



MedStar Health

Orthopaedic Foot and Ankle Surgery Guidebook.



It's how we treat people.



Thank you for choosing MedStar Orthopaedic Institute.

MedStar Orthopaedic Institute combines the skill and expertise of more than 80 physicians at MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, MedStar Harbor Hospital, MedStar Union Memorial Hospital, the Curtis National Hand Center, and more than 20 community locations, such as Timonium, giving you convenient access to the area's top orthopaedic, spine, and sports medicine care.

MedStar Health's orthopaedic service is among the best available. Simply put, experience matters. For more than 160 years, our dedicated, specialty trained team of physicians, nurses, and support staff has been providing quality care. Our staff works together to make your experience a pleasant one.

While here, you'll enjoy special services in a friendly and supportive environment. Your care is based on your individual needs. We'll help you set goals for success and track your progress. We also encourage your family members to join in your recovery.

Your recovery begins today!

Sincerely,

Henry Boucher, MD
Physician Executive Director,
MedStar Orthopaedic Institute, Baltimore

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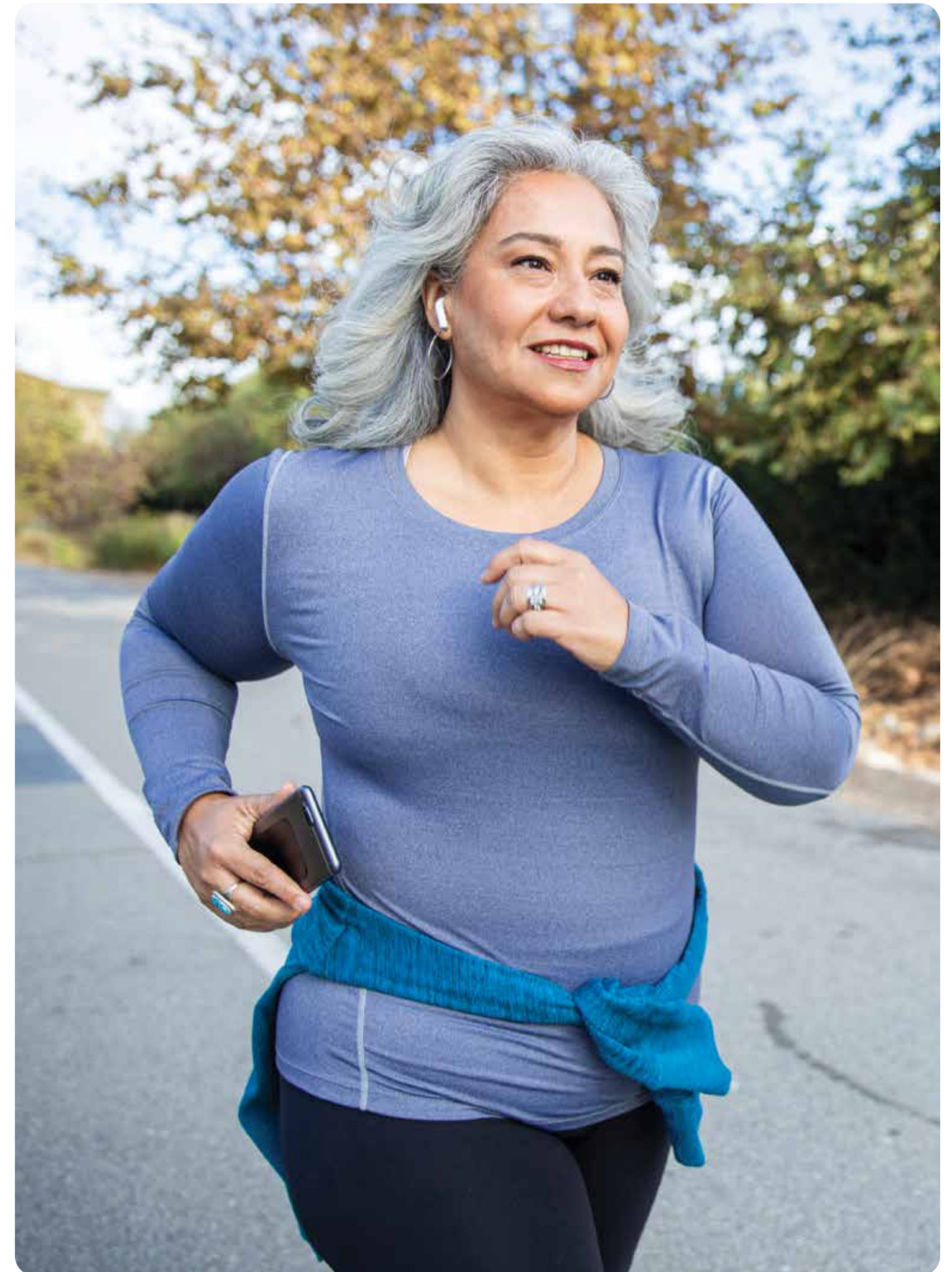
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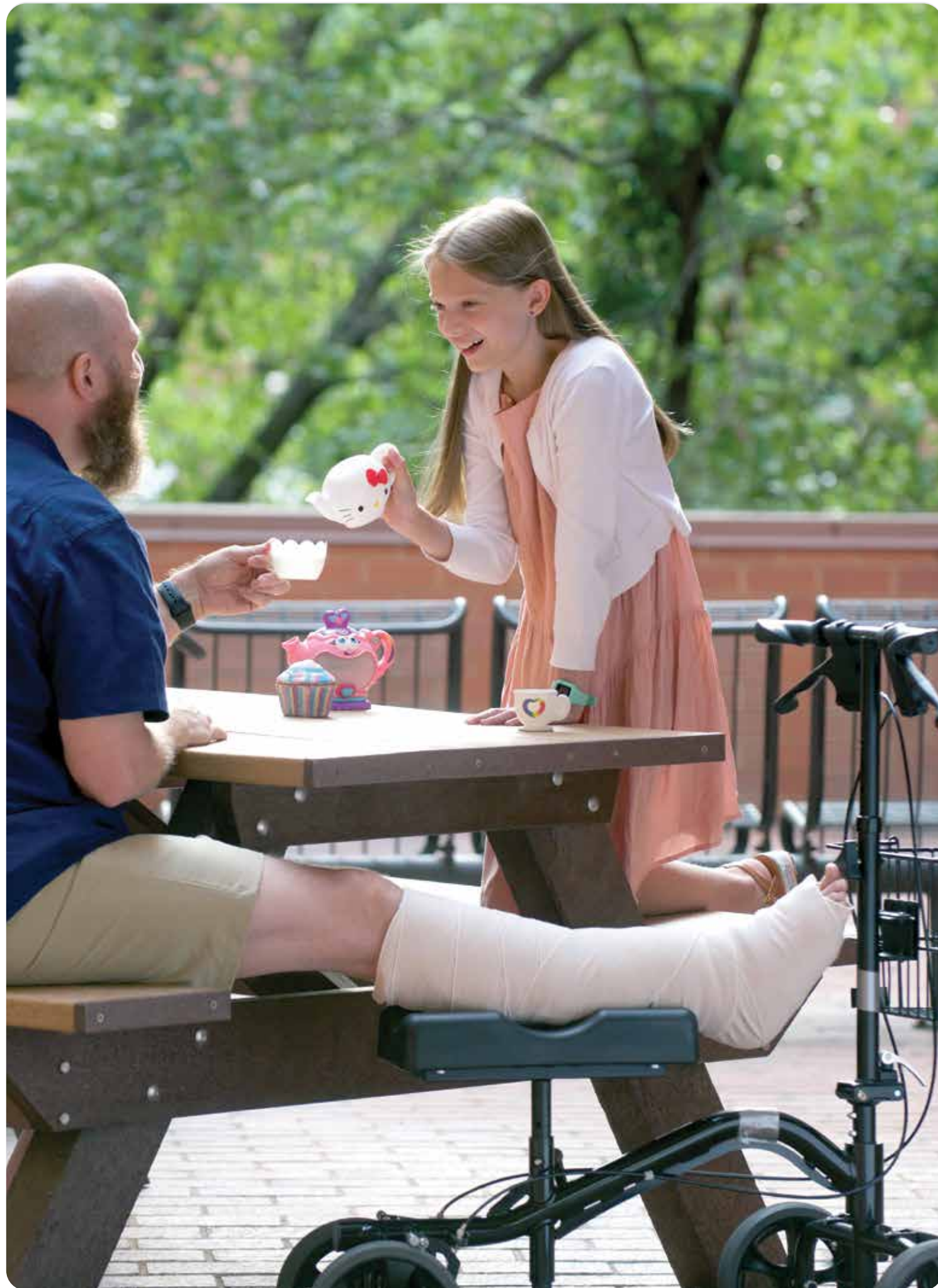
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Your guidebook to a successful recovery.

As you read through this booklet, you will find important information on how to best prepare for your planned foot and ankle surgery so you can return to your normal activities at home as quickly and safely as possible. Please remember that this is just a guide, and your healthcare team may modify some of the instructions presented here. Always follow their recommendations first and ask questions if you are unsure of any information.

Please bring this booklet with you to:

- Every office visit
- The hospital or surgery center on the day of surgery
- All follow-up visits after surgery

This guidebook provides information for surgeries occurring at MedStar Union Memorial and MedStar Harbor Hospitals and MedStar Surgery Center at Timonium. For all surgeries regardless of location, please read pages 1-47, then refer to the sections specific to your surgery location.

MedStar Surgery Center at Timonium
 2118 Greenspring Drive
 Timonium, MD 21093
 410-252-5671
Pages 50-51

MedStar Union Memorial Hospital
 201 E. University Parkway
 Baltimore, MD 21218
 410-554-2000
Pages 52-55, 57

MedStar Harbor Hospital
 3001 S. Hanover Street
 Baltimore, MD 21225
 410-350-3200
Page 52, 56-57

Location of my surgery:

Name of surgeon:

Date of surgery:

Arrival time:

Surgery time:



Read more about your foot and ankle team at [MedStarHealth.org/Ortho](https://www.MedStarHealth.org/Ortho).

My appointments.



Appointment assignments vary by physician, so you might not need to schedule all of the appointments listed here. To help you keep track of your appointments prior to surgery, please record the date and time in the appropriate sections.

