

Pre-Operative Checklist

It is important to complete this checklist entirely to avoid delaying your surgery.

4 to 6 weeks prior to surgery:

- ☐ Appointment with your Primary Care Physician for medical optimization and to complete all labs outlined on labs sheet
- ☐ Complete lab work as ordered by your primary care doctor
- ☐ Dental evaluation (Within 6 months of surgery)
- ☐ Contact your insurance company (See Page 10 for additional information)

10 to 14 days prior to surgery:

- ☐ Stop taking anti-inflammatory medications and supplements (Page 11)
- ☐ Pick up Chlorhexidine soap & Mupirocin nasal ointment from your pharmacy (Prescription will be sent electronically from Dr. Alvi's office (Page 6) Please make sure we have the correct pharmacy information)
- ☐ Schedule an appointment with Dr. Alvi to discuss any final questions regarding your surgery if you have not seen him **within one month** of your surgery

5 days prior to surgery:

- ☐ Start cleaning routine. Please read **Page 2** for further instructions
- ☐ Schedule your Post-Operative appointment, which should be close to 2 weeks after surgery
- ☐ You will have to go to the **laboratory** at the hospital you will be having surgery at **within 5 days** prior to your surgery to have a TYPE & SCREEN drawn (This must be done otherwise you will be unable to proceed with surgery)

Day before surgery:

- ☐ The hospital will call you in the late afternoon to tell you what time to arrive at the hospital and to answer any last minute questions
- ☐ Do not eat, or drink, anything past midnight unless instructed by the anesthesiologist

- Have your walker or crutches ready to bring to the hospital

CLEANING INSTRUCTIONS FOR YOUR SKIN BEFORE SURGERY

The most common infections after surgery involve bacteria that are normally found on the skin. These bacteria are commonly found on healthy people. You can play an important part in reducing the risk of an infection at your surgical site by practicing good skin hygiene prior to surgery.

We will send a prescription to your pharmacy electronically for two different antiseptic cleaning supplies:

- **Chlorhexidine gluconate soap**

- You will use the chlorhexidine gluconate soap (Hibiclens) as your body wash while showering for the **5 days** before your surgery.

- **Mupirocin nasal ointment**

- You will use this nasal ointment as instructed by the pharmacist for the **5 days** before your surgery

Do not use the soap if you are allergic to chlorhexidine gluconate. Please alert the physician if you develop a rash while using the soap

Please follow these instructions:

1. You will shower with the CHG (Hibiclens) each day at night for 5 days prior to your surgery. For example, if you are scheduled to have surgery on Monday, you will start using the CHG (Hibiclens) on the Wednesday the week before your surgery. If your surgery is on a Thursday, you will start this on the Saturday before.
2. Do not shave any body parts from the neck down (underarms or legs) for 2 days prior to surgery.
3. The CHG soap should only be used on your body below the neck. **DO NOT USE ON THE EYES, FACE, GENITAL, AND RECTAL AREAS.**

The Day Before Surgery

The day prior to your surgery, you will shower as previously outlined. You can shower at any time at night but complete the shower at least one hour before going to bed.

1. Do not use powder, perfumes, or lotions on your skin for 24 hours prior to surgery.

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2. Wear clean, comfortable clothes to the hospital. Do not bring any valuables to the hospital due to the risk of loss or theft.

Potential Risks and Complications

With any type of major surgery, there are risks and complications. Dr. Alvi previously went through a consent form regarding these during one of your office visits. Please review the list below and be aware of any signs or symptoms related to these complications. Report them to Dr. Alvi or your Primary Care Physician immediately. If you feel that it is a life threatening emergency, please go straight to your local ER or call 911.

1. **Blood Clots (DVT) or Pulmonary Embolism (PE):** Prolonged immobilization can reduce blood flow in the legs, increasing the risk for blood clots in leg veins (deep venous thrombosis, or DVT). The blood pools in the lower extremities and is not pushed back to the heart via muscle contractions in the legs like when walking. This clot can become dislodged and head to the lungs which is called a pulmonary embolism, or PE. A PE can kill someone within minutes. It is very important to use the TED hose, anti-coagulants, ankle pumps, and walking to decrease your chance of either.

