



Total Knee Replacement

Patient Reference Guide:

Important Information

FAQ's & Answers

Dr. Courtney Bell, MD

(239) 325-1135

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Naples, FL34108



IMPORTANT PHONE NUMBERS & CONTACTS

(239)325-1135 for:

-All Appointments

- To make a new appointment
- To check the time of an existing appointment
- To change an existing appointment
- To cancel an existing appointment

-Urgent Matters

- The Call Center can send messages through the computer system to our team.
- Calls after business hours for **emergencies only** will be sent to an on call employee.

-Billing Inquiries

FAX: (239)325-1205

Patient Portal:

Did you know that you can message our team directly through your patient portal at OrthoCollier.com? We will message you back through the portal (like email or text messaging!) If you need help setting this up, please call (239)325-1135 for assistance.

VOICEMAIL for Team Bell: 239-325-1135

-Non-urgent matters, any questions or concerns, medication refills, surgery questions, etc. between the hours of 8:00am-4:00pm Monday through Friday. This phone checked periodically, it is not attended daily OR checked over the course of the weekend.

During office hours, calls may not be returned immediately or even same day.

Keep in mind: There are days that we see patients in the office, our team covers other shifts for different doctors, we are out of the office that day, etc. Please leave a very detailed message and you should receive a return call within 24 hours.

****Please use this guide as a reference prior to calling.**

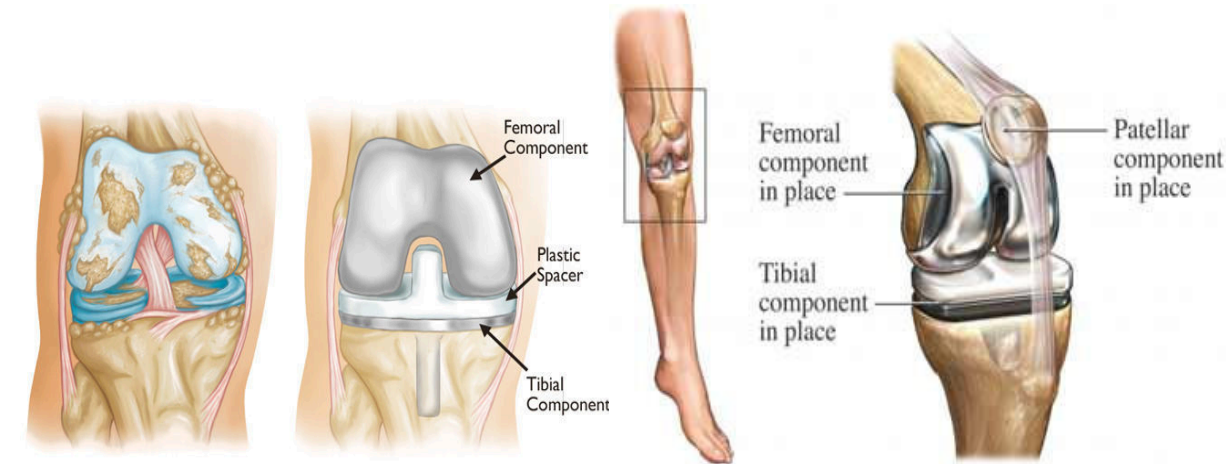
Nurse, Karen Darby: 239-325-1135 ext 7017

Questions about upcoming surgery, physical therapy, general inquiries, concerns or assistance “navigating” your perioperative experience.

Surgery Scheduling, Jennifer Chirichella:- 325-1135 ext 7021

Total Knee Replacement Orientation & Preoperative Instruction Sheet

Dr. Bell will discuss with you which knee replacement she recommends for your surgery. Your incision will be at the front of your knee and the length will depend on visibility at the time of surgery.



Day Prior to Surgery

Wash with the Chlorhexidine 4% solution (Hibiclens) 2 times prior to surgery as directed in the handout provided. One wash the night before surgery and one wash the morning of surgery.

No eating after midnight the night before surgery. No drinking liquids after midnight. If you are instructed to take any medication the morning of surgery, you may do so with a tiny sip of water- just enough to get the pills down.

Please leave ALL valuables at home, including jewelry/rings/watches. Cell phones or other valuable items you *must* have with you will be locked in a locker during check in.

