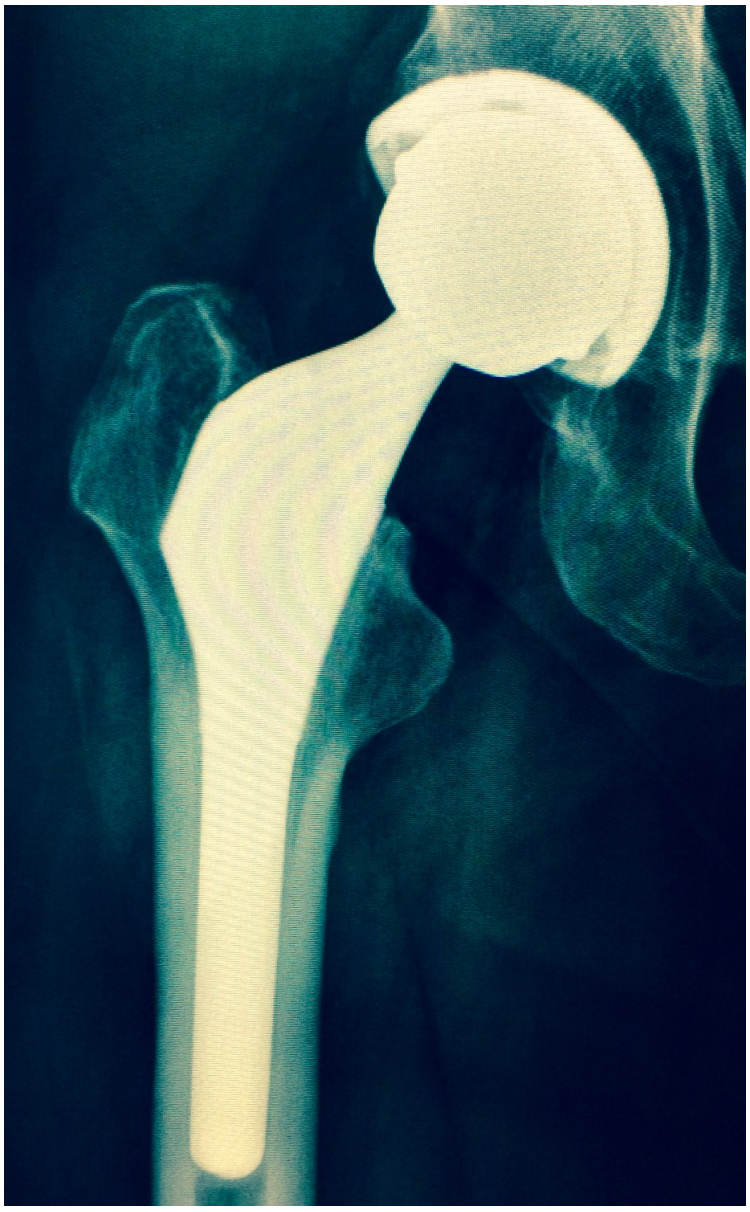
RESTORE MY JOINT



GUIDEBOOK FOR HIPS

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MISSION STATEMENT

Kenneth C. Sands, MD *and his staff are committed to excellence in the treatment of patients with musculoskeletal injuries. Our goal is to serve you professionally, compassionately, and efficiently while improving your quality of life by reducing pain and restoring mobility so that you can return back to your active life. Excellence in Orthopaedic care is our top priority.*

SECTION ONE: QUALITY ORTHOPAEDIC CARE

YOUR RESTORE MY JOINT TEAM

- **Orthopaedic surgeon:** Kenneth C. Sands, MD's practice focuses on early intervention of hip and knee disorders through non-operative and operative measures, isolated patellofemoral resurfacing, primary anterior and posterior hip replacement, knee replacement, complex and revision hip and knee replacement, mobile bearing and robotic uni-compartmental knee replacement, total hip resurfacing and computer assisted surgery.

- **Physician Assistant:** Orthopaedic Physician Assistants assist in everything from diagnosing joint problems to making clinical rounds at the hospital. They conduct exams on new patients, write treatment plans, perform and interpret diagnostic tests. They assist Dr. Sands in the operating room during your surgery. The Physician Assistant works under the guidance of Dr. Sands.

- **Registered Nurse:** A RN is responsible for your care in and out of the hospital. At your first post-operative follow up you will be seen by our RN. Your nurse will ensure that orders given by Dr. Sands are followed, including medications, education, wound monitoring, mobility and strength.

- **Surgery Scheduler:** Your Doctor's surgery scheduler is responsible for scheduling your surgery at the hospital. The scheduler collects important information such as your health history and insurance. They also ensure that everything such as clearances, labs and anything needed for your surgery moves forward.

- **Medical Assistant:** The Medical Assistant performs clerical tasks which include completing FMLA paperwork, completing patient histories on medical records, setting up outpatient testing as ordered, referrals to outside providers, answering clinical questions, educating patients on musculoskeletal injuries, taking vital signs and preparing lab samples.

- **Physical Therapist:** Your Physical Therapist will help you teach you exercises and strengthening so that you can get back to your daily activities. They will show you how to use your walker and any other assistive devices.

- **Occupational Therapist:** Your Occupational Therapist will help guide you on performing daily tasks such as bathing, dressing with your new joint. They may demonstrate special equipment used in your home after you receive your new joint; including shower benches and rails.

SECTION TWO: PREPARING FOR SURGERY

START PRE-OPERATIVE EXERCISES

Regular exercise to restore you mobility and strengthen your muscles are important for a full recovery. We recommend that you exercise 20-30 minutes, two or three times a day and walk 30 minutes daily.

