

DEPARTMENT OF ORTHOPEDICS AND PHYSICAL REHABILITATION
DIVISION OF ARTHRITIS AND JOINT REPLACEMENT SURGERY

PREPARING FOR YOUR HIP REPLACEMENT SURGERY



*UMassMemorial
Medical Center*

Dear Patient:



Thank you for considering UMass Memorial Medical Center for your joint replacement surgery. Our team has received national and regional recognition for its expertise in joint replacement surgery. These awards are based on the exceptional outcomes of our patients. We have the region's most extensive team of orthopedic specialists with a depth of experience that places us in the top ten percent of orthopedic programs in the nation. Blue Cross Blue Shield has designated our Arthritis and Joint Replacement Center as a "Blue Distinction Center+," a quality award given to the few hospitals that continually meet and exceed outcomes for joint replacement procedures.

Our most important measure of the quality of orthopedic care given here is the amount of improvement in a patient's activity and physical function after treatment. According to the Agency for Healthcare Research and Quality, the UMass Memorial Health Care Musculoskeletal Center of Excellence is a model program that is nationally recognized for the quality of our care and the exceptional functional results of our patients.

At our Arthritis and Joint Replacement Center, we are committed to helping people lead active lives. If joint pain prevents you from enjoying your regular activities, we are here to assist — from initial consultation to diagnosis through treatment and recovery. When you turn to us for orthopedic care, you can feel confident that you'll receive the highest-quality care from a respected team of experienced orthopedic experts.

This booklet explains the outstanding program that you will take part in if you have hip replacement surgery at UMass Memorial. I encourage you to ask questions of any member of your Arthritis and Joint Replacement Center care team throughout the process. We're always available to answer your questions and assist you with your recovery.

Sincerely,

A handwritten signature in black ink that reads "David Ayers MD". The signature is fluid and cursive.

David Ayers, MD
Arthur Pappas Professor and Chair
Department of Orthopedics and Physical Rehabilitation
UMass Memorial Medical Center
UMass Medical School

ABOUT THIS BOOKLET

The information provided in this booklet is intended to be your guide as you plan for your upcoming total hip replacement surgery. This guide was written by your Arthritis and Joint Replacement Center care team in order to help answer many of the questions you may have regarding your surgery and recovery. We also encourage you to speak with your doctor or member of your health care team if you have any additional questions.

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OUR TEAM

Our team consists of board-certified surgeons who have advanced training in hip replacement surgery. Our surgeons have performed hundreds of procedures using state-of-the-art techniques. Our academic partnership with the University of Massachusetts Medical School means our surgeons are engaged in ongoing clinical research efforts to advance surgical and nonsurgical methods for diagnosing and treating patients. Our Patient Navigator, physician assistants, nurse practitioners, occupational therapists and physical therapists combine their expert knowledge of patient care and recovery to supply you with information that is important to your success.

YOUR VISITS TO THE ARTHRITIS AND JOINT REPLACEMENT CENTER

You'll be asked to fill out an electronic or paper survey about yourself and how you have been feeling. This survey is an extremely important part of your visit as it gives us important information to help plan your treatment.

Your surgeon will look at your survey in addition to any X-rays, MRIs or lab tests you have had to help determine the best time for your surgery. Your answers also help us understand how well you'll recover after your surgery.

There are no right or wrong answers to these questions. We want you to be honest about how you feel, and your level of pain or joint stiffness. If pain is limiting everyday activities, then your doctor needs to know. Your survey answers can be used to help make these important decisions about your care.

You'll be asked to fill out a survey at your presurgical visit, as well as at your three-month and 12-month postoperative visits. You may be asked to complete additional surveys as requested by your surgeon.

RESEARCH STUDIES

Hip replacement surgery offers successful outcomes for patients, and most patients experience significant pain relief and greater mobility following their surgery. One of the reasons hip replacement surgery has been so successful is because patients like you have given their consent to participate in clinical research studies.

