Dorr Arthritis Institute

Medical Associates

Pre-Operative Class Information

Dorr Arthritis Institute
637 So. Lucas Ave
Los Angeles, CA 90017
213-977-2280

Good Samaritan Hospital
1225 Wilshire Blvd.
Los Angeles, CA 90017
213-977-2121

Please visit our website at
www.dorrarthritisinstitute.org

R-6-2010

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CLASS OUTLINE

Nursing

Jeri Ward, RN / Vi Gabule, RN

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Physical/Occupational Therapy

Jennifer Okuno, PT / Don Shimabukuro, PT / Cathi Dedman, PT

1. Role of physical and occupational therapy
2. Equipment
3. Exercises
4. Home preparation
5. What to bring to the hospital

Important Numbers for the Dorr Arthritis Institute

Main Line (answering service after hours) _____ (213) 977-2280
Appointments
New patients _____ (213) 977-2519
Follow-up visits _____ (213) 977-2450

AI Medical Staff
Physician Assistants (P.A.)
Lisa Fujimoto (Dr. Dorr & Gilbert patients) _____ (213) 977-2121 x5451
Bert Fuller (Dr. Long & Gilbert patients) _____ (213) 977-2121 x5452

Jeri Ward, R.N. (Director) _____ (213) 977-2511
Vi Gabule R.N. _____ (213) 977-2121 x5453
Physical Therapy voice mail _____ (213) 977-2425

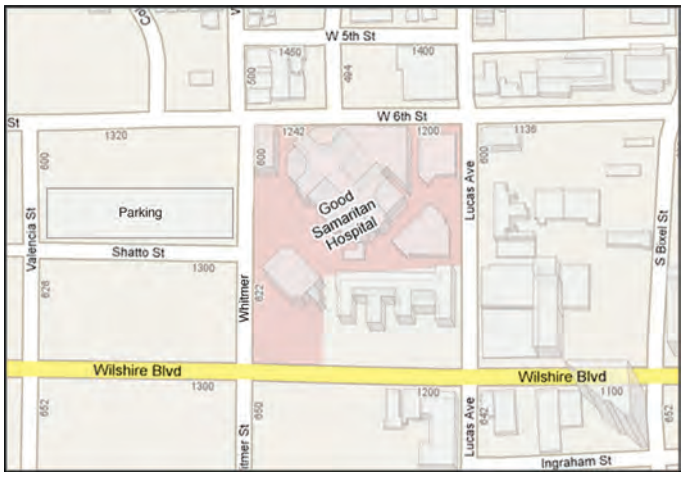
Medication refills: (*No refills after noon on Fridays*)
First 30 days Post-op please call California Lung _____ (213) 977-4979
After 30 Days Post-op please call the Arthritis Institute
Barbara Durity (Dr. Dorr patients) _____ (213) 977-2121 x5145
Jan Kushiner (Dr. Long patients) _____ (213) 977-2121 x5470
Maria Martinez (Gilbert patients) _____ (213) 977-2121 x5450

Billing and Insurance
For all questions regarding bills from Good Samaritan Hospital, please call 213-482-2700.
For all questions regarding bills from Dr. Dorr, Dr. Long or Dr. Gilbert, please call
Laurie Torncello 626-486-0187

Disability Forms,
Please fill out disability forms completely and turn them in at front desk or to a medical assistant.
Forms will be turned in to the state about 9 days after surgery.
Forms may be obtained on line or from your employer.

Information for friends and family

1. Visiting hours are 10:00 A.M. to 8:00 P.M.
2. The hospital does NOT validate parking. The maximum daily rate is $6.00. Park in the Shatto parking structure across from the hospital off Witmer, between Wilshire and W. 6th Street.
3. The hospital address is 1225 Wilshire Blvd., Los Angeles, CA 90017. The orthopedic ward is located on the 7th floor, North wing (7north). The telephone number is (213) 977-2570



THE DORR ARTHRITIS INSTITUTE

Leading the world in total joint research and development

The research team at the Arthritis Institute at Good Samaritan Hospital in Los Angeles, California is dedicated to developing optimal outcomes in procedures for patients needing total joint surgery. Developing the most advanced techniques in total joint surgery allows our patients to benefit from leading-edge technology and techniques for their total knee or total hip replacement.

