

UNC
HEALTHSM

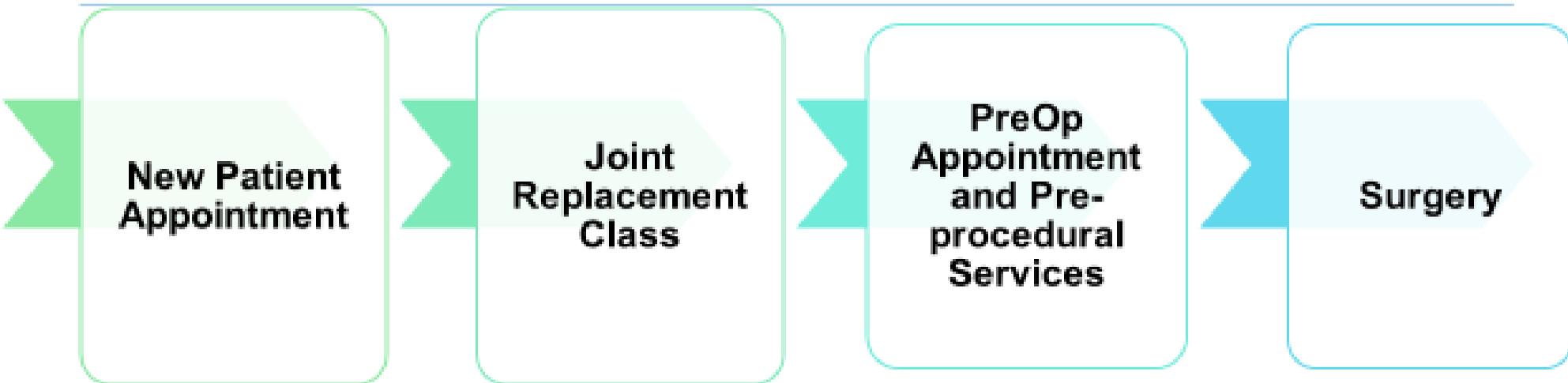


Total Joint Replacement Class

Before we begin

- We would like to thank you for choosing UNC Health and UNC Orthopaedics for your joint replacement. We are a team that specializes in caring for you!
- This presentation is designed to prepare you for your upcoming surgery, your stay in the hospital, and your recovery.
- You will be provided the Total Hip and Knee Replacement Program Coordinator's contact information at the end of the presentation. Please contact her with any questions.
- Remember your "WHY"!

Surgical Timeline



Before surgery:

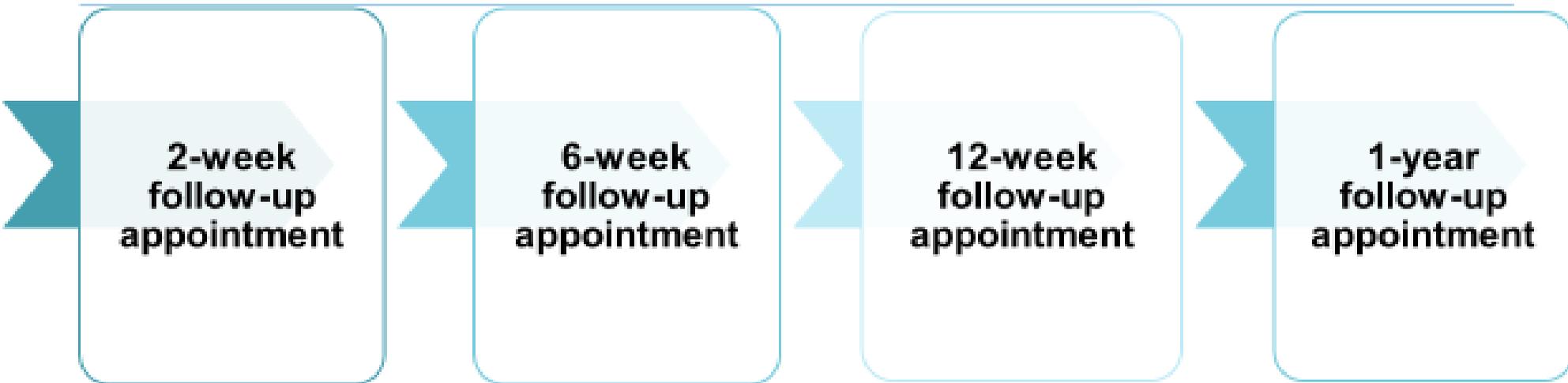
Obtain requested clearances (PCP, dentist, cardiac) before PreOp appointment

Obtain advance directive (recommended) before surgery

Complete HOOS or KOOS survey 90 to 0 days before surgery

Look for outpatient therapy services near you

Surgical Timeline



After surgery:

**Start
outpatient
therapy after
2-week
follow-up
appointment**

**Complete
HOOS or KOOS
survey 3
months after
surgery**

**Complete
HOOS or
KOOS
survey 12
months after
surgery**

Your Joint Replacement Team

- **Outpatient Social Work:** Barriers to Care and Pre-op/Post-op Planning
- **Peri-Op:** PreOp, OR, and PACU
- **Nursing:** 3 Bedtower
- **Therapy:** Physical and Occupational
- **Inpatient Care Management:** Discharge Planning
- **Food and Nutrition Services**
- **Environmental Services**
- **Outpatient Pharmacy**