Signs/Symptoms:

- Calf swelling and pain
- Calf redness
- Changes in skin color
- Shortness of breath
- Difficulty breathing
- Chest pain
- Sweating

It is very important to inform Dr. Alvi if you have a history or family history of blood clots, bleeding disorders or pulmonary embolism

2. **Infection:** There can never be a zero chance of infection after a total joint replacement. We try to reduce this risk by having you complete the cleaning routine to your skin starting five days in advance from surgery. Most infections start as a superficial skin infection and can go deep into the knee joint if not treated. It is important to clean and monitor your incision as described in the post-op section of this manual.

Signs/Symptoms:

- Increased redness
- Pus like drainage
- Fever (101.0 and higher) and chills

3. **Heart Attack:** A heart attack can affect anyone after a total joint replacement whether you have a heart condition prior to surgery or not. If you have any of these indications, you should go to the closest ER immediately for a cardiac workup.

Signs/Symptoms:

- Chest pain
- Shortness of breath
- Left sided jaw, arm, or shoulder pain
- Sweating
- Nausea and/or vomiting

Insurance

Call your insurance company(ies) to:

Verify that the hospital and Dr. Alvi are **In-Network** for your plan.

- Joint replacement surgeries are **Inpatient**. Scopes and injections are usually Outpatient.
- If you have an HMO policy, you have to contact your primary care physician to initiate a surgery referral.

Verify your benefits and eligibility, including any outstanding deductible. You should also verify that your insurance company covers home health physical therapy or inpatient physical therapy at a subacute rehabilitation facility.

If Medicare is your primary insurance, you do not need to contact them, but **you** do need to contact your secondary insurance if you have one.

Our office will be happy to provide the insurance company or your primary care physician with any additional information they may need. Please have them call our office at (847) 285-4200.

Dr. Alvi's Surgery Scheduler (Roxane Keany) will complete the inpatient surgery precertification with your primary insurance

Preparing for Surgery

You will have a choice regarding your physical therapy course. Dr. Alvi believes that you will have a quicker and smoother recovery if you are **discharged home** after surgery. The social worker at the hospital will help set up a home health care nurse and physical therapist to come to your house for the first *2 weeks* after surgery. After *2 weeks*, you will be transitioned to outpatient physical therapy. Barrington Orthopedics has physical therapy services at all four of our office locations if this is the most convenient option for you.

Not all patients will fit the criteria to be discharged home after surgery. In this situation, the social worker at the hospital will arrange for your admission and transfer to a rehab facility. You will be offered different options and you may select the one that you are the most comfortable with. This involved staying overnight at a rehabilitation facility.

It is recommended to **stop smoking** at least one month prior to surgery. Smoking inhibits wound healing which can increase the risk of infection. It is also recommended that you eat healthy. If you are overweight, a weight loss program may be beneficial to your recovery.

For **ten days prior to the surgery**, it is necessary to stop taking the following medications, unless suggested otherwise by your medical team:

- Aspirin
- All anti-inflammatory medications (ie: Aleve, Advil, Motrin, Ibuprofen, Voltaren, Naprosyn, Naproxen)
- All nutritional supplements (ie: Ginseng, Gingko Biloba, Garlic, Ginger, St. John's Wort, Fish oil etc.).

Consult your primary care physician **two weeks** prior to surgery for appropriate and safe administration of the following medications:

- Coumadin (Warfarin)
- Pradaxa
- Xarelto
- Eliquis
- Lovenox
- Plavix
- Any other blood thinning medications

*****If you have any questions about other medications, consult the physician that prescribed them to you*****

One week prior to surgery, you should make your home “recovery friendly”. Carpets need to lie flat and area rugs can be removed. Arrange furniture so you have a straight path to wherever you are going. If your house has a lot of stairs, consider setting up a temporary sleeping area on the lower level of your home. Stock up on food by shopping or preparing meals ahead of time.

