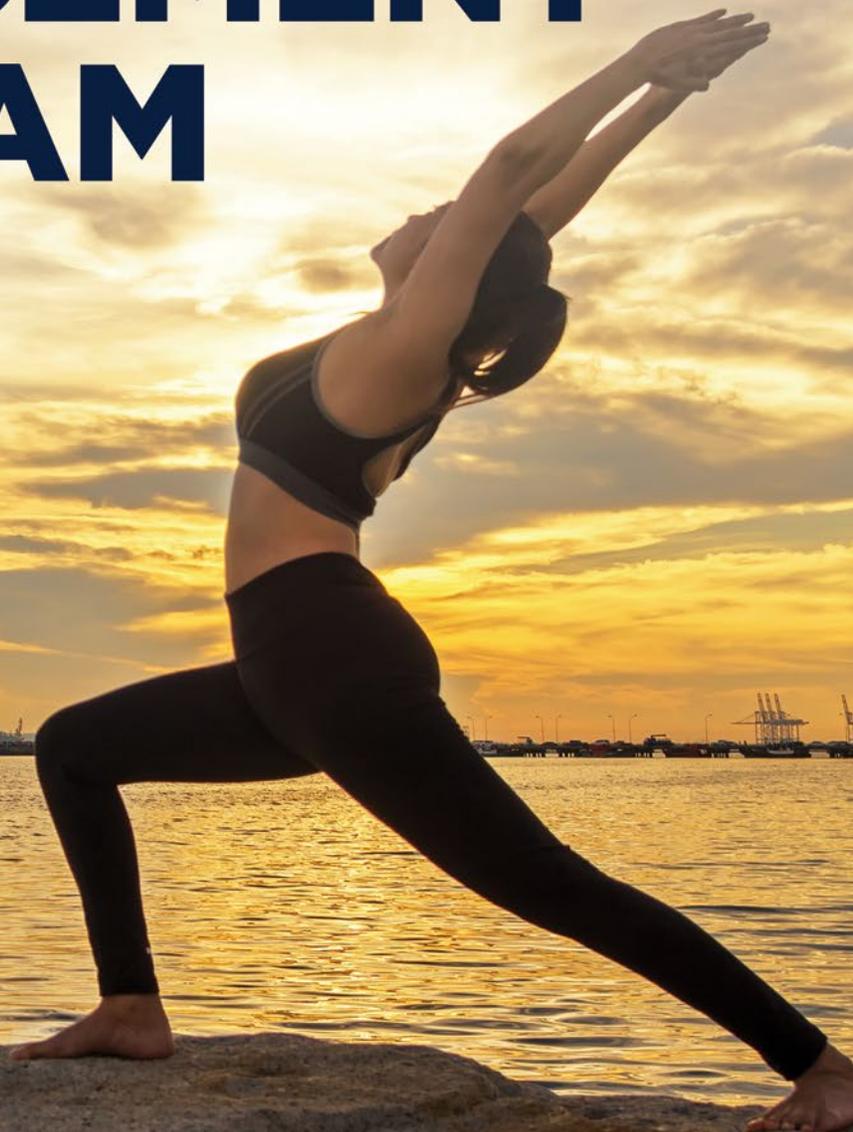




LOS ROBLES
SURGICENTER

PARTIAL KNEE REPLACEMENT PROGRAM



2190 Lynn Rd Suite 100
Thousand Oaks, CA 91360

(805) 497-3737
losroblessurgicenter.com



Thank you for choosing Los Robles SurgiCenter for your joint replacement surgery. Our goal is to ensure your surgical experience is of the highest quality of care. Our team of compassionate professionals are highly trained and experienced. We are committed to safely and efficiently assisting you on your journey to improve your level of activity and quality of life.

We believe that it is important to empower you with knowledge that will assist you in your recovery as well as ensure you are an active participant in your own care. Knowing what to expect will help to reduce your anxiety and prevent complications while speeding your recovery.

Los Robles SurgiCenter has developed a comprehensive program and has planned a course of treatment specifically tailored to you as the individual. We have found that patients who are well informed and actively participate in their care have the most positive outcomes and less complications. Our goal is to involve you in every aspect of your care every step of the way on the road to your recovery.

This guide will give you the necessary information needed to keep you informed of what to expect as well as guide you through to a safe and effective surgical experience to ensure a successful outcome. We believe in a team approach by dedicated professionals to assist you through this significant event. You will be introduced to many dedicated professionals who are highly trained and experienced in their various disciplines who will provide you with important information and see that you understand and are engaged in participating as our partner in the goal to improve your activity and quality of life.

Virtually every detail of the course of your care will be considered and reviewed with you. Our team wants you to be confident that we will be working with you every step of the way to see that you have a positive experience. We value the trust you have placed in us. It is our pleasure to be privileged to serve your needs and improve your quality of life.

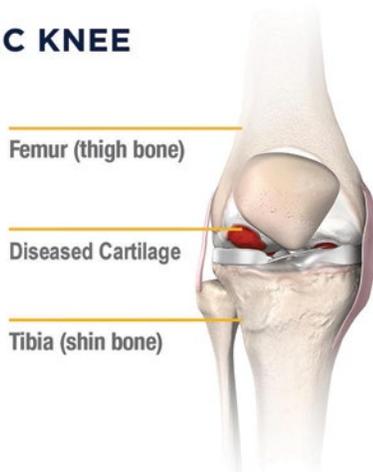
KNEE PAIN & MOBILITY LOSS

One of the most common causes of knee pain and loss of mobility is the wearing away of the joint's **cartilage lining**. When this happens, the bones rub against each other, causing significant pain and swelling. The most common cause is a condition known as **osteoarthritis**. Trauma or direct injury to the knee can also cause osteoarthritis. Without cartilage there is no shock absorption between the bones in the joint, which allows stress to build up in the bones and contributes to pain.

A NORMAL KNEE



AN ARTHRITIC KNEE



You may be able to get pain relief from treatments like steroidal and nonsteroidal anti-inflammatory drugs, physical therapy, bracing, and cortisone injections. But, if you've tried these methods and haven't experienced adequate relief, you don't have to live with severe knee pain and the limitations it puts on your activities.



Your orthopedic surgeon may recommend either **total** or **partial knee replacement**. For a partial knee replacement, also known as a Uni-compartmental knee replacement, only one side of the knee joint is replaced. This material provides a smooth and painless range of motion.

