

Surgical Plan and Contract for Dr. Petrow

Patient Name:

Type of Surgery and date:

Welcome to the joint replacement program at Tucson Orthopedic Institute. You will gain a better understanding of your surgery, hospital procedures, and discharge process by attending the joint camp class and reading your handbook. Our goal is for you to go home with valuable information to help you recover without complications. We want to prevent excessive rehabilitation and avoid placement in a skilled nursing facility or home health agency. As a participant in the total joint program, we request you agree to the following conditions:

Expectations for patients receiving total joint replacement:

1. I understand that I will, if no complications, go home the day following surgery.
2. I understand that inpatient rehabilitation, skilled nursing facilities, or home health care is not included in the joint replacement plan of care.
3. I agree to identify one "surgery buddy" who will attend surgical preoperative classes and be available to help at home following surgery for the first 5-7 days.
4. I agree to follow the instructions in this book regarding medications, treatments, and incision care
5. I agree to secure transportation to and from outpatient physical therapy appointments and the first post operative appointment
6. I agree to participate in all required pre-operative classes and testing including:
 - a. Joint camp class at Northwest hospital
 - b. Pre-operative labwork and chest x-ray
 - c. Pre-operative screening with Nurse at Northwest Hospital
 - d. Obtain cardiac or other clearances as instructed by Dr. Petrow
7. I agree to arrange for my first outpatient physical therapy appointment within 2-4 days after my surgery date
8. I agree to have a ride home at the time of discharge from the hospital and this person will be available all day as the exact time of discharge is variable.
9. I agree not to go to the emergency room/urgent care/primary care office for *non life threatening issues* concerning my operative joint, but instead will contact Dr. Petrow's office utilizing the following methods of contact:
 - a. Online Portal for paperwork needs, questions, *non-urgent* matters Mon-Fri 8 a- 5p: [www. Tucsonortho.com/PatientPortal](http://www.Tucsonortho.com/PatientPortal)
 - b. Leaving a voicemail for the medical assistant for *urgent* matters (severe pain or swelling, incision drainage, severe medication reactions): 520-382-8423.
 - c. Calling the answering service after hours for *urgent* matters: 520-382-8200.
 - d. Visiting the walk in after-hours clinic at the office Mon-Sat for *urgent* issues.

My surgical buddy will be: _____

When discharged the following caregivers will be available to assist with my personal needs and driving:

1. _____

2. _____

3. _____

By signing this agreement I am acknowledging that I have received and understand this information and expectations of the program. I understand that failure to plan for the above may result in postponement or even cancellation of my surgery until the conditions have been met.

Patient Signature: _____

Date: _____

Surgical Plan

Patient Name: _____

Date of Birth: _____

Surgery and Date: _____

Surgery Buddy: _____

Clearances needed: _____

Equipment for recovery (obtain at Dr. Petrow's office):

1. Front wheeled walker
2. Ice therapy
3. Other _____

Discharge disposition: _____

Outpatient Physical therapy location: _____

Rx for Physical Therapy:

1. 6 PT visits (THA)
2. 8-10 PT visits (TKA)

To be completed by office staff. A copy of the surgical plan will be scanned into EHR and also sent to pre-procedural testing. MA will fax PT script to designated location week of surgery.

PREPARING FOR KNEE REPLACEMENT SURGERY TIMELINE

Schedule Surgery in office (ideally at least 3 weeks prior to desired surgery date)

3-4 weeks prior to surgery

- Scheduler obtains authorization for surgery if needed
- Locate a physical therapist and make appointment for after surgery
- Sign up for online portal and use for communication with our office as necessary

2-3 weeks prior to surgery

- Attend Joint Camp at Northwest Hospital
- Preoperative labwork, chest x-ray, and EKG done (usually at joint camp)
- See cardiologist if needed
- Stop anti-inflammatories, herbals, other meds as instructed
- Payment due (2 weeks prior)

Day before surgery

- Your time will be confirmed by our office
- Shower with antiseptic soap

Day of Surgery _____

- Shower with antiseptic soap
- Only take medications discussed at pre-op appointment

