



EXCEL

ORTHOPEDIC SURGERY & RECOVERY

TCOEXCEL.com

Lumbar

SPINE

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Dear EXCEL Patient,

Welcome to the TCO EXCEL Orthopedic Surgery and Recovery program! The physicians and staff at TCO are pleased you have selected us for your upcoming surgery. We are committed to providing quality medical care and excellent service to each one of our patients.

We would like to take the time to briefly discuss the process for your upcoming surgery. This manual is designed to offer information on your preparation before surgery, the surgery itself, and the road to recovery after your procedure. It is important for your recovery that you feel supported and well prepared for the upcoming operation.

We take great pride in the care our patients receive. Our team is here to assist you through this entire process. If you have questions at any time, please feel free to contact our team.

We look forward to working with you and getting you back to all the activities you enjoy.



Leah Zimmerman, RN, BSN

EXCEL Program Director

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Welcome to Twin Cities Orthopedics!

Thank you for choosing Twin Cities Orthopedics for your orthopedic needs. We take pride in providing the highest quality of specialized orthopedic care for muscle, bone and joint conditions.

As the largest orthopedic group in Minnesota and the second largest in the nation, we are pleased to offer the collective expertise and experience of over 100 board-certified physicians. We have developed the TCO EXCEL program to help advance the practice of orthopedic medicine, providing patients with successful outcomes and positive experience.

The model offers:

- Simplified billing with the goal of reducing the cost of health care.
- Efficient surgery performed in an ambulatory surgery center.
- Recovery in a comfortable and private orthopedic recovery suite.
- Total coordination of care from day one to full recovery.
- One-on-one personalized concierge service from your surgeon and a Registered Nurse who will guide you through every step of the process.

We understand that the thought of surgery can be stressful, which is why we have worked hard to make the TCO EXCEL experience as seamless and comfortable as possible. This manual will assist in educating you about your surgical condition, procedure and treatment.

If there is anything we can do to provide the best possible care, please let us know.

Sincerely,



Chris Meyer, MD

President, Twin Cities Orthopedics

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North Memorial Ambulatory Surgery Center at Maple Grove

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EXCEL CARE TEAM

ROLE OF EXCEL RN PROGRAM COORDINATOR

Your EXCEL coordinator is here to guide you through the entire experience. This role includes:

- Providing you with detailed information about the EXCEL program and what is necessary to ensure you are ready for surgery and recovery.
- Reviewing your preoperative exam that is completed by your primary care provider.
- Getting you connected with a preoperative education class
- Assisting in coordinating your care between the surgeon's office, your primary care provider's office, the surgery center and your stay.
- Assessing your needs when you are discharged to your home.
- Answering your questions and providing you with any resources needed before and after surgery.

Your EXCEL RN Coordinator will call you 4-6 weeks before surgery to go through the preoperative information.

THINGS THAT YOU CAN DO PRIOR TO THE CALL WITH YOUR RN COORDINATOR:

1. Schedule your preoperative physical with your primary care provider 21-29 days prior to surgery.
2. Identify who is available to help in your recovery.
3. Visit <https://TCOEXCEL.com/> to find online patient resources.

PREOPERATIVE HISTORY & PHYSICAL

Schedule a preoperative history and physical, also known as an H&P, with your primary care provider. A preoperative H&P is required for all patients having surgery. The date of your appointment should be 21-29 days prior to your surgery date. This timeline allows the team plenty of time to receive the information and follow up on anything that is outstanding or requires additional clearance for surgery without having to delay your surgery date.

Please share this page or inform your provider that you will need the following labs and testing completed for surgery in an outpatient surgery center:

- CBC lab draw
- BMP lab draw
- A1C within last three months with a diabetes diagnosis
- EKG for anyone older than age 65 -OR- has a cardiac history or takes cardiac medications (EKG within last 6 months is accepted)

In the back of this book is a Preoperative History & Physical Document that can be removed and given to your provider at your appointment. With electronic documentation, very few providers complete their documentation on this form.

Talk with your provider about all the medications that you take. Your provider will advise when you should stop taking these medications before surgery and when it is safe to resume these after the operation. General recommendations for stopping medications seven days before surgery:

- Aspirin
- Multivitamins and supplements unless specifically advised to take (example Iron)
- NSAIDs (examples Ibuprofen, Motrin, Advil)
- GLP1 Medications: Stop weekly injectables 7 days prior. Stop daily injectables day before surgery.

YOUR COACH

You will need to choose a coach to support you as you prepare for surgery and to help in your recovery.

- Your coach should be someone who has the time and physical abilities to assist you throughout this process.
- You are encouraged to share the EXCEL education materials with your coach.
- Your coach is needed at the surgery center on the day of surgery and available for your discharge instructions.
- If your recovery plan of care includes an overnight in the EXCEL Recovery Suites, your coach should attend one of the physical therapy sessions and be available to bring you home between 10-11am the day after surgery.

EXCEL PRE-OP EDUCATION CLASS

We know that our patients are busy and there are many things to plan for prior to your surgery. We offer self-paced modules for our patients to receive additional education on how to prepare and what to expect with your surgery and recovery.

Below is a brief overview of what you can expect in the education materials:

- Instructions on preparing for surgery
- Day of surgery expectations in the surgery center
- Surgical procedure overview
- The discharge process
- Patient safety, mobility, pain management, and preventing complications
- Physical Therapy

Your EXCEL RN Coordinator will assist you in receiving the additional teaching information.

GETTING INTO SHAPE FOR SURGERY

Alcohol, Tobacco and Drugs

- Don't consume alcohol for at least 24 hours before surgery. If you have concerns about abstaining from alcohol, please contact your RN Coordinator.
- Cannabis products should be stopped 24 hours prior to surgery.
- Do not use tobacco products after midnight on the day of surgery.
- If you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery and your recovery.

Maintaining a Healthy Weight

It is important to eat well before your surgery. Good nutrition will help with healing after surgery and preventing complications. Excess weight can add extra stress to your body during surgery. It can also put extra stress on the new joint during your recovery. Check with your RN Coordinator or your surgeon if you need support and guidance about maintaining a healthy weight.

