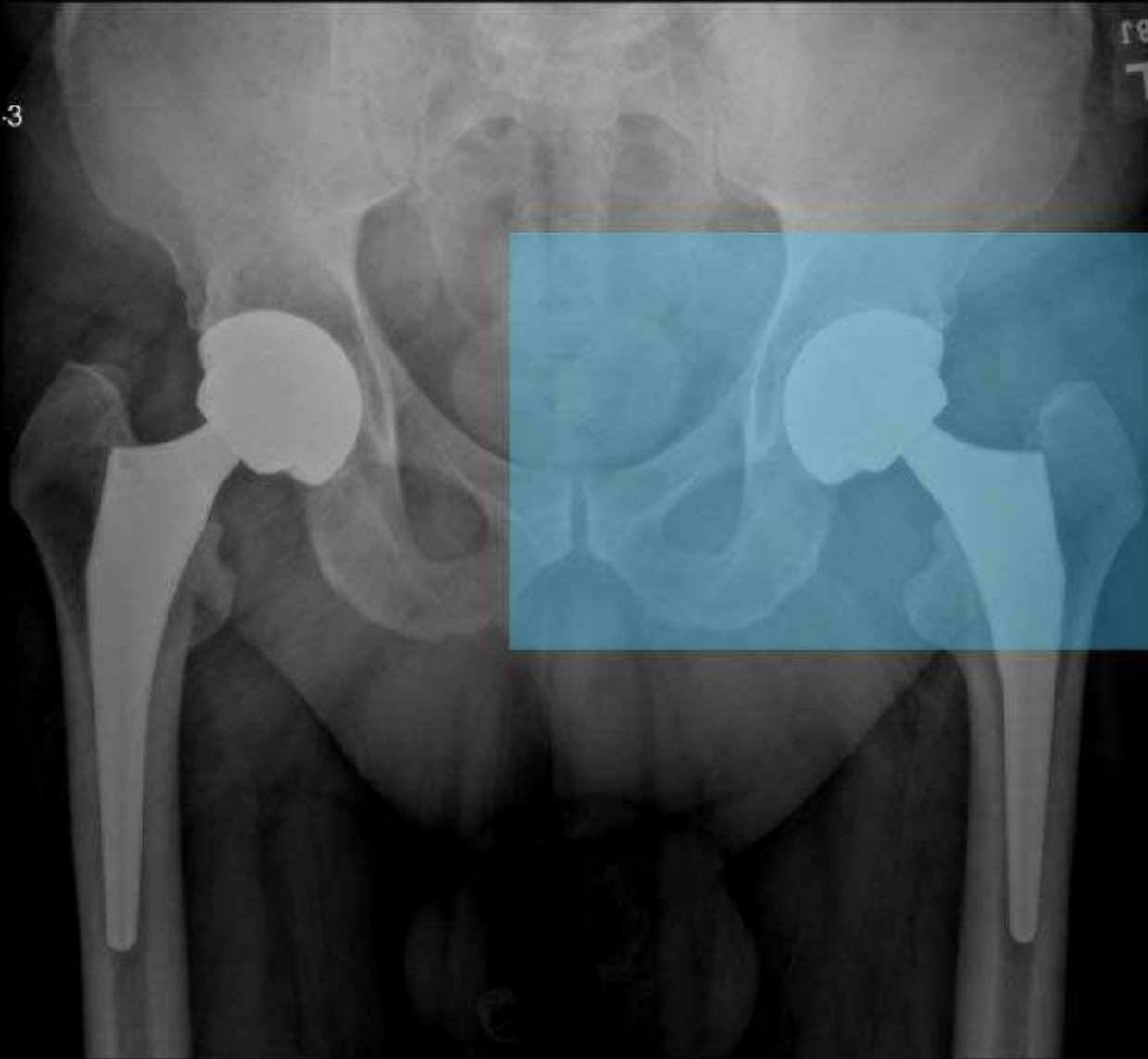


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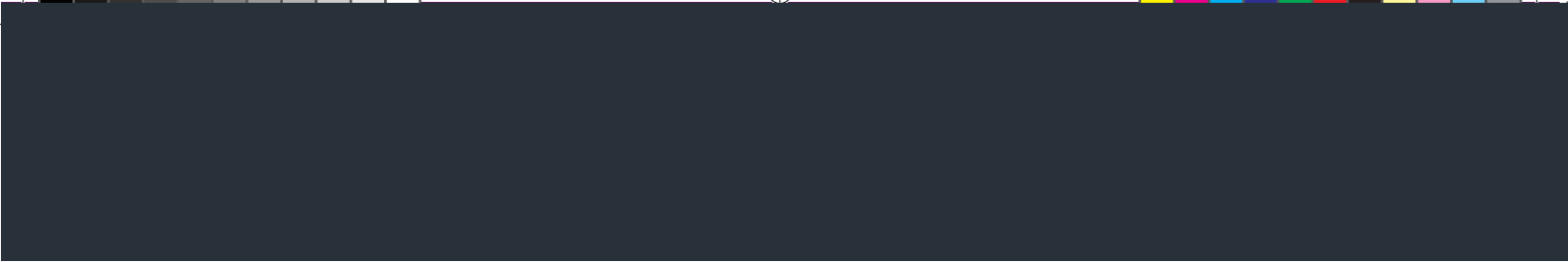
ORTHOPEDICS

WORLD CLASS
MINIMALLY INTRUSIVE
ORTHOPEDIC CARE



MINIMALLY INVASIVE HIP REPLACEMENT
WITH DR. JARED FORAN

Ortho
Colorado
Hospital



Instructions for Using This Book

Dear Patient,

1. Read **EVERY** page thoroughly. Most of your questions will be addressed here. Be sure to read “Frequently Asked Questions” at the end of this booklet.
2. Use the pre-operative checklist to ensure you are prepared for your upcoming surgery
3. Note the important names and telephone numbers listed on page 6.
4. There are sample medication regimens on page 21. Please note that adjustments will be made on an individual basis. Dr. Foran and his team will explain all changes to your plan.
5. Write down any questions you still have after reading this booklet, and contact Dr. Foran or his team with these questions.



