joint replacement

Total Joint Replacement

A Guide for the Surgical Experience



OCTOBER 20, 2026

RENO ORTHOPEDIC SURGERY CENTER
555 North Arlington, Reno, NV 89503

roc
surgery center

A Note to Our Patients

On behalf of our expert doctors, case managers, and other professionals, we would like to welcome you and thank you for choosing us for your total joint surgery. I can assure you that you have made the right choice. The physicians of Reno Orthopedic Center performed the first joint replacement in Nevada and continue to perform more than 1600 annually. Our goal is to ensure the highest standards of medicine and high-quality experience for you. We are committed to keeping you informed and helping you by becoming an active partner in your health care. We will do everything possible to make your experience as pleasant as possible.

You will find important instructions and information to prepare you for your surgery in this education booklet. It will answer your questions and clearly outline the things you need to do before, during, and after surgery. Included are planning tools, advice on medications, diet, and exercise. Please take the time to read the materials carefully.

If you have further questions about your surgery, please call your physician at 775-786-3040.

Once again thank you for choosing us for your orthopedic care.

Sincerely,

Michael Kalisvaart, M.D.

Surgery Director of Reno Orthopedic Surgery Center

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Important Phone Numbers

Reno Orthopedic Center

Ryan Dobbs, M.D. and Suzanne Flint, P.A.-C ---------- Medical Assistant 775-348-3066
Jackson Jones, M.D. and Renee Covey, P.A.-C ---------- Medical Assistant 775-333-7868
Timothy O'Mara, M.D. ---------- Medical Assistant 775-348-3059
Sanjai Shukla, M.D. and Davis Ayers, P.A.-C ---------- Medical Assistant 775-338-7869
Shay Warren, M.D.----------Medical Assistant 775-788-5277
Chad Watts, M.D. and Cory Wilcox, P.A.-C ---------- Medical Assistant 775-785-3420
John Zebrack, M.D. ---------- Medical Assistant 775-785-3410

ROC After Hours Answering Service ---------- 775-786-3040

ROC Physical Therapy

Reno Campus ---------- 775-786-3040
Galena Campus ---------- 775-850-1888
Sparks Campus---------- 775-348-3052
Carson Campus ---------- 775-348-3055
North Valleys Campus ---------- 775-333-7866
Fernley Campus ---------- 775-260-2619

Billing Office

Reno Orthopedic Center ---------- 775-786-3040
Reno Orthopedic Surgery Center ---------- 775-786-3040

PASS – Pre-Admission Surgical Screening ----------775-788-5288

The Shop at ROC ----------775-348-3049

ROC Joint Replacement Surgeons



Ryan E. Dobbs, M.D.

Dr. Dobbs received his medical degree from the University of Nevada, Reno School of Medicine and did his orthopedic residency at the Mayo Clinic in Rochester, Minnesota. He has also completed an Orthopedic Sports Medicine fellowship at the University of Utah in Salt Lake City, Utah. Dr. Dobbs is subspecialty trained in Sports Medicine and is a member of the AOSSM (American Orthopedic Society of Sports Medicine). Dr. Dobbs is Board Certified by the American Board of Orthopedic Surgery and is one of the few physicians in Nevada who has his Certificate of Added Qualifications in Sports Medicine from The American Board of Medical Specialties (ABMS).



Jackson B. Jones, M.D.

Dr. Jones received his medical degree from George Washington University School of Medicine and Health Sciences in Washington, D.C. He completed his residency training at Oregon Health Sciences University School of Medicine in Portland, OR and a fellowship in total joint arthroplasty at Brigham and Women's Hospital – Harvard Medical School in Boston, MA. Dr. Jones is Board Certified by the American Board of Orthopedic Surgery. He specialized in revisional joint reconstruction, anterior approach joint replacement, and customized total knee replacement. Dr. Jones speaks fluent Spanish.



Timothy O'Mara, M.D.

Dr. O'Mara received his medical degree from the University of Nevada, Reno School of Medicine. He completed his Orthopedic Trauma fellowship at the Harborview Medical Center in Seattle, Washington in 2006. Dr. O'Mara finished his Pediatric Orthopedic fellowship in Sydney, Australia in 2007. Dr. O'Mara also finished a third Orthopedic Fellowship in Hip and Knee Replacement at St. Vincent Medical Center in Los Angeles, CA. He is subspecialty trained in trauma, pediatric care, and hip and knee replacement. Dr. O'Mara is Board Certified by the American Board of Orthopedic Surgery.



Sanjai Shukla, M.D.