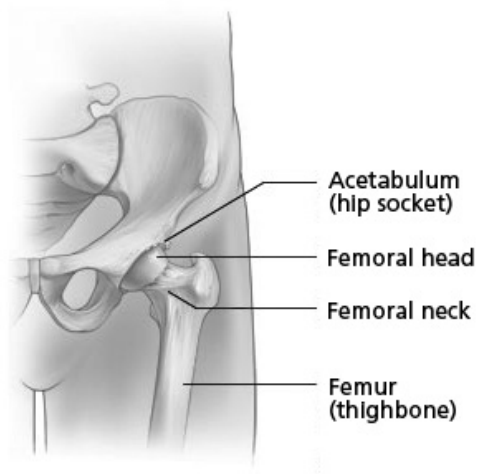
Orthopedic surgeons at UMass Memorial Medical Center are always looking for ways to improve total hip replacement surgery. Research helps improve the surgical techniques, the hardware that makes up your new hip, the medicines that are prescribed and your post surgery care.

Some research studies ask you to fill out a questionnaire while others may invite you to participate in receiving the latest joint technology and medications. If you are asked to participate in a study, please read all of the information provided to you in order to decide if the study is right for you. Participation in research is completely voluntary. If you don't wish to participate in a research study, it won't affect the excellent care you will receive.

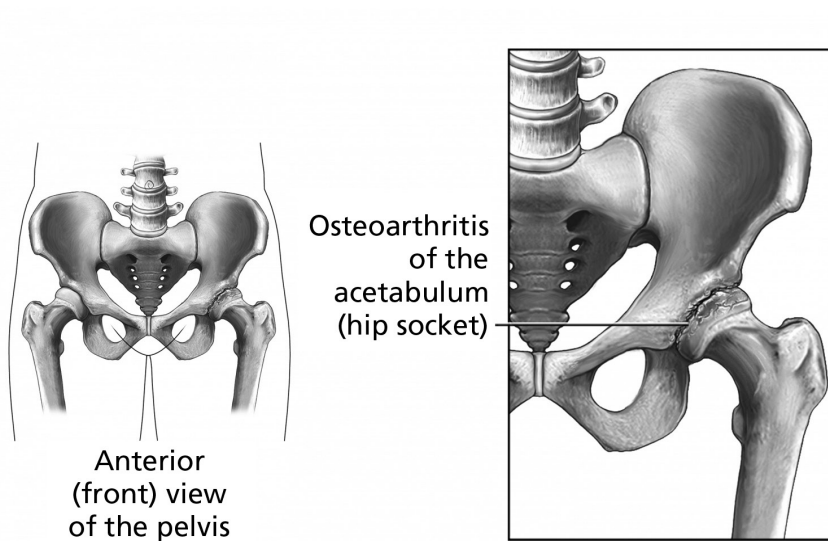
If you have any questions regarding a research study that you are in, or one you would like to participate in, or if you don't wish to continue your participation in a study, speak to your surgeon or Patient Navigator.

