



**DESERT
ORTHOPAEDIC
CENTER**

Experience. Excellence.

SURGERY PACKET

TOTAL KNEE REPLACEMENT

SURGERY DATE: _____

MANDATORY READING

You will find important instructions and information to prepare you for your surgery in this education packet. It will answer many of the questions you may have, and clearly outline the things you need to do before, during, and after surgery. Planning tools, advice on medications, diet, and exercise are also included. Please take the time to read the material carefully.

If you have further questions about your surgery, please contact us at (702) 731-1616. Please also visit our website at **BaldaufOrtho.com** or **DOCLV.com** for more information and educational videos.

Once again, thank you for choosing Desert Orthopedic Center for your orthopedic care.

IMPORTANT!

PRE-SURGICAL REQUIREMENTS

Please read this packet in full as it will likely answer most of your questions**

General Information

- I. There will be a **MANDATORY** preoperative visit with us approximately 7 days prior to your surgery date. We encourage you to bring your caretaker, family member, or a friend with you to this visit.
 - ❖ At the visit, there will be a review of your medical history, your medical clearance(s), as well as a discussion about the surgery. Please feel free to bring a list of questions regarding your surgery to this visit.
 - ❖ **MEDICATIONS:** A complete medication list is **REQUIRED** at this visit. Please bring in a copy of your current, up to date, medication list.
 - ❖ **ALLERGIES:** List any medications, food, environmental (including Latex) allergies or sensitivities you may have and what reactions you experienced.
 - ❖ **ANESTHESIA:** Please mention any previous reactions to anesthesia.
- II. **Medical (Preoperative) Clearance**

IF THE REQUIRED SURGICAL CLEARANCE IS NOT BROUGHT TO OUR OFFICE BY YOUR PREOPERATIVE VISIT, YOUR SURGERY WILL BE POSTPONED!

- ❖ The requirements of clearance are determined on a patient-by-patient basis and will be discussed at the time of surgery scheduling.
 - ❖ **Please bring your surgical clearances to your scheduled pre-operative appointment.**
 - ❖ **If you have a history of heart or lung problems, you will need written surgical clearance from your heart or lung doctor.**
 - ❖ **NOTE:** Some patients will not require full medical clearance. Any required testing can be completed at the hospital.
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****PLEASE SEE ATTACHED GREEN SHEET FOR NECESSARY REQUIREMENTS AND TO GIVE TO YOUR MEDICAL PROVIDER**

- III. A **FULL** medical clearance (If applicable by your primary care provider and any additional specialist) will include:
 - ❖ A letter of clearance from your Primary Care Provider (PCP)
 - ❖ A letter of clearance from your Specialist(s), if necessary
 - ❖ Lab results - CBC, CMP, PT/PTT/INR
 - ❖ Chest X-Ray
 - ❖ EKG
 - ❖ Any other procedures deemed appropriate by your PCP/Specialist.
- IV. **Surgery arrival times**
 - ❖ Arrival time to the designated hospital or surgical center will be provided the **DAY** before your surgery. Generally, surgery will begin in about 2 hours after your arrival time. If you have not

heard from our office by 3 pm that day, please call 702-731-1616 and ask to be transferred to "Team Baldauf."

- ❖ **DO NOT EAT OR DRINK** anything (including water, breath mints, gum) 8 hours prior to surgery. Any exceptions to this rule (i.e. special medications) will be discussed at your preoperative visit.
- ❖ When your arrival time is given, you will also be informed when you will need to stop eating or drinking.
- ❖ **Morning of Your Surgery**
 - Take **ONLY** those medications you were instructed to take by your physician and/or the PA. Take these medications with a small sip of water.
 - You may shower and brush your teeth.
 - Do not use perfume, deodorant, powder, cream, make-up, or nail polish.
 - Bring a case for your eyeglasses, hearing aids, and dentures. Do not wear or bring contact lenses.
 - Wear comfortable non-skid or rubber-soled shoes such as walking shoes or tennis shoes.
 - Bring personal items such as toiletries and daily care items. Please leave valuables, money, and jewelry at home.

To avoid possible loss, please have your family take your personal belongings with them while you are in surgery. They can be returned to you once you are in the hospital room.

- V. **Blood thinners**
 - ❖ Discontinue blood thinners Coumadin/Eliquis/Plavix/Xarelto and NSAIDS (i.e. Motrin/Ibuprofen/Aleve/Aspirin) **5-7 days** prior to surgery unless advised otherwise by your cardiologist/PCP.
- VI. If your surgery needs to be canceled or postponed for any reason (delayed clearance, extenuating circumstances, illness, etc.) please let us know **ASAP** so that we may reschedule your surgery.
- VII. Post-operative appointments: Typically 2 weeks after your surgery and will be scheduled at the end of your preoperative visit.

PREPARING FOR SURGERY

Total Joint Education Class

Preparation for surgery, recovery, and a pre-planned discharge are an important part of your care. The joint class will give you a better understanding of what to expect before, during, and after surgery and help you feel more comfortable and prepared for your upcoming procedure.

