

OAM Surgery Center – Joint Replacement Patient Surgery Packet

Location: OAM Surgery Center at MidTowne
555 Midtowne, Suite 200, Grand Rapids

Welcome

This packet provides important information to help you prepare for your joint replacement surgery. The goal of our outpatient joint replacement program is to help you avoid an unnecessary hospital stay while you recover safely and comfortably at home. We will provide you with education before surgery and follow up with you after surgery to ensure you have what you need. **Read this packet carefully before your surgery** and keep it for reference.

If you do not feel prepared for outpatient surgery and the requirement for same day discharge, please reach out to your surgeon ahead of your surgery date.

Please go to oamsurgerycenter.com to view your recorded total joint class and physical therapy exercises.

Preparing for Surgery

Required Pre-Surgery Steps

- Once you are scheduled, you will receive a text with a secure link from **HST Pathways** for your pre-operative health screening.
- Complete this online health survey **as soon as you receive the texted link** to avoid delays or cancellation.
 - This includes information such as your medical history, allergies, current medications, past surgeries and anesthesia concerns.
- A nurse navigator will contact you one to two weeks before surgery to review your health history, address needs, and answer any questions you may have.
- Choose your Joint Coach. This can be one or more trusted individuals. They must be able to drive you to surgery and stay with you for at least 72 hours after surgery.
- View your pre-surgical exercises that were sent with this packet
 - These are meant to strengthen your operative extremity prior to surgery and further assist you in your recovery
- Surgery Center phone number: **616-552-5100** (this number may appear as spam).

Eating, Drinking, and Anesthesia

- **General anesthesia:** It is critical that you follow the anesthesia guidelines below. The purpose is to decrease your risk of vomiting during and after anesthesia, to prevent aspiration and pneumonia. If you do not follow instructions, it may be necessary to delay or cancel your surgery.
 - Do not eat after midnight.

- You may drink water and black coffee up to **2 hours** before arrival.
- Do not smoke/vape or use tobacco after midnight.
- You may brush your teeth.
- You may take medications as instructed with a small sip of water first thing in the morning.

Medication Instructions

- Stop NSAIDs 7 days before surgery (Ibuprofen, Naproxen, Meloxicam, Voltaren, non-prescribed Aspirin).
 - You may take Tylenol
- Stop vitamins and supplements 7 days before surgery.
- Weight loss/diabetes medications (Ozempic, Wegovy, Mounjaro, Trulicity, etc.):
 - Weekly injections: stop 7 days prior
 - Daily medications: do not take the day of surgery
 - Phentermine: stop 7 days prior
- You will need to ask your prescribing provider for pre surgery instructions if you take:
 - Blood thinners or prescribed aspirin
 - Insulin
 - Immunosuppressant medications
 - Suboxone, Butrans, or similar medications

Pre-Operative Testing

- Complete medical clearance within 30 days of surgery – this will include an EKG, MRSA swab, and lab work.
 - Obtain labs or tests requested by your physician at least 2 weeks prior to surgery
 - Get your MRSA swab completed no later than 1 week prior to surgery
- For your safety, additional testing and/or clearances may be required after an anesthesiologist evaluates your medical history.
- Surgery may be postponed if results are not available.

Infection Prevention Before Surgery

- Stop smoking as soon as surgery is scheduled.
- Let your surgeon know if you have had MRSA within the past year.
- Treat any known infections (dental, skin, urinary, etc.) and notify your surgeon's office.
- Notify your surgeon immediately if you develop any signs or symptoms of illness before surgery, including fever, sore throat, cough, congestion or have any open sores or wound/skin issues.
- Do not shave the surgical area for 7 days before surgery.
- Shower the night before and the morning of surgery using clean towels and clothing.
 - You will be asked to use Hibiclens (Chlorhexidine) prior to your surgery; please follow directions as given.
 - Rinse body with warm water then turn off water.
 - Apply soap to a wet wash cloth and firmly massage all areas of your body including between your fingers and toes and paying special attention to your surgery site.
 - Avoid your face/head and your private area.
 - Turn on water and rinse your body.