The Pure Orthopedics Experience

At Pure Orthopedics we believe that patients desire compassion, a personalized approach to their orthopedic care, unwavering confidence in their surgeon, and exceptional access to their doctor and their medical team. Pure Orthopedics delivers excellent outcomes through world-class surgeons, minimally invasive surgery, and unparalleled access to our doctors. It is what we would want for our own family members, and what we want for our patients.

In short, Pure Orthopedics offers world-class, minimally invasive surgery that is minimally intrusive to your lifestyle.

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Your Care Team

Contact Information for the Hip Preservation Team



Dr. Jared Foran, MD
(720)782-7890



Jennifer Niles
Program Supervisor
(720) 782-7871
FAX: (720) 497-6718
dforanpc@
panoramaortho.com



Johnna Jaynstein, PA-C
Physician Assistant



Sadie Smith
Surgery Scheduler
(720)782-7876
srsmith@
panoramaortho.com



Emily Schreves Clinical
Liaison
(720) 782-7870 option 4
drforanpc@
panoramaortho.com

Important Phone Numbers

PURE Office Number

Call: 720-782-7870

Pain Pump Questions or Concerns

Call: 720-321-5200

Panorama Physical Therapy

Golden: 720-497-6616
Westminster: 720-497-6666

OrthoColorado Hospital:

**720-321-5061
Pre-Admit Testing Questions**

Scheduling Surgery

1. Decide with Dr. Foran that you wish to proceed with total hip replacement.
2. Dr. Foran will discuss with you the following:
 - a. Indications for surgery
 - b. Benefits/Risks of surgery
 - c. Alternatives to surgery
3. In the office you will sign a consent form stating that you understand the risks and benefits of surgery (example of consent on pages 29). You will meet with the surgery scheduler and she will arrange the date of your surgery. Sadie will also schedule your post-operative visit approximately 2 and 6 weeks after surgery. Please let Sadie know whether the Golden or Westminster office is most convenient for you. All 2-week post ops are to be scheduled with Dr. Foran's PA and the 6-week post ops with Dr. Foran.
4. You will meet with the financial coordinator to discuss payment and insurance questions.
5. Prior to your scheduled surgery, you will need medical clearance from your primary medical doctor. Medical clearance typically includes a physical examination, blood work, EKG, and any other tests deemed necessary by your doctor. Surgery cannot proceed without prior clearance.
Please schedule this once you have your surgery date and have the appointment at least 2-3 weeks before your surgery date.
- 6. To help prepare you and answer your questions, you will need to watch a "Total Joint" videoclass PRIOR to your surgery.***

How to watch OCH Preoperative Education Videos

1. <https://www.centura.org/location/orthocolorado-hospital>
2. Scroll down to bottom of the page:
3. Select Preoperative Education
4. A window opens to the side
5. Open Online Video Classes drop down
6. Select the surgery you are having and watch the video
7. Complete the Video Verification Foran

Questions – Contact OCH Patient Education Team 720-321-5618.

Pre-Operative Checklist:

What you should do to prepare for your surgery

>4 WEEKS PRIOR TO SURGERY:

- ✓ Arrange medical clearance from your Primary Care Provider as soon as you have a surgery date. Do this immediately as this is a common cause for delayed surgery.

>4 WEEKS PRIOR TO SURGERY:

- ✓ **IMPORTANT:** You should assume that you are going home after surgery. Some patients “want” to go to rehabilitation or a skilled nursing facility following their surgery. However, it is not possible (per insurance regulations) to arrange for this ahead of time. In fact, only patients who meet certain medical criteria while in the hospital are eligible for rehabilitation or skilled nursing facilities upon discharge. If you qualify based on your medical condition, arrangements will be made while you are in the hospital. **MAKE SURE YOU SPEAK TO DR. FORAN or a medical assistant about this prior to surgery if you have any questions.**

- ✓ Cancel any dental appointments within 2 weeks of your surgery.
- ✓ Notify Dr. Foran if you are having any minor medical procedures done within one month of your surgery.
- ✓ Cancel any injection into your joint 3 months prior to surgery.
- ✓ Adjust work/social schedule accordingly during your anticipated recovery time. Fax any disability or FMLA paperwork to the medical assistant (720-497-6718) at least 2 weeks prior to surgery.
- ✓ **IF you are applying for FMLA benefits,** please submit the paperwork to our office ASAP. It takes up to 5 business days for our office to complete and submit your FMLA paperwork.

Practice the exercises listed in this book on pages 12-13, as these will help with your strength after surgery.

If you smoke, you should attempt to stop smoking. If you cannot stop smoking permanently, if you can abstain for 24 hours before surgery, this is of benefit. It is essential to not smoke for at least 48 hours after surgery. All hospitals are NON-smoking facilities.

- ✓ **An automatized cold therapy unit** (fancy ice pack) is a nice item to have following surgery, but is NOT required. You will be given a standard ice pack in the hospital, but if you would like to purchase a cold therapy unit, they can be purchased at Panorama, no appointment needed. Most patients find these units very helpful in their recovery. If you purchase one, bring it to the hospital with you.

Pre-Operative Checklist

1 WEEK PRIOR TO SURGERY:

- ✓ Notify Dr. Foran if there is a change in your medical condition (cold, infection, fever, etc.) prior to surgery. It may be necessary to reschedule your surgery
- ✓ If you live alone, arrange for someone to stay with you for at least the first night you return home and arrange for someone to stay with you or be immediately available the first week after surgery
- ✓ Arrange for a family member or friend to accompany you to the hospital on the day of surgery
- ✓ If you have pets, you may want to arrange for someone to assist in caring for them for a few days after you return home
- ✓ Remove small throw rugs or other small obstacles that may be in your path
- ✓ ***You will receive a call from the hospital about 1-3 days prior to surgery*** with the time of the operation and when to be at the hospital. ***Please call the hospital if you have not heard from them by the afternoon prior to your surgery.***

DAY BEFORE SURGERY/DAY OF SURGERY:

- ✓ **IMPORTANT: To help prevent infection wash with a Chlorhexidine Gluconate (CHG) solution the night before surgery and the morning of surgery. See page 27 for full instructions.**
- ✓ Stay well hydrated the day before surgery- drink plenty of fluids including water, Gatorade, juice.
- ✓ DO NOT eat or drink anything after midnight the day before your case or your case will be canceled.
- ✓ Wear loose casual clothing and do not wear makeup/jewelry to surgery. Leave jewelry, valuables, and contact lenses at home.
- ✓ Please bring your insurance card and photo ID to the hospital.
- ✓ Take medications as instructed by Dr. Foran or your primary care provider. (see pages 13-14)
- ✓ Arrive at the hospital front desk as instructed. Plan to arrive at the hospital 2 hours before your scheduled surgery time.
- ✓ You can bring a cane or walker to the hospital if you have one. If you do not have these devices, the hospital can provide one to you but it will be billed or insured. Most health insurances cover the cost of a cane or a walker, but not both.

