



EXCEL

ORTHOPEDIC SURGERY & RECOVERY

TCOEXCEL.com

HIP

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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 are considering 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 to your recovery that you feel supported and well prepared for the upcoming operation. In the back of your manual, you will find a booklet for your selected coach. This coach can be a family member or friend who will assist you in this process.

We take great pride in the care our patients receive. Our team is here to assist you through this entire process. If at any time you have any questions, 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 in an effort to help advance the practice of orthopedic medicine, providing patients with successful outcomes and a positive experience.

The new innovative 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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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

Schedule a Preoperative history and physical, also known as an H&P, with your primary care provider.

- 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.

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

There are different types of anesthesia that can be used with your surgery. The type of anesthesia you will receive is based on surgeon preference, the surgical procedure, your medical history, and is a collaboration between the surgeon and anesthesia team. No matter what type of anesthesia is administered to you, you are closely monitored throughout your surgery by the anesthesia team.

ANESTHESIA TYPES	HOW IT WORKS
Spinal Anesthesia	Spinal anesthesia is administered through a needle/catheter placed directly into the fluid of the spinal canal. This causes temporary loss of feeling and movement to the lower part of the body. Medications will be administered to make you sleepy and unaware of the happenings in the OR.
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.
Nerve Block	Nerve blocks are used for different total joint procedures. Most commonly in knee, shoulder, and ankle replacement. A nerve block provides additional pain relief by injecting medication near a specific nerve that provides sensation to the part of the body having surgery. As the nerve block slowly wears off, it can provide additional pain management for the first 1-2 days after your surgery.

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 34.

TOTAL HIP REPLACEMENT - POSTERIOR APPROACH



Overview

This surgery replaces your damaged hip joint with implants that move like the ball and socket of a healthy hip. A total hip replacement can restore your hip function and reduce your pain.

Preparation

To begin, we give you medicine to put you to sleep. We make an incision to reach your hip joint. Then, we remove the damaged head of your femur.

Pelvic Implant

Next, we carefully remove damaged cartilage and bone from your hip socket. We fit a metal socket into this cavity. We also press a liner into the socket. The liner creates a smooth surface that will let the ball glide smoothly within it.

Femur Implant

Now, we focus on the femur implant. We hollow out the end of your femur. Then, we place a long, narrow implant (called a "stem") into this bone. We fit a ball on top of the stem. Finally, we join the ball and the socket and test your joint to make sure it's working the way it should.

Porous coating

Modern implants commonly have a porous coating. This coating will let your bone grow into and bond with the implants as you heal, locking them securely in place. But in some cases, your implants could be held in place with bone cement or screws.

