Dr. Christian Eccles
Hip and Knee Replacement Surgery
2940 E. Banner Gateway Dr. #200, Gilbert, AZ 85234
1675 E Melrose St, #101, Gilbert, AZ 85297
Phone: 480.964.2908 | Fax: 480.388.3519
Medical Assistant (Reese) extension: 3186
Surgery Scheduler (Debbie) extension: 4141

IMPORTANT DATES

Use this form to keep track of your appointments

Schedule a medical clearance appointment with your Primary Care Physician

Date: _____ Time: _____

If needed schedule a medical clearance appointment with your Specialty Physician(s)

Specialty: _____ Date: _____ Time: _____

Specialty: _____ Date: _____ Time: _____

PRE-OPERATIVE APPOINTMENT WITH DR. ECCLES

☐ 2940 E. Banner Gateway Dr, #200, Gilbert, AZ 85234

☐ 1675 E Melrose St, #101, Gilbert AZ 85297

Date: _____ **Time:**_____

You need to have all pre-operative testing/clearances done before your appointment.

SURGERY DATE AND TIME

Location: **Arizona Spine & Joint 4620 E Baseline Rd, Mesa, AZ 85206**

Date: _____ **Time:** Debbie (Surgery Scheduler) will call you **the afternoon before with your check in time.**

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PRE-OPERATIVE MEDICAL CLEARANCE

Patient's Name _____ Surgery Date: _____

Procedure: ☐ Right ☐ Left ☐ Total Hip Arthroplasty ☐ Total Knee Arthroplasty

☐ _____

- Thank you for your help with helping our mutual patient get ready for surgery. Please complete this form and return it, lab and EKG results, and office note that confirms that the patient is medically optimized for elective surgery to **Fax (480) 388-3519**. We request that labs are ordered through your office within 30 days of surgery.
    - ☑ **CBC (Hb needs to be at least 12g/dL)**
    - ☑ **CMP**
    - ☑ **A1c (needs to be less than 7.5%)**
    - ☑ **PT/PTT/INR**
    - ☑ **Pre-operative EKG**
    - ☐ **ESR/CRP (if it's a revision)**
    - ☐ **Serum Cotinine (if recent nicotine history)**
- Please also review their current medications and instruct them if there are any that should be held before surgery (i.e. blood thinners). We recommend stopping NSAIDs for 1 week and herbal supplements for 2 weeks prior to surgery.

☐ Yes, the patient is medically optimized and may proceed with planned surgery

☐ No, the patient should not proceed with the planned surgery at this time

Comments:

_____

Physician's Name (print) _____ Date: _____

Physician's Signature _____ Office phone _____

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Physician Orders

Outpatient Physical Therapy
Total Knee Protocol

_____
Patient Name

Diagnosis: s/p Total Knee Replacement (**Z96.651** for a right knee, **Z96.652** for a left knee)

☑ **Outpatient Physical Therapy 3 times per week for 4-6 weeks**

- AROM/PROM focusing on terminal knee extension and flexion
  - Ideally at from -5 – 95 degrees by 2 weeks
  - Ideally from 0 – 120 degrees by 6 weeks
- Gait training as needed, progressing from rolling walker to cane to no device per patient tolerance
- Balance Training
- Strengthening with focus on closed chain activities
- Modalities as needed for pain and swelling control
- Incision care:
  - If dressing contains bleeding, wetness, or drainage larger than the size of a quarter, please notify our office.
  - If dressing loses water-tight seal, ok to reinforce.
  - Patients are typically instructed to leave dressing on until 2-week follow-up.

_____ _____
Physician Signature Date

Surgical Cancellation/Reschedule Policy and Fee

Patient Name: _____DOB: _____ PID: _____

Please carefully consider your surgical date before scheduling. Your surgery requires coordination of insurance authorizations, multiple providers, and facility availability. Rescheduling involves the same level of coordination and time.

OrthoArizona recognizes that your time is valuable. To help accommodate the medical needs of all patients within the practice, we require to be notified at a minimum of 10 business days for any cancellation or rescheduling of a surgical procedure. A $250 cancellation/reschedule fee will be charged if you do not notify our office at least 5 business days prior to your scheduled procedure. This fee covers administrative costs and will not be applied toward future visits or patient responsibility. It must be paid before your surgery can be rescheduled. You will have the option to pay this fee by phone at the time of cancellation. This fee does not apply if your surgery is canceled due to medical necessity related to your procedure, or if authorization is denied by your insurance provider.

Occasionally, factors may arise that affect the day, date, or time of your surgery. If this occurs, your surgical scheduler will notify you as soon as possible.

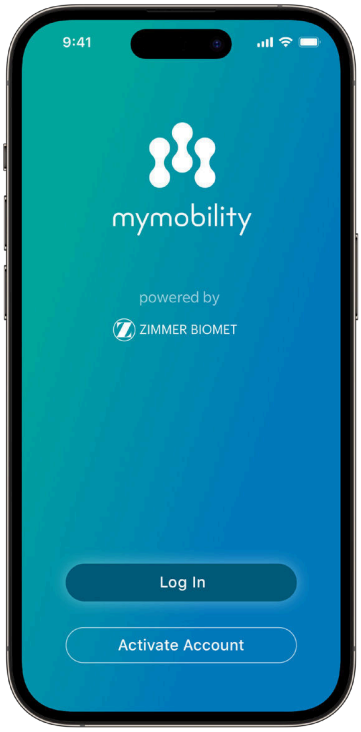
I have read and understand the information above regarding surgical scheduling and the cancellation/reschedule policy. I acknowledge that it is my responsibility (or that of the party responsible) to notify the office at least 10 business days in advance if I need to reschedule or cancel. I understand that payment is required at the time of cancellation. I also understand that the office will notify me as soon as possible if a change to my surgery schedule is needed.

Patient / Responsible Party Signature: _____ Date: _____

OrthoArizona Representative Signature: **_____ Date: _____**

Welcome to the mymobility® Application

The mymobility® Application is a surgical journey companion that guides you through your orthopedic procedure.



You will be sent a text message to be signed up for this.

This application will:

- reminded you of important information both before and after surgery
- monitor your progress
- provide an easy way to communicate with our team during normal business hours if needed.

Please remember that most of your questions can be answered if you read and follow the surgical packet you were given.

Getting started is easy!

Look for the text message on your phone.

Click on the link in the text and download the mymobility app or use the desktop URL in your activation text message on your computer or tablet to access mymobility.

Activate your account.

Then, you're all set. You can start logging in for information and to track your progress.

Customer Support

For any questions about the app or instructions on how it works please contact the mymobility support team:
Website: https://support.zbmymobilitysolutions.com
Email: support@zbmymobilitysolutions.com
Phone: 1-844-799-8208

Smartphone Set Up Instructions

STEP 1: TEXT MESSAGE ACTIVATION

You will receive a text message to the mobile phone number provided to the Care Team Member who enrolled you in mymobility.

In the text message, there will be a link to download the app. When you click on the link, you will be directed to the App Store or Google Play Store with instructions on how to download the mymobility app.

STEP 2: DOWNLOAD

Before downloading the app, you will want to ensure that your iPhone or Android device is up to date. To check if your device is up to date:

iPhone Instructions:

1. Tap the Settings Icon
2. Tap General
3. Tap Software Update

Android Instructions:

1. Tap the Settings Icon
2. Scroll down until you reach the Systems Menu
3. Tap on System Updates
4. Tap on Check for Updates

If a newer version of iOS or Android is available, download and install the update. Once completed, you can download ZB mymobility from the App Store or Google Play Store.

STEP 3: INITIAL SIGN IN

When you open the app for the first time, select "activate account." Sign in using your date of birth and the mobile phone number provided to the Care Team Member. Once you have signed in, you will receive a text message with a temporary code. This code will let you access the mymobility app. In the future, you will be able to use both Touch ID and/or Face ID.

During the setup process, you will have the option to enable notifications and set your preference for when reminders should be sent. These notifications alert you to new tasks, check-ins from your care team, and survey completion. The notifications have a clickable link that takes you directly to the exact place you need within the app.

STEP 4: (OPTIONAL)

iPhone iOS USERS ONLY - PAIRING APPLE WATCH®

If you have ordered or have your own Apple Watch, you can pair it with your iPhone for use with the mymobility app. Before pairing, perform all system updates for your watch. To check if your Apple Watch is up to date:

1. Open the Apple Watch app on your iPhone
2. Tap the My Watch tab
3. Tap General
4. Tap Software Update

Download the update if needed.

ANDROID USERS ONLY - pairing GOOGLE FIT

Download the Google Fit app from the Google Play Store.

STEP 5: YOU ARE READY TO BEGIN

You are ready to begin your journey using the mymobility app.

Desktop, Laptop or Tablet Users

STEP 1: TEXT MESSAGE ACTIVATION

You will receive a text message to the mobile phone number provided to the Care Team Member who enrolled you in mymobility.

In the text message, there will be a link to download the app as well as a link to the desktop or tablet URL: https://patient.zbmymobilitysolutions.com.
Tap and hold the URL. A menu will pop up, select "Share", and then choose "email". You can send the URL to yourself so you can click on it from your computer and/or tablet and activate your account.
Or, you can simply type the URL: https://patient.zbmymobilitysolutions.com into your computer or tablet.

STEP 2: INITIAL SIGN IN

When you open the app for the first time, select "activate account." Sign in using your date of birth and the mobile phone number provided to the Care Team Member. Once you have signed in, you will receive a text message with a temporary code to your cell phone. This code will let you access the mymobility app.

STEP 3: READY TO BEGIN

You are ready to begin your journey using the mymobility app.

4206.2-GLBL-en-Issue Date 2024-08

mymobility® by ZIMMER BIOMET

TOTAL KNEE REPLACEMENT INSTRUCTIONS

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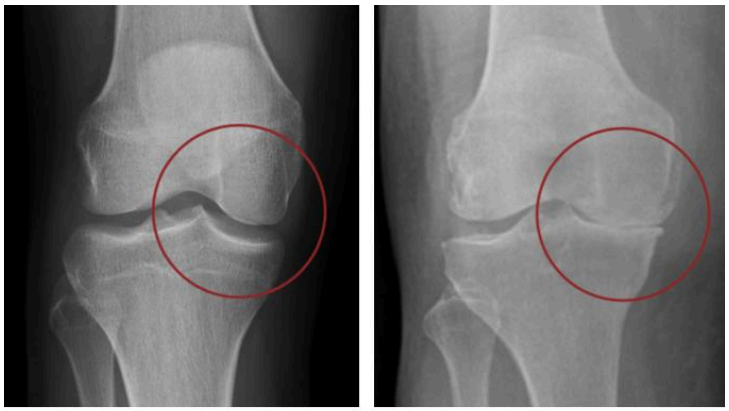
WHAT IS KNEE ARTHRITIS?