LEARNING & REGISTERING

It is recognized that patients who are motivated, fully informed, and actively participate in their own care have more positive outcomes and their recovery is perceived to be significantly improved. Make sure ALL of your questions are answered! It's YOUR body!

Benefits to pre operative teaching:

- Increased Knowledge = Better Outcomes
- Reduction in Anxiety
- Increases Motivation
- Teaching is retained when patients are at their best mentally

The booklet will serve as a guide as you navigate through the process on the road to your recovery. We will make every effort to keep you informed along the way. We encourage you to take notes, ask questions, and stay informed.

The anesthesiologist may require more testing for medical clearance closer to the day of surgery to ensure that your condition is stable for anesthesia medications. Your physician may require tests to check to see if your body is stable enough for surgery.

Tests may include:

- Chest X-ray
- Urine test
- Blood tests
- Electrocardiogram (ECG or EKG)

What to bring to registration:

- Drivers License/Photo ID
- Insurance cards
- A complete list of:
 - One Medical Passport
 - Home medications
 - Over the counter medications
 - Herbal remedies
- Questions for the Anesthesiologist
- Copay—any financial obligations will be collected at the time of registration
- Assistive Devices, i.e. Walker

ONE MEDICAL PASSPORT

You will be asked to fill out information electronically on our website about your health status and your past medical history with One Medical Passport. To begin, follow these steps:

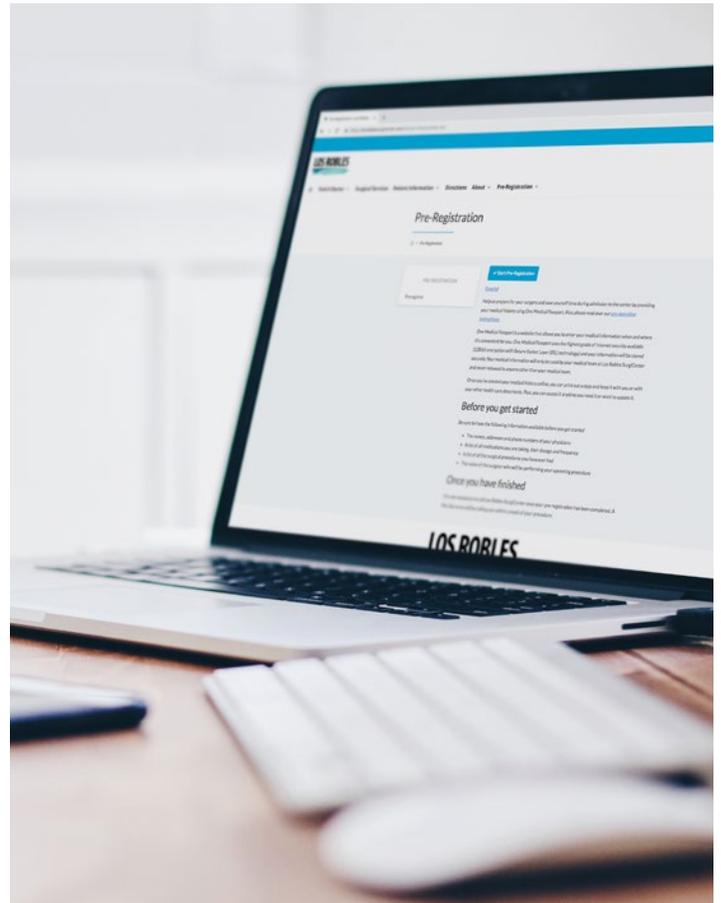
1. Go to our website:
www.losroblessurgicenter.com
2. Select “Patient Information” in the menu
3. Select “Online Pre-Registration” from the sub-menu
4. Click on the “Start Pre-Registration” button
5. Create an account with One Medical Passport if you don't already have one, or sign in if you have one already
6. Once an account is created or signed in, completet the application and confirm that Los Robles SurgiCenter is correct

Make sure you have this information ready to complete the Pre-Surgical Assessment:

- The names, addresses, and phone numbers of your physicians
- A list of all medications you are taking, their dosage, and frequency
- A list of surgical procedures you have ever had and their approximate dates

Please call us immediately if you are unable to fill out the application online at 805-497-3737 ext. 76427.

Additional questions may be necessary for our health care providers to make appropriate decisions for your plan of care. It is very important that you fill out the questionnaire at least 2 days prior to the date of your surgery so that your information can be reviewed in a timely manner to avoid delays in care. This information is protected and not shared with anyone other than the healthcare workers involved in your care.



YOUR SAFETY IS THE KEY

Pre Op Guidelines

Speak Up — If you have questions or concerns or if you do not understand something. It's your body, you have the right to know.

Pay Attention to the care you are receiving. Make sure you are getting the right treatment, medications by the right health care professionals. Don't assume anything!

Educate yourself about your diagnosis, treatment plan, medications and your understanding of all aspects of your recovery.

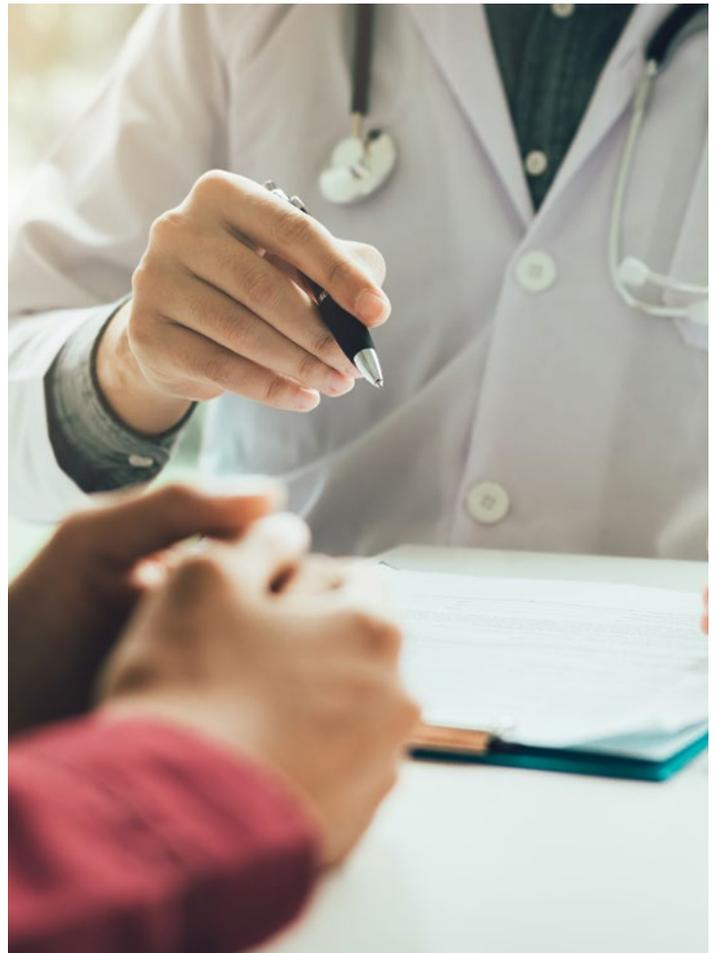
Ask a trusted family member or friend to be your advocate and responsible care giver during your recovery.

