



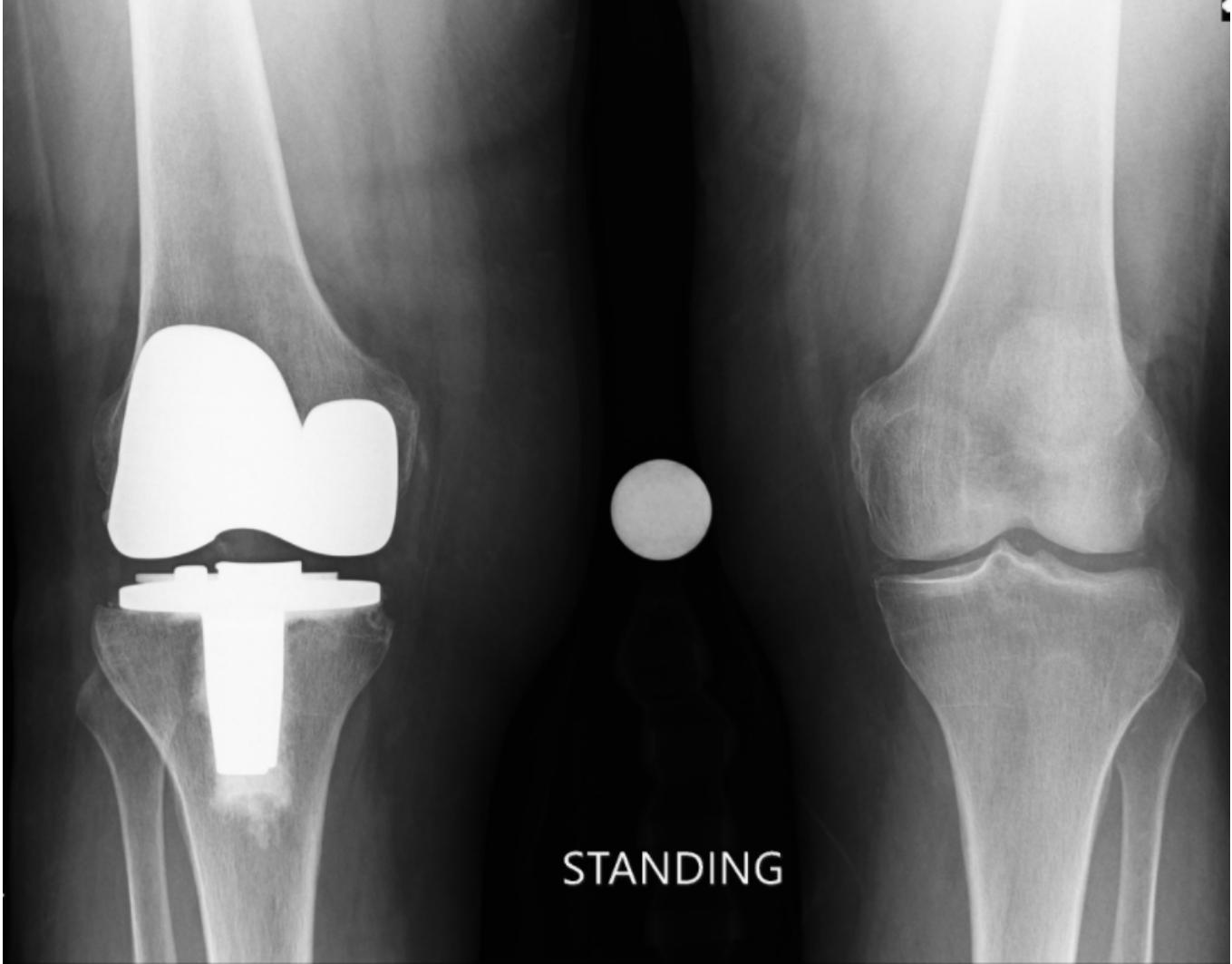
# Surgery Check List

**These steps MUST be completed PRIOR to your surgery date:**

- Bring Surgery Clearance Form to your Primary Care Physician to fill out.** This must be completed within 3 months of your procedure. Have them fax results to (913) 901-0186. If you see a cardiologist, neurologist, urologist, pulmonologist, nephrologist etc., we may also require a clearance letter from them. Call our office if you are unsure about necessary clearances. (Pages 7-8)
- 1-3 weeks before your surgery, you will need to **bring the lab prescription enclosed in this surgery packet** to either:
  - Menorah Medical Center - If your surgery is at either Menorah Medical Center or Overland Park Surgical Suites, we will ask you to fill the lab prescription at MMC. Report to the hospital's main entrance for assistance. (For surgeries at Menorah Medical Center, they should be reaching out to you to set this up.) Questions? Call Pre-Admission Testing at MMC (913) 498-6030.
  - Advent South Overland Park - If your surgery is at Advent South, they should be in contact with you to set this up at their facility. Questions? Call Pre-Admission Testing at Advent (913) 373-5853
  - Olathe Medical Center - If your surgery is at Olathe Medical Center, please bring lab prescription and report to OMC, Doctor's Building 1, Suite 150. Questions? Call Pre-Admission Testing at OMC (913) 324-8544.
- Fill out the DVT Risk Assessment and Opioid Agreement Forms** found in this packet and mail or bring these into our offices prior to surgery. (Pages 19-20)
- Your prescriptions will be sent to your pharmacy about a week before your surgery. Please pick these up once available and take as prescribed. If they are not there a week before surgery, contact our offices.
- If you will need FMLA/Short Term Disability for the recover period after surgery, please complete the FMLA ROI form found in this packet and then **HAND CARRY OR MAIL** (do not fax or email) the form with a \$20.00 payment (per set of forms). FMLA paperwork is supplied by your employer, **KANSAS CITY BONE AND JOINT DOES NOT SUPPLY FMLA PAPERWORK.**
- You will be set up with a home health physical therapy clinic that will schedule you for home health physical therapy sessions after surgery. If you do not hear from the therapy clinic by **the day before surgery**, please contact our offices and let us know. (913) 381-5225 ext. 464.
- We ask that you hold off on dental appointments for 6 weeks prior to surgery, and for 3 months after surgery to prevent infections from getting into the joint. Please hold onto the "Antibiotic Protocol" sheet found in this packet and bring with you to future dental appointments. (Page 18)
- Please take the time to read through the entirety of this packet prior to surgery. If you have any questions that are not answered in the packet, you may contact us at (913) 901-0186.

## Dr. Latteier's Guide for

# Total Knee Replacements



## Total Joint Replacement Guidebook

# Dr. Michael J. Latteier

## Welcome!

You have made the decision with your orthopedic surgeon to have a joint replacement surgery. This book is to guide you through the process. The process can be overwhelming, but with the help of the staff and this book, we hope to make you as comfortable as possible.