- **Preoperative knee exercises:**
    - Quadriceps- Tighten your thigh muscle. Try to straighten your knee. Hold for 5-10 seconds.
    - Abduction and Adduction- Lying on your back toes pointed to ceiling and knees straight, tighten the thigh muscles and slide leg out to side and back to the starting position. Perform 15 times.
    - Ankle pumps- Move your foot up and down rhythmically by contracting the calf and shin muscle. Perform this exercise periodically for 2-3 minutes.
    - Gluteal sets- Squeeze your buttocks together. Hold for 5 seconds. Do this at least 20 times a day.
    - Heel slides- While lying on your back, slide your heel up the surface bending your knee. Perform 20 times.
    - Short Arc Quads- While lying on your back, place a 6-8 inch roll under knee. Lift the foot from the surface, straightening the knee as far as possible. DON'T raise your thigh off the roll. Perform 2 sets of 15.
    - Armchair push-ups- Sit on a stable chair with feet flat on the floor and place our hands on the armrests. Straighten your arms raising your bottom up from the seat as far as possible. Do these 10 times twice a day.

PRE-OPERATIVE CLASS

A special class is held for all patients that are having a joint replacement. It is taught by a Registered Nurse that will cover everything that is expected to happen before, during and after surgery. It is a mandatory class that is held 3 weeks before your surgery. Prior to this class you need to make sure that you have completed your clearances that are required for surgery. Any special testing that was ordered for the clearances. Please bring a current list of all of your medications at this time.

YOUR PREOP JOINT CLASS IS ON_____

SUMMARY OF CLASS

- Consents signed
- All necessary paperwork completed
- Surgical clearances (labs, x-rays)
- When to stop medications and which ones
- Soap and instructions
- Preparing your home
- What to bring to the hospital
- Smoking Cessation
- Physical Therapy/Occupational Therapy
- Anesthesia
- Pain management
- Blood clot prevention
- Breathing exercises/Incentive spirometer

SMOKING CESSATION

Tobacco and nicotine use are known to impair the body's ability to heal bones and wounds. Every tissue in the human body is affected by smoking, but many effects are reversible. By avoiding or quitting smoking, you can reduce your risk for incurring many conditions. Patients who quit smoking before and during Orthopaedic treatment have less pain than those who smoke, but also better outcomes. Quitting smoking can also help your body regain some of its normal healthy functioning.

- Smoking increases your risk of developing osteoporosis- a weakness of bones that causes fractures. Elderly smokers are 30% to 40% more likely to break their hips than non-smokers. Smoking weakens bones in several ways.

    - Studies have shown that smoking reduces the blood supply to bones, just as it does to many other body tissues.
    - The nicotine in cigarettes slows the production of bone-forming cells (osteoblasts) so that they make less bone.
    - Smoking decreases the absorption of calcium from the diet. Calcium is necessary for bone mineralization, and with less bone mineral, smokers develop fragile bones (osteoporosis).
    - Smoking seems to break down estrogen in the body more quickly. Estrogen is important to build and maintain a strong skeleton in women and men.

- Smoking also effects the other tissues that make up the musculoskeletal system, increasing the risk of injury and disease.

    - Smokers are 1.5 times more likely to suffer overuse injuries, such as bursitis or tendonitis.
    - Smokers are also more likely to suffer traumatic injuries, such as sprains or fractures.
    - Smoking is also associated with a higher risk of low back pain and rheumatoid arthritis.

- Smoking has a detrimental effect on fracture and wound healing.

    - Fractures take longer to heal in smokers because of the harmful effects of nicotine on the production of bone forming cells.
    - Smokers also have a higher rate of complications after surgery than nonsmokers- such as poor wound healing and infection-and outcomes are less satisfactory. This is related to the decrease in blood supply to the tissues.

PREPARING YOUR HOME

It is very important to prepare your home prior to going into the hospital. Below is a safety checklist to go over. Safety comes first.

- Install night lights in your kitchen, bathroom, bedroom and hallways.
- Remove all electrical cords that are in any walkway areas.
- Remove all throw rugs and check your carpeting to make sure there are no loose edges.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Install grab bars in the bathroom. Put adhesive slip strips on the bottom of the tub.
- Check all rails to make sure they are not loose.
- Put anything you use often on a shelf or surface that is easy to reach.
- Prepare meals and freeze them so you have them when you get home.
- Put clean linen on your bed.
- Do all your laundry in your home and put them away.
- Make arrangements to have the grass, garden or any yard-work completed.
- Make sure someone checks your mailbox while you are in the hospital.
- If you have any pets, make sure they have someone to take care of them.
- Bath seats, grab bars, long handled bath brushes, shoe horns, reachers, and sock aids are typically not covered by insurance.

WHAT TO BRING TO THE HOSPITAL

Please bring your personal hygiene items that you use on a daily basis such as deodorant, razors, toothbrush, and toothpaste. We want you to feel like you are in your own home. Below is a list of what you must bring to the hospital.

- This book (Guidebook)
- Personal hygiene items
- A list of all of your medications. (see forms in back of book)
- Your insurance card, driver's license or photo ID.
- Any copay that is required by your insurance company.
- CPAP machine and supplies
- Hearing aids, dentures and glasses. Please have a container for each item and put your name on them.
- Telephone numbers of the people you want to call.
- Any books, magazines or hobby items so that you feel more at home.
- Clothing to wear each day should include:
    - 3 pairs of underwear
    - 3 shirts
    - 3 shorts- basketball style with nylon material. This will help with transferring from bed to chair and be more comfortable during physical therapy.
    - A set of pajamas.

ANESTHESIA

Your surgery will require the use of general anesthesia or regional anesthesia provided by an anesthesiologist. Your surgeon will discuss with you what his preference is.

- **General Anesthesia** which provides loss of consciousness.
- **Regional Anesthesia** which involves an injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large area of your body. This includes spinal blocks, epidural blocks and leg blocks. Medication is given to you to make you drowsy so that you will sleep and not remember anything during the procedure.

