AdventHealth Orthopedic Institute - Orlando
601 E. Rollins St., Orlando, FL 32803

Directions to the 2nd Floor Women’s Hospital - Surgery Day Check in

**Garage Parking:**
- Take Princeton Street to N. Orange Ave.
- Turn Right on Rollins Street.
- Park in the Alden Garage. Entrance is off Rollins St.
- Cross the bridge on the 3rd floor of the parking garage to get to the Women’s Hospital.
- Take either the elevator or the escalator down to get to the main lobby of the Women’s Hospital.
- Check in at the Information Desk and they will direct you to the W elevators to get to the 2nd floor.

**Valet Parking:**
- Take Princeton Street to N. Orange Ave.
- Turn Right on Rollins St.
- Continue to the light at Alden Rd. Turn left.
- Continue around the circle until you reach the Women’s Hospital Entrance and Valet check in stand.
- Check in at the Information Desk and they will direct you to the W elevators to get to the 2nd floor.
- Valet is $6 per day. Valet will not be validated.
- All visitors must have photo I.D.

---

### Important Phone Numbers

| Orthopaedic Traumatology Office: Dr. Cole, Dr. Vickaryous, Dr. Meuret, Dr. Hawks Private Practice | 407-895-8890 |
| AdventHealth Orlando | 407-303-5600 |
| Orthopedic Institute Orlando | 407-609-3049 |
| Orthopedic Nurse Educator | 407-303-9795 |
CJR Patient Commitment Statement

I ____________________ commit to being an active participant in my care for a successful outcome. My goal is to regain my mobility. I take full responsibility for my health and my healthcare. My responsibilities include but are not limited to:

- I agree to attend the Joint Pre-Operative Orientation Course if not attended within the last 6 months.
- I agree to identify at least one ‘coach’ who will attend the orientation course with me and who will be available to assist me at home for the first 5 to 7 days after discharge
  - ______________________________ Coach (name and phone #)
- I understand that if there are no complications and if not otherwise planned by the orthopedic team, I will be discharged the day following surgery or once my therapy goals are met:
  - to home
  - to home with Home Health Care
  - to home with outpatient physical therapy
- I understand that inpatient rehabilitation and skilled nursing facility care is not typically included in the approach to joint replacement care but may be utilized ONLY if my physician states it is medically necessary for my recovery
- I will ACTIVELY participate in all my therapy sessions and work towards my therapy goals
- I agree to plan for transportation to daily outpatient physical therapy if I have Mako® knee surgery, and if my surgeon deems it necessary
- I agree that I will call my care coordinator or my orthopedic surgeon before going to the doctor or emergency room for pain, swelling, redness or concern about infection unless it is a life threatening emergency
  - ______________________________ Care Coordinator (name and phone #)
  - Available Hours: ______________________________
  - ______________________________ Orthopedic Surgeon (name and phone #)

Patient signature ____________________________________________ Date ____________

Patient Label
Name
DOB
Date
# Table of Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Important Phone Numbers</td>
</tr>
<tr>
<td>3</td>
<td>Commitment Statement</td>
</tr>
<tr>
<td>6</td>
<td>About AdventHealth</td>
</tr>
<tr>
<td>7</td>
<td>Your Orthopedic Surgeons</td>
</tr>
<tr>
<td>8</td>
<td>Orthopedic Institute of Orlando Team</td>
</tr>
<tr>
<td>9</td>
<td>About Mako® Robotic-Arm Assisted Partial Knee Replacement</td>
</tr>
<tr>
<td>11</td>
<td>Surgery Guide, 3-6 Weeks Before Surgery Checklist</td>
</tr>
<tr>
<td>12</td>
<td>1-2 Weeks Before Surgery Checklist</td>
</tr>
<tr>
<td>12</td>
<td>The Night Before &amp; Morning of Surgery Checklist</td>
</tr>
<tr>
<td>13</td>
<td>Preparing Your Skin: Shower Instructions</td>
</tr>
<tr>
<td>14</td>
<td>Day of Surgery: What to Expect</td>
</tr>
<tr>
<td>15</td>
<td>Mako® Patient Care Map</td>
</tr>
<tr>
<td>16</td>
<td>Recovery After Surgery</td>
</tr>
<tr>
<td>16</td>
<td>Controlling Pain</td>
</tr>
<tr>
<td>16</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>16</td>
<td>Swelling</td>
</tr>
<tr>
<td>17</td>
<td>Discharge from the Hospital</td>
</tr>
<tr>
<td>17</td>
<td>Recovery at Home</td>
</tr>
<tr>
<td>17</td>
<td>Exercising</td>
</tr>
<tr>
<td>17</td>
<td>Walking and Resting</td>
</tr>
<tr>
<td>17</td>
<td>Showering</td>
</tr>
<tr>
<td>17</td>
<td>Dressing Changes</td>
</tr>
<tr>
<td>17</td>
<td>Anti-embolism Stockings</td>
</tr>
<tr>
<td>17</td>
<td>Driving</td>
</tr>
<tr>
<td>18</td>
<td>Dressing Change Instructions—Mepilex</td>
</tr>
<tr>
<td>19</td>
<td>Taking Pain Medications at Home</td>
</tr>
<tr>
<td>20</td>
<td>Exercise Guide</td>
</tr>
<tr>
<td>22</td>
<td>5 Times a Day Stretching Exercises</td>
</tr>
</tbody>
</table>
AdventHealth