Getting Ready for Surgery – Outpatient Social Work

- **Potential Social Barriers to Surgery:** No Primary Care Provider (PCP), No Dentist, No Social Support, No Stable Housing, No Transportation, Substance Use, etc.
- **Social Support:** Surgeons advise patients pursuing total hip or knee replacement have mandatory 3 full days of roughly 24-hour in-home care post-hospital discharge (7 days recommended). Adjusting to physical limitations post-op is challenging and having assistance in the home with Activities of Daily Living, or in the event of an emergency, support your post-op recovery. If you do not have friends/family/neighbors, you can ask to assist you in your home please let your provider and the outpatient social worker know as soon as possible.

Getting Ready for Surgery – Outpatient Social Work

- **Housing:** If discharged home, you will need to have stable and safe housing to recovery. Please let your provider and outpatient social worker know as soon as possible if you have unstable housing or are currently residing in a shelter.
- **Transportation:** You will have multiple post-op appointments within the first 12 weeks after surgery. Additionally, you will have a minimum of 6 weeks (~3x/weekly) of outpatient physical therapy. We encourage you to discuss the post-op appointment commitment with your social support. Please let your provider and outpatient social worker know as soon as possible if you will not have support with transportation post-op.

Outpatient Social Work: Pre-op/Post-op Planning

Sofia Benavides

UNC Health – Ambulatory Care Center (ACC) Outpatient Clinic

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Advance Directive



Who Speaks for You?

Most of the time, surgery goes fine. But everyone should make sure their doctor and family know their wishes. If a decision needs to be made about your care during surgery or if you cannot speak for yourself after surgery, your team needs to know who speaks for you.

Make sure this person knows what treatments (like CPR) you would or would NOT want if there was a serious problem. It's best to create an advance directive (living will) to document what you would or would not like done to keep you alive. It's a good idea for everyone to have this and to talk with their family about it. You can change it any time.

- If you have an advance directive, bring a copy to the hospital.
- If you don't have one, you can make one online.

TIP

https://www.sosnc.gov/divisions/advance_healthcare_directives

The above link is for residents of North Carolina.

Advance Directive

- You must have the document notarized.
- DO NOT sign the document until you meet with the notary—he/she must witness your signature.
- The people you list in the document to make decisions for you DO NOT have to be present when the document is notarized.
- Hospital staff are able to provide free notary services only in case of emergency.

Getting Ready for Surgery

- One business day before surgery, you will get a phone call confirming your arrival time for surgery.
- These phone calls are typically made between 8AM and 5PM.
- The night before your surgery, you are allowed to eat up until midnight.
- The morning of your surgery, we ENCOURAGE you to drink plenty of clear liquids up until 2 hours before you are told to arrive.
 - Example: If you are told to arrive to the hospital at 10AM, continue drinking liquids until 8AM.
 - The front doors do not unlock until 5:30AM. Even if you are told to arrive at 5:30AM, do not arrive any earlier as the doors will be locked.

Chlorhexidine Gluconate (CHG) Treatment

- You may receive chlorhexidine gluconate (CHG) soap or wipes from your surgeon's clinic or from Preprocedural Services.
- We recommend you shower or bathe with CHG from chin to toes. Do this the night before your surgery. If using the soap, leave it on your skin 2-3 minutes, and then rinse off. Do NOT wash your hair, face, or genitals with CHG – wash these areas as you normally would.
- Do NOT apply any lotions, gels, deodorants, or creams to your body after you have bathed or showered with CHG.
- CHG has long-lasting ability to kill germs at the site of your surgery. By bathing with CHG before your surgery, your skin will have up to 20 times the level of soap needed to kill the most common germs that cause surgical site infections.
- You will receive a second CHG treatment after you arrive to the hospital on the day of your surgery.

Chlorhexidine Gluconate (CHG) Treatment

How to use the 6 wipes (3 packs)

Using the 6 wipes, rub each area of the skin gently for 20 seconds each

- 1** Wipe the neck, shoulders, and chest
- 2** Wipe both armpits, arms and hands
- 3** Wipe the abdomen and around the groin area, but not the genitals
- 4** Wipe the right leg and foot
- 5** Wipe the left leg and foot
- 6** Wipe the back and buttocks, but not the anus

Do not wipe off, but allow the skin to air dry especially skin folds

Apply wipes to dry skin - Patient may feel sticky for about 2 minutes
Do not rinse off – Do not apply lotion - Do not flush wipes

Wipe downward from your neck to the toes



Graphic by UNC Epidemiology

Patient Drop Off

Once inside the front entrance, one of the front desk attendants can show you how to get to Registration. The attendant can also assist you with a wheelchair, if needed.



Registration

You can check in at the front desk when you arrive. Masks and hand sanitizer are available at the front desk, if needed. You will then be directed to Registration, which is just to the LEFT of the front desk. While there, please make sure the information on your identification armband is correct. Once you have registered, the PreOp nurse upstairs knows you have arrived. You will then be directed up to Surgery Waiting Room on the 2nd floor. One of the front desk attendants can assist you with a wheelchair, if needed.



