

WHAT TO EXPECT

Your Guide to Total Hip Resurfacing



TABLE OF CONTENTS

1. Introduction
 - Welcome Letter

2. Surgery Preparation
 - What is Hip Resurfacing?
 - Key Contacts
 - Pre-Operation Checklist
 - Planning Your Hospital Stay

3. Day of Surgery
 - Your Anesthesiologist and Anesthesia
 - Blood Transfusions

4. Initial Recovery in Post Anesthesia Care Unit
 - Overview
 - Relaxation Exercises
 - Pain Management

5. Recovery & Rehabilitation
 - Overview of Post-Operative Recovery
 - Preventing Post-Operative Complications
 - Anticoagulation Therapy & Thrombosis
 - Rehabilitation Overview

TABLE OF CONTENTS (continued)

- 6. Progress Guidelines
 - Hip Resurfacing Surgery Days 1 & 2

- 7. Discharge Instructions
 - Surgical Site Care
 - Pain Management
 - Protection Against Infection
 - When Can You Begin Driving?
 - Follow Up Appointments

- 8. Home Recovery & Exercise
 - General Recovery Guidelines
 - Bathing/Showering
 - Dressing
 - Rehabilitation

- 9. Nutrition
 - Nutrition Before Surgery
 - Nutrition on Day of Surgery
 - Nutrition During Hospital Stay
 - Nutrition After Discharge
 - Food Guide Pyramid
 - My Meal Plan:
 - 1200 Calories
 - 1800 Calories
 - 2200 Calories

- 10. Other
 - Pastoral Care
 - Other Educational Resources



NewYork-Presbyterian
Columbia University Medical Center

Dear Patient,

Welcome to NewYork-Presbyterian Hospital/Columbia University Medical Center (NYPH/CUMC). In an effort to help you get the most out of your hospital experience, we have developed this guide to help you before, during, and after your hospital stay. The objectives of this guide are:

- 1) To help prepare you for your surgery and hospital experience
- 2) To optimize your recovery from your Hip Resurfacing while in the hospital and later at home

It is important to remember that this is only a general guide to recovery from your surgery. Keep in mind that not all patients have the same medical conditions or needs. Therefore, your physician or therapist may make changes from this book. **THEIR CHANGES TAKE PRECEDENCE!**

As you know, NYPH/CUMC, one of the top medical centers in the country, is world-renowned for its innovations in medicine and surgery. At NYPH/CUMC, we offer Joint Replacement surgery to patients whose complex medical conditions have prevented them from undergoing surgery in other institutions. All our staff are committed to performing with excellence; our goal is the help you, our patient, achieve optimal success from your surgery. They complement and support the outstanding surgical and medical staff for which NewYork-Presbyterian Hospital/Columbia University Medical Center is world-renowned.

You, yourself, are the driving force toward a successful recovery! You can help achieve optimal results from this surgery by becoming an active, helpful part of the NYPH/CUMC team before, during, and after your surgery. The overall, long-range benefit of your surgery depends very much on the success of your continuing rehabilitation at home. Therefore, we hope that you will continue what the team has taught you long after you have left us.

This guide structures your participation from this point onwards. Therefore, it is important that you and your home care helper(s) read this book carefully, and refer to it throughout your hospitalization. Bring this book to the hospital with you, so you can refer to it as needed.

Sincerely,
NewYork-Presbyterian Hospital/Columbia University Medical Center and
Columbia University Medical Center Department of Orthopaedic Surgery

WHAT IS HIP RESURFACING?

If your hip has been damaged by arthritis, a fracture or other conditions, common activities such as walking or getting in and out of a chair may be painful and difficult. You may even feel uncomfortable while resting.

If medications, changes in your everyday activities, and the use of walking aids such as a cane are not helpful, you may want to consider hip resurfacing surgery. By replacing your diseased hip joint with an artificial joint, hip resurfacing surgery can relieve your pain and help you get back to enjoying normal, everyday activities.

How the Normal Hip Works

The hip is one of your body's largest weight-bearing joints. It consists of two main parts: a ball (*femoral head*) at the top of your thighbone (*femur*) that fits into a rounded socket (*acetabulum*) in your pelvis. Bands of tissue called ligaments connect the ball to the socket and provide stability to the joint.

The bone surfaces of your ball and socket have a smooth durable cover of *articular cartilage* that cushions the ends of the bones and enables them to move easily.

All remaining surfaces of the hip joint are covered by a thin, smooth tissue called *synovial membrane*. In a healthy hip, this membrane makes a small amount of fluid that lubricates and almost eliminates friction in your hip joint.

Normally, all of these parts of your hip work in harmony, allowing you to move easily and without pain.

WHAT IS TOTAL HIP RESURFACING? (continued)

Realistic Expectations About Hip Resurfacing

An important factor in deciding whether to have a hip resurfacing is understanding what the procedure can and can not do.

The vast majority of individuals who undergo hip resurfacing surgery experience a dramatic reduction of hip pain and a significant improvement in their ability to perform the common activities of daily living. However, hip resurfacing surgery will not enable you to do more than you could before your hip problem developed.

Following surgery, you will be able to resume almost any of the activities you gave up due to your hip problem.

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About the Surgery

The surgical procedure takes a few hours. Your orthopaedic surgeon will remove the damaged cartilage and bone, then position new metal joint surfaces to take away pain and restore function of your hip.

Several different types of designs are currently used for hip resurfacing. All of them consist of two basic components: the *ball component* (made of a highly polished strong metal) and the *socket component* (also made of metal).

A special surgical cement may be used to fill the gap between the ball prosthesis and the femur bone to secure the artificial joint. The socket prosthesis is coated with textured metal or a special bone-like substance which allows bone to grow into the prosthesis.

WHAT IS TOTAL HIP RESURFACING? (continued)

How Your New Hip is Different

Bruising on the side of the operated leg is not uncommon after joint replacement – this sometimes lasts 1-2 weeks post-operatively.

You also may experience some significant swelling and stiffness in the operated leg after the surgery (the hip as well as the foot/ankle areas) – this may last weeks after the surgery and is entirely normal.

You may feel some numbness in the skin around your incision.

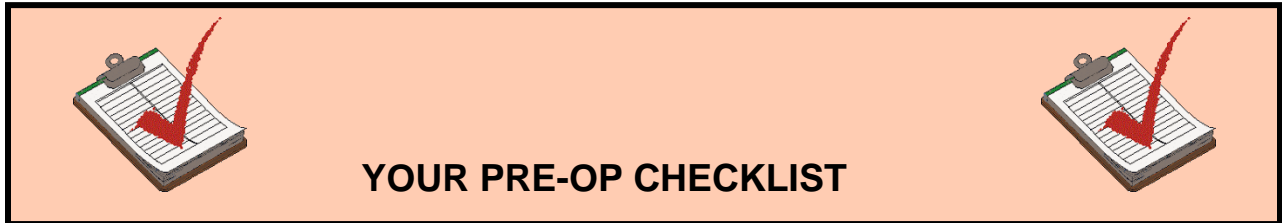
These symptoms often diminish with time and most patients find these are minor compared to the pain and limited function they experienced prior to surgery.

Your new hip may activate metal detectors required for security in airports and some buildings. Tell the security agent about your hip resurfacing if the alarm is activated. You may ask your orthopaedic surgeon for a letter confirming that you have an artificial hip, but this is not essential.

After surgery, make sure you also do the following:

Participate in a regular exercise program to maintain proper strength and mobility of your new hip. Take special precautions to avoid falls and injuries. Notify your dentist that you have had a hip resurfacing. See your orthopaedic surgeon periodically for routine follow-up examinations and X-rays.