Exercises

In the appendix of this manual, you will find exercises to do prior to and after surgery. Performing the exercises before surgery will make them easier for you to do after surgery.

Nutrition

Poor nutrition before and after surgery can significantly increase the risk for surgical site infections, delay healing, and impair incision strength. We recommend you take 8000iu of Vitamin D after surgery to promote bone healing and bone growth.

Nutrient	Function	Food Source
Protein	Maintenance and repair of body tissues.	White meat, fish, eggs, dairy products, liver, soy beans, legumes, seeds, nuts, and grains.
Calories: Carbohydrates/ Fats	Main sources of energy and prevents protein-energy malnutrition.	Carbohydrates: Whole grain cereals, breads, rice, and pasta. Fats: Meats, dairy products, oils, and fats (mono-polyunsaturated fats).
Antioxidants: Vitamins C, A, and E	Promoting incision healing while decreasing the chance for infection.	Vitamin C: Oranges, grapefruit, tomatoes, leafy vegetables, and juice. Vitamin A: Milk, eggs, cheese, dark green vegetables, oranges, and red vegetables. Vitamin E: Spinach, almonds, bell peppers, asparagus, and dark leafy greens.
Minerals: Zinc and Iron	Zinc: Important for protein and collagen synthesis and tissue growth and healing. Iron: Transports oxygen in the blood.	Zinc: Red meat, fish, shell fish, milk products, poultry, and eggs. Iron: Red meat, eggs, fish, whole wheat bread, dark green leafy vegetables, dried fruits, and nuts.
Hydration	Increases oxygen and nutrients to the surgical site while increasing the strength of the incision.	Water, juice, milk, soup, Jello, ice cream, and yogurt.

PREPARING YOUR HOME

- Arrange furniture to allow clear pathways within and between rooms
- Adequate lighting for night-waking
- Secure loose rugs or carpets
- Make sure that the bed or chair you will be using is easy to get in and out of
- Store commonly used items in easy to reach locations

Some patients find purchasing additional equipment to be helpful: long-handle reacher, shoehorn, shower chair or bench, raised toilet seat.

THE DAY BEFORE SURGERY

The surgery center will contact you 24-72 hours before surgery to give you the arrival time for surgery and the eating and drinking restrictions.

Eating and Drinking

- Eat a light dinner the night before surgery. We recommend avoiding fatty, greasy, or spicy foods. Stop eating food 8 hours before your scheduled surgery.
- You may drink clear liquids up to 2 hours before you arrive for surgery. Clear liquids include water, Gatorade, coffee and tea without additives like cream, milk, or sugar.

Packing for Surgery

Please bring the following items when you arrive at the surgery center:

- Photo ID
- Insurance Card
- Assistive device if one was issued to you prior to surgery

Please leave all jewelry and valuables at home, including wedding bands.

NIGHT BEFORE SURGERY

You will complete two preoperative showers with Hibiclens or Dial soap. Hibiclens or Dial soap can be purchased at any drug store. Complete the first of the two preoperative showers the night before surgery. Change your bed sheets so you sleep on clean linens after your shower.

Showering Instructions

1. You may use your own shampoo & conditioner first in the shower
2. Wash everything from the neck down with Hibiclens or Dial soap
3. Wash the surgical site for an additional 2-3 minutes
4. Rinse
5. Use a clean towel to dry off
6. Do not apply lotion, perfumes, or hair products after showering

Showering notes: Keep the cleanser out of the eyes, ears and mouth. For external use only. Stop shaving the surgical extremity 7 days prior to surgery.

DAY OF SURGERY

- Complete the second shower following the same instructions and dry off with a fresh towel.
- Remember not to apply lotions or hair products.
- Please remove all jewelry, including wedding bands, and keep them at home.
- Hold all medications unless instructed to take medications in the morning of surgery or take any of the medications on the following list. You may take these with a small sip of water.
 - Beta-blockers
 - Asthma medication
 - Acid reflux medicine
 - Seizure medicine

SURGERY CENTER

After checking in, a member of your surgical care team will bring you back to the preoperative area where they will get you ready for surgery. A nurse will start an IV and begin to get you ready for surgery.

You will meet the anesthesia team to review your care plan. You will also meet with your surgeon and surgical site will be marked. You will be asked to sign a consent form by each of these providers. Please ask any questions that you need clarified prior to the procedure.

OPERATING ROOM

There are many people that are part of the operating room team. The surgeon and the first assistant, the anesthesiologist or nurse anesthetist, surgical techs and nurses.

Before the operation begins, the members of the team take a safety time-out in which everyone stops what they are doing, and they go through a checklist of information for the procedure and roles of the team members. During your time in the operating room, you are continuously monitored by the team.

ANESTHESIA

The type of anesthesia that is used for spine surgery is general anesthesia. General anesthesia is administered into the bloodstream or can be breathed into the lungs, resulting in total unconsciousness. Patients may also have a tube placed in the windpipe to assist with breathing with this anesthesia. You are closely monitored throughout your surgery by the anesthesia team.

AFTER SURGERY, RECOVERY ROOM

You will continue to be closely monitored while in the recovery room by a nurse. You will become more alert and may start feeling sensation return to the surgical extremity if you have a spinal. You may experience some pain or nausea, and the nurses will be able to provide you with medications to make you more comfortable.