Surgery Waiting Room

When you come up the elevators, take a LEFT. Wave your hand in front of the black sensor plate on the wall, and the doors will open to the Surgery Waiting Room. Check in at the desk and provide them with your Emergency Contact information. We have a text messaging system that can provide your Emergency Contact with updates as your progress through your surgery. If no one is at the desk, just have a seat and someone will come to get you.



Pre-Op Room

- Review your medical history
- Use the restroom
- Check vital signs and weight
- Insert an IV (intravenous) catheter in your hand or arm
- Give medications
- May collect blood sample (labs)
- Consent for your surgery – your surgery team will mark which leg we are operating on
- Consent for your anesthesia plan and begin anesthesia
- Meet your OR nurse



Anesthesia



You, along with your surgeon and anesthesiologist, will decide the best and safest plan for your anesthesia:

- Spinal
- Epidural
- General

Operating Room

- Surgery times vary. Confirm with your surgeon how long your surgery will last.
- If possible, you will be placed on your hospital bed after surgery, and you will be transported to your room on this bed.
- The surgery team will update your Emergency Contact once the surgery has ended.



PACU

- The patient is taken to the post anesthesia care unit (PACU) once surgery is finished.
- The patient will be in the PACU for approximately 1.5 - 2 hours.



Delays

There can be issues that arise while in PACU (pain, nausea, unstable blood pressure, waiting for an inpatient room to become available) that would cause a delay in the patient's recovery time. Please be patient with us as we provide the best, safest care for the patient.

The PACU nurse will attempt to call the Emergency Contact when the patient is finished with recovery and ready to move to their hospital room.

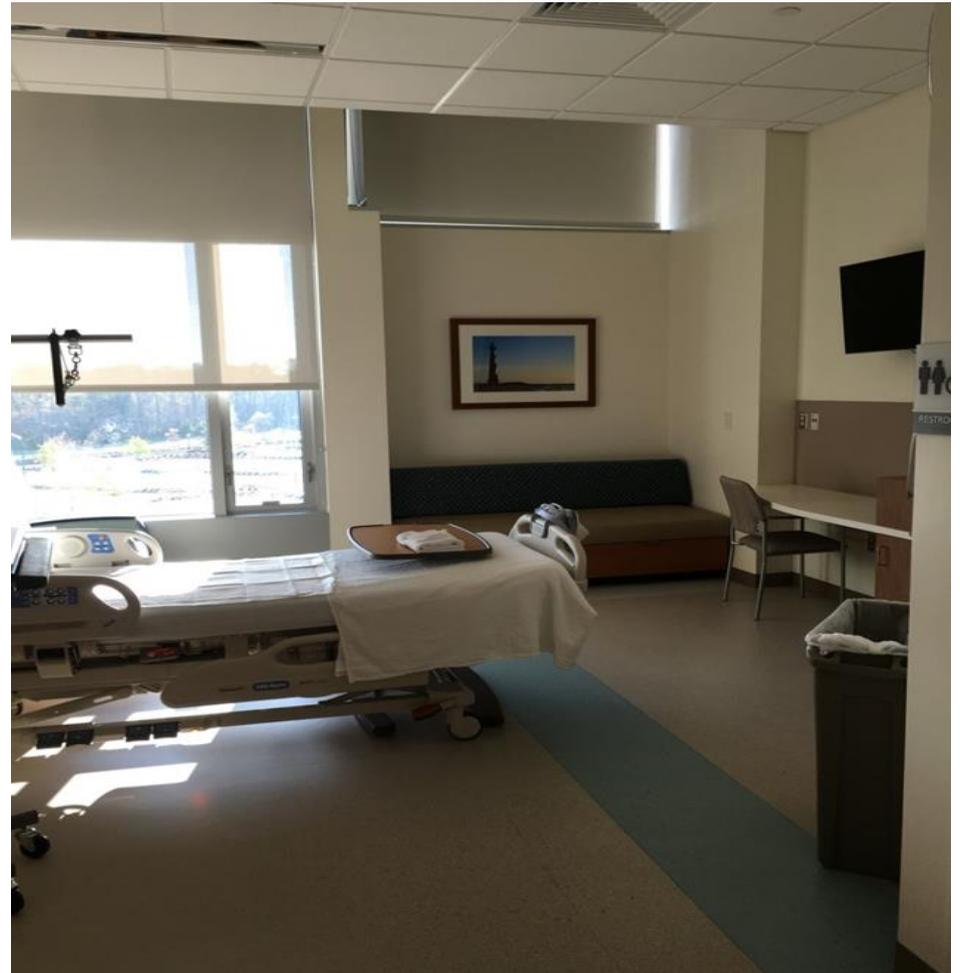
3 Bedtower

Your hospital room:

The Orthopaedic unit is on the 3rd floor, just above where you had your surgery.

All rooms are private, have walk in showers, and have closet and/or drawer spaces for personal belongings.

There is a sleeper couch and/or recliner in each room.



How long will I stay in the hospital?