Pre-operative appointments:

Pre-operative history and physical

Location:	Date:	Time:
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(Call your primary care doctor, your nearest MedStar Urgent Care, or MedStar Good Samaritan Hospital at 443-444-3725 for an appointment.)

Pre-operative classes (view online at MedStarOrtho.org/Class)

Date reviewed:

Post-operative appointments:

Follow-up with surgeon (one to two weeks after surgery)

Location:	Date:	Time:
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Outpatient physical therapy (if recommended by your surgeon)

Date:	Time:
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Location:	Phone number:
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To view a list of MedStar Health Physical Therapy locations, visit MedStarHealth.org/MHS/Physical-Therapy.

Important phone numbers.

Phone calls to expect from us prior to your surgery:

As a courtesy to you, several members of our team at MedStar Orthopaedic Institute may contact you before your surgery to gather information and help you prepare for your patient experience.

- Registration**
(for surgery pre-registration)
- MedStar Corporate Finance**
(for insurance verification)
- Pre-Anesthesia Testing (PAT)**
(for pre-operative nursing interview)

MedStar Health Physical Therapy	844-91-GETPT (43878)
MedStar Patient Financial Services	410-933-8200

MedStar Surgery Center at Timonium

Main contact number	410-252-5671
Fax.....	410-252-9838

For more information about the MedStar Surgery Center at Timonium, visit MedStarHealth.org/Timonium.

MedStar Union Memorial Hospital

Main Contact Number.....	410-554-2000
Fax.....	410-554-2387
Admitting Office.....	410-554-2895
Anesthesia Office.....	410-554-6559
Inpatient Nurse Manager (Orthopaedic Unit).....	410-554-6459

For more information about MedStar Union Memorial Hospital, visit MedStarUnionMemorial.org.

MedStar Harbor Hospital

Main contact number	410-350-3200
Fax.....	855-601-5366

For more information about MedStar Harbor Hospital, visit MedStarHarbor.org.

Preparing for your surgery.



Planning for your recovery after surgery actually begins several weeks before your surgery date.

Physical exam

A complete medical exam is usually required before your surgery. Often, your primary care physician performs the exam.

The exam consists of a review of your overall health to determine if any medical conditions could interfere with your surgery and recovery. In addition, your physician may order further tests if you have certain risk factors.

On the day of your exam, bring with you:

- This foot and ankle surgery guidebook
- A list of your medications, including any over-the-counter medications you are taking
- Your insurance card and photo ID
- A list of your physicians and their phone numbers

Additionally, we have provided a history and physical assessment form to be completed by your physician. If your exam is performed by your primary care physician, their medical office must fax the form.

- If you are having surgery at MedStar Surgery Center at Timonium, fax to 410-252-9838
- If you are having surgery at MedStar Union Memorial Hospital, fax to 410-554-2387
- If you are having surgery at MedStar Harbor Hospital, fax to 855-601-5366

If you are having difficulty getting this form completed within the time frame required (typically 30 days) by your physician, please let your surgeon's office know as soon as possible so that they can assist you in completing this requirement.

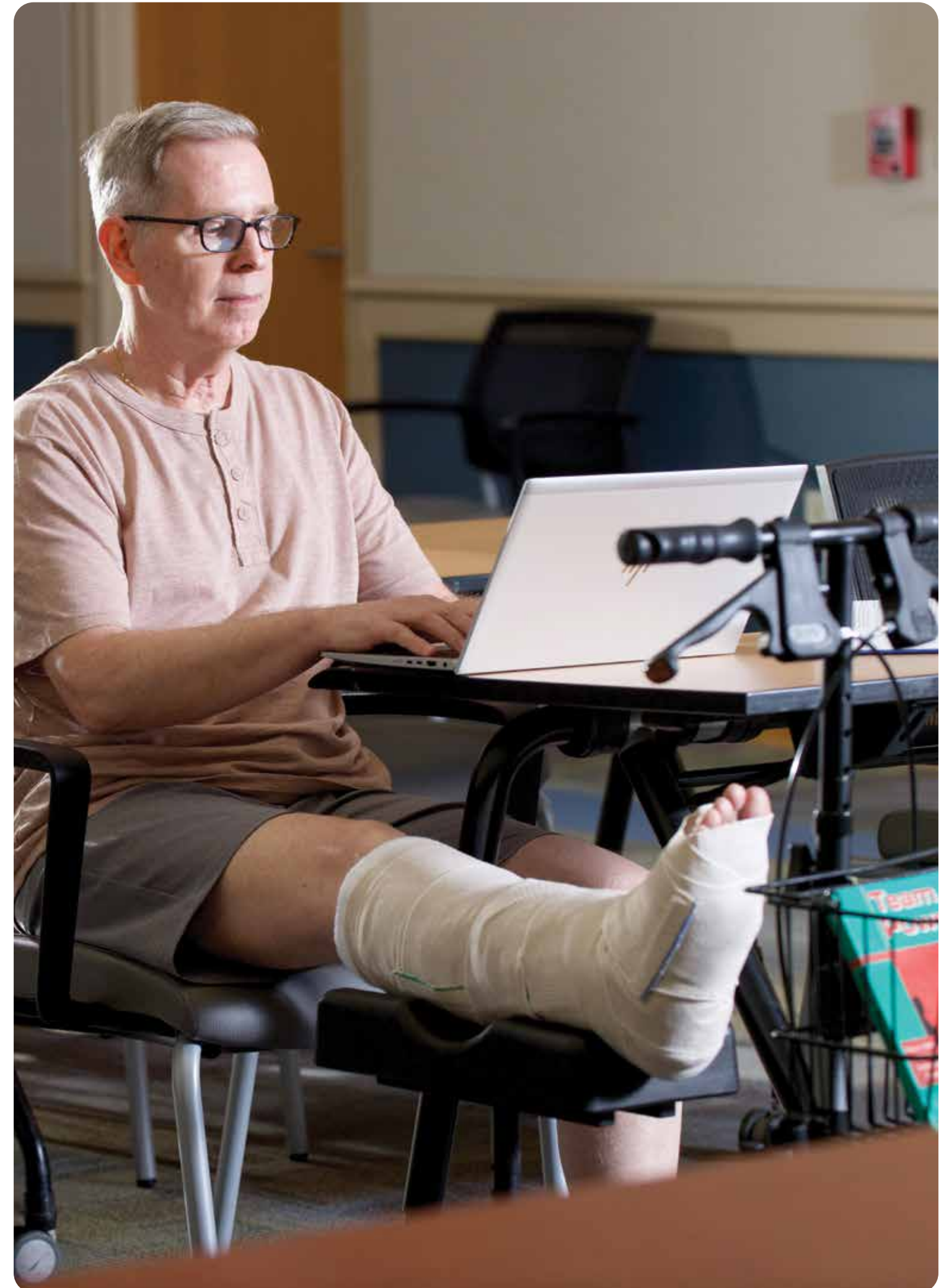
Pre-operative patient education classes

The pre-operative patient education classes offer you the peace of mind that comes with understanding every step of your experience. These classes are specifically designed for patients having foot and ankle surgery and who will be non-weight bearing. They will provide an overview of what to expect before, during, and after surgery. We strongly encourage you and a family member or caregiver to view the online pre-operative classes.

You can view the classes online at [MedStarOrtho.org/Class](https://www.MedStarOrtho.org/Class).

The class covers:

- Planning ahead for a successful recovery
- Preparing your home
- Your foot and ankle surgery
- Discharge goals and expectations
- How to move around using a walker, crutches, or knee scooter after surgery



Durable medical equipment (DME).



You will require special equipment to move around for some time after surgery. Your surgeon will instruct you on whether or not you can place weight on your operative leg. This will affect your choice of assistive device. You will need at least one assistive device to get around safely. The other equipment is optional but highly recommended during recovery.

Assistive devices

Your medical insurance will generally pay for one assistive device in a five-year period. Some people choose to use more than one assistive device as a backup, or in different areas of their home, but that is not required.



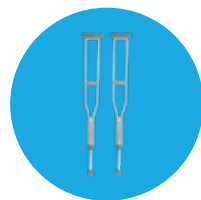
Rolling walker

A rolling walker offers the most support while keeping weight off your operative leg.



Knee scooter

Also known as a knee walker or roll-a-bout. Knee scooters can be rented or purchased. Insurance commonly does not cover knee scooters.



Crutches

Crutches are best used by patients with good balance and coordination, or who have used them successfully in the past.



Manual wheelchair with elevating leg rests

Doorways must be 28" wide to accommodate a standard wheelchair. A wheelchair can be useful in navigating curbs or a single step with the help of a family member.



Hands-free crutch

This device is only for patients with excellent balance. iWALK™ is a common brand name.



Cane

Canes should only be used by patients whose surgeon told them that they are "weight bearing as tolerated." In other words, your surgeon told you that you can put weight on your operative leg.

Additional DME

This equipment is optional but can be helpful during your recovery. However, insurance does not typically pay for this equipment, so you are encouraged to explore other purchasing options.

More information about this equipment can be found in the online classes at [MedStarOrtho.org/Class](https://www.MedStarOrtho.org/Class).



Raised toilet seat
(\$15-\$25)



Raised toilet seat with arms
(\$25-\$40)



Shower chair
(\$30-\$60)



Extended tub bench
(\$50-\$80)



Bedside commode
(\$35-\$50)



Toilet safety rail
(\$20-\$40)



Hand-held showerhead
(\$20 and up)



Reacher
(\$10-\$20)



Safety/grab bars (\$15 and up)

Note: For your safety, securely attach the grab bars to the wall; it is not recommended to use the bars with suction cups.

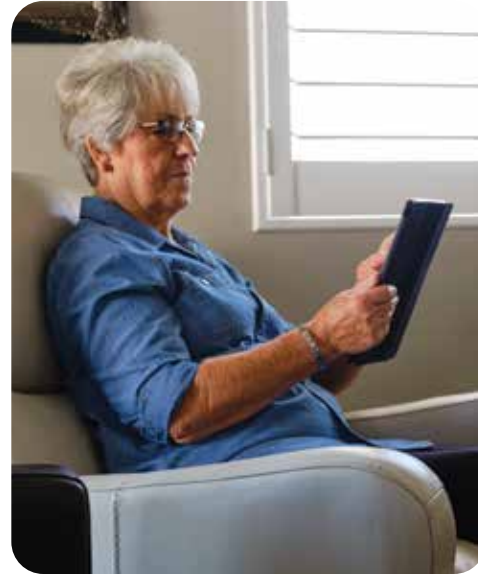
Obtaining DME

Ask around—you might be able to borrow equipment from a friend or family member. DME can also sometimes be found at county or local church loan closets.

