About Your Hip Replacement Surgery

This guide will help you prepare for your hip replacement surgery at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Read through this guide at least once before your surgery and then use it as a reference in the days leading up to your surgery.

Bring this guide with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

Your Care Team

Doctor: ________________________________

Phone number: __________________________

Fax number: ____________________________

Nurse: _________________________________
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About Your Surgery

Your Hip Anatomy

Your hip is a ball and socket joint. This means that it’s made up of 2 parts that allow for movement and rotation. Your hip is made up of the femoral head, which is the top end of your femur (thigh bone), and a socket in your pelvis called the acetabulum (see Figure 1). The femoral head is a round surface that looks like a ball. It fits into the acetabulum and allows smooth motion of the hip.

![Figure 1. Your hip anatomy](image)

If you need a hip replacement, the parts of your hip joint that are damaged will be replaced with artificial parts, called prostheses. These are usually made of metal or plastic. The new joint will help reduce pain and increase your ability to move around.

Types of Hip Replacements

There are 2 types of hip replacements, a partial hip replacement and a total hip replacement.

In a partial hip replacement, the femoral head is removed and replaced with a metal stem that is inserted into your femur. A ball is placed on the top part of the stem. A device called a “bipolar cup” snaps on the ball of your new hip and rotates in your own hip socket.

In a total hip replacement, in addition to your femoral head, your acetabulum is also replaced with a metal socket. The metal socket is attached to your bone by cement, screws, or your bone itself.

Your Hip Replacement Surgery

Your surgeon will make an incision (surgical cut) that will run about 5 inches (12.7 centimeters) above your hip to about 6 inches (15.24 centimeters) below your hip. They will remove the diseased portion of your bone and replace it with your prosthesis. It will be fitted and fixed in place.
The information in this section will help you get ready for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery.

Write down any questions you have and be sure to ask your doctor or nurse.
Preparing for Your Surgery

You and your healthcare team will work together to get ready for your surgery.

About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It’s important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medications to help prevent them.

- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

Here are things you can do to prevent problems before your surgery:

- Be honest with your healthcare provider about how much alcohol you drink.

- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or can’t sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.

- Tell your healthcare provider if you can’t stop drinking.

- Ask us any questions you have about drinking and surgery. As always, all of your medical information will be kept confidential.

About Smoking

People who smoke can have breathing problems when they have surgery. Stopping even for a few days before surgery can help. If you smoke, your nurse will refer you to our Tobacco Treatment Program. You can also reach the program at 212-610-0507.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren’t sure.

- I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your doctor knows all the medications you’re taking.

- I take prescription medications (medications prescribed by a doctor), including patches and creams.

- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.

- I take dietary supplements, such as herbs, vitamins, minerals, and natural or home remedies.

- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.

- I have sleep apnea.

- I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.

- I am allergic to certain medication(s) or materials, including latex.

- I am not willing to receive a blood transfusion.

- I drink alcohol.

- I smoke.

- I use recreational drugs.
About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, the airway becomes completely blocked during sleep. It can cause serious problems during and after surgery.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (such as a CPAP) for sleep apnea, bring it with you the day of your surgery.

Within 30 Days of Your Surgery

Presurgical Testing (PST)

Before your surgery, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon’s office.

You can eat and take your usual medications the day of your PST appointment.

During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you medication to put you to sleep during your surgery). Your NP will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your surgery.

It’s very helpful to bring the following things to your PST appointment:

- A list of all the medications you’re taking, including prescription and over-the-counter medications, patches, and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your doctor(s).

Identify Your Caregiver

Your caregiver plays an important role in your care. You and your caregiver will learn about your surgery from your healthcare provider. After your surgery, your caregiver should be present for the discharge instructions so they’re able to help you care for yourself at home. Your caregiver will also need to take you home after your surgery.

Complete a Health Care Proxy Form

If you haven’t already completed a health care proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you’re unable to communicate for yourself. The person you identify is called your health care agent.

If you’re interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one already, or if you have any other advance directive, bring it to your next appointment.
Do Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. You will be given an incentive spirometer to help expand your lungs. Talk with your doctor about how to use your incentive spirometer. For more information, read How to Use Your Incentive Spirometer, located in the “Educational Resources” section of this guide. If you have any questions, ask your nurse or respiratory therapist.

Exercise

Try to do aerobic exercise every day. Examples of aerobic exercise include walking at least 1 mile (1.6 kilometers), swimming, or biking. If it’s cold outside, use stairs in your home or go to a mall or shopping market. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

Eat a Healthy Diet

Eat a well-balanced, healthy diet before your surgery. If you need help with your diet, talk with your doctor or nurse about meeting with a dietitian.

10 Days Before Your Surgery

Stop Taking Vitamin E

If you take vitamin E, stop taking it 10 days before your surgery. Vitamin E can cause bleeding. For more information, read our resource Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in the “Educational Resources” section of this guide.

Buy Hibiclens® Skin Cleanser

Hibiclens is a skin cleanser that kills germs for 24 hours after using it (see figure). Showering with Hibiclens before your surgery will help lower your risk of infection after your surgery. You can buy Hibiclens at your local pharmacy without a prescription.

7 Days Before Your Surgery

Stop Taking Certain Medications

If you take aspirin, ask your surgeon if you should continue. Aspirin and medications that contain aspirin can cause bleeding. For more information, read Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in the “Educational Resources” section of this guide.
Stop Taking Herbal Remedies and Other Supplements

Stop taking herbal remedies and other dietary supplements 7 days before your surgery. If you take a multivitamin, ask your doctor or nurse if you should keep taking it. For more information, read our resource Herbal Remedies and Cancer Treatment, located in the “Educational Resources” section of this guide.

