



HUNTSVILLE HOSPITAL

Joint Camp

Hip and Knee Replacement



TOC The
Orthopaedic
Center
Joint Replacement

NEED TO REACH US?

Call the Joint Camp Unit at **(256) 265-5500** or email **jointcamp@hhsys.org**

.....
Type of surgery

Left Right Hip Knee

Name _____

Joint Camp Orientation class date _____

Teleconference call (605) 313-5839, access code 565549

Surgery date _____

Surgeon _____

Surgery location:

Huntsville Hospital Orthopedic & Spine Tower
200 Sivley Road • Huntsville, AL 35801

USE THIS GUIDE TO HELP MAXIMIZE YOUR RECOVERY.

Dear patient,

Thank you for choosing the team at Huntsville Hospital for your joint replacement surgery. After a total knee or hip replacement, it is important to approach your recovery with patience and a positive attitude. We will support you in preparation for joint replacement and during your recovery process.

This booklet will help you understand the process of preparing for and recovering from a total knee or hip replacement. Our goal is to help make your recovery after surgery as smooth as possible. Remember, all health care is based upon the needs of individual patients. The information in this booklet is not intended to replace the instructions provided by your physician.

As you review this booklet, write your questions in the book and bring to your Joint Camp Orientation class.

We are dedicated to providing the care you need for a safe, successful joint replacement experience and recovery.

Thank you for trusting Huntsville Hospital to care for you.

Huntsville Hospital Joint Replacement Team

.....
Our Mission: *To provide high quality care and coordinated services that improve the health of our communities*

Our Vision: *To be the choice for care and careers in the communities we serve*

Our Values: *Safety, Compassion, Integrity, Excellence, Innovation, Accountability, Diversity, Equity and Inclusion*

Checklist

Before you come to the hospital, review the entire checklist. It is best to review this booklet soon after receiving it. **Please don't wait until the night before surgery. Make sure to bring this book with you to Joint Camp Orientation class.**

After your appointment with your surgeon and your surgery is scheduled

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Surgery is scheduled

Before surgery

Day of surgery

After surgery

This information highlights the services of Huntsville Hospital Health System as well as current health topics important to families. The information is not intended to replace the advice of a physician. Every person is different, so please contact a physician to help you make the appropriate health care decision. Huntsville Hospital has made an effort to ensure the accuracy of the information at the time of publication.

Register for Joint Camp Orientation Class

Our free Joint Camp Orientation class is held before your surgery. The classes are taught by nurses and clinical staff. **Make sure to bring this book with you.**

Joint Camp Orientation covers many important topics including:

- Patient and caregiver (coach) role in the program
- Therapy exercises to start prior to surgery
- Routine and activities during your hospital stay
- Anesthesia options for surgery
- Therapy options after leaving the hospital (**home is the best place to return after surgery**)
- Equipment and/or supplies to assist with recovery
- Details about life after joint replacement
- Information on medications, clothing and special needs
- Getting to know other patients going through Joint Camp

Joint Camp Orientation is held every Monday and the second and fourth Thursday of each month.

Teleconference call (605) 313-5839, access code 565549

Register online:

Go to huntsvillehospital.org/joint-camp-orientation

View the available class dates.

Click the green "Register" button beside the class date you would like to attend.

If you are unable to register online, call **(256) 265-5500**.

Location

Huntsville Hospital Orthopedic & Spine Tower · 200 Sivley Road, Huntsville, 35801

A staff member will greet you and direct you to the class.



Scan QR code for map to Joint Camp.

You must attend Joint Camp Orientation class and have pre-admission testing prior to your surgery.

PRE-ADMISSION CENTER

Please call **(256) 265-9999** to schedule your pre-admission testing appointment. It is best to have this appointment within four weeks prior to surgery.

We have two convenient locations available for your pre-admission visit:

Huntsville Hospital Medical Mall
1963 S. Memorial Parkway SW
Huntsville, AL 35801
Hours: Mon. - Fri., 7 a.m. - 5 p.m.

HH Health System Lanier Campus
450 Lanier Road (West Entrance)
Madison, AL 35758
Hours: Mon. - Fri., 7:30 a.m. - 5 p.m.

Please bring the following items with you to your pre-admission appointment:

- This booklet
- Insurance card and method of co-pay, if applicable (check, credit card or cash)
- Completed pre-anesthesia history form in the back of this booklet. You must provide all information in the medication section (name of drug, dosage amount, how often you take and why you take it) OR bring medications in original containers. This includes prescription and over-the-counter medications.
- Drivers' license
- Any physician orders you have been given
- Wear loose and comfortable two-piece clothing to accommodate testing.
- If you have had blood tests in the past 30 days or a chest X-ray/electrocardiogram in the past six months from a facility outside Huntsville Hospital, Madison Hospital or The Heart Center, bring those results with you.

Medication instructions for morning of surgery will be discussed at your pre-admission appointment. Most medications can be taken with a sip of water the morning of surgery, but some specific medications should not be taken. Blood thinners need to be discussed with your surgeon. Notify your surgeon well in advance of surgery if you take arthritis medication, anti-inflammatories or blood thinners including aspirin. Herbal medications need to be discontinued 10-14 days prior to surgery.

Contact your surgeon's office if there is any change in your physical condition before surgery (cold, flu, open wounds, etc.)

MRSA SCREENING BEFORE SURGERY

During your pre-admission appointment, you will be tested for MRSA/MSSA (Methicillin-resistant *Staphylococcus aureus*) with a nasal swab. *Staphylococcus aureus*, often referred to as *staph*, is bacteria commonly found on the skin of healthy people. It is carried in the nose or on the skin of approximately 30 percent of the population.

Why do we screen for MRSA?

If you are colonized with MRSA, it can increase your risk of developing an infection after surgery. MRSA screening before surgery will enable us to identify if you are carrying the bacteria and will help us provide you with treatment that can reduce that risk.

How is the screening done?

A culture specimen is collected by swabbing the inside of your nose with a small sterile swab. This swab will be sent to the laboratory, and the results will be available at the time your surgery.

What happens if we find MRSA and how is it treated?

If MRSA is found, you will be notified on the day of surgery. Upon admission, you may be placed on "contact precautions" (the health care staff and visitors in your room will be wearing gowns and gloves while visiting or caring for you). If you have completed a minimum of six showers with chlorhexidine gluconate (CHG)/Hibiclens soap, you will be placed on "universal gloving" (health care staff and visitors in your room will be wearing gloves while visiting or caring for you). This will help us prevent the spread of MRSA to other patients and workers in the hospital.