How long you are in the hospital depends on several variables:

- Type of anesthesia used during your surgery
- Progression with Physical and Occupational Therapy
- Ability to pee once the Foley catheter is removed
- Must be medically stable (vital signs and blood work within normal range)
- Ability to control pain with only oral medications (pills)

Most patients stay 1-2 nights in the hospital. Your surgeon, nurse, case manager, and therapist will work with you and your family to determine a SAFE discharge plan.

What do I need to bring to the hospital?

Medications:

- You may be asked to bring all your medications in their original bottles to one of your preoperative appointments, but do NOT bring them to the hospital the day of your surgery.
- Per UNC's policy, you are not allowed to take medications you bring from home. There are few exceptions to this rule.
- It is VERY important for your safety you do not take any medications without your nurse or doctor's knowledge while here.
- Some home medications may not be restarted immediately after surgery. We will discuss this with you.



What do I need to bring to the hospital?

Clothing:

- Please bring loose-fitted clothing with you (athletic shorts, pajama pants, sweatpants, long skirts, dresses, etc.). Stiff-legged or tight-fitted clothing may not fit over your surgical dressing, and your legs or feet may also be swollen. This will make getting dressed with Occupational Therapy and getting dressed on the day you go home much easier.
- UNC will provide non-skid socks during your stay. You may wear your own non-skid shoes. If you do bring your own footwear, please be sure they have a closed heel (no house slippers or sandals).

What do I need to bring to the hospital?

Belongings:

- Your nurse will take inventory of any valuables you brought with you. UNC is not responsible for any lost or stolen items. Please minimize the valuables you bring to the hospital. There is a safe in your hospital room where you can lock up valuables, if needed.
- You can bring your favorite blanket or pillow as long as the color is not white—this is the color of our hospital linens.
- If you own a rolling walker (wheels on the front but not on the back), please bring it with you. Our Physical Therapists will make sure it is safe for you to use.
- If you own a bedside commode, please do NOT bring it to the hospital. You can use ours while you are here.
- If you own a BiPAP or CPAP, please bring it with you. Our Respiratory Therapists will inspect your machine and make sure you have sterile water.

Staying Connected

- The red nurse button on your remote or the orange nurse buttons on your bed rails call directly to the nurses' station, and a staff member will ask how we can help you. Please be as specific as possible about your needs so your request can be taken care of promptly. UNC's goal is to respond to all patient needs within 10 minutes.
- The telephone in your room can dial inside the hospital to order food or outside the hospital to make local calls. To place a local call (984 or 919 area codes only), please dial "9", then the full 10-digit phone number including area code. Ask for assistance if needing to make a long-distance call.
- Free WiFi is available throughout the hospital. Under public networks, look for "Guest-UNCHealth". No password is required.



Rounding and Quiet Time

- Your surgeon or someone from their team will likely visit your room (“round”) between 6am and 7am the days after surgery.
- If you or your family have any questions/needs/concerns, this is the best time to address them with your surgeon.
- Whenever the surgery team is not rounding on patients, they are likely in the operating room or with patients in clinic. There may be delays in reaching them for questions throughout the day. A hospitalist is available 24-hours a day for any medical emergencies.
- Quiet Time is between 2pm and 4pm and between 12am and 5am. Staff will continue to care for you during this time. We are simply mindful of how loud we are being in the hallways and at the nurses’ station. If you feel the noise level is too loud outside of your room, especially during Quiet Time hours, please call us on your call bell.

Preventing Pneumonia: Incentive Spirometer

- Place your mouth on the mouthpiece and breathe in (inhale) slowly and deeply.
- As you inhale, the blue disk will rise in the chamber showing you how much air you are inhaling.
- While inhaling, be sure to keep the indicator piece between the two arrows on the right side of the device—this indicates a good, slow and deep breath.
- In between breaths, allow the blue disk to lower back down to the zero position before using the device again.
- Your goal is based on your height and your age. The nurse can let you know what your goal is.
- Your surgeon has ordered you use this device 10 breaths every hour while awake and in bed. You do NOT need to use this during the hours you are active (out of bed, working with therapy).



Preventing Blood Clots



- **Mechanical Prophylaxis:**
 - You will be ordered Sequential Compression Devices (SCDs), Thrombo-Embolic Deterrent (TED) compression stockings, or both to wear after surgery to prevent blood clots. The nurse will let you know which device your surgeon has ordered and how often you need to wear it.
- **Pharmacological Prophylaxis:**
 - Unless contraindicated, all patients will be ordered an anticoagulant (blood thinner) medication to prevent blood clots. Please take this medication exactly as your surgeon has prescribed it.
 - If you are already taking a blood thinner now, please ask your surgeon when to stop taking it.

Preventing Swelling: Knee Replacements ONLY

- Your surgeon will order an ice therapy device to use after surgery to help with swelling and pain.
- If your surgeon ordered gel ice packs, your nurse will instruct you and your support person on how to use them.
- If your surgeon ordered a Polar Care (pictured here), your nurse will instruct you and your support person on how to refill the device, how to remove the device, and how to apply the device.
- You will wear this device at all times while in the hospital but will only use it 3-4 times a day as needed for pain and swelling.
- If you are having trouble with the device or need replacement parts, please call the manufacturer (information packet on the side of the device) and use an alternative ice pack in the meantime.