End of Procedure

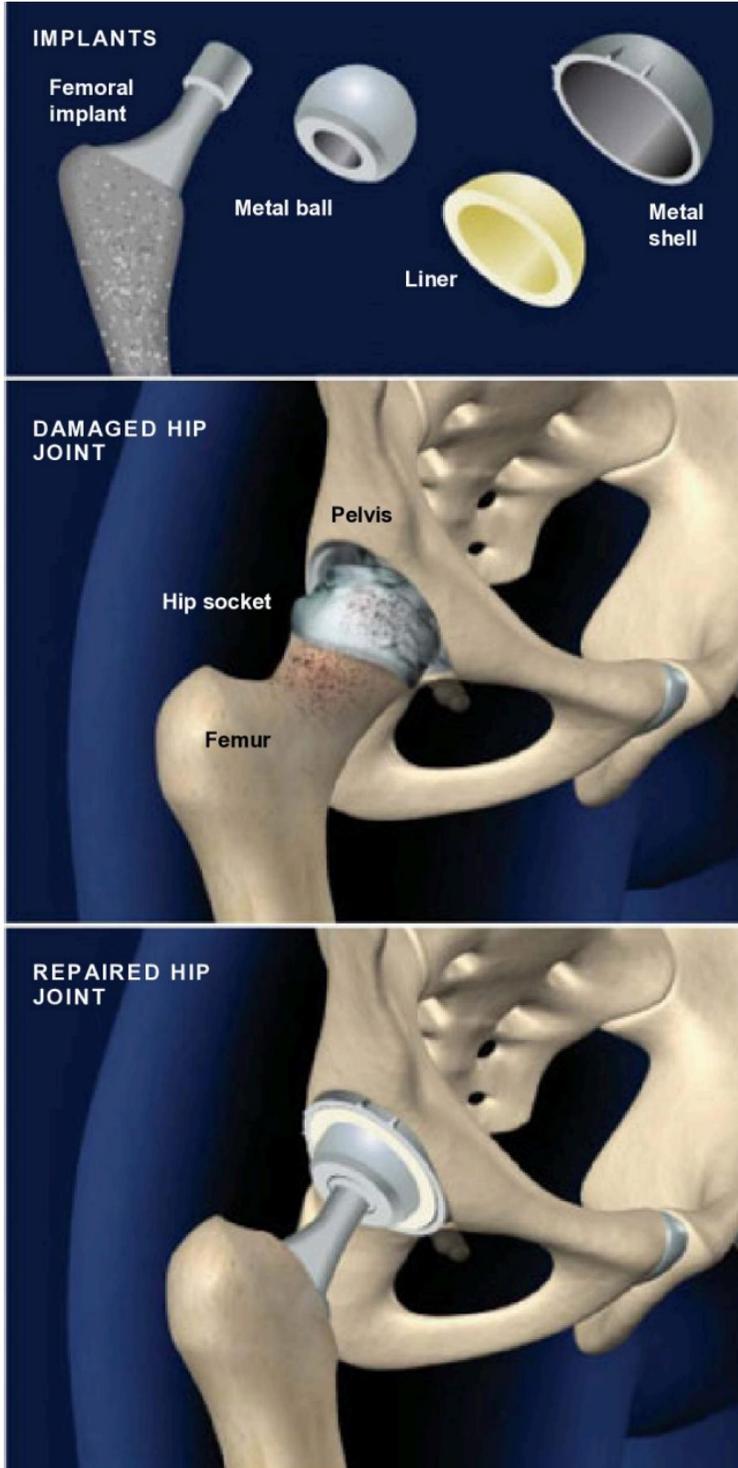
When the surgery is done, we close and bandage your incision. We watch you as you wake up. Follow your care plan for a safe recovery.



See the Video

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TOTAL HIP REPLACEMENT - ANTERIOR APPROACH



Overview

This surgery replaces diseased and damaged portions of the hip with implants designed to restore function to the hip joint. The surgeon uses an incision on the anterolateral part of the hip, instead of a more traditional incision on the side or back of the joint.

The Anterior Approach

The anterior incision allows the surgeon to work between the major muscles of the hip instead of cutting through them or detaching them from the hip or femur. By preserving muscle tissue, the anterior approach may minimize recovery time.

Damaged Bone Removed

After the femur is separated from the hip socket, the damaged ball is removed.

Hip Socket Cleaned

Damaged cartilage and bone are removed from the hip socket.

Metal Shell Inserted

A metal shell is pressed into the hip socket. The shell may be held in place with bone cement or screws.

Liner Inserted

A plastic, metal, or ceramic liner is locked into the metal shell, and the artificial socket is complete.

Femur Prepared

The surgeon now focuses on the femur implant. First, the end of the femur is hollowed out.

Implant Inserted

The metal implant is placed into the top of the femur. Bone cement may be used.

Ball Attached

A metal or ceramic ball component is attached to the stem.

End of Procedure

The new ball and socket components are joined to form the new hip joint.



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.

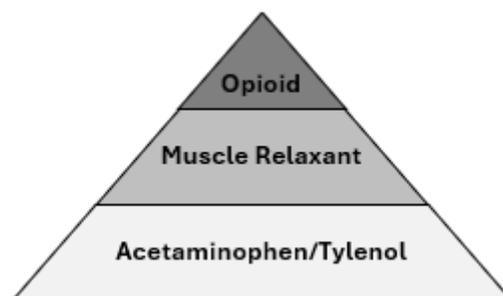
DIFFERENT TYPES OF PAIN YOU MAY FEEL AFTER SURGERY

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

- 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.

Swelling

Swelling is normal and common after surgery and may last for several months. It is helpful to ice after activities or exercises. Rest, ice, and elevation are the best ways to manage postoperative swelling. The most effective way to reduce swelling with elevation is to elevate your leg above your heart or remember "Toes above your nose!"

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.

MOBILITY GUIDELINES

There are some guidelines that you may need to follow for a few weeks after your hip surgery. The guidelines depend on your surgeon and also which approach you had for your surgery. Your surgeon and team will work with you so you understand any precautions you should follow during your recovery.