Watch a Virtual Tour

This video will give you an idea of what to expect when you come to Memorial Sloan Kettering’s main hospital on the day of your surgery.

www.mskcc.org/pe/day-your-surgery

2 Days Before Your Surgery

Stop Taking Certain Medications

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read our resource Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), located in the “Educational Resources” section of this guide.

1 Day Before Your Surgery

Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. If you’re scheduled for surgery on a Monday, you will be called on the Friday before. If you don’t receive a call by 7:00 PM, please call 212-639-5014.

The clerk will tell you what time to arrive at the hospital for your surgery. They will also tell you where to go. This will be one of the following locations:

- Presurgical Center (PSC) on the 2nd floor
  1275 York Avenue
  (between East 67th and East 68th Streets)
  New York, NY 10065
  M Elevator to 2nd floor

- Presurgical Center (PSC) on the 6th floor
  1275 York Avenue
  (between East 67th and East 68th Streets)
  New York, NY 10065
  B elevator to 6th floor

Use the area below to write in information when the clerk calls.

Surgery date: ___________ Scheduled arrival time: ___________
Shower With Hibiclens
The night before your surgery, shower using Hibiclens.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well.
3. Open the Hibiclens bottle. Pour some solution into your hand or a washcloth.
4. Move away from the shower stream to avoid rinsing off the Hibiclens too soon.
5. Rub the Hibiclens gently over your body from your neck to your feet. Don’t put the Hibiclens on your face or genital area.
6. Move back into the shower stream to rinse off the Hibiclens.
7. Dry yourself off with a clean towel after your shower.
8. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Sleep
Go to bed early and get a full night’s sleep.

Instructions for eating and drinking before your surgery

- Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

The Morning of Your Surgery

Shower with Hibiclens
Shower using Hibiclens just before you leave for the hospital. Use the Hibiclens the same way you did the night before.

Don’t put on any lotion, cream, powder, deodorant, makeup, perfume, or cologne after your shower.

Take Your Medications
If your doctor or NP instructed you to take certain medications the morning of your surgery, take only those medications with a sip of water. Depending on what medications you take and the surgery you’re having, this may be all, some, or none of your usual morning medications.
Things to Remember

- Remove nail polish and nail wraps.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuable items, such as credit cards, jewelry, or your checkbook, at home.
- Before you’re taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.
- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.

What to Bring

- Sneakers that lace up or slip-on shoes with a sole. You may have some swelling in your feet. Lace-up sneakers or sturdy slip-on shoes will be easier to put on after surgery. Avoid open back shoes, such as flip flops or mules.
- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- Your incentive spirometer.
- Your Health Care Proxy Form, if you have completed one.
- Your cell phone and charger.
- A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, if you have one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
Where to Park

MSK's parking garage is located on East 66th Street between York and First Avenues. If you have questions about prices, call 212-639-2338.

To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that you can walk through that connects the garage to the hospital.

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.

Once You’re in the Hospital

You will be asked to state and spell your name and date of birth many times. This is for your safety. People with the same or similar names may be having surgery on the same day.

Get Dressed for Surgery

When it’s time to change for surgery, you will get a hospital gown, robe, and nonskid socks to wear.

Meet With Your Nurse

You will meet with your nurse before surgery. Tell your nurse the dose of any medications (including patches and creams) you took after midnight and the time you took them.

Your nurse may place an intravenous (IV) line into one of your veins, usually in your arm or hand. If your nurse doesn’t place the IV, your anesthesiologist will do it later once you’re in the operating room.

A member of your surgical team will initial your surgical site with a marker. This is to make sure that your surgery is done on the correct site.

Meet With Your Anesthesiologist

Your anesthesiologist will:

- Review your medical history with you.
- Ask you if you’ve had any problems with anesthesia in the past, including nausea or pain.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you will receive.
- Answer questions you have about your anesthesia.
Your doctor or anesthesiologist will also talk with you about how you will get your pain medication. You may receive your pain medication through:

- An epidural catheter (thin, flexible tube) placed near your spine (back)
- A nerve catheter placed near the nerves that cause pain from your incision
- Your IV

**Prepare for Surgery**

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to begin. When it’s time for your surgery, your visitor(s) will be shown to the waiting area. Your visitors should read our resource *Information for Family and Friends for the Day of Surgery*, located in the “Educational Resources” section of this guide.

You will either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help blood flow in your legs. You may also have a blood pressure cuff and EKG pads to monitor you during surgery.

Once you’re comfortable, your anesthesiologist will give you anesthesia through your IV line and you will fall asleep. You will also get fluids through your IV line during and after your surgery.

**What to Expect**

After you’re fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. You will also have a urinary (Foley®) catheter placed to drain urine from your bladder.

During your surgery, plastic drainage tubes will be placed in the area of the replacement implant and will exit near your incision. These tubes will drain fluid from the surgical area to help reduce swelling. The drainage tubes may be stitched in place so they will not fall out. They are connected to a container that collects the drainage.

Once your surgery is finished, your incision will be closed with staples or sutures (stitches). You may also have Steri-Strips™ (thin pieces of tape) or Dermabond® (surgical glue) over your incisions. Your incisions may be covered with a bandage. Your breathing tube is usually taken out while you’re still in the operating room.
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery.

Write down any questions you have and be sure to ask your doctor or nurse.

Notes
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What to Expect

In the Post-Anesthesia Care Unit (PACU)

When you wake up after your surgery, you will be in the Post Anesthesia Care Unit (PACU).

A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You will get oxygen through a thin tube that rests below your nose called a nasal cannula. You will also have compression boots on your lower legs.

You will have a Foley® catheter in your bladder to monitor the amount of urine you’re making. You will have a pain pump called a patient-controlled analgesia (PCA) device. For more information, read our resource Patient-Controlled Analgesia (PCA), located in the “Educational Resources” section of this guide. If you don’t have an epidural or nerve catheter, you will get your pain medication through your IV line.