Day after surgery

- Discharge home from hospital
- Take 81 mg Aspirin, 1 tab every 12 hours
- Ok for shower

2-3 days after surgery

- Our office will check in with you via portal
- First post-op physical therapy session _____

1 week after surgery

- Remove bandage

2 weeks after surgery

- 1st post operative appointment with Mitch Duby, PA _____

10 weeks after surgery

- 2nd post operative visit

GETTING IN TOUCH WITH US

Emergent Clinical Issues – Go to emergency or room or call 911

(Chest pain, shortness of breath, severe calf swelling, signs of stroke)

Urgent Clinical Issues (Incision drainage, severe leg swelling, bleeding from incision, medication reaction)

Mon-Fri 8a-5p:

Ana C., Medical Assistant. 520-382-8423

Leave a voicemail, call will be returned with 3-4 hours

After 5pm, Weekends, Holidays:

After Hours Clinic 5 pm- 9 pm Mon – Friday, Saturday 9 am – 1 pm

Walk ins accepted.

TOI East Office – First floor of TMC Orthopedic Tower

5301 E. Grant Road, Tucson, 85712

Phone: 520-784-6441

Surgeon on Call 520-382-8200

Leave message with answering service, Provider will call you within 1 hr

Routine Clinical/Non-Clinical Requests

(Medication refills, disability paperwork, postoperative incision/dressing questions, assistance managing post-operative swelling/activity/medication side effects, etc.)

Online Patient Portal

Expect a response by the end of same business day for clinical concerns, end of next business day for paperwork.

You can set up your portal at: <http://www.tucsonortho.com/PatientPortal>

We will use the portal to contact you with surgery instructions and to check in with you from time to time.

Pre-Operative Planning

Surgery Scheduling – Michelle A. 520-382-8420

Scheduling concerns up until the day before surgery

Pre-Procedural Testing at Northwest Hospital 520-469-8619

It is your responsibility to schedule pre-op lab work and have completed at least 2 weeks prior to surgery date.

PREPARING FOR SURGERY

Now that you have decided you are ready for joint replacement surgery, it is time to carefully prepare yourself, home, family, and friends for the recovery process. Preparations for surgery are crucial in helping to prevent surgical complications and ensure a smooth recovery for you. *Please note if you fail to participate in any of the following requirements within the specified time frame, your surgery may be cancelled.*

Important Requirements

Find a “Surgery Buddy”

- This can be a family member or friend (should be an adult)
- They should be willing to attend important doctor appointments with you.
- Be present on day of surgery and at time of discharge from the hospital.
- Stay with you or be available to check on you at home for the first 2-3 days.
- Assist you with exercises, help you keep track of medications.
- Assist with meals, bathing, and getting to the bathroom.

Pre-procedural Screening and Joint Camp Class

- Held at Northwest Medical Center, please arrange to have this completed at least 2 weeks before surgery
 - Please call Northwest Hospital Pre procedural Testing to schedule your appointment **520-469-8619**
 - Pre-Procedural Testing is located at : 1980 W. Hospital Dr. suite 111, Tucson, AZ 85741
- *Bring this book*
- If you have any prior medical records that you believe would be pertinent to surgery, please bring those as well.

Lab work and Diagnostics

- This is obtained at pre-procedural testing, but may be done by your Primary Care Provider if needed.
- Routine bloodwork (CBC, BMP), a chest x-ray, and usually an EKG will be performed.
- Our office will only contact you if a significant abnormality is present that may cause complications during surgery or recovery. You may be asked to see a cardiologist or medical doctor prior to surgery. In some instances, your surgery will be postponed until further medical workup is conducted.

