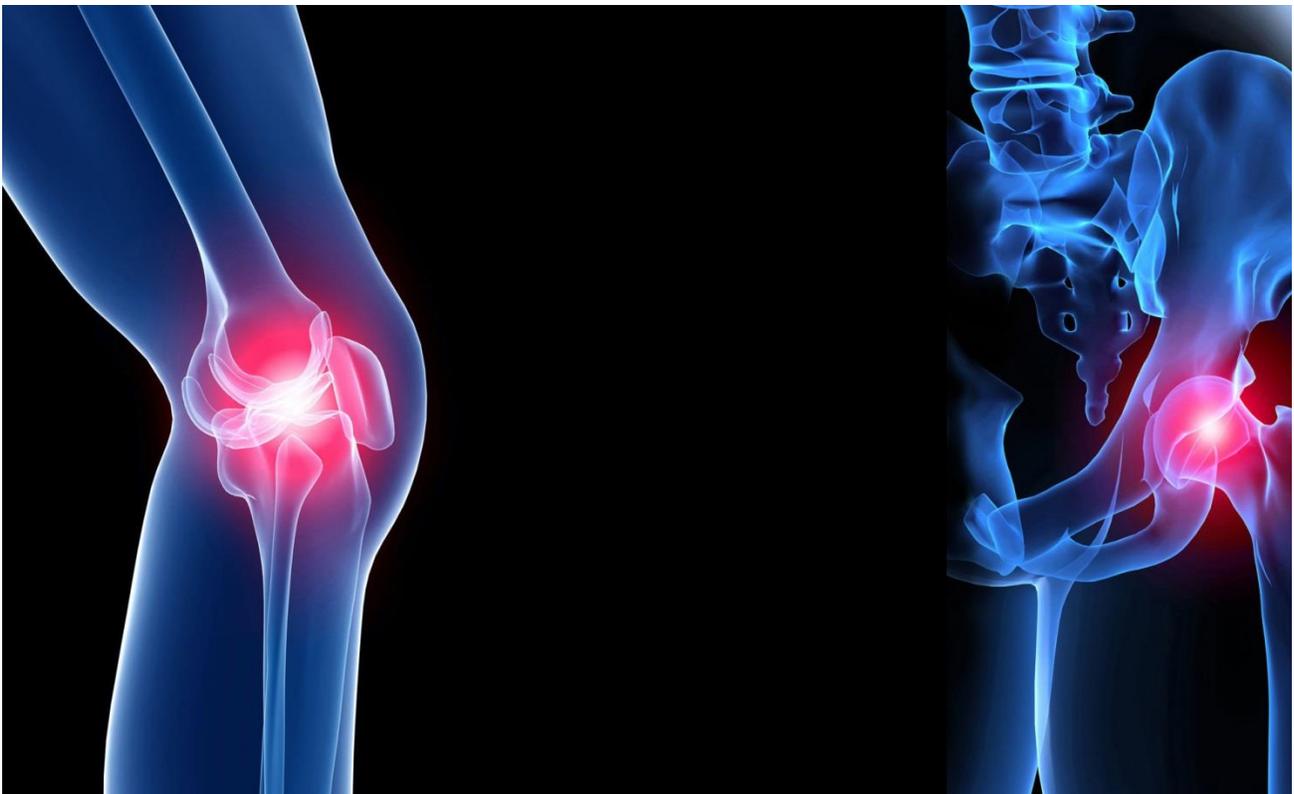




1999 New Road, Suite B, Linwood, NJ 08221
517 Route 72 West Suite E, Manahawkin, NJ 08050
Phone 609-300-777 and FAX 833-905-2603
www.OrozcoOrtho.com

Dr. Fabio Orozco's Before, During and After Total Joint Replacement Information Packet

Home Exercise Program



Denise Urtubey BSN, RN

Nurse to Dr. Fabio Orozco and Chris Adams PA-C

PHONE 609-300-7779 and FAX 833-905-2603



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Contact Numbers



<p>Denise Urtubey RN, BSN Nurse to Dr. Orozco 609-300-7779 x 100</p>	<p>Holly Kurtz, Patient Scheduling Coordinator 609-300-7779 FAX 609-300-7779 x 200</p>
<p>Dawn Dudley Office Manager 609-300-7779 x 300</p>	<p>Disability or Medical Forms Fax to 833-905-2603</p>
<p>AtlantiCare Regional Medical Center 65 West Jimmie Leeds Rd, Pomona, NJ 08240 609-652-1000, 1888-569-1000 609-652-3430 OR scheduler www.atlanticare.org</p>	<p>AtlantiCare Pre-Admission Testing 2500 English Creek Ave, Bldg. 1200 suite 1202, Egg Harbor Township, NJ 08234 <i>or</i> 517 Route 72, Suite D, Manahawkin NJ 08234 phone 609-677-6000 FAX 609-677-6001 www.atlanticare.org</p>
<p>www.OrozcoOrtho.com Official Website</p>	<p>AtlantiCare Surgery Center 2500 English Creek Ave., Bldg 1200 Egg Harbor Twp., NJ 08234</p>
<p>AthenaHealth Patient Portal https://21203-1.portal.athenahealth.com/</p>	

revised 07/28/2020



Our Mission: Excellence in patient care. Orozco Orthopaedics is a practice dedicated to healing and excellence.

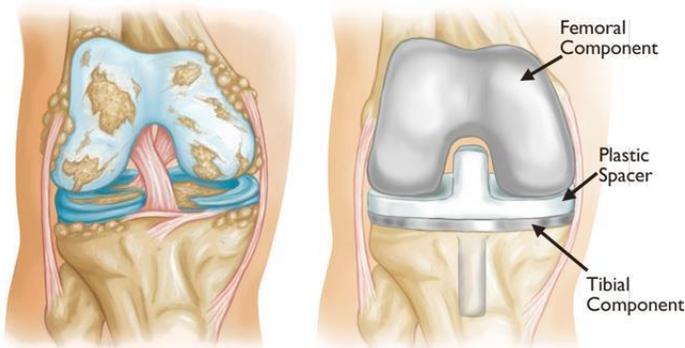
Our Vision: Orozco Orthopaedics is a leader in healthcare quality. Our team provides comprehensive and compassionate healthcare. We honor individuality, empower our staff through open and honest communication and strive to earn the loyalty of every patient we serve.

Our Values: Providing excellence in medical and surgical care. Treating every patient as a valued individual, treating them as we would our own family. Team commitment to communication and respect. Being a leader in physician and healthcare advocacy throughout our community.



Total Joint Replacement

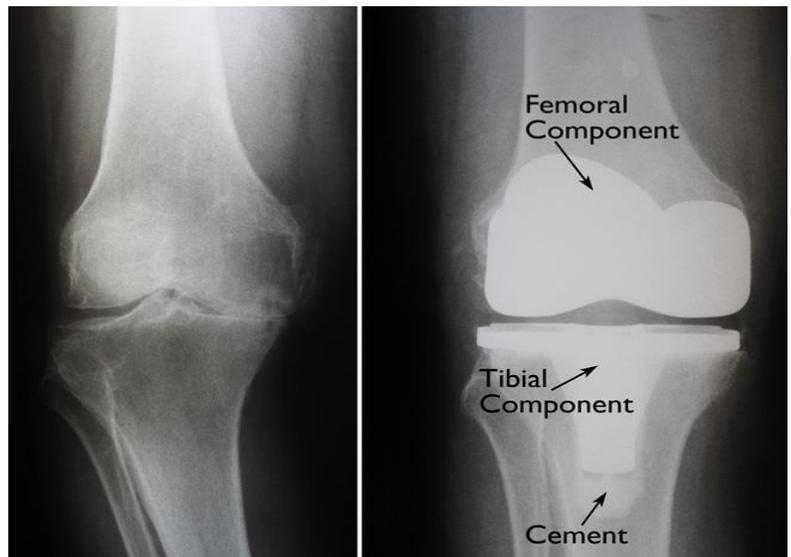
Many people may require a total or partial joint replacement during their lifetime. Some patients may need to have multiple joints replaced while others do not. Osteoarthritis is the most common reason individuals seek a joint replacement as the synovial membrane wears away causing pain, deformity, instability, and affects a person's quality of life. Some individuals may have had previous surgeries, injuries or traumas that may require surgical intervention to relieve pain and help restore the loss of range of motion of the joint. Normal aging, wear and tear of the joint, and carrying excess body weight are also common reasons to seek out a joint replacement consultation after conservative treatments have failed.



