

Michigan Orthopedic Specialists
21031 Michigan Ave.
Dearborn, MI 48124
313-277-6700

Medical/Cardiac Clearance for:

Name: _____ D.O.B.: _____

Surgery Date: _____ Surgeon: Dr. Finch

Procedure: Total Hip Arthroplasty

Testing/Lab requested for surgery:

EKG, CBC, Chem 7, PTT, PT/INR (must be done within 90 days of surgery date)

Impression:

Recommendation:

stable for proposed surgery

X

Physician signature

Physician Printed Name

Date

Please fax to: 313-216-0176 Michigan Orthopedic Specialists
AND 313-253-2008 DSC



21031 Michigan Avenue • Dearborn • MI • 48124

313-277-6700 • www.miortho.com

Eric T. Silberg, MD • Joseph C. Finch, DO • Marc J. Milia, MD • Nilesh M. Patel, MD

Hussein A. Saad, MD • Rakesh Ramakrishnan, MD • Kelley Brossv, DO • Mohamed A. Saad, MD

Daniel P. McCall, DO • Robert E. Meehan, MD • Aaron Seidman, DO

Provider: Joseph Finch, DO

Patient: _____

DOB: _____

1. Staph aureus nasal screening amp probe

Dx: M16.0

Joseph Finch, DO

Instructions:

Where: any walk in lab; no appointment needed

Beaumont

Henry Ford

St. Joes/Marys

U of M

When: 1-2 weeks before surgery

WHAT CAN YOU DO TO HELP?

Preparing or "prepping" skin before surgery can reduce the risk of infection at the surgical site. You will need to shower with an antibacterial soap containing 4% chlorhexidine gluconate.

Common brand names for the soap are **Hibiclens**, Hibistat, Betasept, Aplicare. This soap can be purchased over the counter at Walgreens, Walmart, CVS and Target.

Take 3 showers with an antibacterial soap before surgery:

1. 2 nights before surgery _____
2. 1 night before surgery _____
3. Morning of surgery _____

- Do not shave near the site of your operation for at least three days before surgery.
- If you wash your hair, please do so before using the antibacterial wash. You may use your normal, shampoo and conditioner; however, you may not use spray, gel or mouse.
- Apply two tablespoons of the antiseptic antibacterial soap to a wet, clean washcloth (soap does not lather) and wash your entire body from the neck down. Do not use soap near your mouth, eyes, ears, or genitals to avoid irritation to those areas.
- Wash thoroughly, paying special attention to the area where your surgery will be performed.
- Wash your body gently for two to five minutes. Do not scrub your skin too hard.
- Rinse your skin thoroughly.
- Do not wash with your regular soap after CHG is used.
- Pat yourself dry with a clean, soft towel.
- Do not use lotion, cream or powder.
- Dress in clean clothes following your antiseptic shower.

SURGERY DATE: _____

DSC will call the day before with the arrival time

1. Medical Clearance is REQUIRED; due 2 weeks before surgery;

2. Cardiac Clearance is REQUIRED; due 2 weeks before surgery;

3. 2 Weeks before surgery: get your nasal swab; see included prescription

4. Stop these medications one week before surgery:

- **Blood thinners:** Coumadin/Warfarin, Plavix/Clopidogrel, Eliquis, Effient, Brilinta, Pradaxa, Xarleto, Aspirin
- **Anti-inflammatories:** Aleve/naproxen, Arthrotec, Advil/Motrin/ibuprofen, Mobic/meloxicam, Relafen, Voltaren/diclofenac
- **Herbal & vitamin supplements**

You may **continue** Celebrex, Tylenol and blood pressure meds

Additional medications to stop ____ week(s) before surgery: _____

5. 1 Week before surgery: anesthesia nurses will call you. Please call them if you do not hear from them by 2pm the day before your surgery.

Call Sue, Joint Coordinator, from DSC

6. 3 Days before surgery: use over the counter, anti-bacterial **Hibiclens soap** in shower 3 times. See separate instruction sheet.

7. Do not smoke, drink, or eat after midnight the night before surgery. This includes cigarettes, water, coffee, gum, candy, mints, etc. Use clean bedding and pajamas. No pets in the bedroom. OK to brush teeth morning of surgery.

After surgery: Pain medication will be prescribed. For refills, please contact our office 72 hours before your medication runs out— (313) 277-6700. **NO prescriptions will be completed after noon on Fridays or on weekends.**

Dental Work Instructions/Prophylaxis

Before Surgery:

Please complete all dental work, including cleanings, at least **2 weeks** prior to your surgery. Completing dental work **before surgery is preferred**; do not wait until after surgery, as you will be at increased risk for orthopedic joint infection. Post operatively, you must wait 3 months before resuming dental work.

