Trinity Health

TOTAL JOINT REPLACEMENT CLASS

Pre-Operative Class for Hip and Knee Surgery Patients for Livingston Hospital

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Surgical Nurse Navigator
Livingston and Brighton locations

VIRTUAL CLASS REMINDERS

- **Thank you for joining Early.**
- **Mute your microphone** until the Q & A session.
- **Type questions in the chat box** – they'll be answered at the end of class.
- **Class material available online**: trinityhealthmichigan.org/ortho-help

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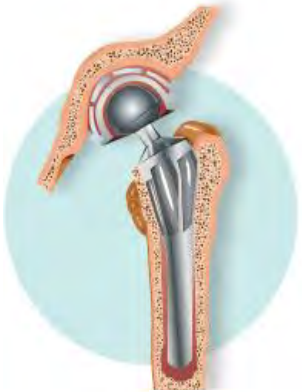
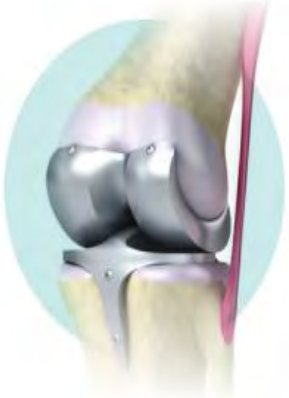
CLASS OBJECTIVES

Our goal today is to help you feel informed, confident, and prepared for your upcoming joint replacement surgery. By the end of the session, you will:

- **Understand what to expect before, during, and after surgery** to reduce uncertainty and anxiety.
- **Feel empowered to take an active role in your recovery**, as engaged patients tend to heal faster and achieve better outcomes.
- **Receive clear answers to your questions**, so you can make informed decisions about your care.
- **Learn essential strategies for a safe and successful recovery at home**, ensuring a smooth transition after discharge.

Why this matters:
The more you know about your procedure and the recovery process, the better equipped you will be to manage your health and achieve the best possible outcome. .





PREPARING FOR YOUR SURGERY

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Pre-Surgery Checklist

- **Attend the Pre-Op class**.
- **Choose a Coach:** to support you during recovery.
- **Do pre-op Exercises** from your patient guide.
- **Prepare your Home:** remove throw rugs, clear pathways.
- **Arrange Help at home** for 7 days post-surgery.
- **Arrange for a driver** for your appointments and discharge from the hospital.
- **Complete pre-admission testing:** history, physical and labs.
- **Obtain equipment**: Front wheeled walker, cane & Ensure Pre-Surgery drink.
- **Complete the MARCQI Survey** before and after surgery.
- **Follow Infection prevention guidelines:** surgical soap, body wipes

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Attend your PRE ADMISSION TESTING appointment

- Occurs **2-3 weeks before surgery.**
- **Bring accurate medication list**-our PA will review medication list and provide printed instructions on what to stop and when.
- Complete your **history, physical and lab work.**
- Receive your **Patient Guide to Surgery and Recovery**
- **Nasal swab** for infection screening
- Receive **presurgical wipes and antiseptic soap** with detailed instructions.
- **Obtain walker and Ensure Pre-Surgical drink.**
- Complete the **MARCQI** survey during this visit**.**
- **Finalize discharge plan** with your care team.

Michigan Arthroplasty Registry Collaborative Quality Initiative - MARCQI

- Your surgeon participates in MARCQI: a statewide program to improve joint replacement outcomes.
- You'll complete surveys before and after surgery (2-16 weeks, 1,2-, 5-, and 10-year intervals)
- Surveys help track recovery and improve outcomes
- Surveys can be completed via email, in office ,or MyChart
- Look for an email from **marcqi@mailer.ortechsystems.com**

ENHANCED RECOVERY PROGRAM

- **Ensure Pre-Surgery Drink**: Clear, carbohydrate-rich beverage with supplements

- ***Benefits****: Improves comfort, hydration and reduces hunger.*

- **Important:**
  - Drink 2 hours before surgery **(skip if diabetic**).
  - Only use the Clear pre-surgery Ensure-not regular ensure.