Five days before your surgery, you will begin the cleaning routine as outlined on pages 6 & 7. It is very important to complete this. One of the leading causes of infection is your own skin bacteria getting inside your joint. This cleaning routine decreases this bacteria for the short time before surgery to help reduce your chances of an infection.

A registered nurse will call you the business day before your surgery (Friday for a Monday surgery) to inform you of the time you are to arrive at the hospital, to discuss your specific preparations for surgery, and to answer any questions you have. Follow fasting instructions provided to you by the registered nurse. Do not drink alcohol the day before surgery. If any alcohol metabolites are left in your body on the day of surgery, you will have to be rescheduled. Refrain from any food, or drink, after **12:00 midnight** the night prior to surgery. This is necessary to ensure your safety during surgery. If you are taking any oral medications for other medical reasons, you will be counseled on which medications to take the morning of your surgery with sips of water.

Surgery Stay

A primary care physician (PCP) will see you daily in the hospital. If your PCP does not come to the hospital you are having your surgery at, a doctor of Dr. Alvi’s choosing will see you

You will have an occupational therapist, physical therapist, social worker and nurse as part of your team. The physical therapist will work with you twice a day. They will have you complete at least a couple stairs prior to your discharge. A typical length of stay is one to three days. At that point, you will be discharged to home with home health services or to a rehab facility.

Post-Operative Recovery

As previously stated, a home health agency will be coming to your home after you are discharged from the hospital. If they do not come out within 1-2 days, please contact our office (847) 285-4319. A nurse will come weekly to check on your vitals, incision and medications. A physical therapist will also come to your house to start strengthening and range of motion exercises. It is very important to start moving after surgery as soon as possible to prevent a blood clot. There is a list at the end of this manual of exercises recommended to perform hourly.

Constipation is a common side effect of narcotic pain medications. It is important to take a stool softener daily as directed after your surgery until you have regular bowel movements. If a bowel movement has not happened in 2 to 3 days, we recommend using milk of magnesia, or Miralax. Use as directed. A home remedy would be to eat dried prunes or drink prune juice. Mixing prune juice in orange, or cranberry juice, makes it more palatable.

Wound care is a very important aspect of your recovery (See Page 14 for dressing options). You need to have a nurse, yourself, or family member check your wound daily for signs of infection after the bandage is removed. For hip replacements, if an Aquacel AG Silver dressing was **not** purchased, a Covidien Telfa island dressing (Or gauze with paper tape) should be used on a daily basis to keep the incision clean and dry. If the Aquacel AG Silver dressing **was** purchased, this will stay on for **10 days** after surgery. After 10 days, the incision can be left open to air. For knee replacements, the incision can be left open to air after 10 days. If there is any leakage, a bandage may be placed on the incision with an ACE wrap on the knee for compression.

Showering is allowed *one day* after your surgery if you choose to purchase the Aquacel AG Silver dressing. You do not have to cover this dressing when you shower. If you do not choose to purchase this dressing, showering is allowed *two days* after surgery and you should keep the incision covered for the first two weeks of showering. For Thursday surgeries, that means you may shower on Saturday. Do not scrub the incision area. NO soaking in a bath, or pool, is allowed for 6-8 weeks after surgery, or until you are completely healed with no scabs.

Pain medication will be given to you to help relieve the pain from surgery and for physical therapy. The prudent times to take your pain medication are *prior to physical therapy and before you go to bed at night*. You will be sent home with the pain medications that you were taking in the hospital. Please note that due to new federal laws, narcotic medications can NOT be called in to a pharmacy, a paper prescription is required. This means you would have to come to the office to pick-up another prescription. ***We do not want you to be without medication so please count the number of pills you have on a Thursday to ensure you have enough to get you through the weekend.*** These types of medications can be addictive and abused. Taking the medication not as directed by a physician, more than indicated on the bottle, is dangerous. If this is found to be the case than pain medication will not be refilled.