Some of the hospitals offer a joint replacement class. We recommend you attend this class as it will help to answer all your questions regarding your hospital stay, including post-operative expectations, wound care, and the "Do's & Don'ts" associated with surgery. **Please contact the respective facility to enroll once your surgery has been scheduled.**

- ❖ **Southern Hills Hospital Joint Replacement Education Class**
 - Free Joint Replacement Education Class – Every Friday at 9 a.m. at Southern Hills!
Call (702) 916-5023 or register online at
<https://southernhillshospital.com/calendar/index.dot>
- ❖ **Henderson Hospital Pre-Surgery Total Joint Replacement Education Class**
 - Please RSVP for location and more information:
Orthopedic Program Liaison
Call 702-963-7319
- ❖ **Desert Springs Hospital Joint Camp**

- Please RSVP for location and more information:
Lisa Watkins - Director of Therapy Services
Call 702-810-9929
Email Lisa.Watkins@uhsinc.com

You will be given a chance to ask questions that you may have and clarify information that may be confusing to you. You will also be instructed on important equipment that you will need during your recovery period. Please remember this booklet is only a guide. Please be sure to follow your physician's orders first and ask questions if you are unsure of any information.

****MEDICARE PATIENTS ONLY**: The DOC Physical Therapy department will contact you to schedule your physical therapy pre-education class appointment.**

PRE-SURGERY INSTRUCTIONS

Dental Work

If you need dental work, it is a good idea to get it done at least a month before surgery. If you have not seen a dentist in the last twelve months, we request that you make an appointment for a dental exam, because the threat of infection is a major risk factor of joint replacement. A silent or unknown infection in your mouth could travel through your bloodstream and cause an infection around your prosthesis which can be devastating to your new joint. Inform your dentist you will be having a total joint replacement so that the information can be placed in your dental record. Your dentist may want you to take antibiotics before any future dental work for the next 2 years.

Medication

Be sure to inform your physician of ALL the medications you are taking, including vitamins, over-the-counter drugs (such as aspirin, antacids, pain relievers, etc.) or even herbs and "natural" products. These can all potentially have unwanted effects when combined with medications or anesthesia. Some herbal and diet products must be stopped at least two weeks before surgery. To minimize the risk of blood loss during and after surgery, you will be asked to stop taking certain medications. Many medications affect blood clotting. **NSAIDs (Aspirin, Ibuprofen, Motrin, Advil), blood thinners (Warfarin, Xarelto, Eliquis, Pradaxa), diet pills, and MAO inhibitors are examples of medications that can cause increased bleeding times.** You are encouraged to discuss any concerns you may have with your surgeon or prescribing physician.

Diabetes Medication

Check your blood sugar before meals and/or before bedtime for at least 2 days prior to your surgery (if you check more often, please continue your routine). Call the nurse case manager if your blood sugar is higher than 150. You will be advised by your physician if you should take your medications or insulin the morning of your surgery.

Telephone interview

If you have Medicare insurance, you may also be asked to complete a nursing interview with our Bundled Payment Care Initiative-Advanced (BPCI-A) coordinator, Debra Cummings, RN, prior to your admission. It is important for us to "get to know you" so that we can anticipate your specific needs. Please have your medication list completed, as the nurse will ask for this information.

Bathing Instructions

Before your surgery, **you can play an important role in your own health.** As your skin is not sterile, we need to be sure that your skin is as free of as many germs as possible before your surgery. You can reduce the number of these

germs by carefully bathing before surgery. Following these instructions will help you to be sure that your skin is clean before surgery to help prevent infection.

***IMPORTANT**

- You will need to shower with a special antibacterial soap called chlorhexidine (CHG). A common brand name for this soap is Hibiclens. However, any brand of CHG is acceptable. The soap may come in a liquid form or as a scrub brush applicator. Either form is acceptable to use. You may purchase Hibiclens at the local pharmacy. If you do not see it on the shelf, please ask the pharmacist if they carry it. **CHG IS NOT TO BE USED BY PEOPLE ALLERGIC TO CHLORHEXIDINE.** Instead, use antibacterial soap, such as Antibacterial Dial Soap™.
- Shower or bathe with CHG the night before surgery **AND** on the morning of surgery. Apply the CHG soap to your entire body, **ONLY FROM THE NECK DOWN. Do not use CHG near your eyes or ears to avoid permanent injury to those areas.** Pay extra special attention to the area where the surgery will be done. Gently wash for 5 minutes, do not scrub the skin too harshly. Do not use regular soap after the CHG is applied. **NOTE:** CHG does not produce a rich lather.
- Rinse thoroughly and then pat yourself dry with a clean, soft towel.
- **DO NOT shave your body with a razor before surgery.**
- Wash your hair as usual with your normal shampoo with each shower or bath.
- **DO NOT** use perfume, deodorant, powders, or creams after showering or bathing.

Infection Precautions

Prior to your surgery, your surgeon may have you tested for Methicillin-Resistant Staphylococcus aureus (MSRA). The test is simple, usually just a nasal swab. If you test positive, extra precautions may be taken to protect your surgical site from infection.

****COVID-19****

Patients scheduled for elective procedures will be tested for the coronavirus at least 72 hours before their procedures. They should remain in isolation from the time of the test until their surgery and check their temperatures twice a day. After surgery, the patients will be placed in a dedicated hospital unit that has not housed patients with COVID-19 or anyone suspected of having it. Patients who test positive for the virus or display symptoms of infection will not be scheduled for elective surgery, according to the letter.

Health problems such as allergies, diabetes, obesity, as well as anemia can create an elevated risk of infection. Be sure to discuss these with your doctor.

After your surgery, family and friends **should not touch** your surgical wound or dressings. Furthermore, they should wash their hands before and after each visit. Those caring for your wound should always wash their hands before and after contact.

Avoid touching your hands and nose, mouth, or eyes, and do not set food or utensils on furniture or bed sheets. Germs can live for many days on surfaces and can cause infections if they get into your incision.