ANATOMY OF THE HIP

NORMAL HIP ANATOMY

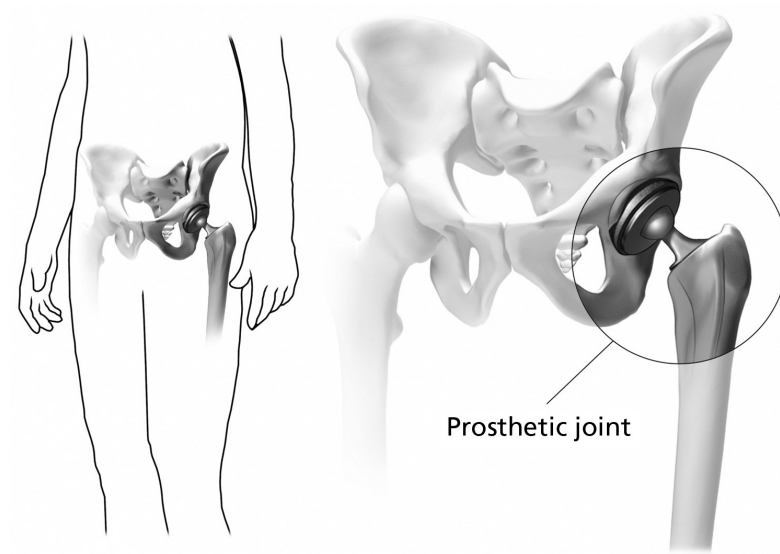


OSTEOARTHRITIS OF THE HIP



Osteoarthritis is a chronic disease involving the weight bearing joints, which is characterized by destruction of the articular cartilage and impaired function. See above illustration that compares a normal hip with a hip with osteoarthritis.

HIP REPLACEMENT SURGERY



The total hip prosthesis consists of four parts:

- A metal cup that replaces your hip socket (acetabulum)
- A plastic liner
- A metal ball that replaces the femoral head
- A metal stem that is attached to the shaft of the bone to add stability to the prosthesis

PREPARING FOR SURGERY

PRESURGICAL EVALUATION APPOINTMENT

Every patient undergoing surgery will be seen for a presurgical evaluation. Your surgeon's office will make the appointment two to three weeks before your surgery. During this appointment, you'll have a medical evaluation (including lab work, chest X-ray and EKG), be screened for infection risk, and meet with a nurse who will review all preoperative instruction. The appointment will take approximately two hours.

Please remember to bring:

- List of your medications, both prescribed and over-the-counter, including vitamins and herbal supplements
- List of allergies and your medical history
- Copy of your Health Care Proxy
- Your completed Discharge Agreement

At this visit, you'll be advised about which of your daily medications you should take on the morning of your surgery. You'll also be given Hibiclens, an antibacterial soap, as well as a prescription for a mouth rinse and nasal ointment to be used prior to surgery. Instructions will be provided on the use of these items.

If after your presurgical evaluation appointment you develop any potential infections, such as open wounds, urinary tract infections, toothaches, rashes or cold/flu symptoms, contact your surgeon's office. An infection could delay your surgery.

OTHER APPOINTMENTS YOU MAY NEED

Medical appointment – You should notify your primary care physician that you're planning to have surgery. He/she may want to see you before the surgery.

Urinary evaluation – During your pretesting appointment, you will have a urine test done to make sure you don't have an infection. Any urinary tract infection will be treated. If necessary, your surgeon may want a further urologic evaluation.

HOME PREPARATION

Adapting your home will make your return safer and enhance your recovery. Use this as a check list to review your home prior to surgery.

- ☐ Take up all throw rugs. Use only nonskid rugs in good condition.
- ☐ Secure the edge of area rugs with double-faced tape or tack them down.
- ☐ Avoid highly polished floors. Clean floors to remove any substance which may catch your feet or crutches and cause you to fall. Powder makes the floor slippery. Hairspray makes the floor sticky.
- ☐ Move most commonly used pots and pans to waist-high level to avoid excessive reaching or bending.
- ☐ Arrange the furniture so that the pathways are wide enough (at least 36 inches) to accommodate a walker/crutches/wheelchair.
- ☐ Remove household clutter. Consider getting a trash can with wheels for trash removal.
- ☐ Brightly colored tape on each step or threshold is advised for people who have vision problems to increase safety while walking.
- ☐ Be aware of surface changes, such as rug to floor or linoleum.
- ☐ Remove extension cords and telephone cords across walkways. If the cords are necessary across walkways, secure them with duct tape.
- ☐ Avoid soft sofas or chairs which are difficult to get up from. Opt for sturdy chairs with arm rests.
- ☐ Check for adequate lighting throughout the house and outside. Install nightlights, especially in the bedroom, bathroom and hallways.
- ☐ Modify pet feeding areas by placing food dishes on a low bench or stool for easy access to refill. Avoid placing these items in areas where you'll be walking frequently.
- ☐ Arrange a sleeping area and a bathroom on the living level of your home. Use a bed or couch with the proper support and height. Your bed shouldn't be low to the floor, which puts added stress on your knees, or so high that your feet can't touch the floor.
- ☐ Consider a bedside commode and/or urinal for nighttime use.
- ☐ Place toilet paper convenient to reach without twisting or bending.
- ☐ Place soap/shampoo at a comfortable height.
- ☐ If you're using a shower to bathe we suggest that you remove glass shower doors. These are unsafe to use as support while getting in and out of the shower or tub. **DO NOT** use a towel rack, soap dish or windowsill for support. Request a trained professional (plumber, carpenter) to install grab bars in the tub.
- ☐ Place gripping tub strips on the bottom of the tub to prevent your feet from slipping.
- ☐ Consider an emergency call system if you stay home alone for long periods of time.
- ☐ Keep a cell phone and emergency numbers nearby at all times.

