



Total Joint Replacement Patient Guide



AUGUST 31, 2023
RENO ORTHOPEDIC SURGERY CENTER
555 North Arlington, Reno, NV 89503



Welcome to Total Joint Replacement At Reno Orthopedic Center

On behalf of our expert doctors, case managers, and other professionals, we would like to welcome you and thank you for choosing us for your total joint surgery. I can assure you that you have made the right choice. The physicians of Reno Orthopedic Center performed the first joint replacement in Nevada and continue to perform more than 1600 annually. Our goal is to ensure the highest standards of medicine and a high-quality experience for you. We are committed to keeping you informed and helping you by becoming an active partner in your health care. We will do everything possible to make your experience as pleasant as possible.

You will find important instructions and information to prepare you for your surgery in this education booklet. It will answer your questions, and clearly outline the things you need to do before, during, and after surgery. Included are planning tools, advice on medications, diet, and exercise. Please take the time to read the materials carefully.

If you have further questions about your surgery, please call your physician at 775-786-3040.

Once again thank you for choosing us for your orthopedic care.

Sincerely,

Michael Kalisvaart, M.D.

Surgery Director of Reno Orthopedic Surgery Center



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Important Phone Numbers

Reno Orthopedic Center

Eric Boyden, M.D. ----- Medical Assistant 775-788-5255
 Timothy Bray, M.D. ----- Medical Assistant 775-788-5241
 Ryan Dobbs, M.D. and Suzanne Flint, P.A.-C ----- Medical Assistant 775-348-3066
 Jackson Jones, M.D. and Renee Covey, P.A.-C ----- Medical Assistant 775-333-7868
 Timothy O'Mara, M.D. ----- Medical Assistant 775-348-3059
 Sanjai Shukla, M.D. and Davis Ayers, P.A.-C ----- Medical Assistant 775-338-7869
 Chad Watts, M.D. and Cory Wilcox, P.A.-C ----- Medical Assistant 775-785-3420
 John Zebrack, M.D. ----- Medical Assistant 775-785-3410

ROC After Hours Answering Service ----- 775-786-3040
 ROC Appointment Scheduling ----- 775-786-3040

ROC Physical Therapy

Reno Campus ----- 775-786-3040
 Galena Campus ----- 775-850-1888
 Sparks Campus ----- 775-348-3052
 Carson Campus ----- 775-348-3055

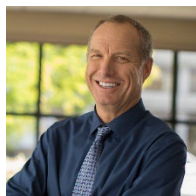
Billing Office

Reno Orthopedic Center ----- 775-786-3040
 Reno Orthopedic Surgery Center ----- 775-786-3040

PASS – Pre-Admission Surgical Screening ----- 775-788-5288

The Shop at ROC ----- 775-348-3049

ROC Joint Replacement Surgeons



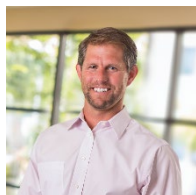
Eric M. Boyden, M.D.

Dr. Boyden graduated from Williams College in 1984 and received his medical degree from the University of Nevada, School of Medicine. He completed his residency at the Mayo Clinic in Rochester, Minnesota. As a faculty member at the University of Nevada, Reno, Dr. Boyden has taught many aspiring medical students. He focuses on adult reconstruction and joint replacement. Since 1993 he has performed over 4,000 joint replacement and revision cases. He is a member of the American Association of Hip and Knee Surgeons. Dr. Boyden is Board Certified by the American Board of Orthopedic Surgery and received his recertification in 2006. October 2008, Dr. Boyden was appointed as the medical director of arthroplasty (joint replacement) services for Renown Regional Medical Center orthopedics department.



Ryan E. Dobbs, M.D.

Dr. Dobbs received his medical degree from the University of Nevada School of Medicine and did his orthopedic residency at the Mayo Clinic in Rochester, Minnesota. He has also completed an Orthopedic Sports Medicine fellowship at the University of Utah in Salt Lake City, Utah. Dr. Dobbs is subspecialty trained in Sports Medicine and is a member of the AOSSM (American Orthopedic Society of Sports Medicine). Dr. Dobbs is Board Certified by the American Board of Orthopedic Surgery and is one of the few physicians in Nevada who has his Certificate of Added Qualifications in Sports Medicine from The American Board of Medical Specialties (ABMS).



Jackson B. Jones, M.D.

Dr. Jones received his medical degree from George Washington University School of Medicine and Health Sciences in Washington, D.C., he completed his residency training at Oregon Health Sciences University School of Medicine in Portland, Or, and a fellowship in total joint arthroplasty at Brigham and Women's Hospital – Harvard Medical School in Boston, MA. Dr. Jones is Board Certified by the American Board of Orthopedic Surgery. He specialized in revisional joint reconstruction, anterior approach joint replacement, and customized total knee replacement. Dr. Jones speaks fluent Spanish.



Timothy O'Mara, M.D.

Dr. O'Mara received his medical degree from the University of Nevada School of Medicine. He completed his Orthopedic Trauma fellowship at the Harborview Medical Center in Seattle, Washington in 2006. Dr. O'Mara finished his Pediatric Orthopedic fellowship in Sidney, Australia in 2007. Dr. O'Mara also finished a third Orthopedic Fellowship in Hip and Knee Replacement at St. Vincent Medical Center in Los Angeles, CA. He is subspecialty trained in trauma, pediatric care, and hip and knee replacement. Dr. O'Mara is Board Certified by the American Board of Orthopedic Surgery.



Sanjai Shukla, M.D.

A native Nevadan and graduate of Galena High School, Dr. Shukla received his medical degree from Duke University School of Medicine in Durham, North Carolina. His orthopedic residency and a fellowship in Adult Reconstruction Surgery were completed at Rush University Medical Center in Chicago, IL. Dr. Shukla specializes in minimally invasive hip and knee replacements, revision joint replacements, and computer navigated joint replacements. Dr. Shukla is Board Certified by the American Board of Orthopedic Surgery and is a member of the American Academy of Orthopedic Surgeons (AAOS) and the American Association of Hip and Knee Surgeons (AAHKS). He has published award winning research in the field of orthopedic surgery.



Chad Watts, M.D.

Dr. Watts received his medical degree from the University of Nevada, Reno, his residency training at the Mayo Clinic, and his fellowship in advanced reconstruction techniques at OrthoCarolina. Dr. Watts has more than thirty publications in the orthopedic literature related to hip and knee replacement, has presented at numerous regional and national meetings, and has received awards for his research from the American Academy of Orthopedic Surgeons, the American Association of Hip and Knee Surgeons, and the Mayo Clinic Department of Orthopedic Surgery. He is a reviewer for orthopedic journals including the Journal of Arthroplasty, the Bone and Joint Journal, and Clinical Orthopedics and Related Research.



