Dear Patient:

Congratulations on your decision to have a joint replacement! You will soon be on the road to recovery. Your surgery date will be ______________. Your surgical care will be directed by your surgeon and guided by a Clinical Navigator using an online care path tool named “Wellbe”. You will be contacted by your Clinical Navigator 6-8 weeks before your surgery. At that time, she will schedule a date in the near future to review your health survey, medical history and discuss required medical clearances for your surgery. The Clinical Navigator will work with your surgeon’s surgical coordinator to schedule your pre- and post-operative appointments and educational classes. Your surgeon, the Clinical Navigator, and his surgical coordinator will work together to care for you before, during, and after your procedure. You will find additional materials attached to review, including an informational packet on our online care path tool named “Wellbe,” “Frequently Asked Questions” guide, informed consent for your surgery, and a health survey. These items will be useful at various stages of your surgical pathway and it is important to keep them accessible.

Please read the provided information. We look forward to working with you!
Should you need any assistance before or after surgery, please feel free to contact:

Dr. Scott Schoifet / Dr. Manny Porat / Dr. Jeremy Reid:
- Surgical Scheduler: Katy Whaley  609-267-9400 Ext. 6601
- Administrative Assistant: Antoinette Colucci  609-267-9400 Ext. 6600

Dr. Rajesh Jain / Dr. Gregory Klingenstein:
- Surgical Scheduler: Chrischele Dermond  609-267-9400 Ext. 6603
- Administrative Assistant: Tammy Haines  609-267-9400 Ext. 6602

Clinical Support Team:
(Post-op Questions / Medication Refills / Medical Questions)

- Dr. Scott Schoifet:  609-267-9400 Ext. 1699
- Dr. Rajesh Jain:  609-267-9400 Ext. 1689
- Dr. Manny Porat:  609-267-9400 Ext. 1694
- Dr. Gregory Klingenstein:  609-267-9400 Ext. 1690
- Dr. Jeremy Reid:  609-267-9400 Ext. 1696

Surgery Authorization / Precertification Department:
- 609-267-9400 Ext. 1208

Disability Forms / Work Notes / Letters:
- Annette Karwacki:  609-267-9400 Ext. 1601

Virtua Clinical Navigators:
- 856-248-6762
- orthonavigation@virtua.org
Please read and keep this packet as it contains important information regarding your surgery as well as care before and after surgery and during the hospital stay. The answers to most questions asked by patients are included in this packet. Please keep this packet for future reference as this information will help speed up your office visits before and after surgery.

We recommend that you read the relevant parts of this packet the night before your pre-operative visit, surgery, and post-operative visits so that you know what to expect.
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BEFORE YOUR SURGERY

WHO WILL BE INVOLVED IN MY SURGICAL AND PERI-OPERATIVE CARE?

All surgeries are performed by your surgeon, not someone in training. Our comprehensive team includes specially trained Physician Assistants who will participate in your pre-operative and post-operative care. They work under the direction and supervision of your surgeon and are a critical element of our team approach to patient care.

WHAT SHOULD I DO NOW THAT I HAVE SCHEDULED SURGERY?

A Nurse Navigator will contact you for a phone interview and health history. She will also schedule appointments for you for the following, which are required by the hospital and must be completed within a short timeframe prior to your surgery:

1. Pre-admission testing for blood work (this usually includes an EKG, so please do not use body cream or powder on your chest for this appointment).
2. Your pre-operative visit with your primary medical doctor for surgical clearance.
3. Your pre-operative visit with a Physician Assistant (PA) to complete paperwork and review any questions you may have after reading this packet.

You have been given a three-page surgical consent form. This must be read and returned to our office during your preoperative visit with the PA. The form is not meant to frighten you; it is intended to educate you on the potential risks associated with having joint replacement surgery. Most complications are rare but you should be aware of what they are prior to having surgery.

Bring a list of your medications with the doses and how often you take them to the pre-operative appointment with the PA. We will use this list to be sure you get your routine medications while in the hospital. Be sure to take this list to pre-admission testing at the hospital as well.

WHAT EQUIPMENT WILL I NEED?

Our office will prescribe several types of medical equipment for use after your surgery such as a walker, cane, and commode. Whenever possible, it is helpful to obtain this equipment before surgery. The PA working with your surgeon will provide instructions at your pre-operative visit at our office. You do not need to obtain this equipment prior to the pre-operative visit at our office. Hospital beds are not needed after surgery as you will be ambulatory upon leaving the hospital and will have been taught how to climb stairs if you have stairs in your home.
**SHOULD I DONATE MY OWN BLOOD?**

The short answer is “No.” Preoperative (autologous) blood donation is not recommended for total hip, total knee, or partial knee replacement. Donating your own blood does not change your chances of potentially needing Red Cross blood after surgery and is therefore not advised. Preoperative blood donation also causes your blood count to be lower at the time of surgery and increases your chances of a transfusion. The short timeframe in which blood needs to be donated does not allow your body to rebuild its blood supply fully.

