MIDWEST
ORTHOPAEDICS
AT RUSH

Personalized Knee Replacement

With Vasili Karas M.D., M.S.

IMPORTANT CONTACT INFORMATION

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Lead Surgical Assistant: Cesar Arroyave

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Rush Billing Department: 312-942-5693
Durable Medical Equipment (DME) Department: 708-492-5759
FMLA/Disability Paperwork: Karasfmla@rushortho.com

Clinic Days & Locations (may vary):
Monday in Galewood
Wednesday in Chicago

Galewood Clinic
1625 N. Harlem Ave, Chicago, IL 60707
Second Floor – Suite 2600

Chicago Clinic
1611 W. Harrison St., Chicago, IL 60612
Orthopedic Building – 4th Floor: Yellow

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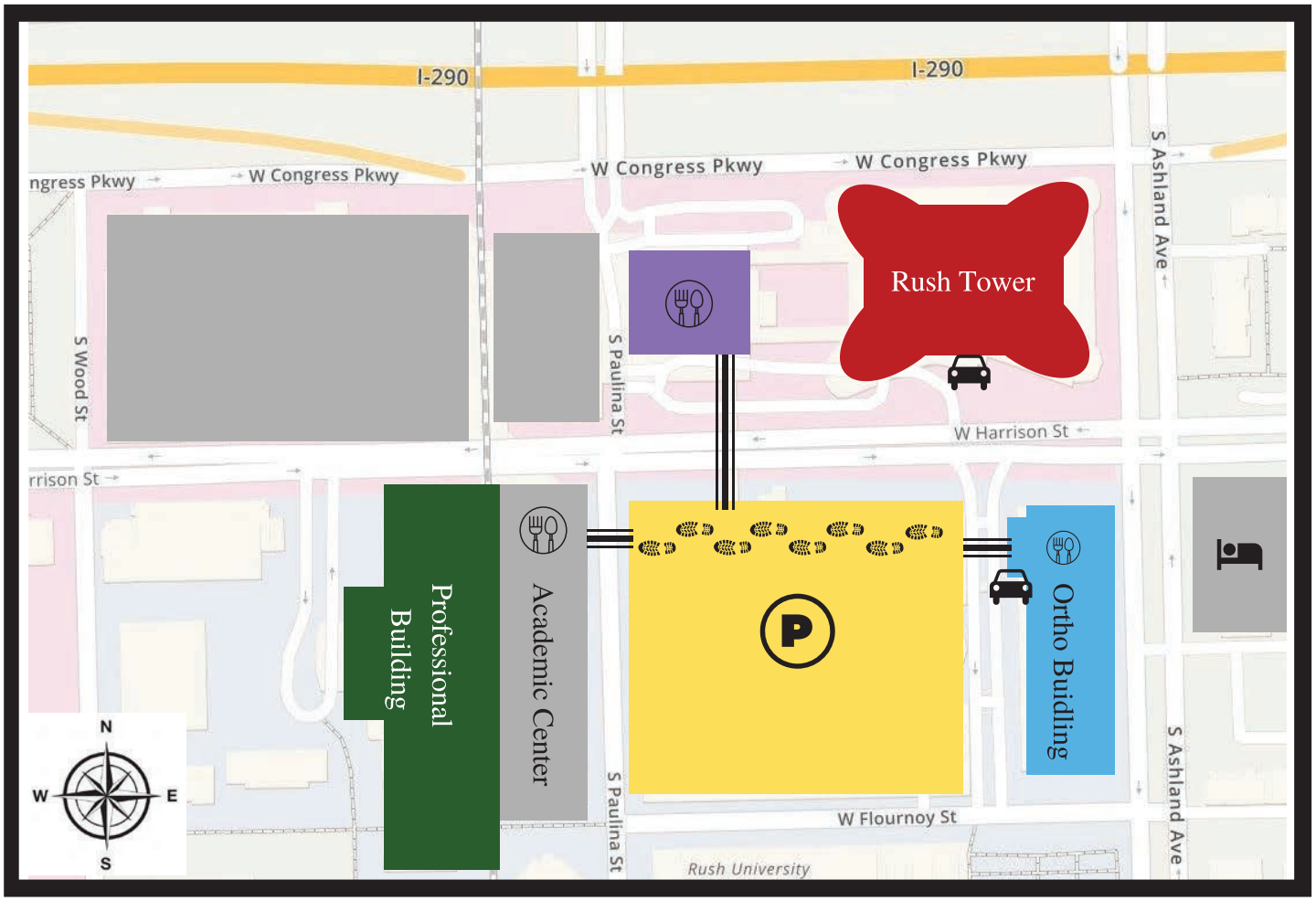
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RUSH UNIVERSITY MEDICAL CENTER CAMPUS MAP



