

For more information about Texas Health Surgery Center Cleburne, please visit our website at www.cleburnesurgical.com

The screenshot shows the homepage of the Texas Health Surgery Center Cleburne website. At the top left is the logo for Texas Health Surgery Center Cleburne. To the right, there is a link that says "Have questions? Want more info? 817-645-0811". Below the logo is a navigation menu with "Home", "Patients", "Physicians", and "About Us". A search bar is located on the right side of the menu. The main content area features a large banner with the heading "Why Choose an Ambulatory Surgery Center (ASC)" and a sub-heading "ASCs specialize in providing outpatient surgical procedures. We offer our patients cost savings, time savings and the convenience of specialized care in an outpatient setting." Below this banner are three columns of text: "Why Choose Texas Health Surgery Center Cleburne?", "A National Perspective", and "Proof of Quality. Proof of Commitment." At the bottom of the page, there are four service icons: "Billing & Insurance", "Pre-Registration", "Online Payment", and "Location". The footer contains links for "Website Privacy Notice", "Accessibility", "Other Terms and Conditions", and "Patient Privacy Notice", along with the SCA Surgical Care Affiliates logo and copyright information.

Outpatient Joint Replacement

KNEE ARTHROPLASTY PATIENT HANDBOOK



Joint Replacement Program

We are pleased that you have selected Texas Health Surgery Center Cleburne for your joint replacement surgery, and we are excited about the opportunity to serve you during the entire process. The team at Texas Health Surgery Center Cleburne is completely focused on your success and return to a pain-free lifestyle. We believe in a comprehensive approach to joint replacement surgery, which means your surgeon, anesthesiologist, nurses, physical therapists, and other members of the health care team are completely focused on getting you healthy!

In selecting our center, you have chosen a facility that....

- Is committed to providing you with the highest quality health care
- Uses a team approach to your surgical care, ensuring a smooth transition from pre-op through recovery. You and your team of health care professionals work together toward a common goal: your good health
- Features a unique, comprehensive joint program developed by a team of orthopedic specialists. This program provides revolutionary improvements in surgical techniques, anesthesia, and joint technology
- Has fine-tuned regional anesthetic techniques and pain management protocols. These techniques allow patients to be waking up and walking within hours of their surgery

We have developed this booklet and the corresponding Joint Replacement Education Class to help prepare you for what will happen before, during and after your joint replacement surgery. Please keep this with you throughout your journey, as it provides a wealth of information that you can use as a resource. We have even included some space for you to write your own questions, comments and notes so that you can reflect on your experiences as you go through the process of improving your motion and improving your life.

Again, thank you for trusting your surgical experience to the team at Texas Health Surgery Center Cleburne.

Sincerely,

Melissa Dansby



Melissa Dansby, MHA
Administrator

2010 W. Katherine P Raines Blvd, Suite 100 Cleburne, TX 76031
817.645.0811 | melissa.dansby@scasurgery.com

Knee Arthroplasty Frequently Asked Questions

- DO push to gain maximum motion of your knee during the first 6 to 8 weeks after surgery
- DO stay active. You should take daily walks, increasing your distance as your strength improves

Q: "When should I call my doctor?"

A:

- You develop a fever
- You have nausea and vomiting that won't stop
- You have severe pain that cannot be relieved
- Your incision is red, tender, has drainage or signs of infection (pain, swelling, redness, odor, warmth, green or yellow discharge)
- You have a severe headache
- You have problems with your vision
- You have feelings of being dizzy or lightheaded
- You have hives (itchy, raised rash)
- You have problems breathing
- You are very tired (fatigued)
- You have any change in sensation (such as new numbness or tingling)
- You have any change in movement (such as new weakness or inability to move as usual)
- You have new confusion
- You have change in or loss of bowel or bladder function

Knee Arthroplasty Frequently Asked Questions

Anytime you are getting in our out of the car, have the driver park about 4 feet out from the curb edge and not on an incline. Also make sure that the surface you'll be walking on is free of ice and snow.

- Back up to your car seat. Place your involved leg forward
- Reach back and find a stable hand hold (for instance, dashboard, back of seat)
- Slowly lower yourself onto the seat
- Scoot back on the car seat. Lean back as you lift each leg into the car. You may need help to lift your involved leg
- When getting out of the car, slide closer to the driver's seat and lean back as you lift each leg out of the car. You may need help to lift your involved leg
- Scoot to the edge of the seat and place your feet on the street (not on the curb). Place your involved leg forward
- Using the same hand holds, push with your arms and your uninvolved leg to stand
- Do not reach for your walking device until your balance is secure

Q: "How do I bend, reach or carry?"

A: Avoid bending and reaching in low cupboards. Use a device like a reacher when possible. Cupboards can also be arranged to eliminate bending.