A native Nevadan and graduate of Galena High School, Dr. Shukla received his medical degree from Duke University School of Medicine in Durham, North Carolina. His orthopedic residency and a fellowship in Adult Reconstruction Surgery were completed at Rush University Medical Center in Chicago, IL. Dr. Shukla specializes in minimally invasive hip and knee replacements, revision joint replacements, and computer navigated joint replacements. Dr. Shukla is Board Certified by the American Board of Orthopedic Surgery and is a member of the American Academy of Orthopedic Surgeons (AAOS) and the American Association of Hip and Knee Surgeons (AAHKS). He has published award winning research in the field of orthopedic surgery. He has also served on the Quality Control Committee of Carson Tahoe Hospital.



Chad Watts, M.D.

Dr. Watts received his medical degree from the University of Nevada, Reno, his residency training at the Mayo Clinic, and his fellowship in advanced reconstruction techniques at OrthoCarolina. Dr. Watts has more than thirty publications in orthopedic literature related to hip and knee replacement, has presented at numerous regional and national meetings, and has received awards for his research from the American Academy of Orthopedic Surgeons, the American Association of Hip and Knee Surgeons, and the Mayo Clinic Department of Orthopedic Surgery. He is a reviewer for orthopedic journals including the Journal of Arthroplasty, the Bone and Joint Journal, and Clinical Orthopedics and Related Research.



John Zebrack, M.D.

A Reno Native, Dr. Zebrack completed his undergraduate studies at the University of Nevada, Reno, and medical school with honors at the University of Nevada, Reno School of Medicine in 2001. Dr. Zebrack specializes in arthroplasty (joint replacement) and arthroscopy (joint scopes). He has additional training in robotic, and computer assisted arthroplasty, hip arthroscopy, and resurfacing. He performs over 150 joint replacements and joint replacement revisions annually. Dr. Zebrack has been honored as a Fellow Member of both the American Association of Hip and Knee Surgeons (AAHKS) and American Association of Orthopedic Surgeons (AAOS). Dr. Zebrack is board certified by the American Board of Orthopedic Surgery.



Shay Warren, M.D.

Dr. Shay Warren is an orthopedic surgeon specializing in primary and revision hip and knee replacements, including partial knee replacements. He performs both the anterior and STAR approaches for hip replacements and utilizes computer-navigation and robotic techniques to customize treatments for each patient. By incorporating the latest surgical advancements, technology, and research, Dr. Warren is committed to achieving the best possible outcomes for his patients.

Dr. Warren earned his undergraduate degree from Harvard University, graduating cum laude. He then attended Columbia University College of Physicians and Surgeons for medical school. He completed his orthopaedic surgical residency at Stanford University, where he served as Administrative Chief Resident in his final year. He then continued his advanced training by completing the Adult Reconstruction and Joint Replacement Fellowship at Hospital for Special Surgery (HSS), a preeminent orthopaedic specialty hospital located in New York City.

Beyond his clinical practice, Dr. Warren has published peer-reviewed articles and book chapters, and his research has been presented at both national and international conferences. He is a member of several professional organizations, including the American Academy of Orthopaedic Surgeons (AAOS), the American Association of Hip and Knee Surgeons (AAHKS), and the Western Orthopaedic Association (WOA).

Dr. Warren is fluent in Spanish.

roc surgery center

Total Joint Replacement Checklist

Before Surgery – Check the box when complete

- ☐ Plan for a surgery buddy
- ☐ Attend PASS Clinic appointment
- ☐ Attend pre-op appointment (if you have one)
- ☐ Review medications to stop/continue taking
- ☐ Prepare home for surgery recovery
- ☐ Obtain adequate ice supplies
- ☐ Schedule physical therapy IF ORDERED
- ☐ Set up MyChart
- ☐ Review shaving protocol
- ☐ Review surgical scrub protocol
- ☐ Review map of surgery center location and parking areas
- ☐ Attend Total Joint Replacement class

After Surgery – Check the box when complete

- ☐ Attend follow up appointment
- ☐ Attend scheduled physical therapy IF ORDERED

Preparing for Surgery

Plan for a Surgery Buddy

Each patient undergoing total joint replacement at ROSC is required to have a surgery buddy for surgery day, and for the first 72 hours of post-operative recovery at home. Surgery buddy duties include but are not limited to the following:

- Accompanies you to surgery and stays at the surgery center for your surgery.
- Is available throughout the day for physical therapy and post-operative instructions.
- Receives discharge instructions.
- Drives you home and safely assists you inside.
- Assist you with your activity routine during recovery.

Failure to arrange for a surgery buddy will result in cancellation of your surgery.

