PRE-OPERATIVE
CLASS INFORMATION
For Joint Replacement Surgery

Center for Joint Preservation and Replacement
Keck Hospital at USC
1520 San Pablo Street, Suite 2000
Los Angeles, CA 90033
323-442-5762

Please visit our website at: www.DrDorr.com
1/2018

CLASS OUTLINE

NURSING

Jeri Ward, RN/Lynne Zawacki, RN

1. Surgical procedure
2. Review of packet
3. Preop day
4. Dental prophylaxis/travel
5. Anesthesia

PHYSICAL/OCCUPATIONAL THERAPY

Jennifer Okuno, PT/Don Shimabukuro, PT, Kim Lennington OT

1. Role of physical and occupational therapy
2. Equipment
3. Exercises
4. Home preparation
5. What to bring to the hospital
6. Driving

Important Phone Numbers

IF YOU ARE HAVING AN EMERGENCY CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM

Main line (answering service after hours) 323-442-5860
New patient appointments – (Felicia Renty) 323-442-7974
Follow up appointments- (Erika) 323-442-5762

Medical Staff:

Lisa Fujimoto, PA (Physician Assistant) 323-442-6945
Jose Lopez PA 323-442-6945
Lynne Zawacki, R.N. 323-442-6945 Lynne.Zawacki@med.usc.edu
Noemi Valadez - Medical assistant 323-442-8018 Noemi.valadez@med.usc.edu
for Rx refills, disability forms. Disabled parking applications, jury duty summons.

Jennifer Desanto (support/surgery coordinator) 323-442-9081
desanto@med.usc.edu
Felicia Renty 323-442-7974 felicia.renty@med.usc.edu
Administration:
Jeri Ward R.N. 323-442-7926 jeri.ward@med.usc.edu
Cell: 310-493-8073

Billing and Insurance:

Physician billing 323-442-5808
Hospital billing 866-860-8964 (existing bill)
Questions about charges for upcoming surgery

Disability Forms:

For State Disability go to www.edd.ca.gov to complete your disability claim. Call or email Noemi Valadez with your RECIEPT number. Any paperwork from your work or AFLAC, please fax to (323)-865-9438. Paperwork will be turn in approximately 9 days after your surgery. Noemi.Valadez@med.usc.edu .

Information for Friends/Family:

1. Visiting hours are 10 am to 8 pm. Family is welcome to come earlier to watch PT.
2. The hospital does NOT validate parking
   The maximum daily rate is $8.00
3. The hospital address is:
   1500 San Pablo Street
   Los Angeles, CA 90033
   323-442-8500 OR DIRECT LINE TO 6n ORTHOPEDIC WARD 323-442-8878

RESEARCH

The research team at the Center for Joint Preservation and Replacement at Keck Hospital of USC in Los Angeles, California is dedicated to developing optimal outcomes in procedures for patients needing total joint surgery. Developing the most advanced techniques in total joint surgery allows our patients to benefit from leading-edge technology and techniques for their total knee or total hip replacement.

As with all major research institutes, our information for research purposes is obtained directly from the patients we serve. The Center focuses on our patients' surgery and post-surgery results. We are currently collecting data on several fronts. Those areas of immediate interest are:

1. Minimally invasive surgery (MIS)
2. Postoperative muscle function following hip surgery
3. Computer assisted hip surgery
4. Patient response to current anesthetic techniques
5. Long-term hip and knee component changes

Patients enrolled in any or all of these studies are individually informed of the details involving their voluntary chosen project. Some studies require patients to spend extra time in the various labs at the hospital. The potential benefits for volunteering are to obtain a more comprehensive and individual analysis of your condition and to monitor the progress time from the pre-operative to post-operative period.

From our patients' participation in our research, we published results in leading orthopedic journals such as Clinical Orthopedics and Related Research, Journal of Bone and Joint Surgery and the Journal of Arthroplasty. We have presented these results at nationwide conferences and used them to advance and update surgical techniques for those suffering from hip and knee arthritis.