- Avoid carrying or holding anything in your hands while using a walker or crutches. Use pockets in an apron, clothing, fanny pack or backpack
- Avoid reaching too far when you slide objects across a countertop
- Try using a rolling cart to carry heavy, hot or breakable items

Q: "What are Do's and Don'ts after total knee replacement?"

A: For your safety, you should adhere to the following precautions, particularly during the first 4 weeks after surgery.

- DO NOT sit on low chairs. A chair with arms will allow you to get up and down easier
- DO NOT twist your knee for 6 to 8 weeks
- DO NOT sit longer than 45 minutes at a time as this may make the muscles around your knee stiffen
- DO attend Physical Therapy as prescribed by your surgeon

Table of Contents

Section	Page
Important Information	3
Preparing for Your Surgery	5-8
Three Days Before Your Surgery	9
The Day Before Your Surgery	10
Showering with Chlorhexidine	11
Morning of Your Surgery	12
Arrival at the Center	12-13
After Surgery	14-15
Going Home	16-17
Discharge Instructions	18
Home Medication List	19
Home Medication Schedule	20-23
Your Questions	24
FAQs	25-31

Important Information

Surgery Scheduled for:

Date: _____

Joint Replacement Education Class:

Date: _____ Time: _____

Preop Appointment with Surgeon/PA:

Date: _____ Time: _____

Complete ClearFast NO LATER Than:

Time: _____

Don't forget to take any home medications as instructed by the nurse or anesthesiologist.

Arrival Time for Surgery:

Time: _____

First Post-Operative Appointment:

Date: _____ Time: _____

Knee Arthroplasty Frequently Asked Questions

Q: "How do I get on and off a chair with arms or a toilet:"

A:

- To sit down, back up until you feel the chair against the back of your legs
- Place your involved leg forward
- Reach back with both hands and sit down
- To get off the chair/toilet, slide to its edge
- Place your involved leg forward
- Push up with both arms and your uninvolved leg
- Do not reach for walking device until your balance is secure

Q: "How do I get on and off an armless chair?"

A:

- If the chair does not have arms, approach it from the side
- Place your involved leg forward
- Reach back for the chair and sit down, then turn yourself to face forward in the chair
- To get out of the armless chair, turn yourself so you are sitting sideways in the chair
- Place your involved leg forward
- Push up from the chair
- Do not reach for a walking device until your balance is secure

Q: "How do I go up and down stairs?"

A: Your therapist will review stair climbing with you.

- Remember to go up the step with your uninvolved leg first, and then bring your involved leg up to the same step. "Up with the good"
- Also remember to go down the step with your involved leg first, and then bring your uninvolved leg down to the same step. "Down with the bad"

Q: "How do I get in and out of a car?"

A: A large plastic bag on the car seat may help you move more easily. Also, a firm pillow under your bottom may be needed to increase the seat height so your hips are higher than your knees.

Knee Arthroplasty Frequently Asked Questions

Q: “How do I prepare my bathroom?”

A:

- Move items you use a lot in the bathroom to tabletop height surfaces or to middle shelves
- A raised toilet seat can help lower the strain on your hips/knees
- Installing grab bars around your toilet, bathtub or shower will increase your safety during bathing and during transfers. (Grab bars should be installed into wall studs to ensure that they are secure). Suction cup grab bars are now also available
- Have access to a shower/tub transfer bench for bathing
- Apply adhesive slip strips or a bath mat to the tub or shower floor
- Consider using a soap dispenser/liquid soap/shower gel in the bathtub or shower rather than using hand held soap

After Surgery

Q: “How do I get in and out of bed?”

A:

- Back up until you feel the bed against the back of your legs
- Place your involved leg forward
- Reach for the bed surface, lowering yourself slowly to the edge
- Scoot back on the bed in a diagonal direction until your knees feel supported
- As you turn your body to get into bed, you may need to use a leg lifter or someone to help lift your involved leg
- When getting out of bed, come to a sitting position on the bed
- As you turn your body to get out of bed, you may need to use a leg lifter or someone to help move your involved leg
- Lean back as you push with your hands to help move your body forward until you are sitting at the edge of the bed
- Place your involved leg forward
- Push off the bed and stand up
- Do not reach for a walking device until your balance is secure

Preparing For Your Surgery

Steps in Preparing for Surgery:

1. Selecting your support person
2. Provide your health history information
4. Joint Replacement Education Class
5. Pre-screening blood work
6. Physical exam
7. Contact your insurance company
8. Discharge planning
9. What to bring

Selecting Your Support Person

This is the most important member of your team. Your support person’s commitment and active participation is the key to ensuring a successful, timely recovery. It is vital to select a support person that will be there for you during preparation, the Education Class, the day of surgery, and for several days after you are discharged home. It is critical and required that you have a support person to be with you for the first several days after the surgery.