After Surgery:

*****Antibiotics must be taken before **all** dental appointments. This is to prevent your total joint from becoming infected.

***These guidelines are in effect for LIFETIME per Dr. Finch

Antibiotics Instructions:

Have Dr. Finch, your dentist or family doctor order:

Amoxicillin 500mg - 4 capsules one hour prior to procedure

If allergic to penicillin use:

Clindamycin 150mg- 4 capsules one hour prior to procedure

Hip Precautions

- Don't bend your hip past a 90 degree angle.
- Don't cross your legs.
- Don't twist your hip inwards- keep knees and toes pointed upwards.

Following Restrictions

To care for your new hip and keep it from sliding out of position, you'll need to follow a few general rules at first. Your surgeon may recommend some additional restrictions based on your condition and type of surgery.



Don't bend your hip more than 90 degrees.



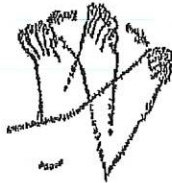
Don't cross your operated leg over your other leg.



Don't turn your operated leg inward (pigeon-toed).



1. a) Move your toes and ankles up and down.
b) Move your ankle in circles.
Repeat 10 times, every hour.



2. Lie on your back and keep both legs straight. Push your knee down firmly against the bed and squeeze your buttocks together. Hold for 5 seconds then, relax. Repeat 10 times.



3. Lie on your back. Wrap a towel under your thigh. Pull on the towel to bend your operated hip. Maintain this position for 5 seconds, repeat 10 times.



4. Lying down with both legs straight, slide out the operated leg to the side without turning your foot. Hold for 5 seconds, repeat 10 times.



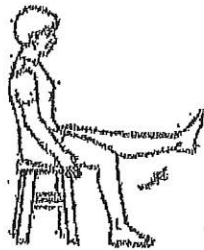
5. Lie down on your back, bend the non-operated leg. Keep your foot flat on the bed. Push down with your foot and elevate buttocks. Hold this position for 5 seconds, then relax. Repeat 10 times.



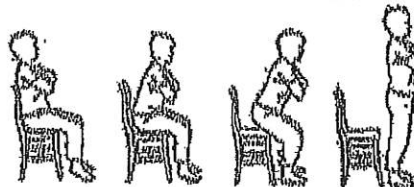
6. Lie down on your back and place a rolled up towel or firm roll under your knee of your operated leg. Push the back of the knee into the towel in order to get the heel to lift off the bed; then, pull toes towards you. Hold this position for 5 seconds. Repeat 10 times.

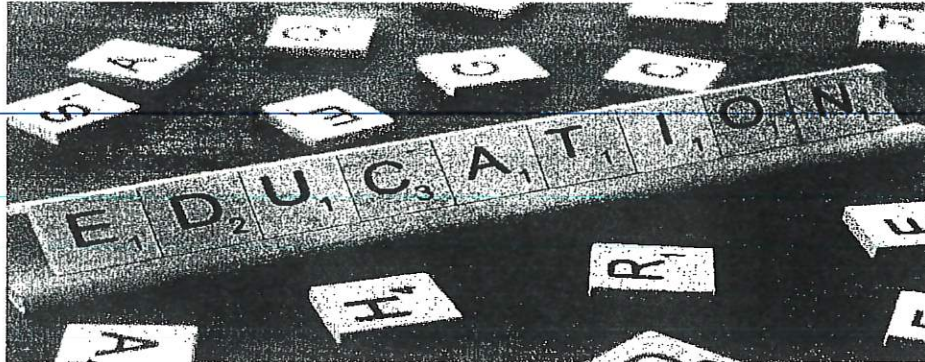


7. In a sitting position, lift foot off the ground and try to fully extend knee. Hold this position for 5 seconds. Repeat 10 times.



8. Sit to stand motion: Practice sit to stand motion by using the hand rests of your chair to push off. Progress without using your hands. Repeat 10 times.



