



KNEE REPLACEMENT HANDBOOK



TUCSON
ORTHOPAEDIC
INSTITUTE

EDWARD P. PETROW, JR., D.O.

SURGICAL PLAN AND CONTRACT FOR DR. PETROW

Patient Name:
Type of Surgery and Date:

Welcome to the joint replacement program at Tucson Orthopaedic Institute. You will gain a better understanding of your surgery, after care and discharge process by reviewing the Tucson Orthopaedic Institute Hip and Knee Replacement Program booklet. A copy of this booklet will be given to you, and you may also find an online copy on our website: TucsonRoboticJointReplacement.com. Select the PATIENT INFO tab, and from there select the SURGICAL CARE INFO tab. Videos created by our Physical Therapy Department are also available there for you.

Our goal is for you to go home with valuable information to help you recover without complications. As a participant in the joint replacement program, we request you agree to the following conditions:

Expectations for Patients Receiving Joint Replacement:

- I understand that I will, if no complications, go home the day of my surgery.
- I understand that inpatient rehabilitation, skilled nursing facilities or home health care is not included in the joint replacement plan of care.
- I agree to identify one "surgery buddy" who will review the Tucson Orthopaedic Institute Hip and Knee Replacement Program booklet and be available to help at home following surgery for the first 5-7 days.
- I agree to follow the instructions in this book regarding medications, treatments, and incision care.
- I agree to secure transportation to and from outpatient physical therapy appointments and the first post operative appointment.
- I agree to participate in all required pre-operative testing including:
 - Pre-operative lab work
 - Pre-operative screening with a nurse from our surgical facility
 - Obtain cardiac or other clearances as instructed by Dr. Petrow
- I agree to arrange for my first outpatient physical therapy appointment within 2-4 days after my surgery date.
- I agree to have a ride home at the time of discharge and this person will be available all day as the exact time of discharge is variable.
- 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:
 - Online Portal for paperwork needs, questions, non-urgent matters:
www.Tucsonortho.com/PatientPortal
 - Leaving a voicemail for the medical assistant for urgent matters (severe pain or swelling, incision drainage, severe medication reactions): 520-382-8423. Available Mon-Fri, 8am – 5pm
 - Calling the answering service after hours for urgent matters: 520-382-8200. Available Sat, Sun, and Mon-Fri 5pm - 8am
 - Visiting the walk-in after-hours clinic at the Tucson Orthopaedic Institute office located on the Tucson Medical Center Campus, 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. _____

My primary email (to be used to send additional surgical information only) is:

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

To be completed by office staff. A copy of the surgical plan will be scanned into EHR.

Patient Name: _____

Date of Birth: _____

Surgery and Date: _____

Surgery Buddy: _____

Clearances needed: _____

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

- Front wheeled walker
- Ice therapy
- Other: _____

Discharge disposition: _____

Outpatient Physical therapy location: _____

Rx for Physical Therapy:

- 6 PT visits (THA)
- 8-10 PT visits (TKA)

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:

- Review your copy of the Tucson Orthopaedic Institute Hip and Knee Replacement Program booklet
- Preoperative lab work, and EKG
- See cardiologist if needed
- CT scan for robotic joint replacement
- Stop anti-inflammatories, herbals, other meds as instructed
- Payment due (2 weeks prior)

Day Before Surgery:

- Your time will be confirmed by our office
- Review Physical Therapy videos available under the SURGICAL CARE INFO tab at TucsonRoboticJointReplacement.com
- Shower with antiseptic soap

Day of Surgery _____:

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

Day After Surgery:

- Expect a call from our Care Team for a post-operative check-in once you are home
- OK for shower

2-3 Days After Surgery:

- First post-op physical therapy session _____

1 Week After Surgery:

- Remove bandage

2 Weeks After Surgery:

- First post operative appointment with Juan Prieto, PA _____

10 Weeks After Surgery:

- Second post operative visit

GETTING IN TOUCH WITH US

Emergent Clinical Issues – Go to the Emergency Room or call 911

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

Urgent Clinical Issues – Please use the following options:

