

Please contact Dr. Boyd at [drbradleyboyd@gmail.com](mailto:drbradleyboyd@gmail.com)  
May call his assistant Reina Velasquez Monday-Friday 8-4 at 703-391-0111

## **Pre-Operative Patient Instruction Form for a Robotic Assisted Knee Replacement**

### **What's Next:**

You will schedule a visit with your Primary Care Physician for a pre-operative history and physical to make sure that you are medically stable for a joint replacement surgery. If you have any history of cardiac, renal, or pulmonary disease you may also be sent to that specialist for medical clearance as well.

You will be scheduled for an appointment with the hospital for a pre-surgical review.

You will have your blood drawn for pre-operative labs, and an EKG of your heart if not done in the last 6 months.

You will start the Bactroban nasal ointment 3 days prior to surgery twice a day, applying a dollop of the ointment onto each end of the Q-tip and then placing the Q-tip straight into the back of the nose in each nare

You will be given a series of pre-operative Chlorhexidine washes to be done before surgery as directed by the pre-surgical screening nurse or my office staff.

You will be asked to attend a pre-operative joint replacement class by the hospital this is mandatory. If you cannot attend the class then you must watch the webinar. **For Reston Hospital please contact Meredith Draisey and for Fair Oaks Hospital please contact Karen Duteil.**

If you would like to speak to or email with a prior joint replacement patient that can be arranged.

### **Medications: What to do before surgery**

**Anti-Coagulation/Blood Thinners:** Please stop Aspirin 2 weeks prior to surgery, if you are taking Coumadin (usually stop 1 week before surgery) or Xarelto (usually 3 days before surgery) we need to discuss with your primary care physician adequate stopping time before surgery in order to bring your bleeding time back to a normal level, this is usually about 1 week prior to surgery. Eliquis should be stopped at least 3 days before surgery. Pradaxa should be stopped at least 4 days before surgery.

**Anti-inflammatory/NSAID:** Please stop 2 weeks prior to surgery this list includes; ibuprofen, motrin, aleve, naproxen, Celebrex, volataren, diclofenac, Mobic, meloxicam, arthrotec, lodine, Relafen, daypro, indomethacin, idocin

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**Anti-Rheumatologics/DMARDs/Anti-Immunogenics:** if you are taking Methotrexate you may continue this throughout the peri-operative period.

Please stop Enbrel or Etanercept 1 week prior to surgery and we will hold the medicine until complete wound healing has occurred.

Please stop Humira or adalimumab 2 weeks prior to surgery and we will hold the medicine until complete wound healing has occurred.

Please stop Remicade or infliximab 6 weeks prior to surgery and we will hold the medicine until complete wound healing has occurred.

If you are taking Rituxan or Rituximab we will need to have a discussion with your Rheumatologist when will you be safe for elective surgery.

### **Physical Therapy: Pre-Joint Replacement**

If possible I would like you to setup a pre-operative physical therapy appointment so that you may get familiar with the post-operative therapy experience and learn how to do the exercises, walk stairs, and walk with a walker and a cane.

Please call 703-391-0811 to set up therapy with my therapists if desired to set up pre-surgery therapy appointment, ask for Kristy/Ashley.

Knee Replacements: I prefer that you go straight to outpatient physical therapy, but if you are unable to do this, please arrange for home PT during your stay in the hospital

### **Blood Clot Prevention: Chemical Prophylaxis**

You will be placed on enteric coated baby Aspirin 81 mg orally 2 x daily for the first 4 weeks after surgery.

### **Pain Control Post-op: Multi-modal pain control**

You will be placed on a combination of several different types of pain control medicines after surgery to maximally control your pain as well as to try to limit the amount of IV narcotics that cause sedation and constipation:

- 81mg baby aspirin twice a day for 4 weeks
- Tylenol 650mg 4 x daily or 1000mg 3 x daily
- Gabapentin 300 mg 2 x daily
- Celebrex 200 mg 2 x daily (if allergic then Naproxen 500 mg twice a day)

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- Celebrex does require a pre-authorization with most insurances; this authorization can take up to 7 business days to go through we cannot start the prior auth until after surgery, if the medication is not covered then you will be switched to Naproxen.*
- Tramadol 50 mg 4 x daily
  - Oxycodone 5 – 10 mg 1-2 tablets every 4 hours as needed for pain
  - Senna/Colace 2 tablets 2 x daily
- For men with any history of urinary difficulty: Flomax may be started pre-op, please let Dr. Boyd know at your pre-operative appointment if you have had urinary difficulty in the past.*

**All patients may taper off the oxycodone and tramadol as soon as the pain is decreasing post-op**

**DEA FEDERAL PAIN MEDICATION GUIDELINES:**

In an effort to stop the current epidemic of pain medication abuse the DEA has put strict guidelines on how pain medication can be ordered by physicians due to these new guidelines some insurances are only allowing one week of pain medications post-surgery. If your pharmacy only gives you a partial prescription this means that we will not be able to give you refills and you will have to be referred to pain management for any future pain medication prescriptions. We apologize for the inconvenience but this is something that is out of our control.

\*\*\*Allergies: if you have any to the above medications, please let us know.\*\*\*

**Wound Care Post-op:**

I in general try to close the surgical wound using plastic surgery techniques with all sutures underneath the skin, and only skin glue on top of the skin.