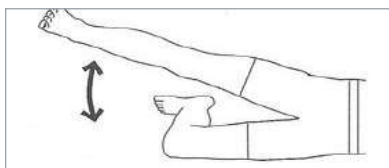
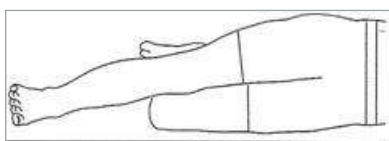
Please make sure that you are reachable on the day prior to surgery; we may need to contact you in the event of any schedule changes or delays. Make sure your contact information is up to date.

Pre-Operative Exercise

If you are currently performing an exercise program, continue to do so.

If you are not currently performing an exercise program, you may incorporate exercises as directed on the handouts in this booklet.

After surgery your physical therapist will give you an exercise program and progress you appropriately.

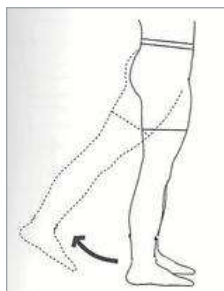


SIDE-LYING HIP ABDUCTION

- Lie on uninvolved side, with lower knee bent for stability.
- Keep knee straight on involved leg, lifting leg upward.
- Return to start position and repeat.
- Perform 3 sets of 10 repetitions, once a day.
- Perform 1 repetition every 4 seconds.
- Rest 1 minute between sets.

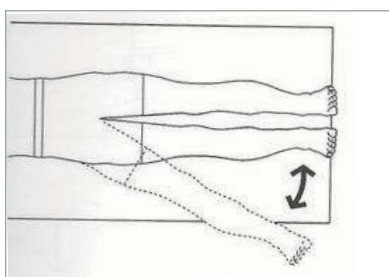
Special Instructions:

Do not roll trunk forward or backward.



STANDING HIP EXTENSION

- Stand, hold onto table or wall for balance.
- Extend leg backward, keeping knee straight.
- Return to start position.
- Perform 3 sets of 10 repetitions, once a day.
- Perform 1 repetition every 4 seconds.
- Rest 1 minute between sets.



SUPINE HIP EXTENSION

- Lie on back on a firm surface, legs together.
- Move leg out to side, keep knee straight.
- Return to start position.
- Perform 3 sets of 10 repetitions, once a day.
- Perform 1 repetition every 4 seconds.
- Rest 1 minute between sets.



SIT TO STAND

- Begin standing with a chair behind you.
- Lean forward slightly as you bend the knees and lower buttocks towards the chair as if attempting to sit.
- Before you touch the chair, stand back up to full upright position.
- Perform 3 sets of 10 repetitions, once a day.
- Perform 1 repetition every 4 seconds.
- Rest 1 minute between sets.

Medications To Stop Before Surgery

Stop at Least 7 Days Prior to Surgery

Stop birth control pills & any male or female hormone (including creams or patches)* such as:

| | | |
|---------------------------|-------------------------------------|----------------------------------|
| Emcyt Estraderm Estratest | Estrace Estradiol Estrogens Ogen | Premarin Prempro Testosterone |
|---------------------------|-------------------------------------|----------------------------------|

Vitamins such as:

| | | | |
|-------------------------------------|------------------------|------------|-----------|
| A, C, E, K, Multivitamins, CoQ10 | Fish Oil / Omega 3,6,9 | Juice Plus | Krill Oil |
|-------------------------------------|------------------------|------------|-----------|

All herbal & weight loss medications such as:

| | | | |
|---|---|---|---|
| Alpha lipoic acid Acetyl L-carnitine Cinnamon Chamomile Creatine Echinacea | Ephedra Fish oil Garlic Ginger Ginkgo | Ginseng Glutamine Goldenseal L-carnosine Licorice | Kava Milk Thistle Skullcap St. John's Wort Valerian Saw Palmetto |
|---|---|---|---|

Joint Supplements such as: Glucosamine Chondroitin MSM

Stop all Aspirin* containing products such as:

| | | | |
|---|--|----------------------------|--|
| Alka-Seltzer BC Powder Bufferin Disalsid (Salsalate) | Dolobid (Diflunisal) Ecotrin or Uncoated Aspirin* (81 mg to 325 mg) | Excedrin Fasprin (81mg) | Goody Powder Norgesic Pepto Bismol Percodan |
|---|--|----------------------------|--|

***If you have Heart Stents and take Plavix and Aspirin, DO NOT STOP ASPIRIN**

Antiplatelets such as:

| | | | |
|--------------------------------------|---|--------------------|--------|
| Aggrenox (aspirin + dipyridamole) | Plavix*(clopidogrel) Pletal (cilostazol) | Trental (pentoxil) | Ticlid |
|--------------------------------------|---|--------------------|--------|

***If You Have Heart Stents: DO NOT STOP PLAVIX UNTIL SEEN BY A CARDIOLOGIST PRIOR TO SURGERY**

Anticoagulants: Coumadin (discuss the use of Lovenox with your Surgeon – you will receive special instructions and a prescription if you are on this medication)

Medications To Stop Before Surgery

Stop at Least 5 Days Prior to Surgery

Stop all non-steroidal anti-inflammatory (NSAID) medications; examples include:

| | | | |
|---|---|--|---|
| Advil (ibuprofen) Celebrex (Celecoxib) Clinoril (sulindac) Lodine (etolodac) Nuprin (ibuprofen) Aleve (naproxen) Daypro (oxaprozin) | Meclomen (meclofenamate) Orudis (ketoprofen) Anaprox (naproxen) Diclofenac (Voltaren) Mediprin (ibuprofen) | Oruvail (ketoprofen) Ansaid (flurbiprofen) Feldene (piroxicam) Mobic (meloxicam) Relafen (nabumetone) Arthrotec (Voltaren+Cytotec) | Ibuprofen (Motrin) Naprelan (naproxen) Tolectin (tolmetin) Cataflam (Diclofenac Potassium) Indocin (indomethacin) Naprosyn (naproxen) |
|---|---|--|---|

