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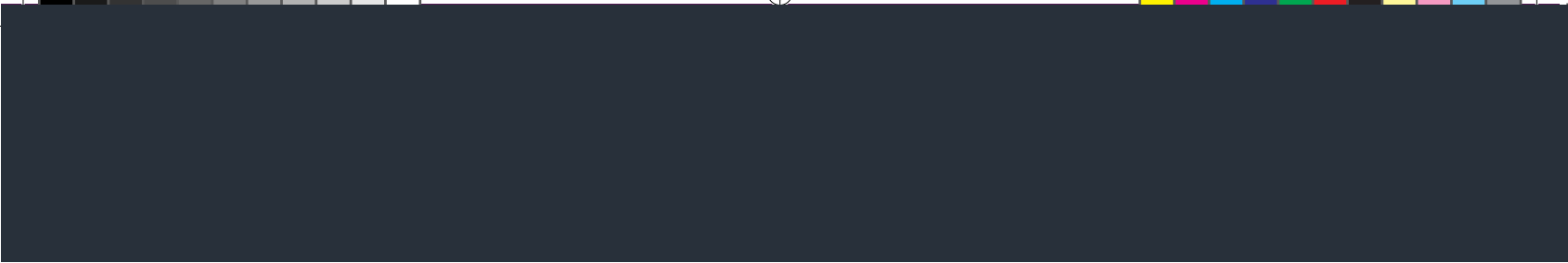
ORTHOPEDICS

WORLD CLASS
MINIMALLY INTRUSIVE
ORTHOPEDIC CARE



MINIMALLY INVASIVE KNEE 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 7.
4. There are sample medication regimens on page 22 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 Knee Preservation Team



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(720) 782-7890



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Emily Schreves
Clinical Liaison
(720) 782-7870
FAX: (720) 497-6718
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 knee 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 32). 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. 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 3-4 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. Visit www.OrthoColorado.org/education
2. Select Preoperative Education
3. A window opens to the side
4. Open Online Video Classes drop down
5. Select the surgery you are having and watch the video
6. Complete the Video Verification form

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.

>2 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.
- ✓ **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. Fax any disability or FMLA paperwork to the medical assistant (720-497-6718) at least 2 weeks prior to surgery.
- ✓ 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 30 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 14-16)
- ✓ 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.

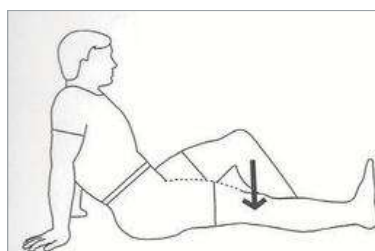
Please make sure that you are reachable the day before surgery; we may need to contact you in the event of any schedule changes or delays. Make sure your contact information is up to date.

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.



QUAD SET

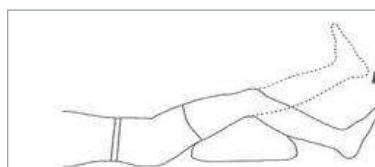
- Sit with involved leg extended
- Tighten quad muscles on front of leg, trying to push the back of the knee downward

Special Instructions:

Do not hold breath.

Perform 1 set of 10 repetitions, once a day.

Hold muscle contraction for 10 seconds

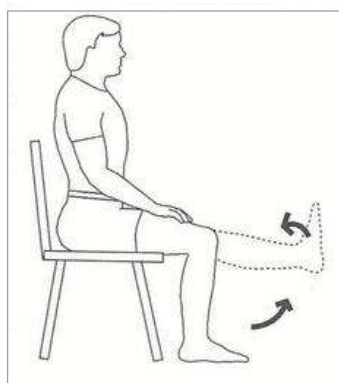


SUPINE KNEE EXTENSION

- Lie on back, with involved leg bent to 45 degrees,
- supported with a pillow, as shown.
- Straighten leg at knee.

Perform 1 set of 10 repetitions, once a day.

Perform 1 repetition every 4 seconds



SEATED KNEE EXTENSION

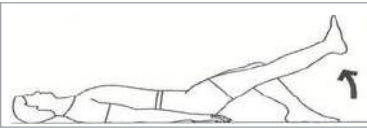
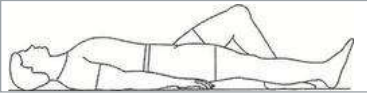
- Sit against a wall, chair, or on firm surface, knee bent.
- Keep a proper curve in low back, as shown.
- Flex foot upward, while straightening knee.
- Repeat stretch with other leg.