Promoting Extension and Preventing Injury: Knee Replacements ONLY

- Your surgeon may order a knee brace, immobilizer, or foam positioner for you to wear after surgery.
- The purpose of these devices is to provide stability for your knee and to keep your leg straight (in extension).
- You may be required to wear it at all times or just at night while you sleep for 2-6 weeks. We will discuss this with you during your hospital stay, in your discharge instructions, and at your follow-up appointment.



Preventing Hip Dislocation: Hip Replacements **ONLY**

- You may wake up from surgery with an “abductor pillow” in place.
- This wedge helps promote a neutral alignment of your hip and prevents hip dislocation.
- You will need to wear this at night while you sleep for 6-12 weeks. Your surgeon will decide the length of time.
- This pillow remains in place anytime you are in bed to help keep your hip in proper alignment.
- If you are not ordered an abductor pillow, we will discuss other options with you.



Urinary Catheter

- A urinary catheter is sometimes referred to as a Foley catheter.
- If ordered, this will be used to empty the urine from your bladder.
- Your surgeon will determine how long you need the catheter.
- Once it is removed, you will have 6 hours to try to void (pee) on your own. If you are unable to void 6 hours after the catheter is removed, the staff will perform an ultrasound of your bladder to evaluate how much urine you have in your bladder. There is a possibility the catheter will need to be replaced if you have too much urine in your bladder and are unable to void on your own.



Preventing Constipation

- It is normal for you not to have a bowel movement the day after surgery.
 - Medications given during and after surgery can cause constipation.
- You will be provided medications to treat and prevent constipation (stool softeners and/or laxatives).
- Your nurse will encourage you to drink plenty of fluids and to walk.
 - Walking is important to help stimulate your bowels after surgery.

Preventing Falls

- You will be at risk for falling because of your surgery, pain medications, IV lines, tubes, drains, and other devices.
- Anytime you need to get out of bed for any reason, please call for assistance. A staff member (NOT a family member) must be with you at all times while you are out of bed.
- We will place an armband on you that says “Call, don’t fall!”
 - This is to remind you and us that you are at risk for falling.



IV

- You will have an “IV”, or intravenous access, in your arm or hand throughout your hospital stay.
- This is used to administer fluids and medications during and after surgery.
- Your nurse will keep the IV in place up until we have a discharge order.

Preventing Infection

- Prior to your doctor making the surgical incision, you are given an antibiotic through your IV.
- Your doctor will determine your need for antibiotics after surgery.
 - You will receive at least 2 or 3 additional doses throughout the first night.
- Avoid going to the dentist immediately before or after surgery unless it is an emergency. Your surgeon will let you know his exact protocol at your clinic appointment.

Incision and Dressings

- Your surgical dressing may or may not be changed before you are discharged.
- Each surgeon has their own preferences for closure (sutures, staples, skin glue) and dressing type.
- You may be instructed to change your dressing at home or leave it in place until your follow up visit. You will receive further instructions in your discharge paperwork.
- Follow your surgeon's instructions for when you can shower.

Pain

- **It is important to discuss previous experiences with pain medications with your doctor before your surgery. It will help them order the pain medications that are appropriate for you.**
- **In addition, the nursing staff will offer repositioning, ice, and ambulation (walking) to help manage your pain.**
- **Your nurse will frequently ask you to rate your pain from 0 to 10 (0 = no pain, 10 = the worst pain you can imagine)**
- **It is our goal to help make your pain level tolerable enough to participate in your therapy sessions but not over-medicate you to the point of needing to put you on supplemental oxygen. We want you to sleep at night, not during the day.**
- **Make sure you communicate your expectations with your doctor and nurse.**
- **Due to new legislation, along with trying to minimize use of narcotic pain medications, you should try to wean yourself off the narcotic pain medication as soon as possible, both in the hospital and at home.**
- If you are written a prescription for a narcotic to take after surgery, it will NOT have any refills. If you feel a refill is needed, you will need to contact your surgeon during his clinic's normal business hours.

Alcohol and Tobacco

- While you are in the hospital, you will not be permitted to drink alcohol or use tobacco products.

It is important that you inform your doctor and nurse of your typically alcohol or tobacco use.

- Be HONEST!
- Withdrawing from alcohol can be a very serious medical event which can prolong your hospital stay and delay your progress.
- Other forms of tobacco, like chewing tobacco and non-tobacco substitutes such as an electronic cigarettes, are not permitted on UNC property.
 - Please discuss alternative options with your surgeon before your surgery.



Physical Therapy & Occupational Therapy

Physical Therapist
Manager



Jonathan Valbuena

Physical Therapist
Clinic Coordinator



Carole Andrews

Physical Therapist
Clinical Specialist



Corinne Murray

Physical Therapist
Clinical Specialist



Jason Brice

Physical Therapist



Gisele Long

Physical Therapist



Carly Reiman

Physical Therapist
Assistant



Gary Remy

Occupational Therapist

Physical Therapist



Megan Lee

Clinical Specialist



Kim Moser

Occupational Therapist



Toni Funchess

Occupational Therapist



Maryscott Bennett

Occupational Therapist



Sydney Winter

Occupational Therapist



Jose Perez

Occupational Therapist



Meghan Martin

Speech Therapist

Clinical Specialist



Carley Prenshaw



Physical Therapy

- Starts the day of surgery for most patients.

