



Orthopedic Boot Camp

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Important Information From Your Doctor's Office

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Important Information From Your Doctor's Office

- Once you have made the decision for surgery:
 - Meet with the surgical scheduler.
 - Confirm your demographic and insurance information.
 - Schedule your surgery date.
 - Pick up all educational and pre-surgery instructions from the surgeon's office.
 - Attend your pre-operative appointment, write down any questions you have and ask them at this time.
 - If necessary, schedule an appointment with your primary physician to be cleared for surgery.





Nutrition for Orthopedic Surgery

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Preparing for Surgery

- Preparing for surgery is more than fasting the night before and signing a medical release.
- You will heal more quickly and with fewer complications if your body is in good nutritional condition prior to surgery.
- Even with minor surgical procedures, wound healing can be delayed if the body is not nutritionally prepared.



Protein and Calories

- Surgery increases caloric and protein needs by 20-50%. Extra protein is especially important because the body requires it to make immune cells and antibodies to reduce inflammation (which causes pain) and to heal the wound at incision site.
- Adequate caloric intake to maintain weight will allow the protein to be utilized for building healthy tissue instead of being utilized as a calorie source for fuel.



Protein and Calories

- Without enough protein from food, the body must make its own by breaking down muscle and organ tissue, sapping immunity.
- Poor nutrition can delay recovery and increase the likelihood of a wound infection, pneumonia or a urinary tract infection.



Protein Rich Foods

Food Amount	Protein (grams)
Ground sirloin: 3 oz.	24
Tofu, firm: ½ cup	20
Tuna (water packed): 3 oz.	20
Pork tenderloin: 3 oz.	18.4
Chicken breast (boneless/skinless): 3 oz.	13.4
Cottage cheese, (low fat): ½ cup	13.4
Soy milk: 1 cup (8 oz)	11
Soybeans: ½ cup	11
Vegetable or soy patty (1):	11
Pumpkin seeds: (1 oz.)	8.5
Milk (fat free, low fat, whole): 1 cup (8 oz.)	8
Peanut butter (smooth or creamy): 2 Tbsp	8

Food Amount	Protein (grams)
Yogurt: 6 oz.	8
Egg substitute: ¼ cup	7.5
Cheese, 1 slice : (1 oz.)	7
Kidney beans (canned): ½ cup	7
Nuts: (peanuts, pistachios, almonds), 1 oz.	6
Fish (haddock, flounder, perch, pollock): 1 oz.	6.5
Egg (whole or hard-boiled): 1	6
Sunflower seeds: 1 oz.	5.5

Used with permission from the American Academy of Nutrition and Dietetics.



Vitamin D

- Almost 50% of patients undergoing orthopedic surgery have a Vitamin D deficiency. Vitamin D is essential for bone healing, muscle function, and is critical for recovery.
- Taking a Vitamin D supplement of 2,000-4,000 International Units (IU) will usually correct any deficiency. Ask your surgeon for the amount they recommend.
- Bone remodeling and bone tissue formation occurs 2-4 weeks after surgery. This is the critical stage when your body needs Vitamin D to heal adequately.
- Vitamin D rich foods include: Vitamin D fortified milk, fatty fish, egg yolks and liver.



Eating for and After Surgery

Eat well balanced meals including plenty of whole grains, fruits and vegetables; and high protein foods such as legumes, seafood, eggs, lean meats, low fat dairy products, seeds and nuts.

Remember that carbohydrates and fats provide the body with fuel for wound healing. Good carbohydrate choices are whole grain cereals, breads, fruits, potatoes and rice.

Fats include oils, seeds, nuts, and avocados.



Eating for and After Surgery

- Iron is necessary to carry adequate oxygen to the site of the wound and prevent anemia. Iron rich foods include: fortified breakfast cereals, dried fruits, red and organ meats. Cast iron cookware will also add iron in cooking.
- Vitamin C-rich foods will help your body absorb plant sources of iron.
- Adequate fluids are important to allow for good hydration and adequate blood circulation, which will improve the supply of oxygen and nutrients to the wound. Drink plenty of fluids.