Attend PASS Clinic Appointment (Pre-Admission Surgical Screening):

The PASS clinic determines appropriateness for scheduling your surgery at ROSC based on your health history. The PASS clinic team will perform lab and clinical testing based on your medical history. You will receive CHG wipes and a pre-surgery pamphlet during this appointment to prepare you for surgery day.

Pre-operative Infection Prevention

Surgical Wipes

PASS Clinic provides you with an orange package of cleansing wipes. These wipes are moistened with a rinse-free 2% (CHG) Chlorhexidine Gluconate solution. This is an antimicrobial agent used for infection prevention before surgery. You will begin the surgical scrub process with these wipes at home prior to surgery as follows:

Preparing the night before surgery:

- Shower & dry off with a clean towel.
  - Do not apply any lotions, deodorant, powder, perfumes etc.
- Open packet of wipes; you will need two wipes for each application.
  - Wipe every body part from neck down to toes (one wipe for your upper body, a second wipe for your lower body). Make sure to avoid sensitive areas (face, groin, etc.)
  - Allow skin to air dry.
- Sleep in clean clothes and sheets.
- The wipes leave a sticky film, it helps to prevent bacteria from growing, do not wash it off.

Preparing for the day of surgery:

- Do not shower.
- Use the second set of wipes and repeat wiping instructions from previous steps.
- Do not apply any lotions, deodorant, powder, perfumes etc.
- Wear clean and loose clothes to surgery.

Shaving
Do not shave any body parts for 5 days prior to surgery from the neck down, especially right around the surgical site. Shaving can create nicks and cuts, which can be portals of entry for bacteria to cause infection.

Patients undergoing a hip replacement are encouraged to clip the pubic hair 5 days prior to surgery, being careful not to break the skin.

The pre-op team will use skin safe clippers to remove any hair around the surgical site on the day of surgery.

Practice Healthy Habits

Exercise:

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

Diet: Eat a balance of fruits, vegetables, and protein.

Hydration: Focus on adequate hydration leading up to surgery day. Drink at least half of your body weight in ounces of water every 24 hours.

Limit Use of:

- **Nicotine/Tobacco products:** Increases the risk of complications during surgery and slows the recovery process.
    - Do not use any nicotine or tobacco products on the day of surgery.
- **Alcohol:** Impairs judgement and increases risk of falling. Stop drinking 24-48 hours prior to surgery. Do not drink alcohol when taking narcotics.
    - Do not drink alcohol the night before surgery.
- **Narcotics:** Long term use of narcotics interferes with pain management after surgery. Continue your current regimen, and let the team know your medication and dosing to help determine your needs on the day of surgery.
- **THC products:** May interfere with medications used for pain control.
    - All THC products must be stopped a minimum of 2 days prior to surgery.

Essential Equipment for Surgery

Front Wheel Walker: A standard front wheel walker is required and supplied on the day of surgery. If you already have a walker, bring it with you the day of surgery. You will use this walker for the first 7-10 days for safe ambulation.

Ice Packs: Ice packs, Elastogel, Colpacs, and ice machines are available for purchase at the ROC Shop. Plan to have ample icing supplies to apply to your surgical site around the clock for the first several weeks of recovery.

Ask us about Iceman. Iceman is available at the surgery center for total knee replacements.

Additional Considerations

Dental Appointments: To prevent joint infection, do not make dental appointments for 2 weeks before and 90 days after your joint replacement surgery. Notify your ROC surgeon and dental office of your joint replacement. You will likely be prescribed a one-time dose of antibiotic for infection prevention related to dental appointments.

Urinary Evaluations: Individuals with current urinary infections, prostate, kidney, or bladder problems are expected to undergo treatment and clearance from their PCP or specialist to mitigate the possibility of infections or complications.

Vascular Circulation: To mitigate the risk for Deep Vein Thrombosis (DVT) and improve the surgical outcome, individuals experiencing leg pain, swelling, weakness, discoloration, and poor healing are encouraged to seek treatment prior to surgery. Compression hose are available at The ROC Shop or any local pharmacy. Ambulation, hydration, and compression are important for DVT prevention.

Authorization for surgery: Authorizations are processed 30 days prior to the date of surgery. Insurances have up to 15 days from the date of submission to provide ROC with a determination. Patients are always welcome to contact their health plans directly regarding their authorization.

Billing: ROC's Patient Financial Advisor creates an estimate based on the individual's insurance benefits after the authorization is received from the insurance company. The Patient Financial Advisor calls the patient, provides the estimate, and sends the estimate via MyChart, email or postal mail. Estimates are typically made a week in advance of surgery, or as far out as 30 days.