Special Instructions:

Do not allow low back to lose the curve. It is common to experience shaking in the leg.

Perform 1 set of 4 repetitions, once a day.

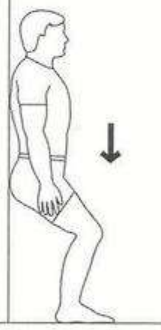
Hold contraction for 20 seconds.



STRAIGHT LEG RAISE

- Lie on back with uninvolved knee bent as shown.
- Raise straight leg to thigh level of bent leg.
- Return to starting position.

Perform 1 set of 10 repetitions, once a day.
Perform 1 repetition every 4 seconds.



MINI WALL SQUAT

- Lean on wall, feet approximately 12 inches from the wall, shoulder distance apart.
- Bend knees to 45 degrees.
- Hold 5 seconds.
- Return to starting position.

Perform 1 repetition every 4 seconds.
Perform 1 set of 10 repetitions, once a day.

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
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Vitamins such as:

A, C, E, K, Multivitamins, CoQ10,	Fish Oil / Omega 3,6,9	Juice Plus	Krill Oil
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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
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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
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Antiplatelets such as:

Aggrenox (aspirin + dipyridamole)	Plavix*(clopidogrel) Pletal (cilostazol)	Trental (pentoxil)	Ticlid
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***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)
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Contact Your Medical Doctor for Instructions if You Take Any of the Following Medications:

Adderall Cytosan Enbrel `Imuran	`Librax Librium Remicade Humira	Orencia Cimzia Rituxan ActemraKineret	Cosentyx Stelara Benlysta Xeljanz
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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:

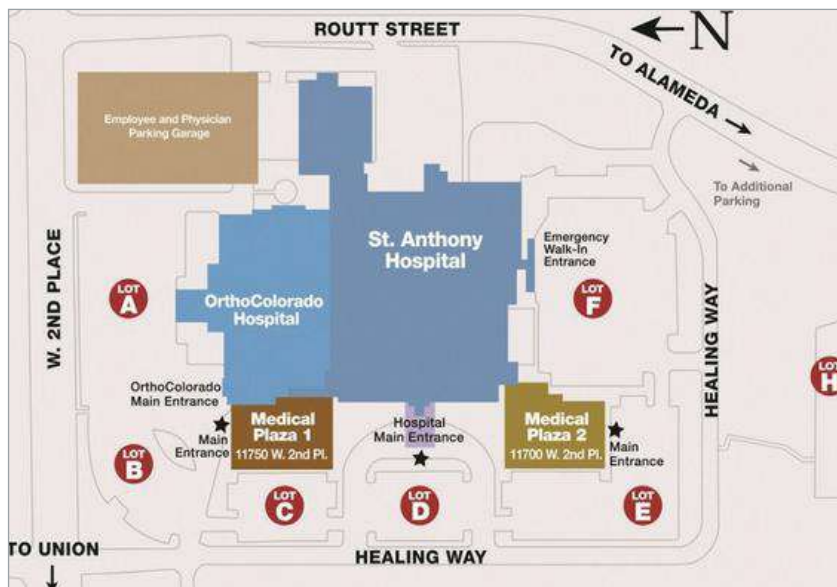
hydralazine, minoxidil, clonidine (Catapres), doxazosin (Cardura)

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. Knee replacement surgery is a major operation, and operations hurt. While Dr. Foran's minimally invasive knee replacement is designed to decrease your pain in the first 6 weeks after surgery compared to a traditional knee replacement, there will still be pain. Dr. Foran's goal is to keep you comfortable, but being "pain free" is not realistic after any knee 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 knee 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. Elevating the operative leg also helps decrease swelling. The swelling will eventually resolve with time.**

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.

Fatigue is common following surgery. This is due to sleep disturbance (see above), medication effects, changes in your daily activity level, and the physiologic burden of surgery on the body. Eventually you WILL get your energy back, but this may take several weeks or even several months for some people.