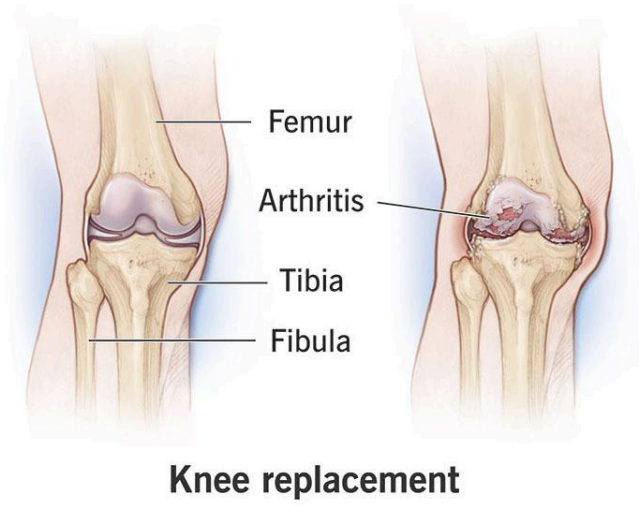
Joint surfaces are covered by a smooth covering called cartilage. This allows pain-free, smooth movement between the bones.

Knee osteoarthritis, also called degenerative joint disease, is the most common form of arthritis. Arthritis is a general term covering numerous conditions where the joint surface or cartilage wears out or becomes damaged. This can be caused by genetics, increased age, overuse, trauma and/or obesity. In knee arthritis, the cartilage of the end of the femur (thighbone) as well as top of the tibia (shinbone) thins and wears out which causes pain, swelling, stiffness and restricted movement as the bone ends rub on one another The joint can be inflamed and can become swollen with excess joint fluid.



WHAT IS A KNEE REPLACEMENT?

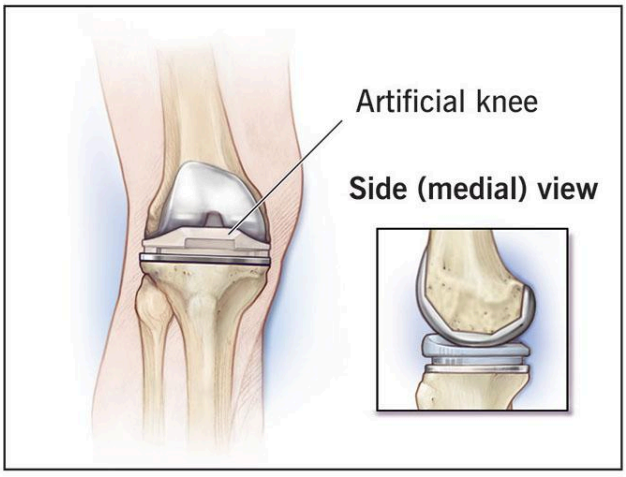
Surgery can be considered if non-surgical treatment fails to provide sufficient relief. A total knee replacement can be a good option when the pain is so severe that it affects your ability to carry out normal activities and you are medically optimized/safe to have surgery. This is done by removing the damaged, arthritic portions of the bone ends and capping them with metal. A plastic insert is placed between the metal components to allow for smooth motion.



Read these instructions multiple times.

Most of your questions are answered here.

Scan this with your phone to connect to a great resource of articles and videos or go to hipknee.aahks.org



WHAT HAPPENS NEXT

Dr. Eccles' team will notify Debbie, your Surgery Scheduler. She will call you within 1- 3 business days and help you select an available surgical date. You will also be scheduled for a preoperative visit a week or so before surgery. Debbie is a great resource for any questions you may have before surgery that these instructions do not answer. Her number is (480) 964-2908 extension 4141.

PREOPERATIVE TESTING AND CLEARANCE

Prior to surgery, Dr. Eccles will need you to obtain medical clearance from your Primary Care Physician (PCP). You will need to obtain (non-fasting) blood work, an EKG and potentially other tests to make sure you are safe to proceed with elective surgery. For example, if you have diabetes, your hemoglobin A1c needs to be below 7.5% to limit infection risk. These tests will be ordered by your PCP who should review them with you and send the results to us. They need to be done **within 30 days of surgery** to be valid. Due to ongoing changes with medical insurance, certain laboratory tests may not be covered by your insurance company and may be your financial responsibility.

Have your PCP review all of your medications! This includes a complete list of all prescriptions, over-the-counter, herbal supplements, and vitamins you take. Please bring the medicines in their original bottles to your appointment so a complete list can be recorded. We oversee your joint replacement and do ***not*** manage your home medications. Your PCP should instruct you if you need to stop certain medications before surgery.

For example:

- Follow their instructions about when to stop taking a blood thinning medication you may take.
- Many of our patients take medications that are in the non-steroidal anti-inflammatory drug (**NSAID**) pharmaceutical class which needs to be **stopped at least 1 week before** surgery. These medications include Ibuprofen (also known as Motrin and Advil), Naproxen (Aleve), Diclofenac, and Meloxicam (Mobic).
- Many **herbal supplements**, such as fish oil or glucosamine/chondroitin, should be **stopped 2 weeks before** surgery as they can cause more bleeding or affect how your body responds to other medications.
- **Acetaminophen (Tylenol) is safe to continue to take**, and we encourage you to do so if need something to help with the pain. You can take 1000mg (two 500mg or three 325mg tablets) every 8 hours before surgery.

If you have a medical condition that requires you to see a specialist (such as a cardiologist, pulmonologist, nephrologist, hematologist, etc.), **we will also need a clearance note from them** stating that you are optimized to undergo joint replacement surgery and any recommendations they may have. If you haven't seen your specialist in over 6 months, we recommend you make an appointment as soon as possible.

COMPLETE THESE CLEARANCES PRIOR TO YOUR PREOPERATIVE APPOINTMENT WITH DR. ECCLES. We encourage you to bring printed copies to your preoperative appointment as well in case we don't receive them from your other doctor. If we are missing any clearances prior to your preoperative appointment, your visit and/or surgery will need to be cancelled and rescheduled.

All clearance notes, EKG, and labs need to be faxed to (480) 388-3519

SURGERY AUTHORIZATION AND FEES

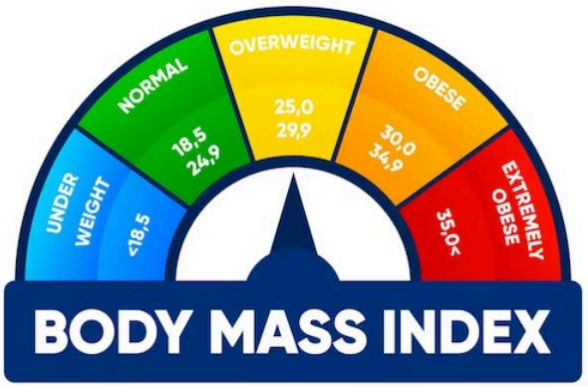
- OrthoArizona's team will check benefits and obtain surgery authorization from your insurance company.
- Some procedures involve computer navigation or robotic assistance, which may not be covered by your insurance. You will be notified if we receive notification of non-covered services. Non-covered services must be paid prior to your preoperative visit.
- Once your insurance benefits are verified, you will receive a text message and email from OrthoArizona detailing any payments due before your surgery. You may provide payment by cash, check, money order, Visa or Mastercard. OrthoArizona now applies a 3% surcharge to credit card payments to offset processing costs. There are no fees for cash, check, or debit.
- You may receive separate bills after surgery from the hospital, anesthesia group, hospitalist medical team that may evaluate you while in the hospital, surgical assist, and from OrthoArizona. You may contact the facility where you will be having your procedure to obtain a quote if there is anything your insurance won't cover.

Billing questions? Call (866) 580-2124

PREPARE YOURSELF FOR SURGERY

BODY MASS INDEX

We want your new joint to last for you. One of the ways to help with this is to control your body weight. Most surgical centers and hospitals have strict guidelines where your BMI (body mass index) should be **less than 40 kg/m²**. Every pound you can lose before or after surgery takes 5 to 6 pounds of force off your affected hip or knee! We are aware that arthritic joint pain limits your ability to stay active. Most of the time weight loss can still be accomplished with nutritional changes or medications, and we are happy to refer you to a bariatric specialist if you need help losing weight.



YOU MUST STOP ALL TOBACCO/SMOKING/NICOTINE

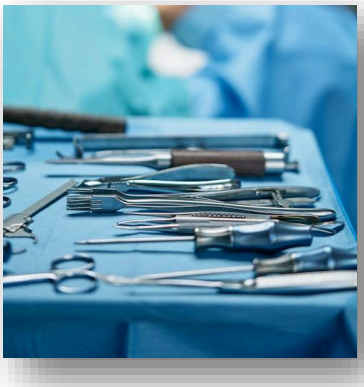
Using nicotine in any form (cigarettes, vaping, chew, and even patches) has been shown to slow bone and wound healing. If you use nicotine, it is crucial to stop this to improve your health before surgery and to give yourself the best chance of having a good outcome.

Dr. Eccles, for this reason, does not permit nicotine use before surgery because it significantly increases your risk of an uncontrollable infection, leading to devastating complications such as losing your leg! Nicotine use must be **completely stopped at least 6 weeks and preferably longer** before your surgery. **We can and will test for this.** For more information or help, contact your Primary Care Physician, call 1-800-55-66-222 or visit https://www.azdhs.gov/ashline/.

ILLNESS BEFORE SURGERY

It is crucial that you have your total joint surgery during a time when you are in your best health to optimize the outcome. **If you become sick (have a persistent fever, cold, flu, urinary tract infection, tooth infection, open sores, or any other type of illness) within two weeks before surgery, please let us know.** It can be dangerous to have surgery if you are not feeling well. Bacteria that may be making you sick could also cause a joint infection if you undergo surgery.

UNDERSTAND THE RISK AND BENEFITS OF SURGERY:



Joint replacement surgery has been performed for many years, and the techniques and implants continue to improve. Most patients who undergo a joint replacement can get around better and have less pain after a full recovery. Most of the time patients feel better than before surgery after 6–8 weeks or so but **true recovery will take a full year!** Total joint replacement surgery can help people live better lives. In most cases, a new joint should last 20 years or more.

JOINT REPLACEMENT IS A MAJOR ELECTIVE SURGERY

It does have some risks. You must be aware of possible risks and complications of joint replacement surgery and discuss them with Dr. Eccles. These may or may not require treatment, including the potential for more surgery.

RISKS INCLUDE BUT ARE NOT LIMITED TO:

- Anesthesia or medical complications
- Bleeding
- Blood clots
- Damage to nerves, blood vessels, or muscles
- Infection
- Wearing out of the new joint
- Dislocation or instability of the new joint
- Leg length inequality
- Loosening of the new joint from the bone
- Possible fractures during or after surgery
- Incision not healing appropriately

THANKFULLY, COMPLICATIONS ARE RARE

Your safety is important to us. We strive to provide quality care so you can achieve the best possible result.

PREPARING YOUR HOME FOR RECOVERY

We understand that you have many things on your mind and many tasks to complete before surgery. This section outlines some tips on preparing both you and your home. This will make your recovery easier and safer.

MEALS

- Stock up on easily prepared foods.
- Prepare some of your favorite foods ahead of time and freeze them.

“FALL PROOF” YOUR HOME

- Remove throw rugs to avoid slipping or tripping.
- Clear all the places you will be walking. Remove electrical cords, footstools, and other obstacles.
- Rearrange furniture to make walkways wide enough for you and your walker or cane.
- Watch out for pets. They do not know you had surgery. They may need to be put into another area of the house when you are walking or even temporarily cared for elsewhere for your safety.