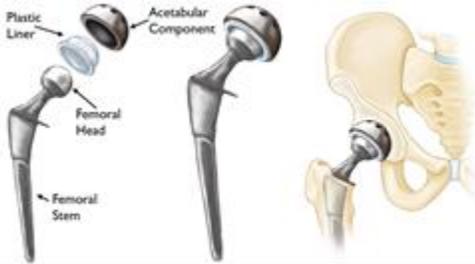
What is a knee replacement? A knee replacement, or knee arthroplasty, is a surgical procedure where the weight-bearing surfaces of the knee joint is replaced with a medical grade prosthesis to help relieve pain and help restore the loss of range of motion of the joint. It is typically performed for severe cases of osteoarthritis. The prosthesis contains a combination of medical grade chrome cobalt metal, plastic polyethylene, and can be cemented or cementless. The decision about what prosthesis is used and whether or not it is cemented is decided on a case by case

basis and is based on your medical and surgical history, your age, previous and expected activity level after surgery, and what Dr. Orozco has determined will maximize your quality of life. Since this prosthesis is made up of metals and plastics you will likely hear or feel a clicking sound in your new joint as the two components move together.

The knee joint is the largest hinge joint in the leg. The knee joint allows the knee to bend and straighten or flex and extend. The knee joint meets at the end of the femur or thigh bone and the top of the tibia or shin bone. The kneecap or patella covers this area where the two bones meet. During surgery, these two main bones, the femur and tibia are shaped and prepared to allow for the new prosthesis. The patella may or may not be resurfaced, which is determined during surgery. Robotics may be utilized during your surgery to allow for greater precision in cutting away the



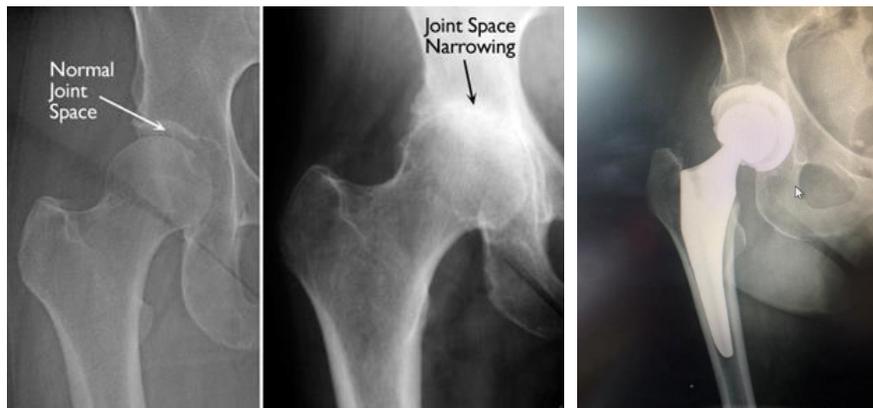
diseased arthritic bone to make way for the new prosthesis. The muscles and tendons are not cut during surgery which allows for a quicker recovery.



What is a hip replacement? A hip replacement, or hip arthroplasty, is a surgical procedure where the arthritic areas of bone and cartilage is replaced with a medical grade prosthesis to help relieve pain and help restore the loss of range of motion of the joint. It is typically performed for severe cases of osteoarthritis. The prosthesis contains a combination of medical grade titanium metal, ceramic femoral head and plastic polyethylene. The decision about what prosthesis is used is based on your

medical and surgical history, your age, previous and expected activity level after surgery, and what Dr. Orozco has determined will maximize your quality of life. Since this prosthesis is made up of metals, ceramic and plastics you will likely hear or feel a clicking sound in your new joint as the two components move together.

The hip joint is in your groin. It is made up of the femoral head (normally shaped like a ball) and the acetabulum which lies in the pelvis. A hip replacement includes four components. A femoral stem that is placed in the femur bone for stability, a polyethylene liner that fits into an acetabular cup that is press fitted into the pelvis and a ceramic femoral head that replaces the diseased misshaped one. There are multiple ways to enter the hip joint. Dr. Orozco's preferred method is a direct anterior approach which is through the front of the leg where one's front pocket would be. This allows him to access the hip joint without cutting the muscles and decreases the risk of dislocations and the need for hip precautions after surgery. The hip joint is like the shoulder in that it is a ball and socket joint. However, the flexibility and range of motion one has in the hip joint is directly related to the muscle and tendon surrounding the joint. Not everyone will have the same degree of flexibility.



Robotic Assisted Joint Replacement



******If you have been scheduled for robotic assisted surgery, you will be contacted by our office regarding a prior authorization number should your insurance require one and then you may schedule the CT Scan at one of the AMI locations provided to you.******

During your surgical consultation, you and Dr. Orozco may decide to proceed with robotic assisted surgery. This would include the need to have one additional diagnostic test done. You will need to have a CT Scan or cat scan performed at one of our recommended **Atlantic Medical Imaging facilities** that are authorized and have the specialized equipment and protocol in place to perform this specific scan of your operative leg. **These locations include Egg Harbor Township, Galloway, Manahawkin, Toms River, and Brick NJ.** This scan will create a 3D image of your joint you are having surgery on as well as a few additional images of your hip, femur (thigh bone), knee, tibia and fibula (lower leg bones), and your ankle. This is not an MRI; you will not be placed in a small tube nor is there any IV contrast or dye used for this scan. It should take approximately 15 minutes to complete the scan. Ideally, we recommend that you have this scan done approximately 1-2 months prior to your surgery so that we can be sure it is completed. If your scan is greater than 6 months old, you will need to repeat the scan as your bones change. **609-677-XRAY (9729)**

See link below for video of robotic surgery by Dr. Orozco in action.

[https://www.arthroplastytoday.org/article/S2352-3441\(19\)30040-8/fulltext?rss=yes](https://www.arthroplastytoday.org/article/S2352-3441(19)30040-8/fulltext?rss=yes)

What is the different between tradition surgery and robotic assisted surgery?

During both traditional and robotic surgery, the muscles and tendons will not be cut. Traditional surgery relies on the surgeon to determine the appropriate cuts into the bone for appliance (prosthesis) application. Robotic surgery uses the computerized images created from your CT Scan to create a 3D blueprint to determine diseased bone (arthritis bone) and good healthy bone. The surgeon then operates the robot as a guide to cut away this bone tissue to make a more precise cuts, prosthesis placement, leg alignment, and soft tissue balance.



What to do while I wait for my surgery day?

<p>Get Healthy</p>	<ul style="list-style-type: none"> ➤ Quit smoking – smoking increases the risk of circulation problems like blood clots, delayed wound healing, slows recovery, and increases the risk of infection. All patients must quit smoking at least 2 months prior to surgery. This is a requirement by many insurance companies. ➤ Lose excess weight- Orozco Orthopaedics recommends a Body Mass Index or BMI of below 40 for ALL surgical patients. Extreme obesity adds excess strain on the joints, increases the risk of infection, breathing problems, blood clots, delayed wound healing, prosthesis failure, and longer recovery. <u>Failing to meet a BMI of below 40 will result in canceling or delaying your surgery.</u> ➤ Have a dental check-up to make sure all dental needs are taken care of before surgery. After joint replacement you will be required to take an antibiotic prior to all dental procedures for your lifetime.
<p>Nutrition</p>	<ul style="list-style-type: none"> ➤ See your doctor if you are diabetic and have not been successful at maintaining a HgbA1c below 8. This is a must and could result in your surgery being delayed. ➤ Eat a well-balanced diet to decrease the risk of delayed wound healing and infections. ➤ Our local dietitian, Ciara Beck, will be more than happy to assist you with ways to optimize your health through nutrition. Contact her at 609-677-7008
<p>Exercise</p>	<ul style="list-style-type: none"> ➤ All patients should continue to exercise to prepare the muscles for recovery and rehab after surgery. ➤ Low-impact exercises are very helpful to those with arthritic joints as they put less stress on the joints. ➤ Patients should also work on upper body exercises as the arms and core will need to be strong to assist in position changes and using a walker or cane. ➤ See the exercises in this pamphlet for pre and post-op exercises you should do and practice them.
<p>Plan</p>	<ul style="list-style-type: none"> ➤ Talk to your employer or benefit’s coordinator and determine what requirements they may have for you regarding your anticipated surgery. ➤ Prepare your home by performing a thorough cleaning and declutter so that your walker has a clear path, you can also prepare and freeze healthy nutritious foods, purchase ice packs for post-op swelling, and any other over-the-counter medications or toiletries you may need. You would like a well-stocked kitchen as you will not be able to drive yourself. ➤ Notify family and friends about your surgery so that they can make arrangements to help you. You will need someone to drive you to and from the hospital. You cannot drive yourself.