Day of Surgery

Take only the medications that you have been instructed to take on the morning of surgery with a small sip of water. (If you have any questions regarding which



medications to take, contact our office.) You will arrive at the hospital and begin the check-in process. Surgery is approximately 1 hour long for a total knee replacement. Spinal anesthesia is used as it is safer than general anesthesia with less risk of bleeding. A light sedation is used in conjunction with the spinal anesthesia to keep you in a twilight sleep during the procedure (very similar to anesthesia administered during a colonoscopy). The anesthesiologist will also administer a nerve block (adductor canal block), to assist with postoperative pain control.

You may speak to your anesthesiologist the day of surgery prior to surgery regarding any questions or concerns you may have about anesthesia. After surgery is complete, you will go to the surgical recovery room for an hour or so after your procedure until the effects of the anesthesia have worn off prior to being transported to your patient room.

Total wait time for family members is typically 3-3 ½ hours (note: this is an approximation from the time you head to the OR to the time you head to your patient room). Dr. Bell will usually speak with any waiting family members about half way through their wait to let them know how the procedure went.

****NOTE: Please make arrangements for a ride home from the hospital as a ride home from the hospital is not provided for you and you will not be permitted to drive yourself home.**

Hospital Stay

You will be out of bed using a walker with physical therapy the same day of surgery.

Typically, patients go home the day after a total knee replacement surgery. If needed, you may stay an extra night. You will practice climbing up and down the stairs, getting in and out of the shower and in and of a car prior to discharge from the hospital.

- It is recommended that you go directly home after your discharge from the hospital. Inpatient rehab is **not** recommended. There is less risk for infection at home and you will be happier as well as more comfortable. It is recommended that you have a family member or friend stay with you for a few days after your surgery if possible.
- If, and only if, the physical therapy team at the hospital is not able to clear you for home safety prior to discharge, a short stay at an acute inpatient rehabilitation hospital may be recommended prior to being discharged to home. Your specific needs will be assessed during your stay at the hospital and during discharge planning.



Physical Therapy

- **The primary focus of physical therapy after total knee replacement is working on bending the knee and straightening the leg, you must be prepared to perform the knee exercises shown to you in the hospital 2-3 times per day.**
- It is recommended that you start outpatient physical therapy 5 days after your discharge from the hospital. You may select a facility of your choice. You will need to have a family member, friend or transport service drive you to an outpatient physical center near your home if transportation is not provided by the facility. It is recommended that you have a family member or friend stay with you after your surgery.
- Deep knee bending a few times per day is recommended at home after approximately 6 weeks. To do this, hold onto a sturdy surface (such as your kitchen cabinets) while slowly and gently bending at the knees as if you were completing a squat exercise with your bottom lowering toward the floor.

Home Preparation

- Prepare meals and snacks! Have a supply of nutritious or pre-made meals that are easily warmed up. High fiber and protein foods are beneficial for healing. Examples include nuts, dried fruit, yogurt, hard cheeses and fresh fruits. Smoothies and nutritious shakes such as Ensure can be added if not eating much. Snacking and small frequent meals are generally preferred for the first few days after surgery.
- Travel mugs or containers with lids are helpful. A bag, basket or backpack can be helpful when you need to carry items and use a walker at the same time.

After Surgery

Side Effects/Common Concerns & FAQs

****Please Note: These are common side effects after surgery. You may experience *all, some, or none* of the following.** Just because your neighbor experienced something (good or bad) does not mean that you are guaranteed to experience the same. Every patient is different and their healing processes vary greatly.

- **Swelling: Often *increases* about 2-3 days after surgery, with walking and increased activity. Swelling is ****common**** following surgery, being that it is a result of your body's inflammation process. ***This will take time to subside.*** Applying ice on/off every 20 minutes is helpful. Elevating the operative leg above the level of the heart level while lying flat and keeping your legs elevated while you are not ambulating helps decrease the swelling. (TIP: Turn**



sideways on your couch and use the arm of the couch to elevate your legs). Do not dangle your leg for long periods of time or leave them dependent while sitting in a chair for the first few weeks after surgery.