Know what medications you take and why you take them. Know what you are allergic to and what happens when you are exposed. Medication errors are the most common healthcare mistakes.

Use an accredited surgery center to provide your care especially those that have undergone rigorous on-site evaluations to ensure compliance to state and regulatory standards.

Participate in all decisions regarding your care and treatment. You are the most important part of the team.

You will receive a call from our pre op staff nurse prior to your surgery date to discuss any questions or concerns you may have. Pre-Operative physical therapy is advised to optimize your recovery process! Contact your physician to arrange physical therapy if you have not done so already.



BEFORE THE SURGERY

Be sure you have a family member or care giver that is fully instructed on your care at home. This care giver will need to stay with you, accompany you to your appointments, and assist you with ambulation.

If you develop a **fever, cold, rash, or any other change in your health status**, call your surgeon as soon as possible. Your surgery may need to be postponed.

Complete Medical testing and clearances.

Your medical information has been put into the One Medical Passport portal. This is our electronic clinical history. Complete pre op instructions from the surgeon and anesthesia.

Stop all blood thinners as directed by your physician (i.e.: aspirin, Coumadin, Vitamin E, Gingko, St. John's Worth, NSAIDS).

Do not drink alcohol for 24 hours prior to surgery. If you consume alcoholic beverages or recreational drugs on a regular basis, it is vital you communicate this to your healthcare team.

Wear clothes to the surgery center that are loose fitting and easy to pull on and off.

Bring **non-skid closed toed shoes**. No flip flops or slippers. Note: the foot on the operative side may be slightly swollen.

Do not bring valuables to the surgery center.

Glasses, hearing aids, and dentures should be in **labeled containers**. Jewelry should not be worn.

Remember to bring **insurance cards, drivers license/photo ID, and copay or deductible** if you have not already provided them to the surgery center.

If the surgeon has provided a pain medication prescription pre operatively, be sure to have that filled at the pharmacy and at home for when you need it. Waiting for pain medication to take effect may prolong discomfort.

Be sure to shower the night before and the morning of your surgery with chlorhexidine soap provided by the SurgiCenter, according to your pre op instructions.

On the morning of surgery, please take your usual prescription medications with a small amount of water. If you take a medication for heart burn or gastric reflux, including over the counter medication, take this the morning of surgery. Do not take oral medication for Type II Diabetes on the day of your surgery. If you use Insulin, please contact your Diabetes doctor for dosing instructions.

Pet and child care has been arranged in advance as needed.

Equipment and ambulatory assistive devices have been delivered to your home. Be sure to bring a walker with you the morning of the surgery.

Make sure to have ready made **meals/snacks** available for when you get home.

Shop for things that will **make your life easier after surgery** i.e.: long handled shoe horn, long handled sponge, grabbing tool or reaching tool, foot stool, loose fitting clothes, large soft bag for carrying things around. Set up a recovery center in your home where you will spend most of your time. Put things close such as telephones, television remote control, radio, tissues, wastebasket, reading materials, pitcher/drinking glass, and medications.

Apply for a **temporary permit for disability parking** several weeks before your surgery. Ask your physician for an application form or contact your department of motor vehicles.

Do not shave the area of the surgery. Do not wear make up, lip stick, or nail polish. Do not eat or drink anything after midnight the night before the surgery unless otherwise instructed.

Registration

You will be asked to provide photo identification and insurance information, sign forms such as a consent to treat and other. At this time we will collect copay or deductible if necessary.

Provide information on your ride home and care giver post operatively. Be sure the surgery center can contact your family or representative at all times in case they need to speak with them immediately. You will be asked to wait in the waiting room until it is your turn to go to the pre operative area.

Pre op area

You will have a couple of medical wrist bands placed on your wrist and will be asked to state your name and date of birth many times. This is to ensure the entire healthcare team have the correct patient at all times.

The pre op nurse will go over your health care assessment information from One Medical Passport. The nurse will start an IV in the pre op area. Be sure to remind the nurse of any allergies.

You may be asked to sign a surgical consent form and/or anesthesia consent form. DO NOT sign these forms if you have not spoken to your physician or still have questions about your care.

The surgeon and anesthesiologist will come to see you prior to any medications given or blocks* performed. The surgical site will be marked.

*Your surgeon will order a block which is when the anesthesiologist injects numbing medication in the general area of your joint. This is used, in some instances, for enhanced pain control. Consult your physician on what is right for you.



YOUR ANESTHESIA

Anesthesia is a very important part of your surgical experience. The Anesthesiologist is a physician who is responsible for administering your anesthesia during surgery. They will monitor your vital signs, body temperature, and breathing throughout the entire surgical procedure. They are also responsible for injecting blocking agents for numbing and pain control before and after the procedure as prescribed by your physician.

Your Anesthesiologist will go over your medical information with you prior to your procedure, assess your anatomy and determine

a treatment plan for your care. He/she will explain their treatment plan for you and you will have an opportunity to ask questions prior to signing a consent to treat you. They will perform a surgical time out prior to any blocks or induction of anesthesia to verify accuracy and for your safety to reduce potential risk for error. **You will be asked to state your name and date of birth and surgical site many times during the verification process throughout your stay at the surgery center.** You will be in surgery for approximately 60-90 minutes. The nursing staff will keep your family/care giver informed of your progress.