We look forward to discussing all of these exciting projects with you during your pre-operative process.

PRE-OPERATIVE INSTRUCTIONS

Wash the operative site with anti-bacterial soap (such as Dial) starting 6 days prior to your surgery. If you have ever had a history of a serious infection in your body, please use a soap called Hibiclens instead, which is available at the drug store. Wash the operative joint for one minute at the end of your shower with the antibacterial soap for the first 5 days as you count down to surgery.

On the 6th day (the night before your surgery), follow the instructions that are printed out on a separate page for using the chlorhexidine wipes:

Pre-op shower instructions (night before surgery):

1. Shower as usual.
2. Follow the attached directions for using the Chlorhexidine wipes.
3. It is okay to put on your own clean nightgown after you finished with this procedure.
4. Do not shower on morning of surgery.

NOTE:

The above instruction is a "pre-scrub". Your leg will be washed in the operating room again prior to surgery. Do not shave your leg for 6 days before surgery. Do not use lotion on the operative leg during the 6 day washing period.

***NOTHING TO EAT AFTER MIDNIGHT, THE NIGHT BEFORE SURGERY**
**** Please drink 2 cups of water before you leave home on the day of your operation**
You may eat a normal diet for dinner the night before surgery, and have a light snack before bedtime.

Do not smoke. If you are a smoker, stop now. Smoking increases your risk of some post - operative complications such as blood clots and wound healing.

Some patients may be advised by the internal medicine doctor or nurse to take certain medications in the morning on the day of surgery with a sip of water, but only do this if instructed by our doctor or nurse.

MEDICATION REMINDERS

Discontinue all anti-inflammatory medications 5 days prior to surgery. These medications include:

(Ibuprofen) Motrin and Advil
Aspirin (including Empirin compounds and Anacin)
All anti-inflammatories such as Indocin, Naprosyn, Meclomen, Tolectin and Naprosyn (Aleve)
All aspirin containing products such as Alka Seltzer, Bufferin, Anacin, and Pepto-Bismol
Any "alternative" medications such as Arnica, Ginko Biloba, garlic or fish oil.

Enbrel, Plavix, and Coumadin will also be stopped prior to surgery under the direction of the Internal Medicine doctor.

You may take Extra Strength Tylenol, Tylenol with codeine, or Tylenol PM for pain control during this time. You can also consult with your doctor for any other alternatives.

If you are on any medications for heart problems, lung problems, or high blood pressure, check with the medical doctor to see if you will need to take your medication on the day of surgery (only with a sip of water, and only if directed)
If you are taking birth control pills or wearing a birth control patch, you must discontinue it 6 weeks prior to surgery.
It is okay to take your routine medications (heart, blood pressure, asthma, hormones, cholesterol, etc) right up until the night before your surgery.
It is okay to take vitamins. If you take mega-doses of vitamins, you should cut back 5 days before your surgery.

Check with your medical doctor if you take Coumadin, Heparin, or any other blood thinners. These are usually stopped 5-6 days prior to surgery.
Do not take laxatives the day before your surgery.
If you are uncertain about which medications to stop, call the medical doctors' office @ 323-442- 5100 or the nurse at 323-442-7926.

AFTER SURGERY; CERTAIN CLASSIFICATIONS OF PAIN MEDICATION WILL REQUIRE AN ACTUAL PRESCRIPTION. PLEASE ALLOW TIME FOR US TO MAIL IT TO YOU, OR ARRANGE TO PICK UP AT OFFICE. WE CANNOT PHONE IN REFILLS ON CERTAIN PAIN MEDS DUE TO CHANGES IN GOVERNMENT REGULATIONS. CALL NOEMI AT 323-442-8018 FOR Rx.

DAY OF SURGERY

Park in the KMC Parking structure. Go to HC3, 1516 San Pablo Street, Los Angeles, CA. Check in at the admission desk in the lobby. After checking-in, you will be directed to the pre-op area.

