

Your Total Hip Replacement Surgery & Recovery

How to Prepare & What to Expect



MY APPOINTMENTS

Date & Time of My Pre-Anesthesia Testing

Location for My Pre-Operative Visit

- ☐ **WakeMed Raleigh Medical Park – Pre-Anesthesia Assessment & Testing**
23 Sunnybrook Road, Suite 110 – Raleigh
919-350-6493
 - ☐ **WakeMed Cary Hospital – Outpatient Assessment Center**
1900 Kildaire Farm Road – Cary
Use the main entrance to the hospital; ask the Information
Desk attendant for assistance
919-350-2437
-

Date of My Surgery

Arrival Time

Location of My Surgery

Please see the map at the back of this book for directions to the appropriate entrance, where your driver can park, etc.

- ☐ **WakeMed Raleigh Campus – Day Surgery**
3000 New Bern Avenue – Raleigh
919-350-8730
- ☐ **WakeMed Cary Hospital – Surgical Services**
1900 Kildaire Farm Road – Cary
919-350-2050
- ☐ **WakeMed North Hospital – Surgical Services**
10000 Falls of Neuse Road – Raleigh
919-350-1430

Your Hip Replacement Procedure

It's time to begin your journey to improved mobility!

Thank you for choosing WakeMed for your total hip replacement procedure. We have learned from experience that patients and their families feel much more comfortable about medical procedures when they know:

- How to properly prepare
- What to expect when they are in the hospital
- How to take care of themselves at home

Please review the information in this book. We want you to have all the information you need to feel positive and confident about your preparation, procedure and recovery.

If you have any questions, please call us. A member of the WakeMed Total Joint Replacement Team will be happy to help you.

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About Hip Joints

Replacing Your Painful Hip

The Hip Joint

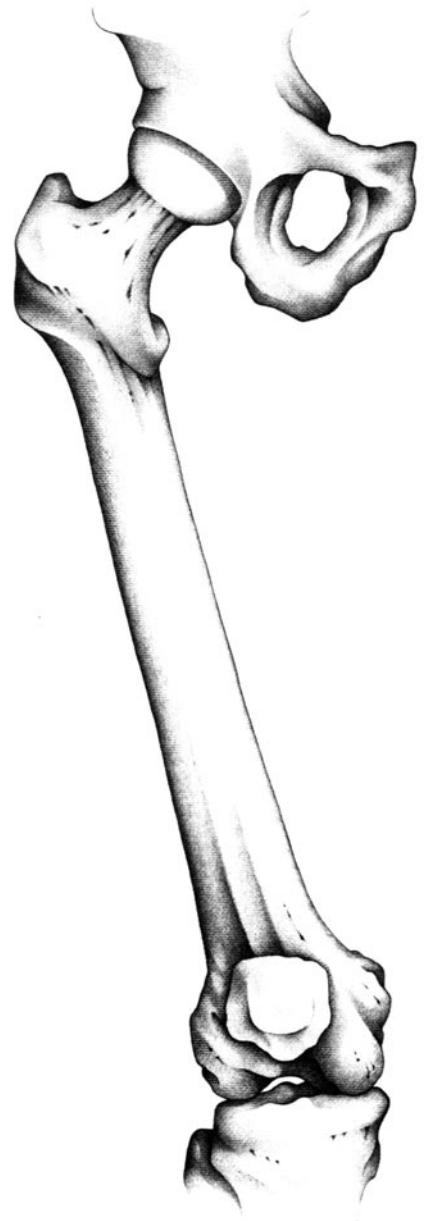
A joint is a place in the body where the ends of two or more bones meet. The hip joint is where the femur (the long bone in the thigh) meets the pelvic bone, making movement of the leg possible. The hip is called a ball and socket joint because the rounded head of the femur is shaped like a ball and fits inside the acetabulum, a cup-shaped part of the pelvic bone that resembles a socket.

Both the ball and socket are covered by a dense, slippery type of tissue called cartilage. Cartilage provides a smooth surface inside the socket. Once this cartilage becomes damaged or diseased, the end of the femur is no longer able to move smoothly in its socket.

The Painful Hip

Joint disease in the hip is often the result of arthritis – an inflammation in the joint. This condition can cause pain when the hip joint is moved and can keep you from doing many of the activities you enjoy in life. Even walking can be painful. With a surgical procedure, your hip joint can be replaced so that you can move freely and more comfortably again.

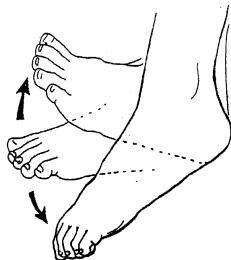
During your total hip replacement surgery, an artificial hip joint called a prosthesis which consists of a metal ball on a stem, replaces the head and neck of the femur bone. A very hard plastic cup with a metal backing forms a new socket. The special metal and plastic used in the new joint allows for easy movement of the hip.



Pre-Surgery Exercises

Begin when this booklet is received.

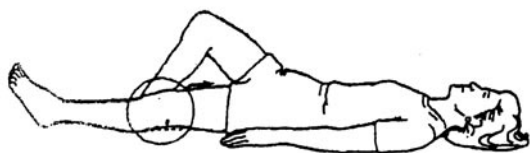
Strengthening your leg muscles before joint replacement surgery will help you recover after your procedure. Please do the following exercises as directed by your surgeon. However, only do the exercises that do not cause significant joint pain.



Lie on your back with your legs straight.

Point and flex your feet. The focus of this exercise is the stretch in pulling your foot toward your body.

Do 10 repetitions (reps) two to three times a day.