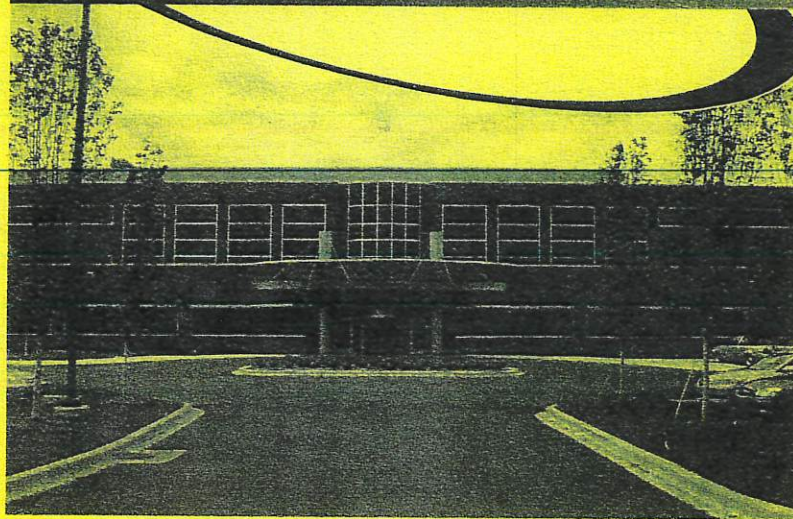


DEARBORN SURGERY CENTER

Total Hip and Knee Education Class Every Other Wednesday at DSC

- Please call **Sue El-Kurdi**, the Total Joint Coordinator, at **313-253-2043**,
6-8 weeks before surgery to schedule class
- Sue El-Kurdi will be calling patients as soon as boarded (as is current practice) to notify them of scheduled class dates prior to their procedure.
- All patients having a total knee and hip patients are highly encouraged to attend the education session prior to scheduled surgery date to review important information related to their procedure.

DEARBORN SURGERY CENTER



Your Guide To
Same Day Surgery
at Dearborn Surgery Center

(313) 253-2000

18100 Oakwood Blvd.

Suite 100

Dearborn, MI 48124

www.dearbornsurgery.com

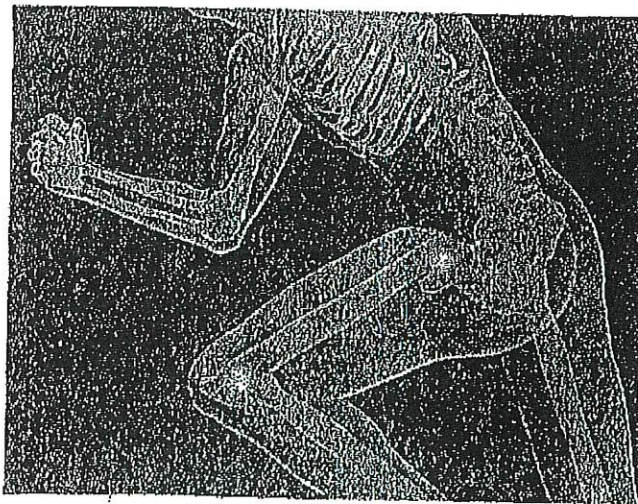
*It is your responsibility to read this literature
as it contains important information.*

YOU MUST PRESENT A PICTURE ID AND INSURANCE CARD AT CHECK IN
ON THE DAY OF SURGERY. WITHOUT VERIFICATION,
YOUR PROCEDURE WILL BE RESCHEDULED



OUTPATIENT TOTAL JOINT REPLACEMENT

PATIENT EDUCATION
AND
RESOURCE GUIDE



YOUR EDUCATION RESOURCE GUIDE FOR OUTPATIENT JOINT REPLACEMENT

WELCOME

Welcome to Dearborn Surgery Center

YOUR JOINT REPLACEMENT SURGERY

The Dearborn Surgery Center Team

The risks of Joint Replacement Surgery

What results are typical?

PREPARING FOR YOUR SURGERY

Help from your family / coach

RN Screening Phone Call

Physical Therapy

Medications you may and may not take prior to surgery

Preventing surgical site infection

Tips for preparing your home

Your preoperative day

Day of surgery

YOUR SURGERY AT DEARBORN SURGERY CENTER

Arriving at Dearborn Surgery Center

Surgery preparation

Family waiting

Anesthesia

The Operating Room

Recovery

What to expect after surgery

TRANSITIONING HOME

Preparing to return home

Equipment when you leave the center

The trip home

Recovering at home

Medications

Activity

Managing Swelling

Incision care

Diet and rest

When to call your Surgeon

Life after Joint replacement

WELCOME TO DEARBORN SURGERY CENTER

Congratulations on your decision to move forward with outpatient joint replacement surgery!

The entire Orthopedic Team at Dearborn Surgery Center is dedicated to restoring quality of life for people who suffer from joint pain, one patient at a time.

Quality of life means something different for each individual. For many, it means spending time with family, enjoying a round of golf, a bicycle ride or the pleasure of a simple walk. For everyone, being able to move and walk pain free is an important part of living well. As we age, doing the things we love to do without pain often becomes a challenge.