You will change into a gown and then meet with the anesthesiologist. A family member may be able to sit with you during this time. The anesthesiologist will discuss the type of anesthesia you will have.

You will be asked to confirm which leg will be operated on. Your surgeon will write on your leg to identify it for surgery. He will write on the operative leg. Do not mark your own leg.

After surgery you will stay in the recovery room for about 1 hour and then you will be taken to your room on 6 North which is in the main hospital at 1500 San Pablo St. Your family will take you home from this building.

If you are back in your room by 3 pm, the physical therapist may initiate the physical therapy evaluation and progress activity as tolerated. This can range from sitting at the edge of the bed to walking in the hallway, climbing stairs and getting dressed. The activity level depends on how you tolerated the surgery and how well your pain is controlled.
If you arrive in your room after 3 pm, the physical therapy evaluation will be initiated the day after surgery.

You may be sleepy the rest of the evening. Most partial knees and single hips can go home the same day. It is important to read your discharge instruction BEFORE coming to the hospital so you can clearly understand them prior to discharge.

You will have a clear liquid diet until your nurse detects “bowel sounds” (an indication that your intestines are awake and functioning). Some mild nausea may occur.

You should also use your “incentive spirometer” an inhaler that helps to expand and oxygenate your lungs.

Your blood pressure, pulse, and temperature will be taken every 4 hours.

You may be connected to several tubes and lines. You will have an IV line in your arm. You may have a Foley catheter to drain your urine from your bladder. You may have an spinal/ epidural catheter in your back for continuous infusion of pain medication. It is inserted before surgery. If you have a knee replacement, you may have a peripheral nerve block to assist with pain control. It is a small catheter that is inserted at the top of your operative leg. You may have an oxygen cannula in your nose for supplemental oxygen. You may also have a clip on one of your fingers. This clip is called a pulse oximeter, and it indicates if you are receiving enough oxygen in your body.

You will also be connected to leg or foot squeezers. These squeezers are on at all times when you are in bed to help prevent the formation of blood clots. You will be instructed to pump your ankles up and down 10 times each hour to help circulation and to prevent blood clots.

AFTER SURGERY THROUGH DISCHARGE

You may have a regular diet when your stomach is able to tolerate it. If you experience any nausea, ask your nurse for some medicine.

You may have a bowel movement by the time you are being discharged. Ask your nurse for a laxative if you are feeling constipated. After surgery, some people do not move their bowels for 2-3 days. This is normal as anesthesia and other medications can slow down your intestinal activity. Decreased activity and decreased appetite can also slow the bowel.

You are encouraged to use your incentive spirometer during your hospitalization. An incentive spirometer is a device you use to inhale that will help you to expand your lungs. Many of the lines and tubes will be removed on day 1. This will depend on your hydration, pain control, and control of nausea.

A physical therapist will see you twice a day (once in the morning and once in the afternoon). The goal for physical therapy is to have you be as independent as possible by the time of discharge. This includes bed mobility (getting in and out of bed), transfers (standing up from the bed, chair, and toilet/commode), walking (initially with a walker and then progressing as tolerated to crutches/cane), negotiating stairs, and understanding and being able to complete your home exercise program. The rate at which you progress will depend upon how you feel (dizziness, lightheadedness, fatigue, pain). Family members who may be assisting you upon discharge are recommended to observe the physical therapy session. There are times when some of these activities may be difficult. Therefore, training can reduce any anxiety or discomfort of the patient/family member. Post-operative instructions regarding a walking program and exercise progression will be discussed. The physical therapist or case manager will order any necessary medical equipment that you may need at home.

The occupational therapist will initiate your evaluation on the day after surgery and will continue to treat you once a day. The goal for occupational therapy is to have you be as independent as possible in the areas of activities of daily living (ADL). These activities include bathing (standing at the sink to shower), dressing (being able to put on your pants, shoes, and socks with or without the use of adaptive equipment), and negotiating the areas of your bathroom (toilet/commode and in/out of tube/shower). If your family member will be assisting with the bathing or dressing activities, please notify the therapist. The occupational therapist or case manager will order any necessary medical equipment that you may need at home.