## Important Contact Information:

### KCBJ Main Office

Corporate Medical Plaza, Building #1

10701 Nall Ave., Suite 200 Overland Park, KS 66211

*Phone:* 913-381-5225

*Fax:* 913-901-0186

**Overland Park Surgical Suites:** 913-469-6777

**Menorah Medical Center:** Pre-Op Assessment: 913-498-6030

**Olathe Medical Center:** 913-791-4200

**Overland Park Regional Medical Center:** 913-541-5377

**St. Luke's South Hospital:** 913-317-7000 | Pre-Op Assessment: 913-317-7540

**Advent South Overland Park:** 913-373-5853



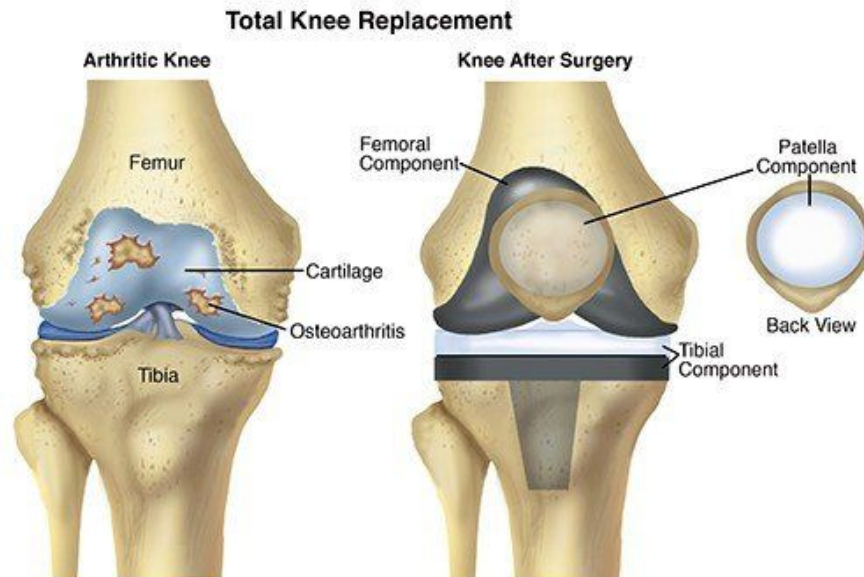
If you have any questions about your upcoming surgery, **please refer to this packet before calling the KCBJ office.**

Your answer is very likely in the following information!

If you are unable to find the information you are looking for, call 913-381-5225

ext. 464

# Overview of a Total Knee Replacement



Osteoarthritis (OA) is the most common type of arthritis and is one of the most reported causes of knee pain. It is estimated that more than 10 million people in the U.S. alone have OA in one or both knees. Osteoarthritis is a cause of degenerative joint disease (DJD) in the knee.

If you have OA in your knee, the fluid (Synovial Fluid) that cushions and lubricates the joint can break down and lose the ability to cushion the knee. The cartilage protecting the ends of the bones can also deteriorate and then comes the dreaded saying of "bone on bone" arthritis.

Osteoarthritis may be related to an injury or may develop with advancing age. Other types of arthritis may be related to infection, or an inflammation of the joint lining. There are three compartments in the knee that could develop arthritis:

- Medial compartment (the inside)
- Lateral compartment (the outside)
- Patellofemoral compartment (the kneecap region)

Your arthritis could be in one, two, or all three compartments.

**Please take the time to read this entire packet of information prior to your surgery.**



The hospital/surgical facility may change the order of the surgical cases for your surgical day, depending on the necessary equipment needed. All surgical patients will be notified the day before surgery by the hospital/surgical facility with the exact time to check-in and any instructions. **Any time that is given to you by the KCBJ surgical coordinator is TENTATIVE.**



## Surgical Clearance

Michael J. Latteier, M.D.

Your surgery will require a surgical clearance (in writing) prior to your surgical date. Dr. Latteier, as well as the surgical facility, will require this. It is your responsibility to obtain these clearance letters and report to any appointments with your medical providers if they warrant this. Please have the clearances faxed to 913-901-0186 or you can hand deliver them to our office.

**All clearances must be completed within 30 days of your surgical date.**

- PCP Clearance
- Cardiologist
- Pulmonologist
- Urologist
- Nephrologist
- Other
- Other
- Other
- Other



PRE-OP CLEARANCE LETTER

**Please give this to your provider in order to clear you for your joint replacement.**

I, \_\_\_\_\_ MD/DO/NP/PA, have examined and to the best of my knowledge, there are no medical contraindications for undergoing elective surgery with a general and/or regional anesthesia. If any specific instructions are required, I have clearly indicated those below. Once this form is complete, please fax to Dr. Latteier's staff at 913-901-0186 or give to the patient to hand carry.

**PATIENT NAME:** \_\_\_\_\_

**PATIENT DOB:** \_\_\_\_\_

**EXAMINING PROVIDER NAME/DEGREE:** \_\_\_\_\_

**EXAMINING PROVIDER SIGNATURE/DATE:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

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## Prescription Policy

We will gladly assist our patients in obtaining appropriate medication refills during normal business hours. Please allow 24 hours for all refill requests to be completed.

However, we *will not* refill narcotic prescriptions after 3pm on Fridays and *we will not refill any* prescription after normal business hours or on weekends.

# Opioid-Induced Constipation

Opioids, a type of prescription pain medication, can trigger a specific type of constipation known as opioid-induced constipation (OIC). Opioid drugs include pain medications such as:

Oxycodone (OxyContin)  
Hydrocodone (Zohydro ER)  
Tramadol  
Codeine  
Morphine

These medications are effective because they block pain signals by attaching to receptors throughout your nervous system. These receptors are also found in your bowels.

When opioids attach to receptors in your gut, it lengthens the amount of time it takes stool to pass through your gastrointestinal system.

## Opioid-Induced Constipation Medication Over the counter (OTC)

- **Stool Softener:** these include Docusate (Colace) and Docusate Calcium (Surfak). They increase the amount of water in your colon and help stools pass easier.
- **Stimulants:** These include Biscacodyl (Ducodyl, Dulcolax) and Senna-sennosides (Senokot). These induce bowel activity by increasing intestinal contraction.
- **Osmotics:** Osmotics help fluid move through the colon. These include oral magnesium hydroxide (Phillips Milk of Magnesia) and polyethylene glycol (MiraLAX).

In order for these medications to work, you need to be plenty hydrated. Increase your fluid intake by consuming water, coffee, Gatorade, or Pedialyte. AVOID: teas, alcohol, and milk.