Contact Your Medical Doctor for Instructions if You Take Any of the Following Medications:

| | | | |
|---------------------|------------------|-------------------|--------------------------|
| Adderall Cytosan | Enbrel Imuran | Librax Librium | Methotrexate Remicade |
|---------------------|------------------|-------------------|--------------------------|

You may continue taking the following medications:

- Cholesterol medications
- Psychiatric medications
- Gabapentin
- Tylenol (regular, extra strength, arthritis)
- Ultram (Tramadol)
- Thyroid medications
- Ultracet
- Iron Supplements
- Blood Pressure Medications

Medications To Stop Before Surgery

You should NOT take the following blood pressure medications on the day of surgery:

ACE Inhibitors. Common ACE Inhibitors include:

benazepril (Lotensin), captopril (Capoten), enalapril (Vasotec), lisinopril (Prinivil, Zestril), quinapril (Accupril)

Angiotensin Receptor Blockers (ARBs). Common ARBs include:

losartan (Cozaar), olmesartan (Benicar), telmisartan (Micardis), valsartan (Diovan)

Diuretics. Common diuretics include:

hydrochlorothiazide (HCTZ) (Microzide), furosemide (Lasix) spironolactone (Aldactone), triamterene (Dyrenium), chlorthalidone, bumetanide

Pills that contain combinations of ACE Inhibitors, ARBs or diuretics

It is OK to take the following blood pressure medications on the day of surgery:

Beta blockers. Common beta blockers include

atenolol (Tenormin), metoprolol (Lopressor, Toprol), carvedilol (Coreg), propranolol (Inderal), acebutolol, bisoprolol, nadolol, penbutolol, pindolol

Calcium channel blockers. Common calcium channel blockers include:

amlodipine (Norvasc), diltiazem (Cardizem, Tiazac), nifedipine (Procardia), verapamil (Calan, Verelan, Covera-HS, nicardipine (Cardene SR), felodipine

Vasodilators. Common vasodilators include:

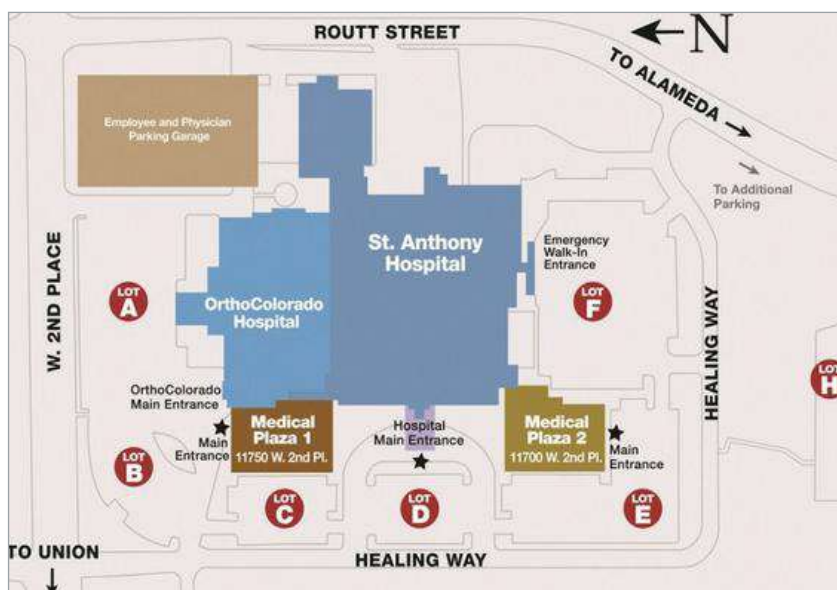
hydralazine, minoxidil, clonidine (Catapres), doxazosin (Cardura)

2 DAYS BEFORE SURGERY

For Constipation Start Senokot-S

Take 2 tablets, twice a day starting 2 days before surgery -If you experience loose or watery stools, STOP using the Senokot and resume it the night of surgery.

Your Hospital Stay



OrthoColorado Hospital 11650 W 2nd Pl, Lakewood, Co 80228

With minimally invasive knee replacement and contemporary pain control methods, most of Dr. Foran's patients will go home the SAME day or the day AFTER surgery. That is, you will spend one night in the hospital. The following outlines a typical hospital stay. **NOTE: IF YOU WANT TO GO HOME THE DAY OF SURGERY, THIS NEEDS TO BE ARRANGED WITH DR. FORAN'S TEAM PRIOR TO SURGERY.**

PREOPERATIVE UNIT:

You will arrive at the front desk of the hospital 2 hours prior to your surgery. You will be taken to the preoperative area where you meet with nurses, anesthesiologists, and Dr. Foran. At this time IV lines will be placed in preparation for your procedure. Any remaining questions or concerns that you have will be addressed. You will then be taken to the operating room for your surgery.

RECOVERY ROOM:

After surgery you will spend approximately one hour in the recovery room, where nurses will monitor you as you recover from anesthesia. Most patients will receive an nerve block by the anesthesiology team. This will help decrease your pain and need for opioid pain medication in the first 24 hours.

Your Hospital Stay

HOSPITAL UNIT (“The floor”):

You will be admitted to a private room on the floor, where the nursing staff will care for you. Your pain will be monitored and controlled. **IT IS IMPOSSIBLE TO COMPLETELY ELIMINATE PAIN AFTER SURGERY.** Dr. Foran’s goal is to keep you reasonably comfortable at all times while you are at rest. (This may require periodic adjustments of your pain medication.) On the day of surgery, you will walk with a cane, which is Dr. Foran’s preferred assistive device. You may even walk without an assistive device. In some instances, a walker or crutches may be substituted. Unless otherwise instructed, you WILL be allowed to AND are ENCOURAGED to put FULL WEIGHT on the operated leg. Although you may experience some discomfort in your operated leg, it will support you. Early walking is good for your new knee replacement. Walking is the most important thing YOU can do to prevent blood clots.

POST OPERATIVE DAY ONE (the day after surgery):

If you are still in the hospital on postoperative day 1, labs may be drawn in the morning. Blood thinners will also be started in the morning.* The physical and occupational therapists will continue to work with you on walking, stairs, bathing, getting dressed, and other activities required for daily living.

