









PATIENT'S CARE PATH

BEFORE SURGERY

 <p>People You Will Meet</p>	<ul style="list-style-type: none"> • The nurses and physicians will explain the procedure and daily treatment plan. • The surgical assessment nurse MUST talk with you prior to your surgery to determine if you need to come to the hospital for any testing. • The Patient/Guest Relations Coordinator will review insurance information with you and your family and ensure that all necessary forms are signed prior to the day of surgery. • If you participate in the joint class prior to your surgery, you may meet nurses, physical and occupational therapists and a case manager.
 <p>Tests</p>	<p>You will need to come to the hospital before the day of your surgery to have:</p> <ul style="list-style-type: none"> • Type and screen (blood test) • PT and PTT (blood tests) • Any other tests not performed by your physician
 <p>Treatments</p>	<ul style="list-style-type: none"> • Your vital signs (temperature, pulse, respirations, blood pressure and oxygen level) will be taken. • Your height and weight will be measured.
 <p>Medications</p>	<ul style="list-style-type: none"> • If you take any aspirin or other blood-thinning products, stop taking them one week prior to your surgery date. • Discontinue any herbal supplements 14 days prior to surgery. • Continue current prescribed medications unless specified by your doctor. • The surgical assessment nurse will review your current medications with you. • You will be told which medication(s) to take the morning of your surgery.
 <p>Diet</p>	<p>DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DAY BEFORE YOUR SURGERY.</p>
 <p>Activity</p>	<ul style="list-style-type: none"> • You may continue your normal activities prior to surgery. • Please arrange for someone to drive you home. • Please arrange to have someone assist you at home for one to two days after returning home.
 <p>Teaching/Education</p>	<p>The hospital offers a joint class that is free of charge prior to your surgery. The class provides instruction to you and your family regarding pre-registration, lab work, expectations for the day of surgery, recovery expectations for the hospital and at home, as well as an introduction to exercise, rehabilitation and equipment. The class is led by a multidisciplinary team of professionals.</p> <p>You will be instructed on the following:</p> <ul style="list-style-type: none"> • Pain management—How to identify the level of pain for correct medication dosage • Breathing exercises using an Incentive Spirometer • Hip exercise program, crutch walking and wound care
 <p>Financial Information</p>	<p>The Patient/Guest Relations Coordinator will contact you to discuss your insurance coverage and financial responsibilities and to have you sign papers for billing purposes. This can take place prior to your day of procedure or on the morning of your surgery. We like to complete all forms before your surgery so that you can concentrate on healing afterwards.</p>

DAY OF SURGERY — Arrive at the front information desk at Providence Orthopaedic & NeuroSpine Institute and identify yourself as an Institute patient.

_____ am pm

- Physician Team (surgeon, surgeon assistant and anesthesiologist)
- Nurse anesthetist
- Nurses
- Respiratory Therapist (if necessary)

- Dr. Gross applies platelet gel concentrate during your surgery to promote healing and decrease swelling. Certified technicians will draw blood in the pre-operative holding area. The blood sample is prepared by spinning it down to a concentrate.

- Before Surgery:**
- Your vital signs (temperature, pulse, respirations, blood pressure and oxygen level) will be monitored.
 - An intravenous (IV) drip will be started so medicines and fluids may be given.
 - You will be given sedation in the holding area.

- After Surgery:**
- Your arm and/or leg movement and feeling will be checked.
 - Your dressing will be checked for drainage and reinforced if needed.
 - You will have a foley catheter in place for 24 hours.
 - You will wear plexi pulse boots for the first 24 hours.
 - You will be on a heart monitor for the first 24 hours.
 - You will have an ice machine blanket available in your room to be worn around your knee.

- Antibiotic medicine may be given through the IV to prevent an infection.
- The nurse will be asking you to rate your pain using a pain scale. (0 = no pain; 10 = worst pain.) Based on your level of pain, medication will be given.
- Medicine will be available for pain and nausea. Let the nurse know when you are feeling uncomfortable.
- As you increase your drinking and eating, your pain medicine will be given by mouth, and your intravenous (IV) fluids will be discontinued. The IV needle may stay in your arm in case IV medication is ordered.