Provide Your Health History Information

We are a separate facility from your surgeon’s office; therefore, we will need to obtain your health history information. In addition to your medical and surgical history, our pre-operative nursing staff will need to have a list of all your current medications /dosages and be aware of any allergies that you may have. This includes prescriptions, inhalers, over-the-counter medications, vitamins and herbal supplements. For your convenience, you may provide this information by accessing our website at www.cleburnesurgical.com and clicking on Pre-Registration. The nursing team will review the information you provided and will contact you to provide specific instructions to prepare for your visit, such as the time to arrive and eating/drinking restrictions.

Preparing For Your Surgery

Joint Replacement Education Class

To fully prepare you for your surgery, your orthopedic surgeon would like you to attend our Joint Replacement Education Class. This class will enable you to participate in your care and gain a better understanding of the post-operative recovery period and exercise program. We encourage your support person to attend this class with you.

Pre-Screening Blood Work and Diagnostic Testing

Lab work and an EKG will likely be ordered closer to your procedure date. If so, these tests will be performed at the facility when you come in for your Joint Replacement Education Class. Results of these tests should be sent to your primary care physician, your surgeon, and Texas Health Surgery Center Cleburne.

Physical Exam

Before your scheduled procedure, you will need to undergo a complete physical examination by your primary care physician and/or your surgeon's PA. Based on your health history and/or test results, you may require further evaluation or additional diagnostic testing. This will help identify any medical problems you may have that could put you at an increased risk during or after your surgery.

You will be given a prescription at your preoperative appointment with your surgeon's PA for Mupirocin 2% ointment. You will apply this ointment in each nostril twice per day for 7 days prior to surgery. This is to reduce the risk of a post-operative infection.

Contact Your Insurance Company

Please notify your insurance company to inform them of your upcoming procedure and to confirm details of your coverage.

Knee Arthroplasty Frequently Asked Questions

- Consider first floor options (temporary) if your bathroom isn't on the main floor. Do you have access to a portable commode?
- Make sure your phone is accessible to your primary sitting area. Cordless phones are helpful. Keep cell phones charged and available
- If possible arrange to have your paper and mail delivered to your door rather than curbside
- Arrange transportation for doctor and therapy appointments
- If needed, find someone to help care for your pet temporarily

Q: "How do I prepare my living room?"

A:

- Pick out a chair to sit in when you come home. A good chair is firm with arms. The seat height of your chair should be at the level of the back of your knee or higher
- Set up a kind of "base camp" where you'll spend most of your time with phone, computer, remotes and everything else you'll need in easy reach

Q: "How do I prepare my kitchen?"

A:

- Move items you use a lot in the kitchen to tabletop height surfaces or to middle shelves
- Use a kitchen cart to move heavy or hot items
- Prepare and freeze a few meals before your surgery

Q: "How do I prepare my bedroom?"

A:

- Your bed should be low enough for your feet to touch the floor when you sit on the edge of the bed. Your bed should also be high enough so that your hips are higher than your knees when you sit on the edge. You will not need a hospital bed, but your mattress should be firm
- If your bedroom is upstairs, you may want to prepare a sleeping area downstairs for the first week or two after you return home from surgery
- Move items you use a lot to tabletop height surfaces or to middle shelves

Knee Arthroplasty Frequently Asked Questions

Q: “What is General Anesthesia?”

A: You are given intravenous medications that put you to sleep for your operation. These medications produce complete loss of sensation and perception. You will wake up quickly when surgery is over.

Side effects

- Nausea-treated with IV medication
- Urinary retention-a urinary catheter may be used after surgery
- Sore throat from airway tube

Q: “What questions should I ask my insurer?”

A:

- Do I have a deductible for this type of surgery?
- Does my plan cover medical equipment I may need?
- Do I have to get the medical equipment from a specific source?
- Do I need a prescription for the equipment?
- If the need presents, do I have insurance coverage for:
 - Skilled nursing facility/short term rehabilitation center
 - Physical therapy
 - Home Health Care
 - After surgery medication (pain/anti-inflammatory, etc.)
 - Assistive devices (crutches, walker, wheelchair)
 - Bathroom equipment (raised toilet seat, bath bench, grab bars)

Q: “How do I prepare my home (outside)?”

A:

- Find someone to mow your lawn, shovel snow, and scatter salt/ice melt on iced areas.
- Be sure your driveway and sidewalks are uncluttered
- Be aware of uneven ground around your home and in your yard
- Make sure railings on steps leading into your home are secure

Q: “How do I prepare my home (inside)?”

