

SURGERY BOOKLET
FOR
TOTAL JOINT REPLACEMENT
ORTHOPEDIC GROUP OF BIRMINGHAM
MARK A. ELKUS, M.D.

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WWW.ORTHOBIRMINGHAM.COM

This booklet is designed to give you important information about your surgery, including pre and post-operative procedures.

Dr. Elkus and his staff work hard to make this a comfortable and worry-free time for all our patients.

Read the entire booklet, write down questions, and feel free to call office for answers.

Please also visit our website at www.orthobirmingham.com for additional information.

Use the following information to help you prepare for your total joint replacement surgery.

My CHECKLIST

- My scheduled surgical date is _____
- My pre-admission testing is scheduled for _____
- I have received medical clearance from my primary care physician and/or cardiologist.
- I plan on attending "Joint Camp" instructional class at St. Vincent's or watching video online (<http://www.stvhs.com/birmingham/orthoresources.asp>)
- I know which medications should be discontinued prior to surgery.
- I have obtained knee immobilizer and ice machine from Dr. Elkus, and will bring these with me to hospital on the day of surgery ****Total knee replacement patients only****
- I have made discharge plans following surgery (see below).
- I have the appropriate prescriptions for after surgery, and understand how to take these meds.
- I understand how to take care of my incision after surgery.
- I have made follow-up appointment with Dr. Elkus 10-14 days after surgery.

SURGERY SCHEDULING

Once you have met with Dr. Elkus and elected to proceed with surgery, you will need to meet with our surgery scheduler. The surgery scheduler will help select a date that is acceptable for you and Dr. Elkus. Please include recovery time in the decision making process.

Dr. Elkus performs surgeries on Mondays and Thursdays at St. Vincent's Birmingham in the OrthoSports Center.

After selecting a date, our staff will provide information regarding pre-admission testing, directions to the hospital and suggested arrival time day of surgery.

Note: this time may change up to day before surgery.

We encourage all our patients to discuss surgery with their primary care physicians and/or cardiologists. Sometimes Dr. Elkus will ask for written letters of medical clearance, and this will need to be done prior to pre-admit testing.

PRE-ADMIT TESTING

Once surgery is scheduled, patients need to call (205)212-6608 to schedule pre-admit appointment.

It is necessary for all patients to have medical tests (e.g. labwork, EKG, etc.) prior to their procedure, and this generally must be done at St. Vincent's hospital.

Please bring the following information to the test facility:

- Insurance Cards, Drivers License, Advanced directive
- Home Medications with dosages (including over the counter meds, supplement and herbs)
- List of all allergies
- EKG if performed in the past year. (PCP or Cardiologist may fax to 212-6595).

Based on your insurance coverage, the hospital may ask for your deductible or co-pay at the time of registration. Payment can be made using cash, check or credit card.

Medications prior to surgery:

Please provide our office and the hospital with an updated list of your medications.

Discontinue the following medications:

*Birth control or Hormone Replacement three weeks before any lower extremity surgery (e.g. hip, knee, leg, ankle or foot)

*NSAIDS (e.g. Goody's, Advil, Celebrex, Mobic, Naprosyn, etc.)
two weeks before surgery.

*Discuss Aspirin, Plavix, Brilenta, Effient, Xarelto, Eliquis, Aggrenox, Pradaxa, Coumadin and any other "blood thinner" with Dr. Elkus

*Anti-Inflammatory creams should also stop 2 weeks prior to surgery.

*Discuss over the counter supplements and vitamins with Dr. Elkus.

*Discuss Rheumatoid medications with Dr. Elkus

You may continue Tylenol, Narcotics, Lyrica, Cymbalta or Neurontin if previously prescribed.

Insurance:

Some insurance companies require authorizations before they will pay for surgery. Our office will contact the insurance company for this authorization.

If you have questions about surgical or medical "out of pocket" expenses, please call your insurance company for this information.

If you have a deductible to meet, then we ask that you pay this prior to surgery. We will be glad to discuss this with you.

Paperwork for Job or FMLA:

Many employers require employees to complete a "leave of absence form." It is your responsibility to get this form, complete the patient information and either bring, mail or fax to our office.