A bed bath will be set up for you. The nurse or nurse's assistant will encourage you to wash as much as you safely can. This movement and activity helps your circulation and deep breathing. The nurse of nurse's assistant will help you with areas that are hard to reach.

The physician assistant or nurse will check the wound daily. Once the incision is clean and dry, you will be able to take a shower with the help of the occupational therapist.

Please do not get out of the bed by yourself until cleared by the therapist. There are many lines, tubes, and obstacles in the room that may interfere with your safety. The therapist will first clear you to get up with the nursing staff. You will then be able to sit up in the chair, walk to the bathroom, and safely negotiate the room more often.

It is encouraged to have ice on your operative hip or knee to reduce swelling and help alleviate the pain 3-4 times daily for 30 minutes at a time. Please continue this at home for the first week to 10 days.

Pain pills may be used to supplement the spinal/epidural or peripheral nerve block for pain control. It is encouraged to have the pain medicines in your system before getting up with therapy. These pain pills will be continued once the epidural or block is removed. Prescriptions for these pain pills will be given to you on the day of discharge.

Discharge plans are continuously being assessed. This can include any home health services. The case manager can contact the insurance company to see if you have these benefits included in your plan. A typical hospital stay is anywhere from 24-72 hours depending on the surgical procedure and your progress in therapy.

DAY OF DISCHARGE

You will be discharged when you are medically stable and you meet the criteria set by your surgeon and physical therapist. You will be able to go up and down stairs, get in and out of the car, get in and out of bed, rise from a chair or toilet and get in and out of the shower. These activities will be taught to you by the physical and occupational therapists in the hospital.

Discharge time is: Home the same day, you will leave after dinner if cleared by nursing and PT. If you stay overnight, then discharge is between 11:00 a.m. – 2p.m.

The nurse will provide you with discharge instructions (including incision care and progression of activities/exercises) and a prescription for any medications needed during your recovery.

You will receive a pair of TED hose (surgical stockings). Wear them for 4 weeks after surgery. Wear them on both legs all day. You may remove them at night. You may purchase additional pairs from a medical supply store or pharmacy. It is important to wear the stockings to help prevent blood clots.

** Some items that your insurance will not covered are available on Amazon, such as commodes, adaptive devices and 3M Medipore dressings.

INCISION CARE

Total Hip Arthroplasty Patients:

Your hip incision may have been closed with Dermabond (surgical glue) in the operating room, and another layer applied before discharge from the hospital. Your incision is sealed and protected from water or germs getting into it. You may shower and allow water to run over your incision. Do not scrub it. Pat it dry and allow the Dermabond to fall off on its own. Under the surface of your skin are absorbable clear sutures.

At the ends of your incision you will have paper tape strips (steristrips) that cover the ends of the absorbable sutures. Allow these to fall off on their own. If you notice the clear suture (like fishing line) you can:

1. Tape it down to the skin and have the Physician Assistant remove it during your office visit.
2. You can cut it as close to the skin as possible – DO NOT PULL ON IT
3. Leave it alone and it will fall off on its own.

You may (rarely) have black nylon sutures on the front of your hip bone (iliac crest) from computer navigation pin sites. We usually remove these prior to discharge and close the site with surgical glue. If left in, these sutures must be cleansed daily with betadine if you're not allergic to it and need to be covered with a new dry sterile dressing or Band-Aid. The black nylon sutures must be protected from water in the shower until they are removed 10 days from your surgery date either by a home health nurse, in the clinic, or by your local physician or nurse.

