ARTHROPLASTY AT THE ORTHO-CAMPUS OF
HELIOS CÄCILIEN HOSPITAL HÜLS

JOINT REPLACEMENT WITHOUT CHANGE OF LOCATION

Ortho-Campus

DEAR PATIENTS,

Welcome to the Ortho-Campus of Helios Cäcilien Hospital Hüls! On the following pages, we are proud to introduce you to a facility that sets nationwide standards in arthroplasty.

Throughout our many years of activity as orthopaedists specialising in arthroplasty, we have always been aiming to improve our patients' mobility. However, our responsibility usually ended after the surgery at the hospital gate: Although our patients were given recommendations for useful rehabilitation measures before being discharged from the hospital, we had no control over whether these measures were then actually put into practice. From a medical point of view, the separation of medical treatment and physical therapy is anything but optimal. In order for patients to regain their mobility following joint replacement, medical treatment and physical therapy should be carried out in close collaboration and constant consultation, forming a unified whole.

This is precisely what we do at the Ortho-Campus, where patients can stay in the same facility and are closely monitored by the team they already trust. Together with the rehabilitation specialists of salvea, we at the Ortho-Campus of Helios Cäcilien Hospital Hüls offer them a holistic, customised therapy from one source and in one place. The surgeon remains in charge of the patients during the rehabilitation, ensuring efficient exchange of information and a swift recovery. Our patients also have fewer organisational matters to take care of, as they receive all services under one roof. Under these ideal conditions, patients can devote all their energy to their recovery and quickly get back on their feet with a new hip or knee joint.

Kind regards,

Prof. Dr. Clayton Kraft

Dr. Andreas Hachenberg

CONTENTS

WHAT IS THE ORTHO-CAMPUS?

THE ORTHO-CAMPUS – AN INNOVATIVE TREATMENT CONCEPT

The Ortho-Campus of Helios Cäcilien Hospital Hüls offers a one-of-a-kind service: We take a holistic approach to arthroplasty. This means that patients who require a new hip or knee joint receive all services in one place, from preparation and surgery to subsequent rehabilitation. At the Ortho-Campus, the hospital's medical team and the physical therapists of salvea work hand in hand for the patients' benefit. Their "therapeutic guide", Dr. Andreas Hachenberg, ensures a smooth transition between the surgery and the subsequent rehabilitation measures in his dual role as surgeon and head of the arthroplasty centre as well as chief physician of the rehabilitation department. Interdisciplinary collaboration not only saves organisational effort, but also ensures faster recovery. We create a smooth transition between surgery and rehabilitation, offering treatment from a single source, always aiming to mobilise the patients as soon as possible.

Quickly back on track

We at the Ortho-Campus aim to provide optimal and customised care to patients so that they can return home safely. This is based on the conviction that patients in need of a new hip or knee joint are not "sick" in the traditional sense. Rather, they suffer from natural wear and tear, which can be remedied by joint replacement. Following this treatment, patients should return to a normal, active life as soon as possible instead of staying in the hospital bed for a long time. Using what is referred to as the fast-track method, we optimally prepare our patients for the upcoming surgery and the challenges in rehabilitation as early as the preliminary consultation. During the surgery, we rely on innovative, gentle methods and mild anaesthesia to keep the physical strain to a minimum. Mobilisation, which is of vital importance, is started immediately after the surgery in the recovery room, enabling patients to move again on their own within just a few days.

Our patients are the focus of our attention

The well-being of our patients is always our top priority: Of course, we at the Ortho-Campus take into account the individual condition of every single patient. We would like to support their recovery in the best way possible and, not least, show them the joy of health and mobility.

WE WANT TO ENABLE PATIENTS TO QUICKLY RETURN TO AN ACTIVE LIFE, WITHOUT STAYING IN THE HOSPITAL BED FOR A LONG TIME

FOR WHOM IS THE ORTHO-CAMPUS?

KNEE AND HIP ARTHROPLASTY

Arthroplasty at the Ortho-Campus specialises in knee and hip replacement. Both joints are subject to excessive stress in daily life, inevitably leading to wear and tear. This wear and tear most commonly affects the joint cartilage, which acts as a kind of shock absorber between the bones. Its wear – referred to as osteoarthritis – causes the bones to directly rub against each other, the consequences being pain and increasing immobility. With increasing age, these problems typically become acute, necessitating treatment. The wear process may be accelerated by overweight, constant excessive stress or lack of exercise. Once conservative (joint-preserving) measures are exhausted, arthroplasty is needed, where the worn joint is replaced by an artificial one.