Surgery Information Letter: Details regarding your surgery are included in your surgery letter. Expect the surgery letter to arrive via MyChart and or postal mail before surgery.

Physical Therapy: Make your first physical therapy appointment as soon as you have the prescription from your surgeon.

- **Total Knee:** Outpatient physical therapy after a knee replacement begins within 5 to 7 days of your surgery date. Physical therapy usually continues 2-3 times a week for 6 to 8 weeks. It is important to exercise at home on days that you do not have a physical therapy appointment. Arrange for transportation to physical therapy appointments until you are capable of driving.
- **Total Hip:** Physical therapy is not always prescribed when you have a hip replacement. Discuss your therapy needs with your surgeon. If therapy is prescribed by your surgeon, schedule an appointment no later than one-week post-op.

Prepare Your Home

Having your home ready for your return from the surgery center will make for a smooth and safe recovery. Make sure you can safely get in and out of every room in your house with a walker. Set up a comfortable, sturdy armchair to sit in throughout the day, and prepare adequate ice supplies.

Checklist for a smooth and safe recovery:

- ✓ Declutter– remove throw rugs and electrical cords, rearrange furniture to keep pathways clear.
- ✓ Verify handrails are anchored.
- ✓ Clean and sanitize.
- ✓ Put fresh sheets on the bed.
- ✓ Place frequently used items within reach at waist level.
- ✓ Install nightlights.
- ✓ Pick up prescriptions.
- ✓ Arrange for help with housekeeping/shopping.
- ✓ Arrange for someone to drive you to appointments.
- ✓ Prepare to confine pets when you are up and about after surgery.

How to Set Up MyChart

From the comfort of your own home:

♥ Communicate with your doctor ♥ Access test results and records
♥ Manage appointments ♥ Request prescription refills
♥ Receive surgery reminders and education ♥ Complete daily surgical check-ins

ROC uses MyChart Mobile App to send reminders, notifications, and questionnaires regarding your surgery. Please download the MyChart Mobile App. These reminders, notifications and questions communicate only with the Mobile App.

Don't have MyChart?
Create it here:

Download the MyChart Mobile App

QR Code for Android

QR Code for iPhone

Complete "To Do's" in the MyChart Mobile App

Select ROC as your organization – before logging in. (First time select State and then ROC)

- ✓ Log in with your MyChart Login.
- ✓ Click Menu, scroll to find "To Do"
- ✓ Complete Tasks/Education/Questions when prompted by phone notifications: weeks before and after your surgery 30, 60, 90 days and 1 year later.

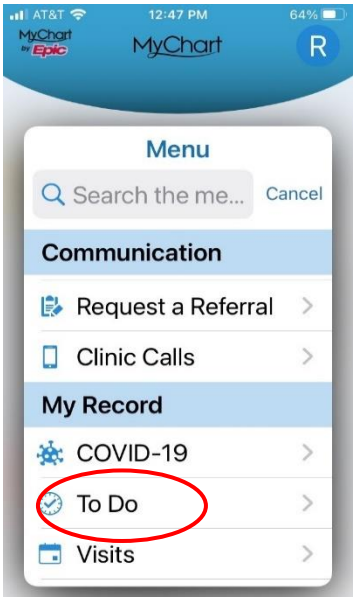
1. Select ROC as your organization.



2. Select “Menu”



3. Select “To Do” for each reminder and question.
4. Respond by choosing the green or red “x” indicating that you have read the information or signifying YES or NO.



Need assistance? Call 775-785-3449

Day Before Surgery

- **Check-in time:** ROSC will call 24-48 hours prior to surgery with your check-in time. Surgery will typically follow your check-in time by 2 hours.

- **Do not eat or drink anything after midnight** regardless of your surgical time. (This includes water, liquids, food, candy, gum, breath mints, and chewing tobacco). Failure to follow these instructions will require rescheduling your surgery. You may take pre-approved prescription medications with small sips of water.

- **Use surgical wipes** as instructed starting the night before surgery.

- **If you become ill with a fever, cold, sore throat, or other illness prior to surgery, please contact your surgeon's office to reschedule.**

Day of Surgery

Location: Reno Orthopedic Surgery Center is located at 555 N. Arlington Ave., Suite C., Reno, Nevada 89503. For further information, please look at the map below or contact ROSC at 775-786-3040. If no parking is available at the surgery center, please have your surgery buddy drop you off at the entrance and find additional free parking in either the red or blue parking lots (see map).