Dairy naturally slows down digestion. Avoid dairy products while using opioids. Fatty and processed foods are difficult to digest and may make OIC worse. Limit your intake of trigger foods, such as fast foods and junk foods.

If the medications listed above or the medications you are given post-operatively do not work, you can try this:

Go to your local pharmacy and purchase a bottle of magnesium citrate and a box of Miralax capsules. Try taking 1/3 a bottle of Magnesium Citrate. You can mix it with water or 7UP soda if needed. Then, wait 45-60 minutes and repeat until the bottle is empty. If this does not work, you can try taking Miralax 1 capsule per hour until you have relief.

Please call the office if you have questions of if this does not work.

# IMPORTANT

Medications will be sent to your pharmacy prior to surgery. They are sent to the pharmacy you have listed in your chart. **IT IS YOUR RESPONSIBILITY TO INFORM US OF ANY PHARMACY CHANGES.**

Once your medications are sent, and you prefer a different pharmacy, there may be a delay in processing which could affect your medication dispensing time, this includes pain medications.

The pharmacy listed in your chart is:

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All NSAIDS (excluding Meloxicam/Celebrex), Fish Oils, Vitamins and Supplements **MUST BE DISCONTINUED 7 DAYS PRIOR TO SURGERY.** If these are not stopped, your surgery could be cancelled.



You will need to obtain a standard rolling walker prior to your joint replacement. It can be a used product and will not be needed for long. Please take this with you to the hospital. These can be purchased through Amazon or at your local pharmacy or medical supply company. Amazon is usually the least expensive.



# FMLA/Disability Form

- This form is only to be filled out IF you need FMLA/disability paperwork required by your employer. If you are not employed, please disregard the form.
- If you will need FMLA for the recover period after surgery, please complete this form and then HAND CARRY OR MAIL (do not fax or email) the form with a \$20.00 payment (per set of forms).
- THE FORMS WILL NOT BE COMPLETED UNLESS THE PAYMENT IS MADE.
- FMLA paperwork is supplied by your employer, KANSAS CITY BONE AND JOINT DOES NOT SUPPLY FMLA PAPERWORK.
- This paperwork needs to be completed prior to your surgery.
- The start date of FMLA is the date of your surgery.
- Please include a fax number to which the forms need to be sent.

**IMPORTANT**



**Short/Long Term Disability/FMLA Release of Information Form**

**Do not complete if you are not employed or if you do not require Family Medical Leave.**

Date:

Patient's Name:

Account Number:

Date of Birth:

Is this a Work Comp claim:    Yes                      No

**\*\* I authorize release of my protected health information for the purpose of completing form to:**

\_\_\_\_\_

Patient Signature: \_\_\_\_\_

Contact/Phone Number: \_\_\_\_\_

Will be off after surgery (date): \_\_\_\_\_

**Recommended Time Off After Surgery:**

Total Joints: 8-12 weeks post surgery

Shoulders: 8-12 weeks post surgery

Arthroscopies: 4-4 weeks

Other:

\_\_\_\_\_ Call patient when completed (Patient will pick up)

\_\_\_\_\_ Mail to patient

\_\_\_\_\_ Fax to company (will fax one time and mail copy to patient). Fax Number: \_\_\_\_\_

\_\_\_\_\_ Paid

**(For internal use only)** Forms faxed in \_\_\_\_\_ Forms in chart: \_\_\_\_\_ Forms hand carried: \_\_\_\_\_

KCBJ Employee Initials: \_\_\_\_\_

**PLEASE NOTE:** A minimum fee of \$20.00 is required prior to completion of each form. Payment is expected at the time the form is dropped off and prior to sending to any authority. This must be hand carried or mailed to the office with check payable to Signature Medical Group.

Please allow 7-10 business days for form completion.  
You are responsible for informing KCBJ when forms need to be updated.



## Surgery and Insurance

If you have health insurance and want to know how much of the surgery cost you can expect to pay out-of-pocket and if the physician and surgical facility are in network, here is what to do:

Call the number on the back of your insurance card. The information you will need is the name of the surgeon, the name of the procedure, and the name of the hospital/surgical facility. Keep in mind that this is an estimate of the charges and is not a guarantee of coverage/payment. There can be multiple fees including physician fee, facility fee, anesthesiology fee, and possible radiology fees. A representative from both KCBJ and the surgical facility will contact you prior to surgery for any pre-pays, co-pays, and/or deductibles. **See the SURGICAL FINANCIAL STATEMENT included in your surgical packet for details.**

If the surgical facility where you are scheduled is NOT in network, please contact us immediately to reschedule to an in-network facility.

Your Surgeon: Michael J. Latteier

Your Surgical Facility:

Your Procedure:

Your Procedure code(s):





## Surgical Financial Statement

**SURGERY DEPOSIT** – If you have not met your deductibles or have an insurance co-pay, you will be required to make a surgery deposit prior to surgery that will be applied to your balance after insurance pays. Our office will call you with the pre-pay amount.

**CHECK WITH YOUR INSURANCE** -- Some insurance plans require the patient to notify them of any scheduled surgery. Checking on your benefits will allow you to plan for any expenses. We will check for surgical authorization with your insurance as well as the hospital/surgical center.

**CHARGES YOU MAY SEE** – Typically, you will receive charges from several different companies including the surgeon, the surgical facility, the anesthesiologist, and sometimes lab companies.

**WORKMAN’S COMPENSATION** – If you are covered under workman’s compensation, you typically will not see any of these bills. If you do get a bill, be sure to contact the billing provider with your employer to ensure they have your correct insurance information.

**NOTICE OF PHYSICIAN OWNERSHIP** – Several of our physicians have ownership in certain outside facilities. Please be advised that your physician may hold a financial interest in the surgical facility chosen for your surgery. A list of physician owners and facilities is available upon request.

**CHARGES AFTER SURGERY** – You will not be billed an office visit fee for a period of time, as long as that visit is related to the surgery. However, you may have a charge for x-rays, supplies, or medications from an injection if performed. A “co-pay” or coinsurance may be required by your insurance in this situation. This time frame is often referred to as a ‘global period’ (most likely for 90 days). If covered under workman’s compensation, these fees will be covered.

**FMLA** – Please see attached form for information on FMLA/Disability Form completion. You may need to contact your employer/HR department, insurance companies, etc. for this information.

**DO NOT BRING THESE FORMS TO SURGERY, THIS MUST BE DONE PRIOR TO YOUR SURGICAL DATE.**

Thank you for choosing Kansas City Bone and Joint Clinic to assist you with your needs.



# Dr. Latteier Antibiotic Protocol

## Total Joint Antibiotic Protocol

For future dental work and surgery, it may be necessary to protect your new joint with antibiotics. **Keep this paper for future reference to show your dentist and other doctors.** Dr. Latteier recommends antibiotic prophylaxis, to be continued for the life of the implant.