Other, less common causes of knee joint problems include previous meniscus or cruciate ligament surgeries as well as congenital deformities. Hip replacement may be indicated due to femoral neck fractures or hip dysplasia. Of course, these different backgrounds are taken into account at the Ortho-Campus, because it makes a big difference whether the patient is an 85-year-old pensioner who fell down the stairs and suffered a femoral neck fracture or a 49-year-old amateur tennis player who complains about chronic pain after a knee injury. At the Ortho-Campus, the focus is placed on the patients and their specific needs, providing them with treatment that is precisely tailored to their specific requirements.

THE ORTHO-CAMPUS TEAM:

OUR SPECIALISTS

The Ortho-Campus team is characterised by many years of experience, a high level of expertise, motivation and empathy. Together with the physical therapists of salvea, the medical team is working flat out every day to get our patients back on their feet as soon as possible.

Prof. Dr. med. Clayton N. Kraft
Director of the Department of Orthopaedic,
Trauma and Hand Surgery

Dr. med. Andreas Hachenberg
Head Physician of the Arthroplasty Centre Lower Rhine
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Thorsten Sauer
Senior Physician for Orthopaedic and Trauma Surgery

Dr. med. Christian Wagner
Senior Physician for Orthopaedic and Trauma Surgery

Dr. med. Jens Schuhmacher
Senior Physician for Orthopaedic and Trauma Surgery

Benjamin Grünhage
Senior Physician for Orthopaedic and Trauma Surgery

Agata Jachimzcak
Fachärztin für Orthopädie und Unfallchirurgie

Anke Bartnik
Orthopaedic and Trauma Surgeon

Helga Meyer
Site Manager of salvea reha in Hüls

Sabrina Bienbeck
Therapy Manager

PREHABILITATION

WELL PREPARED FOR THE SURGERY

The treatment at the Ortho-Campus starts as early as two weeks before the surgery with a preliminary consultation and a guided tour of the facility in Hüls, where patients are not only familiarised with the environment, but also get to know the treatment team. As part of a preparatory seminar, which the patient's relatives are also welcome to attend, the entire course of treatment is discussed in detail. Alternatively, we offer international patients other options, such as video consultations.

In the preliminary consultation with the attending doctor, the aim and purpose of all measures are explained. This is important because the therapeutic outcome substantially depends on the collaboration between the patient and the Ortho-Campus team. To achieve the dedicated goal of restoring mobility as soon as possible, patients should already work towards improving their flexibility before the hospital stay. The better the patients' physical condition, the more easily they will complete the rehabilitation programme after the surgery. To this end, we present exercises for muscle development and answer any open questions as part of the preparatory seminar.

Although often underestimated, being supported by family members can substantially contribute to a successful treatment outcome. Patients should inform their closest confidants about the therapy at the Ortho-Campus and the fast-track method to prevent any misunderstandings and receive the necessary support after the surgery.

PREHABILITATION

THE THERAPY ALREADY STARTS BEFORE THE SURGERY

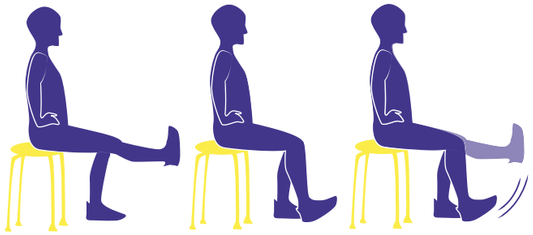
Although knee and hip replacement surgery is a routine procedure that can be performed within a relatively short period of 60 to 90 minutes, it puts a strain on the body and the organism. The surgical procedure is performed under anaesthesia, which is tolerated differently by every patient. In addition to experiencing wound pain, patients will be unsteady on their feet and limp after the surgery because of the affected muscles.

Even though mobilisation is ideally started right after the surgery in the recovery room, arthroplasty patients are most likely to move less than before in the first few days after the procedure. The associated muscle loss can be effectively counteracted by strengthening the muscles beforehand. It is generally advisable to use the days and weeks between registration and the scheduled date of the surgery to improve physical fitness. Having surgery can be compared with running a marathon or a similar activity, for which patients should prepare accordingly by not only developing and reinforcing their muscles, but also strengthening their cardiovascular system and respiratory tract.