As with all major medical research institutes, our information for research purposes is obtained directly from the patients we serve. The Arthritis Institute focuses on our patient's surgery and post surgery results. We are currently collecting data on several fronts. Those areas of immediate interest are:

1. Minimally Invasive Surgery (MIS).
2. Post Operative Muscle Function following Hip Surgery.
3. Computer Assisted Hip Surgery.
4. Patient Response to Current Anesthetic Techniques.
5. Long-Term Hip and Knee Component Changes.
6. Tourniquet study for knee surgery patients.

Patients enrolled in any or all of these studies are individually informed of the details involving their voluntarily chosen project. Some studies require patients to spend extra time in the various labs at the hospital. The potential benefits for volunteering are to obtain a more comprehensive and individual analysis of your condition and to monitor the progress from the pre-operative to post-operative period.

From our patient's participation in our research, we published results in leading orthopedic journals such as The Journal of Bone and Joint Surgery and The Journal of Arthroplasty. We have presented these results at nationwide conferences and used them to advance and update surgical techniques for those suffering from hip and knee arthritis.

We look forward to discussing all of these exciting projects with you during your pre-operative process.

PRE-OPERATIVE INSTRUCTIONS

Wash the operative site with antibacterial soap such as Dial for 5 days prior to surgery.
On the 6th day, (the night before surgery) follow these instructions.

Pre-op shower instructions (night before surgery):

1. Shower as usual.

2. While still wet, open packet with Ultradex ™ scrub brush. Total hip patients scrub from rib cage to knee on operative side (front, back, and groin). Partial/total knee patients scrub from groin to ankle on operative side (front and back).

3. Use the sponge side first and work up a foamy lather.

4. Turn sponge over and use brush side to gently scrub leg for five minutes.

5. Turn on water and rinse foam completely off.

6. Dry as usual.

7. It is okay to put on your own clothes after you finished with this procedure.

8. You may take a shower the morning of surgery. No special scrubbing is required. We will wash the surgical area when you are in the operating room.

Note: The above instruction is a “pre-scrub.” Do not shave your leg for 6 days before surgery. Under sterile conditions, the operating room team may shave your leg and scrub you before your operation. Do not use lotion on the operative leg during the 6 day washing period.

Medication Reminders:

Discontinue all anti-inflammatory medications 5 days prior to surgery.
These medications include:

- (Ibuprofen) Motrin and Advil
- Aspirin (including Empirin compounds and Anacin)
- All anti-inflammatories such as Indocin, Naprosyn, Meclomen, Tolectin, and Naprosyn (Aleve)
- All aspirin containing products such as Alka Seltzer, Bufferin, Anacin, and Pepto-Bismol
- Any "alternative" medications such as Arnica, Ginko Biloba, garlic or fish oil
- Embrel, Plavix, and Coumadin

You may take Extra Strength Tylenol, Tylenol with codeine, or Tylenol PM for pain control during this time. You can also consult with your doctor for any other alternatives.

If you are on any medications for heart problems, lung problems, or high blood pressure, check with the medical doctor to see if you will need to take your medication on the day of surgery (only with a sip of water, and only if directed).

If you are taking birth control pills or wearing a birth control patch, you must discontinue it 6 weeks prior to surgery.

It is okay to take your routine medications (heart, blood pressure, asthma, hormones, cholesterol, etc) right up until the night before surgery.
It is okay to take vitamins. If you take mega-doses of vitamins, you should cut back 5 days before surgery.