- Do not use lotions or moisturizers on the arm or leg you will be having surgery on
- Remove nail polish on the arm or leg you will be having surgery on
- Diabetes and Healing
 - Blood sugar control is important for healing
 - An A1C under 7% is recommended

Post-Operative Pain Medications

- Depending on your surgeon's protocol, you may be able to pick up your prescriptions a couple days prior to your surgery.
 - Do not use any of these medications until after surgery
 - You will receive a 72 hour medication chart the day of surgery to refer to following surgery with suggested times for taking your prescribed medications
 - The prescription labels may list generic names different from those in the chart
- Over the counter medications to purchase
 - Extra-Strength Tylenol
 - Aspirin 81mg
 - Stool softener and/or laxative (Senna S is recommended)

Durable Medical Equipment (DME)

- Obtain required DME by following your surgeon's recommendations and instructions
 - Total Shoulder: sling
 - Total Ankle: knee scooter, walker, or wheelchair
 - Total Knee: walker, cane
 - Total Hip: walker, cane
- If a cold therapy cooler is desired this can be purchased through OAM DME. Medical insurance does not cover this product. The cost of this item is \$200

Physical Therapy

- Add information about what to expect re: PT (in home, OPPT, when to expect a call, etc)

Preparing your home

- Remove throw rugs and other tripping hazards
- Place night lights in bathrooms and dark areas you may walk through at night
- Add non-skid surfaces or strips in tub/shower
- Have non-slip footwear ready to wear at home

Day of Surgery

Arrival

- Arrival time will be provided the afternoon of the business day before surgery. Expect your arrival time to be received as a text message unless otherwise requested.
- Your arrival time will be **1 ½- 3 hours prior to the start of your procedure**
- Park on **Level B** of the parking ramp.
- Be prepared to spend several hours at the Surgery Center

- We appreciate your patience with any delays that may occur. We ensure each patient gets the care that they need and at times that will take longer than anticipated. We will update you as much as we are able.
- For your responsible adult/driver - there is not a café onsite; vending machines and local restaurant delivery are available.
- You will meet with your surgeon and anesthesiologist prior to surgery.
- Your surgeon will meet with your responsible adult after your surgery; because you won't see your surgeon after your procedure, ensure all questions are answered before your surgery.

What to Bring

- Photo ID and insurance card
 - We participate with most major insurance carriers and will file claims on your behalf.
- Payment if required (you will be made aware of this prior to your surgery)
 - All deductibles and copays are expected at the time of service unless other arrangements have been made. We accept VISA, MasterCard, Discover, and American Express
 - Facility charges **do not include fees for your Surgeon, Anesthesia provider, or other ancillary services**. These groups will bill you separately.
- Advance Directives - An Advance Directive (such as a Living Will or Durable Power of Attorney for Health Care) provides written instructions for medical treatment if you become unable to communicate.
 - **Bring a Copy:** If you have one, please bring a copy on the day of your procedure to be placed on file.
 - If you would like more information about creating an Advance Directive, our team will be happy to assist you.
- Glasses/hearing aids (bring a case if you wear contacts)
- Slings or braces ordered by your surgeon.
 - Call your surgeon's office **prior to surgery** if you do not have the equipment you need.
- Crutches, walkers, and scooters must be obtained **before** surgery, but should be left in your car unless used on a regular basis.
 - Please be aware we do not carry crutches or walkers on site.

What to Wear

- Loose, comfortable clothing
 - Jeans or tight leggings are difficult to put on after surgery.
 - If you are having shoulder or elbow surgery, a button down or oversized shirt is recommended.
- Remove jewelry and leave valuables at home.
 - Upper extremity surgery: rings and permanent jewelry must be removed.
 - Remove ahead of your day of surgery; if unable to, contact a jeweler for assistance
- If you wear an external glucose monitor, please ensure it is NOT on your operative extremity.