Sleep Apnea

If you have a condition called “Sleep Apnea” that requires special equipment, please bring the necessary equipment with you when you arrive for surgery.

Smoking/Tobacco use

In preparation for your surgery, it is best not to smoke/use tobacco. We require you to refrain from all tobacco products at least 30 days prior to your surgery. Patients who smoke are **THREE TIMES** more likely to develop a

surgical site infection than non-smokers. Tobacco is proven to interfere and significantly delay wound healing. If you need assistance to quit, please ask your Primary Care Provider what would work best to help you. The longer you are smoke/tobacco-free, the healthier you will be.

Alcoholic Beverages

No alcoholic beverages one day prior to surgery.

Exercise

Keeping your muscles toned will help you to recover faster after surgery. Be sure to follow the exercise program you have been given by your physician and physical therapist.

Nutrition

Good nutrition is important before surgery. Eating healthy and avoiding any unnecessary weight loss prior to your procedure is optimum. Many patients are asked to lose some weight prior to their procedure. At this time, we recommend weight maintenance with the goal of having adequate nutrition stores before heading into surgery. This will help ensure you will have the strength post-surgery for rehabilitation.

PREPARATION FOR YOUR TOTAL KNEE REPLACEMENT

- I. **Hospital Packet and Important Information**
 - ❖ You will receive a hospital packet at your preoperative visit with instructions for pre-registration, a map to the hospital, and necessary phone numbers.
- II. **Family & Medical Leave Act (FMLA) paperwork**
 - ❖ If FMLA paperwork is required, please give the forms to any of our medical assistants so that the forms may be completed prior to your surgery.
 - ❖ Customary time off from work for recovery is 3 months.
 - ❖ Everyone recovers at different rates. Your FMLA paperwork can be adjusted to accommodate your needs.
- III. **Metal Detectors**
 - ❖ A card can be provided at your postoperative visit that states that you now have an implant that has some metal components that may set off metal detectors.
- IV. **Handicap Placard**
 - ❖ Please request from our office staff if you require a temporary handicap placard after your surgery.

HOME PLANNING AND PREPARATION

Additional Recommendations:

- ❖ If your bathroom is upstairs, you may need to set up a temporary sleeping area on the first floor. Stairs are not impossible but are difficult until you have full mobility.
- ❖ Remove all throw rugs, loose rugs, electrical cords, and clutter from hallways and walking areas. These pose a risk for falling.
- ❖ Check your cabinets for items that you routinely use and place them at a level where you will not need to bend or get on a step stool to reach them.
- ❖ Install safety bars in showers and near stair railings, as well as non-skid material in the bathtubs and/or showers.
- ❖ You will receive instructions at discharge and need to consider the following: a long-handled sponge/brush and shower hose for bathing, a shower chair or a tub bench if you are able to sit in the shower.**
- ❖ A basket to attach to a walker, if necessary.
- ❖ Prepare an area for supplies you will need, such as telephones, TV remote controls, radios, tissues, medications, reading material, etc.

- ❖ Prepare for pets that may be underfoot.
- ❖ Consider activities that you will be able to engage in during your recovery such as hand games, movies, DVDs, etc.
- ❖ Decide to have a family member or friend stay with you for the first 10 days after you are discharged.

****Upon discharge home, the hospital will provide you a front wheeled walker. Other medical equipment such as a raised toilet seat, long-handled grabber (Reacher), shower bench/chair, 3-in-one commode, stocking application device, Lift Chair Recliners, or hospital beds are NOT COVERED by insurance. You may purchase/rent these items at a medical supply company or through Amazon online.**

- ❖ 101 Mobility of Las Vegas, 3151 W. Tompkins Ave., Las Vegas, NV 89103, 702-706-7722
- ❖ State Medical Equipment (SME), 3950 East Sunset Rd., Las Vegas, NV 89120, 702-538-9555

YOUR SURGICAL EXPERIENCE

DAY OF SURGERY

Arrive at the hospital/surgical center on time.

Upon arrival:

- You will be taken to a room and asked to put on a hospital gown.
- Your family and/or friends will be allowed to join you while you wait to go into surgery. They may be required to step out and wait in the waiting room while the nurse prepares you for your surgery.
- Your pre-operative nurse will start your intravenous (IV) line, ask questions, and perform a pre-surgical assessment.
- You will be given IV antibiotics at this time.
- Your surgical site will be identified and marked prior to your surgery.
- From the holding room, the hospital staff will take you to the operating room where the anesthesiologist will administer anesthesia.

There are several choices of anesthetic techniques that may be chosen for total joint replacement surgery. One specific technique may potentially be advantageous for a specific patient depending upon the medical condition of the patient. In addition, you probably will be placed on blood thinners after surgery to minimize the risk of blood clots. The type of blood-thinning medication that is chosen by your surgeon may influence the anesthetic technique that may be considered.

General Anesthesia

In this particular case, you are completely unaware of your surroundings and will not respond to stimulation. This can be provided in many ways, with the most common being a continuous intravenous infusion that “keeps you asleep.”

Regional Anesthesia

Prior to your procedure, the anesthesiologist will administer either a Nerve block or an Epidural Spinal block. The type utilized will be based upon your overall health and medical conditions.

With a common peripheral nerve block, a local anesthetic will be injected around the nerves to provide pain relief for approximately 18 hours after the surgery. You will be given some intravenous sedation prior to the nerve blocks to minimize any anxiety or discomfort. Once you enter the operating room, you will be “asleep” for the operation.