### Dental Procedures

1. Amoxicillin 2 Gms by mouth 1 hour prior to procedure.
  - a. If allergic to Amoxicillin, substitute Keflex 2 Gms by mouth 1 hour prior to procedure.
  - b. If allergic to Keflex, substitute Clindamycin 600 mg by mouth 1 hour prior to procedure.
2. No dental work 6 weeks prior to surgery or 3 months following surgery.

### Outpatient Surgeries

- Ancef 1 Gm IV in holding area prior to surgery.

### For Drainage of Skin Infections

- Dicloxacillin 500mg by mouth, 30-45 minutes prior to procedure and then every 6 hours until instructed by physician to discontinue.

### Genitourinary Manipulation or Instrumentation

1. Cipro 500mg by mouth 30-60 minutes prior to surgery and then every 12 hours for additional 3 doses. **/OR**
2. IV - Cipro 400mg IV 30-60 minutes prior to procedures and repeat every 12 hours for additional 3 doses. **/OR**
3. IV - Rocephin 1 Gm every 24 hours for 2 doses.

### Surgery of GI Tract

- Ancef 1-2g IV 1 hour prior to procedure.

### Inpatient Surgery - Not Involving GI Tract

- Ancef 1 Gm IV 1 hour prior to procedure and follow with 1 Gm IV at 8 and 16 hours post-operatively.

If you have a question, you can access our "ask a staff" portion on the secure patient portal at [www.kcbj.com](http://www.kcbj.com) or you can contact our office at 913-381-5225.

CORPORATE MEDICAL PLAZA, BUILDING #1  
10701 NALL AVE, SUITE 200, OVERLAND PARK, KS 66211  
PHONE: (913) 381-5225 FAX: (913) 901-0186  
WWW.KCBI.COM



### Deep Vein Thrombosis Risk Assessment

Patient Name:

Date of Birth:

1. Do you have a family history of blood clots?  Yes  No
2. Have you ever been diagnosed with a DVT?  Yes  No
3. Do you have or have you every been diagnosed with any blood disorder?  Yes  No
4. Are you a smoker?  Yes  No
5. Do you take birth control or hormone replacement therapy?  Yes  No
6. Are you aware of any sensitivities to any metals?  Yes  No

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**(These forms must be completed and mailed back to our office PRIOR to surgery.)**

CORPORATE MEDICAL PLAZA, BUILDING #1  
10701 NALL AVE, SUITE 200, OVERLAND PARK, KS 66211  
PHONE: (913) 381-5225 FAX: (913) 901-0186



## OPIOID AGREEMENT

Patient Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

This is an agreement between \_\_\_\_\_ and \_\_\_\_\_

I am being treated with opioid medication for surgical rehabilitation, chronic pain, or an acute, short-term orthopedic injury. I understand that this may not completely rid me of pain, but it will assist in decreasing the pain to where I can be more active. I understand that all opioid medications have risks and side effects, my medical provider will monitor my treatment and opioid use closely in order to prevent abuse, overdose, dependency. I acknowledge my plan of care may change throughout the course of treatment in order to meet goals and that my medical provider may change my medication treatment at any time. I agree to the following statements.

**Please read the statements and initial on the line for acknowledgement.**

\_\_\_\_\_ I understand that the medication may be stopped or changed to an alternative therapy if it does not help me meet my functional goals.

\_\_\_\_\_ To reduce risk, I will take the medication only as prescribed. I will not take more pills or take them more frequently than prescribed.

\_\_\_\_\_ I will inform my doctor of all side effects I experience.

\_\_\_\_\_ To reduce risk, I will not take sedatives, alcohol, or illegal drugs while using opioid medications.

\_\_\_\_\_ I understand that my doctor or their staff may check the state prescription drug database to prevent against multiple prescriptions.

\_\_\_\_\_ I will receive my prescriptions for the medication only from \_\_\_\_\_ or one of his/her practice partners in their absence.

\_\_\_\_\_ I will fill this prescription at only one pharmacy. (Pharmacy on file in chart)

\_\_\_\_\_ I will keep my medications safe and I understand that if my medication is lost, damaged, or stolen, it will NOT be replaced.

\_\_\_\_\_ I will keep my appointments for follow-ups. I understand that I may not receive a prescription if I miss an appointment.

\_\_\_\_\_ I understand that opioid prescriptions will not be given on a long-term basis.

\_\_\_\_\_ No medication refills will be done after 12:00 PM on Fridays. You must give us 24 hours notice for medication refill requests.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Medical Provider: \_\_\_\_\_

Date: \_\_\_\_\_

### **General Information for a Total Knee Replacement**

- KCBJ will pre-certify your surgery through your insurance, then will call you to discuss your benefits prior to surgery.
- It is **possible for the time of your surgery to change** depending on the specific cases Dr. Latteier will be doing at your surgery facility that day. Your surgery facility will confirm your surgery time with you the week before surgery.
- Dr. Latteier recommends not having any dental procedures OR cleanings 6 weeks before surgery through 12 weeks after surgery.
- After your joint replacement, you will need to be pre-medicated for life with antibiotics prior to any dental procedure OR cleanings. Please call the office for the correct medications to be called into your pharmacy prior to your dental appointment.
- Most of Dr. Latteier's implants have an identification card for you to carry post-surgery. This will come in the mail several months after your surgery.

### **Pre-Operative Instructions**

- Prescriptions may be sent to your pharmacy prior to surgery. We want to send them to the pharmacy early so they will be available for you when you go home from the hospital. The medications you receive will depend on your medical history and allergies.

#### **ONLY HIGHLIGHTED MEDICATIONS PERTAIN TO YOU:**

- Aspirin 325mg 1 tablet twice daily for 6 weeks after surgery.
- Xarelto 10mg 1 tablet daily for 4 weeks after surgery
- Celebrex 200mg 2 capsules the night prior to surgery and then 1 table twice daily for 13 days after surgery
- Neurontin 300mg 1 capsule the night prior to surgery
- Hibiclens wash body daily for 5 days prior to surgery (you do not use after surgery unless instructed otherwise)
- Mupirocin 2% external ointment apply to the anterior nares (nostrils) two times per day for 5 days prior to day of surgery (do not use after surgery unless instructed otherwise)

If there are medications highlighted above, they have **already been sent** to your pharmacy. We recommend picking these up ASAP.

The hospital will call you approximately 1-2 weeks prior to surgery to arrange your pre op appointment and to discuss your medical history, anesthesia, etc.

