



CHRISTIE CLINIC

Orthopedic Surgery Guidelines

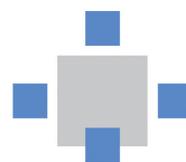
What you should know...

Your Surgery Details

Date:

Time:

Location:



CHRISTIE CLINIC



- Preparing for Surgery
 - Your Hospital Stay
 - Post Surgery Care
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- Instructions After Surgery
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Preparing for Your Surgery

Pre-Operative Instruction

Call your insurance company to notify them of your upcoming surgery.

You will need to have a pre-operative examination within 30 days prior to your surgery. This exam is to assure that you are in the best possible health for anesthesia and surgery. Some surgeries require diagnostic testing such as X-ray, EKG and lab work.

Please call your surgeon's office at **217.366.1237** if within a week prior to surgery you are ill, have a sore throat, severe cold, fever, flue, dental surgery and or any emergency room visits.

The Day Before Surgery

The hospital or surgi-center will call you the day before surgery to provide your arrival time. Monday surgeries will receive their calls the previous Friday.

The Day of Surgery

Nothing to eat, drink or smoke after midnight unless otherwise directed.

Please note:

Your surgery may be delayed or cancelled if you do NOT follow the food and drink restrictions.

You may take sips of water to take your medications as reviewed by the preadmission nurse.

PLEASE CHECK WITH YOUR PROVIDER FOR TAKING DIABETIC MEDICATION PRIOR TO SURGERY

If you have an "Advanced Directive" Please bring it with you. Our staff will need to make a copy of it for your medical records.

Please do not bring children and large numbers of visitors to the waiting area.

Please bring the following with you:

- **Insurance/prescription cards**
- **Co-Pays**
- **Medication List**
- **Health Care proxy or advanced directives**
- **CPAP or Bi-Pap machines (if you have sleep apnea)**
- **Loose fitting clothes**
- **Hair ties**
- **Any crutches or braces your surgeon has instructed you to bring**
- **Storage cases for your glasses/hearing aids/dentures**
- **If you are going home the day of surgery you MUST bring a driver. Even if you are planning to take a taxi or bus you MUST bring someone along to make sure you get home safely**
- **Your surgery will be cancelled if you do NOT have a driver**

How do I bathe or shower with HIBICLENS® ?

- If you plan to wash your hair, do so using regular shampoo. Then rinse hair and body thoroughly to remove any shampoo residue.
- Thoroughly rinse your body with water from the neck down.
- Apply HIBICLENS directly on your skin or on a wet washcloth and wash gently.
- If showering: Move away from the shower stream when applying HIBICLENS
- to avoid rinsing off too soon.
- Rinse thoroughly with warm water.
- Do NOT use regular soap after applying and rinsing HIBICLENS.

HIBICLENS® Bathing Checklist & Instructions

- 2 Days Before Surgery **Shower or bathe with HIBICLENS as described below.
(Check when done)**
- 1 Day Before Surgery **Shower or bathe with HIBICLENS as described below. Do NOT shave area where surgery will take place.
(Check when done)**
- Day of Surgery **Shower or bathe with HIBICLENS as described below. Do NOT shave area where surgery will take place. Do NOT put on any lotions, perfumes, powders or deodorant.
(Check when done)**

Shower/Bathing Instructions:

1. Get completely wet.
2. Turn off water if using shower/step out of tub if using bath.
3. Gently apply HIBICLENS soap to neck and move down your body using a clean washcloth.
4. Pay special attention to surgical area.
5. Do NOT apply to face or genitals (use regular soap for these areas).
6. Keep soap on your skin for 5 minutes; the soap will not make a rich lather.
7. Turn water back on and rinse off soap; the soap might feel 'sticky' until completely dry.
8. Dry with a freshly washed towel.
9. Put on freshly washed clothes.

CAUTION/REMINDER

Do **NOT** use HIBICLENS soap if you are allergic to Chlorhexidine.