It is a perfect opportunity for smokers to quit their vice – or at least stop smoking until the surgery. The same applies to consumption of alcohol. Anything that harms or weakens the body should be avoided.

Our physiotherapists have developed a very special programme for arthroplasty patients. It can ideally be completed as part of an outpatient prehabilitation programme under our supervision, but also autonomously at home. It includes simple gymnastic exercises that do not require any special equipment. These exercises are predominantly aimed at staying active and strengthening the cardiovascular system. Some of the most useful exercises are presented on the following pages.

PREHABILITATION EXERCISES



Active extension while sitting
Starting position: Sitting

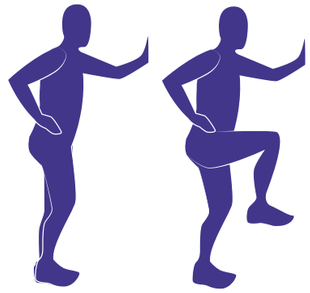
Instructions: Straighten your leg at the knee, hold briefly, then return to starting position.

Repetitions/Rest: 3 x 15 repetitions, 30 seconds rest, with left and right leg

Stretching against a wall
Starting position: Standing in a walking position, placing your hands against the wall for support

Instructions: Keep the leg to be stretched extended behind you with your heel planted firmly on the ground. Move your hips forward until your front leg bends and you can feel the stretch in your calf.

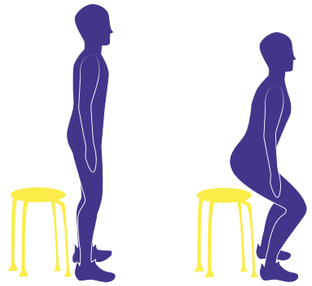
Repetitions/Rest: 3 x 20-30 seconds stretched, 20 seconds rest, with left and right leg



Standing knee raises
Starting position: Standing, placing one hand against the wall for support, foot slightly raised

Instructions: Raise your hip and knee towards your upper body, hold briefly, then return to starting position.

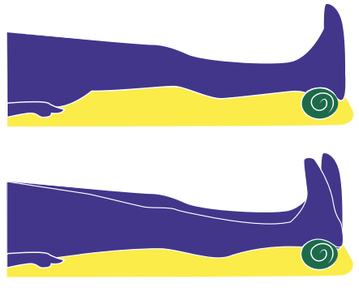
Repetitions/Rest: 3 x 15 repetitions, 10-20 seconds rest, with left and right leg



Squats
Starting position: Standing (in front of a chair as an aid) with your feet hip-width apart, arms down by your sides

Instructions: Bend your knees and lower your bottom while pushing it out. Keep your heels on the ground, knees flexed outwards and your bottom pushed out. Once one of these factors changes, you have reached your personal limit. Hold briefly, then return to starting position.

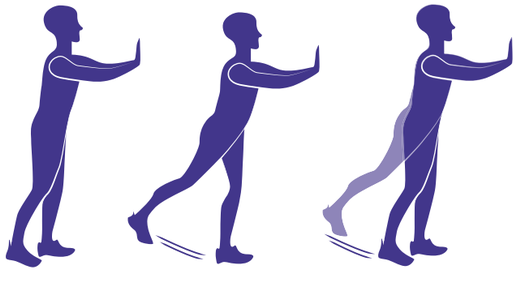
Repetitions/Rest: 3 x 20 repetitions, 30 seconds rest



Active extension while lying on your back
Starting position: Lying on your back with a rolled-up towel under your heels

Instructions: Push the back of your knees towards the ground, hold for at least 20 seconds, then relax.

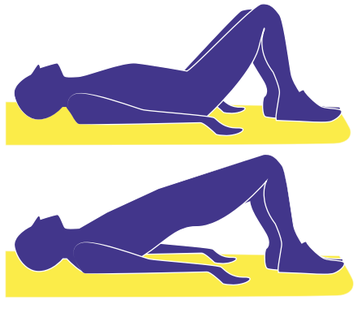
Repetitions/Rest: 3 x 15 repetitions, 30 seconds rest



Extension
Starting position: Standing, placing your hands against a wall for support, one leg slightly extended behind you

Instructions: Extend your leg further behind you, hold briefly, then return to starting position.