- Prior to surgery, you are required to complete pre-operative testing. This includes a chest x-ray, EKG, urinalysis, and lab work. All results will be faxed to Dr. Latteier's office for review.
- The facility where your surgery is taking place will call you approximately 1-2 weeks prior to surgery to arrange your pre-operative appointment and to discuss your medical history, anesthesia, etc.

- For patients having surgery at **Overland Park Regional, St. Luke's South or Menorah Medical Center**, the facility will call you and set up the testing for you.
- For patients having surgery at **Overland Park Surgical Suites or Olathe Medical Center**, there is a lab order included in this packet that you will take with you to a hospital, local outpatient lab, or your primary doctor. We recommend going to Menorah Medical Center because we have quick access to the results if labs are done there.
- No food or drink after midnight the night prior to your surgery.
- Stop all blood thinning medications including Aspirin, Xarelto, Lovenox, Eliquis, or Warfarin 7 days prior to surgery unless told otherwise by your primary care doctor or cardiologist.
- Stop all over the counter vitamins/supplements 7 days prior to surgery.
- Stop all NSAIDs including Ibuprofen, Mobic/Meloxicam, Naproxen, or Aleve 7 days prior to surgery. Meloxicam is the only NSAID you can take up until the day of surgery.
- **\*\*Tylenol products are OKAY prior to surgery\*\***
- You may continue to take all other regularly prescribed medications (blood pressure, anxiety medications, etc.) unless instructed otherwise by the hospital anesthesia department.
- Dr. Latteier recommends that patients stop smoking ASAP prior to having a total joint surgery. Smoking puts you at increased risk for infection post operatively. Also, smoking puts you at increased risk for fracture or loosening of the implant because the nicotine inhibits bone growth around the implant.

### **Blood Thinning Medications**

You will be on a blood thinner for 4-6 weeks after surgery. This will help inhibit blood clotting or deep vein thrombosis (DVT) formation.

This will start the **morning after surgery**. Options include:

- Lovenox 40 mg for 2 weeks, then Aspirin 325 mg twice a day for 4 weeks.
  - Lovenox 40mg for 4 weeks post surgery.
  - Aspirin (Ecotrin) - 325mg twice daily for 6 weeks after surgery
- OR
- Xarelto - 10mg once daily for 4 weeks after surgery

You will receive Xarelto as your post-operative blood thinner if you have any of the following risk factors:

Family history of blood clotting/DVT

Blood clotting disorder

Estrogen based hormone replacement usage

Personal history of blood clotting/DVT

Nicotine usage (Smoking)

There is no alternative to Xarelto and in some cases it can be expensive. You can talk to your pharmacy to see if a prior authorization through your insurance is required for this medication. If you are already taking a blood thinner regularly that was given to you by another doctor, we will use that medication as your post-operative blood thinner. However, you will need to know how long you are to be off your blood thinner prior to surgery. This can be anywhere between 3-7 days. Talk to the doctor that prescribes your blood thinner about this because they will determine how long you will be off your blood thinner prior to surgery. Cardiac clearance will need to be obtained.

### **Incision**

- Your incision will be very minimal, only about 4-6 inches long in length and will be located on the front of your knee.
- The dressing to your knee will be changed when you are in the hospital. If you go home with a dressing in place, you will leave this on until your post operative appointment. As long as there is no drainage you may leave it open to air. IF your TED hose rub or irritates the incision, place a small dressing over the incision and hold it into place with your hose.
- You will be able to shower 24 hours after your surgical drain is removed. Do not let water directly hit the incision and pat thoroughly dry. You cannot soak in a pool, bath, or hot tub until the incision is completely healed.

### **Pain Management**

You will also receive the following medications TBD at the hospital:

- Celebrex – anti-inflammatory
- Oxycodone or Hydrocodone – pain meds
- Oral and/or IV pain medications to be determined after surgery

### **CPM Machine**

You will not utilize a CPM machine during your recovery.

### **Physical Therapy**

**Pre-operative and post-operative therapy will be set up for you. You will receive instructions regarding therapy in your surgery packet prior to surgery.**

- Upon discharge, you will need to walk with your walker for 2 weeks post op. You may progress to a cane AFTER your follow up appointment at 2 weeks.
- You will have one therapy visit prior to surgery. Depending on your insurance, this will be done either through an outpatient facility or the hospital. We will verify which option is best for you. Starting the day after you arrive home from therapy, therapy will visit you for 1-2 sessions. You will be instructed on a home exercise program. Please follow this exercise program until your post operative appointment with Dr. Latteier.

### **Compression Stocking (TED Hose)**

- You must wear TED hose for a total of 4 weeks. For the first 2 weeks they are to be worn **at all times** (24 hours per day), taking them off only to shower. Weeks 3-4 after surgery, you must wear the stockings during the daytime only and may take them off at night.

### **Driving**

- You may drive approximately 4 weeks after surgery. You must be off of narcotics and cleared by either a physician or a physicians assistant prior to driving. If your surgery was on your right leg, your time not

driving may be longer. Before you start driving, you must be off all narcotic pain meds, feel like you have your reflexes back, and Dr. Latteier says it is ok to drive.

### **Follow up Appointment**

- You will be seen in the KCBJ office 2 weeks after your surgery. You will also have follow-ups at 6 weeks and 12 months and then as needed every 4-5 years.
- **At your post op appointment, we will be getting x-rays. Please wear comfortable clothing that can be easily removed or something that does not have zippers, snaps, or any type of metal.**

### **Handicap Parking Permit**

- These permits can be obtained from Dr. Latteier's office. A form will be filled out that you will take to the DMV. The DMV will then give you the placard to hang in your car. You can ask Dr. Latteier's assistant for a handicap placard form and it can be picked up at the KCBJ office or mailed to your home address. We can only give these temporary placards after surgery and up to 3 months at a time.

### **Questions and Answers for Dr. Latteier's Patients:**

1. ***Do I have to call my insurance company for authorization prior to my surgery?*** KCBJ and your specific hospital will do all the necessary authorizations needed for your surgery. You should be called from our bookkeeping department once this is complete. You may be responsible for any deductible that has not been met prior to surgery.
2. ***Do I need to start Iron tablets prior to surgery?*** If you currently take iron and it does not upset your stomach, you may continue. This is not a requirement for Dr. Latteier's patients.
3. ***Should I start the exercises in the book prior to surgery?*** It is always best to try the exercises prior to surgery, but if this increases your pain you do not have to continue.
4. ***Do I need to schedule a pre-op appointment with Dr. Latteier?*** If we have scheduled your surgery then you have met this requirement for Dr. Latteier. If you have an extensive medical history, it is always best to contact your primary medical doctor for clearance. The hospital will call you about 2 weeks prior to surgery for any pre op labs and testing needed prior to surgery.
5. ***Do I need to donate blood prior to my surgery?*** Dr. Latteier does not recommend that you donate blood prior to surgery. With the minimally invasive approach and techniques, there is little blood loss during your surgery.
6. ***What equipment will I need to purchase prior to my surgery?*** You will not need to purchase anything prior to surgery. All needed equipment will be provided or ordered for you after surgery if needed.
7. ***When will I find out my correct arrival time before surgery?*** A member of our team will call you the night prior to surgery with your arrival time.
8. ***How long will I be in the hospital?*** You will be in the hospital 1-2 days after your surgery.
9. ***Will I have long term restrictions after surgery?*** You will not have any long term restrictions post surgery. Please follow your specific post operative instructions.
10. ***How long should I take antibiotics after my joint replacement?*** Your implant will never develop a blood supply, so it is Dr. Latteier's recommendation that antibiotic pre meds should be taken for life prior to any dental cleanings or surgical procedures.