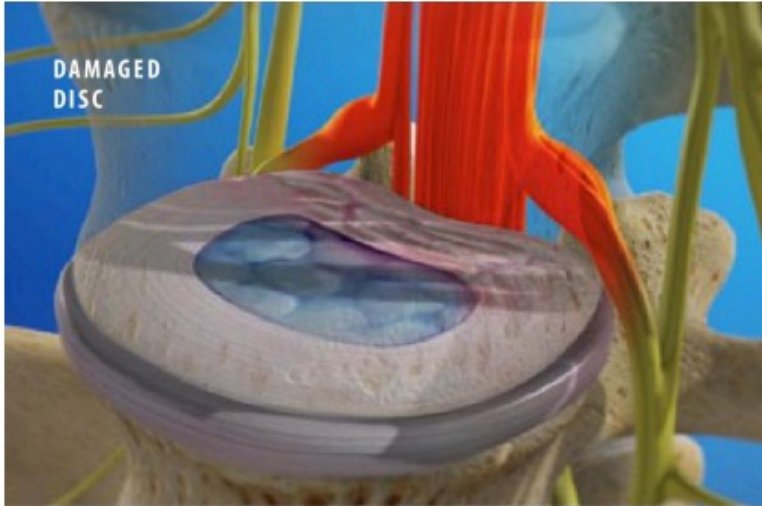
When you are ready to sit up in a chair, the team will give you something to eat and drink and soon you will be up walking with assistance to the bathroom. The nurses will also assist you in getting dressed in regular clothes.

When it is safe for you to be discharged from the surgery center, the nurses will go through the discharge instructions, and we invite your coach to be present during this education.

As you leave, a staff member will take you to your car in a wheelchair and assist you in the vehicle.

If your discharge plan includes an overnight stay in the EXCEL Recovery Suites, more information can be found on page 27.

PLIF: POSTERIOR LUMBAR INTERBODY FUSION



Overview

This procedure fuses two of your vertebrae with implants and bone graft material. It stabilizes your spine. It can be used to treat pain caused by degenerative disc disease.

Preparation

In preparation for the procedure, you are anesthetized. You are positioned face down. The surgeon makes an incision in your lower back. The surgeon removes a portion of bone, called the "lamina," from the rear of one of your vertebrae. This creates a window. It allows access to your damaged disc.

Clearing the Damaged Disc

The surgeon carefully clears away your damaged disc material. A portion of the disc wall is left in place. It will help contain the graft material.

Stabilizing the Spine

The surgeon spreads the upper and lower vertebrae. This properly aligns the spine. It can relieve pressure on compressed nerve roots. Implants are placed between the vertebrae to hold them in the proper position. Bone graft material is packed into the space around the implants.

Rods And Screws

The surgeon may implant a series of screws and rods at the rear of your spine. These help lock the vertebrae together. Bone graft is placed along these rods and screws. As your spine heals, the graft material in your spine will grow to create a permanent fusion between your vertebrae.

End of Procedure and Aftercare

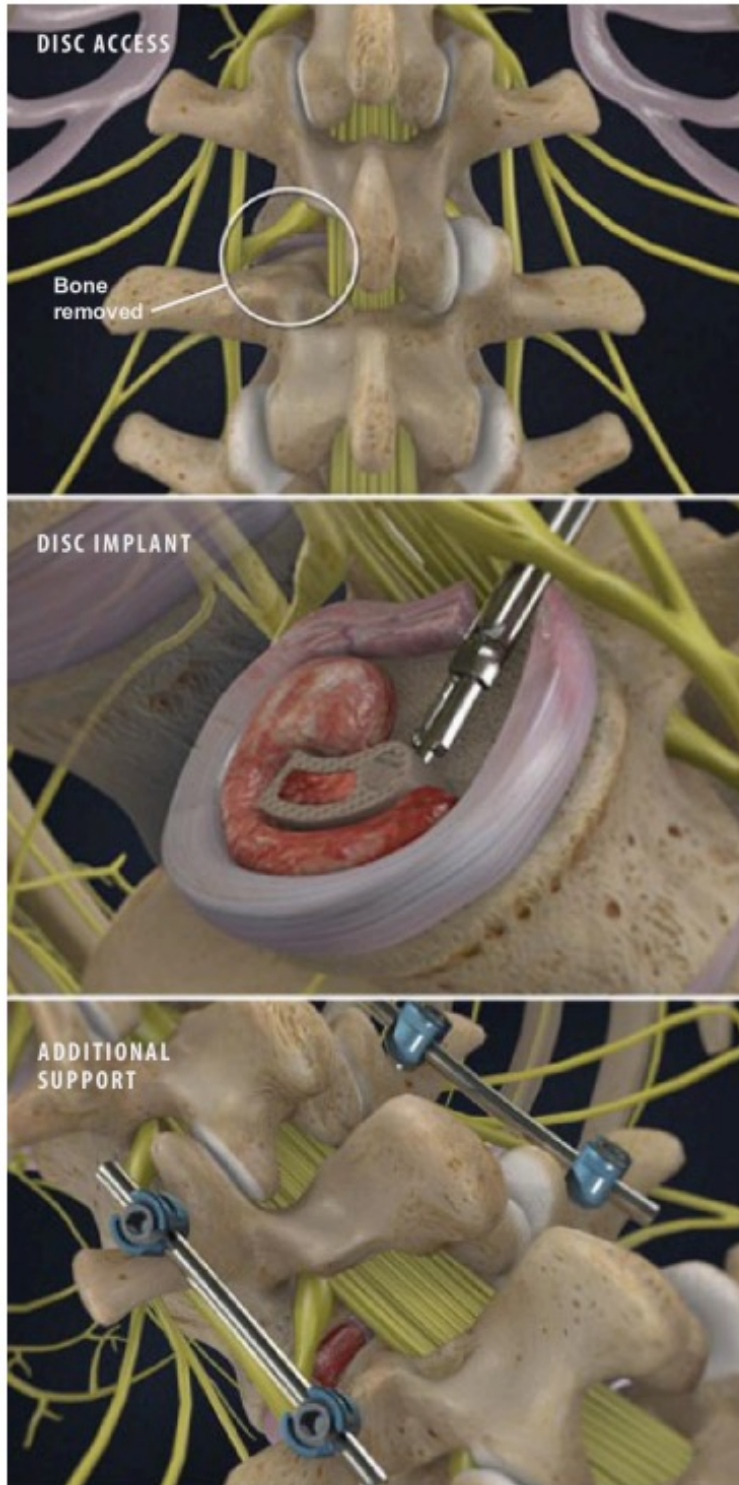
When the procedure is complete, your incision is closed. Your surgeon will provide instructions to aid your recovery.