MAKE PLANS TO HAVE HELP

Before your surgery, you will be asked who will help you after. **You will need to identify a caregiver, companion, friend, neighbor, or family member that can help you.** Ideally, they should accompany you to your appointments with Dr. Eccles and should also read and understand these instructions.

You are required to have someone stay with you in the same house until you are entirely comfortable moving around on your own.

- We require this person to be with you for at least a week, **day and night**, for your safety.
- You will need someone to drive you to therapy and doctor appointments, run errands, or grocery shop.
- You may need some help with medications, bathing, cooking, or doing exercises.
- Arrange for childcare/dependent/pet care if needed.

BENEFITS OF OUTPATIENT SURGERY

Historically, patients would be admitted to a hospital for many days after a joint replacement. Things have vastly changed over the years, **and we've learned how to improve patient outcomes and decrease complications by getting you back to your home, away from a hospital or rehab center.** This is made possible with recent advances such as improved perioperative anesthesia, less invasive techniques, and initiation of rehabilitation protocols soon after surgery.

The overwhelming majority of our patients return home safely on the same day as their hip or knee replacement and typically this is our plan with you. Your home is the best place to recover for several reasons:

- There are fewer germs in your home that could increase your risk of infection
- You will recover faster having to get up and move more often
- At home, you can sleep in your own bed and eat your food
- You can set your own therapy program schedule, such as exercising and walking
- You have control of your pain medication, and Dr. Eccles will prescribe the exact medications for the home that you would get in the hospital setting
- It is more convenient for friends and family to visit you at your home

PREPARE FOR YOUR SURGICAL DAY

PACKING FOR THE HOSPITAL/SURGICAL CENTER – WHAT TO BRING

- **Identification** - Bring your driver's license or government-issued ID and your insurance card on the morning of surgery.
- **Clothing** - Plan to wear comfortable, easy-to-remove clothing and nonslip shoes. You will change into a patient gown shortly after arrival. At discharge, you will change back into the clothing you bring.

You will be called in the afternoon before your surgery for your arrival time

EQUIPTMENT YOU WILL NEED

We require that you obtain a walker. A cane may be helpful too.

If your surgery is done at Arizona Spine and Joint Hospital, they will provide you with a walker on the day of surgery

- **A rolling walker** (with front wheels only) will be used for stability after surgery. You should use it as long as you feel you need it. Some patients need this for only a few days, and others use it for a few weeks.
- **A cane** can be beneficial once you feel you no longer need the walker. Typically, this occurs when you no longer walk with a limp.
    - If you use a cane, place it in the opposite hand of your replacement and put it on the ground when your operative leg is on the ground when you are walking.

EATING AND DRINKING GUIDELINES BEFORE SURGERY

7 DAYS BEFORE AND 7 DAYS AFTER SURGERY

We recommend increasing your protein intake to give your body the building blocks necessary to heal appropriately. One way to do this is to drink protein shakes (such as Ensure® or Boost® High Protein Nutritional Drinks) daily for one week before and one week after your surgery.

THE MORNING OF SURGERY

Continue medications as instructed at your Primary Care Physician appointment. You may take them with a sip of water.

8 HOURS BEFORE ARRIVAL TO THE HOSPITAL

DO NOT EAT ANYTHING. You may continue to drink clear liquids such as Gatorade®. Do NOT drink milk, alcohol, or thicker beverages.

2 HOURS BEFORE ARRIVAL

DO NOT EAT OR DRINK ANYTHING. You must have an empty stomach going into surgery so there is less chance of anesthesia complications.

SKIN PREPERATION AND SHOWERING BEFORE SURGERY

Do not shave or wax the area of your body where you will have surgery for 1 week prior to your surgical date to limit potential skin irritation. If you grow hair over where the incision will be, we will use special clippers the morning of surgery to safely remove it.

There is a risk of infection with any surgery. **You play an essential part in preventing infection**. We all have bacteria on our skin. You can lower the number of normal bacteria on your skin for your surgery by using a special soap called chlorhexidine gluconate or CHG. This soap is also called by the brand name **Hibiclens®**.

Please purchase a bottle of chlorhexidine gluconate (Hibiclens®) at any pharmacy prior to your surgery. You do not need a prescription for this.

USE THE SOAP WITH THE FOLLOWING INSTRUCTIONS:

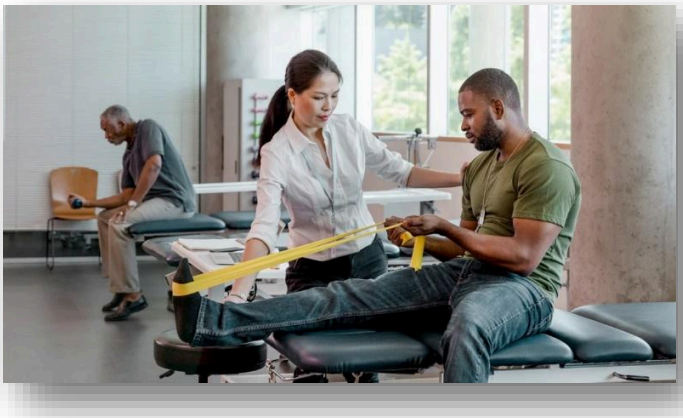
- **You will shower 3 times with the soap: two days before, the night before, and the morning of surgery.**
  For example:
  - If your surgery is on Monday, you will shower with the soap Saturday evening, Sunday evening, and early Monday morning.
  - If your surgery is on Thursday, you will shower with the soap Tuesday evening, Wednesday evening, and early Thursday morning.

- First, wash your hair with your regular shampoo and conditioner and rinse.
- Use a clean cloth and apply the CHG soap to your body from the jaw down. Do not get CHG soap in your eyes, ears, nose, or mouth.
- **Wash your entire body for 3-5 minutes and pay special attention to the area where you will have surgery. Do not scrub your skin hard.**
- Rinse your body. Do not use any other soap after using the CHG soap.
- Pat your skin dry with a clean towel after each shower.
- **Dress in clean clothes with clean bed sheets.**
- Do not apply lotions or powder after using CHG soap. It is ok to use deodorant or antiperspirant.

PHYSICAL THERAPY

Physical Therapy (PT) plays a crucial role in helping you maximize the outcome of knee replacement surgery. You will need this **2-3 times a week for around 4-6 weeks after surgery.** This is to help you regain motion in your knee and help you start to strengthen it. You have around 6 weeks to get your motion back before the scar tissue sets up and locks your knee into the range of motion that you obtain. Make sure that you and your therapist are checking your motion and that you are constantly improving your range of motion week after week.

There are various OrthoArizona PT locations across the valley. However, for ease, Dr. Eccles recommends going to the therapy location nearest to your home that has many 5-star Google reviews.



You will be given a paper referral prescription in your packet that you can take to the location you choose.

We recommend starting therapy 2-4 days after surgery.

- If you have surgery on Monday, you could start therapy on Wednesday.
- If you have surgery on Thursday, you should start therapy on Monday.

Remember to work on motion on your own every day!

SURGICAL LOCATION

Typically, your surgery will take place at Arizona Spine and Joint Hospital. It is a wonderful place with an entire staff and team that is not only friendly, but extremely well trained in helping you with your joint replacement. You will meet your nursing staff as well as anesthesiologist on the day of surgery. You may receive a regional nerve block injection before surgery to help with pain afterwards. You are put completely asleep and most surgeries are done with spinal anesthesia which has been shown to be the safest as you to breathe on your own during the procedure. You will wake up in the recovery area, and our staff will give you something to eat and drink, help you to the bathroom, and get you up walking with a walker. You will also be evaluated and cared for by a hospitalist physician during your stay.

ARIZONA SPINE & JOINT HOSPITAL

4620 E. Baseline Road, Mesa, AZ 85206
24 Hours | 7 Days a Week | Visiting Hours: 8am-8pm
Phone: (480) 832-4770
Fax: (480) 824-1269

Direct Numbers
Admissions/Operator: 480-832-4770
Billing: 866-491-4366
Pre-Op Unit: 480-824-1234
Recovery: 480-824-1228
Inpatient Unit: 480-824-1233
Insurance Inquiries: 480-824-1224
Medical Records: 480-824-1284
Pre-Admit Testing: 480-824-1231

MEDICATION PRESCRIPTIONS

To make things as easy as possible for you, Dr. Eccles will send your (non-narcotic) prescriptions to a local pharmacy in Gilbert called **Stoneview Pharmacy**. These typically will be prescribed electronically on the day of your preoperative appointment and will be **mailed overnight** to your house so that you have them. The reason for not going through your regular pharmacy is because some won't have certain medications in stock (and even may refuse to order them!) that you will need. We want you to get the correct medications and in time. Stoneview Pharmacy also helps with a certain pain medication called Journavx to get the best discount for you as possible. They will take your insurance and reach out to you if any additional information is needed.

If you have any questions, you can contact them directly:

STONEVIEW PHARMACY

- 459 N. Gilbert Rd., Suite A-148 Gilbert, AZ 85234
- Phone 480-867-6795
- Mon-Fri: 8 a.m.-5 p.m.

Your narcotic pain medication for **oxycodone will be sent to your regular home pharmacy** and you can pick that up at your convenience.

Don't take any medications you receive before your surgical day but bring your Journavx medication to the hospital as you will take one before surgery.

MEDICATIONS YOU MAY BE PRESCRIBED:

- **Cefadroxil** 500mg Antibiotic – Take one every 12 hours for 7 days postop to help prevent infection
- **Tranexamic Acid** 650mg – Take three pills (1.95g) once daily for 3 days to prevent excess internal bleeding
- **Acetaminophen** (Tylenol) 500mg – Take two pills (1000mg) three times a day for 30 days for pain
- **Journavx** 50mg – Take one every 12 hours for 30 days postop as needed for pain (BRING TO HOSPITAL)
- **Oxycodone** 5mg – Take ½ to 1 tablet every 4-6 hours if needed for pain if Journavx isn't enough
- **Aspirin** 81mg – Take one every 12 hours for 30 days postop to help prevent blood clots
- **Meloxicam** 15mg – Take one daily for 30 days for pain and swelling control

You will start taking most prescriptions the day after surgery.

- You will be given an oral antibiotic (**Cefadroxil**) to help prevent infection for a week. You can start taking it in the evening of the day you had surgery if you go home.
- Unless otherwise instructed, you will be given baby **aspirin** twice a day for a month to prevent blood clots.
    - **For patients that take blood thinners/anticoagulants** like warfarin (Coumadin), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), and clopidogrel (Plavix), **you typically resume your normal dosage starting the day after surgery.** You will typically *not* be prescribed aspirin or meloxicam.

- You will take **Tylenol** and typically an anti-inflammatory (**Meloxicam**) for at least a month. **Don't miss a dose** of these as they aid with pain and swelling control and sometimes are all that are needed.
    - Patients that take anticoagulants before surgery or have kidney disease will *not* be given meloxicam.
- You will be given **Tranexamic Acid** to take for 3 days that will help limit postoperative bleeding.
- **Journavx** is a non-addictive and non-narcotic pain medication that is great for surgical pain. Start with this as your pain medication. **Oxycodone** is a narcotic pain medication and can be extremely dangerous. It should only be used **as needed** for severe pain. Most patients require oxycodone for the first week or so.

