



Total Joint Replacement

OUTPATIENT GUIDEBOOK

GETTING STARTED

- Surgery at Restore is outpatient, meaning you will be going home the same day. It is important that you have someone with you for the first 48 hours to assist you. Learning to move with a new hip or knee can be difficult, and medications can make you feel dizzy or drowsy. If you do not have someone available to stay with you please let us know as soon as possible.
- Once registered with Restore you will receive an email (notifications@ospitek.com) with a link to complete a health history; or you may receive a text message (view1ospitek.com). Once completed, a nurse will contact you to set up a phone consultation to review the information. Please make sure we have your correct email address.
- You will also receive an email from FORCE Therapeutics with instructions on how to create your user account. FORCE is a virtual platform that will guide you through the entire journey from surgery to recovery. This is the program you will use for education and physical therapy (before and after surgery).
- You will also receive a text message from our preadmission nurse to set up a time to review information with you. That number is 610-421-0516 (it may show up as *SPAM*).
- Identify your caretaker; we advise that all patients designate a caretaker for a minimum of 72 hours after the procedure. If you do not have someone that is willing or able to do this, we strongly advise that you let your surgeon know so that the appropriate recovery arrangements can be made. Your caretaker will help with medications, activities of daily living, driving you to PT, etc.
- We recommend you spend time now preparing your home for your recovery.
 - Do grocery shopping and meal prep
 - Yard work such as cutting the lawn
 - Do laundry, make the bed with fresh linens
 - Be aware of trip hazards: Install night lights, pick up throw rugs and pet toys, move extension cords
 - Arrange for pet care the day of surgery if no one will be home

- Your surgeon's office will set you up with a walker, most are covered by insurance however a \$40 deposit may be collected. If you own one, make sure it is 2-wheels only and appropriate for your height.

Pre-Operative Clearance

You are required to have clearance from your primary care and specialists, such as cardiology, prior to surgery. Not all patients benefit from outpatient surgery.

- You should have received a prescription for lab work; this can be done as soon as your surgery is scheduled. You will want that completed prior to seeing your PCP. Not more than 60 days prior to your surgery.
 - Labs **cannot be done at LabCorp or Quest** as they do not perform BOTH nasal swab tests (MRSA and MSSA)
- You will receive a prescription for an EKG. If you have had one in the last 6 months and it is considered normal by your physician, you do not need to repeat it.
- See your primary care provider (PCP) not more than 30 days prior to your surgery date; it is optimal to have this completed 2 weeks prior to surgery. They can also do the EKG if needed
- If there are medical specialists you see routinely, make plans to see them prior to your surgery for clearance.

Billing Information

- You will receive an email from *Chadds Ford Ambulatory Surgical Center* that will provide you with a surgical copay and/or deductible estimate. You will enter your date of birth to access the email. This estimate is for the facility fee only and will be due, in full, on the day of surgery.
- To provide accurate payment information, please make sure we have all the insurance information, especially if you have Medicare secondary coverage.
- Accepted forms of payment are credit card, cash, and check. We do not accept any digital payments such as Venmo or cash app. Payments can be made online through our website.
- Payment is expected in full at the time of your surgery unless prior arrangements have been made with our business office 610-672-4963.

- Your surgeon, anesthesia, and physical therapy will be billing you separately for your procedure.
- *DOS Therapy* will provide your first PT session at the surgery center and will bill your insurance; however, you will choose which PT provider you would like to use for all additional treatments.

Day Of Surgery Information

- Surgery Date: _____
- Your surgery time will be confirmed by a nurse the business day before surgery.
- Day of surgery, you'll be arriving approx. 90 minutes prior to your scheduled time.
- You will not eat or drink anything after midnight the night before surgery, you may be instructed to take some medications in the morning before you arrive, you may take these meds with a small **SIP** of water.

Physical Therapy

- You will be given a prescription for outpatient therapy 2-3x per week for 4-6 weeks. Please choose a facility that is convenient for you as you will not be able to drive yourself the first few sessions.
- Call now to schedule the first few sessions; the first one should be the day after your scheduled surgery.
- DOS does offer physical therapy at some locations; information is available on their website www.delortho.com/therapy or 302-668-1030
- Start doing the preop exercises in FORCE to help strengthen your leg; this will help with your post op recovery.