- Bring your photo ID, your insurance card, and a medication list with you.
- Leave valuables, including all jewelry, at home.
- Wear glasses, hearing aids and dentures.
- Wear loose, comfortable clothing and shoes that will not fall off your feet.
- Bring your front wheeled walker.
    - A walker is supplied for you on the day of surgery if you do not already have one.
- Ensure that your surgery buddy is available, and their schedule is flexible throughout the day. Your surgery buddy is requested to stay in the lobby or within 10 minutes of the surgery center. It is preferable to have your surgery buddy stay at the ASC during your surgery.

Pre-Op Process

- After checking in you are escorted to the pre-op area and asked to sign consent forms for surgery and anesthesia.
- You are asked to remove clothing and personal items (including underwear for hip replacements). The nurse will provide a patient gown and warm blankets. Your personal items are stored in a locker during surgery.
- To minimize the risk of infection, the pre-op nurse will provide cleansing products for your body, mouth, and nose.
- Any additional tests are completed (i.e., blood sugar, pregnancy test).
- The pre-op nurse or patient care tech will take your vital signs and prepare your surgical site, which may include clipping hair.
- For your safety, you are asked to confirm the correct surgery site multiple times during this process.
- The nurse will review your health history, medications, allergies, and last time you had anything to eat or drink.
- The nurse will start an IV. This IV will provide fluids and medication during and after surgery.
- You will have an opportunity to ask your surgeon and anesthesiologist any remaining questions. The surgeon will put an ink mark on the correct site for surgery.

Anesthesia Information

Our Team: Reno Orthopedic Surgery Center has an excellent team of Board-Certified anesthesiologists, trained in orthopedic and regional anesthesia.

Preoperative Medication: Medications may vary from patient to patient but generally include Oxycodone and/or Acetaminophen (Tylenol) for pain, Flomax to help you void after surgery, and an antibiotic which is given through your IV to help prevent post-op infections. It is not common to go home with a prescription for antibiotics. Some patients may receive additional medications such as anti-nausea medications.

Peripheral Nerve Block for Total Knees: Nerve blocks are performed by the anesthesiologist for total knee replacement surgeries. A nerve block consists of injecting a long-acting local anesthetic around the nerve to get sensory pain relief to the front of the knee for up to 72 hours after surgery. The block does not cover the back of the knee, so additional pain medicine is necessary. The block is performed in pre-op prior to surgery.

General Anesthesia: Both total hips and knees are done under general anesthesia. General anesthesia means your entire body is "asleep" during the operation. The anesthesiologist constantly monitors your breathing and vital signs.

Operating Room

When all preparations are completed, you are wheeled into your surgery suite on a gurney and moved over to the operating table. The anesthesiologist puts on monitors (blood pressure, oxygen, and heart) and gives you oxygen to breathe through a mask. The anesthesiologist administers medication through the IV to drift you off to sleep and then maintains sleep through a breathing device and a combination of gases and other medications.

Your anesthesiologist wakes you in the operating room once surgery is complete and accompanies you to the recovery room.

Surgery typically lasts between 60-90 minutes.

Post Anesthesia Care Unit (PACU) – Recovery

After surgery, you are transported from the surgery suite to the PACU (recovery room). The nurses in PACU are specially trained to care for patients who are recovering from anesthesia and will always be present to monitor your vital signs. The nurse also checks your dressing and circulation. You are encouraged to breathe deeply and cough to clear your lungs. Oxygen is delivered through clear plastic tubing over the mouth or in your nose, if needed.

What to expect:

Pain: Our goal is to help manage your pain and keep it at a tolerable level. The nurse will ask if you are having pain and will administer medications for comfort if needed. You are asked to rate your pain on a scale of 0 to 10 (10 being the worst). It is normal and expected for you to have pain post-operatively.

Anesthesia Side Effects: Drugs used in anesthesia may cause blurry vision, dry mouth, chills, and nausea. The airway placed in your windpipe during surgery may result in a sore throat. It is not uncommon for patients to have trouble urinating during the first few hours following surgery. You will receive IV fluids as well as medications to help alleviate this issue.

Early Ambulation: The staff will get you out of bed within 30-45 minutes after arrival to the PACU. Once awake, you will get dressed with assistance from the nurse. Your surgery buddy is expected to participate in the recovery process. The nurse will assess your mobility, strength, and have you practice walking with medical equipment (may include stairs), and will determine when you are safe to go home.

Goals for Discharge:

- Sitting up in a chair as tolerated.
- Tolerating food and snacks.
- Ability to urinate.
- Ability to cough and take deep breaths.
- Dressings remain dry and intact.
- Ability to ambulate safely.
- The safety and use of your assistive device is evaluated.
- Your pain is managed.