John Zebrack, M.D.

A Reno Native, Dr. Zebrack completed his undergraduate studies at the University of Nevada, Reno, and medical school with honors at the University of Nevada School of Medicine in 2001. Dr. Zebrack specializes in arthroplasty (joint replacement) and arthroscopy (joint scopes). He has additional training in robotic and computer assisted arthroplasty, hip arthroscopy, and resurfacing. He performs over 150 joint replacements and joint replacement revisions annually. Dr. Zebrack has been honored as a Fellow Member of both the American Association of Hip and Knee Surgeons (AAHKA) and American Association of Orthopedic Surgeons (AAOS). Dr. Zebrack is board certified by the American Board of Orthopedic Surgery.

Before Surgery





From the comfort of your own home:

- ♥ Communicate with your doctor
- ♥ Access test results and records
- ♥ Manage appointments
- ♥ Request prescription refills
- ♥ Receive surgery reminders and education
- ♥ Complete daily surgical check-ins

ROC uses MyChart Mobile App to send reminders, notifications, and questionnaires regarding your surgery. Please download MyChart Mobile App. These reminders, notifications and questions communicate only with the Mobile App.

Don't have MyChart?

Create it here:



Download the MyChart Mobile App



QR Code for Android



QR Code for iPhone

Complete "To Do's" in the MyChart Mobile App

Select ROC as your organization – before logging in. (First time select State and then ROC)

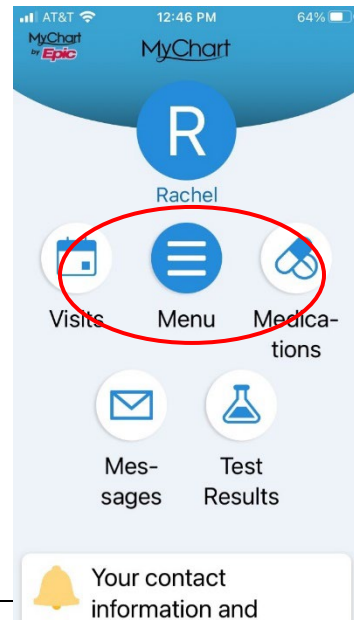


- ✓ Log in with your MyChart Login.
- ✓ Click Menu, scroll to find "To Do"
- ✓ Complete Tasks/Education/Questions when prompted by phone notifications: weeks before and after your surgery 30, 60, 90 days and 1 year later.

1. Select ROC as your organization.

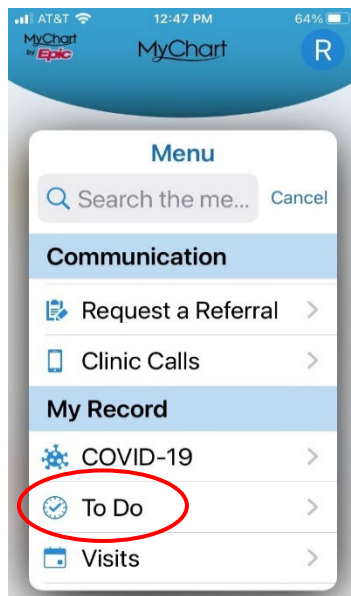


2. Select "Menu"



3. Select "To Do" for each reminder and question.

4. Respond by choosing the green or red "x" indicating that you have read the information or signifying YES or NO.



Need assistance? Call 775-785-3449

Preparing for Surgery

Surgery Buddy

For your safety

Failure to arrange for a Surgery Buddy will result in your surgery being cancelled.

Surgery Buddy duties include but are not limited to the following:

- Accompanies you to and stays at the surgery center for your surgery.
- Is available throughout the day for physical therapy, and post-operative instructions.
- Receives discharge instructions.
- Drives you home.
- Assists you into your home.
- Must stay with you for a minimum of 72 hours post-surgery.

Medication Management

For your safety

- ROSC staff will repeatedly ask about your medications and allergies each step of your joint replacement journey.
- Continue taking all medications such as **blood pressure, heart, and diabetic medication unless** you receive other instructions by prescribing physician or PASS Clinic to adjust or hold medications.

The following medications should be stopped a minimum of 14 days prior to surgery:

- Anorectics: Phentermine

The following medications should be stopped a minimum of 7 days prior to surgery:

- All vitamins and supplements

The following medications should be stopped a minimum of 5 days prior to surgery:

- Blood Thinners: Anti-inflammatories (ibuprofen, Aleve, aspirin, naproxen, meloxicam, etc.) Please consult your prescribing physician if you are on life saving blood thinners (Plavix, Coumadin, Eliquis, etc.) for when to stop prior to surgery.

The following medications should be stopped 4 days prior to surgery:

- Certain oral diabetic medications: ertugliflozin (Steglatro)

The following medications should be stopped 3 days prior to surgery:

- Certain oral diabetic medications: canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance)
- Buprenorphine-naltrexone (Suboxone)
- PDE-5 inhibitors: sildenafil (Viagra), tadalafil (Cialis), vardenafil (Levitra), avanafil (Stendra)
- MAO Inhibitors: rasagiline (Azilect), selegiline (Eldepryl, Emsam, Selapar), isocarboxazid (Marplan), phenelzine (Nardil)
- Marijuana products



NPO (Nothing by Mouth) Guidelines

For your safety

- NPO means “nothing by mouth”. It is simply a doctor’s shorthand for a period in which you may not drink or eat anything before surgery.
- It is very important to have an empty stomach before surgery. Food and or liquid in a patient's stomach may travel into the lungs in a relaxed patient under anesthesia. Food and liquid in the lungs can lead to severe complications.
- **Nothing to eat or drink** after midnight the night before surgery. This includes mints, gums, etc.
- Refrain from smoking any substance or consuming any tobacco products after midnight prior to surgery. Smoking may interfere with the anesthetic and frequently produces nausea during the recovery period.
- Continue taking all lifesaving medications. Including the morning of your surgery with a small sip of water. If you have questions regarding what medication you can take, please contact the preadmit department at 775-788-5288.

Please do NOT take on the day of surgery:

- Diuretics: examples- furosemide (Lasix), spironolactone, hydrochlorothiazide
- ACE-inhibitors: examples- lisinopril, ramipril, enalapril
- “ARBs”: examples- losartan, Olmesartan, valsartan

Preoperative Surgical Wipes

To reduce risk of infection

- Preparing or “prepping” the skin before surgery reduces risk of infection at the surgical site.
- Surgical wipes and instructions are provided at the PASS clinic appointment.

2% Chlorhexidine Gluconate Cloth Skin Preparation

Preparing or “prepping” skin before surgery can reduce your risk of infection at the surgical site. To make the process easier, the facility has chosen disposable cloths moistened with a rinse-free 2% Chlorhexidine Gluconate antiseptic solution designed to reduce bacteria on the skin. The steps below outline the prepping process and should be carefully followed.