Requirements for Anesthesia

- EKG- within the last 6 months
- Labs- CBC, Chem 8, PTT, PT, Urinalysis with culture if indicated
- Chest xray

If you have had **ANY** of the following below, it is required that you provide us with a copy of the results 3 weeks prior to surgery.

- Stress test within the last 2 years
- Cardiac catheterization within the last 5 years
- Echocardiogram within the last 2 years
- Sleep study within the last 5 years
- Pulmonary function test within the last 5 years

SPECIAL INSTRUCTIONS

MEDICATIONS THAT MUST STOP 10 DAYS PRIOR TO SURGERY:

- Vitamins
- Herbals
- Dietary Supplements
- OTC (over the counter) except Tylenol
- Aleve
- Advil
- Ibuprofen
- Motrin
- Excedrin
- Bayer
- Celebrex
- Naproxen
- Naprosyn
- Mobic
- Relafen
- Voltaren
- Cataflam
- Prednisone
- NO Injections 6 weeks before surgery

If you are taking **Coumadin, Plavix, Pradaxa, Xarelto or any other blood thinner** we require a letter from the prescribing doctor on when to stop. This letter needs to be given to our staff 3 weeks prior to surgery.

SOAP 4 DAYS BEFORE SURGERY

Chlorhexidine Gluconate Shower (CHG)

Because skin is not sterile, we need to be sure that your skin is as free of germs as possible before your surgery. You can reduce the number of germs on your skin and decrease the risk of a surgical site infection by preparing your skin with a special soap called Chlorhexidine Gluconate (CHG).

Please follow the instructions below:

If you are allergic to CHG or for any other reason washing with CHG is not possible, please follow the instructions attached and use antibacterial soap. (such as Dial)

INSTRUCTIONS:

CHANGE BED SHEETS AND START SOAP ON _____

Shower with CHG daily for (4) four consecutive days including the day of your surgery.

1. Wash your hair, face, and body, with your normal shampoo and soap. Rinse completely.
2. Turn off the shower.
3. Apply the CHG soap to a freshly laundered washcloth.
4. Lather and wash your entire body from the neck down.
   NOTE: NEVER USE THE CHG SOAP NEAR YOUR EYES, IN YOUR EARS OR MOUTH. DO NOT USE AROUND THE GENITAL AREA.
5. Rub the soap filled washcloth over your entire body for 3 minutes – apply more soap as needed.
6. Turn on the shower and rinse the liquid soap off your body.
7. Towel dry.

NOTE: One 8-ounce CHG bottle should be divided equally between the 4 showers

STOP USING THE SOAP AND CALL YOUR DOCTOR IF YOU HAVE A SKIN REACTION SUCH AS SEVERE BURNING, ITCHING, REDNESS, BLISTERING, PEELING, SWELLING, RASH OR ANY OTHER SEVERE IRRITATION.

THE DAY/NIGHT BEFORE SURGERY

The **hospital** will call you the day before your surgery after 4pm and let you know what time to arrive on surgery day.

Examples:

Surgery on Friday the hospital will call Thursday after 4pm

Surgery on Monday the hospital will call Friday after 4pm.

Surgery on Tuesday the hospital will call Monday after 4pm.

Surgery on Wednesday the hospital will call Tuesday after 4pm.

Surgery on Thursday the hospital will call Wednesday after 4pm.

DON'T eat or drink anything after midnight the night before your surgery. This includes water, chewing gum, cough drops, mints or any hard candies. You may be instructed to take certain medications.

SECTION THREE: WHAT TO EXPECT AT THE HOSPITAL

DAY OF SURGERY

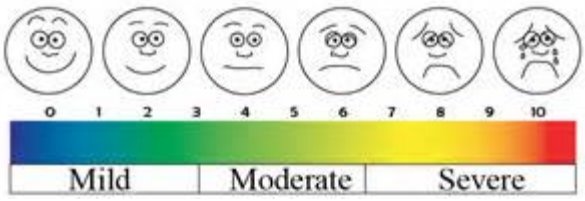
You will meet with a surgical team consisting of your Anesthesiologist, Orthopaedic Surgeon, Physician Assistant, Registered Nurse, Operating Nurse, Scrub Nurse, and PACU Nurse. Each person has an intricate roll in your recovery process.

After your surgery you will be taken to the recovery area where you will be for up to two hours. Vitals, medication and x-rays are completed during this time.

When you leave the recovery area you will be taken to your room where you will meet your Registered Nurse that will care for you. You should only have close family with you at this time because you will be sleepy from the medication given to you.

Depending on how your surgery went you may be assisted up to the chair or even walking on the day of surgery.

PAIN/PAIN MANAGEMENT



Pain is your body's way of sending a warning to your brain. When you have surgery tiny cells send messages along nerves into your spinal cord and then up to your brain. Pain medication blocks these messages or reduces their effect on the brain. All staff members will ask you about your pain. We need to know this information so that we know if your pain is managed.

All patients have a right to have their pain managed. Controlling your pain is important in the progression after your surgery. Some pain is common after surgery, but you shouldn't have to endure severe pain. Pain medications are a key part of your recovery. Well controlled pain using pain medications can speed healing and lead to fewer complications.

The time to talk about post-surgical pain relief and pain medications is before you have surgery. Being prepared can lead to more effective pain management.

- **Discuss previous experiences with pain:** Before surgery talk to your doctor about your experience with different methods of pain control. Mention what worked for you and what didn't.
- **Talk about chronic pain:** If you have chronic pain and see a pain management doctor you will likely have to deal with that pain in addition to the post-surgical pain. Your body may be less sensitive to pain medication.
- **Be honest about your alcohol and drug use:** If you are a recovering alcoholic or have a history of other addictions we can plan for pain control that minimized the risk of relapse. If you are currently misusing alcohol or drugs- even those that have been prescribed for you- let your doctor know. Withdrawing from these substances can be difficult, and the post-surgical period is not the time to try it.
- **Ask questions:** Find out how severe the pain typically is after this type of surgery, and how long it lasts. What kind of pain medications will be given after surgery? What are the possible side effects of these medications? What can be done to minimize side effects?