Once you have started using the HIBICLENS, avoid using regular soap other than on your face and genitals.

Ambulatory Surgical Center (ASC) Arrival

It is normal to feel a little stressed the day of surgery. That is why we do our best to help the process run smoothly and put you at ease. Here is a quick summary of what to expect the day of your surgery.

- Arrive 1 ½ - 2 hours before your actual surgery time.
The extra time prior to surgery will be used to prepare you for surgery
- Register in the main lobby at the registration desk
- A health care provider will escort you to the surgery area
- 2 family members will be allowed to wait with you in the ASC
- Your health care history will be reviewed
- You will be asked to remove all your clothing and change into a hospital gown and socks
- You will have your weight and vital signs checked
- You will meet the Surgeon, Anesthesia and the Operating Room nurse
- You will be asked to sign consents for the surgery as well as for anesthesia
- You will be asked to remove all jewelry, glasses, contacts, hearing aids and dentures
- Once you are prepared and the teams are ready, you will be escorted to the operating room
- Anyone with you at this time will be asked to go to the waiting area
- Visitors will be provided with a tracking number to keep tabs of you during your surgery

Recovery Room (PACU)

- Immediately after surgery you will have a recovery room phase
- You will have your vital signs taken frequently
- You will be asked to rate any pain you may have on a 0-10 scale
(0 being no discomfort and 10 being an intense discomfort)
- A typical length of time in the recovery room is 2 hours
- If you have sleep apnea or suspected sleep apnea you will be required to stay for 3 hours

Tips for Safer Surgery

What you should know/What YOU can do

Millions of people have surgery each year. Every surgery has risks, but we know there are some that can be prevented.

To Avoid Infection

Antibiotics are usually given before surgery and stopped within 24 hours after surgery. Please check with your provider for their specific instructions. Given properly, antibiotics can greatly lower your chances of getting an infection after surgery.

To Avoid Blood Clots

When you have surgery, you are at risk of getting blood clots because you do not move while under anesthesia. Your doctor will know your risk for blood clots and steps that will help prevent them.

Please tell your medical provider if you or a family member has a history of blood clots.

To Avoid Blood Clots

Tell your doctor about ALL the medicines you are taking, including over-the-counter medication like aspirin and herbal remedies. Your doctor or nurse will tell you which medicines you should continue to take and which ones you should stop taking before surgery.

MEDICATIONS TO STOP BEFORE SURGERY

STOP all prescription blood thinners and STOP all NSAIDS (non-steroidal anti-inflammatory drugs).

Please check with your Orthopedic Team for specific instructions.

7 days before surgery:

- Plavix
- Ibuprofen (Motrin, Advil, Midol, Nuprin, Pamprin)
- Naprosyn (Aleve, Naproxen, Anaprox)
- Indocin
- Mobic
- Voltaren
- Relafen
- Any Herbal Supplements
- Vitamins (Multivitamin & Vitamin E, C, K, etc.)
- Aspirin (Bufferin, ASA, Ecotrin, Bayer) Includes Baby Aspirin 81MG

5 days before surgery:

- Coumadin (Warfarin)
- Brilinta/ticagrelor

You may continue to take:

- Tylenol
- Ultram/Ultracet (tramadol)
- Norco (hydrocodone)

If you have specific questions about medications, please call the office at 217.366.1237



Anesthesia and Surgery

Anesthesia is an important part of your surgery. An anesthesiologist and Certified Registered Nurse Anesthetist (CRNA) will be your advocate throughout your surgery. Anesthesia controls pain during a surgery or procedure by using medicine called anesthetics.