POST OPERATIVE DAY TWO:

If you are still in the hospital on postoperative day 2, you will work with physical and occupational therapists to help you regain independence. You will go home after you fulfill the goals of therapy. If it is determined that you require extra assistance, or that going home will not be ideal for your recovery, then our case managers will arrange for you to be transferred to a skilled nursing facility or rehabilitation until you are ready to go home.

****Discharges generally occur in the early afternoon. Please prepare transportation at this time. If you are going to a rehab or nursing facility, transportation will be provided.***

What to Expect After Surgery

EXPECT TO HAVE SOME PAIN AFTER SURGERY. Hip replacement surgery is a major operation, and operations hurt. While Dr. Foran's minimally invasive hip replacement is designed to decrease your pain in the first 6 weeks after surgery compared to a traditional hip replacement, there will still be pain. Dr. Foran's goal is to keep you comfortable, but being "pain free" is not realistic after any hip replacement. **A reasonable goal is to keep your pain tolerable while you are at rest.** This is accomplished by providing you with the appropriate pain medications. You may have pain that is greater more severe while you are walking and moving your hip in the first several weeks. This is a normal part of the healing process. It is important that you stay "ahead of your pain," meaning you should ask for additional pain medications when you are feeling intolerable pain while at rest in the hospital. **Calf pain and thigh pain are particularly common.**

You will have mild to moderate bruising and swelling initially that will start at the surgical site. Bruising and swelling are normal after surgery and vary from person to person. Bruising and swelling will continue to increase over the first 2 weeks after surgery, especially after you have been up and standing/walking for prolonged periods. Bruising may travel up as high as your groin area and may move down to your toes within the first 2 weeks. In the first week or two, **expect significant swelling in your entire leg and foot**

Sleeping may be difficult in the first several weeks. This is due to the physiologic burden of surgery, the new medications you are on, and a change in your activity level. Napping during the day may make sleeping at night difficult. It is also important that your pain is well controlled at night. If sleeping is or becomes an issue, please let Dr. Foran know.

Physical Therapy (PT) is usually not necessary after total hip replacement. Ninety percent of total hip patients do no formal PT after leaving the hospital. Generally, patients regain full strength and function by simply walking and performing everyday activities after the surgery. In some cases, certain patients will benefit from physical therapy (PT) after they leave the hospital. This is particularly true for patients who have substantial weakness or other medical conditions. If you prefer to have PT after you go home please inform Dr. Foran so he can arrange for this. If you do require or request PT, a physical therapist will come to your home twice weekly for the first 2 weeks. If needed, you will get a prescription for outpatient physical therapy at your 2 week postoperative visit at Panorama.

Medications After Surgery

Blood thinning medications to prevent blood clots

(You will be on SOME of these medications, based on your personalized pain regimen)

*Either Aspirin or Eliquis will be used as a blood thinner based on your medical history. In certain cases, other blood thinners (Lovenox or Coumadin) will be substituted.

Aspirin: 81mg tablet to be taken twice a day for 30 days after surgery to help prevent blood clots

-AND-

Protonix (Pantoprazole): Stomach protector. Take 1 tablet daily, in the morning to protect your stomach. You should continue to take this medication for 30 days while you take aspirin.

-OR-- (based on personal risk profile)

Eliquis (Apixaban): 2.5mg tablet to be taken twice a day for 30 days after surgery to help prevent blood clots

Oxycodone (Percocet): Short-acting pain pill to be used as needed for breakthrough pain. You may take 1-2 tablets every 4-6 hours.

-OR- (based on your tolerance)

Hydrocodone/Acetaminophen (Norco or Vicodin): Short-acting pain pill to be used as needed for breakthrough pain. You may take 1-2 tablets every 4-6 hours. The daily limit is 12 pills /24 hours.

-OR-

Hydromorphone (Dilaudid): Short-acting pain pill to be used as needed for breakthrough pain. You may take 1-2 tablets every 4-6 hours.

-OR-

Tramadol: Short-acting pain pill to be used as need. You make take 1-2 tablets every 4-6 hours.

Meloxicam (Mobic): Anti-inflammatory, take 15 mg once a day for a total of 4-6 weeks after surgery. Make sure you take this medication with food.

-OR- (based on tolerance-

Celecoxib (Celebrex): Anti-inflammatory, take twice a day for a total of 4-6 weeks after surgery. Make sure you take this medication with food.

Senokot-S (Senna Plus): Stool softener/laxative for constipation. Take 2 tablets twice a day starting 2 days before surgery until you are off all narcotics after surgery.

Scopolamine patch (69 years of age or less): To prevent nausea. You will receive your first patch at the hospital the morning of your surgery. Change the patch every 3 days. You have 2 replacement patches to be used on post-op day #3 and post-op day #6.

Other Medications you may be sent home with for the following issues:

Muscle Spasms: Methocarbamol 500mg, take one pill up to three times a day for muscle spasms.

Nausea and Vomiting: Ondansetron 4 mg, take one pill up to three times a day for nausea and vomiting and/or Scopolamine patch (69 years of age or less) to prevent nausea. You will receive your first patch at the hospital the morning of your surgery. Change the patch every 3 days. You have 2 replacement patches to be used on post-op day #3 and post-op day #6.

****Patients often wonder why they are on so many different medications postoperatively. You MUST take the anticoagulant to help prevent blood clots. The other medications are not required, but are HIGHLY recommended. This medication protocol is known as multi-modal pain control, and has been shown to substantially improve pain and comfort during your recovery. Everyone reacts to medications differently, and your specific postoperative medication regimen may be adjusted for your specific needs.**