Optimizing Nutrition Status for Joint Replacement Surgery

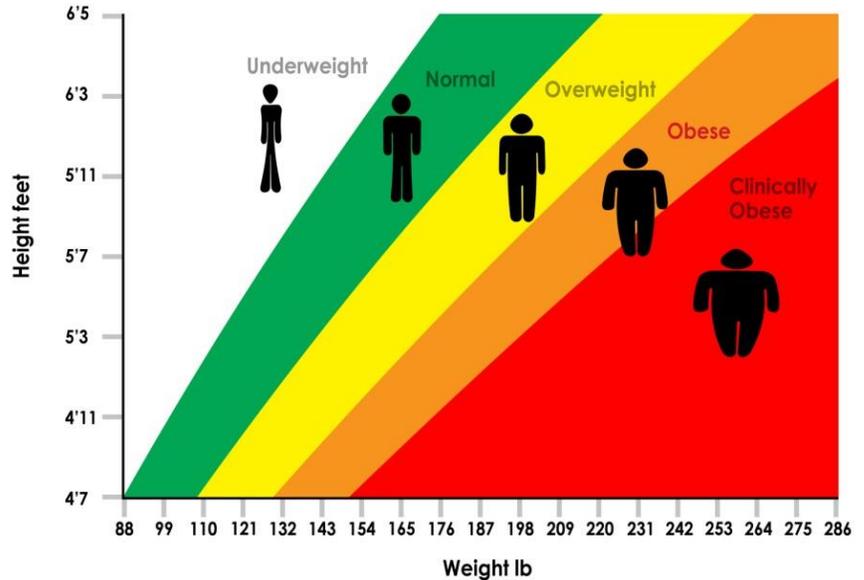
Whether you have weeks or months to prepare for surgery, every day presents an opportunity to optimize your nutrition status. While many patients are advised to lose weight prior to surgery, it is both the **QUALITY** (what you are eating) and **QUANTITY** (how much you are eating) that matters. Follow these tips below to minimize risk of infection, manage chronic diseases, and ultimately speed up recovery.

1. Plate your **Protein**: Protein aids in wound healing and increases the strength of your immune system. Foods high in protein include animal products, cottage cheese, Greek yogurt, beans, and eggs. If you do not feel you are getting enough, supplements, such as bars and shakes, may be a good option for you.
2. Load up on **Vitamin C and Zinc**: Vitamin C is necessary to build collagen, which repairs tendons and ligaments. Citrus fruits would be a good addition to your diet, along with other colorful fruits and vegetables, such as kiwi and bell peppers. If your diet is high in protein, it is most likely high in zinc. Zinc is found in animal products and helps with tissue growth and repair.
3. Build your bones with **Calcium and Vitamin D**: Vitamin D and calcium are important for bone health. If you are not getting enough in your diet, it may be a good idea to take these in supplement form. Discussed your lab values with your PCP.
4. Focus on **Fiber**: Fiber not only helps keep you regular but has also been shown to stabilize blood sugar. Many medications can cause constipation, so the combination of a high fiber diet, along with the intake of a lot of water, could prevent constipation.

5. Choose **ANTI-Oxidants:**

Incorporating beta-carotene, omega 3 fatty acids, and spices into your diet can reduce inflammation. Sweet potatoes, salmon, walnuts, flax seed, blueberries, turmeric, and ginger should be on your radar.

6. So long **Sugar and Sodium:** Trying to reduce inflammation or lose weight? These are the ones to cut! Avoid packaged foods, such as cookies, crackers, and cakes. Try to cook more at home to avoid the salt in restaurant food.



But don't let your new lifestyle changes go out the door...food choices are JUST as important during recovery!

1. **Protein** is still priority. If your appetite decreases, try to drink 1-2 premade shakes per day, such as Premier Protein or Glucerna (made for diabetics).
2. **Stay hydrated!** This not only helps with weight loss prior to surgery, but it will help with water retention. If you are holding onto a lot of fluid, increase your water intake. Many patients also find recovery beverages, such as Gatorade, helpful before and/or after surgery.
3. **Be prepared.** Go food shopping before surgery and stock up on your essentials! Relying on take-out and comfort foods is not the best idea. The sodium will not only cause fluid retention but indulging in these foods can lead to weight regain.

Feeling overwhelmed? Need help creating a nutrient-dense diet that will also result in weight loss? Ask us for a recommendation for a nutritionist in your area.



Quit Smoking

All patients must quit smoking at least 2 months prior to surgery as smoking can increase the risk of delayed wound healing, infections, MI or heart attack, development of a blood clot or pulmonary embolism (DVT/PE), prolonged hospital stays, the need for mechanical ventilation, and death. **Please contact your primary care doctor to discuss options for nicotine replacement therapy, over the counter medications, patches, or gum. You may also contact New Jersey's How to Quit Smoking Hotline for assistance at 1-866-NJSTOPS for counseling. *** Please be aware that your insurance company may require you to submit to a nicotine screening process prior to approving your surgery***.**



Vaccinations?

There are no contradictions or precautions regarding immunizations. However, if you do get them prior to surgery, we do recommend that you have them administered at least 48 hours prior to your surgery, in the rare event you develop a reaction. Furthermore, some vaccinations like the influenza (flu vaccine) can cause a slight temperature and mild body aches which we would not want to confuse with an actual illness.



What about pre-operative testing and medical clearances?

We utilize AtlantiCare Regional Medical Center for Perioperative Medicine for all medical clearances to determine your risk for surgery and what medications, treatments, and other testing should be performed to allow for the best outcome before, during, and after surgery. This facility is located close to our Egg Harbor Township office at **2500 English Creek Ave, Building 200, Suite 222 (upstairs) Egg Harbor Twp., NJ 08234 ph 609-677-6000, fax 609-677-6001. There is now a second location for your convenience located within the AtlantiCare Health Park in Manahawkin, 517 Route 72, Manahawkin NJ, 08234.** If you are scheduled there, please see the AtlantiCare front desk for assistance. The physicians and staff there will assess your risk for surgery, perform a head to toe evaluation, order and obtain blood work that is appropriate for you, and refer you for any further testing such as an Electrocardiogram (EKG), echocardiogram, sleep studies, or follow-up with a specialist that will help assist us in optimizing your health for surgery.



- You should be contacted 2-6 weeks prior to surgery to schedule your appointment. This is mandatory and required for surgery to make sure you are in optimal health to proceed with surgery.
- Please bring your ID, insurance cards, list of all prescription medications, over-the-counter medications, creams or topical medications, and supplements you take including dosages and frequency of use.
- Contact information for any specialist you see (example, cardiologist) and any current records such as lab work, EKGs, or other records that will help in determining what tests to order and which do not need to be repeated.
- *They will inform you of what medications to continue, what medications to stop (ex. blood thinners), and when you can resume your medications. This information will be included in a booklet provided to you at your appointment.*
- *If you have any questions, contact pre-admission testing at 609-677-6000. Should any changes to your medications be made after your appointment please contact 609-677-6000 to discuss these changes.*

Once all of your test results have been reviewed, the medical providers at AtlantiCare will determine if you are medically cleared for surgery. If you are not cleared for surgery, it is because you have other pressing conditions that need to be addressed prior to elective surgery and once these conditions are managed, we will gladly assist you in preparing for joint replacement surgery in the future. As always, your overall health is important to us.