We will complete the physician section, and return in a timely fashion. This also applies to FMLA paperwork.

Depending on the amount of paperwork, there may be a charge for this service.

Discharge from hospital is typically 2-3 days after surgery day. For example Monday surgical patients typically go home Wednesday or Thursday. Thursday patients typically go home Saturday or Sunday.

When I leave the hospital, I have made plans to go:

__ Home. *Most common and generally best option*

I understand I will need help for the first seven to fourteen days at home.

I have identified and spoken with the person(s) (spouse, children, friends, neighbors) who will help me for one to two weeks after I leave the hospital. They are known as my Caregivers.

I understand Dr. Elkus can also provide me a list of sitters (insurance does not cover).

I have assistive devices (e.g. walker, cane, shower chair, bedside commode) at home or will plan on obtaining at hospital prior to discharge. Note: Physical therapists, case managers and social workers at hospital will assist in choosing and obtaining.

I have discussed Home Health vs. outpatient physical therapy with Dr. Elkus and staff.

I have made arrangements to live on one floor, if possible, for the first one or two weeks after surgery.

I have removed throw rugs and clutter from traffic paths.

__ Rehab Facility

I have discussed this option with my insurance company, and they have approved.

Note: most insurance do not cover this choice unless there has been medical complication during hospitalization.

__ Skilled Nursing Facility

I have discussed this option with my insurance company, and they may approve after spending 3 nights in hospital.

I understand quality of care at these facilities may be less than optimal.

I understand Dr. Elkus does not visit these facilities.

I understand if I leave the SNF prior to planned discharge day, it is my responsibility to make sure physical therapy has been arranged, and I have all appropriate assistive devices and prescriptions.

Note: If you do go to Rehab or Skilled Nursing facility after surgery, we still recommend going through the "Home" checklist above.

Medications following surgery:

Anticoagulants to prevent blood clot: Most patients will be placed on either Aspirin 81 mg by mouth twice a day or Eliquis 2.5 mg by mouth twice a day for 30 days. If contraindication to these drugs, Dr. Elkus will discuss alternative treatment.

Antibiotics: Generally no antibiotics are necessary after hospitalization.

Pain Medications: Most patients will be discharged home with one of each...

Narcotic (e.g. Norco, Morphine IR, Nucynta)

Non-steroidal anti-inflammatory drug (e.g. Celebrex, Mobic)

Muscle relaxer (e.g. Robaxin, Flexeril)

+/- "Nerve" medication (e.g. Lyrica, Galise, Neurontin)

Take pain and muscle relaxer medications as needed, and preferably 20 minutes before Physical Therapy treatment. Take NSAID scheduled unless contraindicated.

Home medications: Hospitalist will discuss these meds with you prior to discharge. You should also contact your PCP regarding routine home medications.

Laxative: Senekot or Laxative of choice. Talk with PCP if having constipation issues.

PROPHYLACTIC ANTIBIOTIC PROTOCOL

All patients who have received a total joint replacement who need to undergo dental work should adhere to the following antibiotic regimen:

Patients not allergic to Penicillin: Cephalexin, or Amoxicillin 2 grams (4 tablets) orally one hour prior to the dental procedure.

Patients allergic to Penicillin: Clindamycin 600 mgs. orally one hour prior to the dental procedure.

Although recommended duration is controversial (i.e. not necessary after 2 years), Dr. Elkus believes it is safer to take antibiotics lifelong prior to dental or any other surgical procedure.

THIS INFORMATION MUST BE GIVEN TO YOUR DENTIST AND HE/SHE SHOULD PROVIDE THE PRESCRIPTION FOR YOU. IF DENTIST WILL NOT PROVIDE ANTIBIOTIC, PLEASE CALL OUR OFFICE.

Incision Care and swelling control following surgery:

A silver-impregnated, waterproof dressing (e.g. Mepilex® Border Ag) will be applied to your incision on post-op day #2. This dressing may stay on for 5 days. Your nurse at hospital will provide additional silver dressing to apply at home for another 5 days. If the dressing loses its adhesion, becomes soaked, falls off, or you run out of silver dressings, begin painting the incision with betadine or alcohol, place 4x4 gauze followed by thigh high TED hose or ace wrap twice daily and as needed.

