



Hip Fracture Patient Education

Memorial Hospital is dedicated to restoring a higher quality of living to your life after your hip fracture. This patient guide will give you the necessary information needed for a safe and successful recovery.

MEMORIAL  HOSPITAL
And Health Care Center
Sponsored by the Little Company of Mary Sisters - USA
800 West 9th Street ▲ Jasper, IN 47546 ▲ 812/996-2345
www.mhhcc.org

ABOUT Us

Our Mission

Christ's healing mission of compassion empowers us to be for others through quality and excellence.

Our Vision

We are committed to being the preferred health and wellness provider; transforming lives through faith-based, compassionate care.

THE LITTLE COMPANY OF MARY SISTERS,

founded by Venerable Mary Potter in Nottingham, England on July 2, 1877, is an International Marian Congregation of Women Religious who have committed their lives to pray and care for the suffering and dying of the world. The Congregation is named for the "little company" of faithful followers who remained with Mary, the Mother of Jesus, at the foot of the cross. They minister in countries throughout the world and strive to make visible the healing presence of Jesus in the midst of human suffering through prayer, compassion, and presence.



WELCOME

On behalf of Memorial Hospital and Health Care Center, our professional doctors, nurses, and all other staff members, I would like to welcome you and thank you for choosing us for your orthopaedic surgery.

Our goal is to ensure the highest standards of medicine as well as achieve the best orthopaedic experience for our patients. We are committed to keeping you informed while providing comprehensive and compassionate care. It is our goal to make your stay with us as pleasant as possible.



In this patient education binder, you will find important instructions and information to help prepare you for your surgery. We hope it will answer many of the questions you may have, and clearly outline the things you need to do before, during, and after surgery. Planning tools as well as advice on medications, diet, and exercise are also included. Please take the time to read the materials carefully. If you have further questions about your surgery, please call your surgeon's office.

Once again, thank you for choosing us for your orthopaedic surgery. Best wishes for a speedy recovery!

A handwritten signature in black ink, appearing to read "E. Kyle Bennett". The signature is fluid and cursive.

E. Kyle Bennett
President and CEO

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Memorial Hospital's Orthopaedic Program Achieves Excellence!

Memorial Hospital and Health Care Center has earned The Joint Commission's Gold Seal of Approval® for its hip fracture and knee and hip replacement programs by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in disease-specific care. This certification award recognizes Memorial Hospital's dedication to continuous compliance with The Joint Commission's state-of-the-art standards.



Memorial Hospital underwent a rigorous, on-site review for the knee and hip replacement programs first in March 2015 and again for recertification in February 2017, February 2019, and March 2021. An on-site review for certification of the hip fracture program took place in September 2017, October 2019 and December 2021. A Joint Commission expert evaluated Memorial Hospital's orthopaedic program for compliance with standards of care specific to the needs of patients and families, including infection prevention and control, leadership, and medication management.

The Joint Commission's Disease-Specific Care Certification Program, launched in 2002, is designed to evaluate clinical programs across the continuum of care. Certification requirements address three core areas: compliance with consensus-based national standards; effective use of evidence-based clinical practice guidelines to manage and optimize care; and an organized approach to performance measurement and improvement activities.

Founded in 1951, The Joint Commission seeks to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care. Learn more about The Joint Commission at www.jointcommission.org.

INTRODUCTION

As the average age of the American population increases, so does the number of hip fractures. When a person fractures their hip, it is not just a broken bone. A hip fracture can become a life-threatening illness. There are potential medical complications that can arise following a hip fracture, and your health care team is watching you very closely to avoid them.

Memorial Hospital cares for each patient using a team approach. Each care plan is tailored to meet your individual needs with many different health care providers involved in your care. While being treated for your hip fracture, you may be seen by the following:

MEET YOUR TEAM

- **Orthopaedic Surgeon** - Evaluates the need for and performs surgery if necessary, directs your care while in the hospital, and evaluates your recovery at follow-up appointments.
- **Internal Medicine Physician/Hospitalist** - Assesses and directs your medical needs while you are in the hospital.
- **Physician Assistants (PA) and Nurse Practitioners (NP)** - Supports your physician with tasks, such as assisting during surgery and evaluating you during your stay and at follow-up appointments. They work closely with your physician to meet your needs.
- **Orthopaedic Navigator** - Visits you during your hospital stay, presents education material regarding your hip fracture, and coordinates the care you receive between different departments to ensure continuity of your care plan.
- **Nurses** - Provides daily care under surgeon/physician direction, assist with taking your medical history, and facilitates care and questions between you and your surgeon/physician.
- **CNAs** - Helps assist with activities of daily living and recovery.
- **Anesthesia Team** - Oversees anesthesia care and monitors your condition during surgery.
- **Discharge Planner/Social Worker** - Discusses and assesses your medical needs after surgery, including medical equipment, physical and occupational rehabilitation, home modifications, and skilled nursing placement. Interacts with insurance companies, as well as any additional services if needed that may be specific to your individual needs. Be assured your discharge plan will be an individualized plan that will be created for and with you and your family.
- **Physical Therapists/Occupational Therapists** - Teaches you exercises to increase your strength while working with you to build an individualized exercise program; instructs you on the correct way to walk and teaches you daily living adjustments.
- **Dietitian** - Assesses and discusses your dietary needs with you after surgery and during your rehabilitation to ensure that you are maintaining an optimal nutritional status to promote healing.
- **Lab Personnel, Radiology Personnel, Respiratory Therapy, and Pastoral Care** may also assist in your care.

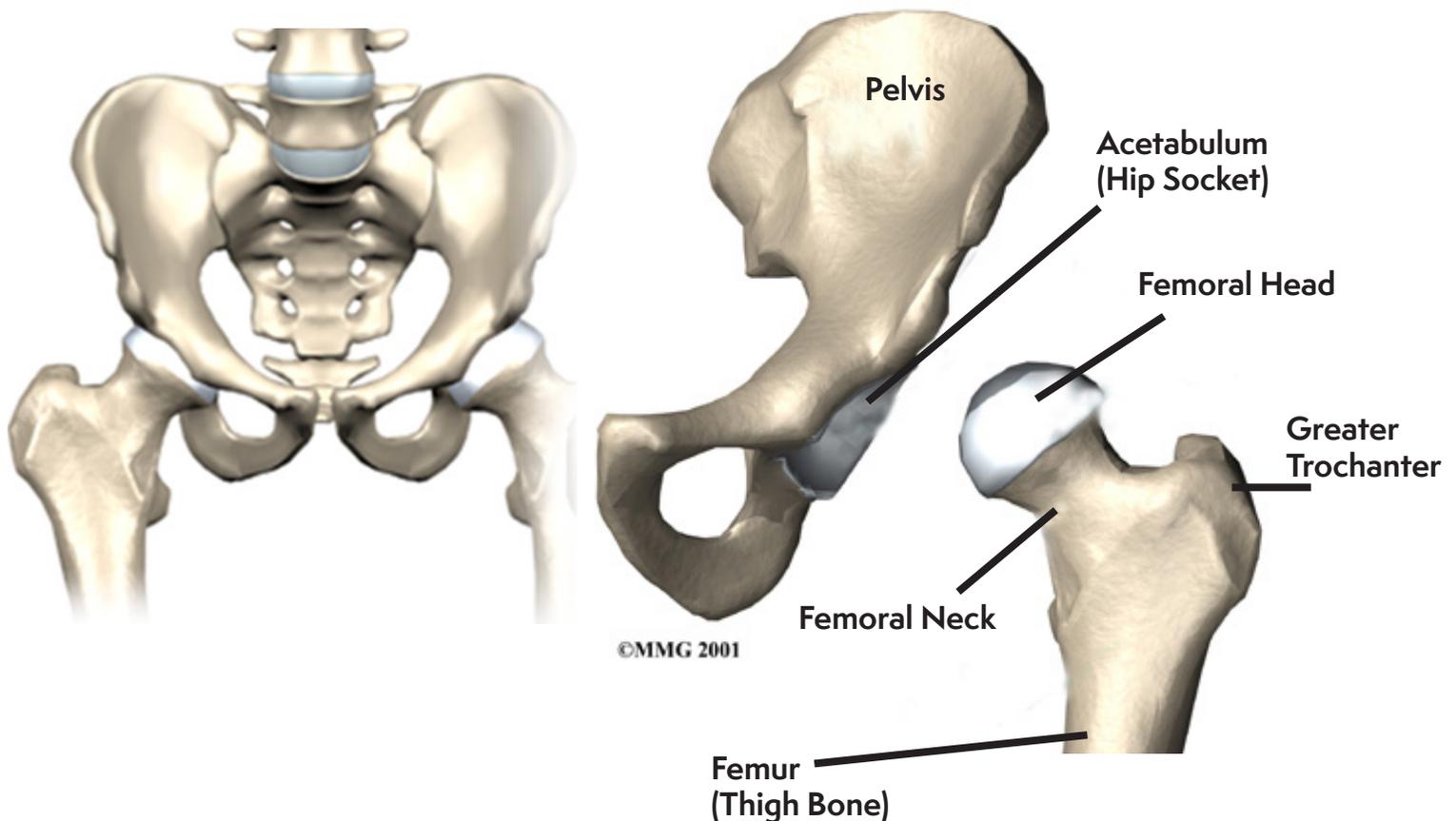
Please do not hesitate to ask questions or let us know if you are feeling worried at any time. There will be many questions asked and many new ideas discussed. Your feedback allows us to better create your care plan. When answering questions, please be as accurate as possible. All your information and answers are kept confidential.

