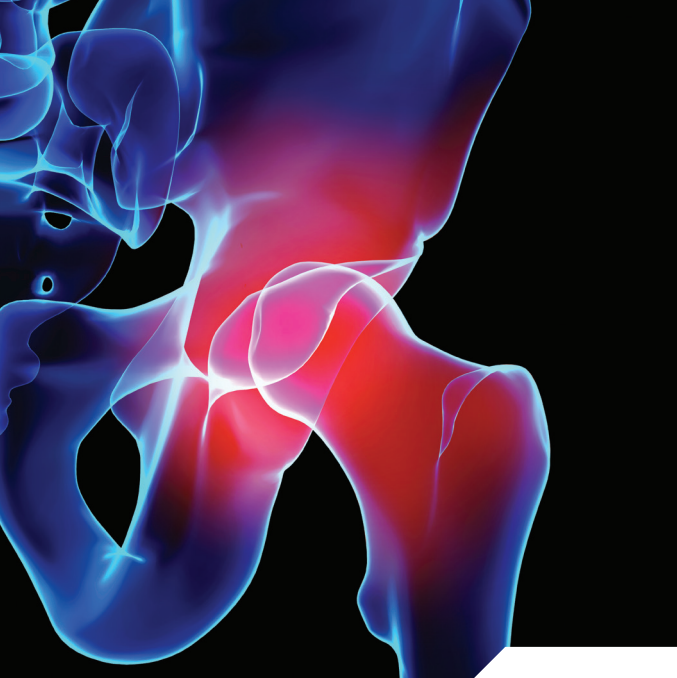




Complex hip revision surgery





What you will find in this patient guide

- 5** Your surgery
- 6** Before you check in to the hospital
- 7** Chlorhexidine gluconate (Hibiclens®) soap
- 8** Surgery day
- 9** After surgery
- 10** Care after surgery
- 13** Options for care after you leave the hospital
- 14** Getting ready to go home
- 15** Exercise
- 19** Everyday living
- 28** Equipment options for home



Welcome to the Joint Wellness Program at Baylor Scott & White Health. Our goal is to make your stay as comfortable and as stress-free as possible. This book explains surgery, the healthcare team, equipment, and care before and after surgery.

While you are here, we will work with you to plan your care. The plan may change based on what you need. By the time you leave the hospital, you will know how to better help yourself while you recover from your surgery at home. Our goal is to help you get back to your usual lifestyle.

Our joint wellness program includes:

- An area for patients having joint replacement surgery
- A team trained to work with you after your joint replacement
- Getting you back into casual clothes soon after surgery
- Keeping you informed about events and procedures
- An exercise program
- Patient and family education
- Coordinated care after discharge
- Written instructions to take home

We appreciate the chance to partner with you on your road to recovery.

The material in this booklet is not intended for diagnosing or prescribing. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines.

Your surgery

Complex hip replacement

A complex hip replacement is planned when there has been a complication from a previous hip replacement or from an injury. Sometimes bone or muscle must be removed. A special artificial (man-made) hip joint, called a prosthesis, may be needed. Complex hip replacement is also called a revision. It may be done in 1 surgery or in 2 surgeries.

1-stage revision (1 surgery)

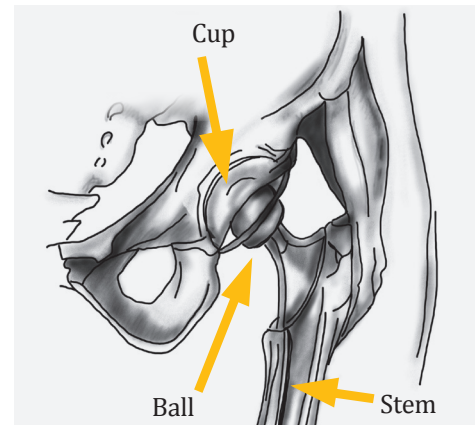
In a 1-stage revision, the old prosthesis is taken out and a new prosthesis is put in during the same surgery. A 1-stage revision is done to correct problems like dislocations, loosening of the prosthesis, failure of the prosthesis, or bone loss. Surgery usually takes longer than a regular hip replacement.

2-stage revision (2 surgeries)

In a 2-stage revision, 2 separate surgeries are needed to treat infection in the hip. The old prosthesis is taken out and a temporary antibiotic spacer is put in during the first surgery. Infected bone and muscle may also be removed. Special antibiotic fluid is used to clean the area. After surgery, the antibiotic spacer and intravenous (IV) antibiotics work together to kill remaining infection. A doctor who specializes in infections, called an infectious disease doctor, will recommend which IV antibiotics you need. IV antibiotic treatment can take many weeks to kill infection completely. Your healthcare team will talk with you about how long you will need IV antibiotics.

After you finish the IV antibiotic treatment, a biopsy, or sample, will be taken to make sure all the infection is gone. If there is still infection, you will need to continue IV antibiotic treatment. Once the infection is gone, you will be scheduled for a second surgery. In the second surgery, the antibiotic spacer will be taken out and a new prosthesis will be put in.

Hip replacement



Hip spacer



Before you check in to the hospital

Plan for surgery before you come to the hospital. Use this checklist to keep track of things you need to do ahead of time.