Where to Buy*: Trinity locations (Brighton, Livingston, Chelsea, Reichart building)*

Cost *: About $5 per bottle*

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SELECTING YOUR JOINT COACH

- **WHO?** A supportive person--spouse, a family member, or a friend
- **WHY?** Encouragement and help with mobility and daily tasks
- **EXPECTATIONS:**
  - Attend at least one physical therapy session in the hospital.
  - Listen to discharge instructions
  - Assist with sitting to standing position and home needs.
- **Plan to have help for 1 week after surgery**
- **If you lack help at home, overnight stay or rehab contact the Nurse Navigator to plan for safe discharge**
- **Patients who recover at home have better outcomes with pain control, have decreased risk of infection, and increased mobility.**

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Prepare Your Home for Recovery

- **Clear Pathways**: Remove rugs, cords and clutter.
- **Walker- Friendly**: Rearrange furniture for easy movement with walker.
- **Accessibility**: Move essentials to waist height.
- **Main level Set up**: Bed/chair + portable toilet if stairs are difficult
- **Prepare your recovery area**: A chair with a firm back and arm rests is recommended, Practice getting in and out of the area you want to recover-not using your surgical leg.
- **Safety**: carry cell phone, add night lights in bathrooms, bedrooms, and hallways. Install handrails securely to the wall. Get a non-slip bathmat
- **Prep ahead**: Meals, laundry, clean linens on bed,
- **Help:** Arrange assistance for the first week post-surgery

WHAT TO BRING WITH YOU TO THE HOSPITAL

- **Required Documents & Essentials**
- Advanced Directives (if you have them)
- Driver's License & Insurance Cards
- Credit Card or Check for home medical equipment
- Medication List (include OTC supplements, doses, and frequency)
- **Personal Items**
- Loose-fitting clothes (shorts, T-shirt/top)
- Glasses (do not wear contacts), dentures & hearing aids in their case
- CPAP machine (leave in car until needed)
- **Do NOT bring:** your own pillow or walker (hospital provides these)

- **Helpful Extras**
- Take a picture of your home entryway if it is a unique set up (for PT planning)
- Personal care items (toothbrush, hairbrush, etc.)

- **Important Notes**
- The OR will call you **the day before surgery (9 AM–3 PM)** with your arrival time and fasting instructions.
- Make sure your voicemail is empty so they can leave a message.
- Leave jewelry, large sums of cash, and medications at home unless instructed.

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REDUCING RISKS AND COMPLICATIONS

Stay Active

- Do your **pre-surgical exercises** from the patient guide.
- Movement strengthens muscles and improves recovery.

Eat a Healthy Diet

- Avoid foods that increase inflammation:
  Sugar, white flour, saturated fats, trans fats, alcohol.
- Focus on **fresh fruits, vegetables, lean proteins, and nuts**.

Manage Diabetes

- Keep blood sugar within normal range for better healing.
- Contact your PCP if needed.

Quit Tobacco & Limit Alcohol

- Smoking increases infection risk—stop at least **1 month before surgery**.
- Avoid alcohol **5 days before surgery** to reduce bleeding and heart complications.

"Resistance training is just as important as cardio. Train yourself to resist chocolate, pastries, fried foods, beer, pizza...."

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PREVENT SURGICAL SITE INFECTION

Dental Work

- Complete any dental work **at least 1 week before surgery**.
- Delay dental procedures for **3 months after surgery**.
- You'll need antibiotics before future dental work—lifelong precaution.

Skin Care

- **Do NOT shave** or use hair removal products near the surgical site **5 days before surgery**.
- Avoid yard work or gardening **10 days before surgery** (poison ivy can cancel surgery).

Hand Hygiene

- Wash your hands frequently.
- Encourage family and visitors to use hand sanitizer before contact.

Pre-Op Cleansing

- Use **Dyna-Hex antiseptic soap** in the shower for **3 nights before surgery**.
- Apply **chlorhexidine wipes** the night before surgery (avoid face and private areas)
- In pre-op, you'll receive an **intranasal treatment** to reduce bacteria.