Please ask your nurse if you have any questions or concerns about MRSA/MSSA or your test results. More information about MRSA/MSSA is available on the [CDC.gov](http://www.CDC.gov) website. If you have further questions, please contact our Infection Control Department at **(256) 265-8094**.

Plan ahead

Recovery is an important part of the Joint Camp experience. It is important that you learn about options and have decided on your discharge plans before you come to the hospital. Most knee or hip replacement patients are able to leave the hospital the same day as surgery or the next morning. Therefore, patients do not have much time during hospitalization to develop a discharge plan. It is important that you attend Joint Camp Orientation class so you can learn about your discharge options.

Here are some of the options for continued physical therapy:

- Outpatient physical therapy
- Home exercise program
- Home health physical therapy

The clinical resource manager will discuss these options in more detail at Joint Camp Orientation class. It is strongly recommended that you always have a second choice or plan for therapy.

The key to a successful surgery is ensuring you are healthy and medically ready. We want to help you have the best outcome from your surgery. Please discuss with your surgeon what you can do to be medically ready for your joint replacement and rehabilitation.

ARRANGE FOR A CAREGIVER

It is important that you have one or more caregivers to help you as you recover. Now is the time to ask family, friends or others you know if they can help you once you leave the hospital. You will not be able to drive after surgery until your surgeon approves and you are no longer taking narcotic medication.

NUTRITION AND BLOOD SUGAR

Attention to good nutrition before and after surgery is important to your recovery. Consuming a high protein diet while minimizing carbohydrates can help improve your healing after surgery. It is also important to get the appropriate number of calories, vitamins and minerals which are necessary to support healing. Foods rich in protein include milk, yogurt, eggs, smooth nut butters, poultry and other meats, high-protein shakes and smoothies. Use sugar-free options if you have diabetes.

Proper hydration is important before surgery. Please drink a minimum of three 20-ounce cups of clear liquids (water, clear sports drinks, fruit juices without pulp, etc.) each day for the three days before your procedure. After your surgery, it is important to continue to drink a minimum of three 20-ounce cups of clear liquids for three days.

If you have diabetes, you know how important good blood sugar control is. A Hemoglobin A1C will be drawn at the time of pre-admission, and your blood sugar will be checked on the day of surgery. Having surgery puts stress on your body, and stress can affect your blood sugar level. Some medication increases your blood sugar. Even though you may not be diabetic, some patients may receive insulin after surgery to control their blood sugar. Keeping your blood sugar in control before, during and after surgery will reduce your risk of a surgical site infection and will help you heal better.

For more information on preparing for surgery, visit Strong for Surgery: [facs.org/quality-programs/strong-for-surgery/patients](https://www.facs.org/quality-programs/strong-for-surgery/patients)

SMOKING CESSATION

Nicotine is a significant risk factor for developing an infection, poor wound healing and death. Therefore, it is critical that you discontinue all nicotine use before surgery.

There is not one way to stop using nicotine that works for everyone, but the importance is paramount. It is vital to prolonging your life, reducing your risk factors for nicotine-related diseases, improvement of overall health, and improving your sense of taste and smell.

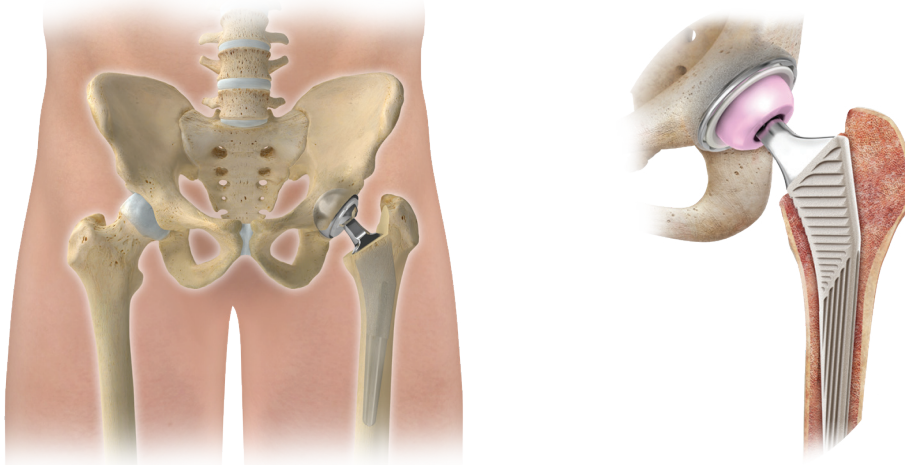
Quitting nicotine is both a mental and physical challenge. A person trying to stop must overcome a physical need to use nicotine. Your physician or nurse educator can assist you with ideas that will increase your chance for success and compliance to your plan. Ideas include:

- Select a stop smoking date
- Gain support from your physician, family, friends and coworkers
- Attend a smoking cessation class or support group
- Add appropriate exercise and adequate rest to your lifestyle
- Eat a balanced diet and drink plenty of fluids
- Work with a physician to develop a plan for using over-the-counter or prescription nicotine-replacement aids such as nicotine chewing gum, inhalers or patches
- Change activities that you associate with use of nicotine

Do not lose hope! Plan for and visualize the healthy life you want for yourself. Celebrate even the smallest of successes each day that you are on your way to a smoke-free life.

For information on the Huntsville Hospital Center for Lung Health Beat the Pack® program, call (256) 265-7071.

Surgery is
scheduled



Hip Replacement

What is hip & knee replacement?

TOTAL HIP REPLACEMENT

Total hip replacement is a surgical procedure for replacing the hip joint.

The joint is made up of two parts:

- The hip socket (acetabulum, a cup-shaped bone in the pelvis)
- The ball or head of the thigh bone (also called the femur)

The ball fits into the socket. This structure allows the leg to move forward and backward, to the sides and in a rotating motion. The ball glides or moves easily in the socket because of special tissue called articular cartilage, which lines the socket. Sometimes, the articular cartilage (lining) wears away. This leaves the bones unprotected, causing pain and stiffness.

Another way the hip is protected is by a special lining that makes fluid (synovial fluid), which helps the bones slide over each other easily. As the joint becomes worn and swollen, extra fluid is produced leading to swelling and pain.

The hip joint can be damaged to the point that the hip does not function and must be replaced. During the operation, the hip socket is resurfaced and the head of the femur (ball) is removed. Both are replaced with a smooth, artificial prosthesis.

The prosthesis is extremely strong and made of special, long-lasting material that is easily placed inside the body. Your physician will choose the right size for your body and will secure the prosthesis in place by a method that best suits you.