- You may start with ice chips and progress to a regular meal.
- You will need to eat well and drink plenty of fluids.

- Generally, you will be allowed out of bed unless the doctor orders otherwise.
- You should call for assistance when getting out of bed for the first time. You will need to walk in the room and/or in the hall with assistance until your nurse tells you that you can walk without help.
- You will have physical therapy once in the morning and again in the afternoon.
- We encourage a progressive walking program. We like for you to work up to walking one mile before your four-week post-op check.

- We will instruct you to turn, cough and deep breathe every two hours and use the Incentive Spirometer.
- We will remind you to do your leg exercises.
- We will discuss your discharge plan with you.
- Pastoral Care is available for you and your family, as needed, to provide emotional and spiritual support.

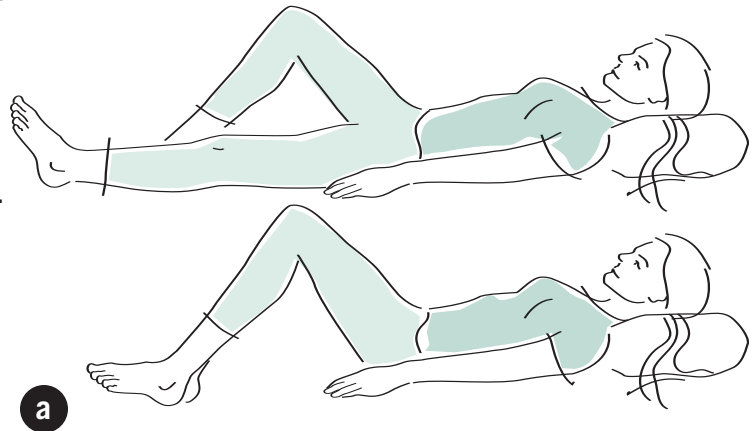
Recommended Exercises for Total Knee Arthroplasty Patients

When you are discharged from the hospital, we will arrange for a physical therapist to come to your home daily for one week, then three times per week for three additional weeks. Partial knee replacements only need a total of two weeks of home physical therapy.

In addition to working with a physical therapist, you should perform the following exercises on your own or, preferably, with a friend or family member who acts as your coach. You should try to remember the range of motion you achieve at each session and try to improve it daily.

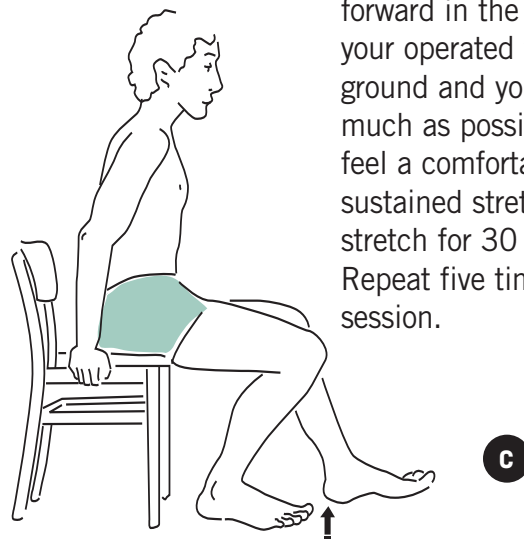
1. **Exercises** – Perform the following exercises twice each day for 30 minutes.

