

# Presidio Surgery Center

*A California Pacific Medical Center Affiliate*

---

## PATIENT GUIDEBOOK:

# Uni Knee Replacement

---



Surgeon's After Hours Contact #: \_\_\_\_\_

1635 Divisadero St., 2nd Floor  
San Francisco, CA 94115

(415) 346-1218  
presidiosurgery.com



# Table of Contents

Welcome Letter .....	2
Contacts List .....	3
Uni Knee Replacement Overview.....	4
Online Pre-surgical Health History Instructions.....	5
How do I sign up to review the Total Joint class? .....	6
Timeline of Pre-op Events.....	7
Pre-operative Checklist.....	8
Pre-operative Shopping List .....	9
COVID Testing Requirements .....	10
Skin Wash Instructions Before Surgery.....	11
Shaving.....	12
Preparing Your Home.....	13
Day / Night Before Surgery.....	15
Day of Surgery.....	16
FAQs about Your Stay.....	20
After Surgery.....	22
Days Following Surgery .....	23
Monitoring for Complications.....	24
Surgery Center Packing List.....	28
Check-in Instructions.....	29
T.E.D. Hose.....	30
Incentive Spirometer .....	31
Resource Page .....	32
Exercises .....	33
Patient Rights and Responsibilities .....	36
Language Disclosures.....	37



Dear Patient,

Thank you for choosing **Presidio Surgery Center** for your joint replacement surgery.

**Presidio Surgery Center** is the first organization in California to receive The Joint Commission Advanced Certification for Hip and Knee Replacement, representing our commitment to, and compliance with, advanced disease-specific care standards and total hip and total knee replacement requirements, including orthopedic consultation and preoperative, intra-operative, and post-surgical orthopedic surgeon follow-up care.

We are excited to offer you the latest in joint replacement technology, as well as a comprehensive integrated program allowing you to do most of your recovery in the comfort of your own home.

Your surgeon has chosen this location allowing you to receive care in a center designed around the needs of healthy patients undergoing elective surgery. We believe this option is a safer and more efficient care delivery model.

This program is designed with you in mind. You are the leader of your care team, and we want you to be involved in learning about your care and participate fully in the process. We will support you each step of the way.

I look forward to hearing from you if there is anything I can do to make the process smoother for you, and wish you healthy, speedy recovery.

Cory Hall, MBA  
Administrator  
Presidio Surgery Center  
Direct: (415) 659-3141

# Contacts List

---

## Presidio Surgery Center

### **Main Line**

(415) 346-1218

### **Medical Director**

Dr. Dan Perlov

(415) 346-1218

### **Patient Care Coordinator**

Pre-Admission Nurse

Hours: M-F 9am-4pm

(415) 659-3176

### **Administrator**

Cory Hall

(415) 659-3141

### **Insurance Coordinator**

Shelly Cameron

(916) 529-4865

## Affiliates

### **Sutter Care at Home**

(415) 600-0444

### **Preop Physical Therapy**

Miller Health Services

rehab@millerhealth.net

(415) 488-5053

# Uni Knee Replacement Overview

Unicompartmental knee replacement (UKR), also known as partial knee replacement, is an option for patients with osteoarthritis of the knee that affects only one of the three compartments.

Your knee is divided into three major compartments (Fig I): the medial compartment (the inside part of the knee), the lateral compartment (the outside part of the knee) and the patellofemoral compartment (the front of the knee between the kneecap and the thighbone).

In a unicompartmental knee replacement, only the damaged compartment is replaced with metal and plastic. The healthy cartilage and bone in the rest of the knee is left alone. Due to this small incision, it is referred to as “minimally invasive” surgery.

Unicompartmental knee replacement has undergone significant changes since first performed in the 1970s. Today the procedure offers many benefits over total knee replacement including:

- Smaller surgical incision. The incision used in a UKR tends to be smaller than the one required for a total knee replacement. A smaller incision means less blood loss, less tissue damage, and a faster recovery.
- Better range of motion after surgery.
- Shorter length of stay.
- More cost effective. The cost of a UKR is about half that of total knee replacement.
- Bone preserving. If needed, a UKR can be converted to a total knee replacement.



**Fig I:** Knee joint compartments, front view

# Online Pre-surgical Health History Instructions

---

To start the pre-surgical assessment process, Presidio Surgery Center requests that you fill out your medical history online with **One Medical Passport**.

Enter your medical history online *as soon as your surgery has been scheduled*. Once you do this, our pre-surgical assessment nurse will be able to access the information you entered online. This information will assist the nurse in organizing and documenting your complete medical history to prepare for your surgery.

To begin your online Pre-Surgical Assessment,

1) Go to the One Medical Passport Online Registration at:

<https://www.onemedicalpassport.com/>

2) Select **Register**

3) Complete the registration and medical history screens, click **Finish** to submit your Medical Passport to the medical facility

Be sure to have the following information available before starting your Medical Passport:

- Your health insurance information.
- The names, addresses and phone numbers of your physicians.
- A list of all medications you are taking, their dosage and frequency.
- A list of surgical procedures you have ever had and their approximate dates.

**Note:** If you are not able to complete your history online, please call our Patient Care Coordinator at 415-346-1218 as soon as possible to complete your health history. You will still need to have the above information available when you call. Please allow 20-30 minutes for this call.

# How do I sign up to review the Total Joint class?

---



Schedule an appointment with our Patient Care Coordinator by calling **(415) 659-3176** to review our pre-operative **Total Joint Class**.

Our Patient Care Coordinator will review critical information about your surgery and go over any questions you have from the **online Total Joint Class on Force Therapeutics**. It is important to have reviewed all of the online Total Joint Class information prior to your scheduled call.



