

# CPH Joint Replacement Guidebook



## Preparing for Your Surgery

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# Appointment List

## Preoperative Appts

### Primary Care Appt Date

You will need to set up an appointment with your primary care provider to happen within 30 days of your surgery. This is the provider that you will see to make sure that your health is optimal for surgery. They may do additional pre-op testing that we do not require but they may need. If it is more difficult to get in to see your provider, we recommend you set up the appointment as soon as you know your procedure date.

### Specialist Appt Dates (If Needed)

|        |
|--------|
| (Date) |
| (Date) |

If you routinely see a specialist, such as a cardiologist, pulmonologist, oncologist or pain management provider, you should make sure they are aware of your procedure. They may want to see you before surgery or may want to share important information regarding your care with the surgeon.

### Dental Appt Date (If Needed)

Do not have a dental cleaning within 2 months before surgery through 3

months after surgery. However, if you have a bad tooth that could possibly get an infection, call up your dental provider to see if you need to have it taken care of before surgery.

### Surgeon Pre Op Appt Date

Your surgeon will see you a week or 2 prior to your surgery. This appointment should be after all your preoperative testing and clearance appointments are complete so that your surgeon has all the information needed at this appointment.

### Joint Replacement Class

First time joint replacement patients are required to attend a joint replacement class prior to your surgery. The same is true if it has been more than 3 years from a previous joint replacement or your previous joint replacement was not completed at CPH.

Please sign up for a class for you and your care partner to attend to get more information on what you can expect as well as have an opportunity to ask questions.

[Joint Replacement Class Sign-Up](#)

## **Surgical Coordination Center (SCC) Phone Interview**

Your surgical navigator nurse will call you 1-3 weeks prior to your procedure. This phone interview will last anywhere from 10-60 minutes. They will let you know what medications you need to hold for anesthesia, go over your medical & surgical history and gather information for your anesthesia provider to have.

Have a complete and updated medication list available. Any prescribed or over the counter medications, vitamins and

supplements. Share any complications you've had with anesthesia in the past or information you want your surgical team to be aware of.

## **Program Coordinator Phone Call**

A program coordinator will call to make sure you have started your list of tasks to be completed prior to surgery. They will ask you what equipment you have available, where you would like to go for outpatient physical therapy and who your care partner is. They will also go over your home set up and concerns you may have that can be shared with your physical therapist in the hospital.

### **Surgery Date**

|        |
|--------|
| (Date) |
|--------|

### **Postoperative Appt Dates**

#### **1-2 Weeks After Surgery**

|        |
|--------|
| (Date) |
| (Date) |
| (Date) |

#### **4-6 Weeks After Surgery**

|        |
|--------|
| (Date) |
| (Date) |

(Date)

**6-12 Weeks After Surgery**

(Date)

(Date)

## ***General Information***



## Welcome

We are pleased that you have chosen Central Peninsula Hospital for your total joint replacement surgery. Our goal is to provide you with the highest quality joint replacement care, reduce your pain and get you back to doing the things you enjoy!

Joint replacement surgery is performed primarily to manage or minimize pain caused by osteoarthritis and joint degeneration that has gotten bad enough that your normal mobility and daily activities are severely impaired. Total joint replacement surgery is a major surgery, and the

decision to have your joint replaced should be made after careful consideration and discussion with your medical providers.

Our program is designed to get you back to an independent lifestyle as quickly as possible. Our team will be here to guide you through each step-before, during and after surgery. Many elements of an optimal recovery are within your control. These elements are outlined in this guidebook and include participating in the recommended exercise program, smoking cessation, and maintaining a healthy body weight.

## Using This Guidebook

Once the decision is made that you are going to have joint replacement surgery, you should keep this guidebook and surgical roadmap folder nearby and study the information it contains. During the coming weeks, you will encounter a great deal of new information from a number of healthcare professionals.

This guidebook is designed to help you get prepared, answer your questions, and help you stay

organized. Knowing, understanding, and following the information contained in this guidebook can make the difference between having a good outcome, and having a great outcome!

Having joint replacement surgery is a big deal. We encourage you to take it very seriously and do everything within your control to make it a success. Every place that we have left a blank spot for you to fill in some type of information, please fill it in.

As you go through the process of having joint replacement surgery and recovering, please be aware that depending on your particular circumstances, we may add to or change some of the

recommendations in the guidebook. If that happens, we will do our best to carefully explain the differences, and the reasoning. If something is unclear or does not make sense to you, please do not hesitate to ask us for clarification.

## Partnership

The Central Peninsula Hospital Joint Center and the surgical team work together to develop protocols and clinical pathways that support optimal joint replacement surgery outcomes. We are committed to providing patient education and great patient experiences.

With over a million total joint replacement replacements being performed each year, it is one of the most common major surgeries being performed worldwide as well as in our community.



## Joint Replacement Surgery Team

**Patient** ~ You are the most important member of the team. You are the reason we are here. As you make your healthcare decisions, you can count on the rest of your team to give you our best advice and care.

**Orthopedic Surgeon** ~ An orthopedic surgeon specializes in surgical and non-surgical treatment of diseases and disorders of muscles and bones. Dr. Reyes, Dr. Innes and Dr. Krull have advanced training in joint replacement surgery and their medical practice is dedicated to the treatment of injuries and diseases affecting your major joints.

**Anesthesia Provider** ~ The focus of this professional is to keep you safe and comfortable during surgery and your post-anesthesia recovery. During your surgery, a medical doctor specializing in anesthesiology or a Certified Registered Nurse Anesthetist will administer your anesthesia.

**Primary Care Provider** ~ Your joint replacement surgery team will work with you and your primary care provider to determine if your body is ready for the stresses of surgery and the recovery process. This often includes: a pre-op physical examination, blood tests, and an electrocardiogram (EKG). If you see any specialists such as a Cardiologist, Oncologist, or Rheumatologist you

may be asked to obtain medical clearance from them as well, prior to your surgery.

**Hospitalist** ~ A hospitalist is a medical doctor who specializes in seeing patients while they are in the hospital. While you are an inpatient at Central Peninsula Hospital, the hospitalist may be consulted to help manage your medical needs – even if they are not directly related to your surgery.

### **Orthopedic Nurse Practitioner (NP) or Physician's Assistant (PA)** ~ A

Nurse Practitioner or Physician's Assistant might work with your orthopedic surgeon and assist them during your surgery. The Nurse Practitioner or Physician's Assistant may see you at your pre-operative appointment, check on you during your hospital stay, and/or see you for your follow-up clinic appointments after your surgery.

**Surgical Navigator Nurse** ~ The surgical navigator works closely with our anesthesia providers to make sure you are optimized for surgery. They will contact you a few weeks before surgery to review your medical and surgical history, provide you with pre-operative instructions, and answer your questions regarding the surgical process. After your interview they may order additional preoperative testing if indicated.

## **Joint Replacement Program**

### **Coordinators ~** The Joint

Replacement Coordinators are registered nurses who work closely with the orthopedic surgeons, hospital staff, and other medical providers during your surgical process. They are focused on making sure that your needs are closely attended to from the time you make the decision to have joint replacement surgery all the way through your recovery.

**Registered Nurse (RN)~** While you are in the hospital, much of your care will be provided by a registered nurse. They are responsible for monitoring your recovery progression, your overall health and wellbeing, managing your pain, promoting safety, and keeping you as comfortable as possible while you're here recovering.

**Certified Nurse Assistant (CNA) ~** In the hospital, the Certified Nurse Assistant will help your nurse monitor

your recovery progression by obtaining frequent vital signs. They can help you with activities of daily living such as ambulation, repositioning, bathing, and toileting as you work towards gaining your strength back post-operatively.

**Physical Therapist ~** A physical therapist will evaluate you after surgery, and work with you several times before discharge. They will teach you proper body mechanics, as well as how to safely and accurately use necessary adaptive equipment before clearing you for discharge. If you have stairs at home, they will also help you to navigate stairs safely as needed.

**Occupational Therapist ~** The occupational therapist will help you get back to independently performing activities of daily living such as getting dressed, toileting, and bathing. People do not usually need home health or outpatient occupational therapy services once they return home from joint replacement surgery.

## ***Preparing for Surgery***

## Tobacco Cessation

Most people are not aware smoking has serious negative effects on your bones and joint replacement.

- Smoking increases your risk of developing osteoporosis
- Smoking also affects the other tissues that make up the musculoskeletal system, increasing the risk of injury and disease.
- Smoking has a damaging effect on wound healing.
- Smoking has a negative effect on athletic performance.
- Smoking can make you too thin and put you at greater risk for fractures.

Please contact your primary care physician to learn more about programs available, including counseling, therapy, and medications to help you stop smoking.

The use of cigarettes, chewing tobacco, or other forms of nicotine products is strongly discouraged. In addition to numerous health concerns, nicotine also causes constriction of your small blood vessels and capillaries, which can in turn slow your body's healing process after surgery.

Oxygen delivery to your healing tissue is reduced. If you use nicotine containing products after surgery you are more likely to have postoperative complications which can lead to less than ideal outcomes.

\*Your surgeon may require that you stop smoking at least one month prior to and after surgery.



## Joint Replacement Classes

Classes are offered either in person or online at the Central Peninsula Hospital Joint Center website (<https://www.cpggh.org/jointcenter/>). Classes are typically on the 2<sup>nd</sup> & 3<sup>rd</sup> Thursdays of the month from 12-2pm in the Denali conference room located on the lower level of the Mountain Tower. You can [sign up for a class](#) on the Joint Center website. Alternatively, you can call the CPH Surgical Coordination Center at (907) 714-5670 to find out days, times, and locations of upcoming classes.

We encourage you to bring your Care Partner to class with you. It is a great opportunity to get answers to any questions or concerns you may have. You will have an opportunity to talk to a Program Coordinator, a Physical Therapist, and other patients going through the process as well.

We recommend you attend or watch a class sooner rather than later allowing for extra time to prepare before your surgery date.