- Who is your support person? This should be someone to help you as you get well.

Name: _____

Phone number: _____

- Find a family member or friend to help with housekeeping, shopping, and/or driving.

- Who is going to give you a ride home?

Name: _____

Phone number: _____

- Go to prehab if your doctor recommends it for you. Prehab is physical therapy before surgery. Prehab helps you learn what therapy will be like after surgery. You will also learn to use a walker or crutches and work on exercises for strength and movement of your joint. Prehab therapists help you plan how you will get around in your home and plan what equipment you might need in your home after surgery.

- Go to joint class.

Time: _____

Date: _____

- Buy recommended bathroom equipment ahead of time (see page 28).

- Plan easy meals to eat after you get home from the hospital.

- Organize your kitchen so supplies are at shoulder or waist level. You may not be able to bend, reach, or lift very much after surgery.

- If your bedroom is upstairs, you may want to prepare a room downstairs where you can sleep when you first get home.

- Have a firm and stable chair with armrests.

- Clear your house of obstacles and remove throw rugs so you will not trip.

- Bring casual clothes and non-skid lightweight shoes with you to the hospital.

- Shower with chlorhexidine gluconate (Hibiclens®) soap for 3 to 5 days before surgery.

Notes:

Showering with chlorhexidine gluconate (Hibiclens®) liquid soap

Start showering with chlorhexidine gluconate soap 3 to 5 days before surgery to help prevent infection. This special soap will help kill germs that might cause infection. You can buy chlorhexidine gluconate liquid soap in the first aid section of most large pharmacies.

Take a shower using chlorhexidine gluconate liquid soap before bedtime

- Do NOT use this soap if you are allergic to chlorhexidine gluconate
- Use a clean washcloth
- Wash your body with half a cup of the soap. Let it sit on your skin for 3 to 5 minutes before rinsing off.
- Do NOT wash your face or genital area with chlorhexidine gluconate – wash these areas with regular soap before using the chlorhexidine gluconate

- Do NOT shave any part of your body including face and underarms
- Dry off with a clean towel
- Do NOT put on lotion, make-up, perfume, or cologne after showering
- Put on clean clothes
- Go to bed on clean sheets right after showering
- Do NOT allow pets on your bed

Follow these instructions for showering with chlorhexidine gluconate soap every day for 3 to 5 days before surgery. On the day of surgery, shower with chlorhexidine gluconate soap in the morning. Do not put on lotion, make-up, perfume, cologne, or oil after showering. Do not wear nail polish.

Surgery day

Getting ready

- We will give you a hospital gown to put on for surgery. You must take off all other clothes. We will respect and protect your privacy and modesty at all times.
- Take off all personal items including hair accessories, jewelry, glasses, contact lenses, hearing aids and prostheses.
- Take out any artificial dental work unless your doctor tells you not to. Give your valuables to a family member or friend.
- About an hour before surgery, your nurse might give you medication to help you relax. We will ask you to urinate (go pee) right before you get this medication. The medication may make you drowsy or light-headed. It might also make your mouth feel dry and your eyesight blurry.
- We will put up the side rails on your bed for your safety. **Do not get out of bed without asking the nurse for help.** We do not want you to fall.

Pre-op

Just before surgery, you will go to the pre-op (pre-operative) holding area. It is a busy place.



What you can expect while you are in pre-op holding:

- Your nurse will ask you to say your full name to make sure it matches your identification bracelet.
- Your nurse will ask you some questions and tell you what is happening. Feel free to ask any questions you have, too.
- Your surgeon and anesthesiologist will talk with you and answer any questions you have.
- You will be asked to sign consent forms.
- An intravenous (IV) line will be put in a vein, usually in your arm or hand. The IV will be used to give you anesthesia, fluids, and medications.

After surgery

After surgery you will go to the recovery room. The recovery room is also called the Post Anesthesia Care Unit (PACU). There, a nurse will monitor you closely. Other patients will be around you, and you may hear sounds from monitors and other machines. You may be sleepy and confused at first. Your incision will probably feel uncomfortable and your throat may feel sore. Your nurse may give you medicine to make you more comfortable.

You will go to your regular room when you are ready to leave the PACU. Once you get to your room, your nurse will come see you. The nursing team will check your vital signs and look at your bandage often during the day and night. They will make sure you are comfortable and have what you need.

Tubes and drains

Right after surgery, there may be some tubes attached to you. You may have a catheter in your bladder to drain your urine (pee). The catheter will be taken out as soon as possible. You will probably still have your IV. At first, an IV is the best way to give you fluids and medication. Your nurse will check your IV often. Tell your nurse right away if the skin around your IV is red, swollen, or sore. You might have a drain coming out of your surgery area for 1 to 2 days. Your healthcare team will talk with you about when the drain will be taken out.

A wound vac is a device that helps with healing. It may be put on during surgery and will stay on while you are in the hospital. You might leave the hospital with it. Your healthcare team will talk with you about the plan for the wound vac.