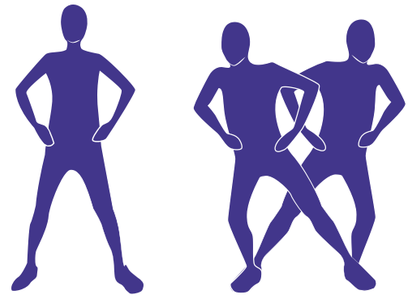
Repetitions/Rest: 3 x 15 repetitions, 10-20 seconds rest, with left and right leg



Double-leg bridge
Starting position: Lying on your back (as flat as possible) with the knees bent, arms close to your sides, palms facing the ceiling

Instructions: Lift your hips up as far as possible, hold briefly and lower them back down. Lift them back up before they touch the ground.

Repetitions/Rest: 3 x 20 repetitions, 10-20 seconds rest



Adductor stretches
Starting position: Standing with your feet slightly more than hip-width apart

Instructions: Shift weight to one leg. Keep the leg to be stretched extended. You should feel the stretch on the inside of your thigh.

Repetitions/Rest: 3 x 20-30 seconds, 10-20 seconds rest

OUR GOAL: IMPROVING YOUR QUALITY OF LIFE

HIP REPLACEMENT SURGERY

MINIMALLY INVASIVE HIP REPLACEMENT

The hip joint is surrounded by muscle strands and embedded in soft tissue. In order not to damage these delicate structures, we at the Ortho-Campus perform the hip replacement surgery using a minimally invasive technique. In contrast to the conventional method, the hip joint is accessed from the front instead of the back. Besides the smaller incision measuring about seven centimetres, the approach used in this innovative and gentle method is of special significance, because in this minimally invasive surgery technique the hip joint is accessed through a natural muscle gap in the front of the thigh, which means that the muscle groups that are important for rapid rehabilitation need not be detached or dissected.

Compared to the conventional surgery technique, this method involves significant advantages: Due to the smaller incision, the blood loss, which occurs in all surgeries, is kept to a minimum and only a small scar is left behind. Since the muscles required for walking remain intact, postoperative mobilisation is faster and safer. Another key advantage is better protection against dislocation: The intact muscles and tissue firmly hold the new joint ball in the socket, preventing the joint from “slipping out” (dislocation). In contrast to the conventional surgical method accessing the hip joint from the back of the thigh, patients who have undergone minimally invasive hip replacement surgery can walk without aids earlier, supporting the guiding principle of the Ortho-Campus to mobilise patients quickly and safely.

Implants for different patients

We use different types of implants depending on the patient’s age and underlying condition. At the Ortho-Campus, we prepare an ideal treatment concept for every patient that takes all individual parameters into account. As a rule, we offer implants with both cementless and cemented fixation. The appropriate variant is selected depending on age and bone quality; sometimes the decision is only made during the surgery. The different types of implants make it possible to put more weight on the affected leg immediately after the surgery even in advanced age.

To keep the surgery as short as possible, every procedure is planned accurately and meticulously and the medication is adapted individually. The surgery can be performed either under general anaesthesia or spinal anaesthesia, which puts less strain on the patient’s cardiovascular system.

The surgery takes about one hour in total. Careful mobilisation under the guidance of the physiotherapists is started directly thereafter in the recovery room and continued during the four- to five-day inpatient stay, making it possible to initiate rehabilitation as early as possible and achieve a faster recovery.

EVERY PATIENT IS GIVEN THE TIME THEY NEED TO RECOVER

KNEE REPLACEMENT SURGERY

CUSTOM-FIT KNEE REPLACEMENT

Whether partial joint replacement is sufficient or total knee replacement is necessary is discussed and decided beforehand depending on the extent of wear and tear and the specific findings. Regardless of that, we use predominantly implants with an anatomically optimised shape and high bending capability to enable affected patients to move as naturally as possible after the surgery and to preserve the mobility and function of the knee joint.

If a patient with knee joint problems has been medically advised to have joint replacement surgery and decides to undergo treatment at the Ortho-Campus, two different implantation methods are available.