See the Video

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TLIF: TRANSFORAMINAL LUMBAR INTERBODY FUSION



Overview

TLIF is generally used to treat back or leg pain caused by degenerative disc disease. The surgeon will stabilize the spine by fusing vertebrae together with bone graft material.

Incision Made

The procedure is performed through one or more small incisions in the back.

Disc Accessed

Parts of the vertebral bone need to be removed to get access to the disc. Since most TLIF procedures access the disc through only one side of the spine, recovery time after the procedure will be shorter than with traditional fusion surgery.

Disc Partially Removed

The damaged disc is partially removed. Some of the disc wall is left behind to help contain the bone graft material.

Implant Inserted

The implant is placed in the empty disc space, realigning the vertebral bones. This also lifts pressure from pinched nerve roots. The area may also be filled with morselized bone.

Additional Support

The surgeon may implant a series of screws and rods for additional support. Bone graft is also placed along the sides of the spine.

End of Procedure

The morselized bone graft will grow through and around the implants, forming a bone bridge that connects the vertebral bodies above and below. This solid bone bridge is called a fusion.



See the Video

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PAIN MANAGEMENT

You should expect to have some pain after surgery. The goal with pain management is to achieve a pain level that is “functional,” meaning that you can move around, participate in any exercises, and rest. It is not uncommon for people to feel more discomfort or swelling at home due to an increase in your activity. It’s important to use different types of pain management methods to help you recover.

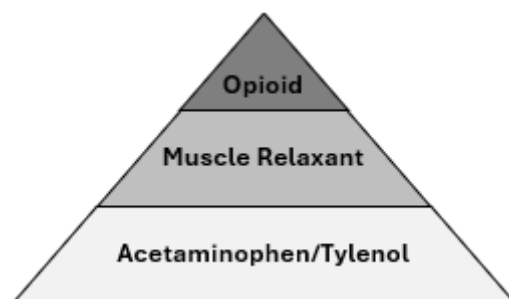
DIFFERENT TYPES OF PAIN YOU MAY FEEL AFTER SURGERY

You may be surprised at where you experience pain after surgery. Often, the incision itself is not the only area of discomfort. You may or may not feel the following:

- Muscle pain – You may feel muscle pain in the neck, shoulders, back, leg, feet, or chest from positioning during surgery.
- Throat pain – Your throat may feel sore or scratchy.
- Movement pain – Sitting up, walking, and coughing are all important activities after surgery, but they may cause increased pain at or around the incision site.

MEDICATIONS

You will be prescribed narcotic and non-narcotic medications to manage your pain after surgery. All patients will be prescribed Acetaminophen or Tylenol that is taken on a schedule and assists in managing muscle pain postoperatively. Many of our physicians prescribed a muscle relaxant like Vistaril or Hydroxyzine to aid in pain management. Finally, your physician will prescribe narcotic pain medication. Narcotics like Oxycodone, Norco, or Dilaudid are used to support the scheduled pain medications with breakthrough pain. You may also be prescribed a muscle relaxant like Vistaril or Hydroxyzine to aid in pain management.



The philosophy of “treating to prevent pain” or “getting ahead of pain” and taking frequent narcotics is not a practice that we follow nor recommend. Narcotics should be used when the other medications aren’t effectively managing your pain, and you need something stronger to get comfortable and to participate in activities. Your surgeon team will discuss with you their specific expectations when it comes to postoperative narcotics and refills.

NON-MEDICATION WAYS TO MANAGE PAIN

- Often your upper back and shoulders can feel tight following neck surgery. You can apply heat or warm towel to your shoulders and upper back. Do not apply heat to the front of your neck or incision area. If using a heating pad, use for 20 minutes at a time.
- Relaxation tapes or Guided Imagery is a proven form of focused relaxation that coaches you in creating calm, peaceful images in your mind, a “mental escape.”
- Listening to your favorite music or tuning in to your favorite television show can provide a distraction from your pain or discomfort.
- Go outside if the weather allows you to. Getting some fresh air can help when you are feeling down or having a hard time managing your pain.
- Plan a social connection with your family or friends. Getting together with those you love can help with mood and can create a distraction if you are having a hard time with your recovery.

IMPORTANT: If you feel your pain is not being controlled to allow you to exercise and get up and move, please talk with RN coordinator. It’s important to find a pain management plan that will work for you and make sure you can participate in your recovery.

WHAT TO EXPECT POST-OP

Everyone's recovery from surgery is different and it can be hard not to compare your progress with friends, family, and even from your own experience with a previous surgery.

Numbness

It is very common for patients to have an area of numbness around the incision. This is normal after joint replacement surgery. This area will typically decrease over 6-12 months after surgery. This is not a concern.

Fever

A low-grade fever (less than 101 degrees) is common after surgery. You may have night sweats or chills as your body reacts to the "trauma" of surgery. If the fever does not respond to Tylenol or you have other symptoms accompanying the fever, please call the RN Coordinator.

Body Changes

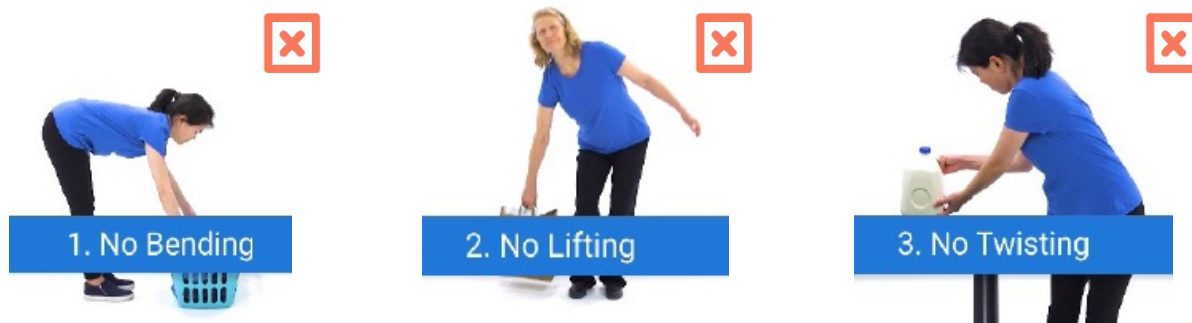
- It is normal to not have a decreased appetite after surgery. Drink plenty of fluids and focus on foods with plenty of nutrients that will help with healing. Your appetite and desire to eat will get better over time.
- You may have difficulty sleeping. This is normal and you may need to try different sleeping positions or locations in the home to find the most comfortable place to sleep.