Same doctors you trust. Same care you love. Now coming together as AdventHealth — one unified system with one collaborative focus on your whole-person health. Whether you live in a large city or a rural town, whole-person health means a more personal level of care than ever before — physically, emotionally and spiritually. Our whole-hearted commitment to your well-being means we may have a new name, but we still know yours. Experience compassion, expertise and world-class resources with access to some of the nation’s best services, right here in Florida.

Our Mission:
As a Seventh-day Adventist faith-based healthcare system, our mission “to extend the healing ministry of Christ” gives purpose and meaning to every aspect of our work. It is expressed in our CREATION Health model, which captures our belief that God created each human being as an infinitely valuable, whole person.

Our Values: ICBEST
Our caregivers exhibit our six core values every day and are exemplary in all ways. Learn more about some of the faces that make AdventHealth a special place.

**Integrity:** When one’s words and actions create trust, belonging and hope, as evidenced by being truthful, respectful, and consistent.

**Compassion:** Meeting individual needs with kindness, care, and empathy.

**Balance:** Harmony in one’s professional, personal, and community life, as well as in one’s own mind, body, and spirit.

**Excellence:** Provides care and services that are safe, reliable, and patient-centered that drive extraordinary clinical, operational, and financial performance.

**Stewardship:** Ensures sustainability and preeminence in patient care by responsibly managing resources entrusted to us.

**Teamwork:** An environment of belonging that values diversity of thought and background, while encouraging individuals to share their different perspectives.
Your Orthopedic Surgeons

J. Dean Cole, MD serves as Medical Director of the AdventHealth Orthopedic Institute Orlando. With more than 25 years of surgical experience, he is nationally recognized as a leader in orthopedic traumatology. Dr. Cole is well known for his approach to complex procedures, such as deformity correction, limb lengthening, bone infection osteomyelitis) treatment, limb salvage, calcaneus fractures and non-unions/malunions. He has pioneered the minimally invasive approach to treating orthopedic trauma and has invented a multitude of groundbreaking devices to enhance surgery and promote successful outcomes. His experience and talents have made AdventHealth Orlando a preeminent destination for the treatment of complex orthopedic injuries and conditions.

Brian Vickaryous, MD is a highly skilled orthopedic surgeon who is uniquely experienced in sports medicine and rehabilitation, total joint reconstruction, and orthopedic trauma and infections. As an orthopedic surgeon in the United States Army, he gained unique and extensive experiences with military personnel in Iraq and in the United States. From diagnosis and operative management to rehabilitation of war injuries, sports maladies and musculoskeletal conditions, Dr. Vickaryous is an expert at providing comprehensive orthopedic care that focuses on bolstering each patient’s strength and recovery. His accomplishments include numerous publications in Clinical Orthopedics and Related Research, ranging from topics including temporary femoral external fixators to reconstruction for knee sepsis.

Michael A. Hawks, MD joined the AdventHealth Orthopedic Institute Orlando as an orthopedic trauma surgeon in 2009. After completing medical school and residency, Dr. Hawks concluded his formal medical education by completing subspecialty training in orthopedic traumatology at the world-renowned Shock Trauma Center in Baltimore. He has delivered numerous presentations across the country on topics ranging from the management of open fractures to the optimal treatment of high energy vertical femoral neck fractures in young adults. His special interests include the treatment of adult and pediatric acute trauma, bone infection, malunions/non-unions, and primary and revision hip and knee replacements.