- ***Swelling may travel down the entire leg (from the hip all the way to ankle and foot area or just one small area foot/knee/ankle/thigh). This is expected and not to be alarmed about.***
- ***Swelling can also be a sign of a blood clot in the leg (DVT), which also presents with pain or tenderness typically in the calf, distended veins, red or discolored skin, and firmness or thickening of the veins. If you have any concern of a blood clot, please call the office and we will order an ultrasound to evaluate.***
- **Bruising:** is expected after surgery. You may have bruising near the surgical site as well as up and down the **entire** leg. There is nothing to do regarding bruising other than giving your tissues time to heal. This may take a few days to appear and also disappear.
- **Blistering:** may occur. DO NOT POP BLISTERS. Apply a dry dressing (4x4 gauze and cloth/surgical tape) then contact our office for an appointment to be evaluated at (239)325-1135. Blisters commonly occur when there is a large amount of fluid/swelling and no outlet for the fluid other than the skin local to the swelling.
- **Constipation:** is very common after surgery and is usually a side effect of pain medication. Over-the-counter stool softeners such as Miralax (or generic polyethylene glycol) and Colace 100mg 1-2 times DAILY will be helpful but need to be started immediately. Adding daily food items such as prunes, prune juice and high fiber cereals or Metamucil is also helpful. Increase fluid intake. If no bowel movement in **2 days** you will need to take an over-the-counter laxative (Example: Dulcolax, Milk of Magnesia, Senokot, Phillip's gel capsules) or try a suppository or stronger (ie: Magnesium Citrate (half bottle) or a Dulcolax suppository or Fleet Enema). If no bowel movement **after 3** days after surgery AND you have tried the above, then please contact our office or your primary health provider.
*****You do not need a prescription for the above OTC constipation relieving medications and they are safe to use as directed on the packaging.**
- **Dressing Removal:**



- **Aquacel:** Large tan dressing that looks like a large Band-Aid, you may remove that dressing 7 days after surgery. Refer to the instructions provided to you in the hospital for removal. You may shower with this dressing on. NO BATHS or submerging the dressing in water, however running water over it is OK. *If and ONLY IF this dressing becomes saturated or falls off, you may remove and replace with dressing listed under “Incision Care”. Otherwise, please reinforce with surgical tape if borders peel slightly but it is still sealed.
 - ****AQUACEL DRESSING FYI:** This bandage is manufactured to wick away moisture from your incision to keep it clean and dry. It is very common to note the extra drainage being that the dressing brings this to the surface by design.
- **Prineo:** A clear/white, small strip of mesh and you can see your incision. This dressing stays in place for 2 weeks after surgery. If the edges start to peel, you may trim with scissors but do not remove this dressing. The dressing will be removed at your first postoperative appointment. You may shower with this dressing on, as long as there is no drainage. NO BATHS or submerging the dressing in water; however, running water over it is OK.
- **After removal of your dressing, do not cleanse with peroxide or alcohol or lather with soap.** Any additional dried blood or surgical prep discoloration will come off after showering a few times. See incision care/showering for specific instruction.
- **Drainage:** If there is drainage from your wound, please call Dr. Bell’s office. Do not shower until there is no drainage for 72 hours.
 - ***See incision care section for further instruction of application of dry dressings.**
- **Incision Care:** After dressing removal, sometimes the incision is tender. You may leave your incision OPEN TO AIR. Should you have discomfort from your clothing rubbing your incision, you may apply a dry dressing to create a barrier between your clothing and incision (4x4 gauze pads with tape purchased at your local pharmacy/ CVS/ Wal-Mart/ etc). It is COMMON for the incision to be PINK and somewhat warm to touch. Do NOT lather with soap, apply alcohol, OR peroxide. **DO NOT APPLY ANY LOTIONS OR CREAMS TO INCISION FOR 6 WEEKS POST-OP!**
- **Redness/Pinkness:** Redness and or pinkness of incision and surrounding skin is normal following surgery for a few weeks. This will just take time to subside.



You may also notice flare ups for a few weeks. **NO antibiotics will be called into a pharmacy without assessment of the areas of redness in question.** You must be assessed by Dr. Bell's team.