Iron Rich Foods

Food	Amount	Iron (mg)
100% iron-fortified ready-to-eat cereal	¾ cup	18
Grits, instant	½ cup	7.1
Cream of wheat	½ cup	5.2
Oatmeal, instant	½ cup	5
Soybeans, cooked	½ cup	4.4
White beans, canned	½ cup	3.9
Lentils	½ cup	3.3
White rice	1/3 cup	3
Spinach	½ cup cooked, 1 cup raw	3
Beef tenderloin	3 oz.	3
Baked beans	1/3 cup	3
Vegetable or soy burger	1 patty	2.9
Soy milk	1 cup (8 oz)	2.7
Chickpeas	½ cup	2.5
Kidney beans	½ cup	2.5
Sardines	3 oz	2.5
Nuts: almonds or pistachios	¼ cup	1.3
Brussels sprouts, cooked	½ cup	1
Eggs	1 whole	1



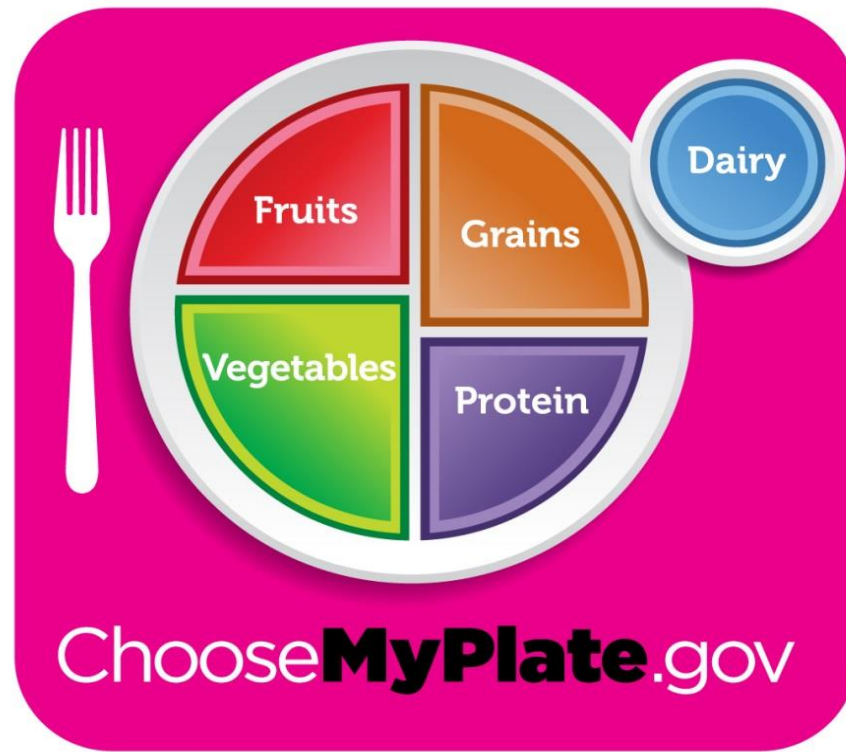
Additional Nutrition Tips

- Take a daily multivitamin/mineral supplement.
- After surgery – pain medications can upset your stomach, so it is important to eat something, even if you are just starting with crackers and liquids.
- Take Vitamin D if your levels are low: 2000-4000 International Units (IU).
- Eat more often if you have a small appetite – aim for 6 smaller meals instead of 3 large meals a day.
- Keep a good stock of your favorite ready-to-eat meals and snacks such as soup, yogurt, nuts and cheese for when you don't feel like preparing foods.



A Guideline for Healthy Eating

www.choosemyplate.gov



CCH Nutrition Resources

CCH Nutrition Services
(Registered Dietitian)

307-688-1725





Pre-Anesthesia Testing and Surgery

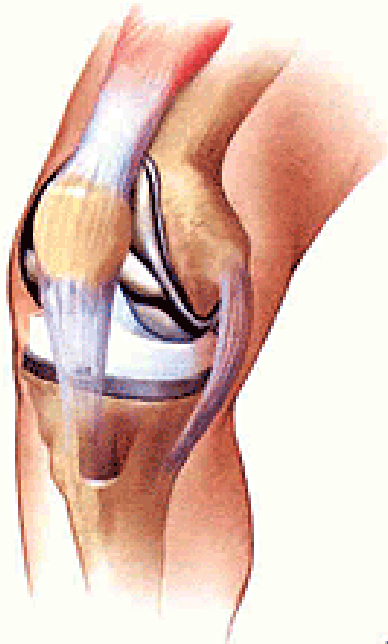
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Total Joint Replacement



*Total Knee
Replacement*



What is Pre-Anesthesia Testing?