Check with your medical doctor if you take Coumadin, Heparin, or any other blood thinners. These are usually stopped 5 days prior to surgery.
Do not take laxatives the day before your surgery.
If you are uncertain about which medications to stop, call the medical doctors @ (213) 977-4979 or nurse @ (213) 977-2511.

DAY OF SURGERY

Go to Good Samaritan Hospital 1225 Wilshire Blvd.
Los Angeles 90017.

Check in at the Admissions Desk in the lobby.

After check-in, you will be directed to the pre-op area on the third floor.

You will change into a gown and then meet with the anesthesiologist. Your family may be able to sit with you during this time. The anesthesiologist will discuss the type of anesthesia you will have.

You will be asked to confirm which leg will be operated on. Your surgeon will write on your leg to identify it for surgery. He will write "yes" on the operative leg.

After surgery you will stay in the recovery room for 1 to 2 hours and then you will be taken to your room on 7 north.

If you are back in your room by 2:00 P.M., the physical therapist may initiate the physical therapy evaluation and progress activity as tolerated. This can range from sitting at the edge of the bed to walking in the hallway. The activity level depends on how you tolerated the surgery and how well your pain is controlled.

If you arrive in your room after 2:00 P.M., the physical therapy evaluation will be initiated the day after surgery.

You may be sleepy the rest of the evening.

You will have a clear liquid diet until your nurse detects "bowel sounds" (an indication that your intestines are awake and functioning). Some mild nausea may occur.

You should also use your "incentive spirometer," an inhaler that helps to expand and oxygenate your lungs.

Your blood pressure, pulse, and temperature will be taken every 4 hours.

You may be connected to several tubes and lines. You will have an IV line in your arm. You may (very rarely) have a Foley catheter to drain the urine from your bladder. You may have an epidural catheter in your back for continuous infusion of pain medication. It is inserted before surgery. If you have a knee replacement, you may have a femoral nerve catheter to assist with pain control. It is a small catheter that is inserted at the top of the operative leg. You may have an oxygen canula in your nose for supplemental oxygen. You may also have a clip on one of your fingers. This clip is called a pulse oximeter, and it indicates if you are receiving enough oxygen in your body.

You will also be connected to leg or foot squeezers. These squeezers are on at all times when you are in bed to help prevent the formation of blood clots. You may also wear foam heel protectors to alleviate any discomfort on your heels.

AFTER SURGERY THROUGH DISCHARGE

You will have a regular diet when your stomach is able to tolerate it. If you experience any nausea, ask your nurse for some medicine.

You should have a bowel movement by the time you are being discharged. Ask your nurse for a laxative if you are feeling constipated. After surgery, some people do not move their bowels for 2-3 days. This is normal as anesthesia and other medications can slow down your intestinal activity. Decreased activity and decreased appetite can also slow the bowel.

You are encouraged to use your incentive spirometer during your hospitalization. An incentive spirometer is a device inhale you through to help expand your lungs. Many of the lines and tubes will be removed in 1 day. This will depend on your hydration, pain control, and control of nausea.

In most cases the physical therapist will initiate your evaluation on the day of surgery. A physical therapist will see you twice a day (once in the morning and once in the afternoon). The goal for physical therapy is to have you be as independent as possible by the time of discharge. This includes bed mobility (getting in and out of bed), transfers (standing up from the bed, chair, and toilet/commode), walking (initially with a walker and then progressing as tolerated to crutches/cane), negotiating stairs, and understanding and being able to complete your home exercise program. The rate at which you progress will depend upon how you feel (dizziness, lightheadedness, fatigue, pain). Family members who may be assisting you upon discharge are recommended to observe the physical therapy session. There are times when some of these activities may be difficult. Therefore, training can reduce any anxiety or discomfort of the patient/family member. Post-operative instruction regarding a walking program and exercise progression will be discussed. The physical therapist or case manager will order any necessary medical equipment that you may need at home.