WHAT TO BRING TO THE HOSPITAL

We'll provide you with the basic essentials needed for your stay in the hospital.

When you arrive in your room after surgery, you'll receive toothpaste, toothbrush, soap, lotion, comb, mouthwash, shaving cream, disposable razor and a denture cup. You're welcome to bring any personal toiletries to make your stay more comfortable.

The hospital also supplies you with a gown to wear the day of surgery. This is much more convenient for you as you are trying to get out of bed and perform activities. We highly recommend that you leave all valuables (jewelry, large sums of money, credit cards) at home, as the hospital can't be responsible for them.

Bring the following things with you to the hospital:

- Copy of your Health Care Proxy
- Written list of medications, both prescribed and over-the-counter, vitamins and herbal supplements that you take, including those you have stopped prior to surgery
- Written list of any allergies to medications, food or latex
- Eyeglasses and eye case, instead of contact lenses, as they are more easily cared for and are easier to use
- Loose, comfortable clothing to wear home
- Footwear with a rubber nonskid bottom with good support, like a sneaker or walking shoe (not clogs)
- Telephone numbers of family and friends (Note: Your hospital room is equipped with a telephone, and you are allowed to make local calls only. Please make arrangements for long distance calling.) You also may bring your personal cell phone, laptop or tablet (free Wi-Fi is available).
- Books, magazines, music devices or a hobby to help you relax; all rooms are equipped with televisions
- CPAP (if you use one at home for sleep apnea)

EVENING BEFORE SURGERY

You should call the Surgical Admissions Unit at 508-334-6384 between 2 and 5 pm the business day prior to your surgery to get your scheduled arrival time.

You should not eat or drink after midnight before your surgery. You may take your medications, as instructed, the morning of surgery with a sip of water.

You can have clear liquids up until two hours before your scheduled arrival time. Example of clear liquids include apple juice, ginger ale, and black coffee/tea with nothing in it. Don't drink liquids with red dye such as cranberry juice or Gatorade.

DAY OF SURGERY

SURGICAL ADMISSIONS UNIT

On the day of your hip surgery you should report to the Surgical Admissions Unit, second floor, East Building, Memorial Campus. Enter through the main entrance of the hospital and take elevator E.

When you arrive, you will change into a hospital gown. Your belongings can be labeled and sent to the inpatient unit, but we suggest that family members take your belongings and bring them to your room to avoid them being misplaced. The nursing staff will take your vital signs and review your final preparations for surgery. When your family members are asked to leave, they may go to the surgical waiting area just outside the unit.

Your surgeon will come and speak to your family in the waiting room or call your family after your surgery is finished. Please leave a cell phone or other contact number with the surgical admissions staff.

For your family's convenience, there is a cafeteria on the first floor of the South building. The cafeteria is open every day from 6:15 am to 6:30 pm.