UNDERSTANDING HIPS & HIP FRACTURES

HOW YOUR HIP WORKS

Understanding how the hip works makes it easier to understand how a fracture happens.

The body has many types of joints. The hip is called a ball-and-socket joint. The hip socket is called the **acetabulum** and is the deep cup that surrounds the femoral head or ball of the upper thighbone. A short part of the bone called the **femoral neck** attaches the **femoral head** to the rest of the femur. Just below the femoral neck, there is a bump on the outside of the femur; this is called the **greater trochanter**. The large muscles of the buttock attach to the femur at this point.



UNDERSTANDING HIPS & HIP FRACTURES

WHAT IS A HIP FRACTURE?

A hip fracture is a break in the top quarter of the thigh bone (femur).

HOW HIP FRACTURES HAPPEN?

A clear cause of hip fractures is injury. Losing balance and falling to the ground from a standing position is something simple, but in an aging person, this is an injury that can cause a hip fracture.

Even though many hip fractures can happen this way, it could also be that the fall can occur as a result of the hip fracturing. The hip, in reality, breaks first making the person fall.

In the vast majority of cases, a hip fracture is a fragility fracture, one that occurs because of a fall or minor trauma in someone with weakened osteoporotic bone.

In the case of a hip fracture in a person with normal bone strength, the fracture is usually the result of high-energy trauma, like a car accident, sports injury, or falling from extreme heights.

Osteoporosis is a disease that causes bones to become fragile and more likely to break. Osteoporosis can decrease the strength of the neck of the femur; as a result, any added stress on the femur can result in the neck of the femur breaking suddenly. A small misstep,

which leads to a slight twist of the hip joint, can cause the neck to break. The fall that follows the break will happen so quickly that the person will be unsure which happened first, the break or the fall.

Osteoporosis is a silent disease, which currently affects more than 40 million Americans. This number is increasing and so are the number of osteoporosis-related fractures. There are many factors that contribute to osteoporosis, some of these include:

- Aging
- Heredity
- Medications
- Nutrition
- Other Illnesses
- Lifestyle

For more information regarding osteoporosis, please look through the “Preventing Future Fractures” brochure that was provided with this binder by the American Orthopaedic Association, Own the Bone, and speak with your primary care provider or fracture liaison specialist.

UNDERSTANDING HIPS & HIP FRACTURES

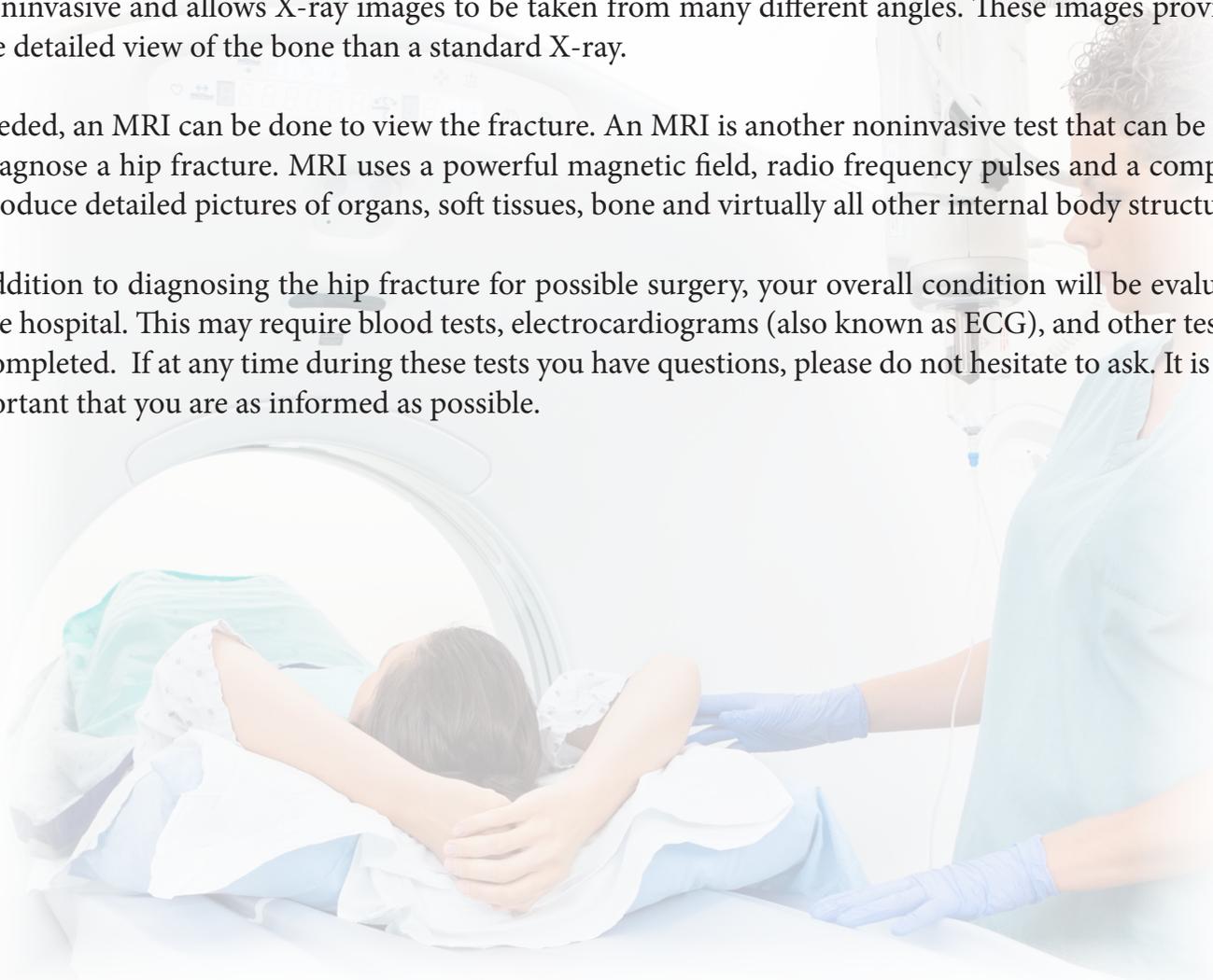
HOW DO DOCTORS IDENTIFY THE PROBLEM?

A hip fracture is typically found in an emergency room. The most common test used to confirm that a hip fracture has happened is an X-ray. The X-ray will also allow the doctor to determine which type of fracture it is. These same X-rays will also permit the orthopaedic surgeon to evaluate the fracture to determine which procedure, if any, to perform to repair the hip fracture.

There are a few cases where the fracture may not be visible by an X-ray. If the patient continues to experience pain, their doctor may request a CT scan, also known as a CAT scan. This test, like an X-ray, is noninvasive and allows X-ray images to be taken from many different angles. These images provide a more detailed view of the bone than a standard X-ray.

If needed, an MRI can be done to view the fracture. An MRI is another noninvasive test that can be used to diagnose a hip fracture. MRI uses a powerful magnetic field, radio frequency pulses and a computer to produce detailed pictures of organs, soft tissues, bone and virtually all other internal body structures.

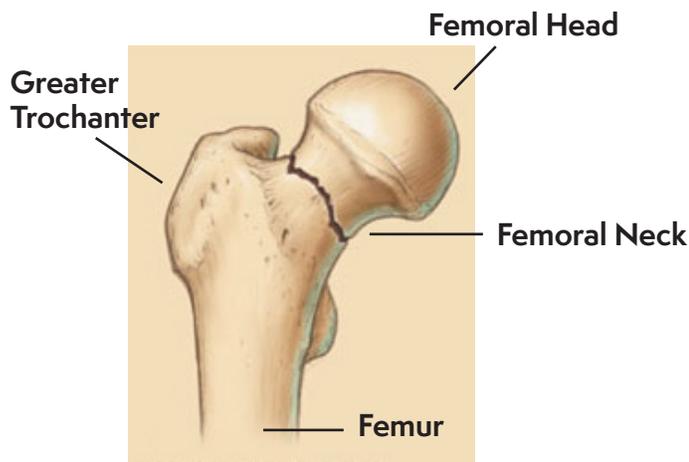
In addition to diagnosing the hip fracture for possible surgery, your overall condition will be evaluated in the hospital. This may require blood tests, electrocardiograms (also known as ECG), and other tests to be completed. If at any time during these tests you have questions, please do not hesitate to ask. It is very important that you are as informed as possible.