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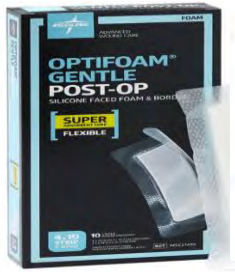
INCISION CARE: KEEP IT CLEAN & SAFE

Multilayer dressing

- Keep your top surgical dressing in place for **7 days**.
- 2nd layer under dressing remove day 14
- Do **not** remove early unless instructed by surgeon's office



After Removing Dressing

- Leave incision **open to air**.
- Finish antiseptic soap, then switch to **antibacterial body wash** (Dial) or a **new bar of soap**.
- **Do NOT reuse old soap**—it can harbor bacteria.

Important Rules

- **Do NOT submerge incision** in water (no baths, pools, hot tubs, lakes).
- **Do NOT apply lotion, cream, or ointment** (including Neosporin).
- **Avoid touching incision**—hands carry bacteria.
- Clean commonly used items daily (phones, TV remotes) with alcohol-based wipes to prevent contamination.

SURGERY AND POSTOPERATIVE RECOVERY

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DAY OF SURGERY

Pre-hospital arrival

- Wash face and private area. **Do not shower after using chlorhexidine wipes.**
- Brush teeth, rinse mouth take medications instructed by surgical team
- Wear loose clothing
- Do not apply make-up, lotions, oil, powders, or deodorant
- Do not suck on candy, breath mints, cough drops, gum.
- Do not smoke, vape, or chew tobacco
- Remove dentures, contacts, hair clips, piercings
- Drink ensure as instructed

Day of surgery break down

- Arrive 2 hours pre surgery.
- Surgery 1-2 hours
- Recovery room for 1 hour
- 4-5 hours Short Stay or advance Recovery Room (on average 8-to-10-hour day)

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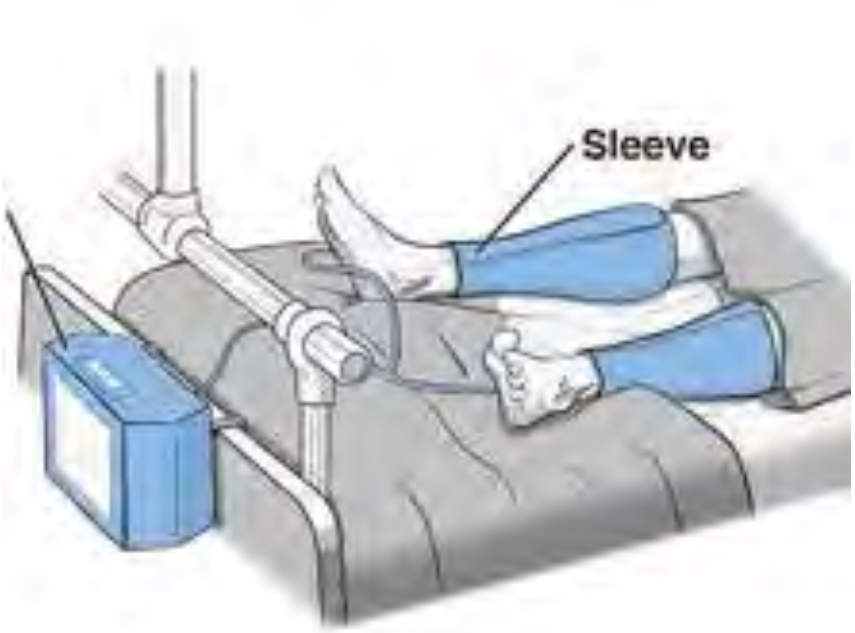
RECOVERY ROOM

- You will wake up after your surgery in the recovery room
- Your nurse will ask how your pain is on the pain scale of 0-10, 0 no pain, 10 worst pain imagined
- When you wake up you will have, a dressing over your incision, sequential compression devices (SCD's) on your legs, oxygen in your nose and IV fluids connected to an IV in your arm

SEQUENTIAL COMPRESSION DEVICES (SCD's)