**Our team is here for you through this entire process. Please do not hesitate to reach out to us if you have questions or concerns.**

## **Preparing for Surgery**

### **Medical Appointment**

Prior to surgery you may be required to have a medical clearance. You will be instructed by your physician if this is needed. Your surgeon will then review these results and determine if you are cleared for surgery.

### **Dental Exam**

It is very important that you do not have any underlying dental problems prior to surgery. Dental procedures could allow bacteria to enter your blood stream which may lead to increased risk of infection of your total joint. After surgery you will be required to be pre-medicated prior to any dental appointment. You will need to be pre-medicated for life for ANY dental procedure and cleanings after your surgery. It is recommended that you wait 3 months after surgery to schedule any routine dental visits. Please call your surgeon for the correct medications prior to your dental appointment.

### **Exercise**

Exercising prior to surgery can be just as important as the rehabilitation after surgery. Enclosed in this book are exercises that can help you increase your strength prior to surgery. This will help with your recovery process. It is recommended that you start these exercises 4-6 weeks prior to surgery unless you have been instructed otherwise by your physician.

### **Medication**

Your physician will instruct you on what medications to continue or stop prior to surgery. You will need to stop ANY over the counter supplements as well as Aspirin, Ibuprofen, or Aleve one week prior to surgery. You may use Tylenol and ice/elevation for pain management up until surgery, but **Dr. Latteier will not give you narcotic pain medication before your surgery.**

### **Prepare Your Home**

It is best to have your home prepared prior to surgery. Following is a list of suggestions that might help with your return home:

- Clean
- Move loose fitting clothes to an area that is easy to access
- Place clean linens on your bed
- Pick up throw rugs and tack down any loose carpeting

- Remove any cords that may be tripped over
- Install night lights in bathrooms, bedrooms, and hallways
- Make sure all hallways and doorways are accessible and not blocked
- Place a non-skid mat in the tub or shower
- Prepare and freeze meals ahead of time
- Social planning
  - Prepare transportation to and from the surgery facility
  - Make sure you have someone available if help is needed for pet care, cleaning, laundry, and grocery shopping

### **Preoperative Care**

- The facility will call you approximately 1-2 weeks prior to surgery to discuss your medical history, anesthesia, etc.
- Our office will pre-cert your surgery, then someone from our bookkeeping department will call you to discuss your benefits prior to surgery.
- Stop ALL over the counter supplements, Aspirin, Ibuprofen, or Aleve 1 week prior to surgery (some over the counter medications interfere with anesthesia)
- **\*\*Tylenol products are okay prior to surgery\*\***
- No food or drink after midnight the night prior to your appointment

### **What to Bring to Surgery**

- Current medication LIST (Leave all medications at home)
- Insurance cards, driver's license or photo ID
- Comfortable clothes, loose fitting pants to return home in
- Co-payment for your insurance company
- Leave all valuables at home

### **Night Prior to Surgery**

- Take medications as prescribed
- No lotions or powder on surgical extremity
- Remember no food or drink after midnight

### **Morning of Surgery**

- Take medications as directed with a small sip of water
- No make-up or jewelry
- Check in to the facility two and half hours prior to procedure

# Day of Surgery

## **Admissions**

On the day of surgery, you should arrive to the facility 2 hours prior to your scheduled procedure. This gives the facility and nursing staff the adequate amount of time to get you prepared for your surgery. During the registration process you will need to have your insurance cards, photo ID, and any co-payment that may be required by your insurance.

## **Pre-operative Care**

After registration is complete you will be escorted to the pre-operative area. After you are prepared for surgery, you may have a family member sit with you until the time for your surgery. During your surgery, your family will return to the waiting room. The facility staff will ask for a phone number of the person you want to be contacted after your surgery is complete.

In the pre-operative area, you will meet with the medical staff who will prepare you for surgery. This will include gathering health information, physical assessment, and starting an IV. The anesthesia staff will also meet with you to discuss your anesthesia needs. Your surgeon will also confirm the surgical site and initial the area.

## **Operating Room**

After they have made all preparation for surgery, you will then be taken to the operating room. Here the staff will verify your name, date of birth, and the surgical procedure that will be performed. At this time, you will be under the care of the anesthesia staff, your orthopedic surgeon and the operating room nursing staff. A joint replacement may take about 90-120 minutes. Updates will be provided to your family during your surgery.

Once your surgery is completed, the surgeon will contact your family members and discuss your surgery.

## **Post Anesthesia Care Unit (PACU)**

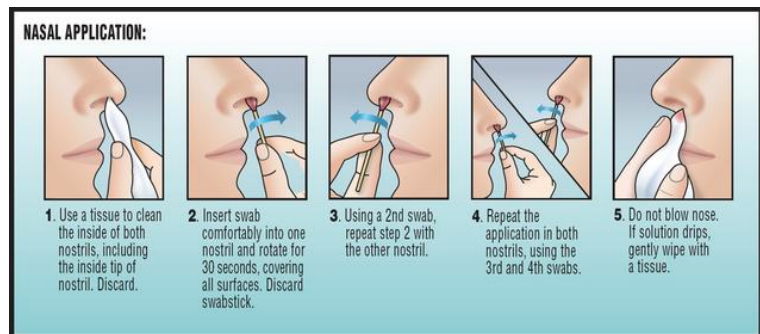
Once your surgery is complete members of the operating staff will escort you to the PACU. In the post anesthesia care until you will be monitored closely by the nursing staff.

A dressing will be present over the incision along with an ice pack to help keep the swelling down and help manage your pain. Your pain will be monitored closely, and pain meds will be given to you as needed. You will be offered ice chips which will gradually be increased to sips of fluids. Once your pain is under control and you can tolerate liquids, you will be allowed to go home.