## Pre-operative Testing & Medical Clearance Appointment

To make sure that your body is strong enough to handle the stress of joint replacement surgery, your surgeon will either require or recommend that you have an appointment with your

- Review of all of your body systems
- Review of your vital signs
- Electrocardiogram (EKG)

Example lab testing includes:

- Comprehensive or Basic Metabolic Panel (CMP or BMP)
- Complete Blood Count (CBC)

Prior to any elective surgery or hospitalization, it is advisable to talk to your Primary Care Provider about advance medical directives, appointment of a Power of Attorney

Primary Care Provider (PCP). Once you have your surgery date call your Primary Care Provider to set up your appointment within 30 days of your surgery. This appointment will include:

- MRSA nasal swab
- Lab testing either required by your surgeon, PCP, or the anesthesia provider.
- Type and Screen (T&S)
- Hemoglobin A1C (HgbA1C)
- Thyroid-Stimulating Hormone (TSH)

for Healthcare, and/or establishment of a Living Will.

During your surgery, our team will use the latest technology available to minimize blood loss. Despite all efforts

to minimize bleeding, it is still necessary at times to perform blood transfusions following joint replacement surgery. If you are opposed to receiving blood bank transfusions, we recommend talking to your Surgeon and Primary Care Provider about alternate options.

Your pre-operative medical appointment is the time to review

your medication list (make sure it is updated and written in the back of this book) with your Primary Care Provider, who will evaluate your medical condition in preparation for surgery. The following are some of the more common medications that

require special management around the time of your surgery:

- Anti-Inflammatory medications
- Vitamins and Supplements
- Blood thinners (anti-coagulants)
- Platelet blocking medications
- Hormone medications
- Pain Management medications
- Biologic medications
- Chemotherapy medications

Please write down any questions that you have about your health or medical condition and be sure to bring these up during the pre-operative medical appointment.

## Pre-operative Appointment with Your Surgeon

The pre-operative surgery appointment should take place in addition to the preoperative medical appointment. You should expect to discuss the following topics:

- Review the findings from the preoperative medical clearance appointment.
- Any medical concerns or items that will require special attention or management before, during, or after your joint replacement surgery.

- Another review of your medications (please make sure your list in the back of this book is kept updated).
- Your plan for where you will go after getting out of the hospital and who will be helping you.
- If you have any specific concerns about receiving blood transfusions, please mention this at this time.

Write down any other questions that you might have and ask the surgeon during this appointment.



## Surgical Coordination Center Nurse Interview

The Surgical Coordination Center call will take place within two weeks of your surgical procedure. During this call, you can expect:

- Another review of your medications and allergies (please make sure your list is kept updated).
- Review of previous surgeries that you have had, types of anesthesia used, and any complications.
- A discussion about the type of anesthesia planned to be used

during your joint replacement surgery and what you can expect related to that.

- Verification that all your pre-operative testing has been completed and that you have seen, or will be seeing, both your Primary Care Provider and Surgeon.
- Assist in determining if you are a carbohydrate drink candidate.

Write down any other questions that you might have and ask the surgical navigator during this call.

## Preoperative Cardiology Appointment

- If you are under the care of a Cardiologist, please be sure to schedule an appointment with your provider to get cardiac clearance for your joint replacement surgery.
- If you have a pacemaker, please get a device check performed.
- If you are on any medication that the Cardiologist follows (anticoagulants and blood

pressure medications), please ask when the best time to stop taking those medications is (if at all).

- Make sure to do any pre-operative testing they require done before your surgery date.

Write down any other questions that you might have and ask the cardiology provider during this call.

## Dental

There are occasions when a dental appointment is needed prior to joint replacement surgery. The surgeon will

let you know if your issue is something needing to be addressed prior to surgery. You can also let your dentist

know you are scheduled for joint replacement surgery and find out if they recommend seeing them prior to your procedure date.

## Medication Instructions

Please consult with your prescribing provider and surgeon about if and/or

when to stop taking these medications prior to the procedure.

### Biologic Agents

- adalimumab (Humira)
- infliximab (Remicade)
- tofacitinib (Xelajaz)
- vedolizumab (Entyvio)

### Anti-coagulants

- apixaban (Eliquis)
- rivaroxaban (Xarelto)
- edoxaban (Lixiana, Savaysa)
- betrixaban (Bevyxxa)

### Antiplatelet agents

- Cilostazol
- Clopidogrel
- Ticagrelor
- Prasugrel
- Dipyridamole
- Aggrenox

Opioid antagonists should be addressed with the prescribing provider and surgeon.

- Naltrexone
- Buprenorphine
- Naloxone

## One week prior to surgery

### Vitamins, Herbs & Supplements

Stop these products one week before your upcoming procedure as they

either have blood thinning components or interact with anesthesia.

|             |           |                |                    |
|-------------|-----------|----------------|--------------------|
| Arnica      | Bromelain | Cayenne Pepper | Chamomile          |
| Chondroitin | Dan Shen  | Dong Quai      | Feverfew           |
| Fish Oil    | Garlic    | Ginger         | Ginkgo biloba      |
| Ginseng     | Licorice  | Nettle         | Oil of Wintergreen |

|              |          |           |  |
|--------------|----------|-----------|--|
| Saw Palmetto | Turmeric | Vitamin E |  |
|--------------|----------|-----------|--|

## NSAIDS

Stop all NSAIDS (non-steroid anti-inflammatory) medications:

- Advil, Motrin (ibuprofen)
- Aleve, Naprosyn (naproxen)
- Celebrex (celecoxib)
- Mobic (meloxicam)

- Indocin (indomethacin)
- Relafen (nabumetone)
- Toradol (ketorolac)
- Ketoprofen
- Voltaren (diclofenac)

## GLP-1 weekly injections (for diabetes or weight loss)

These injections need to be stopped one week prior to your scheduled procedure. They cause delayed gastric emptying and could lead to complications with anesthesia if not stopped on time.

- dulaglutide (Trulicity)
- exenatide (Bydureon, Bydureon BCISE)
- semaglutide (Wegovy, Ozempic)
- tirzepatide (Mounjaro)

## Bowel Preparations

Start a stool softener/laxative 1 week prior to surgery. This will assist in preventing constipation prior to surgery. Some over the counter options are:

- MiraLAX
- Colace
- Magnesium citrate

The day before your procedure, we recommend a light diet with foods that include:

- Fruits

Postoperatively you will need to continue stool softeners/laxatives due to constipation from narcotics.

- Vegetables
- Soups
- Smoothies
- Lots of water
- Prune Juice is helpful!

## 24 hours prior to surgery

### ACE Inhibitors

Do not take the last dose of your ACE inhibitor.

- Lisinopril
- Enalapril

Captopril

Quinapril

### Angiotensin Receptor Blocker

Do not take the last dose of your ARB.

- Candesartan
- Irbesartan

Valsartan

Losartan

Olmesartan

Telmisartan

### Beta Blockers

We would like for you to take your Beta Blocker the night before or the

morning of surgery and let the day surgery nurse know on the day of your surgery when you took it last.

|                         |                             |                                   |
|-------------------------|-----------------------------|-----------------------------------|
| Betapace (sotalol)      | Betimol (timolol)           | Blocadren (timolol)               |
| Brevibloc (esmolol)     | Bystolic (nebivolol)        | Cartol (carteolol)                |
| Coreg (carvedilol)      | Corgard (nadolol)           | Crozide (nadol/bendroflumetazide) |
| Inderal (propranolol)   | Inderide (propranolol/HCTZ) | Kerlone (betaxolol)               |
| Levatol (penbutolol)    | Lopressor (metoprolol)      | Normadyne (labetalol)             |
| Sectral (acebutolol)    | Tenoretic (atenolol/HCTZ)   | Ternormin (atenolol)              |
| Timolide (timolol/HCTZ) | Toprol (metoprolol)         | Trandate (labetalol)              |
| Visken (pindolol)       | Zebeta (bisoprolol)         | Ziac (bisoprolol/HCTZ)            |

## Decreasing the Risk of Infection before Your Surgery

There is a small risk of infection with any surgery. Of special concern is an infection caused by a kind of bacteria (germ) called Methicillin-resistant Staphylococcus aureus, or MRSA ('MURR-sah').

MRSA lives on the skin and in the nose of healthy people. It can cause problems if it enters the body, which may happen through a surgical wound (cut) or other medical procedures. Across the United States, infections caused by hard-to-treat bacteria like MRSA are on the rise. It is especially important to prevent an MRSA infection because antibiotic medications have a hard time fighting it.

Many precautions will be taken during your stay to prevent after-surgery infection. There are also simple things you can do before surgery to help decrease the risk of after-surgery infection from MRSA and other germs. You will be provided with TWO bottles of an antiseptic soap called Chlorhexidine Gluconate, or CHG. This soap is made to help decrease bacteria on your skin, including MRSA. Washing with CHG before your surgery may help prevent any infection at your surgical site.

**\*\* Do not use CHG soap if you are allergic. You can use Dial or another antibacterial soap\*\***

## Night Before Surgery

1. First, shower with your usual soap and shampoo, then rinse completely off. Place your washcloth aside.
2. Next, shut the water off or step out if the water (you should stay wet) and wash with ONE entire bottle of the CHG soap, allowing approximately 5 minutes of contact time with your skin.
3. Once the 5 minutes of contact time is complete, turn the water back on and rinse the CHG soap off your body thoroughly.
4. Pat yourself dry with a fresh laundered towel
5. Put on clean pajamas, sleep on fresh clean sheets, and do not allow any pets in the bed.

### NOTE

- Apply the CHG soap to a clean fresh washcloth and apply to your entire body from the NECK down
- Do not use the CHG soap in your genital area or near your eyes, ears, or mouth to avoid injury to these areas. If contact occurs, rinse with cold water right away. If severe irritation occurs, contact your doctor right away.

- Wash thoroughly but gently. Do not use a sponge or any other abrasive material to apply the CHG wash.
- Do not shave the area of the body where your surgery will be performed or scrub your skin too hard. This can lead to small cuts that can allow germs to enter your body.