HOLDING AREA

When it's time for your surgery, you'll be transported via stretcher to a holding room. An IV line will be placed for routine fluids and antibiotics. Your anesthesiologist and surgeon will meet with you to discuss any last minute questions or concerns. For safety purposes, you and your surgeon will be asked to sign your initials with a surgical pen at the location of your surgery. Once you're fully prepared and the surgical team is ready, you'll be taken into the operating room.

RECOVERY ROOM

Once the surgery is complete, you will be taken to the Post Anesthesia Care Unit (PACU) where you will stay until you are awake and alert, your vital signs are stable, and your pain is under control.

As soon as these occur and your room is ready, you'll be taken to your room on the floor.

YOUR ROOM

Upon arriving in your room, you'll meet your nurse and your patient care assistant who will orient you to your surroundings. Your vital signs will be taken, and your medical condition will be assessed. You'll still have an IV but can drink if you are able.

The nurses will assess your pain to make sure it's under control. You will be checked frequently for safety and comfort. Don't hesitate to report any concerns or ask any questions.

You'll be wearing special white stockings and/or compression boots to promote circulation and to help prevent blood clots.

You'll be taught how to take deep breaths to prevent congestion in your lungs while you're not able to move around.

YOUR HOSPITAL STAY

The day of surgery will be the beginning of your recovery:

- You'll get out of bed with the help of a caregiver. Don't get out of bed without first calling for assistance.
- You'll be allowed to eat and drink your normal diet.

We encourage you to ask questions and communicate concerns to the nursing staff as well as the entire orthopedic team.

The average length of stay in the hospital for a total joint replacement patient is one to three days, with the majority of patients discharged to home on day two. Each day you will increase your activity level and strength. You can expect the following to occur:

- Lab staff will draw your blood daily. These results will be evaluated by the orthopedic team.
- Physical therapy treatments will help you get back on your feet and ready for discharge.
- You'll be visited daily by our discharge coordinator who will help you with your discharge plan.
- While you are in the hospital you should receive any medication you normally take at home. If you don't receive your medications, please tell your nurse. You also may receive additional medications as prescribed by your surgeon such as a multivitamin, vitamin C, iron, laxatives to prevent constipation and blood thinning medicine to prevent blood clots.

PAIN MANAGEMENT

Our body uses several different chemicals to transmit pain messages to the brain. Each of these chemicals is part of a pain-signaling pathway. Recent studies have shown that a more effective way of treating pain is to treat multiple pathways with medications for each pathway. Using a number of different medications enables us to treat pain more effectively, while minimizing side effects. Since we are trying to treat multiple pathways, you'll find that we'll be using a number of different pain medications, beginning in the recovery room and extending through your hospital stay and at home.

Some of the pain modalities include:

- Long acting anesthetic injected into the joint during surgery
- Short acting medication by mouth
- Anti-inflammatory medication
- Tylenol
- Medication for nerve pain

Pain control begins on admission and continues throughout your hospital stay. The pain modality to be used will be decided upon by your surgeon and anesthesiologist. This decision is based on your medical history.

Pain management is an important aspect of care for a total joint patient. The nursing staff will frequently ask you to rate your pain on a scale of zero to 10, zero being no pain and 10 being severe pain. It's important to all members of your care team that you are as comfortable as possible. If at any time you don't feel your pain is under control, don't hesitate to inform them.

BOWEL AND BLADDER FUNCTION

In some instances you'll have a catheter placed during or after surgery. A catheter is a thin flexible tube inserted in the body to withdraw urine. If you have a catheter, usually it's removed on the day after surgery.

Normal bowel movement following surgery is very important. Pain medication can and often does cause constipation. While you're in the hospital, you'll receive stool softeners and/or laxatives in order to prevent constipation. It's important for you to continue to manage your bowel movements at home. There are many remedies that can be bought at your local pharmacy including:

- Docusate sodium (Colace): 100 milligrams twice daily
- Milk of magnesia: Follow directions on the label
- Senokot: Two tablets at bedtime
- Glycerine suppositories and small enemas: Follow directions on the label

Drinking plenty of fluids and eating high fiber foods such as vegetables, oranges, apricots and prunes can help ease constipation.