The strongest predictor of whether you are likely to need a blood transfusion after surgery or not is your blood count (Hemoglobin) before surgery. Those patients who are anemic before an operation are more likely to need a transfusion after surgery because all patients’ blood counts drop to some degree from bleeding during and after surgery. In the event that you do need blood after surgery, please be assured that it is safer now than ever before. Regardless, your surgeon will make every effort to avoid blood transfusions unless absolutely necessary. If you are a Jehovah’s Witness, please make this clear to our team well before surgery.

To maximize your preoperative blood count and thus help reduce your potential for blood transfusions after surgery, all patients should begin iron supplements at least 2 weeks prior to surgery. The medication is called Ferrous Sulfate and comes in various strengths. It is not important which brand or strength you purchase. Take one tablet twice daily, regardless of the number of milligrams listed on the label. You can purchase iron tablets at your local pharmacy without a prescription. You may experience constipation or dark stools while on iron supplements. You may want to use stool softeners or laxatives while on the iron supplements to avoid constipation.

**WHAT SHOULD I DO ABOUT EMPLOYMENT DISABILITY?**

Please see page 16 for information regarding disability.

**WHAT ABOUT BLOOD THINNERS?**

You will be on a blood thinner medication after surgery. This is to help prevent blood clots in the legs (DVT, or deep vein thrombosis) and clots in the lung (PE, or pulmonary embolism). **IT IS CRITICAL TO FOLLOW INSTRUCTIONS PROVIDED UPON DISCHARGE TO HOME TO MINIMIZE THE CHANCE OF BLOOD CLOTS.** The risk of a blood clot after joint replacement is as high as 50% if you are NOT taking a blood thinner. The risk of a blood clot if you ARE taking one is very low, less than 1%. Therefore, it is critical that you follow directions on taking the prescribed blood thinner after surgery to minimize the chance of a blood clot. The length of time for which you will need to take blood thinners after surgery will be determined by your surgeon.
DO I NEED ANTIBIOTIC MEDICATIONS?

You will receive antibiotics before and after surgery according to current standard guidelines to help minimize the risk of infection. If you have any immediate dental concerns, please have them addressed before your surgery. If any surgical or dental procedure is planned in the future, always let your doctor know about the presence of the artificial joint. Antibiotic premedication is recommended prior to procedures for two years after your joint replacement to help prevent infection in the replaced joint. This includes routine dental cleanings. After two years, the decision to give antibiotics before dental work is up to your dentist. Antibiotics should be obtained from your dentist or primary medical doctor.

WHEN CAN I RIDE IN A CAR OR DRIVE?

You may ride in a car as soon as you are comfortable. Your surgeon does not recommend long trips (more than an hour by car or by air) for at least 4 weeks after surgery unless necessary. This is to minimize the chances of a blood clot in the leg or lung. If you must travel in the first month after your surgery, it is advisable to stop the car and get out to walk for 5-10 minutes every hour or two during the trip. If you are flying, you should walk up and down the aisle for 5-10 minutes every hour or two. Pump your ankles back and forth when sitting to also help with blood flow in the lower legs.

Generally, we allow you to drive as soon as you are no longer taking narcotic pain medication during the day. If your right hip or knee has been replaced, you should not drive until approximately 2 weeks after surgery, but you should be off of pain medications and able to safely use the brakes. It typically takes this long for the reflexes to push the brakes to return fully. You may drive an automatic transmission vehicle 2 weeks after surgery if your left hip or knee was replaced, as long as you are not taking narcotic medication when driving. Also keep in mind that you must maintain your hip precautions as directed by your surgeon if you have had hip replacement surgery. We recommend that you sit behind the wheel of a parked car and practice using your feet to push the pedals. If you feel comfortable, try driving in a low-traffic area (your neighborhood, empty parking lot) before driving routinely. If you do not feel comfortable or cannot apply the brakes quickly and firmly enough to stop, wait a week or two and try again.

WILL I SET OFF METAL DETECTORS?

You should not set off security detectors in stores, but you may set off metal detectors at the airport after joint replacement surgery. We no longer provide implant cards to demonstrate that you have a joint replacement. With heightened security at airports around the U.S. and the world, these implant cards are not useful because counterfeit cards are easy to make. It is appropriate to alert security at the airport before going through metal detectors that you have a joint implant. They can then choose to use a metal detector wand if needed. Some patients have reported having been asked to show their surgical scar. If a full body scanner is used, your joint replacement will be visible to security.
WHAT KIND OF ANESTHESIA IS RECOMMENDED?