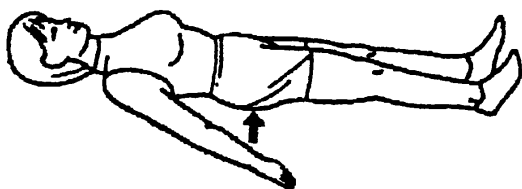


Lie on your back with your legs straight.

Tighten the thigh muscle of your operated hip to press the back of your knee flat to the bed.

Hold for five seconds.

Do 10 to 15 reps, two or three times a day.

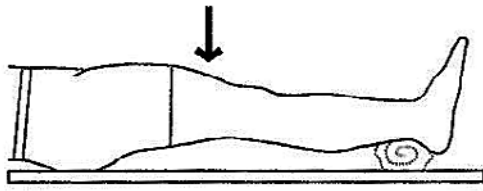


Lie on your back.

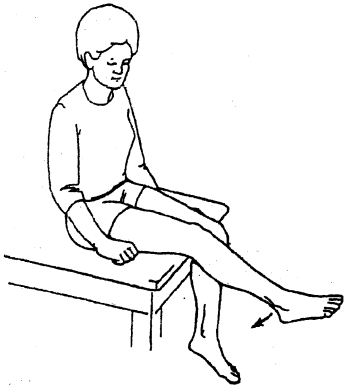
Squeeze the buttocks together firmly.

Hold for five seconds.

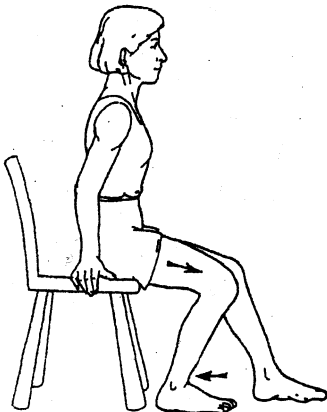
Repeat 10 to 15 times, two or three times a day.



Lie face up with your ankle supported on a towel roll.
Relax your leg and allow gravity to straighten it.
Hold for two to five minutes.
Do this exercise twice a day.



Sit on the edge of a table or chair.
Try to bend your knee up and down as far as you can.
Hold for five seconds.
Do 10 to 15 reps, two to three times a day.



Sit in a chair with your foot of the hip being replaced on the ground, close to the base of the chair.
Scoot forward toward the edge of the chair as far as you can so you can feel a stretch.
Hold for five seconds.
Do 10 to 15 reps, two or three times a day.

30 Days before Your Surgery

Tobacco, nicotine, marijuana, and vaping can hinder healing and increase the risk of infection and blood clots after surgery. Patients **must** be tobacco, nicotine, marijuana, and vaping free for at least 30 days prior to surgery. It is also important to stay tobacco, nicotine, marijuana and vaping free during your recovery to reduce the risk of post-surgery complications.

2-3 Weeks before Your Surgery

Talk to your primary care physician and your orthopaedic surgeon about the medications you take and if you need to stop taking any of them before your surgery. Make sure to tell providers about any GLP-1 medications (Ozempic, Wegoy, Mounjaro, Semaglutide etc) you are taking. These require a special diet prior to surgery. Make sure they are also aware of any health problems you have.

Nutrition Prior to Surgery

Nutrition Tips for Surgery

INCREASED ENERGY NEEDS. Your body burns extra of energy during and after surgery.

LOWERED IMMUNITY. Surgical stress can weaken your immune system. Eating additional protein (red meat, chicken, turkey, fish, nuts, seeds, whole grains, legumes, and dairy products) support immune health and a more successful recovery.

Pre-surgery Dietary Tips

Good nutrition before surgery will help prepare your body to manage the stress of surgery and set in motion a successful recovery.

- Begin increasing protein in your diet if you are able starting two weeks prior to surgery.
- 65 – 100 grams per day are optimal for most people. Ask your Primary Care Provider before beginning any new diet.
- Protein provides building blocks for our muscles, bones, and our immune system.
- It is important to be as strong as possible going into surgery.
- It is important to include fruit and vegetables with all meals and snacks.
- Reduce or eliminate sugars, caffeine, and alcohol from your diet. These create stress on your system and remove nutrients from your body.

Your Pre-operative Visit

Your pre-operative visit location and phone number are listed on the inside front cover of this book. Your pre-operative visit will last 2 to 3 hours. A family member is welcome to come with you. You may eat and drink prior to your pre-operative visit which will include:

- Hospital Registration – Please bring your photo ID and insurance card/information.
- Non-fasting testing (blood drawn, urinalysis and electrocardiogram (EKG)). If you had testing done elsewhere, please bring reports to your pre-operative visit.
- A total joint replacement surgery information/education session.
- A review of your current medications and medical history with a pre-operative nurse. Please bring your medications with you.
- A visit from Anesthesiology

Days Before Your Surgery

- If you normally shave your legs, stop shaving them three days prior to surgery. This helps prevent surgical site infections.
- Tell your physician, prior to surgery, if you have a cold, flu or other illness.

ERAS

Enhanced Recovery After Surgery (ERAS) is a care plan that helps speed up recovery after your surgery. ERAS involves teamwork between your health care providers and YOU.

ERAS provides guidelines which allow your health care team to work together to help you recover more quickly and decrease chances of complications.

ERAS allows you to:

- Heal more quickly
- Allow you to eat and drink as soon as it is safe for you
- Assist in keeping your pain more controlled
- Assist you in walking within 24 hours
- Keep your hospital stay short

What should I do before surgery?

A member of your health care team will talk to you about your role in the ERAS pathway. They will also give you important details about how to prepare your body for surgery, including exercise, deep breathing and tobacco cessation.

You may be asked to drink a 12-ounce carbohydrate drink (ex. Gatorade, Powerade, etc.) several hours before surgery, which will help promote bowel function after surgery and decrease preoperative thirst/hunger.