Where is the surgery performed?

- Surgery is performed at **AtlantiCare Regional Medical Center, located at 65 West Jimmie Leeds Rd, Pomona, NJ 08240** and **AtlantiCare Surgery Center, 2500 English Creek Avenue, bldg. 1200, SUITE 1202, Egg Harbor Township, NJ 08234.** AtlantiCare can be reached directly by calling **609-652-1000** or **1-888-569-1000**
- You will be called between 3 pm and 6 pm the day prior to your surgery date with the time you are to report to the hospital. If you are not called, please call **609-652-3430**.
- **Please refer to your ATLANTICARE PREADMISSION INSTRUCTIONS REGARDING MEDICATIONS TO TAKE THE MORNING OF SURGERY.**
- **DO NOT BRING VALUABLES OR WEAR JEWELRY.**

- You can drink up to 2 hours prior to surgery. **We recommend you drink a sports drink like Gatorade or Powerade on your way to the hospital or before you leave home and one the night before surgery. This will help with prevention of dehydration and recovery after surgery. If you are diabetic, please drink a sugar-free option of a clear liquid beverage like Gatorade Zero or Powerade Zero.**



What if I need to cancel or change my surgery date? We ask that you notify us immediately if you need to cancel or change your surgery date. You can do this notifying our office at 609-300-7779.

The Hospital Process.

- Once you arrive at the hospital you will change into a gown, receive an Intravenous (IV line) and have lab (blood) work drawn.
- The anesthesiologist will obtain consent from you and review your medical history to determine the best option for you. Most patients are given spinal anesthesia and IV medications to make them sleep during the surgery; this is the preferred and safest method of anesthesia.
- This surgical procedure typically takes less than one hour. However, you will be in the operating room longer, about an hour and a half, for preparation and to monitor you after anesthesia.
- You will then be moved to the post anesthesia care unit to monitor your vital signs before being transferred to your hospital room.
- There you will be able to eat and soon get out of bed with a physical therapist or nurse once the anesthesia has worn off.
- A physical therapist will work with you on how to get up and down from a sitting to standing position, how to use a walker or cane, how to climb up and down stairs and how to get in and out of a car.
- You will be given home exercises you can perform for the first two weeks while you are home and before your first post op visit. At that visit we will determine if you require outpatient physical therapy and a prescription will be given to you.
- Your physical therapist will provide you with a walker/cane and any other necessary equipment to take home with you upon discharge or a prescription for this equipment will be given to you upon discharge.
- Dr. Orozco prefers a cane over a walker and suggests walking independently as soon as you feel steady enough to do so. This is because the posture used with assistive devices may aggravate your other muscles as they adjust to the change in posture.
- Please arrange for transportation to and from the hospital. **You are not allowed to drive home!**



What happens when I am discharged?

- Most patients are discharged home the next day after surgery. Some patients are going home the SAME DAY!!
- This is the preferred option by Dr. Orozco because your home is the most familiar, there is less risk of infection and complications, patients are happier to be in their homes, can eat foods of their choosing, and are generally more comfortable.
- If you feel that this option is not the desired plan for you, please inform Dr. Orozco and Chris Adams, PA, during your hospital stay. A case worker/nurse/social worker will be assigned to you and other arrangements can be made for a **visiting nurse and/or physical therapy services or inpatient rehabilitation centers**.
- If you are sent to a rehab facility, please be aware Dr. Orozco has no privileges at these facilities and cannot determine your length of stay, your satisfaction with care, and most patients will share a room with a stranger.
- AtlantiCare will gladly fill your medications for you so that you do not have to stop at your pharmacy on the way home. This is also preferred as they will obtain any prior authorizations that may be required and could delay getting your medications filled.
- You cannot drive yourself and will require someone to drive you.



What to do when I am home?

No matter how prepared and how ready you may feel, it will be an adjustment. You may even question whether you were discharged too soon. However, the best place to recover is home and you will need to relax and focus your attention on recovery. You will be very tired initially and will require pain medication to control the post-surgical acute pain that you will likely experience. You will have days where you feel great and days where you don't feel as well. Take care, you will get better.

The First day to first 2 weeks Post-Op

- **SWELLING and BRUISING.** *There will be a lot of swelling and bruising that can be quite alarming* This is very common and will subside over time about 2-3 weeks you should notice a dramatic change, however be advised that with increasing activity more swelling may occur and may last for 6 months to a year. Both hip and knee replacement patients will experience swelling and bruising that may travel the length of the operative leg. A short course of steroids and anti-inflammatories may be prescribed to aide in swelling relief. There are many pictures online that you can see to compare your bruising and swelling, but remember everyone is unique and will bruise, swell, and heal differently. **My Knee guide is a phone app that is helpful with pictures.**
- **Fever.** *Warmth and low-grade temperatures, particularly at night are not uncommon.* This is due to your body working overtime to help heal you. Temperatures can be caused by dehydration. So, make sure you are drinking plenty of water and you may take acetaminophen (Tylenol) to help. It is not uncommon to have temperature of 101.5 after surgery.
- **Pain.** Take you pain medications as directed, ice the area 20 minutes on and 20 minutes off 3-4 times a day, and elevate your leg above the level of the heart. Try not to have your leg dangle for any length of time. Only take narcotics for severe pain as you may develop a tolerance to them, and they will not relieve your pain as effectively. You can take TYLENOL (acetaminophen in between doses to help with pain). Zero pain after surgery is not attainable, but we do want to minimize your pain and make it tolerable to perform activities.
- **Nutrition.** Eat small frequent meals and drink plenty of fluids, your body requires this to heal. Many patients do experience nausea after surgery, this too will pass. Try to take your medication with food. Furthermore, constipation is a real concern after any surgery, therefore drink plenty of fluids and you may take over the counter stool softeners as directed on the packaging. It is not unusual to lose weight after surgery.
- **Exercise.** You will be given home exercises to perform, please perform these as tolerated. The goal of home exercises is to help restore the range of motion to the joint, avoid stiffness, and decrease pain. **DO NOT SIT LONGER THAN 30-45 MINUTES AT A TIME WHILE AWAKE.** Get up and walk around frequently, this will help with recovery. Do not stay in bed all day. When climbing stairs remember “UP WITH THE GOOD, AND DOWN WITH THE BAD”.
- **Showering.** You can shower when you feel safe. You may run water over the Aquacel dressing that looks like a large Band-Aid, but do not submerge yourself in a bathtub, pool, or ocean until after your 4-6-week appointment and are cleared to do so.
- **Dressings.** You can remove the dressing(s) on the ***seventh day*** after your surgery. This is best done in the shower or with water to help loosen the edges for easier removal. You can then leave the incision open to air and can clean it with soap and water. You do not have to cover the incision; however, you may notice some



drainage. It could be clear, straw color, or slightly pink. **You can apply a non-adherent dressing that can be purchased at any pharmacy or drug store. It is best to wrap with an ace wrap and minimize movement to help the joint incision seal over.** This is not abnormal and should subside. If you have any questions about your incision, please don't hesitate to call.

- **Sutures and Pin Site Care.** After a robotic surgery, you will notice 1-2 additional bandages. For knee replacements, these additional bandages will be located on your shin area and your upper thigh area. For hip replacements, you will see them on your upper outer hip (iliac crest) area (by your waist). These are tracker pin sites that attach the robot to your body during surgery that sense when your body is moved. The dressings will be removed at the same time as your main surgical incision dressing. Seven days post-op. You may notice 2 pin sites that are about the size of a pencil eraser. They should not cause much discomfort, but the lower shin area may be more tender due to the additional swelling commonly seen after surgery. You can wash these sites with soap and water and leave open to air. A dissolvable suture and glue will be used to close them. If this happens it should dissolve on its own within 4-6 weeks or it may be snipped out during your post op visits if needed by our PA if he determines that would be appropriate for you. If you do notice clear, clear yellow, pink to blood tinged fluid in the first few weeks after surgery. You can apply a dress non-adherent dressing or band aide to the sites, but do not use any creams or lotions as we want the areas to dry and heal.
- **Physical Therapy.**
 - **KNEE REPLACEMENT:** You will be evaluated at your two-week post-operative visit to determine the need for outpatient Physical Therapy. If it is decided that you should proceed with formal out-patient therapy, you will be provided with a prescription and my go to a location that is most convenient to you. If outpatient therapy is ordered for you, please contact your insurance company to determine how many visits you are allowed per calendar year, as insurance companies will only allow for so many visits. This limitation could result in not being able to participate in physical therapy for a new condition later in the same year. Flexion of the knee to 90 degrees is the minimum requirement most patients will achieve up to or surpass 120 degrees, but measurements are only a part of the equation and are not the rule. Many patients do not need or require formal therapy. Optimal results of knee flexion and extension can be achieved at home with the use of home exercises.
 - **HIP REPLACEMENT:** The purpose of the hip joint is to facilitate walking and therefore the best therapy for a hip replacement is walking. It may seem odd to not have formal therapy, but it is not necessary for most hip replacement patients.