Spinal or epidural will make you numb from about your waist to your toes. A spinal will last only a few hours. An epidural catheter can be utilized to allow the epidural to provide pain relief for up to two days after surgery.

The anesthesiologist will monitor your breathing, blood pressure, and heart rate throughout your surgery. The surgery will generally take anywhere from 1 to 3 hours depending upon the complexity of the procedure.

After your surgery is complete, you will be brought to the recovery area where you will be closely monitored as the anesthesia wears off. The nurses in the recovery room will monitor your blood pressure, pulse, respiration, assess and manage your pain, monitor your IV intake, urine output, and your dressings. You will be encouraged to take deep breaths, cough, and move your feet and ankles.

WHAT TO EXPECT DURING YOUR HOSPITAL STAY

The approximate duration of your hospital stay for a total knee replacement is **1-2 nights**. Following your surgery, Dr. Baldauf will speak with any family members available about the outcome of your surgery.

**** PLEASE BE AWARE YOU WILL BE IN THE RECOVERY AREA FOR APPROXIMATELY 2 HOURS FOLLOWING SURGERY BEFORE YOU ARE MOVED TO YOUR ROOM. DURING THIS TIME, NO FAMILY MEMBERS ARE ALLOWED IN THIS AREA.**

Physical Therapy will begin the day of your surgery or the next morning depending on the time your surgery occurs. Expect physical therapy sessions to occur twice per day during your hospital stay.

- ❖ Physical Therapy will review any precautions or restrictions associated with your total knee replacement.
 - * **DO NOT** cross your legs
 - * **DO NOT** pivot – take small steps to turn or change directions.
 - * **DO NOT** drive until you are comfortable and able to bring the vehicle to a sudden stop.
 - * **DO** use your knee immobilizer at night when you go to bed for the first 4 weeks.
 - * **DO** use a walker or a cane to help maintain your balance
 - * **DO** walk as much as you can tolerate. **Don't be afraid to move!**

Either Dr. Baldauf, Heather Ta, PA-C or Jodan Christensen, PA-C will come to the hospital to evaluate your progress.

Your surgical dressing will be managed by your assigned Registered Nurse the first day after your surgery. **PLEASE SEE SECTION REGARDING TYPES OF SURGICAL DRESSINGS.**

- ❖ Bulky dressings are applied immediately after the surgery and will be removed the day after.
- ❖ Dressings are water-resistant and are to remain over your incision for 7-14 days (unless otherwise directed). You may shower only with this dressing but do not direct the shower nozzle over your incision. Do not submerge your dressing underwater (no baths, hot tubs, pools).
- ❖ If your dressing loses contact with your skin, please place additional tape to hold it down and notify our office immediately. **DO NOT ALLOW YOUR INCISION TO GET WET!**

Occupational Therapy will instruct you on how to safely put on your compression stockings, shoes, clothing, and showering.

AFTER YOUR SURGERY

Intravenous Fluids and Medications

Your IV will remain in place for 1-2 days after your surgery. You will receive IV fluids until you are able to eat and drink without nausea or until your doctor decides. You will receive IV antibiotics for the first 24 hours. Your IV access is also used for pain medication.

Pain Control

To help us minimize your pain after surgery you will be asked to rate the intensity of your pain using a pain scale of 0-10 (0 is no pain, 10 excruciating pain). The best time to take your pain medication is when your pain level starts to rise. Do not allow your pain to become severe. Once pain control is achieved, less medication will eventually be needed to manage the pain. Pain medication is available in various forms: Intravenously, injection into the muscle or subcutaneous tissue, or by mouth.

Blood Transfusion

If your blood count is too low, your surgeon may decide that you need a transfusion.

Ice Application

Your doctor may order an ice application for a few days over your dressing to help decrease bleeding and swelling. You may also request the ice packs for comfort reasons. When the ice melts, be sure to ask the nurse for fresh ice. Never allow ice to directly touch your skin or your incision as this can delay wound healing. Ice your surgical site for **20 min at a time and give at least a break of 20 minutes between icing sessions**. Frequent ice therapy helps to control swelling and pain.

Catheter

A urinary catheter may be inserted into your bladder during surgery while you are sedated. This helps the doctor monitor how well your kidneys are working. The catheter is removed while you are in recovery. You will feel the catheter as it is being removed, but it should not be painful. Prolonged use of the urinary catheter carries the risk of Urinary Tract Infections (UTIs), which can infect your new joint, as well.

Sequential Compression Stockings

Sequential compression stockings inflate and deflate automatically. Some types are worn from just below the knee to the foot. These simulate muscle activity that occurs when walking. Some are made to wear on your feet only. Your surgeon will decide which type is appropriate for you. These stockings assist in the prevention of blood clots, or what is known as deep vein thrombosis (DVT). They are worn while you are in bed until you are walking.

Support Stockings

Support stockings are also used to help prevent blood clots from forming. You will need to wear support stockings during your recovery. You will need assistance with the use of a sock aide or arrange for assistance. Support stockings should be removed for a brief period a couple of times each day to bathe and for heel/skin assessment. Be sure to let the nurse know if your heels burn or are sore. The discomfort is associated with a decreased blood flow to the heel and can cause damage if pressure is not removed. It is best to keep your legs elevated to avoid pressure on the heels on the mattress. You will have support stockings on both legs even if you have only one total joint replacement. If for some reason, you are unable to tolerate wearing the stockings, please contact our office for further directions.

Oxygen

After surgery, you may receive oxygen through a tube (nasal cannula) under your nose. This is usually supplemental (unless you have other respiratory difficulties) and is common practice during the postoperative period. A monitor, called a pulse-oximeter, may be placed on your finger periodically to measure the amount of oxygen in your blood.