TOTAL KNEE REPLACEMENT

A total knee replacement is a surgical procedure to replace a diseased knee joint with an artificial joint.

The knee is a hinged joint which provides motion at the point where the thigh meets the lower leg. The thighbone (femur) sits next to the large bone of the lower leg (tibia) at the knee joint.

During a total knee replacement, the end of the femur is removed and replaced. The end of the lower leg bone (tibia) is also removed and replaced. In between the two replacement parts is a piece of plastic that acts as your new cartilage. Depending on the condition of the kneecap portion of the knee joint, a plastic “button” may also be added under the kneecap surface. The artificial components of a total knee replacement are referred to as the prosthesis.



Full Knee Replacement



Partial Knee Replacement

Exercises

During Joint Camp Orientation class, the physical therapist will provide you with a list of exercises.

Practicing these BEFORE your surgery will help you best prepare for your recovery after surgery. After your surgery, your physician will instruct you on which exercises to complete.

- Perform these exercises at least twice a day – once in the morning and again in the early afternoon, more often if tolerated.
- Add (5) repetitions to each exercise daily until you reach 50 repetitions, unless told otherwise by your surgeon or physical therapist.
- Try not to stay in one position longer than one hour.
- You should be walking in your home at least every two hours. We also encourage you to walk outside, if possible, accompanied by a family member or friend.
- If you feel unsteady while standing, do not perform the exercise. Safety first.
- When in the hospital, always ask for assistance before standing up or moving around.
- These exercises may change once you have surgery based on your surgeon's preference.

Surgery is
scheduled

Pre-surgery exercises

Start these exercises before your surgery. Your surgeon will give you instructions on which exercises you will do following surgery.



Ankle Pumps: While lying flat on your back or sitting in a recliner with the foot rest up, move your ankles by pulling your toes towards you then pointing your toes away. Perform 10-30 repetitions every hour.



Quad Sets: Start by keeping your knees straight and tighten the muscles on top of your thighs by pushing your knees down onto the bed or recliner. Hold this position for 5 seconds for 10 repetitions, then repeat with the other leg. Perform this exercise every hour on the hour.

Glute Sets: Start by keeping your knees straight and then squeeze your glute muscles (buttocks) together. Hold this position for 5 seconds for 10 repetitions. Perform this exercise every hour on the hour.



Heel Slides: While keeping your heel pressed against the bed or recliner, slowly draw your knee back allowing your heel to slide towards your bottom. Try to draw your knee back slightly further each time and then switch legs after performing 5 repetitions.



Straight Leg Raises: If prescribed by your doctor or physical therapist, start by bending one knee with your foot lying flat on the recliner or bed. Now, tighten your thigh muscle on the opposite (or straight) leg and flex your ankle with your toes pointing upward. Keeping this leg straight, slowly raise your leg 8 – 10 inches off the bed and then slowly return the leg to the starting position. After 5 repetitions, switch to the other leg and repeat.



Sitting Knee Extensions: While sitting on the edge of a bed or in chair with your feet on the floor, slowly raise one foot up until the knee is straight. Hold this position briefly and then return your foot to the floor. After 5 repetitions, switch legs and repeat.

Surgery is scheduled



Seated Towel Slides: While sitting on the edge of a bed or in a chair with your feet on the floor and a towel underneath your surgery foot, slowly pull your surgery foot back underneath you as far as possible. Hold this position for 5 seconds and then return to the starting position. Perform 5 repetitions.

Surgery is scheduled



Standing Hip Flexions: While standing up, hold on to the back of a chair or walker, tighten the muscles on the front of your thigh and then slowly lift your leg out to the front. Hold this position briefly, then return your foot to the floor. After 5 repetitions, switch legs and repeat.



Standing Hip Abductions: While standing up, hold on to the back of a chair or walker, tighten the muscles on the side of your thigh and slowly lift your leg out to the side. Hold this position briefly, then return your foot to the floor. After 5 repetitions, switch legs and repeat.



Standing Hip Extension: While standing up, hold on to the back of a chair or walker, tighten your bottom muscles and slowly lift your leg behind you. Hold this position briefly and then return your foot to the floor. After 5 repetitions, switch legs and repeat. **IMPORTANT: This exercise is NOT for ANTERIOR hip surgeries.**

Surgery is scheduled

Week before surgery

MAKING YOUR HOME SAFE

Preparing your home for your return after surgery is important to help prevent falls, infections and damage to your new joint. Following this list will help ease your everyday life activities while recovering.

- Remove throw rugs and fix any loose carpeting that could cause you to trip and fall.
- Keep electrical cords out of your walking paths. Be aware of telephone wires and bedspread corners. Be cautious of spills on the floor.
- Be careful around pets when walking and using your assistive device.
- Place fresh sheets on your bed the night before surgery so they will be clean and ready for your return.
- Do not allow your pet in your bed while you are recovering.
- Consider night lights or leaving lights on throughout the house.
- Install support/grab bars in the shower and around toilet if needed.
- Use an elevated commode seat. Ask about an elevated commode seat for posterior hip replacement.
- Organize any belongings you might need so they are easy to reach.
- Make arrangements for someone to help you with tasks like getting the mail and taking care of pets. It's helpful to have someone check on you.

THREE DAYS BEFORE SURGERY

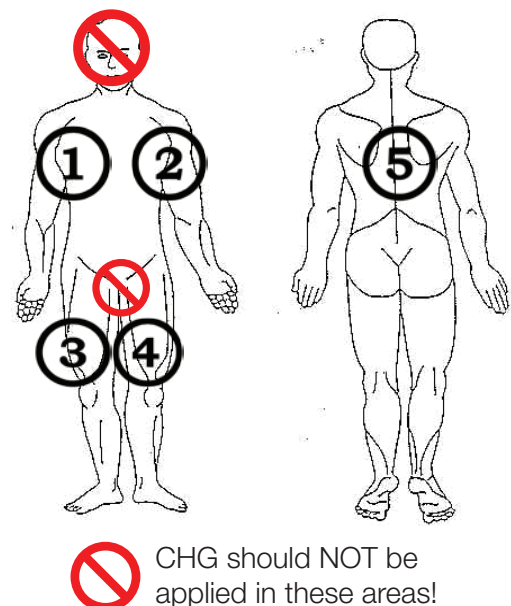
Pre-operative shower with chlorhexidine gluconate (CHG)

Before surgery, you can play an important role in your own health. Because skin is not sterile, we need to be sure that your skin is as free of germs as possible. You can reduce the number of germs on your skin by carefully washing before surgery. Following these instructions will help ensure that your skin is clean before surgery to help prevent infection.