Robert Meuret, MD, MPT, joined the AdventHealth Orthopedic Institute Orlando (FHOIO) as an orthopedic trauma surgeon in 2012. Prior to receiving his medical degree from the University of Nebraska Medical Center, Dr. Meuret received a Masters of Physical Therapy and spent over seven years working in the physical therapy field. He completed his orthopedic surgical residency at Orlando Health, and then completed a fellowship in orthopedic traumatology here at FHOIO with J. Dean Cole, MD. Dr. Meuret has dedicated significant personal time to community service over the years, including serving as the team physician for Dr. Phillips High School from 2007-2011 and teaching seminars to high school students on the importance of nutrition and proper training techniques for athletes. His expertise and guidance help patients achieve successful outcomes and allow them to get back to doing what they love quicker. Dr. Meuret is primarily an Orthopedic Traumatologist, but his specialties include the treatment of complex fractures, bone infections and joint replacement. Dr. Meuret is also trained and certified as a Mako® robotic-arm assisted hip and knee replacement surgeon.
The Orthopedic Institute of Orlando Team

This information was prepared to educate you and your family about what to expect as you get ready for your surgical experience. We have found that if a person knows what to expect, they are better prepared physically, mentally and emotionally to actively participate and work toward their successful surgical outcome. This is a team program including many health care disciplines. Our team is experienced in the specialized care you require to attain your best functional outcome.

Following is a list of the orthopedic team members and a brief description of their roles:

You: Your role before and after surgery is to be an active partner with the health care team to ensure the best possible outcome. Preparing for unicompartmental knee replacement begins several weeks before the actual surgery date.

Your coach: Your coach is a family member or close friend who will be educated along with you about the surgical experience. He/she assists with preparation and support your recovery after surgery.

Orthopedic surgeon: The orthopedic surgeon will perform your knee surgery. He directs your care. The surgeon guides your rehabilitation through scheduled office visits.

Anesthesiologist: Anesthesiologists are physicians who deliver the medications that make you comfortable during the surgery. You will meet your anesthesiologist in the hospital’s Pre-op holding area before surgery.

Physician’s assistant (PA): The physician’s assistant works directly with your orthopedic surgeon to care for you before surgery, daily while in the hospital, and after discharge in the surgeon’s office.

Registered nurse (RN): The professional nurse will guide you through the patient plan of care. Using the surgeon’s instructions, the RN will coordinate and assist with your care needs, as well as provide education and guide your plan for discharge.

Physical therapist (PT): The physical therapist, with instructions from the orthopedic surgeon, plans and directs your rehabilitation program. You will be taught exercises to improve strength and obtain full range of motion of your operated leg.

Care manager: The care manager will help coordinate your final discharge plan. It is important that a plan is in place for your care to continue once you leave the hospital. Based on your individual needs and your health insurance coverage, this plan may include setting up home visits by health care professionals and arranging for home equipment.

Patient Educator/Care Coordinator: The Orthopedic Patient Educator’s goal is to decrease anxiety and ease your mind about the many unknowns as you prepare for surgery. He/she will provide you with a step-by-step preview of what to anticipate as you move ahead with your choice to have surgery. The educator will meet with you and your coach individually.
About Mako® Robotic-Arm Assisted Partial Knee Replacement

Your surgeon has determined that you are a candidate for the minimally invasive resurfacing of your knee. At the Orthopedic Institute of AdventHealth Orlando, our team of orthopedic surgeons provides one of the latest treatment options for this procedure called the Mako® Robotic-Arm Assisted Partial Knee Replacement.

The Mako® procedure is a minimally invasive surgical procedure designed to relieve the pain caused by joint degeneration due to osteoarthritis (OA). By selectively targeting the part of your knee damaged by OA, your surgeon can resurface the damaged area while sparing the healthy bone and ligaments surrounding it.

Other benefits may include a smaller incision, minimal hospitalization, discharge home the day following surgery, reduced blood loss, less scarring, rapid recovery and the ability to return to an active lifestyle quickly.

The Mako® procedure is indicated for patients suffering from unicompartmental or bicompartmental knee disease. It is an innovative treatment option for adults with early- to mid-stage osteoarthritis. A total knee replacement (for tricompartmental knee disease) is sometimes necessary if your surgeon discovers during surgery that your knee has more damage than originally seen in the pre-operative X-rays and CT scan.

Compartments of the Knee Illustrating the Progression of Osteoarthritis

The Mako® procedure is a unicompartmental or bicompartmental knee replacement enabled by robotic arm technology that allows the surgeon to perform surgery precisely through a smaller incision as compared to standard surgical procedures. Surgeons use the RIO® Robotic Arm Interactive Orthopedic System, a surgeon-controlled robotic-arm system that combines computer imaging with intelligent instrumentation. This allows the surgeon to precisely place the implant selected for your knee.