Custom-designed knee implants

The shape and size of joints is different from person to person. To meet the natural standard, we offer our patients custom-fit knee replacement, also referred to as patient-specific instrumentation (PSI for short). For a perfect fit of the new knee joint, it is essential to take into account various parameters and their influence on the new joint.

For this reason, the affected knee is precisely measured before the surgery by means of magnetic resonance imaging (MRI), the leg axis is calculated and the individual differences in bone surface and bone shape are taken into account. We use special software to convert the MRI scans into a three-dimensional model, allowing us to select the appropriate type of implant and produce precisely fitting work templates before the surgery.

During the surgery, a vertical incision measuring about ten centimetres is made above and below the patella to optimally expose the joint for the procedure. The templates created based on the 3D model serve as an aid during the surgery for the necessary bone incisions and the precise positioning of the implant components.

This high-precision, patient-specific instrumentation technique makes it possible to not only reduce the length of the surgery by about 30 minutes, but also significantly minimises the risks of the procedure. To keep the surgery as short as possible, every procedure is planned accurately and meticulously and the medication is adapted individually. The surgery can be performed either under general anaesthesia or spinal anaesthesia, which puts less strain on the patient's cardiovascular system.

The surgery takes about 60 to 90 minutes in total. Careful mobilisation under the guidance of the physiotherapists is started directly thereafter in the recovery room and continued during the four- to five-day inpatient stay, making it possible to initiate rehabilitation as early as possible and achieve a faster recovery.

KNEE REPLACEMENT SURGERY

CONVENTIONAL KNEE REPLACEMENT

As an alternative to patient-specific knee replacement, we also perform conventional knee replacement surgeries without creating a 3D model. In a thorough preliminary examination, the suitable implant components are selected based on the specific findings. Every knee replacement surgery performed in our facility is aimed at improving quality of life, restoring mobility and designing an implant that is as close as possible to the natural joint.

During the surgery, a vertical incision measuring about ten centimetres is made above the patella to optimally expose the joint for the procedure. For a perfect fit of the new artificial joint, various implants are selected beforehand and the best fitting one is implanted during the surgery. The bones are measured during the surgery with modern minimally invasive templates to preserve the surrounding muscles and tendons as much as possible. To keep the surgery as short as possible, every procedure is planned accurately and meticulously and the medication is adapted individually. The surgery can be performed either under general anaesthesia or spinal anaesthesia, which puts less strain on the patient's cardiovascular system.

The surgery takes about 60 to 90 minutes in total. Careful mobilisation under the guidance of the physiotherapists of salvea is started directly thereafter in the recovery room and continued during the four- to five-day inpatient stay, making it possible to initiate rehabilitation as early as possible and achieve a faster recovery.

AFTER THE SURGERY

REHABILITATION RIGHT AFTER THE SURGERY

The holistic concept of the Ortho-Campus involves close coordination between surgery and rehabilitation as the ideal course of treatment. Patients are therefore given the opportunity to complete the rehabilitation at the hospital and get fit for daily life with the help of trained physiotherapists. Rehabilitation takes place under the direction of the chief physician, who also closely monitors the recovery progress. The therapy sessions are arranged individually and adapted in constant consultation with the medical team.

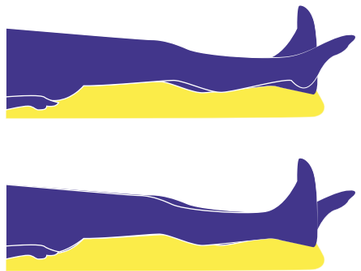
The treatment at the Ortho-Campus is aimed at achieving mobilisation as soon as possible, starting directly after the surgery in the recovery room. Initiating the physiotherapy straight away accelerates the recovery process and prevents muscle loss. Our special treatment concept allows us to promote swift recovery and rehabilitation and improve our patients' quality of life.

On the day of the surgery

The rehabilitation phase ideally starts as early as on day of the surgery in the recovery room. Trained physiotherapists supervise the execution of simple movements and initiate careful mobilisation. Depending on how the patient feels, the exercises range from short sequences of movement in the bed to sitting up or standing up with assistance. To avoid excessive strain, but still encourage and challenge every patient, we work according to the maxim "Every patient is given the time they need".

During the four- to five-day inpatient stay, the patients attend the first few physiotherapy sessions and are supported in mobilisation. These measures optimally prepare the patients for the rehabilitation phase while additionally promoting swift and gentle recovery.