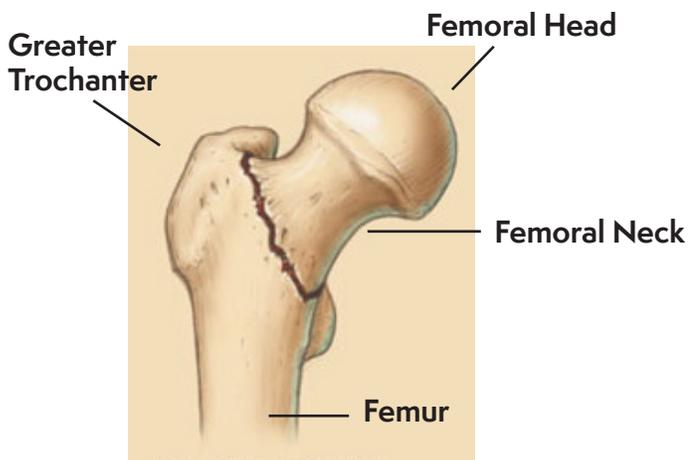
FRACTURE TYPES AND SURGICAL OPTIONS

TYPES OF HIP FRACTURES

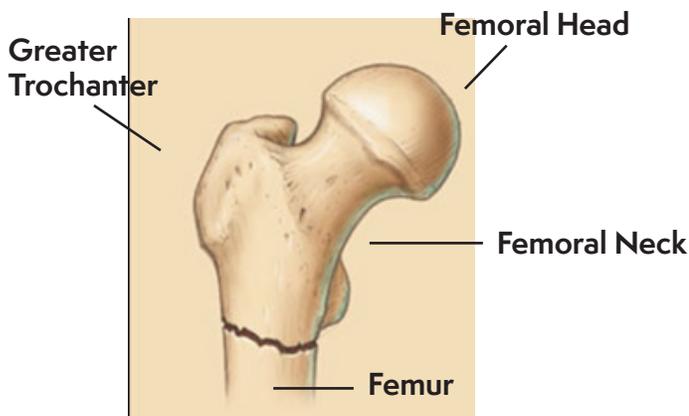
There are many different ways that a femur can fracture. These fractures are placed into *three* different categories according to where the fracture occurs on the bone.



Intracapsular fractures are fractures that occur in the femoral neck.



Intertrochanteric fractures occur below the neck of the femur, but also in the area of the femur that is alongside the greater trochanter, the bump on the outside of the femur.



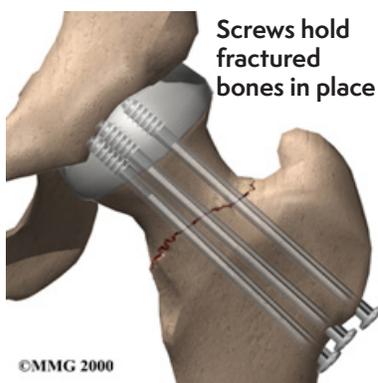
Subtrochanteric fractures occur in the upper portion of the femur but below the greater trochanter, the bump that is on the outside of the femur.

Your plan of care starts as soon as you are admitted. The first steps are to ensure that your pain is under control and that you are medically stable. After these steps are complete, the process of treating your hip fracture can begin.

Before surgery, you will be made as comfortable as possible. Pain medication will be available to you, however, medications may vary depending on each patient's medical status. You will be turned and repositioned frequently to protect your skin and avoid skin breakdown, which can lead to the development of pressure ulcers. All other medical conditions that you may have will also be addressed and maintained during your hospital stay by internal medicine/hospitalist.

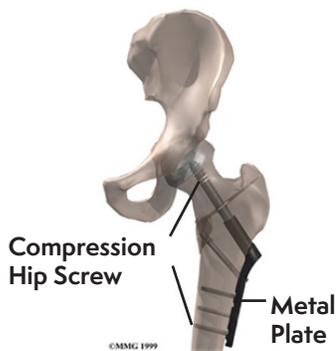
In almost all hip fracture cases, a surgical operation of some type is needed to repair the fracture. With each type of surgery, the surgeon's goal is to secure the bones in a position which allows the patient to return to their individual previous level of activity as soon as possible.

There are many different methods to treat hip fractures. While most include a surgical procedure, there are hip fractures that heal without surgical intervention. If this is the treatment option for you, your surgeon will explain this process to you. If surgery is indeed the best option for you, your surgeon will explain the best surgical approach for your fracture. Listed below are some of the more common surgical approaches that are used to repair fractures.



1. METAL SCREWS

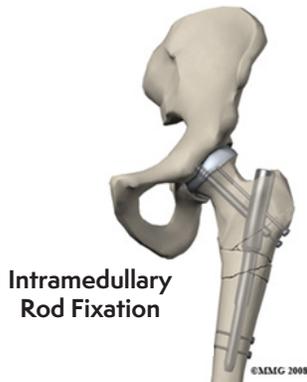
Placing metal screws through the fracture is an option if it occurs at the neck of the femur and if the bones are still in the correct placement. Placing these screws will put the two pieces of the fracture together.



2. METAL PLATE AND SCREWS

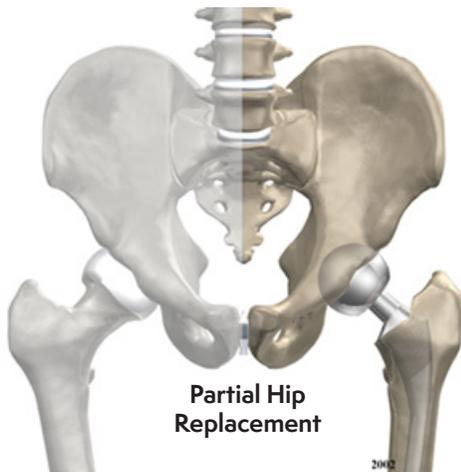
The compression hip screw is fixed to the outer side of the bone with bone screws and has a large secondary screw (lag screw) that is placed through the plate into the neck and head of the hip bone. This type of surgery is often used in fractures that have multiple places that need to be held together. Having the screw and the plate on the outside of the bone holds the pieces together to allow healing.

FRACTURE TYPES AND SURGICAL OPTIONS



3. *INTRAMEDULLARY NAIL*

A nail is placed in the hollow cavity of the femur (thighbone) and, if needed, interlocking screws can be placed at the end of the long nail further down the femur. Screws are also used to capture the neck and head of the femur.



4. *PARTIAL HIP REPLACEMENT (HEMIARTHROPLASTY OR ENDOARTHROPLASTY)*

A hemiarthroplasty is a procedure that replaces only the head of the femur, leaving the socket of the hip joint. This procedure is also known as a **partial hip replacement**, because the surgeon only replaces half of the hip joint. This procedure is often recommended when the fracture occurs at the neck of the femur and the ball is displaced. Often when this type of fracture occurs, the femoral head is damaged and needs to be replaced because the blood supply to it has been lost.



5. *TOTAL HIP REPLACEMENT*

A total hip replacement is when the entire hip joint, including the femoral head and the socket joint, is replaced.

HAVING ORTHOPAEDIC SURGERY

Your plan of care is created individually to meet your needs. When you leave the hospital, our hope is that you will feel well prepared to assist in your recovery process. If at any time during your stay with us you have questions, please speak with any staff member. It is our goal that you will have all the answers needed.

BEFORE SURGERY

Each patient will need to sign consent for surgery before the surgery. The procedure and consent will be thoroughly explained to you prior to you signing it. Please have any questions you may have about your surgery answered before you sign the consent form (which also includes your consent to receive blood, if needed).

INFECTION PREVENTION

The nurse will swab your nostrils with a cotton swab to obtain a sample of the bacteria that grows there. Staphylococcus Aureus is a type of bacteria commonly found on the skin and/or in the nostrils of healthy people. Although it is usually harmless at these sites, it may occasionally get into the body through breaks in the skin such as abrasions, cuts, wounds, surgical incisions, or indwelling catheters and could cause infections. These infections may be mild, such as pimples or boils, or serious, such as infections of the bloodstream, bones, or joints.

If this bacteria is found in your nostrils, an antibiotic ointment called Mupirocin (which will be provided to you) should be applied inside your nose twice a day – once in the morning and once

in the evening – for five days before your surgery. This helps to decrease the bacteria and reduce the risk of the bacteria spreading to other sites on the body where they might cause infection.

To reduce the risk of infection at the surgical site, Memorial Hospital and Health Care Center has chosen chlorhexidine gluconate, also known as CHG, in the form of disposable wipes. Preoperatively, a nurse or nurse's aide will apply the cloth to the surgical area first, cleaning it thoroughly. The nurse will then continue to use the cloth on the rest of your body closest to the surgical area. Do not use the wipe around your face, eyes, or private areas.

THE OPERATING ROOM

In the operating room your care will be provided by nurses, surgeons, assistants, and other certified personnel. This is where the anesthesia provider will administer medication to allow the surgery to begin. During the surgery, you will be closely monitored by your surgical team. When the procedure is completed, your surgeon will speak with your family to inform them of how your procedure went.