KEY PEOPLE TO KNOW		
CONTACT	NAME	EXTENSION
ORTHOPAEDIC SURGEON		
PHYSICIAN		
PHYSICIAN		
PRE-OP EDUCATOR		
NURSE MANAGER		
SOCIAL WORKER		
CASE MANAGER		
RESIDENTS		
NURSE PRACTITIONER		
PT/REHAB		
PHARMACY		



Discuss With Your Doctor:

- The planned surgery and the anticipated recovery
- Obtaining ALL outside pre-op x-rays and scans prior to surgery
- Any allergies
- Any special concerns (living situation, return to work etc)
- Key medications, specifically Aspirin, Plavix, Coumadin (you must discontinue taking any anti-inflammatory medications and birth control pills ONE week prior to surgery)

Pre-surgical Screening Appointments:

Our Surgical Scheduling office will assist you in setting up surgery and any necessary tests. They will help you to select the dates for surgery and pre-op testing appointments. The phone number of the Surgical Scheduling office is (212) 305-0622.

- You will undergo diagnostic testing (xrays, EKG, blood tests, urine etc) and medical evaluation to clear you for surgery

When these appointments have been arranged, enter them here:

Date_____Time_____Location_____

- Internist appointment
 - Medical/physical examination
 - Review of diagnostic testing
 - Medical clearance for surgery
 - Follow medication regime prescribed by your Physician.
- **BRING YOUR MEDICAL HISTORY INFORMATION AND A LIST OF YOUR CURRENT MEDICATIONS TO THE PRE-OP TESTING APPOINTMENTS**



YOUR PRE-OP CHECKLIST (continued)

Pre-op testing is best done here at NYPH/CUMC. However, we understand that in some circumstances pre-op testing must be done outside of NYPH/CUMC. In these situations your active participation is crucial to make sure that all of the information needed to clear you for surgery is sent to us in a timely fashion

Contact the Pre-op Educator (212) 305-3521

- We offer free Pre-Op Education classes (one-on-one) to help prepare you for your surgical procedure. Pre-Op education will help answer many frequently answered questions.

Prepare your home for when you return from the hospital

Complete Your Health Care Proxy

TIME AND PLACE TO ARRIVE AT NYPH:

On the business day prior to surgery the nurse will call you to tell you the time you are scheduled for surgery, review your pre-op instructions; answer your questions; and tell you where to come. If your physical condition changes in the days before surgery – cold, rash, cough, fever, or stomach upset – notify your doctor. He or she may want to reschedule your surgery.



YOUR PRE-OP CHECKLIST (continued)




BOWEL PREPARATION: Patients who will have epidural anesthesia and who are admitted on the same day as their surgical procedure are advised to carry out the following bowel preparation:

The day prior to surgery, consume a SOFT diet, if possible. Soft foods include: soups, Jell-O, custard, yogurt, ice cream, cold cereals, etc. In any event, you should eat lightly.

DO NOT EAT OR DRINK anything after midnight the night before surgery unless otherwise instructed. If your internist instructs you to take any necessary medication the morning of surgery, do so with a small sip of water. If you have questions about this, confirm with your internist.

- Do not use alcohol or sedatives 24 hours before surgery.
- If you are delayed in getting to the hospital on the day of surgery please call (212) 305-2573.

WHAT TO BRING TO THE HOSPITAL

	ITEM
	Surgical Consent signed by you (if not previously provided)
	X-rays and lab reports (if requested)
	Health Care Proxy
	Flat supportive athletic or walking shoes that are non-slip
	Short, lightweight bathrobe (Short clothing helps prevent tripping while walking)
	Personal toiletries - The hospital provides basic toiletry articles. If you prefer a special type of lotion or hair product, please bring them.
	Eyeglasses instead of contact lenses (They are easier to take off and less likely to be lost in the hospital We cannot be responsible if you lose them)
	Dentures: we will provide a container which you must use (When you remove them, make sure to keep the container on your bedside table or in a drawer, not on the bed or a food tray. As with glasses, we cannot be responsible for loss)

WHAT TO BRING TO THE HOSPITAL (continued)

✓	ITEM
	Bring a written list of the medications you have been taking (include any you may have stopped in anticipation of surgery)
	Telephone numbers of people you may want to call, you can bring your cellular phone
	Insurance Information
	Small amount of money for newspapers, items from gift cart, etc
	A book, magazine or hobby item to assist relaxation
	Sweat suit or loose, comfortable fitting clothes to wear home (your family could bring these when you are ready to leave)
	Credit card

WHAT NOT TO BRING TO THE HOSPITAL

ITEM
Valuables (includes iPads, laptops)
Jewelry
Large amounts of money
Credit cards other than one amenities/services

Cash in excess of \$20.00 should be deposited in the hospital safe when you arrive, or sent home with your family. Although we respect your property rights, the hospital staff cannot guarantee security for your personal property.

PLANNING FOR YOUR HOSPITAL STAY

Personal articles and clothing should be limited to those that fit into a single, **small** piece of luggage (the size of an airplane carry-on). There is **very little storage space** in your hospital room. So, we suggest that you plan your packing in two phases:

1. For the hospital:

- Please bring in the items you will want during your hospital stay (toiletries, robe, magazines etc). If you expect family or someone else to visit you soon as you go to your in-patient room, it may be most convenient for them to bring in the things you want in the hospital.

2. For your trip home:

- Loose fitting clothing, non-skid shoes, jacket/coat (in season), etc.
- Two pillows will be necessary for your car ride home...arrange for them to be available now.

These items can be brought in by a family member or friend on the day you leave.

Electric razors and battery-operated appliances are the only appliances you may bring to the hospital. This is to protect you and other patients.

Women: Your surgery may trigger a change in your menstrual cycle. Sanitary pads are available and will be provided by the hospital.

PLANNING FOR YOUR HOSPITAL STAY (continued)

Regarding your walker, cane or crutches (if you use them): You will need a walker, cane or crutches when you begin to practice walking in the hospital. Ask your surgeon if the one(s) you have are the type you will need during recovery. If not, the hospital will provide them.

Regarding your hospital stay, please note the following: We prefer that you use the hospital gowns after surgery. They are less restricting and easier to get on and off. Besides, clean gowns are available at all times.

Relaxation items:

Bring a walkman or MP3 player, your favorite music, reading materials, or any personal articles that may help you to relax. Arrange for these items to be brought to you in your in-patient room. TV and telephone service are available in your room (at additional charge).

Medications:

Once you arrive at NYPH the hospital will usually supply your medications. However, we suggest that you bring your medications in case there are any issues with our pharmacy. If you bring your own supply, it will be deposited in the hospital pharmacy safe. Bring all prescription medications in their original containers so they can be identified by the hospital pharmacist. The nursing staff will keep the medications for you and administer them as prescribed.

YOUR ANESTHESIOLOGIST & ANESTHESIA

Anesthesia

You will meet your anesthesiologist just prior to your surgery. Your anesthesiologist is involved in all aspects of your care, including preoperative evaluation, monitoring your physical status during surgery, as well as postoperative care and pain control. When you meet the anesthesiologist, he/she will discuss the anesthetic options and outline the plan for your specific operation.

Your Anesthesiologist in the Operating Room

While in the operating room, you are monitored constantly by your anesthesiologist. Many things are monitored, including blood pressure, heart rate, and temperature. After you are asleep various lines are placed to keep watch on your condition during surgery. The use of these monitors will be discussed by your anesthesiologist.

Blood Transfusions

Depending upon your surgery and medical conditions, you may require blood transfusion during surgery or post-operatively. Your anesthesiologist reduces the need for transfusion by lowering blood pressure during surgery, and occasionally using a blood recycling system. However, blood transfusion is occasionally necessary for Hip Resurfacing Surgery.

Some patients donate their own blood prior to surgery. Prior donation is handled through your surgeon's office. Nevertheless, you may need blood from the Blood Bank. The blood we use is carefully screened to exclude contamination by disease including Hepatitis and HIV, and is therefore, considered safe. We do not transfuse blood unless it is absolutely necessary.