# Pre-Op Outpatient Medication Instructions

Stop all over the counter medications one week prior to surgery

- Anti-inflammatory – Celebrex 200 mg 2 capsules night prior to surgery (if allergic to sulfa this does not apply) *If script needs pre-cert, it will be cancelled.* Then one capsule twice daily following surgery.
- Neurontin 300 mg night prior to surgery, then every night
- Hibiclens Body wash- wash with this soap for 5 days prior to surgery
- Bactroban Nasal Ointment is to be placed on the anterior nares (nostrils) twice daily for 5 days prior to surgery as well. This is prophylactic measure for MRSA/Staph infections



# Post-OP Outpatient Medication Instructions

- Anti-inflammatory – Celebrex 200 mg 2 capsules night prior to surgery and then 1 capsule twice per day for 10 days after surgery (if sulfa allergy this does not apply) - *If script needs pre-cert, it will be cancelled*
- Nausea – Zofran 4 mg 1-2 tables by mouth every 8 hours as needed for nausea
- Blood thinner – Ecotrin 325mg 1 tablet by mouth twice daily for 6 weeks post-surgery - **OR** -
- Blood thinner – Xarelto 10 mg 1 tablet by mouth every day for 4 weeks post-surgery
- Post-op antibiotic – Keflex 500mg 1 tablet by mouth every 6 hours after surgery until completed

## Pain Medications

- Norco 5/325 – 1-2 tablets every 4 hours for 3-7/10 pain (Max Tylenol 3,000mg per 24 hours)
- Oxycodone 5mg – 1-2 tablets by mouth every 4 hours as needed for pain – for breakthrough pain
- Dilaudid 2mg – 1-2 tablets by mouth every 4 hours as needed for severe pain – Only take if no relief from Norco and Oxycodone

Every patient of Dr. Latteier's is unique and has different needs. IT IS LIKELY YOU WILL NOT NEED ALL THE MEDICATIONS ON THIS LIST. If you do not have each of the medications on this list, **that is OK**. However, call Dr. Latteier's nurse if you have questions/concerns.

Kansas City Bone & Joint Clinic

Division of Signature Medical Group of KC, PA

Overland Park: Corporate Medical Plaza, Building #1 10701 Nall Ave., Suite 200, Overland Park, KS 66211

Lee's Summit: 3151 NE Carnegie Dr., Suite B, Lee's Summit, MO 64064

Advent Health South: Medical Building, 7840 W. 165<sup>th</sup> St., Suite 280, Overland Park, KS 66223

# Prescription Policy

We will gladly assist our patients in obtaining appropriate medication refills during normal business hours. Please allow 24 hours for all refill request to be completed.

However, we **will not** refill narcotic prescriptions after 3pm on Fridays, and **we will not refill any** prescriptions after normal business hours or on weekends.

Please plan ahead to avoid any problems.

Thank you,  
KCBJ Staff

The following exercises are to be performed  
**BEFORE SURGERY ONLY.**

If you are unable to perform the exercises due to pain, you are NOT required to do them. They are only for your benefit to help build muscle strength prior to surgery, which can help make your recovery easier.

## Total Knee and Total Hip Replacement Exercises

### General Information

It is important to keep your body strong and flexible both before and after your joint replacement surgery. Following the exercise program presented below will help speed recovery and make doing everyday tasks easier and less painful during your rehabilitation period.

### **Circulation Exercise: Ankle Pumps**

Lie on your back. Gently point and pull ankle of your surgical leg by pumping foot up and down.

- Repeat 10 times (1 set)
- Perform 2 sets a day



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### **Circulation Exercise: Quadriceps Sets**

Lie on your back with your legs straight. Tighten your thigh muscle by pushing your knee down into the bed. Do NOT hold your breath

- Repeat 10 times (1 set)
- Perform 2 sets a day

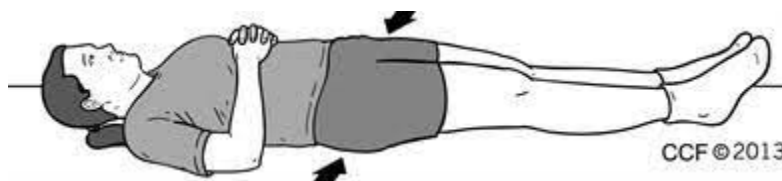


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### **Circulation Exercise: Gluteal Sets (buttock)**

Lie on your back with your legs straight. Squeeze buttock together and tighten buttocks muscles. Do NOT hold your breath.

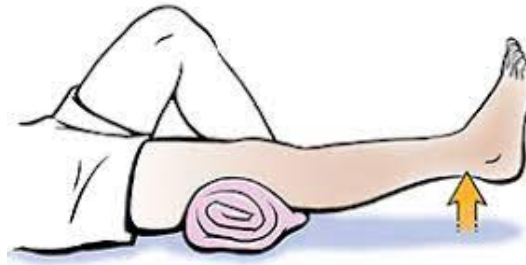
- Repeat 10 times (1 set)
- Perform 2 sets a day



## Short Arc Quads

Lie on your back with a towel rolled under your knee. Slowly straighten your surgical knee by lifting your foot up while keeping your thigh on a roll

- Repeat 10 times (1 set)
- Perform 2 sets a day



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## Heel Slides

Lie on your back. Bend your surgical knee by sliding your heel toward your buttocks.

- Repeat 10 times (1 set)
- Perform 2 sets a day

You may be instructed to pull on a bed around your foot to help you slide your



sheet hooked heel.

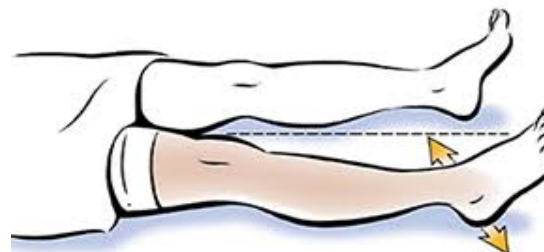
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## Hip ABD/Adduction

Lie on your back. Keep your knee straight and toward the ceiling. Slide your surgical leg out back to the center. Do NOT allow your cross the midline.

- Repeat 10 times (1 set)
- Perform 2 sets a day

Note: After surgery for a hip replacement, ask therapist about this exercise



toes pointing to the side and surgical leg to

your surgeon or

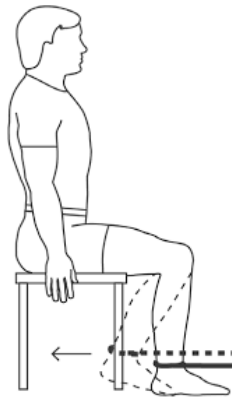


## Additional Joint Replacement Exercises

### Sitting Knee Flexion

Sit with a towel under your surgical leg(s). Your feet should be flat on the floor. Slide one foot back, bending your surgical knee. Hold for 5 seconds, then slide your foot forward.