Your visitors can see you briefly in the PACU, usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them.

You will stay in the PACU until you’re awake and your pain is under control. Most people return to their room after a few hours in the PACU, but some will need to stay in the PACU overnight for observation.

In Your Hospital Room

After your stay in the PACU, you will be taken to your hospital room. You will meet one of the nurses who will care for you while you’re in the hospital recovering from your surgery.

Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read our resource How to Use Your Incentive Spirometer, located in the “Educational Resources” section of this guide. You should also talk with your doctor about how to use your incentive spirometer.

Read our resource Call! Don’t Fall! to learn about what you can do to stay safe and keep from falling while you’re in the hospital.

You may also have an ultrasound done before you leave the hospital. This will help us see if you have a blood clot. We can then decide what blood thinners you should take when you go home. You will also get antibiotics in your IV to prevent infection.

Commonly Asked Questions: During Your Hospital Stay

Will I have pain after my surgery?

You will have some pain from your incisions after your surgery. Your doctor and nurse will ask you about your pain often and give you medication as needed. If you don’t have an epidural or nerve catheter, you will get your pain medication through your IV line.

If your pain isn’t relieved, tell your doctor or nurse. It’s important to control your pain so you can use your incentive spirometer and move around.
You may be given a prescription for pain medication before you leave the hospital. Talk with your doctor or nurse about possible side effects and when you should start switching to over-the-counter pain medications.

What other side effects can I expect after surgery?
The skin below your incision will feel numb after your surgery. This is because some of your nerves were cut. The numbness will go away over time.

Will I be able to eat after my surgery?
Yes. Eating a balanced diet high in protein will help you heal after surgery. Your diet should include a healthy protein source at each meal, as well as fruits, vegetables, and whole grains. For more tips on increasing the amount of calories and protein in your diet, read our resource *Eating Well During and After Your Cancer Treatment*.

If you have questions about your diet, ask to see a dietitian.

How long will I have the drains?
Your drainage tubes usually remain in place for a few days after surgery. How long you have them in for depends on how much drainage you’re having. Your nurse will measure your drainage 3 times a day. Your doctor will decide when the amount is small enough to remove the drain.

Removing the drainage tubes is usually a quick procedure. It’s done in your room and you won’t need pain medication. You may feel a stinging sensation, which lasts only a few minutes.

What exercises should I do while in the hospital?
Leg exercises can help promote good circulation and prevent blood clots. You can find them in the section called “Exercises to Do While You’re in the Hospital” of this resource. Do these exercises 10 times an hour while you’re awake.

Will there be restrictions on my activities immediately after my surgery?
Yes. After your hip replacement surgery, you must follow special hip precautions.

Depending on the surgery that you had, these precautions may vary slightly. Your physical therapist (PT) and occupational therapist (OT) will go over these precautions with you. Most people will need to follow the precautions below:

- Don’t bend at the waist or hip more than 90 degrees.
- Don’t cross your legs while standing, sitting, or lying down.
- Don’t rotate your operated leg (leg you had surgery on) inward. Don’t lie, sit, or stand with “pigeon-toes.”

If you have any additional or different precautions, your doctor, PT, and OT will review these with you. During your stay in the hospital, your PT and OT will teach you how to move safely in and out of bed. They will also show you how to complete your daily self-care tasks, such as getting dressed and going to the bathroom, while following these precautions. For more information, read the section called “Hip Precautions” of this resource.
**How long will I be in the hospital?**

Most people are in the hospital for about 4 days after having hip replacement surgery. By the time you're ready to leave the hospital, your incision will have started to heal. Before you leave the hospital, look at your incision with your nurse and caregiver. Knowing what your incision looks like will help you notice any changes later.

**How will I prepare to leave the hospital?**

You will have a case manager who will help you with your discharge planning. Some people go to a short-term rehabilitation center after you leave the hospital. Others can go home directly. Everyone's plan is different. Your medical team, PT, OT, and case manager will work with you to determine the plan best for you. Your case manager can make arrangements for any equipment, nursing, or rehabilitation you will need after you leave the hospital.

**Commonly Asked Questions: At Home**

Read our resource *What You Can Do to Avoid Falling* to learn about what you can do to stay safe and keep from falling at home and during your appointments at MSK.

**Will I have pain when I'm home?**

The length of time each person has pain or discomfort varies. You may still have some pain when you go home and will probably be taking pain medication. Some people have soreness, tightness, or muscle aches around their incision for 6 months or longer. This doesn’t mean something is wrong.

Follow the guidelines below to help manage your pain at home.

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn’t relieve your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication.
- As your incision heals, you will have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort.
  - Follow your doctor or nurse’s instructions for stopping your prescription pain medication.
  - Don’t take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse. Taking too much acetaminophen can harm your liver.
- Pain medication should help you resume your normal activities. Take enough medication to do your exercises comfortably. However, it’s normal for your pain to increase slightly as you increase your level of activity.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

Pain medication may cause constipation (having fewer bowel movements than what’s normal for you).
How can I prevent constipation?

Your normal bowel pattern may change after surgery. You may have trouble passing stool (feces). Talk with your nurse about how to manage constipation. You can also follow the guidelines below.

• Go to the bathroom at the same time every day. Your body will get used to going at that time. However, if you feel the urge to go, don’t put it off.

• Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to move your bowels. The reflexes in your colon are strongest at this time.

• Exercise, if you can. Walking is an excellent form of exercise.

• Drink 8 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water, juices, soups, ice cream shakes, and other drinks that don’t have caffeine. Drinks with caffeine, such as coffee and soda, pull fluid out of your body.