YOUR INITIAL RECOVERY AFTER SURGERY IN THE POST-ANESTHESIA CARE UNIT (PACU)

General Information:

After surgery, you will need immediate, careful monitoring, while you recover from anesthesia and gradually awaken.

You will be moved directly from the Operating Room to a special Recovery Room, which we call the PACU (Post-Anesthesia Care Unit). In the PACU, you will be provided with oxygen, intravenous lines, and continuous cardiac and respiratory monitoring, while your anesthesia wears off. If you have received spinal anesthesia, you usually remain in the PACU until the spinal anesthesia wears off.

The PACU is staffed by Registered Nurses who have advanced education and training in the post-operative care of patients undergoing orthopaedic surgery. These nurses continuously monitor your condition and provide aid and comfort as you recover.

An anesthesiologist, a doctor who specializes in the care of patients undergoing surgery and who provides anesthesia, will also be in the PACU to monitor your recovery from anesthesia.

Visitations while you are in PACU:

Visitation in the PACU is limited in order to promote privacy for all patients, decrease the risk of infection, and to enhance the healing process. However, parents/guardians of pediatric patients (under 18 years old) will be allowed in the PACU on a controlled basis.

Every effort will be made to provide your family with current information about your condition. They will be informed about your transfer to your in-patient room, as soon as your room assignment is known.

As a general rule, visitors are not allowed to stay overnight in patient rooms (unless you have made special arrangements to pay for a private room).

PAIN MANAGEMENT PROGRAM

Beginning your Pain Management Program:

Following surgery, pain management begins in the PACU; the anesthesiologist and surgeon will take care of your pain. The Nurse Practitioner from Acute Pain Services may also visit you. We are aware that your surgery may be followed by pain, which may or may not begin to be felt in the PACU.

You will remain in the PACU until your recovery is stabilized. The anesthesiologist or medical doctor will determine your readiness to be transferred to your in-patient hospital room.

The Patient's Rights:

The patient has the right to expect management of pain to include but not be limited to:

- A concerned staff committed to pain prevention, when possible and management when pain occurs
- Information about pain and pain relief measures
- His/Her reports of pain to be respected
- Health professionals responding appropriately to reports of pain
- Availability of pain relief specialists

The Patient's Responsibilities:

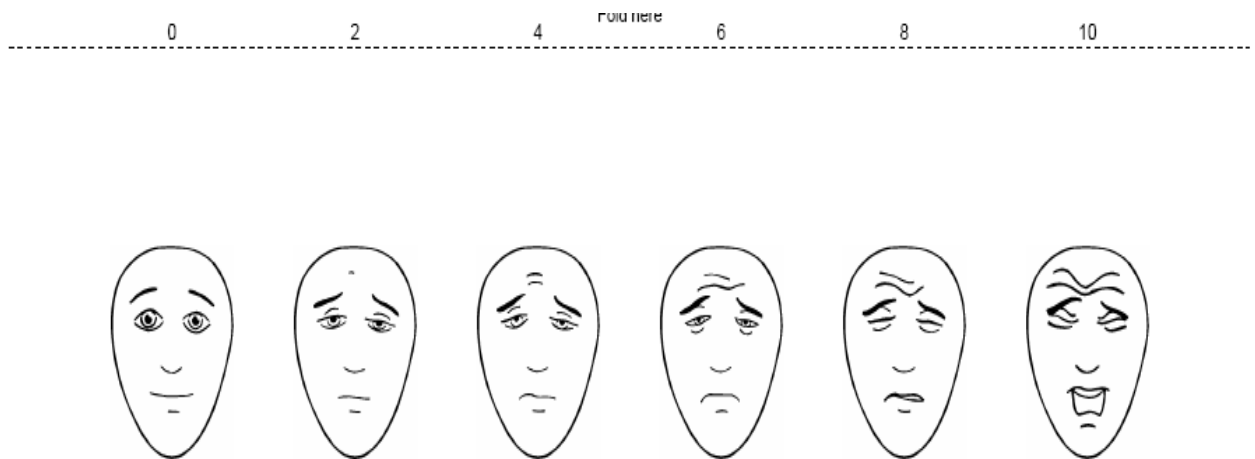
In order for the patient to have his/her pain treated effectively, it is important for the patient to:

- Request pain relief on a timely basis
- Work with the doctor and nurses to develop a pain management plan
- Help the doctor and nurses assess his/her pain and report whether the pain relief measures were effective
- Talk to the doctor and nurse about worries concerning taking pain medication

PAIN MANAGEMENT PROGRAM (continued)

Because there are no direct clinical tests or tools to measure pain, you must be ready to tell the staff what your pain feels like, where it is located, and if it changes at times. Sometimes pain is constant, other times it comes in bursts. Pain can be sharp, burning, tingling, or aching.

You will be asked to rate how much pain you have by using Pain Intensity Scales. Here is one example of a Pain Intensity Scale:



“These faces show how much something can hurt. This face [point to left-most face] shows no pain. The faces show more and more pain [point to each from left to right] up to this one [point to right-most face] – it shows very much pain. Point to the face that shows how much you hurt [right now].”

From Pediatric Pain Sourcebook, www.painsourcebook.ca Version:7
Aug 2007 CL von Baeyer

PAIN MANAGEMENT PROGRAM (continued)

Even under your personal pain management program, your pain level may change at times. Be sure to tell your nurse if it becomes worse. Your pain is easier to control if you do not allow it to become severe before taking a pain medication. Please discuss the best schedule for you with your nurse.

Your need for pain control after surgery will be met immediately by either oral pain medications or by Patient Controlled Analgesia (PCA), Epidural Patient Controlled Analgesia (PCEA), Regional Patient Controlled Analgesia (PCRA), or rarely, by injections. PCA, PCEA, and PCRA are described on the next page.

With either method of pain medication, please notify your nurse or doctor if you are not getting enough pain relief. While it may not always be possible to get rid of all pain we want you to be as comfortable as possible while you heal in order to help you be able to participate better in your recovery activities.

A day or two after surgery, your surgical pain will be less severe and you will be able to progress with various activities more readily. Oral pain medication helps patients resume daily activities with a minimum amount of discomfort. In addition, it is important to understand that oral medications can be prescribed in a way that makes them just as strong as other forms of medication.

For additional pain relief we will provide you with **ice packs** or other cold therapy and introduce you to helpful **relaxation exercises**. Both are described on the following page.

PAIN MANAGEMENT PROGRAM (continued)

Cold Therapy:

Cold therapy in the form of ice packs or another cold therapy method will also be provided as an intervention to reduce swelling and pain. Cold therapy produces an anesthetic (numbing) effect when placed on the surgical area.

We recommend that ice packs be applied to the surgery site for 20 minutes every four hours (**4 or 5 times each day**) throughout your hospitalization. *Don't hesitate to ask your nursing staff for ice packs between various activities.* Cold therapy may make the joint feel stiff at first; however the pain relief usually outweighs the possibility for stiffness.

Cold therapy can be very helpful at home. If your legs feel heavy and stiff, we recommend that you rest in bed with ice packs applied to the tender or swollen areas. It can be as simple as wrapping ice cubes in a towel. And there are commercial cold packs available which you can keep cold, ready to use, in your refrigerator or freezer.

Relaxation Exercises:

Relaxation exercises, such as slow rhythmic breathing, can help with handling any pain you may be feeling, as well as providing overall comfort.

1. Breathe in slowly and deeply- in through your nose, out through your mouth.
2. As you breathe out slowly, feel yourself beginning to relax, feel the tension leaving your body.
3. Now breathe in and out slowly and regularly, at whatever rate is comfortable for you. You may wish to try abdominal breathing (using your diaphragm). If you do not know how to do abdominal breathing, ask your nurse for assistance.

