

# **Outpatient Knee Replacement Patient Education Guide**

## ***Sycamore Surgery Center***

Together with  Ascension St. Vincent

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# TABLE OF CONTENTS

Introduction.....	3
Education.....	4
Understanding your Surgery.....	5
What is Osteoarthritis.....	6
Preoperative Instructions and Testing Checklist.....	7
Day of Surgery.....	8
Preparing Your Home.....	8
Sitting and Sleeping.....	9
Moving Safely.....	9
Pain.....	9/10
Other Precautions/Information.....	10/11
Physical Therapy.....	11/12
Total Knee Replacement Therapy Illustrations.....	13/14
Follow Up Care / Dressing.....	15
Examples of Durable Medical Equipment.....	16-19
Call 911.....	20
When to Call your Healthcare Provider.....	20
FAQ and Notes.....	21/22
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## You have been scheduled for surgery at Sycamore Surgery Center

This information is designed to provide you with knowledge and insight regarding your upcoming surgery. Please read this information thoroughly because it will help answer many of the questions you may have. The following packet informs you about the preparation process, appointments, education, and what to expect before, during, and after your surgery.

Please keep this packet as it will serve as a great guide for you during your joint replacement journey. However, if you do not find the answers here, please feel free to call your surgeon's office.

We have collaborated and combined expertise from several sources to work with you and make this a positive experience. You are the most important person in the process. Active participation and willingness on your part is needed to make recover, and to ensure the best outcome.

Thank you for choosing Sycamore Surgery Center. We look forward to caring for you soon!

Sincerely,

Sycamore Surgery Center Staff

# Education for Total Knee Replacement

You have been scheduled to have knee replacement surgery. The knee joint forms where the thighbone, shinbone, and kneecap meet. The knee joint is supported by muscles and ligaments. It is lined with a cushioning called cartilage. Over time, cartilage wears away. This can make the knee feel stiff and painful. Your surgeon will replace your painful joint with an artificial joint to relieve pain and restore movement. Below are instructions to assist you in making your surgery experience successful.

You are scheduled for outpatient surgery, also called ambulatory surgery, which means that you will go home the same day. Our goal is to make your experience at Sycamore Surgery Center as pleasant and safe as possible. Therefore, we ask that you thoroughly look through this information to help answer any questions you may have.

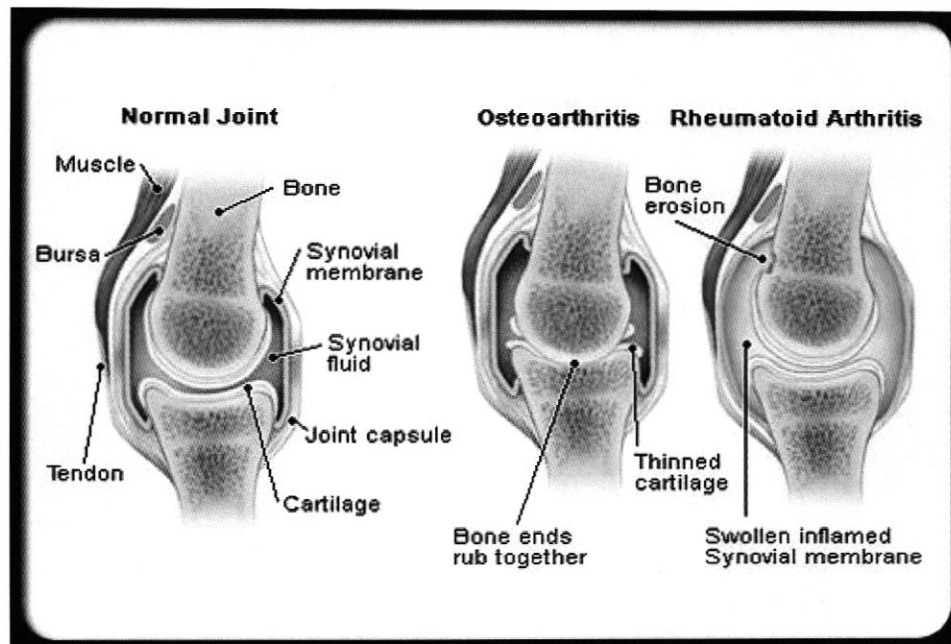
After you have a surgery date you will be sent an email to fill out your One Medical Passport. You will need to enter your complete health history, list of medications, allergies, and other pertinent information that will allow us to safely care for you at the surgery center. **\*Please fill your One Medical Passport out as soon as possible so we may provide you with the best possible care. If you do not have an email, please contact us at (765) 681-5060.**