Gum chewing after surgery helps decrease nausea and dry mouth and assists in the return of bowel function. Bring the gum of your choice with you to have available after surgery. On the day of surgery, you will receive medications before surgery to help with pain control.

Pain management

Although you will have some pain after surgery, with ERAS the goal is to adequately control your pain AND minimize negative side effects from commonly used pain medications. These medications can lead to constipation, excessive drowsiness, confusion, delayed return of bowel function and longer hospital stays. Combining medications that treat post-surgery swelling with smaller amounts of pain medication (called opioids) improves pain control and helps you recover faster.

The Day before Your Surgery

- The preop team will call you the day prior to surgery between **2:00 - 6:00 pm** with your confirmed arrival and surgery time.
- Gather the items in the Checklist of Things to Bring with You section of this book so you have them ready to take with you to the hospital.
- Do not drink alcoholic beverages 24 hours before surgery.
- For your safety, it is important that you **DO NOT EAT** anything after 12:00 midnight the night before your surgery, unless otherwise instructed by your surgeon or anesthesia team.
- You may have clear liquids up to 1 hour before your arrival time at the hospital. Clear liquids are fluids you can see through and include black coffee (no cream or milk), tea (no cream or milk), soft drinks, apple juice and Gatorade or other high carbohydrate nutritional drinks. Do not drink orange juice, broth, gelatin, or alcoholic beverages.
- Do not eat candy or mints or chew gum.
- If you have on nail polish, remove it.

Checklist of Things to Bring with You to the Hospital

- ☐ A list of all medications (prescription medications, including those prescribed by your surgeon to be taken after surgery, over the counter medications, herbs, vitamins, supplements) you take. Your list should include how much you take (dosage) how often you take, and when you take your medications.
- ☐ Healthcare Power of Attorney and/or Living Will (if you have them)
- ☐ Rubber-soled shoes with good foot support to use during physical therapy
- ☐ Loose-fitting clothes (elastic waistband shorts or pants) to practice getting dressed as part of therapy. Laced shoes are best.
- ☐ Chewing gum (gum can not be a nicotine)
- ☐ Any toiletry items you need
- ☐ Eyeglasses and case
- ☐ Hearing aids and case
- ☐ Dentures and case
- ☐ CPAP

Preparing Your Skin before Surgery

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, you will clean your skin with Chlorhexidine Gluconate (CHG) antiseptic solution. At your pre-op visit, you will be screened for methicillin-resistant *Staphylococcus aureus* (MRSA). Your result will determine the length and type of skin prep you will do to prepare for surgery.

If you are positive for MRSA:

1. You will receive a phone call from the pre-op nurse.
2. Buy a bottle of Hibiclens (4% CHG). Follow instructions on the bottle.
3. Shower with Hibiclens for 4 days before your surgery.
4. On day 5 and the morning of surgery, you will use the CHG bath cloths provided to you by the pre-op nurse. See instructions on how to use the bath cloths.

Day 1	Day 2	Day 3	Day 4	Day 5	Day of Surgery
Hibiclens	Hibiclens	Hibiclens	Hibiclens	Bath Cloths	Bath Cloths

If you are negative MRSA:

1. You will not receive a phone call from the pre-op nurse.
2. On the night before surgery and morning of surgery, you will use the CHG bath cloths provided to you by the pre-op nurse. See instructions.

Night Before Surgery	Day of Surgery
Bath Cloths	Bath Cloths

Using the CHG Bath Cloths

- Always shower one hour prior to using CHG cloths if shower is desired.
- Do not shave your legs for 3 days prior to surgery.
- Do not allow CHG to come in contact with eyes, ears, mouth, or nose.

Directions

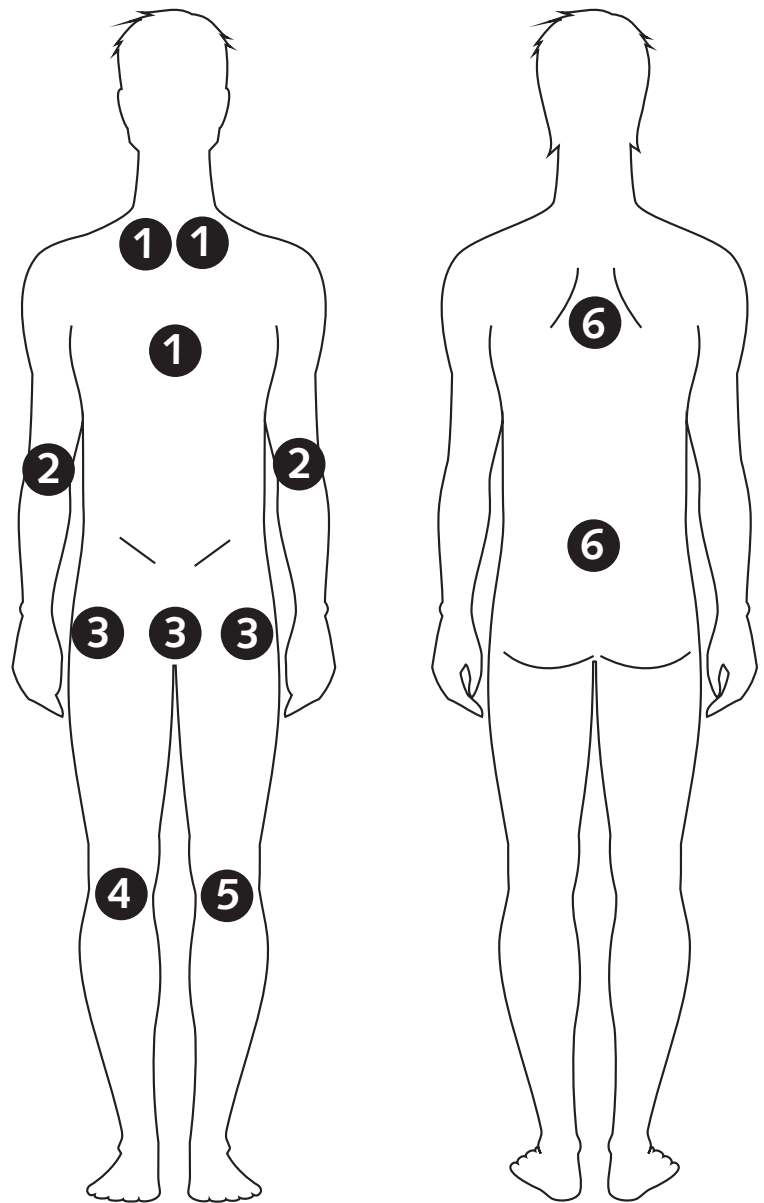
- DO NOT MICROWAVE PACKAGES! To warm the cloths, put the unopened package in a sink of warm water for 10 minutes.