Other medications you may need that can be purchased at any pharmacy:

- **Omeprazole** – Take to prevent gastroesophageal reflux/heartburn (stomach acid)
- **Colace** – Take until moving bowels regularly then discontinue (Oxycodone can constipate you!)
- **MiraLAX** or other laxative – Take as needed if bowels not moving after taking Colace
- **Cetirizine** (for daytime) and **Benadryl** (for nighttime) – Take if itchiness occurs

Medication Schedule Example:

6:00 AM	10:00 AM	2:00 PM	6:00 PM	10:00 PM	2:00 AM
Cefadroxil (7 days) Tranexamic Acid (3 days) Acetaminophen (Journavx?) (Oxycodone?) (Aspirin) (Meloxicam)	(Oxycodone?)	Acetaminophen (Oxycodone?)	Cefadroxil (7 days) (Journavx?) (Oxycodone?) (Aspirin)	Acetaminophen (Oxycodone?)	(Oxycodone?)

Medication	Frequency	Purpose	Day of Surgery	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Aspirin (81 mg)	Take 1 pill every 12 hours for **a month**	Prevents blood clots	-	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM
Meloxicam (15mg)	Take 1 pill once a daily for **a month**	Pain and swelling	-	❑ AM	❑ AM	❑ AM	❑ AM	❑ AM	❑ AM	❑ AM
Acetaminophen (500mg, Extra Strength Tylenol)	Take 2 pills every 8 hours for **a month** then as needed	Pain and fever	❑ 8 hours from last dose ❑ PM	❑ AM ❑ 2PM ❑ PM	❑ AM ❑ 2PM ❑ PM	❑ AM ❑ 2PM ❑ PM	❑ AM ❑ 2PM ❑ PM	❑ AM ❑ 2PM ❑ PM	❑ AM ❑ 2PM ❑ PM	❑ AM ❑ 2PM ❑ PM
Cefadroxil (500mg)	Take 1 pill, every 12 hours for 7 days	Antibiotic	❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM
Tranexamic Acid (650mg)	Take 3 pills (1.95mg total) once a day for 3 days	Prevents excess internal bleeding	-	❑ AM	❑ AM	❑ AM	-	-	-	-
Journavx (50mg)	Take 1 pill, as needed, every 12 hours	Pain	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM
Oxycodone (5mg)	Take 1 pill, as needed, up to every 4- 6 hours	Excessive pain	- - ❑ PRN ❑ PRN	❑ PRN ❑ PRN ❑ PRN ❑ PRN	❑ PRN ❑ PRN ❑ PRN ❑ PRN	❑ PRN ❑ PRN ❑ PRN ❑ PRN	❑ PRN ❑ PRN ❑ PRN ❑ PRN	❑ PRN ❑ PRN ❑ PRN ❑ PRN	❑ PRN ❑ PRN ❑ PRN ❑ PRN	❑ PRN ❑ PRN ❑ PRN ❑ PRN

*PRN = As needed

- **Individualized Pain Management:** Everyone's pain tolerance is unique. Our goal is to minimize the use of narcotics by utilizing strong therapeutic doses of over-the-counter medications and a non-addictive and nonopioid medication called Journavx.
- **Medication Adjustments:** Your specific list of medications may vary based on your health history. For example, if you have kidney disease or are taking blood thinners, you will not be prescribed Meloxicam.
- **Blood Thinners & Anticoagulants:** * Most patients will be prescribed **Aspirin** as a blood thinner unless you take another.
    - Patients at a higher risk for blood clots may receive a prescription for **Eliquis** instead.
- *Always follow the specific instructions on your medication labels.*

KNEE REPLACEMENT'S BIGGEST SECRET:

ICE AND ELEVATATION

The first few weeks of recovery after a knee replacement can be tough unfortunately. One of the best ways to alleviate pain is to be fanatical about swelling control so that you can regain your full motion as fast as possible. Pain and swelling occur because you had major surgery. They can make your rehab more difficult. **A lot of the pain diminishes once your swelling is controlled and motion is obtained.**

ICE

Ice your knee **at least 3-4 times per day**. In the early weeks of recovery, icing more frequently will be beneficial. Use a **"30 minutes on, 30 minutes off"** schedule.

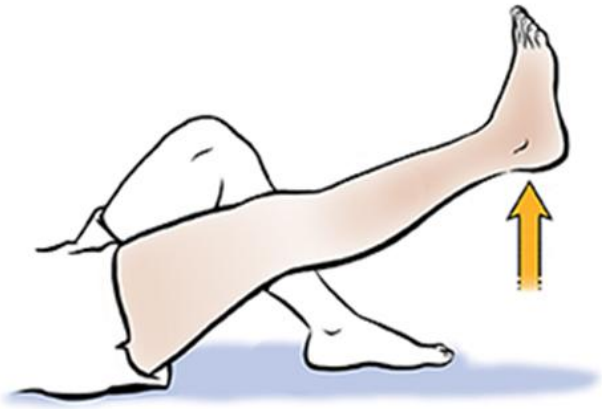
- At a minimum, you should ice after every PT/exercise session and any time you have been particularly active.
- Protect your skin from direct contact with the ice/moisture with a towel or pillowcase.
- **Using an ice machine, ice packs, or a simple bag of ice cubes or frozen vegetables is acceptable!**
- Icing is helpful for **months**! If it feels good, do it!

ELEVATE

Elevate your surgical leg above the level of your heart 3-4 times per day for at least 30 minutes to help reduce swelling in the operative leg. Just do this while icing. Dr. Eccles and his staff know immediately which patients do this and which don't during follow-up visits. We encourage you to do this so that you have a great outcome.

"TOES ABOVE THE NOSE" is the only effective way to properly elevate the leg to reduce swelling. Prop your leg up using pillows or couch cushions and lay on your back. This allows for the fluid that builds up in the leg to get back to the rest of your body. Gravity will constantly fight you and have the opposite effect unless you prop your foot up above your heart.

- **TIPS:**
  - Do not put a pillow directly under your knee but rather place it under your heel to help with elevation and regain full knee extension.
  - The same goes for sitting in a recliner with the knee partially bent; it isn't helping you gain extension or reduce swelling! (you aren't raising high enough!)

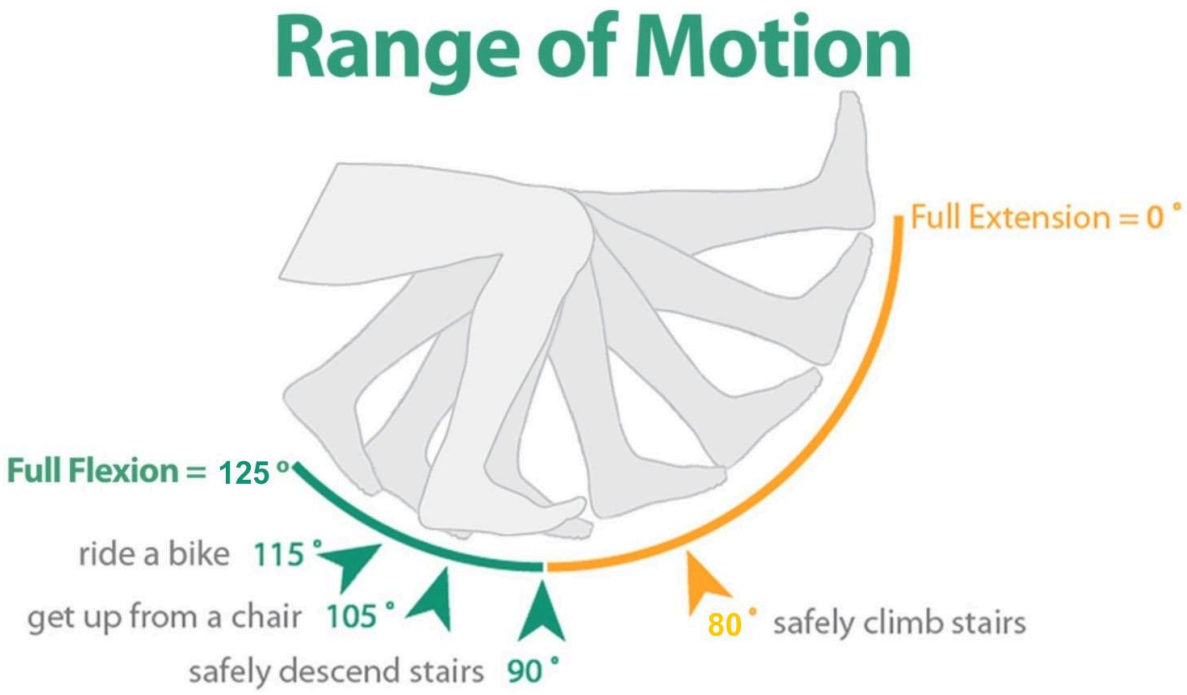


KNEE RANGE OF MOTION

Dr. Eccles does not leave the operating room and complete your surgery until he is completely satisfied that your new replacement parts can achieve full extension and flexion of your knee.

Most of your improvement after a knee replacement will take time. Working hard to have a good range of motion for flexibility in your knee is very important. **THIS IS ENTIRELY YOUR RESPONSIBILITY, AND YOUR OVERALL OUTCOME DEPENDS ON YOU REGAINING MOTION**. You have one chance at this. Pain and stiffness may persist for the rest of your life if this doesn't happen. You will have discomfort and potentially not feel like you want to do these at first, but more frequent range of motion and exercising of the new knee leads to less pain as you regain your motion back. **Ensure you do the flexion and extension stretches on the next page every day, every hour you are awake.**

Within the first couple weeks, you should be able to get your knee entirely straight, with no space between the back of your knee and the bed or ground you are lying on. You need to quickly regain your knee bend to 90 degrees, the same thing as a right angle (much like sitting in a chair normally). Once you achieve these goals, it is essential to push forward with your stretching and exercises to regain all your flexion. Most patients can achieve up to 120 to 125 degrees of knee bending. You need to obtain this by your 6-week visit, or there might be a chance that you'll have to return to the OR and have Dr. Eccles bend your knee to break through the scar tissue. Make sure you know how much flexibility you have in your knee. Ask your therapist to measure your motion at each visit. This will help you see if you are making progress over the weeks.



Knee flexion goals: (make sure you are achieving these)

Within a few days – 90 degrees of flexion
2 weeks – 100 degrees of flexion
4 weeks – 110 degrees of flexion
6 weeks – 120 degrees of flexion

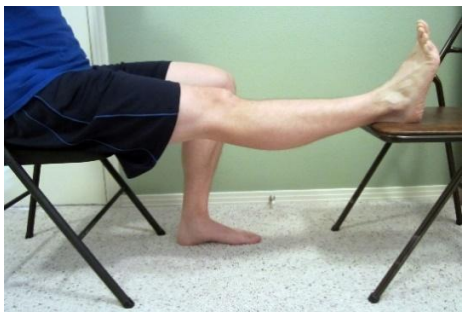
“The One-Minute Stretches”

Every day, every hour while awake

Hold each for 30 seconds and repeat 2 times!