Discharge Instructions: Once the above criteria are met, your nurse will discuss discharge instructions with you and your surgery buddy. This is the time to have all your questions answered prior to going home. Discharge instructions are sent home in a packet for your review throughout recovery.

Discharge: When your recovery is complete, your IV is taken out and you are escorted to your vehicle in a wheelchair. The nurse escorting you will direct your surgery buddy where to pick you up. Make sure you can easily get into the vehicle chosen to transport you home. If traveling long distances, your driver should bring pillows, slide the seat back and recline the seat slightly. You should also change position, stand, and stretch every hour.

Recovery at Home

After surgery, the goal is for you to get moving and return to living your life as soon as possible. Your surgery buddy can help you:

- manage your pain medication
- apply ice to the surgical site
- apply elevation to the surgical site
- monitor your activity routine
- fix meals, run errands, and do light housework

Mild flu-like symptoms are normal. Generalized muscle aches, throat irritation, headache and or some nausea related to surgery and anesthesia can be common. This will improve over the next 24-48 hours.

A responsible adult must remain with you for a minimum of 72 hours. It is normal to feel sleepy. Avoid activities that require balance, judgement, or coordination. For 24 hours do not drive, drink alcoholic beverages, smoke, ingest marijuana, make important decisions, or sign legal documents.

Infection Avoidance: To reduce the risk of infection, wash hands OFTEN.

Deep Breathing and Incentive Spirometer
To reduce the risk of pneumonia, cough and breathe deeply ten times every hour while you are awake. If provided, use the device called an Incentive Spirometer to increase lung expansion.

Diet: To avoid nausea, slowly advance diet as tolerated, avoiding spicy or greasy foods for the first day. Avoid taking narcotics on an empty stomach.

Constipation: Constipation is common after surgery. This is caused by narcotic pain medications, reduced activity, and inadequate fluid intake. Pay attention to how often you have bowel movements. Do not go for more than three days without having a bowel movement.

Tips to prevent or minimize constipation:

- Drink 2-4 ounces of prune juice with a tall glass of warm water at least once daily.
- Drink enough fluids throughout the day to keep your urine a pale straw-colored yellow.
- Eat fruits, vegetables, and whole grains daily.
- Wean yourself off pain medication as soon as possible.

Urinary Habits: Frequency and urgency are common after surgery. Create a routine of going to the bathroom every 2-3 hours. If you experience urinary retention, please call the ROC.

Pain: Please remember that **pain is part of the normal healing process**. The improvement of pain over time is an important gauge to track your progress. You can expect pain to improve week by week, rather than day by day.

Pain in the thigh after knee replacement surgery is common due to the tourniquet used in the OR. This discomfort subsides within a couple of weeks after surgery. Bruising will typically occur around the thigh.

Tips for managing pain:

- Ice and elevate your surgical leg.
- Practice relaxation and mindfulness exercises.
- Take pain medication as instructed by your surgeon. You may want to take it on schedule for the first few days after surgery.

Pain Medication: Your orthopedic surgeon will prescribe narcotic and/or non-narcotic pain medications. Patients who receive narcotic prescriptions are closely monitored. Narcotics are prescribed for a period of one to two weeks after a surgical procedure. Use narcotics as needed and wean off prescription medication as soon as possible.

If your physician has prescribed a pain medication that includes Acetaminophen (Tylenol), such as Norco or Percocet, do not take additional Tylenol while taking the prescribed narcotic. You may take an over-the-counter NSAID such as ibuprofen, between your narcotic pain medication, if an NSAID is not already prescribed for you after surgery.

Common side effects of narcotic pain medications include:

Constipation	Nausea
Dizziness	Sedation
Itching	Addiction
Vomiting	Abdominal pain
Headache	Dry mouth

Severe side effects of narcotic pain medications include:

Trouble breathing
Chest pain
Abnormal heart beats
Cardiac arrest
Death

Routine Medications: Please resume your home medications as previously prescribed.

Swelling and Bruising: Swelling and bruising are normal and vary from one individual to another. Swelling and bruising may occur immediately or can take several days to show up. These symptoms tend to increase over the

first two weeks. Bruising may travel as high as your groin and move down to your toes. Swelling is normal; **if swelling is accompanied by redness, heat, or coolness in your surgical leg**, contact your surgeon.

Ice Application: Ice is an anti-inflammatory and minimizes swelling. Keep ice on the surgical site around the clock, removing the ice when walking or performing exercises to allow for easier movement. Ensure there is an adequate barrier between your skin and ice.