How long is recovery?

While every patient is different, some will return to work within a few weeks of surgery while others will require a longer recovery. We allow up to 12 weeks for recovery for short-term disability. However, it may take about a year for complete healing and recovery to occur. This includes episodes or flare-ups of pain, swelling and odd sensations, like shooting pains, throbbing, sharp, numbness, and achy pains as the bones, muscles, tendons, nerves, and skin layers all heal at varying times. Also, physical therapy is exercise and those not accustomed to physical activity may experience some discomforts from using their muscles that they haven't used in the same manner before. Remember, the more active you are before surgery the quicker you will heal, so stay active! You can usually drive once you are no longer taking pain medication and feel safe to drive, usually around 2-4 weeks.



What if I have staples?

Staples are sometimes necessary for proper wound closure. You will be told on discharge from the hospital that these will be removed at your scheduled two-week follow-up appointment. Otherwise, a combination of dissolvable sutures and a surgical glue are used and do not require removal.

Suture Abscess.

About 4- 6 weeks after surgery you may notice an increase in pink/redness along the incision line. You may even notice black thread trying to poke through the incision (usually at the top or the bottom of the incision). This is when the sutures breakdown and your body is trying to force out the foreign material. It may even look like a little pimple. Apply heat and cover with a band aide. This is usually self-limiting and does not typically require further treatment. If it does not improve or does not resolve on its own in about a week, please call the office.

FREQUENTLY ASKED QUESTIONS



Should I go to the emergency room?

Most concerns can be handled by a phone call or an office visit and do not require a lengthy visit to the emergency room or urgent care facility. These concerns include swelling, warmth, and incision drainage without fever or chills. **Swelling, warmth and a low-grade temperature up to 101.5 degrees, is a normal after a joint replacement and can be common for months after surgery. Incisional drainage is typical, especially with swelling, and would appear as clear to slightly pink or straw color. It may ooze from the incision but would not be yellow or green and pus like.** If drainage does occur, you can apply a non-adherent dressing found at most pharmacies or drug stores in the first aid section and call to make an appointment for evaluation. Calf pain, tenderness, and swelling could be a sign of a blood clot and an ultrasound of your legs is the only way to diagnose this rare complication after surgery. You can call the office at **609-300-7779** for a prescription for this test to be sent to a facility closest to you during normal business hours. Emergency room visits should be reserved for emergencies that include difficulty breathing, shortness of breath, or chest pain. vaccines regarding joint replacement. Also, any medical questions related to your medications or other health conditions should be directed to your primary care provider or specialists.

*****CALL 911 AND GO TO THE NEAREST EMERGENCY ROOM IF SEVERE CHEST PAIN, DIFFICULTY BREATHING OR SHORTNESS OF BREATH OCCUR.*****



Follow-up appointments?

We typically like to see you at specific intervals to determine you are healing properly. These intervals are usually 2 weeks from your surgery date, 6 weeks, 6 months, and one year from surgery, and/or as needed. If you have any concerns regarding your recovery, we will gladly see you in Linwood on Mondays and Manahawkin on Wednesdays. These appointments can be made in the office or by calling **609-300-7779**.



How long will I need to use a walker or cane?

While every patient is different, we ask that you continue to use the cane or walker until you feel stable and safe without one. This is highly individualized, and your safety is our top priority. We recommend transitioning to independent walking as soon as you can prevent back pain as walking with a cane or walker can affect your normal alignment and result in back pain. It is ok to use a cane after surgery if you plan on walking on uneven surfaces or walking for longer durations than you are accustomed. This may include walking on beaches, cobblestone streets or trails (remember we want you to get out there and enjoy life).



When can I drive?

Most patients are physically able to drive around 2 weeks after surgery, once they feel ready and are no longer taking pain medications and can walk without any assistive devices. Please practice getting in and out of the car, pumping the gas and brake pedals, and making sure you feel comfortable behind the wheel before you drive.



What about other diagnostic testing (ex MRIs)?

Your joint replacement is compatible with most imaging studies that may be ordered. However, you should still inform the facility and the ordering provider that you have had a joint replacement. Many times, the images around the joint replacement may show artifact and they may wish to proceed with a different type of testing.



Expectations. What can I do, what can't I do?

Again, this is highly individualized and varies depending on your overall health, other medical conditions, previous activity level and what your expectations are. Most patients will be able to enjoy their previous activities with more pleasure than before. This includes tennis, walking, golf, gardening, cycling, and in many cases running. These activities are usually achievable at three months after surgery. However, not every patient will experience the same outcome. Patients can resume sexual activities without restrictions when they feel ready. As Dr. Orozco likes to describe severe osteoarthritis as a flat tire and a flat rim; once you replace these components you are still left with the same car. Therefore, you need to realize that you need to take care of your whole body and exercise daily, eat healthy,

and aim to maintain a healthy weight. Every pound lost is equal to four pounds of weight off your knees. This means that just 10 pounds would feel like 40 pounds has been lifted off your knees!

PAIN MEDICATIONS AND PAIN CONTROL AFTER SURGERY



Opioid Schedule II Narcotic Information Precautions regarding Post-operative Pain .

Opioid medications are a group of painkillers that are derived naturally or synthetically from the opium poppy. The most commonly prescribed opioid medications include: oxycodone (Percocet, Roxciet), morphine, OxyContin, methadone, hydrocodone (Vicodin, Norco) and fentanyl. These medications can be manufactured alone or in combination with other medications for example, Percocet is a combination of oxycodone and acetaminophen (Tylenol). These medications do not remove pain, rather they decrease the perception of pain by producing a sense of euphoria or pleasure which is why they have a high potential for addiction. It is estimated that one in four people have the potential to misuse or abuse opioids. Like all medications, opioids carry **side effects** that include: sedation, dizziness, nausea, vomiting, constipation, tolerance, physical dependence, addiction, and respiratory depression. Other less common side effects include: hyperalgesia (or increased sensitivity to pain), muscle rigidity (inability of muscles to relax normally), decreased libido, and myoclonus (involuntary jerking or twitching of muscles).

While you are going to experience pain after surgery, it is recommended to use narcotic pain medications only when you are experiencing severe pain and for the shortest duration possible. Ultimately the goal is to discontinue the use of narcotic pain medication as soon as possible, as narcotics will not take away all of your pain and discomforts. You may and are encouraged to resume taking over the counter pain relievers like Ibuprofen (Advil) or naproxen (Aleve) after surgery to assist with pain management. You may take these medications up until the day before surgery. You may also take acetaminophen (Tylenol) with or in between doses of oxycodone (but not with Percocet (oxycodone/acetaminophen). Please be aware Dr. Orozco does not order or recommend the use of narcotics prior to surgery and will not order them. If you are currently taking narcotic pain medication or lesser controlled substances like tramadol (Ultram), Dr. Orozco recommends you discontinue their use as it will be harder to manage your pain post-operatively as you are now sensitized to the medications. **If you are under the care of a pain management provider, it is your responsibility to inform them you are to undergo surgery and may require adjustments to your pain management regimen and may require higher doses than our team can safely prescribe.** Exercise, ice, elevation, sleep, decreasing stress, and increasing activity slowly is the best way to manage your pain.