- The pre-anesthesia nurse will interview you to talk about any possible health risks to you before receiving anesthesia. This includes a comprehensive health history, family history (pertaining to problems with anesthesia), current medications, over-the-counter medications (including supplements), and allergies.
- If you have an extensive health history, you may be required to see a specialist. These specialists may include a cardiologist, pulmonologist, internist, or your primary care provider for a medical clearance prior to surgery.



What is Pre-Anesthesia Testing?

- The following tests may be ordered for you according to our anesthesia protocol:
 - Blood/urine
 - MRSA testing
 - COVID testing (if not immunized)
 - Chest x-ray
 - Electrocardiogram (EKG) for heart function
 - Pulmonary function test (PFT) for lungs/breathing
 - Pregnancy test

These are just examples of some of the tests that may be needed.



Pre-Anesthesia Testing Appointments by Phone

- Anticipate at least one hour for your phone appointment and additional time for testing if needed.
- Have a list of all medications you take (prescription and over-the-counter). This list includes all herbal supplements and vitamins.
- Have a list of all allergies (food, latex, and medications).
- If you have a Living Will, please bring a copy on your surgery date and give it to Patient Access staff (Registration).
- Lab work and heart studies will be reviewed by the nurse. The need for any additional testing or lab work will be determined at the time of the phone interview and you will be instructed at that time.



Before Your Surgery

- Stop taking any anti-inflammatory medications 1 week (7 days) prior to surgery. This includes Motrin, Aleve, Ibuprofen, Naproxen, and aspirin. When in doubt, call your surgeon's office or pre-anesthesia testing at 307-688-1800 and ask about the specific medication. You may take Tylenol (acetaminophen), for pain.
- If you take aspirin or blood thinners on a daily basis for a cardiac condition or stroke reasons, consult with the physician who placed you on the medication before stopping it.



Medications Containing Blood Thinning Ingredients

THESE DRUGS MAY CONTAIN ASPIRIN, ANTI-FLAMMATORIES OR OTHER BLOOD THINNING INGREDIENTS, AND SHOULD BE AVOIDED FOR ONE WEEK PRIOR TO SURGERY:

Advil	Aggrenox	Aggrestat	Aleve	Alka Seltzer
Anacin	Anaprox	Ansaid	Arthritis Pain Formula	Arthrotec
ASA	Ascriptin	Aspergum	Aspirin	Bayer
Bextra	Bufferin	Carna Arthritis Pain	Cataflam	Celebrex
Cheracol Caps	Clinoril	Cope	Coumadin	Corcidin
Darvon Compound	Daypro	Diclofenac	Dimetapp Sinus	Disalcid
Doan's	Dolobid	Dristan	Easprin	Ecotrin
Emperin	Encaparin	Equagesic	Etoldalac	Excederin
Feldene	Fiorgen PF	Fiornal (Fiorcet OK)	Genpril	Goody's
Halfprin	Haltran	Heparin	Ibuprofen	Ibuprin
Ibuprohm	IbuTab	Indomethacin	Indocin	Ketoprofen
Ketorolac	Lodine	Lortab ASA	Lovenox	Magan
Magnaprin	Marnal	Medipren	Metocabamol	Midol
Mobic	Mobidin	Motrin	Nabumetone	Naprelan
Naprosyn	Naproxen	Norgesic	Norwich	Nuprin
Oraflex	Orudis	Oruvail	Oxycodone ASA	P-A-C
Pedia Profen	Pepto Bismol	Percodan	Piroxicam	Plavix
Ponstal	Pradaxa	Relefen	Robaxisal	Roxiprim
Rufen	S-A-C Tabs	Saleto	Salsalate	Sine Aid IB
Sine-Off	Sinutab	Solaraze	Soma Compound (Soma OK)	St. Joseph ASA
Stendin	Sulindac	Synalogos	Talwin	Toradol
Trendar	Trental	Triaminicin	Trilisate	Vanquish
Vicoprofen	Vioxx	Voltaren	Zorpin	4 -Way Cold



Before Your Surgery

- Stop all vitamins and herbal supplements 3-4 weeks prior to surgery. Inform your surgeon of anything you take over-the-counter, including all supplements.