# Timeline of Preop Events

## One Month Before Surgery

- ❑ Do your prescribed pre-op exercises as outlined in the videos on Force Therapeutics. Remember these pre-op exercises will set you up for a better recovery!
- ❑ If you require medical clearance before surgery, you should have an appointment already scheduled with your **Primary Care Doctor**.

## Two Weeks Before Surgery

- ❑ Make sure you have seen your Primary Care Doctor. Please call our Patient Care Coordinator at (415) 659-3176 if you have any questions.
- ❑ Make sure you have a caregiver committed to being with you **24 hours a day for at least the first three days** postoperatively.
- ❑ Schedule an appointment with our Patient Care Coordinator by calling (415) 659-3176. Our Patient Care Coordinator will provide critical information about your surgery and answer any questions you have from the **online Total Joint Class** and **Pre-operative Health Optimization Class** provided on Force Therapeutics. It is important to review all of the online Total Joint Class and Pre-operative Health Optimization Class information prior to your scheduled call.

## One Week Before Surgery

- ❑ You may be released to outpatient physical therapy about two weeks after surgery if needed. You and your surgeon will determine with whom and when, and you should call before surgery to reserve the appointments.
- ❑ Be sure you are clear on which medications to take and which to stop taking and when. If you are unclear, please call our Patient Care Coordinator at (415) 659-3176. General guidelines include:
  - \* Starting **one week** prior to your procedure, avoid blood thinning medications. If you are prescribed blood thinning medication or anti-inflammatory medication, please check with your prescribing provider and surgeon before making changes to your prescribed medications. The most common over-the-counter medications with known blood thinning properties include: Aspirin, Naproxen (Aleve), Ibuprofen (Advil, Motrin), Vitamin E, Fish Oil, and Turmeric Supplements.
  - \* On the **morning of your procedure**, DO NOT take diuretics (such as Hydrochlorothiazide), ACE inhibitors (such as Lisinopril) or ARBS (such as Losartan), or oral diabetic medication (such as Metformin), unless instructed otherwise by your surgeon/medical doctor.
- ❑ **3 days** before surgery begin taking your shower with chlorhexidine soap (e.g. Hibiclens, available at a pharmacy without prescription) each day. Details are outlined in the **Skin Wash Care Instruction**.

## Notify the Surgery Center and Your Surgeon If:

- ❑ You get sick (e.g. cold or flu) or have a fever.
- ❑ You get a skin infection or wound on the operative leg.
- ❑ Your hip pain or swelling has significantly increased, or the hip feels unusually warm.



# Preoperative Checklist

Item	Done	Date	Notes
Log into Force Therapeutics and complete the Total Joint and Pre-op Health Optimization Classes.			
Log into One Medical Passport and complete your health history information.			
Schedule and attend a virtual Total Joint Class with the Presidio Surgery Center Patient Care Coordinator (415) 659-3176			
Purchase or rent medical equipment as directed by your surgeon/physical therapist.			
Stop shaving the operative leg 7 days prior to your surgery.			
Begin taking daily chlorhexidine showers starting 3 days before your surgery.			
Fill any prescriptions ahead of time. Call your surgeon's office for a prescription if you were not given one.			
Pack any medications that you will need to take at the center during your stay (e.g. insulin, heart medications, hormones, seizure). Please bring them in their original packaging with the instructions attached.			
Bring your inhaler, even if you only use it occasionally.			
Bring documents for check-in: <ul style="list-style-type: none"> <li><input type="checkbox"/> Photo ID</li> <li><input type="checkbox"/> Insurance Card</li> <li><input type="checkbox"/> Method of Payment</li> <li><input type="checkbox"/> Advance Directives (if you have them)</li> </ul>			

# Pre-operative Shopping List

**In order to be prepared for a successful recovery, it's recommended that you purchase the following items before surgery.**

1. Tylenol Extra Strength (IF your Care Team recommends this).
2. Gatorade or a clear electrolyte drink for hydration on the day of surgery.
3. Gauze pads and paper tape in case the bandage leaks or your incision continues to drain a little following bandage removal. These can be purchased online and at your local pharmacy.
4. Colace or an over the counter stool softener. These can be purchased online or at your local pharmacy.

You may also want to purchase:

5. A Cold Therapy system to help reduce pain and inflammation after surgery. Please reach out to your surgeon's office for information on purchasing a Cold Therapy system prior to your surgery date.
6. A "knee replacement kit" which includes grabber tools to help you pick items up off the floor and to put on socks and other clothing items. These can be purchased online by searching "knee replacement kit."
7. A raised toilet seat to assist you in getting on and off the toilet. These can also be purchased online.

Presidio Surgery Center will provide you with:

1. Ice packs
2. An assistive walking device (e.g. crutches, walker)
3. Incentive Spirometer (you will learn more about this device in the Incentive Spirometer Care Instruction)

# COVID Testing Requirements

---

## Pre-operative COVID testing requirements:

Presidio Surgery Center requires pre-operative COVID testing for the following patients:

- **Patients who have had any COVID-like symptoms in the past 14 days (ex: cough, sore throat, fever, nasal congestion)**
- **Patients who are currently living with a COVID positive person**

If applicable, testing must be done **within 3 days of the scheduled surgery date**. Presidio Surgery Center accepts both antigen and PCR test results, but patients must bring a lab test result; the center does not accept self-reported tests.

If applicable, you can schedule a test at Walgreens, CVS and most local pharmacies.

# Skin Wash Instructions Before Surgery

Chlorhexidine gluconate (CHG) bathing is done to decrease the number of potentially harmful germs on the patient, which decreases the risk of getting a postoperative infection. You should take this shower for **3 days prior to surgery**.