The occupational therapist will initiate your evaluation on the day after surgery and will continue to treat you once a day. The goal for occupational therapy is to have you be as independent as possible in the areas of activities of daily living (ADL). These activities include bathing (standing at the sink to showering), dressing (being able to put on your pants, shoes, and socks with or without the use of adaptive equipment), and negotiating the areas of your bathroom (toilet/commode and in/out of tub/shower). If your family member will be assisting with the bathing or dressing activities, please notify the therapist. The occupational therapist or case manager will order any necessary medical equipment that you may need at home.

A bed bath will be set up for you. The nurse or nurse's assistant will encourage you to wash as much as you safely can. This movement and activity helps your circulation and deep breathing. The nurse or nurse's assistant will help you with areas that are hard to reach.

The physician assistant or nurse will check the wound daily. Once the incision is clean and dry, you will be able to take a shower with the help of the occupational therapist.

Please do not get out of the bed by yourself until cleared by the therapist. There are many lines, tubes, and obstacles in the room that may interfere with your safety. The therapist will first clear you to get up with the nursing staff. You will then be able to sit up in the chair, walk to the bathroom, and negotiate the room more often and more safely.

It is encouraged to have ice on your operative hip or knee to reduce swelling and help alleviate pain 3 – 4 times daily for 30 minutes at a time. Please continue this at home for the first week to 10 days.

Pain pills may be used to supplement the epidural or femoral catheter for pain control. It is encouraged to have the pain medicines in your system before getting up with therapy. These pain pills will be continued once the epidural or femoral catheter is removed. Prescriptions for these pain pills will be given to you on the day of discharge.

Discharge plans are continuously being assessed. This can include any home health services. The case manager can contact the insurance company to see if you have these benefits included in your plan. A typical hospital stay is anywhere from 24-72 hours depending on surgical procedure and your progress in therapy.

Prior to discharge, you will have an ultrasound (Duplex study) performed on your legs to check for blood clots.

DAY OF DISCHARGE

Length of stay:

As long as you are medically and orthopedically stable the insurance guidelines are as follows.

Blue Cross - 2 days
Medicare - 2 to 4 days
Medical - 3 days
HMO - 3 days

Discharge time is 11:00 A.M.

The nurse will provide you with discharge instructions (including incision care and progression of activities/exercises) and prescription for any medications.

You should receive a pair of TED hose. Wear them for 4 weeks after surgery. Wear them on both legs all day. You may remove them at night. You may purchase additional pairs from a medical supply house or pharmacy.

AFTER DISCHARGE

Call the office (213) 977-2280 if you experience any of the following:

1. Fever of 101 degrees or higher.
2. Drainage from the wound.
3. Pain in the calf or behind the knee.
4. Swelling in the legs that does not go down with elevation (ankles higher than heart level).
5. Shortness of breath or chest pain.

After surgery, your leg may feel:

1. HEAVY. The muscles are weak after surgery. It will become easier to move as you continue to do your exercises.

2. LONGER. Do not be alarmed. This is especially true of patients who have had a total hip replacement. The sensation will resolve usually by the 5th or 6th week. Continue to walk and weight bear through that operative leg.

3. TIGHT. Your leg will be swollen for 1-2 months. Total hip replacement patients may experience swelling around the hip and possibly into the groin area and down to the knee. Patients will often feel stiff, especially with prolonged sitting. Total knee replacement patients may experience swelling around the knee and possibly down towards the foot and ankle. Performing the range of motion exercises can be difficult because of this tightness/swelling.

4. WARM. Some warmth is normal, especially after walking or exercising.

5. NUMB. Total knee replacement patients may experience numbness on the outside of the kneecap (usually the size of a 50 cent piece). Total hip replacement patients may experience numbness on the outside of the leg. Total knee/hip replacement patients may also experience numbness along the incision line.

6. "BAND AROUND THE KNEE" for knee replacement patients. The "band-like" sensation usually subsides by 6 weeks.

7. BRUISING. You may notice increased bruising along the back of your leg/knee for hip patients and down the calf/shin and into your foot/ankle for knee patients. This is accumulation of blood from the surgery. Oftentimes, it cannot be seen until 1 – 2 weeks from surgery, and may last 6 to 8 weeks.