Post-surgical pain control requires balancing benefits and risks. If your pain medications are too strong, you may have side effects, such as sleepiness, nausea or vomiting. But if the pain medications are too weak, you may experience unnecessary pain.

Pain limits your ability to breathe deeply, cough, walk and perform the activities necessary for a speedy recovery. The goal is finding the right balance for you at each point during and after your surgery.

Many types of medications are available to help control pain, including opioids, non-steroidal anti-inflammatory drugs (NSAIDS), and local anesthetics. In order to effectively manage your pain, your surgeon will take into account several factors that are unique to you and your situation.

Opioids are the most effective medicines for moderate to severe pain, especially for managing short term pain after surgery.

Opioids work rapidly to block pain and also change the way your brain perceives pain. The pain relief they provide allows you to be more active during the day and get more rest at night.

Common side effects of opioids are:

- Drowsiness
- Confusion
- Nausea
- Constipation
- Itching

Opioid Dependency: Opioids can provide excellent pain relief and help to speed your recovery from surgery. They are, however, a narcotic and can be addictive. While addiction is unusual, it is important to use opioids only as directed by your doctor. You should stop taking these medications as soon as your pain starts to improve.

DISCHARGE FROM HOSPITAL

Please arrange for someone to drive you home. You must have reliable transportation home. You will receive written instructions concerning medications, physical therapy, and activities you can perform before being discharged. Equipment that you will need will have already been ordered for you and you will have that prior to your discharge. Most patients go home with outpatient physical therapy. If the case manager and Physical Therapist determines that home health care services are needed then they will arrange for someone to visit you at your home.

Please keep in mind that the majority of our patients do so well that they don't meet the guidelines to qualify for a sub-acute rehab. Insurance companies do not become involved in social issues, such as lack of a caregiver, caring for animals and living alone. These issues must be addressed prior to admission.

A sub-acute rehab stay must be approved by your insurance company prior to payment. A patient's stay in a rehab facility must be done in accordance with the guidelines established by Medicare or your insurance company. Although you may desire to go to a rehab when you are discharged, your progress will be monitored by your insurance company while in the hospital. Based on you insurer's evaluation of your progress, either you will meet the criteria or your insurance may recommend that you return home with other care arrangements. Having a Joint Replacement is considered an **elective** surgery. Therefore, it's important for you to make alternative plans prior to surgery for your care at home.

SECTION FOUR: YOUR JOINT RESTORED

THINGS TO KNOW WHEN AT HOME

- Take your pain medication 30 minutes before physical therapy.
- Use ice for pain control. Applying ice to your affected knee will decrease discomfort, but don't use for more than 20 minutes each hour.
- Don't sit in a chair all day. Get up and move every 45 minutes.
- Pain medication decreases your appetite. Make sure to drink plenty of fluids so you don't become dehydrated.
- While you are recovering, don't nap during the day so that you will sleep better at night.
- You will have a decrease of energy the first month. THIS IS NORMAL.
- Pain medication will make you constipated. You can use stool softeners or a laxative, if necessary.
- You will need to wear your TED hose for 4 weeks after surgery. On during the day and off at night. If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise your leg above your heart level.
- Your Aquacel dressing is good for 1 week from when it is placed. You may shower with it in place but no baths, swimming pools, sauna or hot tubs. It is waterproof not submergible proof. After the 1 week your dressing can be removed and as long as there is no active drainage it may stay off. You are still not allowed any of the above activities until your incision is completely healed.

PREVENTING POTENTIAL COMPLICATIONS

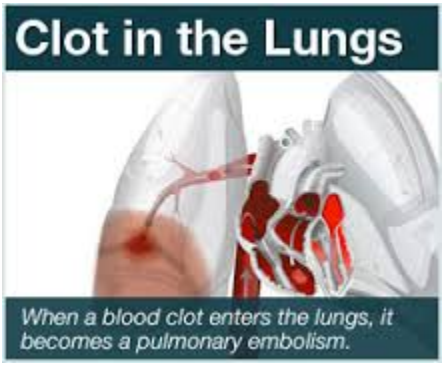
Be Clot Aware

DVT- BLOOD CLOTS

- Swelling in the affected leg, ankle or foot.
- Pain in your leg; the pain often starts in your calf and can feel like cramping or a charley horse.
- Warmth over the affected area.
- Changes in your skin color, such as turning pale, red or blue.

INFECTION

- Redness and pain around the area where you had surgery.
- Drainage of cloudy fluid from your surgical site.
- Fever



PULMONARY EMBOLISM

- Sudden onset
- Shortness of breathe
- Rapid breathing
- Chest pain (worse by breathing)
- Cough and hemoptysis (coughing up blood)e
- Impending sense of doom
- Rapid heart rate

WHAT TO EXPECT 2 WEEKS AFTER SURGERY

- **You may transition from a walker to a cane or a cane to nothing depending on your progress.**
- Walk at least 300 feet with support.
- Do 20 minutes of exercises at home twice a day, either with or without your Physical Therapist.
- Independently shower, bathe and dress.
- Climb and descend a flight of stars with a rail once a day.
- Gradually resume normal home tasks.

Direct Anterior Total Hip Patients

ALWAYS MAINTAIN ANTERIOR HIP PRECAUTIONS

No external rotation of your foot (pointing toes out to the side) and extending your leg behind you.