Do not shave any body parts for 5 days prior to surgery from the neck down.

This will increase your risk of infection when you have surgery.

Hips, please CLIP the pubic area, being careful not to break the skin.

Preparing the night before surgery:

- Shower & dry off with a clean towel.
 - Do not apply any lotions, deodorant, powder, perfumes etc.
- Open the first packet of wipes.
 - Wipe every body part from neck down to toes (first wipe is for your upper body & second wipe is for your lower body)
 - Make sure to avoid sensitive areas (face, groin, etc.)
 - Allow skin to air dry.



- Sleep in clean clothes and sheets
- The wipes leave a sticky film, it helps to prevent bacteria from growing.

Prepping the day of surgery:

- Do not shower.
- Open the second packet of wipes & repeat wiping instructions from previous steps.
- Do not apply any lotions, deodorant, powder, perfumes etc.
- Wear clean and loose clothes to surgery.
- The preoperative nurses will clean your surgery site before your procedure.

Please call PASS with any questions or concerns at 775-788-5288.

Practice Healthy Habits

For your best outcome

Exercise:

- If you are currently performing an exercise program, continue to do so.
- A packet of suggested exercises is provided to prepare you for surgery. See page 28 and 29 for Total Knee Exercises, and page 30 and 31 for Total Hip Exercises.

Diet: Eat a balance of fruits, vegetables, and protein. Drink at least 64 ounces of water daily.

- <https://www.hhs.gov/fitness/eat-healthy/how-to-eat-healthy/index.html>

Quit use of tobacco, & other substances

Smoking: Increases the risk of complications during surgery and slows the recovery process.

- https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm

Alcohol: Impairs judgement and increases risk of falling. Stop drinking 24-48 hours prior to surgery. Do not drink alcohol when taking narcotics.

- <https://pubs.niaaa.nih.gov/publications/treatment/treatment.htm>

Narcotics: Long term use of narcotics interferes with pain management after surgery. Continue your current regimen, and let the team know your medication and dosing to help determine your needs on the day of surgery.

- <https://www.cdc.gov/opioids/overdoseprevention/treatment.html>

Other Considerations

Equipment: A standard front wheel walker is required and supplied on the day of surgery. If you already have a walker, bring it with you the day of surgery.

Personal Assistive Devices: Sock grabber, long shoehorn, leg lifters, reacher-grabbers are available for purchase at The ROC Shop.

Ice Packs: Ice packs, Elastogel, and Colpacs are available for purchase, and ice machines are available for rent at the Shop at ROC.

Dental Appointments: To prevent joint infection, do not make dental appointments for 1 week before and 12 weeks after your joint replacement surgery.



Urinary Evaluations: Individuals with current urinary infections, prostate, kidney, or bladder problems are expected to undergo treatment and clearance from their PCP or Specialist to mitigate the possibility of infections or complications.

Vascular Circulation: To mitigate the risk for Deep Vein Thrombosis (DVT) and improve the surgical outcome, individuals experiencing leg pain, swelling, weakness, discoloration, and poor healing are encouraged to seek treatment prior to surgery. Compression hose are available at The ROC Shop.

PASS – Pre-Admission Surgical Screening:

- PASS determines lab and clinical testing based on your medical history.

Authorization for surgery:

- Authorizations are processed 30 days prior to the date of surgery.
- Insurances have up to 15 days from the date of submission to provide ROC with a determination.
- Patients are always welcome to contact their health plans directly regarding their authorization.

Billing:

- ROC’s Patient Financial Advisor creates an estimate based on the individual’s insurance benefits after the authorization is received from the insurance company.
- The Patient Financial Advisor calls the patient and provides the estimate and sends the estimate via MyChart, email or postal mail.
- Estimates are typically made a week in advance of surgery or as far out as 30 days.

Surgery Information Letter:

- Details regarding your surgery are included in your surgery letter.
- Expect surgery letter via MyChart and or postal mail before surgery.

Pre-Op Appointment:

- A pre-operative appointment with your surgeon will allow you to ask questions and review the plan for surgery.
- This appointment usually takes place 1 – 2 weeks before surgery.

First physical therapy appointment:

- Make your first physical therapy appointment as soon as you have the prescription from your surgeon.

Total Knee

- ✓ Outpatient physical therapy after a knee replacement begins within 5 to 7 days of your surgery date. Physical therapy usually continues 2-3 times a week for 6 to 8 weeks. It is important to exercise at home on days that you do not have a physical therapy appointment. Arrange for transportation to physical therapy appointments until you are capable of driving.

Total Hip

- ✓ Physical therapy is not always prescribed when you have a hip replacement. Discuss your therapy needs with your surgeon.
 - If therapy is prescribed by your surgeon, schedule an appointment.

- See “Physical Therapy”, page 30 for exercises and more information on therapy for Total Hips.

Prepare Your Home:

Having your home ready for your return from the surgery center will make for a smooth and safe recovery. Make sure you can safely get in and out of every room in your house with a walker. Set up a comfortable, sturdy armchair to sit in throughout the day.

Checklist for a smooth and safe recovery:

- ✓ Declutter – remove throw rugs and electrical cords, rearrange furniture to keep pathways clear.
- ✓ Consider setting up a bed on the first level of the home.
- ✓ Obtain furniture risers – raise beds and chairs 19-21 inches from the floor.
- ✓ Verify handrails are anchored.
- ✓ Clean and sanitize.
- ✓ Put fresh sheets on the bed.
- ✓ Do laundry.
- ✓ Prepare a supply of meals for 2-3 weeks.
- ✓ Place frequently used items within reach at waist level.
- ✓ Install nightlights.
- ✓ Arrange for pet care.
- ✓ Pay bills.
- ✓ Pick up prescriptions.
- ✓ Arrange for help with housekeeping/shopping.
- ✓ Arrange for someone to drive you to appointments.
- ✓ Prepare to confine pets when you are up and about after surgery.

Day Before Surgery

- **Check in time:** ROSC will call 24-48 hours prior to surgery with your arrival time.
- **Do not eat or drink anything after midnight** regardless of your surgical time. (This includes water, liquids, food, candy, gum, breath mints, and chewing tobacco). **Failure to follow these instructions will require rescheduling your surgery.** You may take pre-approved prescription medications with small sips of water.
- **Use surgical wipes** as instructed.
- **If you become ill with a fever, cold, sore throat, or other illness prior to surgery, please contact your surgeon’s office.**

Day of Surgery

Nothing to eat or drink (only small sips of water with any **pre-approved** medications your anesthesiologist **directed** you to take prior to your surgery).