HAVING ORTHOPAEDIC SURGERY

TYPES OF ANESTHESIA

SPINAL ANESTHESIA:

Spinal anesthesia temporarily takes away the ability to feel pain and prevents movement from the abdomen to your toes. This is administered in the operating room, usually after intravenous sedation has been given. You will be placed in the sitting position or lying on your side after all appropriate monitors are placed on you. A sterile solution will be used to clean your back, and a sterile drape will be placed. A numbing medication will be used to numb your skin; usually only a minor sting is felt during this step. Once you are numb, a small needle is used to inject the anesthetic into your back. Once this medication is injected, you will be positioned on your back. The anesthesia provider will make sure you have no feeling so that surgery can be performed safely without pain. You will also be sedated so that you are comfortable and unaware of your surroundings. You may be numb several hours after the spinal anesthesia is performed. Spinal anesthesia is sometimes used with general anesthesia as well.

Advantages of Spinal Anesthesia

There are several advantages of spinal anesthesia. This method is fairly easy to perform and provides excellent operating conditions for the surgeon. With spinal anesthesia, the use of a breathing tube is avoided, which decreases the chance of lung complications that are more common with general anesthesia. Spinal anesthesia also decreases the chance of blood clots in your legs as well as those that may travel to your lungs. In general, your blood pressure is lowered with spinal anesthesia, which results in less blood loss during surgery, reducing the need for blood transfusions.

In addition, spinal anesthesia helps to avoid the common side effects related to general anesthesia such as nausea, vomiting, somnolence (sleepiness), and confusion (especially in older patients). Spinal anesthesia also reduces the need for intravenous pain medications, which can have similar effects for several hours after the spinal anesthesia is performed. Spinal anesthesia is sometimes used with general anesthesia as well.

Disadvantages of Spinal Anesthesia

There is a possibility that your spinal anesthetic may not work, even under skilled hands. If that were the case, general anesthesia would then be used.

A headache may develop after spinal anesthesia for some patients. Your anesthesia provider will be able to evaluate your headache and determine if the cause is from the spinal anesthesia.

Other rare events include: spinal hematoma (bleeding), backache, infection, seizure, high block (you are numb above your abdomen), low blood pressure, nerve injury, or a medication reaction.

Your anesthesia provider can discuss these risks in more detail if needed.



HAVING ORTHOPAEDIC SURGERY

TYPES OF ANESTHESIA

GENERAL ANESTHESIA:

General anesthesia is a technique during which you will be unconscious, generally referred to as “being put to sleep.” General anesthesia is started in the operating room. You will be asked to breathe oxygen through a mask for several minutes once the monitors are placed on you. You will then be given a medication through your intravenous line (IV) that will put you to sleep. At this point, a breathing tube or a device known as a laryngeal mask airway (LMA) will be placed on you. You will stay asleep by an inhalational gas (a gas in which you breathe), IV medications, or a combination of both. Once surgery has finished, the medication will be discontinued, and the breathing tube or LMA will be removed.

Advantages of General Anesthesia

General anesthesia is a good option when spinal anesthesia cannot be performed. Patients on certain types of blood thinners or patients with low platelets cannot have spinal anesthesia due to the risk of bleeding. Patients with certain neurological conditions also may not be candidates for spinal anesthesia. General anesthesia causes unconsciousness; therefore, you will not be aware of your surroundings during surgery.

Disadvantages of General Anesthesia

There are side effects related to general anesthesia. The most common side effect is nausea and vomiting. This occurs more frequently in patients who have a history of nausea and vomiting after

anesthesia, those who have motion sickness, females, or smokers. You may also have a sore throat from having the breathing tube/LMA placed. Confusion is commonly seen in elderly patients after general anesthesia.

During placement of a breathing tube, there are several rare risks such as aspiration (contents from your stomach going into your lungs), pneumonia, or dental injury. Lung risks such as hypoventilation (not breathing well), blood clot traveling to your lungs, or the need to be placed on a breathing machine may also occur.



HAVING ORTHOPAEDIC SURGERY

WAKING UP FROM SURGERY

Once your surgery is complete you will go to the recovery room or PACU, post anesthesia care unit. Once there, a PACU nurse will be providing care to you as you wake up from the anesthesia. While in PACU you may notice other recovering patients, and you may hear noises from monitors and other machines in the room. It is normal to be confused and sleepy while in PACU. This may continue until the anesthesia wears off completely. Each person recovers from anesthesia at an individual pace. Drifting between being asleep and awake during this time is completely normal. In addition to feeling tired, you may notice that your throat feels sore or that you may have pain at the incision site. Communicate these feelings; your nurse may give medication to help ease the pain.

The PACU nurse will be asking you questions and asking you to do some tasks for your recovery. Coughing and deep breathing is one of these tasks that you will be instructed to complete. This may be difficult when first attempted. Do not be discouraged. Deep breathing and coughing is an important part of your recovery. It is used to help clear the lungs following surgery. Anesthesia gases, fluid or mucus can collect in the lungs during the surgery. Coughing and deep breathing helps to expand and clear the lungs. This task will be revisited later during your recovery after surgery.



HAVING ORTHOPAEDIC SURGERY

The goal for our surgical hip fracture patients is to assist them in returning to their previous level of functioning.

REHAB

Soon after surgery, a physical and/or occupational therapist will visit you. It is during these visits that they will be assisting and teaching you how to begin your recovery. A physical therapist will assist you in many exercises and will help you to move from the bed to a chair. They will show you how to properly begin walking with a walker, if you are able. However, the amount of weight that you can place on the operative leg will depend upon the surgical procedure and type of fracture. During your stay, an occupational therapist may also show you how to dress, bathe and complete other activities of daily living while healing from your fracture and maintaining your hip surgery precautions, if you have any. All the therapy sessions that you receive during your stay are important to your recovery and to help prevent blood clot formation.

PAIN MANAGEMENT

We are committed to managing your pain. During your stay, the nursing staff will ask you about your pain level. We rate pain on a scale from 0 to 10. The staff will ask you frequently, on a scale of 0 to 10, how would you rate your pain. To better understand the pain scale, it can be broken down into mild, moderate and severe pain levels. A 0 is described as having no pain or being pain free. 1-3 is often categorized as a mild pain level, 4-6 is moderate pain, and 7-10 is severe pain. Another way to visualize the pain scale is by the Wong-Baker FACES Pain Rating Scale:

Wong-Baker FACES® Pain Rating Scale



GOAL
Following your joint replacement

WHAT TO EXPECT FOLLOWING SURGERY

Why is pain management important during your stay at Memorial Hospital and Health Care Center? It is important to control your pain to a tolerable level in order for you to be able to carry out functions comfortably and participate in your rehabilitation. Pain that is managed allows walking, doing breathing exercises, and performing other activities that promote strength and prevent complications. Your physician will be monitoring your pain level and will make sure that appropriate pain medications are available to you to help keep your pain at a tolerable level. Pain medications may include pills and IV medications.

The nursing staff will discuss the pain scale with you and will ask you to create a pain goal. This pain goal is the number on the pain scale where you would like to keep your level at or below during your stay. Please keep in mind while setting your pain goal, that while we would like to, it may not be possible to keep you completely pain free following your surgery. Having some pain around the surgical site is normal and should be expected. Likewise, severe pain should not be the normal pattern for you after surgery. If your pain is increasing, please speak with your nurse to discuss pain medication options and other forms of pain relief including ice, position, and exercise.

You can be involved in your pain management options by doing the following:

- Discuss pain management with your physician or nurse.
- Let your physician know what pain medications have worked for you in the past or if you have had any adverse reactions to any pain medications.
- Discuss any concerns that you have about taking pain medications.
- Let your physician and nurse know what makes your pain more tolerable and what makes the pain worse.
- Discuss your pain goal. This is the level of pain you need to be at in order to carry out activities, therapy, etc.

Every person has an individualized response and reacts differently to pain medication. It is important to let your physician and nurse know if you are not getting pain relief to a tolerable level with the medications that are being given.

BLOOD TRANSFUSIONS

With any type of operation there is always a chance that a blood transfusion could be needed. There are several different factors that would determine if you would need a blood transfusion. Your surgeon and the medical physician will be watching closely to ensure that you are at a healthy level. In order to do this they will be watching your red blood cell counts. These will be available to them daily after a lab technician draws your blood and runs the test.

WHAT TO EXPECT FOLLOWING SURGERY

NUTRITION

Good nutrition can help your recovery following your hospital stay. Your body may need extra calories, protein, and other nutrients to help you recover and get back to enjoying your life. Your body uses protein to build cells and repair tissue. This is particularly important if you have a surgical incision or wound to help it heal. Poor nutrition can lead to complications and possibly put you back in the hospital.

Without proper nutrition you may experience: infection, illness, bed sores, slow wound healing, frailness, and increased risk for falls.