Posterior Total Hip Patients

ALWAYS MAINTAIN POSTERIOR HIP PRECAUTIONS

No bending at the waist greater than 90 degrees, no crossing of the legs, no flexion of the hip and internal rotation of the leg (turning the toes and foot toward the other foot)

WHAT TO EXPECT 4 WEEKS AFTER SURGERY

- Continue to do the exercises daily that your Physical Therapist has instructed you to do.
- You may transition from your cane to nothing depending on your progress.
- Walk at least ¼ mile a day.
- Climb and descend a flight of stairs twice a day.
- Independently shower and dress.
- Do 20 minutes of home exercises twice a day with or without your Physical Therapist.
- Resume normal tasks at home.
- 30 days after surgery you may begin driving as long as you are not on pain medication.

WHAT TO EXPECT 6 WEEKS AFTER SURGERY

- Make sure you have achieved your goals prior to 6 weeks.
- Walking without a cane
- Walk at least ¼ of a mile a day but ½ would be better.
- Begin progressing on stairs from one foot at a time to regular stair climbing (foot over foot).
- Continue doing your home exercise program at least twice a day.
- Drive a car.
- You may golf but only putting and chipping.

WHAT TO EXPECT 12 WEEKS AFTER SURGERY

- Achieve all prior goals.
- Walk with no cane and without a limp.
- Walk at least ½ a mile a day.
- Climb and descend stairs in a normal way.
- Resume all activities including golf, bowling, dancing.

SECTION FIVE: ACTIVITIES FOR DAILY LIVING

STANDING UP FROM A CHAIR:

DON'T pull up on the walker to stand. Sit in a chair with arm rests when possible by using the following technique:

1. Scoot to the front edge of the chair.
2. Push up with both hands on the armrests. If sitting in a chair without an armrest, place one hand on the walker while pushing off the side of the chair with the other.
3. Balance yourself **BEFORE** grabbing the walker.

GETTING IN AND OUT OF BED:

INTO BED

1. Back up to the bed until you feel it on the back of your legs (you will need to be mid-way between the foot and head of the bed).

2. Reach back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress.
3. Move your walker out of the way, but keep it within reach. Scoot your hips around so that you are facing the foot of the bed.
4. Lift your operated leg into the bed while scooting around (you may need to use your other leg, a cane, a belt or elastic band to assist with lifting that leg into bed).
5. Keep scooting and lift your other leg into the bed.
6. Scoot your hips towards the center of the bed.

OUT OF BED

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-operated leg to the floor.
3. If necessary, use a leg lifter to lower your surgical leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing off the bed with the other.
6. Balance yourself before grabbing for the walker.

GETTING INTO AND OUT OF TUB USING A BATH SEAT:

INTO THE TUB

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it at the back of your knees. Be sure you are in front of the bath seat.
3. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
5. Move the walker out of the way, but keep it within reach
6. Lift your legs over the edge of the tub, using a leg lifter for the surgical leg, if necessary. **HOLD ONTO THE SHOWER SEAT OR RAILING.**

OUT OF THE TUB

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

WALKING:

Take small steps keeping the legs of the walker in contact with the floor and pushing the walker forward like a shopping cart. **DON'T** lift the walker as your step.

1. Push the rolling walker forward.
2. Step forward placing the foot of the operated leg in the middle of the walker area.
3. Step forward with the non-operated leg. **DON'T** step past the front wheels of the walker.

STAIR CLIMBING:

1. Ascend with non-surgical leg first **(Up with the good).**
2. Descend with the surgical leg first **(Down with the bad).**
3. Always hold onto the railing.

GETTING IN A CAR:

1. Push the car seat all the way back; reclining the seat back to allow access, but always have it in the upright position for travel.

2. Place a plastic bag on the seat to help you slide.
3. Back up to the car until you feel it touch the back of your leg.
4. Hold on to an immovable object-car seat, dashboard- and slide the operated leg out straight. **WATCH YOUR HEAD** as you sit down. Slowly lower yourself into the car seat.
5. Lean back as you lift the operated leg into the car. You may use a leg lifter, cane or other device to assist.

GETTING DRESSED:

PUTTING ON PANTS OR UNDERWEAR

1. Sit down
2. Put your operated leg in first and then your non operated leg. Use a reacher or dressing stick to guide the waistband over your foot.
3. Pull your pants up over your knees, within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.

TAKING OFF PANTS OR UNDERWEAR

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your surgical leg out straight.
4. Take your non-surgical leg out first and then the surgical leg.
5. Use a reacher or dressing stick to help you move your pants from your foot and off the floor.

HOW TO USE A SOCK AID:

1. Slide the sock onto the sock aid.
2. Hold the cord and drop the sock aid in front of your foot. It's easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe, and pull the sock on. Keep pulling until the sock aid pulls out.

LONG-HANDLED SHOE HORN

1. Place the shoehorn inside the shoe against the back of your heel.
2. Lean back, if necessary as you lift your leg and place your toes in your shoe.
3. Step down into your shoe, sliding your heel down the shoehorn.

WHAT TO EXPECT FOR THE REST OF YOUR LIFE:

- You need to have a regular exercise program to maintain the fitness and the health of the muscles around your joints.
- Impact activities such as running and singles tennis will put too much load on your new joint.
- High risk activities such as sky diving, downhill skiing are not recommended because of the risk of fractures around the prosthesis and could damage the prosthesis itself.
- Antibiotics are required for ALL dental procedures **(including cleanings)** for the rest of your life.
- If you develop a fever greater than 100.5 or sustain an injury such as a deep cut or puncture wound notify your surgeon. The closer the injury is to your prosthesis, the greater the concern.
- See your surgeon yearly unless otherwise recommended.

SECTION SIX: EXERCISES

- Ankle pumps
- Quad sets
- Gluteal Sets
- Hip abduction and adduction
- Short Arc Quads
- Heel Slides
- Standing heel/toe raises
- Armchair push ups

ADVANCED

- Stomach lying- Hamstring Curl/Quad Stretch
- Bridges
- Wall slides
- Standing marches
- Standing hip and knee extension

POST OPERATIVE SURGICAL TIPS

Constipation

- Take non-stimulant stool softener twice a day while on pain medications.
- Purchase a laxative (Mirilax) and take once a day while you are on pain medications. One of the side effects of pain medication is constipation.