There are two major types of anesthesia: spinal and general. The surgeons at Reconstructive Orthopedics strongly recommend spinal anesthesia. In a spinal anesthesia, the anesthesiologist numbs your lower back with a type of Novocaine. He/she then locates the proper area and injects numbing medication around the nerves of the lower spine. The patients’ legs become completely numb so that they will not feel any pain during the operation. Sedatives are given to relax the patient and allow them to feel drowsy and even sleep for the procedure. One of the sedatives is an amnestic so that most patients will not remember much at all from the operating room. It is similar to being in a ‘twilight,’ such as during a colonoscopy. In a general anesthesia, the patient is completely unconscious. A tube is placed down the throat and a ventilator breathes for the patient until surgery is completed.

With general anesthesia, patients usually experience more pain after surgery than with spinal anesthesia. There is often more blood loss during surgery with general anesthesia and the amount of stress to the heart and lungs is greater than with spinal. Most patients also experience more nausea after surgery if they have a general anesthesia. In addition, studies show that the risk of blood clots is slightly higher. The spinal anesthesia also allows for better relaxation of the muscles, improving your surgeon’s ability to perform less invasive surgery. Given that patients overall do so much better with spinal anesthesia, we strongly recommend it. There are occasions where the anesthesiologist may recommend a general anesthesia over a spinal. Even less common are situations where the anesthesiologist cannot find the proper area for the spinal and a general anesthesia becomes necessary. The final decision as to the type of anesthesia rests with you, but a spinal is recommended. Patients are often surprised at how well they feel after surgery when a spinal anesthesia was used and how little they remember.
AFTER YOUR SURGERY

> HOW LONG WILL I BE IN THE HOSPITAL?

Patients having partial knee replacement are typically discharged home the same day as surgery. Patients having total knee or total hip replacement are typically only in the hospital overnight. You are typically discharged once medically stable and once you have been able to accomplish the goals set by the physical therapist for discharge (see below). Studies show lower rates of complications and readmission the less time you are hospitalized, provided you have cleared therapy and are medically stable.

> CAN I GO HOME AFTER MY SURGERY OR DO I HAVE TO GO TO A REHABILITATION FACILITY/NURSING HOME?

Most patients can go directly home after total knee and hip replacement. In fact, the vast majority of our patients (approximately 90%) at Reconstructive Orthopedics go directly home, usually the day after surgery. Discharge to home requires that you are medically stable and have performed well with the physical therapist in the hospital. Prior to discharge from the hospital, you will be taught how to do stairs safely by the physical therapist, regardless of whether you have no stairs or a full flight of steps in your home.

After discharge from the hospital, there are typically two forms of continued therapy: directly to outpatient physical therapy with a start date of physical therapy within a few days of your surgery or a week or two of homecare followed by outpatient physical therapy thereafter. Going to therapy in an outpatient location only requires you to have someone drive you to physical therapy three days a week until you can drive on your own.

The PA meeting with you at the preoperative office visit will discuss what form of therapy you will benefit from post-operatively after discharge from the hospital based on your personal situation as well as your surgeons’ recommendation. Additional instruction on setting this up after surgery will be provided during that appointment.

Many people assume that staying in a rehabilitation center/nursing home after surgery will provide a better outcome. This is not true. Studies show no difference in outcome after joint replacement in relation to whether a patient goes home from the hospital or goes to a rehabilitation center. Your surgeon believes that you will do better if you go home after your hospital stay. Most people will be more comfortable in their own home. In addition, going home allows patients to avoid exposure to resistant bacterial infections such as MRSA, which are more common in nursing homes and rehab centers. Several studies have shown that patients who went to a rehab center after joint
replacement are at higher risk of developing an infection in their joint replacement down the road.

What is most important is whether you will be safe at home. Our primary concern is safety. As long as you can safely get in/out of bed and a chair on your own, ambulate safely with a walker/cane, and climb stairs as necessary, going home after surgery is strongly recommended. Many people mistakenly believe that going home means that their family/friends will have to do everything for them or help get them up. This is not true. If you live alone, take the time prior to surgery to arrange for friends/family to assist you after surgery to ensure a safe return to home. However, if you cannot learn how to safely get in/out of bed and chairs, ambulate safely, and climb stairs during your stay in the hospital, a rehabilitation stay is then recommended.