PLEASE BE AWARE THAT MANY MULTI-VITAMINS AND SUPPLEMENTS CONTAIN MEDICATIONS THAT INTERACT WITH SURGERY. CAREFULLY REVIEW ALL SUPPLEMENTS PRIOR TO SURGERY.

HERBAL MEDICINE AND OVER THE COUNTER MEDICATIONS INTERACT WITH THE SURGERY PROCESS. THESE MEDICINES SHOULD NOT BE TAKEN WITHIN 3-4 WEEKS OF SURGERY. PLEASE INFORM YOUR DOCTOR IF YOU ARE TAKING ANY MEDICINES SUCH AS THE FOLLOWING:

Alfalfa	Black Cohosh	Chamomile	Ephedra	Feverfew
Fish Oil	Flax Seed	Garlic Tabs	Garlique	Ginko Biloba
Ginger	Glucosamine/Chondroitin	Ginseng	Hawthorn	Licorice
KavaKava	Passion Flower	St. John's Wart	Testosterone	Valerian
Vitamin E	Joint Supplement			



Before Your Surgery

- Make sure your surgeon knows if you smoke or use anything with nicotine in it (including nicotine patches or gum).
- Nicotine products may cause problems with healing, so your surgeon will tell you what to do about them in the weeks before and after surgery.



Important Information about Dental Work

- Any dental work, including cleanings, must be scheduled 1 month prior to surgery or 6 weeks after surgery.
- Having any dental work can cancel your surgery, due to infection risk with your new joint.
- You will need a pre-antibiotic prior to any dental work, including cleanings, for 1 year after your total joint surgery. Contact your surgeon about this if needed.



Important Information about Skin Changes

- Any open sores, rashes, boils or skin changes need to be brought to the attention of your surgeon as soon as they are noticed.
- Contact your surgeon about any infections or skin rashes may require treatment before surgery, such as:
 - Bad chest cold
 - Urinary tract infection
 - Bad cut, rash, or sore anywhere on your body



The Day Before Surgery

- Make sure you have picked up a surgical scrub kit.
It is available at the CCH main lobby (Screening Desk) upon entering the facility).
- Follow the instruction on the package to use the Hibiclens (chlorhexidine) scrub.
- Your arrival time will be telephoned to you the evening before surgery, no later than 5 pm. If your surgery is on Monday, you will receive your call on Friday. Please check your phone messages.



The Day of Surgery

- **NOTHING BY MOUTH**
(nothing to eat)

- 8 hours prior to arrival time. If you have digestive problems this time may be extended.
 - This includes chewing gum, chewing tobacco, hard candies.
- You may have 8 oz.(1 cup) of CLEAR liquids 4 hours prior to your arrival time.
 - NO milk, cream, or juice with pulp



The Day of Surgery

- Nursing staff will complete a head-to-toe assessment.
- Nursing staff will start an IV.
- The surgical site will be clipped. (Do not shave at home for 72 hours prior to surgery).
- You will meet with the anesthesia providers.



Anesthesia

- Your surgeon and anesthesia provider will help you determine ***your*** best choice of anesthesia.
- Choices vary depending on the surgery and your health history, and could include:
 - General anesthesia (asleep)
 - Spinal with sedation (numb from waist down, drowsy)
 - Nerve block (either before or after surgery)



Your Surgery

- A Operating Room nurse and anesthesia provider will visit with you, verify your identity, allergies, and surgical site.
 - This verification happens often with all providers to keep you safe.
- You will be brought to the Operating Room (OR).
- The OR is cold, you will be given warm blankets.
- You will be asked to move over to the operating table.
- Monitors will be attached, anesthesia will begin.



Your Family and Friends

- Your designated family member will be asked to wait in the waiting room (hospital main lobby), while you are in surgery.
- One family member will be given a number to track your progress in surgery on the TV monitor by the Coffee Shoppe.
- The surgeon will call out to have your family brought to the conference room to update them after the surgery is complete.
- We ask that family members leave their contact information prior to leaving the facility.



Post-operative Care

- When your surgery is complete, you will go to the Recovery Room (PACU) for 1 to 2 hours.
- No Visitors
- Things that happen in PACU:
 - Nerve Block
 - X-Rays
 - Ted Hose
 - Foot Pumps
 - Game Ready Unit or (ICE) Oxygen
 - Pain Control
 - Drink Fluids
 - Catheter
 - Bladder Scan
 - Deep Breathe & Cough



Things to Remember

- If you have a question, please call and ask. Our pre-anesthesia testing staff can assist you.
- There should be a nurse on duty from 6:30 am to 7:00 pm at 688-1800. After hours call 688-2407, and our hospital supervisor will assist you.
- If you become ill, have any open areas, boils, rashes or changes in your skin, bring them to your surgeon's attention as soon as possible.