A:

- Ensure clear pathways and remove clutter around your home
- Check to see if hallways can accommodate a walking aid such as a walker
- Learn to prevent falls. Remove loose wires or cords from areas you walk through to get from one room to another. Remove loose throw rugs. Be aware of small pets in your home. Use good lighting
- Make sure stair railings are secure

Preparing For Your Surgery

Discharge Planning

Meal Planning:

- Prepare/purchase and freeze small portion meals for times you may be alone
- Stock up on items that can be frozen for later use such as bread, vegetables and fruits

Preparing Your Home Environment for a Safe Recovery:

- Remove scattered rugs and clutter around the house
- Make sure that all stairways have hand railings and are secure
- Tuck away long phone cords and lamp cords
- Arrange furniture so that you can easily move about your house with crutches or a walker
- Prepare a non-skid tub/shower mats
- Select a chair from your home with a back, firm seat cushion and arms that you can designate as “your chair” after you return home from surgery
- If your bedroom is upstairs, you may want to prepare a sleeping area downstairs for the first week or two after you return home from surgery

Help at Home:

To ensure your safety, you need to have a friend or family member available to help you for the first few days after you return home from the center

What to Bring

- A walker or crutches
- Comfortable clothing to wear to and from the surgery center
 - **Athletic shorts are recommended**
- Tennis shoes or flat rubber-soled shoes that tie or slip-on
- Eyeglasses and denture cases
- Picture ID and Insurance Card
- Leave jewelry, valuables, credit cards, and large sums of cash at home

Preparing For Your Surgery

Health Tips for the Weeks Before Your Surgery

Stop Smoking

Studies have shown that tobacco and nicotine impair the body's ability to heal bones and wounds. Smoking also increases your risk of complications during and after surgery. Post-operative complications related to smoking can include pneumonia, surgical site infection, and joint replacement failure.

We encourage you to quit smoking. For more help, visit the American Lung Association website at <http://www.lung.org/stop-smoking>.

Exercise

Exercise is key to your recovery! One of the goals of the pre-operative appointment is to introduce you to a physical therapist and your exercise program. Your exercise program begins before surgery and continues while you are in the center and when you return home. New exercises will be added as your physical condition changes.

Report Any Cold/Flu Symptoms or Infections to Your Surgeon

Symptoms to report may include:

- An elevated temperature
- Sore or scratchy throat
- Nasal drainage that is yellow or green
- Cough or chest congestion
- Earache
- Nausea, vomiting or diarrhea
- Problems with urination
- Open sores, scrapes, rash, scabs, bug bites or breaks in the skin

Knee Arthroplasty Frequently Asked Questions

Prior to Surgery

Q: "Why do I have serious knee problems?"

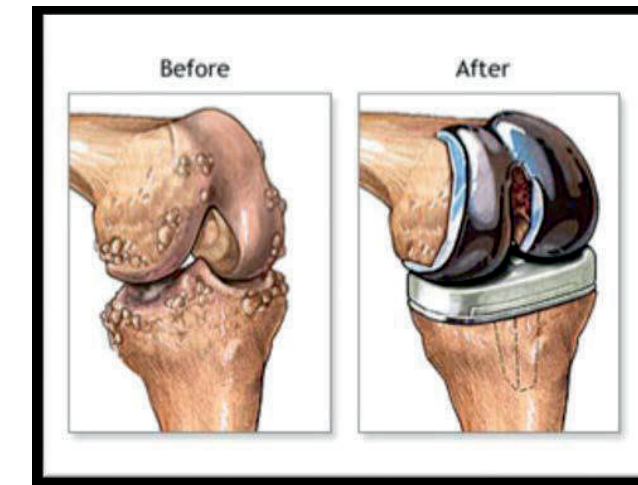
A: Problems with major joints like knees are most frequently the result of arthritis.

Q: "What results can I expect from a Joint Replacement?"

A: Generally, joint replacement is successful. Pain is relieved, deformity corrected, and patients resume former activities and enjoy an active lifestyle. Long term success rates vary from 10 to 20 years, depending on age, weight, and activity level.

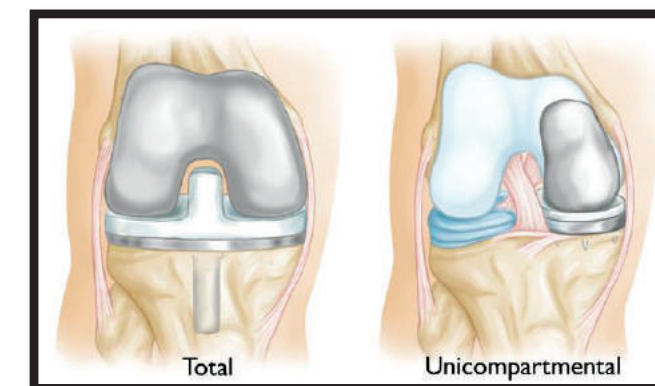
Q: "What is a Total Knee Replacement?"