First Visit:

- There will be lots of questions (how is your home set up, what equipment do you have, what were you doing at home before surgery, do you have stairs)
- Then we move.....
- Sit on the edge of the bed (dizziness or nausea is not unusual)
- Stand with a walker
- How far can I walk? To be determined by your therapist.
- Increase your movement with each therapy session

Safety first!

Physical Therapy

We will teach you exercises:

Functional Activities – Hip Replacement

- Out of Bed, Sit to Stand, WALKING

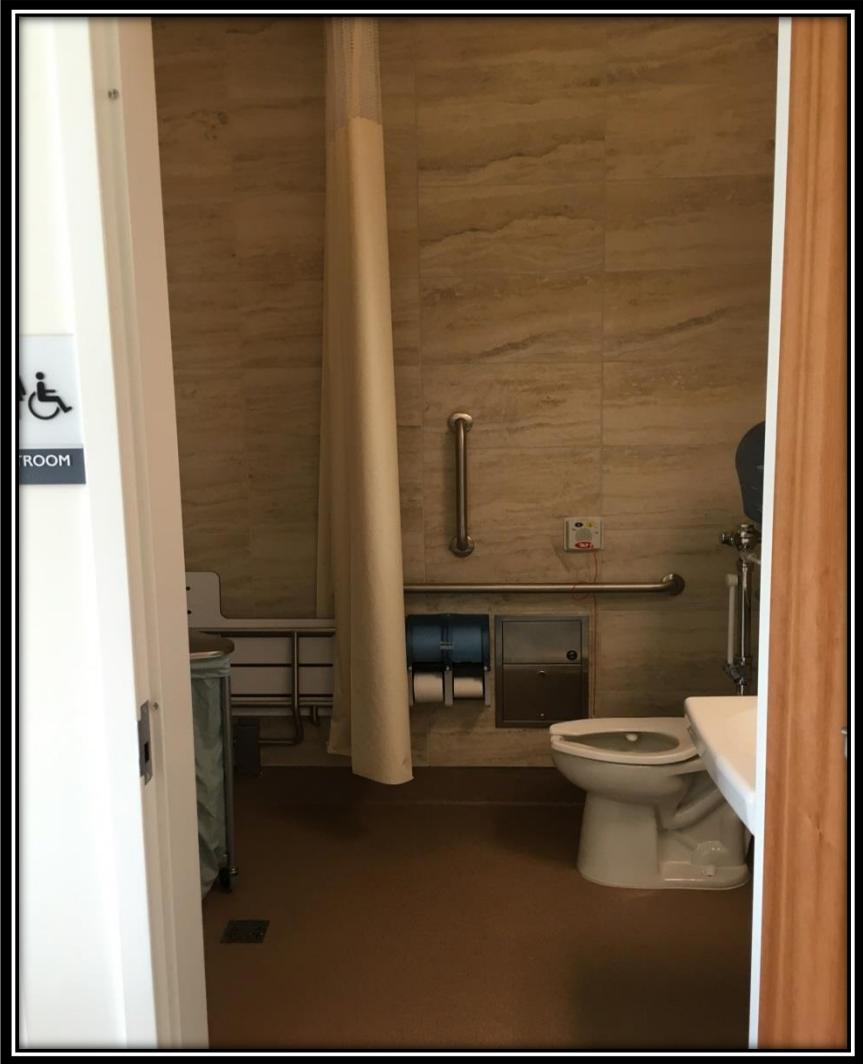
Range of Motion – Knee Replacement

- Heel Slides, Sit to Stand, WALKING

Strengthening – Hip and Knee Replacement

- Quad sets, Heel Slides
- Physical Therapy will see you twice a day
- Each visit will increase your activity/mobility

3 Bedtower Room and Bathroom



Physical Therapy: Stairs

You may go to the gym to practice stairs.

They are not as hard to do as most people think.

This is how most patient's perceive stairs, but we will show you how step by step!



Anterior vs. Posterior Precautions: Hip Replacements ONLY

The precautions you must follow after surgery depend on your surgeon's orders. For both anterior and posterior precautions, you should get out of bed on the opposite side of your surgery.

- Do not bring the hip straight back (no kicking back)
- Do not bring the leg outwards past midline (no kicking to the side)
- Do not roll the leg outwardly (no external rotation)
- Do not bend the knee past the hip (do not allow the angle between the torso and the thigh to be less than 90 degrees)
- Do not cross the legs or ankles
- Do not roll the leg inwardly (no internal rotation)

Anterior Hip Precautions

Posterior Hip Precautions

Knee Precautions: Knee Replacements ONLY

- Do NOT place anything (pillow, rolled towel) behind/underneath your knee!
- Keep your knee straight/extended at all times while not walking or performing exercises.
- Keep the foam foot positioner or a small, rolled towel behind the ankle to help keep the knee straight/extended.

Occupational Therapy

- Starts the day after surgery for most patients.

We work to assist you with Activities of Daily of Living (ADLs).