***** DUE TO THE RAPID INCREASE IN OPIOID ADDICTION THROUGHOUT THE STATE, NEW JERSEY LAW REGARDING NARCOTICS, HAS RESULTED IN STRICTER PRESCRIBING GUIDELINES THAT AFFECT DRUG DOSAGES, QUANTITIES AND LIMITED REFILLS. *****



What do I do if I need a pain medication refill?

After your surgery you will be given prescriptions for pain medication. Most likely these prescriptions will be for narcotic pain medications, such as Oxycodone (Roxicet), and can be filled at the hospital. Please verify that the pharmacy we have on file is the one you wish to use so that there is no delay as we take great care in helping you manage your pain. Dr. Orozco does have electronic prescribing abilities and may send narcotic prescriptions to pharmacies; however, we will still monitor your pain and continue to decrease the quantity or usage of the medications prescribed. Please read the labels of all your medications and take them as ordered. In efforts to curtail the opioid epidemic and addiction to prescription drugs; many insurance companies are requiring prior authorizations and may not approve these medications for pain management after your initial prescription. Insurance companies and the laws in New Jersey are very strict and we must abide by these laws. As time goes by since your surgery, it is recommended to resume taking over the counter pain medications like ibuprofen (Aleve, Advil) which has been shown to be just as effective as morphine with less side effects.



Constipation

Constipation is a real concern after any surgery, and it is more common in those that are taking narcotics for pain after surgery. The best treatment for constipation is prevention by drinking plenty of fluids and limiting narcotic usage to only when necessary. You can take a stool softener such as Colace (docusate sodium) as directed on the packaging. If you do discover that you are experiencing constipation you can use over the counter suppositories like, Dulcolax (bisacodyl), or a Fleets Enema as directed on packaging. You can also try Milk of Magnesia or Magnesium Citrate. Please check with your pharmacist regarding contraindications with any medications you are currently taking.



Nausea and vomiting

Nausea and vomiting can and does occur after surgery. Sometimes it is caused by the after effects of the anesthesia and sometimes it is related to the pain medication. It is always best to take medications with food to avoid an upset stomach. It is best to eat small meals.



What can I do if I have sleep disturbances?

It is extremely common to have sleep difficulties after any form of surgery including joint surgery. We understand that it can be extremely stressful and aggravating. We suggest no electronics late in the evening, take 2 pain pills at night to help you sleep and no caffeine in the evening. We do not recommend sleeping pills as these can be habit forming and can increase your risk of falls. This will pass and it will get better, just hang in there. Sometimes pain medications can have the opposite effect and cause wakefulness. Some patients have success with over the counter supplement called Melatonin. You should check with your pharmacist and primary doctor to determine this is safe to take with your other medications. You may also try over the counter lidocaine 4% patches around the joint to help ease some of the pain you may experience at night.

SHORT TERM DISABILITY



Where do I get Family Medical Leave Act (FMLA) /Disability

forms and where can I send them?

NJ state disability forms can be downloaded from the internet at http://lwd.dol.state.nj.us/labor/forms_pdfs/tdi/WDS1.pdf these forms are not completed until you have undergone surgery. FMLA forms can be picked up from your employer as they will have the proper forms they require. We also have commonly used forms available online for you on your Rothman Institute Patient Portal. We understand how important these forms are to you; however, they may take *a few days* for completion. So, please try to turn them in at your earliest convenience. These forms can be dropped off in the office or faxed to **833-905-2603**. These forms must be accompanied with a completed medical release (HIPPA) form which must include who the recipient is, and how you would like to obtain the forms. This is mandatory and we cannot release your FMLA or Disability forms without it signed and completed. This form is available online through your patient portal or at the front desk. There will be a \$20 charge for FMLA and commercial disability forms. This fee is required at time of form completion. Forms cannot be completed and released until payment is received. Orozco Orthopaedics provides *12 weeks maximum* for disability from the date of surgery. Please understand that joint replacement is an elective procedure and we do not take patients out of work prior to their surgery date.



How can I obtain a return to work note?

When you are ready to return to work you can call the office at **609-300-7779** to request a return to work note with the date you would like to return and where you would like the letter sent (faxed to employer or yourself, mailed to a specify address) or if you would prefer to pick it up in the office. Please specify if you would like to pick it up in the Egg Harbor Township or Manahawkin office. Sometimes, employers may request a disclaimer signed that you are cleared to return to work without restrictions. If this is the case, we would be happy to complete this for you. Returning to work as soon as you are ready is ideal; however, remember that there will be a period of adjustment. You may be sore and tired after returning to work. Adjust your workload and this will gradually improve.



How do I obtain temporary handicap Parking NJ Placard?

An application for this requires a written prescription. This application can be downloaded online or picked up at your local DMV office. Please specify if you would like to pick up your forms in the Linwood, Manahawkin office or would prefer we mail it to your home. Please include this information with your application. **Orozco Orthopaedics charges a \$10 fee for application completion.** Once this is completed your forms can then be processed.

http://www.state.nj.us/mvc/pdf/Vehicles/HDC_Placard_Temp.pdf



Do I need to take antibiotics prior to dental work after joint replacement?

Yes, Dr. Orozco requires you to pre-medicate one hour before all dental procedures and any other procedures where bacteria could spread. This includes colonoscopies, endoscopies, ingrown toenail care (not traditional pedicures), nasal surgeries, or any surgery that could potentially result in spreading infection. When in doubt pre-medicate! Skin biopsies do not normally require antibiotics. Cataract surgery does not require premeditations. If you are scheduled to undergo a surgical procedure in a surgery center or hospital, you will likely be given prophylaxis via IV and this will cover you for our purposes. Dr. Orozco recommends cephalexin (Keflex) 4 capsules of 500mg each one hour prior to procedure forever. You can call the office at any time to request a refill on your antibiotics as we will gladly send this to your pharmacy. If your dentist requires a dental clearance letter or to be completed, please have them fax it to us at.



Do I have any restrictions for flying; do I need any documents or card stating, I had a joint replacement.

Dr. Orozco does not have any restrictions on flying and you are free to travel when you feel ready. We recommend you walk the aisle and stretch your legs to avoid stiffness and blood clot formations. We also do not supply joint cards or documentation as the TSA does not hold these cards as validation and will continue with their routine screening of flight passengers. If you are planning a vacation around surgery, it is best to obtain travel insurance as circumstances may arise that may make traveling difficult.



ADDITIONAL EDUCATIONAL SOURCES AND JOINT CLASS



AtlantiCare Joint Class and Joint Replacement Emails

AtlantiCare Regional Medical Center offers a joint class for all patients that are scheduled for surgery. This class is offered at the LifeCenter where preadmission testing also occurs or at the Manahawkin Health Park. The class goes over general expectations, goals, and what you can do while awaiting surgery. This is a great class for anyone undergoing a joint replacement as it will help you understand the process from start to finish. Please understand that this course is a general information class and is not geared toward any one specific surgeon's practice, but is very informative, lasts about 2 hours, and can put your mind at ease to hear what happens during surgery and what you should expect during your hospital stay. To sign up for the course you can call AtlantiCare Access number at **888-569-1000**. <https://www.atlanticare.org/services/orthopedic-care/joint-replacement/join-a-free-seminar> to sign up for emails about joint replacements and the hospital services.



Orozco Orthopaedics offers an array of online information on our website and social media accounts, Facebook, Instagram, and YouTube including videos, articles, and patient testimonials for your reference. We also offer access to your patient portal through AthenaHealth where you can access your medical records, please be aware you will need to use the internet browser GOOGLE CHROME to access your portal and not all functions are available on your smartphone or tablet devices in the mobile version. Please visit us at www.OrozcoOrtho.com



You Tube Search for Orozco Orthopaedics, Fabio Orozco or AtlantiCare, for many videos that pertain to him, patient outcomes, and surgery.