Care after surgery

Pain management

Your healthcare team will work with you to make a pain management plan. A pain management plan uses a combination of medications and other ways to manage pain. Medication may not completely stop the pain, but it will lessen the pain. There are other ways to manage pain such as changing positions, moving around, and using ice packs. Tell your healthcare team when you are in pain. We will decide with you how to manage your pain. As your body heals and as you are moving around more, you will feel more comfortable.

Constipation

Some people have constipation after surgery. Drink more liquids, like water, and eat more fiber to help with constipation. Good sources of fiber include whole grains, fruits, and vegetables. Take stool softeners as told by your healthcare team.

Coughing and deep breathing

After surgery if you are in pain or not moving around, you may take smaller breaths than normal. This can cause fluid and mucus to collect in your lungs and could cause pneumonia. To lower this chance and to keep your lungs working their best, we will coach you to cough, take deep breaths, and use an incentive spirometer. An incentive spirometer is a small, plastic device that shows you how deep your breaths are. Use it 10 times every hour you are awake to make sure you are breathing deeply enough. Getting out of bed and sitting up in a chair as soon as possible will also help you breathe more deeply.



Nutrition

You can begin drinking and eating soon after surgery. Drink plenty of water and eat healthy foods to help your body heal. Protein helps with healing. Good sources of protein are meats, dairy products, eggs, beans, and soy protein. Include protein with all your meals and snacks. Talk to your healthcare team about taking a multivitamin to help with healing. A registered dietitian can meet with you while you are in the hospital if you have concerns about your nutrition.

Blood clots

A blood clot, also called a deep vein thrombosis (DVT), can happen after any surgery. The thigh and calf are the most common places a blood clot happens. Ways to lower your chance of a blood clot are:

- Getting up with help as soon as possible
- Wearing foot pumps or calf pumps to help keep blood moving when you are in bed or reclined
- Taking blood thinner medicine if prescribed

Tell your healthcare team right away if you have swelling or pain in your thigh or calf.

Activity

Walking and exercising are keys to healing after surgery. The sooner you get up and move around with help, the faster you will feel better. It is very important to do your exercises in the hospital and to keep doing them after you leave the hospital. Your therapists will help you with exercising, walking, learning to do things on your own, and deciding which equipment you may need.

Hand hygiene

To lower the chance of an infection while you are in the hospital, everyone who comes in your room should clean their hands with soap and water or hand sanitizer. It is also important for you to clean your own hands often. Before changing the dressing on your incision, you and anyone helping should wash hands well. Good hand washing should continue when you go home since hand contact is the number 1 way germs are spread.

Plan of care for an infection

If you have an infection in your hip, an infectious disease doctor will decide which antibiotics are needed to kill the infection. Samples of the infection, called cultures, will be taken during surgery and sent to a laboratory. It usually takes 2 days to get back the lab results that show the infection type. The infectious disease doctor will talk with you about the infection and antibiotic treatment. Many times, antibiotics must be given through an IV. You may leave the hospital with a special IV called a peripherally inserted central catheter (PICC) line. A PICC line is used when IV medicine is needed over many weeks.



Care after surgery

Physical therapy goals

Your physical therapists will work with you so you can:

- Get in and out of bed on your own.
- Stand up from and sit down on a bed or chair using a walker on your own.
- Walk safely with a walker on your own.
- Walk up and down a curb or steps using a walker with some help from another person.
- Do your home exercises with only a little help from another person.
- Show you understand hip precautions, if needed.

Occupational therapy goals

Your occupational therapists will work with you so you can:

- Get dressed using tools with a little help from another person.
- Safely sit down on and stand up from the toilet using a walker on your own.
- Get into and out of the tub or shower with a little help from another person.
- Show you understand hip precautions, if needed.

Checklist to stay on track in the hospital:

Use this checklist of questions to guide your own care in the hospital.

- Do you have an incentive spirometer in your room? Are you using it?
- Are you working with your healthcare team to manage your pain?
- Are you doing ankle pumps and quad sets every 4 hours?
- Are you doing all of your exercises as told by your therapist?
- Do you have foot pumps or SCDs (calf pumps) on?
- Do you have all the equipment you will need at home?
- Do you have therapy set up for when you go home?
- Are you using an ice machine or ice pack on your operated hip?
- Have you decided on a facility to go to after you leave the hospital if you are not able to go home?



Options for care after you leave the hospital

The goal is for you to get back home as soon as possible. Make sure you have asked someone to help you at home with things like cooking, cleaning, and going places. You will need to continue therapy to help you get stronger and move well. You and your healthcare team will decide which type of therapy will be best for you. Your insurance company (Medicare or any insurance provider) must approve therapy.

Outpatient therapy

Many patients go home from the hospital and go to outpatient physical therapy. You will go to a clinic and work with a physical therapist in a therapy gym. You may use exercise equipment and will learn how to walk without a walker or crutches over time.

Home healthcare

People who cannot get out of the house to go to an outpatient clinic may need home health services. With home healthcare, a nurse or a physical therapist will come to your home. You will work on doing things to take care of yourself in your home.