Swelling

If you experience any noticeable swelling of the neck or throat accompanied by trouble breathing or swallowing, **seek emergency treatment or call 911.**

POSTOPERATIVE ACTIVITY LIMITATIONS

- Avoid bending, lifting, and twisting at the waist for 6 weeks after surgery. Avoid activities such as vacuuming, raking, and shoveling.
- Try to limit your lifting to 10 pounds until 2 weeks after surgery, then less than 25 pounds until 6 weeks out from surgery. When lifting, be sure to keep the item close to your body.
- Common items that weight more than 10 pounds include:
 - A cat or small dog
 - Full laundry basket
 - Vacuum cleaner
 - Large bag of sugar or flower
 - A gallon of milk weighs about 8 pounds
- Walking stimulates the healing process and is the best exercise after spine surgery. Your surgeon wants you to accomplish a minimum of 45 minutes of sustained walking per day for exercise. You are encouraged to walk several times a day and there is no limit on how far you can walk. In the beginning you may only be able to walk 5-15 minutes at a time. That is okay, just do this a minimum of 4-10x/day.
- You may begin driving when you are no longer taking the narcotic pain medication and feel comfortable with being able to navigate amongst other drivers.
- Antcipate being out of work for 4-6 weeks after your surgery. Some patients are able to return sooner and others need more time. Your surgeon will work with you to determine a return to work plan.
- Advancement of physical activities will be discussed at each follow up appointment with your surgeon.
- Physical therapy, if needed, will also be discussed at each appointment.
- You may resume sexual activity 4-6 weeks after surgery. Stop if you have pain.



MOBILITY GUIDELINES

There are some guidelines that you may need to follow for a few weeks after your spine surgery. Your surgeon and team will work with you so you understand any precautions you should follow during your recovery. Sometimes your surgeon may have you wear a lumbar brace during your recovery.

GETTING IN AND OUT OF BED

Logrolling is an important technique to properly protect your lower back while rolling over.

- To begin, lie on your back in the middle of the bed.
- Bend your knees so your feet are flat on the bed.
- To roll, slowly rotate your side, with your shoulders, hips, and knees moving at the same time.
- To roll onto your back, rotate your knees, hips, and shoulders back toward the bed, keeping your torso straight.



MOBILITY GUIDELINES

GETTING IN AND OUT OF A CAR

- Back up to your car seat.
- Reach back and find a stable hand hold.
- Slowly lower yourself onto the seat.
- Scoot back on the car seat. Lean back as you lift each leg into the car.
- When getting out of the car, slide closer to the driver's seat and lean back as you lift each leg out of the car.
- Scoot to the edge of the seat and place your feet on the street (not on the curb).



CONSTIPATION

Constipation is a common side effect from narcotic pain medication. Another cause of constipation following surgery is lack of activity, which is another reason why walking is important in your recovery. You can reduce your risk of becoming constipated by staying hydrated, eating a good diet high in fiber, and using over-the-counter stool softeners.

OVER-THE-COUNTER TREATMENT OPTIONS FOR CONSTIPATION

We recommend that all patients take Senna-S and Miralax while taking narcotics. Below is a list of OTC medications that can be used to treat constipation, beginning with the least aggressive to the most aggressive. Please use caution if combining these OTC medications, the onset of the medications can take several hours to take effect.

Docusate (COLACE) – a stool softener

Usual dose: take 1 tablet by mouth two times a day

Polyethylene Glycol 3350 (MIRALAX) – a gentle laxative

Usual dose: Add 17 grams (fill to cap line) to 4-8 ounces of beverage. Drink once a day

Senna (SEKOKOT) – a natural stimulant

Usual dose: take 1-2 tablets by mouth two times a day

Senna-Docusate (SEKOKOT-S) – A combination of a stool softener with a natural stimulant Usual dose: take 1 tablet by mouth two times a day

Magnesium Hydroxide (MILK OF MAGNESIA) – a laxative

Usual dose: 2-4 tablespoons at bedtime

Bisacodyl (DULCOLAX) tablet – a stronger stimulant laxative

Usual dose: take 1 tablet by mouth daily

Bisacodyl (DULCOLAX) suppository – a stronger stimulant laxative

Usual dose: insert 1 suppository into the rectum daily

Magnesium Citrate (CITROMA) – a stronger laxative that usually works within several hours Usual dose: drink 1/2 - 1 bottle once a day

Other things you can do to prevent and treat constipation: drinking water, prune or white grape juice, eat high-fiber foods like popcorn, crunchy vegetables, and fruit, take a high-fiber supplement.

RECOGNIZING AND PREVENTING COMPLICATIONS

SURGICAL SITE INFECTION

A surgical site infection is an infection within the part of the body where surgery took place. If you have any concerns that you may have a surgical site infection, contact your EXCEL coordinator or your surgeon team immediately.

Things that Can Put You at Risk for an Infection:

- Poor nutrition
- Diabetes
- Obesity
- Smoking
- Conditions that affect how your immune system responds
- Age
- Infections in other areas, like a urinary tract infection or an infected wound on another part of your body.

What are the Signs and Symptoms of a Surgical Site Infection?

- Drainage or cloudy fluid from the incision/surgical site
- Pain or tenderness
- Localized swelling
- Redness
- Heat from surgical area
- Fever 101.0 degrees or higher

Discharge Instructions

- Make sure that you and your coach understand your discharge instructions and how to care for your surgical incision. Please ask questions!
- Know who to contact for any questions and concerns regarding your surgery.

Postoperative Incision Care

- Wash your hands before and after you change your dressing.
- Healthcare providers must wash their hands before and after examining you. If you don't see them wash their hands, ask them to do so.
- Family and friends must wash their hands before and after visiting. They should **NEVER** touch the surgical incision or dressing.
- Keep animals away from your incision.