PAIN MANAGEMENT PROGRAM (continued)

4. To help you focus on your breathing, breathe slowly and rhythmically. Breathe in and say silently, “in, two, three”; then breathe out and say silently to yourself, “out, two, three.”

5. It may help you to imagine that you are doing this in a place that is very calming and relaxing for you, such as lying in the sun at the beach or in your own special place.

6. You may possibly relax by performing steps 1 through 4 only once. But it may help to repeat steps 3 and 4 for up to 20 minutes.

7. End with a slow, deep breath. As you breathe out, say to yourself, “I feel alert and relaxed.” Then concentrate on staying that way.

WHAT IS PATIENT CONTROLLED ANALGESIA (PCA, PCEA, PCRA)?

Patient Controlled Analgesia (PCA) is a unique pain control system combining professional staff, equipment, and YOU, the patient. Nurses, pharmacists, doctors and other providers and sometimes anesthesiologists supervise your use of a microprocessor-controlled electric pump, called a “PCA pump”.

The pump is programmed to deliver medication to you with your own unique prescription. You may receive the medication by way of an intravenous catheter, an epidural catheter, and/or a regional catheter. These will be described in greater detail below.

This way of receiving medication is called “Patient Controlled” because you receive the medication when you press a button attached to the pump which tells the pump to give a dose of the pain medication into the tubing (catheter). You may also have medication flowing continuously; in addition to the ‘booster shot’ you are able to give yourself.

Safety mechanisms against an overdose are part of PCA. The pump is programmed to NOT respond to a patient’s request for a booster shot, if it is too early according to the PCA prescription. In other words, if a dose is requested (the button is pushed) before the next dose is allowed, then the machine will not give the patient the dose.

However, the PCA system automatically records both the actual doses given and doses that were too early and not given, so the nurse will know of unfulfilled requests when the machine is checked. Also, if the medicine is making you sleepy (a sign that this is probably enough medicine for now) then you will be too sleepy to push the dosing button. **REMEMBER**, in order to keep this method of pain control safe, **EVERYONE** must follow the rules. **Only the patient is allowed to press the dosing button.** If a well-meaning family member or friend pushes the button, especially when you are sleeping, the built in safety precautions are bypassed, and YOU, the patient, may receive a dose of medication that is unsafe!

If all of the medication allowance is used, but there is still pain, tell your nurse. The nurse can call the surgical team or the Acute Pain Service.

**WHAT IS PATIENT CONTROLLED ANALGESIA (PCA, PCEA, PCRA)?
(continued)**

The members of the surgical team or the acute pain service (doctors and nurses specially trained in the care of the patient with pain) can then check on you and adjust the medication or PCA pump settings.

The unit nurses check regularly to make sure that you have adequate pain relief with minimal unpleasant side effects. If any problems arise, someone from the Surgical Team and someone from Acute Pain Service are on call 24 hours a day, 7 days a week.

Intravenous PCA

The most common way to receive “PCA” medication is through an intravenous (IV) catheter. Special tubing connects the pain medication through the “PCA” pump and to your IV catheter. This means that the pump will be programmed to inject pain medication directly into your blood stream, when you press the dosing button. Again, you can give yourself a ‘booster shot’ of the medication, if needed, just by pressing the dosing button, but for safety reasons, you will only receive a dose if enough time has passed from the last “booster shot” you received..

This PCA method should keep you comfortable most of the time. If you suddenly have more pain and the “booster shots” don’t seem to be working well, let the nurse know so he/she can give you extra medicine (called a bolus) and tell the doctors and other providers who may then increase the “booster shot” amount.

**WHAT IS PATIENT CONTROLLED ANALGESIA (PCA, PCEA, PCRA)?
(continued)**

Regional PCA (PCRA)

Another method of PCA pain control is called regional analgesia. With this method, a thin, soft catheter is placed very close to a nerve that supplies the area of the operation. The same local anesthetic medication used during surgery to make part of your body numb is 'injected' into the soft tissues surrounding the responsible nerve, through the thin tubing. But when it is used for pain relief only then the medicine is not as strong as the dose used for the surgery, so you feel less pain but you usually aren't numb.

The medicine may only flow continuously (all the time) or you may be able to also give yourself 'booster shots' by pressing the dosing button, just like with the IV PCA. Because peripheral nerves (the nerves that supply the arms and legs) are not exact and do not cover the entire body part involved we do not expect pain control to be 100%. For this reason when we use PCRA we also use either IV PCA or we use oral (by mouth) pain medication as well.

When we combine PCRA with the IV method we described above or with pain pills, pain control is usually excellent with very little side effects.

About your pain medications

Medications used to control pain are carefully prepared in order to assure quality and safety. Some of these medications include Morphine, hydromorphone (dilaudid) and fentanyl, which are opioids (morphine like medications), and bupivacaine (Marcaine) or ropivacaine, which are local anesthetics. Local anesthetics are a type of medication used to temporarily make a part of our body feel numb, so we do not feel pain. Novacaine, which you may have had at the dentist's office, is a type of local anesthetic.

Patients must inform their anesthesiologist and peri-operative nurse about any problems encountered with medications of any type in the past. You must also inform them of ANY medications you are taking or have taken in the last 30 days, including over the counter (OTC) medications and herbal supplements or medications.

AFTER YOUR TOTAL HIP RESURFACING SURGERY

Once you are out of surgery, here are some things to expect:

- **Vital signs:** Your vital signs, which consist of blood pressure, pulse, respiratory rate and temperature, are taken frequently after surgery. The circulation of blood and motion in your legs will also be assessed regularly.
- **Breathing and exercise:** You will be asked to breathe deeply, to use your spirometer (described on following pages) and to exercise your legs often in order to prevent complications.
- **Surgical dressing and drainage:** You will have a bulky dressing around the surgical site. You may have a very thin tubing inserted into the surgical site will be attached to a drain. This drainage tube is necessary to collect any bloody fluid that has accumulated under the skin and muscle. Both the bulky dressing and surgical drain will be removed a day or so after surgery.
- **Urination after surgery:** It is likely that you will have a catheter that collects your urine into a bag (Foley Catheter). This catheter is necessary since large amounts of fluid are given during and after surgery. The Foley is removed once you are able to get out of bed. The first void is the most difficult once the catheter is removed. The Foley Catheter is usually removed 24-48 hours after surgery.
- **Constipation:** The combination of anesthesia, inactivity, and strong pain medications (narcotics) will slow down your digestive system. Therefore, you might not have a bowel movement for several days following surgery. You may likely need stool softeners. We recommend that you drink lots of water, eat fruits, vegetables, and high fiber foods, and avoid red meat and cheese.
- **Venodynes:** You will have special wraps (called venodynes) placed on your lower legs after surgery. Venodynes are to be worn during the first several days after surgery to help prevent blood clots. These wraps attach to a pump that inflates and deflates them.

Some key procedures which will promote healing and help prevent complications are described on the following pages. Of most importance, you will be introduced to precautions or restrictions of movement which you **MUST** observe.

PREVENTING CIRCULATION PROBLEMS

Soon after surgery, you will be asked to perform gentle exercises. These exercises, such as ankle pumps, quad sets and gluteal sets, will help prevent circulation problems. They will also strengthen your muscles. Other exercises appropriate for you (some are reviewed later in this section) will be taught by the physical therapist and nursing staff.

To enhance your circulation, YOU will be expected to perform these exercises 10 times each, every hour while awake.



Ankle Pumps

Move your foot up and down rhythmically by contracting the calf and shin muscles.

Perform this exercise periodically for two to three minutes, two or three times an hour in the recovery room.

Continue this exercise until you are fully recovered and all ankle and lower-leg swelling has subsided.

PREVENTING CIRCULATION PROBLEMS (continued)

Quad Sets

Tighten your thigh muscle.

Try to straighten your knee.