Extended care facility

Some patients need therapy and care in an extended care facility before going home. Examples of extended care facilities are a skilled nursing facility (SNF) and an inpatient acute rehabilitation facility. The insurance company (Medicare or any insurance provider) must approve a stay at an extended care facility before a patient can go there. There must be medical reasons for the insurance company to give approval. Insurance companies do not consider having problems at home like no one to help, pets needing care, or a home that is difficult to get around as reasons to go to an extended care facility. You will need to take care of these problems before your surgery.

While you are in the hospital, your healthcare team can help you with questions or concerns you have about your care after you leave the hospital.

Getting ready to go home

Use this checklist to keep track of things you need to know or do before you go home from the hospital.

- Make your follow-up appointment with your orthopedic surgeon.

Time: _____

Date: _____

- Make your follow-up appointment with your primary care provider for 7 to 10 days after your surgery.

Time: _____

Date: _____

- Follow up appointment for infectious disease consultant (if being treated for an infection.)

Time: _____

Date: _____

- Set up your first therapy appointment.

Time: _____

Date: _____

Other preparations:

- Learn how to care for your incision.
- Learn how to prevent blood clots.
- Learn about any new medications.
- Do exercises 3 times every day. Do slow, steady repetitions of each exercise. Take slow, deep breaths when exercising. Do not hold your breath.
- Know what diet you need to follow at home.
- Put ice packs on your surgical hip for up to 20 minutes after exercise.
- Understand how important activity, rest, and exercise are for you to get better.
- Know when you can shower.
- Know when you can go back to work.
- Know when you can drive.

Notes: _____

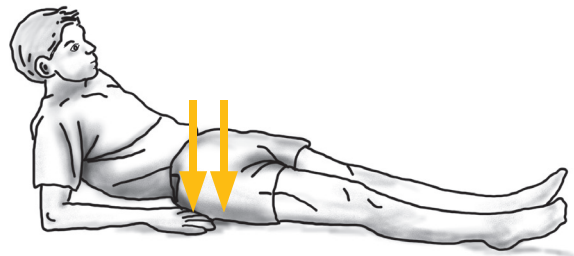
Exercise

Exercise helps you get well faster and brings back your strength. You may exercise any time you want, but do it at least 2 to 3 times per day. Below are the exercises you will be doing after surgery. You can practice these exercises before surgery. Start the exercises on this page on the day of your surgery. Start by repeating each exercise 10 times.



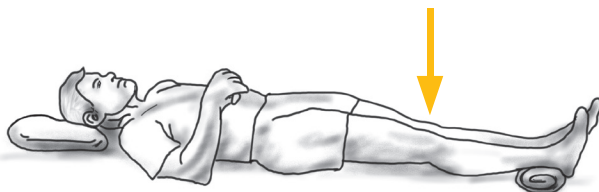
Ankle pumps

- 1.Lie on your back or sit in a chair.
- 2.Gently point and flex your ankles.
- 3.Repeat.



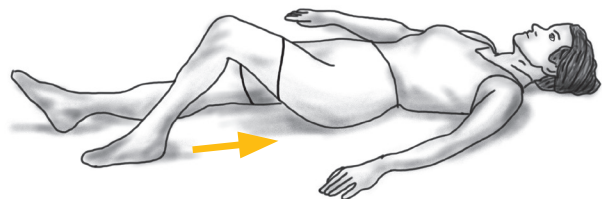
Gluteal sets

- 1.Lie on your back.
- 2.Squeeze the muscles in your buttocks together.
- 3.Hold 5 seconds.
- 4.Relax.
- 5.Repeat.



Quad sets

- 1.Tighten the muscles on top of both thighs, and push the backs of your knees into the bed.
- 2.Hold 5 seconds.
- 3.Relax.
- 4.Repeat.



Heel slides

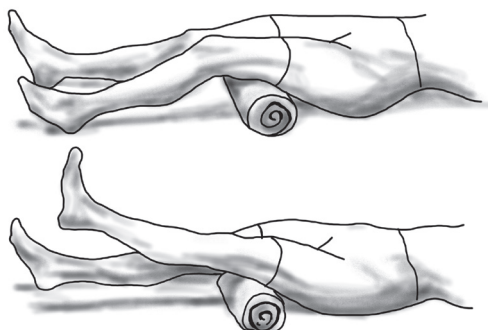
- 1.Lie on your back with your legs straight.
2. Bend your operated leg and slide your foot toward your body.
- 3.Straighten your leg slowly.
- 4.Repeat.

Post-operative day 1 and beyond

Keep doing the exercises on page 15, repeating each exercise 15 times. Also, start doing the following exercises the day after your surgery.

Short arc quads

1. Lie on your back.
2. Put a towel roll under the knee of your operated leg.
3. Keep your thigh on the towel roll. Lift your foot up until your knee is straight.
4. Repeat.



Long arc quads

1. Sit with your back comfortably against a chair back and put both feet on the floor.
2. Straighten your knee of your operated leg so that your leg is straight out (parallel to the floor).
3. Lower your foot back to the floor slowly.
4. Repeat.

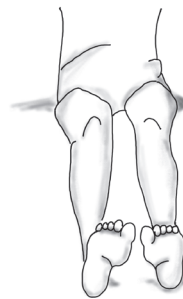


Posterior hip precautions

Your surgeon and therapists will teach you which hip precautions you will need to follow for 6 to 8 weeks after surgery. It is possible that you may not have to follow hip precautions. Please follow the instructions given to you by your doctor and therapists.