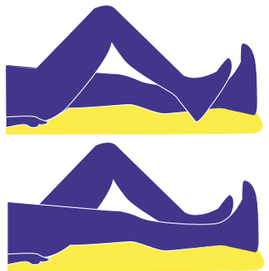
EXERCISES AFTER THE OPERATION



Calf pumps
Starting position: Lying on your back

Instructions: Alternately move the front of your feet up and down.

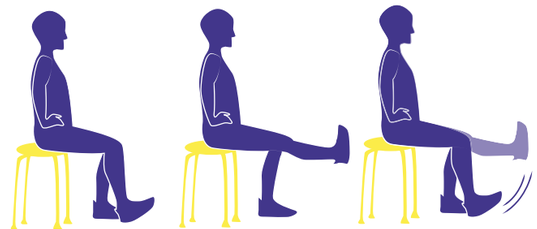
Repetitions/Rest: 5 x 20 repetitions, 30 seconds rest



Heel slides
Starting position: Lying on your back

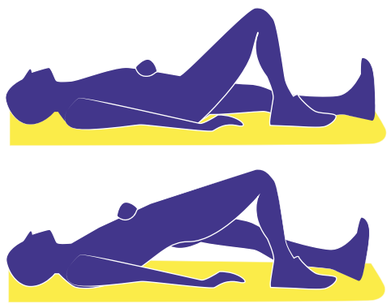
Instructions: Alternately pull your left and right heel towards your bottom.

Repetitions/Rest: 3 x 20 repetitions, 30 seconds rest



Active extension while sitting
Starting position: Sitting with both feet on the ground

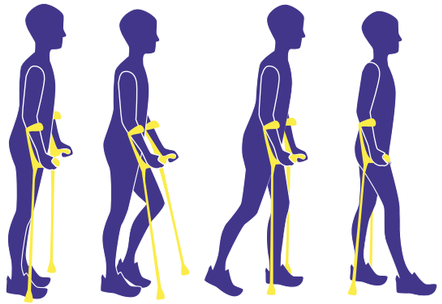
Instructions: Straighten your leg at the knee, hold briefly, then return to starting position.



Single-leg bridge
Starting position: Lying on your back (as flat as possible) with the unaffected leg bent, arms close to your sides

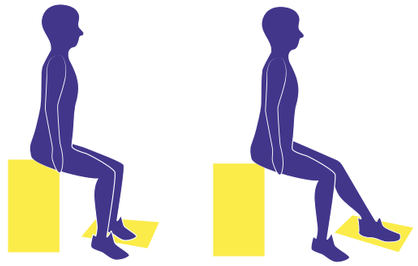
Instructions: Lift your hips up as far as possible, hold briefly and lower them back down until they almost touch the ground, then lift them back up.

Repetitions/Rest: 5 x 10 repetitions, 30 seconds rest



Three-point gait
Starting position: Standing with both feet on the ground, crutches on the right and left next to your feet

Instructions: Place both crutches one step in front of you, put the affected leg between the crutches, push down on the crutches and advance the unaffected leg.



Active bending
Starting position: Sitting with the foot of the affected leg placed on a towel or the like

Instructions: Push/pull the towel back and forth with your foot as far as possible.

Repetitions/Rest: 3 x 15 repetitions, 30 seconds rest

REHABILITATION

INPATIENT REHABILITATION

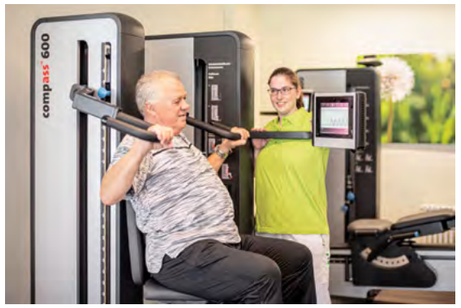
With the Ortho-Campus, we have created a place where patients can also stay after the surgery. If the patient chooses to stay at the Ortho-Campus for rehabilitation after the surgery, the four- to five-day inpatient stay is followed by a medically supervised rehabilitation phase. The close coordination between Helios and salvea allows for optimal mobilisation under the supervision of the medical team. Doctors and physiotherapists work hand in hand and develop customised therapeutic concepts for every patient, which are constantly updated in the course of the stay and adapted to the patients' personal progress.