Arthritis affects about 40 million Americans, or one in eight. Our Orthopedic Surgeons have seen the ways in which arthritis attacks joints and robs people of mobility and independence. Our dedicated experts have devoted their professional lives to studying how to better combat the effects of arthritis. Through high quality compassionate care, research, and surgical advances, we can help improve your quality of life.

Our Orthopedic Surgeons have worked closely with medical staff to develop an outpatient joint replacement program that shortens your post-operative stay, improves your quality of orthopedic care, and makes your entire experience more enjoyable. Bringing together our combined expertise, we have created a program that is unparalleled, with your satisfaction as our top priority. With an outpatient focus, we have infection rates that are markedly lower than those reported in large hospital inpatient settings.

Joint replacement surgery is the newest wave of outpatient procedures. This shift from being a hospital "inpatient" to an "outpatient" where recovery takes place out of the hospital and in your own home has already happened for procedures such as major ligament reconstruction and rotator cuff repair. Refinement of surgical techniques, anesthesia protocols, and patient selection has enabled this transformation.

This program can provide a major benefit to you and your family. Your education and participation are essential to ensuring you have an outstanding experience and the best possible outcome...so please read all of the information in this guide. You'll know what to expect, how to prepare, and learn important tips on how to recover well.

Our goal is to treat each person as if he/she is a family member. Our approach to innovation creates real solutions that empower each surgeon to deliver personalized care to each patient.

With comprehensive patient education and individually tailored care, our program is designed to provide the information, care, and support you need every step of the way to achieve your ideal experience.

Sincerely,

Your Dearborn Surgery Center Team

INTRODUCING THE DEARBORN SURGERY/CEMENT TEAM

Dearborn Surgery Center has an experienced and highly skilled team who will focus specifically on you. Each of our team members is specially trained to ensure a safe and successful recovery. They work together with you and your coach to ensure an excellent experience. Dearborn Surgery Center team includes:

Orthopedic Surgeon: Your Orthopedic Surgeon is the physician who will perform your joint replacement operation and will oversee your care throughout your experience at Dearborn Surgery Center.

Physician Assistant or Surgical Assistant: Your physician assistant or surgical assistant will assist your orthopedic surgeon in the operating room and help manage your care and recovery process.

Anesthesiologist/Nurse Anesthetist: Your anesthesiologist and nurse anesthetist will administer the appropriate medications to keep you comfortable and relaxed during surgery. They will also assist in your postoperative pain management.

Pre-Admission Testing: Your primary care physician should be aware of your surgery and will manage and help optimize your overall health leading up to, during, and after your surgery. You will need a pre-operative examination for medical clearance, which will include testing. If you have a history of heart disease, your cardiologist is an integral member of the team as we plan your joint replacement surgery. Your cardiologist will provide surgical clearance as well as assist in managing your cardiac medications before, during, and after your procedure. Your primary care physician will help coordinate any additional cardiac testing required.

Registered Nurse: Throughout your experience, you can expect to meet several nurses who function in various roles. They will help prepare you for surgery and will be in the operating room during your surgery. After surgery, the post-operative team will carry out all orders given by your surgeon while keeping you comfortable and safe.

Physical Therapy: Your Physical Therapist is trained to help you gain strength and motion in your new joint and will help ensure you do your exercises correctly. Your Physical Therapist will also help teach you how to properly and safely use your walker after surgery.

X-Ray Technicians: Medical imaging is important because they help your surgeons in planning your surgery. We perform x-ray images in the operating room that will confirm your new implants' position prior to the end of the procedure.

Registration: Our Registration Team will greet you when you arrive at the surgery center for your procedure. They will ask for your ID and medical insurance information and ensure all your information is accurate prior to surgery.

THE RISKS OF JOINT REPLACEMENT SURGERY

All surgical procedures have some risk. Despite utilizing specialized pre-operative testing, less invasive techniques, and novel pain and rehabilitation management, every joint replacement is still a major surgery. Although advances in technology and medical care have made the procedure very effective, risks do exist. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care provider, and your family.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. We will do our very best to avoid the most common risks which include:

Blood Clots: Blood clots can form in a leg vein and in your lungs after surgery and can be dangerous. Blood clots are more common in older patients who are obese, patients with a history of blood clots, and patients with cancer. Reducing the risk of blood clots is an essential reason why you can expect to get moving very quickly after surgery.

Hematoma: Bleeding into the joint can occur either immediately after surgery or at a later time. This is accompanied by acute pain and swelling and is sometimes confused with an infection.

Infection: Infection is very rare in healthy patients having joint replacement. Patients with chronic health conditions, like diabetes or liver disease, or patients who take some forms of corticosteroids, are at higher risk of infection after surgery. Superficial wound infections are usually treated with antibiotics. Deeper infections inside the joint may require additional surgery.