Physical Therapy is an essential component of the recovery process. Physical Therapy (PT) typically lasts for 6 weeks, and is the **MOST IMPORTANT THING** you can do to optimize your outcome. You will get a prescription for outpatient PT from Dr. Foran at the time that you consent for surgery. **You will begin outpatient PT about 3-5 days after your surgery** (you will go to a physical therapy clinic). A list of recommended physical therapy clinics have been provided on page 29 of this packet for your convenience.

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 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 assistant on this first visit.

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

All patients are seen in the clinic approximately two weeks and six weeks post-op to evaluate their progress. The two-week appointment includes a physical examination, x-rays, and medication check. You will likely be seen by the physician assistant for the two-week appointment. The six-week appointment includes a physical examination and medication check. You will be seen by Dr. Foran, the physician assistant, or both.

***Telemedicine visits for the postoperative follow-ups is available for out-of-state patients.**

Further follow-up visits will occur at three months (if necessary), one year, three years, five years, and every five years thereafter, or as determined by your surgeon. It is important to come in for routine evaluations and X-rays, even if you are feeling great. The reason is to monitor the implant for any signs of loosening, wear, or early failure that should be addressed.

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. To stop your home oxygen contact your primary care physician to be cleared. If you are having trouble with this process, please call us at 720-782-7870.

FAQ's

1. I need a refill of my medication. Who do I call?

If you need a refill of your medication at any point, call the main office line (720-782-7870)

2. What is the healing process like after a knee replacement?

Expect to go home the same day of surgery (if prearranged) OR 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 knee! 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 knee, you may have pain. Pain generally improves dramatically in the first several days and weeks after surgery. The first 2 weeks are generally the most difficult. **Calf and thigh soreness is especially common in the first few weeks.** 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 knee feel like when I am completely healed?

Having a realistic expectation about your knee replacement will ultimately lead to your satisfaction with the surgery. The goal of knee replacement is to improve your pain and your function. Hopefully 100% of your knee pain will resolve and you will have excellent motion in your knee. However, even a perfectly done knee replacement may have residual stiffness or discomfort. I like to say that if you would be satisfied knowing that your knee will feel at least 80-90% better than it felt prior to surgery, then you will likely be very happy with your knee. If you get to 100% (which is what we are aiming for), consider that a bonus. In my experience 1 or 2 out of 100 people would say that their knee feels bad enough (pain or stiffness) that they would not do the operation again if they had the choice. That means about 99% are satisfied!

4. How long will my knee last?

This is a difficult question to answer as many factors determine the longevity of a knee replacement. Major orthopaedic studies indicate that modern knee replacements last a long time. Several recent studies show that there is a greater than 90% chance that a knee will last 15 years or more.

5. Is swelling common after knee 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 help decrease the swelling. It may take months for all the swelling to resolve. Occasionally, patients get blistering on the operative leg. This is from excessive swelling. While blisters look alarming, they generally resolve without issue. If you blister, please call Dr. Foran.

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 knee replacement. Multi-modal pain control uses different types of medication, which can decrease the need for opioids. In general, patients are given an anti-inflammatory medication (Meloxicam) for 6 weeks, Tylenol, and a short acting “as needed” opioid medication (oxycodone, hydrocodone, or hydromorphone). Rarely, patients under age 70 are given a long acting opioid (MS contin or Oxycontin). The most common side effects from these opioid medications are nausea, constipation, and itching. As such, you may be given an anti-nausea medication (Zofran or a Scopolamine patch), stool softeners (Senokot or Docusate), and anti-itching medication if needed (Benadryl, Atarax). **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 page 22 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 20-21) 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. Is it normal to feel or hear clicking or clunking in my knee after surgery?

The short answer is yes. The ligaments in a normal (non-replaced) knee allow for subtle motion of the knee in many directions. When a normal (non-replaced) knee moves it has soft cartilage and other soft tissues that cushion this movement. In a knee replacement, this normal motion still occurs, but instead of soft tissues, there are metal and plastic parts that touch each other. When this happens you may feel (or less commonly hear) a click or clunk in the knee. This is normal and should be expected.

FAQ's

9. Is it normal to have numbness around the incision after surgery?

Yes. Knee replacement requires an incision to be made in the front of your knee. In most people, this incision cuts through the superficial nerve that provides sensation to the front of your knee. Most people will notice an area of numbness on the outside part of their knee. This area of numbness may be as big as several square inches, in some cases covering an area as big as the palm of your hand. In some people this area of numbness will diminish or resolve over time. In other people the numbness will be permanent. Eventually the numbness becomes less and less noticeable.