Anticoagulation

Prevention of clotting is extremely important after total joint replacement. Different medications are used for anticoagulation. These medications may be injected or taken by mouth, depending on the type of anticoagulant your physician orders. Blood thinners are usually started 1-2 days after surgery depending upon your medical

history. Most patients take this medication for about one month after discharge. Some individuals are discharged home with a prescription for injections to prevent blood clots. It is important that you or a family member learn how to perform these injections prior to leaving the hospital.

Coughing and Deep Breathing

You will be encouraged to take deep breaths and cough after your surgery. This exercise will help keep secretions in your lung from accumulating. When fluids accumulate, it can cause pneumonia, or a condition called postoperative atelectasis. You will be given a device called an incentive Spirometer to help with deep breathing. It is best to use it 5-10 times every hour when awake for the first few postoperative days. Make yourself cough after each use. The respiratory therapist or nurse will show you how to use it.

Constipation

Constipation often occurs when you are taking pain medication and are less active, as in your post-operative period. Drinking plenty of water and other fluids such as prune juice are helpful in preventing constipation. If you do not have a bowel movement by the second or third day after surgery, please let your nurse know. You may need a laxative, suppository, or enema to relieve constipation. Please refer to constipation protocols addressed in the "Recovery at Home" section below.

Mobility

Your therapy will begin in the hospital. It is best to take your pain medication prior to your therapy session. Furthermore, moving immediately soon after surgery promotes wound healing, improves range of motion, and pain control. As Dr. Baldauf always says, **"You cannot hurt your new joint by moving."**

Mobility will begin on the day of surgery with your nurse setting you up on the edge of the bed. You will receive a Physical and/or Occupational Therapy evaluation and a customized therapy program will be developed. You will be instructed in precautions, the proper way to move around in bed, the correct way to transfer from sitting to standing and vice versa. In some cases, you will be instructed on how to go up and down a set of stairs, a ramp or curb. Your equipment needs will be discussed with your therapist and your Case Manager.

Day of Discharge

Unless otherwise decided by you and your physician, once you are stable enough to be discharged you will go home. Most patients travel by car driven by a family member or friend. Please make transportation arrangements before coming to the hospital. Insurance will not cover ambulance transportation to your home.

SURGICAL DRESSING TYPES & DIRECTIONS

I. ZIPLINE DRESSING

The Zip device is a non-invasive skin closure designed to improve your recovery experience after hip and knee surgeries. No painful stitches or staple removal¹. No punctures that may allow bacteria into the wound site. Less scarring than staples, no track marks. The Zip uses two flexible, non-latex adhesive strips on either side of the incision. These straps are linked by a patented closure system to gently distribute forces and precisely align the edges of your incision to close it securely. Removal is as easy as peeling off a bandage. ***Not to be used on individuals with allergy/sensitivity to surgical tape.**

II. AQUACEL/OPTIFOAM DRESSING

A flexible, waterproof barrier to protect skin and allow bathing. Unique antimicrobial barrier combining the infection-fighting power of ionic silver with the unique capabilities of Hydrofiber.™ Aquacel/Optifoam must be removed 7 days after application and the wound redressed with a dry dressing. An additional dressing will be sent home with you from the hospital to change at the week mark or as needed for bleeding or drainage outside of the

bandage. This may also be done in the office or by your home health nurse if you have one. ***Not to be used on individuals with allergy/sensitivity to metals.**

III. Over-the-counter shower dressing covers

Multiple varieties of wound covers are available for purchase at any local pharmacy. These are a great alternative to dry dressings after Aquacel/Optifoam dressings are removed, permitting flexibility to shower and perform physical therapy.

PLEASE CONTACT THE OFFICE SHOULD YOU HAVE ANY ISSUES OR
QUESTIONS REGARDING YOUR WOUND OR DRESSINGS.

WHAT TO EXPECT AFTER YOUR HOSPITAL STAY

I. Home Health

- ❖ **Not all insurance will cover home health services.** Please prepare other arrangements to have a trusted friend or family member stay with you for 10 days after surgery.
- ❖ **If you feel you would require home health services please notify our team during your preoperative visit.**
- ❖ If home health services are implemented, the Hospital Case Nurse Manager will meet with you before your discharge and services will begin within 48 hours of your arrival home.
 - Home health services are designed to provide you the best one-on-one care while recovering in your home.
- ❖ A home health nurse and a physical therapist will schedule an appointment time to meet you at your home after surgery.
- ❖ The home health nursing duties will include but are not limited to: evaluating overall health, monitoring the wound, dressing change, if applicable, and checking vital signs.
 - **Should you bleed through your dressing or dressing loses contact with your skin, please notify your home health nurse or our office immediately.**
- ❖ Nurse and Physical therapy visits occur approximately 1-2x times per week, depending upon the agreement between your insurance company and the contracted home health agency.
- ❖ If you prefer a specific home health company, please notify our office prior to your procedure and we will try to accommodate this request.
- ❖ If you have any concerns regarding your home health nurse and/or physical therapist, please notify our office immediately.