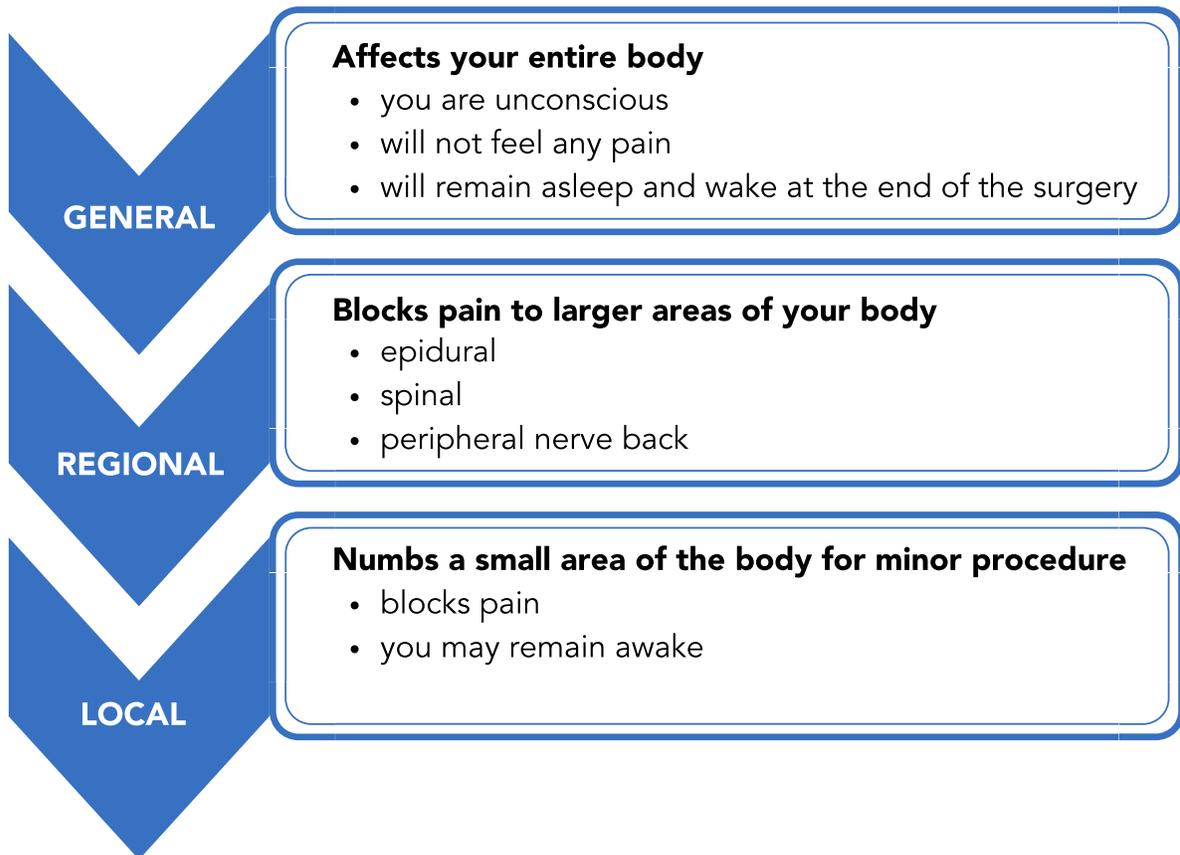
The Anesthesia team will:

- assess your medical history
- review previous anesthesia experiences
- explain exactly what is going to happen
- monitor your breathing, blood pressure, blood flow and heart functions
- remain at with you throughout the entire surgery

Preparing for Anesthesia:

- Quit smoking (ask your healthcare provider for assistance)
- Take medications as directed by your preadmission nurse
- Try to stay calm

Type of Anesthesia



During your surgery you will be

- Monitored for comfort and safety and kept free of pain

After your surgery you will be awakened and taken to the Recovery Room.



Taking Care of Yourself After Surgery

The following information describes basic after-care recommendations that apply to many types of surgery.