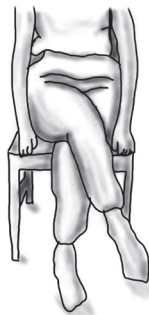
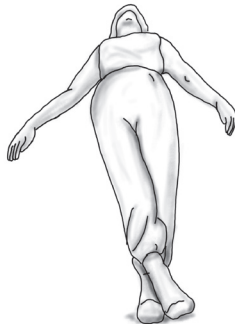
STOP!

DO NOT bend hips past 90 degrees.



DO NOT turn toes inward.

DO NOT cross your legs past midline.



Do

ALWAYS lie with a pillow between your legs.



Anterior hip precautions

Your surgeon and therapists will teach you which hip precautions you will need to follow for 6 to 8 weeks after surgery. It is possible that you may not have to follow hip precautions. Please follow the instructions given to you by your doctor and therapists.

STOP!

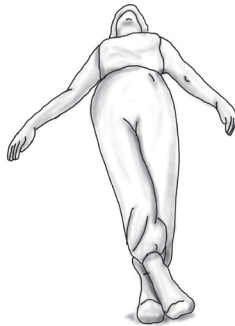
DO NOT extend your leg behind your hips.



DO NOT turn your toes outward.



DO NOT cross your legs past midline.



DO NOT sit on the side of the bed without your feet supported or resting on the floor.

DO NOT lift the surgical leg without supporting the entire leg.

Do

ALWAYS lie with a pillow between your legs.



Everyday living

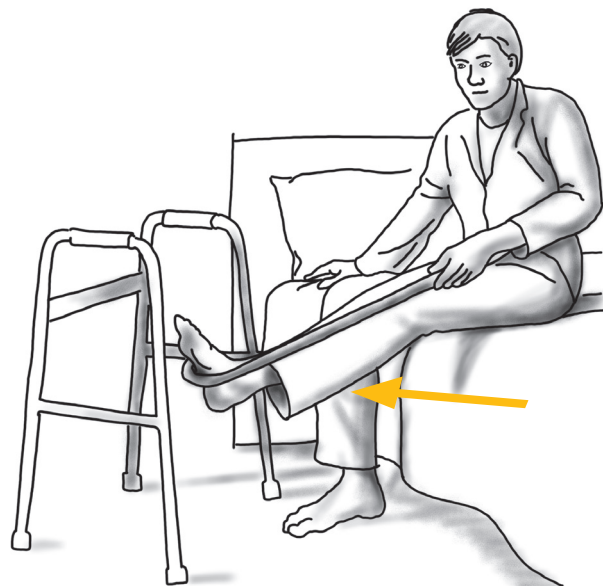
Getting into bed

1. Stand at the side of the bed halfway between the head and foot of the bed.
2. Back up to the bed until you feel the edge of the bed touch the backs of your legs.
3. Reach back, put your hands on the bed and slowly sit down on the bed.
4. Scoot your hips back toward the middle of the mattress.
5. Once you are stable on the bed, move the walker out of the way, but keep it in reach.
6. First lift one leg and turn so your leg is on the bed. Then lift your other leg onto the bed. You can use a cane, rolled bed sheet, or belt to help lift your operated leg.
7. Move your hips toward the middle of the bed.
8. Lie back.



Getting out of bed

1. Sit up in the bed by pushing yourself up using both arms.
2. Move your legs toward the side of the bed and turn your body to face the same direction.
3. Scoot your hips to the edge of the bed.
4. Lower your feet to the floor. You can use a cane, a rolled bed sheet, or a belt to help you lower your operated leg.
5. Use both hands to push yourself up off the bed. If your bed is low, put one hand on the walker as you push yourself up off the bed with your other hand.
6. Stand at the side of the bed with both hands on the walker before you start walking to make sure you are stable.



Getting in and out of a chair

Use a chair with arms for 12 weeks after surgery.

Getting into a chair

1. Take small steps and turn until your back is toward the chair.
2. Slowly back up to the chair until you feel the chair against the backs of your legs.
3. Slide your operated leg forward.
4. Hold the arm of the chair with one hand and hold the walker with the other hand. Slowly lower your body into the chair.
5. Move the walker out of the way, but keep it within reach.



Getting out of a chair

1. Scoot your hips toward the front edge of the chair.
2. Hold the arm of the chair with one hand and hold the walker with the other hand. **DO NOT** put both hands on the walker while getting out of the chair.
3. Lift yourself off the chair.
4. Balance yourself before trying to walk.

Using the toilet

When sitting down on the toilet

1. Take small steps and turn until your back is toward the toilet.
2. Back up to the toilet until you feel it touch the back of your legs.
3. Slide your operated leg out in front as you sit down.
4. If using a toilet with arm rests, reach back for both arm rests and lower yourself onto the toilet.
5. If using a raised toilet seat without arm rests, keep one hand on the walker as you reach back for the toilet seat with your other hand.