- Repeat 10 times (1 set)
- Perform 2 sets a day



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### Sitting Knee Extension

Straighten your surgical leg.

- Repeat 10 times (1 set)
- Perform 2 sets a day



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### Hip Abduction, Standing

While standing, raise your leg out to the side. Keep your leg straight the entire time. Use your arm if needed for balance and safety.

- Repeat 10 times (1 set)
- Perform 2 sets a day

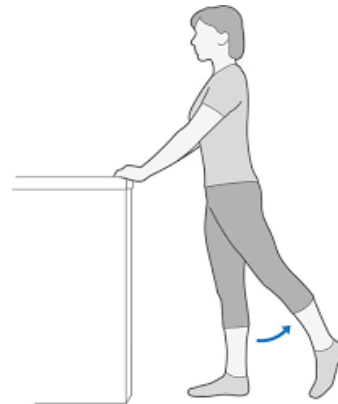


Your toes pointed forward the

## Hip Extension, Standing

While standing, move your leg back. Use your arms if needed for safety.

- Repeat 10 times (1 set)
- Perform 2 sets a day



balance and

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## Hip Extension, Standing

Stand on one leg and maintain your balance

- Repeat 10 times (1 set)



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## Additional Knee Replacement Exercise

### Straight Leg Raise

Lie on your back with your non-surgical leg bent. Tighten your knee on surgical leg and slowly lift your leg to the level of the bent knee. Keep your back flat on the surface.

- Repeat 10 times (1 set)
- Perform 2 sets a day



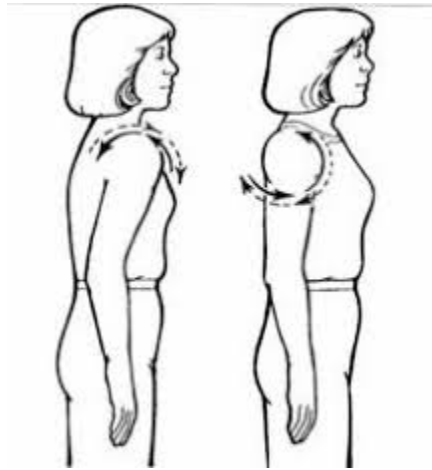
## Upper Body Conditioning/Strengthening Exercises

Before undergoing joint surgery, it is important to prepare for your rehabilitation. The following exercise program should be started 4-6 weeks before surgery. These exercises should be done daily if possible or at least 5 times per week.

### Conditioning/Strengthening Exercises

Move shoulders forward in a circular motion for a count of 10. Then, move shoulders backward in a circular motion for a count of 10.

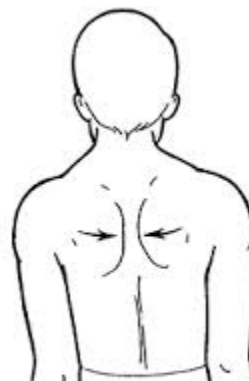
- Repeat 10 times (1 set)
- Perform 2 sets a day



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Pinch shoulder blades together by pulling arms back toward each other. Remember to keep elbows straight. Hold for 5 seconds, then relax.

- Repeat 10 times (1 set)
- Perform 2 sets a day



Standing or seated with one arm bent to 90 degrees at side and raise the weight toward the shoulder. Remember to Repeat with the opposite arm. Movements should be slow

- Repeat 10 times (1 set)

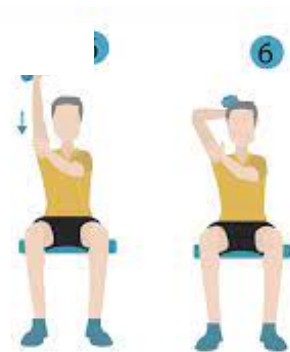


Slowly bend elbow keep the palm up. and controlled.

- Perform 2 sets a day

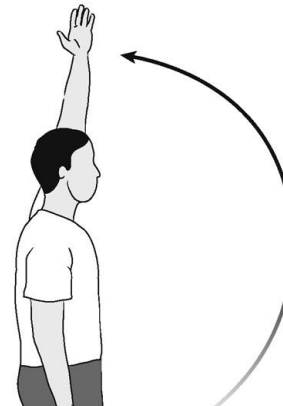
Stand or sit and bring arm up so the elbow is near the ear. Support the arm that is holding the weight with the other hand by the elbow. Now slowly straighten the arm then bend it. Repeat using the opposite arm.

- Repeat 10 times (1 set)
- Perform 2 sets a day



Keep Elbow straight and raise arm above head. Very slowly return exercise may be performed sitting or standing. Repeat with

- Repeat 10 times (1 set)
- Perform 2 sets a day



arm to side. This opposite arm.

Sitting with back against chair, scoot to the edge of the chair, then scoot back. Remember to use both arms during this

- Repeat 10 times (1 set)
- Perform 2 sets a day



chair, then activity.

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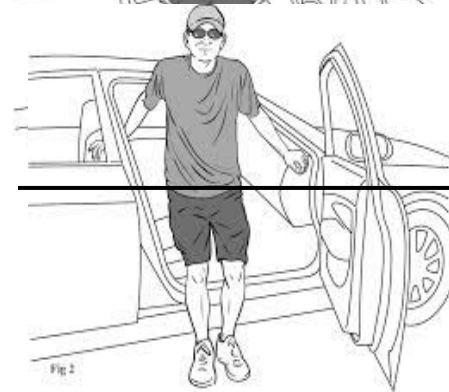
Sitting on the edge of the chair, place hands on arms of the chair and push body up out of the chair. Lower body slowly back into the chair. Remember to use both arms during this activity.

- Repeat 10 times (1 set)
- Perform 2 sets a day



## How to Get In and Out of a Car After a Total Joint Replacement

1. The front passenger car seat should be pushed all the way back before you enter the car.
2. Have the driver park on a flat surface and/or near the driveway ramp.



3. Walk toward the car using the appropriate walking device.
4. When close to the car, turn and begin backing up to the front passenger car seat. Never step into the car!
5. Placing a plastic bag on fabric seat may make moving easier.
6. Reach with your right hand and hold the door frame or headrest. Place your left hand on the car seat or dashboard.
7. Slowly lower yourself to the car seat.
8. Slide yourself back onto the car seat.
9. Swing your legs into the car. Try to move one leg at a time. Keep your toes pointed upward.
10. Do NOT cross your legs!
11. Reverse these steps to get out of a car.

When taking extended car rides, make sure to take breaks every 30 to 45 minutes. Get out of car and walk/stand for a few minutes so you do not become too stiff.

Generally, driving is not recommended for 6-8 weeks after surgery. Please contact your doctor to find out when it is safe to resume driving.