You may shower once discharged home, but physical therapist must be present first couple of times to ensure safety.

Call Dr. Elkus for any incision concerns such as excessive drainage, redness or pain.

Staples are to be removed 10-14 days post op by our staff. Call Dr. Elkus if you will be unable to travel to our office.

Please wear thigh high TED hose (white stockings) as much as possible on the operative leg.

Elevate lower extremity to also help control swelling.

Ice to knee or hip at least 3-4 times per day, but please keep towel or equiv between ice and incision.

DME EQUIPMENT:

Equipment needs (e.g. Walker, Bedside Commode, Hospital bed, etc.) will be determined and arranged by physical/occupational therapists and case managers at the hospital.

Knee replacement patients will be prescribed a CPM (continuous passive motion) machine.

This will be delivered to your home.

Please check with person delivering the machine about your insurance coverage, and get their contact information for questions regarding the machine.

Use CPM machine 1-2 hours after breakfast, lunch and dinner. Progress CPM range of motion per tolerance. No more than 6 hours per day.

Knee Immobilizer should be worn a night when sleeping.

Weight bearing Status and Physical therapy:

Check with Dr. Elkus, but generally all hip and knee replacements are **weight bearing as tolerated** using rolling walker at all times for ambulation x 4-6 weeks. Physical therapy may begin cane use (if appropriate) in home only during the 1st 6 weeks.

Physical Therapy: All patients should have home health PT beginning within 1 or 2 days after discharge from hospital. Therapist should see patient 3-4 days per week x 3 weeks, and then outpatient therapy should be arranged. Please let our staff know if there is a particular home health agency or outpatient physical therapist that you prefer.

Physical Therapy Communication: Progress notes should be faxed to office, and therapist must talk with Dr. Elkus prior to discharge from home health so outpatient therapy can be arranged. Call office for any concerns (especially excessive pain, significant edema/redness, drainage, signs of DVT or temperature over 101 degrees).

Hip replacement Precautions: No Operative Hip Internal Rotation, Flexion >90 degrees or Adduction. Dr. Elkus prefers patient to sleep on back with abduction pillow for 6 weeks. May sleep on non-operative hip with 2 pillows between legs if necessary. May perform abduction exercises and straight leg raises on operative side, but avoid range of motion exercises. Go to our web site (www.orthobirmingham.com)

Driving: Patients may ride in car immediately after discharge from hospital, but no driving for 3 weeks.

Follow-Up Visit: 10-14 days post op. Call office to schedule appointment. 205 939-0610.

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**TOTAL JOINT REPLACEMENT
PRE-OPERATIVE MEDICAL CLEARANCE**

Dear Doctor: _____

Patient Name: _____ DOB: _____

Is scheduled for Hip/Knee Replacement surgery on _____ at St. Vincent's Orthosports Center, with Dr. Elkus.

Please assist us by providing pre-operative medical clearance or risk for the planned surgery. Should your evaluation require further work-up or produce findings that may delay this elective surgery, please contact us as soon as possible via fax or phone so that we may reschedule and council the patient as appropriate.

All necessary lab work will be done at hospital within a 10 day window of surgery.

___ Patient is cleared for Surgery

Recommendations:

___ Patient is Not cleared for Surgery for the following reasons:

Physician Signature

Date

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PRE-OPERATIVE CARDIAC CLEARANCE

Dear Doctor: _____

Patient Name: _____ DOB: _____

Patient is scheduled for Hip/Knee Replacement surgery on _____ at St. Vincent's Orthosports Center, with Dr. Elkus.

Please assist us by providing pre-operative cardiac clearance or risk for the planned surgery. Should your evaluation require further work-up or produce findings that may delay this elective surgery, please contact us as soon as possible via fax or phone.

___ Yes, Patient is cleared for surgery

Instructions:

___ No, Patient is not cleared for surgery

Reason:

Physician's Signature

Date