II. Rehabilitation Facilities

- ❖ Excluding unforeseeable circumstances, Dr. Baldauf **STRONGLY DISCOURAGES** discharge to a rehabilitation facility.
 - **Due to ongoing Covid-19 Pandemic, the Centers for Disease Control and Prevention (CDC), the U.S. Surgeon General, American College of Surgeons, and the American Society of Anesthesiologists recommend “patients should be discharged home and not to a nursing home [SNF, Rehabilitation Center] as higher rates of Covid-19 may exist in these facilities¹.”**
Reference: Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic - <https://www.asahq.org/about-asahq/newsroom/news-releases/2020/04/joint-statement-on-elective-surgery-after-covid-19-pandemic>, April 17, 2020. Accessed May 1, 2020.
- ❖ A 5x increased risk of postoperative complications exists by going to a rehabilitation facility. These include but are not limited to:

- Infections
 - Falls
 - Medication mix-ups
 - Frequent use of sedating medications
 - Reduced quality of care due to the increased patient load upon the nursing staff.
- ❖ If you have concerns regarding difficulties meeting goals required by the therapist in the hospital, medical complications, obstacles in the home, or lack of a caregiver at home, please let one of our providers know at your preoperative visit. We can take care of many of these concerns and get the proper care you will need at home.

**IF YOU FEEL YOU WILL REQUIRE DISCHARGE TO A REHABILITATION FACILITY AFTER YOUR SURGERY,
WE WILL BE HAPPY TO MAKE RECOMMENDATIONS TO
REFER YOU TO ANOTHER SURGEON WHO CAN BEST MEET YOUR NEEDS.**

III. Constipation Protocol

- ❖ Constipation after surgery and narcotic pain medication is very common. Please follow the below guidelines.
- ❖ Once narcotic pain medication is started, you are recommended to take 2 Senokot® (over-the-counter) **OR** 2 Colace® (over-the-counter) tablets every night until you are finished taking pain medication.
- ❖ If no bowel movement occurs after 2-3 days, increase to 2 Senokot® **AND** 2 Colace® tablets every morning and every evening. You may also incorporate 1 dose of Milk of Magnesia® (over the counter).
- ❖ Finally, if no bowel movement after additional 1-2 days, try either of the following 2 options:
 - Try 4 Senokot® and 4 Colace® tablets in the morning, at lunch and in the evening with a single dose of Milk of Magnesia®.
 - Or, start over-the-counter Miralax®, 1 capful mixed into water, your favorite juice, or warm Prune juice, twice daily until a bowel movement occurs.
- ❖ **If there is no relief after these steps, please call our office.**

IV. Blood Thinners after Surgery

- ❖ During your preoperative visit, you will be advised to purchase over-the-counter Enteric Coated Aspirin 325 mg to take twice daily for one month starting **AFTER** surgery.
- ❖ If you are allergic to aspirin, have severe acid reflux, a history of ulcers, or Chronic Kidney Disease, a prescription blood thinner will be prescribed.
- ❖ If you are currently taking a prescribed blood thinner, this will be restarted 1-2 days after your surgery, depending upon the amount of bleeding from your incision.
- ❖ If you experience any excessive bleeding from your incision, notify our office immediately so that the timing and dosing of your blood thinner may be adjusted accordingly.

V. Showering/Wound Care

- ❖ You may shower after surgery once the water-resistant Optifoam/Aquacel dressing has been applied over the Zipline dressing. The dressing does need to remain intact with your skin to be effective. If the dressing starts to lift from your skin, you may place tape to hold the dressing in place and contact our office immediately.
- ❖ **DO NOT ALLOW YOUR INCISION TO GET WET.**
- ❖ **DO NOT** wear tight clothing that rubs against the *incision* while it is healing.
- ❖ Our office staff will remove your Zipline dressing approximately 14 days after it was applied.

- ❖ After your dressing is removed, please refrain from baths, tubs, pools, etc until all of your scabs have fallen off. We recommend purchasing waterproof shower dressing covers to apply over your incision. These dressings are sold at any major pharmacy.
- ❖ Steri-Strips™ will be applied across your incision. The Steri-Strips™ will fall off on their own. Continue to use the shower dressing covers until your scabs fall off. Please avoid soaking your incision for an additional 2 weeks.

VI. **Future Procedures**

- ❖ For any surgical procedure or dental procedure (including cleanings), antibiotics will be encouraged prior to the procedure to prevent future infections.
- ❖ This is recommended for 2 years postoperatively.
- ❖ Antibiotics will be provided by our office or by your dentist.

VII. **Scar cream**

- ❖ If you are concerned about the appearance of your scar or wound healing, you may apply Vitamin E oil or use an over-the-counter scar cream like Mederma®.

DO NOT APPLY ANY LOTIONS, CREAMS, TRIPLE-ANTIBIOTIC OINTMENT, OR OILS OVER YOUR INCISION UNTIL THE VERY LAST SCAB HAS FALLEN OFF ON ITS OWN. THIS COULD INDUCE AN INFECTION THAT COULD AFFECT YOUR NEW JOINT.

ACTIVITY

MotionIQ/RecoveryOne

Dr. Baldauf encourages all of his patients to participate in MotionIQ/RecoveryOne online muscle and joint recovery program. This program is tailored to you based upon your ongoing feedback and personal progress. Instructional physical therapy exercise videos are organized within multi-week pathways designed to allow you to perform at your own pace from the comfort of your home. This program may be used independently or in conjunction with your outpatient physical therapy. Please see the attached flyers at the end of this packet for instructions on how to enroll in MotionIQ/RecoveryOne program.

Weeks One and Two

- ❖ During weeks one and two of your recovery, goals are to:
- ❖ Do your home exercises three times a day.
- ❖ You may shower but keep the wound dry.
- ❖ Walk at least 200 feet twice a day. Use your walker as directed by your surgeon.
- ❖ Climb and descend a flight of stairs (12 to 14 steps), using the handrail, once a day.
- ❖ Walk up curbs, ramps, etc.
- ❖ Gradually resume daily living activities.