Dental Work

- Make sure dental work is up to date prior to surgery.
- No dental work should be done for 3 months following your surgery, this includes cleaning and dental procedures.
- Following surgery, your surgeon may prescribe antibiotics prior to any dental work to prevent infections.
- Inform your dentist that you received a total joint when scheduling any dental appointment.

DEEP VEIN THROMBOSIS (DVT)

Deep vein thrombosis (DVT) is a blood clot that forms in a vein deep in the body. Most deep vein blood clots occur in the lower leg or thigh. It also can occur in other parts of the body.

A blood clot in a deep vein can break off, travel through the bloodstream to the lungs, and block blood flow. This condition is called pulmonary embolism (PE). PE is a very serious condition that can cause death.

What are the Signs and Symptoms of a DVT?

- Swelling of the leg or along a vein in the leg.
- Pain or tenderness in the leg.
- Increased warmth in the area of the leg that's swollen or in pain.
- Red or discolored skin on the leg.

Other symptoms may relate to pulmonary embolism and require immediate emergency treatment. **Call 911 or proceed directly to the ER if any of these symptoms occur:**

- Unexplained shortness of breath.
- Pain with deep breathing.
- Coughing up blood.

Preventing a DVT

- Take any medication you are instructed to take to thin your blood.
- Stay active after surgery.
- Exercise your lower leg muscles during long trips in a car, bus, or plane.
- Be sure to talk to your surgeon about traveling after surgery.

BREATHING EXERCISES

Deep breathing, coughing, and using your incentive spirometer may speed your recovery and lower the risk of lung problems, such as pneumonia. Learn the following exercises and practice them prior to surgery.

Deep Breathing

To deep breathe properly, you must use your abdominal muscles, as well as your chest muscles. Breathe in through your nose as deeply as possible. Hold your breath for 5-10 seconds. Let your breath out through your mouth, slowly and completely. As you breathe with pursed lips (like blowing out a candle), your stomach should be going in. Exhale twice as long as you inhale. Rest and then repeat these steps with 10 repetitions.

Coughing

To help you cough: Take a slow deep breath. Breathe in through your nose and concentrate on fully expanding your chest. Breathe out through your mouth and concentrate on feeling your chest sink downward and inward. Take a second breath in the same manner. Take a third breath. This time hold your breath for a moment and then cough vigorously. As you cough, concentrate on forcing all the air out of your chest. Repeat this exercise two more times.

Incentive Spirometer

An incentive spirometer is a hand-held breathing exercise device to help you inflate your lungs after surgery. This will help to keep your lungs healthy after surgery. The Incentive Spirometer will be provided to you in the surgery center and you will have a chance to practice using it with the nurse.



1. Sit upright in a chair and hold the device upright in both hands
2. Place the mouthpiece in your mouth and seal your lips around it.
3. **Breathe in** slowly and deeply. The piston should rise inside the column.
4. When you've reached your full inhale capacity, hold your breath for three seconds.
5. Exhale normally, then rest. If you start to feel dizzy or lightheaded, take a break.
6. Reset the indicator to the level that you reached during your best effort.

Repeat these steps 10 times every hour that you are awake or as often as your provider tells you to.

FREQUENTLY ASKED QUESTIONS

When will I be able to shower or take a bath?

The nurse will review specific showering instructions with you in your discharge materials. Patients can generally begin showering the day after surgery. No submerging in bathtubs until 6 weeks after surgery.

Is it normal to feel a little depressed after surgery?

It is not uncommon for patients to have feelings of depression after surgery. Contributing factors can be limited mobility, discomfort, increased dependency on others, and/or medication side effects.

When can I travel?

Speak with your surgeon about when it is safe to fly after surgery. We recommend that you walk around and stretch your legs every hour during travel and perform ankle pump exercises when sitting. We no longer provide joint replacement cards and recommend notifying the TSA you have had a joint replacement.

What positions can I sleep in?

You can sleep on your back or your side. When sleeping on your side, it will be helpful to put pillows between your knees to keep your spine aligned. Try to keep your neck in a neutral position when sleeping.

Is bruising normal after surgery?

Bruising is normal after surgery. Bleeding occurs after surgery and tracks along the tissue planes of your arm resulting in bruising in different areas of your arm. The bruising will gradually go away on its own as the body reabsorbs the blood.

PREOPERATIVE EXERCISES

Outcomes are highly attributed to your participation in exercises before and after surgery. If an exercise is causing pain, discontinue those exercises and focus on the ones you can perform. Perform these exercises for both legs for better surgical preparation. Exercises can be performed on a bed or exercise table. Do not perform them on the floor unless you are safe and able to do so prior to surgery. If you have questions about exercises, you can contact our EXCEL PT Manager Nichole at NicholeMeyer@tcomn.com.



SUPINE POSTERIOR PELVIC TILT

Reps: 10 | Sets: 2 | Hold: 2-3 sec | Frequency: 1x/day

Setup

Begin by lying on your back with your knees bent and feet resting on the floor or a bed/couch or other supportive surface.

Movement

Slowly bend your low back and tilt your pelvis backward into the floor, then return to the starting position and repeat.

Tip

Make sure to only move your pelvis and low back and keep the rest of your body relaxed.



SUPINE LOWER TRUNK ROTATION

Reps: 10 | Sets: 2 | Frequency: 1x/day

Setup

Begin lying on your back with your knees bent and feet resting on the floor/bed/couch.

Movement

Keeping your back flat, slowly rotate your knees to the right and left until you feel a gentle stretch in your trunk and hold.

Tip

Make sure that your back and shoulders stay in contact with the floor.



HOOGLYING GLUTEAL SETS

Reps: 10 | Sets: 2 | Hold: 2-3 sec | Frequency: 2x/day

Setup

Begin lying on your back with your knees bent and feet resting on the floor/bed/couch.

Movement

Tighten your buttock muscles, digging your heels into the surface, then release and repeat.

Tip

Make sure to keep your low back flat on the floor during the exercise.