INCISION CARE

Most patients will take a shower prior to discharge from the hospital. The incision will be covered during your entire hospitalization. However, once you are discharged from the hospital, you must comply with the following instructions. These guidelines are for your safety to prevent an infection.

Hips:

Your skin incision will be closed with DERMABOND, a surgical "glue". The Dermabond sticks to the skin for about 2 weeks. It has a purplish cast to it, and sometimes wrinkles up like saran wrap. You can shower, and you do not need to cover it as the Dermabond is water proof. Do not scrub the surgical site. Just let the water run over it gently, then pat it dry after you shower. No tub bath until approved by the surgeon (usually 3 months). Do not put any ointment, alcohol, peroxide, or Betadine on the Dermabond as it will break the Dermabond down too soon. After 2 weeks the Dermabond will start to peel or flake off on its own.

You might notice clear pieces of suture that look like fishing line coming from the top and bottom of the incision. These are the "tail ends" of the absorbable suture that is under the skin. If they bother you, clip them off closer to the skin, and as the suture absorbs (4-6 weeks) the ends will drop off on their own. Do not pull or tug at them.

Some patients will have several non absorbable sutures on the hip area where the surgeon uses the navigation system (pin sites). These will be black sutures and there is usually one or two of them. These sutures must be removed by the physician or nurse. If you have pin site sutures we will arrange for you to come into the office for removal, or someone from our team will remove them at your home.

Knees:

Your skin incision will be closed with Steri-strips which look like paper tapes that run across the incision. The steri-strips stick to the skin for about two weeks, then start to curl up and fall off on their own. For the first 5 days after surgery you must keep the incision dry. You can shower, but the incision will have to be covered with plastic (saran wrap works well). After 5 days, you can get it wet, but don't scrub at it. Just let the water from the shower run over it gently and then pat it dry with the towel. A shower is ok, but no tub bath until approved by the surgeon (usually 6 weeks).

For the first 5 days after surgery keep a dressing over the knee incision. Do not use adhesive tape, as it can tear the delicate skin around your knee after surgery. Paper tape is preferred. After 5 days, you do not need a dressing over the incision if the wound has been dry.

If you notice clear pieces of suture coming from the top and bottom of the incision (looks like fishing line) it is just the anchors for the absorbable suture that was used to close the inside layers of tissue in the knee. The inside suture absorbs in 4-6 weeks and the 'fishing line" pieces will just drop off on their own. If they are long or catch on your clothing, you may cut them closer to the skin carefully.

.If you notice any of these symptoms, please call the Arthritis Institute. Do NOT shower or get the incision wet.

1. Drainage from the incision or the computer pin sites
2. Areas of the incision that are not sealed over
3. Red pimply areas on or near the incision
4. Redness along the incision

If you have BLACK sutures at the computer pin sites or staples along your incision, make sure that one of the following arrangements are made prior to your discharge.

1. Return to the clinic to have the physician assistant remove it (7 to 10 days)
2. Home health nurse to remove it
3. Local doctor or nurse (if out of town) to remove it or
4. Physical therapist from the Arthritis Institute who makes the complimentary Home visit to remove it.

If the computer was used during your surgery, there may be some mild inflammation at the computer pin sites. They can also be tender to the touch or sore when moving the knee. This is normal, and it is recommended to move your knee within your pain tolerance.

NO hot tubs or jacuzzi for 6 weeks. After 2 weeks you may swim if you can enter the pool safely (handrails, ramp, steps etc). It is recommended that you wait until the incision is well healed before entering the pool. Limit the time in the pool to 10-15 minutes in order to monitor your response and incision healing.