10. Can I kneel on my knee after surgery?

Yes. There is a common misconception that you cannot kneel directly on a total knee after surgery, or that kneeling will damage a total knee. In reality kneeling on a total knee is completely acceptable. Many patients, however, report that kneeling on their knee feels strange, uncomfortable, or even painful. Even so, kneeling is not bad for the knee. Knee pads can make kneeling more comfortable.

11. 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.

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 knee rest for a few days.

12. When can I shower or bathe?

You can shower the day after surgery, and let water run over your knee. Your dressing is waterproof. Leave it in place. We will remove the dressing at the two-week visit. You should avoid soaking in a bath or pool for at least 3-4 weeks after surgery, when your incision is completely healed.

13. I just had a knee replacement. What positions can I sleep in?

You may sleep in any position you are comfortable in. Try to keep your leg as straight if possible. Although you can put a pillow under your knee for comfort some of the time, always sleeping with a pillow under the knee may lead to the inability to straighten your knee completely.

**14. I am having difficulty sleeping after my knee replacement. Is this normal?
What can I do about it?**

Patients often experience difficulty falling or staying asleep in the first few weeks after knee replacement. Some even describe restless leg-like symptoms. Sleep may be disrupted for many reasons. This is likely related to changes in your daily routine, medications you are taking, and changes to your body's metabolism during the healing process. Your sleeping patterns will eventually normalize. To improve sleep at night remain active during the day and avoid excessive napping. Sleep medications are sometimes useful. Talk to Dr. Foran or his team if sleeping is a problem.

15. Why am I so tired all the time?

It is normal to experience fatigue after knee replacement. This is due to a combination of the effects of pain medication, disrupted sleep patterns, and the physiologic toll that the surgery takes on your body while you are healing. You **WILL** regain your energy and stamina. In some cases it may take up to 3 months to get past the fatigue.

16. 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.

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

You should start taking your stool softener (Senokot-S) 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.

18. What are the major risks of knee replacement surgery?

Infection: Infection remains the biggest risk after knee replacement and can occur anywhere from days to years after surgery. An infected total knee replacement requires surgery (sometimes multiple surgeries), and great measures are taken to help avoid infection. The national infection rate after knee 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.). **The symptoms of DVT are new or extreme swelling or a sudden increase in pain in the leg or calf. (Note that substantial swelling is normal and expected, as is some moderate calf and thigh pain. Most instances of swelling and pain are normal!)**

- If you or your physical therapists are concerned with the amount of swelling in your leg, call Panorama.
- Chest pains or shortness of breath are possible signs of a DVT that has moved to the lungs (called a pulmonary embolus or "PE"). If you experience chest pain or shortness of breath, go to the ER immediately.

Continued pain or stiffness: As noted above, in rare cases people will continue to have significant pain after a total knee replacement. Often the cause of this pain can be determined, but rarely it may be difficult to tell why a knee still hurts. Fortunately, this is uncommon. Some people's knees may become stiff after surgery. It is important to diligently perform your physical therapy exercises after surgery in order to prevent stiffness.

Need for more operations: Most knee replacements last many years. Early reoperation may be required in rare cases

Nerve or blood vessel injury: Major nerve or blood vessel injury is exceedingly uncommon after knee replacement surgery.

Recommended Physical Therapy Clinics

Aurora

Select Physical Therapy Aurora-
1390 S Potomac St. Ste 114, Aurora 80012
303-745-6717

Select PT (Southeast Aurora)- 3102 S Parker Rd STE
A15, Aurora 80014 303-338-8598

Arvada/Wheat Ridge

Accelerate PT- 11651 W 64th Ave Unit A5, Arvada
303-421-2210

Fit Physical Therapy @ the Duncan YMCA- 6350 N
Eldridge St, Arvada 80004
303-422-4977

Select PT- 7777 W 38th Ave Suite A120,
Wheat Ridge
303-940-0757

Broomfield/Lafayette/Louisville

Accelerate PT PC- 3951 E 120th Ave,
Thornton 80233 303-920-3710

Anchor Physical Therapy PC- 325 Interlocken Pkwy
Ste A100, Broomfield 80021 303-460-0329