To purchase equipment, we suggest:

- Amazon.com
- eBay
- Northern Pharmacy
- Walgreens
- CVS
- Home Depot
- Target
- Walmart
- Drugstore.com
- Lowe's

Planning ahead for a **successful** recovery.



There are several things you (or a family member or friend) can do to make sure your home is safe and comfortable while you are recovering.

You might have to adapt how you perform some of your daily activities, especially if you are non-weight bearing (NWB). If you are NWB, it may be helpful to practice your everyday routine without using your operative leg before surgery.



Recovery area

1. Select an area on one level of your home where you will be comfortable spending the majority of the day.
2. If you have to climb stairs to get into your house and/or to your recovery area, practice this ahead of time.
3. Make sure you have proper railings on stairs before surgery.
4. Make sure you have a bathroom or bedside commode close by.
5. Have comfortable, supportive seating with armrests where your operative leg can be elevated using extra pillows.
6. Have a table or tray next to your seat for easy access to food, water, and a phone.
7. Consider an easily accessible sleeping location such as a medium-height bed or recliner.



Bedroom and bathroom

1. Use a night light.
2. Use a shower chair or bench in your tub or shower.
3. Consider purchasing a hand-held showerhead.
4. Use a raised toilet seat if you already have difficulty standing up from your toilet prior to surgery.
5. Leave the bathroom door unlocked.
6. Consider the use of a rubber mat or nonskid strips in the tub or shower.
7. Consider installing grab bars around the toilet and tub or shower. (It is not safe to pull up on a towel bar.)
8. Complete bathing and dressing while seated to save your energy and remain safe.



Kitchen

1. Make sure all frequently used items are within arm's reach.
2. Move all food in the refrigerator to the shelves you can most easily reach.
3. Prepare meals ahead of time and freeze them.
4. Have a chair with armrests in the kitchen area available for seated rest breaks.
5. Rest your knee on a chair without arms while completing tasks standing at the sink or countertop.



Throughout your home

1. Choose firm chairs with armrests when possible where your feet can be elevated, and use a cushion to raise the height if necessary.
2. Avoid chairs with wheels.
3. Before sitting down, make sure all items are within reach.
4. Remove clutter, throw rugs, and extension cords from the floor.
5. A backpack or reusable grocery bag can be helpful when carrying needed items from one room to another while using an assistive device.



Daily living

1. Use your assistive device as directed.
2. Plan for extra assistance from family, friends, or neighbors for at least the first two weeks after surgery.
3. Allow yourself plenty of extra time to get to scheduled appointments.
4. Stay home if inclement weather is in the forecast.
5. Consider alternative care for your pets. You will not be able to walk a dog or reach to the floor for food and water bowls or to change the cat litter.



Driving

1. Remember, you will not be able to drive for some time. Before you can return to driving, you must be off all pain medication prescribed by your surgeon. Your surgeon will advise you on this.
2. Consider height of vehicle (SUV vs. sedan) upon discharge. Particularly tall patients will have difficulty getting into smaller cars, and shorter patients will have difficulty climbing into larger vehicles.



Car transfer

1. If sitting in the front seat, have your family member move the passenger seat back as far as it will go. Sit down on the seat, keeping your operative leg off the ground, and bring your legs into the car one at a time.
2. An alternative method is to scoot across the back seat when getting into the car in order to keep your leg elevated on the seat. Enter on the driver's side for your left leg and enter on the passenger side for your right leg. This ensures your leg will be supported and elevated for the drive home.

Tips

- You may find it easier to have the driver pull up to the curb when entering and exiting the car.
- To make it easier to scoot in and out of the car, sit on a towel for leather seats or on a plastic bag for cloth seats.
- Keep car riding to a minimum, beginning with short trips.
- Get out of the car and stretch at least every hour if traveling long distances.
- Have pillows available to elevate your leg if you have a lengthy car ride.

Countdown to surgery checklists.

Please review the **Preparing for Your Surgery** section on page 8.

More than 14 days before surgery:

- As soon as possible, stop smoking and using any products containing nicotine (cigarettes, electronic cigarettes, chewing tobacco, nicotine gum or patches, pipes, cigars, etc.).*
- Schedule your pre-operative physical exam. Be sure that your physical exam paperwork (located in the pocket of this booklet) is faxed to the appropriate pre-op office at least 14 days before your surgery. (See page 8 for fax numbers.)
- If you see any specialists (i.e., cardiologist, hematologist, pulmonologist), you may also require clearance from them prior to surgery. It is best to discuss this with your primary care physician.
- Make a dental appointment if you haven't had one in the last year. (Please see Signs of Infection on page 16.)
- Prepare your home for recovery from surgery. Please review the suggestions on pages 12-13.
- Arrange how you will get home when you are discharged after surgery.
- Identify the family members and/or friends who will take care of you when you get home and who can be available to help you during the first two weeks after surgery.

* **Please note:** For your safety, failure to comply with these requirements may result in your surgery being canceled.

14 days before surgery:

- If you take a weight-loss supplement containing the drug phentermine (Lomaria®, Adipex-P®), stop taking it at least 14 days prior to surgery.*

Within 14 days of surgery:

- Watch the online pre-operative orthopaedic classes at MedStarOrtho.org/Class.

7 to 10 days before surgery:

- Expect a call to confirm the time you need to arrive at the hospital or surgery center on the day of your surgery. This is usually two to three hours before your surgery time. Timeframe varies by surgeon and by surgery location.
- As soon as possible, stop taking certain medicines before surgery, if told to do so by your doctor.
- If you are diabetic, you should have the physician who manages your diabetes advise you on how to adjust your medications for the day of surgery (when you can't eat or drink before the surgery).

5 days before surgery:

- Stop taking all over-the-counter anti-inflammatory products that contain NSAIDs (ibuprofen, naproxen, or ketoprofen):

• Actron	• Mediprofen
• Advil and Advil Migraine	• Midol IB
• Aleve	• Motrin IB
• Dristan Sinus caplets	• Children's Motrin Suspension
• Elixsure IB	• Neoprofen
• Excedrin IB	• DrisNeoprofen
• Genpril	• Orudis KT
• Haltran tablets	• Pamprin IB
• Medipren	• Propinal
	• Sine-Aid IB

Day before surgery:

- DO NOT eat or drink after midnight** before your surgery—remember, this includes candy, gum, mints, etc.
- DO NOT smoke or use any nicotine products after midnight.** (Remember: It's best to stop all nicotine products seven to 10 days before surgery.)*

Day of surgery:

- Please keep your cell phone on to maintain communication with your surgeon. If the operating room's schedule changes on the day of your surgery, your start time may be affected.
- If you are instructed by your primary care physician or by the physician who did your pre-op physical, you may take any recommended medications with a sip of water on the morning of your surgery.
- Wear clean clothes.
- Brush your teeth, but do not swallow the toothpaste.
- Arrive at the hospital or surgery center at least two to three hours prior to surgery (per your surgeon's instructions). Leave all valuables at home on the day of surgery. This includes cash, credit cards, jewelry, laptop computers, and cell phones. Please note that MedStar Health is not responsible for any loss of, damage to, or theft of valuables.
- Notify your surgeon immediately if you have a cold, show signs of any infection (drainage, sore, toothache), or experience other changes in your physical condition.

Day of surgery (continued):

- DO NOT eat or drink after midnight** before your surgery—remember, this includes candy, mints, etc.
- DO NOT smoke** or use any nicotine products on the day of your surgery.*
- DO NOT apply lotion, oil, powder, perfume, or deodorant** after using soap. This will help decrease the number of bacteria that naturally occur on the skin.
- DO NOT wear jewelry** (including wedding rings) or contact lenses.
- For surgeries at **MedStar Harbor and MedStar Union Memorial Hospitals**, please have a plan to pay your co-pay if you plan to fill prescriptions at the hospital prior to discharge.
- If your surgery is at **MedStar Union Memorial Hospital**, please park in Garage A and walk over the breezeway. Refer to page 53 for a hospital map.
- If your surgery is at **MedStar Harbor Hospital**, free parking is available on the upper north and south parking lots. The upper north patient parking lot is accessible from Cherry Hill Road. The parking lot is adjacent to the Emergency department entrance and the Outpatient Building. Refer to page 56 for a hospital map.
- For surgeries at **MedStar Surgery Center at Timonium**, plan to fill your prescription at a local pharmacy.
- If your surgery is at **MedStar Surgery Center at Timonium**, please report to the surgical suites on the third floor.

Contributing factors to complications.



Conditions that may increase your risk of having a complication during orthopaedic surgery include:

Smoking and nicotine products

Stop smoking and using any products containing nicotine (cigarettes, electronic cigarettes, chewing tobacco, pipes, cigars, nicotine patches or gum, etc.). Nicotine in tobacco products has been scientifically proven to slow bone healing by poisoning the cells in your body that are responsible for making bone. Smoking can increase your chance of lung complications and delay wound healing. Please ask a member of your healthcare team for information regarding smoking cessation.

Diabetes

Poorly controlled diabetes can slow healing and lead to an increased risk for infection.

Obesity and poor nutrition

Proper nutrition plays an important role in your recovery and overall health. When your weight is under control and you are preparing for surgery, it is important that your diet be nutritionally sound. Poor nutrition and obesity can increase your risk for infection and/or delay wound healing.

If you are overweight and would like to lose weight before or after surgery, we recommend that you join a physician-supervised weight-loss program. Please ask a member of your healthcare team for more information.

Heart and lung disease

These pre-existing conditions may lead to post-operative complications. Please make sure your healthcare team is aware of any heart or lung conditions.

Signs of infection, such as a recent cold, flu, sore throat, and/or tooth disease

An infection anywhere in the body can interfere with the healing of the surgical site. Bacteria can travel through the bloodstream to the artificial implant. It is important that you are free of infection before surgery and seek immediate treatment for any infection that may occur after your surgery.