Your Inpatient Stay

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Welcome to the Second Floor

- You and your belongings will arrive from the recovery room.
 - ***Remember to bring these items with you to the Hospital:***
 - A list of all medications and any allergies
 - Rubber-soled shoes or full foot slippers
 - Glasses/hearing aides
 - Grooming Items
 - Comfortable clothes for the trip home
 - A walker (if you have one, if not, one will be provided)
 - If you stay in the hospital after your surgery it may only be for one night.



Upon arrival to the Second Floor

- Nursing staff will be busy caring for you when you arrive:
 - Receiving the report of your status from the surgery team.
 - Taking your vital signs, listening to your heart, lungs and documenting how well you are returning to your “before surgery” status.
 - Asking about your pain.
 - Looking at your surgical dressing.



While you are here

- Toileting

- You ***must call for assistance*** every time you get out of bed.
- Nursing needs to measure all urine output.
- No bedpans.



While you are here

- **Diet**

- Start with clear liquids and ice chips.
- When you are ready you will resume a regular diet.
- Ask your nurse about any special foods family may want to bring in for you.



Pain Management

- For more complete information on Pain Management, please read and review the booklet provided with this class.
- The booklet is titled:
 - *Pain Management Information Strategies for Comfort*



Pain Management

- Pain management is an important part of care. Keeping your pain under control will help you participate in activities that help you heal faster.
- Pain is normal after surgery, even with medication. Zero pain is not safely possible.
- Our goal for pain management is to keep your pain at or below your comfort-function goal.
 - The comfort-function goal is the amount of pain you can comfortably tolerate and move in bed, get up with physical therapy, deep breathe and cough.



Pain Management

- Ask for pain medication or intervention when you begin to feel pain increasing.
- Pain medications may make you very sleepy and decrease your breathing. For these reasons we may need to hold your medication for a short time.
- Talk with your nurse about any questions or concerns you have about using pain medications.
- Use your deep breathing exercises to help you relax.



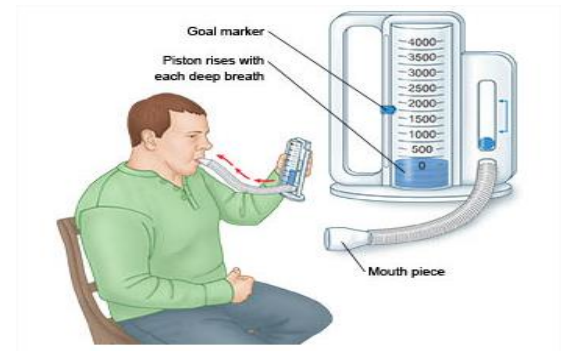
Pain Management Plan

- Peripheral nerve block
 - Placed while in surgery, a slow drip-on medication directly on a nerve
- IV medications
 - Intermittent or as needed medication for pain given through your IV
- Oral Medications
 - Medications by mouth, pills or liquid
- Non-pharmacologic
 - Ice, heat, slow deep breathing, music, TV, family visits



Preventing Pneumonia

- Use your Incentive Spirometer every hour for the first 24 hours after surgery, then use it every 2 hours, even after you go home.
 - Breathe in slowly and deeply
 - Keep the cylinder “floating” as you breathe
 - Hold your breath as long as possible
 - Exhale slowly
 - Rest
 - Repeat 10 times
 - After each 10 breaths, cough to make sure your lungs are clear



Activity

- Shift position in bed every 2 hours to protect your skin.
- Expect to be out of bed and walking in the halls, and to the rest room on the first day.
- Occupational therapy will also visit and help you resume your activities of daily living.



Preventing Blood Clots

- Aspirin may be ordered for you to take daily. This medication will help to prevent blood clots while you are recovering and less active.
- TED Hose are also ordered to protect you from developing blood clots.
 - Wear TED Hose day and night for the first week you are at home. You may take them off to shower.
 - Wear them during the day during week two.
 - Do not stop wearing the TED Hose until instructed by your doctor.
- Compression Devices will be used in the hospital while you are in bed. These squeeze your legs and help keep the blood moving to prevent clots.