Durable Medical Equipment (DME)

- Our office will arrange for you to receive this equipment. This is done at the time you schedule surgery. If you have not arranged for the equipment, you can come by our office Mon- Fri 8a-5p and someone can assist you.
- All patients will need a front wheeled walker. You do not need it in the hospital, but have it ready for when you arrive home from the hospital
- We recommend ice therapy, however, it is not covered by all insurance companies, so it is optional
- Items such as shower chairs, raised toilet seats, “hip kits” are available through our office as well, but likely will not be covered by insurance



The Day before Surgery

- 1. Wash with antibiotic soap**
- 2. Nothing to eat or drink after midnight**
- 3. Confirm your surgery time with our office 520-382-8420**

Important note above

at your scheduled surgery time:

The office will notify you 1-2 days before the surgery day to confirm your time. We often need to shuffle the schedule around and your original time of surgery may not be the same. If you receive a message confirming your time, please call us back so we know you'll be at the hospital at the correct time. If we don't hear from you we may cancel your surgery or move you to the end of the day. *Thanks for your help!*

Confirm Medications to take the morning of surgery. These medications were discussed during your pre-procedural testing appointment. Call pre-procedural testing if you are unsure: 520-469-8619

***Remember no blood thinners, aspirin, ibuprofen, pain medications, anti-anxiety medications, fish oil, or herbal supplements!**

POST OPERATIVE PERIOD

Discharge Process

Patients are expected to go home the next day from surgery

Going home with outpatient therapy (preferred)

- Please have your ride arrive 1-2 hours prior to anticipated discharge time.
- You will receive a prescription for pain medication. We recommend filling this as soon as you receive the script or on the way home.
- Plan to begin 1st session of therapy within 3-4 days after discharge
- Begin working on exercises on your own

Going home with Home Physical Therapy

- The first visit with the home therapist should be within 1 week of discharge
- On discharge, you will be given the contact info for the home therapy agency, if you have scheduling issues, or they do not arrive as scheduled, please call that number

Important Discharge Instructions following Knee Replacement

- 1. You may shower when you get home**
- 2. Bandage is waterproof**
- 3. Remove bandage 1 week after surgery, No additional bandages.**
- 4. No pools until instructed to do so.**
- 5. The incision may get wet in shower.**
- 6. White TED stockings must be worn during day for 1st 2 weeks**
- 7. Take Aspirin 81 mg twice day (or other blood thinner as instructed)**
- 8. Elevate leg if swollen**
- 9. Ice around incision if swollen (20 min)**

Incision care

Dressing and Bandages

- Remove the bandage placed in the hospital *1 week* after surgery

- To remove bandage, pull gently downward
 - No additional dressings or bandages need to be placed on the incision
- If you experience slight bleeding or you notice your clothing/abdomen is rubbing on the incision causing it to be red, you can place a light bandage on the area to prevent breakdown
- Shower as soon as you feel ready, the hospital bandage is waterproof and can get wet.
- Once the bandage is removed, the incision itself may get wet
- Antibacterial soap and water is best
- Avoid creams, lotions, ointments (no Neosporin or hydrogen peroxide!)
- Wash your hands prior to touching incision
- Keeps pets away from incision
- Wear loose clothing

Pools/Bathtubs

- Wait for approval from surgeon or Physician Assistant. This usually happens at 2 weeks.

Bleeding and Drainage

- You will notice some blood on the dressing when you remove it- this is normal
- There may be some scant bleeding from the incision for the first couple weeks while you are on a blood thinner.
- Other drainage or drainage longer than 2 weeks needs to be brought to surgeon's attention.

Warning signs of Complications

*Call our office or surgeon on call, OR visit our walk-in after-hours clinic
Mon - Fri 5 pm -9 pm, Sat 9 am – 1 pm*

Drainage from incision
Severe pain in the calf that worsens
After a fall where you are unable to get up and put weight on the leg

Warning Signs of Severe Complication

Call 911 or go to ER asap

Chest pain or tightness
Sudden weakness on one side of body
Sudden difficulty speaking
Shortness of Breath
Fainting or severe lightheadedness
Coughing up/ vomiting blood
Sudden Blurred Vision

Restricted Activities

Horseback riding until 12 weeks

Running until 6 weeks

Driving (until cleared, usually 2-6 weeks)

High Intensity Activities (mountain biking, contact sports) until 12 weeks

All other activities are fine as long as it does not cause severe discomfort or pain, if you aren't sure about a particular activity, ask us about it through the online portal!