Total Knee/Unicompartmental Knee Arthroplasty Patients:

Your knee incision may have been closed with Dermabond (surgical glue) in the operating room, and another layer applied before discharge from the hospital. Your incision is sealed and protected from water or anything getting into it. You may shower and allow water to run over your incision. Do not scrub it. Pat it dry and allow the Dermabond to fall off on its own. Under the surface of your skin are absorbable clear sutures anchored down with paper strips (steristrips). Allow these to fall off on their own. If you notice clear suture (like fishing line) you can:

1. Tape it down to the skin and have the Physician Assistant remove it during your office visit.
2. You can cut it as close to the skin as possible – DO NOT PULL ON IT

3. Leave it alone and it will fall off on its own.

You may (rarely) have BLACK NYLON SUTURES on your thigh and shin. These need to be cleansed daily with betadine (if not allergic) and covered with sterile gauze or Band-Aids and protected from water in the shower until they are removed 10 days from surgery either by a home health nurse in the clinic or by a local physician or nurse.

ALL PATIENTS: If you have any drainage from your Dermabonded incision, please inform our office at 323-442-5762. A Dermabonded incision may be cleaned with saline and a gauze dressing applied and changed every day until no further drainage for 48 hours and then it is okay to get it wet in the shower, - Do not use betadine or other ointments on the wound, as it will break the glue down too soon.

No hot tubs or Jacuzzi for 6 weeks. Swimming pools are allowed once the Dermabond has fallen off and if you can enter safely (handrails, ramp, steps). The incision must be completely healed before entering a pool. Limit pool time to 10-15 minutes in order to monitor your response and incision healing.

**Sex: You may resume sexual activity as soon as you feel up to it. Hip patients must avoid the "crunch" position (do not bring knees toward chest). Care should be taken to avoid stress on the incision for the first 6 weeks.
You can obtain a diagram of safe positions from the nurse.

AFTER DISCHARGE

Call the office at 323-442-5762 if you experience any of the following:

1. Fever of 101 degrees or higher
2. Drainage from the wound
3. Pain in the calf or behind the knee
4. Swelling in the legs that does not go down with elevation (ankles higher than heart level)
5. Shortness of breath or chest pain; call 911

After surgery, your leg may feel:

1. ***HEAVY.*** The muscles are weak after surgery. It will become easier to move as you continue to do your exercises.
2. ***LONGER***. Do not be alarmed. This happens to a few patients who have had a total hip replacement. The sensation will resolve usually by the 5th or 6th week. Continue to walk and weight bear through the operative leg.
3. ***TIGHT***. Your leg will be swollen for 1-2 months. Total hip replacement patients may experience swelling around the hip and possibly into the groin area and down to the knee. Patients will often feel stiff, especially with prolonged sitting. Total knee replacement patients may experience swelling around the knee and possibly down towards the foot and ankle. Performing the range of motion exercises can be difficult because of this tightness/swelling.
4. ***WARM***. Some warmth is normal, especially after walking or exercising.
5. ***NUMB***. Total knee replacement patients may experience numbness on the outside of the kneecap (usually the size of a 50 cent piece). Total hip replacement patients may experience numbness on the outside of the leg. Total knee/hip replacement patients may also experience numbness along the incision line.
6. "***BAND AROUND THE KNEE"*** for knee replacement patients. The "band-like" sensation usually subsides by 6 weeks.
7. ***BRUISING***. You may notice increased bruising along the back of your leg/knee for hip patients and down the calf/shin and into your foot/ankle for knee patients. This is accumulation of blood from the surgery. Often times, it cannot be seen until 1-2 weeks from surgery, and may last 6 to 8 weeks.

ACTIVITY PROGRESSION/WALKING PROGRAM

1. Take the pain medication (as needed) prior to your exercise session or your daily walk.

2. Continue your home exercise program and your walking program.

3. Increase the walking distance as tolerated. Gradually increase activity level in order to **keep the soreness** out of the hip or knee.