YOUR SURGICAL TEAM



While in the pre op area, you will meet most of the surgical team: OR nurse/circulator, Anesthesiologist, and Surgeon prior to being taken to the Operating Room. Your information in your chart will be verified as well as your name, date of birth, and surgical site. This is to ensure your safety and reduce errors.

TIME OUT

Once in the Operating Room, you will be helped onto the table and draped. You will see many people performing various tasks. Once the “Time Out” is called, all activity ceases. Everyone in the room will pay attention.

They will verify you as the patient, your procedure, your allergies, and any other factors important to your care. Once all team members in the room are in agreement, the surgery will proceed and the anesthesia team will administer anesthetics to put you to sleep.

DURING THE SURGERY

During joint replacement, your surgeon will remove the damaged sections of your joint and bone and replace them with parts usually constructed of metal and very hard plastic. This artificial joint (prosthesis) helps reduce pain and improve function. The hardware will be anchored in your healthy bone and will function just as your natural joint would. Your prosthesis may look differently depending on the design and product; however, whatever product is used, your surgeon will see that your new joint will work and function properly.

Your surgeon may call or visit your family and/or friends in the waiting room to update them on your condition.





AFTER THE SURGERY

After your surgery, you will be taken to the Post Anesthesia Care Unit area to recover from your procedure. You will be cared for by highly trained and specialized nurses who will monitor your progress and medicate you for discomfort as needed.

The PACU will be brightly lit and you may hear many loud noises as your anesthetic wears off. Light and sound tend to be more intense as you wake up, but will quickly return to normal. You may have blurred vision and/or dry mouth, nausea, or chills. All of these are easily managed, so be sure to let your nurse know so that you can be properly cared for. The nurse

will be frequently monitoring your dressing, checking your temperature, blood pressure, heart rate, respirations, and oxygen level.

You will remain in the PACU area until you are awake and your vital signs are stable and your pain is under control. You may not remember some events due to the effects of the anesthesia. Once you are fully awake, your family/friends may come back to visit you for short periods.

You will be required to get out of bed, use a walker and walk up and down steps prior to discharge.

MANAGING PAIN

Our main goal is to make sure you are safe and as comfortable as possible at all times. Pain is a very unique sensation to all individuals and sometimes difficult to assess.

You will frequently be asked to describe your pain level and what you are experiencing on a pain scale. This will help us determine the correct method of pain management to adequately keep your pain under control.

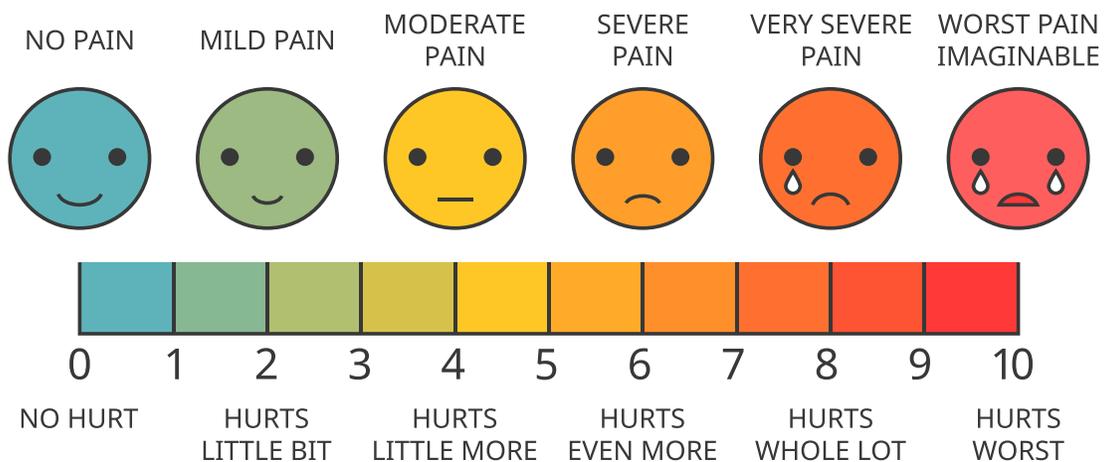
Although it is not possible to alleviate all pain, we will make every effort to make you

as comfortable as possible. It is important for you to report changes in your comfort level so that we may make adjustments accordingly.

Expect some pain, even with medication. Pain is difficult and unique for individuals. No one form of pain management fits all patients. Different kinds of pain medications may be administered to address different kinds of pain as needed.

COMMUNICATING with your nurse and physicians is the key to achieving adequate pain control.

PAIN MEASUREMENT SCALE



Tips for successful pain management

It is very important that you do not wait too long and let the pain get out of control before you ask for pain medication. It is important that you take your pain medication prior to your physical therapy sessions.

There are side effects associated with all narcotics, such as constipation, nausea, vomiting, respiratory depression, itching, sedation and lethargy, and allergies.

To make sure you are comfortable, ask your physician how best to manage any side effects you may experience such as taking stool softeners for constipation. There are many over the counter medications available to manage your symptoms. We want you to be comfortable, so remember to communicate with your health care team.



METHODS OF PAIN MEDICATION ADMINISTRATION

Your surgeon and anesthesiologist will determine which method is right for you. It is important to communicate with your physician what you are experiencing so that the appropriate medication, dose and method will be prescribed for you.

Intravenous (IV) or Intramuscular (IM) injections



The IV route is injected through the catheter in the vein and the IM route is directly injected into a large muscle in the body such as the thigh or buttocks.

Regional Anesthesia (Pain Block)

This is an injection inserted at surgical site that delivers medication locally, to greatly reduce and control pain.



Oral Pain Pills/Anti-Inflammatories

May be given with any of the above to achieve more long term effects for pain control as pills may take up to 30 minutes to begin to have effects. Oral pain medication usually works for hours. You may be given a prescription for oral pain medication in advance of your surgery. It should be filled and readily available for you at home to avoid delay. Caution should be taken when using opioids. Taking opioids longer than one week should be discussed with the surgeon.

Common problems after orthopedic surgery:

- Nausea/Vomiting
- Constipation
- Anemia
- Dizziness
- Swelling of affected extremity

The Incentive Spirometer

Soon after surgery your nurse will teach you and encourage you to use your incentive spirometer. This device is designed to measure the volume of air you inspire into your lungs and shows you how effectively you are filling and emptying your lungs of air when you inhale and exhale. Deep breaths to expand the small air sacs in your lungs will prevent fluid build up that may grow bacteria causing pneumonia.