The types of treatment vary daily from individual treatments, gait training and supervised training on devices to group gymnastics. The centrepiece of all modern therapy sessions is the idea to motivate patients to take the initiative and become active themselves, because full mobility and muscle strength can only be regained through activity. The salvea team of trained physiotherapists acts as a strong partner, promoting recovery in an individual and sustainable manner.

When discharged from the Ortho-Campus, patients are mobile enough to soon resume their normal everyday lives. For complete regeneration and strength development, we recommend outpatient physiotherapy and physical exercise after the stay at the Ortho-Campus.

Range of services offered in the inpatient rehabilitation facility

- Medical treatment by an experienced medical team
- Physiotherapy to improve mobility, activity and independence
- Exercise and sports therapy using training plans based on the patient's condition (e.g. muscle development, ergometer and back training as well as indication-specific exercise programmes)
- Manual therapy: connective tissue massage, foot reflexology and acupressure, lymphatic drainage and decongestive therapy, electrotherapy and thermotherapy
- Accompanying psychological counselling, diagnostics and counselling, arrangement and implementation of relaxation therapy
- Training and advisory services, regular health lectures, dietary advice, social counselling
- Fitting of medical aids and instructions on correct use



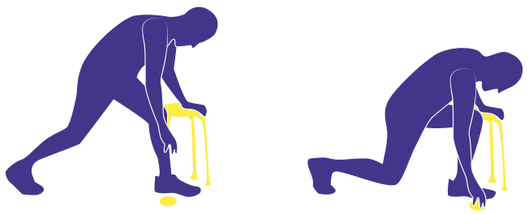
REHABILITATION EXERCISES

Adduction
Starting position: Standing with one leg slightly extended to the side, placing one hand against the wall for support

Instructions: Extend your leg further to the side, hold briefly, then return to original position.

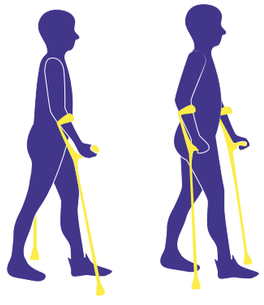
Repetitions/Rest: 3 x 10 repetitions, 30 seconds rest,

with left and right leg



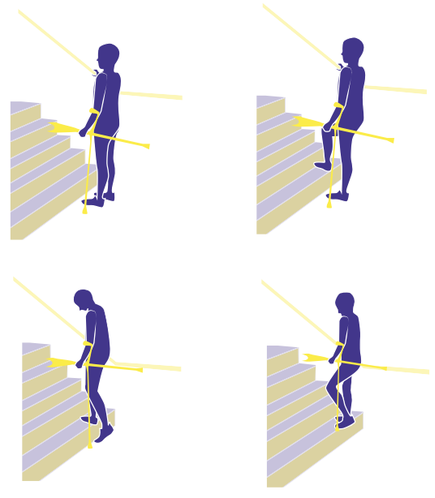
Picking up objects
Starting position: Walking position with the affected leg extended behind you and the front foot next to the object on the ground

Instructions: Bend your knees deeply, pick up the object while keeping your rear leg extended at the hip.



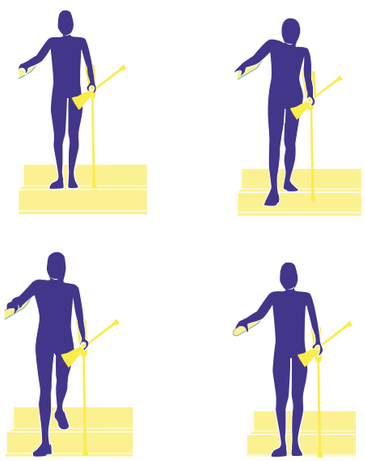
Four-point gait
Starting position: Standing

Instructions: Advance one crutch and the opposite leg together, followed by the other crutch and the other leg.



Going up the stairs
Starting position: Stand close to the first step, hold on to the handrail with one hand. Hold the crutch in your other hand in such a way that it crosses the crutch you are using.

Instructions: Push down on the handrail and the crutch, place your unaffected leg on the first step. Advance the affected leg together with the crutch.