Good nutrition can help you: maintain lean muscle and strength, support your immune system, and reduce the chance of readmission to the hospital.

Tips for Maintaining Good Nutrition at Home:

- Eat even though you may not feel hungry.
- Eat five or six small meals throughout the day.
- Have easy, convenient meals and snacks on hand.
- Eat nutrient-rich foods, such as yogurt, cheese, and nuts.
- Have food ready; prepare and freeze extra servings.
- Carry single-serving packages of healthy snacks such as dried fruits, nuts, peanut butter and crackers, or granola bars.
- Try to eat at least 5 ounces of meat, poultry or fish each day.
- Include 1 ½ cups of colorful fruits and 2 cups of vegetables each day – fresh, frozen or canned.
- Adults need 3 servings of dairy per day. Choose milk (1 cup), yogurt (6 ounces) and cheese (1-1 1/2 ounces).
- Look for whole grains when purchasing bread, cereal, pasta or rice. Whole grains are a good source of vitamins, minerals and fiber.
- Consider oral nutritional supplements if you have a poor appetite, are not eating well or have had unplanned weight loss. There are a variety of supplements available including Ensure, Boost and Carnation Instant Breakfast that are designed to provide extra calories, protein, vitamins and minerals. If you have diabetes, options include Glucerna or Boost DM.
- Protein sources include: meats such as beef, pork, fish, chicken and turkey; dairy products such as milk, cheese, cottage cheese and yogurt; eggs, nuts and seeds, nut butters such as peanut butter, soy products such as soy milk and beans such as Great Northern, Kidney and Navy beans. Choose a protein source with each meal to help insure you are meeting your protein requirements.
- Don't forget the importance of fluids on your nutritional status. If you have a fever, a wound that is draining, or a specialty air mattress, these are all factors that increase your fluid needs.
- It is not uncommon to have problems with constipation after surgery. If you are having problems with constipation, make sure you are drinking plenty of caffeine free fluids, choosing whole grain products, and eating more fruits and vegetables.

WHAT TO EXPECT FOLLOWING SURGERY

Deep Vein Thrombosis (DVT)

After surgery you are also at risk of developing a deep vein thrombosis (DVT), which is a blood clot that forms in the bigger veins in the legs. If this blood clot were to break into pieces, there is a risk of the clot traveling to the lungs. If this were to occur, it could get stuck in the smallest blood vessels known as capillaries, causing the blood supply to this portion of the lung to be stopped. When this series of events happens, it is known as a pulmonary embolism.

A DVT can happen as a result of the patient being on bed rest and not being as active as they previously were. There are many ways to reduce the risks of developing a DVT. Here at Memorial Hospital and Health Care Center, we utilize the following prevention methods:

- Early mobilization – this is possibly the most effective prevention method.
- Medications to thin the blood, preventing the clots from ever forming – your physician and surgeon will decide which form of medication will be best suited to your personal health needs.
- Anti-embolism pressure stockings, also known as TED hose – these stockings help to keep the blood moving in your legs. You will continue wearing these stockings even after discharge from the hospital for 4-6 weeks.
- Sequential Compression Devices – leg or foot pumps that manually squeeze your leg or foot with air, pumping the blood through your legs.

Pneumonia

Having a hip fracture will often require bed rest for a period of time, and even after having the fracture fixed surgically, you will be lying in bed more. In addition, the anesthesia you received can also affect your ability to breathe as effectively. It is because of these changes that we will introduce you to a breathing device called an incentive spirometer. This tool measures how well you are able to take a deep breath and allows you to see that measurement. Seeing the number will allow you to work toward a goal number and improve your breathing. A respiratory therapist will teach you how to use this and will continue to monitor your ability to use the device. The incentive spirometer will help to exercise your lungs while you are healing from your hip fracture. In addition to using the incentive spirometer, you will be encouraged to cough and deep breathe several times a day.

As soon as you are able, you will be assisted to get out of the bed. Simple steps such as sitting upright in a chair will help to make your lungs work better, decreasing the risk of pneumonia.



WHAT TO EXPECT FOLLOWING SURGERY

Urinary Tract Infection (UTI)

An infection that begins in your urinary system, bladder, kidneys, ureters, or urethra, is known as a urinary tract infection (UTI). A UTI can develop in any part of the urinary system, but they are most often in the bladder and urethra – the lower part of the urinary tract. UTIs affect women more often than men. They can be painful, but other times there may be no pain associated with the infection. Mental confusion can also be a symptom of a UTI in an older adult. If a UTI is found to have developed, it will be promptly treated.

While healing from a hip fracture you may have a urinary catheter placed for a short time. The catheter will be removed as soon as medically possible. Removing the catheter reduces the risk of developing a UTI. This also encourages mobility by increasing how often you will get out of bed.

Mental Confusion (Delirium)

Having a hip fracture and being in a hospital can cause a lot of stress to the patient. The treatments and care associated with the injury can sometimes cause the patient's behavior to change. These include:

- Medications
- Anesthesia
- New surroundings not familiar to the patient
- Stress of the injury

The change in the patient's behavior can be frightening to the family and the patient. It is important to remember that these changes are most often temporary and that the staff is trained to understand these changes and help guide you through them. The best treatment for this confusion is usually to get the patient moving down the path towards healing and back to their normal surroundings. There are some steps, however, that are often taken while in the hospital to increase the safety of the patient during these times of confusion. Medications may be changed or new ones introduced. The patient may be moved to a room that is closer to the nurses' station making them more easily visible to staff. There may be an alarm that is turned on to alert staff if the patient tries to get out of bed unassisted. Or a staff member may even sit in the room with the patient to help them during these times of confusion. Our goal is to protect the patient, prevent any further damage to the hip, and assist in healing in the most comfortable environment possible.

NUTRITION

Good nutrition can help your recovery following your hospital stay. Your body may need extra calories, protein, and other nutrients to help you recover and get back to enjoying your life. Your body uses protein to build cells and repair tissue. This is particularly important if you have a surgical incision or wound to help it heal. Poor nutrition can lead to complications and possibly put you back in the hospital.

Without proper nutrition you may experience: infection, illness, bed sores, slow wound healing, frailness, and increased risk for falls.

Good nutrition can help you: maintain lean muscle and strength, support your immune system, and reduce the chance of readmission to the hospital.

TIPS FOR MAINTAINING GOOD NUTRITION AT HOME:

- Eat even though you may not feel hungry.
- Eat five or six small meals throughout the day.
- Have easy, convenient meals and snacks on hand.
- Eat nutrient-rich foods, such as yogurt, cheese, and nuts.
- Have food ready; prepare and freeze extra servings.
- Carry single-serving packages of healthy snacks such as dried fruits, nuts, peanut butter and crackers, or granola bars.
- Try to eat at least 5 ounces of meat, poultry or fish each day.
- Include 1 ½ cups of colorful fruits and 2 cups of vegetables each day – fresh, frozen or canned.
- Adults need 3 servings of dairy per day. Choose milk (1 cup), yogurt (6 ounces) and cheese (1-1 1/2 ounces).
- Look for whole grains when purchasing bread, cereal, pasta or rice. Whole grains are a good source of vitamins, minerals and fiber.
- Consider oral nutritional supplements if you have a poor appetite, are not eating well, or have had unplanned weight loss. There are a variety of supplements available including Ensure, Boost and Carnation Instant Breakfast that are designed to provide extra calories, protein, vitamins and minerals. If you have diabetes, options include Glucerna or Boost DM.
- Protein sources include: meats such as beef, pork, fish, chicken and turkey; dairy products such as milk, cheese, cottage cheese and yogurt; eggs, nuts and seeds, nut butters such as peanut butter, soy products such as soy milk, and beans such as Great Northern, Kidney and Navy beans. Choose a protein source with each meal to help insure you are meeting your protein requirements.
- Don't forget the importance of fluids on your nutritional status. If you have a fever, a wound that is draining, or a specialty air mattress, these are all factors that increase your fluid needs.
- It is not uncommon to have problems with constipation after surgery. If you are having problems with constipation, make sure you are drinking plenty of caffeine-free fluids, choosing whole grain products, and eating more fruits and vegetables.

NUTRITION

CALCIUM

Everyone needs calcium to maintain healthy bones and muscles. The National Institutes of Health (NIH) recommends that women over 50 and men over 70 get 1,200 milligrams of calcium per day. If you are not getting enough calcium, you may be able to increase your intake by adding some calcium-rich foods like dairy products (milk, cheese, and yogurt) or non-dairy options like broccoli, almonds, and sardines. In many cases, calcium supplements will also work. Your doctor can tell you more about the type and amount to use, when to take it, and if calcium supplements can be taken with your other medications.

VITAMIN D

Vitamin D, the “sunshine vitamin,” plays a critical role in helping your body absorb calcium from your digestive system into your bloodstream. This is particularly important as we get older and our bodies are less able to absorb the calcium we need. The National Osteoporosis Foundation recommends 800-1,000 International Units (IU) of vitamin D per day and up to 4,000 IU is safe and sometimes necessary. Sunshine, and vitamin D-fortified foods like milk, can help you meet your daily quota. Vitamin D supplements are also available and frequently necessary.