You may be asked to go to the Surgery Evaluation Center (SEC) to be cleared for surgery. The doctor performing your surgery will let you know if you are required to go to the SEC before your surgery is scheduled. You may also be asked to go to your specialty doctors such as cardiology or pulmonology to get clearance for your surgery.

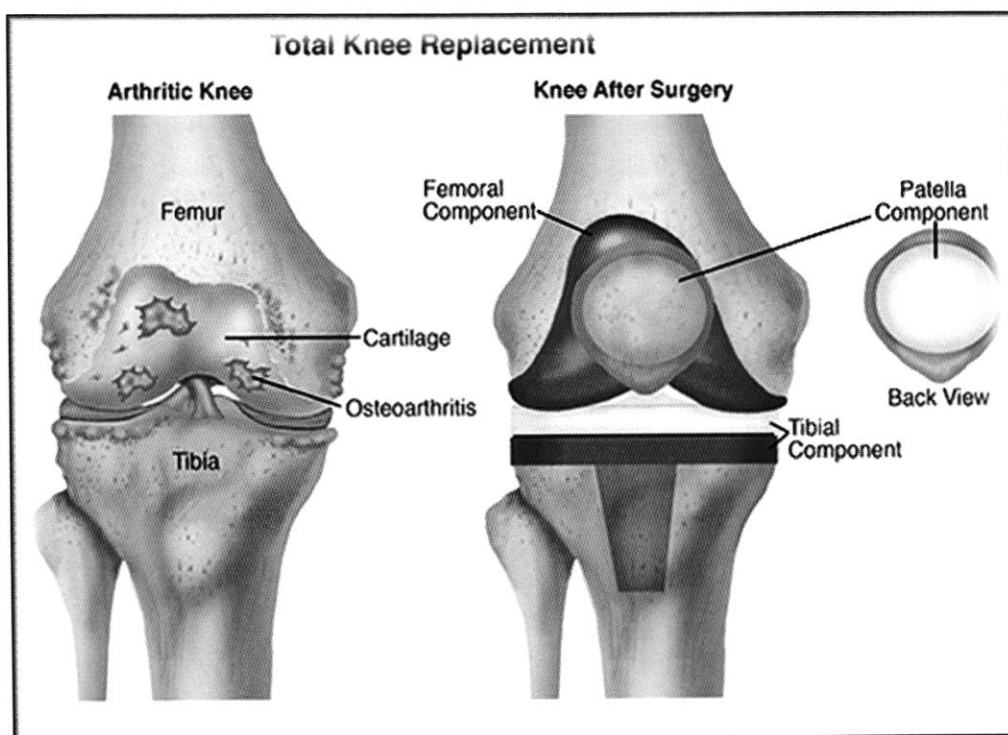
The surgeon's office will fill out any work/FMLA forms you may need completed for disability while off work due to your limitations or restrictions. Please notify the office of any forms you may need before your surgery.

# UNDERSTANDING YOUR SURGERY

## COMMON CAUSES OF JOINT PAIN



## KNEE REPLACEMENT SURGERY



## What is Osteoarthritis?

Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and is the most common type affecting nearly 21 million Americans. As we age, the chances of developing osteoarthritis increase, though the severity of the disease is different for everyone. Even people in the early stages of life can develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body. Cartilage is a rubbery material that covers the ends of bones in normal joints and helps ensure that joint bones do not rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, the cartilage may break down and wear away, preventing it from working properly. When this happens, tendons and ligaments in the joint can stretch, causing pain. If the condition worsens, joint bones can rub together, causing pain and discomfort.

### Causes of Osteoarthritis:

There are several factors that increase a person's chances of developing osteoarthritis including family history, obesity, injuries like fractures in the joint, previous surgeries where cartilage was removed from a joint, and overuse.