MINIMIZING POST SURGERY SLEEP DISORDERS

After surgery one of the most frequent complaints from a patient is, "I have trouble sleeping." There are several things that you can do to minimize this problem. After surgery when the body has undergone trauma, endured anesthesia and tolerated pain medications, the normal activity/ rest pattern becomes disturbed. Your body may not recognize when it is tired. In the days after surgery you may notice that there are frequent interruptions day and night from nurses taking vital signs, giving medications, noises from foot compression pumps that produce a constant mild hum/whoosh sound, IV alarms beeping, monitors beeping, etc. The sleep pattern becomes a series of frequent naps with a short stretch of nighttime sleep. After going home there is a certain amount of anxiety present. Now you are on your own with your new implant. As night unfolds you find yourself suddenly wide awake and wondering, "Will I be okay? Am I in the right position? Is my wound healing?" All is quiet around you. Too quiet! You close your eyes to sleep. You find no matter how hard you try to fall asleep, you can't. If you are lucky enough to fall asleep you may find yourself wide awake two hours later. What do you do? The mistake that most people make is lying there for hours trying to get back to sleep. You must do something to make your body and mind feel tired.

Do not make the bed your body's enemy. The bed should be a comfortable place that you associate with sleep. If you can't fall back to sleep after 30 minutes, you should get out of bed. Here are some suggestions that may help you sleep:

1. Get up and have a glass of warm milk or a banana. These foods are high in the amino acid tryptophan, which may help you to sleep.

2. Relaxing activities such as reading, playing solitaire, sewing, watching TV, or working on a jigsaw or crossword puzzle may help relieve anxiety and reduce muscle tension.

3. During the day be careful about taking naps. Naps should be taken in the later morning or early afternoon for no more than 2 hours. If you nap later in the day or early evening, you will not be tired at your normal bedtime. You should try to plan your activities as near normal as possible. Get back on your pre-surgery clock.

4. Do not sleep in the morning. If you stay in bed longer in the morning you will create a new pattern of activity/rest. If you are used to getting up at 7:00 A.M., get up at 7:00 A.M. even if you just fell asleep at 5:00 A.M. Eventually, you will get yourself back on a more normal cycle.

5. Regular exercise, particularly in the afternoon, can help deepen sleep. However, strenuous exercise right before sleep may prevent you from falling asleep by creating over-stimulation.

6. Watch your other personal habits. For several hours before bedtime avoid alcoholic beverages, caffeine, chocolate, heavy/spicy/sugary or sugar-filled foods. Avoid smoking before bedtime. They can affect your ability to fall asleep.

7. Restrict fluids right before bed. If you are frequently awakened to use the bathroom it will disturb your sleep cycle.

8. Make sure your bedding is comfortable. The bedroom should neither be too hot nor too cold as this can keep you awake. Find a comfortable temperature for sleeping and keep the room well ventilated.

9. Block out distracting noise and eliminate as much light as possible.

10. Sleeplessness can be a side effect from the medication. Ask your doctor or pharmacist about this possibility. To help overall improvement in sleep patterns, your physician may prescribe sleep medications (for short-term relief). Disorientation can be a side effect from sleeping medications. Following joint replacement surgery, we do not routinely order sleeping medications as it can increase the risk of falling.

11. Always follow the advice of your physician and other health care professionals. The goal is to rediscover how to sleep naturally.

12. Enlist the support of family members. If you share a bed, you or your partner may want to move if the other's sleep is being disturbed. Getting sleep patterns back to normal after surgery can greatly help to speed your recovery by leaving you feeling well rested.

AVOIDING CONSTIPATION

Constipation can become a problem if you are taking iron tablets or pain medications before your operation.

After surgery, medications and immobility can cause constipation. Here are some tips to help with this common problem:

1. Drink 6-8 glasses of water daily.
2. Eat plenty of fruits and vegetables.
3. Be aware of your bowel pattern. If you notice changes, take action. If you miss 2 or 3 of your usual movements, or you begin to feel uncomfortable, you may need a gentle oral laxative.
4. Eat light meals 2 days prior to surgery.
5. Increase activity (gradually) while reducing the pain medications.