I will place a special adhesive waterproof bandage over the incision called an Aquacel Ag dressing. This bandage will stay on for the first 14-21 days after surgery. I will remove the dressing in the office myself or my assistant. Do not let anyone else remove the dressing unless they call and personally speak to myself or my office assistant. The Aquacel Ag dressing is anti-bacterial and as long as it is in place it will try to prevent normal skin bacteria from getting into the surgical wound.

You will be able to shower any time after surgery with this dressing in place. Please shower and wash as normal, but do not soak the area of the dressing.

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**Day before surgery:** Start taking 2 extra-strength tablets of Tylenol every 8 hours starting the morning the day before your surgery to help load your body for post-operative pain control.

### **Knee Injury and Osteoarthritis Outcome Score (KOOS)**

Please go onto my website and follow the patient information tab to useful links KOOS Jr <http://www.drbradboyd.com/useful-links/> or <https://www.aaos.org/uploadedFiles/KOOS%20JR.pdf> and fill out this score and either print it off and bring it with you or email it to [drbradleyboyd@gmail.com](mailto:drbradleyboyd@gmail.com)

### **Hospital Day of Surgery and Stay:**

Please arrive as directed by the pre-surgical department in order that we can try to start the surgery on time. You will be asked to arrive 2 hours before surgery. You should get a phone call the day before from pre-op department with this time.

Please remember to remove all jewelry and watches prior to coming to the hospital pre-op department. If you have difficulty removing a ring, please let me know and I can help remove it.

Please feel free to bring some loose and comfortable clothing that you may change into after surgery once you have reached your hospital room. You do not have to stay in the hospital gown after you surgery is over.

Please feel free to have family and friends bring in any outside food that you may prefer over the hospital food (Usually the hospital food is pretty good). If you have any specific dietary needs please tell me or the nurse before surgery.

Please work on your calf pumps and leg squeeze exercises once per hour.

### **Post-op Day of Surgery:**

After have you have recovered in the post-op recovery room, you will be sent to the orthopaedic floor. Please try to do good nutrition and hydration. If you are having any problems with nausea the nurse can give you Zofran and phenergan, and/or if needed a scopolamine patch can be placed on the back of your ear.

**Walking the day of surgery:** I would like you to go for at least 3 walks the day and night of surgery out in the hallway. The physical therapist should get you up once, and then you can get up with a nurse or a tech later that same afternoon/evening. You will be using a walker the day of surgery.

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### **Leaving the hospital after Surgery:**

In general you can expect to stay in the hospital for 1 day after surgery, and as long as you are doing well with therapy and your blood count is stable you will be discharged to home on post-operative day 1.

I prefer that you make arrangements to go home after surgery instead of going to a nursing home or to a rehab facility. Home is the cleanest place and it gives you the least chance to be exposed to germs that might otherwise be in a healthcare facility. Overall, more than 95% of patients are able to go home after surgery and do not need to go to a rehab or nursing care facility. If you feel you cannot go home after surgery and must go to a rehab or nursing care facility please try to do some research on this prior to your hospital stay so that you will be better informed when the hospital social worker speaks to you after your joint replacement surgery. If rehab is needed my preference is for Acute Rehab call Health South or Encompass Rehab and they are located in Aldie.

### **Post-surgery issues:**

Should you be having any post-surgery issues or questions and it is after office hours you can send an e-mail to [drbradleyboyd@gmail.com](mailto:drbradleyboyd@gmail.com) this e-mail is checked by me, Kerry Cook my PA and my administrative assistant Reina Velasquez. Feel free to send photos to this e-mail should you have any questions about your bandage, swelling ect. We kindly ask that you reserve this e-mail for urgent issues and continue to call our scheduling department 703-391-0111 option 1 for any office appointment changes and or requests. Any non-urgent requests like return to work forms ect should be sent directly to Reina Velasquez at [reina@fairoaksortho.com](mailto:reina@fairoaksortho.com)

### **Surgical Consent:**

I will review the risks and complications of surgery at our pre-op consult patient visit, and the final consent form will be signed in the hospital the day of surgery. Listed below will be the risks to discuss. Knee replacement is a very successful surgery but unfortunately the complication rate can never be zero percent.

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1. I understand that the potential risks and complications associated with the surgery, procedure, or treatment include but are not limited to: bleeding / infection/ blood clot, injury to nerve/vessel/muscle/tendon, fracture, dislocation, foot drop, leg length discrepancy, failure of surgery, loss of limb or life, allergy to implant or failure of hardware, need for further surgery.
2. Alternatives to the proposed surgeries, procedures, and treatments for my condition including the option of no treatment have been discussed with me. These include but are not limited to: No surgery

### **Outpatient Joint Replacement:**

If you would prefer not to stay in the hospital overnight and would like to go home the day of surgery this can be arranged. We can discuss this at our pre-op consult appointment. Outpatient joint replacement is very safe but we need to ensure that you will have proper home support, and that you are a good candidate for it.

Requirements for outpatient joint replacement:

- ability to walk independently and go up and down stairs
- good home/social support (ie: family and friend in house for at least 48 hours)
- no active cardiac or renal issues
- no pulmonary issues such as COPD/Emphysema or untreated sleep apnea
- BMI under 40
- not on chronic pain medication therapy
- if you are diabetic it must be well controlled with A1C around 6 and stable sugar levels
- no pre-op blood anemias or blood dyscrasia
- non smoker