### Symptoms of Osteoarthritis:

- Joints that are sore and ache especially after periods of activity.
- Pain that develops after overuse or when joints are inactive for extended periods of time.

### What is inflammatory arthritis?

Inflammatory arthritis is a rare condition that can affect several joints throughout the body. It is caused by an overactive immune system. It may affect other organs of the body. It can affect men, women, and children of all ages. Rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis are types of inflammatory arthritis.

### Symptoms of inflammatory arthritis can include:

- Stiffness and joint swelling
- Redness and warmth
- Pain
- Your knee is made of three basic parts that move and work together to ensure smooth motion and function: your femur (leg bone), your tibia (shin bone), and your patella (kneecap). When arthritis affects the joint and the cartilage that cushions the knee wears away or is destroyed, the knee joint requires replacement.
- **Total Knee Replacement Surgery**
  - This involves resurfacing the knee joint with an artificial joint made of a metal alloy which is body friendly and plastic. The materials used in your artificial joint are very strong and are designed to last a very long time inside your body. Your orthopedic surgeon will consider many factors, like age, bone density and the shape of your joints, when determining the exact kind of knee replacement, you will receive and how it will be inserted into your knee.
- **Partial Knee Replacement Surgery**
  - Sometimes, the cartilage damage in your knee is limited to just one side or the other. When this happens, a partial knee replacement procedure may be appropriate. Partial knee replacement is like total knee replacement except only one side of the knee joint is resurfaced. This involves a quicker recovery and smaller scar but is not always recommended or what you need to have done. Your doctor will discuss this with you further.

# **PREOPERATIVE INSTRUCTIONS AND TESTING CHECKLIST**

## **2-4 Weeks Before Surgery:**

- ☐ Attend Pre-Operative Testing Appointment (if scheduled with surgeon's office or surgery center)
- ☐ You may be required to get labs, EKG, or an x-ray if deemed necessary by your surgeon or anesthesiologist.
- ☐ If required by your surgeon, see your current specialists for medical clearance such as cardiologist or pulmonologist.
- ☐ Begin your exercises as recommended by your physical therapist or surgeon's office.
- ☐ Obtain medical devices as recommended by your surgeon (walker, cold therapy unit, cane, toilet seat riser, etc.)

## **The Week Before Surgery:**

- ☐ Prepare your home.
- ☐ Move all rugs out of your pathway and adjust furniture to allow for room for your walker or cane.
- ☐ Total knee patients: stop shaving your leg (3 days before surgery)
- ☐ Start/Stop taking any medications as instructed by your surgeon.
- ☐ You will need a chair with arm rest and no wheels for after surgery.
- ☐ Confirm your ride home from the Surgery Center and someone to stay with you a couple of days post operatively. This will ensure your safety and is needed when you have outpatient joint replacement surgery.
- ☐ Fill prescriptions from your surgeon
- ☐ Stop taking medications such as Ibuprofen, Aleve, Advil, and Naproxen. You will be instructed when to stop blood thinners such as Coumadin or Plavix.

## **Two Nights Before Surgery:**

- ☐ Start using your skin prep cleaning solution to the surgical area if given to you by your surgeon.

## **Night Before Surgery:**

- ☐ Stop eating and drinking at midnight the night before your surgery time. No gum, mints, candy, water.
- ☐ Pack your bag. You will need to bring your walker, cold-therapy unit (if you have one), and inhaler(s) (if you use them) with you the day of surgery.
- ☐ Put fresh sheets / linen on your bed. Sleep in clean clothes.
- ☐ Do not allow pets to sleep with you the night before surgery.

## **Morning of Surgery:**

- ☐ Shower using your last cleaning solution sponge to the surgical area and antibacterial soap (such as Dial, Lever 2000. Etc.) to the rest of your body. Use a clean towel to dry yourself off.
- ☐ Dress in clean, comfortable clothing to wear to the Surgery Center
- ☐ Leave all jewelry at home. Be sure to remove all body piercing jewelry. We are NOT responsible for lost or stolen jewelry. No false eyelashes.
- ☐ Please do not wear contact lenses on the day of surgery. Dentures, glasses, and hearing aids may need to be removed for surgery. Please bring appropriate cases for these items, so that your visitor can hold onto them.
- ☐ Take any medications as instructed by your surgeon / anesthesiologist with ONLY a sip of water.