## Day of Surgery

- Repeat the steps from the night before. You will use the second bottle of CHG provided to you.
- Once you have done this and have rinsed off thoroughly, step out of the shower and pat yourself dry with a fresh laundered towel.
- Dress in fresh clean clothes that are easy to change in and out of.
- Do NOT apply any makeup, lotions, creams, or deodorants after your shower.
- You may brush your teeth, but do not swallow any water.

## Anesthesia Guidelines

Do not use alcohol on the night before surgery. No gum, candy, breath mints, chewing tobacco, cigarettes, or marijuana after midnight. Do not eat solid food after midnight. You may drink clear liquids, including black coffee, up to four hours prior to your arrival time. You may take small sips of water with the medications you have been cleared to take by your Primary Care Provider, Surgeon, and anesthesia provider. It is essential that your stomach is empty during the surgical procedure to minimize the risk for complications.

Day Surgery will call you late afternoon the day before your surgery to confirm your arrival time. You will be asked to come to the hospital two hours before the scheduled surgery time to give the nursing staff sufficient time to start an IV, prep, and answer questions. It is important that you arrive on time to the hospital because sometimes the surgical time may be moved up at the last minute and your surgery could start earlier. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time or date.

## From Your Anesthesia provider

### General information

The anesthesia team is here to help you through your joint replacement surgery. We work with you to develop a plan to help keep you as safe and

comfortable as possible during the surgery. There are various options for anesthesia administration when it comes to joint replacement surgery.

### Spinal Anesthesia with Sedation (recommended)

With this option, a very fine needle is inserted with the use of an ultrasound in the middle to lower portion of your back and numbing medication in combination with pain medication is injected into the fluid surrounding your spinal nerves. This medication numbs the nerves from the waist down allowing for your body to not feel the pain associated with the surgical procedure.

Spinal anesthesia (or spinal blocks) are when a small amount of numbing medicine is injected into the fluid surrounding the nerves in the spinal space. When you first enter the operating room, you will be put in a sitting position and your back will be cleansed. Your anesthesia provider will perform a spinal block and you will become numb from your waist down to your toes. You are so numb that your brain communicates to the rest of your body the surgery. Your anesthesia provider will verify the block has worked and then they will inject sedation medication into your IV to

allow you to sleep during your procedure.

There are a few benefits to this option and the reason your surgeon tends to prefer this option. The first benefit is that you will need less sedation (general anesthesia) during your procedure. It is generally much easier to wake up from this sedative than general anesthesia alone and it will not upset your stomach.

Another benefit of spinal anesthesia is that the block lasts longer than the surgery. The amount of time the spinal block is effective varies from patient to patient but will typically last 2-3 hours from the time of the injection. This time frame will get you through your procedure, into the recovery phase and on occasion up to your room.

Our primary reason for preferring this option is that you are more awake and alert after surgery. You are able to start eating with less chance of having postoperative nausea and vomiting,

you can tolerate pain medication sooner, you are able to start working with physical therapy to begin moving

your joint replacement and walking. All of this allows for a quicker, more successful recovery time and discharge home faster.

## General Anesthesia

General anesthesia means using medicines that make your brain go to sleep so deeply that you do not experience pain from surgery. Just after you are asleep under anesthesia, your provider will insert either a small tube into your windpipe or a

tongue-lifting device into your mouth to allow you to breathe anesthetic gasses which will keep your brain asleep. You will continue to breathe the anesthetic gasses until the end of surgery, at which point the gasses will be turned off and you will wake up.

## Regional anesthesia

For patients undergoing a knee replacement, you are also a candidate to have regional anesthesia in the form of an adductor canal (femoral nerve) block with a pain ball catheter. This block with the catheter is typically used in conjunctions with your pain management regimen determined by you and your surgeon.

The anesthesia provider is able to inject numbing medication around the nerve that senses the top half of your knee replacement. It would be similar to the dentist numbing part of your mouth with medication. Your anesthesia provider is able to use this same type of numbing medication for your knee.

There are two different ways that the medicine can be given:

1. Single shot injection – With the single shot injection, the numbing medicine is injected around the nerve and the numbing effect will last between 8-12 hours or maybe even longer.
2. Catheter – With a catheter, a small tube is left in place after the single shot injection near the blocked nerve and numbing medicine is continuously dripped around the nerve for roughly 5 days.

Due to the location of the Adductor Canal nerve location, hip replacements are not candidates for this type of additional block

## Health



We believe that healthy people do better with surgery than unhealthy people. If you are interested in helping yourself to become healthier in the following areas before surgery, we would like to help give you the best

If you are a smoker, we strongly recommend that you quit at least six weeks prior to your surgery. If you

It has been suggested that morbid obesity (BMI>40) increases the risk of infection after surgery. Our healthy living counselor can help guide you to

Blood carries oxygen to your body and you may do better during and after surgery if your blood counts are above 12g/dL. Because you might bleed during surgery, your risk of requiring a blood transfusion is decreased if your blood levels are higher rather than

Diabetes can complicate healing and may increase your risk for developing an infection after surgery. If you have diabetes, your risks during surgery may be minimized if your HbA1c is less

Healing after surgery requires food nutrition. If you start out your recovery being malnourished, you may not heal

opportunity of having a successful surgery while minimizing complications. Here are some areas where you can potentially make changes to improve your health before your joint replacement surgery.

## **Smoking**

would like some formal help with quitting, we will refer you to smoking cessation resources.

## **Obesity**

a program that can help you lose weight, which may help reduce your risk of infection and help you recover more easily.

## **Anemia**

lower. If your levels are low, you may want to find out why they are low before having joint replacement surgery. In addition, there are ways to increase your blood levels with iron pills or other medications prior to surgery.

## **Diabetes**

than 7%. If your level is greater than 7%, you may benefit from a consultation with a physician to adjust your medications to set you on a better path.

## **Malnutrition**

successfully. Three nutritional markers may indicate if you are malnourished. Albumin <3.5 mg/dL, Transferrin <200

mg/dL, and Pre-albumin <22.5 mg/dL might suggest that you are not nutritionally optimized.

Teeth with bad cavities or abscesses may put you at risk for developing an infection after surgery. It may benefit you to consult with a dentist if you

Sleep apnea may complicate your recovery, especially when you are given medications to control your pain that also have the potential to make your sleep apnea worse.

If you have been diagnosed with obstructive sleep apnea and have been prescribed a CPAP or BiPAP machine, it will be important that you

## Bad teeth

think that you may need some dental work to fix decayed or abscessed teeth. We are happy to refer you to a dentist if you do not already have one.

## Obstructive Sleep Apnea

use it after surgery. Your perioperative nurse will instruct you to bring the machine and your mask with you on the day of surgery.

If you suspect that you have sleep apnea but have not been formally diagnosed, it may be beneficial for you to see a sleep specialist to determine if you might benefit from a CPAP machine.

## Preparing for After Surgery

Arrange for help at home for at least 1-2 weeks after discharge or consider a rehabilitation center.

There are extremely rare instances when our patients complete rehab at Heritage Place. If you meet requirements for placement and they have a room available, you would be transferred there directly from CPH and usually stay 10-14 days.

Heritage Place offers nursing care, physical therapy, and occupational therapy.

- For more information, please contact Heritage Place at 714-5037 to fill out an application prior to your surgery.
- Please have a back-up plan in the event a bed is not available or you do not meet the requirements for placement.

- You will not be able to drive while taking narcotics, so arrange for rides when necessary.
- You will be able to walk up and down stairs but prepare to rest on one floor of your home when possible for the first 1-2 weeks.
- You will need to use a walker for a short period of time to assist with walking and transitioning from sitting to standing. If you do not have a walker, we might be able to help arrange one for you to borrow prior to discharge from the hospital.
- Arrange your bedroom, kitchen and living room areas to provide extra space for moving around with a walker, Remove throw rugs and power cords that are tripping hazards.
- Arrange your kitchen so that you can easily reach essential items such as dishes, pots/pans, toiletries, and your favorite foods.
  - Prepare meals in advance and freeze them if you're able to or if you are the primary cook at home.
- Before discharge, you will be given supplies to take care of your incision and your Care Partner will be shown how to change this dressing.

## Planning for Your Rehabilitation

If you do not live with someone who can help you during your recovery process, you need to start looking now for a care partner who can stay with you for a minimum of 1-2 weeks after you are discharged.

Having a good outcome from joint replacement surgery involves a lot of exercise and walking. Depending on whether your surgery is in the morning or afternoon, you will start physical therapy in the hospital either the same day as your surgery or the following morning. Your surgeon will communicate directly with the therapist, so there is nothing special

that you need to do in preparation. Your therapists in the hospital will coordinate treatment times with your nurse to make sure you have optimal pain medication prior to therapy. You can expect to work with the occupational therapist on the day following your surgery.

Depending on how quickly you are recovering and how much support you have at home, your surgeon may recommend a transition from the hospital to Heritage Place for additional rehabilitation. Medicare and other insurances cover this type of rehabilitation in specific circumstances. The rehabilitation

department at Heritage Place is staffed with highly trained therapists who are very experienced with helping patients who have had surgery. The process of transferring from the hospital to Heritage Place can be streamlined by completing some of the paperwork in advance. Please contact Heritage Place (907-714-5037) for assistance with criteria needed for rehabilitation with them.

After you return home, you will continue to use physical therapy services to help you work on regaining full joint replacement motion and to work on walking without any assistive devices.

In certain circumstances, your doctor may place a referral for home health services where a physical therapist will come see you at home. This is only for

the first few weeks after surgery until it is determined you are ready to transition to outpatient physical therapy. There are only a few local providers that have home health physical therapy and may not be available. Please talk to your surgeon if you wish to discuss this option.

Most patients will start outpatient physical therapy once you return home. These appointments are typically 2-3 times per week initially and then may taper to 1-2 times per week before concluding. Your surgeon may recommend contacting one of the therapy providers before your surgery. If you wait until you get home from the hospital to contact one of the clinics, there may be a considerable delay before you can be scheduled. Please plan ahead.