Managing Pain

Pain medication will be ordered for you the day of surgery at the hospital/surgicenter. You are encouraged to take the prescribed pain medication in order for you to be comfortable during your recover. If you have any concerns about your pain management, please do not hesitate to ask your doctor or nurse. Please report any new, increasing, or unrelieved pain to your doctor. If a refill is needed, please call prior to Friday. Refills can take up to 24 hours to complete.

Care of Your Incision

Wash your hands before and after touching your incision. Hand washing is the best way to prevent infection. It is normal to have some numbness around the incision for some time after surgery. If you have been sent home with staples in your incision, then keep your follow up appointment to have your staples removed.

You may shower with staples in place unless your doctor has told you NOT to.

If you have been sent home with tape over your incision, you may shower, but be gentle around the tape. Use regular soap and water. Wash your incision gently, and then pat the incision dry. Do not pull, tug, or rub the tape. If the tape has not fallen off 2 weeks after surgery, then you may peel the tape off gently. Check with your doctor about applying creams or lotions to your incisions, only after the tape has fallen off.

Avoid exposing your incision to the sun. This can cause the incision to become red. Scars turn white over time without exposure to the sun. You will receive information from your doctor about any dressing changes or suture removal.

Surgical Site Care

Follow your doctor's instructions about caring for your surgical site or incision area.

Watch for any separation, bleeding, or signs of infection which include:

- Redness
- Pain
- Swelling
- Drainage of fluid or pus
- Heat at incision site
- Fever (which is usually a temperature of 101 degrees or higher)

If you notice any of these problems, call your nurse or doctor right away.

Activity

After your surgery, and when the anesthesia has worn off, get up and be active as soon as possible. This will help your muscles stay strong and will lead to a faster recovery. We encourage you to be active as soon as it is safe, which is usually in the evening after your procedure. We recommend that you walk, sit up in a chair, or at least turn frequently in bed. Follow the specific activity instructions given by your doctor. Different surgeries require different limitations on activity. Generally, you should not lift objects heavier than 10 pounds.

Your doctor will tell you specific activity instructions for your type of surgery.

Plan your daily activity so that you can rest often. Your body needs more energy to heal, and this may cause you to feel weak or need to take naps. Check with your doctor when you will be able to drive. **Never drive while taking narcotic pain medications.**

Diet

Resume your regular diet when you return home, unless your doctor has put you on a special diet. You may not feel like eating regular portions right away. It is normal to have less of an appetite after surgery. This could return to normal when your activity level increases. In the beginning, try eating small meals several times a day. Choose high-protein foods to help your body heal. These may include such foods as chicken, beef, cheese, tofu, milkshakes, and ice cream.

Drink lots of fluids and include fiber in your diet, such as fresh fruits, vegetables, and whole grain cereals or breads. Eating these foods and drinking lots of fluids will help prevent constipation. They also promote normal bowel function, especially if you are taking narcotic pain medication. Take nausea medication as needed if it has been ordered by your doctor. Let your doctor know if you have nausea or vomiting that last longer than 24 hours. Follow your doctor's specific instructions about reporting nausea.

Constipation

A possible complication of surgery is constipation (no bowel movement or stool over the course of several days). Possible causes of constipation include: anesthesia and pain medications; not drinking enough fluids. Drinking fluids and eating fiber can help prevent constipation. *Please notify your provider if you are not passing any gas, have abdominal, and/or feel bloated.*

If your provider recommends the below medications, you can obtain them at your local pharmacy (You do NOT need a prescription):

- **Milk of Magnesia** 30 ml by mouth twice a day.

If you are very constipated after trying the above combination of medications:

- **Magnesium Citrate** half a bottle by mouth.
- If no results after 12 hours drink remaining half of the bottle.
- If no results after one day, let your provider know.
- ***Do not take magnesium citrate if you have any kidney problems.***

Pneumonia prevention

When admitted to the hospital, you may be given an airway clearance device before surgery such as an incentive Spirometer. Use of this device exercises your lungs and helps clear them of anesthesia gases after the procedure. We recommend using it 10x's every hour while you are awake. Generally, outpatients do not receive the airway clearance device.