Start by doing these breathing exercises 10 times an hour while you are awake. Your nurse will set your goal based on your sex, age, and height.



Here's how you do it:

- Exhale normally. Then place lips tightly around mouth piece.
- Inhale slowly deeply to raise the piston in the chamber. While inhaling, maintain the piston at the "BEST" flow range set as your goal.
- Continue inhaling and try to raise the piston to the prescribed level. When inhaling is complete you can hold breath as prescribed and exhale normally.
- Allow the piston to return to the bottom of the chamber and then repeat the exercise. Perform this exercise 10 times every hour while awake.
- You might also be taught deep breathing and coughing exercises as well and be asked to do those on your own.



PREVENTING INFECTION

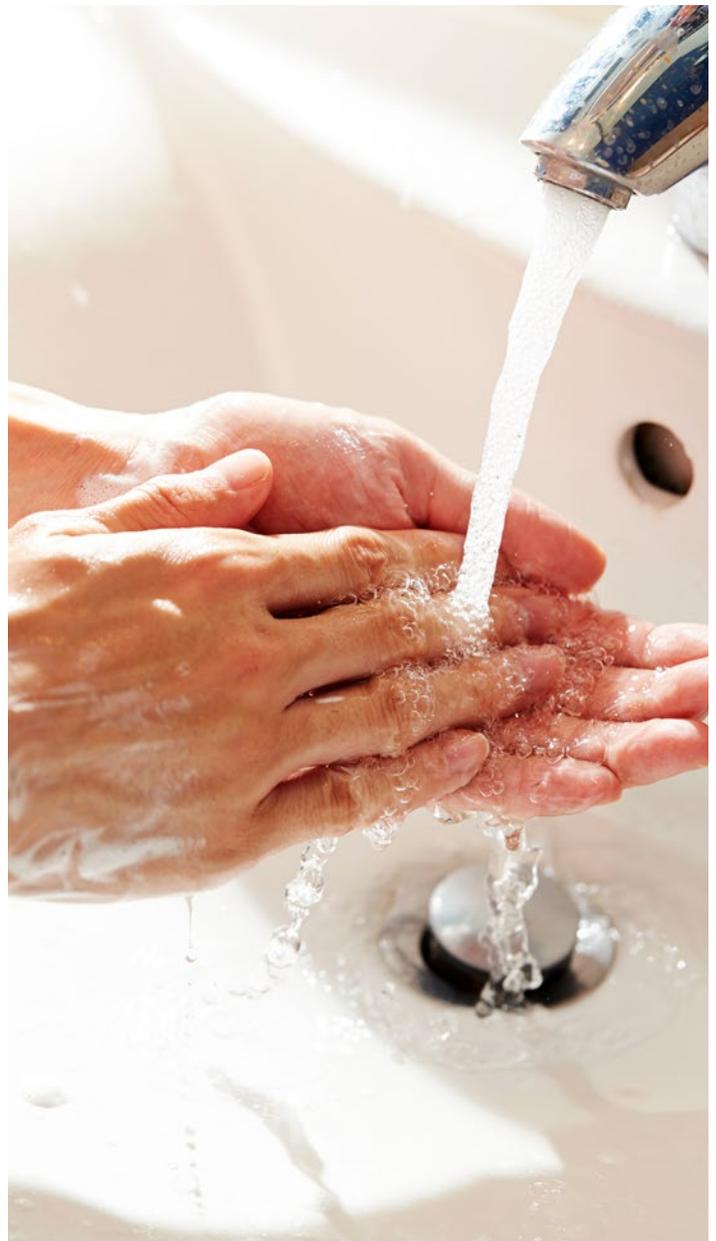
Signs of Infection:

- Redness and increased swelling at incision site
- Change in color, odor, or amount of drainage at incision site
- Increased pain at site
- Fever 101° F or greater

Washing your hands is the single most important method for controlling the spread of bacteria. We ask that all visitors and caregivers wash their hands before and after contact with the patient and their surroundings. This simple act will provide a safer environment for all. We encourage you to insist upon this practice while at home and request that visitors with small children or anyone who is sick, avoid visiting until they are better.

The risk for infection postoperatively is low; however, a prosthetic joint could possibly attract bacteria from other parts of the body. Call your physician if you develop a fever of 101° F or greater if you sustain a deep cut or puncture wound. Wash the wound carefully and put on a sterile dressing. The closer the wound is to the prosthetic joint, the greater the risk for infection.

Be sure to shower or bathe often and wash your incisional area with warm soapy water and pat dry with a clean towel.



Be sure to take antibiotics before and after any kind of dental work, colonoscopy, and other invasive procedures as directed by a physician. Take proper care of your incision. Notify your dentist and other physicians that you have had a total joint replacement.

DEEP VEIN THROMBOSIS & PULMONARY EMBOLISM

Deep vein thrombosis is a condition resulting from the formation of a blood clot (thrombus) inside a deep vein in the body, commonly located in the thigh or calf area. A DVT blood clot can be the result of “sluggish” blood flow to the affected areas that can occur after surgery, prolonged hospital stay, or extended time off your feet due to illness or injury.

At Los Robles SurgiCenter we screen our patients for risk of DVT/PE . We will implement appropriate measures to reduce the risk of complication from the formation of blood clots.

Once a blood clot forms, it can occlude blood flow to the lower extremity or break off and travel to the lungs. Blood clots in the lungs can cause Pulmonary Embolism (PE), which is an extremely serious and potentially fatal condition.