Dressing Care

- Take care of your surgical dressing as directed by your surgeon.
- Keep surgical dressing clean, dry, and intact.
- In most cases, leave it in place until your first postop visit, within 1-2 weeks after surgery.
- Do not change the surgical dressing yourself.
- Wash your hands frequently with soap and water.
- Showering after surgery is okay, limiting water exposure to the dressing.
- If moisture penetrates the dressing, call your surgeon.
- If you have a nerve block, do not shower until the nerve block has worn off.
- Call your surgeon if you experience irritation, redness, blistering or leaking from the dressing.
- **DO NOT** take baths, go swimming, or use hot tubs until the incision is completely healed. (90 days after surgery).

Mobility, Activity and Physical Therapy: To help you recover, do exercises daily that are provided by your surgeon. Regular walking and repositioning help prevent complications like blood clots or pneumonia.

All joint replacement patients should perform a “household” distance walk for 5-10 minutes every hour during the day. Knee replacement patients should perform range of motion exercises as directed every 15-20 minutes between walks.

All knee replacement patients are required to attend physical therapy starting no later than 1 week after surgery.

You may begin weight bearing on your surgical leg as tolerated immediately following surgery. This is referred to as 'weight bearing as tolerated' (WBAT). A nurse will provide guidance on the safe use of a walker. Anticipate using the walker for approximately 7–10 days, or as needed during periods of increased discomfort. Continue using the walker as needed for support and safety.

Moderation is the key; you must find a balance. Your body will have a natural reaction to excessive activity by causing increased pain and swelling. A good rule of thumb is "a lot of a little". This means a lot of movement, activity, and exercises in little spurts throughout the day. Do not resume strenuous physical activity including running, hiking, biking, yoga, or going to the gym without consulting your surgeon.
***Please Note: Some surgeons do not order formal physical therapy for hip replacements. ***

Blood Clot Prevention and Traveling: Although it is rare, patients who have had a joint replacement are at an increased risk for blood clots after surgery. Your surgeon will give you instructions on taking medication to prevent blood clots. It is important to take the medication as instructed for the entire time your surgeon orders.

Tips to prevent blood clots:

- Take medication as prescribed.
- Drink plenty of fluids.
- Walk, reposition, and perform ankle pumps when sitting throughout the day.
- Avoid traveling for 90 days after surgery.
    - When traveling, get out of the car every hour to walk and reposition and perform ankle pumps while seated.

Driving: It is important that you can safely respond to any situation while driving. After joint replacement, your surgical leg is weak and difficult to move quickly. Taking prescription pain medication can also affect your ability to drive. Arrange for your friends, family, or medical transport service ahead of time to take you to appointments after joint replacement surgery. Before you return to driving, be sure:

- You are not taking prescription pain medication.
- You can respond in an emergency, such as quickly slamming on the brakes.

Energy and Mood: Joint replacement is a big procedure that puts your body under stress. It is normal to have a decreased appetite and tire easily. This can linger for weeks, even months. It is also common to experience depression after surgery. Just like your new joint needs regular periods of movement to work properly, your body needs plenty of rest periods to heal. Allow quiet time throughout the day for rest. If feelings of tiredness, depression, and lack of appetite last longer than three months, see your primary care provider for evaluation.

Insomnia: It is common to have trouble sleeping for weeks after surgery, due to discomfort. Please discuss this with your surgeon if it becomes a problem.

Aches and Pains: It is common to experience aches and pains in different parts of the body due to new alignment of the body. These aches and pains will subside with time and may come and go during recovery.

Joint Noise: Clicking, popping, or grinding of the joint is common after total joint surgery. These noises may remain and continue throughout life. Pain should not be associated with any joint noise.

Sexual Activity: Discuss hip precautions with your surgeon before resuming sexual activity. Resume sexual activity when you are comfortable and doing so does not cause pain to the joint.

When To Contact the Office

Please call your surgeon's medical assistant during regular business hours. If you have questions or concerns after hours, you may call the main number for Reno Orthopedic Center at (775)786-3040. We want to know right away if you have any of the following things happen after you go home from the surgery center:

- Fever > 101.5 degrees
- Shaking or chills
- Increased redness at the incision site and surrounding area
- Increased pain and swelling despite ice elevation above the level of the heart
- Drainage that saturates the dressing
- New onset of pain
- Inability to bear weight on the surgical leg
- Increased numbness or tingling that will not resolve by positioning
- If you think you have an infection in any other area of the body, for example – sinus, tooth, bladder, or skin
- If you FALL

Post-Operative Follow Up

Follow Up Phone Call: You will receive a follow -up call in 48-72 hours from a nurse at the surgery center to see how you are recovering.