## Gather the Supplies

- 2%-4% CHG solution (a brand name is Hibiclens, which can be purchased at your local pharmacy)
- Clean wash towels
- Clean towels
- Clean (freshly washed) clothing to put on after bathing.

## How to Shower with CHG

1. With each shower, wash and rinse your hair first using your normal shampoo. Make sure you completely rinse the shampoo from your hair and body.
2. Apply the CHG solution to a wet, clean washcloth. Turn the water off in the shower or move away from the water spray to avoid rinsing the soap solution off, and then lather your entire body, except your face. **DO NOT USE CHG ON YOUR FACE.**
3. Once you have completely lathered your entire body, concentrate for 3 minutes gently washing and lathering your surgical site area.
  - Do not shave any parts of your body.
  - Pay particular attention to skin folds under the breast and the armpit area.
  - Avoid scrubbing too hard – you don't want to irritate or break the skin.
  - **Never use the antiseptic solution on your face or near your eyes.**
4. Once you have completed the scrub, turn the water on and rinse the CHG solution off your body completely. CHG can be drying and irritating to the skin if left to dry.
5. Do not wash with regular soap after you have used the CHG solution.
6. Pat yourself dry with a clean, freshly-washed towel. **DO NOT** apply any powders, deodorant, or lotions. Dress with freshly-washed clothes.

# Shaving

---



## Special Note About Shaving

Please **DO NOT** shave your surgical area for **7 days** prior to your surgery. Your nurse will evaluate your skin prior to your surgery and will carefully clip the area at that time. If there are breaks in your skin, your surgery may need to be rescheduled because you may be at risk of developing an infection.

The recovery period after hip replacement surgery is crucial to the overall success of your procedure. You should prepare your home for recovery well before your surgery. Below are some helpful tips for safely navigating your recovery in your home.

## Entryway Stairs and Hallways

- Keep well-lit and clutter-free.
- Install night-lights and illuminated switches.
- Make sure carpets and loose rugs are firmly anchored to the floor.
- Install non-skid pads on uncarpeted steps.
- Have two different escape routes in case of fire.
- Check and repair all loose handrails. You may want to have additional handrails installed in some locations.

## The Kitchen

- Move the most commonly used items within easy reach.
- Keep floors dry.
- Install and know how to use a fire extinguisher.
- Buy or pre-cook easy-to-prepare meals such as frozen foods - enough for a few days.
- Make sure your grocery shopping is done prior to surgery.

## The Bathroom

- Place non-skid adhesive strips on the floor of bathtub/shower.
- Turn on lights when getting up at night to use the bathroom.
- Sit at the bedside for a few minutes to fully wake before getting out of bed.
- Keep bathroom floors dry.
- Have a hand-held shower or a shower seat.



---

## General Safety Tips

- Remove furniture from walkways.
- Wear supportive, comfortable shoes.
- Place emergency phone numbers near the phone.
- Never rush to answer the phone or door.
- Organize your day to give yourself plenty of time; rushing can cause falls.
- Be aware of changes in level surfaces (i.e. curbs, stairs, carpet vs. linoleum).
- Pick up your feet to avoid tripping.
- Watch out for your pets; they can cause tripping. You may want to consider having a rambunctious pet stay with friends for a few days.
- Make sure you have done your laundry so you do not need to carry laundry or go to a laundromat.
- Clean your house prior to surgery. You will not want to do housekeeping immediately post-op.
- Relax in firm chairs that have armrests and are a little high. Using pillows can make a chair higher and this will make it easier to get up.



# Day/Night Before Surgery

---

## Reminders for the Day/Night Before Surgery:

### When to stop eating or drinking anything:

- ❑ Enjoy a light dinner.
  
- ❑ No solid food after **midnight** the night before, clear water (CLEAR WATER ONLY!) ok up to **1 hour prior to arrival time** at the surgery center.
  
- ❑ Avoid alcohol.
  
- ❑ You may brush your teeth and rinse your mouth the morning of surgery.

### Medication Info:

A nurse from the surgery center will discuss with you which medications to stop prior to surgery, and which medications are OK to take before surgery.

General guidelines include:

- Starting **one week prior to your procedure**, avoid blood thinning medications. If you are prescribed blood thinning medication or anti-inflammatory medication, please check with your prescribing provider and surgeon before making changes to your prescribed medications. The most common over-the-counter medications with known blood thinning properties include: Aspirin , Naproxen (Aleve), Ibuprofen (Advil, Motrin), Vitamin E, Fish Oil, and Tumeric Supplements.
  
- **One the morning of your procedure**, DO NOT take diuretics (such as Hydrophlorothiazide), ACE inhibitors (such as Lisinopril) or ARBS (such as Losartan), or oral diabetic medication (such as Metformin), unless instructed otherwise by your surgeon/medical doctor.

### Contact from the Surgery Center:

You will get a call from the surgery center to confirm at **what time to arrive** for your surgery. You may also get a call from your anesthesiologist to discuss your anesthesia care plan.

## Leading up to Your Surgery

1. At your assigned time, please arrive at the surgery center and check in at the front desk.
2. A nurse will bring you to the pre-op room. You will be asked to remove all jewelry.
3. You will be asked to put on a patient gown, hat, and non-slip socks provided by the center.
4. A nurse will check your heart rate, blood pressure, temperature, and breathing.
5. A nurse will place an IV in your arm. You will be given numbing medication locally to minimize any discomfort.
6. You will sign surgical and anesthesia consents and be given time to ask questions.
7. Your surgeon will speak with you and mark the joint you are having surgery on with a special pen.
8. A support stocking may be placed on the leg that is not being operated on to prevent blood clots. For more information on these stockings refer to the Compression Stockings Care Instruction.
9. An anesthesiologist will meet with you to discuss your anesthesia care plan again.
10. Immediately prior to walking back to the OR you will remove dentures, partial plates, glasses and contacts if you are wearing them.
11. You will walk back to the operating room with your nurse.