\*\*\* Please be careful to avoid having any cuts, wounds, scratches, bites, burns, etc. before your surgery. If you develop any medical problems or illnesses such as a sore throat, cough, colds, fever, infections, breaks in skin, or skin eruptions, please **notify** the surgeon or Surgery Center **immediately**. These can cause your surgery to be cancelled or delayed for your safety to prevent infection. \*\*\*

## Day of Surgery

- You will come to Ascension St Vincent Kokomo, entrance number 6. Our center is located inside on your right-hand side.
- Check in at the desk and the staff will notify your nurse that you have arrived. Please arrive on time to allow ample time to have you safely ready for surgery.
- Your nurse will take you back, check your weight and have you change into a hospital gown. The nurse will also get a set of vital signs and start your IV. The IV will be how you get medications and fluids before, during, and after your surgery.
- Your anesthesiologist will come to interview you and explain the type of anesthesia you will be receiving. The anesthesiologist may also recommend a nerve block to you depending on what your surgeon requests. The anesthesiologist has already been through your chart and a safety check list to make sure you are cleared for surgery.
- Your surgeon will be in to see you prior to you going to surgery.
- You will need a walker with 5" diameter wheels on the front only – You are **required** to bring walker day of surgery. Your surgeon will provide you with a script to get a walker. Depending on your insurance this may or may not be covered. No rollators or rolling walkers.
- You are required to have someone drive you to the Surgery Center as well as back home. You must have a responsible adult to stay with you for the first 24 hours after surgery. This is for your safety so please arrange this ahead of time. Anesthesia will be utilized during your surgery, and for your safety it is recommended that someone stay with you for at least 24 hours after surgery.

## Preparing Your Home Care / Helpful Equipment.

- You will need some type of non-slip surface for the bottom of the shower or tub.
- An elevated / raised toilet seat (is not covered under insurance) will be helpful after your surgery.
- Take all medicine as directed by your surgeon.
- You will need ice for cold therapy (Cryocuff (cold-therapy unit) or ice packs)
- Arrange your household to keep the items you need handy. Keep clear pathways in your home. Remove items that may cause you to fall, such as throw rugs and electrical cords.



## Sitting and Sleeping

- Sit in chairs with arms. Arms on a chair will make it easier for you to stand up and sit down. Do not use your walker to stand up or sit down because it may come out from underneath you and cause you to fall.
- Do not sit for more than 30 to 45 minutes at a time. It is encouraged for you to get up and move around the house to prevent stiffness and blood clots.
- Rest if you are tired, but do not stay in bed all day.
- Sleep with a pillow under your ankle, not your knee for elevation. Be sure to change the position of your leg during the night. Do not prop your knee in the bent position with a pillow. If you leave your knee in the bent position for very long during the first six weeks of recovery, the tissues behind the knee can scar and retract making it impossible to straighten your knee. This will cause your gait to be abnormal.

## Moving Safely

- The key to a successful recovery is movement. Walking and exercising your knee as directed by your surgeon and physical therapist. You should be able to start moving your surgical leg shortly after surgery and put as much weight on the operative leg as tolerated. You will walk shortly after surgery with the assistance of your walker and staff.
- Walking up and down stairs is permitted post-surgery with support such as arms rails. Take your time. Take one step at a time going up with the non-operative leg and join with the surgical leg. When going downstairs use the surgical leg to go down first and join with the non-operative leg on the step. Use the railing if possible.
- When changing positions, it is important to move slowly and deliberately. When moving from a reclining or laying position do it slowly. You should sit up for a few minutes before making any quick movements to get acclimated. If you feel dizzy or lightheaded, sit for a few minutes, take deep breaths, and allow the feeling to pass. Please use your assistive device (walker / cane) until your therapist has advised you otherwise. If dizziness or lightheadedness persists, call your surgeon.
- Do not drive until your healthcare provider has informed you that you can. Most people can start driving about 6 weeks after surgery. Do not drive while you are taking opioid / pain medicine.
- Use nonslip bathmats, grab bars, an elevated toilet seat, and a shower chair in your bathroom.
- Always use a walker, cane, and handrails until your balance, flexibility, and strength improve. Your physical therapist will inform you when the time is right to switch from your walker to a cane.
- Keep your hands free by using a backpack, fanny pack, apron, or pockets to carry things.