Mako® procedures can be performed through a four- to six-inch incision over your knee, with small incisions in both your femur (thighbone) and tibia (shin). By preserving healthy bone, tissue and
ligaments along with more ideal patient-specific implant positioning, the results may be a more natural-feeling knee. Since healthy bone is preserved, patients who undergo the Mako® Robotic-Arm Assisted Partial Knee Replacement may still be candidates for a total knee replacement procedure later in life if necessary. Your physician will discuss the specific risks associated with the Mako® procedure along with other treatment options with you. In addition, you will be informed of any pre- and post-operative instructions by your surgeon, nurse educator and the Orthopedic Institute support staff.

**Your Implant: The RESTORIS® Family of Knee System Implants**

The RESTORIS® family of implants are specially designed for Mako® procedures. They enable the treatment of one or two compartments of the OA knee. With single-compartment disease, a second compartment may be treated in the future if OA spreads.

**Unicompartmental Knee Implants**

![Medial Implant](image1)

![Lateral Implant](image2)

![Patellofemoral Implant](image3)

![Medial and Patellofemoral Bicompartmental Implants](image4)

![RESTORIS Multicompartmental Knee (MCK) System](image5)
Surgery Guide
Your Guide to Mako® Surgery

The following pre-surgery checklist will help prepare you for surgery. Follow your doctor's instructions precisely in order to promote a smooth process and a speedy recovery.

Three to Six week Before Surgery

☐ Start an exercise program prior to your surgery (recommended exercises included in this guide). It is important to be as physically prepared as possible before surgery. The physical preparations you make can affect the outcome of your surgery and your recovery time.

☐ Obtain medical clearance from your current primary care physician.

☐ Check with your surgeon about which medications to stop or continue taking.

☐ If you smoke, your surgeon will ask you to stop so that your body can heal properly following surgery. Tobacco products inhibit bone and wound healing.

☐ Decide on a coach – a family member or friend who will be available to assist you with preparation before surgery and help when you return home.

☐ Plan to take time off work. You should not expect to return to work until your initial post-operative visit with your orthopedic surgeon.

☐ Make preparations for your hospital discharge. Your Mako® procedure is performed as an inpatient procedure. Your hospital stay will normally be one night with a planned discharge the next afternoon.

☐ Read your education material and schedule your education session with the Patient Educator.

Home Safety and Preparation

⇒ Clean and do laundry.
⇒ Put clean linens on your bed.
⇒ Place night lights in bathrooms and walkways.
⇒ Pick up area rugs or loose carpet which could cause you to trip.
⇒ Bathroom safety should include slip-proof mats in the shower.
⇒ Rearrange furniture to create unobstructed walking paths.
⇒ Prepare food prior to surgery.
⇒ Make plans for pet's feeding and walking.
⇒ Arrange for mail to be picked up.
⇒ Place telephones within easy reach.

Medication Reminders

Discontinue all anti-inflammatory medications two weeks prior to surgery, including:

• Ibuprofen (Motrin and Advil)
• Aspirin (including Bufferin, Alka Seltzer, Empirin compounds and Anacin)
• All anti-inflammatory medications such as Indocin and Naprosyn (Aleve)
• Any natural medications such as Gingko Biloba, fish oil or other herbal supplements
• You may take Extra-strength Tylenol for pain control during this time. You can also consult with your doctor for alternatives.
• Continue to take your routine medications (heart, blood pressure, asthma, hormones, cholesterol, etc.) right up until the night of surgery.
• Check with your primary care physician or cardiologist for instructions on taking Coumadin or any other blood thinners.
• If you are unsure about any medications, contact your primary care physician.
One to Two Weeks Before Surgery
- Keep pre-surgical visit with your orthopedic surgeon.
- Meet with Pre-Admission Testing Department to complete requirements for admission.
- Complete a CT scan prior to surgery date. The surgeon’s office will help you schedule.
- Chlorhexidine showers daily beginning three days before surgery with the last being the morning of surgery, for a total of four showers.
- Make sure your coach is ready.
- Make sure that your home is ready.
- Continue exercises three times per day.
- Follow your doctor’s instructions for medications to stop or continue taking.

Night Before Surgery
- Do not eat anything after midnight.
- Clear liquids such as Gatorade, apple juice or black coffee are allowed until two hours before surgery.
- Take a chlorhexidine shower.
- Have your personal belongings packed and in the car (loose, comfortable clothes; comfortable shoes) Leave all valuables (jewelry, money, etc.) at home.
- Have a list of all medications that you are currently taking, including dosage.