[List of local locations.](#)

## Pre-operative Exercises

### Lung Exercises

Partial collapse of the ends and corners of the lungs is called atelectasis. It happens commonly after surgery and it is common to need supplemental oxygen for several hours to a few days after surgery. One way to help minimize this problem is by doing preoperative breathing exercises and frequent breathing exercises after you get out of surgery, and at least until you are released from the hospital. Start doing these

breathing exercises twice per day now and then much more frequently following surgery. There are two main types of breathing exercises we want you to be familiar with.

#### Deep Breathing

1. Focus on breathing in slowly through your nose and fill your lungs as deeply as you can.
2. Try to hold that breath in for 8-10 seconds

3. Slowly exhale while keeping your lips tight. This is similar to if you were blowing out a candle.
4. Take a break and then repeat for a total of 10 repetitions.

### Lower Body Exercises

The following illustrations and instructions are for your pre-operative exercises. Starting these several weeks

#### Ankle Pumps



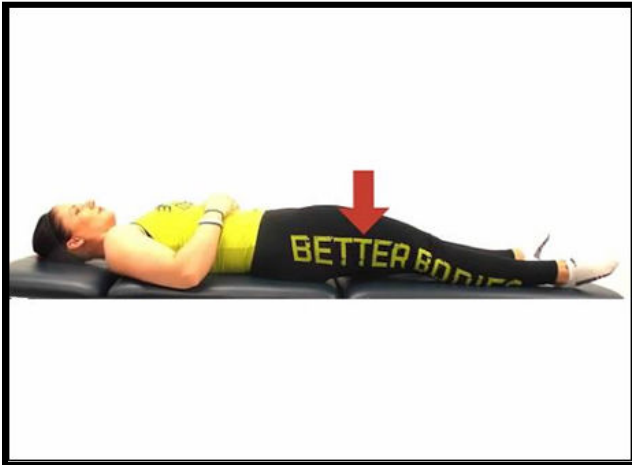
#### Coughing

1. Focus on breathing in slowly through your nose and fill your lungs as deeply as you can.
2. Push the air out of your lungs with a deep, strong cough or two. Take a break and repeat for a total of 3 repetitions.

before surgery will help speed your recovery. Start now and perform these exercises at least twice per day before your surgery.

TIP: Ankle pumps can either be done in bed or sitting. It is nearly impossible to do too many ankle pumps. They help you reduce swelling in the lower legs and help reduce your risk of getting blood clots in the legs.

## Quad Sets



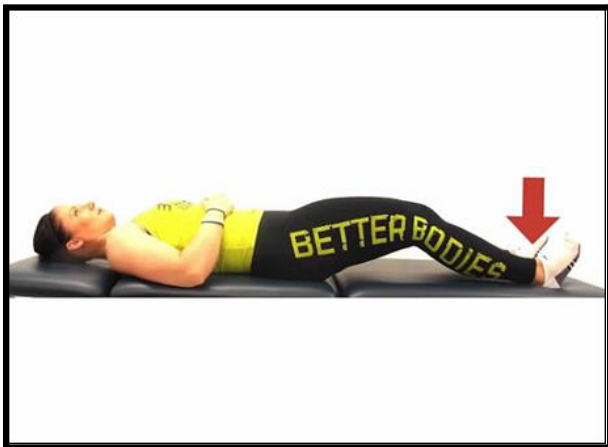
Slowly tighten quadriceps muscle for 5-10 seconds. Alternate legs.

## Glute Sets



Squeeze buttocks muscle as tightly as possible for 5-10 seconds.

## Hamstring Sets



With slightly bent knees, push heel down without bending knee further. Hold 5-10 seconds then alternate legs.

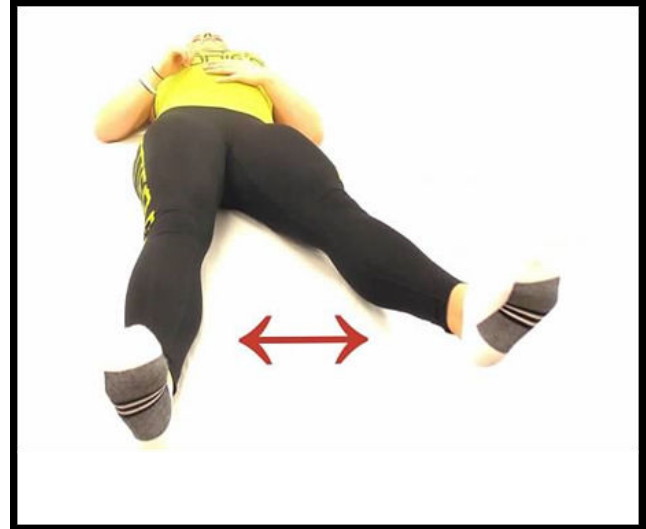
Quad Sets, Glute Sets and Hamstring Sets are all isometric type exercises. This means that you contract the muscle, but the joint does not move or moves very little.

### Heel Slides



Slide your right heel toward your buttocks until you feel a gentle stretch. Hold 5-10 seconds. Alternate legs.

### Side to Side



Bring the right leg out to the side and return. Keep your knees straight. Alternate legs.

### Straight Leg Raise



With the right leg straight, other leg bent, raise the straight leg 18 inches. Alternate legs.

Heel slides, side to sides, straight leg raise, short arc quads and long arc quads are all active exercises and involve contracting the muscles while moving the joint. Focus on tightening up the 'core' muscles of your abdomen and back during these exercises.

## Seated Flexion & Extension Stretches



Straighten leg, hold for longer stretch. Pull back the leg to bend the knee into a flexion stretch, hold. Repeat within your pain tolerance.

## Preparing Your Home

When you get home from the hospital after having joint replacement surgery, you may be using an assistive device to get around and it will be extremely difficult or impossible to go up and down stairs if you do not have at least one solid handrail.

Several weeks before surgery is the best time to go through your house and take care of potential obstacles and safety hazards.

- Look around your house and identify any area rugs or throw rugs. These have a nasty tendency to get tangled with assistive devices and cause people to trip. Take them up and put them away until you have fully recovered from your surgery. Falling after surgery can have disastrous consequences. Take these recommendations seriously and set yourself up for success.
- Organize your kitchen and bedroom such that items you will need are located on top of the counter or dresser, in the top drawers, or on the lower overhead shelves. You definitely do not want to be bending over or trying to climb on a step stool right after you have surgery. If you are going to be by yourself for all or part of the day, you should carry a cell phone either on your person or in a pocket on your walker. Lifeline™ systems have a necklace or wristband



with an emergency button to press if you need to summon help.

- After joint replacement surgery, it will be much easier for you to take a shower if you sit on a shower chair or bench and use a hand-held showerhead. Consider installing one or more grab bars for support while entering and exiting the shower.
- Consider installing night-lights for the bedroom, bathroom and hallway between.
- Toilet seats that are less than 17 inches off the ground can be

If you live alone and no one will be staying at your house while you are in the hospital, be sure to do the following in the day or two before you go to the hospital:

- Clean the house.
- Do your laundry.
- Put clean sheets on your bed and clean towels in your bathroom.

very challenging to stand up from after joint replacement surgery. Consider obtaining a raised toilet seat, raised over the toilet commode seat or an extra high model toilet. A solid grab bar mounted on the wall next to the toilet can be a big help.

- Now is a good time to check that you have adequate coverage of smoke and carbon monoxide alarms in your home. Check to make sure your devices are working properly and have fresh batteries. In the event of an emergency, you will need extra time to evacuate.
- Purchase food for when you return from the hospital that will be quick and easy to prepare.
- Make sure you have adequate supplies of your regular medications.
- Make arrangements for someone to take care of snow and ice removal from your driveway and walkway if your procedure is during the winter months.

## Adaptive Equipment & Assistive Devices

Using adaptive equipment can be beneficial after joint replacement surgery. It can also be useful if you are having any trouble with getting dressed, completing bathing, or using

the bathroom. Here is a list of commonly recommended adaptive equipment. Your occupational therapist will go over the equipment that will best suit your needs.

### Front Wheeled Walker



This is the first assistive device you will use following surgery. It will allow you to offload as much as 100% of your weight as possible.

### Raised Toilet Seat/Bedside Commode



Allows for easier sitting and standing from the toilet. Can be found with armrests as well as without. Typically raise the toilet seat up about 5 inches.

### Shower Seat



Allows sitting in the shower to conserve energy as well as increase safety. Unlike the tub transfer bench, it still requires the user to step into the tub. It works best with walk-in showers.

## Tub Transfer Bench



Allows for easier transfers into bathtubs. Allows the user to get into the bathtub while seated, instead of having to step up and into the tub.

## Single Point Cane



The cane may be used once you are ready to graduate from using a walker or crutches, but you are not yet ready to go without any assistive device.

## Crutch(es)



These can be used early in post-surgical rehab if you are particularly agile and have good balance. Crutches are useful if you need to manage stairs.

## Places to Get Adaptive Equipment

You will only need to use adaptive equipment for a very short period of time. The best idea is to either borrow what you need from family, friends and neighbors or from a local [lending closet](#). If you know that you will have multiple joints replaced and think

purchasing your own equipment will work best for you, you can get most (if not all) these items at a local pharmacy such as Soldotna Professional Pharmacy, Walgreens and Wal-Mart. They are all available on Amazon Prime as well if you order them in advance.

## ***Your Surgery & Hospital Stay***

## Day Of Surgery

- After midnight:
  - NO SOLID FOOD
- Including:
  - no cigarettes
  - no marijuana
  - no chew
  - no gum
  - no mints
- Take your approved morning medications as directed.
- Up until FOUR HOURS before your surgery, you may drink:
  - black coffee or tea (with no additives)
  - apple juice
  - cranberry juice
  - pomegranate juice
  - water
- Wear comfortable, loose fitting clothing..