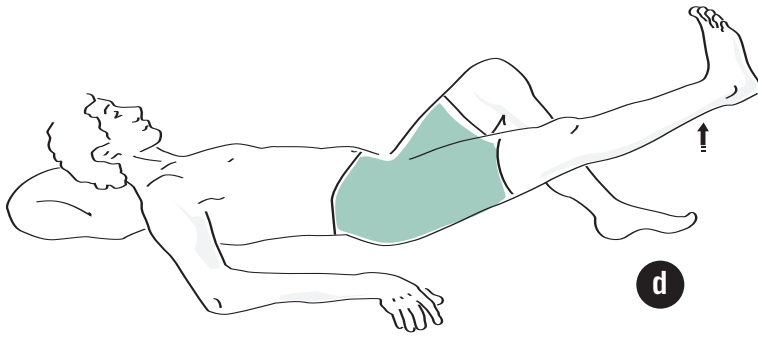
a) **Range of motion exercise** – Lie flat on a bed. Bend your knee through full range of motion, gently forcing your knee back slightly more each time. Hold each stretch for 30 seconds, then slowly straighten your knee completely. Repeat five times each session.



b) **Independent passive extension** –Using one hand above and one hand below the knee cap, gently press down to stretch the knee into extension. Increase the pressure as you are able to tolerate, and give your knee a continuous stretch for 10 seconds avoiding any bouncing motion. Repeat five times each session.

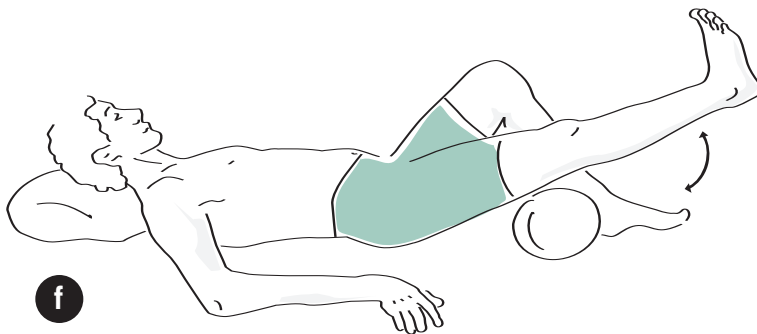
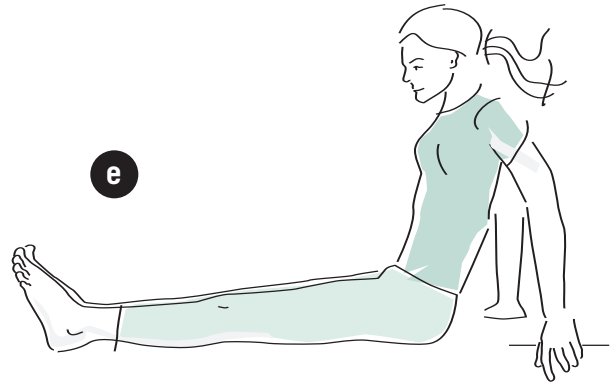
c) **Armchair flexion exercise** – While sitting, slide your operated leg back toward the chair. Slowly slide yourself forward in the chair keeping your operated foot still on the ground and your knee bent as much as possible until you feel a comfortable and sustained stretch. Hold each stretch for 30 seconds. Repeat five times each session.





d) **Straight leg raise** – Tighten muscles on the front of your thigh, then lift your operated leg six to eight inches off the bed, keeping your knee straight. Repeat 10 to 20 times each session.

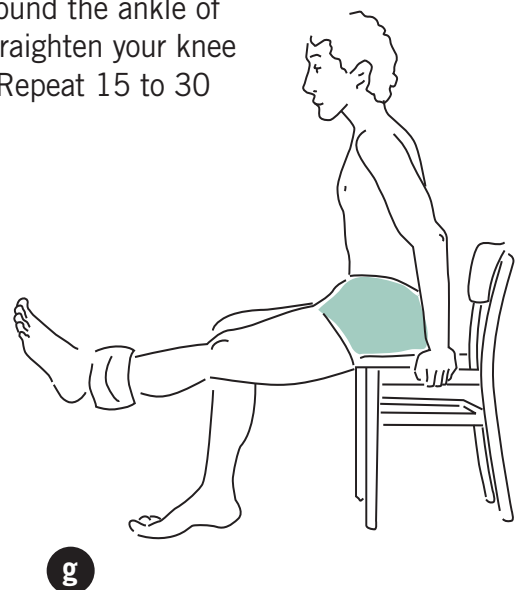
e) **Quad sets** – Lying flat or sitting with your legs out in front of you, tighten the muscles on top of your thigh by pushing your knee down toward the bed. Hold for five seconds. Repeat 30 times each session, and more if desired.