[https://www.arthroplastytoday.org/article/S2352-3441\(19\)30040-8/fulltext?rss=yes](https://www.arthroplastytoday.org/article/S2352-3441(19)30040-8/fulltext?rss=yes)



www.smokefree.gov Help with smoking cessation. 1-866-NJSTOPS (657-8677) www.njquitline.org



Total Joint Replacement Home Exercise Guide from American Academy of Orthopaedic Surgeons

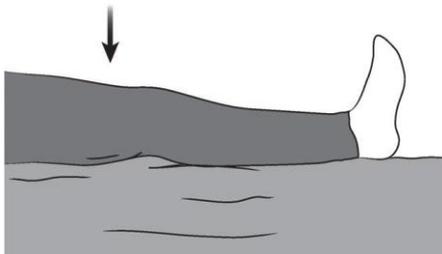
www.aaos.org

Regular exercise is necessary to restore function, range of motion, strength, and mobility to your knee and hip joints as well as the muscles that support the joints. It is recommended to try to complete these exercises up to 4 times a day doing ten (10) repetitions at a time. You may not be able to perform them all initially, but it is best to try and practice them before surgery to strength the muscles and learn the movements. It is also recommended to walk for 30 minutes a day 2 or 3 times a day as tolerated.

Begin your exercise journey prior to surgery. This is the best way to prepare your body for recovery after surgery and will also help ease your discomfort prior to surgery. Your home exercise program should consist of 30 minutes a day for cardiovascular conditioning and lower extremity strengthening to include: ambulation, stair climbing, weight bearing, weight training and ankle pumps, stair climbing, quad sets, hamstring sets, heel slides, straight leg raises, sitting hip flexion, lying hip abduction side-lying and supine, hip adduction, hip extension, hamstring curls, and short arc quadriceps exercises for 10 reps on each side times 3 sets as tolerated. Below are illustrations and instructions on how to perform some of these various exercises to perform before and after surgery.

Early Postoperative Exercises

The following exercises will help increase circulation to your legs and feet, which is important for preventing blood clots. They will also help strengthen your muscles and improve knee and hip movements.

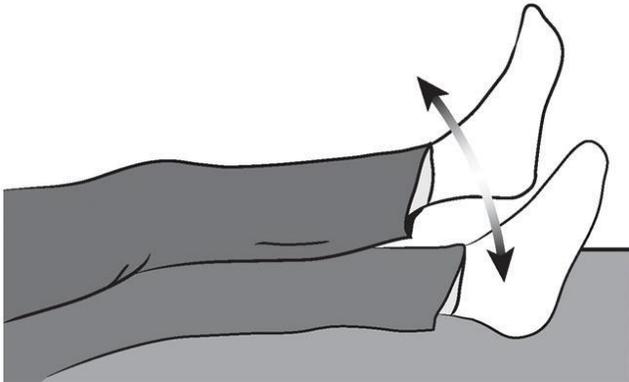


Quadriceps Sets

Start the exercises as soon as you are able. You can begin them in the recovery room shortly after surgery. You may feel uncomfortable at first, but these exercises will help speed your recovery and actually diminish your postoperative pain.

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.

Repeat this exercise approximately 10 times during a two-minute period, rest one minute, and then repeat. Continue until your thigh feels fatigued.

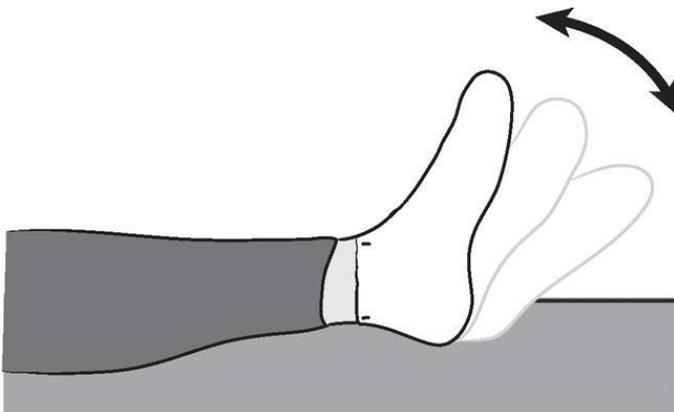


Straight Leg Raises

Tighten your thigh muscle with your knee fully straightened on the bed, as with the quadriceps set above. Lift your leg several inches. Hold for 5 to 10 seconds. Slowly lower.

Repeat until your thigh feels fatigued.

You also can do leg raises while sitting. Tighten your thigh muscle and hold your knee fully straightened with your leg unsupported.



Ankle Pumps

Move your foot up and down rhythmically by contracting your calf and shin muscles. Perform this exercise for 2 to 3 minutes, 2 or 3 times an hour in the recovery room.

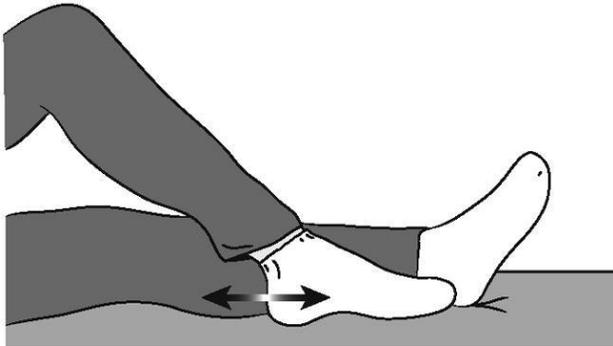
Continue this exercise until you are fully recovered and all ankle and lower-leg swelling has subsided.



Knee Straightening Exercises

Place a small rolled towel just above your heel so that your heel is not touching the bed. Tighten your thigh. Try to fully straighten your knee and to touch the back of your knee to the bed. Hold fully straightened for 5 to 10 seconds.

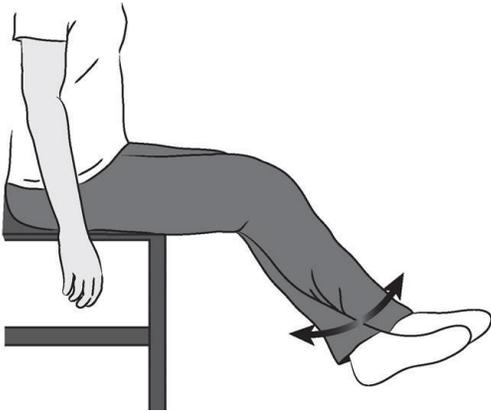
Repeat until your thigh feels fatigued.



Bed-Supported Knee Bends

Slide your foot toward your buttocks, bending your knee and keeping your heel on the bed. Hold your knee in a maximally bent position for 5 to 10 seconds and then straighten.

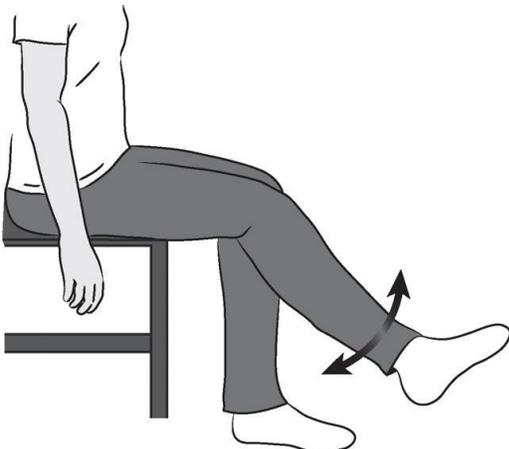
Repeat several times until your leg feels fatigued or until you can completely bend your knee.



Sitting Supported Knee Bends

While sitting at your bedside or in a chair with your thigh supported, place your foot behind the heel of your operated knee for support. Slowly bend your knee as far as you can. Hold your knee in this position for 5 to 10 seconds.

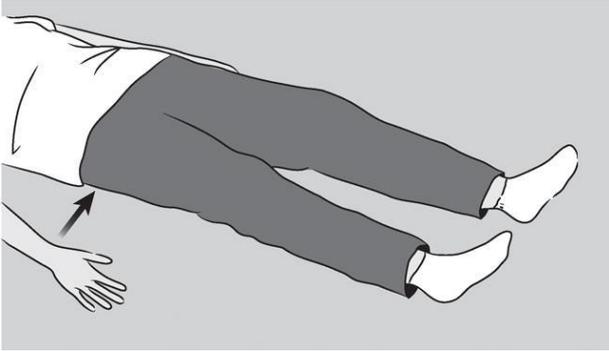
Repeat several times until your leg feels fatigued or until you can completely bend your knee.