TED Hose

- Use a quart size Ziploc bag and place over your foot to help slide the TED hose on easier.

Pain Medication

- Your pain medication is ordered every 4 hours. If you need them then take them. We are only allowed to prescribe them to you for 90 days. If taking them as prescribed, they will not be habit forming. You need them to be able to do all of your Physical Therapy. You can call our office once a week for a refill. Dr. Sands is only here to sign them on Tuesday and Thursday. Be aware of how much you have and call by Wednesday.

Driving

- If your right hip/knee has had surgery then you have to wait for 30 days and be off narcotic pain medication.
- If your left hip/knee has had surgery then you have to wait for 2 weeks and be off narcotic pain medication.

Swelling and Bruising

- It is not uncommon to have swelling and bruising up and down the surgical area. From your hip to your toes. Ice and elevation will help with this. Remember, if you are on your feet you are going to have swelling in your ankles and toes.

Return to work

- Return to work will be discussed at your post-op appointments. Remember, you need to give yourself enough time to heal.

Kenneth C. Sands, MD

Discharge Instructions for Total Hip Replacements:

1. **WOUND CARE**
   A. Your dressing is waterproof.
   B. Your dressing can be left in place for up to 7 days unless the drainage covers more than 60% of the Aquacel dressing. PLEASE READ HOW TO REMOVE THE DRESSING WITH THE INSTRUCTIONS PROVIDED ON A SEPARATE SHEET GIVEN BY YOUR DISCHARGE NURSE.
   C. If there is no active bleeding coming from your incision you may leave it open to air. If there is drainage then apply dry gauze and change it daily until your first post-op visit.
   D. NO tub baths, saunas or pools until there are no open areas. No scabs may be present. Usually about 3 weeks after surgery.
   E. Continue to use ICE to the surgical site several times a day.

2. **DVT PROPHYLAXIS**
   A. Continue to wear your TED Hose for 4 weeks from your surgery date. On during the day and off at night.
   B. Continue doing your exercises: Ankle pumps, leg lifts, butt squeezes, knee presses and knee extensions.
   C. Ecotrin 325mg twice a day for 30 days. Unless you have been directed otherwise by your physician.

3. **EXERCISES**
   A. Do your exercises as instructed by your Physical Therapist.
   B. Depending on your surgical approach, follow your hip precautions.

4. **THINGS TO REPORT TO YOUR DOCTOR**
   A. Bright red around your incision
   B. Temperature 101.0 or over
   C. Pain unrelieved by pain medications
   D. Calf pain or tenderness
   E. Any wound drainage
   F. Remind your Doctor or Dentist that you have had a “Joint Replacement”

5. **DISCHARGE PLAN**
   A. Home with home health and/or Outpatient Physical Therapy have been arranged

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6. Post-op appointment is on

ANY QUESTIONS OR CONCERNS PLEASE CALL 321-725-2225

SECTION SEVEN: FORMS

- Handicap parking permit
- Medications list
- Total Joint Surgical Consent
- Patient Responsibility
- Tranexamic Acid Questionnaire
- Tranexamic Acid Consent
- Preoperative Checklist

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR DISABLED PERSON PARKING PERMIT

*******SUBMIT APPLICATION TO YOUR LOCAL COUNTY TAX COLLECTOR'S OFFICE OR LICENSE PLATE AGENCY*******

www.flhsmv.gov/offices/

This form is not valid for more than 12 months from the date of the certifying authority's signature.

Please Print/Type below

APPLICATION BY DISABLED PERSON (See Warning Below)

I certify that I am a person with one of the disabilities listed in section 320.0848, Florida Statutes. I further state that my physician or other certifying practitioner has completed the statement of certification below on my behalf, as required in section 320.0848, Florida Statutes.

Name of Disabled Person as printed on their Florida Driver License or Florida ID Card		Current Disabled Parking Permit Number (if applicable)		Signature of Disabled Person or Guardian of the Disabled Person	
Date of Birth	Sex	Disabled Person's E-mail Address		Disabled Person's Phone Number	Date Signed
Address		City	State		Zip
Florida Driver License or Florida ID Number: (Required for permanent and temporary parking permits unless exception is noted by physician below)			If applicable, check one of the following: I am a frequent traveler. I am a quadriplegic.		

PHYSICIAN/CERTIFYING PRACTITIONER'S STATEMENT OF CERTIFICATION (See Warning Below)

☐ **TEMPORARY PERMIT:** This is to certify that the applicant named above is a person with a temporary disability (six months or less) that limits or impairs his/her ability to walk or is temporarily sight impaired. Due to the temporary specific disability(ties) checked below (2-8), the disabled person parking permit should be issued from _____ (date) through _____ (date).

☐ **PERMANENT PERMIT:** This is to certify that the applicant named above is legally blind or is a disabled person with a permanent disability (ties) that limits or impairs his/her ability to walk 200 feet without stopping to rest. Specify below (2-8) either legally blind or the specific disability (ties).

DISABILITY TYPE AS DISPLAYED IN FRVIS:

☐ 2. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit.

☐ 3. The need to permanently use a wheelchair.

☐ 4. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than one liter or the person's arterial oxygen is less than 60 mm/hg on room air at rest.

☐ 5. Use of portable oxygen.

☐ 6. Restriction by cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.

☐ 7. Severe limitation in a person's ability to walk due to an arthritic, neurological, or orthopedic condition.

☐ 8. Legally Blind (This is the only disability an Optometrist can certify.)

WARNING: Any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, F.S. The penalty is up to one year in jail or a fine of $1,000 or both.