In some cases, your health care provider may do a simple blood test to measure your vitamin D level. He or she can recommend your best option for adequate vitamin D intake.

Top Sources of Calcium		
Food	Serving Size	MG of Calcium
Soy Milk Fortified	8 ounces	368 mg
Sardines with bones	3 ounces	325 mg
Yogurt	6 ounces	310 mg
Milk	8 ounces	300 mg
Tofu with calcium	½ cup	253 mg
Cheese-Cheddar	1 ounce	205 mg
Salmon with bones	3 ounces	180 mg
Collard Greens	½ cup	178 mg
Baked Beans	4 ounces	160 mg
Cottage Cheese	4 ounces	105 mg
Fortified Cereal	1 ounce	100-1,000 mg
Broccoli	8 ounces	60 mg

REHABILITATION

Your physical therapist and occupational therapist will assess your prior level of function and then work with you to regain your independence and mobility based on your individual needs. ***One of our goals is to have you sit upright for all your meals. Following surgery, mobilizing (moving around) helps to decrease the risk of complications.***

Below are the exercises you will be instructed on by physical therapy. **Begin at 10 repetitions and progress to 20 repetitions (twice a day) as tolerated, or as instructed by your therapist.**

1. Ankle Pumps

Bend and straighten ankle.



2. Quad Sets

Press knee into bed, tightening muscle on top of thigh. Hold 5 seconds.



REHABILITATION

3. Buttock Squeezes

Squeeze bottom together and hold 5 seconds.



4. Hip Abduction

Slide leg out to side and back.



REHABILITATION

5. Heel Slides

Bend and straighten knee.



6. Short Arc Quads

With knee bent over bolster, lift foot up, straightening knee. Be sure to keep back of knee on bolster.



REHABILITATION

7. Straight Leg Raises

Tighten muscles on top of thigh, then lift leg straight up off bed, approximately 12 inches. Lower slowly.



You may be instructed NOT to perform this exercise. Your therapist will advise you after surgery.

8. Sitting Knee Extension

Bend and straighten knee.



REHABILITATION

SPECIAL INSTRUCTIONS

Hip Precautions

Your surgeon and therapist will advise you whether you need to do the following:

- Do **NOT** bend your hip more than 90°.
- Do **NOT** lift your knee higher than your affected hip.
- Do **NOT** cross your legs.
- Do **NOT** turn your affected leg inward.



ACTIVITIES OF DAILY LIVING

TRANSFER - TOILET

You may need a commode extension or bedside commode over your toilet after surgery.

When sitting down on the toilet:

- Take small steps and turn until your back is to the toilet. Never pivot.
- Back up to the toilet until you feel it touch the back of your legs.
- If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a commode without armrests, keep one hand on the walker while reaching back for the toilet seat with the other.
- Slide your operated leg out in front of you when sitting down.

When getting up from the toilet:

- If using a commode with armrests, use the armrests to push up. If using a commode without armrests, place one hand on the walker and push off the toilet seat with the other.
- Slide operated leg out in front of you slightly prior to standing.
- As you stand, bring operated leg back.



ACTIVITIES OF DAILY LIVING

TRANSFER - TUB



Getting into the tub using a tub transfer bench:

1. Place bench in the tub facing the faucets.
2. Back up to the bench until you feel it at the back of your knees.
3. Reach back for the bench and slowly lower yourself onto the bench, keeping the operated leg straight.
4. Move the walker out of the way but keep it within reach.
5. Lean back and lift your legs over the edge of the tub.
6. Scoot further into tub via bench.

Getting out of the tub using a tub transfer bench:

1. Scoot out towards edge of the bench.
2. Lift your legs over the outside of the tub.
3. Scoot out further on the edge of the bench if needed.
4. Push up with one hand on bench while holding onto walker or grab bar with the other hand.

Please Note:

- * *Although bath seats, grab bars, long-handled bath brushes and hand-held showers make bathing easier and safer, they are typically not covered by insurance.*
- * *Always use a rubber mat or non-skid adhesive on the bottom of the tub or shower.*
- * *To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of panty hose and attach it to the bath seat.*

ACTIVITIES OF DAILY LIVING

Getting into the tub by stepping over tub edge after hip surgery:

1. Position self parallel to the tub.
2. Hold onto grab bar with one hand and walker with the other hand, as you bend your knee so that your foot goes behind you and not in front of you.
3. Step over the tub edge.
4. Bring other leg into the tub by bending your knee so your foot is behind you while continuing to hold grab bar.

*If a shower chair is needed, hold onto grab bar and/or reach back for chair as you lower yourself down onto chair. Keep the operated leg out straight.

Getting out of the tub by stepping over tub edge after hip surgery:

1. Hold onto grab bar as you bend your knee so that your foot goes behind you.
2. As you are holding onto grab bar with one hand, hold onto walker with other hand and then step over tub edge.
3. Bring other leg over tub edge by bending your knee so your foot is behind you.

*If a shower chair is needed, push up from chair and/or use grab bar to stand from chair.



ACTIVITIES OF DAILY LIVING

DURABLE MEDICAL EQUIPMENT (DME)

These items may be used to increase ease and safety of transfers if needed.



Tub Transfer Bench



Commode Extension

ACTIVITIES OF DAILY LIVING



Toilet Safety Frame
Bedside Commode over Toilet



Shower Chair

ACTIVITIES OF DAILY LIVING

LOWER BODY BATHING

- You can use a long-handled sponge to bathe your feet.
- A towel wrapped around the sponge can be used to dry your feet.
- A hair dryer could also be used to dry your feet.
- You can place a washcloth on the floor to bathe the bottoms of your feet.



ACTIVITIES OF DAILY LIVING

LOWER BODY DRESSING

Pants/Underwear

Putting on pants or underwear:

- Sit down for task.
- Put your operated leg in first and then your unoperated leg.
- Pull the clothing over your knees.
- Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants or underwear:

- Back up to the chair or bed where you will be undressing.
- Unfasten your pants and let them drop down over your hips.
- Push your pants down to your knees.
- Lower yourself down, keeping your operated leg out straight.
- Remove clothing from the unoperated leg first, and then from the operated leg.

* *A reacher could be used to move clothing over your feet and to get clothing from the floor if needed.*



ACTIVITIES OF DAILY LIVING

LOWER BODY DRESSING

Socks



Putting on socks using a sock aid:

- Slide the sock onto the sock aid.
- While holding onto the ropes, lower the sock aid to your foot.
- Slide your foot into the sock aid. A reacher can be used to get the sock aid started onto your foot.
- Straighten your knee, point your toe down, and pull on the ropes to pull the sock on.
- Keep pulling on the ropes until the sock aid pulls out of the sock.

* A sock aid can be used to put on compression stockings, also.

ACTIVITIES OF DAILY LIVING

LOWER BODY DRESSING

Socks



Taking off socks using a reacher or dressing stick:

- While sitting, slide the reacher or dressing stick inside the sock by your ankle.
- Move the reacher or dressing stick behind your heel while it is still down inside your sock.
- Push straight down with the reacher or dressing stick to remove your sock.

* *A dressing stick can be used instead of a reacher.*

* *Compression stockings can be removed with the use of a reacher or dressing stick, also.*

ACTIVITIES OF DAILY LIVING

LOWER BODY DRESSING

Shoes

Using a long-handled shoehorn to put on shoes:

- Use your reacher or long-handled shoehorn to slide your shoe in front of your foot.
- Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
- Lean back, if necessary, as you lift your leg and place your toes in your shoe.
- Step down into your shoe, sliding your heel down the shoehorn.

Using a long-handled shoehorn or reacher to take shoes off:

- You can use your reacher to unfasten Velcro, if needed.
- Place either your reacher or shoehorn at the back of your heel.
- Push down on the back of your shoe to slide shoe off.

* A dressing stick can also be used.



Note: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces. Do not wear high-heeled shoes or shoes without backs.

ACTIVITIES OF DAILY LIVING

PERSONAL CARE EQUIPMENT

Depending on your progress, the following equipment may be provided to you while in the hospital. Upon discharge, these items may be purchased to help you complete your personal care at home.

** Please note: These items are not typically covered by insurance.*



Reacher



Long-handled sponge



Dressing stick



Sock aid



Long-handled shoehorn

ACTIVITIES OF DAILY LIVING

STAIR CLIMBING

1. When going up the stairs, step up with your *non-operative* leg first.
2. When going down the stairs, step down with your *operative* leg first.



ACTIVITIES OF DAILY LIVING

TRANSFERRING IN AND OUT OF A CAR

1. Prior to getting in the car, move the seat of the car as far back as possible. You may even want to recline it, but return it to the upright position for traveling.
2. Back up until you feel the seat of the car against the back of your legs.
3. Reach back for the car seat or door frame to provide support for lowering yourself down. **DO NOT** use the car door - it may move! Remember to keep your operated leg out in front of you and be watching for the roof of the car so you do not hit your head.
4. Turn to the front, leaning back as you lift your operated leg into the car.