- **Warmth To Touch:** It is very common to notice that your leg is warmer than usual following surgery. This is part of the inflammation and healing process. Your body uses energy to heal, which produces heat. This may also increase after increased activity and is normal for the first few months following surgery. If the heat is accompanied by any angry redness (color of a fire truck), please contact our office for an appointment for evaluation.
- **Rash:** Sometimes patients develop a rash following surgery. If this is not alleviated with Benadryl, please contact your PCP or proceed to your closest urgent care to be evaluated medically to determine nature of the rash and receive medical treatment. If the rash is anywhere near the incision, please contact our office to discuss.
- **Itching:** Sometimes a side effect of pain medication includes itching. You may also take Benadryl to alleviate these symptoms. If they do not subside, please contact our office to discuss.
- **Nausea:** Contact our office if you experience nausea and/or vomiting. Pain medications can also cause nausea. It is always best to increase your fluid intake and eat nutritious meals throughout the day while taking any pain medication to avoid nausea.
- **Night Pain/Disturbance:** Is very common following surgery and could last for a few months. Sleep in a position of your comfort. If your pain is keeping you up at night, you may try Melatonin. This can be purchased OTC and used as directed by the packaging. If this does not work, please contact our office for further instruction.
- **Temperature:** or fever is not unusual the first few weeks after surgery. You may experience temperatures up to 101.5 degrees. These low-grade fevers are often intermittent and usually in the evenings. You may take a dose of Tylenol OTC if you experience fever. Please contact our office for any fever *greater* than 101.5 that is not alleviated with Tylenol and lasts for at least 24 hours.
VERY IMPORTANT: Keep in mind that your pain medication **may contain Tylenol (APAP, Acetaminophen) 325mg per pill when taking Tylenol to alleviate fever and should not exceed 3500mg in 24 hours.
- **Pain: is to be expected after any surgery.** Please take your pain medication as directed upon discharge from the hospital for relief of your discomfort. ***The**



medication is to keep your pain at a tolerable level, not to completely rid you of pain. Pain often increases after periods of increased activity. If you feel your pain is not managed by the medications you have, please contact our office. It is helpful to keep pain at a tolerable level so that you are able to increase your exercises, activity as well as get periods of rest and sleep.

- **Pain Medications:**

If you feel your pain is *not* manageable and kept at a **tolerable level**, please contact our office for further instruction.

*****NOTE*** VERY IMPORTANT:** *These medications CANNOT be prescribed after normal business hours OR over the course of the weekend. Narcotic medications will only be prescribed for 6 weeks following surgery. Please request refills in a timely manner to ensure someone is available to fill this prescription.*

Our team can send your prescription directly to your pharmacy electronically as long as we are in the office. If your refill request is urgent and we are unavailable to process your request, you may be required to **pick up a hard** copy of the prescription.

***If you require a refill, do not leave your refill request until you have 2 pills left as these medications take time to prescribe. Prior to every prescription being filled, you will be run through a controlled substance database. Should there be any prescription of controlled substance prescribed by another provider at the same time as your OrthoCollier provider, your prescriptions from your OrthoCollier provider will immediately be discontinued.*

***You will be responsible to wean yourself off of this medication by that 6 week time.** To do this, you should start to increase length of time between taking the medication and decrease the amount of medication you take at a time.

****All initial_ pain medication scripts will be given to you prior to discharge from the hospital.** These will be written for a 3 day prescription per state requirement. If you are using this medication at the maximum allowed dose, you will run out in 3 days and this may be over the course of the weekend.

Note: Dr. Bell does *not* prescribe any controlled substances prior to surgical intervention.

- **Lower Back Pain:** Sometimes following knee replacement, patients notice they have new onset lower back pain. This is common as your pattern of gait is



mechanically corrected, which realigns your spine in a way you are not used to. This should subside within a few days.