Nerve, Blood Vessel, and Ligament Injuries: Damage to the surrounding structures including nerves, blood vessels, and ligaments, are possible but extremely rare. More commonly there is numbness in the area of the incision which usually, but not always, resolves in 6-12 months. Don't be surprised if you have some small residual numbness in one or more areas around your incision.

Wound Healing: Sometimes the surgical incision heals slowly, particularly if you take corticosteroids or have a disease that affects the immune system, such as diabetes. Smoking can cause serious complications, and quitting before undergoing joint replacement is strongly encouraged. Talk with your family physician if you need help with smoking cessation.

Limited Range of Motion: Within a day of surgery, you will begin exercises to help improve the flexibility of your knee or hip. Your ability to bend your knee after surgery often depends on how far you could bend it before surgery. The motion before surgery can also affect the motion of your hip following recovery. Even after physical therapy and an extended recovery period, some people are not able to bend their hip or knee far enough to do normal activities such as reaching your feet to put on socks or tie your shoes.

Arthritis Progression (Partial Knee): After surgery, the knee may experience further degeneration in the remaining portions of the knee that were not replaced. This is a very low percentage.

Wear: Your new joint replacement is a mechanical device that will wear over time. The rate of wear will depend on your age, weight, and activity level.

Loosening of the Joint: Over the long term, loosening of the artificial joint is a risk associated with joint replacement. Loosening may occur when tissue grows between the artificial joint and your bone.

WHAT RESULTS ARE TYPICAL?

You can expect a successful outcome from your joint replacement surgery. Generally, patients experience less pain and more mobility, and can resume most of the activities they enjoyed before the onset of arthritis. Long-term studies show that over 90% of artificial joints are intact and fully functional after 10 years. Your artificial joint will last longer if you maintain your ideal weight, exercise, and undergo annual routine follow-up examinations.

YOU CAN ALSO HELP REDUCE YOUR RISKS OF MANY OF THESE COMPLICATIONS BY:

- Reducing or eliminating the use of tobacco
- Being compliant with managing your diabetes, if applicable
- Maintaining a healthy diet
- Using good handwashing techniques
- Performing your exercises as directed by physical therapy
- Limiting high impact activities as directed by your surgeon

PREPARING FOR YOUR SURGERY

Your Dearborn Surgery Center experience begins long before your actual surgery. These guidelines will prepare you for a rapid and safe recovery in your quest for improved mobility and quality of life.

To make sure you and your family are fully prepared for your joint replacement experience, it is important that you carefully and thoroughly review this Patient Education Resource Guide. This Guide will help you understand the joint replacement process and what to expect every step of the way as you

prepare for surgery. Please call us at 313-253-2000 if you have questions or concerns regarding any of this information.

HELP FROM YOUR FAMILY / COACH

Recovering from your joint replacement is a team effort. Your family and "Coach" support can make all the difference, not just at the surgery center, but also throughout the weeks before and after your procedure. Your "Coach" should be someone who is willing to support you every step of the way and who can fully participate in activities before surgery and during your recovery.

RN SCREENING PHONE CALL

The Total Joint RN Coordinator from Dearborn Surgery Center will call you 2-4 weeks before your scheduled procedure. She will review your medical history, your medications, answer any questions you have and schedule you for a brief education class at the Surgery Center.

PHYSICAL THERAPY PRE-SURGICAL VISIT

The effects of arthritis on your knee result in a loss of strength and difficulty with many functional activities. The goal of surgery is to restore these to a less painful and more functional level. A pre-surgery visit with a physical therapist will be scheduled to do an in-home assessment, review the use of a walker, and/or cane. A walker is typically ordered by your surgeon prior to surgery. Bring the walker with you to the center on your day of surgery.

MEDICATIONS YOU MAY AND MAY NOT TAKE PRIOR TO YOUR SURGERY

*Please discuss ALL current medications and supplements with your prescribing physician. A nurse from the Surgery Center will call you prior to your scheduled procedure to review your medical history and your medications.

Some medications that you currently take may prove harmful during surgery because they thin your blood and increase the risk of bleeding after surgery.

- * *2 Weeks Prior to surgery:* Discontinue Weight loss products and diet pills, Methotrexate and other rheumatoid arthritis medication.
- * *7 Days Prior to surgery:* Discontinue anti-inflammatory products (Motrin, Advil, Aleve, Ibuprofen, Naprosyn, Meloxicam, and Celebrex). Vitamins, herbal supplements (including herbal tea, green tea, vitamin water, protein drinks, and energy drinks).
- * *BLOOD THINNERS* – If you are taking any prescribed blood thinners (Aspirin, Coumadin/Warfarin, Plavix, Lovenox, Pradaxa, Effient, Xarelto, Eliquis, Brilinta), it is very important you check with your prescribing physician for pre-procedure instructions to prevent possible surgical delay or cancellation.