When getting up from the toilet

1. Slide your operated leg out in front of you before you stand up.
2. If you are using a toilet with arm rests, place your hands on the arm rests and push yourself up, then move your hands to the walker.
3. If you are using a toilet without arm rests, put one hand on the walker and push off the toilet seat with your other hand.
4. Balance yourself before you start to walk.

Getting in and out of a walk-in shower

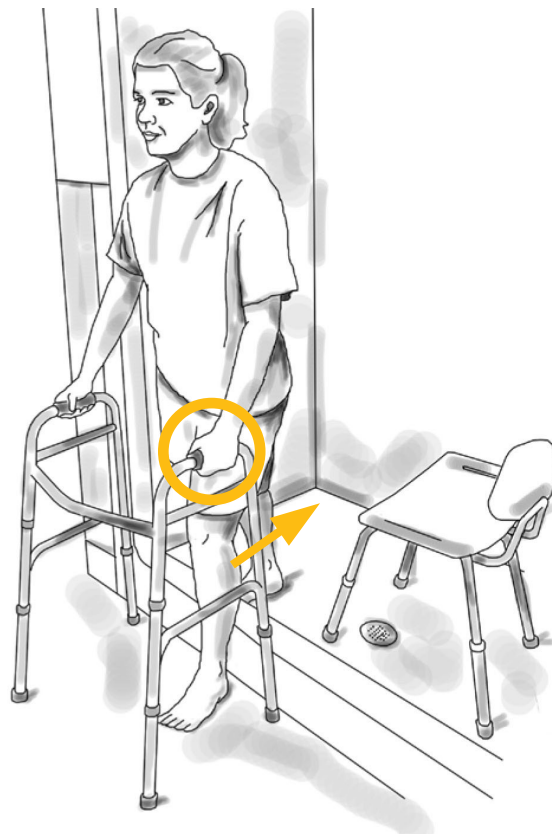
Always use nonslip mats both inside and outside of the shower for safety

Getting into the shower using a shower chair:

1. Back up to the shower lip. Feel the lip behind both heels
2. Place the walker or crutches against the lip
3. Push through your arms and step slowly over the lip with your good leg
4. Step over the lip with your operated leg
5. Turn, without twisting, so you face the faucet with a shower chair behind you
6. Sit on the shower chair. Leave the walker or crutches outside of the shower

Getting out of the shower using a shower chair:

1. Use both hands to push yourself up from the shower chair to get to a standing position
2. Turn toward the shower door, so you are facing the walker. Use either a grab bar or place your hand flat against the shower wall for balance
3. Place both hands on the walker
4. Step up over the lip with your operated leg
5. Step up and over the lip with your good leg. Balance yourself using the walker before trying to walk



Getting in and out of the bathtub

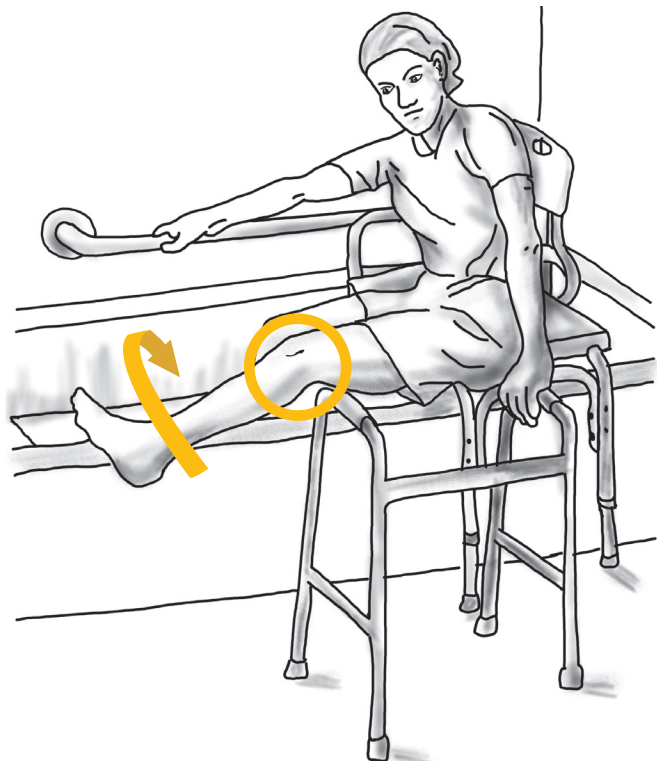
Getting into the bathtub using a bath seat:

Always use a rubber mat in the tub. If you do not have one, put nonskid adhesive strips in the bottom of the bathtub or shower stall.

1. Place the bath seat in the bathtub with the seat facing the faucets.
2. Stand in front of the bath seat and back up to the bathtub until you can feel the bathtub behind your legs.
3. Reach back for the bath seat with one hand. Keep your other hand on the walker.
4. Keep your operated leg out straight and slowly lower yourself to sit on the bath seat.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the side of the bathtub.

Getting out of the bathtub using a bath seat:

1. Lift your legs over the side of the bathtub.
2. Scoot your hips to the edge of the bath seat.
3. Turn your body so you are facing the walker.
4. Hold onto the walker with the hand closest to the side of the bathtub where you are getting out. Use your other hand to push up on the back of the bath seat.
5. Balance yourself before grabbing the walker.
6. Lift yourself off the chair.
7. Balance yourself before trying to walk.