4. Ice and elevate your operative leg after exercising and walking.

5. Remember the **heel-toe** walking pattern as instructed by the doctor and physical therapist.

6. Pace yourself in order to avoid an increase in soreness, pain or swelling.

DO NOT -

1. **DO NOT OVER DO IT**! "More is better" does not always apply. This may result in an increase in pain and swelling which can make walking, sleeping and exercising more difficult. If you over do it, decrease your activity for the next 1-2 days and elevate and ice your operative leg.

2. Do not sit up for more than an hour at a time without getting up and moving around. If you sit for prolonged periods, gravity may pull the swelling from your hip/knee into the lower part of your leg. If you notice an increase in swelling in the lower part of your leg, you must lie down with your operative leg above your heart more frequently.

DRIVING

This is determined on an individual basis. General rule is:

Left leg operation - Must be off pain medicine (liability purposes) and you must be able to get the operative leg in comfortably.

Right leg operation - Must be off pain medicine (liability purposes) and you must be able to get the operative leg in comfortably, and you must have sufficient control of your leg to step on the gas pedal and push down on the brake.

Recommendation:

Sit in your car and practice moving your right leg to and from the gas pedal to the brake. Then practice driving in an area where there is minimal congestion and pedestrians, (i.e., open parking lot)

MINIMIZING POST SURGERY SLEEP DISORDERS

After surgery, one of the most frequent complaints from a patient is, "I have trouble sleeping." There are several things that you can do to minimize this problem. After surgery when the body has undergone trauma, endured anesthesia and tolerated pain medications, the normal activity/rest pattern becomes disturbed. Your body may not recognize when it is tired. In the days after surgery you may notice that there are frequent interruptions day and night from nurses taking vital signs, giving medications, noises from foot compression pumps that produce a constant mild hum/whoosh sound, IV alarms beeping, monitors beeping, etc. The sleep pattern becomes a series of frequent naps with a short stretch of nighttime sleep. After going home there is a certain amount of anxiety present. Now you are on your own with your new implant. As night unfolds you find yourself suddenly wide awake and wondering, "Will I be okay? Am I in the right position? Is my wound healing?" All is quiet around you. Too quiet! You close your eyes to sleep and you find that no matter how hard you try to fall asleep, you cannot. If you are lucky enough to fall asleep you may find yourself wide awake two hours later. What do you do? The mistake that most people make is lying there for hours trying to get back to sleep. You must do something to make your body and mind feel tired.

Do not make the bed your body's enemy. The bed should be a comfortable place that you associate with sleep. If you cannot fall back to sleep after 30 minutes, then you should get out of bed. Here are some suggestions that may help you sleep:

1. Get up and have a glass of warm milk or a banana. These foods are high in the amino acid tryptophan, which may help you to sleep.

2. Relaxing activities such as reading, playing solitaire, sewing, watching TV, or working on a jigsaw or crossword puzzle may help relieve anxiety and reduce muscle tension.

3. During the day be careful about taking naps. Naps should be taken in the later morning or early afternoon for no more than 2 hours. If you nap later in the day or early evening, you will be tired at your normal bedtime. You should try to plan your activities as near normal as possible. Get back on your pre-surgery clock.

4. Do not sleep in the morning. If you stay in bed longer in the morning you will create a new pattern of activity/rest. If you are used to getting up at 7 am, get up at 7 am, even if you just fell asleep at 5 am. Eventually, you will get yourself back on a more normal cycle.

5. Regular exercise, particularly in the afternoon, can help deepen sleep. However, strenuous exercise right before sleep may prevent you from falling asleep by creating over-stimulation.

6. Watch your other personal habits. For several hours before bedtime avoid alcoholic beverages, caffeine, chocolate, heavy/spicy/sugary or sugar-filled foods. Avoid smoking before bedtime. They can affect your ability to fall asleep.

7. Restrict fluids right before bed. If you are frequently awakened to use the bathroom, it will disturb your sleep cycle.

8. Make sure your bedding is comfortable. The bedroom should neither be too hot nor too cold as this can keep you awake. Find a comfortable temperature for sleeping and keep the room well ventilated.