The most common areas that may be a source of bacteria in the body are the teeth and urinary tract. If you have not had a dental checkup within the last year, or if you have any dental infections, you are encouraged to make an appointment prior to your surgery. If you have any problems with urinating—frequency, burning, or difficulty passing urine—you should see your family doctor or urologist before surgery. Let your surgeon know if you have a cold, sores, cuts, or inflamed areas anywhere on your body.

Allergies

If you have any type of metal allergies—especially nickel—let your surgeon know. A different type of orthopaedic implant may be used.

Deep vein thrombosis:

A deep vein thrombosis (DVT) is a blood clot that forms in your body, typically in a deep vein in your leg. Please talk to your surgeon about your risk factors. If you have ever had a blood clot before, your risk for DVTs is increased. Having foot and ankle surgery also puts you at greater risk for developing a DVT.

If you are already taking blood thinners as prescribed by your primary care physician, please continue taking them as prescribed.

Your surgeon will discuss ways to decrease your risk for DVTs, which may include:

- A sequential compression device (SCD) on your non-operative leg after surgery
- Blood-thinning medications:
 - Aspirin
 - Enoxaparin (Lovenox) injections
 - Rivaroxaban
 - Apixaban
 - Other blood-thinning medication as discussed with your surgeon and primary care physician



Participating in your care.



Your care team is made up of highly skilled and trained healthcare professionals, including your surgeon, anesthesia providers, nurses, pharmacists, physician assistants, and physical and occupational therapists. But the most important member of the team is you.

Patient

You are the most important member of the team. Preparing yourself prior to surgery and understanding what must happen before and after your hospital stay contribute to a positive, successful outcome. Your participation is extremely important in your return to an active, independent, and rewarding lifestyle.

Foot and ankle orthopaedic surgeon

Your surgeon is board certified and fellowship trained in the surgical techniques and care involved in orthopaedic surgery.

Anesthesia provider

Your anesthesia provider is responsible for administering your pain medication and monitoring your condition during and immediately following the procedure.

Specialty nurses

Your nurses—both in the operating room and in the post-operative recovery areas—have been specialty trained in orthopaedics and are experts in the care of patients undergoing orthopaedic surgery.

Physician assistant

The orthopaedic physician assistants are specialty trained healthcare providers who work directly with your surgeon and care team to manage your overall medical care.

Physical therapist (PT)

Depending on your surgeon's preference, you may be seen by a PT at some point during your care. The goal of physical therapy is to increase your independence and safety when moving around after surgery.

Occupational therapist (OT)

If staying in the hospital overnight after surgery, you may be seen by an OT. The goal of occupational therapy is to increase your independence and safety while managing your activities of daily living (ADLs) with an assistive device after surgery.

Here are other ways you can participate in your care:

- Ask for pain medication before moving around. Please ask for ice afterward and as needed throughout the day.
- Make sure your nurse or doctor checks your identification (ID) wristband or asks your name before he or she administers any medication or treatment.
- Make sure your caregiver is wearing an identification (ID) badge.
- Carefully read any medical forms, making sure you understand them before you sign them.
- Know what medications you take and why you take them.
- Talk to your doctor or nurse about your medications and any side effects you may experience.
- Ask for written information about your medication.
- Ask your caregivers if they have washed their hands before providing care to you.
- Ask staff to explain what they are doing and why.
- Sign up for the MedStar Health Patient Portal, a secure way to access your medical information any time of day or night on your own computer, tablet, or smartphone. To sign up, visit [myMedStar.org](https://www.mymedstar.org) and click Enroll Now. Learn more on page 23.



The day of surgery.

Pre-operative Assessment Center (Pre-Op)

After you check in at either the hospital or the surgery center, you will be directed to the Pre-operative Assessment Center, also known as Pre-Op. Here, you will receive a nurse visit, meet your anesthesia provider, and have a chance to speak with your surgeon. It is important to inform your anesthesia team in the pre-op area of any allergies or medications that have caused you problems in the past. It is also important to discuss any problems you may have had with anesthesia.

While in Pre-Op, information regarding your past medical history will be reviewed and confirmed by the surgical team. You will have an IV inserted in your arm for fluids and medications during surgery. Your surgeon will also mark the surgical site with his or her initials. You are now ready for surgery.

Things to bring on the day of surgery:

- Driver's license or passport** for photo identification
- Insurance cards** (including your prescription card, if you have one)
- Copies of advance directives** or living will (if you have them)
- List of all of the medicines you take**, dosages, and the time of day you take them, including over-the-counter drugs and prescription medicines, as well as a list of any allergies you have. Please bring only the list of medications with you to surgery. Do not bring the medicine.
- A plan to pay co-pays** for any prescriptions you fill at either the hospital or a local pharmacy. Your plan could include having a family or friend pick up or paying over the phone.
- Clothing:** You will have a bulky splint or surgical boot, so loose, elastic waist pants or shorts with a wide leg are recommended.
- Footwear:** Shoes that provide support and traction with a rubber sole and will stay on your feet such as sneakers are recommended. Avoid flip-flops, clogs, or any other shoe that could increase your risk of falling. Remember your non-operative leg will be supporting all of your body weight when hopping or balancing.
- Personal items:** Glasses, hearing aids, and dentures

Operating room

Your time in the operating room will depend on the complexity of the procedure. Your family and friends are welcome to stay in the waiting area until you are ready for visitors. The staff may ask for their phone number to contact them if they leave the waiting area. Once your surgery is completed, the surgeon will speak with your family and friends in the waiting area or over the phone to discuss the outcome of your surgery.

Post Anesthesia Care Unit (PACU)

After your surgery is complete, you will be taken to the Post Anesthesia Care Unit to recover from anesthesia. This is also known as the recovery room. This is a critical care unit staffed with specialty trained nurses who will monitor you closely, checking your vital signs, pain level, and surgical site. You will remain in the recovery room until you are either discharged to home or transferred to your hospital room if staying overnight.

If staying overnight at the hospital:

- Toiletries:** Soap, shampoo, shaving items, toothbrush, toothpaste, comb, makeup, brush, and deodorant
- C-PAP or external breathing devices:** If you typically use assistive breathing devices at home, please bring them with you and label them with your name. Your nursing team will discuss arrangements for using them while in the hospital and will provide the sterile water for the machine.

After surgery.

Post-operative equipment

After surgery, either in the recovery room or on the orthopaedic unit, your vital signs (blood pressure, pulse, respirations, temperature, and oxygen levels) will continue to be monitored as your anesthesia wears off.

You will notice a lot of equipment on and around you, which may include:

- **Compression stockings** on legs to help minimize the risk of developing blood clots.
- **Sequential compression devices (SCD)** on legs to assist with circulation. An SCD comfortably squeezes and relaxes your legs like a massage.
- **Incentive spirometer** to keep your lungs clear and active during your recovery. Use this device 10 times every hour while awake, making sure you take long, deep breaths IN.
- **Ice bags or cold therapy devices** on the surgical site, helping to decrease the swelling and pain in the foot and ankle after surgery. Please don't hesitate to ask for ice whenever you need it.

Your recovery

On the day of surgery, when you are fully awake, you will get out of bed with the assistance of a nurse. While in bed, you may lie in any position that makes you comfortable, keeping your operative leg elevated.

We are committed to making sure you are safe while getting in and out of bed following surgery. Notify the nurse each time you need to move about the room and wait for assistance. Please do not get out of bed without assistance. We want to keep you safe from falls.

Going to the bathroom

Because your safety comes first, your caregiver may stay with you during your bathroom visit to prevent falls. Due to the effects of medication and anesthesia, all patients should be monitored—even those who have never fallen before or do not believe they are at risk for falling. Although this might seem uncomfortable, please know that we respect your privacy.

Managing your pain

Everyone experiences and handles pain differently. That's why we work closely with you to develop a pain goal and keep you as comfortable as possible after your surgery. Remember, it is normal to have pain and discomfort after surgery. There are many ways to control pain that do not involve medication, including ice, distraction, elevating the operative leg, and deep breathing. We strive to determine the best way to keep your pain controlled after surgery and will send you home with a plan to manage your pain and prescriptions for the medications that work for you. Remember adequately controlled pain means you are able to do the activities you need to do in order to recover without experiencing severe pain. It does not mean you will be pain free. Mild to moderate discomfort can be normal as you recover and become more active. **Post-operative pain drastically decreases in the first few days after surgery.**



Discharge to home.



Discharge instructions

Before you leave the hospital or surgery center, your doctor or nurse will review discharge instructions about any post-operative care. These instructions will be specific to your surgery and your surgeon's protocol but generally will include:

- Post-operative restrictions
- Wound care and dressing management
- Showering
- Pain control including elevation, ice, deep breathing, distraction, and medications
- Normal healing signs such as bruising and swelling
- Signs and symptoms of infection
- Follow-up appointment

After reviewing the instructions with your care team, you will receive a written copy before you leave. You may be required to contact your surgeon's office for specific details about your individual recovery. If you have questions about your diet, activities, or other matters, please don't hesitate to ask.

MedStar Health

MedStar Harbor and MedStar Union Memorial Hospitals, and MedStar Surgery Center at Timonium are part of MedStar Health, a nonprofit, regional healthcare system with 10 hospitals and more than 20 other health-related services in the Maryland and Washington, D.C., region.

As you progress from surgery to at-home recovery and outpatient therapy, you may choose to continue your MedStar Health patient experience with another provider in the MedStar Health system. Your surgeon can provide a referral.

Outpatient therapy

As you follow up with your surgical team post-operatively, they will determine whether or not outpatient physical therapy is needed.

To view a list of MedStar Health Physical Therapy locations, visit [MedStarHealth.org/MHS/Physical-Therapy](https://www.MedStarHealth.org/MHS/Physical-Therapy).

Your opinion matters

We are always committed to providing the best in quality and service. Following your visit, you may receive a telephone survey asking about your experience.

Your feedback helps us identify ways to continually improve your patient experience and our quality of care.



MedStar Health Patient Portal

Wondering what the results of your cholesterol test were? Need a prescription refill or an appointment with your MedStar Health doctor? There's a secure way to get access to your medical information any time of day or night on your computer, tablet, or smartphone.

Sign up for our free, secure, online patient portal at [myMedStar.org](https://www.MedStar.org) and click **Enroll Now**.