**SUPINE QUAD SET**

Reps: 10 | Sets: 2 | Hold: 2-3 sec | Frequency: 2x/day

Setup

Begin lying on your back with one knee bent and your other leg straight with your knee resting on a towel roll.

Movement

Gently squeeze your thigh muscles, pushing the back of your knee down into the towel.

Tip

Make sure to keep your back flat against the floor/couch/bed during the exercise.

**SUPINE QUAD SET**

Reps: 10 | Sets: 2 | Frequency: 1x/day

Setup

Begin in a standing upright position in front of a chair.

Movement

Lower yourself into a squatting position, bending at your hips and knees, until you lightly touch the chair. Return to the starting position and repeat. Be sure to keep your chin and your chest up.

Tip

Make sure to maintain your balance during the exercise and do not let your knees bend forward past your toes.



Disclaimer: This program provides exercises related to your condition that you can perform at home. As there is a risk of injury with any activity, use caution when performing exercises. If you experience any pain or discomfort, discontinue the exercises and contact your health care provider.

EXCEL RECOVERY SUITE

Your surgeon may have recommended that you stay overnight in the EXCEL Recovery Suites following surgery. Your physician would have discussed this plan at your surgical consult.

LOCATIONS

Blaine Recovery Suites

11225 Ulysses St NE, 2nd Floor
Blaine, MN 55434
Phone: 763-302-2534

Edina Recovery Suites

4100 Minnesota Dr
Edina, MN 55435
Phone: 952-995-8750

Two Twelve Recovery Suites

111 Hundertmark Rd, Suite 307N
Chaska, MN 55318
Phone: 952-857-0330

Plymouth Recovery Suites

16800 37th Pl N, Suite 120
Plymouth, MN 55446
Phone: 763-302-2750

Eagan Recovery Suites

2611 Nordic Way
Eagan, MN 55121
Phone: 952-846-2225

GETTING FROM THE SURGERY CENTER TO THE RECOVERY SUITE

An EXCEL RN will meet you in the recovery room once you are ready for discharge.

- If the Surgery Center and Recovery Suite are in the same building:
 - The EXCEL RN will take you to the Recovery Suite in a wheelchair.
- If they are in different buildings:
 - The EXCEL RN and a driver will transport you in a wheelchair-accessible van to the Recovery Suite.

Once you arrive at the Recovery Suite, your nurse will do a thorough assessment and visit with you about the goals for your stay. Your family and your coach are welcome to visit you. It is not required for someone to stay overnight, however, if you would like to have a guest stay, we can accommodate one person.

DURING YOUR STAY IN THE RECOVERY SUITE

Upon arriving, the team will get you settled into the recliner and oriented to the room. If you are hungry, they will bring you something to eat. All rooms are private with private bathrooms with space for a visitor to comfortably sit or stay the night if desired. However, it is not required for someone to stay overnight with you.

The team includes a registered nurse who will focus on pain management, post-op assessment, and patient education. We keep your IV in place from the surgery center to access for administering some medications. The physical therapist will work with you on walking, home exercises, and practicing the stairs. They will make sure that you understand any restrictions that you might have after surgery. The nursing assistant supports the nurse and therapist by walking in the halls with you and making sure that you are comfortable with ice and warm blankets.

Your surgeon will check in with you during your stay by either coming to see you in person or talking to you on the phone. We also have an Internal Medicine provider that is available should there be any non-orthopedic medical concerns during your stay.

CARE DELIVERY

EXCEL Recovery Suites delivers care under a homecare license that is owned and managed by TCO. You will be asked to complete some paperwork for your stay. If you are interested in viewing these documents prior to surgery, they can be found on our website or ask your EXCEL RN Coordinator how to access this.

It can cause some confusion when patients hear the word “homecare” because it doesn’t mean that people will be coming your home to provide you with the care. The Department of Health views the suite as your “home” during the overnight stay.

MORNING AFTER SURGERY

Patients are ready to discharge home the following morning between 10-11am. We invite your coach to arrive at 8am so they can participate and watch your morning physical therapy session and listen to the discharge information provided by the nurse. The discharge instructions will include new medications, including medications for pain and when to take them, activity precautions or restrictions, and symptoms we would like you to report to the surgeon.

Staff will escort you down to your car and assist you in getting into your vehicle safely.

PACKING CHECKLIST FOR EXCEL RECOVERY SUITE STAY

- Home prescription medications in original bottles from the pharmacy
- Loose, comfortable clothing
- Supportive Tennis Shoes
- Toiletries
- Eyeglasses/Contacts Case
- CPAP if you have Sleep Apnea
- Glucometer if you check blood sugar
- Cell phone & Charger
- Headphones or ear buds

DAY 5 AT HOME							
MEDICATION	DOSE	TIME OF DAY					

DAY 6 AT HOME							
MEDICATION	DOSE	TIME OF DAY					

DAY 7 AT HOME							
MEDICATION	DOSE	TIME OF DAY					



**HEALTHCARE IS
YOUR CHOICE.
CHOOSE TCO.**

DID YOU KNOW?

If you're treated in the emergency room, you can request a TCO physician for your follow-up care.

If you need to go to an emergency room:

- Ask for a TCO physician for your follow-up care.
 - No referral required to return to TCO.
 - We accept all major insurance plans.
-

Thank You for Trusting TCO

ORTHOPEDIC URGENT CARE OR ER? HOW TO CHOOSE.

TCO URGENT CARE

Best for common orthopedic injuries:

- Sprains, strains, and sports injuries
- Suspected fractures (bone not visible)
- Muscle, bone, joint, or tendon pain
- Sudden pain that makes walking difficult
- Concussion symptoms without vomiting or fainting

- ✓ Walk-in access to orthopedic specialists
- ✓ Shorter waits than the ER
- ✓ Lower cost than the ER

EMERGENCY ROOM

Go to the ER for:

- Bone visible or sticking through the skin
- Burns
- Concussion with loss of consciousness or repeated vomiting
- Deep cuts or heavy bleeding
- Severe deformity or major trauma

Ready to go to TCO?
Check wait times for all
Urgent Care locations.