Physician/PA/RN follow-up

There is NO fee during your Ortho-Global 3 month period. Please keep all post-operative appointments with your Orthopedic team. If unable to, call our office to reschedule.



Keeping You Safe

Hand washing is a priority for all members of your healthcare team. Please feel free to ask if they have washed their hands before providing care to you.

Please clean your hands:

- After going to the bathroom
- Before eating
- Before and after touching any wound or incision, or any dressing you may have
- After touching body fluids or waste

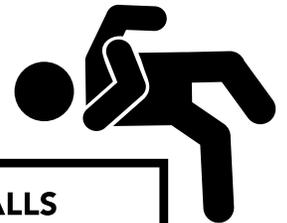
Your Christie Clinic Orthopedic Team takes pride in the care we provide. In partnership with you, we can work together to maintain a safe environment.

- All staff can be identified by an ID badge and will tell you what they are doing.
- Upon admission to the ASU or the hospital, an **identification band** will be placed on your wrist.

Expect the staff to check it to identity who you are when having a procedure, medications and blood draws.

- Expect staff to confirm the correct location of your surgery and mark the correct site.
- Nursing staff will remain at your bedside until you have taken all medication given to you.
- Please communicate all medication you are currently taking – prescriptions, over the counter supplements, vitamins and herbs.
- Alert you physician and nurses about any allergies you may have.

Falls are common threat to your safety - in the hospital and at home.



WHY FALLS HAPPEN	TIPS FOR PREVENTING FALLS
Unfamiliar Surroundings Medications Weakness, Dizziness and Unsteady	<ul style="list-style-type: none"> • Always use your call light to ask for assistance • Ask for help if you feel dizzy, weak or light-headed • Wear non-skid slippers or shoes • Walk slowly and carefully • Do not lean or support yourself on rolling object • Place commonly used items within your reach



Surgical Site Infection Prevention

Surgical site infections are preventable and the following guidelines aim at reducing your risk.

How do I avoid getting a surgical site infection (SSI)?

A SSI is an infection patients can get during or after surgery. SSIs can happen on any part of the body where surgery takes place and can sometimes involve only the skin. Other SSIs are more serious and can involve tissues under the skin, organs, or implanted material. These infections can make recovery from surgery more difficult because they can cause additional complications, stress, and medical cost. It is important that healthcare providers, patients and loved ones work together to prevent these infections.

How can you and your loved ones prevent surgical site infections?

- Before your surgery, discuss other health problems, such as diabetes, with your doctor.
- These issues can affect your surgery and your treatment.
- QUIT smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit.
- Follow your doctor's instructions for cleaning your skin before your surgery. For example, if your doctor recommends using a special soap before surgery, make sure you do so.

After surgery, be sure to follow the recommendations below to protect yourself against surgical site infection.

- Do not allow visitors to touch the surgical wound or dressings.
- Ask family and friends to clean their hands before and after visiting you.
- Make sure you understand how to care for your wound before you leave the medical facility.
- Always clean your hands before and after caring for your wound.
- What clothing you wear does matter. Wear clean, loose fitting clothes that will not rub or cause pressure to the surgical site.
- Make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as ***redness and pain at the surgery site, drainage, or fever***, call your doctor immediately.

Source: <https://www.cdc.gov/features/safesurgery/index.html>



Managing pain after surgery

It is common for patients to have pain after surgery. Pain that is not managed properly can interfere with your recovery. Depending on your surgery and medical condition, it may not be possible for you to be pain-free after your surgery. The goal is to safely decrease your pain, with as few medications and side effects as possible, so you can function better.

Why am I prescribed Opioids?

Opioids (eg. Oxycodone, hydrocodone, morphine, fentanyl, methadone, oxymorphone, hydro morphine, tramadol) are a useful tool for helping patients deal with severe pain for a short period of time. Although opioids are helpful for controlling pain, sometimes they can also have bad side effects.