What to Expect

- Registration will review your billing and registration information.
- A nurse will bring you back to prepare you for surgery. You will change into a gown, review your health history and medications, confirm your procedure, and meet with your surgeon as well as your anesthesia provider. An IV will be started.
- An operating room nurse will remain with you throughout your surgery.
- Joint Replacement surgeries often take between 1-3 hours.
- Most patients wake up unaware that their surgery is all done. You will be cared for and monitored by a nurse in the recovery room as you wake.
- A nurse will go over your discharge instructions in depth and give you a folder to go home with.
- Prior to discharge we will confirm: all home medication prescriptions are filled, your pain is tolerable, and your vital signs are within normal limits.
- If you are having a hip or knee replacement a nurse will ensure that you are able to walk safely and go up and down stairs.

Accompanying Adult/Joint Coach A responsible adult (18+) must be present at time of discharge and drive you home.

- We request no more than two adult guests (18 or older) be present.
- Someone over the age of 18 must stay with you for **72 hours after surgery**
- Let us know before your surgery date if your responsible adult requires special accommodation or if they are unable to physically care for you after surgery.
- Your responsible adult may be asked to assist you in your vehicle.
 - Consider using a vehicle that will be easy for you to get into after your surgery.

After Surgery & Recovery

It's common not to remember much of your stay after surgery. Patients sometimes feel their recovery was rushed, but this is often due to limited memory of your time spent in the recovery room.

Once you are medically ready for discharge, our team will encourage you to head home where you will be most comfortable. Discharge instructions will be reviewed and given to you to take home.

Pain Management

- Some pain and swelling are normal. We will do our best to control your pain but will not be able to fully take it away.
 - We want to keep you as comfortable as possible with the least amount of side effects from medications.
 - The goal of pain management is for you to be able to activities of daily living like eat, sleep, breathe deeply, and walk.
- Follow activity recommendations; doing too much too soon will increase your pain level.
- Take medications as directed.
 - Follow your 72-hour medication chart. Do not take your medication more often than prescribed.
 - After 72 hours, work on spacing out doses and then weaning off opioid pain medication as pain starts to decrease
 - Norco and Percocet both contain Tylenol; include these in your daily total
 - Do not exceed 3,000 mg of Tylenol per day.
- Follow your surgeon's instructions regarding NSAIDs (meloxicam, celebrex, ibuprofen, naproxen, etc.)
- Ensure to ice and elevate as instructed

Constipation

- Narcotics can cause constipation Senna S is recommended.
- Drink plenty of water.
- Eat foods high in fiber.
- Walk and move around as directed by your surgeon.

Nausea

- Narcotic pain medication can cause nausea.
- Manage nausea by eating more frequent small meals and bland food.

Weight Bearing Instructions

- Please follow your surgeon's instructions for any weight-bearing or lifting restrictions. Not following these instructions can result in delayed or poor healing. If you are unsure if you will be able to bear weight after surgery, please check with your surgeon ahead of time.
- If you have stairs at home (especially to get into your house), make sure you can do so safely with your expected weight-bearing status after surgery. Make a plan for getting into your house after surgery.

Preventing Infection

- Wash hands often, and ask your family and guests to do so as well.
- Keep your dressing clean and dry.
 - Follow your surgeon's instructions for when you are able to shower.
 - Call surgeon's office if you have concerns regarding your dressing.
- Keep pets away from incisions.
- Wait at least 90 days to see your dentist; follow your surgeon's recommendations

- You may require a prophylactic antibiotic for future dental visits

Blood Clot Prevention

- Walk and move around as directed by your surgeon.
 - Perform ankle and leg exercises if allowed.
 - Take aspirin or other blood thinners as prescribed.
 - If also taking an NSAID for pain, monitor for signs of GI bleed: black or tarry stool, vomiting bright red blood, abdominal cramping, dizziness or fainting, and shortness of breath. Call your surgeon immediately if any of these occur.
 - Use compression stockings (TEDs) if instructed
 - Call your surgeon if you have leg pain, swelling, redness, or warmth.
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Day by Day Recommendations Following Your Joint Replacement