Going down the stairs
Starting position: Stand close to the first step, hold on to the handrail with one hand. Hold the crutch in your other hand in such a way that it crosses the crutch you are using.

Instructions: Place the affected leg together with the crutch on the first step. Push down on the handrail and the crutch and advance the unaffected leg.

Movements to avoid
You should never

- bend your hip past 90° (such as when putting on socks)
- move the affected leg above the centre of the body (such as when crossing your legs)
- twist your leg inwards

These rules apply in all everyday life situations while standing, sitting and lying.

AFTER DISCHARGE

AFTERCARE

Even after discharge from the Ortho-Campus, the treatment should not remain a snapshot in time. Therefore, we recommend that our patients continue the physiotherapy on an outpatient basis, which can be completed either in our premises under the professional guidance of salvea or at an external physiotherapy facility. To make it easier to return to everyday life and enhance physical fitness, we recommend further physiotherapy.

The goal of our treatment concept is to improve the quality of life in all areas. To achieve this goal, you should consider certain things directly after discharge. You should temporarily refrain from driving a car and discuss with your doctor when you can resume sports activities. Exercise and sports, such as walking, are important and contribute to recovery. All questions concerning aftercare, sports and mobility can be discussed with our medical team in the consultations before and after the surgery. We generally recommend listening to your body; it will tell you which movements are possible without pain and show you your physical limits as well.

About six months after the surgical procedure, it is time for a medical follow-up check of the new joint. This is usually done by an external orthopaedist, but you can also arrange an appointment with the attending doctor at the Ortho-Campus.

CHECKLIST

APPOINTMENTS AND DOCTORS

Date of preliminary consultation: .....

Date of admission: .....

Date of surgery: .....

Planned date of discharge: .....

Name of surgeon: .....

Affected side: ☐ left ☐ right

Type of implant: .....

Start of rehabilitation: .....

PACKING LIST

- ☐ Toiletries (toothbrush, toothpaste, soap, shaving kit, hairbrush, hairdryer, tissues)
- ☐ Bathrobe
- ☐ Towels
- ☐ Pyjamas/Nightdress
- ☐ Comfortable, loose clothing
- ☐ Tracksuit, joggers
- ☐ Socks
- ☐ Underwear
- ☐ Closed shoes with Velcro fastener or slippers
- ☐ Shoehorn
- ☐ Referral
- ☐ List of medications and your medication in the original packaging for the rehabilitation
- ☐ Patient ID cards, if any
- ☐ Medical devices
- ☐ Pension insurance number and point of contact of the insurance provider
- ☐ Mobile phone, tablet, notebook, eBook reader, MP3 player with earphones, etc.
- ☐ Books and magazines
- ☐ Reading glasses

JUST TO BE SURE

	Done
I have done the recommended preparatory exercises.	☐
I have prepared my home.	☐
I have obtained all necessary medical aids.	☐
I have packed my bag for the hospital stay.	☐
I have all my medication including original packaging.	☐
I have prepared a list of medications.	☐
I have made arrangements for my arrival and departure.	☐

LOCATION

HELIOS CÄCILIEN HOSPITAL HÜLS

Helios Cäcilien Hospital Hüls is a facility with a long tradition: Established in 1847, it was completely renovated and modernised in 2008. Today, the hospital offers its patients not only state-of-the-art primary medical care with experienced specialists and innovative techniques, but also a friendly, homely atmosphere and maximum comfort.

The trusting collaboration with the external colleagues and medical practices forms the foundation for optimal medical care across all care levels. The Ortho-Campus of Helios Cäcilien Hospital Hüls also specialises in foot and spinal surgery.

Our hospital is firmly rooted at its location in Hüls. The northernmost district of Krefeld came into being as early as the Middle Ages, when the “Lords of Hüls” built their castle here. The ruins of the historical building can still be seen today. In 1970, Hüls was initially incorporated into Kempen; later on, in 1975, it became a part of Krefeld in the course of the territorial reorganisation of municipalities. Nevertheless, Hüls has preserved much of its rural charm. In addition, the district is easily accessible from all geographical directions – including from the Ruhr and the Netherlands.

Moreover, Helios Cäcilien Hospital Hüls is situated in the midst of the “Hülser Bruch”, one of the most beautiful local recreational areas of the Lower Rhine region. The perfect place to recover!

Ortho-Campus

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