## How long does surgery take?

Approximately 1 to 3 hours. Some of this time is required for the anesthesiologist to make sure that you are comfortable, and for the nursing staff to take care of you immediately before and after surgery.

## Will I need a blood transfusion?

We do everything we can to minimize blood loss during surgery. We lower your blood pressure during surgery to diminish bleeding, carefully cauterize cut blood vessels, use the smallest incision possible, and administer a medication in surgery to help minimize blood loss. In addition, we utilize a device that collects your blood so that it can safely be returned to your body. Please discuss all the different options now available with your surgeon to ensure that, in the unlikely chance that you need blood during surgery, you have a plan in place.



---

## The Recovery Room

After your surgery is done you will be taken to the Post-Anesthesia Care Unit (PACU). You may have a small tube known as a drain right next to your incision to remove extra blood or fluid. You also may or may not have a urinary catheter in place. As you are recovering from your anesthesia your surgeon will talk with your family and friends to let them know that your surgery is over and how things went. You may not remember much of this part as anesthesia drugs can affect your memory immediately after anesthesia.

## A Word About Catheters

Surgery can inhibit your ability to urinate. Often patients will have a foley catheter placed in the operating room. Nurses will remove the catheter as soon as it can safely be removed. Rarely, the catheter needs to be replaced during your stay. You may be sent home with the catheter. You will also be assessed for your need for a medication that can make urination easier: Flomax (tamsulosin). Based on this assessment our Patient Care Coordinator may advise you to talk to your primary care doctor about taking this medication prior to your surgery date. If you already take tamsulosin, you should continue taking it up to and including the day of surgery. Bring the medication to the center in its original container on your day of surgery.

## What is squeezing my legs?

After you wake up from surgery, both of your lower legs or feet may be in plastic sleeves known as intermittent pneumatic compression devices (IPCD). Every few minutes they will inflate with air, and you will feel a squeeze that starts at the ankle (leg sleeve) or at the mid-foot (foot sleeve) and works its way up. These devices help pump blood back up to your legs to prevent blood clots. The amount of time these stay on is determined by your level of activity. Think of them as your own personal leg massagers!

## Will I have regional anesthesia?

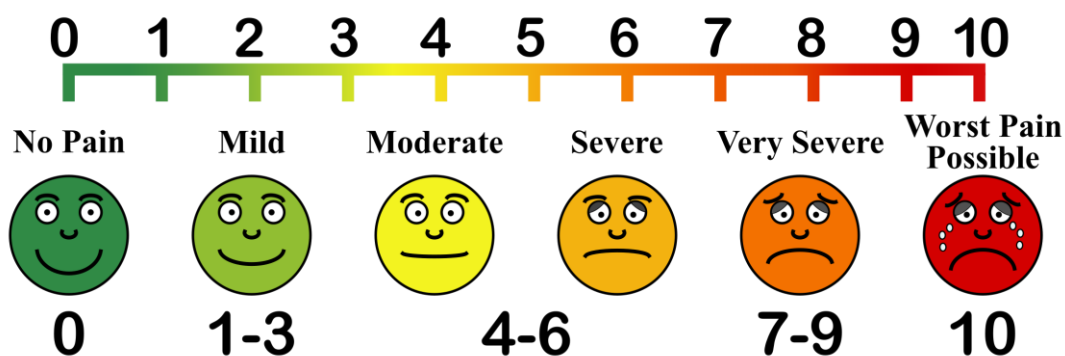
Most patients will have an adductor canal nerve block and an iPACK nerve bloc, both of which are a form of regional anesthesia used in conjunction with a spinal or general anesthesia for total knee replacement. Simply stated, the nerve block will numb some parts of your leg before surgery so that your brain will not receive some of the pain signals during and immediately after surgery. The block involves injecting numbing medication near the nerves that regulate sensation in various parts of the knee. It is not uncommon for patients to have many questions regarding the use of a nerve block. Your anesthesiologist will be happy to answer any questions that you may have when you speak with them prior to surgery.

## Am I going to have pain?

Pain management is a very important component of your surgery. One of the biggest concerns patients have about surgery is how much pain they will experience. Our goals are to ease your discomfort and to alleviate your fears and concerns. A personalized pain management plan will be developed to meet your individual needs. Your doctors, nurses, and therapists will work with you to manage your pain after surgery so that you are as comfortable as possible and able to fully participate in and receive the greatest benefit from your therapy sessions. Your doctors will discuss different options to control your pain and assist you in choosing the correct method based on your individual situation.

You will have pain after surgery, though many patients find it is reduced pain compared to what they had been living with prior to surgery. It is important that you understand that we cannot take away all of your pain, but controlling your pain is a very important part of your recovery. Too much pain will keep you from being able to do your exercises and physical therapy, which are crucial to getting you back on your feet sooner.

You can assist us in helping you manage your pain by understanding the 10-point pain scale (see image). By verbalizing your pain on a 10-point scale you can share with your health professional the intensity of your pain. This gives your doctors, nurses, and therapists a measurable description of your pain and the type of pain relief you require. We will ask you to use the pain scale to rate your pain before and after you take pain medications and during therapy sessions. We will work with you to help set a reasonable pain tolerance and help manage pain effectively so you can participate fully during your therapy.



**Important:** The majority of people who need narcotics for pain relief will not experience dependence or addiction. Do not be afraid to take an adequate amount of medication to receive the relief that you need.

Also, non-opioid options are very effective in reducing your pain and include ice (30 minutes on, 30 minutes off) and gentle physical activity.