Home: Day of Surgery

- Keep your ACE wrap and/or Optifoam dressing clean and dry
 - The optifoam dressing is waterproof and can get wet
- Put an ice pack on your surgery site for about 40 minutes out of every hour you are awake.
 - Ice 20 minutes on, 20 minutes off
- Take your medications as instructed on the 72-hour medication chart
 - After the 72-hour medication chart is complete, take narcotics as needed
 - If you were prescribed medications not on your chart, follow instructions on the bottle
- Eating and drinking after surgery:
 - It is normal not to feel as hungry as usual after surgery. It is helpful to start with bland foods.
 - Eating high fiber foods, like fruits and vegetables, and drinking water will help prevent constipation.
- If you had a total/partial knee replacement, your leg muscles will be weak from the nerve block for about 24 hours. Remember to always use your walker to avoid an accidental fall.
- If you had a knee or ankle replacement, elevate your operative leg with your foot higher than your heart (keeping your knee straight) at least three times a day for at least an hour at a time.
- Get plenty of rest; plan to be on your feet no more than 5-10 minutes every hour while you are awake.
- Perform ankle pumps (like you are pushing on a gas pedal) every hour and wear your anti-embolism stockings (TEDs) if given to you as much as you can for the first two weeks.

Day One: The Day after Surgery

- Follow the same instructions as you did on the day of surgery
- Bowel management
 - Take an over-the-counter stool softener two times a day when you are regularly taking your narcotic pain medication. Narcotics are known to cause constipation.
 - If your stools become too loose, hold stool softener
 - Senna S (peri-colace) is recommended.
- Begin your physical therapy exercises as instructed by your physical therapist or surgeon

Day Two

- Follow the same recommendations as above.
- Today will be the last day of your 72-hour medication chart. Tomorrow you will take your medication as directed on the bottle – these directions can also be found on the back of your medication chart.
- You may take a shower today. Your bandage is waterproof and will remain dry.
 - If bandage does become saturated, remove it and replace it with sterile and dry gauze using paper tape to hold it in place

Day 3-7

- Continue with same recommendations as above.
- Begin taking pain medications as needed, stretching time in-between doses as able.
- Continue physical therapy exercises three times a day as tolerated
- Continue with activity restrictions
 - If you are struggling with pain control, reduce the amount of walking and/or standing you are doing
- Continue elevating your operative leg if directed
- Continue putting ice over your incision, rotating 20 minutes on and 20 minutes off
- Follow your surgeon's instructions for when you can remove your bandage. If removed:
 - Do not scrub incision
 - Do not pick at scabs on incision
 - Do not apply soap, lotions, creams, or ointments to the incision

Day 8-13

- Continue with same recommendations as above.
- You will be seen in the office for your post-op follow-up visit approximately two weeks after surgery for the following:
 - Obtain X-Rays
 - Remove bandage and check incision
 - Test your range of motion
 - Discuss functional expectations and continued restrictions

Two weeks +

- Although you may feel that you are doing well at this point, it is extremely important to be seen in the office for your recommended follow-up appointments. These will occur for four to six weeks, three months, and one year after surgery
- Continue the following for six weeks post-op:
 - Aspirin 81mg twice daily
 - Ice and elevate your surgical extremity
 - Home stretches and exercises as directed by your physical therapist

Potential Joint Replacement Complications

Like other major surgeries, there are risks with joint replacement surgery. While not all complications are preventable, you can reduce your risk by carefully following your care team's instructions.

Pneumonia

- Cough and deep breath hourly for the first few days after surgery

- Take several slow, deep breaths hourly to help expand your lungs and cough to clear any potential congestion

Numbness/Tingling

- Common after nerve blocks and joint replacement surgeries, usually resolves with time

Stroke and Heart Attack

- Potential risk with all major surgeries and anesthesia – this is why it is essential your medical conditions are well managed before surgery.