Certification or License No. **(Required)** _____ of a Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist, Advanced Registered Nurse Practitioner under the protocol of a licensed physician or a Physician Assistant licensed under Chapter 458 or 459.			LICENSED IN THE STATE OF	
Print/Type Name of Certifying Authority	Business Address	City	State	Zip
Certifying Authority Signature	Date Signed:		(Area Code)Telephone Number	

☐ **SPECIAL EXCEPTION:** The severely disabled applicant named above applying for a permanent placard is unable to obtain a Florida driver license or identification card.
If the Special Exception box is checked, the certifying physician must provide his/her signature and date signed below.
If the Special Exception box is checked, one of the conditions in boxes 2-8 above must also be checked.

Certifying Authority Signature:	Date Signed:

APPLICATION BY AN ORGANIZATION (See Warning Above)

This is to certify that _____ provides regular transportation service to disabled persons having disabilities that limit or impair their ability to walk or are certified to be legally blind.

Number of Vehicles in fleet for this purpose:	FEID NUMBER	Organization's E-mail Address	
Signature of Organization's Authorized Representative		Date Signed:	
Address:	City:	State:	Zip:

TAX COLLECTOR USE ONLY

Agency Personnel Processing this Application	County	Agency	Date

NOTE: For renewals and replacements only, a veteran who has been previously evaluated and certified by the United States Department of Veterans Affairs or any branch of the United States Armed Forces as permanently and totally disabled from a service-connected disability may provide a United States Department of Veterans Affairs Form Letter 27-333, or its equivalent, issued within the last 12 months in lieu of a certificate of disability.

MEDICATION LIST:
PLEASE INCLUDE ALL OVER THE COUNTER MEDICATIONS

Name:		**Date of Birth:**	
Medication/dose?	**When and how do you take this medication?**	**Why are you taking this medication?**	**Name of Doctor prescribing medication?**

Medication/dose?	When and how do you take this medication?	Why are you taking this medication?	Name of Doctor prescribing medication?

Total Joint Surgical Consent Form

Joint replacement surgeries are one of the most successful operations performed in orthopedics. However, joint replacement surgery is a major operation with certain risk.

The following information discusses the risk of surgery. These risks are not meant to scare you, but provide you with as much information about potential risk of the surgery. Risks include but are not limited to:

1. Bleeding: This could result in the need for blood transfusion. All blood products used from the blood bank have been screened for known blood pathogens, and the risk of acquiring a disease from blood transfusion is rare. More commonly, patients may develop a small reaction to the blood products resulting in fever.

2. Infection: The risk of infection is less than 1%. However, an Infection can be a devastating complication and needs to be addressed quickly. Blood borne infections can happen years after your joint replacement. Therefore it is important to have preoperative antibiotics before undergoing surgery for dental cleaning for at least 10 years after joint replacement surgery.

3. Pain: The goal of the operation is to eliminate or decrease your pain. However, a rare syndrome called reflex sympathetic dystrophy can occur following surgery. This syndrome causes chronic pain following surgery (usually knee surgery) and generally requires increased therapy and medication to attempt to reverse the situation.

4. Fracture: The type of fracture varies depending on the procedure.

   a. Knee surgery: Generally a fracture can occur at the lower end of your thigh bone, your knee cap or the upper end of your shin bone. These types of breaks can usually be treated with screws or plate and screws. Sometimes the fracture will require a different type of implant In order to provide more stability.

   b. Hip surgery: Generally the fracture occurs in the thigh bone and can usually be treated by a longer stem, cables or a plate. Fractures can also occur in the pelvis. These fractures may require a revision style implant, bone graft or a plate and screws.

   c. Resurfacing: Hip resurfacing surgery has many of the same risk factors associated with hip surgery with regards to the pelvis, but it also has a unique risk of femoral neck fracture. Worldwide the risk of femoral neck fracture associated with hip resurfacing is around 2-4%. These fractures generally happen within the first 3-6 months, but the risk remains present throughout the life of the implant.

5. Failure of the implant: All man made Implants have a lifespan. A general rule of thumb is that there is a 1% chance of failure for each year that you have your implant. (I.e. at 10 years, your chance for failure of the implant may be 10%) This is not a hard and fast rule, but it should provide you with a rough estimate of risk. The newer types of material used today have a theoretically decrease risk of failure.

6. Need for a revision surgery: In the event that your implant fails, most implants can be revised. There are multiple reasons why an implant can fail. Pain, instability, loosening, excessive wear, fracture, and infection are the most common. Late infection (greater than 30 days post operation) generally requires at least two operations to treat the infection.

7. Blood clots: Due to the nature of the surgery and your decreased mobility immediately following your surgery, blood clots can form in your calf or thigh and can be painful can cause swelling in your leg. Occasionally a blood clot in your leg may dislodge and travel to your lung causing a pulmonary embolus. In very rare cases, a pulmonary embolus can cause death. In order to prevent blood clots, you will be placed on a blood thinner medication after the surgery.

Initials_____

8. Generalized effects of surgery and anesthesia: Surgery and anesthesia can create a stress on your body. Patients with pre-existing medical problems are sometimes at increased risk for certain complications following surgery. Some issues that can arise as a result of surgery In general include but are not limited to: Postoperative confusion, heart attack, stroke, sore throat, weight loss, ulcers, ileus (GI system temporarily stops working), rash, low blood pressure, urinary tract infection, blisters, fatigue, decrease nerve function and kidney Issues.

9. Neurologic Injury: Although rare, neurologic Injury from either hip or knee surgery can occur. Generally, this type of Injury is related to either stretch or compression of the nerve. This can happen as a result of lengthening the leg (hip surgery), straightening a severely contracted hip or knee or pressure from a hematoma (collection of blood). Neurologic Injuries can be reversible. However, it may take approximately 18 months for the nerve to decide whether it will return completely, partially or not at all. The most common sign of nerve injury is a foot drop.