Location: Reno Orthopedic Surgery Center is located at 555 N. Arlington Ave., Suite C., Reno, Nevada 89503. For further information, please look at the map below or contact ROSC at 775-786-3040. If no parking is available at the surgery center, please have your surgery buddy drop you off at the entrance and find additional free parking in either the red or blue parking lots (see map).



Check In: Your check in time is NOT your surgery time. Check in 2 hours prior to your scheduled surgery time to ensure sufficient time to prepare for surgery. Your length of stay will vary depending on the type of surgery and your recovery.

- Bring a photo ID, your insurance card, and a medication list with you.
- Leave valuables including jewelry at home.
- Wear loose, comfortable clothing and shoes that are easy to slip on.
- Bring your Front Wheel Walker if this has already been obtained.
 - A walker is supplied for you on the day of surgery if you do not already have one.

- Ensure that your “surgery buddy” is available and their schedule is flexible throughout the day. Your surgery buddy is requested to stay in the lobby or within 15 minutes of the surgery center. It is preferable to have your surgery buddy stay at the ASC during your surgery.

Pre-Op & Surgery Preparation

- After checking in you are escorted to the pre-op area and asked to sign consent forms for the surgery and for anesthesia.
- You are asked to remove clothing and personal items (including underwear for hip replacements). The nurse will provide a patient gown and warm blankets. Your personal items are stored in a locker during surgery.
 - For your safety, remove all jewelry. It is best to leave all jewelry and valuables at home. This includes your wedding ring.
 - You are advised when to remove your hearing aids, dentures, etc.
- To minimize the risk of infection, the pre-op nurse will provide cleansing products for your body, mouth, and nose.
- Any additional tests are completed (i.e., blood sugar, pregnancy test).
- The nurse and or a surgical tech will take your vital signs and prepare your surgical site which may include clipping hair. For your safety, you are asked to confirm the correct surgery site multiple times during this process. The nurse will start an IV and review your health history, medications, and allergies. They will also ask when you last had anything to eat or drink.
 - The IV will provide fluids and medication during and after surgery.
 - A cuff will remain on your arm to monitor your blood pressure during and after surgery.
 - A clip is placed on your finger to measure the oxygen level in your blood.
- You will have an opportunity to ask your surgeon and anesthesiologist any remaining questions. The surgeon will put an ink mark on the correct site for surgery.



Anesthesia

Our Team: Reno Orthopedic Surgery Center has an excellent team of Board-Certified anesthesiologists, trained in orthopedic and regional anesthesia.

Preoperative Medication: Medications may vary from patient to patient but generally include Oxycodone and/or Acetaminophen (Tylenol) for pain, Flomax to help you void after surgery, and an antibiotic which is given through your IV to help prevent post-op infections. It is not common to go home with a prescription for antibiotics. Some patients may receive additional medications such as anti-nausea medications.

Peripheral Nerve Block for Total Knees: Nerve blocks are performed by the anesthesiologist for total knee replacement surgeries. A nerve block consists of injecting a long-acting local anesthetic around a nerve to get sensory pain relief to the front of the knee for up to 72 hours after surgery. The block does not cover the back of the knee, so additional pain medicine is necessary. The block is performed in the pre-op holding area after IV sedation.

General Anesthesia: Both total hips and knees are done under general anesthesia. General anesthesia means your entire body is “asleep” during the operation. The anesthesiologist constantly monitors your breathing and vital signs.

Operating Room

When all preparations are completed, you are wheeled into your surgery suite on a gurney and moved over to the operating table. The anesthesiologist puts on monitors (blood pressure, oxygen, and heart) and gives you oxygen to breathe. The anesthesiologist administers medication through the IV to drift you off to sleep, and then maintains sleep through a breathing device and a combination of gases and other medications.

Your anesthesiologist wakes you in the operating room once surgery is complete and accompanies you to the recovery room.

Surgery typically lasts between 60-90 minutes.

Post Anesthesia Care Unit (PACU) – Recovery

After surgery, you are transported to the surgery suite to the PACU (recovery room). A nurse is always present to monitor your blood pressure and heart rate. The nurse also checks your dressing and circulation. You are encouraged to breathe deeply and cough to clear your lungs. Oxygen is delivered through clear plastic tubing over the mouth or in your nose, if needed.

The nurses in PACU are specially trained to care for patients who are recovering from anesthesia. When you wake up, the nurse will tell you where you are and that your surgery is done. The drugs used in anesthesia may cause blurry vision a dry mouth, chills, and nausea. The airway placed in your windpipe during surgery may result in a sore throat.

Pain is expected. Our goal is to help manage your pain and keep it at a tolerable level. The nurse will ask if you are having pain or nausea and will administer medications for comfort. You are asked to rate your pain on a scale of 0 to 10, (10 being the worst).

As a side effect of anesthesia, it is not uncommon for patients to have trouble urinating during the first few hours following surgery. You will receive IV fluids as well as medications to help alleviate this issue. If you are unable to urinate, the nurse may perform a bladder scan with an ultrasound machine and place a catheter in your bladder. The catheter is removed immediately after your bladder is emptied.

Your stay in PACU will last from one to three hours, depending on the type of anesthetic and your individual reaction to it. The staff will get you out of bed within thirty to forty-five minutes. Once awake, you will get dressed with assistance from the nurse and work with the physical therapist in the recovery area. Only one visitor is allowed in PACU. Your surgery buddy is expected to participate in the recovery process. This is a basic PT session to assess your mobility, strength, and endurance. Your physical therapist will review home exercises, have you practice walking with medical equipment (may include stairs), and will determine when you are safe to go home.

Goals for Discharge:

- Sitting up in a chair as tolerated.
- Tolerating food and snacks.
- Ability to urinate.
- Ability to cough and take deep breaths.
- Dressings remain dry and intact.
- Walking/exercises are completed with PT.
- The safety and use of your assistive device is evaluated.
- Your pain is well managed.

Once the above criteria are met, your nurse will discuss discharge instructions with you and your surgery buddy. Some surgeons require an x-ray prior to discharge. When your recovery is complete, your IV is taken out and you are escorted to your vehicle in a wheelchair. The nurse escorting you will direct your surgery buddy where to pick you up.

Make sure you can easily get into the vehicle chosen to transport you home. If traveling long distances, your driver should bring pillows, slide the seat back and recline the seat slightly. You should also change position, stand, and stretch every hour.

Your physical therapist will give you a set of home exercises to begin the day after your surgery. Once you have regained your range of motion, you can concentrate on your strengthening and conditioning.