ONE WEEK PRIOR

Registration

You will receive an email 2-3 days prior to surgery to complete your registration documents. Your date of birth will be required to access the system

Medications

- Stop taking all vitamins and supplements
 - Many non-prescription herbal supplements, dietary supplements, and multivitamins can also increase your risk of bleeding and interact with anesthesia and post-operative pain medications. We request that you discontinue these supplements for **1 week** prior to surgery.
- Stop taking NSAIDs (ibuprofen, Advil/Motrin) they need to be stopped for **1 week** prior to surgery
 - You will be given instructions in recovery when you can resume medications and supplements
- Purchase from the pharmacy the following:
 - Extra strength Tylenol 500mg (Acetaminophen)
 - Benadryl 25mg (Diphenhydramine)
 - Colace (stool softener)
 - Hibiclens (Chlorhexidine Gluconate) body wash



- Hibiclens will help to prevent infection after surgery. Beginning **5 days prior to surgery**, you should use the CHG while showering. Shower as you would normally with your normal products. Using a clean washcloth, pour the CHG onto the washcloth and wash from your neck down. **DO NOT USE** it in your hair or near your eyes, nose, mouth, ears, and private parts (genitals)! Do not wash with other soap after the CHG soap. Turn the shower water back on and rinse your body well.

- Do NOT shave the area of your body where you are having surgery during the week prior to your surgery date
- Do not smoke as it can interfere with wound healing, and do not take any recreational medications, they can interfere with anesthesia

DAY BEFORE SURGERY

You will receive a phone call the day before your surgery, confirming what time you should arrive at Restore Ortho for your surgery; 100 Wilmington W Chester Pike, Chadds Ford, PA 19317

You will be able to take only your required medicine (as instructed by the nurse) the morning of surgery with a sip of water (just enough to swallow the pills).

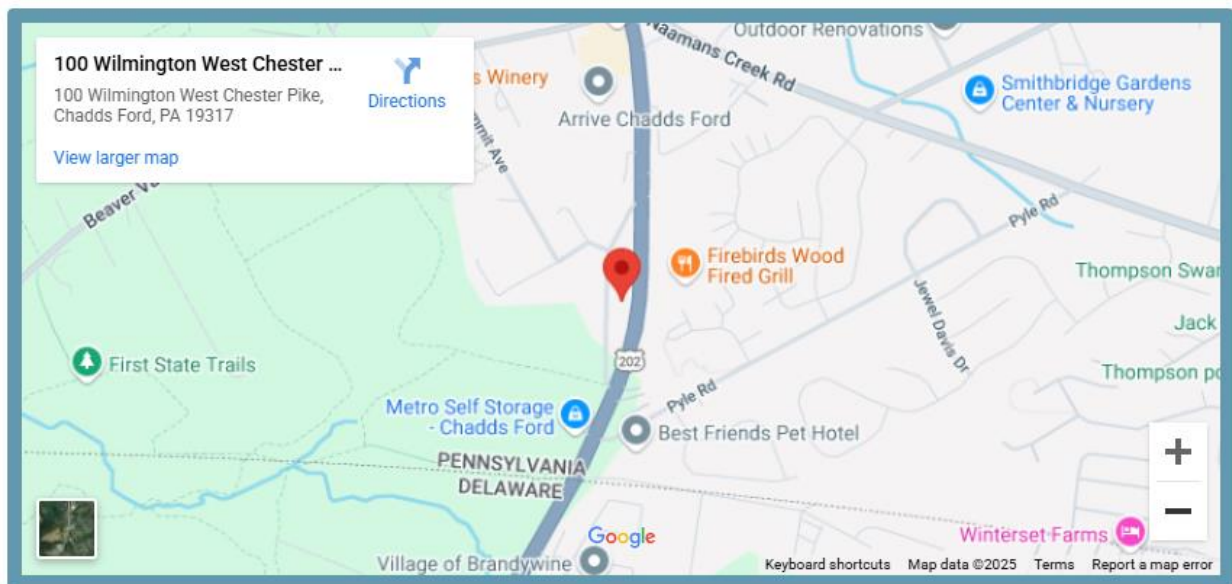
Hydrate well, many patients spend more time in the recovery room because they are dehydrated.

Pick up prescriptions from the pharmacy

Do not smoke or take any recreational medications, they can interfere with anesthesia

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT ON THE NIGHT BEFORE YOUR SURGERY

DAY OF SURGERY



- You must have a ride home from surgery, patients cannot drive nor use a ride share (Uber/Lyft) to get home. Vehicles should not be left overnight.
- On the morning of your surgery, DO NOT SHOWER (do not use any lotion). You can wash your face with soap and water; you may brush your teeth and put on deodorant. Wear comfortable, clean clothes and underwear to the surgery center.
- Do not wear contact lenses, use your glasses instead.
- Please bring: ID card, insurance card, credit card/co-pay, cell phone, and **2-Wheel walker**, and leave jewelry/valuables at home.
- If you have an advanced directive bring that with you, but this is not required.
- We are affiliated with Wilmington Hospital in the event a higher level of treatment is needed.
- Enter the main entrance, the check-in desk is through the door on your right. Here you will sign in and confirm your personal and insurance information with the receptionist.
- They will then ask you to wait in the waiting area until it is your turn. Your caretaker will reconnect with you once you have finished your recovery and are ready for discharge instructions.
- We have a small waiting area, so we request no more than one support person per patient. There are local eateries where families can wait and enjoy a snack; lists are available in the waiting area. We do not have any vending machines onsite.
- Total caretaker wait time will be about 3 hours; you can expect the surgeon to call your caretaker about 2 ½ hours after arrival.