Daily "To Do": Complete MyChart "To Do's" The questions assess your daily condition. Answers are recorded in your electronic medical record (EMR). Responses are "escalated" based upon parameters set for each condition. Expect a response within 24-72 hours.

Follow up appointment: You are expected to follow up with your surgeon in the clinic 1-2 weeks after surgery. In some cases, this appointment is scheduled prior to your procedure. If your follow-up is pre-scheduled, the date is listed in your surgery letter. If no appointment is listed, please contact your surgeon's medical assistant to schedule your follow-up visit.

3 Month to 1 Year Follow up: To follow your progress and get feedback on your total joint journey, please complete the following MyChart surveys.

Complete Global Health survey on MyChart in 3 months
Complete Global Health survey on MyChart in 6 months
Complete Global Health survey on MyChart in 9 months
Complete Global Health survey in 1 year

Resources

Medication and Supplement List

Medication/Supplement	Amount	How Taken	Take for

List of Allergies

Allergen:	What happens if exposed?

This is an example of the surgical and anesthesia consent forms you will be signing in pre-op before surgery. Please read and review for your own knowledge. You DO NOT need to bring this form on surgery day.

Surgical Consent

Please read this form. Make a list of questions to ask your doctor or anesthesiologist.

INFORMED CONSENT FOR OPERATION

I give permission to _____and their medically trained assistants, to perform the following procedure(s):

_____

I understand the following:
I may have pain following surgery.
I may get an infection.
I may notice the body part having surgery may not feel, look, or work the same as it did before surgery.
I may have nerve damage.
I may have blood loss.
I may get a blood clot.
I may have swelling of body parts.
I may have a complication with an implant.
I may need another surgery.
Death may occur.
Reno Orthopedic Surgery Center does **not** honor Do Not Resuscitate Orders.
This is not a complete list.

I give permission to the doctor and medical team:
To do additional procedures if other serious medical issues exist.
To treat me for serious medical problems if they happen during surgery.
To throw away fluid, skin, muscle, tissue, and/or bone removed during the surgery.
To take body tissue and fluids for testing if needed to help identify what is causing my problems.
To have other people in the operating room for medical and nursing education.
To take and test my blood if any worker is accidentally exposed to my blood or body fluids.

Dr.: _____gave me reasons for having this surgery. The doctor discussed other treatment options as well as the risks, benefits, and alternatives to the planned surgery. I accept the risk and chance of problems that can happen during and/or after this surgery.

INFORMED CONSENT FOR ANESTHESIA

I give permission to Dr._____ to perform anesthesia for this surgery.

I give my permission to the anesthesiologist to do whatever is best, in the event anything unexpected happens during anesthesia.

I understand:
The anesthesiologist manages my sleep, pain, and comfort during the procedure.
The amount of anesthesia given to me depends on my medical condition and the procedure performed.
I will have medicine that puts me to sleep or makes me tired during surgery.

Risks of Anesthesia:
I could have medicine that makes body parts numb.
I could have a sore throat.
I could have damaged teeth.
I could have eye damage.
I could have a heart attack.
I could have an allergic reaction.
I could have swelling or redness at the needle site.
I could breathe fluid into my lungs.
I could get a lung infection.
I could have nausea and vomiting.
I may lose taste.
I could have back aches.
I could have headaches.
I may not remember sounds, noise, or speech.
I could have seizures.
I could have brain damage.
I could wake up during surgery.
I could have other unexpected reactions to anesthesia.
I may not wake up from anesthesia.
Anesthesia could cause harm and death.
This is not a complete list.

I give permission:
To use other anesthesia treatments for my comfort.
To use medically necessary treatments to save my life.

Dr.: _____ explained:

- □ **1. General Anesthesia**
- □ **2. Regional Anesthesia**
- □ **3. Monitored Anesthesia Care (MAC)**
- □ **4. Local Anesthesia**

The doctor discussed the risks, benefits, and alternatives to the planned anesthesia. I accept the risk and chance of problems that can happen during anesthesia.

I understand why I am having this surgery.
I understand what surgery I will have done.
I understand the risks of this surgery.
I understand the benefits of this surgery.
I understand the alternatives to this surgery.
I understand the risks of anesthesia.
The Doctor and Anesthesiologist have answered all my questions.
I understand I can say, “no” to the surgery and anesthesia.
I give my permission for this surgery and anesthesia.

roc surgery center

Notes

Scan the QR code for the Total Joint Class Evaluation