BLOOD CLOTS

Blood clots can develop after surgery. Early and frequent mobility is essential to decreasing the occurrence of blood clots. Your surgeon will prescribe a blood-thinning medication called an anticoagulant to help prevent blood clot formation.

You will wear special white stockings and/or compression boots to promote circulation and prevent blood clots.

If you're given white compression stockings you should continue to wear them after you leave the hospital as directed by your surgeon. Wear them during the day and remove them at night. Getting out of bed and moving also helps prevent blood clots.

PHYSICAL THERAPY

While you're in the hospital you will receive physical therapy. We will begin your treatment on the day of surgery.

Physical therapy focuses on teaching the proper techniques for getting in and out of bed and up and down from a chair; walking with an assistive device (a walker or crutches); and climbing up and down stairs. Your therapist also will review a therapeutic exercise program that is designed to increase your range of motion and strength (see page 16).

HIP DISLOCATION PRECAUTIONS

Certain precautions need to be taken after surgery to protect your new joint and prevent dislocation. Your therapist will review these precautions with you and teach you how to do your daily activities.

AFTER HOSPITAL CARE

DISCHARGE PLANNING

You and your surgeon will plan for your discharge prior to surgery.

The discharge coordinator, along with other members of the orthopedic team, will coordinate your discharge. You should arrange to have help with meals and other needs at home, such as cleaning and shopping.

REASONS TO CALL YOUR SURGEON AND/OR PATIENT NAVIGATOR

Please notify your surgeon if you develop:

- Redness or drainage from your incision
- Separation or opening of the incision
- Calf discomfort
- Fever (temperature greater than 101 degrees) or chills
- Rash
- Increased pain
- Leg swelling
- Decreased motion or increased stiffness
- Any other concerns you may have

WOUND CARE

Follow instructions for wound care/dressing as directed by your surgeon at the time of discharge.

Please note: you should continue to use your hip wrap for two weeks following surgery, even if you have removed your dressing. A clean, sterile pad should be placed between your incision and the wrap. If you have any concerns, please call your surgeons office.

ANTIBIOTICS

You now have an artificial hip. To decrease the chance of infection of this joint, your primary care physician or dentist will need to prescribe antibiotics before any dental, surgical or invasive procedures.

HOME EXERCISES AFTER TOTAL HIP REPLACEMENT

To make your recovery easier, familiarize yourself with these exercises before coming to the hospital. Your therapist will show you which ones are best and how often you should do each one. The therapist will introduce additional exercises as you progress in your recovery.

HIP ABDUCTION

EASY

Lie on your back and slide your surgical leg out to your side as far as you can. Hold for ten seconds then slide your leg back. Repeat this 30 times. Do this every morning, afternoon, and night. This should quickly (usually 4-5 days post-operatively) become too easy for you. At this point, progress to “medium.”



MEDIUM

Stand with one hand on your surgical hip and the other hand resting on a chair for balance. With your non-surgical leg planted firmly on the ground, lift your surgical leg out to the side as far as you can. Hold it out to the side for ten seconds and then bring your leg back down. Remember to keep your surgical leg and foot pointing straight ahead (your toes will want to turn out).