# Pain

- Where does it hurt?
- Intensity: How bad is the pain? Rate your pain using 0 to 10 scale (0 is no pain and 10 is the worst pain you can imagine)
- Onset: When did the pain start? Duration: How long have you had the pain? Quality: Is it constant or on-and-off? Dull or sharp? Burning or pressure? What makes it worse? What makes it better? Does it affect your usual daily routine? Concentration? Mood?
- Try to stay ahead of your pain by not letting your pain intensify before taking medication. However, do not take more pain medication than what is prescribed to you. If your pain is not controlled by what is prescribed to you, notify your surgeon.
- Prescribed pain medication as well as applying icing and elevating the surgical leg will help to alleviate your pain. Remember: Do not put a pillow under your knee because this will cause stiffness and inability to straighten your leg. This will change your gait and mobility.
- Relaxation techniques can be used if you are having pain. You may become anxious which in turn can make the pain worse. Studies have shown that using relaxation techniques can help reduce post-op pain. Try to rest quietly and breathe slowly.
- Please call your surgeon if you need a refill on pain medication. Give the office 48 hours' notice before you run out of pain medication. This will prevent a delay in receiving medication before your refill is ready. Your surgeon will transition you from pain medication to over-the-counter pain medications as quickly as possible. You may start weaning yourself off the opioids when you feel you can by spacing the doses out as tolerated.
- Pain medication can cause side effects including nausea, vomiting, sedation, dizzy spells, and / or constipation. Please have something to eat / drink (crackers / milk) with your pain medication. If the symptoms are persistent or severe, contact your surgeon.
- Remember you should be proactive with your pain medication and take your medications prior to your therapy sessions.
- Do not drive while taking narcotics or opioids.

## Other Precautions / Information / Post

- If you are given support stockings / TED hose for bilateral legs. Always wear them. You may remove them to shower only. These may be needed approximately 4 weeks after surgery. If needed, you can place a bandage over the incision to prevent irritation from clothing or support stockings.

- You may shower 24 to 48 hours after your joint replacement. Sit on a shower stool or chair when you shower to keep from falling. Your dressing will remain on until your post operative visit with your surgeon. Keep your knee dressing clean and dry. Do not immerse your knee in water until your surgeon says it is okay. This means no hot tubs, bathtubs, or swimming pools.
- Preventing infection is key. You may be provided with wipes or cleansing soap to wash with prior to coming to surgery. It is imperative that you follow the instructions closely. As your team, we are here to make this surgery a success for you.
- Any infection will need to be treated right away. Call your healthcare provider right away if you think you might have an infection. Signs to watch for include increased pain, redness at the incision that spreads outwards, swelling, temperature, persistent nausea/vomiting, firmness around incision, foul smell from incision, and incisional drainage.
- Inform your dentist that you have an artificial joint. You may be directed to take antibiotics as prescribed before any dental work.
- Tell all your healthcare providers about your artificial joint before any medical procedure.
- Staying at a healthy weight is important in your success with a joint replacement. It is advised to seek help to lose any extra pounds because added body weight puts stress on the knee.
- Take any medicine you have been given after surgery as prescribed. Your surgeon may have you take an aspirin post operatively. Aspirin is a blood-thinning medicine to help prevent blood clots. Your surgeon will discuss this with you. You may be given antibiotics to prevent infection if your surgeon deems necessary.
- If you are a smoker, it is advisable to quit to improve your healing. Smoking delays both the bone growth around the implant and soft tissue healing after your surgery. Smoking also increases your risk of getting a blood clot.
- Sexual activity can resume when cleared by your surgeon.
- Many patients will experience significant bruising on the operative leg. This is not uncommon.

## Physical Therapy

- Physical therapy will need to be set up immediately following your knee replacement if it has not been done prior to surgery. In home therapy can be set up, but preferably you will go to a physical therapy facility as soon as you are able to.
- Do not attempt to get out of bed without assistance until you have been cleared to get up without help following surgery.