Patients having partial knee replacement are typically discharged home from the hospital/outpatient center the day of the surgery and go directly to outpatient physical therapy.

For total knee and hip replacement, physical therapy will be started within 2-3 days of leaving the hospital. We offer high quality physical therapy at several of our offices with post-operative protocols that have been designed for a speedy recovery. You can speak to your surgeon, his PA, or his surgical scheduler for more information.

- **HOW WILL I GET HOME FROM THE HOSPITAL?**

Our hospital staff will arrange transportation to the rehabilitation facility in those rare instances where a patient needs to go to one. Before going home, the physical therapist will teach you how to get in and out of your car using a car simulator at the Joint Replacement Institute. Someone needs to be available to take you home from the hospital as you will NOT be allowed to drive yourself home. You should have a responsible adult with you for the first 1-2 nights in case of an emergency.

- **HOW SHOULD I CARE FOR MY INCISION?**

Typically, absorbable sutures will be used to close the incision and there will be no staples or sutures to remove. This will be at the discretion of your surgeon based on your tissue quality during surgery. Do not apply any lotions or medicines to the incision for 4 weeks after surgery unless instructed to do so by your surgeon or his PA. You may take brief showers as long as there is absolutely no drainage and there are no staples/sutures outside of the skin. Your hip or knee incision will typically be covered with a waterproof dressing that will stay on for several days after the surgery. You therefore will be able to shower once you return home without any other special bandages. You will be provided with fully detailed instructions on wound care at the hospital after surgery so that you are well prepared by the time you are discharged.
HOW LONG WILL I HAVE TO FOLLOW TOTAL HIP REPLACEMENT PRECAUTIONS?

Your hip replacement will be checked thoroughly at the time of surgery for stability in order to minimize the chances of dislocation. The only way to be 100% certain that the hip will never dislocate after surgery is to follow hip precautions for the rest of your life following hip replacement surgery. However, it is most critical for 6 weeks after your surgery. Your surgeon may choose to protect your hip for a longer period of time after surgery. We will discuss this with you at post-operative appointments in the office. After you are released from precautions, enough healing has occurred so that dislocation risk is minimal. Of course, if the hip is placed into an extreme position in the future, it is possible that it will come out of socket. However, this is very unlikely. It may take several months to fully trust your new hip. Although the majority of recovery is complete in several weeks, progression of strength, endurance, and range of motion continues for 6-12 months after surgery in all patients. Your continuing to exercise and rehabilitate the hip is critical in this recovery process.

The vast majority of hip replacements are placed without cement. The components are wedged tightly into your bone and have a special coating which allows your bone to grow into the prosthesis, allowing for a long-lasting and secure bond to your bone. This process takes approximately 4-6 weeks. You must use a cane or walker at all times until the physical therapist feels you are steady enough to transition away from them. If you walk excessively without a cane or walker too soon, the chances that the components will not “take” increase and may lead to the need for another operation.

WHAT SHOULD I EXPECT AFTER TOTAL KNEE REPLACEMENT SURGERY?

The skin on the outside of the knee as well as along the incision may be very sensitive or have patchy numbness. This is normal. The knee will remain somewhat swollen or warm for several months due to inflammation and progression of your activity. You may also have intermittent swelling in your lower leg. This will decrease over time. Wrapping an ACE bandage around the knee can help minimize this swelling. Icing the knee can be helpful, and elevation of the leg at night and when you are resting during the day also helps minimize the swelling. Aim to keep the foot at or slightly above the level of your heart when you are resting to help keep the swelling down. It is normal to have bruising/swelling around your thigh or in the foot and ankle in addition to the knee. Some people bruise/swell very little after surgery and others will bruise/swell from thigh to foot. This is typically within the norm after knee replacement. Call our office with any questions.

Your knee will click due to the presence of metal and plastic - this is normal. Exercise is important and should be done daily. It may take several months to fully trust your new knee. Although the majority of recovery is complete in the first several weeks, progression of strength, endurance, and range of motion continues for 6-12 months after surgery in all patients. Your continuing to exercise and rehabilitate the knee is critical in this recovery process.
WHEN SHOULD I CALL MY DOCTOR?

Please call our office if you have any concerns or experience any of the following:

- Persistent fever (greater than 101.5°F)
- Increasing redness, warmth, swelling, or pain of the operated leg
- Increasing drainage from your incision
- Increased bleeding
- Any other questions or concerns

POST-OPERATIVE VISITS

WHEN DO I COME TO THE OFFICE AFTER SURGERY FOR FOLLOW-UP?