## What to Bring to the Hospital

The hospital stocks all of the essential items that you will need during your hospital stay. We would like you to be as comfortable as possible during your stay and we realize that having some of your personal items can go a long way. In that regard, you may want to consider bringing with you some of the items listed below:

- Your guidebook
- Current & updated medication list.
- Copies of Advanced Directives, Power of Attorney for Healthcare and/or Living Will, if applicable.
- Personal hygiene items
  - Toothbrush
  - Toothpaste
  - Deodorant
  - Razor
- Loose comfortable clothes
  - Sweatpants/shorts
  - T shirts
  - House shoes with non-slip soles
  - Robe
- Glasses or contacts
- Hearing Aids
- Dentures
- CPAP/BiPAP machine, mask, and power cord
- Electronic devices and chargers/power cords
- Walker
- Driver's license or photo identification
- Insurance card

**Please refrain from bringing jewelry, valuables, large amounts of cash and medications from home.**

# What to Expect on the Day of Surgery

## Registration

Plan to arrive at Central Peninsula Hospital two hours before your surgery is scheduled to start. You will be directed to the main lobby registration desk where you will be checked in by the hospital admission staff. At check-in, your personal identification and insurance information will be

collected, reviewed and confirmed within the hospital's electronic medical record system. You may be given paperwork and patient identification stickers that you will deliver to the day surgery registration desk. Once the admissions process has been completed, you will be directed to Day Surgery.

## Day Surgery

Upon arrival at the Day Surgery registration desk, you will hand over any registration paperwork and stickers to the assistant there. Then you will be directed to take a seat in the waiting area. Once the Day Surgery staff have checked you in and the room has been prepared, your nurse will invite you and your care partner back to a day surgery room where you will be prepared for your surgery.

You can expect some version of the following events to occur:

- ★ Changing into a hospital gown and completing another skin prep to help prevent infections.

- ★ Your nurse will ask about your allergies, current medications, and medical history.
- ★ An IV will be started to give you medications before, during and after surgery.
- ★ Antibiotics will be given through your IV prior to surgery to prevent surgical infections.
- ★ Compression stockings and sequential compression devices (SCDs) will be placed on your legs to help with circulation and reduce the risk of blood clots.
- ★ Your surgeon and anesthesia provider involved in your surgery will meet with you individually to answer last minute questions.

## Operating Room

The operating room has a cooler temperature and bright lights. There will be a lot of machines and equipment around the room. All of the personnel in the room will be wearing masks, gloves and surgical gowns to protect you from germs and infection. You will be assisted to slide from your bed onto the operating table, which is narrow and firm. You will have monitoring sensors attached to your chest, arms, and hands to ensure your safety during the operation. Next, the

anesthesia provider will talk you through administration of the anesthesia discussed with you in Day Surgery.

When you are taken to the operating room, those accompanying you will be invited to wait in the Day Surgery waiting area. After your surgery is complete, the doctor will speak to the care partner who accompanied you. They will be allowed to see you once you have been moved up to your room on the second floor of the hospital.

## Post Anesthesia Care Unit (PACU)

The technical name for the recovery room is the Post Anesthesia Care Unit, or PACU. At the conclusion of your surgery, you will be moved back onto a bed and transported to the recovery room where you will wake up from anesthesia. You can expect:

- Supplemental oxygen delivered through tubing in your nose
- IV fluids and medications

- First dose of oral pain medication
- Alternating pressure pumps on your feet or legs
- Cold gel pack on your surgical site
- Monitors and beeping
- Skilled staff monitoring your condition
- Typically patients can expect to remain in the recovery room for 1-2 hours after surgery

## Medical Surgical Unit

You will be transferred once your anesthesia has sufficiently worn off, your vital signs are stable, and your pain is managed. Your room upstairs will be a private room in the Medical-Surgical department. You will meet the shift bedside RN and CNA caring for you. Once you are settled

into your room, your care partner and other visitors will be able to come see you. You will have many medical personnel coming to see you.

You might see the medical doctor or hospitalist doctor who will be overseeing your general medical condition if your surgeon requests.



Your surgeon will come by and check on you. Depending on the time of your surgery, the hospital physical therapist will come by to start working with you. On the day of surgery, therapy will

typically involve starting some of the post-surgical exercises, sitting up on the edge of the bed, and walking. It is common to feel lightheaded and sometimes nauseous the first few times that you get up after surgery.

## Managing Your Pain After Surgery

Controlling your pain after surgery is a very important part of ensuring that you have a good outcome. Your surgeon will prescribe both oral and IV pain medications. During your time in the hospital, you will progressively transition to 100% oral pain medication.

Your nurse will administer all of your pain medications. The doses of pain medication are given based on what your pain actually is, so communicating about your pain level is essential. If your pain level is starting to rise, please communicate that information to your nurse immediately. Your recovery will be

smoother if your pain level is kept under control rather than letting it get severe and taking the medication at that point.

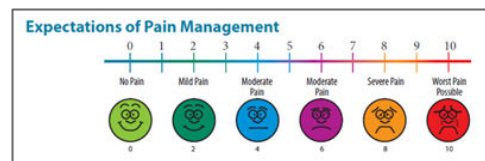
If you take your pain medication and it does not bring your pain under control in the expected period, your nurse will give you additional medication or contact your doctor for additional instructions.

We recommend taking pain medication at least 30-45 minutes before your physical therapy sessions. For most people, this helps you perform better and makes the therapy a more enjoyable experience.

## Understanding the Pain Scale

The staff at Central Peninsula Hospital are very concerned about managing your pain after surgery. Almost every time you talk to a staff member starting from the time you get to the recovery room, they will ask you about your pain. To help us do the best possible job of keeping you comfortable, it is very important that you understand the pain scale above

and provide numeric ratings of how you are feeling. If you feel like you do not understand the pain scale, please let us know and we will be happy to explain in more detail and make this critical element of communication clear to you.



|    |   |
|----|---|
| 0  | No pain   |
| 1  | Slight Pain   |
| 2  | Mild pain   |
| 3  | Pain that is more than mild but less than moderate        |
| 4  | Pain that is mostly moderate                              |
| 5  | Moderately intense pain                                   |
| 6  | Moderately intense pain, almost severe                    |
| 7  | Severe pain   |
| 8  | Very severe pain  |
| 9  | Extremely severe pain with extreme difficulty functioning |
| 10 | The worst, most intensely severe pain you can imagine     |

## Post-operative Pain Control Options Used

### Cold Therapy Gel Packs

Gel packs will be used throughout your stay and post-operatively when you go home. While in the hospital your gel packs will be changed every 3 hours to ensure they remain therapeutic for inflammation and pain relief.

### Oral pain medications

This medication typically starts in recovery or later by the med-surg nurse once you are tolerating solid food. These are ordered "as needed" and need to be requested for pain. They are ordered this way to prevent over sedation from narcotics. Your nurse will regularly be asking you to rate your pain on a scale from 1-10 (one is minimal pain). We ask you to please tell them what your pain score is before taking your medication and afterward so we can verify they are working for you.

### Muscle relaxers

Additional pain relief helpful for post op muscle spasms. They do not cause constipation but could make you tired. The muscle relaxers should be alternated with the pain medication so that you always have something in your system working to help manage any pain or discomfort after surgery. These are also ordered "as needed" and need to be requested for pain.

### Nerve medications

Used for post op nerve pain. They do not cause constipation but could make you tired as well. Your surgeon will help you with determining if you need the additional help of this type of medication.

### Acetaminophen

We will start in pre-op and continue post-op. This non-narcotic pain medicine will be scheduled and may be given orally to help with managing any pain.

## Toradol

An anti-inflammatory medication started post-operatively. This too is a non-narcotic pain medicine and will

be scheduled and given through your IV to help with your pain.

## Preventing Deep Vein Thrombosis (DVT)

### What is a DVT?

Deep Vein Thrombosis (DVT) is a blood clot that forms inside a deep vein. It can also lead to a serious health problem called pulmonary embolism (PE).

### Am I at risk for getting a DVT?

Some patients are at higher risk for getting a DVT. Some risk factors include previous heart attack, previous DVT, increased age, cancer, heart

### How can deep vein thrombosis & pulmonary embolism be prevented?

Both DVT and PE often are preventable. Your physician may order TED hose SCD pump, or medication to help prevent a DVT.

### What is a PE?

A pulmonary embolus occurs when the blood clot travels through the veins and blocks a major blood vessel leading to the lungs. This is very dangerous and can cause death.

disease, obesity, pregnancy, hormone therapy, birth control pills, inactivity, smoking, infection, injury, recent surgery or if having surgery is expected to last longer than one hour.

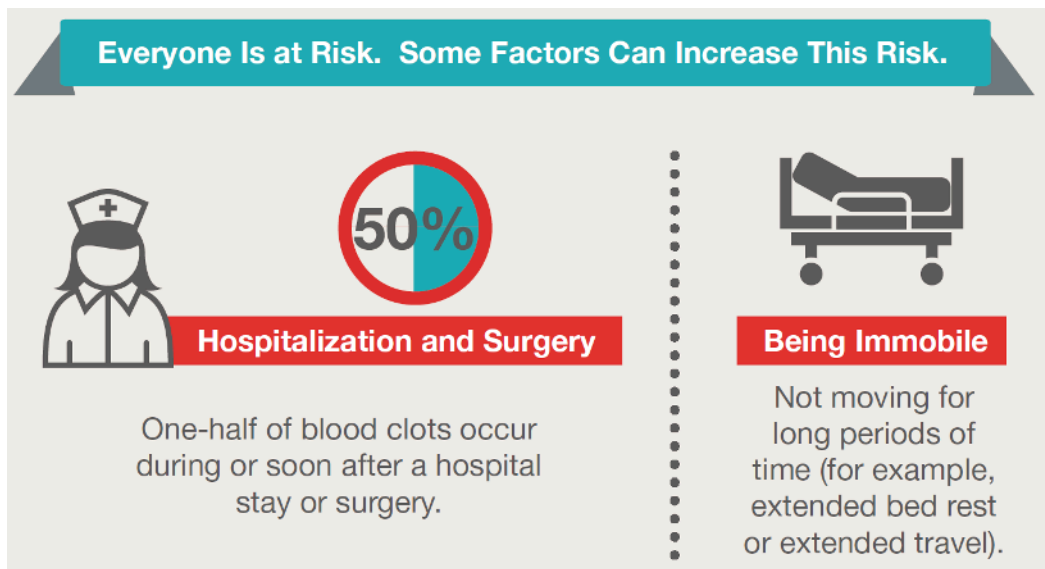
- TED hose are special stockings that improve blood flow from the lower legs.
- SCD pumps use air through special sleeves to squeeze the lower leg muscles to also improve blood flow.
- Your doctors may order special medications that help to prevent or treat blood clots.