IMPORTANT: You will need to shower with a special soap called chlorhexidine gluconate (CHG). A common brand name for this soap is Hibiclens, but any brand is acceptable to use. If for some reason you misplace the cleanser given to you, it can be purchased at your pharmacy.

If you are allergic to chlorhexidine gluconate, please use antibacterial soap instead and let your nurse know.

- Apply/shower with CHG **twice a day** for **three days** prior to surgery and the **morning of surgery** (seven showers).
- It is not required that you wash your hair with each application/shower, but please wash hair at least once within 24 hours of your surgery. When washing hair, use your normal shampoo. Rinse your hair and body thoroughly after you shampoo to remove all shampoo residues. This must be done before applying the CHG.
- Apply the CHG soap by squirting the CHG foam directly onto a clean cloth or directly onto the skin, **ONLY FROM THE NECK DOWN**. Use two pumps of the foam product per area of the body (see chart on handout provided during pre-admission testing). Do not use CHG near your eyes or ears to avoid permanent injury to those areas. If you accidentally get CHG in your eyes or ears, rinse with cold water right away. Do not use CHG in the genital area unless instructed by your surgeon. This may cause skin irritation.



- Wash thoroughly, paying special attention to the area where your surgery will be performed.
- Wash your body *gently*. Do not scrub your skin too hard.
- Do not wash with your regular soap after CHG is used.
- Rinse your body thoroughly.
- Pat yourself dry with a clean, soft towel. Then put on clean clothes.
- Do not use lotion, cream or powder. Deodorant is permitted as long as your surgery is not around the armpit.
- Your skin might feel slightly dry/itchy after showering with CHG — this is normal. If you develop a rash, redness or more than mild itching, stop using the CHG and shower with antibacterial soap the night before and the morning of surgery. Notify your physician if you develop more than a mild rash/itching.
- If CHG comes in contact with your clothing, rinse clothing completely and use only non-chlorine detergents. (Stains result if washed with chlorine products)
- Do not shave near your surgery site for 48 hours prior to surgery.

Lotions compatible with chlorhexidine gluconate (CHG)

Use only one of these CHG compatible items immediately after the shower.

- Aquaphor original formula ointment
- Aveeno Moisturizing Lotion
- Cetaphil Moisturizing Cream and Lotion
- Lubriderm Dry Skin Care Lotion
- Eucerin products
- Vanicream Lite Skin Care Lotion
- Vanicream Skin Cream
- Vaseline 100% pure petroleum jelly only*

*NOTE: Vaseline brand lotions and creams are NOT CHG compatible.

Additional CHG Compatible Lotions

- Curel Age Defying Therapeutic Moisturizing Lotion with Alpha Hydroxy
- Curel Extreme Care Body Lotion
- Curel Soothing Hands Moisturizing Hand Lotion
- Curel Therapeutic Moisturizing Cream, Fragrance Free
- Curel Therapeutic Moisturizing Lotion, Fragrance Free or Original Formula
- Eucerin Daily Replenishing Lotion
- Eucerin Dry Skin Therapy Plus Alpha Hydroxy Crème or Lotion
- Eucerin Original Crème or Lotion
- Eucerin Plus Crème or Lotion
- Eucerin TriLipid Replenishing Lotion
- Nivea Body Creamy Conditioning Oil
- Nivea Body Extra Enriched Lotion
- Nivea Body Original Lotion
- Nivea Body Sheer Moisturizing Lotion
- Nivea Crème
- Nivea Skin Firming Lotion
- Keri Original Lotion
- Keri Skin Renewal Lotion
- Keri Silky Smooth Lotion
- Keri Silky Smooth Sensitive Skin Lotion
- Keri Deep Conditioning Original Lotion, Dry Skin Formula Softly Scented
- Keri Deep Conditioning Original Lotion, Fragrance Free Sensitive Skin Formula
- Keri Lotion Fast Absorbing Fragrance Free Sensitive Skin Formula
- Keri Lotion Fast Absorbing Softly Scented Dry Skin Formula
- Keri Anti-Bacterial Hand Lotion
- Clairol Herbal Essence Moisturizing Lotion, Dry Skin
- Clairol Herbal Essence Moisturizing Lotion, Extra Dry Skin
- Clairol Herbal Essence Moisturizing Lotion, Normal Skin
- NutraDerm 30 Skin Lotion
- NutraDerm Skin Lotion
- NutraDerm Therapeutic Skin Cream
- NutraDerm Therapeutic Skin Lotion
- ProShield Protective Hand Cream



What to bring to the hospital

If you are admitted for an overnight stay, you will be able to wear your own clothing on the first day after surgery because you will be exercising and walking in the halls. You should bring clean, loose-fitting clothing such as shorts or sweat pants. Bedroom slippers should have a non-skid sole with an enclosed toe and heel. If you already have a walker, you should bring it to the hospital. Please remember to put your name on any items you bring to the hospital. Of course, you will want to bring a robe, socks and sweater or sweatshirt due to room temperature changes.

HOSPITAL CHECKLIST

- Bring your personal walker with you (clean/sanitize prior to arrival). Walker must have two wheels. DO NOT bring a cardiac walker with four wheels.
- Bring a list of your medications. Remember to take note of the dosage amount and when you take it.
- Bring your advance directive.
- Bring clean, loose-fitting clothing that allows plenty of room for the dressings, such as loose-fitting shorts (knee patients) and one size larger shorts/pants than you normally wear (hip patients).
- Nightgowns or pajamas for ladies and pajamas for men are appropriate.
- Bring non-skid socks (one pair will be provided).
- Bring your glasses, contact lenses and hearing aids.
- Bring BiPAP or CPAP machine.
- Bring personal toiletries, including lip balm.
- Bring a pen and note pad for writing notes and questions.
- The hospital provides free Wi-Fi, so you are welcome to bring a tablet or laptop.
- Bring reading material, playing cards or handheld games.
- Bring a list of phone numbers for family and friends.
- Bring a smile and a “ready to work” attitude.

*Anything brought into the hospital is your responsibility *including your attitude*.

Night before/day of surgery

- Your surgeon's office staff will tell you what time to arrive at the hospital
- Put clean sheets on your bed at home the night before surgery after six showers with CHG.
- Do not allow pets in the bed.

EATING AND DRINKING RULES BEFORE YOUR SURGERY

Do not eat any food after midnight; you may have clear liquids until you leave your house. **After midnight** on the day of your surgery, follow these instructions. It is important to stay well-hydrated during your surgery preparation, so please drink plenty of the allowed clear liquids.