- Once in the preop area, you will meet with the anesthesia staff. They will discuss with you the various options for surgical anesthesia. 99% of our surgeries are performed with ***Spinal Anesthesia with Sedation***.
- The staff will give you hibiclens wipes to do a final skin cleaning, this is the same cleanser used during the showers for the past week.

Surgery

- Primary joint replacements (hip and knee replacements) take approximately 45-60 minutes.
- The surgeon will call your caretaker once the surgery is complete.

Recovery Area

- You will spend 1.5-3 hours in the recovery area, making sure you are stable after surgery.
- You will be discharged from the recovery area after the spinal anesthesia has worn off, and you are able to empty your bladder, walk and eat/drink/take oral medications.
- The recovery area staff will assist you in getting dressed. Your caretaker will then come back to listen to discharge instructions.
- Once you have been able to walk and have emptied your bladder you can be discharged to Physical Therapy across the hall. Please note DOS Therapy will bill your insurance for this first therapy session.
- You should have already scheduled your first few post-surgery PT sessions at the facility of your choice. It is recommended that your first session is the day after surgery.

POST OPERATIVE INFORMATION

Diet

- You may return to your normal diet after surgery; there are no restrictions. High fiber foods will help with potential constipation.
- Stay well hydrated, drink plenty of non-caffeinated beverages.
- Do not drink alcohol while taking narcotic medications.

Activity

- You may not drive until cleared by your surgeon, this is dependent on surgical side, type of vehicle, and narcotic use, this can be 1 to 3 weeks.
- You may bear weight as much as the pain allows.
- Progress from walker to cane to no assistive device when you feel safe; PT will help with this. If you feel unsteady using a cane, continue to use a walker
- Avoid limping, it is important to use your new joint.
- Walk intermittently during the day. While there are no restrictions, some patients will overdo it. Any increase in swelling in your operative leg/ ankle/foot means it's time for a break. Ice and elevate toes above the nose.
- Continue to stand up every 45-60 minutes. Avoid sitting for prolonged periods of time.
- Ice and elevate your leg after activity. Change ice gels every 4 hours (ice wrap and gels provided day of surgery).
- Avoid situations that increase your risk of falling and use appropriate assistive devices during activities such as climbing or descending stairs, showering, or bathing, getting in and out of cars.
- Stairs: Up with good, down with the bad.
- **Total Knee Patients -Do NOT place a pillow under your operative knee** or keep your operative knee bent for long periods of time.
 - Work on straightening the knee, working up to 10 minutes a session/3 times a day.
- Avoid leg rolling out when sitting on a recliner or bed.
- Do the exercises in FORCE Therapeutics when you are at home on days you don't have outpatient PT.
- Avoid smoking or using tobacco products as these will slow your healing process.
- You may resume normal sexual activity when you are discharged. If you are unsure about positions/precautions, please ask your surgeon/PA at your first post operative appointment.

Deep Vein Thrombosis (DVT) / Blood clot

- Blood clots can occur after surgery. Walking every hour, while awake, is the best prevention.

- Pump your feet and ankles up and down, every hour, to encourage blood flow and stimulate the muscles.
- You will be given medications to help prevent blood clots as well (aspirin or other blood thinner)
- If you have a hot painful calf, please contact us.

Bandage/Incision Care

- Your surgical incision is closed with dissolvable sutures, adhesive, and covered with a waterproof bandage.
- You may shower the day after surgery, when drying off after a shower just pat the dressing dry.
- If an edge starts to peel up, use some medical tape from the pharmacy to tape it down.
- Please **do not remove** your bandage; your surgeon will remove it during your first post-op visit.
- If your bandage becomes saturated or falls off, please call us; we want the incision to remain clean and dry.
- Do not put anything on the incision until the incision looks like a scar (no scabs or openings).

DO NOT SOAK YOUR INCISION UNTIL COMPLETELY HEALED, ABOUT 4-6 WEEKS

NO TUB BATHS, POOLS, HOT TUBS, OCEANS, etc.