Hold for 6 seconds.

Repeat this exercise approximately 10 times during a two minute period, rest for one minute, and repeat.

Continue until your thigh feels fatigued.

Gluteal Set

Lie on your back on a firm mattress

Pinch your buttocks together.

Hold for the count of 6.

Relax Continue these exercises periodically until full strength returns to your leg.

PREVENTING LUNG PROBLEMS

After surgery, it is important to exercise your lungs by taking deep breaths. Normally, you may take deep breaths each hour, usually without being aware of it. They are spontaneous, automatic, and occur in the form of sighs and yawns.

However, when you are experiencing pain or drowsiness from the anesthesia, or from your pain medication, your normal breathing pattern can change. Therefore, you will be provided with an inspirimeter by the nursing staff. A member of the staff will show you how to use your inspirimeter.

Using the inspirimeter will force you to take deep breaths which are necessary to expand the small air sacs of your lungs and help clear the air passages of mucus. This will prevent fever post-op. We recommend that you use your inspirimeter 10 times every hour while awake for the first several days following surgery.

PREVENTING LUNG PROBLEMS (continued)

To achieve a slow Sustained Maximal Inspiration (SMI)...inhale at a rate sufficient to raise only the ball in the first chamber, while the ball in the second chamber remains at rest.

With the unit in an upright position, exhale normally; then place your lips tightly around the mouthpiece.

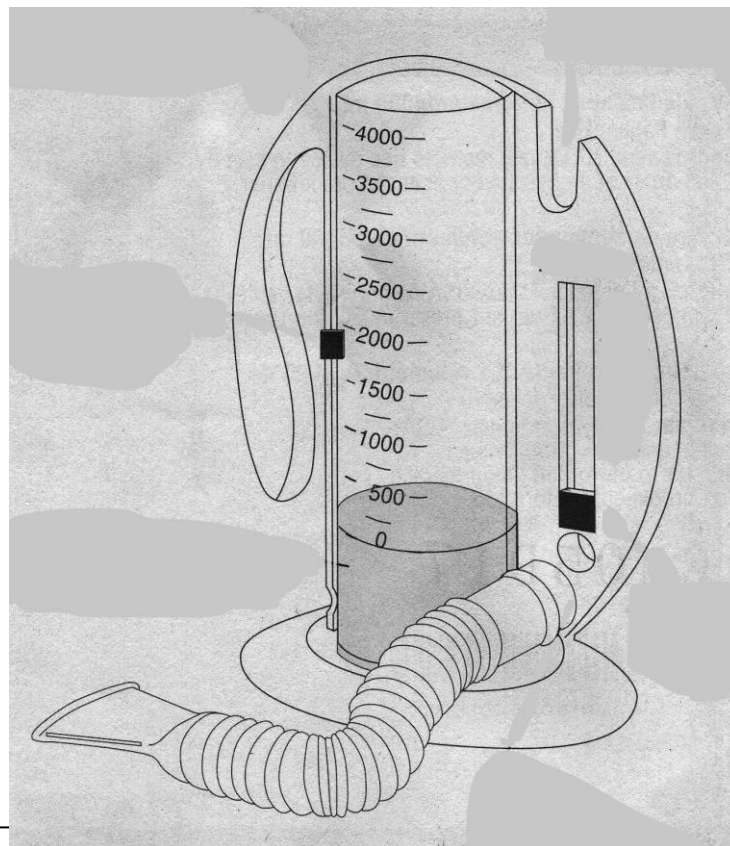
For a higher flow rate...

Inhale at a rate sufficient to raise the first and second balls, while the ball in the third chamber remains at rest.

Exhale...

After performing exercise, remove the mouthpiece from your lips and exhale normally.

Then relax...



PREVENTING LUNG PROBLEMS (continued)

Coughing: Another excellent way to help breathe and clear your lungs

Coughing is, of course, one of nature's important methods for clearing your lungs at any time...not just after surgery.

1. Breathe in deeply through your nose.
2. Hold your breath and count to 5.
3. Breathe out slowly through your mouth
4. ON the 5th deep breath, cough from your abdomen as you breathe out.
5. Make a habit of doing this 2-3 times hourly, especially when it is inconvenient to use your inspirimeter.

ANTICOAGULATION THERAPY

Phlebitis (inflammation of the veins of the legs) or Deep Vein Thrombosis (DVT), which refers to blood clotting in the veins of the leg, is a possible risk after total joint replacement surgery.

For the prevention for Deep Vein Thrombosis (DVT) after surgery, many patients will be prescribed an oral anticoagulant. The purpose of an oral anticoagulant is to prevent your blood from clotting.

Type of medication

Depending on your medical condition and preference of your surgeon, you will be prescribed with either buffered Aspirin, Rivaroxaban, warfarin, or an injection for anticoagulation for a short period of time.

If you are prescribed warfarin, daily blood tests will be necessary to determine the dosage of medication required. The blood test measures the time it takes for a clot to form. Upon discharge home, weekly or bi-weekly blood tests will continue for the duration of the therapy. Your primary medical doctor or orthopedic surgeon will adjust the dose accordingly.

If you receive an injection, you will be taught to administer the injections on your own for when you leave the hospital if you go directly home.

REHABILITATION FROM TOTAL HIP RESURFACING

Physical therapy and occupational therapy are an integral part of your post-operative care at NYPH and after you return home.

Your daily therapy sessions

You will be seen by a physical therapist and occupational therapist on the day after surgery. Your therapists will instruct you in your exercise program, which is directed toward improving your functional mobility and strength of your legs. Initially, the therapists will assist you in sitting up at the edge of the bed (dangling). Next you will stand with the use of a walker and assistance from the therapist. The amount of weight you may place on your operated leg will depend on your surgery and will be determined by your surgeon. As the days progress after surgery, you will increase the frequency and distance of walking. You will also practice stair climbing prior to discharge. During your hospitalization you and your caregiver will learn how to manage your daily activities after the surgery. Your therapist may issue you Adaptive Equipment / Devices to help you become independent in these activities.

For the first few days after surgery, most patients benefit from taking pain medication 30-45 minutes prior to their therapy session. You should discuss this with your nurse and/or therapist.



REHABILITATION FROM TOTAL HIP RESURFACING (continued)

Beginning to walk

Stand comfortably and erect with your weight evenly balanced on your walker or crutches. Move your walker or crutches forward a short distance.

Then move forward, lifting your operated leg so that the heel of your foot will touch the floor first. As you move, your knee and ankle will bend and your entire foot will rest evenly on the floor.

As you complete the step allow your toe to lift off the floor. Move the walker again and your knee and hip will again reach forward for your next step.

Remember, touch your heel first, then flatten your foot, then lift your toes off the floor. Try to walk as smoothly as you can. Don't hurry.

As your muscle strength and endurance improve, you may spend more time walking. Gradually, you will put more and more weight on your leg. Our goal is that you will begin walking with the assistance of the therapists on the 1st day after surgery.

REHABILITATION FROM TOTAL HIP RESURFACING (continued)

Looking ahead

Planning for recovery after your surgery:

A social worker will meet you after you are admitted to the hospital to help arrange your post hospital needs. Depending on your physical condition and progress with therapy in the hospital, you may need additional services either at home or in another facility. The social worker will assist in making these referrals and contacting your insurance company for authorizations. We recommend that you contact your insurance company to learn about your benefits and limitations as insurance coverage benefits vary.

You may have questions about your needs once you are ready to be discharged home. Following this type surgery we recommend that, at least during the first week, you arrange to have a family member or neighbor/close friend be available to assist you with the routine of daily living: meal preparation, shopping, cleaning, laundry etc. This will ease your transition from hospital to home. In this way, you can resume these activities when you feel most capable of doing so.