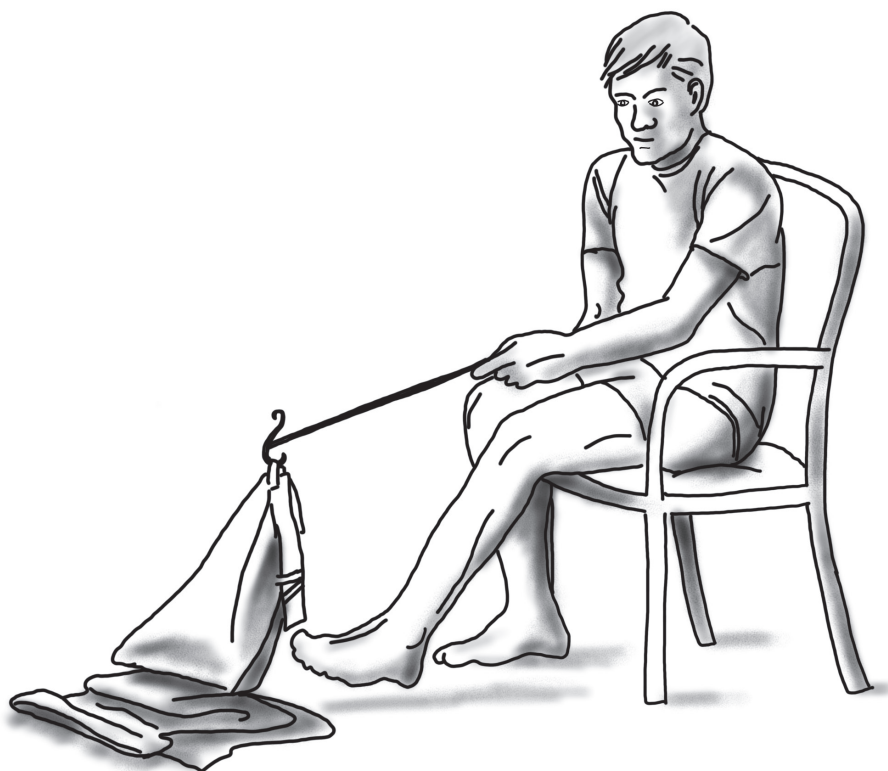
Putting on pants and underwear

Use a “reacher” or “dressing stick” to pull on pants and underwear.

1. Sit down. Have your walker within reach.
2. Grab the underwear or pants with the reacher.
3. Move the reacher so your clothing is by your feet.
4. First put your foot from your operated leg into the clothing, then put your other foot in.
5. Pull the reacher up toward yourself to guide the waistband up over your feet and legs.
6. Use the reacher to pull your pants up over your knees where you can reach them.
7. Stand up with your walker, then pull your pants up the rest of the way.

Taking off pants and underwear

1. Back up to the chair or bed where you will be undressing.
2. Undo your pants and let them drop to the floor.
3. Push your underwear down to your knees.
4. Keep your operated leg straight and lower yourself to sit on the chair or bed.
5. Use the reacher to help get your non-operated leg and foot out of the pants and underwear. Next take out your operated leg.
6. Use the reacher to move the pants and underwear off the floor so you do not trip over the clothes.



Putting on socks

Use a sock aid to put on socks.

1. Sit on a chair or bed. Slide the sock all the way onto the sock aid.
2. Hold the cords and drop the sock aid in front of your foot. It is easiest to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe, and pull the sock on.
5. Keep pulling until the sock is on your foot and the sock aid hangs free.



Putting on shoes

Use a shoehorn to put on shoes.

1. Sit on a chair or bed.
2. Wear sturdy shoes or shoes with Velcro® closures or elastic shoelaces. **DO NOT** wear high heeled shoes or shoes without backs.
3. Use the long-handled shoehorn to slide your shoes in front of your feet.
4. Put the shoehorn inside the shoe against the back of the heel. Line up the curve of the shoehorn with the inside curve of the shoe heel.
5. Lean back if you need to, lift your leg, and put your toes in your shoe.
6. Step down into your shoe and slide your heel down the shoehorn.



Getting in and out of the car

1. Move the front passenger seat all the way back to allow more legroom.
2. Lean the seat back if needed.
3. If you have cloth seat covers, put a plastic trash bag on the seat cushion to help you slide once you are seated.
4. Using your walker, back up to the front passenger seat.
5. Steady yourself with one hand on the walker.
6. With your other hand, reach back for the seat and lower yourself down, keeping your operated leg straight out in front of you as shown in **Figure 1**, below. Be careful not to hit your head when getting in.
7. Turn frontward and lift your operated leg into the car, as shown in **Figure 2**, below.
8. Return the seat back to a sitting position.
9. To get out of the car, reverse these steps.

