition operator
• The nutrition operator will take your meal selections over the phone and work with you to ensure your selections meet your prescribed diet.
• Together, you will decide on a delivery time for each meal that meets your needs.

In order to make sure the nutritional needs are met for each patient at each meal time, if we have not received a call from you by the times listed below, we will send a meal consisting of our Chef’s Special of the Day.

Breakfast – call by 7:00am
Lunch – call by 11:30am
Dinner – call by 4:30pm

Please Note

If you are on a carbohydrate-control diet please communicate the meal times you have chosen to a nursing care team member daily.
Lodging Near Hartford Hospital

Hudson Suites at the Education & Resource Center
560 Hudson Street, Hartford, CT 06102 | 860.545.1111

Twelve hotel-like guest rooms on Hartford Hospital’s main campus are available to patients and their families for overnight and short-term stays at modest cost.

These units are perfect for patients undergoing early morning surgery or family members who need to be close by and offer an alternative to more costly or less convenient living arrangements.

The Hudson Suites are located on the third floor of the west wing of the Education and Resource Center at 560 Hudson Street, across the street from the 85 Jefferson Street entrance to the hospital.

Features

Each room contains a double bed. Some feature a pull-out sofa to accommodate additional family members. A handicapped-accessible suite is available. Linens, towels, housekeeping services and reservations are provided through Hartford Hospital.

- All private baths
- Telephones with voice mail
- Air conditioning
- Coffee makers
- Easy access to the hospital
- Security guard in lobby 24 hours/day
- Nearby parking
- Cable TV
- Radio alarm clocks
- Refrigerator
- Sitting areas
- Easy access to the hospital cafeteria during regular hours of business
- Local restaurants are listed in each room. Some deliver.
- A central snack area is available 24 hours/day

Rates & Reservations

- There is a $55 charge for each room.
- Rates are per room per night.
- We require a credit card on file.
- We accept Visa, MasterCard, American Express, Discover, cash, and personal check.
- Secured parking is available at an additional cost. When you arrive at the Education and Resource Center at 560 Hudson Street, the security guard at the desk inside will direct you to the hospital garage. Hudson Suites.
- Weekly and monthly parking passes are available at the Hartford Hospital Cashiers Office from 8 a.m. to 4 p.m. or the Hartford Hospital Auxiliary Store.
- Check-in time is 2 p.m. to 11 p.m.; other times by special arrangement.
- Check-out time is 11 a.m., or later by special arrangement.
- Unfortunately, we cannot make baby-sitting arrangements for children. Children may not be left alone in the rooms.
- We regret we cannot accommodate pets.
Other Hartford Area Lodging

Settle in and enjoy one of the many comfortable lodgings in and around the Hartford area. Choose from over 200 quality hotels, motels, and bed & breakfasts. Hartford Hospital works directly with the following lodgings.

Hampton Inn
351 Pitkin Street, East Hartford, CT | 06108 860.282.2500

Hilton Garden Inn Glastonbury
85 Glastonbury Boulevard, Glastonbury, CT 06033 | 860.659.1025

Hilton Garden Inn
Hartford North/Bradley International Airport
555 Corporate Drive, Windsor, CT 06095 | 860.688.4600

Holiday Inn Express Downtown
440 Asylum Street, Hartford, CT 06103 | 860.246.9900

Holiday Inn Express Hotel & Suites Brainard Road
185 Brainard Road, Hartford, CT 06114 | 860.525.1000