- A Sequential Compression Device (SCD) is equipment that can assist in prevention of deep vein thrombosis (DVT).
- It improves blood flow in the legs. SCD's are shaped like "sleeves" that wrap around the legs and inflate with air one at a time.
- This imitates walking and helps prevent blood clots. You should wear your SCD's any time you are in bed or sitting in a chair

ANTICOAGULATION THERAPY

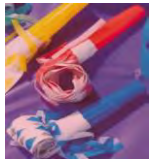
- Your surgeon will prescribe an anticoagulant (blood thinner) to help prevent blood clots
- There are many different medications we use for this; the anticoagulant will begin to be administered on post op day one and will continue as prescribed by your surgeon
- You will receive information and instructions on how to take this medication from your nurse before you are discharged home. It is important you take this medication as instructed

WHEN YOU ARRIVE ON THE SHORT STAY/ORTHO UNIT

- You will start to eat/drink juice, Jello, crackers, water, ginger ale and progress to your regular diet
- We will show you how to use an incentive spirometer and encourage you to use it 10/hour
- You will have ice packs to use on your incision. You can order a cold machine for home if you want one
- You will begin your rehabilitation today, either with physical therapy or nursing staff helping you to the side of the bed, walking around your room and/or sitting in the recliner
- Your nursing staff will check on you frequently

INCENTIVE SPIROMETER

Use your incentive spirometer through your hospital stay. Please take it home with you after discharge and continue to use it for 2 weeks



- Sit in an upright position
- Inhale slowly and deeply to raise the indicator
- When you can't breathe in any longer take out mouthpiece and hold breath for 3-5 seconds
- Exhale and repeat 10 times an hour

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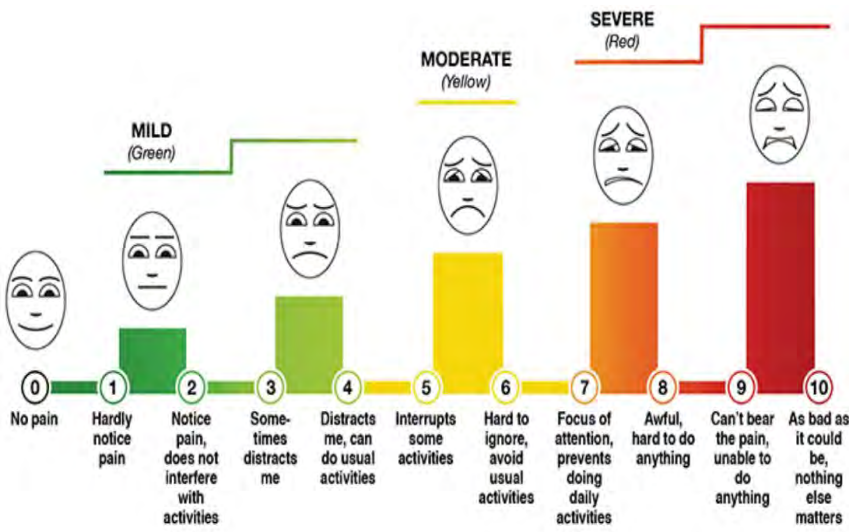
PAIN MANAGEMENT



- Your caregiver will do everything they can to get you comfortable
- Staff will often ask you to rate your pain level on a scale of 0-10
- Our goal is to always keep your pain level at a level where you can participate in your rehabilitation
- Your pain will be managed with different medications to control pain:
  - local nerve blocks
  - IV medications
  - oral medications
- Some of these medications are scheduled and given at set times and medications are given as needed to help control your pain

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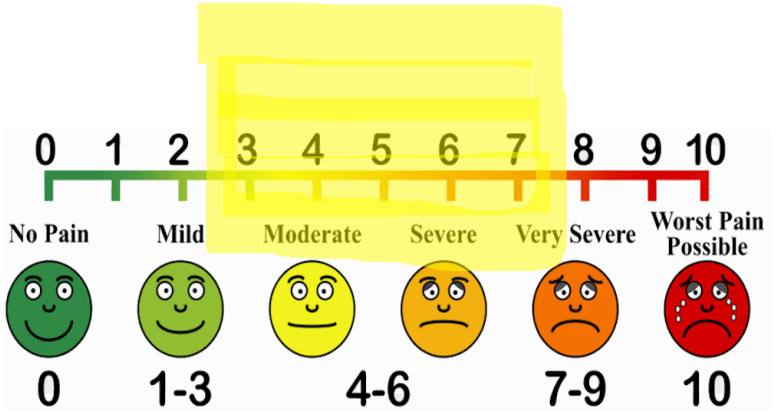
PAIN MANAGEMENT