PREVENTING SURGICAL SITE INFECTION

There are several steps you can take to help prevent surgical site infections:

Dental Care: All dental work, including cleaning, must be completed at least SIX weeks prior to your surgery. You must call your surgeons office if any dental problems arise before your scheduled surgery date.

Shaving: It is very important you DO NOT shave your legs or use any hair removal products anywhere near the surgical area for FIVE days prior to surgery. Studies show an increased risk of surgical site infection associated with shaving. This is attributed to the microscopic cuts in the skin that allow bacteria to enter.

Clean Hands: Hand hygiene is very important. You will notice your caregivers using alcohol-based hand sanitizer when entering your room. We also strongly encourage your family and friends to utilize this cleanser, and to wash their hands frequently to prevent the spread of infection.

Illness: If you become ill with a fever, cold, sore throat, flu, or any other illness, please contact Dearborn Surgery Center at 313-253-2000.

Skin Rash: Broken skin or rashes should be reported to Dearborn Surgery Center.

Pre-Surgery Bathing: You will be instructed to shower with Hibiclens. Shower once a day for 2 days prior to surgery, and the morning of your surgery. Read the warning label. Shower should include the whole body, from the neck down (it is important to avoid getting the soap into the eyes, ears, nose and mouth). Also, do not wash genitals or scalp/hair with the Hibiclens solution. This can be purchased at the local pharmacy, in the first aisle aisle. During your shower, leave the cleanser obtained on your knee or hip area for 3-5 minutes before rinsing. Also, do not use any lotions, perfumes, or powders on the day of surgery.

TIPS FOR PREPARING YOUR HOME

You and your family may want to consider these tips to make your home safe and comfortable when you return from your surgery:

- Purchase a non-slip bath mat for inside your tub/shower
- Check every room for tripping hazards. Remove throw rugs and secure electrical wires out of your way.
- Determine what items from dressers, cabinets, and shelves you will need immediately after returning home. Any items you use often should be moved to an area within easy reach.
- Make sure stairs have handrails that are securely fastened to the wall. If you must navigate stairs to enter or once within your home, please discuss with your physical therapist.

- A chair which has a firm back and arm rests is recommended during your recovery. A chair that sits higher will help you stand more easily. Chairs with wheels should not be used under any circumstances.
- In order to minimize cooking, prepare meals in advance.
- Install night lights in bathrooms, bedrooms, and hallways.
- Avoid yard work for 10 days prior to surgery.
- Do laundry ahead of time and put clean linens on your bed.
- Arrange for someone to collect your newspapers and mail.

YOUR PREOPERATIVE DAY

You may eat or drink as desired until MIDNIGHT the night before surgery. After Midnight -- nothing to eat or drink, including water, mints or gum. No Smoking!



- Shower from the chin down with Hibiclens before coming to the Surgery Center.
- Wear clean, comfortable clothing that is easy to get in and out of. Do not wear any fragrance, deodorant, cream, lotion, makeup or nail polish.
- Take medications as instructed during your preoperative phone screening with a small sip of water.
- If you require corrective lenses, please wear glasses instead of contacts. You will be asked to sign many documents during the registration process.
- Leave valuables including jewelry, cell phones, tablets or large amounts of cash at home. If you choose to bring these items, you must leave them with a family member during your stay. Dearborn Surgery Center will not take responsibility for these items.
- Report to the registration area on time as directed during your preoperative screening call.

ARRIVING AT DEARBORN SURGERY CENTER

It is important that you arrive at the center with plenty of time to check in and prepare for your surgery. You will be instructed on your expected arrival time which is normally 1-1/2 - 2 hours before your surgery time. When you arrive, park in the lot in front of the Beaumont Medical Park - Dearborn Building.

There may be several hours that pass between the time you check into the Surgery Center and the time that your surgery is completed. Your family should be prepared to wait several hours. If your family members decide to leave the center for a brief period of time, they should notify the registration desk and provide a cell phone number where they can be contacted.

SURGERY PREPARATION

After you check in at registration, you will be directed to the Patient Rooms area. If you have allergies, an additional wristband will be applied. It is important to verify all information on your identification is correct. You will be asked to change into a surgical gown. You will be asked to leave all valuables with your family member/members.