- A staff member will help and support you to get up and walk to a chair to prepare you to go home the day of surgery. The home environment is optimal for lower complication rates, lower infection rates, and a much higher degree of patient satisfaction. Patients typically leave the Surgery Center 4 hours post operatively.
- Walking should be performed with staff members only unless specified otherwise by your nurse. Your medical team will walk with you and advise you on the amount of weight and pressure you should apply to the operative leg.
- Once physical therapy starts the therapist will increase your activity of walking more each day, and typically, therapy sessions occur immediately after surgery.
- You will continue the exercises prescribed by your surgeon and physical therapist. Throughout your recovery, you must diligently follow knee precautions including no squatting down, kneeling, or twisting of the operated knee in your daily activities.
- The more you put into your physical therapy the more successful and faster your joint replacement recovery will be.
- It is very important to keep all your therapy appointments and continue to work on flexion and extension. Your goal is to be at 90 degrees of flexion within two weeks after surgery and be able to straighten your leg.
- Therapy averages 8 to 12 weeks following surgery depending on each patient's mobility, strength, and progress.

## PHYSICAL THERAPY NOTES:

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# Total Knee & Hip Replacement

1

## ANKLE PUMPS

With your leg straight, bring your toes towards your head. Then move your foot so that you are pointing your toes.



Repeat 10 Times  
Perform 3 - 5 Time(s) a Day

2

## QUAD SETS

With your leg straight, tighten the front of your thigh muscle. Your knee should press down on the bed with your heel lifting slightly. Make sure you knee fully straightens during this.

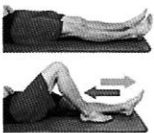


Repeat 10 Times  
Hold 5 Seconds  
Perform 3 - 5 Time(s) a Day

3

## HEEL SLIDES

Lie on your back and pull your heel towards your buttocks while you bend your knee. For a total knee replacement you may use your opposite foot and a long strap to help facilitate this movement.

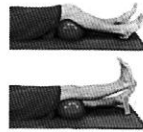


Repeat 10 Times Perform  
3-5 Time(s) a Day

4

## SHORT ARC QUAD

Have a rolled pillow or towel under your knee while lying on your back. Leave the knee on the roll as you lift your heel off the bed. Slowly lower back to the bed.



Repeat 10 Times  
Perform 2-3 Time(s) a Day

5

## HIP ABDUCTION

Lie on your back as you slide your entire leg out to the side while keeping your leg straight. Make sure to keep your knee and toes pointed toward the ceiling the entire time. Slowly bring your leg back to the center.



Repeat 10 Times  
Perform 2-3 Time(s) a Day

6

## STRAIGHT LEG RAISE

Lie on your back with your surgical leg straight but the opposite leg bent. Tighten up your thigh muscle then lift your leg off the bed about 12 inches while keeping your knee as straight as you can. Slowly lower your leg back to the bed while continuing to keep your knee straight.



Repeat 10 Times  
Perform 2-3 Time(s) a Day

7

## BRIDGES

Lie on your back and bend your knees as far as you can towards your buttocks. Slowly lift your hips off the bed until your hips are in line with your shoulders and knees creating the "bridge"



Repeat 10 Times  
Perform 2-3 Time(s) a Day

# Total Knee & Hip Replacement

8

## STANDING HIP EXTENSION



Stand tall while holding onto something stable and kick your leg backwards without arching your back while keeping your knee straight. Slowly lower your leg to the starting position.

Repeat 10 Times  
Perform 2-3 Time(s) a Day

9

## STANDING HIP ABDUCTION



Stand tall while holding onto something stable and kick your leg out to the side while keeping your knee straight. Slowly lower your leg to the starting position.

Repeat 10 Times  
Perform 2-3 Time(s) a Day

10

## KNEE EXTENSION/HAMSTRING STRETCH

\*for total knee patients only



Sit with your operated heel on the floor or propped up on a chair. Lead forward slightly while making sure your knee is straight to feel a stretch behind your knee.

Hold 30-60 seconds  
Perform 3-5 Time(s) a Day

11

## MARCHING IN PLACE



Stand tall while holding onto something stable, then lift one foot off the floor 3-5 inches. Try to hold the foot in the air for 2-3 seconds before slowly lowering it back down. Repeat, alternating on each side.