## Other ways to prevent DVT

- Early and frequent walking once your doctor approves
- While in bed make sure you're turning, coughing, and deep breathing
- Make sure you're taking in plenty of fluids once your doctor approves
- Simple leg exercises:
  - While lying on your back, tighten your thighs and push the back of your knee to the bed (Hold for 10 seconds). Relax and repeat 10 times. Repeat frequently.

- With your legs straight and relaxed, point toes toward the head of bed, then toward the foot of the bed. Repeat frequently.
- Foot circles - with legs relaxed on bed, move ankles in small circles.
- Repeat frequently.

The TED hose should stay on until you are active again. This may mean that you need to wear your TED hose even when you go home. To prevent slips or falls, be sure to wear non-slip footwear over them when out of bed.



## Medical Devices

### SCD (Sequential Compression Device)

After surgery, you will have special wraps on your legs or feet that

periodically inflate with air and then release. These are used to help improve circulation in your legs and reduce the risk of blood clots forming

in the veins of your legs. You can expect to wear these when you are in bed until you are released from the hospital.

### Compression Stockings

After surgery, you will be wearing a compression stocking on one or both legs. These function to reduce swelling in your legs and help reduce the chances of blood clots forming in the veins of your legs. You can expect to wear these stockings for 1-2 weeks following surgery.

### IVs and IV pumps

After surgery, you will have an IV placed in your arm. The IV will be used to administer fluids and medication.

### Nasal Cannula

After surgery, you may have an oxygen cannula in your nose or a mask on

your face. It plugs into the oxygen source built into the wall. You might need supplemental oxygen until your lungs are back to performing normally.

### Incentive Spirometer

After surgery, you will be encouraged to frequently use the incentive spirometer to exercise your lungs. This device helps your lungs get back to normal function more quickly. Your nurse will help make sure that you are using the device properly.

### SMI Gel Packs & Wrap

You will have gel packs placed on your surgical site after surgery while in recovery. They will be changed out every 3 hours while you are in the hospital. The gel packs help minimize inflammation and assist with pain control. They will be sent home with you to continue use once you are home.

## Tips for Getting Up and Around

It is very important that you do not try to get out of bed without assistance until cleared by the therapy staff. It is common for you to feel lightheaded the first time or two that you sit up after surgery. Fainting or falling may create complications and/or damage your prosthetic.

We will typically have you start walking with a walker for your first time after surgery. Your physical therapist will help you determine when it is time to work on taking steps without holding onto the walker securely.

After surgery, the most painful movements are usually transitioning

between lying down and sitting up, and between sitting and standing up.

Lying down and standing usually involve less pain.

## After Surgery Expectations

### Day of Surgery

- ★ Your surgical team will check on you and make sure that all your surgery-related needs and questions are addressed.
- ★ If the hospitalist physicians are also monitoring your medical condition, they will check on you and make sure that all your medical needs and questions are addressed.
- ★ You will have physical therapy in both the morning and afternoon. You can expect to work on your post-surgical exercises and work on getting in and out of bed and walking short distances with the front wheeled walker.
- ★ You will be encouraged to walk with assistance a few times during the day.
- ★ You will be encouraged to get out of bed and sit up briefly in the recliner several times throughout the day.
- ★ Your nurse will remind you to use your incentive spirometer frequently throughout the day.
- ★ Your oxygen will be taken off when your lungs are functioning adequately without the supplemental oxygen.
- ★ You will be encouraged to eat regular food and drink plenty of fluids.
- ★ Your nurse will work with you on starting to transition from the IV pain medication to oral type. It may be a few days before you have a bowel movement. Taking daily supplements such as MiraLAX, Colace, or Dulcolax suppositories can help. Sometimes a Fleet's Enema may be needed to prevent constipation.

The items and timeframes listed above represent our expectations for the average patient recovering from joint replacement surgery. Please be aware that any of these are subject to change on an individualized basis depending on how your recovery is progressing.

### Post-operative Day 1-Discharge Home

- ❖ The surgical team will check on you and make sure that all your surgery-related needs and questions are addressed.
- ❖ You may have blood drawn for a check on your lab values.
- ❖ If the hospitalist physicians are also monitoring your medical condition, they will check on you and make sure that all your medical needs and questions are addressed.
- ❖ You will have physical therapy in both the morning and afternoon. You can expect to work on your post-surgical exercises and work on getting in and out of bed and walking short distances with the front wheeled walker.
- ❖ You will be encouraged to walk with assistance a few times during the day.
- ❖ You will be encouraged to get out of bed and sit up briefly in the recliner several times throughout the day.
- ❖ Your nurse will remind you to use your incentive spirometer frequently throughout the day.
- ❖ You will be encouraged to eat regular food and drink plenty of fluids.
- ❖ Your nurse will work with you on starting to transition from the IV pain medication to oral type.
- ❖ You (and a family member) will receive education about taking your medications at home.

The items and timeframes listed above represent our expectations for the average patient recovering from joint replacement surgery. Please be aware that any of these are subject to change on an individualized basis depending on how your recovery is progressing.

## Discharge from the Hospital

On average, most of our patients are ready to leave the hospital between the first or second day after surgery. The decision to discharge from the hospital hinges on a number of factors including:

- Adequate pain control using oral medications
- Tolerating regular food and fluids
- Stable vital signs
- Satisfactory healing progression of your surgical wound
- Having regular bowel and bladder function
- Having good results from your blood lab values (if applicable)
- Satisfactory performance with physical therapy
- Having a safe place to go when you leave the hospital

Once your surgeon has written your discharge orders, the nurse will go

over your discharge paperwork and get you discharged. Your family can pick up your prescription medications prior to picking you up the day you are discharged.

Your nurse will show you how to care for your incision and give you supplies if necessary. Call your surgeon's office if you see signs or symptoms of infections such as increased redness, drainage, or fever. You may shower but no soaking in a bath or hot tub. Do not apply lotions, creams, or ointments to your incision.

You will be given a ride to the front of the hospital in a wheelchair. You will need to have a friend or family member pull the car into the circle

drive in the front of the main lobby and you will be assisted into the vehicle.

Part of your hospital discharge paperwork may contain new prescriptions that you will need to pick up at the pharmacy on your way home from the hospital if they haven't already been picked up by your care partner.

The process of leaving the hospital and going home will leave most people fairly tired. We recommend that you do not make any plans on the day of discharge other than getting settled in at home. Please remember to work on your post-operative stretches and exercises.



## ***After Your Return Home***

## Taking Care of Yourself

Once you return home from the hospital, we recommend that you have a family member or friend stay with you for at least the first few days. The objective of this is not to have someone wait on you, but to be there to help keep you safe and help you out if you get in a jam, get exhausted, or find anything overwhelming.

This person should help you solve any difficulties so that ideally within one to two days you can be self-sufficient. Many of these challenges can be minimized if you followed the suggestions in this guidebook. Some areas that are often particularly challenging include:

- Steps
- Stairs
- Showers
- Low toilets
- Furniture with low seat heights
- Chairs without armrests
- Getting enough fluids to prevent dehydration
- Medication management
- Wound Care

Once you are home you will be responsible for taking your medications at the right times. We recommend organizing your medications for the day with a medication minder or keeping a log of

what you took at what time. Patients often have a particularly difficult time remembering when they took their last pain medication and when they should be thinking about taking the next dose. Your transition home will go much smoother if you do not get behind on your pain medication. Try to make sure you get pain medication at least 45 minutes before you do your exercises.

You will have a special dressing that stays in place for one week. If you have staples, they will likely be removed at your two-week follow-up appointment. If you have steri-strips over your incision, you should leave them on until they fall off on their own. Please do not soak or scrub your incision, and absolutely do not pick at it.

If you are having knee replacement surgery and have a pain ball catheter you may not shower until it has been removed (4 days after surgery-see discharge instructions for timing). If you did not get a pain ball, or had a hip replaced, your dressing is water resistant and you may shower immediately unless otherwise directed by your Surgeon. Your dressing will be removed by a member of your surgical team at your first post-op appointment.

# Recognizing and Preventing Complications

## Keep Incision Clean & Dry

Follow the instructions provided at discharge. Your dressing is water resistant, you may shower, but pat dry, do not scrub. Do not bathe or soak the incision in a hot tub. Check your temperature if you feel warm or sick.

Please call the surgeon's office right away if you have any of the following:

- Increased drainage from the wound
- Fever (101F or greater)
- Significantly increased swelling
- Significantly increased pain
- Redness or heat around the incision area

If you are not able to get in touch with your surgeon's office, you should contact your primary care doctor or go to the emergency room.

## Follow-up Appointments

Your post-op appointments will be determined by your surgeon. The typical schedule of follow up appointments should be similar to the following timeline.

- 1 week after surgery
- 2 weeks after surgery
- 4 weeks after surgery
- 6 weeks after surgery
- 3 months after surgery
- 6 months after surgery
- 1 year after surgery
- Every 1-3 years as directed by your surgeon

## Activity Guidelines

The key to success for getting back to normal activity is a slow and steady progression. You want to avoid any drastic increases in walking, exercise, stairs, time on your feet, etc. All of those things are good, but if you do too much all at once, your body will respond with increased pain and swelling. This can cause a setback in your progress for several days.

After you return home, we recommend planning your day around pain medication, walking, exercising, icing and resting. Getting your joint back to optimal function smoothly

and quickly will contribute to a great outcome and serve you well for the rest of your life.