ORTHOPEDIC SURGERY & RECOVERY
TWIN CITIES ORTHOPEDICS

Preoperative History & Physical

Please fax to 763-302-2705

Dear Provider, (form not to be completed by the patient)
Surgery will be completed in an ambulatory surgery center. We ask that the following labs are completed for our patients within 30 days of surgery:

- CBC
- BMP
- EKG for anyone >65 or has a cardiac hx or cardiac medications 6 months
- A1C within the last three months with diabetes dx

Thank you!

Patient Name: _____ Date of Birth: _____

Surgeon: _____ Date of Surgery: _____

Date of Exam: _____

PREOP DIAGNOSIS / REASON FOR SURGERY: _____

SURGERY / PROCEDURES INDICATED: _____

HISTORY OF PRESENT ILLNESS: _____

Has a member of your Family or a Partner (now or in the past) intimidated, hurt, manipulated or controlled you in any way?

Yes No Referral needed: Yes No

PAST HISTORY:

Surgical (including any anesthetic problems): _____

Medical: CAD HTN Valvular heart disease Dysrhythmia CHF Pulmonary disease
 Other: _____

MEDICATIONS (include herbals and vitamins):

Aspirin / NSAID use in last 10 days: Yes No Steroid use in last 10 days: Yes No

Plavix use in last 7 days: Yes No

Medications	Dose	Frequency	Medications	Dose	Frequency

ALLERGIES: _____ Latex Tape INTOLERANCES: _____

SOCIAL HISTORY: (tobacco, alcohol, or drug use): _____

Health Care Directive: Yes No

Nutrition Status: _____

Learning Barriers: _____

FAMILY HISTORY:

FH of anesthesia reactions Yes No (if Yes, comment): _____ FH of bleeding disorder Yes No

REVIEW OF SYSTEMS (any history or symptoms of the following):

Yes	No	Comments if Yes	Yes	No	Comments if Yes
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance: _____	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes/Endocrine: _____
<input type="checkbox"/>	<input type="checkbox"/>	Skin: _____	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular: _____
<input type="checkbox"/>	<input type="checkbox"/>	Head: _____	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory: _____
<input type="checkbox"/>	<input type="checkbox"/>	Eyes: _____	<input type="checkbox"/>	<input type="checkbox"/>	GI/Hepatitis: _____
<input type="checkbox"/>	<input type="checkbox"/>	Ears: _____	<input type="checkbox"/>	<input type="checkbox"/>	Urinary: _____
<input type="checkbox"/>	<input type="checkbox"/>	Nose: _____	<input type="checkbox"/>	<input type="checkbox"/>	Neurological: _____
<input type="checkbox"/>	<input type="checkbox"/>	Mouth and Throat: _____	<input type="checkbox"/>	<input type="checkbox"/>	Hematologic: _____
<input type="checkbox"/>	<input type="checkbox"/>	Infectious Disease: _____	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal: _____
<input type="checkbox"/>	<input type="checkbox"/>	Psychological: _____	<input type="checkbox"/>	<input type="checkbox"/>	Genito-reproductive: _____

Preoperative History & Physical

Phone: 952-456-7300

Fax: 763-302-2705

Patient Name: _____

PHYSICAL EXAM:

Height: _____ Weight: _____ BMI: _____ Blood Pressure: _____
Pulse: _____ Respirations: _____ LMP: _____ Women of child bearing age need a pregnancy test:
Results _____

	<u>Normal</u>	<u>Abnormal - describe</u>		<u>Normal</u>	<u>Abnormal - describe</u>
General Appearance	<input type="checkbox"/>	_____	Heart	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	_____	Abdomen	<input type="checkbox"/>	_____
Head	<input type="checkbox"/>	_____	Genitourinary	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	_____	Vaginal	<input type="checkbox"/>	_____
Ears	<input type="checkbox"/>	_____	Rectal	<input type="checkbox"/>	_____
Nose	<input type="checkbox"/>	_____	Musculoskeletal	<input type="checkbox"/>	_____
Mouth and Throat	<input type="checkbox"/>	_____	Lymphatics	<input type="checkbox"/>	_____
Neck	<input type="checkbox"/>	_____	Blood Vessels	<input type="checkbox"/>	_____
Thorax	<input type="checkbox"/>	_____	Neurological	<input type="checkbox"/>	_____
Breasts	<input type="checkbox"/>	_____	Other Findings/Diagnosis:	_____	
Lungs	<input type="checkbox"/>	_____			

LAB / RADIOLOGY RESULTS:

Hgb: _____ PLT: _____ INR: _____ BUN/Creat: _____

CXR: _____ (New or unstable cardiopulmonary disease)

Electrolytes: K⁺ _____ (Digoxin or diuretic use, or renal disease)

If Diabetic, Glucose: _____

EKG: _____ (Enclosed copy) (Consider age guidelines: patients \geq 60 or patients with hypertension, diabetes, peripheral vascular disease, chest pain, CAD if not done in last 6 months)

ECHO: _____ Stress Testing: _____

PFT: FEV₁ _____ FVC _____

Other Test Results: _____

IMPRESSION / ACTIVE PROBLEMS:

- CAD: Severity/functional status: _____ Stable Needs preop evaluation
Most recent evaluation/intervention: _____
- HTN: Well controlled Other _____
- Valvular heart disease (or undefined murmur): Lesions/severity _____ Stable Needs preop evaluation
Last Echo: _____
- Dysrhythmia Atrial Fibrillation/Flutter Rate controlled Other: _____
 History of ventricular dysrhythmia _____
- CHF (or history of): Etiology: _____ Well compensated Other: _____
Last Echo: _____
- Pulmonary disease: COPD: _____ Restrictive Stable Other: _____
Last PFT: _____
- Sleep Apnea History of: _____
- Other pertinent diagnoses: _____

PLAN: Patient's active problems diagnostically and therapeutically optimized for planned procedure.

Other _____

Provider Signature: _____ Date: _____ Time: _____

Print Provider Name: _____

Clinic Name and Number: _____