Weeks Three and Four

- ❖ You should notice that everyday activities are becoming easier. Continue doing the home exercise program, as exercise is the fastest way to achieve the best outcomes.
- ❖ Do your home exercises three times a day.
- ❖ Achieve weeks one and two goals.
- ❖ Wean from the walker to a cane or single crutch as instructed.
- ❖ Walk at least two blocks a day.

- ❖ Climb and descend a flight of stairs (12 to 14 steps) more than once daily.
- ❖ Resume daily living activities without assistance.

For the next several weeks, you may have to stop and think about how to do certain activities that previously were automated, like getting into bed or out of a chair. In a few weeks, these functions will again be automatic. In the meantime, the following pages provide some basic tips that you will find useful during your recuperation period.

Using a Walker (with wheels)

- ❖ Position the walker in front of you, grasp the side handles securely.
- ❖ With all four walker legs firmly on the ground, step forward with the surgical leg.
- ❖ Place your foot in the middle of the walker area. Do not move your foot past the front feet of the walker.
- ❖ Step forward with the non-surgical leg using the walker for support.
- ❖ Move the walker forward about 12 inches and repeat.
- ❖ **Note: Take small steps. DO NOT take a step until all four walker legs are flat on the floor.**

Getting in and Out of Bed

- ❖ If possible, exit the bed from the side that will allow you to lower your non-surgical leg first.
- ❖ Move your knees to the edge of the bed.
- ❖ Sit up while lowering your non-surgical leg on the floor.
- ❖ Lower your surgical leg to the floor.
- ❖ If necessary, you may use your non-surgical leg to assist with lowering your surgical leg.
- ❖ Once you are up and stable, reach for the walker.

Getting in and out of a chair

- ❖ Position yourself near the front edge of the chair.
- ❖ Place both hands on the arms of the chair and push up. If you are on a sofa or chair without arms, place one hand on the walker (all four legs of the walker need to be flat on the floor). With your other hand on the seat of the chair or sofa, lift yourself off of the chair. Be careful not to twist your body.
- ❖ DO NOT try to use the walker exclusively while getting out of the chair. Balance yourself before grabbing for the walker and attempting to walk.

Getting In and Out of a Vehicle

- ❖ Move the front passenger seat all the way back to allow the most legroom.
- ❖ Recline the back of the seat if possible.
- ❖ Using your walker, back up to the side of the front passenger seat.
- ❖ Steady yourself using one hand on the walker. With the other hand, reach back for the seat and lower yourself down bending both knees to tolerance. Be careful not to hit your head when getting in.
- ❖ Turn frontward, leaning back as you lift your surgical leg into the car.
- ❖ Return the seatback to a sitting position.
- ❖ When getting out of the car, reverse these instructions.

Sitting Down on the Toilet

- ❖ Take small steps and turn until your back is to the toilet. DO NOT pivot.
- ❖ Back up to the toilet until you feel it touch the back of your leg.
- ❖ If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand in the center of the walker while reaching back for the toilet seat with the other.

Getting Up from the Toilet

- ❖ If using a commode with armrests, use the arm to push up.
- ❖ If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other. Balance yourself before grabbing the walker and attempting to walk.

YOUR RECOVERY PERIOD

To get the most from your new joint, you need to take an active role in your recovery. This includes continuing your exercise program and keeping your follow-up appointments. This will help to ensure that you return safely and comfortably to your normal activities. Recovery from total joint replacement surgery is a process of healing and strengthening. This process will take time.

Healing Phase

- ❖ The healing phase is the shortest phase of this process and generally takes between **6-8 weeks**.
- ❖ During this phase, you will heal and recover from surgery.
- ❖ It is important to remember that the pain you may experience in this phase is from tissues and muscles healing, not just from the painful joint.

Strengthening Phase

- ❖ The next phase is strengthening and maintaining your new joint.
- ❖ Remember, this phase can take months to a year depending on the complexity of your surgery.
- ❖ If you experience pain during this phase, it is usually from muscles stretching and rebuilding.

IMPORTANT REMINDERS

Medication

- ❖ Take all medications as prescribed by your doctor.
- ❖ Restart all other medications you were taking prior to surgery. If you are taking medications for an autoimmune disorder, wait 2 weeks after surgery to begin.
- ❖ Remember to check with your physician before you begin taking any over-the-counter medications or herbal supplements.

Other Important Information

- ❖ Swelling is not uncommon after total joint surgery. Elevation, ice, and motion are helpful in decreasing the swelling. If swelling worsens or spreads, call your doctor.
- ❖ You will most likely return to all of your normal activities about 6-8 weeks after surgery.
- ❖ It is essential that you inform your dentist that you have had a total joint replacement, as you may need prophylactic antibiotics prior to having your teeth cleaned or other dental procedures. If you have any surgical procedures following your total joint replacement, inform the physician that you have an implant.

WHEN TO CALL YOUR DOCTOR

- ❖ If you have a fever above 100.4 degrees Fahrenheit.
- ❖ Uncontrolled shaking or chills.
- ❖ Increased redness, excessive heat, drainage, or swelling in or around the incision site.
- ❖ Increased pain or a significant decrease in motion during activity and at rest.

- ❖ Increased swelling, pain, or tenderness of the thigh, calf, ankle, or foot.
- ❖ Abnormal bleeding of any kind, such as increased bleeding from the incision, nosebleeds, etc.
- ❖ Blood in your urine.