MedStar Orthopaedic Institute Outcomes program

Your interest in your successful recovery doesn't end after surgery. Your participation in the MedStar Orthopaedic Institute Outcomes program is a way for you and your surgeon to stay connected. Through this partnership, your surgeon will have a better understanding of how well you recovered, particularly with regard to pain, mobility, and quality of life. At the time of your post-op visit, you will be asked to complete a brief questionnaire. By repeating these questionnaires at specific intervals, both you and your surgeon will be able to review and compare your improvement over time.

For your convenience, MedStar Orthopaedic Institute offers an easy and efficient way for you to stay in touch with this important program. Your surgeon will contact you via email with a secure link to your personal questionnaire, so please provide your email address to your surgeon's office. Rest assured, all information is HIPAA compliant and is treated with the same level of patient confidentiality as your medical record.

Measuring results for the quality of care that we provide is just one example of our commitment to maintain the highest standard of excellence in orthopaedic surgery. Your surgeon and our team of healthcare professionals thank you in advance for your support.



Financial information.



We understand that billing and payment for healthcare services can be confusing. Once your physician has scheduled your surgery, our registration department may call you to verify your insurance coverage and other information obtained from your physician.

We make every effort to contact you at home, but it may be difficult to reach you during regular business hours. Therefore, we will need to verify your information during the registration process prior to surgery.

Your surgery bill

As a routine practice, MedStar Health attempts to collect all patient expenses prior to the delivery of services. This includes deductibles, co-pays, and co-insurance amounts. The MedStar Health Central Business Office will contact you with this request.

Processing your bill

If you have insurance coverage, MedStar Health will bill your insurance carrier shortly after healthcare services are provided. While we attempt to provide all information and paperwork to your insurance company, sometimes it requires a response from you to resolve issues related to your account or insurance coverage. If your health plan has not made a payment within a reasonable period of time (usually 60 days after billing) and has not responded to our attempts to resolve payment matters on your behalf, the balance may become your responsibility.

Physician professional fees

The surgery bill for orthopaedic surgery does not include fees for physician services. Because your treatment includes the services of a surgeon, anesthesia providers, and perhaps other physician specialists, you will receive a separate bill from these providers. If you have questions regarding any of your physician bills, please call the telephone number printed on the physician bill.

Payment options

For your convenience, MedStar Health accepts cash, personal checks, debit cards, and money orders, as well as Visa, MasterCard, and Discover.

Financial office contact information

If you have questions before surgery, please contact the MedStar Patient Financial Services Office at **410-933-8200**.

If you have questions after surgery, please contact the MedStar Health General Billing Office at **410-933-2424**.

Pre-registration

It is important to pre-register for your procedure. We will contact you by phone several weeks before your surgery to verify insurance coverage, co-payments, deductibles, and other information.

On the day of your surgery, you simply need to check in, provide a copy of your insurance card and photo ID (driver's license or passport), and complete any paperwork you are given.



Precautions after surgery.



Your surgeon will tell you if it is safe to put weight on your operative leg. It is important to follow their instructions to ensure proper healing.

If you are weight bearing as tolerated:

- You are permitted to put as much weight on your operative leg as you can tolerate.
- You can't do harm by bearing weight.
- You will likely be in a surgical shoe, rather than a bulky splint.
- If you experience pain, it may help to use an assistive device such as a cane, walker, or crutches (see page 10).
- You may find the additional information (especially showering and bathing) on the following pages helpful, but it is not required.

If you are non-weight bearing (NWB):

- NO weight at all is allowed on the operative leg.
- A large bulky splint is common to protect the surgical site and is used initially because of swelling after surgery.
- You will require use of an assistive device to maintain NWB (see page 10).
- It may be helpful to practice your everyday routine without using your operative leg before surgery.
- **Please refer to pages 28-47 to learn how to move around safely as a NWB patient.**

Activities of daily living (ADLs) after foot and ankle surgery.

This is a list of suggested techniques. Please follow the specific directions given by your doctor.



General precautions

- You may notice some bleeding or drainage on your splint after surgery. This is common and will stop on its own.
- It is important to elevate your operative leg to reduce swelling and pain. When left hanging down, your foot will swell and may become painful.
- Do not sit on low chairs or surfaces as it will be difficult getting up.



Lower body dressing

- Wear loose, elastic waist pants or shorts with a wide leg to fit over your bulky splint or surgical boot.
- Sit while dressing your lower body until needing to stand to pull up pants/underwear.
- Dress your operative leg first.
- Wear sturdy, rubber-soled shoes with a back on your non-operative foot. Remember your non-operative leg will be supporting all of your body weight when hopping or balancing.



Toileting

- If your toilet is a comfortable height, consider purchasing a toilet safety rail (page 11) to provide arm support.
- If you have difficulty standing from your toilet normally, consider purchasing something to raise your toilet (page 11):
 - Raised toilet seat with arms
 - Bedside commode (can be placed over toilet with the bucket removed or can be used on a floor of the home without access to a bathroom)



Bathing or showering

- You can shower once cleared by your surgeon.
- It is recommended you use a shower chair for increased safety to avoid standing on one leg while showering.
- A hand-held showerhead is recommended in combination with the shower chair.
- Sponge bathing initially is another option if you are unable to purchase or use a shower chair.
- Use a trash bag or a leg cast cover to prevent your splint from getting wet.

Activities of daily living (ADLs) after foot and ankle surgery. (continued)

Bathtub transfer with shower chair



STEP 1

Back up to the tub so your non-operative heel and walker touch the outside of the tub. Make sure you are lined up with the shower chair.



STEP 2

Reach back for the seat one hand at a time.



STEP 3

Slowly sit, pushing your hips back onto the chair as you go, and keep weight off your operative leg.



STEP 4

Using your arms and non-operative leg, scoot farther back onto the chair before turning to swing your legs into the tub.



STEP 5

Swing your legs into the tub, one at a time.

Note: To get out of the tub, start by bringing both legs out of the tub and scoot to the edge of the chair until your non-operative foot is firmly on the floor. Push up from the chair to stand at your walker while keeping weight off your operative leg. Make sure your non-operative foot is dry.

Shower transfer with shower chair



STEP 1

Back up to the shower so your non-operative heel and walker touch the ledge. Make sure you are lined up with the shower chair.



STEP 2

Place weight through your hands on your walker and hop back over the ledge and into the shower with your non-operative leg. Remember to keep weight off your operative leg.

Note: If able to position the shower chair close to the edge of the shower, you may not need to hop back prior to sitting.



STEP 3

Reach back for the seat with one hand at a time. Slowly sit, pushing your hips back onto the chair as you go and keeping weight off your operative leg.

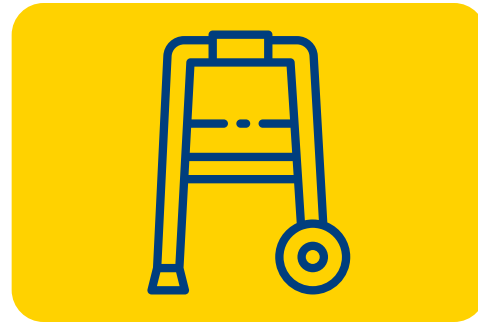


STEP 4

Turn and swing your legs around to the front of the chair with both hands.

Note: To get out of the shower, start by bringing both legs out of the shower and scoot to the edge of the chair until your non-operative foot is firmly on the floor. Push up from the chair to stand at your walker while keeping weight off your operative leg. Make sure your non-operative foot is dry.

Mobility after surgery with a walker.



How to adjust a walker:

- Set handles to your wrist height when standing with your arms at your sides.
- Allow for a slight bend in your elbows.
- Make sure all legs are set to the same level.
- **Please note:** A walker is different from a rollator, which has four wheels and a seat; a rollator is NOT recommended.



Moving from sitting to standing with a walker:



STEP 1
Scoot forward to the edge of the chair. Keep your operative leg in front of you and off the floor.



STEP 2
Lean forward and push through the armrests and your non-operative leg to stand. Once standing, reach for your walker one hand at a time.



STEP 3
Get your balance before moving with your walker.

Moving from standing to sitting with a walker:

Reverse this sequence to return to sitting, being sure to keep your operative leg off the floor.



Watch videos of these techniques at [MedStarOrtho.org/Class](https://www.MedStarOrtho.org/Class) and click on "Guide to using a rolling walker."

Hopping with a walker:



STEP 1
Push your walker forward (so the back legs of the walker are even with the toes of your non-operative leg). Do not pick the walker up when moving.



STEP 2
Lean forward slightly while pushing down through the handles of your walker so most of your body weight is through your arms.



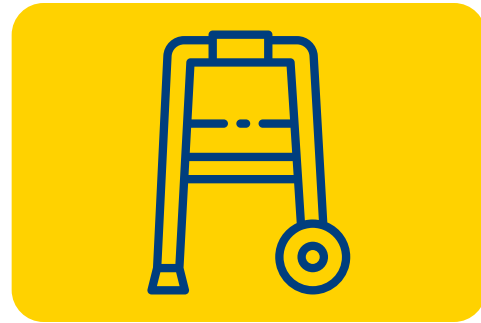
STEP 3
Hop forward with your non-operative foot into the middle of your walker. Try to land gently.



STEP 4
Continue this sequence while moving around with your walker at a slow comfortable pace for safety and balance.

Remember: Keep your operative leg off the floor at all times while moving around. Do NOT use it for balance.

Mobility after surgery with a walker. (continued)



Going up a curb with a walker:



STEP 1
Back up to the curb until your walker and your non-operative foot are touching the curb.



STEP 2
Push your weight down through the handles of the walker and lift your non-operative leg up and back onto the curb.



STEP 3
Bring your walker onto the curb.

Going down a curb with a walker:



STEP 1
Bring your non-operative foot and walker to the edge of the curb.



STEP 2
Place your walker down on the ground.



STEP 3
Push your weight down through the handles of the walker and lower your non-operative leg off the curb.

Going up a curb with an armless chair and a walker:



STEP 1
Back up to the curb until your walker and your non-operative foot touch the curb.



STEP 2
Reach back for the chair with one hand. Bring your other hand back while lowering yourself to sit on the chair.



STEP 3
Pivot your body around on the chair to stand with your walker.

Going down a curb with an armless chair and a walker:



STEP 1
Sit on the chair. Pivot your body around on the chair, then lower your non-operative leg to place that foot against the curb.