---

## Incentive Spirometer

You may be asked to breathe into a device called an incentive spirometer in order to help you keep your lungs clear and active during the recovery process. For more information on using an incentive spirometer please reference the Incentive Spirometer Care Instruction.

## Physical Therapy

Through the videos on the online Force Therapeutics platform and the exercises detailed at the end of this informational packet, you will learn exercises to help strengthen the muscles in your leg and increase the movement in your hip pre-operatively. Force Therapeutics will also demonstrate exercises you can safely do immediately after your surgery. Your surgeon may also refer you to work with an outpatient physical therapist after surgery.

## Be sure to let a nurse know if:

Your pain medications seem to wear off too quickly or you start to feel nauseated. The earlier the team intervenes, the better you will feel. Please feel free to talk with your nurse about any other concerns.

## How long will I be at the surgery center?

Up to 24 hours. Most patients will be discharged on the day of their surgery, and others may stay overnight and will be discharged the following morning. These options should be discussed and decided upon by you and your surgeon.

## Can a family member stay with me?

Your family member may stay with you until you are taken to the operating room. During your surgery, your family may stay in the waiting room or leave and provide a contact number. Our staff can notify your family when it is an appropriate time to return to stay with you. Your ride may want to bring a pillow and blanket for you for the car ride home.

## What will my stay at the center be like?

You will most likely be “groggy” initially after surgery due to the medications you received during surgery. Your vital signs (blood pressure, temperature, and pulse) and any drainage from your dressing or drain will be monitored by your nurse.

## Do I have to bring a method of payment?

Yes. We make every attempt to work with your insurance carrier to understand what your expected out of pocket cost will be, and we will ask for this payment at the time of registration via cash, check, or credit card. You should receive a call within the week prior to surgery to let you know what we think this amount will be. You will also receive a bill from your surgeon and anesthesiologist. Please call our insurance specialist at (916) 529-4865 for more details.

## When can I eat?

Most patients do not feel hungry right away. Usually patients are ready to try solid food by the evening after their surgery. Nausea may occur, but it is usually temporary. It is important to let your nurse know if you feel nauseated as there is medication that can minimize this.



---

## Do you provide meals?

Yes. We have snacks available to you at the surgery center, and you will be able to select your own nutritious meals to be delivered to your bedside from a variety of local restaurants.

## When do I start physical therapy exercises?

You will be able to start physical therapy exercises on the day of surgery. Usually, you will be up and walking by the next morning. Your nurse may give you pain medication about 30 minutes before doing any exercises so that you can do as many exercises as possible.

**YOU SHOULD NOT ATTEMPT TO GET OUT OF BED ALONE UNTIL YOUR SURGEON GIVES YOU THE 'OK'.**



## When can I leave the center?

Most patients are ready to go home a few hours after their arrival in the recovery area, but some are discharged the morning after surgery. This will be decided with your surgeon once you have met the discharge criteria.

## What items will be sent home with me after discharge?

This depends on what has been ordered by your surgeon. You will be sent home with an assistive device, such as a walker, crutches, or a cane. You may also be sent home with ice packs and an incentive spirometer.

## Will I need assistance for personal care when I get home?

This varies, but you will need to have your relative or friend stay with you for at least **three straight days**. Depending on your healing progress, you may need someone on call to assist you for two weeks after surgery.

## When can I drive my car?

The American Academy of Orthopedic Surgeons (AAOS) recommends that you do not drive for 3 weeks following a left knee replacement and 4 weeks for a right knee replacement. For your safety and that of others, please do not start driving without clearance from your surgeon.

# Days Following Surgery

---

## Day of Discharge

You will gradually increase your exercises and activities from day one at your home.

Daily activities may include:

- Walking farther each day with supervision and a cane, crutches, or walker.
- Getting on and off the toilet.
- Strengthening exercises.

## Subsequent Days at Home

You will continue to do your post-operative exercises after your surgery, and after that, you may move on to an outpatient physical therapy department. Each day you will increase your exercises and activities, and you will continue to make progress.

In these subsequent days, you may be able to:

- Improve your range of motion.
- Walk without a cane, crutches, or walker.
- Bathe and dress yourself.
- Climb stairs more easily.

If you experience a setback, don't be alarmed – this happens! You will recover and resume making progress within a day or two. Contact your surgeon if you don't feel that you are making appropriate progress.

## What type of professional care may I expect at home?

Your surgeon *may* order home health services as needed, including physical therapy tailored to your home needs. A therapist may continue assisting you with your home exercise program. A nurse may be available if needed to monitor and manage your pain control, incision care, and possibly to take a blood sample if needed to monitor your blood count. The home care team coordinates care with your surgeon and helps you with the transition to outpatient rehabilitation, if needed.

**Your successful surgical outcome is very important. Follow your instructions, use common sense, and give your surgeon a call if you have any questions. It is important that we know if there was anything we could do to improve your experience with us. It was our pleasure to care for you. Thank you for coming to Presidio Surgery Center!**

# Monitoring for Complications

---

## Deep Vein Thrombosis

Call your surgeon immediately if any of the following signs develop:

- Swelling in legs that does not go away with elevation
- Pain in calf, or behind the knee
- Calf warmth or redness

## Pulmonary Embolism

Go to your local emergency room immediately if you experience any of the following:

- Shortness of breath
- Chest pain
- Coughing up blood or pink mucus

## Trips and Falls

You will have limited mobility after surgery and should take care to avoid trips and falls. You should clear clutter from your home before surgery and make sure to not rush while performing your daily activities and exercises during recovery. For more information on preparing your home, see page 13. If you experience increased pain or difficulty walking as a result of a fall, call your surgeon's office immediately.



---

## Pain and Some Ways to Control It

You may experience varying degrees of pain during your recovery. Each patient experiences pain differently. Some ways to control pain include prescription medicine, over-the-counter pain relievers, and ice packs. If you experience pain, realize this is normal and approach it in a tiered fashion.