A: Total knee replacement is a surgical procedure where worn, diseased or damaged surfaces of a joint are removed and replaced with an artificial joint (prosthesis).



Q: "What is a Unicompartmental Knee Replacement?"

A: Unicompartmental knee replacement is a surgical procedure where only one area of a knee joint is resurfaced and replaced with an artificial joint (prosthesis).



Your Questions

We want to be sure to answer any questions you may have. If you have questions for your physician, the nurses or physical therapists, please write them down and be sure to ask us at any time.

Three Days Before Your Surgery

Prepping Your Skin

You will be given Chlorhexidine (CHG or Hibiclens) 4% soap to prep the skin around the surgical area. Prepping skin before surgery can reduce the risk of infection at the surgical site. Please use the soap according to the schedule below. DO NOT use regular soap after applying and rinsing the CHG soap, use any body lotion deodorants, powders, or perfumes, or shave around the surgical area for 24 hours before your procedure. If you have any scrapes, rash, scabs, infections, or breaks in the skin anywhere on your operative extremity, please contact your orthopedic surgeon immediately.

Skin Prep Shower Schedule

You will be taking a series of 4 showers to prep your skin before surgery. Most knee arthroplasty surgeries we perform are on Wednesdays, so we created a schedule to help you prepare. If your surgery is on a different day, please start with Shower #1 three days before surgery and follow the rest of the schedule accordingly.

Shower #1-Sunday (before Wednesday surgery): Take a shower and use the Chlorhexidine (CHG or Hibiclens) 4% soap on your surgical site and the 6 inches surrounding the surgical site.

Shower #2-Monday: Take a shower using the Chlorhexidine (CHG or Hibiclens) 4% soap on your surgical site and the 6 inches surrounding the surgical site.

Shower #3-Tuesday: Before bed, take a shower and use the Chlorhexidine (CHG or Hibiclens) 4% soap from your neck to your toes, avoiding the genitalia.

Shower #4-Wednesday: This is the big day! Take a shower in the morning and use the Chlorhexidine (CHG or Hibiclens) 4% soap from your neck to your toes, avoiding the genitalia.

Please see page 10 for instructions on showering with CHG.

Showering with Chlorhexidine

When You Shower:

If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly to remove any shampoo residue.

- Wash your face with water or your regular soap.
- Thoroughly rinse your body with water from the neck down.
- Apply the minimum amount of **Chlorhexidine (CHG or Hibiclens)** necessary to cover the skin. Wash gently with a clean cotton cloth.
- Rinse thoroughly.

DO NOT use your regular soap after applying and rinsing the Chlorhexidine (CHG or Hibiclens).

DO NOT apply any lotions, deodorants, powders, or perfumes to the body areas that have been cleaned with CHG soap.

Home Medication Schedule

Week 4

Week 4	Mon	Tues	Wed	Thur	Fri	Sat	Sun
AM							
Oxycontin							
Gabapentin							
Meloxicam	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg
Aspirin	81 mg	81 mg	81 mg	81 mg	81 mg	81 mg	81 mg
PM							
Oxycontin							
Gabapentin	300 mg	300 mg	300 mg	300 mg	300 mg	300 mg	300 mg
Meloxicam	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg
Aspirin	81 mg	81 mg	81 mg	81 mg	81 mg	81mg	81 mg

As needed medications:

- **Pain:** Norco 10 mg (Hydrocodone) 1-2 tablets as needed for additional pain
- **Constipation:** Colace 100 mg 1 tablet twice daily for hard stools (slow relief) OR Dulcolax suppository 1 rectally once per day for fast relief of constipation

Home Medication Schedule

Week 3

Week 3	Mon	Tues	Wed	Thur	Fri	Sat	Sun
AM							
Oxycontin							
Gabapentin							
Meloxicam	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg
Aspirin	81 mg	81 mg	81 mg	81 mg	81 mg	81 mg	81 mg
PM							
Oxycontin							
Gabapentin	300 mg	300 mg	300 mg	300 mg	300 mg	300 mg	300 mg
Meloxicam	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg
Aspirin	81 mg	81 mg	81 mg	81 mg	81 mg	81mg	81 mg

As needed medications:

- **Pain:** Norco 10 mg (Hydrocodone) 1-2 tablets as needed for additional pain
- **Constipation:** Colace 100 mg 1 tablet twice daily for hard stools (slow relief) OR Dulcolax suppository 1 rectally once per day for fast relief of constipation

The Day Before Your Surgery

Arrival Time

You will receive a call from Texas Health Surgery Center Cleburne with your arrival time. Special instructions will be given to you at this time, including information about when you should stop eating and drinking to prepare for surgery. You may be asked to take certain medications prior to your arrival at the surgery center. In addition, your surgeon may recommend a nutritional supplement called ClearFast for you to drink the morning of surgery. If so, you will be provided with a bottle of ClearFast and given a time that you must be finished with the drink, for your safety. It is very important to follow all the instructions as directed by the nurse or your procedure may be canceled.