Falls

- You are at risk for falling due to a change in your mobility and the side effects of the medications
- Use your walker for stability
- Do not attempt to walk from laying down or standing up without taking a moment to make sure you are not dizzy
- Ask for assistance when needed
- Use chairs with arms to help when standing up
- Wear shoes with adequate support
- Use good lighting and be aware of trip hazards around the house (pets, rugs, cords, etc)
- If you fall and feel you have injured yourself, please call your surgeon

Medications

You will be given a medication reconciliation form while in the recovery room. These are the instructions for when to resume your normal medications. Some changes may be made so please keep this document somewhere for easy reference.

Other post-operative medications will be prescribed for you. We will provide a cheat sheet of all the medications and how to take them.

Aspirin (or other blood thinner)

- You will be placed on medication to help prevent the formation of blood clots; most patients will be prescribed Aspirin. The **Aspirin 81mg should be taken twice a day, for 6 weeks.** It is **mandatory to take a blood thinner after surgery.**
- Other patients may be prescribed Xarelto or Eliquis if you are already taking them or are at higher risk.

Celebrex (Celecoxib) or Meloxicam

- There is good evidence in orthopedic literature that the use of Celebrex can help significantly with postoperative pain. If your insurance does not cover Celebrex, you may elect to pay out of your pocket. If authorization is needed, please let your surgeon's office know (the pharmacy will tell you). However, while this medication will help with your post-operative pain, ***it is not mandatory.***
- If you have an allergy to sulfa drugs, Meloxicam may be prescribed.

Tylenol (acetaminophen)

- Tylenol will help increase the effectiveness of opiate pain medications and help the pain relief last longer. You may safely take up to 3000mg of Tylenol daily without side effects or complications. You will take 1000mg every 8 hours.

Prilosec (Omeprazole)

- This medication is used to help prevent the risk of gastric bleeding and ulcers associated with aspirin and GI upset from other medications prescribed.

Neurontin (Gabapentin)

- These medications are commonly prescribed to help reduce neuropathic/nerve pain. This will help to decrease nerve pain at night and provide relief during sleep. Several orthopedic studies have shown good results with these types of medications in reducing pain after surgery.

Valium (Diazepam)

- Valium has a couple benefits; it can help with muscle spasm or twitching but is also helpful as a sleep aid.
- **DO NOT** take valium at the same time as the narcotics (Oxycodone or Dilaudid) space them out 2 hours.

Colace (Docusate Sodium)

- This is a stool softener. Pain medication and anesthesia will likely cause constipation. Please take it as directed.
- If you have not had a bowel movement in 3 days and/or are feeling bloated/distended/crampy, you may try an over-the-counter laxative (such as Dulcolax suppository, magnesium citrate).
- If you still have issues, let us know.

Oxycodone (or another narcotic)

- For severe pain, take as needed, but only take what is necessary to reduce side effects
- This has potential to make you constipated, and/ or may make you itch. Colace and Benadryl will help.
- **DO NOT** take valium at the same time as the narcotics (Oxycodone or Dilaudid) space them out 2 hours.
- Delaware Orthopedic Specialists will continue to prescribe pain medications (up to 90 days) if they are needed and are being used responsibly. Please call the office in a timely manner when you need a refill since the on-call MD will not be able to call in pain medication to your pharmacy; 302-655-9494

Benadryl (Diphenhydramine)

- Helps with allergy type reactions to medications and bandage irritation, it can also help you sleep.

Pain Management

- You will receive local anesthesia in the operating room to help with immediate post op pain
- Expect some discomfort after surgery, even with pain medication.
- Tylenol- will help with mild to moderate pain
- Gabapentin- will help with nerve pain
- Oxycodone/narcotic- will help with severe pain
- Ice and elevation- will help with swelling which can cause pain
- FORCE has additional information regarding alternative therapies to help with pain

Prophylactic Antibiotics

- You will be required to take antibiotics for dental procedures for up to 2 years after your joint replacement. Contact your surgeon for specific instructions.
- You do not need to contact the doctor's office for antibiotics for any other procedure. Including: colonoscopy, biopsy, minor surgical procedures, ingrown toenails, cortisone, etc.
- If you are having another surgical procedure, and antibiotics are needed, your doctor performing the surgery will provide them to you

What To Expect / Common Concerns

Swelling: swelling of the lower leg on the side of the surgery **will occur after the surgery**. You may develop some swelling on the opposite leg as well. While the body is attempting to swell around the surgery site, gravity will push much of the swelling down the leg. This will cause swelling to increase throughout the day while you are walking, seated, or participating in PT. Swelling will peak days 3-14 after surgery and can last up to 6 months. **Everybody develops some degree of swelling**. Swelling is not from infection. Remember, ice and elevation will help to decrease swelling.