Centennial/Highlands Ranch/Lone Tree/Parker

Panorama Physical Therapy- 1060 Plaza Dr. Ste.
200, Highlands Ranch: 303-274-7332

Town Center- 1265 Sergeant Jon Stiles Dr. Suite D,
Highlands Ranch: 303-274-7332

Select PT Highlands Ranch- 9330 S University Blvd
#140, Highlands Ranch 303-471-4506

Select PT Homestead Park- 5161 E Arapahoe Rd STE
250, Centennial 80122 303-694-0400

Select PT Parker- 10470 S Progress Way Unit 104
Parker 303-617-4700

Denver

Blue Sky Physical Therapy- 155 S Madison St Ste
303, Denver 303-388-1537

Select PT Denver- 400 S Colorado Blvd Ste 640,
Glendale 80246 303-320-4450

Evergreen/Conifer/Idaho Springs

Evergreen PT Specialists- 30940 Stage Coach Road
STE 110, Evergreen 80439 303-674-1594

Vertical Motion PT- 3045 Whitman Dr., Evergreen
80439 303-324-5329

Englewood/Littleton

Panorama Physical Therapy- 5005 S. Kipling Pkwy
Unit 4-A Littleton, CO 80127 720-497-6173

Ascent Therapy Clinic- 9116 W Bowles Ave., Ste 10
Littleton 80123 303-978-9200

Fit PT in the Peak Community & Wellness Center-
6612 S Ward St., Littleton 80127 303-409-2133

Panther PT- 5935 S Zang St Unit 9, Littleton 80127
303-979-5511

Select PT Greenwood Village- 5670 Greenwood
Plaza Blvd Ste LL110, Greenwood Village 80111 303-
694-9193

Select PT- 205 W Hampden, Englewood 80110 303-
789-0772

Golden

Panorama Physical Therapy- 660 Golden Ridge Rd.
STE 103, Golden 720-497-6616

Select PT- 112 N Rubey Dr Golden 80403 303-279-
7703

Sirona PT- 1216 Arapahoe St, Golden, CO 80401 (303)
279-9728

Lakewood

Panorama Physical Therapy- 437 S, Wadsworth,
Suite G Lakewood, CO 303-274-7310

Belmar PT- 325 Teller St. Ste 270, Lakewood 80226
303-274-2404

St. Anthony Hospital Outpatient Therapy- Medical-
Plaza 3, 255 Routt St., Suite 300, Lakewood 80228
720-321-8920

Select PT South Lakewood- 3355 S Wadsworth STE
F107, Lakewood 80227 303-985-1185

Thornton/Westminster

Panorama Physical Therapy- 8510 Bryant Street
STE 130 Westminster, 720-497-6666

**Fit Physical Therapy @ The Westminster Fitness
Center-** 10485 Sheridan Blvd, Westminster 80020
303-469-1190

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.

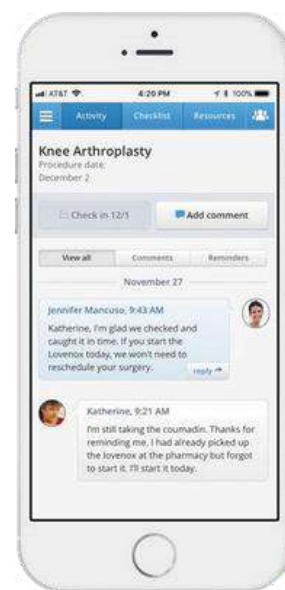
Is it difficult to use Get Well Loop?

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



#OCH0066ED Revised 01/12
 White - Medical Record
 Yellow - Patient



Patient Label

PATIENT INFORMED CONSENT

PATIENT NAME: _____ DATE OF TREATMENT/PROCEDURE: _____
 DIAGNOSIS/CONDITION: Knee pain/arthrosis

I hereby authorize Dr. Jared Foran (Practitioner) and/or such assistants as may be selected by him/her to perform the following treatment/procedure: RIGHT/ LEFT Total Knee Arthroplasty

RISKS OF PROPOSED OPERATION/PROCEDURE. _____ Dr. Foran _____ (Practitioner) has discussed with me the above procedure or treatment, the anticipated benefits, likelihood of success, material risks and side effects. Alternatives and their risks, benefits and side effects have also been discussed as well as the results of declining recommended or alternative therapies. This authorization is given with the understanding that any treatment/procedure and recuperation involves some risks and hazards. The more common risks include infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions, severe blood loss, risks of blood transfusion (see below), and _____ Continued pain, stiffness, need for further procedures, blood vessel injury, fracture _____ (complete as discussed with patient if not document elsewhere). These risks can be serious and possibly fatal.