Urinary Retention

- Some patients are unable to urinate after surgery, even with a full bladder.
- If this occurs a nurse may scan your bladder and if necessary, may insert a catheter to ensure it is safe for you to go home.
- If you were unable to urinate after surgery at the surgery center and still unable to urinate 6 hours after discharge you should proceed to the ER.
- Patients at higher risk: men over 50, men with an enlarged prostate, previous pelvic surgeries, knee or hip surgeries, surgeries greater than 2 hours long, diabetes, renal failure, or depression
- Symptoms: lower abdominal discomfort or distention, sensation of a full bladder, bladder spasm, or urine leakage.

****Please discuss all questions and concerns with your surgeon or your anesthesiologist****

General Guidelines for Post-Op Medication Use

Refill Requests

- Request for pain medications refills must be made during normal office hours (M-F 8am-5pm). Please note doctors have 48 hours to process refill.
 - Pain medications will not be ordered or refilled by any on-call doctor during closed office hours

Opioid Precautions

- Do not drive while taking pain medications
 - Do not drink alcohol or use recreational drugs while taking pain medications
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Total Knee and Total Hip Tricks, Tips, and Precautions

Precautions

- If you had a nerve block for your knee replacement, your leg muscles will be weak for about 24 hours after.
 - Your surgeon may have you use a knee immobilizer 24 hours after your nerve block. This keeps your knee straight, providing stability when standing or walking and preventing your knee from buckling.
- Follow your surgeon's recommendations for how long you should use your cane and/or walker

- Do not try to lift or carry things while walking with your walker
- Do not go to the bathroom at night without using your walker
- Avoid twisting on your operative leg
- It is normal to feel tired in the first 2-6 weeks after surgery. Slow down, rest, and do not try to push through.

Elevation

- Total knees only - elevate your operative leg with your foot higher than your heart while keeping your knee straight at least three times a day for an hour at a time

Activity

- Plan to be on your feet no more than 5-10 minutes every hour while you are awake. You will gradually increase this time throughout your recovery.
- Total hips only – do NOT sleep on operative side. If you want to sleep on non-operative side ensure there is a pillow between your legs.

Using the Bathroom

- To sit down, walk backwards until the backs of your knees touch the toilet. Let go of your walker/cane and reach back to the toilet seat or a well-fixed adjacent grab bar. Hold your surgical leg out so that you do not put any pressure on it and lower yourself down onto the toilet. DO NOT use your walker to lower yourself down, as it is unstable in that position.
- To get up, push up from the seat, reaching forward with one hand at a time to your walker. Do not try to use your walker to pull yourself up off the toilet.
- Consider using the Handicapped bathroom in public for the first month after surgery. These stalls will have an assist bar to help you off the toilet.

Stair Climbing

- “Up with the good [leg], down with the bad [leg].”
- This means that when using stairs, going up or down a curb, etc., you should go up with your non-surgical leg first, and then bring your operative leg up to the same step. When going down, you should move your operative leg first and then bring your non-surgical leg down to the same step.

Showering

- If your cane fits into the shower stall, step in with the operative leg first. If you are unable to use the cane, step into the shower stall backwards with your strong leg first.
- Make sure the tub surfaces are non-skid to decrease your risk of slipping and consider installing grab bars prior to surgery.
- The dressing that is covering your incision is waterproof and can get wet

Total Ankle Tricks, Tips, and Precautions

Elevation

- While resting, your lower leg should be elevated above your heart as much as possible for the first 14 days following surgery

- Limit the amount of time your foot is down to 10 minutes or less hourly for the first week, you may gradually increase time as swelling decreases