Blisters: You may develop blisters or redness around the bandage. Do not touch or pop the blisters. Place gauze and medical tape over the blisters and keep them covered. They may pop or dissolve on their own. If the blisters pop, wash the area with soap and water and keep them clean and dry. No treatment is required.

Elevate your leg: It's best to have your leg elevated on multiple pillows, toes as high as your nose; or above the level of your heart whenever you are resting. For knee replacements keep your leg straight, not bent (no pillows behind your knee).

Warmth: You may experience some warmth around the incision. This is a sign of inflammation and is part of the normal healing process and may last up to 6 months after surgery.

Bruising: You will have bruising after surgery, anywhere from your upper thigh down to your toes. Elevate the leg and use ice on the areas. No treatment is needed. Bruises may remain for 3-4 weeks after surgery.

Fever: You will likely run a mild temperature for weeks after the surgery. Elevated temperatures are a normal occurrence after surgery resulting from stress on the body. A 'fever' is considered a sustained temperature above 101.5 F. Minor fevers can usually be relieved with the use of OTC Tylenol, as directed. Chills and 'inability to get warm' are also common complaints after surgery. No treatment is usually needed for these symptoms.

Difficulty Sleeping: It is common to not be able to sleep well for weeks after the surgery. While sleeping, many people begin to experience nerve pain. The prescribed gabapentin may help with this pain. Benadryl can help or sleep aids such as Melatonin, take as directed.

Constipation: Constipation is a common problem after surgery. Pain medication and anesthesia, in addition to dehydration, result in constipation. Take only as much prescription pain medication as needed. Drink plenty of fluids. Increasing your fiber intake will help as well.

Increased Urination: Frequent urination is common after surgery but burning when urinating is not. If this symptom occurs, call your Primary Care Physician.

Incontinence: It is common for some people to have incontinence after surgery. It usually clears up in 3-6 weeks.

Itching: It is common to have some itching after surgery. All narcotic medications will cause some degree of itching, so switching medications will not help. Benadryl or OTC antihistamines may help relieve the symptoms. Wearing loose-fitting clothing may help as well.

CONTACT US

A Restore Ortho RN is available for either text or calls. They have direct contact with the surgeons and PA's and can assist you with how you should proceed.

Monday through Friday 8am to 4pm @ 610-421-0516

GO TO AN **EMERGENCY ROOM/ CALL 911** for the following emergent concerns:

- Chest pain
- Severe shortness of breath
- Fall, if you cannot stand up unassisted
- Coughing up blood
- Localized chest pain with coughing
- Unresponsiveness

Billing Information

Overpayments and refunds are processed 4-6 weeks from finalized and paid insurance claim.

Refunded to the original form of payment unless a check is requested. 610-672-4963

Anesthesia Services PA will bill your insurance separately; their phone number is 877-746-7090

ADDITIONAL INFORMATION

Driving and Returning to Work

- You may resume driving when cleared at your follow-up appointment.
- To drive, you must be walking with a cane (no longer using a walker) and must cut back on oral pain medications.
- With many disability /FMLA forms, you can be out of work for up to 3 months (depending upon your progression with your exercises, pain, physical therapy).
- You may return to work whenever you feel you can safely perform your job, which is about 6 weeks. A note can be provided.
- You should not travel long distances via car, train, or plane for 6 weeks after surgery. Your risk of clots increases with sedentary positions.

Call the [surgeon's office](#) for the following concerns: 302-655-9494

- Handicap placard
- Follow Up appointment scheduling
- Narcotic prescription refills
- Dental Appointment Antibiotics
- Disability and Employment Paperwork:
 - All disability paperwork will be completed within 2 weeks of your surgery date.
 - ***All forms must be dropped off, in person, at the front desk of Delaware Orthopaedic Specialists Office, to be completed.***
 - Please complete your portion prior to dropping it off. This avoids delays. There is a \$30 fee charged for completing disability paperwork.

Donating Blood/Blood Transfusions:

- ***It is not recommended that you donate blood within 3 months of the surgery date.***
- The risk of needing a blood transfusion after surgery is extremely low. If you donate blood prior to surgery, the likelihood of you needing a blood transfusion after surgery rises.

Physician's Assistants

We do not train orthopaedic residents, but Physician's Assistants will be involved in all aspects of your care.

Cancellation Fee

Please note there will be a \$250 cancellation fee for any surgeries canceled within 7 business days prior to the surgery date. If your surgery is canceled due to a medical reason or an insurance reason, you will not be charged.