Your first visit after surgery will usually be with the PA working with your surgeon approximately 2-3 weeks after surgery. If your progress is as expected, the next visit is usually 3-4 weeks later at the 6-week post-operative mark. If there are any concerns, your surgeon or the PA working with him may ask you to return sooner to check on your progress.

WHAT CAN I EXPECT AT THE POST-OPERATIVE VISITS?

X-rays of your joint replacement will be taken at the first visit after surgery. Subsequent x-rays will be taken at the discretion of your surgeon. We will review wound care with you as well as physical therapy progress, range of motion, and medications including your blood thinner medication. Please bring a current list of medications to each visit with you.
MEDICATIONS TO AVOID TWO WEEKS PRIOR TO SURGERY

To reduce the risk of bleeding during and after your surgery, all aspirin products, non-steroidal anti-inflammatory medications, and the following medications should be **totally** avoided at least two weeks prior to surgery:

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<tr>
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<tr>
<td>ADIPEX-P</td>
<td>FISH OIL TABLETS</td>
<td>NORGESIC</td>
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<tr>
<td>ADVIL</td>
<td>FLURBIPROFEN</td>
<td>NORWICH ASPIRIN</td>
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<td>AFRIN</td>
<td>IBUPROFEN</td>
<td>NUPRIN</td>
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<td>ALEVE</td>
<td>INDOCIN</td>
<td>ORPENADRINE &amp; ASPIRIN</td>
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<td>ALKA SELTZER PLUS COLD</td>
<td>INDOMETHACIN</td>
<td>ORUDIS</td>
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<td>ASPRIN CONTINUING PRODUCTS</td>
<td>KETOPROFEN</td>
<td>OXAPROZIN</td>
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<td>ANACIN</td>
<td>KETOROLAC</td>
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<td>ANAPROX</td>
<td>LODINE</td>
<td>PIROXICAM</td>
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<td>ANSAID</td>
<td>MELOXICAM</td>
<td>PRO-FAST</td>
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<td>ARTHRITIS PAIN FORMULA</td>
<td>MIDOL</td>
<td>RELAFEN</td>
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<td>ARTHROTEC</td>
<td>MOBIC</td>
<td>SALSALATE</td>
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<tr>
<td>ASPIRIN- 325mg</td>
<td>MOMENTUM (backache formula)</td>
<td>SINE-OFF SINUS TABS WITH ASPIRIN</td>
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<td>BAYER ASPIRIN- 325mg</td>
<td>MOTRIN</td>
<td>SOMA COMPOUND</td>
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<td>BUFFERIN</td>
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<td>SULINDAC</td>
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<td>VITAMIN E</td>
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<td>CARISOPRODAL &amp; ASPIRIN</td>
<td>NAPROXEN</td>
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<td>DAYPRO</td>
<td>NORGESIC</td>
<td><strong>ALL HERBAL AND HOMEOPATHIC SUPPLEMENTS</strong></td>
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<td>NORWICH ASPIRIN</td>
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<td>ETODOLAC</td>
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<td>EXCEDRIN EXTRA STRENGTH</td>
<td>ORPENADRINE &amp; ASPIRIN</td>
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<td>FELDENE</td>
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**IF YOU TAKE ANY OF THE FOLLOWING CONSULT WITH THE PRESCRIBING DOCTOR AND YOUR SURGEON FOR INSTRUCTIONS BEFORE STOPPING:**

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<tr>
<td>COUMADIN (Warfarin)</td>
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<td>PLAVIX (Clopidogrel)</td>
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<td>PRADAXA (Dabigatran)</td>
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<td>TRENTAL (Pentoxifylline)</td>
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<td>XARELTO (Rivaroxaban)</td>
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*** YOU MAY TAKE TYLENOL IF NEEDED AS A MILD PAIN RELIEVER ***

***CELEBREX DOES NOT NEED TO BE STOPPED BEFORE SURGERY***

***81MG ASPIRIN DOES NOT NEED TO BE STOPPED BEFORE SURGERY***
Joint Replacement Institute
Pre-Surgical Class

The Pre-Surgical Class
is designed to provide you and your family
with information and education regarding your
upcoming Joint Replacement Surgery at the Voorhees Joint Replacement
Institute.

It is our goal to get you ready for your surgery
by answering your questions, preparing you for what to expect while in the
hospital and to help you plan for your recovery after surgery.