You are allowed the following clear liquids after midnight:

Water	Sodas, teas, coffee (no cream)	Italian ices
Clear broth: beef or chicken	Gelatin (without fruit)	Juices without pulp: apple, white grape
Gatorade	Popsicles (without fruit or cream)	You may use salt and pepper
Lemonade or Kool-Aid		



Do not eat or drink the following after midnight:

Solid food of any kind	Tomato juice	Cream soups or any soup other than broth
Milk or cream milkshakes	Orange juice	Alcoholic beverages
	Grapefruit juice	

INSTRUCTIONS FOR DAY OF SURGERY

- You may have **CLEAR LIQUIDS ONLY** until you leave home to come to the hospital.
- **YOU MAY DRINK UP TO A 20 OZ. BOTTLE OF GATORADE OR G2 (IF DIABETIC) BEFORE LEAVING HOME. GATORADE IS THE LAST CLEAR LIQUID YOU WILL DRINK.**
- After midnight, **DO NOT** eat any solid food, drink any thick liquids like milk or pulped juices, or add cream/sugar to any clear liquid drink (see list above).
- **DO NOT** eat mints or candy.

YOUR SURGERY MAY BE DELAYED OR CANCELED IF THESE GUIDELINES ARE NOT FOLLOWED.

MEDICATIONS ON DAY OF SURGERY

Take your medications with a sip of water before leaving for the hospital. Follow your surgeon's instructions on blood thinners, NSAIDs, and any other specific medications.

- **ALLOWED:** essential oral medications (Examples: some medications for high blood pressure, seizures, reflux, thyroid) **with a SMALL sip of water only.**
- **NOT ALLOWED:** Diabetic medications, (ARB) Angiotensin II Receptor Blocker, ACE Inhibitor (Angiotensin Converting Enzyme Inhibitor), herbal medications, *Check with your doctor about your blood thinner*

DO NOT take the following blood pressure medications on the day of your procedure:

ARBs (Angiotensin II Receptor Blocker)

Generic Name	Brand Name
Candesartan	Atacand
Eprosartan	Teveten
Irbesartan	Avapro
Losartan	Cozaar
Olmesartan	Benicar
Telmisartan	Micardis
Valsartan	Diovan
Azilsartan	Edarbyclor
	Entresto

ACE inhibitors (Angiotensin Converting Enzymes)

Generic Name	Brand Name
Benazepril	Lotensin
Captopril	Capoten
Enalapril	Vasotec
Fosinopril	Monopril
Lisinopril	Prinivil, Zestril
Perindopril	Aceon
Quinapril	Accupril
Ramipril	Altace
Trandolapril	Mavik

DO NOT TAKE THE FOLLOWING MEDICATIONS PRIOR TO SURGERY - If you take medication daily, DO NOT take within 24 hours of surgery. If you take it weekly, DO NOT take 1 week prior to surgery.

GLP1 Agonists (Glucagon-Like Peptide-1 Receptor Agonists)

Generic Name	Brand Name
Dulaglutide	Trulicity
Semaglutide	Ozempic, Wegovy, Rybelsus
Tirzepatide	Mounjaro
Exenatide Xr	Bydureon
Exenatide	Byetta
Liraglutide	Victoza, Saxenda
Lixisenatide	Adlyxin
Albiglutide	Tanzeum

WHAT TO WEAR TO THE HOSPITAL

- If you have hearing aids or glasses, please wear them.
- Wear loose, comfortable clothing and comfortable shoes.
- DO NOT wear make-up, false eyelashes, jewelry (including piercings) or contact lenses.
- DO NOT bring money or valuables.

SURGERY AND HOSPITAL STAY

Your surgery will take place at Huntsville Hospital's Orthopedic & Spine Tower, 200 Sivley Road, Huntsville, AL 35801. Please arrive at the time you were instructed by your surgeon's office.

Have your loved one bring you to the patient drop-off area in front of the Orthopedic & Spine Tower. One of our staff members will greet you and escort you to the Registration area. Your loved one and any other family members can park in the attached Visitor Garage on Sivley Road. During your surgery, your loved ones are welcome to use the Surgery Waiting area on the 2nd floor of the tower.

Immediately after surgery, you will be taken to the Post Anesthesia Care Unit for a short time. As soon as you are settled in your patient room, your loved ones may join you.

Scan this QR Code on your mobile device for a map to the Huntsville Hospital Orthopedic & Spine Tower.



Don't have a mobile device? Visit huntsvillehospital.org/locations/campus-map

Pre-op area

The Pre-op area is where you will be prepared for surgery. Nurses in the Pre-op area will take your vital signs, ask you questions about your medical history, start your IV and shave/cleanse your surgery site with a special solution. If you are allergic to metal, betadine, iodine or any other medicine/food, please let the nurses know. You will remove your clothing and put on a hospital gown. Personal items including clothing, eyeglasses, etc., may be given to a family member for safekeeping until after your surgery.

Anesthesia

Nurse anesthetists and anesthesiologists will work together to care for you during your surgery. Providing a detailed health history is important and helps the anesthesia team develop the anesthesia care plan that is specific to you.

Before your procedure, you will meet with an anesthesiologist who will explain your options for anesthesia and pain management. There are multiple types of anesthesia which can be used. Sometimes a combination of the different types may be beneficial to decrease pain after surgery.

Types of anesthesia

General anesthesia acts on the brain and nervous system and renders you temporarily unconscious. The anesthesia provider administers the general anesthetic by giving medication through injection or inhalation.

Regional anesthesia involves the injection of a local anesthetic to provide loss of sensation to a region of the body. This technique includes spinal and epidural blocks, as well as peripheral blocks for the leg, to help control pain.

- **Spinal anesthesia** is a safe and effective means of anesthesia during surgery. It involves an injection of a local anesthetic into the lower portion of the spine which numbs and paralyzes the lower half of the body (usually below the navel). Spinal anesthesia wears off after several hours. Most spinal injections are quick and delivered with a numbing anesthetic (lidocaine) around the skin. This may decrease your risk of systemic complications and may aid in a faster recovery.
- A **peripheral nerve block** places local anesthetic directly around the major nerves in your thigh. These blocks numb only the leg that is injected and do not affect the other leg. This is used in addition to general or spinal anesthesia and is helpful to increase pain control.

Advantages to regional anesthesia may include less blood loss, less nausea, less drowsiness and improved pain control after surgery. Your anesthesiologist will discuss the risks and benefits associated with each anesthetic option, as well as complications and side effects that can occur.