9. Block out distracting noise and eliminate as much light as possible.

10. Sleeplessness can be a side effect from the medication. Ask your doctor or pharmacist about this possibility. To help overall improvement in sleep patterns, your physician may prescribe sleep medications (for short-term relief). Disorientation can be a side effect from sleeping medications. Following joint replacement surgery, we do not routinely order sleeping medications as it can increase the risk of falling.

11. Always follow the advice of your physician and other health care professionals. The goal is to rediscover how to sleep naturally.

12. Enlist the support of family members. If you share a bed, you or your partner may want to move if the other's sleep is being disturbed. Getting sleep patterns back to normal after surgery can greatly help to speed your recovery by leaving you feeling well rested.

AVOIDING CONSTIPATION

Constipation can become a problem if you are taking iron tablets or pain medications before your operation.
After surgery, medications and immobility can cause constipation. Here are some tips to help with this common problem:

1. Drink 6-8 glasses of water/ liquids daily.
2. Eat plenty of fruits and vegetables. Prunes and prune juice can help alleviate constipation.
3. Be aware of your bowel pattern. If you notice changes, take action. If you miss 2 or 3 of your usual movements, or you begin to feel uncomfortable, you may need a gentle oral laxative.
4. Eat light meals 2 days prior to surgery. After surgery eat plenty of salads and fruits.
5. Increase activity (gradually) while reducing the pain medications.

IRON RICH FOODS

Meats: Lean beef, veal, pork, lamb, poultry, kidney, hearts, all kinds of liver (except fish liver). Liver should not be eaten more than once a week.

Seafood: Shellfish, fish fillets, clams, shrimps, oysters, sardines and crab

Vegetables: Any kind of dark green leafy vegetables, broccoli, spinach, brussel sprouts, green beans, lima beans, tomato juice, beets, sauerkraut, tofu, kale, sweet potatoes, peas, bean sprouts, potatoes, legumes, dried peas, dried beans, and lentils

Whole grains: Whole grain breads, whole grain cereals, brown rice, wheat germ, bran, enriched pasta, tortillas, soy bean, flour, iron-fortified cereals (Frosted Mini-Wheat, Wheat Chex, and Kellogg's Just Right)

Fruits: All berries, grapes, raisins, dried apricots, grapefruit, oranges, plums, prunes, watermelon, dried fruits

Misc: Unrefined sugars, molasses, Brewer's yeast

Cooking with cast iron pots can add up to 80% more iron. Eat foods that are high in Vitamin C when eating the above mentioned. Vitamin C helps the body to absorb the iron. Do not take your iron tablets with anything that contains caffeine as it can cut the absorption rate.

DENTAL WORK

NO dental work 2 weeks before surgery and until 3 months after surgery.
If there is an emergency, such as a toothache or a broken tooth, call the clinic for instructions. Antibiotics must be taken before you have any dental work done. You can obtain an antibiotic prescription for routine dental work at the 6 week or 3 month follow-up visit.

ICE AND ELEVATION

Two-hour program: for the first week – 2 hours of activity balanced by 2 hours of rest.
Ice 4 times a day minimum for the first week. Ice should be applied for 30 minutes at a time. Always have a towel between the ice bag and your skin. Increase your activity as you feel stronger, keeping the pain and swelling under control.

PAIN MANAGEMENT ANESTHESIA

The anesthesiologist and the nursing staff work very hard to keep your pain under control. A spinal block coupled with intravenous sedation is typically used in order to make the patient completely unaware of the activities during surgery.

A peripheral nerve catheter is also used with those patients having a knee replacement. Both catheters are removed either in the recovery room, or within 1-2 days after surgery. Once these catheters are removed, you will receive oral pain medications. Pain is subjective. Therefore, the staff will listen attentively and treat every patient accordingly. The goal is to keep the patient as comfortable as possible.