We want to increase your independence with self-care tasks:

- Bathing and dressing
- Tub/shower transfer in the patient's room
- Using adaptive equipment (such as a reacher)

Discharge Planning

- Physical Therapy and Occupational Therapy will continue to see you until you have met your goals.
- If you have stairs at home, you will practice them before you go home. This also helps you feel confident in stepping up or down from a curb.
- Family members are strongly encouraged to participate in the final therapy session, especially if they were unable to participate in the other sessions. We will work to arrange a time that works best for both of us.
- Your therapists will communicate with your nurse when you have met your goals and are safe for discharge.

Ongoing Exercise Program After Surgery

- Avoid high-impact activities (running or jumping on a regular/daily basis).
- Maintain a routine exercise program:
 - Walking
 - Aquatics (NOTE: you cannot be submerged in water until cleared by your surgeon)
 - Biking
- “You get credit for what you finish, not what you start.” - author unknown

Driving After Surgery

Hip replacement patients will either use our car simulator or their own vehicle to practice getting into and out of a vehicle while maintaining their hip precautions. Your therapist will let you know where this practice will take place.



Your surgeon will let you know when you have been cleared to drive (sometimes 3 to 6 weeks after surgery). The length of time depends on:

- the type of surgery you had (hip or knee)
- which side was operated on (right or left)
- if your vehicle is an automatic or stick-shift
- if you are still taking narcotic pain medications.

Your Orthopaedic Care Manager will:

- Coordinate and facilitate discharge needs.
- Coordinate home health and medical equipment* as ordered by your surgeon and as recommended by therapy. *Equipment will be delivered to your hospital room prior to your discharge.
- If you have a rolling walker at home, please bring it to the hospital.
- Most patients discharge back home 1-2 days after surgery.
- Patients should make plans in advance with family and friends to have someone stay with or check on you once you are home.

Durable Medical Equipment

- Insurance only allows us to order equipment every 5 years. If you already own a rolling walker, please bring it with you to the hospital. If you already own a bedside commode, please leave it at home.
- A therapist will work with you after surgery and determine what equipment is needed. They will inform the care manager, and she will have it ordered and delivered to your room before you are discharged (if you are going home).
- There is a collection of assistive devices called a “hip kit” that includes a grabber, sock aide, long-handled shoe horn, or long-handled sponge. If your therapist recommends these for you, you can purchase these in our Outpatient Pharmacy using the coupon provided to you or anywhere these items are sold. Some of these items come in different lengths, so please wait to purchase these items until AFTER you work with your therapist to see what length is appropriate for you.



Home Health

- Most patients will have Home Health services arranged for Physical Therapy and possibly Occupational Therapy.
- Patient will be seen by Home Health 2-3 days/week for 1-2 weeks after surgery.
- Every attempt is made for start of care at home within 24 to 48hrs of discharge, including weekends.

Short Term Rehab

- We do not know in advance if you will need or will qualify for short term rehab until AFTER you have worked with a therapist AFTER your surgery.
- If you strongly feel like you will need short term rehab after surgery, please have this discussion with your surgeon at your PreOp appointment.
- If you are discharged from the hospital to a short-term rehab facility, your home prescriptions and durable medical equipment orders will not be fulfilled until you are ready to discharge home.

Food and Nutrition

- Patient meals are served from 6:00am-8:00pm daily.
- Nursing staff will provide the patient with a Restaurant Delivery Menu. From the phone inside your hospital room, you can call the call center line to place your order (215-2191).
- Depending on your diet order, you may have some restrictions. A dietetic assistant can help you with options over the phone when ordering. Your nurse can provide you with a diet-specific menu.

Café Options

- The Café is open for visitors Monday through Friday from 7:00am-8:00pm.
 - The Café weekend and holiday hours are 8:00am-3:00pm.
- The Coffee Shop (next to the Café) is open Monday through Friday from 6:00am-8:00pm.
 - The Coffee Shop is closed on weekends and holidays.
- There is a guest tray option for visitors from 6:00am-8:00pm daily using the Restaurant Delivery Menu.
 - **The guest tray price is approximately \$8.60. We only accept payment over the phone with a credit or debit card.**

Nutrition

- Dieticians are available for questions you may have regarding your diet order.
- A consultation may be requested for dietary questions.
- Dieticians for Hillsborough are Sue Strom, Priya Patel, and Carrie Reid.