Discuss with your surgeon which anesthesia type is right for you.

Recovery

After your surgery, you will move to a special recovery unit called the Post Anesthesia Care Unit (PACU). Patients going home the same day as surgery can expect to stay several hours in the recovery room. During this time you will work with physical therapy, if ordered by surgeon, and the recovery room staff will make sure your pain is manageable. If you are not a candidate to go home the same day, you can expect to remain in PACU until you are considered medically stable. You will then be transferred to a room in the Orthopedic & Spine Tower for an overnight stay. Remember to start your ankle pump exercises immediately.

When you leave the recovery room, you will be moved to your patient room. Here, you will be greeted by a team that cares for patients with total joint replacements. The care team will check you throughout your stay. On the day of surgery, you can expect to get up and walk with either a physical therapist or a member of the nursing staff.

The nurses or respiratory therapist will give you instructions on how to cough, take deep breaths and use your incentive spirometer. It is important that you perform these breathing exercises because they help prevent pneumonia. Remember to perform your ankle pump exercises because they help circulate the blood and prevent blood flow complications (blood clots). Ankle pumps also help maintain muscle tone.

Nutrition

After your surgery, you will be started on your normal diet as soon as you can tolerate food. Typically, you will start with a clear liquid diet prior to eating solid foods. Again, you want to focus on eating a high protein, low carbohydrate diet to help promote healing. During your stay at the Orthopedic & Spine Tower, you can expect to eat breakfast each morning while sitting up in a chair in your room.

Bowel and bladder

You will be asked to empty your bladder while in the Pre-op area. After surgery, patients are sometimes unable to start their stream of urine or completely empty their bladder and a urinary catheter has to be used. You will be given stool softeners to help you have a bowel movement as narcotics can cause constipation.

Skin care

You will have a dressing on your surgical site, which will be checked by the nurses. This dressing stays on 10-14 days after surgery, and then you will remove it at home. At that time it is OK to leave your incision open to air. Your dressing is waterproof so it is OK to shower, but do not submerge the incision in water. You will have to wait until after your first post-operative appointment before you may sit in a bath tub or swim. Do not put any lotions or creams on your incision.

To help reduce the risk of infection, wash hands before you or anyone else touches or changes the dressing over your surgical site.

Do not remove the dressing to show others your wound.

Pain Relief

Pain after joint replacement is normal. It is a major surgery, and we expect you to have pain. This pain is surgical pain and will improve quickly over the next several days. While we do expect you to have pain, we want to make it tolerable. A multi-modal analgesia approach — a combination of certain medications proven to reduce pain after joint surgery — will be implemented. **Please tell your nurse if your pain is not well controlled.**

Activity level after surgery

Changing positions helps with blood circulation, which prevents pressure sores. You may have a trapeze bar attached to your hospital bed. The nurses will show you how you can use this device to help reposition yourself in bed.

Patients will receive physical therapy before discharge if they leave the same day, or twice a day after that.

We strongly recommend that a family member be involved in the recovery process. It is important that the family member(s) feel comfortable and familiar with how to help you when you are discharged home.

Keep in mind that the more you walk and perform your exercises, the quicker you will recover from surgery and the less pain you will typically have. However, while you are in the hospital **you will need to call your nurse before you get up to move around your room.** If you are discharged after surgery, have a family member(s) present to assist you while walking.

For knee replacement patients, do not place a pillow under your knee as it is important to keep your knee straight while resting. Placing a pillow behind your knee could cause a problem with your new knee later on. A pillow can be placed under the ankle to elevate the leg above the level of the heart.

Food Options

Orthopedic & Spine Tower patients may use the Room Service Menu provided by the staff to order meals. Call 4-FOOD from the bedside phone. Visitors may order from the menu at an additional charge. Credit or debit card payment is due when the meal arrives. No cash will be accepted. Room service is available daily, 7 a.m. - 7 p.m.

Huntsville Hospital Cafeteria: First floor Cafeteria Grill: Open daily, 6 – 10 a.m. and 11 a.m. – 3 p.m.

Grab N Go Convenience Store: Huntsville Hospital ground floor in the Guest Atrium lobby
Open daily, 6 a.m. – 10 p.m.

Panera Bread: Orthopedic & Spine Tower, Ground floor | Check panerabread.com for operating hours

Discharge

You cannot drive home. Make arrangements for a family member or friend to drive you home. (You must have transportation to and from the hospital).

Once you are discharged from the hospital:

- A low-grade fever is not unusual for the first five days following joint replacements. Using an incentive spirometer and doing your deep breathing exercises can help prevent this problem.
- Take a laxative every other day if you are not having a stool daily. Taking pain medication and a decrease in the amount of physical activity can contribute to constipation.
- Notify your family physician, chiropractic physician or dentist that you have had joint replacement surgery.
- It is important to elevate your leg when resting. Leg elevation will help decrease mild swelling. Do not place a pillow directly behind your knee; a pillow can be placed under your ankle when elevating.
- It is common to have swelling, bruising, redness and warmth after joint replacement surgery. If any of these symptoms become concerning, please call your surgeon's office.

Notify your surgeon's office if any of the following occur:

- Redness or drainage from the incision site
- Severe pain
- Severe swelling that does not resolve with elevation
- Burning and increased frequency of urination
- Fever greater than 101 degrees

If you need to see the surgeon, please call TOC at (256) 539-2728 for assistance. Avoid going to walk-in clinics or the ER unless it is a true emergency such as shortness of breath or chest pain.

Recovery after discharge

Complications of total hip and knee replacement

Total hip and knee replacements are considered major operations. On some occasions, patients experience complications or problems. Depending on the severity of the complications, your hospital stay may be extended. Following the treatment program and optimizing your health preoperatively will help decrease your risk of complications.

The most common complications that are not directly related to the hip or knee and do not usually affect the result of the operation include:

- Bladder infection or difficulty urinating
- Temporary nausea and vomiting
- Pneumonia

Complications that affect the hip or knee include:

- Stiffness (hip and knee replacement)
- Blood clots in the leg
- Dislocation of the hip or knee
- Infection in the hip or knee
- Hematoma (swelling due to bleeding) in the thigh (hip replacement) or in the knee joint (knee replacement)

Your physician will discuss the risks in detail prior to your surgery. You may want to write down any questions or concerns you have about your surgery prior to your next scheduled office visit.

General activity guidelines

Individualized goals will be given to you by your care team.

- Walk as much as you can tolerate. Use an appropriate weight-bearing walker, cane or crutches until your physician feels they are no longer needed.
- Check with your physician about when to resume sex.
- Follow your surgeon's shower guidelines.