We apologize if there is an extended wait for your surgery. The operating room is a very dynamic place and the schedule can either speed up or slow down depending on the day. We want you to arrive in plenty of time for us to prepare you and answer any last minute questions. If the surgeon gets ahead of schedule we can get you in sooner, but please be aware that sometimes the opposite occurs and you may have to wait a little longer. We will be sure to keep you updated throughout the process as to your expected time of surgery.

Morning of Your Surgery

Follow Pre-Admission Instructions

For your safety, please remember to follow all the instructions you were given by the nurse during the pre-operative phone call. It is very important not to eat or drink after the time you were instructed. If you were instructed to take medications, please take them with a very small sip of water. No chewing gum, candy, mints or ice chips.

The Morning of Surgery

- Please shower using your Chlorhexidine (CHG or Hibiclens) 4% soap as instructed.
- Do not put any lotions, powders, perfumes, makeup or jewelry on your body the day of surgery.
- Put on clean, loose fitting clothing to wear to the surgery center
- Wear tennis shoes or flat rubber-soled shoes that tie or slip-on
- Take any medications as instructed by the nurse or anesthesiologist
- Drink your ClearFast drink, if applicable, and finish by the assigned time
- Leave jewelry, valuables, credit cards, and large sums of cash at home

Checklist of Items to Bring the Day of Surgery

- Assistive device: walker or crutches
- Picture ID and Insurance Card
- Eyeglasses and denture cases

Arrival at the Center

Reception Area

Upon arriving at the surgery center, you will check in at the reception desk. You will be asked to present your insurance card and photo identification, as well as make any payment for deductibles, co-pays or co-insurance responsibilities. In some cases, you may be asked to make payments prior to surgery day to mitigate unexpected anxiety.

Home Medication Schedule

Week 2

Week 2	Mon	Tues	Wed	Thur	Fri	Sat	Sun
AM							
Oxycontin	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg
Gabapentin							
Meloxicam	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg
Aspirin	81 mg	81 mg	81 mg	81 mg	81 mg	81 mg	81 mg
PM							
Oxycontin	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg
Gabapentin	300 mg	300 mg	300 mg	300 mg	300 mg	300 mg	300 mg
Meloxicam	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg	7.5 mg
Aspirin	81 mg	81 mg	81 mg	81 mg	81 mg	81mg	81 mg

As needed medications:

- **Pain:** Norco 10 mg (Hydrocodone) 1-2 tablets as needed for additional pain
- **Constipation:** Colace 100 mg 1 tablet twice daily for hard stools (slow relief) OR Dulcolax suppository 1 rectally once per day for fast relief of constipation

Home Medication Schedule

Week 1

Week 1	Mon	Tues	Wed	Thur	Fri	Sat	Sun
AM							
Oxycontin					10 mg	10 mg	10 mg
Gabapentin					300 mg	300 mg	300 mg
Meloxicam					7.5 mg	7.5 mg	7.5 mg
Aspirin					81 mg	81 mg	81mg
PM							
Oxycontin				10 mg	10 mg	10 mg	10 mg
Gabapentin				300 mg	300 mg	300 mg	300 mg
Meloxicam				7.5 mg	7.5 mg	7.5 mg	7.5 mg
Aspirin				81 mg	81 mg	81mg	81 mg

As needed medications:

- **Pain:** Norco 10 mg (Hydrocodone) 1-2 tablets as needed for additional pain
- **Constipation:** Colace 100 mg 1 tablet twice daily for hard stools (slow relief) OR Dulcolax suppository 1 rectally once per day for fast relief of constipation

Arrival at the Center

Pre-Operative Area

You will be escorted to the pre-operative holding area where we will start your admission process and you will meet your healthcare team. You will be weighed and your vital signs will be taken. The nurse will review your labs and allergies and you will be asked a series of questions about your health history. Your surgical procedure will be reviewed and you will sign your surgical consent. Your surgical site will be marked. The nurse will start an IV for administration of fluids and medication for your surgery. You may be given oral medications that your surgeon has ordered for you before your surgery.

Anesthesia Provider

You will meet your anesthesia provider in the pre-op area. Your health history and past surgeries will be discussed. Tell the anesthesia provider if you have ever had any problems with anesthesia or medications. Your provider will explain the anesthesia you will receive and you may ask any questions you have.

Surgeon

The surgeon will initial the operative area before your surgery. You will also have an opportunity to ask questions at this time.