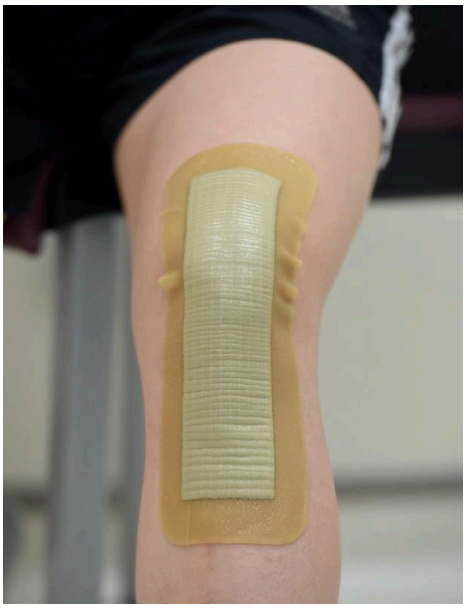
The secret to doing well is to control swelling with ice and elevation (keeping your “toes above your nose”) and actively stretching your new knee often. These “one-minute stretches” for extension and flexion, in addition to all the other exercises your therapist and Dr. Eccles give you, should be done **until you have reached full motion** (fully straight and bending to 120-125 degrees).

- **For extension**, sit in a chair and place your ankle on another chair or table and contract the quadricep muscle (top part of the thigh) first, and then with your hands, push down on the knee to stretch it flat.
  Hold this for 30 seconds and repeat 2 times, every hour while awake, every day.
  If it is uncomfortable and tight, it’s working!



- **For flexion**, sit in a chair and bend your knee back as far as it will go. Then, while keeping your toes planted, slide forward with your body in the chair and use your body weight to help stretch the knee as it bends.
  Hold this for 30 seconds and repeat 2 times, every hour while awake, every day.
  If it is uncomfortable and tight, it’s working!

SURGICAL BANDAGE/INCISION CARE



For typical skin closure, Dr. Eccles and his team will place stitches or sutures under your skin. The sutures will dissolve on their own over time, and nothing needs to be removed.

When you leave the surgical center, you will typically have an antimicrobial bandage on your incision that we may refer to a "dressing." We typically wrap a stretchy, tan Ace-Bandage which can be removed and thrown away before your first shower and doesn't need to be reapplied.

Unless otherwise instructed, **leave the underlying dressing on for 2 weeks!** Dr. Eccles or his staff will remove it during your first follow-up visit. It was put on in a sterile environment in the OR and will keep your incision clean.

- **Some minor dressing saturation with bloody drainage can be completely normal. If it is larger than a quarter size or is reaching the edges, notify Dr. Eccles' office.**

THE FIRST 2 WEEKS AFTER SURGERY

- Your dressing is water-resistant. Unless Dr. Eccles tells you otherwise, you can shower normally and pat the dressing dry afterward.
- Notify Dr. Eccles' office immediately if water has gotten inside the dressing.
- Your joint and skin will feel full, may have some surrounding redness, and will be warm as the body sends blood to the area to aid healing.

FROM 2 TO 6 WEEKS AFTER SURGERY

- **Your joint will still feel full, stiff, and warm. THIS IS COMPLETELY NORMAL.**
- Once the dressing is removed at your first postoperative visit, leave the incision uncovered and open to the air. In general, JUST LEAVE IT ALONE! Your body knows how to heal.
- Refrain from picking at any small scabs that may form.
- Shower normally. Allow soapy water to run over your incision but do not scrub.
- Pat the incision dry with a clean towel.
- Avoid submerging your incision in a bath, pool, or hot tub for at least six weeks after surgery.
- Do not apply ointments, creams, powder, oils, or lotions to your incision until instructed.
- It is very common to have lumps and bumps along the incisional area. Your body will dissolve the underlying stitches over time, and everything will flatten out.
- Sometimes, your body will try to "spit out" a stitch before it absorbs it. It is a race between your body dissolving them and your body recognizing that they are foreign objects it wants to try to eliminate. A spit stitch can look like a small pimple, have some surrounding redness, and can even drain a small amount of yellowish fluid. Let us know if this happens and we may have you send us a picture or be seen earlier than expected. If you see the end of the stitch, you can clean a pair of tweezers with alcohol and gently pull the stitch remnant out. Usually, this is a tiny and extremely short white string that can be removed and then the area heals.

6 WEEKS AFTER SURGERY AND ONWARD

- **Your joint will still feel full, stiff, and warm – but improving. THIS IS COMPLETELY NORMAL.**
- Your scar will continue to be purple/red for many months. You will continue to notice warmth from the joint too. Both are because of the increased blood flow to the area as your body is trying to heal. As the scar tissue from the incision and deep inside the joint continues to heal and mature, the color will change, and the swelling and warmth will decrease.
- Unless you are told not to do so, it is now safe to submerge in water (pools, ocean, baths, etc.)
- You can now apply ointments, creams, powder, oils, or lotions to your incision. Vitamin-E lotions work well to decrease scarring. You should also massage your scar to keep it soft, and it should continue to flatten and mature over time.
- It is common to have occasional episodes of scar tissue-mediated pain when being very active during the first 6 months. You might be doing very well and then have sharp pain and swelling that goes away after a day or two. This may be due to some immature scar tissue tearing and causing some bleeding. Just ice the area, take anti-inflammatory medications, and be patient. Let us know if the pain doesn't improve within a few days.

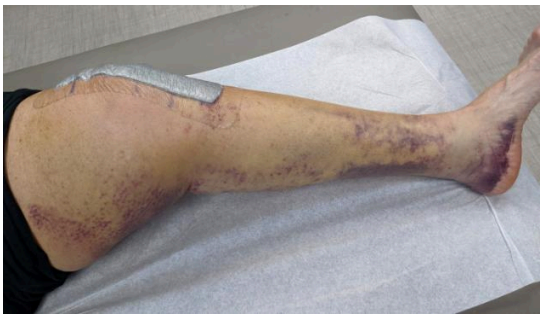
RECOGNIZING SIDE EFFECTS AND PREVENTING COMPLICATIONS

NUMBNESS

All patients develop an area of numbness on the outer side of the knee incision. This is normal. It is not a sign of any problem. The numbness should lessen in the coming year after the joint replacement. You may notice "pins and needles" sensations as the microscopic nerves in the skin regenerate.

BRUISING

You may develop bruising of the operative leg a few days after surgery. Developing this on your thigh, calf, ankle, and foot is normal. Don't be alarmed by this; it doesn't mean anything is wrong. The bruising will gradually go away on its own as the body absorbs the blood.



SWELLING

Swelling is expected and can affect the entire leg. **ICE AND ELEVATE** your leg (with your **"toes above your nose"**) to help with this and control pain. Keep ice on for 30 minutes and then remove it for 30 minutes and repeat. Do this for many weeks and even many months!

Some total knee patients are prone to swelling, may be sensitive to the dressing, potentially don't ice or elevate enough, and can develop some blistering around the knee. If this happens, they will pop on their own and a non-adhesive dressing over these areas can be used as needed until they heal. Feel free to contact our office with questions.

WARMTH

This is due to the extra blood flow going to the joint as it is healing. It may stay this way for months! Sometimes the blood flow can also cause mild to moderate redness that should improve with icing and elevation.

STIFFNESS/FULLNESS

This is also due to the inflammation of surgery, the extra blood flow going to the joint to aid in healing, and scar tissue. Over time the fluid will diminish, and the scar tissue will soften.

NAUSEA is often a side effect of anesthesia and narcotic pain medicine. Nausea medicine is usually given before and after your surgery. At home, limit your narcotic pain medications if you have nausea. You can also take over-the-counter nausea medication as needed such as Pepto-Bismol.

ITCHING is a common side effect from anesthesia, the skin cleaners used in surgery, or your surgical adhesive dressing. We recommend trying over the counter antihistamine medications such as cetirizine (Zyrtec) during the day or diphenhydramine (Benadryl) at night if you experience this.

SEDATION/SLEEPINESS can be a side effect of anesthesia and pain medicine. Once you are home, stop taking narcotic pain medication temporarily if you are experiencing sedation or excessive sleepiness.

URINARY RETENTION or having trouble urinating after surgery can occur in patients, especially older men with prostate issues. This is typically due to anesthesia and pain medications. We may give you some medication in recovery to help with this. We will try and have you urinate prior to being discharged from the hospital but the vast majority of the time, your bladder will return to normal in the afternoon or evening on the day of surgery.

CONSTIPATION can occur after surgery due to a change in activity and diet, surgery and anesthesia, and narcotic pain medications. To help manage constipation at home:

- Limit narcotic pain medications
- Take an over-the-counter the stool softener such as Colace (docusate) or Dulcolax (bisacodyl)
- Walk around to stimulate your bowels
- Drink plenty of fluids
- Increase fiber in the diet. Foods that contain fiber include:
    - Whole grain bread/cereals
    - Fresh fruits and vegetables
- If the above does not work for you, add over-the-counter MiraLAX®

INFECTION PREVENTION

A devastating complication is an infection in your new joint because it typically requires surgical intervention and many weeks of IV antibiotics. Luckily, it is rare, but you play a crucial role in helping prevent it.

- Dr. Eccles will give you antibiotics immediately before and then after surgery.
- Care for your incision as instructed. This includes making sure that your incision early on remains dry inside of your dressing and sealed from the outside environment. When the dressing is removed, leave the incision alone and continue to shower daily.
- Any infection in your body must be treated immediately to prevent it from traveling to your new joint.
- If you are a patient with diabetes, it is vital to keep your blood sugar under control. Continual high blood-sugar readings can increase your chances of getting an infection.
- Notify our office **immediately** if you are concerned you might have an infection. Some warning signs are:
    - Persistent drainage from the incision or an odor.
    - Increased pain with both activity and rest.
    - Increasing redness, reddened streaks, swelling, or tenderness of the surgery site.
    - A temperature that lasts over 24 hours and is greater than 101.5 degrees.

Avoid the following procedures for *at least* 1 month before and 3 months after your total joint surgery:

- Dental work, including routine cleanings
- Major or minor operations
- Colonoscopy or urinary tract procedures
- Vaccines or boosters

BLOOD CLOT PREVENTION

Blood clots, sometimes called deep vein thrombosis or DVT, can occur after surgery and form in either leg because of decreased activity. DVTs are most often in the calf and thigh and can block blood flow in the vein. Prompt treatment can prevent serious complications. Blood clots can form in either leg and the highest risk are the first few weeks after surgery.

To help prevent DVTs:

- Sequential compression devices (SCDs) may remain on your legs during surgery.
- You will receive a blood thinning medication, which typically is a baby aspirin twice a day.
- Take this exactly as prescribed, which generally is for 1 month after surgery
- Perform your exercises and gradually increase walking every day.
- When sitting or lying for periods, be sure to move the joints in your legs. When blood is kept flowing through the vessels by moving muscles, it is less likely to clot.
- You should do ankle pumps frequently (move each ankle up and down multiple times throughout the day).
- If you are traveling a long distance by car, stop every hour, get out, and walk around.
- If you are flying, get up and walk in the aisle every hour.

