

2012

US CENTER FOR SPORTS MEDICINE

DR. COREY G. SOLMAN, JR.



[PREPARING FOR TOTAL HIP REPLACEMENT: IMPORTANT INSIGHT FOR PATIENTS]

Information regarding the expectations before, during and after surgery to return patients to their QUALITY of LIFE

Preoperative information:

Schedule appointment with Primary Care Physician

1. Lab work (CBC, BMP or CMP, PT,PTT, UA)
 - a. Results sent to our office
2. Possible Diagnostic Tests (EKG, Stress test, Chest X-ray): Good for 6 months
 - a. Results sent to our office
3. Letter of Medical Clearance sent to our office
 - a. Primary Care Physician
 - b. Cardiologist if under their care
 - c. Pulmonologist if under their care
4. Dental Hygiene
 - a. Imperative to prevent infections into bloodstream that may affect Total Joint Replacement
 - b. Routine Dental work
 - i. antibiotics prior to procedure for life
 - ii. Script either from Dentist or our office
 - iii. Typically write for Amoxicillin or Clindamycin
5. Urinary Tract Infections
 - a. If susceptible may require long term antibiotics to prevent infection of the Total Joint
6. Risk of Operative infection
 - a. 1% in general
 - b. Increases with number of medical co-morbidities (Diabetes, Obesity, Hypertension, Kidney disease, Vascular insufficiency, Depressed immune system)
 - c. Increases if performing bilateral procedures (not 2X but 4x or greater).

Day of Surgery:

Arrive at Hospital scheduled time and go to admissions and then to pre op area to review medical history, assess all labs are in order, IV placement, possible EKG.

You will then be transferred to the Pre-op Holding area

Surgery will take approximately 90 minutes. Dr. Solman performs the Gold Standard Posterior approach.

That does not account for the time it takes:

1. The OR staff to roll you to the OR suite
2. Transfer you to the operative table
3. Anesthesia putting you to sleep and waking you after surgery
4. Applying your postoperative dressing
5. Transferring you back to your bed
6. The OR staff rolling you to recovery area

Once in recovery you will remain there until you are stable (breathing and maintaining oxygen saturation in your blood, blood pressure stable, and pain managed) prior to going to your assigned room. That time frame is approximately 1-1 1/2 hours.

After you are discharged from recovery and are wheeled to your room you should expect:

1. Nursing to ask you many questions
2. You will have a pillow between your knees to prevent you from dislocating your hip. Remain in Hospital 2-3 days for swelling, pain management, medical management, and physical therapy.

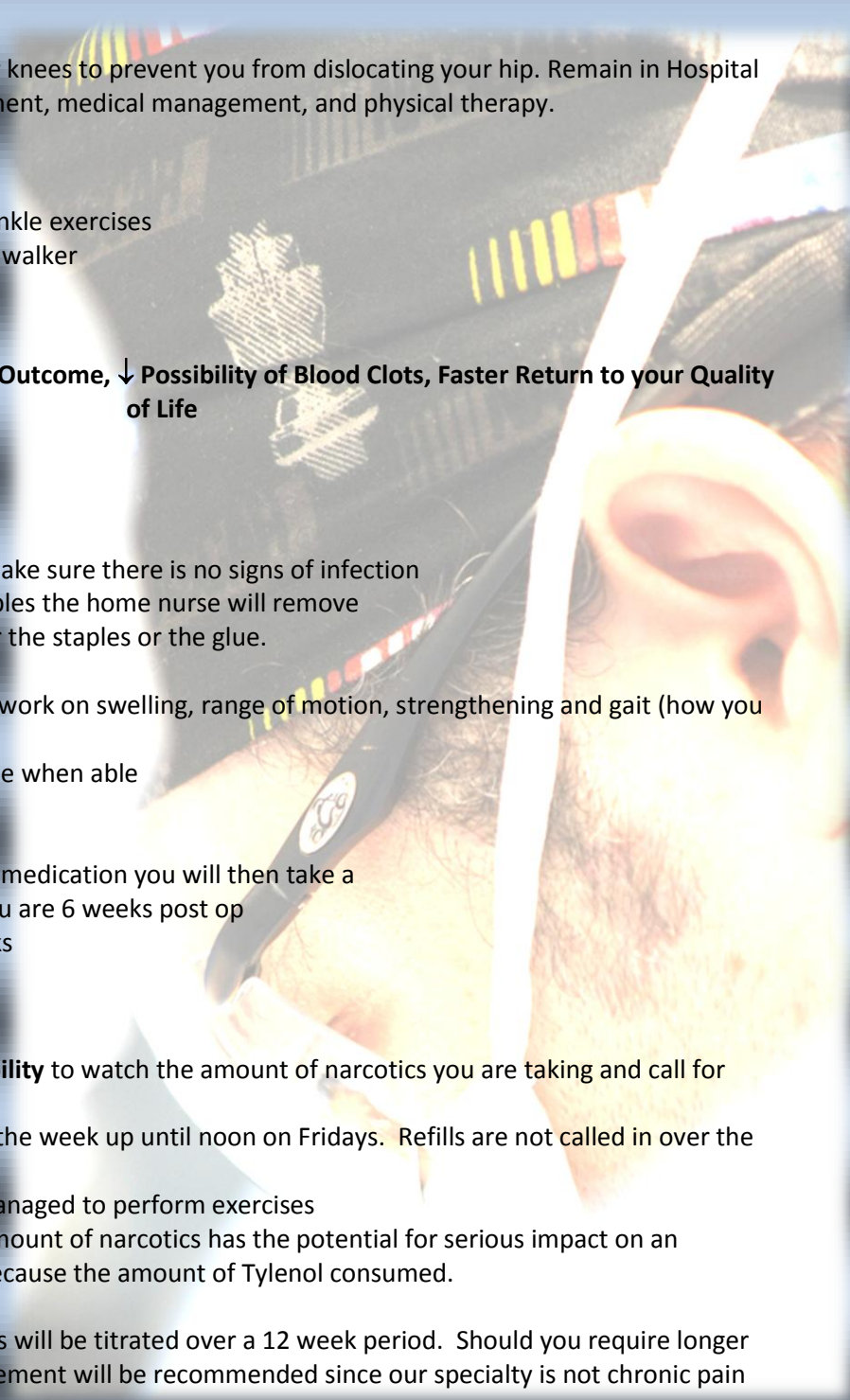
Physical therapy will come to your room:

1. Instruct you in basic hip/knee and ankle exercises
2. Walk with you on the floor with the walker

MOTION, MOTION, MOTION= Positive Outcome, ↓ Possibility of Blood Clots, Faster Return to your Quality of Life

Discharge to Home

1. Home Nursing
 - a. Evaluates your incision to make sure there is no signs of infection
 - b. If incision is closed with staples the home nurse will remove
 - c. You may shower with either the staples or the glue.
2. Home Physical Therapy
 - a. Will come to the home and work on swelling, range of motion, strengthening and gait (how you are walking)
 - b. Progress from walker to cane when able
3. Blood Clot Management
 - a. Xarelto for 35 days
 - b. After completing the above medication you will then take a 325mg Aspirin daily until you are 6 weeks post op
 - c. Ted Hose Stockings x 4-6 wks
4. Pain Medications
 - a. It is the **Patient's Responsibility** to watch the amount of narcotics you are taking and call for refill in a timely manner.
 - b. Refills are approved during the week up until noon on Fridays. Refills are not called in over the weekend
 - c. It is important to be pain managed to perform exercises
 - d. Exceeding the prescribed amount of narcotics has the potential for serious impact on an individual's liver function because the amount of Tylenol consumed.
 - e. Signed Narcotic Agreement
 - f. The degree of your narcotics will be titrated over a 12 week period. Should you require longer than 12 weeks, pain management will be recommended since our specialty is not chronic pain management





Follow Up with Dr. Solman

1. Post op appointment approximately 2 weeks after surgery
2. Make sure you have scheduled follow up appointment
3. At first visit expect:
 - a. See Dr. Solman or Physician Assistant (PA)
 - b. Staples removed if not already
 - c. X-rays will be taken
 - d. Evaluate swelling, range of motion, pain management
 - e. May be transitioned from home physical therapy to outpatient physical therapy
 - f. You can initiate driving if on a cane
 - i. Practice in parking lot
 - ii. Avoid pain medication because you will be impaired while driving
4. Follow up intervals for office visits
 - a. occur monthly up to 3 months post op
 - b. Based on progress may follow up at 6 and 12 months post op and then at 1-2 year intervals thereafter.
 - c. Will obtain X-rays at first visit and year anniversary, as well as, yearly thereafter to keep a baseline on the prosthesis and patients bone quality. Will perform more frequently if patient is experiencing post operative issues.

Hip Precautions:

1. Think of the Capital letter “A” your head will be at the top, if you keep your knees wider than your hips..the likelihood of dislocation is minimized
2. You may cross at your ankles but not cross your operative leg on your knee
3. Intimacy issues....Maintain knees wider than hips
4. You may require sleeping with a pillow between your knees for a period of time
5. Avoid soft chairs or couches where your knees are higher than your hips when seated. If the surface is soft place a pillow underneath you or avoid this piece of furniture.