If your pain is **mild**, you can apply ice intermittently to the affected area, attempt to get up and move 5 times per day, and use over-the-counter Tylenol, 1000mg up to 3 times per day.

If your pain is **moderate**, you should use the narcotic prescribed by your surgeon in the manner prescribed by your surgeon. It is best to try to anticipate when your pain transitions from mild to moderate so that you can take your narcotic to control it.

If your pain is **severe** and not controlled by your medication, please call your surgeon's office immediately. If this occurs after hours, call the on-call physician. It may be recommended that you go to the ER for an IV dose of medication. Very rarely do patients' pain levels get to this point. Please remember that narcotic medication cannot be called into a pharmacy. If you find that you are running low on your medication, contact your surgeon's office during business hours so that you may get a refill prescription.

## Nausea or Vomiting

A possible reaction to anesthesia and pain medication is an upset stomach. This often occurs when taking pain medication on an empty stomach. Try to take your pain medication with food. Stay well hydrated. Eat several small meals throughout the day and avoid large, rich meals. Saltine crackers and ginger ale are often helpful. If you are still nauseous, your doctor may call in a prescription medication that can help.

## Bleeding and Wound Care

Some drainage from your incision is normal. If you have active bleeding that is not controlled with pressure or a new bandage, please contact your surgeon immediately.

Wash your hands before and after touching the incision area and/or changing the dressing. Applying an ice pack intermittently to the area and elevating the extremity can lessen bleeding and swelling.

You may shower according to your surgeon's specific instructions. Do not submerge your wound in water (e.g. hot tub, bath, or pool) until cleared to do so by your surgeon. If you have TED hose, wear them for 2 weeks and as needed for swelling.

---

## Infection Symptoms and Prevention

It is highly unlikely that you will experience an infection. We are extremely proud of our low infection rate. Possible signs of infection include fever, swelling, heat, drainage, or redness. Most every patient experiences a low-grade temperature for 1-5 days after surgery, which is a typical reaction to anesthesia. Temperatures that are above 101.3°F and persist despite Tylenol and deep breathing exercises are worrisome for infection. If you experience any symptoms that concern you, please contact your surgeon's office immediately.

Most surgeons do not want you submerging your wound (swimming, hot tubs, baths) until you are cleared to do so in a follow-up visit.

Make hand washing a habit - especially before and after caring for your wound or dressing.

If you are prescribed antibiotics (not everyone is), it is important that they are taken on time to optimize therapeutic blood levels.

If you are diabetic, it is important to maintain a normal blood glucose level during surgery (we check it upon arrival at the center) and during the recovery period. Elevated levels of blood sugar are linked to higher risk of post-surgical infections.

Maintain a healthy lifestyle; good nutrition helps with healing:

- **Eat well** – fruits, vegetables, whole grains. Drink plenty of fluids to stay hydrated.
- **Avoid alcohol and recreational drugs** – calories from alcohol have no nutritional value. Alcohol and recreational drugs impair judgment, increase your fall risk, and can decrease optimal healing.
- **Maintain a healthy weight** – avoid putting more stress on your joints. Set a healthy target weight.
- **Stay active** – follow your surgeon's recommendations regarding early ambulation and prescribed physical therapy. Exercise promotes healing and decreases risk of blood clots, and toned muscles will help you recover faster.
- **Stop smoking** – smoking makes recovery harder by stressing your heart, affecting your blood pressure, reducing oxygen in your blood and body tissues. Quitting smoking lowers your risk for smoking-related disease and can add years to your life. Ideally you should stop smoking 30 days before your surgery and at least until your wound is healed.

The American Dental Association and American Academy of Orthopedic Surgeons have developed guidelines for you to consider when having dental work after an artificial joint replacement. Please discuss with your surgeon to see if you need to take an antibiotic prior to dental work.



---

## Constipation

This can be a side effect from pain medication. To counteract this side effect, take your stool softener as prescribed and include fiber in your diet. Staying active and well hydrated can decrease constipation. You may need to take a mild, over-the-counter laxative as well.

## Deep Vein Thrombosis Prevention

After surgery, you are at an increased risk of forming blood clots. Clots most often occur in the lower leg. In order to help avoid clots forming in the leg, you may be given a pair of surgical stockings called T.E.D. hose. The stockings are designed to compress your muscles and blood vessels and will help reduce the risk of blood clots. You may remove them twice for one hour in a 24-hour period. Otherwise, we strongly encourage you to wear these stockings 24/7 until your first postoperative visit.

Blood clots after surgery can be associated with inactivity. Follow your surgeon's activity instructions. Your surgeon may place you on one of the following medications to help in the prevention of blood clots:

- Aspirin – pill taken orally
- Coumadin – pill taken orally
- Lovenox – given by injection
- Arixtra – given by injection
- Xarelto – pill taken orally

Signs of a blood clot include:

- Increased swelling that does not respond to rest/lying down
- Fever
- Fast heart rate
- Pain in your leg when you flex your foot.

If a blood clot does form, it can dislodge and migrate to your lungs. This is called a pulmonary embolism and can be life-threatening. Signs of a pulmonary embolism include:

- Chest pain
- Shortness of breath
- Coughing up blood or pink mucus

If you experience these signs of a pulmonary embolism, you should seek medical treatment immediately.