WHEN TO CALL EMERGENCY MEDICAL SERVICE

- ❖ Difficulty breathing or shortness of breath.
- ❖ Chest pain.
- ❖ Localized chest pain with coughing or while taking a deep breath.

OFFICE POLICIES AND PROCEDURES

PAIN MANAGEMENT

As of January 1, 2018, the Prescription Drug Abuse Prevention Act (AB474) went into effect to combat the National Opioid Epidemic. This affects all prescribed controlled substances pertaining to opiate medications, such as Norco (hydrocodone) and Percocet (oxycodone) and non-opiate medications like Xanax or Ambien.

What does this mean for you as a patient?

Opioid pain medication is not recommended as first-line therapy for chronic pain. Non-opioid medications such as Ibuprofen or Acetaminophen and non-pharmacologic therapies like physical therapy, cognitive behavioral therapy, acupuncture, chiropractic, or exercise are preferred. If you are prescribed controlled pain medication, you will also be required to utilize non-opiate and non-pharmacological therapies as well. Please discuss with your provider which of these would be best suited for your condition.

NOTE: IF YOU ALREADY SEE A PAIN MANAGEMENT SPECIALIST, please make an appointment as soon as possible to inform your provider of the surgery and obtain the appropriate postoperative pain medications. **WE WILL NOT WRITE PAIN MEDICATIONS FOR PATIENTS THAT ALREADY HAVE A PAIN MANAGEMENT SPECIALIST. PLEASE SHOW THIS POLICY TO YOUR PAIN MANAGEMENT SPECIALIST.** Be sure to notify your pain management specialist that pain medication will be provided to you during your hospital stay. Once you are discharged home, you are responsible for making sure you will have enough pain medication to last you until your next appointment with your pain management specialist.

For all other patients not currently seeing pain management, acute episodes of pain, including immediately after surgery, trauma, or fracture, prescription pain medication will only be written for **7 days** and at the discretion of the prescriber (including type, dosage, and frequency).

- I. Refills of pain medication prescription will be determined by our providers based on each individual patient and the procedure they are undergoing.
 - a. **Maximum duration of 2 months** following total joint replacement.
 - b. If pain medications are required for chronic pain or exceed the typical duration expected with your injury or surgery, you will be referred to a pain management specialist.
- II. Prior to issuing an initial prescription, the following criteria must be met:
 - a. History & physical exam
 - b. Assessment of risk of abuse, dependency, and addiction
 - c. Request previous medical records for previous treatment
 - d. Review of previous use of controlled substances through the Prescription Monitoring Program (PMP)

- e. Written informed consent
- III. If you are scheduled for surgery and **are not** currently seeing a pain management specialist, your post-operative pain medications will be written for you at your preoperative visit.
 - a. This medication is to be filled the day prior to surgery and **NOT TO BE TAKEN UNTIL AFTER YOU HAVE RETURNED HOME.** A second prescription **WILL NOT** be refilled if this medication is taken prior to surgery.
- IV. Please be aware that pain is expected after surgery. **SURGERY IS NOT PAIN-FREE.** We will do everything possible to help minimize your pain and keep you comfortable after your procedure.
- V. Continuation of a prescribed controlled substance for over 30 days will require a *Prescription Medication Agreement*, also known as a “Drug Contract.” This contract must be updated on an annual basis. Requirements of this agreement include:
 - a. Adherence to set treatment goal established by your provider
 - b. Taking the controlled substance as prescribed
 - c. Consent to drug testing as deemed necessary by the provider.
 - **Note:** Drug testing is not mandated by law but is left up to the provider to decide to test by blood or urine and as deemed medically necessary.

MEDICATION REFILL POLICY

- ❖ For non-controlled substance prescription refills, please have your pharmacy fax us a request for a refill.
- ❖ **NO REFILLS WILL BE FILLED AFTER HOURS, WEEKENDS, OR HOLIDAYS.**
- ❖ During office hours, it may take up to **48 hours** for new or refill prescriptions to be addressed.
- ❖ **ALL NARCOTIC PAIN MEDICATIONS ARE MANDATED BY LAW TO BE PRINTED ON TAMPER RESISTANT PAPER AND MUST BE PICKED UP FROM OUR OFFICE.**
- ❖ Patients are responsible for keeping track of their prescription refills. Please plan ahead to prevent running out of your medications.

DISABILITY/FMLA PAPERWORK AND LETTERS

- ❖ If you have FMLA/Disability forms or letters (i.e. insurance appeals, Jury Duty, etc.) that need completion, please directly hand them to one of our Team Baldauf Medical Assistants.
- ❖ Please **ALLOW UP TO 7 DAYS** for completion and a \$20.00 fee is required, payable in cash at the time the forms are dropped off to us.
- ❖ Although some employers/agencies prefer completed forms/letters to be faxed back, we cannot guarantee they will receive them due to technical issues during the faxing process.
- ❖ **PATIENTS ARE RESPONSIBLE** for picking up their original completed forms/letters and turning them into their employer/agency within the allocated time frame.
- ❖ Expedited completion may require an additional fee of \$20.00.

For any pre- or post-operative questions, please feel free to contact Heather Ta PA-C or Jordan Christensen at (702) 731-1616.

For any paperwork questions (i.e. FMLA, short-term disability), please speak with one of our medical assistants at (702) 731-1616.

Appointments: Please call (702) 731-4088.

Fax: Please fax all paperwork to (702) 734-4900 or email to TeamBaldauf@doclv.com.