• Slowly increase the fiber in your diet to 25 to 35 grams per day. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your doctor or nurse before making any changes in your diet.

• Both over-the-counter and prescription medications are available to treat constipation. Try one of the following over-the-counter medications first. Follow the instructions on the medication label or from your healthcare provider.
  – Docusate sodium (Colace®): This is a stool softener that causes few side effects. Don’t take it with mineral oil.
  – Polyethylene glycol (MiraLAX®): This is a laxative that causes few side effects.
  – Senna (Senokot®): This is a stimulant laxative, which can cause cramping. It’s best to take it at bedtime.

• If you haven’t had a bowel movement in 2 days, call your doctor or nurse.

For more information, read our resource Constipation.

How do I care for my incisions?

• Your sutures will remain on your incision until your doctor removes them at your first visit after your surgery. You will need to care for your incision at home.

• Change your bandages at least once a day. Make sure to leave your bandage on at all times.

• If any fluid is draining from your incision, write down the amount and color. Call your doctor’s office and tell the nurse about any drainage from your incision.

• If you go home with Steri-Strips on your incision, they will loosen and fall off by themselves. If you go home with Dermabond on your incision, it will also loosen and peel off by itself. If the Steri-Strips and Dermabond haven’t fallen off within 10 days, you may remove them.

• Don’t put any powder, lotion, or soap near your incision.
**When can I shower?**

You can shower after your sutures are removed, which is usually 2 to 3 weeks after your surgery. Until then, you can take sponge baths but don’t get your incisions wet.

When you shower, remove your bandages and use soap to gently wash your incisions. Pat the areas dry with a clean towel after showering. Leave your incision uncovered, unless there’s drainage. If you still have drainage, apply a new bandage to your incision after your shower.

Don’t take tub baths until you discuss it with your doctor at the first appointment after your surgery. Avoid hot tubs, saunas, and swimming pools until your doctor or nurse tell you it’s okay.

**What activity restrictions will I have after I leave the hospital?**

After your surgery, you must follow special hip precautions. If you receive additional physical or occupational therapy after you leave the hospital, your therapists will continue to teach you ways to move safely. This will help you get stronger and get comfortable walking and doing your normal activities.

**When is it safe for me to drive?**

You can start driving again when your doctor tells you it’s safe for you to do so. This is usually 3 months after your surgery.

**When can I return to work?**

The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals. Ask your doctor when you will be able to return to work.

**When can I resume sexual activity?**

Ask your doctor how soon after going home you may resume sexual activity. For most people, it will be 2 weeks after you leave the hospital.

The only limitations you will have are which positions you may use during sexual activity, in order to follow the hip precautions. You may be on the bottom or lie on your side. Keep 2 pillows between your knees to keep a space of 6 to 10 inches (15 to 25 centimeters) between them.

Try to plan your sexual activity for a time when you’re the most comfortable. Some people find they feel better in the morning. Others feel stiff and sore at that time. Taking your pain medication about 45 minutes before the desired time may also be helpful.

**Are there any other precautions that I must take?**

If you’re going to have any procedure that might cause bleeding, you must tell your doctor or dentist that you have a hip prosthesis. You should take an antibiotic. If you get an infection in your body, it may infect your new hip joint. For more information, read our resource *Preventing an Infection to the Are of you Bone or Joint Replacement Prosthesis* located in the “Educational Resources” section of this guide.

**Is it normal to feel tired after surgery?**

Feeling tired (fatigue) is the most common side effect after a hip replacement. This is normal. You may need a nap during the day, but try to stay out of bed as much as possible. That will help you sleep at night. It usually takes 6 to 8 weeks until your energy level returns to normal.
**When can I lift heavy objects or exercise?**

Don't do any strenuous exercise or heavy lifting until your doctor tells you that you can. You may need special instructions for exercise.

**How can I cope with my feelings?**

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can't control some of these feelings. If this happens, it's a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It's always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you're in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

**When is my first appointment after surgery?**

Your first appointment will be about 2 weeks after you leave the hospital. Please call your doctor's office as soon as possible after you leave the hospital to make the appointment.

**What if I have other questions?**

If you have any questions or concerns, please talk with your doctor or nurse. You can reach them Monday through Friday from 9:00 AM to 5:00 PM.

After 5:00 PM, during the weekend, and on holidays, please call 212-639-2000 and ask for the doctor on call for your doctor.

**Call your doctor if you have:**

- A temperature of 100.4° F (38.0° C) or higher
- Numbness, tingling (pins and needles), or burning of your toes
- Pain that doesn't go away with medication or pain that's getting worse
- Drainage or a foul odor (bad smell) coming from your incision
- Trouble moving your toes
- Increased swelling that isn’t relieved when you elevate your hip that had the replacement
- Toes that are very cold and not warmed by covering them
- Increased redness around your incision
- Trouble breathing
- Any unexpected or unexplained problems
- Any questions or concerns
Exercises to Do While You’re in the Hospital

**Ankle Pumps**

1. Lie on your back with your head and shoulders supported on pillows. You can also do this exercise while sitting.

2. Point your toes up toward your nose (see Figure 1). You can do this with both feet at the same time.

3. Then, point them toward the floor.

4. Repeat 10 times.

Do this exercise every hour that you’re awake.

**Quadriceps sets**

1. Lie on your back with your head and shoulders supported on pillows.

2. Straighten your legs as much as you can.

3. Push the backs of your knees down into the bed while tightening the muscles on the top of your thighs (see Figure 2).

4. Hold the position and count out loud to 5.

5. Relax.

6. Repeat 10 times.

Do this exercise every hour that you’re awake.