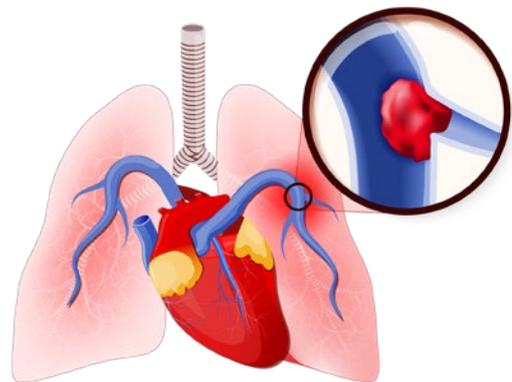
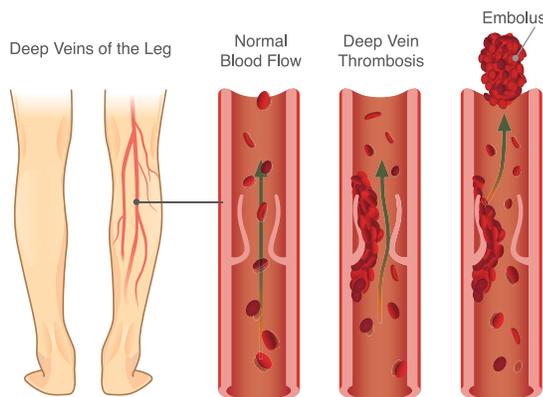
Signs and Symptoms of DVT

Swelling in the calf or thigh that does not go down with elevation; pain, heat, or tenderness in the affected area.

Signs and Symptoms of PE

Sudden and severe chest pain, difficulty or rapid breathing, or both, shortness of breath, confusion.

Deep Vein Thrombosis (DTV)



Pulmonary embolism

PREVENTING BLOOD CLOTS

Sequential Compression Devices



Sequential Compression Devices (SCD's) are sleeves placed on the legs with compartments attached to a pump that sequentially inflates the compartments to stimulate the muscles to mimic the pumping action of walking and results in moving the blood towards the heart and prevent pooling of blood in the lower limbs.

Ambulate out of bed with assistance as tolerated.

Blood thinners

Anti-coagulation therapy may be ordered by your physician based on your medical history and condition. Side Effects that you should report to your doctor while on blood thinners as soon as possible:

- Urine turns pink or red
- Stools turn black, red, or burgundy
- Heavier than normal menstruation
- Bleeding gums
- Severe head ache or stomach pain
- Feeling weak, dizzy, sick or faint
- You think you might be pregnant
- Frequent bruises or blood blisters
- You have an accident with trauma of any kind

FREQUENTLY ASKED QUESTIONS

What holds the joint replacement hardware to the bone?

Depending on the quality of your bone, your surgeon will secure the prosthesis with a special cement or porous surface to allow bone to grow into the prosthesis.

What keeps it in place?

The natural ligaments are left in place to hold the joint where it belongs.

How long do joint replacements last?

Each person is different. Research has indicated that after 20 years over 90% of patients will still be doing fine. It is not unusual for joint replacements lasting beyond 20 years.

Will my leg be the normal length?

Your surgeon will make every attempt to restore normal length and alignment. Most patients do feel longer after correcting a deformed joint to a more normal alignment. This feeling will go away over time.

When can I drive?

Your physician will instruct you when you are ready to drive; usually, when you are no longer taking narcotic pain medications. Approximately three to six weeks is average.

What about metal detectors and airport checks?

Occasionally, you may activate a metal

detector. Simply inform the personnel that you have a metal prosthesis implanted. ID cards are no longer accepted or required.

How long will the joint area be swollen, and painful?

Pain may rapidly subside over two or three days. Unfortunately, the swelling and heat may take up to six to twelve months to go away.

When can I bowl/golf or get back to recreational activities?

Refer to your physician for advice on resuming recreational activities.

How long will I need physical therapy?

Until the function of your joint has returned. Please refer to your physician regarding physical therapy.

When will I be able to sleep all night?

Sleeping all night slowly returns over four to six weeks after surgery as pain and swelling reduces and repositioning becomes less uncomfortable.

Will I have to take blood thinners the rest of my life?

Taking medications to reduce the risk of blood clots post operatively will be up to the discretion of your physician. Blood clots are a very serious complication to orthopaedic

surgery and it is very important to follow all instructions while on this medication.

Will I have to take antibiotics before dental and other procedures?

You may need preventative antibiotics prior to any dental or invasive procedure if your joint replacement is less than one to two years, have a history previous joint infections or inflammatory arthritis, are diabetic, have hemophilia, or have a suppressed immune system, are malnourished, or have a malignancy. Your dentist is responsible for giving any antibiotics as necessary.

SAFETY AT HOME

You and your health care team will assess how well you can care for yourself at home. You will need friends and family support with monitoring your recovery progress and activities of daily living. Your therapist will teach you the skills needed for activities of daily living and ambulating with your new joint.

Is your home safe as it should be? Are there potential hazards like rugs, electrical cords, or clutter around to trip you up? Look around your environment and remove throw rugs and clutter to prevent tripping or slipping. Make sure electrical cords are out of the way. Install or secure rails along staircases to ensure safe ambulation up and down stairs.

The bathroom could potentially be the most dangerous room in your house. You may need to modify your bathroom to make it safer and easier to use. Your physical therapist can assist you in choosing the most appropriate equipment to assist you in the bathroom. He/she will instruct you on ways to bathe, dress, and sit more comfortably while using the bathroom.

Use a long handled sponge to reach harder to reach places during bathing. Use a rubber backed bath mat to prevent slipping. Once you are cleared by your physician to shower you can use a shower chair to sit while you bathe. Use a raised toilet seat or commode chair to raise the height of your toilet.

You will be assisted to stand up and ambulate while in the surgery center once you have recovered from anesthesia. Once you are home, it is important that you move frequently to increase circulation and relieve pressure off of your back. Your care giver should assist you with positioning pillows between your legs and at your back. While in bed, you may elevate your head partially with pillows to relieve pressure on your back. Please be sure to ask for assistance prior to repositioning yourself in bed until you are strong enough to ambulate without assistance.

Walking With a Walker

Have a walker close to the bed. Move your hips to the edge of the bed. Sit up while lowering your unaffected leg to the floor. Use both hands to push off the bed. Balance yourself before grabbing the walker.

Move the walker forward with both arms. Be sure all four legs of the walker are on the floor before stepping forward with **OPERATED LEG FIRST**.

Step into the middle of the walker and not past the front leg or wheel of the walker, then step forward with the other leg, placing weight on your hands (on walker) moving slowly.

DO NOT RUSH. Take small deliberate steps.

Walk up with non operated leg first.
Walk down with operated leg first.