Figure 1

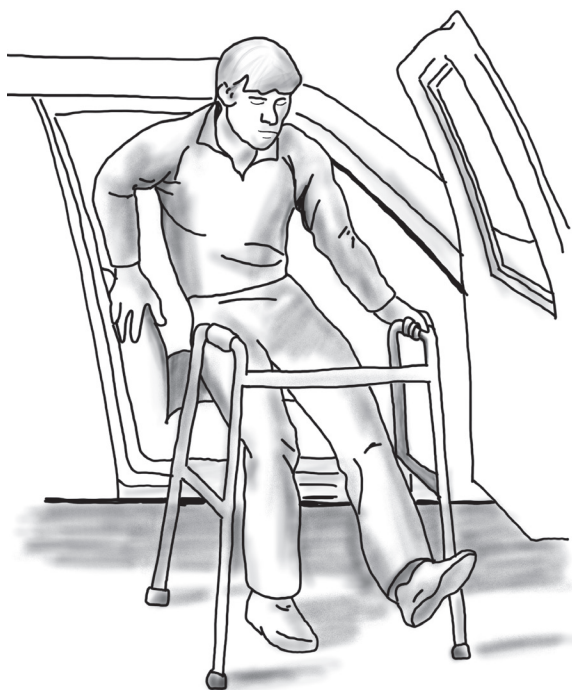
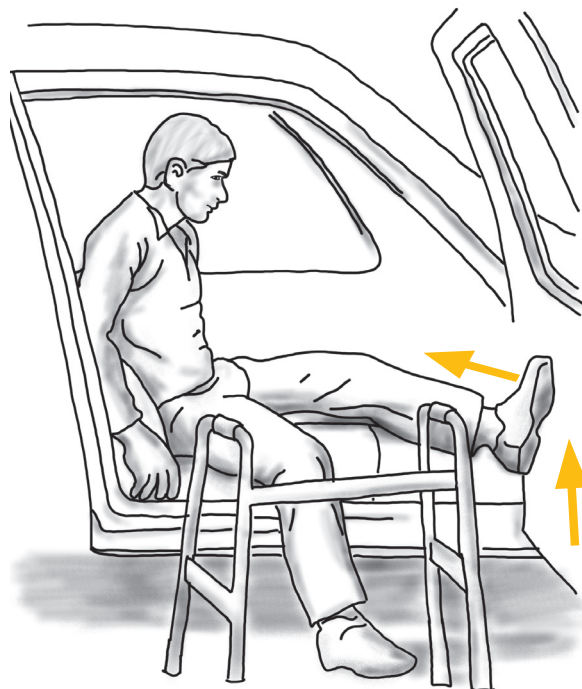


Figure 2



Climbing stairs

An easy way to remember which leg goes first is: up with the good, down with the bad.

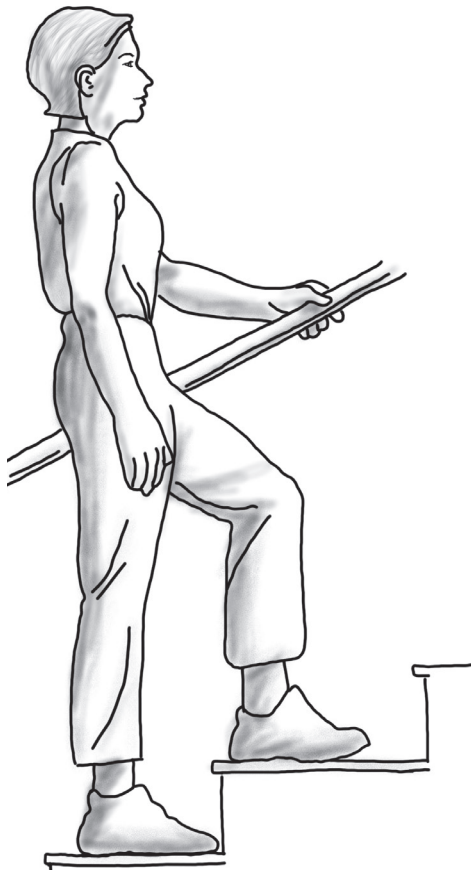
Do NOT go up or down stairs in a normal foot over foot way until your surgeon or therapist tells you it is safe.

Going up stairs

1. Using the handrail for support, start by placing the non-operated leg up on the first step.
2. Bring the operated leg up to the same stair.
3. Repeat until you reach the top.

Going down stairs

1. Using the handrail for support, place the operated leg down on the first step.
2. Bring the non-operated leg down to the same stair.
3. Repeat until you reach the bottom.



Equipment options for home

You may need this equipment at home after surgery to make everyday activities safer and easier.

Rolling walker

Helps you balance when walking.



Crutches

If you do not need the support of a walker, crutches will help you when you walk.



Bedside commode or 3-in-1 commode

Raises the toilet seat and gives you armrests for support. Can be used as a bedside commode, over a toilet, or as a shower chair in a walk-in shower.



Elevated toilet seat

Raises the toilet seat and gives you armrests for support. Attaches to your toilet.



Shower chair

Used in a walk-in shower.



Tub transfer bench

Gives you something to sit on in a bathtub type shower.



Dressing kit

Includes a reacher, a dressing stick, a long-handled sponge, a long-handled shoehorn, a sock aid, and elastic shoelaces.



Handheld shower nozzle

Gives you control of the water spray while you sit down to bathe.



Additional notes



[BSWHealth.com/JointRevision](https://www.bswhealth.com/jointrevision)

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