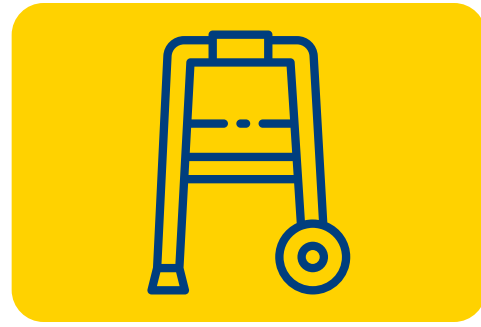
STEP 2
Push up from the chair to stand on your non-operative leg.



STEP 3
Reach for your walker, one hand at a time. Get your balance before moving with your walker.

Remember: Keep your operative leg off the ground at all times.

Mobility after surgery with a walker. (continued)



Going up two steps with an armless chair and a walker:



STEP 1

Back up to the steps until your walker and your non-operative foot are touching the bottom step.



STEP 2

Push your weight down through the handles of your walker and lift your non-operative foot up and back onto the first step.

Reach back for the chair and sit down while keeping weight off your operative leg.



STEP 3

Pivot your body around on the chair to stand with your walker.

Going down two steps with an armless chair and a walker:



STEP 1

Start by sitting on the chair with your non-operative foot on the first step.



STEP 2

Push up from the chair to stand and reach for your walker.

Push your weight down through the handles of your walker and lower your non-operative leg to the ground.

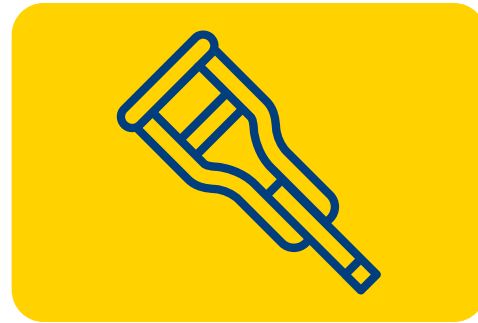


STEP 3

Get your balance before moving with your walker.



Mobility after surgery with crutches.



How to adjust crutches:

- Set the height of the crutches to allow for two fingers to fit between your armpit and the underarm support of the crutch. This space reduces pressure on your underarm nerves. Do not put the underarm support directly in your armpit.
- Position the handgrip to allow for a slight bend in your elbows.



Moving from sitting to standing with crutches:



STEP 1
Scoot forward to the edge of the chair and keep your operative leg off the floor.



STEP 2
Place the handgrips of both crutches on the side of your non-operative leg. Place your other hand on the arm of the chair. Lean forward and push up with both hands to stand onto your non-operative leg.



STEP 3
Get your balance, then place crutches under your arms, one at a time.

Moving from standing to sitting with crutches:

Reverse this sequence to return to sitting, being sure to keep your operative leg off the floor.



Watch videos of these techniques at [MedStarOrtho.org/Class](https://www.MedStarOrtho.org/Class) and click on "Guide to using crutches."

Hopping with crutches:



STEP 1
Move both crutches forward at the same time while balancing on your non-operative leg.



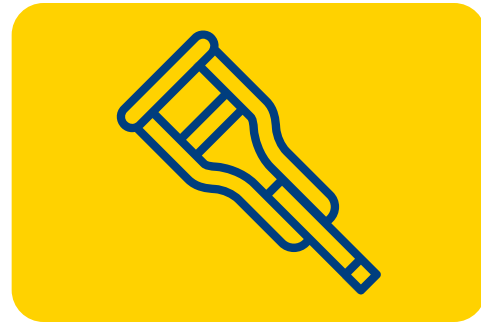
STEP 2
Push down through the handgrips of the crutches and hop forward on your non-operative leg.



STEP 3
Continue this sequence while moving around with the crutches at a slow, comfortable pace for safety and balance.

Remember: Keep your operative leg off the floor at all times while moving around. Do NOT use it for balance.

Mobility after surgery with crutches. (continued)



Going up a curb with crutches:



STEP 1
Stand with your crutches and non-operative foot close to the edge of the curb.



STEP 2
Push your weight through the handgrips of your crutches and lift your non-operative leg onto the curb.



STEP 3
Bring your crutches onto the curb.

Going down a curb with crutches:



STEP 1
Stand with your crutches close to the edge of the curb.



STEP 2
Bring your crutches off the curb while balancing on your non-operative leg.



STEP 3
Push your weight through the handgrips of your crutches and lower your non-operative leg off the curb.

Going up stairs with crutches and a rail:



STEP 1
Bring your crutches and non-operative foot close to the bottom step. Place both crutches under the arm opposite the handrail and bend your operative leg to keep weight off it.



STEP 2
Push your weight down through the handrail and handgrips of your crutches and lift your non-operative foot onto the first step.



STEP 3
Bring your crutches to the same step. Continue this sequence until you reach the top of the stairs.

Going down stairs with crutches and a rail:



STEP 1
Place both crutches under the arm opposite the handrail and keep your operative leg out in front of you.

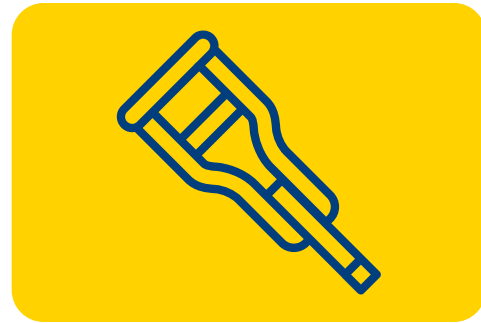


STEP 2
Bring your crutches down to the first step. Push your weight down through the handrail and handgrips of your crutches and lower your non-operative foot to the first step.



STEP 3
Continue this sequence until you reach the bottom of the stairs.

Mobility after surgery with crutches. (continued)



Going up stairs with crutches and no rail:



STEP 1

Bring your crutches and non-operative foot close to the bottom step.



STEP 2

Push your weight down through the handgrips of the crutches and lift your non-operative foot onto the step.



STEP 3

Bring your crutches up onto the same step. Continue this sequence until you reach the top of the stairs.

Going down stairs with crutches and no rail:



STEP 1

Bring your non-operative foot to the edge of the steps.



STEP 2

Slowly bring your crutches down to the first step while balancing on your non-operative leg.



STEP 3

Push your weight down through the handgrips of the crutches and lower your non-operative foot onto the same step. Continue this sequence until you reach the bottom of the stairs.



Mobility after surgery with a knee scooter.



How to adjust a knee scooter:

- The operative leg supported on the knee rest should be at a 90-degree angle.
- Set the handlebars to waist height.
- Adjust the knee pad and handlebar so you can stand straight without bending over.



Moving from sitting to standing with a knee scooter:



STEP 1

Position your knee scooter so that the handles are facing the side of your non-operative leg. Make sure the brakes are locked. Scoot forward to the edge of the chair. Keep your operative leg off the floor.

STEP 2

Lean forward and push through the armrests of the chair and your non-operative leg to stand. Once standing, reach for your knee scooter with one hand while pivoting your body around and place the knee of your operative leg on the pads.

STEP 3

Bring your other hand onto the handle next. Get your balance.



Watch videos of these techniques at [MedStarOrtho.org/Class](https://www.MedStarOrtho.org/Class) and click on "Guide to using a knee scooter."

Moving from standing to sitting with a knee scooter:



STEP 1

Position your knee scooter so that your non-operative leg is closest to the chair. Make sure the brakes are locked.

STEP 2

Reach with your arm closest to the chair and take hold of one armrest. Pivot your body around so your buttocks faces the chair while reaching your other hand back to the other armrest.

STEP 3

Gently lower yourself to the chair while keeping your operative foot off the floor.

Moving around on a knee scooter:

Once positioned comfortably on your knee scooter, unlock the brakes and propel yourself forward using your non-operative foot. Be sure to go at a slow, comfortable speed while getting used to safely maneuvering the knee scooter. Remember to use your brakes to help you slow down or before completing a turn.

Mobility after surgery with a knee scooter.

(continued)



Going up a curb with an armless chair and a knee scooter:



STEP 1
Position your knee scooter so your non-operative foot is against the curb. Lock the brakes.



STEP 2
Reach back for the chair with one hand while keeping your operative leg off the ground. Bring your other hand back while lowering yourself to sitting on the chair.



STEP 3
Pivot your body around on the chair to stand at your knee scooter.

Going down a curb with an armless chair and a knee scooter:



STEP 1
Sit on the chair with your non-operative foot on the ground. Position your knee scooter so handlebars are facing in the direction of your non-operative leg. Be sure the brakes are locked.



STEP 2
Pivot your body around on the chair to face the knee scooter. Push up from the chair to stand on your non-operative leg while reaching for your scooter's handlebar with one hand.



STEP 3
Then pivot on your non-operative leg to place your operative knee on your scooter.

Going up two steps with an armless chair and a knee scooter:



STEP 1
Position your knee scooter so that your non-operative leg is closest to the edge of the bottom step and lock the brakes.



STEP 2
Put your weight through your operative knee and both arms to lift your non-operative leg onto the first step. Reach back for the chair and swivel your hips to sit while keeping weight off your operative leg.



STEP 3
Pivot your body around on the chair to stand at your knee scooter.

Going down two steps with an armless chair and a knee scooter:



STEP 1
Sit on the chair and position your knee scooter so the handlebars are facing in the direction of your non-operative leg. Be sure the brakes are locked.

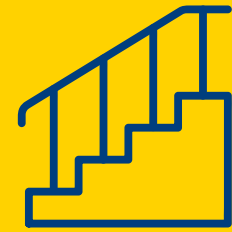


STEP 2
Pivot your body around on the chair to face your knee scooter. Push up from the chair to stand on your non-operative leg, which is placed on the first step. Reach for your scooter's handlebar with one hand.



STEP 3
Put weight through your operative knee and both arms to lower your non-operative foot to the ground.

Mobility after surgery on stairs.



The techniques for bumping up and down stairs on the next page can be utilized for patients using a walker, crutches, or knee scooter.



Bumping up stairs:



SETUP

Have a caregiver place a step stool at the top of the stairs and place an armless chair behind the stool.



STEP 1

Back up to the stairs using your assistive device until your non-operative foot touches the bottom stair.