# Surgery Center Packing List

---

## What to bring:

- ❑ Your government-issued photo ID (driver's license, state ID, or passport)
- ❑ Your insurance card
- ❑ A form of payment for any co-pays you may have
- ❑ A copy of your advance directive
- ❑ Reading materials or music to help pass the waiting time
- ❑ Plan to bring your glasses, hearing aids, dentures or other assistive devices with you *if you rely on them* (otherwise leave them at home). Once you go into surgery, these devices will be given to your Care Partner(s).
- ❑ **If you are scheduled to go home the same day of your surgery**, you will need to arrange for a responsible adult, age 18 years old or older, to drive you home. Remember, it's important to identify your Care Partner before your surgery date. Your Care Partner should plan to stay at arms reach for the first 3 days after your surgery.

## What NOT to bring:

Do NOT apply lotions, perfumes, or powders.

Do NOT wear jewelry to the surgery center.

\* If your wedding band cannot be removed, it can be taped to your finger at the center

\* It is best to leave all jewelry at home.

**Please note:** You will be asked to remove glasses, contact lenses, dentures, partial plates, and jewelry prior to surgery. Leave jewelry at home, but you may wear dentures, partial plates, contacts, and glasses until right before you go to surgery, or pack them in your overnight bag for use during your stay.



# Check-in Instructions

---

## Check-in Instructions:

1. The surgery center will call you the day before your surgery to confirm your arrival time.
2. To access Presidio Surgery Center enter the **1635 Divisadero St** building through the courtyard entrance off Divisadero street and take the elevators to the 2nd floor or through the Presidio Surgery Center signed door from the parking garage (see Directions to the Presidio Surgery Center Parking Garage Care Instruction for more information about parking onsite.)  
**NOTE:** The 1635 Divisadero building entrance through the courtyard off Divisadero St opens at **6 am** so if you arrive prior to 6 am you must enter through the parking garage entrance.
3. Check-in at the waiting area desk.
4. Once you've checked in, you will be escorted to the pre-operative area. Your Care Partner will remain in the waiting room during the surgery. Once your surgery is complete, they will be brought to your recovery room.

Although compression stockings are constructed of elastic and rubber fibers strong enough to provide pressure on lower legs and feet, a gentle hand is required when it comes to wash time. Hand wash compression stockings after every wearing. A single cycle in the washer and dryer can stretch or damage the stockings, rendering them ineffective.

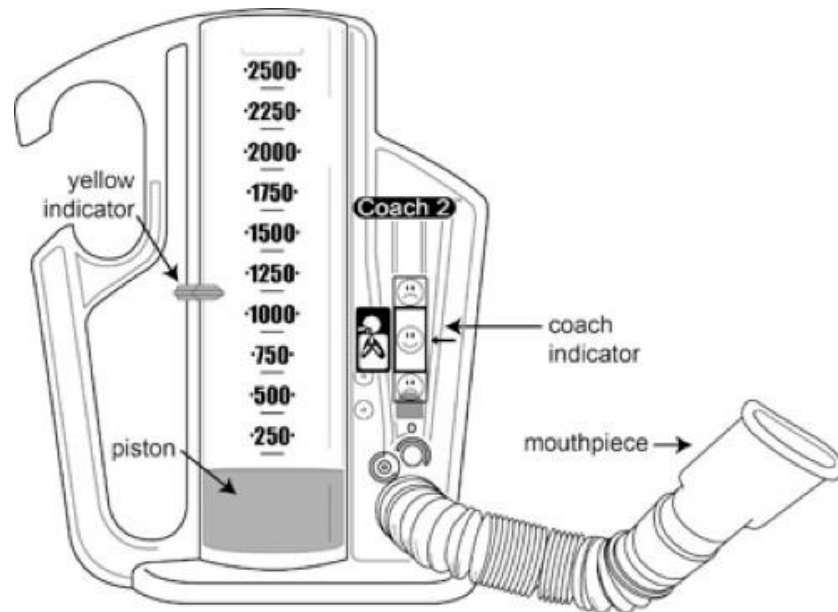


## Washing Instructions

1. Fill a small tub or basin with cool water.
2. Dip the stockings in the cool water, then remove.
3. Add a mild detergent to the water and mix the water with your hand to circulate the soap.
4. Place the stockings back in the soapy water and let them soak for 5 to 10 minutes.
5. Gently rub the stockings to remove dirt and oil. Squeeze them out gently and rinse to remove any soap. Do not pull or twist the stockings.
6. Squeeze out as much water as you can, then lay the stockings flat to dry in a cool or warm place. Do not place near heat.

# Incentive Spirometer

Using your incentive spirometer after surgery will help you keep your lungs clear and will help keep your lungs active throughout the recovery process, as if you were performing your daily activities.



## How to Use an Incentive Spirometer

1. Sit on the edge of your bed if possible, or sit up as far as you can in bed.
2. Hold the incentive spirometer in an upright position.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. Breathe in slowly and as deeply as possible. Notice the yellow piston rising toward the top of the column. The yellow indicator should reach the blue outlined area.
5. Hold your breath as long as possible. Then exhale slowly and allow the piston to fall to the bottom of the column.
6. Rest for a few seconds and repeat steps one to five at least 10 times every hour.
7. Position the yellow indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each slow, deep breath.
8. After each set of 10 deep breaths, cough to be sure your lungs are clear. If you have an incision, support your incision when coughing by placing a pillow firmly against it.
9. Once you are able to get out of bed safely, take frequent walks and practice the cough.

## Presidio Surgery Center Website

### **Total Joint Program:**

[www.PresidioSurgery.com](http://www.PresidioSurgery.com)

Click the “Total Joint Program” link in the center of the page.