Before surgery, a nurse will review your medical records, take your vital signs, and make sure everything is in order.

Your surgeon and the anesthesiologist will visit you in the Patient Room/pre-op area prior to surgery. They will ask you to identify which knee or hip is being operated on and will mark the surgical site with a special marker. Your anesthesiologist will ask you a number of additional questions to help determine the best anesthesia for you.

Between the nurses, anesthesia team and surgeon, you may be asked the same questions repeatedly. Everyone involved in your surgery wants to ensure they have accurate information for your safety.

FAMILY WAITING

On the morning of surgery, your family member or friend will be able to stay with you in the Patient Room area once you are prepped for surgery and until you are transported back to the Operating Room. At this point, they will be escorted to the family waiting area where they will wait while you have your surgery. Once your joint replacement is complete, a member of the surgical team will contact your family member or friend to speak with your surgeon to discuss your procedure.

ANESTHESIA

Your anesthesiologist will meet you before surgery. At that time, he/she will examine you, discuss your medical history, and determine the best plan for your anesthetic care. It is important that you discuss any prior problems or difficulties you may have had with anesthesia.

Your anesthesiologist will discuss risks and benefits associated with the various anesthetic options as well as the potential side effects that can occur with each. Any time you have surgery and anesthesia there is a chance you may experience some nausea and vomiting; however, medications are available to treat both and are routinely given ahead of time to try to prevent these symptoms.

THE OPERATING ROOM

Inside the Operating Room you will be cared for by a team of physicians, which include your surgeon and anesthesiologist, assistants to help your surgeon with the surgery which may be a physician's

assistant or surgical assistant; nurses and skilled surgical technicians. The total time for surgery will vary from patient to patient depending on the complexity of your procedure.

RECOVERY

After surgery, you will be transported back to the same room in the Patient Rooms area in which you started. This functions as both your pre-operative and post-operative room. Your recovery time will depend on your rate of recovery time from the effects of anesthesia and is typically one - two hours. Nurses will check your vital signs and monitor your progress.

Pain medication will be provided via a pump. Our goal is to use preoperative medications and special medication injections during surgery that will reduce your pain and therefore the need for postoperative narcotic medications.

The nurses will check your bandages, check drainage from your surgical site, and encourage you to cough and take deep breaths. They will also apply leg compression devices to help with circulation.

Once you are awake your family member will rejoin you. Your physical therapist will assess you, determine you are stable and that you have regained feeling and movement in your legs. At this point you will be ready for your first walk with a new joint! Early ambulation is critical and the ultimate goal is for you to perform activities of daily living as soon as possible. Do not try to walk until the physical therapist has determined you are ready.

MANAGING YOUR PAIN

The amount of pain and discomfort you experience depends on many factors. Your physicians and nurses will do everything possible to relieve your pain and discomfort using medications and other techniques.

Communication is an important part of helping us manage your pain. It is important to share information with your nurses about any pain you experience. Be as specific as possible. After surgery, you will have a pain pump attached to your mid-thigh. This will deliver local anesthetic automatically for approximately 3-4 days.

DAY OF SURGERY

- ☒ Up in chair as tolerated
- ☒ Diet as tolerated. Start slow and advance as you feel better
- ☒ Ankle pumps as instructed
- ☒ Incentive spirometry 10 times every hour while awake

- Ice therapy in place (if ordered)
- Begin Physical Therapy
- Manage pain
- Transition home
- Walk with a walker to help balance for the first few days
- Calf compression pumps: will be used at least 20 hours per day for as long as possible

AT HOME – FIRST POSTOPERATIVE DAY

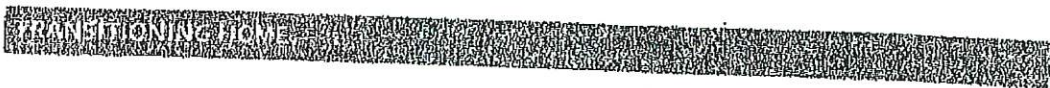
- May remove stocking and white dressings
- For hip replacement, leave clear bandage in place until soiled
- Continue Ice compression (if ordered)
- Pain medications as needed
- Exercise at least 3 times
- Physical Therapist to visit you at home

AT HOME – SECOND POSTOPERATIVE DAY

- May shower if allowed by your surgeon
- Increase activity as pain and swelling allow
- Work on bending exercise 3-4 times a day
- Continue Ice compression every 2 hours (if ordered)
- Pain medication as needed
- Physical Therapist to visit you at home

Unless otherwise noted, you can bear weight on the affected leg as you can tolerate. Your physical therapist will direct your ambulation, weight bearing, and exercises immediately post operatively and going forward.