Addiction

One of the most common side effects of using opioids is developing dependence or tolerance (needing more of the medication to get the same effect), going through withdrawal if you do not have the medication, and spending more time thinking about and acting to get the medication and making bad choices in order to get more. Those taking opioids before the age of 18 may increase future opioid misuse risk by 22%.

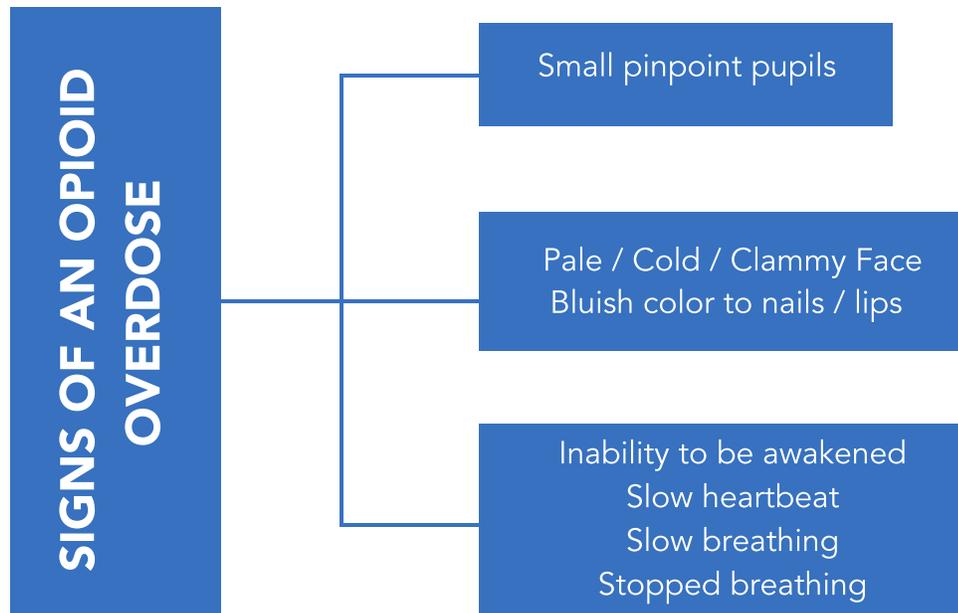
It is important to recognize that 1 in 4 people exposed to opioids go on to long-term use. If you have any concerns about taking prescribed opioid medication, tell your health care provider.

Risk for side effects	Common	Serious	Long-term Use
<ul style="list-style-type: none">• Sleep apnea• Asthma• COPD• Weight gain• If mixed with alcohol or other sedating medications	<ul style="list-style-type: none">• Sleepiness and/or dizziness• Not thinking clearly• Constipation• Nausea/vomiting• Dry mouth• Itching• Difficulty urinating	<ul style="list-style-type: none">• Difficulty breathing• Allergy• Rash• Severe itching• Hives• Swelling of the throat, lips and face	<ul style="list-style-type: none">• Increased pain even when taking the medication• Fatigue• Sexual dysfunction

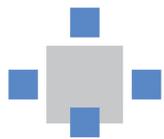


Managing pain after surgery

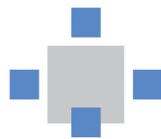
Opioid use may lead to overdose, which can be life threatening. Call 911



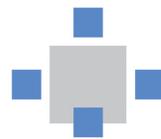
Pain relief options that are not opioids may work better and have fewer risks and side effects.



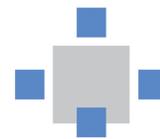
- Acetaminophen
- Non-steroidal
- Anti-inflammatory (NSAIDS)
Ibuprofen
Naxprofen



- Nerve pain medications
- Gabapentin
- Pregablin
- Duloxetine
- Venlafaxine
- Nortrptyline



- Lidocaine patches
- Heat
- Ice



- Meditation, Mindfulness
- Cognitive Behavioral Therapy
- Music
- Sleeping



Instructions After Surgery

For ALL Surgery

No driving until your follow up appointment with your surgeon.