IRON RICH FOODS

Meats: Lean beef, veal, pork, lamb, poultry, kidney, hearts, all kinds of liver (except fish liver). Liver should not be eaten more than once a week.

Seafood: Shellfish, fish fillets, clams, shrimps, oysters, sardines, and crab

Vegetables: Any kind of dark green leafy vegetables, broccoli, spinach, brussel sprouts, green beans, lima beans, tomato juice, beets, sauerkraut, tofu, kale, sweet potatoes, peas, bean sprouts, potatoes, legumes, dried peas, dried beans, and lentils

Whole grains: Whole grain breads, whole grain cereals, brown rice, wheat germ, bran, enriched pasta, tortillas, soy bean, flour, iron-fortified cereals (Frosted Mini-Wheat, Wheat Chex, and Kellogg's Just Right)

Fruits: All berries, grapes, raisins, dried apricots, grapefruit, oranges, plums, prunes, watermelon, dried fruits

Misc: Unrefined sugars, molasses, Brewer's yeast

Cooking with cast iron pots can add up to 80% more iron. Eat foods that are high in Vitamin C when eating the above mentioned. Vitamin C helps the body to absorb the iron. Do not take your iron tablets with anything that contains caffeine as it can cut the absorption rate.

DENTAL WORK

NO dental work 2 weeks before surgery and 3 months after surgery. If there is an emergency, such as a toothache or a broken tooth, call the clinic for instructions. Antibiotics must be taken before you have any dental work done. You can obtain an antibiotic prescription for routine dental work at the 6 week or 3 month follow up visit.

DRIVING

This is determined on an individual basis. General rule is:

Left leg operation – must be off pain medicine (liability purposes), and you must be able to get the operative leg in comfortably.

Right leg operation – must be off pain medicine (liability purposes), you must be able to get the operative leg in comfortably, and you must have sufficient control of your leg to step on the gas pedal and push down on the brake.

Recommendation: Sit in your car and practice moving your right leg to and from the gas pedal to the brake. Then practice driving in an area where there is minimal congestion and pedestrians (i.e. open parking lot).

ICE & ELEVATION

2 hour program for 1st 2 days
Ice 4 times a day minimum for 1st week. Ice should be applied for 30 minutes at a time. Always have a towel between the ice bag and your skin.

PAIN MANAGEMENT/ANESTHESIA

The anesthesiologist and the nursing staff work very hard to keep your pain under control. An epidural catheter with an intravenous sedation is typically used in order to make the patient completely unaware of the activities during surgery. A femoral nerve catheter is also used with those patients having a knee replacement. Both catheters are removed within 1-2 days after surgery. Once these catheters are removed, you will receive oral pain medications. Pain is subjective. Therefore, the staff will listen attentively and treat every patient accordingly. The goal is to keep the patient as comfortable as possible.

ACTIVITY PROGRESSION/ WALKING PROGRAM

- Take the pain medication (as needed) prior to your exercise session or your daily walk.
- Continue your home exercise program and your walking program.
- Increase the walking distance as tolerated. Gradually increase activity level in order to keep the soreness out of the hip and knee.
- Ice and elevate your operative leg after exercising and walking.
- Remember the heel – toe walking pattern as instructed by the doctor and physical therapist.
- Pace yourself in order to avoid increase in soreness, pain, or swelling.

DO NOT:

- Do not over do it. "More is better" does not always apply. This may result in an increase in pain and swelling which can make walking, sleeping, and exercising more difficult. If you over do it, decrease your activity for the next 1 – 2 days and elevate and ice your operative leg.
- Do not sit up for more than an hour at a time without getting up and moving around. If you sit for prolonged periods, gravity may pull the swelling from your hip/knee into the lower part of your leg. If you notice an increase in swelling in the lower part of your leg, you must lie down with your operative leg above your heart more frequently.