OPTIONS FOR CARE AFTER LEAVING THE HOSPITAL

Rehab will be necessary after surgery to help strengthen and increase mobility in the joint; however, the level and length of rehab will vary since every patient is different. You, your family, your physician(s), and orthopaedic care team will help determine what level is best for you.

Skilled Nursing Facility/Acute Inpatient Rehabilitation Facility

Post-acute facilities help patients who are experiencing a loss of function from injury or illness become as independent as possible in their activities of daily living so that they may return home and re-enter the community. In an acute inpatient rehab facility, a patient must be able to tolerate a minimum of three hours of therapy a day.

Nursing Home

Nursing home facility provides high level of longer term personal and nursing care for persons who are unable to care for themselves properly.

Home Health Care

Home health care has a wide range of health care services that can be given in your home for an illness or injury. Home health care helps you get better, regain your independence, and become as self-sufficient as possible. This service helps you to transition back to your prior level of function. Home health care services are for those who are unable to leave their home for therapy.

Home

If you're doing well enough and have support at home, home may be an option. If discharged home, outpatient therapy is typically recommended until your surgeon and therapist feel you no longer need it.

Outpatient Therapy

Outpatient therapy is physical therapy provided on an outpatient basis. The main aim of outpatient physical therapy services is to help people restore movement and function, relieve pain, and prevent further injury.

*Be sure to ask your **discharge planner** what services are appropriate for you and/or your loved one.

HOME SAFETY AFTER SURGERY

HOME SAFETY CHECKLIST

TO MINIMIZE FALL RISKS:

- Remove all throw rugs.
- Wear supportive shoes or non-slip socks.
- All walking paths need to be wide and free of obstacles to allow you to walk with a walker.
- A walker bag/basket may be used to carry items such as a cordless phone.
- Be cautious of pets. They are a common trip hazard.
- If discharged to home, use a night light to ensure good lighting throughout the house, specifically from the bed to bathroom.
- Make sure all handrails along stairs are secure.

BATHROOM SAFETY:

- Use non-slip mats in your tub or shower.
- Install grab bars near your tub/shower and toilet as needed.
- Do not use towel racks for support.
- Store your most needed items in an easy-to-reach location. Generally, this is NOT under the sink.

OTHER:

- If you sleep on the second floor, consider moving a bed to the main level. Avoid sleeping on the couch.
- Sleeping in a recliner is okay, but avoid sitting on low, soft, surfaces (Recliners can be built up with firm cushions or can be placed on a stable platform).
- If your vehicle has cloth seats, plan to sit on a garbage bag to make getting in and out of your vehicle easier. Also, avoid traveling in a low profile vehicle.
- When you travel, stop and change positions hourly.



GENERAL SAFETY:

- Have emergency numbers visible and easily accessible.
- Be sure light switches and outlets are accessible.
- Use firm chair with armrests to sit on to get dressed.
- Consider emergency alert device services.

LIVING WITH OSTEOPOROSIS

Osteoporosis

Osteoporosis, which literally means porous bone, is a disease in which the density and quality of bone are reduced. As bones become more porous and fragile, the risk of fracture is greatly increased. The loss of bone occurs silently and progressively. Often there are no symptoms until the first fracture occurs.

What causes osteoporosis?

Our bones are living tissue and constantly changing. From the moment of birth until young adulthood, bones are developing and strengthening. Our bones are at their most dense in our early 20s – called peak bone mass.

As we age, some of our bone cells begin to dissolve bone matrix (resorption), while new bone cells deposit osteoid (formation). This process is known as remodeling.

For people with osteoporosis, bone loss outpaces the growth of new bone. Bones become porous, brittle and prone to fracture.

Osteoporotic Fractures

Around the world, 1 in 3 women and 1 in 5 men are at risk of an osteoporotic fracture. In fact, an osteoporotic fracture is estimated to occur every 3 seconds. The most common fractures associated with osteoporosis occur at the hip, spine and wrist. The likelihood of these fractures occurring, particularly at the hip and spine, increases with age in both women and men.

Of particular concern are vertebral (spinal) and hip fractures. Vertebral fractures can result in serious consequences, including loss of height, intense back pain and deformity (sometimes called Dowager's Hump). A hip fracture often requires surgery and may result in loss of independence or death.

Prevention, Diagnosis and Treatment

Around the world, 1 in 3 women and 1 in 5 men over the age of 50 will suffer an osteoporotic fracture. In fact, a bone will break every 3 seconds because of this disease. This has an enormous human and socio-economic impact.

Many people don't know they have osteoporosis until their first fracture, which is why it's called the 'silent disease'. Even after a break, it often goes untreated.

The good news is osteoporosis and many musculo-skeletal disorders can be treated and fractures often prevented through healthy lifestyle choices. It's now a largely treatable condition and, with a combination of lifestyle changes and appropriate medical treatment, many fractures can be avoided.

Fracture Liaison Service

If you break a bone, it is very important that you get the right medical care, treatment and follow-up to make sure you don't break any more bones. A fracture liaison service, or FLS program, operates under the direction of your doctor and an FLS coordinator. The FLS helps you reduce the risk of suffering from another broken bone. Your active participation and positive attitude will help you along this journey to better bone health.

FRACTURE LIAISON SERVICE

Fracture Liaison Service

A Fracture Liaison Service (FLS) fracture prevention program provides a bone evaluation and develops a personalized plan for you to reach and maintain your bone health to prevent future broken bones (also called fractures). If you are age 50 or older and have had a broken bone (from a falling height), you will have an appointment to meet with an FLS provider for osteoporosis education and management.

Your Initial Visit

During your first visit, the following will be reviewed: your medical history, the history of your recent fracture, evaluation of your risk for another broken bone, and discussion of treatment options.

Your health care provider may ask:

- Have you had a bone density test? If so, when was it done?
- Have you ever been told that you had bone loss, weak bones, osteoporosis or osteopenia?
- Do you take calcium or vitamin D supplements?
- Have you had any other broken bones since you turned age 50?

You will be scheduled for a follow-up visit one to three months after your initial visit. At that time, your provider will help evaluate your treatment and continue planning your care.

Follow-Up Visits

One of the goals of the FLS is to make sure you are evaluated and have a bone density test. In order to understand your current bone health and determine why you had a broken bone, your health care provider will use a combination of the following methods:

Medical History

Your health care provider will ask you questions to

get a complete medical history. In particular, you will be asked questions about any personal history of fracture, family history of fractures, and other risk factors for osteoporosis. It is important to let your doctor know the medications you have been taking during the last 10 years because some are known to increase an individual's risk for low-bone mass and fractures.

Physical Examination

Your doctor will give you a limited physical exam with emphasis on the spine or backbone. Many fractures in the spine go unnoticed by patients. Loss of height is often a sign of vertebral or spinal fractures.

Laboratory Tests & X-Rays

There are some lab tests that are specific to bone health. We will check your medical records to see if any of these have been performed in the last six months. If so, these tests will not be repeated. An X-ray can help your provider determine if you have had any fragility fractures of the spine.

Care Coordination

One of the most important parts of the FLS program is care coordination. The FLS provider will make sure you complete any rehabilitation plan, keep follow-up medical appointments, and begin and stay on prescription medication to prevent broken bones. Also, you will receive education and counseling on fall prevention and safety measures; diet and supplements of calcium and vitamin D; exercise; and lifestyle changes that may need to be made, like reducing the amount of alcohol you drink or stopping smoking.

Specially Trained (Local) Providers

Ask our staff about our trained FLS providers.