FOLLOW UP APPOINTMENTS

The hospital staff will have made your follow up appointment before you get home from the hospital. If you forget when the appointment is scheduled for, call Erika at 323-442-5762 for a reminder of the date and time.

The doctor or the PA (physician assistant) will call you to see how you are doing. They can answer any questions you may have. This call should occur anywhere from 1-2 weeks from your discharge. You will also receive a letter from Dr. Dorr guiding you through the post-op course. Save the letter. This has information that is for your personal medical file.

Your first return visit to the office will usually be around 2 weeks for Dr. Gilbert's patients, and 4-6 weeks for Dr. Dorr, unless otherwise indicated. Dr. Dorr's patients will see the PA at the first visit. You will have x-rays taken, your wound will be checked, and you will have a general evaluation. The PA can determine if any further physician therapy is indicated.

Your next appointment will be at 3 months (from the date of surgery). At this time, you will see your surgeon. The surgeon will guide you thereafter on when you should return for check-ups. These usually occur at 6 months, 1 year, 2 years, etc.

HOME HEALTH

The doctor and the Orthopedic Institute at Keck Medical Center of USC will determine if home health services are indicated. If ordered, the case manager will set up the services according to your insurance and your discharge location. Here are some important reminders:

The home health agency usually takes 2-3 days to contact you once you are home. During this time, continue to walk and do your exercises as you were taught in the hospital.

Contact the clinic if you have any questions.

Home health services are for patients who are housebound. As you recover and become more active, your home therapist may recommend outpatient physical therapy. The home therapist should fax a report of your status and recommendations to the physician at 323-865-9438.

PREOP CLASS ATTENDED

_____ _____

Patient Name Date of birth

_____ _____

Signature Today's date

_____

Instructor's Name

Date of surgery: _____

Doctor's name: _____

Your phone number _____

Please circle one: HIP or KNEE

Have you had surgery on this joint before? Yes ___ No ___

Height _____

Weight _____

List all medications, vitamins, and supplements you are currently taking or have taken in the last 30 days

_____

_____

_____

_____

Please list all known allergies

_____

Who will be driving you home? Contact phone number

_____

*IF YOU LIVE ALONE, WHAT IS YOUR PLAN FOR CARE WHEN YOU ARE DISCHARGED FROM THE HOSPITAL? _____

THERAPY PRE-OPERATIVE SHEET

General Information

Patient Name: _____ Age: _____ Height: _____

Date of Pre-operative class: _____

Doctor (**circle**) Dr. Dorr, Dr. Lieberman, Dr. Gilbert, Dr. Oakes Dr. Longjohn

Type of surgery: (**circle**) Left hip Right hip Left knee Right knee

Date of Surgery: _____

Home Situation

Who do you live with? _____

Do you live in a (**circle**) house – apartment – condo – townhome - mobile home – other

How many stairs to enter the residence? ___ Are there rails? Yes__ No __ 1 side 2 sides

How many stairs inside the residence? ___ Are there rails? Yes__ No __ 1 side 2 sides

How much help will you have at home? None __ During the day _____ At night _____

What best describes your bathroom? (**circle**)

Tub shower combination with a curtain
Tub/shower combination with a door
Shower stall with a curtain
Shower stall with a door

Current Level of Function

How far can you walk? (**circle**)

Only within the home – limited community distances – unlimited distances

Do you HAVE any of these devices to ambulate? (**circle**)

Front-wheeled-Walker – crutches – cane – wheelchair – no device used

Are you able to dress and bathe yourself? (**circle**)

No problems – yes, but with difficultly - yes, but use equipment - unable and need help

Equipment

Do you have any of the following? (**circle that apply**)

Walker – crutches – cane – wheelchair – reacher – raised toilet seat - commode – tub bench – shower chair – long shoe horn – sock aid –detachable shower hose

Please fill out and give this sheet to the instructor of the pre-operative class. If you are not attending the pre-operative class, fax to 323-865-9438.

NOTES