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

Monday-Friday 8am-5pm:

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

Leave a voicemail, calls are checked every hour

After 5pm, Weekends & Holidays:

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

Walk-ins accepted

TOI East Office – First floor of TMC Orthopedic Tower

5301 E. Grant Road, Tucson, Arizona 85712

Phone: 520-784-6441

Surgeon On-Call: 520-382-8200

Leave message with answering service, provider will call you within 1 hour

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 until the day before surgery

Pre-Procedural Testing

It is your responsibility to schedule your pre-op lab work and have it completed at least 2 weeks prior to your surgery date. It is extremely important to follow the pre-operative testing instructions given to you by Michelle regarding where to obtain your testing. Testing performed through your PCP or at testing centers not recommended by Michelle are not accessible by our office. Testing at non recommended sites may result in delay or cancellation of your surgery.

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 canceled or delayed.

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.
- 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.

Labwork and Diagnostics

- Routine bloodwork (CBC, BMP), and usually an EKG will be performed.
- CT scan for robotic joint replacement
- 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.
- It is your responsibility to schedule your pre-op lab work and have it completed at least 2 weeks prior to your surgery date. It is extremely important to follow the pre-operative testing instructions given to you by Michelle regarding where to obtain your testing. Testing performed through your PCP or at testing centers not recommended by Michelle are not accessible by our office. Testing at non recommended sites may result in delay or cancellation of your surgery.

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. Plan on bringing your front wheeled walker with you on the day of your surgery.
- 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:

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

IMPORTANT NOTE ABOUT YOUR SCHEDULED SURGERY TIME

The office will notify you 1-2 days before the surgery day to confirm your time. The surgical facility may need to rearrange the order of surgical cases based on equipment utilization. Please be aware of this, as your original time of surgery may change slightly. If you receive a message confirming your time, please

call us back so we know you will arrive at the correct time. If we do not 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.

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 day of surgery. You will be screened by staff at the surgical facility to ensure you are safe, comfortable, and physically able to care for yourself prior to being discharged.

- You will receive a prescription for pain medication and an antibiotic. Both prescriptions will be sent to your pharmacy of record prior to your surgery. Please expect an alert from your pharmacy as a reminder if you participate in their electronic messaging program. Remember, start taking the antibiotic the day AFTER surgery. You will also need to start a blood thinner after surgery (see below). If you should require a prescription strength blood thinner, this will also be sent to your pharmacy of record electronically.
- Plan to begin your 1st session of therapy within 3-4 days after discharge.
- Begin working on exercises on your own.

ANTICOAGULANTS (BLOOD THINNERS)

These medications minimize the risk of a blood clot related to your surgery. 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.

- **Aspirin:** 81 mg, twice per day for 4 weeks. If you have a history of a stomach ulcer, please advise Dr. Petrow.
- **Eliquis:** 2.5mg, 1 pill twice per day for 2 weeks. If required, an electronic prescription for this medication will be set to your pharmacy of record electronically prior to your surgery.
- **Warfarin:** This medication is only used if you are already taking warfarin for another chronic condition. Our office does not manage the dosing or bridging of warfarin (please arrange with your PCP office).

INCISION CARE

Dressing & 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 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 & 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.
- Incisional drainage longer than 10 days needs to be brought to the surgeon's attention.

Important Discharge Instructions Following Knee Replacement

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

WARNING SIGNS OF COMPLICATIONS

Call our office or surgeon on call, OR visit our walk-in after-hours clinic:

Monday - Friday 5pm – 9pm, Saturday 9am – 1pm

- 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 the 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 can resume usually at 2 weeks on the surgical leg
- 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 KNEE SURGERY & 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 & 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

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I N S T I T U T E



EDWARD P. PETROW, JR., D.O.

6320 N. La Cholla Blvd., Suite 200
Tucson, AZ 85741

520.382.8200
Fax: 520.297.3505

TucsonRoboticJointReplacement.com