OR Nurse

The OR nurse will introduce herself and review your health history. You will have to answer questions that you have already been asked. This is part of our surgical safety checklist program to ensure your safety while at our facility.

Operating Room

The OR nurse will escort you to the operating room and the rest of the health care staff will greet you and introduce themselves. You will be transferred to another bed and a blood pressure cuff, pulse oximeter and EKG patches will be applied. Medication will then be administered through the IV to start your anesthesia.

After Surgery

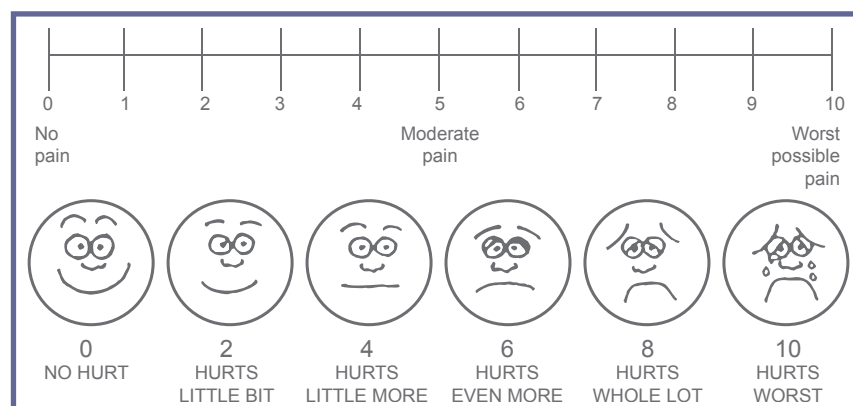
Recovery Area

Once surgery is complete you will be taken to the recovery room. We will inform your family/caregiver when surgery is done and they will be able to join you in recovery once you are awake. Your surgeon will talk to them about the surgery and answer any questions they may have.

Pain Medications and Pain Control

While you are in the surgery center, you will be asked to rate the intensity of pain you are experiencing through the use of a pain scale. A pain scale is a line numbered from 0 to 10, with each number representing a degree of pain.

Your surgeon will have ordered pain medications to help keep your pain at a tolerable level. Please feel free to communicate with your nurse if you are feeling discomfort or nausea, or if there is anything you need to make you feel more comfortable. A sample of a pain scale can be seen below.



Prescription Medications

Depending on your health history and current medications, you will be prescribed medications for pain control and/or the treatment of nausea. In addition, you will be placed on aspirin or an alternative anti-coagulant medication. Narcotic medications and the lack of normal activity may cause constipation. If constipation becomes a problem, even after the use of Colace and Milk of Magnesia, please report this to your surgeon.

Home Medication List

Narcotic Pain Medicine:

- **Oxycontin CR** 10 mg tablet (extended release pain medication)
 - Take 10 mg by mouth every 12 hours with food for 10 days
- **Norco (Hydrocodone)** 10/325 mg tablet (immediate release pain medication)
 - Take 1-2 tablets by mouth every 4-6 hours as needed for pain control

Non-Narcotic Pain Medicine:

- **Neurontin (Gabapentin)** 100-300 mg tablet (pain management)
 - Take 300 mg by mouth every 12 hours with food for 4 days, then once at night for three weeks
- **Mobic (Meloxicam)** 7.5 mg tablet (NSAID, anti-inflammatory)
 - Take 1 tablet by mouth every 12 hours with food for 25 days

Anticoagulant (Blood Clot Prevention) Medicine:

- **Aspirin** 81 mg tablet (baby aspirin)
 - Take 1 tablet by mouth every 12 hours for 25 days

Constipation Over-The-Counter Management:

- **Colace** 100 mg tablet (stool softener)
 - Take 1 tablet by mouth every 12 hours until your first bowel movement
- **Milk of Magnesia**
 - Take 30 ml by mouth every 6 hours as needed for constipation

Elevated Temperature/Fever Over 101°F:

- **Tylenol (Acetaminophen)** 325 mg tablet
 - Take 1-2 tablets by mouth every 6 hours as needed for temperature over 101°F

IMPORTANT: Each Norco tablet contains 325 mg of Acetaminophen. **DO NOT** take over 3,000 mg of Acetaminophen in a 24-hour period.

Knee Arthroplasty Post-Operative Discharge Instructions

Wound Care:

- **DO NOT** remove the surgical dressing. Leave intact until dressing is removed at first post-op visit.
- You may shower but **DO NOT** soak in a bath, hot tub, pool or submerge the incision in water at all.
 - Cover the dressing to keep it dry when showering. PT will demonstrate proper covering.
- The dressing will remain in place for approximately 10-15 days.
- Apply an ice pad to the area when resting. Place a washcloth or towel between the pad and your dressing to avoid overcooling and frostbite of the skin.
- Inspect the dressing daily to make sure that it is still intact (closed on all sides) and not saturated with drainage.
 - **DO NOT** lift the edges of the dressing to check the incision.
 - If saturated to the edges of the dressing, contact your physician's office.
 - **Notify MD** if increased amount of drainage is noted.
- Inspect the area around the dressing daily for signs of infection: redness, hot to touch, swelling.
 - **Call MD** if you have any questions or notice anything out of the ordinary.