If you do not have family/friends to help you, some patients qualify for Certified Home Care services. If your doctor prescribes physical therapy and/or skilled nursing care at home after discharge and if your insurance covers these services, you may qualify for some assistance. This assistance is time-limited, but is available if covered by your insurance company for as long as need this level of care.

So that you can plan ahead, we recommend that, before your surgery, you ask your doctor if he/she expects that you will require any special medical care after discharge. Your insurance company will determine which services will be covered based on your current condition.

Remember, you make the difference. It is extremely important that you understand that **your** motivation and **your** participation in **your** therapy program is a vital element in the speed and success of your long-range rehabilitation, as well as getting ready to go home

DAILY GOALS after HIP RESURFACING

General Guidelines (Items may vary based on individual surgeon)

- Day 0 – Day of Surgery- Post operative
 - Transfer from OR to recovery room to hospital bed
 - Routine x-rays
 - Pain control
 - Bedrest
 - Clear liquid diet
 - Intravenous antibiotics (for 24 hours)
- Post op Day 1
 - Physical Therapy evaluation, Occupational Therapy evaluation
 - Social work evaluation to help with discharge planning
 - Routine blood tests
 - Pain Control
 - Out of bed
 - Ambulation with assistance from Physical Therapy/Nursing
 - Advance to regular diet
 - Medication to prevent blood clots (for duration of hospital stay)
 - Patient Education – Possible discharge home if meeting goals
- Post op Day 2
 - Bandage checked
 - Ambulation with Physical Therapy/Nursing (twice per day)
 - Occupational Therapy (once per day)
 - Oral pain medication
 - Regular diet
 - Patient Education and discharge instructions
 - Discharge to home with home care - usually following your therapy session. For those of you who are going home, please arrange for your ride to pick up you up

DISCHARGE INSTRUCTIONS

Medication prescription from your doctor

Just before leaving, your doctor will give you a pain medication prescription for you to get filled at your own pharmacy. **If any of your personal medications are with the nurses or stored at the hospital, make sure you get them back at this time.**

Surgical site care

Infections rarely happen after surgery, but you must remain alert to the possibility:

1. Check the surgical site daily for signs of wound infection. Symptoms are:
 - a. Increased redness
 - b. Increase in swelling
 - c. Increase in pain
 - d. Any drainage
 - e. Oral temperature greater than 101.5 F

If any of the above symptoms occur, please notify your surgeon immediately. Telephone number: _____

2. If you are discharged with sutures or staples in place, you may not shower unless otherwise advised by your surgeon. Make sure you dry the surgical site gently, but completely. Don't peel sterile-strips from incision. They will fall off by themselves within 3 to 6 days. Please keep surgical incision dry at all times. **DO NOT** wear tight fitted clothes over incision. To avoid friction to surgical area, you may tape a dry sterile gauze pad over incision.

DISCHARGE INSTRUCTIONS (continued)

Pain Management

1. Continue to apply ice packs to operation area for 20-minute intervals a few times a day. Especially after activity, cold therapy will continue to reduce post-operative swelling and provide you with greater comfort.
2. Take your pain medication as prescribed by your doctor. Remember to take it before the pain becomes too severe. It will help reduce the pain sooner.
3. In the event that the pain medication does not work, or you are experiencing unpleasant side effects, do not hesitate to call your orthopedic surgeon.
4. If you are taking medication, please AVOID alcoholic beverages.

DISCHARGE INSTRUCTIONS (continued)

Long-range protection against infection: Antibiotic Prophylaxis

Although it is very rare, the bloodstream carrying infection from another part of the body can infect an artificial joint. Therefore, it is important that your medical doctor treat every bacterial infection (pneumonia, urinary tract infection, abscesses, etc.) promptly. Routine colds and flu, as well as cuts and bruises, do not need to be treated with antibiotics.

To prevent infection at any time in the future, you may be asked to take Amoxicillin*:

2 grams one hour before having any of the following procedures:

- Skin Biopsy
- Podiatry procedures which involve cutting into the skin
- Cystoscopy
- Colonoscopy/Endoscopy
- Dermatologic procedures which involve cutting into the skin

To prevent infection for only one year after surgery, you should take Amoxicillin*, 2 grams one hour before having any of these following procedures:

- Bloody dental procedures, including root canals (not bloodless routine cleanings)

***Note: If you are unable to take Amoxicillin, use Clindamycin:**

600 milligrams one hour before the procedure. Amoxicillin is a form of Penicillin, so if you are allergic to Penicillin, you should take Clindamycin instead.

DISCHARGE INSTRUCTIONS (continued)

You do **not** need to take antibiotics for the following procedures:

- Pedicures/Manicures
- Gynecologic exams
- Cataract Surgery
- Injections or Blood work
- Bloodless dental cleanings

It is important that you tell your doctor and dentist that you have an artificial joint, so that they may remind you to take antibiotics, and to prescribe them, as appropriate. In addition, they may wish to consult with your Orthopaedic Surgeon or Rheumatologist.

If you have any questions about germs or infections, or any type of procedure, you should call your Orthopaedic Surgeon or Rheumatologist.

Your rehabilitation program at home

This program will be an extremely important part of your continuing recovery. Therapy post Total Hip Resurfacing emphasizes an aggressive increase in activity and daily exercise program. Please refer to the Home Recovery Section. If you have questions, ask your physical therapist for answers before you leave.

When to begin driving your car

Most patients are able to resume driving by about four weeks after surgery. It depends upon your leg positioning, strength and coordination. First, check with your surgeon.

DISCHARGE INSTRUCTIONS (continued)

Follow-up appointments with your orthopaedic surgeon

Regardless of how well you feel after you have been home for a while, follow-up appointments with your surgeon are necessary. Call his office to arrange mutually convenient dates and times.

Additional specific discharge instructions

Your surgeon may have additional instructions for you to follow upon discharge. You can record them here as a reminder. This is also a good place to make notes about questions you may have related to your discharges.

HOME RECOVERY & EXERCISE

Recovery At Home

During the first few weeks at home, you adapt what you learned at the hospital to your own setting. You will need to prepare your home for your recovery.

1. You will need a firm chair with arms. It is easier to get up and down from a firm chair with armrests. Add two (2) firm pillows to low chair to provide proper height, as it is easier to get up and down from a higher chair surface rather than a low surface.
2. Make sure your bed height is 14 inches, or more, in order to assist you in standing. Add a second mattress if necessary.
3. General safety Measures:
 - Be sure all walking areas are free of clutter.
 - Remove throw rugs.
 - Watch for small pets and children.
 - Make sure hallways/stairways and bathrooms are well lighted
4. Store items within easy reach, not in high or low cabinets.
5. Prepare meals ahead of time and store in freezer. (Helpful hint: do a grocery shop before surgery and have your favorite home delivery numbers handy).
6. **If you are discharged with staples still in place, you may not shower unless otherwise advised by your surgeon.** After sutures or staples are removed, you may take a shower, but not a tub bath, until given permission by your surgeon.

HOME RECOVERY & EXERCISE (continued)

Showering/Dressing

You cannot take a bath until your surgeon gives permission. If you have any question about this, please ask your nurse.

Showering in a tub/shower

Your new hips may make it easier for you to get in and out of a tub/shower than before. However, in both the short and long run you should be concerned with safety as you enter and leave a tub/shower. Make sure your tub/shower has a non-slip surface (i.e. rubber bath mat). Please arrange for this to be done ahead of your hospitalization, if possible.

Dressing

With a greater range of motion, you should be able to dress your lower body more easily shortly after your surgery than before. Your therapist will assist you in learning the proper techniques for dressing following a Total Hip Resurfacing.