Recovery at Home (After Surgery)

After surgery, the goal is for you to get moving and return to living your life as soon as possible. Your surgery buddy can help you manage your pain medication, ice, and elevate your surgery leg and remind you to get up and walk at least once every hour. While it is important to walk and reposition frequently throughout the day, it is also important to allow plenty of rest. A responsible adult must remain with you. It is normal to feel sleepy. Avoid activities that require balance, judgement, or coordination. For 24 hours do not drive, drink alcoholic beverages, smoke, or ingest marijuana, make important decisions, or sign legal documents. Your surgery buddy can help you fix meals, run errands, and do light housework, allowing you to rest. Mild flu-like symptoms are normal, generalized muscle aches, throat irritation, headache and or some nausea related to surgery and anesthesia. This will improve over the next 24-48 hours.

Infection Avoidance:

To reduce the risk of infection, wash hands:

- After entering the house or building and before leaving.
- After using the toilet.
- Before and after handling food.
- Anytime you question hands are soiled.

Deep Breathing and Incentive Spirometer:

To reduce the risk of pneumonia, cough and breathe deeply ten times every hour while you are awake. If provided, use the device called an Incentive Spirometer to increase lung expansion.

Diet:

To avoid nausea, slowly advance diet as tolerated, avoiding spicy or greasy foods for the first day. Avoid taking narcotics on an empty stomach.

Constipation:

Constipation is very common after surgery. This is caused by pain medications and reduced activity. Pay attention to how often you have bowel movements. Do not go more than three days without having a movement. Here are some things you can do to prevent or minimize constipation:

- Drink 4 ounces of prune juice with a tall glass of warm water at least once daily.
- Drink plenty of fluids throughout the day; keep your urine a pale straw-colored yellow.
- Eat several servings of fruits, vegetables, and whole grains daily.
- Wean yourself off pain medication as soon as possible.



Urinary Habits:

Frequency and urgency are common after surgery. Create a routine of going to the bathroom every 2-3 hours.

Pain and Medication:

Your orthopedic surgeon will prescribe narcotic pain medication. Patients who receive narcotic prescriptions are closely monitored. Narcotics are prescribed for a period of one to two weeks after a surgical procedure. Use narcotics as needed and wean off prescription medication as soon as possible. The first 2-4 days after returning home from surgery are the most difficult.

Please remember that **pain is part of the normal healing process**. The improvement of pain over time is an important gauge to track your progress.

Tips for managing pain:

- Ice and elevate your surgical leg.
- Practice relaxation and mindfulness exercises.
- Take pain medication as instructed by your surgeon. You may want to take it on schedule for the first few days after surgery.

If your physician has prescribed a pain medication that includes Acetaminophen (Tylenol), such as Norco, or Percocet, do not take additional Tylenol while taking the prescribed narcotic. You may take an over-the-counter NSAID such as ibuprofen, between your narcotic pain medication, if an NSAID is not already prescribed for you after surgery.

Common side effects of narcotic analgesics include:

Constipation	Nausea
Dizziness	Sedation
Itching	Addiction
Vomiting	Abdominal pain
Headache	Dry mouth

Severe side effects of narcotic analgesics:

Trouble breathing
Chest pain
Abnormal heart beats
Cardiac arrest
Death

Routine Medications:

Resume taking your routine home medications.

Swelling and Bruising:

Swelling and bruising is normal and varies from one individual to another. Bruising and swelling may occur immediately or can take several days to show up. Bruising and swelling increase over the first two weeks. Bruising may travel as high as your groin and move down to your toes. Swelling is normal; **if swelling is accompanied by redness, heat, or coolness in your surgical leg**, contact your surgeon.

Ice is an anti-inflammatory and minimizes swelling. Remove the ice when walking or performing exercises to allow for easier movement. If using an ice machine, apply a barrier between your skin and the wrap from your ice machine. In either case do not apply ice directly to your skin. Do not use heat. Heat will increase swelling.

- Apply ice every two hours for 20 minutes while awake, minimum.
- Remember, elevate your surgical leg above the level of your heart.
- Knee replacements: no pillows under the knee, only under the foot/ankle.

Dressing Care:

- Take care of your surgical dressing as directed by your surgeon.
- Keep surgical dressing clean, dry, and intact.
- In most cases, leave it in place until your first postop visit, within 1-2 weeks after surgery.
- Do not change the surgical dressing yourself.
- Wash your hands frequently with soap and water.
- Showering after surgery is okay.
- Cover the dressing with plastic wrap.
- If moisture penetrates the dressing call your surgeon.
- If you have a nerve block, do not shower until the nerve block has worn off.
- Call your surgeon if you experience irritation, redness, blistering or leaking from the dressing.
- **DO NOT** take baths, go swimming, or use hot tubs until the incision is completely healed. (90 days after surgery).
- **PICO Dressing – If you have questions message your surgeon in MyChart**

Mobility, Activity and Physical Therapy:

To help you recover, do exercises daily that were provided by the surgery center physical therapy or your outpatient physical therapist. Regular walking and repositioning help prevent complications like blood clots or pneumonia.

You are permitted to put as much weight as you can tolerate on your surgical leg immediately after surgery. The term is “weight bearing as tolerated”. Your physical therapist will instruct you to use your walker safely. Expect to use your walker approximately 7-10 days, and as needed when experiencing increased discomfort.

- Walk around the house at least every 1-2 hours while awake.
- For safety, use your walker.

- Do your home exercises every day.
- Knee patients should perform Range of Motion exercise every 15-20 minutes between walks.

Moderation is the key; you must find a balance. Your body will have a natural reaction to excessive activity by causing increased pain and swelling. A good rule of thumb is “a lot of a little”. This means a lot of movement, activity, and exercises in little spurts to tolerance throughout the day. Do not resume strenuous physical activity including running, hiking, biking, yoga, or going to the gym without consulting your surgeon.

*****Please Note: Some surgeons do not order formal physical therapy for hip replacements.*****

Blood Clot Prevention and Traveling:

Although it is rare, patients who have had a joint replaced are at an increased risk for blood clots after surgery. Your surgeon will give you instructions on taking medication to prevent blood clots. It is important to take the medication as instructed for the entire time your surgeon orders.

Tips to prevent blood clots:

- Take medication as prescribed.
- Drink plenty of fluids.
- It is important to walk, reposition, and perform ankle pumps when sitting throughout the day.
- Avoid traveling for 90 days after surgery.
- When traveling—
 - Get out of the car every hour to walk and reposition.
 - Perform ankle pumps.

Driving:

It is important that you can safely respond to any situation while driving. After Joint replacement, your surgical leg is weak and difficult to move quickly. Taking prescription pain medication can affect your ability to drive. Arrange for your friends, family, or medical transport service ahead of time to take you to appointments after joint replacement surgery. Before you return to driving, be sure:

- You are not taking prescription pain medication.
- You can respond in an emergency, such as quickly slamming on the brakes.