Prep Circled Areas Only

Use one clean cloth to prep each area of the body in the order shown below (Steps 1 through 6). Wipe each area thoroughly using back-and-forth motion. You may need help. Use all cloths in the packages.

- Use each cloth for 30 seconds.

1. Use one cloth to wipe the neck and chest.
2. Use a new cloth to wipe both arms, starting with each shoulder and ending at fingertips. Be sure to thoroughly wipe the armpit areas last.
3. Use a new cloth to wipe the right and left hip followed by your groin. Be sure to wipe folds in the stomach and groin areas.
4. Use a new cloth to wipe the right leg, starting at the thigh and ending at the toes. Thoroughly wipe the inner leg and behind your knee.
5. Use a new cloth on your left leg, starting at the thigh and ending at the toes. Thoroughly wipe the inner leg and behind your knee.
6. Use a new cloth to wipe your back starting at the base of your neck and ending by wiping the buttocks area.



Prep Circled Areas Only

After Prepping

1. DO NOT RINSE YOUR SKIN! Allow your skin to air dry.
2. Do not apply any lotions, deodorant, moisturizers, or makeup after prepping.
3. Dress in clean sleepwear or clothes.
4. Throw away used CHG cloths in the trash. Do not flush down the toilet.

The Day of Your Surgery: Before You Come to the Hospital

- Follow the instructions you received at your pre-operative visit regarding medications to take the morning of your surgery.
- You may brush your teeth – be sure to spit everything out.
- Leave all jewelry and valuables at home.
- Leave all of your medications at home.
- Arrive at the hospital two hours before your scheduled surgery time.

The Day of Your Surgery: Arriving at the Hospital

Please see the hospital map section beginning on page 19.

Cell Phone Usage

Cell phones can be used in most areas of the hospital. If you are unsure, please ask a staff member. Also, as a courtesy to all, please silence your cell phone upon entering the hospital.

Wireless Internet Access

Free wireless Internet access is available on your own laptop computer or tablet at all WakeMed locations. We are pleased to offer this service but cannot provide computers or technical support.

During Your Surgery

- You will be assigned a tracking number, which will be given to your family. Your family can then follow your tracking number on the flat screen monitors located in the Surgery Waiting Area. The color-coded chart will be updated as your loved one is moved

from one treatment area to another.

- Family/support persons can wait in the Surgery Waiting Area.
- Your surgeon will speak with your family/support person once your surgery is complete.
- Family members will be directed to your hospital room where you will see them after your recovery in the Post Anesthesia Care Unit (PACU).

After Your Surgery

- Family and friends are welcome to visit you. One adult family member may stay the night. A pull-out couch or recliner will be provided.

Recovery

- Once you are awake you will be transferred to your hospital room.
- A Foley catheter (a flexible tube to drain and collect your urine) *may* be in place
- Intravenous (IV) access will be present for administration of medications and fluids. These will be stopped at the discretion of your surgeon.
- You will have a large dressing on your leg.
- You should expect to get out of bed the day of your surgery and move your new joint.
- Your nurse will educate you on the different medications you will be given during your hospitalization.
- An incentive spirometer (device that helps improve lung function) will be provided. You will be instructed on how to use it. It is important that you use this to help decrease fevers after surgery. Please use this 10 times for every hour you are awake. This device also helps prevent pneumonia. It is

important to also use your incentive spirometer once you are discharged as well. Your nurse will give you clear instructions on use.

- Your nurse will let you know when you can begin eating.

Case Management

- A case manager will meet with you to discuss your discharge. Outpatient Physical Therapy or Home Health services are options for Physical therapy after surgery.
- For patients who choose Outpatient physical therapy the patient will be responsible for making these appointments BEFORE your surgery date to ensure there are no gaps in therapy after your surgery has taken place.
- For patients who would like to start with in home therapy also known as Home Health therapy this will be arranged for you.
- For patients who need medical equipment such as a walker a case manager will help

arrange this for you. Equipment can be delivered to your room prior to your discharge.