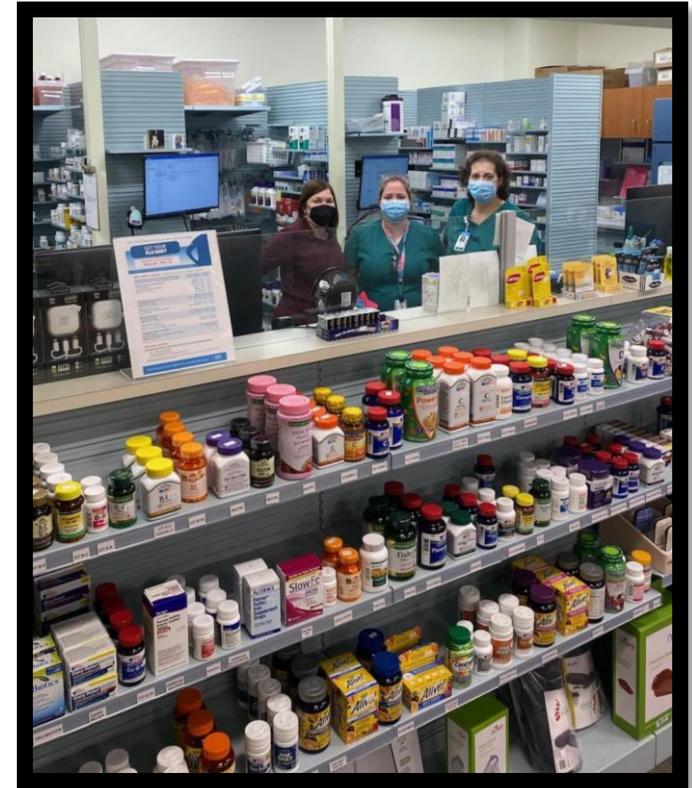
Environmental Services

What you can expect from Environmental Services:

- It is our commitment to provide you with a clean and healthy healing environment.
- Our friendly housekeeping staff will empty your trash early in the morning, and later they will return to sanitize your room in the late morning or afternoon. This cleaning process includes sanitizing high-touch surfaces, cleaning your bathroom, and mopping the floor.
- Even though we clean your room every day, it is very important that all visitors are using hand sanitizer before entering your room and upon leaving your room. This helps us to provide the cleanest environment possible during your stay.
- We look forward to serving you, and we are proud to be a part of the excellent team at UNC Hillsborough.

**If you need your linens changed or need additional linens, please ask your nursing staff.

Hillsborough Outpatient Pharmacy



UNC Hospitals Hillsborough Outpatient Pharmacy

Located conveniently inside the hospital, available to the public, and offering bedside delivery service!

Hours: Monday through Friday, 8:00 am – 6:00 pm
Saturdays & Holidays, 8:30 am – 4:00 pm
Closed Sundays

Hillsborough Outpatient Pharmacy

- UNC Hospitals Hillsborough Outpatient Pharmacy is a retail pharmacy just like Walgreen's or CVS. Our goal is to ensure you have everything you need for a successful recovery at home.
- If using insurance, your prescription copays should be the same or close to as what you would pay at your home pharmacy .
- If you have hospital charity care, prescription medications that you take home are not covered.
 - Stop by the pharmacy to pick up an application for the Pharmacy Assistance Program (PAP) or call (919) 966-7690, option 2, Monday - Friday 8 am- 4:30 pm.
 - PAP Application Online PDF – [English](#) or [Spanish](#)
- We also have knee/hip kits available for purchase for \$27.99 (tax not included). You can use your **Outpatient Pharmacy coupon** towards the purchase of a kit or any individual item.
- **For questions, please call (984) 215-2060**

Hillsborough Outpatient Pharmacy

How it Works: Prescriptions Written

At discharge, your doctor will write prescriptions for medications you will need when you get home.

For your convenience, you can have these medicines filled at the Hillsborough Outpatient Pharmacy before you leave, saving you an extra stop on the way home!



Hillsborough Outpatient Pharmacy

How it Works: Answering Your Questions and Receiving Your Prescriptions

A pharmacist will call or visit your room to review your medications and answer any questions you may have.

The pharmacist can explain the purpose of the medications and its possible side effects.

The Hillsborough Outpatient Pharmacy fills your prescriptions, talking to you or your care team to make sure the medicines are ready in time for you to go home.



Hillsborough Outpatient Pharmacy

How it Works: Answering Your Questions and Receiving Your Prescriptions

- Medications can be delivered to your bedside when it's time to go home or picked up in the pharmacy, avoiding extra stops on your way home.
- If you happen to leave after the Outpatient Pharmacy is closed, your discharge prescriptions will be stored next door at the Inpatient Pharmacy for you to pick up.
- You can continue to use the UNC Outpatient Pharmacies, arrange for them to deliver medicines to your home in the future, or continue to use your regular local pharmacy.



Hillsborough Outpatient Pharmacy

How it Works: Receiving Your Prescriptions and Payment Options

- To receive some pain medicines, you, your caregiver or the person receiving your medicines on your behalf must have their valid, unexpired photo ID for the pharmacy.
- The only four accepted forms of ID are:
 - Driver's license
 - Identification card issued by NC DMV
 - Military ID
 - Passport
- Consulate ID cards are not accepted.
- You may have the option to have a bill sent to the house to avoid any out-of-pocket cost the day of service.

Identification and Payment:



Hillsborough Outpatient Pharmacy

How it Works: Refills

The medications you will receive are typically written for a one-time fill.

If you have doses remaining on your prescription or your provider has given you refills, you can:

- 1) Fill them at the Hillsborough Outpatient Pharmacy,
- 2) Transfer them to the UNC Shared Services Specialty (984-974-6779) and Home Delivery Pharmacy to have them mailed to you, or
- 3) Transfer of the remainder to your home pharmacy.



THANK YOU!

Our orthopaedic staff will provide you with *excellent* care while recovering from your surgery.

**If you have any additional questions,
please contact:**

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