Dental Care and other Procedures:

Avoid routine dental cleanings or invasive procedures for at least 90 days following joint replacement to mitigate infection. If urgent dental work is required in the first 90 days, contact your surgeon for an antibiotic prescription. We generally recommend that a prophylactic antibiotic be given prior to any dental procedure for life, particularly if you have had a joint revision.

Energy and Mood:

Joint replacement is a big procedure that places your body under stress. It is normal to have a decreased appetite and tire easily. This can linger for weeks, even months. It is also common to experience depression after surgery. Just like your new joint needs regular periods of movement to work properly, your body needs plenty of rest periods to heal. Allow quiet time throughout the day for rest. If feelings of tiredness, depression, and lack of appetite last longer than three months, see your primary care provider for evaluation.

Insomnia:

It is common to have trouble sleeping for weeks after surgery. Please discuss this with your surgeon.

Aches and Pains:

It is common to experience aches and pains in different parts of the body due to new alignment of the body. These aches and pains will subside with time and may come and go during recovery.

Pain in the thigh after knee surgery is common due to the tourniquet used in surgery. This discomfort subsides within a couple of weeks after surgery. Bruising will typically occur around the thigh.

Joint Noise:

Clicking, popping, or grinding of the joint is common after total joint surgery. These noises may remain and continue throughout life. Pain should not be associated with any joint noise.

Sexual Activity:

Discuss hip precautions with your surgeon before resuming sexual activity. Resume sexual activity when you are comfortable and doing so does not cause pain to the joint.

When To Contact the Office:

Please call your surgeon's medical assistant during regular business hours. If you have questions or concerns after hours, you may call the main number for Reno Orthopedic Center at (775)786-3040. We want to know right away if you have any of the following things happen after you go home from the surgery center:

- Fever > 101.5 degrees.
- If you fall.
- Shaking chills.
- Increased redness at the incision site and surrounding area.
- Increased pain and swelling despite ice elevation above the level of the heart.
- Drainage that saturates the dressing resulting in fluid running down your leg.
- New onset of pain.
- Inability to bear weight on the surgical leg.
- Increased numbness or tingling that will not resolve by positioning.
- If you think you have an infection in any other area of the body, for example – sinus, tooth, bladder, or skin.



Post-Operative Follow Up:

FOLLOW UP CALL – You will receive a follow -up call in 48-72 hours from a nurse at the surgery center to see how you are recovering.

DAILY “To Do” – Complete MyChart “To Do’s” The questions assess your daily condition. Answers are recorded in your electronic medical record (EMR). Responses are “escalated” based upon parameters set for each condition. Expect a message response if not a phone call within 24-72 hours.

If you are concerned about any matter that requires an immediate response. 24 Hours a Day/7 Days a Week - Call 775-786-3040

QUESTIONNAIRE SERIES – Respond daily to the series of questions on MyChart. A notification will arrive daily on your phone for the first 7 days after surgery then every other day for the second week. Responses are “escalated” based upon parameters for each condition.

FOLLOW UP APPOINTMENT – You will follow up with your surgeon in his clinic 1-2 weeks after surgery. This appointment is sometimes scheduled before surgery. If your appointment is pre-scheduled, the date is included in your surgery letter. If you do not have an appointment listed on the surgery letter, contact your surgeon’s medical assistant.

PHYSICAL THERAPY – Physical Therapy will begin within 5-7 days if ordered by your surgeon.

3 Month to 1 Year Follow up:

To follow your progress and get feedback on your total joint journey, please complete the following MyChart surveys.

Complete Global Health survey on MyChart at 3 months

Complete Global Health survey on MyChart at 6 months

Complete Global Health survey on MyChart at 9 months

Complete Global Health survey at 1 year

Physical Therapy





Physical Therapy After Surgery

Initial work on standing, walking, and balancing may begin with a physical therapist in the surgery center the day of surgery. Your surgeon may also recommend outpatient physical therapy after you arrive home. Physical therapy will help build your strength and improve your mobility. Generally, it will begin one week after your surgery. We recommend you call and schedule your first appointment before surgery to assure a convenient time and place.

ROC Physical Therapy Locations:

555 N. Arlington Ave., Reno, Nevada 775-786-3040
18653 Wedge Parkway, Reno, Nevada 775-850-1888
200 Vista Knoll Parkway, Suite 160, Reno, Nevada 775-333-7866
5070 Ion Drive, Suite 210, Sparks, Nevada 775-348-3052
1365 Medical Parkway, Carson City, Nevada 775-348-3055

ROC Physical Therapists:

Find a current list of ROC Therapists at this website:

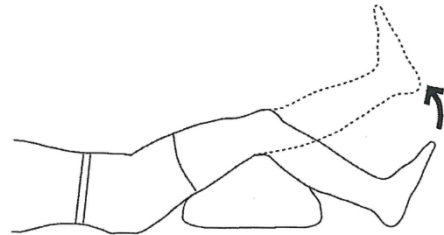
<https://www.renoortho.com/additional-services/physical-therapy/>

You have a choice to select any Physical Therapy Provider. Verify that the physical therapy provider of your choice is contracted with your insurance company before making an appointment.

Prehab Exercises Total Knee

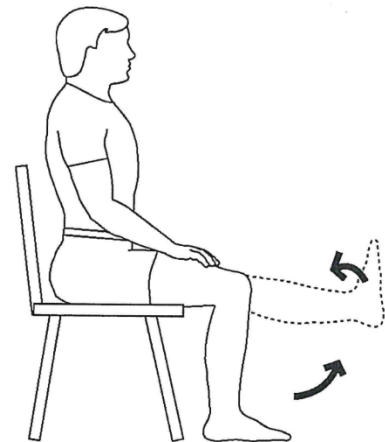
Supine Knee Extension

- Lie on back with involved leg bent 45 degrees, supported with a pillow, as shown.
- Straighten leg at the knee.
- Return to starting position.
- Perform 3 sets of 10 repetitions, once a day.
- Rest for 1 minute between sets.
- Perform 1 repetition every 4 seconds.



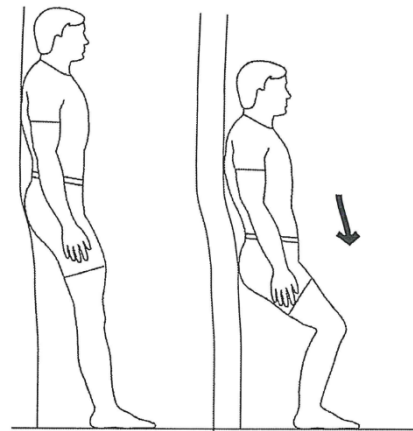
Seated Knee Extension

- Sit against a wall, chair, or on firm surface, knee bent.
- Keep a proper curve in low back, as shown.
- Flex left foot upward, while straightening knee.
- Repeat stretch with the other leg.
- Do not allow the lower back to lose the curve.
 - It is common to experience shaking in the leg.
- Perform 1 set of 4 repetitions, once a day.
- Hold exercise for 20 seconds.