YOUR FAMILY

PURPOSE:

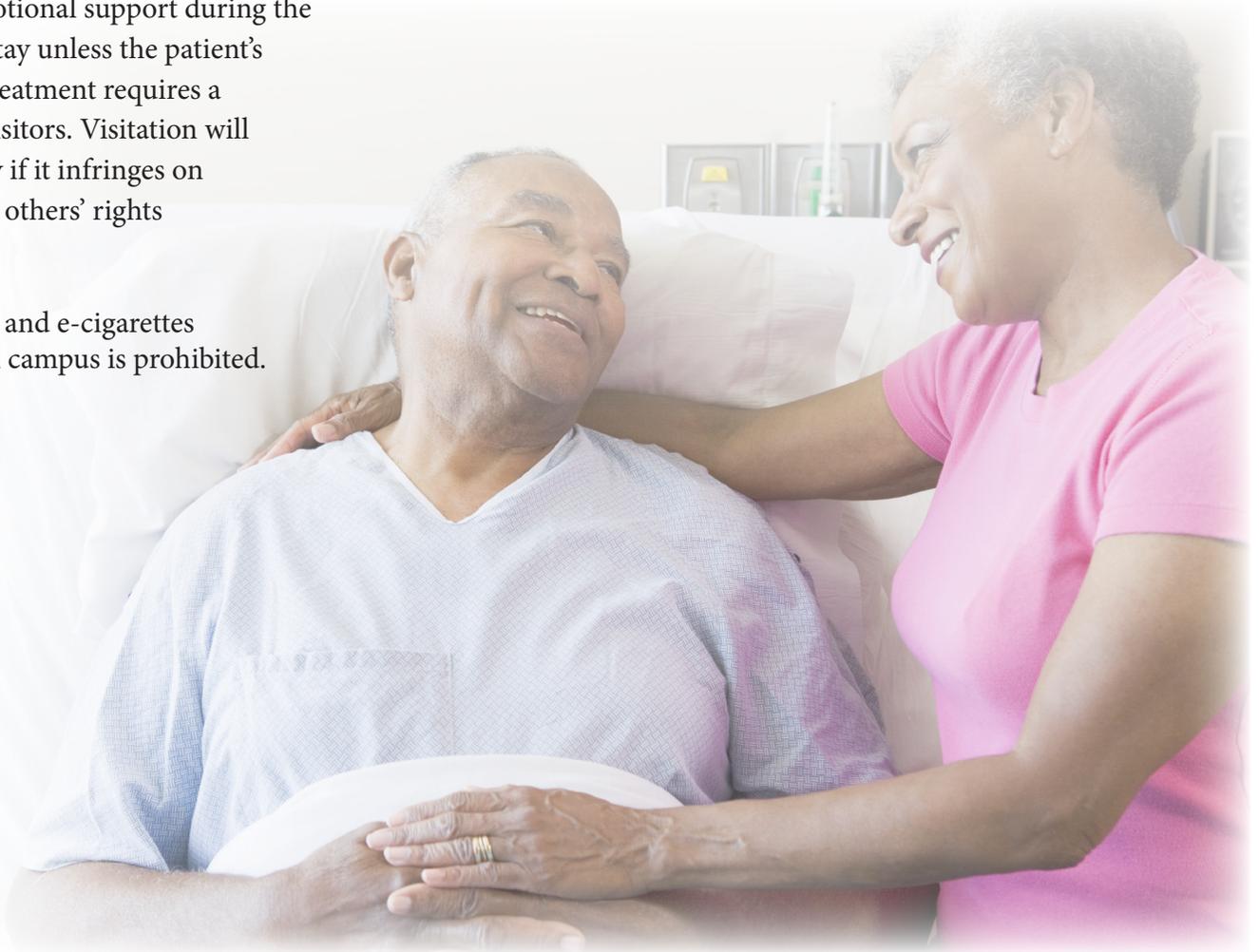
Memorial Hospital recognizes that most of our patient's time in the hospital is spent receiving care and treatment. We allow for the presence of a support person of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically inadvisable. The individual may or may not be the patient's surrogate decision maker or legally authorized representative.

Limiting the number of visitors may be necessary for the patient's safety. Visitation will not be restricted based on race, national origin, religion, sexual orientation, color, gender identity, or disability. Memorial Hospital encourages families to be involved in the health care of their loved one.

Guidelines:

Visitors are encouraged to stay with the patient for emotional support during the course of the stay unless the patient's condition or treatment requires a limitation to visitors. Visitation will be limited only if it infringes on the patient's or others' rights and/or safety.

Use of tobacco and e-cigarettes on the hospital campus is prohibited.



YOUR FAMILY

Tower Café

(Lower Level of LCM Tower)

Monday through Friday (Except Holidays*)

6:30 a.m. - 6:30 p.m.

Saturday and Sunday

7:00 a.m. - 2:00 p.m.

** Easter, Thanksgiving, and Christmas*

11:00 a.m. - 6:00 p.m.

The 800 Gift Shop

(Level 1)

Monday - Friday: 9:00 a.m. - 6:00 p.m.

Saturday: 10:00 a.m. - 4:00 p.m.

Sunday: Noon - 3:00 p.m.

Hours are subject to change.

The 800 Gift Shop is closed on holidays.

Chapel Schedule

MASS: Every Wednesday at 4:30 p.m. (View on Channel 98)

Please Note: if a Mass is not able to be held, a Holy Rosary will be recited.

The chapel is open 24 hours every day for private prayer and reflection.

Please note that occasionally the chapel hosts special services and events.

HOTEL INFORMATION



HAMPTON INN

(812) 481-1888
355 3rd Avenue
Jasper, IN 47546



HOLIDAY INN EXPRESS

(812) 482-3344
2000 Hospitality Drive
Jasper, IN 47546



SUPER 8 BY WYNDHAM

(812) 827-2764
75 Indiana Street
Jasper, IN 47546



DAYS INN BY WYNDHAM

(812) 482-6000
272 Brucke Strasse
Jasper, IN 47546



SURESTAY PLUS HOTEL BY BEST WESTERN

(812) 482-5555
951 Wernsing Road
Jasper, IN 47546



FAIRFIELD INN & SUITES BY MARRIOTT

(812) 250-5155
333 River Centre Landing
Jasper, IN 47546



COMFORT INN

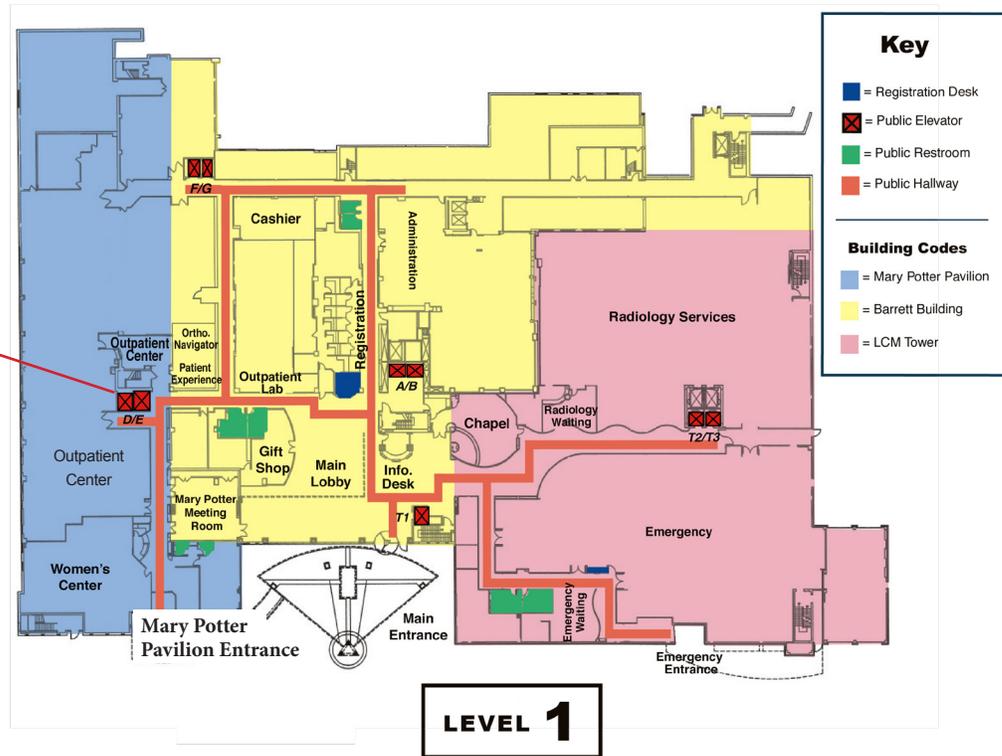
(812) 556-2888
1970 Hospitality Drive
Jasper, IN 47546

Discounts

Be sure to ask if the hotel offers special discounted rates for families of patients at Memorial Hospital.

MAPS AND DIRECTIONS

Take Elevators D/E to Surgery/Waiting on Level 2. Report at front desk.



ORTHOPAEDIC SURGEONS

- 1. Christine Stairs, M.D.**
695 W 2nd Suite 2A, Jasper
(812) 996-5950
- 2. Brian Blessinger, M.D.**
1900 St. Charles Street, Jasper
(812) 634-1211
- 3. Daniel Eby, D.O.**
600 West 13th Street, Jasper
(812) 482-7441
- 4. Randall Norris, M.D.**
1900 St. Charles Street, Jasper
(812) 634-1211
- 5. Brian Wuebkenburg, M.D.**
1900 St. Charles Street, Jasper
(812) 634-1211

IMPORTANT INFORMATION

PROVIDER INFORMATION

Orthopaedic Surgeon:

Office Telephone:

Dietitian Contact Information: (812) 996-0518

Hospital Contact Information: (812) 996-2345

Orthopaedic Navigator Contact Information: (812) 996-5220

Post-Surgical Contact Information: (812) 996-0495

Rehab Service Contact Information: (812) 996-0682

AFTER DISCHARGE/ FOLLOW-UP INFORMATION

Wound Check Appointment:

Post-Op Follow-Up Appointment:

Osteoporosis Follow-Up Appointment:

Rehabilitation Appointment:

Notes:

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