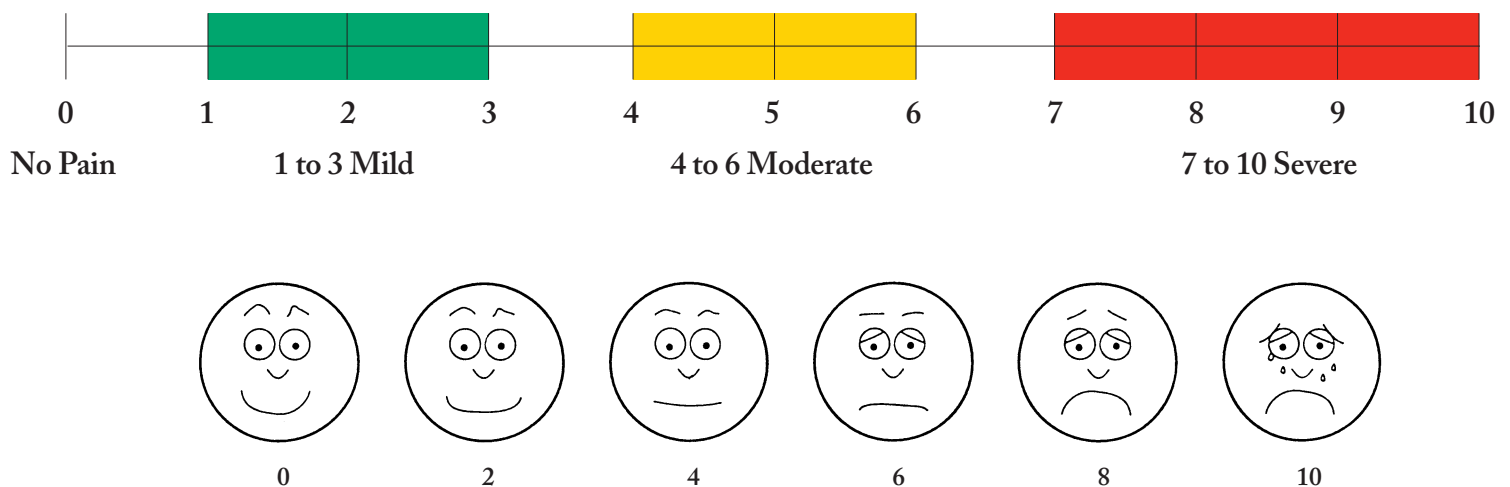
- For patients who are discharging home from the hospital the same day of their surgery, you are encouraged to obtain equipment prior to your surgery to help avoid a delay in your discharge home.

Relieving Your Pain

The type of pain control medication and the way it is given depends on your surgeon's preference for what is right for you. We want to make sure you are as comfortable as possible. If you have pain, please tell your nurse before it becomes severe so that he/she can help keep you comfortable. Your nurse or physician may use the following pain scale to determine your level of discomfort and the type of pain reliever that will work the best for you.

Remember: If you feel pain, tell your nurse. Pain medication is more effective when you take it before your pain becomes severe. We want you to be as comfortable as possible.

Pain Rating Scales



Preventing Blood Clots

- Blood thinning medications (warfarin, aspirin, Xarelto, etc.) help prevent blood clots, which can happen after any surgery.
- Blood clots can cause strokes.
- Your physician will decide which blood thinner is right for you and direct you on how long to take it.
- Your physician will also order sequential compression devices (SCDs) and/or compression stockings (called TEDS) to wear after surgery. These, as well as ankle pump exercises described later in this book, help prevent blood clots from forming by keeping your blood moving. We use all of these methods to prevent blood clots. The best prevention method is to walk as often and as much as you can.
- Only wear your elastic stockings at home during the day or as prescribed by your physician.
- Check the skin under your stockings daily for redness or irritation.

Physical Therapy & Occupational Therapy: What to Expect

- A physical therapist will work with you to exercise and begin moving your hip soon after your surgery. Gentle exercises help strengthen the muscles around your new joint, restore movement and keep the hip flexible.
- Your physical therapist will give you clear instructions on mobility precautions you may have following your surgery.
- Remember to ask for pain medication before you begin therapy to lessen discomfort during and after therapy.
- A physical therapist will teach you how to go up and down stairs at home.
- On the first day after surgery, an occupational therapist may work with you to

help you regain your independence and teach you how to safely care for yourself at home. The occupational therapist will also review shower safety with you and recommend what equipment you will need at home.

After You Leave the Hospital

Taking Good Care of Yourself at Home

Your nurse will give you instructions on how to care for your incision when you get home.

It is important to follow the instructions below if you are returning to your home or the home of a loved one after your procedure.

- Each day, check your incision for redness, swelling or drainage. DO NOT alter your dressing.
- Keep your wound clean, dry and free of powder or lotions
- It's important to have someone at home with you for the first 24 to 48 hours after surgery.
- Use your walker. Your home health or outpatient therapist will help you progress to a cane when you are ready
- Exercise is important. Get up and use your walker/cane to walk around as much as possible.
- Do the exercises as instructed by your physical therapist.
- Rest often throughout the day.
- Avoid sports or over-exercising.
- Talk to your physician about when you can resume sexual activity.
- It is important to stay tobacco, nicotine, marijuana and vaping free throughout your recovery to reduce the risk of infection and blood clots.
- Keep your doctor's appointments.
- Tell all physicians and dentists who treat you that you have had a total joint replacement. You may need an antibiotic before dental or

surgical procedures. Do not schedule elective dental procedures for three months following your surgery.

Eating Healthy After Surgery

Post-surgery Dietary Tips

- Good post-op nutrition can contribute to a faster recovery. This helps you return to doing the things you love as soon as possible!
- Some people lose their appetite after surgery or when taking pain medications. This is a normal response! Supplements such as Ensure, Boost, or Glucerna can help you get adequate nutrition during this critical time
- Surgery increases the body's need for calories. You will need more calories to heal.
- Try eating smaller meals more often if your appetite has decreased.
- Fiber helps to maintain normal bowel movements. Examples: fruits, vegetables, cooked beans, and whole grains.
- Have protein at each meal for your muscles and bones. Examples: meat, fish, eggs, poultry, nuts, dairy products, soy products, and cooked dried beans.
- Calcium is an important component of bone. Examples: milk or calcium- fortified juices and eat yogurt or cheese if you are able.
- Vitamin C is important to help your body heal wounds and form bones. Examples: citrus fruits, green and red peppers, collard greens, broccoli, spinach, strawberries, tomatoes, and potatoes
- Remember to drink plenty of water. To avoid constipation as well as dehydration, drink at least eight to ten cups of fluid a day.