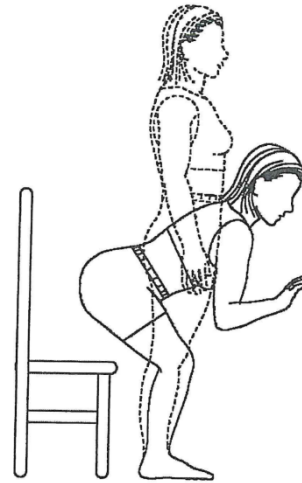
Mini Wall Squat

- Lean on wall, feet approximately 12 inches from the wall, shoulder distance apart.
- Bend knees to 45 degrees.
- Hold 5 seconds.
- Return to starting position.
- Perform 3 sets of 10 repetitions, once a day.
- Rest 1 minute between sets.
- Perform 1 repetition every 4 seconds.



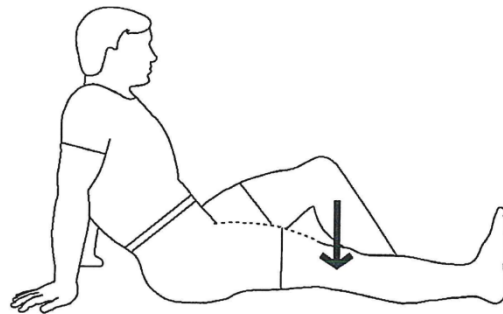
Seated Knee Extension

- Begin standing with the chair behind you.
- Lean forward lightly as you bend your knees and lower buttock towards the chair as if attempting to sit.
- Before you touch the chair, stand back up in a full upright position.
- Repeat.
- Perform 3 sets of 10 repetitions, once a day.
- Rest 1 minute between sets.
- Perform 1 repetition every 4 seconds.



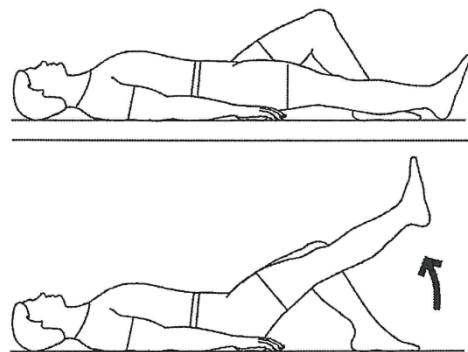
Seated Knee Extension

- Sit with leg extended.
- Tighten quad muscles in front of the leg, trying to push back of the knee downward.
- Do not hold your breath.
- Perform 1 set of 10 repetitions, once a day.
- Hold exercise for 10 seconds.



Lying Down Knee Extension

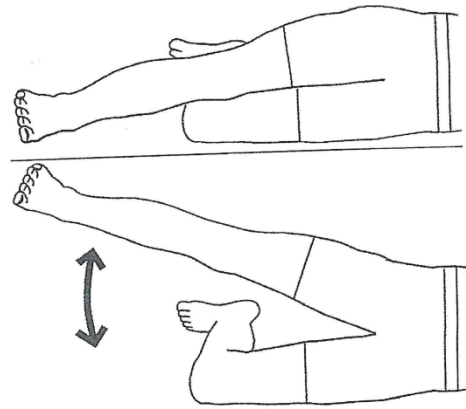
- Lie on back with uninvolved knee bent as shown.
- Raise straight leg to thigh level of bent leg.
- Return to starting position.
- Perform 3 sets of 10 repetitions, once a day.
- Rest 1 minute between sets.
- Perform 1 repetition every 4 seconds.



Prehab Exercises for Total Hip

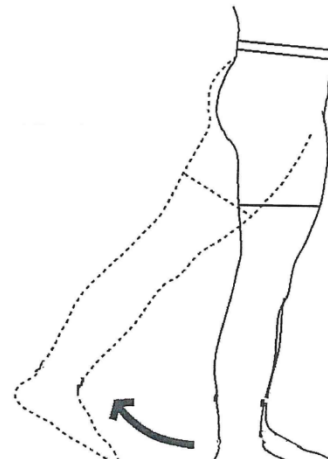
Side Lying Hip Abduction

- Lie on the uninvolved side, with lower knee bend for stability.
- Keep knee straight on involved leg, lifting leg upward.
- Return to the starting position and repeat.
- Do not roll the trunk forward or backward.
- Perform 3 sets of 10 repetitions, once a day.
- Rest 1 minute between sets.
- Perform 1 repetition every 4 seconds.



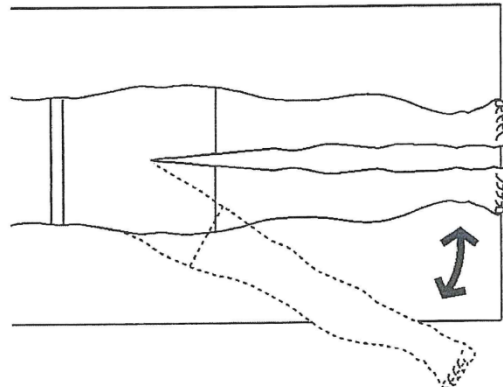
Standing Hip Extension

- Stand, hold onto table or wall for balance.
- Extend leg backward, keeping knee straight.
- Return to starting position.
- Perform 3 sets of 10 repetitions, once a day.
- Rest 1 minute between sets.
- Perform 1 repetition every 4 seconds.



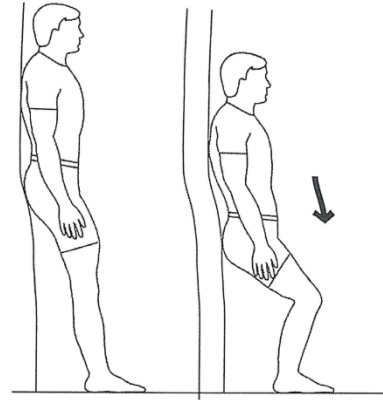
Lying Down Hip Extension

- Lie on your back on a firm surface, legs together.
- Use a pillowcase to reduce friction.
- Move leg out to side, keeping knee straight.
- Return to starting position.
- Perform 3 sets of 10 repetitions, once a day.
- Rest 1 minute between sets.
- Perform 1 repetition every 4 seconds.



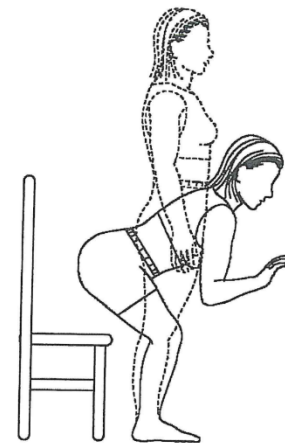
Mini Wall Squat

- Lean on wall, feet approximately 12 inches from wall, shoulder distance apart.
- Bend knees to 45 degrees.
- Hold 5 seconds.
- Return to starting position.
- Perform 3 sets of 10 repetitions, once a day.
- Rest 1 minute between sets.
- Perform 1 repetition every 4 seconds.