Follow your Primary Care Physician's instructions for your medication.

Ice surgical site: elevate if instructed.

Keep incision clean and dry.

Weight bearing as tolerated, unless otherwise instructed.

Dr. Kolb patients: You may remove surgical wrap **48-72 hours** following surgery.

You should apply band-aids over the stitches so they do not get snagged on clothing.

Dr. Cusick patients: Total joint Replacement: You can remove the bandage after **7-10 days**.

If there is no active drainage or open sites to the incision you do not have to replace with a new bandage. You do not have staples or sutures.

For Arthroscopy Knee Surgery

May use crutches or can if needed for balance, comfort, or safety. You should return to normal walking as soon as possible.

Dr. Kolb patients: Outpatient physical therapy will begin **1-2 weeks** after surgery.

Home exercise program as directed by the physical therapist.

Dr. Cusick patients: Outpatient physical therapy will begin **1-2 days** post op for knee or hip scopes and **4-5 days** post op for total knee or hips. Home exercise program as directed by the physical therapist.

Post-op appointment with your doctor will be approximately 2 weeks after surgery.

Additional recheck appointments will be with our Orthopedic Team: MD, PA, or RN.

For Shoulder Surgery

No lifting with operative arm.

For Rotator Cuff Repairs:

Keep arm in shoulder immobilizer at all times except as instructed by Physical Therapy and for dressing/hygiene.

For Arthroscopy Repairs:

Keep arm in sling as needed. Begin range of motion exercises as instructed by Physical Therapy.

For Hip Surgery

Avoid bending your hip more than 90 degrees.

Do NOT cross your legs.

Avoid excessive rotation of your leg, either in or out.

Avoid bending past 90 degrees at the waist. When sitting, lean back slightly.

Outpatient physical therapy will begin 5-10 days after your discharge from the hospital.

Outpatient physical therapy should start no later than 14 days after surgery. In the first 2-3 weeks, focus on walking normally and use assistive devices as necessary. You will be given a handout of acceptable exercises to perform at home. Most of the physical therapy for a total hip replacement is walking, feel free to walk inside or outside as tolerated.

Sleep with a pillow between your legs for the first 3 months after surgery to avoid dislocations while sleeping.

Refrain from sleeping on your stomach for the first 3 months after surgery.

For Carpal Tunnel Syndrome

No lifting with operative arm.

Keep arm elevated continuously for first 24 hours.

Rest wrist on ice pack for 24 hours (20 minutes on, 20 minutes off).

After 72 hours you may remove surgical dressing and apply waterproof Band-Aids over the incision. Continue to keep incision clean, dry and covered with Band-Aids until post op visit.

You will be scheduled for at least 1 physical therapy session to find out about equipment and home exercises, unless this is your second surgery for carpal tunnel release. You can follow your home exercise program as you did after your first surgery.

Use squeeze ball or grippers to increase grip strength and hand range of motion exercises.

Frequently Asked Questions

When do I see the doctor after surgery?

Between 2-3 weeks after surgery for evaluation of your wound and recovery progression. Your appointment date and time can be found on the front of this packet. There is NO fee during your Ortho-Global 3 month period. Please keep all post-operative appointments with your Orthopedic team. Please, call our office to reschedule if necessary. Your follow up appointments are an important part of your recovery care.

When can I shower after surgery?

Please do not shower until you have seen your provider for your post-op appointment.

Who do I give my FMLA paperwork to?

Please give your nurse your paperwork for FMLA. We will fill it out within 5 business days. There is a \$20 fee when we fill out any forms you may have.

After hip or knee surgery is it okay to put weight on that leg?

Most patients are weight bearing as tolerated after surgeries and knee scopes but you will be made aware if your surgeon has you on weight bearing restrictions after surgery.