- Tylenol 1000mg (500mg tab x 2) every 8 hours-Scheduled
- Motrin 400mg (200mg x 2) or Celebrex –Scheduled

  - **Uncomfortable Zone**
  - I am too painful to exercise
  - I am too painful to walk every hour I am awake
  - I am too painful to sleep at night

Oxycodone 5mg for breakthrough pain (Opioid)-As needed



Opioid Information

- Surgeon can only prescribe a 7-day supply at discharge
- Must call surgeon's office for refill- allow 2 days for refill. Don't call on weekends, after hours or holidays
- **Side effects of opioids**
- Constipation, you should take laxatives and a stool softener while on opioids. Colace (stool softener), MiraLAX and Senokot are laxatives
- Nausea- take opioid medication with food
- Dizziness-change positions slowly, take ½ narcotic pill if able

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COOLING THERAPY

•There are many different options for Cold Therapy after surgery. It is important to use cold to help decrease pain and swelling after surgery. Less swelling = Less pain.

•Cold is Cold. Cold therapy comes in many forms: gel packs, ice in plastic bags, frozen vegetables from the grocery store, and cold machines. Some patients like cold machines because of convenience, convenience can come with a cost.

•Many Insurance companies do not pay for cold therapy-unless workman comp or auto accident.

Advanced Medical Solutions 1 810 225-7701
7960 Grand River Ave. Suite 174

AFTER YOUR SURGERY

- Your nurse will continue to assess your pain level and work on a plan with you to ensure it is controlled using scheduled Tylenol, Ibuprofen or Celebrex and opioid pain medication (as needed)
- A side effect of the pain medication is constipation, so you will be started on a bowel management program
- Physical Therapy will work with you, ensuring you are able to use a walker and able to go up and down stairs as needed in your home prior to discharge, to ensure a safe discharge home
- Our discharge planners will meet with you to discuss your discharge, and any equipment needs you may have

DISCHARGE

TO discharge home, I need to be medically stable and be able to

- Tolerate a normal diet
- Urinate without difficulty with minimal PVR
- Pass physical therapy
- Pain is tolerable with activity
- Watch discharge videos and understand my discharge instructions

Most people are ready to go home the same day or after 1 night in the hospital.

Patients recover better in their own home-not a rehab

Please make sure you arrange to have someone available to drive you home and stay with you for the first few days after surgery.

Home physical therapy will be provided for most patients for the first 2 weeks, and then you will go to outpatient Physical Therapy.

Discharge instructions will be given to you by your nurse and prescriptions given to you which can be filled in our pharmacy, just ask your nurse how to do this

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POSSIBLE COMPLICATION FOLLOWING SURGERY

- Blood clots – follow your surgeons' instructions carefully to minimize this potential risk. Make sure you take your anticoagulation medication as instructed by nursing staff and continue doing your ankle exercises

- Infection – follow instructions given at discharge to prevent infection. Do not remove your dressing until day 7 after your surgery. If the dressing comes off, wash your incision with soap and water and pat dry. Leave open to air. Do not use any creams or lotions on your incision

- Constipation – Your pain medication can make you constipated. Make sure you take laxatives (MiraLAX or Senokot) and stool softener (Colace) following your discharge and eat a diet high in fiber and drink lots of water

- Pain - Make sure you take your pain medication as instructed. Elevate your leg higher than your heart. Your leg will swell, and this can add to your discomfort

POST-OPERATIVE GUIDE

It is normal for your leg to be swollen and the incision to be warm and swollen with red edges.

Postoperative Management Guide

It is normal for your leg to be swollen and bruised after surgery. The incision may also be warm and red.