Blood clot warning signs:

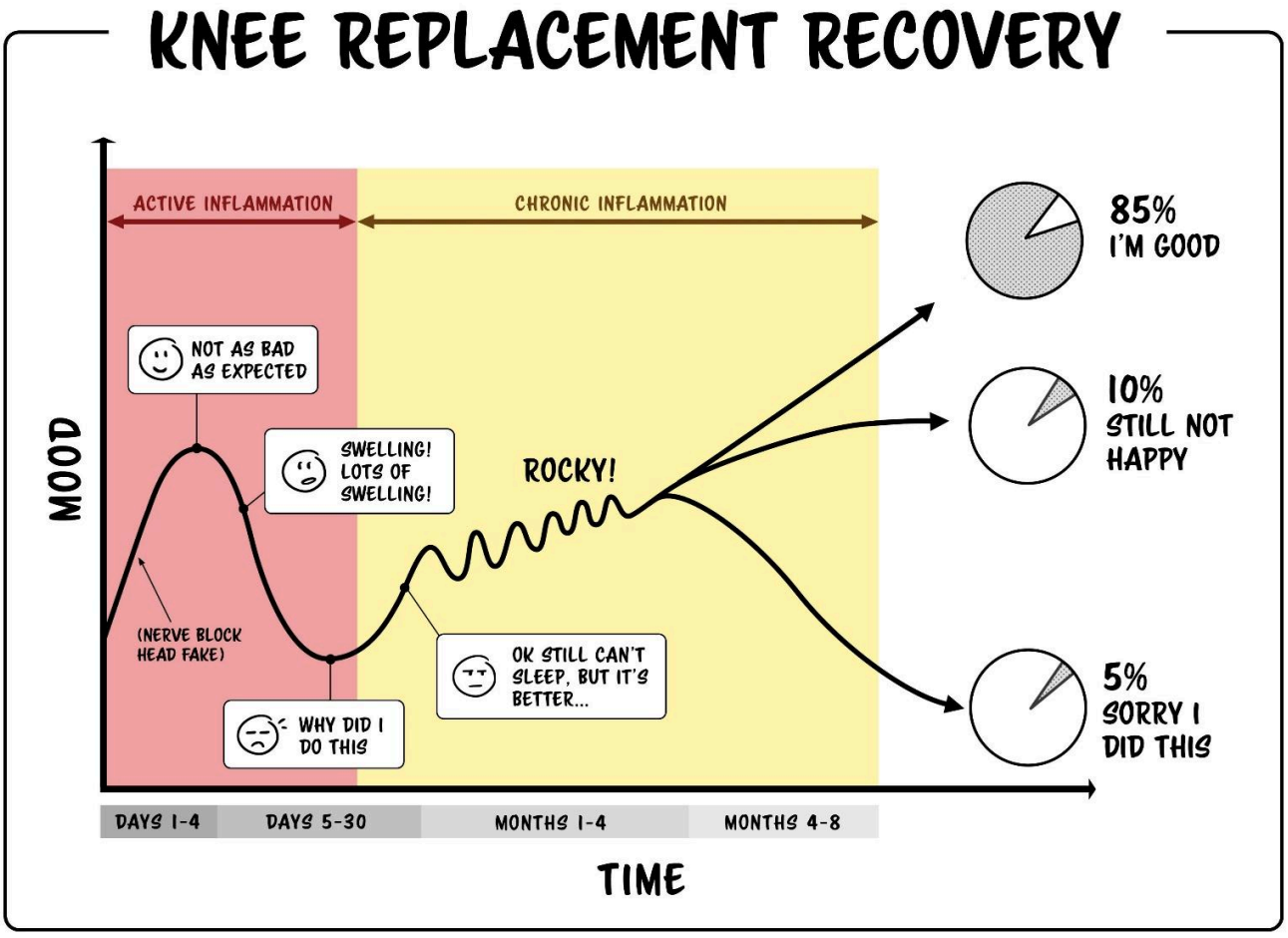
- Swelling in the thigh, calf, or ankle that does not go down after elevating the leg
- Pain or tenderness in the calf or thigh
- Increased redness, warmth, or discoloration of one leg

While postoperative swelling and tenderness is completely normal, go to your nearest Emergency Department if you have any concerns about a clot. They will likely order an ultrasound study of your leg to look for this.

PULMONARY EMBOLISM (BLOOD CLOT IN THE LUNGS)

Although rare, a pulmonary embolism can occur when a blood clot breaks loose and travels through the bloodstream, causing a blockage of blood vessels in the lungs. This is a medical emergency. Call 911 if suspected. You must receive medical treatment immediately.

- Symptoms of pulmonary emboli are:
    - Sudden chest pain
    - Difficult or rapid breathing
    - Shortness of breath
    - Sweating
    - Confusion



This chart above shows you a typical patient's mood or pain level throughout time after a knee replacement procedure. Notice that it takes many MONTHS to recover and there will be both good and bad days. This is because your body must go through chronic inflammation as it is healing. Be patient with yourself! Hopefully as you put forth good effort with therapy and as your body heals, you can be part of the 85% of patients that are happy in the end.

RETURNING TO ACTIVITIES

Total joint replacement surgery aims to reduce pain and return you to a more active lifestyle. We want you to have an active lifestyle, and we want this joint replacement to last a long time.

RETURN TO A NORMAL WALKING PATTERN

Most people with hip or knee arthritis have often changed how they walk or avoided putting all their weight on that leg to minimize their pain. This occurs slowly over time, and you may not even realize that you favor your other leg. You will need to use walking aids for a while after surgery, such as a walker or cane. The time required to use a walking aid varies from person to person. A physical therapist, based on your comfort level, can help determine which aid is best for your situation and when to progress. Getting back to walking normally after surgery will take time. Your walker handle height should make your elbows bend slightly. You can lift or slide your walker in front of you and then step towards it. When turning, make small movements and lift your operative leg to not pivot on it when it is planted on the floor.

When you feel like you can and should transition to a cane, it should go in the opposite hand of the operative leg. Place the cane on the ground every time you plant your operative leg.

You typically will be able to go up and down stairs immediately after surgery and can use your walking aids to help you. Remember **"Up with the good, down with the bad"** for what leg needs to go first when doing stairs.

- When going up stairs, step up with the nonoperative leg and then bring your operative leg up to the same step.
- When going down stairs, start with your operative leg and then bring your nonoperative leg to the same step.

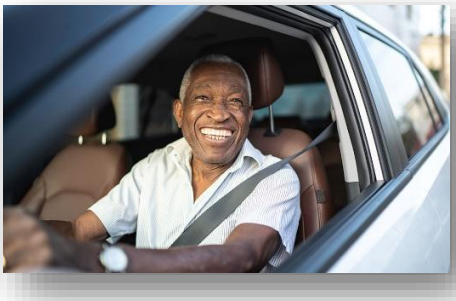
RETURN TO WORK

This varies with each person based on what type of work they do. People with active, physically demanding jobs will be off work longer than those with less active jobs. It is best to discuss this with Dr. Eccles or his staff before your surgery so you can plan your time off from your workplace. Typically, you will be given a recommendation for 8 weeks off.

WHEN CAN I DRIVE?

To resume driving safely, it is essential to meet these guidelines:

- You must be off narcotic pain medication during the day or when you are driving.
- You must be able to walk comfortably and safely enough without having to use a walker.
- Practice in a safe location first, like an empty parking lot. Ensure there is no hesitancy between the gas and brake before you get out on the open road. You must be able to depress the brake pedal quickly and firmly.



Typically, this can happen 2 to 6 weeks after surgery depending on the joint that was replaced and the side of the surgery. Hips are faster than knees, and left sides are faster than right-sided surgery.

- **Left knee** or Left hip patients – **usually around 2 weeks**
- Right hip patients – using around 3-4 weeks
- **Right knee** patients **– usually around 4-6 weeks**

RETURN TO GOLF, PICKLEBALL, AND OTHER SPORTS

Patients can return to play any time from 6 to 12 weeks after joint replacement. For golf, start on the putting green and work up to using a driver again. Be careful with lateral and twisting movements early on. You will notice that your joint may swell and require you to limit how long you play early on.

EXERCISE

Many people find it hard to make healthy changes to their lifestyle while dealing with the pain of arthritis. Exercising to improve heart and lung health or achieve weight loss for general health is vital to maintaining an active, healthy lifestyle. An excellent time to begin making these changes is after total joint replacement surgery. While Dr. Eccles doesn't necessarily have any restrictions on what you can and can't do, low-impact exercises, such as water aerobics, stationary bicycling, or using elliptical machines, are excellent aerobic exercises and are ideal for preserving the total joint implants. It is best to avoid any heavy lifting or higher impact activities for a few months.

AIRPORT SCREENING

Yes, you can travel and we typically have no restrictions after 6 weeks postoperatively. Over 90% of implanted total hip and knee arthroplasty devices will set off airport metal detectors. Don't panic if the metal alarm goes off. The TSA agent may use a hand wand to confirm the area, and you may be subject to a pat down of the body region that sets off the alarm. Full-body scanners are now found in many airports and accomplish a security scan without worrying about your replacement setting off an alarm. If the airport offers both metal detectors and a full-body scanner, you can request a full-body scan. Notifying a TSA officer that you have had a joint replacement is a good idea. You can do this verbally and an identification card is not necessary. After all, you have a scar to prove it!

They are extremely familiar with the millions of people worldwide with hip and knee replacements. It shouldn't be much of a delay for them to clear you. Give yourself a few extra minutes and arrive early at the airport. The TSA has more information on joint implants at www.tsa.gov.

DENTAL ANTIBIOTIC PROPHYLAXIS

We recommend that any dental work that needs to be done should be performed before your joint replacement surgery. If you have poor dental health, we may require you to see a dentist before your surgery to reduce the chance of infection. Good dental hygiene now and after your surgery will lower your risk of infecting your new joint. Do this with routine brushing and flossing and visiting your dentist.

Following your hip or knee replacement, it is important to wait at least 3 months before visiting your dentist. This includes routine cleanings. However, if you have a tooth emergency, you should take care of it.

The American Academy of Orthopedic Surgeons (AAOS) and the American Dental Association (ADA) recognize that there is limited or inconclusive evidence about giving prophylactic antibiotics. We would rather prevent infection with a simple and inexpensive antibiotic than treat an infection with major surgery.

After a joint replacement, Dr. Eccles recommends taking an antibiotic before any dental procedure (even simple cleanings) for the first year or two. After that, they aren't required unless you are a patient with a weakened immune system or have serious medical conditions such as uncontrolled diabetes. You can get these antibiotics prescribed directly by your dentist. If your dentist doesn't want to give you a prescription, you can contact our office and we will prescribe them.

These are taken by mouth all at once, 1 hour before the procedure.

Standard Protocol:

- Amoxicillin or Cephalexin 2 grams (usually four 500mg tablets)
- If allergic to the above medications, then Clindamycin 600mg (usually two 300mg tablets)

EXCERCISES BEFORE AND AFTER SURGERY

The following exercises will help increase the strength of the muscles in your legs before and after surgery. They will also help you return to walking more naturally and help with the pain.