Prosthesis Expectations:

1. Longevity of prosthesis (15-20 yrs)
 - a. Weight Management
 - b. Bone(quality of the bone)/Cement Bonding
 - c. Avoiding impact activities
2. Activities
 - a. Kneeling (limited by the scar tolerance not the implants) There is a knee sleeve that allows patients to kneel and eliminates the scar pain
 - b. Gardening
 - c. Doubles Tennis
 - d. Walking
 - e. Skiing-no moguls
3. Sounds/Stiffness/Pain
 - a. Stiffness is a trade off for the Osteoarthritis pain prior to surgery
 - i. Weather changes still may be noticeable
 - ii. Geographical locations may cause more or less stiffness
 - b. Pain should be eliminated from the Osteoarthritis standpoint other issues that may be creating pain include
 - i. Weakness in hip musculature (Mechanical pain)....**STRENGTHENING EXERCISES!!!**



Resources:



www.biomet.com

Taperloc Total Hip System

Active Articulation E1 Dual Mobility Hip System



<http://www.xarelto-us.com/>



<http://stlouishomehealth.com>/St. Louis Home Health



My Questions to ask the Doctor.....

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2. _____
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20. _____



Narcotic Agreement

Patient Name: _____

Date: _____

Pharmacy Name: _____

Pharmacy Number: _____

“This agreement is between the above named patient and Dr. Corey Solman. It is agreed that narcotic medication will be given by your orthopedist to you only if the following terms are met:

- 1) You must take the medication we prescribe **exactly as instructed** by the provider.
- 2) You cannot increase your pain medication without the **EXPRESSED** consent of the prescribing physician
- 3) If at any time you are obtaining pain medications or attempting to obtain such drugs from another source **WITHOUT** our knowledge, you will be **DISCHARGED** from our care. You will also be released if you are found to be taking illicit substances.
- 4) You must designate **ONE** pharmacy for your narcotic pain medication if you are found to be having multiple pharmacies or other physicians prescribing narcotic medication unbeknownst to your currently treating physician is grounds for discharge from our care.
- 5) In order to continue to receive medications, you must **MAKE** and **KEEP** scheduled appointments with Dr. Corey Solman.
- 6) Narcotic prescriptions **WILL NOT** be refilled early
- 7) Pain medication should be kept in a safe place. If they are **LOST, STOLEN, DESTROYED** or accidentally dumped in the sink or toilet, or eaten by the dog, they will not be renewed until the scheduled refill.
- 8) Phone call regarding medication will be made **Monday through Friday** prior to **2 pm** to give office staff ample time to call in all patient requests. **NO** drug refill requests will be granted **AFTER** hours or on **WEEKENDS**, unless the patient is immediately post op.
- 9) **EFFECTIVE 10/1/2012:** Narcotic refill requests must first come from the patient’s pharmacy.. No longer will calls be taken in the office for pain medication refills.
- 10) If at any time you are concerned about your medication or side effects of your medication, you may call the office or through the exchange after hours.
- 11) You understand that these medications may create a physical dependence and you are **willing** to **ACCEPT** that responsibility.
- 12) The physician will be decreasing your narcotic medication in a stepwise progression to a lower potency in a reasonable time frame based on your diagnosis. If managing your pain is beyond the scope of practice you **will** be **referred** to pain management.
- 13) State law **prohibits** the **driving** under the influence of opiate medications.



- 14) If requested by your insurance carrier, all information will be released to the company. If required by the Drug Enforcement Agency regulations, your diagnosis may be revealed at the pharmacy. We may contact ANY pharmacy or physician regarding your medications.
- 15) You understand that the medications that are prescribed for you are for your use **ONLY**. You understand that State and Federal laws prohibit the sale of or sharing of prescription medications. Such behavior will not be tolerated and result in our office notifying the **DEA**. This will also be grounds for discharge from care.
- 16) Post operative and chronic pain issues will be managed for a maximum of 3 months. IF Narcotics are needed beyond this point, you will need to seek out your primary care physician or a chronic pain management physician. The office can assist in finding a chronic pain management specialist in your area.
- 17) By signing this agreement, you are agreeing to **ALL** of the above terms. You understand the expectations as a patient regarding the use of the prescribed medication. You understand that failure to comply with any of them may result in your dismissal from Professional Athletic Orthopedics.

Patient Signature

Date

Physician Signature

Date