Manage Swelling

- **Expect increased swelling with activity:** elevate, rest and use cold packs on surgical leg.
- **Elevate your leg:** Lie down four times a day for 20-30 minutes and position your leg above your heart.
- **Ice your leg:** Apply an ice/ gel pack throughout the day (20 minutes on, 20 minutes off). Make sure you have something between your skin and the ice/gel pack. If you are using the prescribed cold machine you can use it continuously.
- **Stiffness is normal after prolonged inactivity.** Move every hour when awake. Perform your home exercises as prescribed.

Manage Pain

- Take pain medications as directed by your surgeon.
- Elevate and ice your leg as instructed above to reduce swelling.

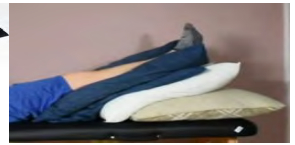
Manage Constipation

- Take Miralax daily at bed time and Colace (100mg tablet) in the morning and at bed time until you are having regular bowel movements.
- If you do not have a bowel movement by day 3 after your surgery, add Senna (1 tablet) in the morning and at bed time until you are having regular bowel movements.
- If you do not have a bowel movement by day 4 add a 10mg Bisacodyl suppository or try this constipation recipe:
  Constipation recipe: 2 oz prune juice + 2 oz clear soda + 2 oz milk of magnesia. Mix and drink, follow with 8 oz of warm water.
- Drink plenty of water to help break down the food in your stomach. Water assists with digestion.
- Add fiber in your diet to help you pass stools and stay regular. Include bran, beans, apples, pears and prunes.
- Caffeine can make you dehydrated so limit the amount, if necessary.
- Walk and move around as much as tolerated. Exercise helps move digested food through your intestines and signals your body that it's time for a bowel movement.

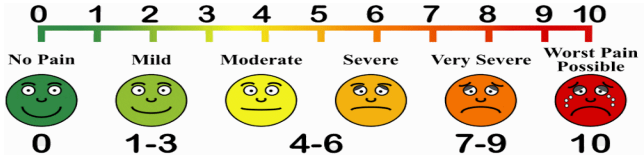
HOW TO USE PAIN MANAGEMENT TOOLS

I

- **Ice and Elevation**
  - **Ice** for 20 minutes at a time, then move to another area that is sore and ice for another 20 minutes
  - **Ice** should be continued as long as you have pain from surgery. Use a few pillows or contour pillow to **elevate** your leg above your heart for 4 times a day for 30 min. elevations should be continued as long as you have swelling.



- **Scheduled Medications**
  - Use your Tylenol, Motrin, or Celebrex as prescribed in discharge instructions, These medications on a schedule are helping reduce post-surgical swelling and keeping our pain level more even so we do not need as much narcotic pain medication.



- **As Needed Medication-Oxycodone**

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HOW TO GET YOUR QUESTIONS ADDRESSED

- **Your surgeon's office has 24-hour coverage. They have a team during business hours. They also have a team member on call for evenings and weekends and holidays.**
  - Your surgeon's phone number is in your discharge instructions. Call main office number, you will connect to answering service, that will connect you to who is on call.
  - **Trinity Health MyChart**-send non urgent message to Surgeon's office. Answered during business hours. You can also send pictures if staff request picture of incision.

- **Keri Massey**
  - Surgical Nurse Navigator
  - Office hours: Monday-Friday from 8-4 pm
  - Keri.Massey@Trinity-Health.Org
  - Trinityhealthmichigan.org/ortho-health

TRINITY HEALTH MyChart

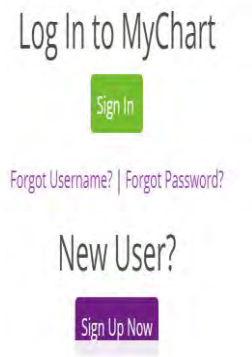
Manage Your Health with the MyChart Patient Portal.

With the Trinity Health MyChart patient portal, staying connected to your health has never been easier. Our online portal offers you a simple way to manage your health care. MyChart is secure and available 24/7 from your phone, tablet or computer.