Post-discharge Rehabilitation

Our goal is for all patients to return home and to regain as much mobility as possible. To become fully mobile, you must keep doing your physical rehab – physical therapy and/or

occupational therapy – after you are discharged from the hospital.

It's important to have a plan before you leave the hospital. Your case manager and therapists will work with you to determine your home medical equipment and therapy needs before your discharge so you are ready to continue your progress when you get home. Your at-home plan is also influenced by your family's input, your strength and energy levels, family resources, support system, home situation, physician recommendations, and insurance benefits.

You may need/qualify for home health services – physical rehabilitation and/or nursing care in your home. Or, you may go to an outpatient rehabilitation office for your physical and/or occupational therapy. You have the right to choose the home health agency or outpatient rehabilitation provider if your physician recommends these services. If you would like to continue your care with WakeMed, know that we have options for you.

- **WakeMed Outpatient Rehabilitation** – WakeMed Outpatient Rehab's practices are located throughout Raleigh, North Raleigh, Cary, Apex and Clayton. Physical therapists and occupational therapists who specialize in helping patients regain their mobility after a total joint replacement procedure are located at most of them. Talk to your case manager, visit www.wakemed.org or call 919-350-4206 for a location that is convenient for you and your family.
- **WakeMed Home Health** – Some patients need therapy at home instead of an outpatient rehab center. WakeMed Home Health offers physical therapy and occupational therapy as well as specialized wound care and nursing services in the convenience of your home. Talk to your case manager, visit www.wakemed.org or call 919-350-7990.

Your case manager will assist you with accessing the services you need at times that are convenient for you and your family.

Riding in & Driving a Car

Important for Patients & Family

- No driving until your physician has cleared you to drive.
- The following instructions will help you safely get in and out of the passenger side of a car.
 - > The car should be parked several feet from the curb.
 - > Open the door and turn your back to the car.
 - > Make sure the passenger seat is pushed all the way back and recline the seat.
 - > Place the leg that was operated on in front of you.
 - > Slowly lower yourself onto the seat.
 - > Hold onto the door frame, seat or dashboard, not the car door.
 - > Turn your legs and body so you are facing forward.
 - > Keep your leg that was operated on as straight as you can

Making your Home Safe

- Store items within easy reach.
- Remove all throw rugs.
- Move electrical cords out of your way.
- Have safety rails installed near the toilet, in the shower and near the stairs.
- Use firm chairs with straight backs, high seats and armrests.
- Wear rubber-soled walking shoes.
- Turn using mini-steps, keeping your toes in line with your upper body. Do not twist your hip when you turn.

- Follow your physician's directions on how much weight you should put on your leg.

Your Medications

- Take your blood-thinning medication as instructed by your physician.
- Pain medication can cause constipation. Drink lots of fluids and take a stool softener if you need it.
- Your medications are listed on your Discharge Instructions sheet. Take them as instructed.

When to Call Your Orthopaedic Surgeon

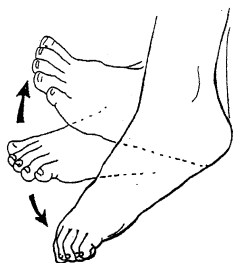
- Staples or sutures become loose
- Sudden increase in pain
- Pain medication is not relieving your pain
- Difficulty bending your knee/moving your hip
- Redness, swelling or drainage (thick, cloudy, yellow, pus, foul odor) coming from the incision
- Broken or red skin at the incision site
- A fever above 101.5° F
- Infections in other parts of your body such as the bladder, gums or throat
- Shortness of breath or difficulty breathing
- Pain in your chest or back
- Redness, swelling, tenderness or pain when walking in either calf
- Broken, irritated skin under your stocking
- Other questions or concerns

Call 911 if you have difficulty breathing or chest pain.

Exercises To Help You Recover at Home

Your therapist will instruct you on how to correctly perform exercises you need to continue after you leave the hospital and will instruct you on how to properly perform them.

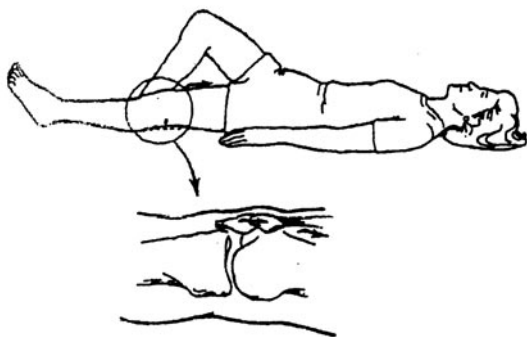
Exercises for All Hip Replacement Patients



Lie on your back with your legs straight.

Point and flex your feet. The focus of this exercise is the stretch in pulling your foot toward your body.

Do 10 repetitions (reps) two to three times a day.

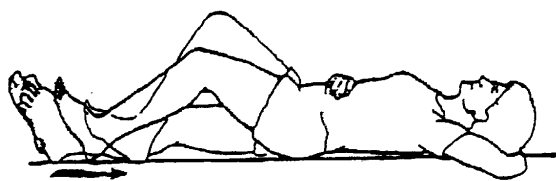


Lie on your back with your legs straight.

Working on the side on which you had your hip replacement, tighten the thigh muscle to press the back of your knee flat to the bed.

Hold for five seconds.

Do 10 to 15 reps, two or three times a day.