GETTING IN BED

- Back up until you feel the bed against your legs.
- Keep your chest and head up, then reach back for bed surface.
- Scoot back on the bed until your knees feel supported.
- As you turn your body to get into bed, tighten your thigh muscles. You may need to use a leg lifter or someone to help lift your involved leg.
- You may need to use 1-2 pillows between your legs while lying on your side to keep your legs in proper alignment.
- When lying on your back, keep your toes pointed straight up or slightly outward. You may also rest on your back with pillows supporting the back of your bent knees.

GETTING IN BED

- Using your hand or leg lifter to support your surgical leg, slowly shift your weight to bring your legs over the edge of the bed without letting your surgical leg turn inward or outward.
- Push up with your hands into a sitting position as you gently lower your surgical leg onto the floor, making sure to keep your leg extended forward.
- Using your bed for support, press up with both hands to push yourself off the bed into a standing position.
- Make sure you do not pull up on your walker.

GETTING IN AND OUT OF THE TUB

It is a good idea to have handrails or grab bars to help with your balance and support. Have someone nearby the first few times you use the tub or shower to provide balance assistance if needed. If you have a tub/shower combination, it might be helpful to purchase a tub chair or a tub bench.

GETTING ON AND OFF A CHAIR WITH ARMS

- To sit back down, back up until you feel the chair against the back of your legs.
- Keep your head and chest up.
- Reach back for the arms of the chair with both hands and sit down.
- To get off the chair, slide to its edge.
- Push up with both arms and your uninvolved leg.
- Do not reach for a walking device until your balance is secure.



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. You may need help lifting your involved leg.
- 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. You may need help lifting your involved leg.
- Scoot to the edge of the seat and place your feet on the street (not on the curb).
- Place your involved leg forward.
- Using the same hand holds, push up with your arms and your uninvolved leg to stand.
- Do not reach for your walking device until your balance is secure.



HIP REPLACEMENT PRECAUTIONS

After surgery, you may have precautions in place to protect your hip for the first few weeks when it comes to bending, reaching sitting and twisting. Each surgeon as a preference for postoperative precautions and will explain these to you. The hip precautions below are general precautions following hip replacement surgery.

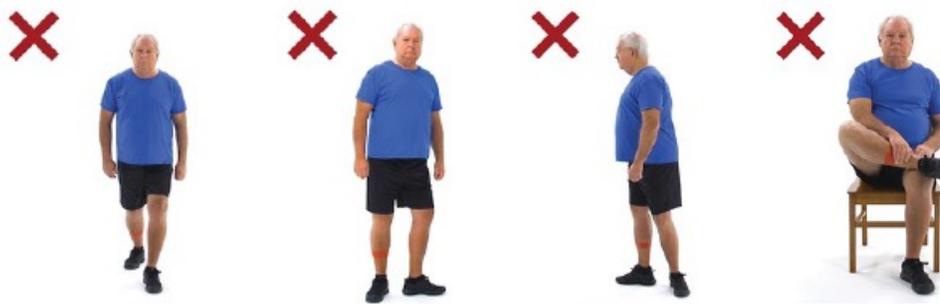
Posterior Hip Precautions

- Avoid bending more than 90 degrees at the hip while sitting or standing
- Avoid crossing your legs at the knee or ankle when sitting
- Do not cross your legs at the knee when standing
- Do not plant your feet and twist your hip when turning



Anterior Hip Precautions

- Do not step backwards or extend your surgical leg behind you
- Do not pivot on your surgical leg
- Avoid turning your leg outwards when standing
- Avoid crossing your legs at the knee or ankle when sitting



HELPFUL TIP! Use a device like a reacher when possible.

MOBILITY AFTER SURGERY

DAY OF SURGERY

It's important to get up and walk around early and often after surgery. Start with smaller trips to the bathroom or to other areas of your house and remember to use your assistive device. Increase the length of time you are up and how far you go gradually. Your coach and support person can be helpful to you at home with tasks, such as making meals, cleaning, or completing errands.

WEEK 1

Walking is an important part of your recovery. Start with short, frequent walks and gradually increase how far you go and how long you walk. It's important to move throughout the day, but you can overdo it. Take time to rest and ice.

Doing your exercises at home is very important for gaining strength back in your hip. Most patients do not need formal Physical Therapy following a hip replacement-walking is the best thing that you can do! Your surgeon will assess the strength in your hip at your postoperative appointments and may order a few physical therapy sessions at that time. If your surgeon would like you to have therapy immediately after surgery, they will discuss this plan with you.