Common Complaints Following Surgery and How to Manage

Complaint/Symptom	Treatment
Redness around incision	Normal in the first 3 months. If it becomes painful to touch or worsens, call our office
Warmth around incision	Normal for the first year
Swelling around incision, “lump” under incision	Normal for first 3 months. Rest, Elevate, and Ice area for 20 min. Avoid heat, this will increase bleeding and swelling
Swelling of entire leg, even the ankle	Normal in the first 3 months. Try wearing thigh high compression stockings during the day.
Constipation	Common side effect of narcotics Stay hydrated Take a stool softener/laxative daily
Stiffness	Normal symptom for the first year. Take frequent stretch breaks
Decreased Appetite	Normal symptom in first 3 months. Try eating smaller, more frequent meals Aim for more protein, more fiber
Mild Bleeding from incision	Normal in first 2 weeks. If bandage is soaked through, call our office
Bruising on Operative Leg	This is normal and expected side effect of being on a blood thinner This resolves within the first 3 months Ice is preferred to heat
Fever of 101 degrees mostly at night, chills, night sweats	This is a normal process after surgery. Usually resolves in the first several weeks Try a Tylenol before bed
Difficulty Sleeping	Normal for the first 3 months. Try Benadryl (1-2 tabs) before bedtime When you wake up, take a brief walk around house and a pain pill Limit stimuli before bed (tv, caffeine)

Pain Medications

Type of Pain Medication	Examples	Dosages	How Often can I take medication?	Side Effects
Narcotic (moderate to severe pain)	Norco 5/325 (hydrocodone + Tylenol)	1 - 2 tabs Max 8 per day	Every 6 hours	Constipation, nausea, drowsiness, dizziness, itching
	Oxycodone	1 - 2 tabs Max 8 per day	Every 6 hours	
	Tramadol	1 – 2 tabs Max 8 per day	Every 6 hours	
Over the counter (Mild to moderate pain)	Tylenol Extra Strength 500mg	2 tabs Max 6 per day	Every 8 hours	Stomach upset, increased bleeding
	Ibuprofen 200mg	4 tabs	Every 8 hours	
	Naproxen or Aleve 500mg (instead of ibuprofen)	2 tabs	Every 12 hours	

Laxative and Stool Softeners for treatment of Constipation

Narcotic pain pills and decreased activity cause constipation. You may need narcotic medication for the first couple weeks, so we recommend taking a mild laxative each day you are taking pain pills. All of the options below are over the counter.

Severity of Constipation	Medication	Dosage	Time to take effect
Mild	Metamucil, Colace	1 dose a day	Effect in 12-72 hrs
Moderate	Senna, Ducloax, Miralax	Twice per day	Effect in 6-10 hours
Severe	Fleets Enema, Magnesium Citrate	1 dose per 24 hours	Effect 1- 2 hours

Anticoagulants (Blood Thinners)

These medications minimize the risk of a blood clot. Common side effects include bruising and increased bleeding. These are *mandatory* medications following your surgery. You will be instructed on the appropriate medication for you. You will also be wearing white TED stockings for the first 2 weeks (daytime only) to minimize risk of blood clots.

Low Risk Patients (no history of blood clots or bleeding disorders):

Aspirin: 81 mg twice a day for 4 weeks. If you have a history of a stomach ulcer, please advise Dr. Petrow.

High Risk Patients (history of blood clots or already taking blood thinner for chronic conditions)

Eliquis: 2.5mg 1 pill twice per day for 2 weeks. If taking a higher dose for another medical condition such as A-fib, use the higher dose. No monitoring or testing.

Warfarin: This medication is only used if you are already taking warfarin for another chronic condition. You will need to do Lovenox injections for a few days when the warfarin is started. Our office does not manage the dosing or bridging of warfarin (please arrange with your PCP office).