Medications Regimen Samples

Post-operative Home Medications for patients on Eliquis for DVT prophylaxis

| Day 1 | | Day 2 | | Day 3 | | Day 4 | | Day 5 | | Day 6 | | Day 7 | |
|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot |
| Senakot | | Senakot | | Senakot | | Senakot | | Senakot | | Senakot | | Senakot | |
| Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | |

| Day 8 | | Day 9 | | Day 10 | | Day 11 | | Day 12 | | Day 13 | | Day 14 | |
|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot |
| Senakot | | Senakot | | Senakot | | Senakot | | Senakot | | Senakot | | Senakot | |
| Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | |

| Day 15 | | Day 16 | | Day 17 | | Day 18 | | Day 19 | | Day 20 | | Day 21 | |
|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot |
| Senakot | | Senakot | | Senakot | | Senakot | | Senakot | | Senakot | | Senakot | |
| Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | |

| Day 22 | | Day 23 | | Day 24 | | Day 25 | | Day 26 | | Day 27 | | Day 28 | |
|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot |
| Senakot | | Senakot | | Senakot | | Senakot | | Senakot | | Senakot | | Senakot | |
| Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | | Eliquis2 | |

| Day 29 | | Day 30 | |
|------------|---------|------------|---------|
| AM | PM | AM | PM |
| Meloxicam1 | Senakot | Meloxicam1 | Senakot |
| Senakot | | Senakot | |
| Eliquis2 | | Eliquis2 | |

1. Meloxicam is continued 4-6 from date of surgery.
2. Eliquis is continued for a total of 30 days after date of surgery.
3. Additionally, take Tylenol (acetaminophen) 650-1000 mg every 6 hours as needed for pain

Post-operative Home Medications for patients on Aspirin for DVT prophylaxis

| Day 1 | | Day 2 | | Day 3 | | Day 4 | | Day 5 | | Day 6 | | Day 7 | |
|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot |
| Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin |
| Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | |

| Day 8 | | Day 9 | | Day 10 | | Day 11 | | Day 12 | | Day 13 | | Day 14 | |
|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot |
| Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin |
| Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | |

| Day 15 | | Day 16 | | Day 17 | | Day 18 | | Day 19 | | Day 20 | | Day 21 | |
|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot |
| Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin |
| Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | |

| Day 22 | | Day 23 | | Day 24 | | Day 25 | | Day 26 | | Day 27 | | Day 28 | |
|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot | Meloxicam1 | Senakot |
| Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin | Senakot | Aspirin |
| Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | | Aspirin | |

| Day 29 | | Day 30 | |
|------------|---------|------------|---------|
| AM | PM | AM | PM |
| Meloxicam1 | Senakot | Meloxicam1 | Senakot |
| Senakot | Aspirin | Senakot | Aspirin |
| Aspirin | | Aspirin | |

1. Meloxicam is continued 4-6 from date of surgery.
2. Aspirin is continued for a total of 30 days after date of surgery.
3. Additionally, take Tylenol (acetaminophen) 650-1000 mg every 6 hours as needed for pain

Post-Operative Visits to the Office

We will ask you to return to the office at routine times after your discharge from the hospital. You will be seen in our office approximately 2 weeks from the time of surgery for your first post-operative visit. You will see Dr. Foran's physician's assistant, Johnna Jaynstein, PA on this first visit.

Please bring ALL of the post-operative medications that you are currently taking in a bag so Dr. Foran or Johnna can evaluate your further healing process review and adjust them as needed.

All patients are seen in the clinic approximately two weeks and six weeks post-op to evaluate their progress. This includes a physical examination.

Further follow-up visits will occur at three months (optional), one year, three years, five years, and every five years thereafter, or as determined by your surgeon.

Should you have the need for more frequent follow-up visits, you may be asked to return at shorter intervals. Should you desire to schedule a visit for any reason whatsoever, you are always welcome to do so.

Note: Occasionally, patients are sent home from the hospital with oxygen to help improve breathing for a few days or weeks. The decision to put you on oxygen is made by the internal medicine doctors and respiratory therapists at the hospital. To stop your home oxygen and to have your oxygen tank picked up by the company, contact the OrthoColorado Hospital's Respiratory Department at 720-321-5425. They will give further instructions and set up a date and time to pick up the oxygen tank.

FAQ's

1. I have heard there are different approaches to hip replacement. Is one better than the other?

There are many ways to perform a hip replacement. A surgeon may enter the hip joint from various anatomical approaches, including anterior, anterolateral, lateral, posterior, and posterolateral. Despite what you may have heard, there is no single approach that is better than the other. All approaches have pros and cons... There is "no free lunch" in life. Dr. Foran has trained on all of the above approaches, and prefers the minimally invasive posterolateral approach. This approach enables safe exposure, with minimal soft tissue disruption, and has very low complication rates. With this minimally invasive approach, patients are walking on the day of surgery, and generally can leave the hospital the next day.

2. What is the healing process like after a hip replacement

Expect to be in the hospital for one night. On the day of surgery you should expect to put full weight on, as well as walk on the leg with your new hip! Initially, you may use a cane or walker to help you walk. You can eliminate these walking aids whenever you feel comfortable in doing so. When you first begin to ambulate on your new hip, you may have pain. Pain typically improves dramatically in the first several days and weeks after surgery. The first 2 weeks are generally the most difficult. Pain or soreness in the thigh is common early on. On average, by week 6 most patients are about 75% recovered ("healed") from surgery. By 3 months most patients are about 90% recovered. Complete recovery, including maximal pain relief and function, takes about 1 year. Patients generally begin driving and returning to work between 1 and 6 weeks after surgery. MAKE SURE YOU SPEAK WITH DR. FORAN BEFORE DRIVING OR RETURNING TO WORK.

3. What will my hip feel like when I am completely healed?

Having a realistic expectation about your hip replacement will ultimately lead to your satisfaction with the surgery. The goal of hip replacement is to improve your pain and your function. Most people can expect to have a hip that feels natural and pain free when it is completely healed. You will likely have a small area of numbness around the incision. Some people with hip replacements may have periodic tenderness around the point of the hip ("trochanteric bursitis")

4. How long will my hip last?

This is a difficult question to answer as many factors determine the longevity of a hip replacement. Major orthopaedic studies indicate that modern hip replacements last a long time. Several recent studies show that there is a greater than 95% chance that a hip will last 15-20 years or more. With modern implants, many orthopaedic surgeons believe that hip replacements may even last 30 years or more, but more data is needed.

5. Is swelling common after hip replacement?

Yes. In fact, you should anticipate quite a bit of swelling from your thigh to your foot after surgery. Your operative leg may swell to as much as 30% larger than your other leg. The swelling peaks at about 7-10 days after surgery and gradually diminishes. Sometimes the leg can have substantial bruising as well. This bruising is not dangerous. Elevating your leg and wearing a support stocking help decrease the swelling. It may take months for all the swelling to resolve.