GLUTEAL SET - SUPINE

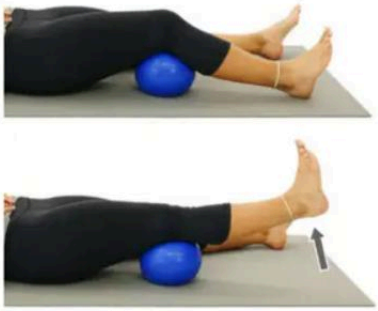
While lying on your back or sitting in a chair, squeeze your buttocks and hold for 5 seconds. Repeat.

Repeat 10 Times
Hold 5 Seconds
Perform 3-5 times a day

DOUBLE LEG HEEL RAISES

While standing next to a chair or countertop for support, raise up on your toes as you lift your heels off the ground. Return your heels to the floor slow and with control. Try to keep your knees in full extension.

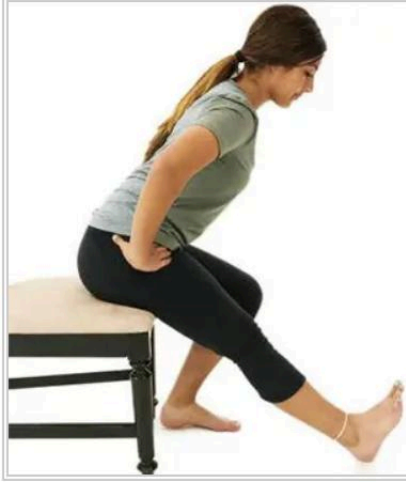
Repeat 10 Times
Hold 1 Seconds
Perform 3-5 times a day



SHORT ARC QUAD - KNEE EXTENSION

Place a ball or rolled up towel/blanket under your knee and slowly straighten your knee as you lift your foot. Lower back down and repeat.

Repeat 10 Times
Hold 5 Seconds
Perform 3-5 times a day



SEATED HAMSTRING STRETCH

Sit near the front edge of a chair. Rest your heel on the floor with your knee straight and gently lean forward until a stretch is felt behind your knee/thigh.

Maintain a straight spine the entire time. Bend through your hips.

Repeat 2 Times
Hold 30 Seconds
Perform 3-5 times a day

MINI SQUATS

Standing at a stable surface such as a countertop, hold on with both hands. Unlock your hips by pushing them slightly backwards, and slightly bend your knees to go into a mini- squat like you are going to sit into a chair. Stand back up. Repeat.

Repeat 10 Times
Hold 1 Seconds
Perform 3-5 times a day

HIP ABDUCTION - STANDING

While standing next to a chair or countertop for support, raise your leg out to the side. Keep your knee straight and maintain your toes pointed forward as best as you can. Then, lower your leg back down and repeat.

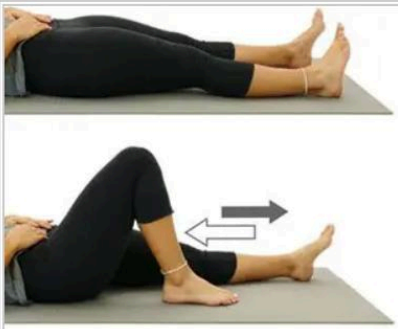
Use your arms for balance support if needed for balance and safety.

Repeat 10 Times
Hold 1 Seconds
Perform 3-5 times a day

STANDING MARCHING - HIP FLEXION

While standing next to a chair or countertop for support, march in place by lifting your knee up as you allow it to bend. Lower back down and then perform on your other side. Repeat this alternating movement.

Repeat 10 Times
Hold 1 Seconds
Perform 3-5 times a day



HEEL SLIDES - SUPINE

Lying on your back or in a recliner with knees straight, slide the affected heel towards your buttock as you bend your knee.

Hold a gentle stretch in this position and then return to original position.

Repeat 10 Times
Hold 1 Seconds
Perform 3-5 times a day

LONG ARC QUAD - KNEE EXTENSION

While seated with your knee in a bent position and your heel touching the ground, slowly straighten your knee as you raise your foot upwards as shown. Lower your foot back down slowly until your heel touches the ground and then repeat.

Repeat 10 Times
Hold 1 Seconds
Perform 3-5 times a day

HIP FLEXION - STANDING

While standing next to a chair or countertop for support, lift one leg forward and off the group with a straight knee.

Return to starting position and repeat.

Repeat 10 Times
Hold 1 Seconds
Perform 3-5 times a day

FAQ

How long do I have to wait for surgery after getting an injection in that same joint?
You need to wait at least 3 months to limit infection risk. Injections of all types change how your joint can fight off infection. You can get injections in other locations of your body, just not in the same joint as surgery.

How long is the surgery?
Standard hip or knee replacement surgeries take 1-2 hours.

What is the recovery time?
This depends on multiple factors, but most patients feel like they are getting better after replacement surgery around 6 weeks. Full recovery takes a full year for a knee replacement to be as good as it will be. This is because the scar tissue takes that long to mature/heal.

Can I get a vaccine or booster before/after surgery?
Some things aren't well studied or understood yet, but we recommend avoiding elective vaccines for 1 month before and 3 months after surgery.

Who do I call with insurance questions about coverage for my surgery?
It is best to call your insurance provider directly. Their number is located on your insurance card. OrthoArizona and the surgical facility will help work with your insurance company to get approval for your surgery.

Is all this swelling, stiffness and bruising normal?
Yes, your surgical region and entire leg down to your ankle can swell and bruise from surgery! Nothing is wrong. This is normal and expected.

Can I shower?
Yes, unless you are instructed differently by Dr. Eccles. You may shower when you go home. Your dressing is water-resistant. After it is removed, you can let soap and water run over the incision and pat it dry. Don't soak in a bath, pool, or the ocean until instructed.

Should I put cream on my incision?
Not for at least 6 weeks until your incision is healed and completely sealed. Don't put anything (Neosporin, Vitamin-E, or lotions) on your incision until you are instructed to do so by Dr. Eccles.

When will my sutures need to be removed?
Dr. Eccles typically uses absorbable sutures under the skin for closure. These dissolve over time on their own and are hidden. If other sutures or staples were used, they will typically be removed at your first postoperative visit.

How long should I ice after surgery?
You must ice for as many weeks (and even months) as your body needs for swelling and pain control. Use a "30 minutes on, 30 minutes off" schedule multiple times daily.

When can I drive?
This depends on what side and what joint was replaced. In general, you must be off prescription pain medication during the day, not rely on a walker to get around, and be able to stomp down on the brake pedal quickly.

How long do I have to wait until another joint is replaced?
Usually, it is best to wait 3 months to allow your body to recover.

What do I do if I need a refill of my pain medication?
Call our office. Please get in touch with us well before you run out to give our staff and Dr. Eccles enough time. Several factors, including insurance rules, can slow this process. Please plan ahead, especially around a holiday or weekend.

Why does my knee click?
Your new knee replacement is a mechanical device made of metal and plastic. Clicking can be normal and expected. This happens because the metal and plastic surfaces contact each other as your ligaments stretch. Your natural joint surfaces before surgery would separate and contact each other, but they were covered with a softer covering called cartilage which doesn't make any noise. Over time, most of the clicking you feel will either go away as the scar tissue matures, or you won't notice it as much.

How soon can I travel after surgery?
This is up to you and your comfort level. Generally, we would recommend waiting 6 weeks. The main concern for sitting for an extended period during the early recovery period is developing a blood clot in your legs. Standing up, walking around, and pumping your ankles are essential activities to keep the blood moving throughout your leg and prevent stiffness when you do travel by car or plane.

How much should I be walking or doing?
Dr. Eccles recommends getting up and walking short distances every hour you are awake during the first few weeks. The key is frequency and has nothing to do with speed or distance. You can overdo it during the first couple weeks if you walk too much. Some recommendations show that 1000 steps per day the first week after surgery should be the limit. Walk on firm, level surfaces for the first two weeks. Gradually increase your distance as you are able. Sometimes increased activity will cause your operative joint area to have swelling and pain. Control this with rest, elevation, and ice. Listen to your body as it will tell you if you are doing too much.

How long will I need to stay in the hospital after surgery?
Most healthy patients should meet all criteria to go home on the same day of surgery with up-to-date techniques that we use. Very few patients require an overnight stay for monitoring.

How soon will I walk after surgery?
Within an hour or two after surgery. The postoperative nursing or physical therapy team will instruct you on how to walk safely.

Will I need physical therapy after surgery?
All knee replacement patients will need to work with physical therapists after surgery. On average, this is for around 6 weeks.

How long will my knee stay warm?
Six to 12 months! Your knee will feel warmer than your other knee. This is a very normal part of your body's healing process.

Can I kneel on my new knee after the incision is healed?
Short answer is yes however you may not feel like you ever want to kneel on it. Kneeling does not damage the knee replacement; however, it is very common for the incisional area to be sensitive for a long time. You can always use a gardening pad, pillow, or knee pads until you feel more comfortable. You aren't going to damage the knee replacement by kneeling, but it may never feel like before surgery.

How long will my new joint last?
This depends on many factors, but a modern-day implant should last 20 years or more.

Why does my thigh hurt so bad after surgery/why is my thigh bruised?
This probably is due to the tourniquet that could have been used during surgery. The pain and/or bruising will resolve on their own in the coming days.

How long do I have to wear compression stockings?
You may be given compression stockings from the hospital. These can aid with swelling control and blood flow but are very difficult to take on and off. Dr. Eccles is ok with not using them if you don't want to. Either way, you will need to control swelling with sufficient icing and elevating as described.

Do I have any sleeping restrictions?
No, if you don't lay directly on the incision causing too much pressure early on, there aren't any true restrictions. You can bend your leg, extend your leg, or lay on your side or back based on your comfort.

Why is getting a good night's sleep so difficult?
This is a very common complaint after a joint replacement. The most common reason for sleep disruption is pain. Up to half of all patients report this issue. You can take pain medication before bed, limit caffeine use, and try adding in melatonin or Benadryl. Sleeping improves over the weeks of recovery.

What are the implants made from?
The parts have greatly improved over the years. Generally, the femoral component is made from cobalt-chromium (CoCr) and the tibial component is made from titanium. The plastic insert that is placed in between is made from highly crosslinked polyethylene.

What holds the implants to the bone?
There are two ways that this can happen and Dr. Eccles will choose the most appropriate way for your specific knee. The gold standard method is to cement the metal onto the bone ends with polymethylmethacrylate (PMMA). Another technique is to "pressfit" or use cementless fixation implants which rely and allow for the bone to grow onto them over time.

What do I do about paperwork I need filled out?
If you need any FMLA paperwork, Short-term disability paperwork, or any other paperwork for your employer, please make arrangements to get that to us as soon as possible. You can have it either delivered, faxed, or mailed to our office. This paperwork takes 7-10 days to be processed and failure to get it to us in a timely manner could result in reduction of benefits from your employer. This is your responsibility. OrthoArizona does charge a processing fee for this.

This is a list of medications and common recommendations when to stop them before surgery. **Check with your primary care doctor or whoever is prescribing your medication and follow their advice.** We oversee your joint replacement and do ***not*** manage your home medications.