STEP 2

Reach back for the stairs and sit on the step that is a comfortable height for you (typically the second step from the bottom).



STEP 3

Reach both hands back for the next higher step and lift (bump) yourself onto the next step using your arms and non-operative leg.

Continue this sequence until you reach the top of the stairs.



STEP 4

Once you get to the top of the stairs, lift yourself from the top step onto the step stool.



STEP 5

Lift yourself from the step stool onto the chair and scoot back so you are seated fully on the chair. Pivot your body on the chair and swing your legs around to face your device before standing. Have your caregiver position your device at the top of the stairs.

Bumping down stairs:

Start by sitting on the armless chair at the top of the stairs and pivot your body to face the stairs. Lower yourself from the armless chair onto the step stool using your arms and your non-operative leg. Then lower yourself from the step stool to the top step. Continue this sequence until you get to the second step from the bottom. Using your arms on the step and rail, if available, push/pull to help stand to your assistive device. It may be helpful initially to have assistance from a caregiver for standing at the bottom of the stairs.

Location of surgery.

Your surgeon has advised on where your surgery will be taking place (at either MedStar Union Memorial or MedStar Harbor Hospitals or MedStar Surgery Center at Timonium).

There may be a number of factors that help guide this decision including your insurance, past medical history, type of surgery, and other unique aspects of your surgery and recovery plan. There are important differences between having surgery at MedStar Surgery Center at Timonium and our hospitals.

If you are unsure where your surgery is scheduled, please contact your surgeon's office.

Please refer to the appropriate following pages:

MedStar Surgery Center at Timonium: pages 50-51

MedStar Union Memorial Hospital: pages 52-55, 57

MedStar Harbor Hospital: page 52, 56-57

MedStar Surgery Center at Timonium



MedStar Union Memorial Hospital



MedStar Harbor Hospital



MedStar Surgery Center at Timonium information.

Before surgery

A nurse from the MedStar Surgery Center at Timonium should contact you at least 24 hours before your surgery. If no one has called, please call the Surgery Center at **410-252-5671** for instructions.

Reporting for surgery

Enter the MedStar Surgery Center at Timonium's main entrance on the ground level. Take the elevator to the surgery suite on the third floor.

Parking

Parking is free and located on site.

Transportation

It is extremely important to arrange for a responsible adult to drive you home and remain with you for the first 24 hours after surgery.

Discharge

The staff will review your discharge instructions after surgery. It is important to follow all instructions and guidelines. If you have any questions, please call your surgeon.

After surgery

A nurse from the MedStar Surgery Center at Timonium will call you the day after your surgery to check on your progress and discuss any questions you may have. If you have any unexpected problems, please call your surgeon. If you have an emergency, call 911.



Food and dining.

Timonium Rd. (heading east from Greenspring Rd.)

The Natural Market

Juice bar and vegetarian eats • **410-560-3133**

Baja Fresh

Baja-style Mexican fast-food chain • **410-561-1050**

Firehouse Subs

Counter-serve sandwiches • **443-991-5954**

TCBY

Frozen yogurt and chilled coffee • **410-252-9554**

Berri Purple

Acai bowls, smoothies, and juices • **443-946-9639**

York Rd. (heading north from Timonium Rd.)

McDonald's

Fast-food burgers; open 24 hours • **410-252-2155**

Michael's Café

Spacious American grill and raw bar • **410-252-2022**

Pizza Sauce

Hand-tossed pizza and subs • **410-308-8855**

Panera Bread

Bakery café with free Wi-Fi • **410-453-9840**

Starbucks

Coffeehouse with drive-thru • **443-862-4435**

The Honey Baked Ham Company

Whole meats and sandwiches • **410-561-5261**

Qdoba Mexican Eats

Counter-serve Mexican chain • **410-252-4424**

SweetFrog

Premium frozen yogurt and sorbet • **443-895-4899**

First Watch

Casual chain café for breakfast and lunch • **410-308-3447**

Nalley Fresh

Counter-serve salads, wraps, and bowls • **410-252-9400**

The Coop

American bistro with live music • **410-842-2270**

Hightopps Backstage Grille

Outdoor seating and playground • **410-560-7101**

An Poitin Stil

Irish pub and restaurant • **410-560-7900**

Pho Tan My

Vietnamese noodle soup and cuisine • **410-401-4969**

Taco Bravo

Taco and tequila bar • **443-689-7979**

CuVino Trattoria Pizza Enoteca

Traditional Italian dishes and pizzas • **410-853-7484**

Cake by Jason Hisley

Neighborhood boutique bakery • **410-431-2253**

Uber Bagels & Deli

Authentic bagels and sandwiches • **443-330-5028**

Edo Sushi

Japanese rolls, noodles, and bento boxes • **410-667-9200**

W. Padonia Rd. (heading east from Deereco Rd.)

Mother's North Grille

Neighborhood tavern • **443-991-5256**

Ryleigh's Oyster

Local seafood and new American fare • **410-539-2093**

W. Padonia Rd. (heading west from Deereco Rd.)

Chili's Grill and Bar

Tex-Mex and American eats chain • **410-308-8740**

Deereco Rd./Greenspring Rd. (heading north from Greenspring Rd.)

Liberatore's Ristorante

Family-owned Italian eatery and lounge • **410-561-3300**

Carroll's Carry Out

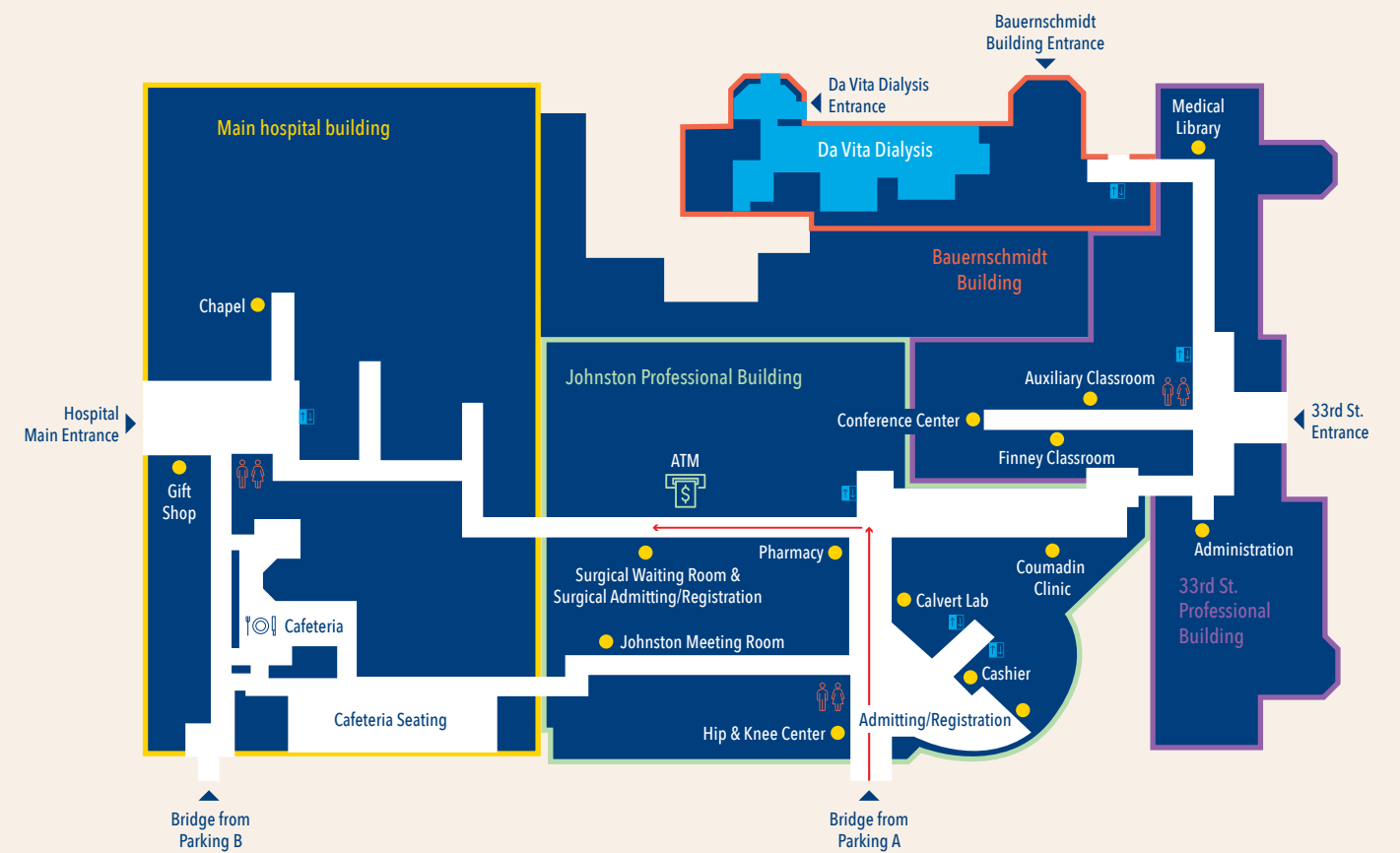
Breakfast and lunch sandwiches • **410-252-6151**

Caregiving tips from our hospitals.



- **Visiting hours are subject to change due to hospital or health department regulations.** All visitors must have a visitor's pass. Under normal circumstances, visiting hours are from 11 a.m. to 7 p.m. daily. Please check with your family member's nursing team for the latest information on how many visitors are allowed, their age restrictions, and if a single overnight guest is permitted. Remember that limiting visit time allows patients to use their energy for recovery.
- The hospital is unable to store personal property, such as suitcases and laptops, and is not responsible for lost or stolen property. Please do not bring valuables to the hospital except for payment for your medication upon discharge.
- Please do not bring medications from home.
- You may bring your family member's favorite foods to the hospital, as long as he or she does not have any dietary restrictions. Please ensure any food you bring to the hospital is placed in labeled and sealed containers.
- Be sure the vehicle used to take the patient home is large enough to get into and out of easily. Bring an extra pillow to help keep the operative leg elevated on the drive home. Small, compact cars are not recommended and can cause unnecessary discomfort.
- Free Wi-Fi is available in the hospital. The network is "MedStarGuest."
- Encourage your family member to follow all instructions and guidelines provided. This is especially important because he or she might be discouraged by pain and fatigue that can often follow surgery. Remember, it is normal to have some pain and discomfort after surgery.
- Call the surgeon's office if you have any questions or concerns.