Morning of Surgery
- Shower with Chlorhexidine anti-bacterial soap.
- Drink 8 oz. of Ensure Clear, apple juice or Gatorade before you leave for the hospital.
- Do not eat anything.
- Take medications as instructed.
- Bring your current list of medications to hospital.
- Arrive on time, as directed by your surgeon and arrive to the 2nd floor of the Women's Hospital.
Preparing Your Skin Before Surgery:
Chlorhexidine Shower Instructions

Pre-Operative Showers with a Chlorhexidine Prep Solution (Hibiclens or Bactoshield)

Evidence shows that pre-operative showers with an antiseptic solution can reduce the risk of infection at the surgical site. These showers decrease the amount of normal bacteria on your skin, thus reducing the risk of infection.

You will begin these showers 3 days prior to surgery with the last shower being the morning of surgery.

Take a shower and wash your entire body in the following manner:

1. Wash and rinse your hair first using your normal shampoo. Make sure you completely rinse the shampoo from your hair and body.
2. Wash your face with your regular soap or cleanser and rinse completely.
3. Turn the shower off.
4. Apply the antiseptic solution to a wet, clean washcloth and lather your entire body from the neck down. Never use the antiseptic solution near your eyes.
5. Gently wash your body and focus the scrub on the areas where the incision(s) will be located for three minutes. Avoid scrubbing your skin too hard.
6. Once you have completed the scrub, wait three minutes. Turn the shower on and rinse the antiseptic solution off of your body completely.
7. Do not wash with regular soap after you have used the antiseptic solution.
8. Pat yourself dry with a clean, freshly washed towel.
9. After the last shower before surgery, DO NOT apply powders, deodorants or lotions.
10. Dress in freshly washed clothes.

HIBICLENS can be purchased from the following stores:
Walgreens, CVS, Wal-Mart, RITEAID

2 bottles of HIBICLENS will be provided to you either at your Joint Education class or at your Pre-testing appointment.
The Day of Surgery: What to Expect

On the day of your surgery, it is important to arrive at the hospital early enough to park and get to the Surgical Pre-Op area on the 2nd floor of the Women’s Hospital at your scheduled appointment time. Remember not to eat or drink anything and bring your current list of medications with you.

Arrival
Please arrive to the hospital at your scheduled time.

Prepare for Surgery
You will go to the 2nd floor of the Women’s Hospital. This is where the holding area is for patients prior to their procedure.

Your pre-operative nurse will review and verify admission and personal health information, making sure that everything is in order for you to proceed with surgery.

In preparation for surgery, a hospital gown will be provided for you. You will remove all other clothing and wiped down with chlorhexidine wipes one more time.

Intravenous (IV) fluids will be started in prior to surgery. Monitors will be applied to assess heart rate, blood pressure and blood oxygen levels. Blood work may be drawn.

You will be visited by your anesthesiologist before surgery to discuss various anesthesia options. The anesthesiologist will then decide on the best option for you. While in surgery, you will be monitored carefully by your anesthesiologist.

You will remain in pre-op until you are transported into surgery. It is hard to predict how long each surgery will take, so expect some waiting time. Normally, you spend one to two hours in pre-op before to surgery. Family members may visit with you in the holding area.

After you are taken to surgery, your family will be directed to the Waiting Room. They will check in with the attendant at the front desk. The attendant will update your family when information is available. Surgery usually takes 1 to 2 hours.

*Be sure to use ice and water in the Hot Ice Machine for cold therapy.
# ERAS Patient Plan of Care: Mako® Partial Knee Replacement