Sitting Unsupported Knee Bends

While sitting at bedside or in a chair with your thigh supported, bend your knee as far as you can until your foot rests on the floor. With your foot lightly resting on the floor, slide your upper body forward in the chair to increase your knee bend. Hold for 5 to 10 seconds. Straighten your knee fully.

Repeat several times until your leg feels fatigued or until you can completely bend your knee.

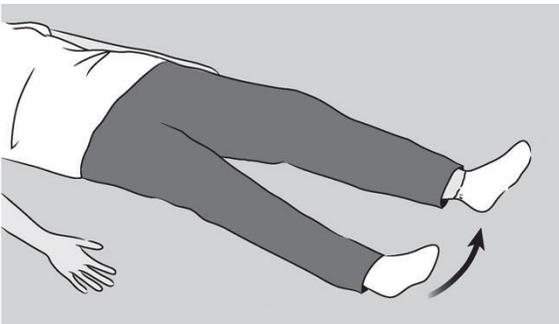


Buttock Contractions

Tighten your buttock muscles and hold to a count of 5.

Repeat 10 times.

Do 3 or 4 sessions a day.

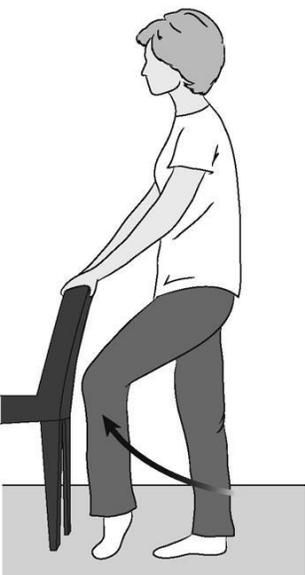


Abduction Exercise

Slide your leg out to the side as far as you can and then back.

Repeat 10 times.

Do 3 or 4 sessions a day

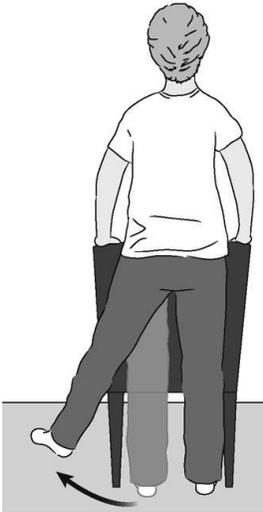


Standing Knee Raises

Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts and put your leg down.

Repeat 10 times.

Do 3 or 4 sessions a day.

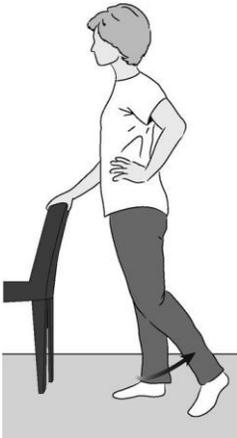


Standing Hip Abduction

Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side. Slowly lower your leg so your foot is back on the floor.

Repeat 10 times.

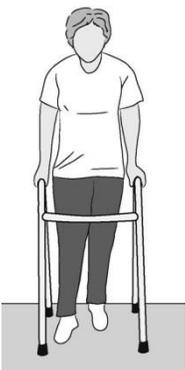
Do 3 or 4 sessions a day.



Standing Hip Extensions

Lift your operated leg backward slowly.

Try to keep your back straight. Hold for 2 or 3 counts. Return your foot to the floor.



Walking

Walk with a cane until you have regained your balance skills. In the beginning, walk for 5 or 10 minutes, 3 or 4 times a day. As your strength and endurance improve, you can walk for 20 to 30 minutes, 2 or 3 times a day. Once you have fully recovered, regular walks of 20 to 30 minutes, 3 or 4 times a week, will help maintain your strength

Early on, walking will help you regain movement in your hip.



Stand comfortably and erect with your weight evenly balanced on your walker or crutches. Advance your walker or crutches a short distance; then reach forward with your operated leg with your knee straightened so the heel of your foot touches the floor first. As you move forward, your knee and ankle will bend, and your entire foot will rest evenly on the floor. As you complete the step, your toe will lift off the floor and your knee and hip will bend so that you can reach forward for your next step. Remember, touch your heel first, then flatten your foot, then lift your toes off the floor.

Walk as rhythmically and smoothly as you can. Don't hurry. Adjust the length of your step and speed as necessary to walk with an even pattern. As your muscle strength and endurance improve, you may spend more time walking. You will gradually put more weight on your leg. You may use a cane in the hand opposite your surgery and, eventually, walk without an aid.

When you can walk and stand for more than 10 minutes and your leg is strong enough so that you are not carrying any weight on your walker or crutches, you can begin using a single crutch or cane. Hold the aid in the hand opposite the side of your surgery.

Stair Climbing and Descending

The ability to go up and down stairs requires both strength and flexibility. At first, you will need a handrail for support and will be able to go only one step at a time. Always lead up the stairs with your good leg and down the stairs with your operated leg. Remember, "up with the good" and "down with the bad." You may want to have someone help you until you have regained most of your strength and mobility.

Stair climbing is an excellent strengthening and endurance activity. Do not try to climb steps higher than the standard height (7 inches) and always use a handrail for balance. As you become stronger and more mobile, you can begin to climb stairs foot over foot.

Please visit <http://orthoinfo.aaos.org/en/recovery> for advanced exercises using resistance bands.

Resources: American Academy of Orthopaedic Surgeons www.aaos.org

Pictures obtained from clipart and AAOS.org for educational purposes only.



Count Down to Surgery Pre and Post-Operative Check List

Surgery DATE ___/___/___ Time ___ PATs ___/___/___ Time ___ First PO app. ___/___/___ Time ___

Awaiting Surgery	<ul style="list-style-type: none"> <input type="checkbox"/> Plan ahead and make arrangements with family and friends about your planned surgery. <input type="checkbox"/> Discuss with your employer that you will need time off to recover and how much time you have available <input type="checkbox"/> Optimize your own health through diet, smoking cessation, weight loss, and exercise. <input type="checkbox"/> Quit SMOKING MINIMUM OF 2 MONTHS PRIOR TO SURGERY Quit Date ___/___/___
One Month Before Surgery	<ul style="list-style-type: none"> <input type="checkbox"/> Schedule any tests or appointments required by PATs and Dr. Orozco. (CT Scan, cardiology consult, Weight check, vascular) ___/___/___ Time ___ ___/___/___ Time ___ <input type="checkbox"/> Arrange transportation to and from the hospital and physical therapy should you need it. <input type="checkbox"/> Confirm who will be there to offer assistance should you need it. <input type="checkbox"/> Maintain good health. Eat a healthy diet, increase protein intake, hydration, take a multivitamin, zinc, and Vitamin C supplements. Exercise as tolerated. <input type="checkbox"/> SCHEDULE WEIGHT CHECK IF BMI IS OVER 40 BMI. ___/___/___ <input type="checkbox"/> See AtlantiCare Preadmission testing for all pre-op testing required and undergo all required tests and procedures required for medical clearance. If you do not hear from them you may contact them directly at 609-677-6000.
2 Weeks Before Surgery	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare your home (go shopping have enough food and water for at least two weeks). <input type="checkbox"/> Confirm all tests and appointments are completed and scheduled. <input type="checkbox"/> Schedule your pre-operative physical therapy visit. Date: ___/___/___ Time: ___
2 Days Before Surgery	<ul style="list-style-type: none"> <input type="checkbox"/> Pack a small hospital bag with personal toiletries, sleep attire and walking shoes. No valuables. <input type="checkbox"/> Read your educational information again as a refresher and have emergency numbers available <input type="checkbox"/> START Chlorhexidine solution (Hibiclens) wash as instructed
Night Of Surgery	<ul style="list-style-type: none"> <input type="checkbox"/> Drink a bottle of Gatorade or similar the night before surgery and 2 hours prior to surgery. Sugarfree option for diabetics. <input type="checkbox"/> Have everything ready packed and home ready for your return <input type="checkbox"/> You will be called between 3p-6p when you are to report to the hospital <input type="checkbox"/> Take medications directed by Preadmission Testing Providers the morning of surgery.