## Smoking Cessation

### **Kick It California**

<https://kickitca.org/>

## Nutritional Counseling Resources

### **UCSF Health Nutrition and Food Service**

<https://chrcsf.org/nutrition-counseling/>

### **Community Health Resource Center Nutrition Counseling**

<https://nutrition.ucsf.edu/nutrition-counseling-clinic>

### **Sample Meal Plans and Online Cooking Videos**

<https://www.sutterhealth.org/health/nutrition>

## Weight Management Resources

### **California Weight Clinic:**

<https://californiaweightclinic.com/>

### **Weight Watchers:**

[www.weightwatchers.com/us/find-a-meeting](http://www.weightwatchers.com/us/find-a-meeting)

### **Obesity Action Coalition**

[www.obesityaction.org](http://www.obesityaction.org)

## Stress Management Resources

### **Building Healthy Habits Course:**

<https://www.sutterhealth.org/classes-events/series/building-healthy-habits-4326>

### **Mindfulness Based Stress Reduction Course:**

<https://osher.ucsf.edu/public-classes/MBSR>

### **WHO Mental Wellbeing Resources:**

<https://www.who.int/news-room/feature-stories/mental-well-being-resources-for-the-public>

# Exercises

## Ankle Pumps:



Bend ankles to move feet up and down, alternating feet.

Repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.

## Heel Prop:



Lie with pillow under heel. Tighten the muscles on the top of the leg while trying to push the knee toward the floor.

Hold \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.

## Heel Slide:



Bend knee and pull heel toward the buttocks.

Hold \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.

## Straight Leg Raises:



Bend non-operative leg. Raise operative leg \_\_\_\_\_ inches with knee locked. Exhale and tighten thigh muscles while raising leg.

Repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.

## Knee Straightening over Towel Roll:



Lying on back with a rolled towel under knee, slowly straighten knee to fully extended position.

Hold \_\_\_\_\_ seconds, then relax.

Repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.

## Active Flexion and Extension:



Straighten operative leg and try to hold it \_\_\_\_\_ seconds.

Use \_\_\_\_\_ lbs on ankle.

Repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.

## Hip Abduction:



Lie on non-operative side. Lift operative leg straight to the side.

Use \_\_\_\_\_ lbs on ankle.

Repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.

## Range of Motion:



Place operative foot on a smooth surface. Slowly slide foot back as far as possible.

Hold \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.



Place heel of operative leg on a low table or chair. Let knee hang and gravity stretch your leg.

Hold \_\_\_\_\_ seconds.

Repeat \_\_\_\_\_ times.

Do \_\_\_\_\_ sessions per day.



# Patient Rights and Responsibilities

Presidio observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems.

## You have the right to:

Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.

- Access to treatment without regard to race, gender ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the center to disclose, when applicable, physician financial interests or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the center, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the center's policy regarding advance directives/living will. Expect the center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center's payment policies.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff
- Be free from all forms of abuse and harassment.
- Expect the center to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time.

Grievances may be lodged with the state agency directly using the contact information provided on the patient rights poster posted in the center lobby.

If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

If the State court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

## You are responsible for:

Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.

- Respecting the property of others and the center.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications – including OTC & dietary supplements, allergies or sensitivities, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

**You may contact the following entities to express any concerns, complaints or grievances you may have:**

<b>CENTER</b>	Jessie Scott, Administrator (415) 346-1218
<b>STATE AGENCY</b>	Attn: Kathleen J. Billingsley, RN, Deputy Director California Department of Public Health Center for Health Care Quality (CHCQ) Licensing and Certification Division P.O. BOX 997377 MS 3000 Sacramento, CA 95899 Complaints (800) 236-9747 General Information (916) 558-1784 CDPH SF OFFICE (415) 330-6353
<b>MEDICARE</b>	Office of the Medicare Beneficiary Ombudsman: <a href="http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html">www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html</a>
<b>OFFICE OF CIVIL RIGHTS</b>	US Department of Health and Human Services Office of Civil Rights 200 Independence Avenue SW, Room 509F, HHH Building Washington, D.C. 20201 (800) 368-1019; (800) 537-7697 (TDD) Internet address: <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>
<b>ACCREDITING ENTITY</b>	The Joint Commission Office of Quality Monitoring One Renaissance Boulevard Oakbrook Terrace, Illinois 60181 (800) 994-6610 <a href="mailto:complaint@jointcommission.org">complaint@jointcommission.org</a>



# Language Disclosures

## Limited English Proficiency of Language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-415-659-3141 (TTY: 1-415-346-1218).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-415-659-3141 (TTY: 1-415-346-1218).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-415-659-3141 (TTY: 1-415-346-1218)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-415-659-3141 (TTY: 1-415-346-1218).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-415-659-3141 (TTY: 1-415-346-1218).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-415-659-3141 (TTY: 1-415-346-1218). 번으로 전화해 주십시오.

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծախսալուրջույուններ: Ձանգահարեք 1-415-659-3141(TTY (հեռատիպ)՝ 1-415-346-1218

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-415-659-3141 (TTY: 1-415-346-1218) تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-415-659-3141 (телетайп: 1-415-346-1218).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-415-659-3141 (TTY: 1-415-346-1218)。 まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-415-659-3141 (رقم هاتف الصم والبكم: 1-415-346-1218).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-415-659-3141 (TTY: 1-415-346-1218) 'ਤੇ ਕਾਲ ਕਰੋ।

សូមយកចិត្តទុកដាក់: បើអ្នកនិយាយភាសាខ្មែរ យើងខ្ញុំមានផ្តល់ជូនសេវាកម្មបកប្រែភាសា ដល់អ្នកដោយឥតគិតថ្លៃ ។ សូមហៅទូរស័ព្ទមកលេខ 1-415-659-3141 (TTY: 1-415-346-1218)។

LUS CEEV: Yog tias koj paub lus Hmoob ces muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-415-659-3141 (TTY: 1-415-346-1218).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-415-659-3141 (TTY: 1-415-346-1218) पर कॉल करें।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-415-659-3141 (TTY: 1-415-346-1218).