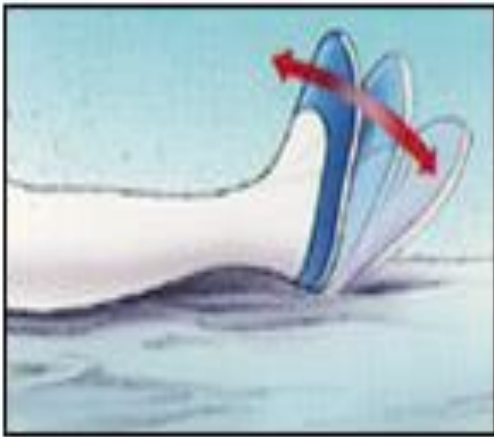
Sexual Activity after Hip Resurfacing

The exact time when you may resume sexual activity following hip resurfacing will depend on your recovery time (to be discussed with your surgeon) and when you are feeling comfortable.

HOME RECOVERY & EXERCISE (continued)

Home Exercise Program:
PERFORM ONLY THOSE ORDERED BY YOUR DOCTOR

Your therapist will provide you with an individualized Home Exercise Program specific to your recovery needs.



Ankle Pumps

Move your foot up and down rhythmically by contracting the calf and shin muscles.

Perform _____ repetitions _____ times a day.



Ankle Rotations

Move your ankle inward toward your other foot and then outward away from your other foot.

Perform _____ repetitions _____ times a day.

HOME RECOVERY & EXERCISE (continued)



Sitting Unsupported Knee Bends

While sitting at bedside or in a chair with your thigh supported, bend your knee as far as you can until your foot rests on the floor.

With your foot lightly resting on the floor, slide your upper body forward in the chair to increase your knee bend.

Hold for 5 to 10 seconds.

Straighten your knee fully.

Perform _____ repetitions _____ times a day.

HOME RECOVERY & EXERCISE (continued)



Abduction Exercise

Slide your leg out to the side as far as you can and then back.

Perform _____ repetitions _____ times a day.

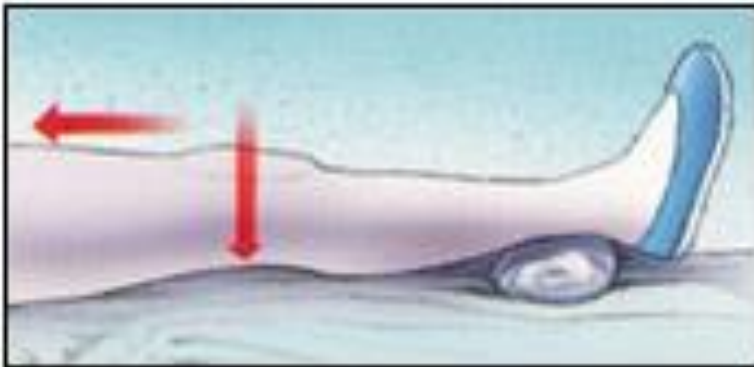


Straight Leg Raises

Tighten the thigh muscle with your knee fully straightened on the bed, as with the Quad set.

Lift your leg several inches. Hold for five to 10 seconds. Slowly lower.

Perform _____ repetitions _____ times a day.



Knee Straightening Exercises

Place a small rolled towel just above your heel so that it is not touching the bed.

Tighten your thigh. Try to fully straighten your knee and to touch the back of your knee to the bed.

Hold fully straightened for five to 10 seconds.

Perform _____ repetitions _____ times a day.

HOME RECOVERY & EXERCISE (continued)



Standing Knee Raises

Lift your operated leg toward your chest.

Do not lift your knee higher than your waist.

Hold for 2 or 3 counts and put your leg down.

Perform _____ repetitions
_____ times a day.

HOME RECOVERY & EXERCISE (continued)



Standing Hip Abduction

Be sure your hip, knee and foot are pointing straight forward.

Keep your body straight. With your knee straight, lift your leg out to the side.

Slowly lower your leg so your foot is back on the floor.

Perform _____ repetitions
_____ times a day.

HOME RECOVERY & EXERCISE (continued)



Resistive Hip Flexion

Stand with your feet slightly apart.

Bring your operated leg forward keeping the knee straight.

Allow your leg to return to its previous position.

Perform _____ repetitions _____ times a day.

HOME RECOVERY & EXERCISE (continued)



Resistive Hip Abduction

Stand sideways from the door and extend your operated leg out to the side.

Allow your leg to return to its previous position.

Perform _____ repetitions _____ times a day.



Resistive Hip Extensions

Face the door or heavy object to which the tubing is attached and pull your leg straight back.

Allow your leg to return to its previous position.

Perform _____ repetitions
_____ times a day.

HEALTHFUL EATING FOR THE SURGERY PATIENTS

Before Your Surgery

If you were following a physician-prescribed diet before hospitalization, it is important that this information be conveyed to the physician and registered dietitian. It is also essential that you let your doctor or nurse know if you have recently been taking any of the following: vitamins, minerals, herbals, and nutrition supplements. By letting them know what you are taking, they can avoid any possible problems with the medications and treatments you may be getting during your hospital stay.

The Day of Surgery

You cannot eat or drink anything before the surgery, not even water. Sips of water may be allowed with your medicines as directed by your doctor.

Hospital Stay

During your hospital stay, it is important to consume balanced, nutritious meals with adequate calories and nutrients to maintain your nutritional status. This will enable your body to heal with less risk of complications, such as infection or poor wound healing.

There is no “special” diet for Hip surgery. After the surgery, you will be on a clear liquid diet. You will get liquids such as chicken broth and apple juice. By the next day, you may be ready for a general diet unless you have special diet needs.

A therapeutic or modified diet such as a sodium-restricted diet, low fat diet, or diabetic diet may be ordered by your physician based on your medical condition. Your registered dietitian will visit you during your hospital stay to provide diet instruction on the therapeutic diet.

Keep in mind that your body is healing and requires adequate nourishment for tissue regeneration at this time. **Therefore, your hospital stay is not a good time to begin a weight loss program.**

If you have questions or concerns about your diet or wish to speak with your registered dietitian, please call: 4-FOOD or 43663

(The above number can only be reached from inside the hospital.)

HEALTHFUL EATING FOR THE SURGERY PATIENTS (continued)

Nutrition After Hospitalization

After you leave the hospital, your diet continues to be important for successful healing, as well as for building the muscle structure and strength required to take full advantage of your knee(s). Continue a well-balanced diet and follow any diet instructions given to you during your hospital stay.

If you are interested in weight loss, discuss the appropriate time to begin a program with your physician and registered dietitian. Outpatient nutrition counseling can be arranged by calling the Nutrition Wellness Center at 212-746-0838.