For your convenience we offer classes on-site at Voorhees hospital or on-line at www.virtua.org

On-Site Classes
Please register for your class at the location where you are having surgery:

856-248-6762
or
register on-line at www.virtua.org

On-line Classes
1. Visit www.virtua.org/JRI
2. Search “Joint Replacement Pre-Surgical Orientation”
HANDLING YOUR DISABILITY WITH RECONSTRUCTIVE ORTHOPEDICS

All disability forms may be faxed or dropped off at any of our office locations. Please allow 7-10 business days for completion of your forms. Forms will not be completed on the spot; your form will be sent to the appropriate clerical staff member for completion. Forms can be sent via interoffice courier to and from most office locations* for ease of drop off and pick up. This process does add to the time required for completion. It is the patient’s responsibility to follow-up to confirm that faxed disability forms were received.

Please review the information on your form for accuracy prior to sending to your disability carrier. If you would like your forms mailed, please include a self-addressed stamped envelope.

Disability forms will be accepted via fax from the insurance carrier or patient. If the form is received by fax or mail, you will be contacted and the fee will be requested. Forms will only be accepted if the “Patient Section” and appropriate authorization are complete. Failure to complete all information can delay processing. If an authorization is not provided, one will be provided to the patient to sign when picking up the completed form. Payment must be received before forms are released. Updates will not be provided to insurance carriers over the phone.

You will be called when your forms are completed. Some forms are subject to an administrative fee of $15.00 (supplemental forms, AFLAC, car payments, or loan diversion forms). There is no charge for the State of New Jersey Temporary Disability forms, your primary source of income, or FMLA forms.

If your disability carrier would like a copy of your records, those requests must be made through our Medical Records Department. Please call 609-267-9400 ext.1510 for all Medical Record Requests.

*We do not have courier service to our Sewell or Vineland locations. For our Sewell patients, please discuss with the secretary. Arrangements can be made for delivery to Sewell.
TOTAL AND PARTIAL KNEE REPLACEMENT
PATIENT CONSENT AND RELEASE FORM

By signing at the bottom of this form you are consenting to a total knee replacement on your ______________ knee. Your signature confirms that you have read it in its entirety and agree to proceed with surgery.

As we have discussed, the total knee replacement has been developed to aid patients with severe arthritis and destruction of their knee joints. The operation that will be performed on your knee is called a Total Knee.

The first knee replacements were performed in the late 1960’s. The materials have been used for many years and have lasted for a substantial amount of time with minimal wear. Long-term follow-up has shown there to be excellent results with a low rate of failure.

The operation will consist of replacing the joint surfaces of the leg bone (lower half of the knee joint) and the thigh bone (upper half of the knee joint) with metal parts that are typically cemented into place. A high-density plastic called polyethylene, which acts like the cartilage no longer present in the knee, will be placed between the metal parts. The metal surface of the thigh bone will move on the plastic piece. In addition, the kneecap will be resurfaced with the same high-density polyethylene.

As in any operative procedure, a number of complications may develop. In order for you to make an intelligent decision regarding an operation, it is important that you be informed of possible complications. The most serious problem in regards to the function of the knee is infection. The operation will be performed in a properly prepared room, and the surgical team will be meticulously prepared in order to protect you from any bacteria which could cause an infection. Antibiotics will also be administered. However, despite all precautions, infection could still occur. If the infection is severe and not controlled by antibiotics, the joint components may require removal. Often, the total knee replacement can be reinserted at a later date if the knee is free from infection. If not, a fusion of your knee may have to be performed, which will render your knee stiff. However, this will not prevent you from walking.

It is likewise possible that the parts which we have inserted into your knee could, in the future, loosen up from excessive wear and use. This may require further surgery in order to replace part or all of the components.

The operation could result in blood clots. This is a potential complication following any surgery, particularly when the operation is done in the lower extremities. This could produce what is known as a thrombosis. In some cases, a clot may break off in the vein and be carried by the blood stream to the lung (pulmonary embolism), resulting in severe chest pains and shortness of breath. Surgery and anticoagulants (blood thinners) may then be required. In extremely rare cases, pulmonary embolism can cause death; therefore, it is critical to follow directions on taking blood thinners after surgery.

In extremely rare cases, injury to the nerves or blood vessels near the knee joint or fractures can occur during surgery. This is extremely uncommon and very unlikely to happen.
During the operation, your surgeon will have an assistant so that the operation will run smoothly and efficiently. However, your surgeon will perform your procedure.

Every effort will be made to obtain a successful result with as much motion as possible in your knee. If a satisfactory range of motion is not achieved within the first several weeks, we may ask you to allow us to manipulate your knee in order to loosen it up. This would be done in the operating room.

Your cooperation with exercising and rehabilitation after the operation is critical in maximizing the chances of a successful outcome. There is no guarantee that the surgery will relieve all of your pains or allow you complete motion of the knee, but a substantial improvement is expected.