Repeat 10 times  
Perform 2-3 Time(s) a Day

12

## HEEL RAISES



Stand tall while holding onto something stable, then rise onto your toes lifting your heels off the ground. Slower lower your heels back down to the ground

Repeat 10 Times  
Perform 2-3 Time(s) a Day

## **Follow-up care / Dressing**

- Follow up with your healthcare provider as instructed for a post-op visit within two weeks after surgery. Call the office to schedule this appointment. You will have a waterproof dressing on following surgery, and it remains on until your first post op visit. Call your surgeon if the dressing is saturated and starts to leak. If you have staples or stitches to close your incision, follow your surgeon's instructions on when to return to have them removed, usually about 2 weeks post operatively.

## **Examples of Durable Medical Equipment**

\*The following are examples of recommended medical equipment. Pictures of the medical equipment are on the following pages. \*

\*Cryo cuff (A type of cold compress)

\*Walker (Look for one with wheels only on the front and not the back)

\*Cane (Standard cane not the 4-prong cane)

\*Non-Slip bathmat

\*Sturdy chair with arms will assist in transition from standing and sitting.

\*Toilet riser

\*Grab bars (for shower or helping get up from the toilet)

\*Shower Chair



## **\*\*Call 911\*\***

**Call** 911 right away if any of the following occur:

- Chest pain
- Shortness of breath
- Any signs or symptoms of a stroke (FAST)
  - **F**acial drooping to one side
  - **A**rm weakness to one side
  - **S**lurring of speech
  - **T**ime is important-call 911 with any of these symptoms.

## **When to call your healthcare provider**

**Call** your healthcare provider right away if any of the following occur:

- Fever of 100.5°F (38°C) or higher. It is not unusual to have a low-grade temperature following surgery for the first few days. Checking your temperature daily for the first couple weeks after surgery will allow you to closely monitor for any fever or infection.
- Pain, swelling, or redness in your calf.
- Shaking or chills.
- Stiffness or inability to move your knee.
- Increased swelling in your leg.
- Increased redness, tenderness, or swelling in or around the knee incision.
- Drainage from knee incision (pus, green, or foul-smelling discharge).
- Increased knee pain not controlled by pain medication.
- For anything that just does not seem right.

**Thank you for choosing Sycamore Surgery Center!** We are here to help you have a successful surgery and a great outcome. We want you back on your feet, healthy and strong as soon as possible. Please let us know if you have any concerns so we can help make this happen. Your surgical team wants the best for you!

## Frequently Asked Questions:

**1. When may I shower?**

Your surgeon will give you specific instructions on when you can shower. Most often allowed to shower if you can keep your incision clean and dry.

**2. When may I drive?**

Driving restrictions may vary depending on pain medication usage. In most cases, you may drive in 4 weeks if no longer on narcotics.

**3. Do I have to have physical therapy?**

It is strongly advised that you have physical therapy post operatively. This is vital to gain your range of motion, strength, and confidence back.

**4. How long do I take my anticoagulation / blood thinner?**

Depending on the medication that you are prescribed for anticoagulation post operatively, your surgeon will discuss how long and how much they want you to take.

**5. How long do I take pain medication?**

You will need to wean off narcotic pain medication as quickly as possible. You can do this by starting to space out each dose as the pain decreases.

**6. How long do I wear compression stockings?**

If compression stockings are necessary for you, your surgeon will discuss the duration you are to wear the compression stockings.

**7. When do I transition from my walker to cane?**

Your physical therapist will determine the transition depending of your progression after surgery.

**8. Why does my thigh hurt after surgery?**

Often the pain in your thigh can be common from the tourniquet used during surgery.

**9. What happens if I fall?**

Please call your orthopedic surgeon's office for any concerns that you have or if you have an injury. On weekends, there is always an orthopedic provider on call. If you are not able to get any help, call 911.

**10. When will I see my doctor after surgery?**

You will see a provider in the office 2 weeks after surgery.

**11. How long does it take to make a "complete" recovery?**

Recovery duration is different for every patient. Recovery and changes depend on what surgery you have had. Most often the recovery will be 3 - 6 months.

**Please call your surgeon with any questions or concerns, but we are happy to help you in any way we can!**