Walking Guidelines

- 0-2 Weeks Post-op:
 - Non-weight bearing in splint – safely ambulate with knee scooter or crutches
 - Perform ADLs in a modified independent manner or with minimal assistance
 - Wiggle your toes at least every hour as able to maintain circulation
- 2-4 Weeks Post-op:
 - Splint and sutures will be removed at 2-week follow-up appointment
 - Non-weight bearing in boot
- 6 Weeks Post-op:
 - 6-week follow-up appointment, likely to be cleared to weight-bear as tolerated in boot

Splint Care

- Avoid getting any water on or in case. Moisture softens cast and damp padding can cause irritation
 - If edges of cast are causing irritation to skin, pad it with soft material such as cotton or foam
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Total Shoulder and Elbow Tricks, Tips, and Precautions

Sling Wearing

- Ensure you are wearing your sling correctly
 - Most of your pinky finger should be inside the sling; it should not stick out past the first joint
 - Do not use the thumb strap (if you have one) until your nerve block has worn off completely
- You can remove your sling when you are: showering, changing clothes, doing range of motion exercises, or resting on the couch with arm elevated
 - When getting dressed, put your affected arm into your shirt first

Sleeping

- You are not sleep on operative side
- It may be most comfortable for you to sleep propped up at first, like in a recliner

An OAM provider is available 24 hours per day 7 days per week: (616) 459-7101



Normal symptoms after surgery:

- Pain controlled with medication
- Increased swelling with activity
- Stiffness without activity

You should:


- Continue current dosage and wean from narcotics
- Elevate, rest, and ice your surgical extremity
- Continue moving around as your surgeon allows



Call your surgeon's office **FIRST** if you experience the following:

- Persistent nausea or vomiting
- Pain related to your surgery not controlled with medications
- Concerns with your incision (drainage, redness, heat around the incision)
- Temperature greater than 100.5 degrees
- Uncontrolled swelling
- Calf pain
- A fall or injury to your surgical extremity
- New or unexplained bruising
- A dressing saturated with blood (apply pressure, ice, elevate, and call)
- Surgical extremity becomes white, blue, or cold
- Unable to urinate after surgery

* Clinical staff may direct you to go OAM NOW, OAM's Orthopedic Urgent Care for evaluation*



Call your primary care provider (PCP) or go to Urgent Care if you experience the following:

- Colds, cough, flu, sore throat
- Symptoms of a urinary tract infection: frequency, pain/burning with urination
- Constipation
- Rash or skin condition
- Headache
- Vertigo (without head injury or signs of stroke)



Go to the Emergency Room if you experience the following:

- Chest pain
- life or limb-threatening emergencies.
- Shortness of breath
- Signs of a heart attack or stroke
- Extreme confusion
- Loss of consciousness
- Mental health emergency
- Severe pain after surgery **IF** you are unable to get a hold of your surgeon's office
- Loss of bowel or bladder control after spine surgery



PCP visit

- **Average cost: less than \$160**
- **Average wait time: appointments as scheduled**
- See your primary care provider with concerns that can wait for an appointment



Urgent care visit

- **Use OAM Now for urgent orthopedic concerns that can't wait for an office visit**
 - (855) 626-6691
 - Oamnow.com – online appointment scheduling available
 - Walk-ins welcome Monday-Friday 8AM-8PM and Saturday 9AM-5PM
 - 2680 Leonard St. NE, Grand Rapids, MI 49525
 - **Average wait time: less than 60-90 minutes**
 - **Cost: specialty office visit**
- Use primary care urgent care for urgent concerns that can't wait for a visit with your primary care provider (PCP)
 - **Average cost: \$165**
 - **Average wait time: less than 60-90 minutes**



ER visit

- **Average cost: at least \$1,500**
- **Average wait time: 163 minutes, or almost 3 hours**
- Use for life or limb-threatening emergencies

Patient Rights and Responsibilities

Every patient has the right to:

- Be treated with respect, consideration, and dignity, regardless of race, color, nationality, creed, sex, religion, disability or source of payment for care.
- Every consideration of his/her privacy concerning his/her medical care and treatment. Those not directly involved in his/her care must have the permission of the patient to be present.
- Expect that all communication and records pertaining to his/ her care will be treated as confidential. Patients are given the opportunity to approve or refuse their release, except when release is required by law.
- Obtain from his/her physician, complete information concerning his/her diagnosis, evaluation, treatment and prognosis, in terms that you can understand. When it is medically inadvisable to give such information to the patient, the information will be provided to a person designated by the patient or to a legally authorized person.
- Participate in decisions concerning their health care and treatment, except when participation is a medical contraindication due to medical reasons.
- Refuse to participate in experimental research.
- Change their provider if another qualified provider is available.
- Be free from all forms of abuse or harassment.
- Be fully informed about a treatment or procedure and the expected outcome, before it is performed.
- Voice complaints and grievances without discrimination or reprisal and to have those complaints and grievances addressed.
- Refuse care and treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.
- Expect that within its capacity this accredited ambulatory surgery facility must provide

evaluation, service and/ or referral as indicated by the urgency of the case.

- Examine and receive an explanation of his/her bill regardless of the source of payment.
- Formulate an Advance Directive and expect the surgery center to honor the intent of your directives to the extent permitted by law and facility policy.
- Obtain a copy of his/her complete medical record by completing a medical records request form at the Center or calling 616-552-5000 to obtain one.

Every patient is responsible for:

- Providing accurate/complete information related to their health condition, medications, including over the counter products and dietary supplements, allergies, sensitivities, and past illnesses and hospitalizations.
- Making their healthcare provider aware if they do not understand the proposed treatment or expectations of them.
- Following the treatment plan prescribed by his/her provider.
- Informing the provider about any living will, medical power of attorney, or other directive that could affect his/ her care.
- Keeping appointments or, when unable to do so, for notifying the surgery center and physician.
- Promptly fulfilling his/her financial obligations to the surgery center.
- Being respectful and considerate of other patients and the personnel of this surgery center, and following the facilities' rules and regulations.
- Providing feedback, suggestions and comments and/or complaints to help the surgery center improve our services.
- Having a responsible adult accompany them to OAM Surgery Center at MidTowne and assume responsibility for them for 24 hours following the surgery.

Joint Replacement Nurse Navigator – (616) 459-7101 x5121

- Direct assistance for questions regarding your surgery at OAM MidTowne Surgery Center and support in your first week after your first week after

Registered Nurse / Medical Assistant – (616) 459-7101

- Any non-urgent medical questions regarding your surgery
- Surgery scheduling
- Medication requests and refills
- Lab results
- Off-work slips
- Handicap parking permit
- Physical therapy questions or prescription

Scheduling Secretary - (616) 459-7101

- Office appointments
 - Schedule, reschedule, cancel, or confirm appointments
- (616) 459-4296

Document Services - (616) 459-7101 x1880

- Disability forms and FMLA form completion
- Copies of medical records

Precertification or Authorization

- Cost estimates *prior* to surgery
 - OAM: (616) 459-4296
 - Surgery Center: (616) 552-5029
 - Anesthesia: (616) 364-4200
- Precertification or authorization confirmation for your surgery

Billing Department – OAM (616) 459-4296 or Surgery Center (616) 552-5000

- Payment options
- Insurance problems or concerns
- Billing questions after surgery
- Copies of your bill

Grievances

We sincerely hope we meet your expectations. If you have concerns, please call (616) 552-5000 to speak to the Administrator. If your concerns regarding safety or quality of care are not addressed, you may contact:

- Department of Human Services: PO Box 30037, Lansing, MI 48909 | Phone: 517-373-2035 www.michigan.gov/dhs
- Patients who are Medicare beneficiaries may receive additional help from the Medicare Beneficiary Ombudsman: 800-MEDICARE (800-633-4227) www.medicare.gov

Physician Ownership Disclosure

The following Physicians hold Ownership Interest in the OAM Surgery Center at MidTowne:

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