ADDITIONAL PROCEDURES. I understand that other problems/conditions may develop in the course of the treatment/procedures that cannot be reasonably foreseen. It is also possible that my physician may discover a different, unsuspected condition at the time of the procedure. I authorize the above named physicians, his/her assistants or designees as indicated in the chart below, to perform such unforeseen procedure(s) that are necessary according to their medical judgment.

ASSISTANTS. I understand that some aspects or important tasks of this treatment/procedure may be performed by healthcare providers other than the primary surgeon/practitioner (i.e., residents, physician assistants, advanced practice nurses, etc.) I understand that the care provided by these practitioners will be within the scope of their practice or privileges granted and will be performed in accordance with the state law and the hospital's policies based on their skill set and under the supervision of their responsible practitioner.

IMPLANTS/DEVICES IMPLANTED DURING OPERATION/PROCEDURE. I am aware that some surgical procedures require the implantation of medical devices and the federal laws and regulations require manufacturers to track these devices. If applicable to this procedure, I understand the physician and/or medical facility will release my Protected Health Information to the appropriate device manufacturer(s) per State and/or Federal regulations.

_____ I consent to vendors/observers being present as described to me.

_____ I DO NOT consent to vendors/observers being present.

BLOOD TRANSFUSIONS. It has been explained to me that I may need a transfusion of various blood components or derivatives. I understand the benefits, and that there are risks and side effects associated with the transfusion of blood or blood products. These include serious reactions (allergic and other reactions including headaches, itching, rash, hives, nausea, transient fever, or chills), damage to my own blood cells, volume overload which could affect heart and lungs and infections such as hepatitis and AIDS. These risks can be serious and possibly fatal. General alternatives and their risks, benefits and side effects have been explained to me including the risks and consequences of not receiving this treatment or the alternatives to treatment. Alternatives to donor blood including pre-donation of my own blood (autologous blood donation), directed donations, epogen therapy, and use of a cell saver during surgery have been explained to me. I also understand that if I refuse blood or blood products, possible risks may include organ damage from inadequate oxygen (such as heart attack or stroke), inability to control bleeding, and sometimes even death.

_____ I consent to a blood transfusion if my physician determines it is needed.

_____ I DO NOT consent to a blood transfusion

Date: _____ Time: _____

 Signature of Practitioner who conducted the informed consent discussion.

PATIENT CONSENT

I understand that no guarantees have been made to me regarding the results of this treatment/procedure and that it may or may not improve my condition. I have had sufficient opportunity to discuss my condition and treatment with my physicians and/or their associates, and all of my questions have been answered to my satisfaction. I believe that I have been given sufficient information and adequate knowledge upon which to make an informed decision about undergoing the proposed treatment/procedure. I have read and fully understand this form and I voluntarily authorize and consent to this treatment/procedure.

Date: _____ Time: _____

 Signature of Patient or Legal Guardian

Date: _____ Time: _____

Cold Therapy Unit



The DONJOY® ICEMAN CLASSIC3™ delivers continuous cold therapy to help patients and medical practitioners easily manage post-operative pain and swelling, speeding patient recovery and rehabilitation. It provides extended cold therapy for a variety of indications and protocols as directed by medical professionals. Cost – \$185 + tax (not an insurance covered item.) Panorama Orthopedics & Spine Center offers the ability to purchase this unit directly from the Medical Supply Shop located inside the Panorama Golden location at:

- 660 Golden Rd. Suite 250 Golden, CO 80401

Or the Westminster location at:

- 14190 Orchard Parkway. Suite 200 Westminster, CO 80023

No appointment is needed if picking up in the Golden or Westminster office. Visit us Monday – Friday between the hours of 7am & 5pm. Detailed information and instructions will be given at time of pickup. You will take the product with you on your scheduled surgery day to your individual surgical site.



Notes



Lined writing area with 16 horizontal lines.



pure
ORTHOPEDICS

Ortho
Colorado Hospital

www.PureOrtho.com