MedStar Union Memorial Hospital information.



MedStar Union Memorial Hospital First Floor

201 E. University Pkwy.
Baltimore, MD 21218
410-554-2000



Dining and accommodations.



Food and dining

1. **Subway**
3233 St. Paul St. • **410-243-9550**
Sandwiches, salads, wraps, take-out or eat-in
2. **University Market**
3201-G St. Paul St. • **410-366-6630**
24-hour convenience store and sandwich counter
3. **Starbucks**
3201-C St. Paul St. • **410-235-4653**
Coffee, tea, related beverages, and light fare
4. **Potbelly**
3201-B St. Paul St. • **443-451-1106**
Sandwiches and salads
5. **Chipotle**
3201-A St. Paul St. • **410-662-1701**
Burritos, quesadillas, salads, and chips
6. **AjumMa**
3121 St. Paul St. • **410-235-4429**
Casual Korean food
7. **Streets Market**
3117 St. Paul St. • **443-453-9533**
Small grocery store with organic options
8. **TKK Fried Chicken**
3113 St. Paul St. • **443-449-7297**
Taiwanese fried chicken
9. **Orient Express**
3111 St. Paul St. • **410-889-0003**
Eat-in and delivery Chinese food
10. **Charles Village Pub**
3107 St. Paul St. • **410-243-1611**
Full bar and pub food
11. **Sakoon Indian Fusion**
3105-B St. Paul St. • **410-235-1004**
Indian Fusion food
12. **NuVegan**
3105 St. Paul St. • **443-721-6022**
Vegan cafe

13. **Boz's Burger Bistro**
3101 St. Paul St. • **410-889-1718**
Creative burgers and milkshakes
14. **Carma's Cafe**
3120 St. Paul St. • **410-243-5200**
Neighborhood coffee shop for breakfast or lunch
15. **Gertrude's**
10 Art Museum Dr. • **410-889-3399**
Chesapeake-inspired menu at Baltimore Museum of Art
16. **Döner Brös**
3204 St. Paul St. • **844-366-7277**
Kebab shop
17. **THB Bagels and Deli**
3208 St. Paul St. • **410-624-7152**
Gourmet bagel sandwiches, spreads, and salads
18. **Honeygrow**
3212 St. Paul St. • **410-243-0107**
Counter service for locally sourced salads, stir-fries, and fruit-honey desserts
19. **Busboys and Poets**
3224 St. Paul St. • **410-497-7114**
Restaurant, bar, coffee shop and bookstore
20. **Bird in Hand**
11 E. 33rd St. • **410-814-0373**
Coffee shop and bookstore
21. **Insomnia Cookies**
3301 N. Charles St. • **877-632-6654**
Hot cookies available until 3 a.m.
22. **Tamber's**
3327 St. Paul St. • **410-243-0383**
Comfort food as well as Indian cuisine
23. **Ambassador**
3811 Canterbury Rd. • **410-366-1484**
One of Baltimore's favorite Indian restaurants
24. **Cypriana**
105 W. 39th St. • **443-449-5555**
Mediterranean cuisine, dinner only

Accommodations

These local hotels may offer reduced rates for family and friends of our patients. Just ask for the MedStar Union Memorial Hospital rate.

Parking Passes

Discount parking passes may be purchased in the gift shop, but ONLY after the patient has been admitted to the hospital.

Doubletree Inn at the Colonnade

4 W. University Pkwy. • Reservations: 410-235-5400

Plaza Lord Baltimore Hotel

20 W. Baltimore St. • Reservations: 410-539-8400
lordbaltimorehotel.com

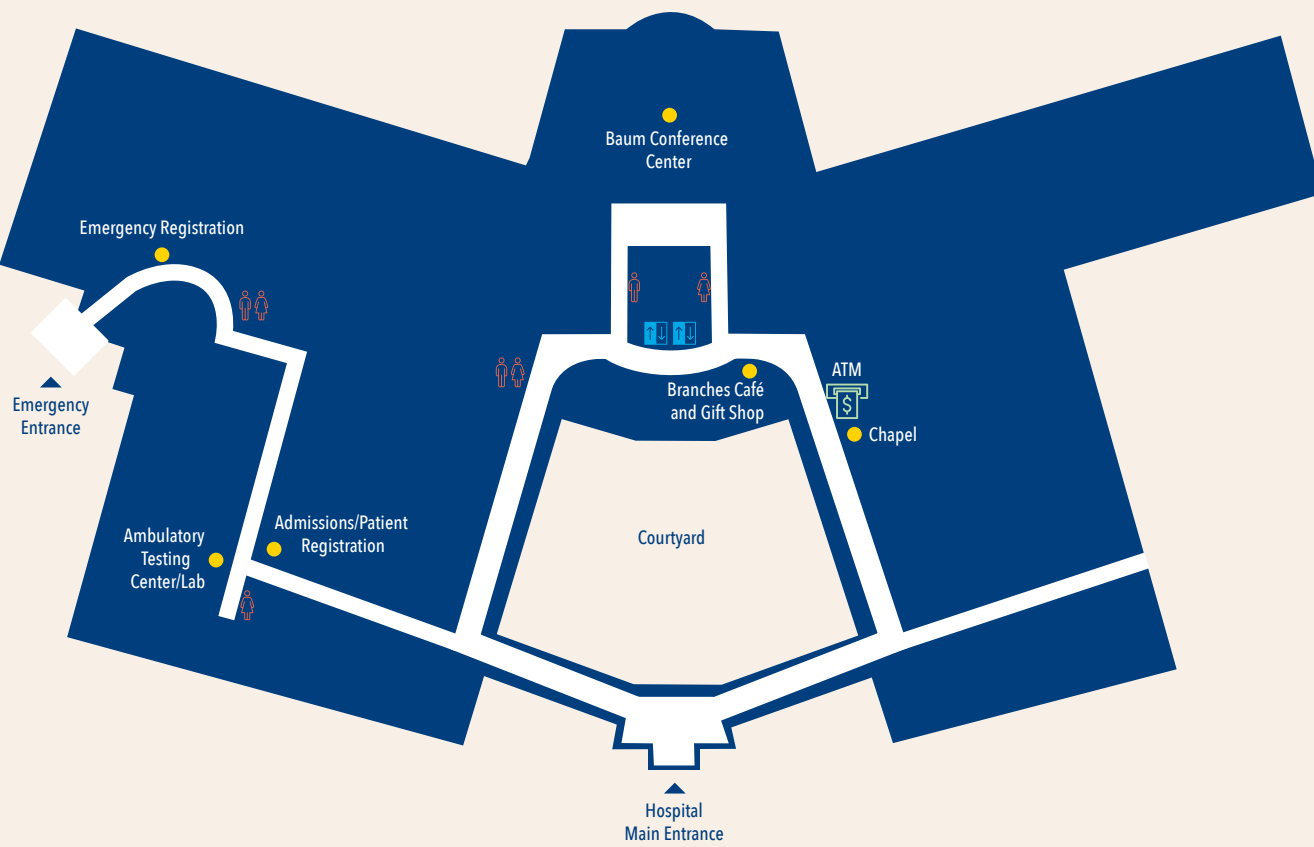
Hotel Brexton

868 Park Ave. • Reservations: 443-478-2100
brextonhotel.com

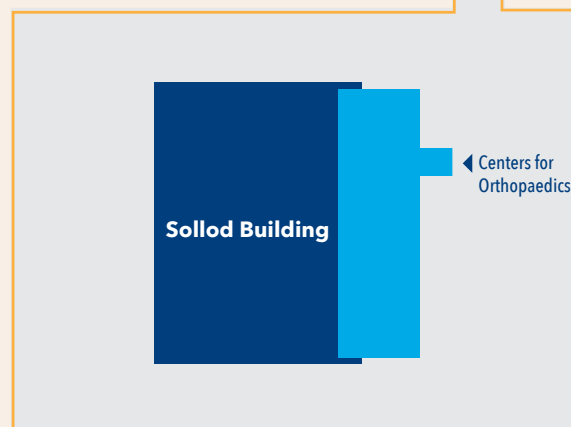


MedStar Harbor Hospital information.

Patient advocacy at our hospitals.



← South Hanover Street



MedStar Harbor Hospital First Floor

3001 S. Hanover St.
Baltimore, MD 21225
410-350-3487



Patient advocacy

Your care and comfort during your hospital stay are very important to us. Should you have any concerns or problems that cannot be resolved by a member of your healthcare team, our Patient Advocacy staff is available to help answer questions, respond to complaints, and assist in a variety of other ways.

If you wish to voice a concern, please call Patient Advocacy at the phone numbers below. MedStar Health encourages you to share any concerns you may have about your care. All attempts will be made to resolve the concern or issue in a timely manner. If your concerns are not resolved to your satisfaction after you leave the hospital, you may submit a complaint to the Maryland Department of Health and Mental Hygiene or The Joint Commission.

Patient Advocacy

MedStar Union Memorial Hospital
201 E. University Parkway
Baltimore, MD 21218
410-554-4565

MedStar Harbor Hospital
3001 S. Hanover St.
Baltimore, MD 21225
410-350-3487

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality
Spring Grove Center
Bland Bryant Building
55 Wade Ave.
Catonsville, MD 21228-4663
410-402-8000

The Joint Commission

Office of Quality Monitoring
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
800-994-6610



Speak up about patient safety

Patient safety is a top priority at MedStar Health, and we encourage you to take an active role in your health care. We urge you to speak up if you have questions or concerns about your diagnosis, hospital care, medications, tests, and treatments. If you don't understand, ask again. You have a right to know.

Consider asking a trusted family member or friend to help you if you are uncomfortable asking for information or voicing concerns. Remember, you are the center of your healthcare team. Participate in all decisions about your treatment.



Thank you for choosing MedStar Orthopaedic Institute for your recent surgery.

We invite you to make a gift in support of MedStar Orthopaedic Institute. With your generous support, we can advance the treatment of joint disorders by enhancing patient care and patient education, providing continuing medical education for physicians and nurses, and conducting clinical research that has the potential to impact the lives of countless people.

To learn how you can support the orthopaedic program, call the Office of Philanthropy at **410-554-2662** or email mumhgift@medstar.net.

Thank you for your support.