Your surgeon will instruct you as to when you should make an appointment to return to his/her office.



PREPARING TO RETURN HOME

You will be ready to go home once you are able to walk safely and your surgeon and anesthesiologist determine you are ready for discharge. You must have someone to drive you home and you are highly encouraged to arrange for someone to stay with you in your home the first few days post procedure.

Before you go home we will ensure all your discharge needs are met. Any prescriptions from your surgeon will be provided to you and/or your family. Any equipment needs post-discharge will be addressed by your physical therapist.

RECOVERING AT HOME

MEDICATIONS

Be sure to take your pain medications by mouth with a meal or snack. Avoid drinking alcohol or driving while taking prescribed pain medication. Consider taking pain medication ¼ hour prior to performing the prescribed physical therapy exercises.

It is normal to experience a deep ache through the bone after surgery.

Some people experience constipation while taking pain medication. You may consider drinking prune juice daily, drinking more water, adding fiber to your diet, or taking an over the counter stool softener to prevent this. Exercise and walking also help prevent constipation.

Resume your home medications as instructed by your physician.

ACTIVITY

Continue your knee/hip exercises as instructed by your physical therapist. You may bear weight as tolerated on the surgical leg, unless instructed otherwise by your surgeon.

Get up and walk for 10 minutes every hour. Continue to use your walker 1-4 days following surgery or longer if needed. Bend and straighten your knee 10-20 times slowly every hour. Increase the amount you bend your knee with each exercise.

DRIVING – You will have a driving restriction following Total Joint Replacement until discussed with your surgeon at your first postoperative visit.

Avoid resistance training or swimming until cleared by your surgeon.

INCISION CARE

Keep your incision clean and dry. You may shower when your incision is dry, typically 48-72 hours after surgery. Your surgeon will provide any specific instructions related to your post-operative dressing and care.

Use regular soap but **DO NOT** use creams or lotions on your incision until cleared by your surgeon. Avoid soaking your incision in a tub bath, hot tub or participating in any water activities until the incision is completely healed, closed, and no longer draining. This typically occurs two to four weeks after surgery.

DIET AND REST

Eat a healthy diet to promote healing. You may experience a decreased appetite after surgery. This is normal and should gradually resolve itself. Take rest breaks during the day and get a good night's sleep to support the healing process. However, it is common to have difficulty sleeping after surgery. This will gradually improve but is typically worse around 4-6 weeks after joint replacement surgery.

You may sleep on your back or your side with a pillow between your legs for comfort.

WHEN TO CALL YOUR SURGEON

A moderate amount of bruising, swelling, and redness can be expected after joint replacement surgery. If you experience any of the following, you should contact your surgeon's office immediately:

- A fall
- Numbness, tingling, or burning that persists even after elevating your leg and applying ice
- Pain not relieved by medication or pain that is getting worse
- Thick yellow drainage or bleeding from your incision site
- Inability to do your exercises
- Toes that are cold and do not get warm when you cover them
- Increased redness around your incision.
- A temperature over 101 degrees F (38.3 degrees C)
- Any unexpected problems, concerns, or questions

If you need a refill on your pain pump, please call the Dearborn Surgery Center at 313-253-2000. If you need a refill of a pain prescription please call your surgeon's office.

It is unlikely, but if you experience chest pain, palpitations or difficulty breathing, please call 911.



Traveling

When traveling long distances, you should attempt to change position or try to stand every hour. Some of the exercises, like ankle pumps, can also be performed should you need to sit for long periods of time.

Because your new artificial joint contains metal components, you will likely set off the security system at airports and shopping malls. This is normal and should not be cause for concern.

Exercises and Activity

Exercise and maintaining an active lifestyle are important parts of health. Most patients with artificial joints are able to enjoy many activities, though some should be avoided. In general, high impact exercises like running, jumping, heavy weight lifting, or contact sports, are not recommended. Participating in these activities, or activities like them, may damage your joint or cause it to wear down much more quickly. Low impact activities like swimming, walking, gardening, and golf are encouraged. You may kneel on your new knee without damaging it; however, it may feel uncomfortable.

Dental Care

Following your joint replacement surgery, it is important to notify your dentist that you have a joint implant. It is essential that you obtain a prescription from your dentist for a prophylactic antibiotic to be taken PRIOR to any dental cleaning or procedure for the rest of your life. You will need to remind your dentist before every scheduled appointment in the future of this requirement in order to reduce the risk of developing an infection in your joint.

**THANK YOU FOR CHOOSING
DEARBORN SURGERY CENTER. OUR
TEAM WISHES YOU THE BEST!!**