We recommend that you avoid long car rides or air travel until week 7-12 weeks after surgery or as directed by your Surgeon. If you must engage in this kind of travel, you should frequently perform ankle pump exercises. You should also get out of your seat and walk around at least once per hour. Try to make sure you have had pain medication before your exercises and use your cold pack for 10-20 minutes afterward.

## Recovery Chart

### Weeks 2-4

- You will have a follow-up appointment with your surgeon approximately two weeks after surgery.
- You will discuss starting formal physical therapy at postop with your surgeon or physician assistant at this appointment. Setting up your appointment with physical therapy early is best practice.
- You should continue using your cold pack after exercise and stretching to help speed your progress.
- Try to take two to three rest breaks throughout the day where you lay down for 30-60 minutes.
- You should be transitioning off the narcotic medication to nonprescription strength pain medications.
- Use stool softeners (if needed) to prevent constipation caused by narcotics.
- If your pain medication supply starts to run low, call your surgeon's office to arrange for a refill. Do not wait until the last minute to resupply your pain

medication or you may experience a setback.

- Make sure you drink plenty of fluids. If your urine looks dark in color, you are probably not drinking enough.

### Weeks 5-6

- You will have a follow-up appointment with your surgeon approximately six weeks after surgery.
- You should be off narcotic pain medication and be tapering

- down on the non-prescription pain medications such as acetaminophen (Tylenol).
- You may be able to stop wearing the compression stocking if you are able to leave it off and do not notice any considerable swelling.

### Weeks 6-12

- You will have a follow-up appointment with your surgeon approximately twelve weeks after surgery.
- You should be requiring less and less pain medication.
- You can resume using lotions on your surgical incision area.
- You should be getting back to driving in this timeframe if you have not already.

- You and the surgeon or physician assistant will discuss returning to work during this timeframe – depending on the specific requirements of your job.
- You may resume taking baths, soaking in hot tubs, and swimming after 12 weeks unless directed otherwise.

## ***Additional Resources***

## Getting to Central Peninsula Hospital

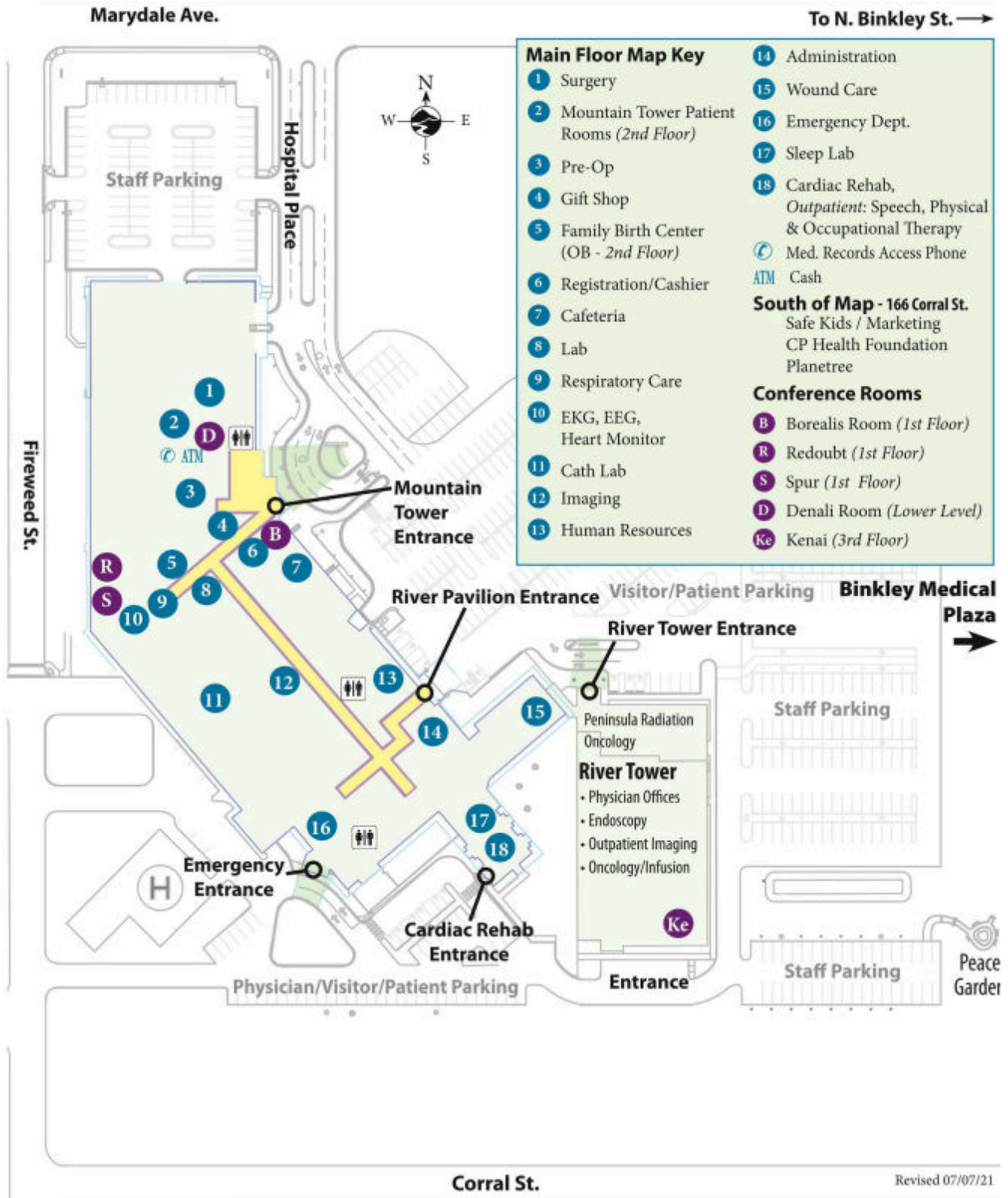
Directions to Central Peninsula Hospital located at [250 Hospital Place](#) in Soldotna, Alaska.

From the Kenai Spur Highway heading northwest (towards Kenai) turn left on Marydale Street. Continue straight. Turn left at Hospital Place.

From the Sterling Highway heading South (towards Homer), turn right on Binkley Street. Continue straight until Marydale, and then take a left on Marydale. Turn left at Hospital Place.



# CPH Campus Map





# Narcotic Information

## FREQUENTLY ASKED QUESTIONS ABOUT CONTROLLED 02/05/2019

### SUBSTANCE PRESCRIPTIONS

#### Can a pharmacist ask a patient or prescriber about my medical condition and treatments?

Yes. Pharmacists are trained, allowed, and obligated to ask both patients and prescribers questions about any prescription. This may include any inquiry about previous medications or other attempts to treat the condition for which the prescription is being presented. This is not a violation of the Health Insurance Portability and Accountability Act (HIPAA).

#### What law authorizes a pharmacist to ask questions regarding my controlled substance prescription?

Title 21 of Code of Federal Regulations, Section 1306.04(a) obligates a pharmacist to make sure that all controlled substance prescriptions are being dispensed “in the usual course of medical treatment.” Therefore, a pharmacist may need to gather further information by communicating with the patient’s prescriber.

#### What if I or my prescriber do not want to answer questions from the pharmacist?

If a pharmacist cannot obtain adequate information from either the patient or prescriber’s office to answer their questions or address their concerns, then they are obligated to refuse to fill the prescription.

#### What resources may a pharmacist use to evaluate whether a prescription meets the “usual course of medical treatment?”

- the prescriber’s office to gather more information about the condition and treatment
- the Prescription Drug Monitoring Program or other software that helps analyze dangerous combinations and dosages
- board of pharmacy statutes and regulations, and published medical literature
- the medication package insert
- published information / guidelines from the Drug Enforcement Administration (DEA), Food and Drug Administration (FDA) or Centers for Disease Control (CDC)

#### What other criteria does a pharmacist evaluate for a controlled substance prescription?

- other aspects of a controlled substance prescription that a pharmacist may evaluate prior to dispensing may include multiple individuals presenting prescriptions for the same drugs in the same quantities from the same doctor
- individuals presenting prescriptions for controlled substances known to be highly abused
- individuals paying high prices for controlled substances (a DEA “red flag”)
- individuals residing long distances from the pharmacy or passing multiple pharmacies to get a prescription filled. These are known as possible “red flags” by the DEA and require that

pharmacists evaluate prior to dispensing the prescription.

- This is not an all-inclusive list and is meant to provide examples of what pharmacists may evaluate. You can find more information about this at: [https://www.deadiversion.usdoj.gov/mtgs/pharm\\_awareness/conf\\_2013/march\\_2013/carter.pdf](https://www.deadiversion.usdoj.gov/mtgs/pharm_awareness/conf_2013/march_2013/carter.pdf)

### May a pharmacy request my identification for a controlled substance prescription?

Yes. The DEA provides pharmacists with guidelines to confirm a patient's identity before filling a legitimate prescription.

### Can a pharmacist refuse to fill my prescription?

Yes. If a pharmacist receives a prescription that does not meet the federal regulation above, they are allowed and obligated to refuse the prescription. In addition, if a pharmacist believes that any prescription is written for a medication, strength, direction, or combination that is not safe, then the pharmacist is obligated to refuse to fill the

[ProfessionalLicense.Alaska.Gov/BoardOfPharmacy](https://www.alaska.gov/ProfessionalLicense/Alaska.Gov/BoardOfPharmacy)  
[State Medical Board. Professional Licensing. Division of...](https://www.alaska.gov/StateMedicalBoard/ProfessionalLicensing/Divisionof...)  
[Alaska Board of Nursing](https://www.alaska.gov/AlaskaBoardofNursing)

prescription. The Alaska Board of Pharmacy encourages pharmacists to work with the prescribing practitioner to resolve concerns prior to refusing to fill.

### What happens after a pharmacist refuses to fill a prescription?

The pharmacist should return the prescription to the customer allowing him/her to bring it to another pharmacy of their choice. If it was an electronic prescription sent directly to the pharmacy, the prescriber will need to send the prescription to another pharmacy of the patient's choice. The patient is also encouraged to consult with the prescribing practitioner.