REMEMBER: "UP WITH THE GOOD LEG AND DOWN WITH THE BAD LEG"

Vehicles

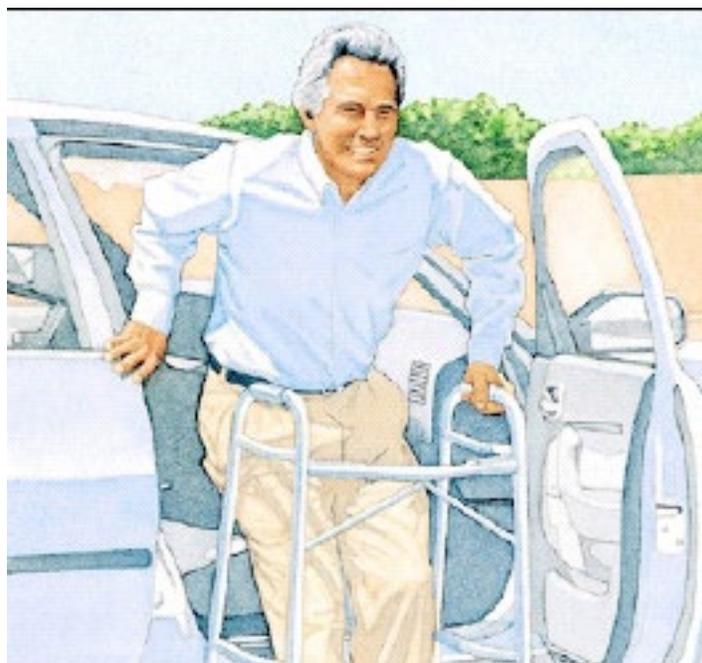
Make sure the car seat is all the way back to ensure enough leg room. Place a plastic trash bag on the seat to help you slide in and out.

Back up to the car until you feel the seat behind your legs. Reach back and carefully lower yourself down to the edge of the seat.



Keep the operated leg straight out in front of you and duck your head. Slide back in the seat while turning toward the front. Lean back as you lift the operated leg into the car.

Keep seat as far back as possible to allow for leg room. Pivot body around, keeping the operative leg straight in front of you.



Be sure your walker, crutches or cane is readily available prior to standing. Steady yourself with walker or car door prior to standing.

Stand up with weight bearing mostly on non operative leg. Steady yourself with walker, crutches, or cane and step forward.

DO NOT try to close the car door at the same time while ambulating with a device.

To maintain health and fitness and good muscles around their joints, patients should have a regular exercise program. It is recommended that a regular exercise program occur 3-4 times a week for 20-30 minutes. Low impact exercise is acceptable.

NO HIGH RISK activities such as running, hiking, skiing, etc. unless approved by your surgeon!



Carry items in a backpack. Do not hang or lean on your walker or cane. Support all your weight on your hands, not under your arms. Maintain good posture when walking. Wear shoes that fit well, support your feet, and are comfortable. Be careful when walking on uneven or wet surfaces. Walk at a safe, comfortable pace.

RISKS

Your surgeon and anesthesiologist will have conversations with you to explain your risks and benefits to having a joint replacement procedure. It is up to you to ask any questions and it is your right to receive the answers. Some of the risks are listed here but are not all inclusive.

Blood clots

People can develop a blood clot in a leg vein after joint replacement surgery but usually only if they are inactive. Blood clots can be dangerous if they block blood flow from the leg to the heart or move to the lungs. Blood clots occur more commonly in older people, people who are very overweight, people who have a history of blood clots, or those who have cancer. Infection in the surgical wound or in the joint. Infection is rare in people who are otherwise healthy.

Infections

People who have other health problems, such as diabetes, rheumatoid arthritis, or chronic liver disease, or who are taking corticosteroids are at higher risk of infection after any surgery. Infections in the wound usually are treated with antibiotics. Infections deep in the joint may require additional surgery. In some cases the artificial joint may need to be removed.

Nerve injury

In rare cases, a nerve may be injured around the site of the surgery. It is more common (but still unusual) if the surgeon is also correcting deformities in the joint. A nerve injury may cause tingling, numbness, or difficulty moving a muscle. These injuries usually get better over time and in some cases may go away completely.

Problems with wound healing

Wound healing problems are more common in people who take corticosteroids or who have diseases that affect the immune system, such as rheumatoid arthritis and diabetes.

Lack of good range of motion

How far you can move your joint after surgery depends a lot on how far you could move your joint before surgery. Some people are not able to move their joint far enough to allow them to do their regular daily activities, even after several weeks of recovery. If this happens, the doctor may give you a medicine to relax your muscles and will gently force the joint to move farther. This may loosen tissue around the joint that are preventing you from bending it.

Dislocation

This usually only happens if the soft tissue around the joint is stretched too soon after surgery. To help prevent dislocation, do not allow your joint to move past your body's natural alignment.

Fracture of the bone

This is an unusual complication, but it may happen either during or after surgery. Instability in the joint. This can be the result of either the soft tissue being stretched too soon after surgery, or the new joint components loosening.

Other

Risks of any surgery are higher in people who have had a recent heart attack and those who have long-term (chronic) lung, liver, kidney, or heart disease.

RECOVERY

Personal Hygiene

Personal hygiene is important when rehabilitating from surgery. Good personal hygiene physically and mentally assists in recovery as well as aiding in reducing risk of infection. Using a shower chair will assist you to bathe safely.

Your physician and home health agency will work with you to ensure you have the appropriate durable medical equipment delivered to your home to assist in your safety . Using a bedside commode or a raised toilet seat will assist you in using the toilet comfortably.

ALWAYS call for assistance before getting up. Be sure to wear closed-toe non-skid shoes while walking. Do not be in a hurry while ambulating, rest often make sure you have someone assist you while dressing.

Be aware of your surroundings when ambulating Remove loose rugs, electrical cords, or clutter in areas where you will need to ambulate.

Add night lights to hallways, kitchen, bedrooms, & baths. Be sure to have assistance ready to help when bathing or using the toilet.

Balanced Diet

If you change your diet for any reason or begin to lose weight due to illness, be sure to notify your doctor.

Examples of foods high in Vitamin K include spinach, kale, onion, brussel sprouts, broccoli, asparagus, avocado, cabbage, soy beans, canola, and olive oil. Other foods that may affect blood clotting: cranberries, cranberry juice, ginger, garlic, licorice, fish oil. You should not have to restrict such foods unless recommended by your physician.