f) **Short arc quads** – With your operated leg resting on a rolled towel, straighten your knee by tightening the muscles on the top of your thigh. Keep the bottom of your knee on the towel roll. Repeat 15 to 30 times each session.

g) **Long arc quads with weights** – Place a one- to five- pound weight around the ankle of your operated leg and straighten your knee fully, then lower slowly. Repeat 15 to 30 times each session.

2. **Walking** – The best possible exercise for your knee is simply walking. We encourage you to walk at least twice daily. You should increase your distance daily and gradually wean from a walker or crutches to a cane and eventually off a cane. Six weeks after surgery, most patients can walk one mile without a cane and with a slight limp. Three months after your surgery, you should be able to walk any distance and climb stairs without a handrail if you are medically and physically fit.



Homegoing Care/Instructions

Follow-up Visit

You will be seen in the office four weeks after surgery. At your office visit, you may have X-rays taken. If needed, you will be instructed further about this before your follow-up visit

Incisions and Wound Care

Your incision may have a small amount of drainage or redness around the wound in the first one to two days after surgery. It is common for some people to have a fever of up to 101.5 degrees after surgery. If you see any excessive redness, swelling, drainage, or have any uncontrolled pain or a fever above 101.5 degrees, please let us know.

Keep the incision dry and clean for 10 days. Make sure to wash your hands with soap and water before changing your dressing. Clean the dressing, as needed, if it becomes soiled. Paint the incision with Betadine; then apply a thin layer of Bactroban ointment.

You may shower with Tegaderm dressing covering the incision for the first 10 days after surgery to keep it dry. After showering, remove the Tegaderm and paint the incision with Betadine. Apply Bactroban ointment and reapply a clean, dry standard gauze dressing.

After 10 days, you may shower without dressing the incision. After four weeks, you may soak the wound in a tub bath. If you have steri strips, you may remove them 14 days after surgery. If you have staples, you may shower without a bandage 24 hours after the staples have been removed.

Pain Medication

If you were not given a prescription for pain medication prior to your surgery, you will be given this at the time of discharge. Dr. Gross uses Vicodin, Celebrex or Mobic for pain.

If you were not given a prescription for a blood thinner prior to your surgery, you will be given one at the time of discharge. Dr. Gross uses Arixtra.

DO NOT take more medicine than your doctor has prescribed.

Please call the office if you develop pain not adequately controlled by your medication.

Diet/Nutrition

- Eat a healthy diet.
- Remember to drink plenty of hydrating fluids.
- If you are diabetic, continue your diabetic diet.
- Please call the office if you develop excessive nausea or vomiting.

Tobacco Use

Cigarette smoking has been shown to slow down the healing process, which may negatively affect the success of the surgery. Therefore, we highly discourage tobacco use of any kind.

Activity

- **Do not** lift anything heavier than 50 pounds.
- **Do not** attempt excessive housework or yard work for four to six weeks after surgery.
- Your ice machine will be sent home with you. Please use this as needed.

Work & Driving

Your job duties will determine when you are able to go back to work. Please speak to your physician about when you should return to work. You may drive a car with an automatic transmission any time after you go home unless you are taking narcotics. If your surgery was on your right leg, you must be comfortable using your left leg to brake.

Important Numbers

Providence Orthopaedic & NeuroSpine Institute

Patient/Guest Relations: (803) 865-4970

Midlands Orthopaedics, P.A.

Downtown Office: (803) 256-4107



PROVIDENCE ORTHOPAEDIC
& NEUROSPINE INSTITUTE

A Sisters Of Charity Ministry

**Midlands
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