There will likely be a small area of numb skin on the outside part of the knee. The small skin nerve to this region must be cut in order to gain access to the knee. This numbness often diminishes with time and in no way will it affect the function of your knee replacement.

Occasionally, unforeseen conditions could arise during the course of the operation that, in your surgeon’s judgment, may require an additional surgical procedure or procedures different from those that have been discussed. Your surgeon respectfully requests your authorization to allow such procedures to be performed should they become necessary under any circumstances.

The literature has reported some instances where, even years after a total joint replacement, a patient has developed an infection in the joint that has been replaced. This could occur as a spreading of infection from a source such as an infected tooth, an acute gallbladder attack, a urinary tract infection, or any other type of severe infection in your system. This is not typical but you should be aware of this fact. If you should, even months or years after the operation, be affected by severe infection, treatments as described previously may become necessary.

If you are having a robotic-assisted procedure, you will have 2 small pins placed in the leg above the knee and 2 below the knee that will be removed at the end of the procedure. There is a very small chance of a fracture that could occur during or after the procedure that would require surgical fixation. There is an even smaller chance that some portion of the hardware could be retained after the procedure.

Every effort will be made to prevent all complications. Although they are not very common, it is important that you know about them in order to make an informed decision. You must be informed of the major risks involved in any operation. That is why this document is being included in your operative consent. It is not meant to frighten or upset you, but to point out the facts as they exist.

If you have any further questions concerning your total knee surgery, please do not hesitate to contact our office and we will be happy to discuss these with you.

Please sign this consent form and return it to Reconstructive Orthopedics at your pre-op appointment.

_________________________        __________________________
Patient Signature               Date

_________________________        __________________________
Witness Signature              Date
ADDENDUM TO OPERATIVE CONSENT FORM

PHYSICIAN OBSERVER CONSENT

From time to time your surgeon may permit an observing fellow physician to accompany him for your surgical procedure. The purpose of this additional physician observer being present during your surgery is to allow your surgeon to provide technical hands-on training to fellow Orthopedic Surgeons interested in your procedure. The physician observer will be present during your surgery and will be included within the surgical field of operation. At no time will any other surgeon except your surgeon and his surgical assistant perform any of your surgery.

The physician observer will be permitted to scrub and enter the operating room for your procedure.

The physician observer will view your procedure.

The physician observer may be asked, for training purposes, only, and at the specific request of your surgeon, to touch or feel specific areas within the operating field in order to achieve an understanding of how that portion of the procedure is being performed.

By your signature at the bottom of this form, you are consenting to allow a physician observer to be present in the operating room during your procedure. You understand that the physician observer may be asked by your surgeon to touch or feel specific areas within the operative field for training purposes only. You also understand that no one but your surgeon and his assistant will perform the actual surgical procedure.

If you have any questions or concerns regarding the presence of a physician observer, please do not hesitate to speak with your surgeon as soon as possible.

_________________________________                       _______________________
Patient Signature                                                     Date of Signature

_________________________________                       _______________________
Witness Signature                                                     Date of Signature
By signing at the bottom of this form, you are consenting to a total hip replacement on your ____________________ hip. Your signature confirms that you have read it in its entirety and agree to proceed with surgery.

As we have discussed, the total hip replacement has been developed to aid patients with severe arthritis and destruction of their hip joint. The operation that will be performed on your hip is called a Total Hip. The first hip replacements were performed in the early 1960’s. The materials have been used for many years and they have lasted for a substantial amount of time with minimal wear. Long-term follow-up has shown there to be excellent results with a low rate of failure. The operation consists of replacing the hip joint surfaces. The socket of the hip will be replaced by a plastic or ceramic surface backed by a metal, porous coated shell. The ball of the hip will be replaced by a metal or ceramic ball which is supported by a stem placed within the marrow cavity of the upper thigh bone. The ball will move within the socket.

The femur prosthesis and socket component will usually be fixed without cement. The implants are covered with what is called a porous coating. This coating allows bone to grow into the prosthesis and fix it into place. There is a rare chance that the bone will not grow into the implants. The prosthesis may then cause pain and require conversion to another uncemented or cemented component. If the components “take” as expected, we anticipate that it will outlast a standard cemented hip replacement and give many years of pain-free function. The socket will typically be fixed with screws to the pelvis. These screws are contained within the pelvic bone and not felt by the patient.

As in any operative procedure, a number of complications could develop. In order for you to make an intelligent decision regarding an operation, it is important that you be informed of possible complications. The most serious problem in regards to the function of the hip is infection. The operation will be performed in a properly prepared room, and the surgical team will be meticulously prepared in order to protect you from any bacteria which could cause an infection. Antibiotics will also be administered. However, despite all precautions, infection could still occur. If the infection is severe and not controlled by antibiotics, the joint components may require removal. Often, the total hip replacement can be reinserted at a later date if the hip is free from infection.