When can I drive?

When you are no longer taking pain medicine you may resume driving. Typically, patients feel comfortable driving a car between 3-6 weeks after surgery.

When do I start physical therapy?

Please review details on Pg.13 for directions per provider. Upon discharge from the hospital, physical therapy will be arranged in your home 1-2 weeks if unable to start outpatient physical therapy immediately. If you stop your home therapy before this is scheduled to begin, please call the office to get outpatient therapy arranged sooner.

When can I stop wearing the stockings?

You may remove the stockings daily for hygiene purposes as well as at night while you are sleeping. To help with lower extremity swelling, you should wear your stockings during the day for 3 weeks.

What blood thinners will I be on and for how long after surgery?

Depending on your medical health you will be on an injectable anticoagulant while in the hospital and then on oral aspirin (325 MG twice daily) upon discharge. You are generally on an anticoagulant for 3-4 weeks following surgery.

Do I need to clean the incision?

You should leave your dressing in place that is covering the incision. This will be removed 10 days after surgery by the home health nurse and will be replaced with a large dressing to protect the incision until you are seen at your post-operative visit. If there is any drainage or anything of concern, please call our office at 217-366-1237.



Insurance & Financial Information

Physician/PA/RN Follow-up

There is NO fee during your Ortho-Global 3 month period. Please keep all post-operative appointments with your Orthopedic team. *Please, call our office to reschedule if necessary.*

Your follow up appointments are an important part of your recovery care.

Billing and Financial Concerns

Following your discharge from the hospital or surgi-center, a statement will be sent to both you and your insurance company. Your insurance will pay according to your specific benefit plan.

It is not always possible to calculate the exact amount of your bill at the time you leave the hospital. If you are concerned and would like to discuss your bill with a Finance Representative for any billing questions related to Christie Clinic, please call 217.366.1234, Monday through Friday, 8:30 a.m. - 4:30 p.m.

If you do not have health insurance or are concerned that you may not be able to pay for your care in full, Christie Clinic may be able to help you work on a payment arrangement.



Your Patient Experience

At **Christie Clinic Department of Orthopedics** our goal is to deliver the highest-quality clinical care with great respect and compassion. We value your opinion.

As part of our effort to provide great service, you may receive a survey through the phone or in the mail. Please take a few minutes to answer the questions about your experience. Your feedback will provide us with important information, as well as recognize the healthcare team members who had a positive impact on your recover. Please let us know if your encounter is anything less than excellent.

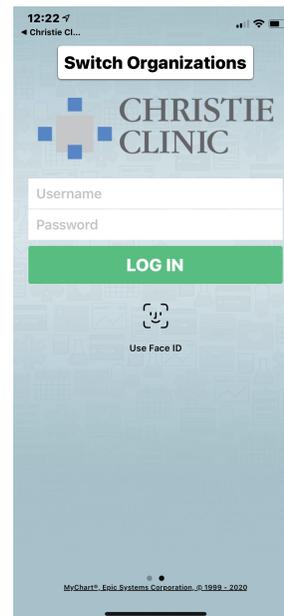
If you would like to share your comments and suggestions in person or over the phone please contact our Patient Liaisons office at 217.366.8034.

Welcome to MyChristie Portal

An enhanced information system to help you better manage your health and wellness. It provides an up-to-date medical history and has many more features.

Register now for your access to MyChristie

1. Sign up by providing us with a personal e- mail address, either by phone [(217) 366-2610] or in-person.
2. A confirmation email will be sent to the provided e-mail address with your username and temporary password once the account has become active, within 24- 48 hours.
3. Go to christieclinic.com and click on MyChristie in the upper right hand corner of your screen. Then, click the MyChristie Patient Portal Login button on the right side.
4. From there, login with your username and your password to get started.



THANK YOU

from

Your Orthopedic Care Team



CHRISTIE CLINIC

NOTES

NOTES