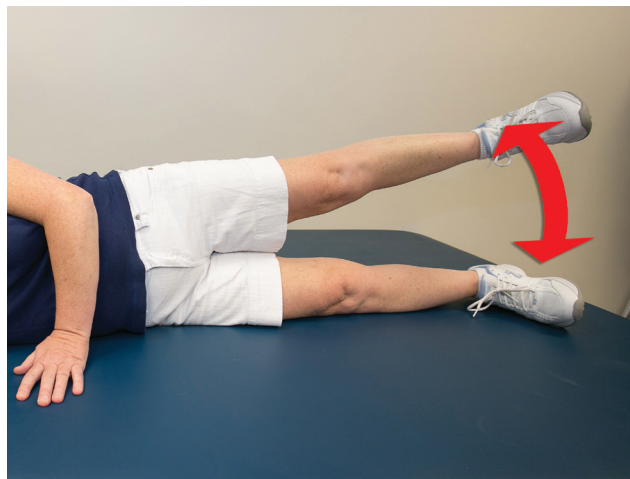
It is better to hold your leg out only a short distance for the full ten seconds than it is to bring the leg out a far distance and not be able to hold it in that position. Repeat this 30 times. Do this every morning, afternoon and night. This exercise can also be done with both hands resting on a chair for balance. Do not put weights or bands on your ankle. Soon this will become too easy. At this point progress to “hard.”



HARD

Lie on your non-surgical side with your arm closest to the ground straight up under your head, your other arm resting on the floor in front of you for balance, and your legs out straight. Lift your surgical leg into the air in a scissor-like motion. Hold it up in the air for ten seconds.

Again, remember to keep your surgical leg and foot pointing straight ahead (your toes will want to turn up). It is better to hold your leg up only a short distance for the full ten seconds than it is to bring the leg up a far distance and not be able to hold it in that position. Repeat 30 times. Do this every morning, afternoon, and night. Do not put weights or bands on your ankle.



DO NOT DO ANY OF THE FOLLOWING EXERCISES



No Squats



No Lunges



*No Straight Leg
Raises*



*No Stairs
for Exercise*

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DIRECTIONS TO SURGICAL ADMISSIONS



UMASS MEMORIAL MEDICAL CENTER - MEMORIAL CAMPUS 119 BELMONT STREET, WORCESTER

From the east: Take Mass. Turnpike West to I-495 North. Take Exit 25B to I-290 West. Follow I-290 to Exit 18. Turn right off exit onto Lincoln Street. Bear left and proceed to Lincoln Square (intersection of Route 9/Belmont Street). Take left onto Belmont Street. Memorial Campus is 1/2 mile on the left.

From the west: Take Mass. Turnpike East to Exit 10 (I-290 East). Take I-290 East to Exit 17. Turn right off exit onto Route 9/Belmont Street. The Memorial Campus is on your left.

From the north: Take I-495 South to Exit 25B (I-290 West). Follow I-290 to Exit 18. Turn right off exit onto Lincoln Street. Bear left and proceed to Lincoln Square (intersection of Route 9/Belmont Street). Take left onto Belmont Street. The Memorial Campus is on your left.

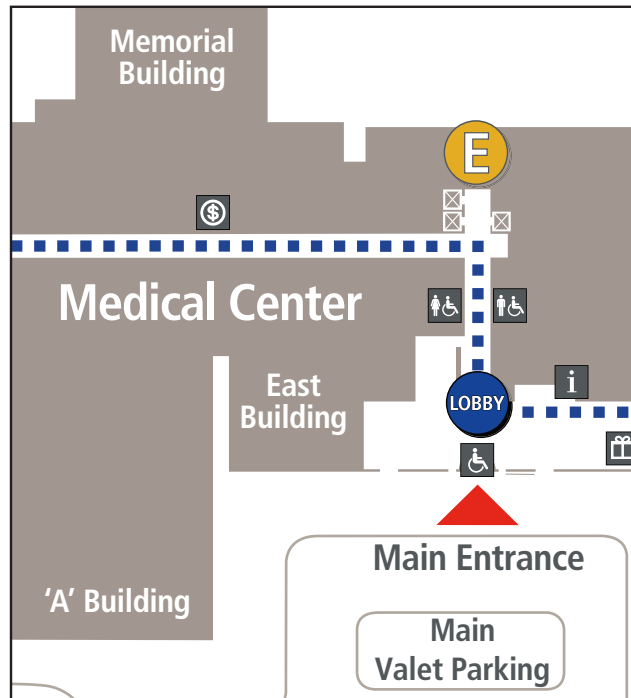
Or: Take I-190 South to I-290 West toward Auburn. Follow I-290 to Exit 18. Turn right off exit onto Lincoln Street. Bear left and proceed to Lincoln Square (intersection of Route 9/Belmont Street). The Memorial Campus is on the left.