Individuals who would like to file a complaint—and can cite clearly the reason for the complaint by referencing applicable statutes and regulations of the corresponding prescribing and/or dispensing board—can fill out a Request for Contact form. The form can be found at the following link:

<https://www.commerce.alaska.gov/web/cbpl/investigations.aspx>.

## Frequently Asked Questions

### ★ How do I know if I need to have joint replacement surgery?

Joint replacement surgery is primarily performed to stop severe pain and stabilize the joint. Based on examination and review of your medical tests and imaging, the orthopedic surgeon is able to determine what options you have to manage pain and optimize joint

function. Joint replacement surgery is typically the final option.

### ★ How long does joint replacement surgery take?

The typical joint replacement surgery lasts between one to two and a half hours. There are a variety of factors which play a role in the length of time.

★ When will the staples be removed?

In the rare event staples are used, they are typically removed 10-14 days after surgery. We more often than not use an adhesive called dermabond that is similar to super glue for the body.

★ How long will my leg be swollen after surgery?

Swelling is usually worse two to three days following surgery and then slowly begins to subside. It is not uncommon to have some mild swelling in the lower leg and ankle for several months following surgery. If at any point after the first few days, you notice a significant increase in the amount of swelling you should contact the surgeon's office. Wearing a compression stocking is usually very helpful with managing swelling.

★ How long after surgery will I continue to have joint pain?

Joint pain tends to be at the worst during physical therapy between day 2 and day 10 after surgery. After that it tends to gradually ease up day-by-day. Patients often report reaching the level of being free of knee pain between 1 month and 6 months following surgery.

★ What are the major complications that I need to watch out for?

Infection and blood clots are the major complications to be aware of. You should seek immediate medical

attention if you notice a significant increase in swelling, pain, wound drainage or if you develop a fever.

★ When will I be able to take a shower?

You can expect to take your first shower 24-48 hours after your surgical wound stops draining. Unless you have a pain ball catheter. If so, you must wait until that is removed to shower. You should not get into a bath, hot tub or pool for at least 6-weeks following the surgery.

★ How long will I need to take blood thinning medication following surgery?

Your surgeon will determine that and discuss the specific risk factors for you. It could be anywhere from 2 weeks to 2 months depending on your activity level. The sooner that you are up and moving around the sooner you can be off of the blood thinners.

★ How do I know when to switch from the walker to cane and from the cane to no assistive device?

This progression is very individualized from person-to-person. We recommend the decision be made based on consultation with your physical therapist and your surgeon post-op appointments.

★ How soon will I be able to resume driving?

Usually you can get back to driving within the 3 to 6-week timeframe. There are several factors that need to be considered in answering that question. Before you can resume driving, you need to be off all the narcotic pain medications. If your left hip or knee was replaced then you will be able to resume driving sooner (assuming you have an automatic transmission). How quickly your strength, range of motion and coordination improve will also have a bearing on this decision. Please plan to discuss this question with your surgeon when you have your follow-up appointments.

★ When can I return to work?

This answer depends on the type of work you do, whether you can start back at part-time status and how soon you are able to get off of the pain medications. Plan to discuss expectations for return to work with your employer and make the decision after consulting with the surgeon during your follow-up appointments.

★ When can I return to playing sports?

Expect to be able to start working back into sports about 6 to 12 months after surgery. This is another topic that

you should communicate with your surgeon about during follow-up appointments.

★ How long will I need to have follow-up appointments with the orthopedic surgeon?

Depending on your individual circumstances, you should plan to follow up with the surgeon every one to three years after you have completely recovered from the joint replacement surgery.

★ What are the chances that my knee replacement will wear out and I will have to get it re-done?

According to data published by the Federal Agency for Healthcare Research and Quality, 90% of hip or knee replacements last 10 years and 80% last for 20 years. The life expectancy for your prosthetic joint depends primarily on how much wear and tear it gets. We typically discourage younger patients from having joint replacement in order to reduce the likelihood of needing a repeat joint replacement in the future.

★ Will my joint replacement hardware set off the metal detector alarms in airports?

Yes. Tell the security agent you have a hip or knee replacement and they will scan you with a hand wand.

# Important Phone Numbers and Websites

## Joint Replacement Surgeons & Program Coordinators

|   |   |   |
|---|---|---|
| Dr. Michael Reyes   | Joint Replacement<br>Coordinators   | Dr. Scott Innes   |
| CPH Bone & Joint Clinic   | Office: (907) 714-5670  |   |
| Office: (907) 714-4120  | Cell: (907) 252-9258  | Office: (907) 262-1080  |
| Fax: (844) 412-3943   | Fax: (907) 262-9016   | Fax: (877) 735-0337   |
| <a href="https://www.cpgch.org/ortho">https://www.cpgch.org/ortho</a> | <a href="https://www.cpgch.org/jointcenter">https://www.cpgch.org/jointcenter</a> | <a href="https://scottinnesmd.com">https://scottinnesmd.com</a> |

## Helpful Resources and Numbers for Your Stay

### Hotels Near CPH

- [Aspen Hotel](#) (907) 260-7736
- [Best Western King Salmon](#) (907) 262-5857
- [Soldotna Inn](#) (907) 262-9169
- [Kenai River Lodge](#) (907) 262-4292

### Transportation

- [Alaska Cab](#) (907) 283-6000

### Airlines

- [Grant](#) 888-FLY-GRANT (888-359-4726)
- [Kenai Aviation](#) (888) 505-3624

## Local Preferred Pharmacies

★ = Preferred based on medication availability

|   |   |  |
|---|---|--|
| <p>★ Fred Meyers Pharmacy<br/>43843 Sterling Hwy<br/>Soldotna, AK 99669<br/>Phone: <a href="tel:9073950871">(907) 395-0871</a></p> <p style="text-align: center;">Hours</p> <p>Mon - Fri      9 AM - 8 PM<br/>Saturday      10 AM - 6 PM<br/>Sunday        10 AM - 6 PM</p> <p>Lunch Hours (Closed)<br/>Sun - Sat 1 PM -1:30 PM</p> | <p>★ 3 Bears Pharmacy<br/>10575 Kenai Spur Hwy<br/>Kenai, AK 99611<br/>Phone: <a href="tel:9073352061">(907) 335-2061</a></p> <p style="text-align: center;">Hours</p> <p>Mon.-Fri      9:30 AM- 7 PM<br/>Saturday      9:30 AM- 2 PM<br/>Sunday        CLOSED</p>  | <p>★ Soldotna Professional Pharmacy<br/>299 N Binkley St<br/>Soldotna, AK 99669<br/>Phone: <a href="tel:9072623800">(907) 262-3800</a></p> <p style="text-align: center;">Hours</p> <p>Mon-Fri        9AM- 6:30PM<br/>Saturday      10AM-2PM<br/>Sunday        CLOSED</p>  |
| <p>Walmart Pharmacy<br/>10096 Kenai Spur Hwy<br/>Kenai, AK 99611<br/>Phone: <a href="tel:9073950871">(907) 395-0871</a></p> <p style="text-align: center;">Hours</p> <p>Mon - Sat      9 AM-7PM<br/>Sunday        10AM-6PM</p>  | <p>Ulmer's Pharmacy<br/>3858 Lake St #5<br/>Homer, AK 99603<br/>Phone: <a href="tel:9072358594">(907) 235-8594</a></p> <p style="text-align: center;">Hours</p> <p>Mon- Fri        8AM- 7PM<br/>Saturday      9AM-6PM<br/>Sunday        9AM- 6PM</p>  | <p>Walgreens Pharmacy<br/>44001 Sterling Hwy<br/>Soldotna, AK 99669<br/>Phone: <a href="tel:9072606372">(907) 260-6372</a></p> <p style="text-align: center;">Hours</p> <p>Mon - Fri      9 AM - 8 PM<br/>Saturday      9 AM - 6 PM<br/>Sunday        10 AM - 6 PM</p> <p>Lunch Hours (Closed)<br/>Sun - Sat    1:30 PM- 2PM</p> |
| <p>Safeway Pharmacy<br/>Soldotna<br/>44428 Sterling Hwy<br/>Soldotna, AK 99669<br/>Phone: <a href="tel:9077145460">(907) 714-5460</a></p> <p style="text-align: center;">Hours</p> <p>Mon-Fri        9AM- 8PM<br/>Saturday      10AM- 6PM<br/>Sunday        10AM- 5PM</p> <p>Lunch Hours (Closed)<br/>Sun - Sat    1:30 PM- 2PM</p> | <p>Safeway Pharmacy<br/>Kenai<br/>10576 Kenai Spur Hwy<br/>Kenai, AK 99611<br/>Phone: <a href="tel:9072836360">(907) 283-6360</a></p> <p style="text-align: center;">Hours</p> <p>Mon-Fri        9AM- 8PM<br/>Saturday      10AM- 6PM<br/>Sunday        10AM- 5PM</p> <p>Lunch Hours (Closed)<br/>Sun - Sat    1:30 PM- 2PM</p> | <p>Safeway Pharmacy<br/>Homer<br/>90 Sterling Hwy<br/>Homer, AK 99603<br/>Phone: <a href="tel:9072261060">(907) 226-1060</a></p> <p style="text-align: center;">Hours</p> <p>Mon-Fri        9AM- 9PM<br/>Saturday      10AM- 6PM<br/>Sunday        10AM- 6PM</p>   |











# Appointment List

| Appointment Type:                          | When? |
|--|-------|
| -Pre-Op Appointments-                      |       |
| PCP  |       |
| Specialist (i.e. Cardiologist) (if needed) |       |
| Dentist (if needed)                        |       |
| Surgeon                                    |       |
| Joint Replacement Class                    |       |
| SCC Interview                              |       |
|  |       |
| -Surgery-                                  |       |
|  |       |
| -Post-Op Appointments-                     |       |
| 1-2 Weeks                                  |       |
| 2-4 Weeks                                  |       |
| 4-6 Weeks                                  |       |
| 6-12 Weeks                                 |       |
|  |       |
|  |       |
|  |       |
|  |       |