- **Medication Authorizations:** Sometimes medications that are prescribed (pain medication, anti-nausea medication, celebrex, etc) require a “Prior Authorization” from the insurance company. This process can take quite a bit of time to process- sometimes 2-3 days. We do our best to complete these forms in a timely fashion, however sometimes it is not possible to complete the forms the same day they are received and the insurance company may take extra time to review the requests.
- **Anticoagulant Medications:** After joint replacement, Dr. Bell recommends and anticoagulant medication be taken for 6 weeks to prevent blood clots. This is usually Aspirin 81mg twice a day. If you have any heart history or require a different medication than Aspirin, that will be discussed during discharge planning. The other medications may be Eliquis, Xarelto, etc. and should be taken as directed by the discharge/prescribing doctor. After the 6 weeks, you may discontinue use of this medication and resume prior dose instruction, if applicable.
- **Anti-Inflammatory Medications:** For the first month after surgery, please do not take any anti-inflammatories as this may increase your risk of bleeding due to your aspirin or blood thinner regimen. (No ibuprofen, Naprosyn, Aleve, Advil, Motrin)
- **Showering:** with soap and water is fine. After removal of dressing, do not scrub/lather the surgical incision. The incision area can get wet with running water/soap. Pat the surgical area dry. Do not apply any lotions, creams or ointments directly to the incision. Please avoid submerging your incision in water. Do not use tub/bath, hot tub or swim until you have your follow-up appointment in the office 6 weeks after surgery.
- **Pools/Baths:** Please refrain from submerging your incisions in water for at least 6 weeks post-op.
- **Scar Treatment:** After 6 weeks when there are no scabs present, you may start to apply pressure in the form of massage to your incision if you would like. This helps break up the scar tissue and soften incision area. You can also apply Vitamin E (oil or capsule broken in half to release liquid) or Mederma for scars in addition to this for aesthetic purposes.



- **Driving:** ****In order to drive, you MUST NOT be taking any narcotic pain medications**** At least 2 weeks after a Right joint replacement, you will be evaluated at your 1st post-op visit in our office. Left joint replacement driving time varies. This is an individual matter and you must feel you are able to safely operate a vehicle (lifting leg, operating brakes and gas), please practice in your driveway or side street first.
- **Limitations:** Activity as tolerated, unless otherwise specified by Dr. Bell. No kneeling on the incision until 6 weeks postoperative (follow kneeling protocol).
*Recommended to avoid high impact activity (running/jumping) for 6 weeks.
- **Dental Appointments:** Dr. Bell recommends pre-medicating for dental appointments for at least 2 years following your joint replacement although indefinite premedication is preferred. **Please DO NOT have any type of dental work (unless it is an emergency) within 12 weeks of surgery, before OR after.** If your dental work is emergent, your dentist should place you on an antibiotic for a few days. (See handout).
- **Dermatology/Podiatry Appointments:** If you are having any invasive dermatology appointments or podiatry appointments that skin will be broken and you have potential to bleed (requiring stitches, ingrown toenails, etc), please call for antibiotics as listed above for dental.
- **Flying:** It is recommended to **wait at least 6 weeks post-op** and please call to check with Dr. Bell before doing so. A dose of aspirin is recommended prior to take off.
- **Follow-Up Appointments:** Dr. Bell recommends patients to be seen at the following time intervals: 2 weeks post-op for primary replacements, 3 weeks post-op for revisions. Additional follow up appointments should be made for 6 weeks post op, 3-6 months, and 1 year from your surgical date. This will be completed at the end of each of your appointments. Your 2 week or 3 week post-op appointment will be given to you during surgery scheduling. Your dressing/sutures/staples will be removed at this appointment.
- **Handicap Placards:** Dr. Bell will fill out *temporary* handicap placards only for our post-op patients if needed. This is for patients within 3 months of their surgical date. There is a limit enforced by the state as to how many temporary submissions you may make. Dr. Bell does *not* fill out permanent placard, 3 year placards or license plate requests (that require scripts).



- **Paperwork:** Please drop off any FMLA/Disability/ETC paperwork to our office front desk.

*All disability paperwork is completed to indicate a start date as your surgery date and a recovery period of 12 weeks. Many people do not require the entire recovery period, which we would be happy to provide a Return to Work note without restrictions for your requested date. ***If your surgical date changes*** (regardless of the cause of change) and you have already submitted paperwork for completion, please provide new paperwork to be completed to reflect the correct surgical date. ***Please be advised that we will attempt to complete this as soon as possible; however, it may take 7-10 business days.*** Please indicate what to do with your paperwork once it has been completed to expedite this process (ie: fax to provided #, leave at a front desk for pick up, place in mail).

***Remember: Staying active and moving is the best way to help prevent complications after surgery!**

Please call (239)325-1135 with questions or concerns between the hours of 8:00am-4:00pm Monday through Friday.

***True medical emergencies are recommended to call 911 or visit the closest Urgent Care or ER.**