**Gluteal sets**

1. Lie on your back with your head and shoulders supported on pillows.

2. Straighten your legs as much as you can.

3. Squeeze your buttocks together tightly (see Figure 3).

4. Hold the position and count out loud to 5.

5. Relax your buttocks.

6. Repeat 10 times.

Do this exercise every hour that you’re awake.
Safe moving during everyday activities

You need to follow special hip precautions. Here are some ways that you can adjust your activities to make sure that you follow your precautions.

Stand with your toes pointing straight ahead, about 6 to 10 inches (15 to 25 centimeters) apart. Don’t stand with your toes pointing in or out (see Figure 1).

When you need to pick something up, use your reacher (see Figure 2). Don’t bend over.

Figure 1. Standing positions after a hip replacement

Figure 2. Using reacher to pick up things
Move your upper and lower body as one unit. Make sure that your shoulders, hips, and knees are pointing in the same direction as your feet (see Figure 3). Don’t twist your body.

Scoot to the edge and use the arms of your chair when rising from a chair (see Figure 4). Don’t bend forward to stand up.
Sit on a raised toilet seat or on a firm cushion in a chair (see Figure 5). Don’t sit on low seats.

Figure 5. Sitting on firm chairs

Sit with your legs uncrossed (see Figure 6). Don’t cross your legs while sitting or lying down.

Figure 6. Sitting with uncrossed legs
Put on your slippers when you're standing (see Figure 7). Don't lean down or over to the side to get your slippers from under the bed.

Figure 7. Putting on slippers while standing

Pull the blanket and sheets half way up before getting into bed (see Figure 8). Don’t lean forward to pull them up after getting into bed.

Figure 8. Pulling up blankets before getting into bed
Sleep with 1 pillow between your legs when lying on your back. Sleep with 2 pillows when lying on your side. You can also lie on your stomach as long as you turn toward your unoperated side (side you didn’t have surgery on), have a pillow between your legs, and your operative leg (leg you had surgery on) turns as a whole unit. Your foot, knee and hip should turn together (see Figure 9).

Don’t sleep on your back or unoperated side without pillows between your legs. Don’t lie on your operated side (side you had surgery on) until your doctor tells you it’s okay.

Figure 9. Sleeping positions after a hip replacement
This section contains a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely.

Write down any questions you have and be sure to ask your doctor or nurse.
Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It’s important to stop these medications before many cancer treatments.

Aspirin, other NSAIDs (such as ibuprofen), and vitamin E can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding.

Read the section “Examples of Medications” to see if your medications contain aspirin, other NSAIDs, or vitamin E.

If you take aspirin, medications that contain aspirin, other NSAIDs, or vitamin E, tell your doctor or nurse. They will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you’re having.

Before Your Surgery

If you’re having surgery, follow the instructions below.

- Stop taking medications that contain vitamin E 10 days before your surgery, or as directed by your doctor.
- Stop taking medications that contain aspirin 7 days before your surgery, or as directed by your doctor. If you take aspirin because you’ve had a problem with your heart or you’ve had a stroke, be sure to talk with your doctor.
before you stop taking it.

- Stop taking NSAIDs 48 hours before your surgery, or as directed by your doctor.

Examples of Medications

Medications are often called by their brand name, which can make it hard to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the lists below.

These lists include the most common products, but there are others. Check with your healthcare provider if you aren’t sure. **Always be sure your doctor knows all of the medications you’re taking, both prescription and over-the-counter (not prescription).**

<table>
<thead>
<tr>
<th>Common Medications that Contain Aspirin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrenox®</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
</tr>
<tr>
<td>Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
</tr>
<tr>
<td>ASA Enseals®</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
</tr>
<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
</tr>
<tr>
<td>Aspergum®</td>
</tr>
<tr>
<td>Common Medications that are NSAIDs that Don’t Contain Aspirin</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Advil®</strong></td>
</tr>
<tr>
<td><strong>Advil Migraine®</strong></td>
</tr>
<tr>
<td><strong>Aleve®</strong></td>
</tr>
<tr>
<td><strong>Anaprox DS®</strong></td>
</tr>
<tr>
<td><strong>Ansaid®</strong></td>
</tr>
<tr>
<td><strong>Arthrotec®</strong></td>
</tr>
<tr>
<td><strong>Bayer® Select Pain Relief Formula Caplets</strong></td>
</tr>
<tr>
<td><strong>Celebrex®</strong></td>
</tr>
<tr>
<td><strong>Celecoxib</strong></td>
</tr>
<tr>
<td><strong>Children’s Motrin®</strong></td>
</tr>
</tbody>
</table>
Most multivitamins contain vitamin E. If you take a multivitamin, be sure to check the label.

**About Acetaminophen**

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn’t affect platelets, so it won’t increase your chance of bleeding. However, talk with your doctor before taking acetaminophen if you’re getting chemotherapy.

<table>
<thead>
<tr>
<th>Medications that Contain Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acephen®</td>
</tr>
<tr>
<td>Aceta® with Codeine</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
</tr>
<tr>
<td>Darvocet-N 100®</td>
</tr>
<tr>
<td>Datril®</td>
</tr>
</tbody>
</table>

**Read the labels on all your medications**

Acetaminophen is safe when used as directed, but there’s a limit to how much you can take in 1 day. It’s possible to take too much acetaminophen without knowing because it’s in many different medications.
Make sure to always read and follow the label on the product you’re taking. Acetaminophen is a very common ingredient found in over-the-counter and prescription medications. It’s often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications.

The full name acetaminophen isn’t always written out. Look for the common abbreviations listed below, especially on prescription pain relievers.

<table>
<thead>
<tr>
<th>Common Abbreviations for Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>APAP</td>
</tr>
<tr>
<td>Acetamin</td>
</tr>
</tbody>
</table>

Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
Herbal Remedies and Cancer Treatment

This information explains herbal remedies and how they can affect your cancer treatment.