<table>
<thead>
<tr>
<th>Pre-op Readiness</th>
<th>Night Before Surgery</th>
<th>Day of Surgery</th>
<th>Discharge Day (Post-op Day 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>• Pre-operative appointment with surgeon(s)</td>
<td>• Drink 8oz. of clear liquid like apple juice or Gatorade before you leave for the hospital.</td>
<td>• Urinary catheter removed at 6:00 am</td>
</tr>
<tr>
<td></td>
<td>• Pre-testing appointment</td>
<td>• Nothing to eat</td>
<td>• Up and in the chair by 6:30 AM</td>
</tr>
<tr>
<td></td>
<td>• CT Scan complete</td>
<td>• Bring current medication list to hospital</td>
<td>• Ready for Surgeon rounds (6:30-7 AM)</td>
</tr>
<tr>
<td></td>
<td>• Medical clearance provided</td>
<td>• Arrive at the 2nd Floor of the Women’s Hospital on time for surgery.</td>
<td>• Chair exercises 5x per day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Team will update your discharge plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Home today with On-Q pumps</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Up to chair for meals.</td>
</tr>
<tr>
<td>Education and Safety</td>
<td>• Home ready: safety, meals planned, etc.</td>
<td>• In Pre-Op: You will meet with the Anesthesiologist, RN will start an IV, to surgery from here</td>
<td>• Discharge paperwork and educational instructions will be completed by your nurse</td>
</tr>
<tr>
<td></td>
<td>• Exercises reviewed</td>
<td>• You will wake up after surgery in the recovery area (PACU).</td>
<td>• Nurse Educator will visit you and review any questions</td>
</tr>
<tr>
<td></td>
<td>• Coach identified</td>
<td>• Once fully awake, you will be taken to the orthopedic unit.</td>
<td>• Ordered equipment is available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Once on the unit: Your nurse will settle you in and assess your post operative status</td>
<td>• Prescriptions ready</td>
</tr>
<tr>
<td>Medication</td>
<td>• Start stool softeners one week prior to surgery if on narcotics</td>
<td>• Your nurse will assess your pain. You will be asked if pain is on top or in the back of your knee</td>
<td>• If no bowel movement today, take laxative tomorrow morning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• You’re On-Q pump will be adjusted for pain management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stool softeners continued.</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>• Eat healthy food</td>
<td>• Progress from liquid to regular diet.</td>
<td>• Pre-medicate prior to Physical Therapy. Adjust the On-Q pump for pain control. Allow 30 minutes for change affect</td>
</tr>
<tr>
<td></td>
<td>• Drink plenty of water</td>
<td>• After surgery, drink clear liquids, apple juice and water frequently</td>
<td>• Pain medication will cause constipation. Continue taking stool softeners while taking pain medication.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>• Usual activity</td>
<td>• Physical therapy will begin today once you are awake and can follow directions</td>
<td>• Regular diet</td>
</tr>
<tr>
<td></td>
<td>• Pre operative exercises three times daily</td>
<td>• No pillow under surgical knee</td>
<td>• Drink 8- 8 ounce glasses of water every day</td>
</tr>
<tr>
<td></td>
<td>• Lymph Massage 10 days before surgery</td>
<td>• Anti-embolism hose</td>
<td>• Chewing sugar-free gum assists with bowel activity</td>
</tr>
<tr>
<td></td>
<td>• 3 days before surgery: begin daily showers w/ anti-bacterial soap</td>
<td>• External compression devices on your legs to help with proper circulation of blood</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• DO NOT GET OUT OF BED WITHOUT HELP!</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Day</td>
<td>• Coach available to help for 1-2 weeks post-op</td>
<td>• Equipment will be ordered by care management and delivered to your room</td>
<td>• Physical therapy twice today</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Coach is ready</td>
<td>• Increase out of bed activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clothes are packed</td>
<td>• Chair exercises 5x per day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Take your ice machine home with you</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• External compression devices</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Anti-embolism hose</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This printed copy is for temporary use only. Always refer to AdventHealth intranet for the current document. Updated November 16, 2018*
Recovery After Surgery

Your initial recovery after surgery will begin in the Post-Anesthesia Care Unit (PACU), where nurses will continually monitor your vital signs as you wake up. You will remain in the PACU area until you are fully awake and no longer require close monitoring.

The period of time that you spend in the PACU will vary from person to person, but the average length of time is usually one and a half to two hours. Visitation in the PACU is limited in order to decrease the risk of infection and provide privacy for all patients. From PACU, you will be transported in your bed to the Orthopedic Unit on the 9th or 10th floor.

The nursing staff will evaluate your post-operative status, and your family will be able to join you in your room.

Controlling Pain After Surgery

The orthopedic team will use different and multiple methods for the delivery of pain medication. This may include separately or together nerve blocks, intravenous or oral medications. Our goal is to transition you to oral pain medications that you will continue to take at home. This transition is usually a smooth one, enabling you to continue progressing with therapy.

Because of decreased physical activity and the use of narcotic pain medications, it is easy to become constipated in the hospital. You will be given stool softeners and encouraged to drink plenty of fluids. At home, continue to take stool softeners as long as you are continuing narcotic pain medication.

A Hot Ice Machine will be wrapped around your knee after surgery. It is important to rest and ice between activities to reduce post-operative swelling and pain. See Page 14 for a picture.

UNDERSTANDING AND Communicating Pain Levels After Surgery

Understanding pain control options can be complicated and confusing. Multimodal pain management* is creative pain control. For this to work, your understanding of the following pain scale is important. This picture pain scale will help you describe your plan using the numbers 1-10. This is the universal pain scale. The time to talk with your nurse about your pain is when your pain level is between 3-4. This allows time to intervene and manage pain before it becomes severe.