Frequently asked questions

What should I wear in the hospital?

Patients should wear clean, comfortable and loose-fitting clothing such as sweat pants (hip patients) or shorts (hip and knee patients), and a comfortable shirt. Shoes should have an enclosed toe and heel such as tennis shoes since you will be walking the halls and exercising. Patients who spend all of their time in bed after surgery do not recover as quickly and experience more complications than patients who move around more.

When can I drive?

Driving is an individual matter. Some people regain their coordination and reflexes quickly while others take several weeks. Your physician will let you know when it is safe to drive. You should not drive if you are taking pain medication.

Should I put lotion on my incision?

No, not until approved by your surgeon.

When can I go up and down stairs?

You may go up and down stairs immediately after joint replacement, but it is important to do this safely.

Please tell the nursing staff and physical therapists about any stairs you have outside and/or inside your home. The physical therapist will train you on how to properly go up/down stairs after surgery to help you get around in your home without problems.

Will I have any bruising after surgery?

Yes, bruising is normal after surgery.

When can I increase my activities?

It varies from patient to patient. Your physician will let you know when you can increase your activity level. Follow your physician's instructions. It is important to listen to your body on what you can and cannot do.

How do I prevent infection?

You or anyone who touches the incision or changes the bandage needs to wash their hands and/or use hand sanitizer. Hand hygiene is the best and most important method to prevent infections. Use clean bed linens, wear clean clothing, and use disinfectants to clean surfaces such as bathroom fixtures.

How long will my exercise therapy last?

You should do your exercises for at least 4 - 6 weeks after surgery depending on your individual needs. Your physician will check your condition closely and give you additional instructions.

What equipment will I need to obtain for use in my home after surgery?

If you have a shower stall, a shower stool can be used for support. A shower head on a flexible hose is convenient but optional. An elevated toilet seat such as a portable potty chair is optional for knee and anterior hip replacement patients but is necessary for posterior hip replacement patients. Grab bars are optional. Some patients who have had both knees replaced at the same time may want to consider an elevated toilet seat, but this is also optional.

Infection prevention after joint replacement

A major concern of joint replacement surgery is infection. Even years after surgery, it can be a potential problem. Possible causes of infection include dental procedures, skin infection, respiratory infections and urinary tract infections. Contact your surgeon with any problems or concerns.

Infections should always be treated aggressively. Preventive antibiotics have been known to be effective in decreasing the occurrence of infection after dental procedures, kidney or bladder examinations.

Remember, let your family physician and dentist know that you have had joint replacement surgery.

Blood thinner after surgery

You will be given a blood thinner AFTER surgery. It is important to take this blood thinner as instructed for the duration the doctor has recommended. The type of blood thinner may vary depending on your medical history and type of surgery you have had. Our pharmacy can assist you at discharge with your discharge medications, including the blood thinner. Please let your nurse know if you have any further questions.

Orthopedic Surgery team



David B. Griffin, MD
*Trauma orthopaedics
Joint replacement
Hip & knee*



James T. Hughey, III, DO
*Sports medicine
Joint replacement
Knee & shoulder*



Mark A. Leberte, MD
*Trauma orthopaedics
Joint replacement
Hip, knee & shoulder*



Sudhakar G. Madanagopal, MD
*Trauma orthopaedics
Joint replacement
Hip, knee & shoulder*



R. Allan Maples, MD
*Trauma orthopaedics
Joint replacement
Hip, knee & shoulder*



J. Thompson McMurtrie, MD
*Joint replacement
Hip, knee & shoulder
General orthopaedics
Sports medicine*



Christopher T. Parks, MD
*Joint replacement
Hip, knee & shoulder
General orthopaedics*



Thomas Thomasson, MD
*Joint replacement
Hip, knee & shoulder
General orthopaedics*



Brad W. Wills, MD
*Joint replacement
Hip & knee*

Pre-Anesthesia History

PATIENT _____ SURGEON _____

PROCEDURE DATE ____ / ____ / ____ PROCEDURE _____

What is the best number to contact you in case of a question? _____

DATE OF BIRTH ____ / ____ / ____ SEX ____ M ____ F HEIGHT _____ inches WEIGHT _____ pounds

Primary Care Physician: _____

PLEASE ANSWER THE QUESTIONS AND MARK ONLY THE CONDITIONS THAT YOU HAVE EVER HAD

Have you ever had a HEART or BLOOD VESSEL condition or HIGH BLOOD PRESSURE? NO YES UNSURE

- Heart attack Date ____/____/____
- Congestive heart failure (fluid on the lungs/swollen legs or feet)
- Heart murmur
- Congenital heart disease (born with a heart problem)
- Abnormal electrocardiogram (EKG)
- Heart or bypass surgery
- Heart transplant
- Pacemaker or defibrillator
- Other heart condition or procedure (DESCRIBE) _____
- Angina or Chest Pain
- High blood pressure
- Heart valve problems
- High cholesterol
- Irregular or rapid heartbeat
- Angioplasty, stent, or balloon procedure
- Aneurysm or blood vessel problem

Have you ever had any specialized HEART TESTS? NO YES UNSURE

- Echocardiogram (heart ultrasound) Where _____ When _____
- Heart catheterization (angiogram) Where _____ When _____
- Stress Test Where _____ When _____
- Heart CT scan Where _____ When _____

- Check the box that matches your ACTIVITY LEVEL.
- Standard light home activities; Walk around the house; Walk 1-2 blocks on level ground
 - Climb a flight of stairs, walk up a hill; Walk on level ground; Run a short distance; Moderate activities (golf, dancing, mountain walk)
 - Strenuous sports (swimming, tennis, bicycle); Heavy professional work
 - Unable to perform any of the above. Explain _____

Have you ever had BREATHING problems or a LUNG condition? NO YES UNSURE

- Asthma Number of ER visits within last year _____
- Chronic cough with phlegm
- Recent cold, respiratory infection, fever, or chills (last 2 weeks)
- Sleep apnea or very loud snoring
- Use oxygen at home
- Use steroids
- Lung surgery
- Lung transplant
- Other lung or breathing condition (DESCRIBE) _____
- Emphysema or COPD
- Short of breath when lying down flat
- Recent pneumonia (last 2 months)
- Home ventilator (CPAP or BPAP)
- Blood clot in lungs (pulmonary embolism)
- Use inhaler
- Tuberculosis
- Cystic fibrosis