With your MyChart account you can:

- Schedule or cancel an appointment
- Review medications, test results and health history
- View upcoming and past appointments
- Request prescription refills
- Send and receive messages with your care team
- Complete the e-check-in process from home for your next appointment
- Pay your bill

www.trinityhealthmichigan.org/mychart



Send a Picture via MyChart

- **Steps to Send a Picture**
- **Log In**: Access your Trinity Health MyChart account on your smartphone or computer.
- **Navigate**: Go to the **Messages** or **Send a Message** section.
- **Select Message Type**: Choose the appropriate option, such as **Medical Advice**.
- **Attach Image**: Look for the paperclip icon or **Attach Image** option.
  - Use your smartphone camera to take a new photo or select one from your photo library.
- **Add a Description**: Include a brief note about your concern (e.g., redness, drainage).
- **Send**: Submit the message securely.
- **Tips for Your Photos**
- **Clarity Is Key**: Ensure the photo is sharp and in focus.
- **Good Lighting**: Take the photo in a well-lit area.
- **Single Subject**: Only include the incision or area of concern.
- **Secure**: Photos are encrypted and only accessible to your care team.

Need help logging in? Call our support line 7 days a week from 7:00 a.m.7:0p.m.at 844-982-4278.

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Contact your Orthopedic Surgeon if:

Total Joint Symptom Manager

Normal Symptoms:

- Pain that is controlled with medication, cold therapy and elevation
- Swelling and/or bruising that is controlled with cold therapy and/or when elevated and rested
- Stiffness that is lessened with home exercises and walking
- Mild nausea that improves with dietary modifications
  - *Food with pain medications*
  - *Small light meals*
  - *Ginger ale*

Call your surgeon's office if you notice the following symptoms:

- Drainage or bleeding from your incision *(if possible, upload picture into MyChart)*
- Worsening redness and/or heat around your incision
- More than one temperature greater than 101° in 24 hours
- Swelling that does not improve with elevation, rest and/or cold therapy
- Constipation for more than three days
- Uncontrolled nausea/vomiting
- Worsening calf pain
- Pain not controlled with pain medication, elevation and/or cold therapy
- A fall or injury to your surgical extremity

Immediately go to Emergency if you have:

- Chest Pain
- Shortness of breath at rest
- Mental status changes, including experiencing confusion
- Uncontrolled bleeding from your incision

For immediate medical attention call 911 or go to the nearest emergency department.

TrinityHealthMichigan.org

THMI W15496-2602 BF

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Phone: (734) 593-5700

Phone: (810) 844-7785

Phone: (810) 299-8550

Shopping List

- Extra Strength Tylenol 500 mg OTC
- Motrin 200 mg OTC or Celebrex (prescription)
- Oxycodone (prescription)
- Colace OTC
- If you have had constipation in the past, pick up MiraLAX or Senokot OTC
- Aspirin 81 mg OTC or blood thinner (prescription)

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PHYSICAL THERAPY

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PHYSICAL THERAPY GOALS

PT will see you the day of your surgery and then as needed until discharge.

The goals of our surgeons are to walk 100ft with your walker and pass stairs training if needed

Preparation is key to a successful outcome!

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EXERCISES TO PREPARE

See “Pre-op exercises” found in your surgical book. We will focus on 3 exercises

Start with 5 repetitions of each exercise and increase up to 20

Exercises-
1. Heel raises in standing
2. Mini-squats in standing
3. Armchair push-ups

PRE-OP EXCERCISES

- Heel Raises
- Rise up on your toes 5 times

- Armchair Push-ups
- Use mostly your arms

- Mini squats
- Squat down as if to sit in your chair, but don't go all the way down, stand back up-Keep your head up and your back straight

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EXERCISE TIPS

Use a counter or back of a chair to help balance

Don’t hold your breath – Count out loud!