Weaning off Pain Medicine: If you are taking the following medications for pain, these are some general guidelines for stopping them:

- **OxyContin:** This is the **first** medication to begin weaning as your pain levels decrease. Start by discontinuing your morning dose. Discontinue your evening dose one week later.
- **MSContin** (*If you are taking this instead of Oxycontin*): This is the **first** medication to begin weaning as your pain levels decrease. Start by discontinuing your morning dose. Discontinue your evening dose one week later.
- **Dilaudid** (*If you are taking this instead of OxyContin*): This is the **first** medication to begin weaning as your pain levels decrease. Start by increasing the time between doses. Then take the medication after physical therapy or before sleeping until you discontinue it.

- **Tramadol:** Take this as prescribed 3 times per day with meals until first your postoperative appointment.
- **Norco (Hydrocodone-Acetaminophen):** This is your “rescue” drug. Take this only **as needed** for pain that is not controlled (rated more than 4 out of 10) by Tramadol and/ or Oxycontin (or/MS Contin).
- **Celebrex:** This is an anti-inflammatory medication. You should continue to take this for 1 month following surgery. *Note: This will not be prescribed to you if you have a history of heart disease, sulfa allergy or kidney disease.*

*Remember, we will discuss pain management and weaning off pain medicine at your first post-operative visit. Feel free to contact our office regarding any medication questions.

Swelling is a common complaint after having a joint replacement. It is important to elevate your leg above your heart to decrease swelling. This means your foot should be at least two feet above your heart if you are lying down. You may lie on the floor and place your foot up on the couch to get the leg high enough. For hip patients, elevation may include your ankle to thigh. Compression in the form of an ACE wrap around your knee can also decrease swelling. You may use this during the day time and remove at night. Ice is another way to decrease swelling.

****If you have calf swelling with pain, this may indicate a blood clot. Please seek treatment at your local ER****

DVT prophylaxis is achieved in three ways. Medication will be prescribed to you which is vital for you to take for anti-coagulation of your blood. The type of medication will depend on your medical history and medication list. Please follow the directions for the specific medications given to you. TED hose reduce swelling in the lower extremity and help prevent blood clots. You should wear the TED hose on both legs up until your first post-op visit. Walking and foot pumps contract the calf muscles to push the blood back to your heart. It is important to get moving as soon as possible after a joint replacement.

Physical therapy is highly recommended to regain your strength and motion after a joint replacement. Dr. Alvi believes that you will have a quicker and smoother recovery if you are discharged home. Not all patients will meet the criteria to be discharged home. Based upon the recommendations of the *inpatient physical therapists*, the social worker at the hospital will facilitate the referral process with your insurance for either home health or rehab. **You should also verify with your insurance company that they cover home health physical therapy or inpatient physical therapy at a subacute rehabilitation facility.**

Option 1: If you are discharged home in home physical therapy, a home health agency will send a skilled-nurse and physical therapist to visit you at your home. The skilled-nurse will come to your home once a week. The physical therapist will come 5 times a week for the first week and then 3 times a week for the following week. At this time, you will be transitioned to outpatient physical therapy. At your first post-op visit, 2 weeks

after surgery, you will be given a prescription for outpatient physical therapy (PT). Barrington Orthopedics has physical therapy at all four of our office locations if this is the most convenient option for you.

Option 2: If you prefer to go to a rehab facility you will be transferred from the hospital to the rehab facility of your choice. We can make recommendations based off where you live. After inpatient rehabilitation, we recommend outpatient physical therapy. Barrington Orthopedics has physical therapy at all four of our office locations if this is the most convenient option for you.

Post-Operative Dressing Care:

1) Aquacel AG Surgical Dressing (3.5" x12") - This dressing will be applied immediately after surgery. It will stay on for **10 days** and you may shower the next day after surgery with this.