Remember, you will be able to go up and down stairs after surgery. Going up stairs, lead with the good (non-operated) leg navigating one step at a time. Coming down stairs, lead with the bad (operated) leg navigating one step at a time. In time, you will naturally progress to a step-over-step stair pattern. Stairs should not be used as an exercise early in recovery and should only be used as needed in the first 1-2 weeks.



WEEK 2-3

Continue walking, increasing how long you are walking and how far you go as tolerated. Swelling may increase as you try new activities or increase the amount of activity you are doing. Continue to perform your exercises daily. At your follow-up appointment, talk to your surgeon team about when you can transition into low impact activities.

Your pain levels will start to decrease, and you don't need as much, if any, pain medications. pool or hot tub. Some surgeons may have a specific timeline for when you can return to these activities.

WEEK 4-6

Continue walking, increasing how long you are walking and how far you go as tolerated. Your pain levels will continue to decrease, relying less on pain medications.

During this time, you might be returning to a desk job and find that you are doing more during the day. It is not uncommon to experience swelling, particularly in the evening, continue to ice and elevate as needed.

At six weeks, your incision is healed, and it would be safe for you to submerge in water like a pool or hot tub. Some surgeons may have a specific timeline for when you can return to these activities.

WEEK 7 AND BEYOND

We encourage you to continue your home exercise program for a year after surgery. You will continue to see gains in strength, mobility, exercise tolerance, and range of motion.

Think of your recovery like a rollercoaster ride, in the beginning you experience high highs and low lows. The longer you are on the rollercoaster, the ups and downs are smaller, but the ride continues. Progress and improvement will follow a similar pattern.

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 can I drive?

Patients typically can start driving 4-6 weeks after surgery. If you have an automatic transmission and surgery on your left leg, you may be allowed to drive sooner. Consult your surgeon prior to driving. Keep in mind that you cannot drive while taking narcotic pain medication.

When can I return to work?

Return to work varies depending on your recovery and type of work you do. Typical return to work is in 4-6 weeks.

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.

Is bruising normal after surgery?

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

Are blisters normal after surgery?

Some patients may develop blisters around their incision that may leak clear fluid but eventually a scab will form and they will heal. Contact your EXCEL coordinator or surgeon with concerns. Do not pop the blisters and allow them to heal on their own.

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.

When can I return to having sex?

Healing of the implant and bone can take up to 6 weeks. Discuss concerns with your surgeon or physical therapist at your follow up appointment to identify when it is safe for you to resume sexual activities.

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 ANKLE PUMPS

Reps: 20 | Frequency: 2x/day

Setup

Begin lying on your back, legs straight.

Movement

Slowly pump your ankles by bending and straightening them.

Tip

Try to keep the rest of your legs relaxed while you move your ankles.



GLUTEAL SETS

Reps: 10-15 | Sets: 2 | Hold: 5 sec | Frequency: 2x/day

Setup

Begin lying on your back on a bed or flat surface.

Movement

Tighten your buttock muscles, hold, then relax and repeat.

Tip

Make sure not to arch your back and do not hold your breath during the exercise.



SUPINE HEEL SLIDE

Reps: 10-15 | Sets: 2 | Frequency: 2x/day

Setup

On your back with your legs straight.

Movement

Slowly slide one heel on the bed or table toward your buttocks, until you feel a stretch in your knee or upper leg, then slide it back out and repeat.

Tip

Make sure not to arch your low back or twist your body as you move your leg.



SUPINE KNEE EXTENSION STRENGTHENING

Reps: 10-15 | Sets: 2 | Hold: 5sec | Frequency: 2x/day

Setup

Begin lying on your back on a bed or couch, not on the floor, with one knee bent and the other resting on a ball, foam roller, or rolled towel.

Movement

Straighten your knee by contracting your thigh muscles, keeping the back of your knee on the ball, foam roller, rolled towel.

Tip

Make sure not to arch your low back.



SUPINE QUAD SET

Reps: 10-15 | Sets: 2 | Hold: 5 sec | Frequency: 2x/day

Setup

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 bed or table during the exercise.



SUPINE ACTIVE STRAIGHT LEG RAISE

Reps: 10-15 | Sets: 2 | Frequency: 2x/day

Setup

Begin lying on your back with one knee bent and your other leg straight.

Movement

Engaging your thigh muscles, slowly lift your straight leg until it is parallel with your other thigh, then lower it back to the starting position and repeat.

Tip

Make sure to keep your leg straight and do not let your back arch during the exercise.



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: _____