Pace yourself and progress over time

Don’t strain, decrease repetitions or reduce the intensity

Refer to your surgical book for more pre and post exercises and activity logs

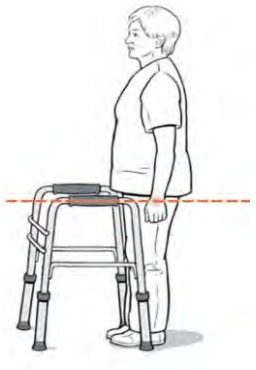
EQUIPMENT

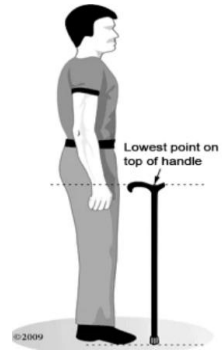
Front Wheeled Walker for ambulation
Prescription obtained prior to surgery

Avoid 4-wheeled walkers

Cane for stairs and ambulation progression
Recommend you purchase

Proper fit for devices
Handle should be at height of wrist with arms relaxed by sides in standing





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OPTIONAL EQUIPMENT

Bathroom Equipment

Grab bars (Do not recommend use of suction grab bars)

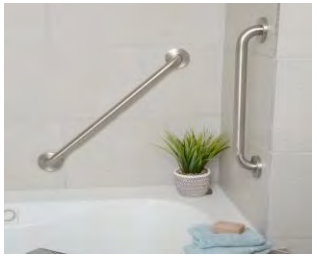
Toilet riser or **Bedside commode**

Shower seat or **tub bench**

Hip kit -Reacher/Leg lifter/Sock aide /Shoehorn

Ice packs

Wedge



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WHERE TO OBTAIN EQUIPMENT

Medical Equipment store for prescribed equipment

-Local stores for purchase-Lowes, CVS, Meijer, Walmart
-Online stores for purchase- Amazon
-Loan closets to borrow equipment

LOANCLOSETS.ORG/MICHIGAN

Senior centers
Church's
VFW's
American Legion's

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HOME SET-UP

Stairs – What type, how many and do you have handrails
You will need Bilateral UE support for stairs

(HR, Cane, Arm) If you have more than 5 stairs to enter your home, please reach out to nurse navigator.

Remove throw rugs or other trip hazards
Unobstructed Pathways
Night Lights

Assistance
Recommend you have assistance at home

the first week.

IN HOME PHYSICAL THERAPY

Most patients will receive in home PT after surgery and a few patients will go directly to outpatient PT. This will depend on your needs as a patient.

Home PT will begin the day after your discharge
- Home PT is usually 6 visits (approx. 2 weeks)
- Home PT will focus on
  - -Progression of exercises
  - -Progression of mobility

Home PT visits will be set up for you by our case management staff. Case management uses your home address to set this up. If you will be recovering somewhere other than your home address, please reach out to your nurse navigator.

Dr. Caid's office will set up in-home PT through PARC Homecare. They will visit post-surgical day three.

OUTPATIENT PHYSICAL THERAPY

Outpatient Physical Therapy can begin after in home Physical Therapy or directly after surgery.

Outpatient Physical Therapy will focus on return to community activities and mobility.

-Length varies based on goals and needs

-Decide what clinic you would like to use for outpatient PT
    -Trinity base/Probility Physical Therapy
    -Other

Patient is responsible to set up outpatient PT. Please set up your outpatient PT in advance so you do not have a lag in care between inpatient and outpatient PT

You will receive a prescription for outpatient PT at your follow up post-surgical appointment

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SUMMARY

1. Start pre-op exercises now
   -Video found at trinityhealthmichigan.org/ortho-help
2. Obtain recommended equipment
3. Prepare your home
4. Setup assistance for the first week after surgery
5. Select your Outpatient Physical Therapy Clinic

Trinity Health

QUESTIONS?

If you have any questions about anything you have heard today, or have any concerns about your surgery please do not hesitate to contact me

Keri Massey - Orthopedic Nurse Navigator 810-844-7614
Keri.Massey@Trinity-Health.org

trinityhealthmichigan.org/ortho-help

You can leave a message, and I will return your call as soon as possible

If you have urgent questions, please call your orthopedic surgeons office

Trinity Health

ENJOY YOUR NEW TOTAL JOINT

Your preparation and hard work will pay off

You will be very glad you had the surgery

We wish you well!

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