6. Why do I have to take all these medications after my surgery?

Medications after surgery are prescribed to help ensure a safe and comfortable recovery. Blood thinners are necessary to help avoid developing blood clots. Pain medications help decrease your discomfort after surgery. Dr. Foran uses “multi-modal” pain control, which has been clinically proven to be effective after total hip replacement. Multi-modal pain control uses different types of medication, which can decrease the need for narcotics. In general, patients are given an anti-inflammatory medication (Meloxicam) for 6 weeks, a muscle relaxant, and a short acting “as needed” narcotic medication (oxycodone, hydrocodone, or hydromorphone). The most common side effects from these narcotic medications are nausea, constipation, and itching. As such, you may be given an anti-nausea medication (Zofran or a Scopalamine patch), stool softeners (Senakot or Docusate), and anti-itching medication if needed (Benadryl, Atarax). See page 15 for a sample medication schedule. IF YOUR INSURANCE DOES NOT PAY FOR A PARTICULAR PAIN MEDICATION, OR IF YOU DO NOT WANT TO TAKE ONE OR MORE OF THESE MEDICATIONS, YOU DO NOT HAVE TO TAKE IT. See pages 15-16 for sample medication schedules.

7. My Insurance doesn't cover some of my medications? What should I do?

The only medication you must take is your blood thinner (either aspirin, Eliquis, Xarelto, or in rare cases Lovenox or Warfarin. The other prescribed postop pain medications (see page 13) are optional, but recommended. In the event that your insurance doesn't cover a particular medication, you can either choose to pay out of pocket (recommended if you are able) or simply go without that medication.

8. What should my activity level be after surgery?

Every patient is different. Each day you should be increasing your activity level, but let pain and swelling be your guide. The first 2 weeks are associated with the most pain. On average, you will make 75% of your recovery by week 6 and 90% by 3 months.

Dr. Foran likes to tell people to “do it, but don't overdo it” in the first few weeks. Basically, this means to use common sense in guiding your activity levels. At some point, most patients overdo it with activities and therefore take a few steps back in their recovery temporarily. You may have increased swelling or discomfort if this happens. This is your body telling you to take it easy and let your hip rest for a few days.

FAQ's

9. When can I shower or bathe?

You can shower the day after surgery, and let water run over your hip. You will go home with a waterproof dressing over your incision. This is a good water resistant barrier, and should be left on for the first week. You should avoid soaking in a bath or pool for at least 3-4 weeks after surgery, when your incision is completely healed.

10. What are hip precautions?

Hip precautions have historically been given to patients in the first 6 weeks after surgery. These precautions are positions to avoid to prevent dislocation. In General Dr. Foran DOES NOT prescribe hip precautions to his patients. Simply avoiding extremes of motion is sufficient. You will specifically be told if you are to have hip precautions after surgery.

11. I just had a hip replacement. What positions can I sleep in?

You may sleep in any position you are comfortable in. This means that it is ok to sleep on your back, either side, or even on your stomach.

12. When can I restart the medications I was told to stop prior to surgery?

Usually, as soon as you are discharged from the hospital, but check with Dr. Foran or your primary care doctor if there are any medications in question. You will be informed which medications you should resume when you leave the hospital.


13. What should I do to avoid or alleviate constipation?

You should start taking your stool softener (Senakot) two days before surgery and continue it twice daily until you have a normal bowel movement or while taking narcotic pain medication. Stop the stool softener if you start to experience loose or watery stools. If you continue to have constipation you can take Milk of Magnesia, which is a mild oral laxative, or use Magnesium Citrate, which is much stronger. In addition, you can also try Dulcolax suppositories or a Fleets enema. All of these medications can be bought over the counter at your pharmacy.

14. What are the major risks of hip replacement surgery?

Infection: Infection remains the biggest risk hip replacement and can occur anywhere from days to years after surgery. An infected total hip replacement requires surgery (sometimes multiple surgeries), and great measures are taken to help avoid infection. The national infection rate after hip replacement is about 1 in 100 (1%)

Blood clots: A blood clot, also known as deep vein thrombosis (DVT), may occur after surgery and can be potentially life threatening if it travels to your lungs. The risk of death from blood clots has been greatly reduced in recent years by the use of anticoagulants (blood thinners) and early mobilization (walking, moving, etc.).



Dislocation: Dislocation occurs when the ball comes out of the socket. This occurs in about 1 in 100 patients with a hip replacement, and is less common than it used to be. Dislocation requires a closed reduction of the dislocation (usually in the emergency room). Dislocations that recur may require additional surgery.

Limb Length Inequality: One of the goals of hip replacement is to make your legs equal in length. The vast majority of patients will not notice a difference in leg lengths. Occasionally, the operative leg will feel longer or shorter than the other leg. If this difference persists a shoe lift may be helpful.

Continued pain: Rarely will people continue to have pain after a total hip replacement. Often the cause of this pain can be determined, but rarely it may be difficult to tell why a hip still hurts. Fortunately, this is uncommon.

Nerve or blood vessel injury: Major nerve or blood vessel injury is uncommon after hip replacement surgery. The most common such injury may lead to a foot drop, which in most cases is temporary, and resolves with time.

Chlorhexidine Gluconate (CHG) Pre-Op Bathing Instructions

OrthoColorado Hospital follows a standardized process for the prevention of surgical site infections.

Below is a summary of the things you can do to help.

PLEASE READ ALL INSTRUCTIONS COMPLETELY PRIOR TO BATHING

All Surgical Procedures

- Most drug stores will carry small bottles of chlorhexidine gluconate (4% CHG) that you may purchase for about \$5.00. Look for Hibiclens® or Dyna-Hex®, or ask the pharmacist
- **NOTE:** this product will not be covered by insurance
- The night before surgery, place a fifty-cent piece size of CHG solution onto a clean washcloth and apply to all body surface areas (excluding face and genitals), concentrating on the area where your surgery will be. Use additional soap when needed to cover all areas.
- At the end of your shower, wait 2 minutes before thoroughly rinsing the soap-like material off of your skin surfaces.
- Do not apply lotion, creams, or deodorant after your shower.
- If possible, sleep in clean pajamas and on clean sheets the night before surgery.
- Do not shave the area of surgery. Do not shave legs before Knee or knee surgery

CAUTION: Do not use on face, eyes, ears, or mouth- and avoid use in genital area. If you accidentally get some of the soap in those areas, rinse immediately. If you experience burning or irritation on the skin, rinse immediately and do NOT reapply.