Herbal teas and supplements may also affect blood clotting and the amount you use should be kept consistent.

Alcohol can increase the effects of blood thinners and should be used sparingly or in moderation.

Be sure to speak with your doctor if you have concerns about dietary requirements/restrictions.

Constipation

Constipation is a common and often uncomfortable problem. It can be a temporary issue or a chronic condition. Fortunately, it can often be controlled or managed. Constipation is defined as less frequent than usual bowel movements, straining to pass stools, hard or dry stools. It can occur from use of narcotics and some medications.



Exercising regularly helps improve your circulation and improves the mobility of the bowel to help ease constipation.



Drinking more water helps the body to stay hydrated and assists in staying comfortable with pain medications, exercising, and also preventing constipation.

Fiber adds bulk and absorbs water to soften stool. This helps to move the stool through

the colon easily and more comfortably. This is also in conjunction with drinking adequate amounts of water to assist in absorption.



Foods high in fiber:

- High fiber cereals
- Whole grains, bran, brown rice
- Vegetables: broccoli, carrot, avocado
- Fruit: apple, prune, pear, apricot
- Beans, legumes, nuts

Chronic use of laxatives can cause the colon to stretch and weaken and eventually not function properly.



Recovering at Home

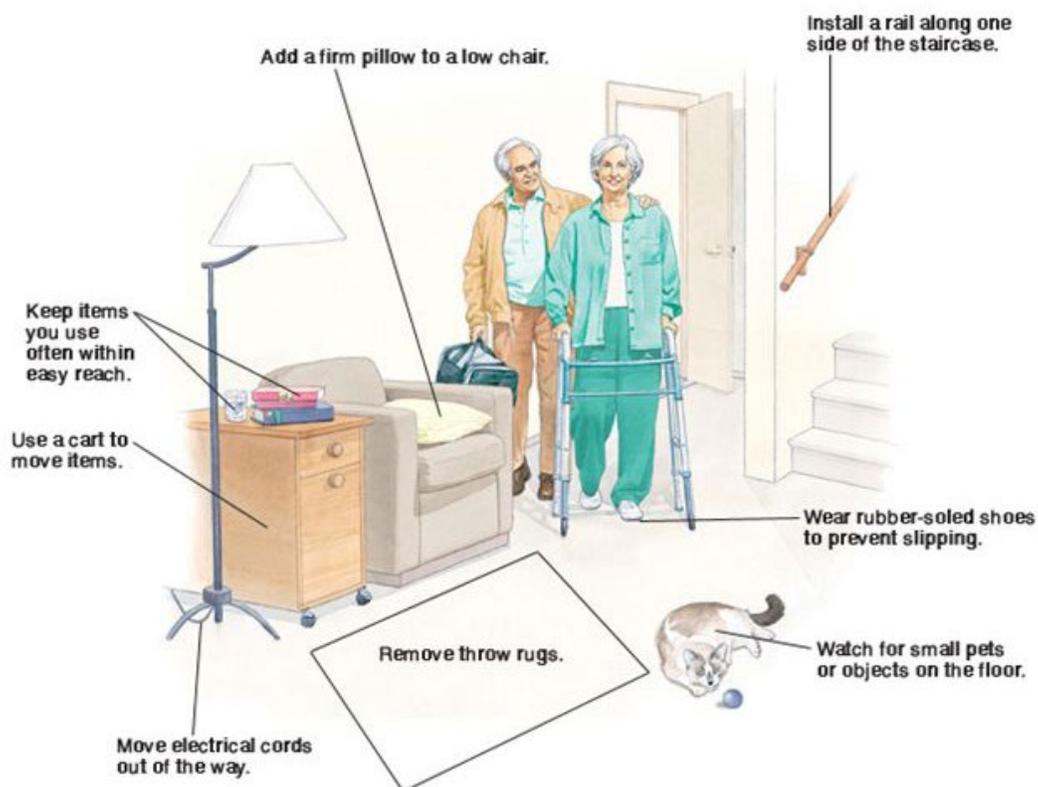
Your recovery is largely up to you and how you progress. Your activity may be restricted for a short time after surgery. Your physician and physical therapist will instruct you on how to move your new joint frequently in the appropriate positions to avoid any injury or complication. It is important that you follow your physician and physical therapist's instructions, especially when using assistive devices while walking. Preparing your home for your recovery will aid and assist you in performing activities of daily living with ease, comfort, and safety.

Try to change your position frequently and at regular intervals. Walk with a walker or crutches

as instructed by your physical therapist. This will protect your joint in the early stages of your recovery. How much weight you will bear on your joint will be determined by your physician and communicated to you via your physical therapist during your therapy sessions.

Strictly follow your joint precautions after your surgery. Your repaired joint needs sufficient time to heal and to gain strength.

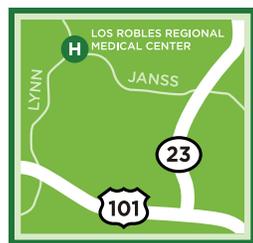
Use both arms on chair armrests to push up from a sitting position. Be sure to sit up in a proper angle and not to slouch or slump down. Use proper body mechanics at all times.



Thank you for choosing Los Robles SurgiCenter. We appreciate your choice and are honored to have your trust in providing you with excellent quality of care. We will be contacting you frequently during the course of your recovery to make sure that you have the best possible outcome. Please feel free to provide feedback on your care so that we can continuously improve our program. You are the most important person in our team!

We continually strive to provide excellent quality care in a safe environment. Our organization is involved in the following state and national healthcare quality initiatives and groups:

- AAAHC and CMS Healthcare Quality Alliance
- Association of Perioperative Registered Nursing (AORN)
- Association for Professionals in Infection Control and Epidemiology (APIC)
- ASC Quality Collaboration



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Within the facility we utilize a healthcare team to make improvements in the following areas:

- National Patient Safety Goals
- Pain Management
- Patient Flow Efficiency Throughout The Center
- Medication Safety
- Infection Control
- Patient Satisfaction

Multiple areas are monitored to evaluate processes and outcomes. Some examples include:

- Surgical Appropriateness
- Sterilization of Instruments
- Pre procedure Time-outs
- Medication Administration Safety
- Prevention of Healthcare Acquired Infections
- Thrombosis Risk Assessment



LOS ROBLES
 SURGICENTER



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