![Pain Assessment Tool]

Physical Therapy

Your physician has prescribed physical therapy. During your first physical therapy session the therapist will guide you through exercises, ask you to move your ankle joint, stand and/or walk with the assistance of a walker. Early mobility will strengthen your muscles and prevent circulation problems.

Therapy treatments will address range of motion in the knee and mobility.

Swelling

It is common to experience swelling in the knee for several weeks. This swelling may involve the entire leg, including thigh, ankle and foot. Swelling may also be accompanied by “black and blue” bruising that will resolve over several weeks. This is normal and you should not be

** Multimodal Pain Management: the ability to manage your pain using different methods of medication delivery and different combinations of medications. The use of repositioning and ice therapy can also help to relieve pain.
alarmed by it. To reduce swelling, ice therapy is being utilized using the Gravity Ice Machine. This machine not only aids in the reduction of swelling but also with pain control. The ice machine is to be taken home and used daily.

Discharge
The following must happen before your discharge the day after surgery:

⇒ Physical therapy determines that you are walking household distances independently with walker.

⇒ Case manager has finalized plans for equipment and home health services (if ordered for you).

⇒ Your orthopedic surgeon has written discharge orders and home care instructions.

⇒ Your medical doctor has written discharge orders.

⇒ All prescriptions are written

⇒ Your nurse has reviewed instructions for home care and explained your discharge medicines.

⇒ The orthopedic team has answered all of your questions.

⇒ Hot Ice Machine is packed for home use.

⇒ Your coach is available to take you home.

Recovery at Home
It is extremely important to understand that your motivation and commitment to continue your physical therapy is vital to the success of your rehabilitation. Continued participation with exercises and ambulation is essential to the success of your surgery. Walking is good for muscle strengthening; however, it does not replace the exercises that were taught in the hospital. The more committed and enthusiastic you are, the quicker your improvement will be.

Exercises
Perform each exercise 10 times each time, 3 times a day. Count out loud! After completing your exercises, rest and use the ice 20 to 30 minutes laying in bed with leg above the heart.

Walking and Resting
Intermittently combine walking and resting. Walks should be short and frequent, gradually increasing in distance. While resting, elevate your leg above your heart and use the Gravity Ice Machine.

Showering
You are permitted to shower with the Mepilex dressing in place. Do not take a tub bath or get in a swimming pool until you return for your two week visit with your orthopedic surgeon.

Dressing Changes
Keep your surgical incision clean and dry. At home, you will remove your Mepilex on the 5th day after surgery (Post-op Day 5). See the following page for instructions.

Anti-embolism Stockings
It is important to wear your stockings daily, but you may remove them at night to sleep. Wearing them daily helps to decrease the swelling in your legs and assists in the prevention of blood-clot formation (a potential risk following orthopedic surgery). Continue to wear the stockings until your first post-op visit with your surgeon.

Driving
Driving is not permitted while you are taking narcotic pain medications. Your surgeon will tell you on when you can drive. Riding in the car is permitted, but avoid long trips. If traveling a long distance, make hourly stops to get out and walk around.
MEPILEX DRESSING CHANGE INSTRUCTIONS
Mepilex dressing Change

Surgical dressings are placed over your surgical site to provide protection & prevent infection. Post-operatively your Orthopedic Surgeon placed a special silicone dressing called Mepilex® over your incision. This dressing protects your incision and has a special technology within the dressing that minimizes pain upon dressing removal.

Before you left the hospital the nurse or surgeon may have changed the dressing over your incision. This dressing will be removed on post op day #5.

**Supplies:** You will be given initial supplies when you are discharged from the hospital, any additional dressing supplies can be obtained at local pharmacies if needed.

**Steps to follow:**

1. Leave the Mepilex dressing on over your incision until post-operative day #5.
2. On post-operative day #5 you may remove the dressing and shower.
3. To remove this dressing always wash your hands with soap and water.
4. *Hand washing is the single most important thing you can do to prevent infection. Never touch your surgical site with your hands as bacteria can be easily transferred from your hands to your wound.*
5. Gently remove your old dressing by rolling the dressing edges with your fingers until it lifts off your skin.
6. Discard dressing into a plastic bag.
7. Look at your incision for any increased redness, drainage or open areas within the incision line (these are signs to report to your surgeon).
8. If there is no redness around the incision, drainage or open areas you may cleanse the incision area with soap and water. Do not scrub the area. Pat the incision dry with a clean dry towel and leave open to air (there is no need to cover with another dressing or gauze).
9. **If you noticed any redness, drainage or any open areas you may cover the incision with a sterile 4x4 gauze pad and secure the edges with paper tape daily until you see your surgeon (these supplies can be purchased at a local pharmacy if needed)**
10. Wash your hands after removing the dressing.