Blood Testing

- The Lab will draw your blood every morning between 5 and 6 am while you are in the hospital.
 - We check your *Hematocrit* and *Hemoglobin* to assess your blood volume after surgery.
 - Hematocrit: A blood test that measures the percentage of the volume of whole blood that is made up of red blood cells.
 - Hemoglobin: A protein part of red blood cells that contains iron and carries oxygen.



Spiritual Care

- Spiritual care is available to both you and your family members through CCH Chaplain Services.
- If you would like to see one of the hospital chaplains or your own pastor, please ask your nurse to arrange a visit for you.



Ready to Go Home?

What you need to know

- Wash your hands frequently to prevent infections.
- Do not drive until instructed to do so by your doctor.
- Wear your TED Hose until you see the doctor.
- Do not take tub baths or submerge yourself in water until instructed by your doctor.
- Continue to use your walker or crutches as instructed by physical therapy.



Incisions and Dressings

- Keep your incision covered with a dressing that is clean and secure. Do not get your incision wet until your doctor instructs you that it is ok.
 - Some patients will have a special waterproof dressing. If you are concerned about the dressing, contact your outpatient therapy provider or the surgeon's office. You will be given an extra one prior to discharge from the hospital.
 - If you do not have a waterproof dressing, you may cover the dressing with "Saran Wrap or Press and Seal" to shower. Avoid getting the dressing wet even when covered.



Home Safety

Fall Precautions

- Have someone prepared to take you home after surgery and stay with you.
- Adjust furniture to allow for maneuvering with one arm, a walker or cane.
- Remove loose throw rugs and long phone or electrical cords.
- Watch out for pets that may run or be in your path.
- Watch out for water spills on bare floors and ice on outdoor walks and steps.
- Place frequently used items at counter level so you don't have to reach high or bend over.



Prepare Your Home

- Try to borrow a chair with arms and without wheels to help you get up and sit down easily.
- Purchase a raised toilet seat unless you have a tall toilet.
- Place a cushion or folded blanket in chairs that are low or are difficult to get up from.
- Carry a portable phone or cell phone with you at all times.
- Survey your bathroom and plan for managing after your surgery.
- Prepare some nutritious meals and place them in the freezer to simplify cooking after you get home.



Pain Management at Home

- Pain medications contain Acetaminophen (Tylenol). Do not exceed 4000mg of Acetaminophen (Tylenol) in a 24 hour period.
- Pain medications can make you drowsy. Do not drive or operate machinery. Do not make important life decisions while taking these medications.
- Pain medications are ordered “As Needed”. As healing progresses and pain decreases, reduce the amount of pain medication by increasing the time between doses and decreasing the number of pills.
- Pain medications slow the motility (movement) in your GI tract causing constipation. Drink plenty of fluids, and eat fruits and vegetables as your diet allows. If no results in 1-2 days, contact your pharmacist or physician.





Physical and Occupational Therapy

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Physical and Occupational Therapy

- **Physical Therapist**
 - Health professionals trained to evaluate and treat problems related to movement and function in an environment.
- **Occupational Therapist**
 - Health professionals trained to evaluate problems related to daily living tasks and promote independence in those activities.



Exercises Before Surgery

- Helps to improve the outcome of surgery.
- Helps to reduce the length of rehabilitation needed after surgery.
- Most important are:
 - Straight leg raises
 - Quad sets
 - Shoulder depressions
 - Knee Range of Motion (ROM) for Total Knee Replacement surgery



In the Hospital

- Physical and Occupational therapy evaluations after arriving to your hospital room.
- Activities with your therapy team:
 - Bed mobility: Getting into and out of bed
 - Transfers: How to stand from sitting/sit in a chair
 - Walking: Use of a walker or crutches; weight bearing status; stairs
 - Exercises: Daily exercises and range of motion (ROM) activities
 - Quad Sets, Ankle Pumps, Heel slides, Glute sets



Therapy in the Hospital

- If you have stairs at your home, your physical therapist will teach you how to go up and down them.
- Physical therapy will provide treatment two times per day.
- Occupational therapy will provide treatment once a day.
- Your length of hospital stay will most likely be one day or less.