Activity:

- **DO NOT** drive until authorized by your physician.
- **DO NOT** drink alcohol, especially if taking pain medicines.
- **REFRAIN FROM SMOKING** to allow successful healing.
- **DO NOT** reach overhead or utilize step stools, due to possible loss of balance.
- Walk as much as your pain will allow.
- Wear your compression TED hose for swelling control and venous blood return until you are walking with full weight bearing. Ask your physician for guidance on time frame (approximately 2-4 weeks).

Notify your Physician at Cleburne Orthopedics for any of the following:

- Chest pain
- Shortness of breath
- Temperature greater than 101°F
- Excessive drainage or bleeding from the incision site
- Excessive swelling at the incision site
- Redness, pain, swelling in the legs
- Persistent vomiting
- Questions or concerns

Return to **Cleburne Orthopedics in 10-15 days**. If you have questions regarding your appointment or need to reschedule, call **Cleburne Orthopedics at 817-556-3212**.

After Surgery

Intravenous Fluids

You will be provided with fluids through an intravenous tube.

Dressing

You will have a dressing covering your surgical site for approximately 10-15 days. **DO NOT** remove the surgical dressing. Leave the surgical dressing intact until the dressing is removed at your first post-operative visit. Cover the dressing when showering. Your Physical Therapist will demonstrate proper covering. **DO NOT** soak in a bath, hot tub, pool or submerge the incision in water at all until instructed by your physician.

Physical Therapy

Participating in physical therapy strongly influences your recovery. While you are in the center, you will receive physical therapy prior to discharge. The exercises you learned in the weeks before your surgery will be resumed by physical therapy. In the days following, you should progress to more advanced exercises and walking with the assistance of crutches or a walker. Your therapist will determine which of these is best for you.

For your safety, during your stay at our center it is very important that you do not get out of bed on your own or with family members. We do not want you to hurt yourself or fall, so our staff is ready to assist you.

Going Home

Discharge From the Center

You may be discharged from the center 4-6 hours after surgery if your surgeons orders same day discharge. Otherwise, you may stay overnight at Texas Health Surgery Center Cleburne and be discharged the next morning.

Physical therapy will be arranged for you after discharge.

Prior to Going Home

You will be given detailed instructions for your care at home and what to expect, as well as phone numbers to call if needed. Please call your surgeon's office if you have any questions or concerns that are not addressed in the instructions. We don't want you to worry and wonder at home.

Post-Surgery Follow-up

A nurse from Texas Health Surgery Center Cleburne will contact you the following day to see how you are doing and answer any questions.

Your first post-operative visit to your surgeon's office will generally occur about 2 weeks after your procedure. This appointment will be scheduled prior to surgery. Your second office visit will be determined by your surgeon and the progress you have made in physical therapy.

Going Home

What to Expect the Day After Surgery

Everyday Activities:

Showering- You may shower the day after surgery with antibacterial soap. You may not take a bath until instructed by your physician.

Climbing stairs- When climbing stairs, go up using your good leg first; go down with your bad leg first. Please make sure to hold on to a railing when using stairs.

Sitting- Use chairs that have arms, backs and firm seats. You need the arms to help lift yourself out of the chair. Avoid low stools, low chairs or low toilets.

If you are sitting in one spot for more than 30 minutes you should do the following exercises to maintain good circulation:

- **Heel Raises** - Sit with feet flat on the floor, about hip-width apart. Lift heels so that only toes and the balls of the feet are on the floor. Hold for 5-10 seconds and lower feet back to the ground. Repeat 10 times.
- **Toe Lifts** - Sit with feet flat on the floor, about hip-width apart. Lift toes and balls of the feet so that only the heels are on the floor. Hold for 5-10 seconds and lower feet back to the ground. Repeat 10 times.
- **Ankle Circles** - While sitting, lift right leg slightly off the ground and rotate the foot clockwise, making a circle in the air. Do this 15 times clockwise, then 15 times counterclockwise. Repeat with left leg and foot.

Walking- You will begin walking the day of surgery. Each day, the distance you walk will be increased. You will learn how to walk to the bathroom, in the hallway, and climb stairs. Always use your walker or crutches and avoid over-exertion. DO NOT walk on uneven surfaces such as lawns or gravel. It is important to follow directions from your physical therapist. Physical therapy will teach you how to transfer out of bed. You may be weight bearing, as tolerated.