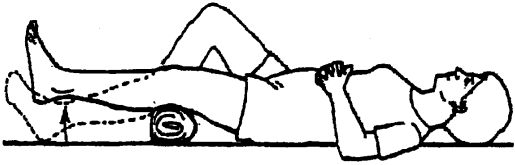


Lie on your back with your legs straight.

Working on the side on which you had your hip replacement, slide your heel toward your buttocks, bending the knee as far as possible.

Hold for five seconds, then slowly lower the leg flat onto the bed.

Do 10 to 15 reps, two or three times a day.

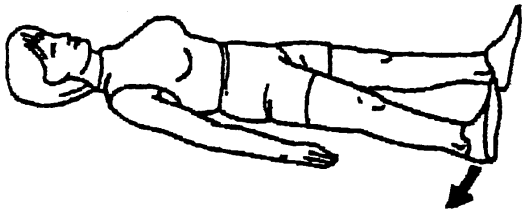


Lie on your back. Working on the side on which you had your hip replacement, place a large towel rolled up under your knee.

Slowly raise your heel off of the bed until your knee is straight.

Hold for five seconds and slowly lower your heel back to the bed.

Do 10 to 15 reps, two or three times a day.

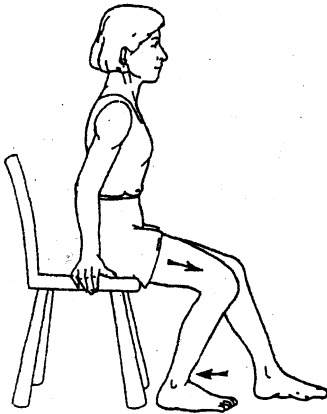


Lie on your back with your legs together.

Slide your operated leg out to the side.

Slide your leg back to the center so it joins the other leg.

Do 10 to 15 reps, two or three times a day.



Sit in a chair. Working on the side on which you had your hip replacement, keep your foot on the ground, close to the base of the chair.

Scoot forward toward the edge of the chair as far as you can so you can feel a stretch.

Hold for five seconds.

Do 10 to 15 reps, two or three times a day.

Hospital Maps & Directions

WakeMed Raleigh Campus

3000 New Bern Avenue, Raleigh

Parking is in the Orange Lot (P3) across from Patient Registration. WakeMed visitors will park in a separate parking deck.

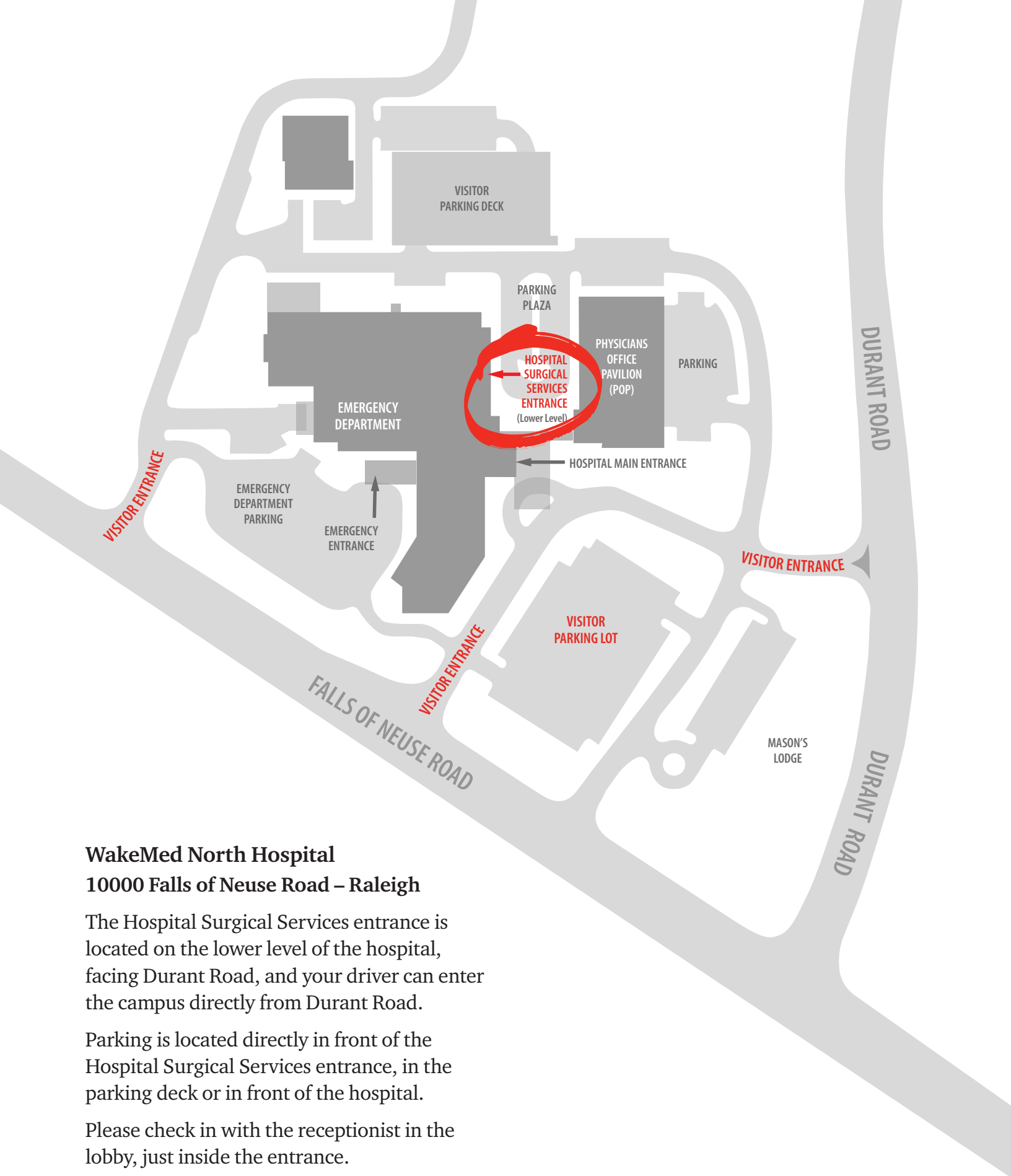
Outpatient Surgery Only: You will be provided with the access code to the **P3 Orange Parking**. Proceed to Patient Registration Desk on first floor.