Generic Name	Brand Name	Instruction	Drug Class
Abatacept	Orencia	Stop 6 weeks before surgery	Immunosuppressant
Acebutolol	Sectral	Continue until and including day of surgery	Beta-Blocker
Adalimumab	Humira	Stop 8 weeks before surgery	Immunosuppressant
Amitriptyline	Elavil	Continue until and including day of surgery	Anti-Depressant
Amlodipine/Olmesartan	Azor	Continue until day before; Stop day of surgery	Angiotensin Receptor Blockers
Anagrelide	Agrylin	Stop 5 days prior to surgery	Blood Thinners
Apixaban	Eliquis	Stop 3 days prior to surgery	Blood Thinners
Apremilast	Otezla	Continue until and including day of surgery	Arthritis
Armodafinil	Nuvigil	Stop 7 days prior to surgery	Sleep disorders
ASA	Aspirin	Stop 5 days prior to surgery	Blood Thinners
ASA/Dipyridamole	Aggrenox	Stop 5 days prior to surgery	Blood Thinners
Aspirin Compound	Anacin, Bayer, BC, etc.	Stop 5 days prior to surgery	Pain Med / Nausea
Atenolol	Tenormin	Continue until and including day of surgery	Beta-Blocker
Azathioprine	Imuran	Continue until and including day of surgery	Immunosuppressant
Balsalazide	Colazal	Stop 10 days prior to surgery	Anti-Inflammatory
Benazepril	Lotensin	Continue until day before; Stop day of surgery	ACE Inhibitor
Bisoprolol	Zebeta	Continue until and including day of surgery	Beta-Blocker
Bupropion	Wellbutrin	Continue until and including day of surgery	Anti-Depressant
Candesartan	Atacand	Continue until day before; Stop day of surgery	Angiotensin Receptor Blockers
Captopril	Capoten	Continue until day before; Stop day of surgery	ACE Inhibitor
Carisoprodol	Soma	Continue until and including day of surgery	Muscle Relaxer
Carvedilol	Coreg	Continue until and including day of surgery	Beta-Blocker
CBD Oil	CBD Oil	Stop 14 days before surgery	Supplement
Celecoxib	Celebrex	Stop 7-10 days prior to surgery	NSAIDS
Cilostazol	Pletal	Stop 7 days prior to surgery	Blood Thinners
Citalopram	Celexa	Continue until and including day of surgery	Anti-Depressant
Clopidogrel	Plavix	Stop 7 days prior to surgery	Blood Thinners
Cyclobenzaprine	Flexeril	Continue until and including day of surgery	Muscle Relaxer
Cyclosporine	Neoral	Continue until and including day of surgery	Immunosuppressant
Dabigatran	Pradaxa	Stop 1 day prior to surgery	Blood Thinners

Desvenlafaxine	Pristiq	Continue until and including day of surgery	Anti-Depressant
Dextroamphetamine	Adderall	Stop 3 days before surgery	ADHD Medications
Diazepam	Valium	Continue until and including day of surgery	Muscle Relaxer
Diclofenac	Voltaren	Stop 10 days prior to surgery	NSAIDS
Diet Aide	Diet Aide	Stop 14 days before surgery	Diet Aide
Dipyridamole	Persantine	Stop 6 days prior to surgery	Blood Thinners
Doxepin	Sinequan	Continue until and including day of surgery	Anti-Depressant
Dulaglutide	Trulicity	Stop 14 days prior to surgery	Diabetic / GLP-1
Duloxetine	Cymbalta	Continue until and including day of surgery	Anti-Depressant
Edoxaban	Savaysa	Stop 3 days prior to surgery	Blood thinner
Enalapril	Vasotec	Continue until day before; Stop day of surgery	ACE Inhibitor
Eprosartan	Teveten	Continue until day before; Stop day of surgery	Angiotensin Receptor Blockers
Escitalopram	Lexapro	Continue until and including day of surgery	Anti-Depressant
Etanercept	Enbrel	Stop 2 weeks before surgery	Immunosuppressant
Etodolac	Lodine	Stop 10 days prior to surgery	NSAIDS
Exenatide	Byetta	Hold day of surgery	Diabetic
Fluoxitine	Prozac	Continue until and including day of surgery	Anti-Depressant
Fosinopril	Monopril	Continue until day before; Stop day of surgery	ACE Inhibitor
Garlic	Garlic	Stop 14 days prior to surgery	Supplements
Ginko Biloba	Ginko Biloba	Stop 14 days prior to surgery	Supplements
Hydroxychloroquine	Plaquenil	Continue until and including day of surgery	Immunosuppressive
Ibuprofen	Advil / Motrin	Stop 7-10 days prior to surgery	NSAIDS
Indomethacin	Indocin	Stop 7-10 days prior to surgery	NSAIDS
Infliximab	Remicade	Stop 6 weeks before surgery	Immunosuppressant
Insulin	Insulin	Give 1/2 morning dose day of surgery	Diabetic
Insulin Pump	Insulin	Reduce pump rate by 20% at 0600	Diabetic
Irbesartan	Avapro	Continue until day before; Stop day of surgery	Angiotensin Receptor Blockers
Jardiance	Empagliflozin	Stop 3 days prior to surgery	Diabetic
Ketoprofen	Orudis	Stop 10 days prior to surgery	NSAIDS
Ketorolac	Toradol	Stop 7-10 days prior to surgery	NSAIDS
Labetalol	Normodyne	Continue until and including day of surgery	Beta-Blocker
Leflunomide	Arava	Continue until and including day of surgery	Arthritis
Lioresal	Baclofen	Continue until and including day of surgery	Muscle Relaxer

Liraglutide	Victoza	Stop 14 days prior to surgery	Diabetic
Lisdexamfetamine	Vyvanse	Stop 3 days before surgery	ADHD Medications
Lisinopril	Prinivil / Zestril	Continue until day before; Stop day of surgery	ACE Inhibitor
Losartan	Cozaar	Continue until day before; Stop day of surgery	Angiotensin Receptor Blockers
Meloxicam	Mobic	Stop 7-10 days prior to surgery	NSAIDS
Mesalamine	Pentasa	Stop 10 days prior to surgery	Anti-Inflammatory
Metaxalone	Skelaxin	Continue until and including day of surgery	Muscle Relaxer
Metformin	Glucophage	Continue until and including day of surgery	Anti-Diabetic
Metformin Combo	Janumet, etc.	Continue until and including day of surgery	Anti-Diabetic
Methocarbamol	Robaxin	Continue until and including day of surgery	Muscle Relaxer
Methotrexate	Methotrexate	Continue until and including day of surgery	Arthritis
Methylphenidate	Ritalin / Concerta	Stop 7 days prior to surgery	ADHD Medications
Metoprolol	Lopressor / Toprol	Continue until and including day of surgery	Beta-Blocker
Mirtazapine	Remeron	Continue until and including day of surgery	Anti-Depressant
Modafinil	Provigil	Stop 7 days prior to surgery	Misc
Moexipril	Univasc	Continue until day before; Stop day of surgery	ACE Inhibitor
Mycophenolate	CellCept / Myfortic	Continue until and including day of surgery	Immunosuppressant
Nabumetone	Relafen	Stop 10 days prior to surgery	NSAIDS
Nadolol	Corgard	Continue until and including day of surgery	Beta-Blocker
Naltrexone INJ	Vivitrol	Stop 25 days before surgery	Opioid Antagonist
Naltrexone PO	Revia	Stop 3 days before surgery	Opioid Antagonist
Naproxen	Aleve / Naprosyn	Stop 7-10 days prior to surgery	NSAIDS
Nebivolol	Bystolic	Continue until and including day of surgery	Beta-Blocker
Olmesartan	Benicar	Continue until day before; Stop day of surgery	Angiotensin Receptor Blockers
Olsalazine	Dipentum	Stop 10 days prior to surgery	Anti-Inflammatory
Paroxetine	Paxil	Continue until and including day of surgery	Anti-Depressant
Pentosan	Elmiron	Stop 10 days prior to surgery	Cystitis
Pentoxifylline	Trental	Stop 7 days prior to surgery	Blood Thinners
Perindopril	Aceon	Continue until day before; Stop day of surgery	ACE Inhibitor
Persantine	Dipyridamole	Stop 7 days prior to surgery	Blood Thinners
Pindolol	Visken	Continue until and including day of surgery	Beta-Blocker
Piroxicam	Feldene	Stop 10 days prior to surgery	NSAIDS
Prasugrel	Effient	Stop 7 days prior to surgery	Blood Thinners

Probiotic	Probiotic	Continue until and including day of surgery	Supplement
Propranolol	Inderal	Continue until and including day of surgery	Beta-Blocker
Quinapril	Accupril	Continue until day before; Stop day of surgery	ACE Inhibitor
Ramipril	Altace	Continue until day before; Stop day of surgery	ACE Inhibitor
Reboxetine	Edronax	Continue until and including day of surgery	Anti-Depressant
Rituximab	Rituxan	Stop 6 months prior to surgery	Immuosuppressant
Rivaroxaban	Xarelto	Stop 3 days prior to surgery	Blood Thinners
Semaglutide	Ozempic / Wegovy	Stop 14 days prior to surgery	Diabetic / GLP-1
Sertraline	Zoloft	Continue until and including day of surgery	Anti-Depressant
Sildenafil	Viagra	Stop 2 days prior to surgery	ED
Sotalol	Betapace	Continue until and including day of surgery	Beta-Blocker
Steroids	Steroids	Ideally stop weeks before surgery	Immunosuppressant
Sulfasalazine	Azulfidine	Continue until and including day of surgery	Anti-Inflammatory
Sulindac	Clinoril	Stop 10 days prior to surgery	NSAIDS
Supplement	Supplement	Stop 10 days before surgery	Supplements
Tacrolimus	Prograf / Protopic	Continue until and including day of surgery	Immunosuppressant
Tadalafil	Cialis	Stop 3 days prior to surgery	ED
Telmisartan	Micardis	Continue until day before; Stop day of surgery	Angiotensin Receptor Blockers
Ticagrelor	Brilinta	Stop 7 days prior to surgery	Blood Thinners
Ticlopidine	Ticlid	Stop 7 days prior to surgery	Blood Thinners
Tirzepatide	Zepbound / Mounjaro	Stop 14 days prior to surgery	Diabetic / GLP-1
Tizanidine	Zanaflex	Continue until and including day of surgery	Muscle Relaxer
Tofacitinib	Xeljanz	Stop 7 days before surgery	Rheumatoid
Tolmetin	Tolectin	Stop 10 days prior to surgery	NSAIDS
Trandolapril	Mavik	Continue until day before; Stop day of surgery	ACE Inhibitor
Trazodone	Desyrel	Continue until and including day of surgery	Anti-Depressant
Valsartan	Diovan / Entresto	Continue until day before; Stop day of surgery	Angiotensin Receptor Blockers
Venlafaxine	Effexor	Continue until and including day of surgery	Anti-Depressant
Vilazodone	Viibryd	Continue until and including day of surgery	Anti-Depressant
Viloxazine	Vivalan	Continue until and including day of surgery	Anti-Depressant
Vitamin E	Vitamin E	Stop 10 days prior to surgery	Supplement
Vortioxetine	Brintellix	Continue until and including day of surgery	Anti-Depressant
Warfarin	Coumadin	Stop 5 days prior to surgery	Blood Thinners