**Showering:**

- You may shower at home leaving the Mepilex dressing in place.
- You may shower removing the gauze dressing and reapplying after patting dry with clean dry towel.
- No tub baths or swimming until you see your surgeon.

**Call the orthopedic office at 407-895-8890 if:**

- Increased redness, increased pain around your incision
- Change in amount, color or odor of drainage
- Skin with increased warmth around the area of the incision
- For temperature greater than 101.4 degrees sustained for 24 hours
Taking Pain Medications at Home

A pain medication prescription will be given at the time of discharge. It is important to take as directed. As your pain lessons, decrease the amount of pain medication you are taking. Respect the power and effects of your pain medication. If you do not understand something about your prescription, ask questions.

- Take your medications as directed: at the correct dose and the correct time.
- Do not take other pain medications unless directed to do so by your physician.
- Do not increase how often or how much of your pain medication you take.
- Pain is easier to relieve when the pain level is a 3 on a scale of 1-10. Taking your pain medication when you start to feel uncomfortable will help avoid the problem of "chasing" your pain later.
- Since pain medication can cause constipation, make sure you take a laxative regularly, as long as you are taking your pain medication.

- Try relaxing: listening to your favorite music, watching a movie or any other way of relaxing that works for you. This will improve how well the pain medication is working.
- Call your surgeon if:
  - Your pain gets worse,
  - If you can’t control your pain at home or
  - If you have bad side effects from the pain medication
- If you have any questions about the medication you are taking, contact your surgeon at 407-895-8890. (Calls are answered from 8a-5p, Monday through Friday.)

Remember,
returning to your normal activities will be determined by how soon your knee heals, not by how many days or weeks it has been since your surgery.

You should be able to resume most light activities within three to six weeks.
Exercise Guide

Physical preparation for surgery is crucial for post-operation success. Your readiness and fitness will contribute to your smooth and rapid recovery. Begin now to strengthen yourself and your knee as you take control, to become pain free and active again.

Please do the following exercises three times per day, 10 repetitions each. Avoid holding your breath while exercising.

Ankle Pumps
1. Lying on your back or sitting
2. Bend and straighten your ankles (like tapping your toes).
3. Repeat 10 times and hour throughout the day

Quads set
1. Lying on your back with legs straight.
2. Try and pull toes toward nose then push your knees down firmly against the bed
3. Hold then relax 5 seconds

Gluteal Set
1. Squeeze buttocks firmly together.
2. Hold for 5 sec and relax

Heel Slides
1. Lying on your back.
2. Slide the surgical leg toward the buttocks
Exercises continued...

Please do the following exercises three times per day, 10 repetitions each. Avoid holding your breath while exercising.

**Hamstring Sets**
1. Lying on your back with the surgical leg bent
2. Press and pull heel into bed to tighten hamstring muscles (back of thigh)
3. Hold tight for 5 seconds and then relax.

**Short Arc Quad**
1. Lying on your back.
2. Bend the non surgical leg and put your foot flat on the bed.
3. Place a cushion, towel roll or pillow under the knee of the operated leg.
4. Lift the foot slowly off the bed until the lower leg is straight, slowly lower to the bed.
5. If this becomes easy then hold lower leg straight for 5 seconds then slowly lower to the bed.

**Hip Abduction**
1. Lying on your back
2. Bring your surgical leg out to the side and then back toward the other leg.
3. Keep toes and knee pointed toward the ceiling.
5 TIMES A DAY STRETCHING PROGRAM

These stretches are to be performed a minimum of 5 times a day. First time when waking in the morning (after you shower or warm up) then prior to each meal and before going to bed.

AVOID KEEPING YOUR OPERATED FOOT BELOW HEART LEVEL FOR MORE THAN 30 MINUTES AT ONE TIME.

KNEE FLEXION

1. Sit on a firm chair with your feet on the floor. Be sure to use a chair appropriate for your height (shorter people will need a shorter chair).

2. Bend your operated knee as much as possible by sliding the foot of your operated leg back and under the chair. To increase your bend more, keep the foot of the operated leg planted on the floor and slowly scoot yourself to the front of the chair.

3. Maintain stretch for 30 seconds and breathe deeply.

4. Repeat 5 to 10 times

KNEE EXTENSION

1. Sit on a firm chair.

2. Elevate your operated leg by placing just the heel and foot on another chair (with no arms) or a firm surface directly in front of you.

3. Slide your bottom forward slightly and lean backwards (slouch).

4. Maintain stretch until full extension is reached. Place the non-operative leg on the chair for comparison.

5. Hold for no more than 20 minutes.
feel whole™