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical home remedies or other dietary supplements. This is because they can:

- Interact with your other medications.
- Increase or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Make radiation therapy less effective.
- Increase the effects of sedation or anesthesia (medications to make you sleepy).

You can continue to use herbs in your food and drinks, such as using spices in cooking and drinking tea. However, you must stop taking herbal supplements before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

**Common Herbal Supplements and Their Effects**

These are some commonly used herbs and their side effects on cancer treatments.

**Echinacea**

- Can cause an allergic reaction, such as a rash or difficulty breathing.
• Can lower the effects of medications used to weaken the immune system.

Garlic

• Can lower your blood pressure, fat, and cholesterol levels.
• Can increase your risk of bleeding.

Gingko (also known as *Gingko biloba*)

• Can increase your risk of bleeding.

Ginseng

• Can lower the effects of sedation or anesthesia.
• Can increase your risk of bleeding.
• Can lower your blood glucose (sugar) level.

Turmeric

• Can make chemotherapy less effective.

St. John’s Wort

• Can interact with medications given during surgery.
• Can make your skin more sensitive to radiation or laser treatment.

Valerian

• Can increase the effects of anesthesia or sedation.

Herbal formulas

• Herbal formulas contain different herbs. We don’t know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it’s safe.

This information does not cover all herbal remedies or possible side effects. Speak with your healthcare provider if you have any questions or concerns.
For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
How to Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer.

About Your Incentive Spirometer

An incentive spirometer is a device that will expand your lungs by helping you to breathe more deeply and fully. The parts of your incentive spirometer are labeled in Figure 1.

![Incentive Spirometer Diagram]

Figure 1. Incentive Spirometer

Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your
recovery and prevent complications such as pneumonia.

How To Use Your Incentive Spirometer

Here is a video demonstrating how to use your incentive spirometer:

Please visit mskcc.org/pe/incentive_spirometer to watch this video.

Setting up your incentive spirometer

The first time you use your incentive spirometer, you will need to take the flexible tubing with the mouthpiece out of the bag. Stretch out the tubing and connect it to the outlet on the right side of the base (see Figure 1). The mouthpiece will be attached to the other end of the tubing.

Using your incentive spirometer

When you are using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug your nose if you have trouble.

If you feel dizzy at any time, stop and rest. Try again at a later time.

To use your incentive spirometer, follow the steps below.

1. Sit upright in a chair or in bed. Hold the incentive spirometer at eye level.
   - If you had surgery on your chest or abdomen (belly), hug or hold a pillow to help splint or brace your incision (surgical cut) while you’re using the incentive spirometer. This will help decrease pain at your incision.

2. Put the mouthpiece in your mouth and close your lips tightly around it. Slowly breathe out (exhale) completely.

3. Breathe in (inhale) slowly through your mouth as deeply as you can. As you take the breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see Figure 1).

4. Try to get the piston as high as you can, while keeping the indicator
between the arrows.

- If the indicator does not stay between the arrows, you are breathing either too fast or too slow.

5. When you get it as high as you can, hold your breath for 10 seconds, or as long as possible. While you’re holding your breath, the piston will slowly fall to the base of the spirometer.

6. Once the piston reaches the bottom of the spirometer, breathe out slowly through your mouth. Rest for a few seconds.

7. Repeat 10 times. Try to get the piston to the same level with each breath.

8. After each set of 10 breaths, try to cough, holding a pillow over your incision, as needed. Coughing will help loosen or clear any mucus in your lungs.

9. Put the marker at the level the piston reached on your incentive spirometer. This will be your goal next time.

Repeat these steps every hour that you are awake.

Cover the mouthpiece of the incentive spirometer when you are not using it.
Information for Family and Friends for the Day of Surgery

This information explains what to expect on the day your friend or family member is having surgery at Memorial Sloan Kettering’s (MSK) main hospital.

Before the Surgery

After arriving at the hospital, the patient will be asked to provide contact information for the person who will be meeting with the surgeon after the surgery. This is the same person who will get updates from the nurse liaison during the surgery. If the patient is having an outpatient procedure, they will also be asked to provide contact information for the person who will be taking them home.

Once the patient is checked in, they will go to the Presurgical Center (PSC) to be examined before surgery. Sometimes, they may need to wait before they are admitted to the PSC.

In the PSC, the nurse will do an exam. One person can come along to the PSC, but other visitors should wait in the waiting area. If the patient wants, other visitors may join them when the nurse has finished the exam.

When the operating room (OR) is ready, a member of the surgical team will come to escort the patient into the OR. They will prepare the patient for surgery, which can take 15 to 90 minutes. Then, the surgery will begin.

Please remember the following:

- **Do not bring food or drinks to the waiting area.** Patients are not allowed to eat or drink before their surgery or procedure.
- Our patients are at high risk for infection. Please do not visit if you have any cold or flu symptoms (fever, sneezing, sniffles, or a cough). We may ask you
to wear a mask if there are any concerns about your health.

- If the patient brought any valuables, such as a cell phone, iPod, or iPad, please keep them safe for them during surgery.
- Sometimes, surgeries may be delayed. We make every effort to tell you when this happens.

**During the Surgery**

After the patient is taken to the OR, please wait in the main lobby on the 1st floor, where you will be updated by the nurse liaison. While you’re waiting, here are some things you can do:

- Food and drinks are available in the cafeteria and gift shop. You can also bring your own food and eat it in the cafeteria.
- The coat-check room is located at the bottom of the escalator on the ground level. It’s open Monday through Friday from 11:00 am to 4:00 pm.
- Wireless Internet access is available in most areas of the hospital. The wifi network name is MSK_guest. You can also use the computers in the room off the main lobby.
- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.
- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1st floor. It’s open at all times for meditation and prayer.
- The Patient Recreation Pavilion is open daily from 9:00 am to 8:00 pm for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. The pavilion has arts and crafts, a library, an outdoor terrace, and scheduled entertainment events. To get to the pavilion, take the M elevators to the 15th floor.

