

*** All PT protocols can be found at the website ***
<http://www.patrickmcgahanmd.com/physical-therapy-pdfs.html>

- **Medical Clearance**
 - If necessary, please see your primary care physician, cardiologist, and/or specialist
 - Have your doctor(s) send, fax, or email my office a letter declaring that you are ready and safe for surgery

- **EKG & Blood work**
 - If necessary, please make sure this is done **well in advance** of your surgery date and that our office has received the result
 - EKG's must be within 3–6 months of your surgery depending on the facility where your surgery is scheduled
 - Any abnormality requires clearance by a cardiologist
 - Blood work needs to be recent, within one week of your surgery date
 - If older than 30 days, it must be repeated

- **Medications**
 - Stop all blood thinners, aspirin, and anti-inflammatories (i.e. motrin, ibuprofen, advil, naprosyn, aleve, excedrin, etc.) at least seven days before surgery
 - Please consult your primary care physician if you are unsure of your medications
 - Celebrex, tylenol, and narcotics are generally ok prior to surgery
 - Ensure my office has a **current** list of your medications, including dosage & frequency

- **Food & Drink**
 - *Nothing to eat or drink after midnight prior to surgery*
 - If necessary, normal daily medications may be taken with a sip of water

- **Pre-Operative Appointment**
 - Pre-operative appointments are 1-2 weeks prior to surgery

 - We will discuss your surgery and answer all of your questions
 - You are welcome to bring a family member with you
 - We will call in a prescription for narcotic and anti-inflammatory medications
 - This should be picked up prior to surgery
 - We will schedule your post-operative appointment for 1-2 weeks following surgery
 - We will schedule your physical therapy appointment for 1-2 weeks following surgery

- **Physical Therapy**

- Kyle Yamashiro of Results Physical Therapy
 - Results PT has 3 locations
 - Rancho Cordova – (916) 362-7962
 - Murieta – (916) 354-0719
 - Carmichael – (916) 562-9130
- If you already have a physical therapist, Kyle or his staff will be instructing you regarding the specific therapy protocol that I want you to do with your therapist
- Physical therapy protocols may be downloaded from my website at
 - <http://www.patrickmcgahanmd.com/physical-therapy-pdfs.html>

- **Optional Items**

This is strictly optional. I generally recommend patients

- Cold Therapy Unit **simply use ice as needed on top of a towel to protect the skin.**
 - Any questions or problems must be addressed to Pacific Medical Inc.
 - Chris Haas – (916) 295-3688 / Main Office – (916) 706-1520
 - Pacific Medical Inc. will contact you the week prior to surgery
 - Your insurance company may or may not authorize this product

 - My office and staff does **NOT** provide or support this item
 - You are **NOT** required to purchase this optional product
- Sling or Braces
 - Any questions or problems must be addressed to Pacific Medical Inc.
 - Chris Haas – (916) 295-3688 / Main Office – (916) 706-1520

Surgery Instructions – Knee

Day of Surgery

***** All instructions & protocols can be found on my website *****

<http://www.patrickmcgahanmd.com/physical-therapy-pdfs.html>

- **Preparation**
 - *Nothing to eat or drink after midnight prior to surgery*
 - If necessary, normal daily medications can be taken with a sip of water
 - Bring your insurance card to your surgery

- **Be Available**
 - Arrive to the hospital 3 hours prior to the time of scheduled surgery
 - If you are the first case, you will arrive 1.5 – 2 hours prior
 - Scheduled surgery times are only guaranteed for the first case
 - All other cases are based on how long the earlier surgeries take and will begin immediately following the end of an earlier case
 - We often run ahead of schedule, be available by telephone if we have to call you in early
 - Ensure we have a current and working contact number for you
 - If we cannot get a hold of you, you may miss your surgery, which will then need to be rescheduled

- **Illness**
 - If you are feeling ill for ANY reason, you must let us know as soon as possible
 - Your surgery may need to be rescheduled

- **Discussion**
 - If a family member or significant other is available immediately after surgery and if you wish, I will talk to them regarding your surgery and answer any questions they might have
 - Most patients have difficulty remembering information after anesthesia so I do **NOT** discuss the surgery with you immediately after surgery
 - I will talk to you and answer questions in the hospital on the night of surgery

- **Going Home**
 - Someone must be available to take you home
 - Taking a taxi alone is **NOT** allowed