It is likewise possible that the parts which we have inserted into your hip could, in the future, loosen up from excessive wear and use. This may require further surgery in order to replace part or all of the components. It is possible that new bone may form around the new hip replacement. In very rare instances, this bone may severely limit motion and may need to be removed.

It is possible that a leg-length discrepancy may occur after this operation. Every effort will be made to make your legs equal in length during surgery. However, on rare occasion, the leg must be made slightly longer in order to gain stability of the hip. This is uncommon. Your leg will feel heavy and may feel longer or shorter than the other leg after surgery for up to three months. This is normal and temporary. As you regain strength, this feeling will go away. Do not use a lift unless approved by your surgeon or his PA. It is possible that the total hip ball may pop out of the socket (dislocate) in the future. This is rare since the hip is thoroughly checked at the time of surgery, but excessive bending and twisting could force it out. This would require a relocation of the hip in the operating room.
It is possible that a nerve may be stretched at the time of surgery causing weakness or numbness in the leg or foot. This usually, but not always, resolves with time. Likewise, injury to blood vessels or fractures can occur during surgery. This is very rare and unlikely to happen.

The operation could result in blood clots. This is a potential complication following any surgery, particularly when the operation is done in the lower extremities. This could produce what is known as a thrombosis. In some cases, a clot may break off in the vein and be carried by the blood stream to the lung (pulmonary embolism), resulting in severe chest pains and shortness of breath. Surgery and anticoagulants (blood thinners) may then be required. In extremely rare cases, pulmonary embolism can cause death; therefore, it is critical to follow directions on taking blood thinners after surgery.

During the operation, your surgeon will have an assistant so that the operation will run smoothly and efficiently. However, your surgeon will perform your procedure. Every effort will be made to obtain a successful result with as much motion as possible in your hip. Your cooperation with exercising and rehabilitation after the operation will help immensely. There is no guarantee that the surgery will relieve all of your pains or allow you complete motion of the hip, but a substantial improvement is expected.

Occasionally, unforeseen conditions could arise in the course of the operation that, in your surgeon’s judgment, may require an additional surgical procedure or procedures different from those that have been discussed. Your surgeon respectfully requests your authorization to allow such procedures to be performed if they should become necessary under any circumstances.

The literature has reported some instances where, even years after a total joint replacement, a patient has developed an infection in the joint that has been replaced. This could occur as a spreading of infection from a source such as an infected tooth, an acute gallbladder attack, a urinary tract infection, or any other type of severe infection in your system. This is not typical, but you should be aware of this fact. If you should, even months or years after the operation, be affected by severe infection, treatments as described previously may become necessary.

If you are having a robotic-assisted procedure, you will have 3 small pins placed in the hip bone that will be removed at the end of the procedure. There is a very small chance of a fracture that could occur during or after the procedure that would require surgical fixation. There is an even smaller chance that some portion of the hardware could be retained after the procedure.

Every effort will be made to prevent all complications. Although they are not very common, it is important that you know about them in order to make an informed decision. You must be informed of the major risks involved in any operation. That is the reason why this document is being included in your operative consent. It is not meant to frighten or upset you, but to point out the facts as they exist. If you have any further questions concerning your total hip surgery, please do not hesitate to contact our office and we will be happy to discuss these with you.

Please sign this consent form and return it to Reconstructive Orthopedics at your pre-op appointment.

__________________________________________  _________________________
Patient Signature                                      Date

__________________________________________  _________________________
Witness Signature                                     Date

ADDENDUM TO OPERATIVE CONSENT FORM
From time to time your surgeon may permit an observing fellow physician to accompany him for your surgical procedure. The purpose of this additional physician observer being present during your surgery is to allow your surgeon to provide technical hands-on training to fellow orthopedic surgeons interested in your procedure. The physician observer will be present during your surgery and will be included within the surgical field of operation. **At no time will any other surgeon except your surgeon and his surgical assistant perform any of your surgery.**

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By your signature at the bottom of this form, you are consenting to allow a physician observer to be present in the operating room during your procedure. You understand that the physician observer may be asked by your surgeon to touch or feel specific areas within the operative field for training purposes only. You also understand that no one but your surgeon and his assistant will perform the actual surgical procedure.

If you have any questions or concerns regarding the presence of a physician observer, please do not hesitate to speak with your surgeon as soon as possible.

_________________________________                       _______________________
Patient Signature                                                               Date of Signature

_________________________________
Witness Signature                                                              Date of Signature