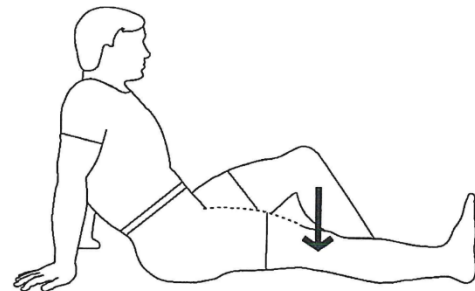
Sit to Stand

- Begin standing with the chair behind you.
- Lean forward lightly as you bend your knees and lower buttock towards the chair as if attempting to sit.
- Before you touch the chair, stand back up in a full upright position.
- Repeat.
- Perform 3 sets of 10 repetitions, once a day.
- Rest 1 minute between sets.
- Perform 1 repetition every 4 seconds.



Quad Set

- Sit with leg extended.
- Tighten your quad muscles on the front of leg, trying to push the back of the knee downward.
- Do not hold your breath.
- Perform 1 set of 10 repetitions, once a day.
- Hold exercise for 10 seconds.



RESOURCES

Medication and Supplement List

Pain Scale

Surgical Consent

Notes

Medication and Supplement List

Medication/Supplement	Amount	How Taken	Take for

List of Allergies

Allergen:	What happens if exposed?

0-10 SCALE OF PAIN SEVERITY

Severity	Description of Experience
10 Unable to Move	I am in bed and can't move due to my pain. I need someone to take me to the emergency room to get help for my pain.
9 Severe	My pain is all that I can think about. I can barely talk or move because of the pain.
8 Intense	My pain is so severe that it is hard to think of anything else. Talking and listening are difficult.
7 Unmanageable	I am in pain all the time. It keeps me from doing most activities.
6 Distressing	I think about my pain all of the time. I give up many activities because of my pain.
5 Distracting	I think about my pain most of the time. I cannot do some of the activities I need to do each day because of the pain.
4 Moderate	I am constantly aware of my pain but I can continue most activities.
3 Uncomfortable	My pain bothers me but I can ignore it most of the time.
2 Mild	I have a low level of pain. I am aware of my pain only when I pay attention to it.
1 Minimal	My pain is hardly noticeable.
0 No Pain	I have no pain.



INFORMED CONSENT FOR OPERATION AND ANESTHESIA

I hereby authorize _____ and whomever he/she designates as his/her assistants, to perform the following procedure(s) _____

Overlapping Surgery or Procedure: I understand that _____ will be present during the key/critical portions of the surgery or procedure and that once these portions of the surgery are completed, he/she may leave the operating room. I also understand that even if the Doctor listed above leaves the operating room where I am having my surgery, he/she is, at all times during my surgery, immediately available to assist with my surgery, if necessary, or will ensure another qualified surgeon is immediately available to assist and/or supervise.

If any unforeseen condition arises in the course of the operation calling on his/her judgment for procedures in addition to or different from those now contemplated, I further request and authorize him/her to do whatever he/she deems advisable.

The nature and the purpose of the operation, possible alternate methods of treatment, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I consent to the disposal of any tissue or parts, which may be removed by authorities of this center.

I also consent to the admittance of authorized medical observers and students to the operating room for the purpose of advancing medical and nursing education.

I consent to testing for HIV and Hepatitis in the event of an incidental exposure of my blood or body fluids to an employee of ROSC.

I understand that:

- The amount of anesthesia to be used will depend upon the procedure(s) and my physical condition.
- Anesthesia is a specialty medical service, which manages patients who are rendered unconscious with diminished response to pain and stress during the course of the medical/surgical procedure.
- During the course of the procedure, conditions may require additional or different anesthesia monitoring techniques and I allow that the anesthesiologist provide any other necessary services for my benefit and well-being.
- Although serious harm and death as a result of anesthesia are uncommon occurrences, these can and do occur in spite of good medical care and are a part of the risks I must consider in deciding to have a procedure.

TYPE OF ANESTHESIA AND DEFINITIONS

A. General Anesthesia

- 1. Endotracheal Anesthesia** – Anesthesia or respiratory gasses are passed through a tube that is placed in the trachea (windpipe) via the nose or mouth.
- 2. Mask Anesthesia** – Gases are passed through a mask, which covers the nose and mouth.
- 3. Laryngeal Anesthesia** – Gasses are passed through a mask behind the tongue, which covers the larynx (voice box).

B. Regional Anesthesia



- 1. Epidural Anesthesia** – The anesthetic agent is injected into the epidural space to produce a loss of sensation.
- 2. Spinal Anesthesia** – The anesthetic agent is injected into the spinal subarachnoid space to produce a loss of sensation.
- 3. Nerve Block** – Local anesthetizing agents are injected into specific areas to inhibit nerve transmission.

C. Monitored Anesthesia Care (MAC)

- 1.** The anesthesia personnel monitor blood pressure, oxygenation, pulse, mental state and supplement sedation and anesthesia as appropriate.

D. Local Anesthesia

- 1. Local Anesthesia** – Anesthetizing agents are injected or infiltrated directly into a small area of the body, for example at the surgical/procedure site.
- 2. Topical Anesthesia** – Surface anesthesia is a procedure by direct application of anesthetizing agent on the skin.
- 3. Conscious (procedural) Sedation** – Involves the use of intravenous medications administered by licensed nursing personnel under the direct supervision of a physician.

RISKS AND COMPLICATIONS OF ANESTHESIA MAY INCLUDE BUT ARE NOT LIMITED TO:

Allergic/adverse reaction, aspirations back ache, brain damage, coma, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling or redness, muscle aches, nausea, ophthalmic (eye) injury, paralysis, pneumonia, positional nerve injury, recall of sound/noise/speech by others, seizures, sore throat, wrong site injection of anesthesia and death. I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent for anesthesia. I agree to the administration of the anesthesia described to me. I recognize the alternative to acceptance of anesthesia might be no anesthesia for the procedure.

Patient or Authorized Person Signature	Date /Time	Print Name	Relationship to patient
Witness Signature	Date/Time	Print Name	
Anesthesiologist Signature	Date/Time	Print Anesthesiologist Name	

PHYSICIAN'S DECLARATION: I have explained the operation/procedure, risks and alternatives to the patient, and have answered all the patient's questions. To the best of my knowledge, I feel the patient has been adequately informed and has consented.

Signature of informational physician: _____ Date: _____ Time: _____