Surgery Instructions – Knee

After Surgery

***** All instructions & protocols can be found on my website *****

<http://www.patrickmcgahanmd.com/physical-therapy-pdfs.html>

- **Post-operative Appointment**
 - If you have not already made one, call my office to schedule your first appointment 1-2 weeks after surgery

- **Pain Control**
 - Pain medication will be called in at your pre-operative appointment or given upon hospital discharge
 - Narcotics are used as needed
 - Anti-inflammatories should be started directly after surgery, must be taken regularly, and must continue for two weeks after surgery
 - For medication refills or changes,
 - For refills of medications, call your pharmacy or my office during office hours
 - For changes to medications, call my office during office hours
 - On-call physicians can **NOT** prescribe for patients they have not seen
 - Ice the knee 20 minutes per hour for the first 72 hours while awake
 - Be very careful when applying cold directly to the skin in limiting how much time it is used to avoid cold burns
 - If a cold therapy unit has been supplied, it is for home use. It will not be placed on you at the time of surgery. If there are any problems or questions with the unit, please contact Pacific Medical, Inc.
 - After the first 72 hours, ice the knee at least 3 times a day and especially after physical therapy sessions
 - It will work through the dressings

- **Swelling & Tingling**
 - It is normal to have some mild swelling, tingling, or numbness after surgery. If it becomes progressively worse or painful, please contact the office or go to the emergency department.

- **Dressings**
 - Dressings can be taken off 7-14 days after surgery; the incision can be left open to air or replaced with a dry gauze dressing
 - The incisions will have small pieces of tape over them called “steri-strips.”
 - Do not remove the steri-strips covering the small incisions
 - The steri-strips fall off after one week or can be removed fourteen days after surgery

 - There may be drainage for the first 48 – 72 hours from the incisions. This is normal
 - You may take a shower immediately but do NOT get the dressings wet
 - Do NOT take a bath or swim as the incisions should not be soaked in water
 - Keep the incisions clean and dry for the first 14 days

- **Physical Therapy**

- Physical therapy usually begins immediately after surgery
- If you have not already been given an appointment for physical therapy after surgery, please contact my office for a referral
 - My office will supply you with a prescription for your therapist
 - My physical therapy protocol can be downloaded from my website
 - If you see a therapist besides Results Physical Therapy, please obtain my written protocol for your therapist
- Wear your knee immobilizer at all times while in bed or while sleeping for the first 3 weeks. You can flex and extend the leg as tolerated. Sit at the edge of the bed for 5 minutes, 3 times/day and allow the knee to gently bend with the aid of gravity to 90 degrees. You can also extend the knee from this position.

- **Anticoagulation: Blood Clot and Pulmonary Embolism Prevention**

- In the hospital, you will have SCD's on your leg to aid in blood flow.
- In the hospital and at home, you should walk as much as possible to prevent blood clots from forming.
- Based on your medical condition and the procedure performed, you may receive either aspirin, lovenox, or coumadin for 10 to 35 days to prevent blood clots. Please take these as instructed to lower your risk of blood clots. This may involve blood draws to monitor blood levels.

- **What to Expect**

- Standard Total Knee Arthroplasty (TKA) or Unicompartmental Arthroplasty (UKA)
 - Use knee immobilizer while in bed or sleeping for first 3 weeks
 - Goal of 90 degrees of ROM by 2 weeks, and 120 degrees of ROM by 6 weeks
 - Physical Therapy starts immediately after surgery. You can walk and put full weight on the leg as tolerated. In addition to your physical therapy, sit at the edge of the bed for 5 minutes, 3 times/day and allow the knee to gently bend with the aid of gravity to 90 degrees. You can also extend the knee from this position.
 - You will likely use a walker or crutches for first 6 weeks
 - Use of a cane for 6 to 12 weeks postoperatively
 - Start light exercises 6-12 weeks postoperatively: swimming, cycling, etc
 - Activities as tolerated at 3 months
 - Good recovery at 6 months.
 - Full recovery may take 1 year

- **Lifetime Infection Prevention**

- Prior to any dental procedure, surgery, or other invasive procedure such as endoscopy/colonoscopy, the American Academy of Orthopaedic Surgery recommends that you take 2 grams of Keflex or 600 mg of Clindamycin 1 hour prior to the procedure. I will provide you with a prescription.