****Upon request, if you supply us with your email address, we will send an email with a link to where the Aquacel Surgical Dressing can be purchased. You only need to purchase 1 dressing.**

****This dressing is NOT commercially available at your local Walgreens or CVS pharmacy. If you are interested in purchasing this dressing, please let Amy Mueller know and she can email you a link to a website where you can purchase this dressing. The cost of this is \$73.**

****If you would NOT like to purchase the Aquacel AG Surgical Dressing, you may purchase the following option:**

2) Covidien Telfa Adhesive Island Dressings (7542) Sterile Peel-Back, 4" x 10". This dressing will be applied after the initial surgical dressing is removed. This dressing will have to be changed on a DAILY basis. You will have to keep this dressing covered when you shower and then change it afterwards.

FAQ- Frequently Asked Questions

1. When can I drive? A typical patient cannot drive for 3 to 6 weeks after surgery. You CANNOT drive on narcotic pain medications. We recommend at least **2-3 weeks** of outpatient PT prior to driving. At your first post-op visit, we will evaluate your strength and pain level to give you a better estimate of when to return to driving.

2. How long must I wear the surgical stockings (TED hose)? You should wear them on both legs. You must wear them up until your **first post-op visit**. You may take them off at night for sleeping, but you need to put them back on first thing in the morning. You can purchase more at a local pharmacy if you wish.

3. When do I return for an appointment after my surgery? We like to see all of our total hips and knee 2 weeks after your surgery date. Dr. Alvi sees patients in the Schaumburg, Elk Grove Village and Bartlett office locations. You may schedule your appointment at whichever office the most convenient for you. If you would like to go to outpatient PT sooner, you may see us sooner.

4. I had an anterior hip replacement, when can I sleep on my side? You may sleep on either side right after surgery. It may be more comfortable to sleep with a pillow between your legs. We do not recommend sleeping on your stomach for at least 6 weeks.

5. Why is my blood pressure low after surgery? If you have a spinal anesthetic for your surgery your blood pressure will be low for the first 1-3 days following surgery. The anesthetic causes an overall relaxation of the blood vessels which leads to the low blood pressure. During this time, we may hold your anti-hypertensive (blood pressure) medications.

6. When will I be able to return to work? Returning to work depends on the type of work you do. Patients in seated jobs my return to work in as little as 2 to 3 weeks, however, this may be difficult. You will possibly be taking narcotic pain medications and not have the ability to drive. Most people choose to take 4-6 weeks off.

7. What limitations do I have regarding my total joint replacement going forward? For hips, extension with external rotation is a life-long hip dislocation precaution. Also, avoiding straight leg raises while lying down for the first 6 weeks after surgery to avoid tendonitis. For knees, there are no precautions. **You should let symptoms be your guide.** For any type of replacement, running, jumping, pivoting/cutting and high impact activities should be avoided to elongate the life of your implant. You may use a stationary bike or elliptical. You may participate in activities such as golf, walking, hiking, couples tennis, cross country skiing and bowling. For revision surgeries, please consult Dr. Alvi regarding your specific precautions. If you have any specific questions, please ask Dr. Alvi.

8. What do I do about airport metal detectors? Inform the TSA you have a joint replacement. Depending on the type of metal detector, they will most likely still wand or pat you down. No special card is needed.

9. When can I have sex? Most people resume sexual activity at 6 weeks from surgery. Hips should remember their specific dislocation precautions if they were prescribed for you.

10. When can I restart my anti-inflammatories (Ibuprofen, Diclofenac, Celebrex, Motrin, Advil, etc.)? You may restart those types of medications 3 weeks after your surgery. Anti-inflammatories thin the blood which can cause extra bleeding into the joint when taking increased doses.

11. Can I wear nail polish? Every hospital has a different policy regarding nail polish on your toes and fingers. It is recommended that you remove nail polish from your hands and feet prior to surgery.

12. Can I continue taking my vitamins? You may continue to take a daily multivitamin. All other vitamins and nutritional supplements should be stopped 10 days prior to surgery.

13. What prescription medications can I continue to take up until surgery? A nurse from the hospital or your primary care physician will inform you which of your medications you can continue to take prior to surgery. ie: blood pressure, heart, thyroid medications. If you have any questions regarding these, please contact the physician that prescribed them.