10. Vascular injury: There are multiple blood vessels around the knee, these vessels are usually avoided. However, if an Injury were to occur, the vessel would be either repaired or sealed.

11. Dislocation:

a. Knee: Extremely rare, but can occur as a result of stretching of ligaments resulting In Instability of the knee or trauma.

b. Hip: In general there is a reported incidence of hip dislocation ranging from 2·6% following total hip replacement. The risk increases with revision surgery. My own dislocation rate for primary total hip replacement is less than 1%.

12. Limb length discrepancy: This may occur with either hip or knee surgery. It is more common with hip surgery. In general, our goal is to make your legs even, however, if making your legs even places too much stretch on the nerves and blood vessels, then I will shorten your leg slightly to relieve the pressure. If I make your legs even but your hip feels unstable, then I will slightly lengthen your leg to prevent a postoperative dislocation. In general, your legs will be within+ or- 5 mm. in cases where there is a noticeable difference post-op, a shoe lift can be provided.

13. Ligaments and or muscle injury:

Knee: There are multiple ligaments and muscles that provide stability to your knee. Depending on whether you are having a total knee or a partial knee, dictates which ligaments need to be preserved. If an injury occurs to one of the ligaments, this can usually be corrected by direct repair, augmentation with a graft or changing the style of the implant to a more constrained Implant. If an injury occurs to your patella tendon, this generally requires a reconstruction with a graft. Most patella tendon injuries occur from trauma postoperatively.

Thank you for trusting me and my staff to care for your surgical needs.

Kenneth C. Sands, MD

I have read the above statement.

_____

Patient / power of attorney

Patient Responsibility

Name:

Date of Birth:

Surgery:

Primary Care Clearance **MUST** be done **PRIOR** to your Pre-op appointment. If we require Cardiac, Infectious Disease, Pulmonary, Nephrology, Oncology, Endocrinology, Neurology or Bariatric clearance, they must also be completed along with the EKG prior to your Pre-op appointment that is scheduled on _____.

1. If you have had a stress test in the last 2 years.
2. If you have had a Cardiac Catheterization in the last 5 years.
3. If you have had an Echo of your heart in the last 2 years.
4. If you have had a Sleep Study in the last 5 years.
5. If you have had a Pulmonary Function test in the last 5 years.

The anesthesiologist **REQUIRES** a copy of these documents.
Failure to have these items completed by the due date may result in cancelation of your surgery.

It is **your responsibility** to obtain a copy of them and make sure that you have them with you at your Pre-op appointment. It is not your doctor's responsibility or our office staffs responsibility to obtain them.

Joint class must be attended prior to your surgery date. Your class is scheduled on _____.

You will receive lab/x-ray orders at your pre-op appointment and they will need to be done that day. Type and Screen must be completed 2 days before your surgery at the hospital where you are having surgery. You will also receive your soap that will start 4 days before your surgery.

10 days prior to surgery all vitamins, over the counter medication, blood thinners and NSAIDS MUST STOP.

Please bring a list of all of your current medications and allergies to your pre-op appointment so that your chart can be updated.

If you are on a blood thinner we need a letter from your prescribing doctor as to when to stop the medication.

You are responsible for paying all copays, deductibles and surgery costs prior to your surgery. If not completed your surgery will have to be cancelled.

By signing this document you have read, understand and agree with the above information.

Patient's signature Date

TRANEXAMIC ACID QUESTIONNAIRE

Patient Name:_____DOB:_____

Surgery date and procedure:_____

Do you have a history of……?

Yes	No	Blood clots
Yes	No	Bleeding Disorder
Yes	No	Heart Attack
Yes	No	Heart Valve Disorder
Yes	No	Abnormal Bleeding
Yes	No	Color Blindness
Yes	No	Blood Clots in the Eye
Yes	No	Stroke
Yes	No	Mini Stroke/TIA
Yes	No	Bleeding of the Brain
Yes	No	Atrial Fibrillation

Do you currently or have you recently taken…..?

Yes	No	Hormone Replacement Therapy/Contraceptive (females)
Yes	No	Testosterone Treatments (males)

Patient Signature_____Date:_____

TRANEXAMIC ACID CONSENT

Tranexamic acid is a medication that has become widely used in the orthopedic community, especially with joint replacements. Its purposes are to reduce bleeding, decrease post op joint swelling and diminish the need for blood transfusions. Basically, it helps blood to clot. Our experience with it has been positive and we have witnessed substantial improvements in outcomes such as shorter hospital stays.

Whenever a medication is used we weigh the risks versus benefits to the patient. The most serious risk with use of this medication is blood clot related adverse events. The use of screening questionnaires like the one you completed targets those at risk of post op complications from the medication. If the benefits outweigh the risks, then the medication is given at the time of surgery. Based on the answers you provide on your questionnaire the medication may be used at your surgery to improve your outcome and lessen the chance of post op transfusions, bleeding and swelling that may hinder your recovery.

CONSENT:

I have been informed that tranexamic acid may be used during the procedure with the goal of reducing blood loss. Risks, benefits and complications have been discussed, the most serious of which are blood clot related adverse events.

By signing this consent I understand and acknowledge that there are risks and benefits to this treatment.

_____	_____	_____
Printed Patient Name	Patient Signature	Date

PRE-OPERATIVE CHECK LIST

*Surgery date:*_____*by Dr. Kenneth Sands*

Have you completed….?

- ✓ Lab work, x-rays, EKG completed_____
- ✓ Medication list completed_____
- ✓ Any and all clearances completed_____
- ✓ Paid all copay/deductibles completed_____
- ✓ Attended pre-op class completed_____
- ✓ Soap 4 days prior to surgery completed_____
- ✓ Stop medications as directed completed_____