From the south: Take I-495 North to Exit 25B (I-290 West). Follow I-290 to Exit 18. Turn right off exit onto Lincoln Street. Bear left and proceed to Lincoln Square (intersection of Route 9/Belmont Street). The Memorial Campus is on your left.

Or: Take I-395 North to where it becomes I-290 East. Take I-290 to Exit 17. Turn right off exit onto Route 9/Belmont Street. The Memorial Campus is on your left.

Parking: In the parking garage near the emergency department entrance or valet in front of the south entrance.

When you arrive at the hospital, come through the main entrance and take elevator **E** to the second floor, Surgical Admissions.



INTERNET RESOURCES:

UMass Memorial Medical Center Orthopedic Department: www.umassmemorial.org/ortho

American Academy of Orthopaedic Surgeons: www.aaos.org

American Association of Hip and Knee Surgeons: www.aahks.org

NON-DISCRIMINATION NOTICE

UMass Memorial Medical Center complies with applicable Federal and State civil rights laws and does not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability. Further, UMass Memorial Medical Center does not exclude people or treat them differently because of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability.

UMass Memorial Medical Center provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, and other formats)

UMass Memorial Medical Center also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Interpreter Services, 774-441-6793 (TTY 711).

If you believe that UMass Memorial Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability, you can file a grievance with:

Office of Patient Advocacy
55 Lake Avenue North
Worcester, Massachusetts 01605
Phone: 774-442-3701 (TTY-711), Fax: 774-441-7766,
PatientCareServices@umassmemorial.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance a patient advocate representative is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
Phone: 800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

LANGUAGE ASSISTANCE SERVICES

If you speak a language other than English, language assistance services are available at no cost to you.
Call 774-441-6793 (TTY: 711)

Español (Spanish)- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 774-441-6793 (TTY: 711).

Português (Portuguese); ATENÇÃO: se você fala português, tem à sua disposição serviços linguísticos gratuitos. Ligue para 774-441-6793 (TTY: 711).

Tiếng Việt (Vietnamese); CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 774-441-6793 (TTY: 711).

العربية (Arabic); ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 774-441-6793 (رقم هاتف الصم والبكم: 711).

Shqip (Albanian); KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 774-441-6793 (TTY: 711).

नेपाली (Nepali); ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 774-441-6793 (टिटीवाइ: 711)।

繁體中文 (Chinese); 注意：如果您使用繁體中文，您可以免費獲得語言協助服務。請致電 774-441-6793 (TTY: 711)。

Русский (Russian); ВНИМАНИЕ: Если вы говорите на русском языке, вы можете воспользоваться бесплатными услугами перевода. Звоните 774-441-6793 (телефакс: 711).

Kreyòl Ayisyen (French Creole); ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 774-441-6793 (TTY: 711).

ខ្មែរ (Cambodian); ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 774-441-6793 (TTY: 711)។

한국어 (Korean); 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 774-441-6793 (TTY: 711)번으로 전화해 주십시오.

Français (French); ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 774-441-6793 (Télétype : 711).

Italiano (Italian); ATTENZIONE: Se parlate italiano, potete usufruire di servizi di assistenza linguistica totalmente gratuiti. Chiamate il numero 774-441-6793 (TTY: 711).

λληνικά (Greek); ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε στον αριθμό 774-441-6793 (TTY: 711).

Polski (Polish); UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 774-441-6793 (TTY: 711).

हिंदी (Hindi); ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ मुफ्त में उपलब्ध हैं। 774-441-6793 (TTY: 711) पर कॉल करें।

ગુજરાતી (Gujarati); સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 774-441-6793 (TTY: 711).



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