**Surgery updates**

A nurse liaison will keep you updated on the progress of surgery. They will:

- Give you information about the patient.
• Prepare you for your meeting with the surgeon.

• Arrange for you to visit the patient in the Post Anesthesia Care Unit (PACU).

To contact the nurse liaison:

• From inside the hospital, use a hospital courtesy phone. Dial 2000 and ask for beeper 9000. Please be patient, as this can take up to 2 minutes.


• Ask the information desk staff to contact the nurse liaison for you.

After the Surgery

Meeting with the surgeon
When the patient’s surgery is completed, we will call you and ask you to return to the concierge desk to tell you where to go to meet with the surgeon.

After you have met with the surgeon, return to the concierge desk and tell them that you have finished your consultation.

Visiting the patient in the PACU
After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.

When the patient is able to have visitors, a staff member will take you to the PACU for one brief visit. No one is allowed to stay overnight with the patient in the PACU, except for caregivers of pediatric patients.

Please follow these guidelines before your visit:

• Silence your cell phone.

• Apply an alcohol-based hand sanitizer (such as Purell®) before entering. There are hand sanitizer stations located throughout the hospital.

• Do not bring food or flowers into the PACU.

Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and allow the patients to rest and receive care.
While visiting in the PACU

- Speak quietly.
- Respect other patients’ privacy by staying at the bedside of your friend or family member.
- If any PACU patient needs special nursing attention, we may ask you to leave or to delay your visit.

The nurse will update you with the plan of care for the patient, such as whether the patient is staying overnight and when they will be moved to an inpatient room. If the patient is staying overnight, you may visit them again in the PACU. If the patient is going home the same day, a caregiver must take them home.

After your visit, a staff member will escort you back from the PACU.

We will give you a card with the PACU phone number. Please choose one person to call for updates.
Patient-Controlled Analgesia (PCA)

This information will help you understand what patient-controlled analgesia (PCA) is and how to use your PCA pump.

PCA helps you control your pain by letting you give yourself pain medication. It uses a computerized pump to deliver pain medication into your vein (intravenous, or IV PCA) or into your epidural space, which is in your spine (see Figure 1). Whether you have an IV PCA or an epidural PCA depends on what you and your doctor decide is right for you.

PCA is not right for everyone. Some people may not be able to use PCA. Tell your doctor if you have weakness in your hands and think you may have trouble pushing the PCA button. Also, before you get PCA, tell your doctor if you have sleep apnea. This may affect the way we prescribe your medication. People who are confused or cannot follow these instructions should not use PCA.

Using the PCA

To give yourself pain medication, press the button attached to the pump when you have pain. The pump will deliver a safe dose that your doctor has prescribed.

Only you should push the PCA button. *Family and friends should never push the button.*
The pump can be programmed to deliver your medication in 2 ways:

- As needed. You get your pain medication only when you press the button. It will not allow you to get more medication than prescribed. The pump is set to allow only a certain number of doses per hour.

- Continuous. You get your pain medication at a constant rate all the time. This can be combined with the “as needed” mode. That allows you to take extra doses safely if you’re having pain.

Tell your doctor if your PCA is not helping with your pain. Also, tell your doctor if your pain changes, such as if it gets worse, feels different than before, or you feel pain in a new place. Your doctor may be able to change the medication to one that may work better for you.

Side Effects

Pain medication delivered by the PCA can have side effects. Tell your doctor or nurse if you have any of these problems:

- Constipation
- Nausea or vomiting
- Dry mouth
- Itching
- Changes in your vision, such as seeing things that aren’t there
- Drowsiness, dizziness, or confusion
- Weakness, numbness, or tingling in your arms or legs
- Difficulty urinating
- Any other side effects or problems

Your doctor may be able to give you a different medication that has fewer side effects.
Preventing an Infection to the Area of Your Bone or Joint Replacement Prosthesis

This information will help you prevent an infection in the area of your bone or joint replacement prosthesis.

When to Take Antibiotics

An infection in the area of your prosthesis can lead to serious complications. For the rest of your life, you must take an antibiotic if:

- You are diagnosed with a bacterial infection.
- You are going to have a procedure that may put you at risk for infection or if you have a cut or injury that causes bleeding. This is called taking antibiotics prophylactically.

Treating infections

If you develop a bacterial infection anywhere in your body, including your throat, chest, bladder, or on your skin, let your doctor know that you have a prosthesis and need antibiotics. It is important that you start the antibiotics as soon as possible. Your doctor will prescribe the antibiotic that best treats your infection.

If you get a bacterial infection, you should also call the surgeon who replaced your joint or bone.
Taking antibiotics prophylactically

Some procedures may put you at risk for an infection that could spread to the area of your prosthesis. These include:

- Any procedure that may cause bleeding, such as dental work, removal of a corn or callus, or injury when cutting your toenails. Unclean instruments can cause infection anywhere if you break the skin.
- Procedures done on your bladder, such as a cystoscopy or catheterization.
- Procedures done on your bowel, such as a colonoscopy.
- A gynecologic procedure that may cause bleeding.
- Anything that causes a break in your skin, such as mouth sores, a cut, or any open wound.

If you have any procedure that has a risk of causing infection, you should take an antibiotic before the procedure. You should also take an antibiotic if you have a cut or injury that causes bleeding. Take the antibiotics as prescribed. Usually 1 dose is enough; however, you may need to take more if you have bleeding after the procedure.