FOLLOW UP APPOINTMENTS

If you live in the local Los Angeles area, the physical therapist in the hospital may make a complimentary home visit to assess your wound and follow up on your progress. This usually occurs 1-2 weeks after your discharge from the hospital. The therapist will contact you to arrange the appointment.

Your doctor or the physician assistant (P.A.) will call you to see how you are doing. They can answer any questions you may have and make your follow-up appointment for you. This call should occur anywhere from 1-2 weeks from your discharge.

Your first return visit to the office will usually be around 4 - 6 weeks unless otherwise indicated. You will see the P.A. You will have x-rays taken, a wound check, and a general evaluation. The P.A. can determine if any further physical therapy is indicated.

Your next appointment will be at 3 months (from the date of surgery). At this time, you will see your surgeon. The surgeon will guide you thereafter on when you should return for check-ups. These usually occur at 6 months, 1 year, 2 years, etc…

HOME HEALTH

The doctor and the Dorr Arthritis Institute team will determine if home health services are indicated. If ordered, the case manager will set up the services according to your insurance and your discharge location. Here are some important reminders:

> The home health agency usually takes 2-3 days to contact you once you are home. During this time, continue to walk and do your exercises as you were taught in the hospital.
>
> Contact the clinic if you have any questions.

Home health services are for patients who are homebound. As you recover and become more active, your home therapist may recommend outpatient physical therapy. The home therapist should fax a report of your status and recommendations to the physician at (213) 202-7225.

Notes

Therapy Pre-operative Sheet

General Information

Patient Name: _____ Age: _____ Height: _____
Date of pre-operative class: _____
Doctor (circle): Dr. Dorr Dr. Long Dr. Gilbert
Type of surgery (circle): Left Hip Right Hip Left Knee Right Knee
Date of surgery: _____

Home Situation

Who do you live with?_____
Do you live in a (circle): home - apartment - condo - town home - mobile home - other
How many steps to enter the residence? _____ Are there rails? - Yes / No - 1 side - 2 sides
How many steps inside the residence?_____ Are there rails? - Yes / No - 1 side - 2 sides
How much help will you have at home? none _____ during the day_____ at night_____
What best describes your bathroom? (circle)
tub/shower combination with a curtain tub/shower combination with a door
shower stall with a curtain shower stall with a door

Current Level of Function

How far can you walk? (circle)
only within the home - limited community distances - unlimited distances
Do you use any of these devices to ambulate? (circle)
walker - crutches - cane - wheelchair - no device used
Are you able to dress and bathe yourself? (circle)
no problems - yes but with difficulty - yes but use equipment - unable and need help

Equipment

Do you have any of the following? (circle that apply)
walker - crutches - cane - wheelchair - reacher - raised toilet seat - commode
tub bench - shower chair - long shoe horn - sock aid - detachable shower hose

Please fill out and give this sheet to the instructor of the pre-operative class. If you are not attending the pre-operative class, fax to (213) 202-7225.

PRE-OP CLASS ATTENDED

_____ _____
Patient Name Birth date

_____ _____
Signature Today's date

_____
Instructor's name

Date of surgery: _____

Doctor's name: _____

Your phone number: _____

Please circle one: HIP or KNEE

Have you had surgery on this joint before? YES or NO

Height _____

Weight _____

List all medications, vitamins and supplements you are currently taking or have taken in the last 30 days.

_____

_____

_____

_____

Please list all known allergies. _____

_____

_____

_____

_____

I have been informed that attending the pre-op class is recommended. However, I am unable to attend. As an alternative, I have been sent a copy of the pre-operative booklet, and I have read through all of the materials. I understand that if I have any questions, I may call the Dorr Arthritis Institute at (213) 977-2280.

_____

Patient's name Date

_____

Patient's signature

You can: 1 Fax this sheet and the physical therapy pre-op visit sheet to
(213) 202-7225 OR
2 Mail this sheet and the physical therapy pre-op visit sheet to
The Dorr Arthritis Institute
637 Lucas Ave, Ground Floor
Los Angeles, CA 90017