Patient to be admitted for an overnight stay: You will park in **P1 Green Parking**. Shuttle Services are available to assist families from the **P1 Green Parking** to the Patient Registration. The number for Shuttle Services is 919-350-8171.



P3 Orange Parking for Surgical Services patients going home after surgery.

Use **P1 Green Parking** if the patient is being admitted or staying overnight after surgery.



WakeMed North Hospital
10000 Falls of Neuse Road – Raleigh

The Hospital Surgical Services entrance is located on the lower level of the hospital, facing Durant Road, and your driver can enter the campus directly from Durant Road.

Parking is located directly in front of the Hospital Surgical Services entrance, in the parking deck or in front of the hospital.

Please check in with the receptionist in the lobby, just inside the entrance.

WakeMed Cary Hospital

1900 Kildaire Farm Road – Cary

Your driver can drop you off at the main entrance to the hospital and park in the Patient/Visitor surface parking lot in front of the hospital.

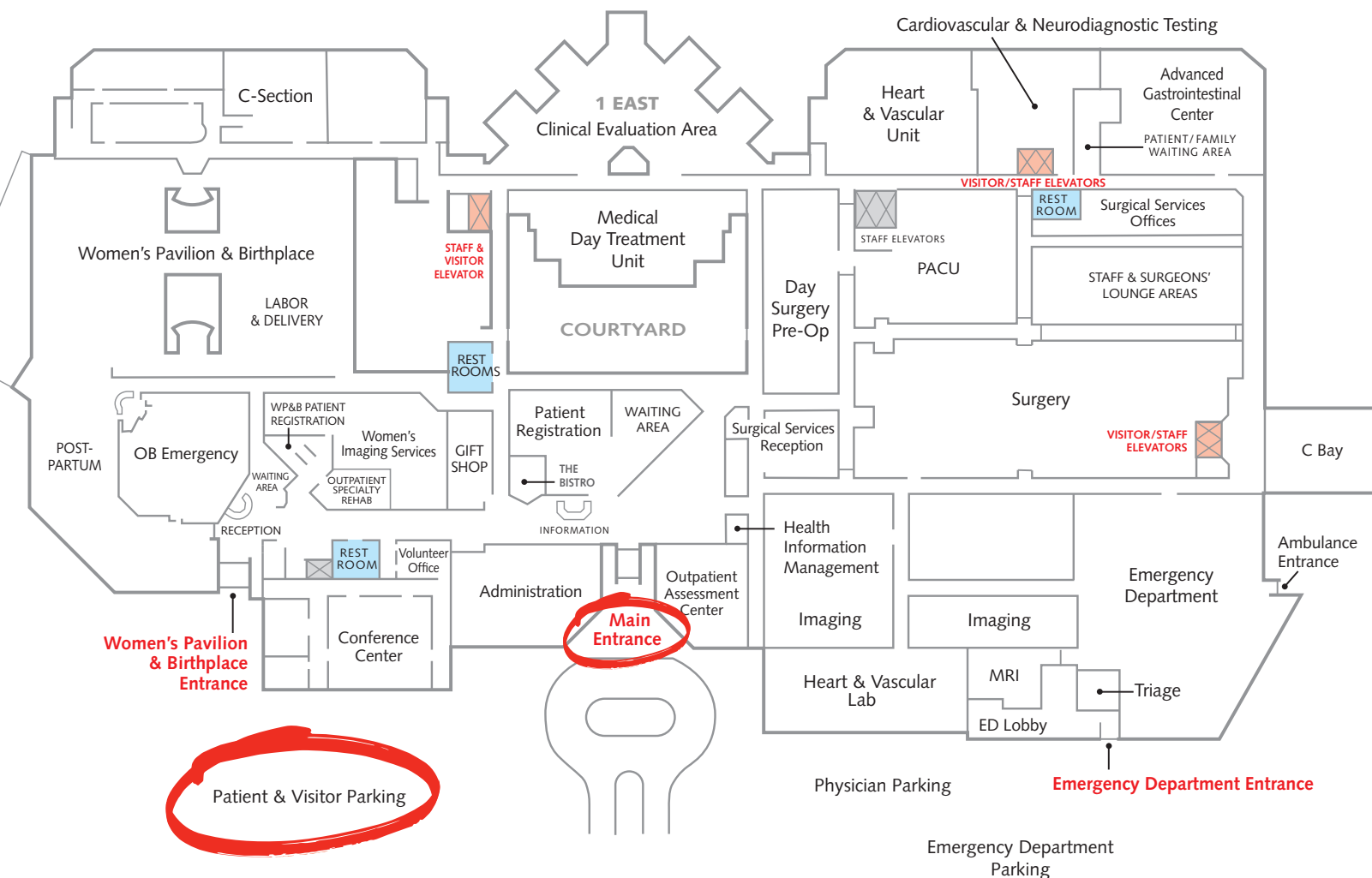
Please check in at the Information Desk, located just inside the hospital entrance.

Cary Patient Shuttle

919-208-8808

Monday – Friday, 8 am to 3 pm

First Floor



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