14. When can I take a bath/swim in a pool? NO soaking in a bath, hot tub or pool is allowed for 6-8 weeks after surgery, or until you are completely healed with no scabs.

15. When can I stop wearing a bandage? For hip replacements, a daily gauze dressing with paper tape should be used to keep the incision dry until the scabs are completely gone. If you chose to purchase an Aquacel dressing, this should be kept on for a total of 10 days after application. Once it is removed, no further dressing is required. For knee replacements, the incision can be open to air after day 10 unless there is drainage; then a bandage may be placed on the incision with an ACE wrap on the knee for compression

16. When can I fly on an airplane? We recommend that you make no plans for air travel for 4-6 weeks after surgery. If you must travel sooner than this, please consult with Dr. Alvi.

17. Can I get a handicap permit for my car? We do not routinely hand out handicap permits for your vehicle. We believe walking is the best exercise and encourage you to park as far as possible from your destination.

18. Which company do you use for my joint replacement? We primarily use implants from two manufacturers, Zimmer Biomet & Medacta. The choice of implant is based upon each individual patient's anatomy. Dr. Alvi does NOT have any financial relationships with either company.

Additional Resources

www.Barringtonortho.com

www.Arthritis.org

www.ZimmerBiomet.com

www.Medacta.com

Direct Anterior Hip Replacement Video

<https://www.youtube.com/watch?v=MTJK9tdSsQY>

Total Knee Replacement Video

<https://www.youtube.com/watch?v=9KUEBcwCOt4>

Unicompartmental Replacement Video

https://www.youtube.com/watch?v=oNBX0_XLDQA

Aquacel AG Surgical Dressing

<https://www.convatec.com/wound-skin/aquacel-dressings/aquacel-ag-surgical/>

ANTIBIOTIC PROPHYLAXIS FOR DENTAL PATIENTS WITH TOTAL JOINT REPLACEMENTS

Any patient who has undergone surgery for a joint replacement (artificial knee or hip) should receive antibiotic prophylaxis when having one of the following procedures performed by a dentist or physician:

- Dental extractions
- Periodontal procedures including surgery, subgingival placement of antibiotic fiber/strips, scaling and root planning, probing, recall maintenance
- Dental implant placement and reimplantation of avulsed teeth
- Endodontic (root canal) instrumentation or surgery only beyond the apex
- Initial placement of orthodontic bands but not brackets
- Intra-articular local anesthetic injections
- Prophylactic cleaning of teeth or implants where bleeding is anticipated
- Colonoscopies

Any patient with a total joint prosthesis who is suffering with acute orofacial infection should be vigorously treated as any other patient, with elimination of the source of infection (incision and drainage, endodontic, extractions) and appropriate therapeutic antibiotics when indicated. The dentist is ultimately responsible for making treatment recommendations for his/her patients, based on the dentist's professional judgment.

Suggested antibiotic prophylaxis regimens*

1. **Patients not allergic to penicillin:** Cephalexin, Cephadrine or Amoxicillin 2 grams orally 1 hour **prior** to dental procedure
2. **Patients not allergic to penicillin and unable to take oral medications:** Cefazolin 1 gram or Ampicillin 2 grams IM/IV 1 hour prior to procedure
3. **Patients allergic to penicillin:** Clindamycin: 600mg orally 1 hour prior to dental procedure
4. **Patients allergic to penicillin and unable to take oral medications:** Clindamycin 600 mg IM/IV 1 hour prior to the procedure

No second doses are recommended for any of these dosing regimens

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Elk Grove Village

120 East Higgins Road
Elk Grove Village, IL 60007

Bartlett

864 West Stearns Road
Bartlett, IL 60103

Buffalo Grove

404 North McHenry Road
Buffalo Grove, IL 60089

Hospital Locations:

St. Alexius Medical Center

1555 Barrington Rd
Hoffman Estates, IL 60169
847-843-2000

Northwest Community Hospital

800 W. Central Road
Arlington Heights, IL 60005
847-618-1000

Alexian Brothers Medical Center

800 Biesterfield Road
Elk Grove Village, IL 60007
847-437-5500