Tell your doctor doing the procedure that you have a prosthesis and that you need to take an antibiotic before your procedure. If your doctor is not sure what to prescribe or if you have a cut or injury, call the surgeon who replaced your joint or bone.
Antibiotics for Dental Work

The chart below lists common antibiotics used for dental work. Your dentist, oral surgeon, or nurse may use other antibiotics depending on the procedure you are having.

Please call your surgeon who replaced your joint if you don’t get a prescription for one of these antibiotics.

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>How to take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin</td>
<td>By mouth, 1 hour before the procedure.</td>
</tr>
<tr>
<td></td>
<td>Adults: 2 grams</td>
</tr>
<tr>
<td></td>
<td>Children: 50 mg/kg</td>
</tr>
<tr>
<td>Ampicillin (If you are unable to</td>
<td>A shot in the muscle (IM) or in the vein (IV) within 30 minutes of having</td>
</tr>
<tr>
<td>take an oral antibiotic.)</td>
<td>the procedure.</td>
</tr>
<tr>
<td></td>
<td>Adults: 2 grams</td>
</tr>
<tr>
<td></td>
<td>Children: 50 mg/kg</td>
</tr>
<tr>
<td>Clindamycin (If you are allergic</td>
<td>By mouth, 1 hour before the procedure.</td>
</tr>
<tr>
<td>to penicillin.)</td>
<td>Adults: 800 mg or 600 mg</td>
</tr>
<tr>
<td></td>
<td>Children: 20 mg/kg</td>
</tr>
</tbody>
</table>

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 AM to 5:00 PM at _____________________. After 5:00 PM, during the weekend, and on holidays, please call _____________________. If there’s no number listed, or you’re not sure, call 212-639-2000.
MSK Support Services

Anesthesia
212-639-6840
Call with any questions about anesthesia.

Blood Donor Room
212-639-7643
Call for more information if you’re interested in donating blood or platelets.

Bobst International Center
888-675-7722
MSK welcomes patients from around the world. If you're an international patient, call for help arranging your care.

Chaplaincy Service
212-639-5982
At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of Memorial Hospital and is open 24 hours a day. If you have an emergency, please call the hospital operator and ask for the chaplain on call.

Counseling Center
646-888-0200
Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

Integrative Medicine Service
646-888-0800
Integrative Medicine Service offers patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

Look Good Feel Better Program
800-395-LOOK (800-395-5665)
Learn techniques to help you feel better about your appearance by taking a workshop or visiting the program online at www.lookgoodfeelbetter.org.

Patient and Caregiver Support Program
212-639-5007
You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient and Caregiver Support Program, we are able to offer you a chance to speak with former patients and caregivers.

Patient Billing
646-227-3378
Call Patient Billing with any questions regarding preauthorization with your insurance company. This is also called preapproval.
Patient Representative Office
212-639-7202
Call if you have any questions about the Health Care Proxy Form or if you have any concerns about your care.

Perioperative Nurse Liaison
212-639-5935
Call if you have any questions about MSK releasing any information while you are having surgery.

Private Duty Nursing Office
212-639-6892
You may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for people with cancer. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you're eligible.

Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.
External Resources

**Access-A-Ride**  
web.mta.info/nyct/paratran/guide.htm  
877-337-2017  
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who are unable to take the public bus or subway.

**Air Charity Network**  
www.aircharitynetwork.org  
877-621-7177  
Provides travel to treatment centers.

**American Cancer Society (ACS)**  
www.cancer.org  
800-ACS-2345 (800-227-2345)  
Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

**Cancer and Careers**  
www.cancerandcareers.org  
A comprehensive resource for education, tools, and events for employees with cancer.

**CancerCare**  
www.cancercare.org  
800-813-4673  
275 Seventh Avenue (Between West 25th & 26th Streets)  
New York, NY 10001  
Provides counseling, support groups, educational workshops, publications, and financial assistance.

**Cancer Support Community**  
www.cancersupportcommunity.org  
Provides support and education to people affected by cancer.

**Caregiver Action Network**  
www.caregiveraction.org  
800-896-3650  
Provides education and support for those who care for loved ones with a chronic illness or disability.

**Corporate Angel Network**  
www.corpangelnetwork.org  
866-328-1313  
Offers free travel to treatment across the country using empty seats on corporate jets.

**Gilda's Club**  
www.gildasclubnyc.org  
212-647-9700  
A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.
Good Days
www.mygooddays.org
877-968-7233
Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the Good Days formulary.

Healthwell Foundation
www.healthwellfoundation.org
800-675-8416
Provides financial assistance to cover copayments, health care premiums, and deductibles for certain medications and therapies.

Joe's House
www.joeshouse.org
877-563-7468
Provides a list of places to stay near treatment centers for people with cancer and their families.

LGBT Cancer Project
http://lgbtcancer.com/
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT friendly clinical trials.

LIVESTRONG Fertility
www.livestrong.org/we-can-help/fertility-services
855-744-7777
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

National Cancer Institute
www.cancer.gov
800-4-CANCER (800-422-6237)

National Cancer Legal Services Network
www.nclsn.org
Free cancer legal advocacy program.

National LGBT Cancer Network
www.cancer-network.org
Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

Needy Meds
www.needymeds.org
Lists Patient Assistance Programs for brand and generic name medications.

NYRx
www.nyrxplan.com
Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.
Partnership for Prescription Assistance
www.pparx.org
888-477-2669
Helps qualifying patients without prescription drug coverage get free or low-cost medications.

Patient Access Network Foundation
www.panfoundation.org
866-316-7263
Provides assistance with copayments for patients with insurance.

Patient Advocate Foundation
www.patientadvocate.org
800-532-5274
Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

RxHope
www.rxhope.com
877-267-0517
Provides assistance to help people obtain medications that they have trouble affording.