Get Well Loop

FOLLOW UP IS THE BEST MEDICINE®

What is Get Well?

Get Well Loop is a free service that may be offered to you by your physician to enable your care team to stay connected with you throughout your surgical journey. We want you to have the best outcome, and your care team wants to deliver the best quality care.

How can I get on a “Loop”?

Getting on a “Loop” is easy. Provide your email address upon check in at the front desk, or to any member of the Panorama Team. Once you have been invited by your physician you will receive an activation email 2-4 weeks before your scheduled procedure date. After you activate through that email, you will be able to use your computer or smartphone to connect with your care team.

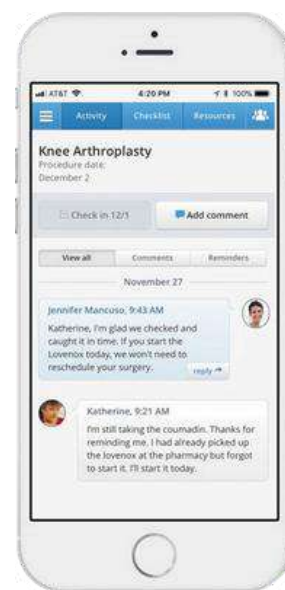
Is it difficult to use Get Well Loop?

Get Well Loop is extremely intuitive and provides automated guidance and reassurance, helping you organize what to do, when to do it, tracking your progress the entire way and answering any questions through secure messaging. All this without having to pick up the phone!

Technical Issues?

Get Well Loop works best in Google Chrome, however if at any time there are technical issues, go to loop.getwellnetwork.com and click the “Support” button in the bottom right corner or call 888-496-3375 to get in touch with a team member.

Any issues concerning Getwell loop may be directed at: loopsupport@getwellnetwork.com or 888-496-3375



getwell | Loop

Example of Consent



INFORMED CONSENT FOR
TREATMENT OR PROCEDURE
CHADM-004 rev. 03/18
Epic # 200089 Procedural/Treatment Consent

Page 1 of 2

| Patient Label | |
|---------------|--------|
| P# | |
| DOB: | Name: |
| | Study: |

Date of Procedure: _____

Interpreter Services or Other Communication Aids: (check if applicable)

- If English is not my preferred language, an interpreter was provided to me. Interpreter # _____
- I declined an interpreter and requested a family member or friend to interpret.
Name of family or friend interpreter: _____
- I requested communication aids and they were provided.

Reason for Procedure (medical condition):

Hip pain/Arthritis

Procedure: I approve and direct my healthcare provider _____ Dr. Jared Foran _____ and assistants to perform this treatment or procedure:

Right / Left Total Hip Arthroplasty

Anesthesia and Pain Control: My healthcare provider has told me about the medicines that will be used to manage my pain or make me sleepy for this procedure. He/ She has told me about the risks, benefits, and complications of anesthesia and pain control medicines.

Additional Procedures: My healthcare provider may find a new or different condition, or a new condition or problem might arise during the procedure. If he/she feels that other procedures are needed, I agree to these procedures. I understand that no guarantee can be made about the outcome of this procedure.

How the procedure may help me: My healthcare provider has explained the benefits of the procedure and I understand them.

How the procedure may harm me: I understand the risks of this procedure or treatment include:

Continued pain, leg length discrepancy, dislocation, fracture, need for further procedures, and nerve/blood vessel injury.

Some common risks include: Pain, infection, bleeding (which may require a transfusion), nerve injury (I might have numbness or lose strength or function of a body part), blood clots, injury to nearby structures, including perforation (poking a hole in some part of my body that was not intended), and reaction to a medication. The risks of the procedure can be serious, and there is a possibility of death.

Other choices if I don't have this procedure: I have been told of other reasonable treatment choices. I know the risks and possible benefits of these other choices. I have also been told of the risks and possible benefits of having no procedure or treatment for this condition.

Other people may be present: Some parts of the procedure may be completed by other members of the healthcare team. Team members may change during the procedure. Observers and other participants may be present for medical education or support.

Disposal of Tissue, Organs, or Body Parts: If any tissue, organs, or body parts are removed, after necessary testing, they will be disposed of with respect.

Example of Consent



**INFORMED CONSENT FOR
TREATMENT OR PROCEDURE**
CHADM-004 rev. 03/18
Epic # 200089 Procedural/Treatment Consent

Page 2 of 2

| Patient Label | |
|---------------|--------|
| P# | Name: |
| DOB: | Study: |

Consent for Administration of Blood and Blood Products:

Not necessary for this procedure.

I understand that I might need blood or blood products during or right after this procedure or treatment. My healthcare provider has explained risks, benefits, and alternatives to receiving blood or blood products. I understand there are risks to refuse blood or blood products.

Yes, I want blood or blood products if my healthcare provider feels it is needed.

No, I DO NOT want to receive blood or blood products.

CPR Advance Directives: If I have advance directives in place, I have talked with my healthcare provider about options for changing these directives during my procedure, and I have completed the required form.

Signatures

My signature below means that:

- I have read and understand this consent form.
- I have been given all the information I asked for about the procedure(s), risks, and other options.
- All my questions were answered.
- I agree to everything explained above.
- If I do not agree with any of the statements above, I have told my healthcare provider.
- I am free to withdraw my consent and not have this procedure.

Patient or Authorized Surrogate Healthcare Decision-Maker:

Signature: _____ Date: _____ Time: _____
Printed Name: _____

I have discussed the information above with the patient (or representative) and have answered their questions. It is my opinion that the person granting consent has fully understood all subjects discussed and consented to the procedure. Licensed independent practitioner, or advanced practice provider who conducted the informed consent discussion:

Signature: _____ Date: _____ Time: _____
Printed Name: Dr. Jared Foran

Consent obtained via telephone (only when necessary)

Name of Authorized Surrogate Healthcare Decision-Maker: _____

Healthcare team member obtaining consent:

Signature: _____ Date: _____ Time: _____
Printed Name: _____

Signature: _____ Date: _____ Time: _____
Printed Name: _____



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Ortho
Colorado Hospital

www.PureOrtho.com