Have you had a LIVER, KIDNEY, or PROSTATE condition? NO YES UNSURE

- Hepatitis or jaundice (except as newborn)
- Cirrhosis of the liver
- Liver surgery
- Liver transplant
- Enlarged prostate
- Prostate cancer
- Other (DESCRIBE) _____
- Kidney failure
- Blood hemodialysis
- Peritoneal dialysis
- Kidney surgery
- Kidney transplant
- Urinary tract infection

Have you had a DIABETES, PANCREAS, THYROID, or PARATHYROID condition? NO YES UNSURE

- Diabetes
- Insulin treatment
- Pancreas transplant
- Other (DESCRIBE) _____
- Hypoglycemia
- Hyperthyroid
- Hypothyroid

Have you had an EAR, EYE, ORAL, DIGESTIVE, or WEIGHT problem? NO YES UNSURE

- Glaucoma
- Speech/language problem
- Chipped, loose or fragile teeth
- TMJ (jaw joint problem)
- Acid reflux, heartburn, GERD, or hiatal hernia
- Severe weight loss or undernourished
- Other (DESCRIBE) _____
- Sight deficit
- Hearing deficit
- Dentures/partials
- Take diet medications within the last 2 weeks
- Anorexia/bulimia
- Obesity (overweight)

Do you have any SKIN problems? NO YES UNSURE

- Lesions
- Burns
- Bruising
- Open Wounds
- Drainage



Have you had a BRAIN, NERVE, MUSCLE, OR MENTAL HEALTH condition? NO YES UNSURE

Stroke or TIA (ministroke) Seizures, convulsions, or epilepsy. Last event _____
 Numbness or weakness (hands/feet/face) Paralysis/Polio
 Carpal tunnel Myasthenia gravis
 Multiple sclerosis Muscular dystrophy Schizophrenia
 Headaches (severe) Anxiety (severe)
 Depression (severe) Bipolar ADD / ADHD
 Other (DESCRIBE) _____

Have you had ARTHRITIS, SPINE, or JOINT problems? NO YES UNSURE

Osteoarthritis (degenerative arthritis) Rheumatoid arthritis
 Spine problems _____ Neck _____ Upper back _____ Lower back
 Other (DESCRIBE) _____

Have you had a BLOOD disorder? NO YES UNSURE

Anemia Sickle cell disease
 Leukemia Sickle cell trait
 Abnormal bleeding or bruising Thrombosis (blood clot)
 Polycythemia Bone marrow transplant
 Other (DESCRIBE) _____

Have you had CANCER, LEUKEMIA, LYMPHOMA, or other MALIGNANCY? NO YES UNSURE

Type _____
 Chemotherapy Adriamycin
 Radiation Bleomycin
 Bone marrow transplant

Have you had any DIFFICULTIES or COMPLICATIONS with ANESTHESIA or SURGERY? NO YES UNSURE

Difficult intubation (breathing tube insertion) Difficulty waking up
 Awareness (remembering being in surgery) Severe nausea or vomiting
 Malignant hyperthermia (very high fever with anesthesia)
 Other (DESCRIBE) _____

Are you HIV positive? Do you have AIDS or any other INFECTIOUS DISEASE? NO YES UNSURE

HIV AIDS Staph where _____ when _____
 Tuberculosis Hepatitis MRSA where _____ when _____
 Other (DESCRIBE) _____

CHILDREN: Is patient 2 years old or less? NO YES UNSURE

Premature How Much? _____ Breathing problems at birth
 Birth weight _____ lbs _____ oz History of tracheostomy
 Other newborn problems (DESCRIBE) _____

WOMEN: Is there any chance that you are now PREGNANT? NO YES UNSURE

Birth control pills IUD
 Tubes tied Hysterectomy
 Date of last menstrual period ___/___/___ Depo Provera last injection date _____
 Birth Control Implant where _____

WOMEN: Are you currently breast-feeding? NO YES UNSURE

SOCIAL HISTORY: Profession: _____

Have you SMOKED cigarettes? Do you drink ALCOHOL or use DRUGS? NO YES UNSURE

Cigarettes _____ packs per day _____ years Marijuana
 Quit smoking _____ year _____
 Other tobacco usage _____ Cocaine
 Alcohol _____ drinks per week Methamphetamine
 Other (DESCRIBE) _____

FAMILY HISTORY: NO YES UNSURE

Does your FAMILY have a history of any of the following?

Family history of severe reactions to anesthesia Family history of muscle weakness disease
 Family history of high cholesterol Family history of myasthenia gravis
 Family history of heart disease before age 60 years Family history of muscular dystrophy
 Malignant hyperthermia (very high fever with anesthesia) Family history of high blood pressure
 Other (DESCRIBE) _____

Have you taken BLOOD THINNERS within the past 2 weeks? NO YES UNSURE

Plavix Coumadin Aspirin Lovenox Heparin Other _____

Have you taken ANTICONVULSANT/SEIZURE MEDICATION within the past 6 months? NO YES UNSURE

Have you taken DIGOXIN within the past 2 weeks? NO YES UNSURE

Have you taken DIURETICS within the past 2 weeks? NO YES UNSURE

Have you been given IV CONTRAST (DYE) within the past 2 weeks? NO YES UNSURE

Have you taken any of the following within the past 6 months? NO YES UNSURE

Azathioprine (Imuran) Cyclosporine (Neoral, Sandimmune) Methotrexate (Rheumatrex, Trexail)

Mycophenolate (Cellcept, Myfortic) Sirolimus (Rapamune) Tacrolimus (Prograf)

Have you taken STEROIDS within the past 6 months? NO YES UNSURE

Have you taken THEOPHYLLINE within the past 2 weeks? NO YES UNSURE

Have you ever had a blood transfusion? NO YES UNSURE

Do you refuse to have a blood transfusion? NO YES UNSURE

LIST PAST SURGERIES WITH YEAR

List ALLERGIES & REACTIONS to medications, tapes, foods, or to latex rubber

List all PRESCRIBED AND OVER-THE-COUNTER MEDICATIONS along with HERBAL PREPARATIONS

Drug	Amount	How often	Reason for Taking	Drug	Amount	How often	Reason for Taking
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Do you have any OTHER CONDITIONS or CONCERNS about ANESTHESIA OR SURGERY? NO YES UNSURE

Completed by: _____ Date: _____ Time: _____

Wellness Center

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+ 3 personal training sessions*

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- Use of **pool, water aerobics, exercise machines, group fitness classes, steam room and sauna**
- Access to all three Wellness Centers
- Consults with certified personal trainers are available weekly
- Non-intimidating atmosphere
- Open seven days a week

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HIP REPLACEMENT