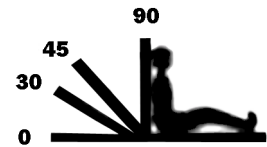
Activities of Daily Living

- Occupational Therapy (OT) will teach you how to complete Activities of Daily Living (ADL's), including dressing, bathing, and toileting while adhering to joint precautions.
- OT will instruct you on adaptive equipment and make recommendations for use.
- Adaptive equipment, such as front-wheeled walkers and canes can be rented or purchased.



Precautions for Hip Replacement

- **Do:** Follow your physician's printed discharge instructions.
- **Do Not:** Cross your operative hip/leg over the center line of your body. **Do Not** cross your legs or ankles.
- **Do Not:** Turn the toes of the affected leg inward or outward.
- **Do Not:** Lean forward when sitting or bend at the waist past a 90 degree angle. **Do Not** lean forward to pick up anything off the floor, use a "reacher" device.
- **Do Not:** Let your knees go higher than your navel when sitting (greater than 90 degree angle)
- **Do:** Use a pillow between your legs/knees when sleeping.
- **Do:** Sit in a firm chair with arms.



Posterior Hip Precautions



Precautions for Knee Replacement

- **Do:** Follow your physician's printed discharge instructions.
- It is important to get good range of motion of your knee. You should be able to straighten your leg to full extension 7-10 days after surgery and bend your knee to 90 degrees (L shape)
- Roll a bath towel and place it under your ankle while laying down or in recliner to allow gravity to help straighten your knee.
Do not place pillows behind your knee!
- **Keep Your Knee Straight!!**
 - You will have less muscle fatigue
 - Your gait pattern will return to normal more quickly



Precautions for Shoulder Surgery

- **Do:** Follow your physician's printed discharge instructions.
- Use an ice pack or cooling unit on the surgical site 20 minutes on, then 20 minutes off to help reduce discomfort/swelling.
- While showering, use “Press and Seal” or “Saran Wrap” to cover the dressing. Avoid standing with your operative shoulder under the water.
- Use an inexpensive sling (from Walmart or Walgreen's) to support your shoulder and prevent movement.
- Wear your shoulder immobilizer at all times.
- Wiggle fingers and do wrist circles maintaining the shoulder at rest to minimize forearm and hand swelling.





Case Management

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Case Management

- The Case Management team are the discharge planners for the hospital.
- If you are admitted to the hospital, you may be seen by a Case Manager. The Case Manager will assist/confirm that you have everything you need for a safe discharge.
- If you have any questions concerning what you may need when you are discharged, call 307-688-1541 or 307-688-1375 .



Case Management

Things for you to think about and plan for prior to your surgery:

- What is your discharge plan?
 - This is something to discuss with your surgeon.
 - Just because you live alone does not mean that your insurance/Medicare will pay for any type of rehab stay or assistance at home. It is very important that you make plans for someone to be with you at home after surgery.
 - You could be discharged the same day or possibly stay 1-2 days.
 - You may be in an observation status. This means you are not considered an inpatient even though you are in the hospital. This will change how some things will be paid for by your insurance company, especially Medicare.



Case Management

- If you need additional rehabilitation you could go to The Legacy or Elkhorn Valley Rehabilitation Hospital, if accepted by them. You must have a medical necessity reason to go to rehab. Just because the surgeon says you may go does not mean your insurance will pay for it.
- One example is Medicare. Since you are most likely in an observation status, Medicare will not pay for The Legacy. You could still go, but you would have to pay the cost of room and board, which is about \$290 per day.
- If you did need inpatient rehab you could possibly go to Elkhorn Valley Rehabilitation Hospital in Casper if they accept you. Medicare would pay for this since it is considered an acute care hospital.
- We know this is confusing and Case Management can meet with you to talk about it. Please call 307-688-1541 or 307-688-1375.



Case Management

- When you go home who will be with you?
- Who will get you to medical appointments?
- What equipment do you have at home now? This could include: walker, shower chair or bench, raised toilet seat.
- If you need equipment you may get some items from the Campbell County Senior Center (free loan), Campbell County Public Health (free loan) or purchase/rent equipment from a durable medical equipment supplier.
- If you have not chosen a provider for your outpatient therapy, your Game Ready (cold and compression system), and or home health/inpatient rehab (if needed), Case Management has a list of providers available to assist you.





*Thank you for allowing us to care for you.
We appreciate the trust you placed in us
to meet your healthcare needs.
Our goal is to always provide the
best of care.*

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