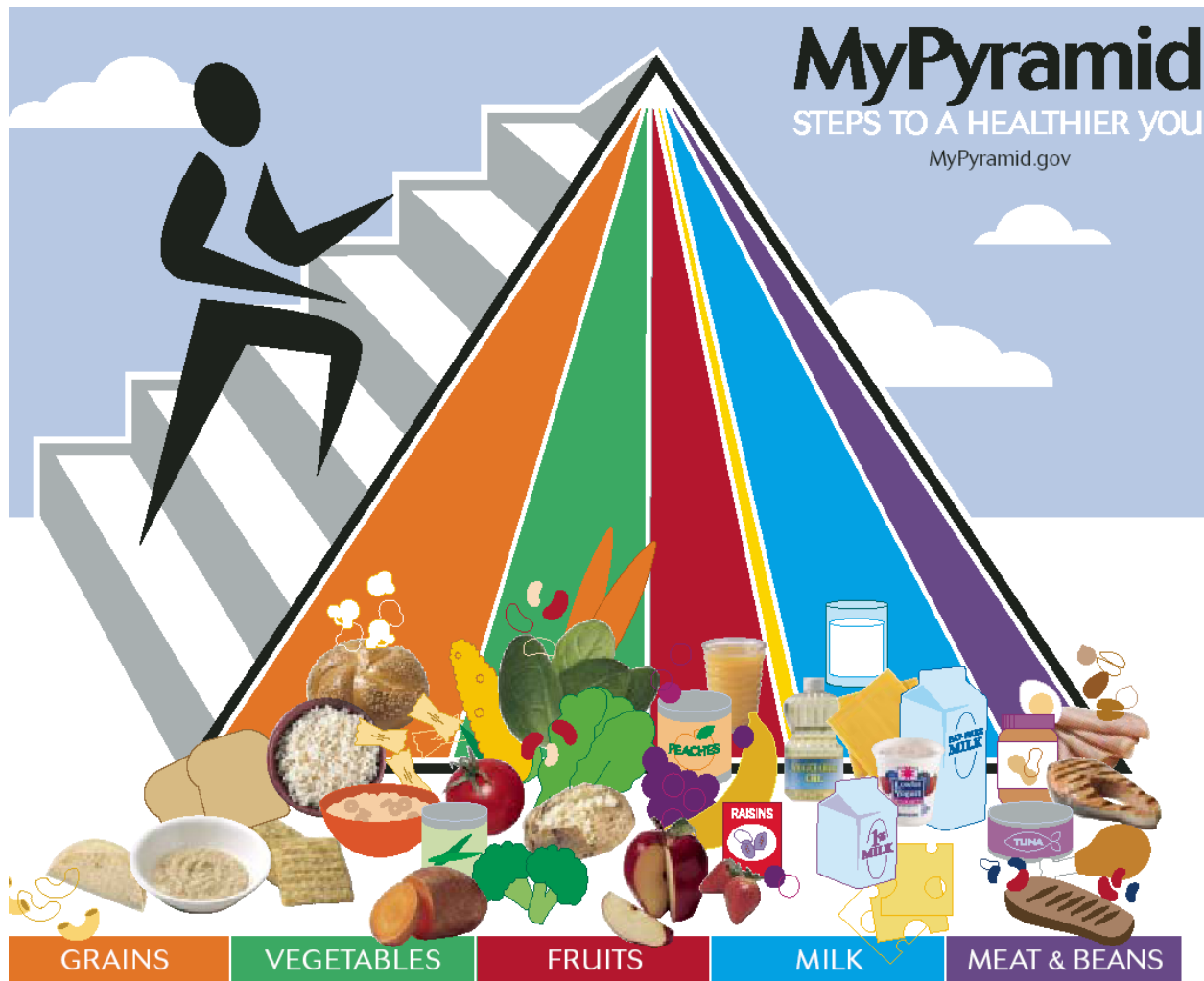
Constipation may occur after surgery because of reduced physical activity and the use of pain medication. To solve this problem:

1. Drink at least eight 8-oz. glasses of water daily.
2. Add fiber to your diet by eating at least 5 servings of fruits and vegetables and 3-4 servings of whole grains such as multigrain bread, brown rice, and whole grain cereals.
3. Eat yogurt with live culture.
4. If you do experience constipation, you may take an over-the-counter stool softener or fiber supplements.

Continue to eat well for your health and well-being!

FOOD GUIDE PYRAMID

A guide to healthy daily food choices



The Pyramid outlines what to eat each day. It is not a rigid prescription, but rather, a general guide that lets you choose a healthful diet that's right for you. The Pyramid calls for eating a variety of foods to get the nutrients you need and, at the same time, the right amount of calories to maintain a healthy weight. Each group provides some, but not all, of the nutrients you need. Foods in one group cannot replace those in another. Therefore, no one food group is more important than another.


GRAINS Make half your grains whole	VEGETABLES Vary your veggies	FRUITS Focus on fruits	MILK Get your calcium-rich foods	MEAT & BEANS Go lean with protein
<p>Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day</p> <p>1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or 1/2 cup of cooked rice, cereal, or pasta</p>	<p>Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens</p> <p>Eat more orange vegetables like carrots and sweetpotatoes</p> <p>Eat more dry beans and peas like pinto beans, kidney beans, and lentils</p>	<p>Eat a variety of fruit</p> <p>Choose fresh, frozen, canned, or dried fruit</p> <p>Go easy on fruit juices</p>	<p>Go low-fat or fat-free when you choose milk, yogurt, and other milk products</p> <p>If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages</p>	<p>Choose low-fat or lean meats and poultry</p> <p>Bake it, broil it, or grill it</p> <p>Vary your protein routine – choose more fish, beans, peas, nuts, and seeds</p>

For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.

Eat 6 oz. every day	Eat 2 1/2 cups every day	Eat 2 cups every day	Get 3 cups every day; for kids aged 2 to 8, it's 2	Eat 5 1/2 oz. every day
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Find your balance between food and physical activity

- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.



Know the limits on fats, sugars, and salt (sodium)

- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening, and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, *trans* fats, and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.



USDA is an equal opportunity provider and employer.

HEALTHFUL EATING FOR THE SURGERY PATIENTS (continued)

****What counts as one serving?**

Bread, Cereal Rice & Pasta Group	Vegetable Group	Fruit Group	Milk, Yogurt, & Cheese Group	Meat, Poultry Fish, Dry Beans Eggs & Nuts Group	Fats, Oils & Sweets Group
1 slice of bread ½ cup of cooked rice or pasta ½ cup of cooked cereal 1 ounce of ready to eat cereal	½ cup of chopped, raw or cooked vegetables 1 cup of leafy raw vegetables	1 piece of fruit or melon wedge ¾ cup of juice ½ cup of canned fruit ¼ cup of dried fruit	1 cup of milk or yogurt 1-1/2 ounces of natural cheese 2 ounces of processed cheese	2-3 ounces of fish, cooked lean meat, or poultry Count ½ cup of cooked beans, or 1 egg, or 2 tablespoons of peanut butter as 1 ounce of lean meat	LIMIT calories from this group, especially if you need to lose weight

The amount you eat at one time may be more than one serving: for example, a dinner portion of spaghetti may count as anywhere from 2-5 servings (1-2 ½ cups), depending on how much is consumed.

It is important to know the appropriate size of each food group to help you eat in moderation. In the next section, you will find sample meal patterns based on various calorie levels.

HEALTHFUL EATING FOR THE SURGERY PATIENTS (continued)

My Meal Pattern (from mypyramid.gov)

Below are suggested diet plans for different calorie levels showing the amount of food recommended per day from each food group. Most women fall under the 1400-calorie level and most men under 1800-calorie level.

	1400 calories	1800 calories	2200 calories
Grains	5 servings	6 servings	7 servings
Vegetables	3 servings	5 servings	6 servings
Fruits	3 servings	3 servings	4 servings
Milk	2 servings	3 servings	3 servings
Meat and Beans	4 oz	5 oz	6 oz
Oil & Discretionary Calories	Aim for 4 tsp of oil	Aim for 5 tsp of oil	Aim for 6 tsp of oil

OTHER HOSPITAL SERVICES

Social Work: Social workers at New York-Presbyterian Hospital provide services to patients of all ages – from children to adults – who are admitted to our Hospital or who are seen on an out-patient basis. As part of your health care team, the professional social work staff helps patients and families understand and cope with medical, psychological, and social issues related to their illness. Our social workers offer many services to help patients during their treatment. These include:

- Counseling
- Patient Advocacy
- Discharge planning

Pastoral Care: The Pastoral Care Department has trained pastoral care providers: ecumenical chaplains, ordained ministers, priests, rabbis, Eucharistic ministers, who are available to you and your family upon request. Services are televised on channel 6 in patient rooms. Additional holiday and special services are held throughout the year.

CONTACT NUMBERS:

Pastoral Care 212.305.5817 or ext. 55817

The Pastoral Care Office is open Monday through Friday, 8:30AM – 5PM in the Presbyterian Hospital building, next to the Security Department & Garden Café.

The PAULINE A HARTFORD MEMORIAL CHAPEL is adjacent to the office in separate building is always available for meditation.