Valet Parking

Food

Parking Garage

Marriott Medical District

Route from Ortho Building to Professional Building

Professional Building
1725 W Harrison St

Midwest Orthopaedics at Rush
1611 W Harrison St

Rush Tower
1620 W. Harrison St

Atrium Building
1650 W Harrison

BEFORE SURGERY

01

PREPARE FOR SURGERY CHECKLIST

- [ ] If you have been directed to make any appointment(s) with your specialists (Cardiologist, Pulmonologist, Rheumatologist etc.) please see them PRIOR TO your Internal Medicine Appointment and bring the clearance letter with you.
- [ ] Internal Medicine Appointment with a RUSH Physician. Our office has scheduled this for you at your initial consultation.
- [ ] Imaging Appointments (X-rays and/or CT Scan).
- [ ] Coordinate Ice Therapy and Nutrition with Durable Medical Equitment (DME) Liason at (708) 492-5759
- [ ] Watch the pre-operative teaching video. Attend the virtual teaching class and ask any question you might have. The link is sent along with your surgical itinerary.
- [ ] Your post-operative medications will be prescribed to our Jewel Osco Pharmacy, in Chicago, and the pharmacy will ready to receive payment over the phone 3 weeks prior to surgery. Please call them to submit co-pay at 312-666-5612.
- [ ] Billing Department will call you around 10 days before surgery to talk about surgical deposits. This is specific to your insurance plan; you can call your insurance company with the information on the Financial Obligation Page attached for sooner information.
- [ ] Physical Therapy: Depending on your insurance and location, physical therapy should be set up prior to surgery date.
- [ ] Hospital will call you the day before surgery to tell you when to arrive and where to check in. They call between 3pm-6pm.
- [ ] Surgery Day! Surgery will be around 120 minutes and they will call your designated contact after surgery.
- [ ] Two post-operative appointments: These have been already scheduled at your initial consultation.

PREOPERATIVE CHECKLIST: YOUR PART IN A SAFE SURGERY AND RAPID RECOVERY

- Arrange for a family member or friend to accompany you to the hospital or surgery center on the day of surgery.
- Cancel any dental appointments or small procedures 3 weeks prior to surgery and 3 months after surgery. If you have any loose or painful teeth, please notify us immediately.
- You will be discharged from the surgery center or hospital as discussed at your office visit so please have transportation available or accommodations booked in accordance to your discharge date. We are happy to assist in these and there are special medical rates available to you in nearby hotels.
- Arrange for a friend or family member to stay with you for a night or two after you return home from surgery.
- Adjust your work and social schedule in accordance to your anticipated recovery time. Depending on your job and/or your level of activity, people take anywhere from the three weeks to three months off from work. If you are travelling on vacation, relaxing vacations can be scheduled around six weeks post-operatively. High activity vacations should be scheduled three months after surgery. That being said, travel is possible 48 hours after surgery should it be required to return home.
- Ensure your home is “surgery safe”:
    - Remove all small rugs or obstacles that may be in your path around your home.
    - If you have pets, ensure you have someone to assist in their care for the week after surgery
    - Buy several forms of hydration (water, Gatorade, juices) and protein snacks (protein bars, nuts, shakes) for your home before you present for surgery. You may not be able to go shopping for a few weeks after surgery and having these available, will aid in your recovery.
- Driving
    - You will not be able to drive after surgery while on narcotic pain medications. This is typically for 3-6 weeks after surgery. Patients typically return to driving at an average of three weeks after surgery.
    - You will need to arrange for someone to bring you to your first post-operative appointment 3 weeks after surgery.
    - You will need to make arrangements to get to and from physical therapy after your in home therapy elapses, if you are still not cleared to drive.

PRE & POST OPERATIVE DIET

A very easy way to obtain all the protein and muscle building nutrients your body requires around the time of surgery is to purchase approved perioperative protein shakes from our practice. Please see the included flyer for more information.

The body has increased nutritional needs after surgery. To recover from your joint replacement surgery, it is crucial to provide your body with those nutrients before and after your surgical date. Below you will find a guideline with our surgical diet recommendations. We recommend following this guide a minimum of 2 weeks before and after surgery.

- **PROTEIN**
  - Crucial to help rebuild and repair.
  - Aim to consume at least half your body weight in grams of protein.
    - Ex: 175lbs = 87g of protein per day
    - We will assist in the amount, in grams of protein per day during your pre-operative phone call.

Food	Serving	Gram (g)
Chicken Breast	1 oz	9
Egg	1 each	6
Fish	1 oz	6.5
Steak	1 oz	7.5
Lentils	½ cup	9
Milk	1 cup	8
Nuts (almonds, pistachios, peanuts)	1 oz	6
Peanut butter	2 Tbsp	8
Pumpkin seeds	1 oz	9.5
Tofu	¼ cup	5
Yogurt	8 oz	12
Beans (lima, kidney, black beans)	½ cup	7

PRE & POST OPERATIVE DIET

- **VITAMIN C**
    - Crucial for immune health and to help prevent development of complex regional pain syndrome (CRPS).
    - Aim to consume 200- 500 mg of vitamin C per day.
    - High vitamin C foods:
        - Kiwis, oranges, kale, broccoli, brussels sprouts, strawberries.

High Vitamin C

Food	Serving	Milligram (mg)
Kiwis	1 medium	64
Oranges	1 medium	63
Green/Yellow pepper	1 medium	170
Broccoli	½ cup	39
Brussels sprouts	½ cup	48
Strawberries	½ cup	49
Grapefruit	½ medium	44

- **VITAMIN D**
    - Crucial for immunity and bone health.
    - Aim to consume 20 mcg/ 800 IU per day.
    - Foods high in vitamin D:
        - Mushrooms, fatty fish (salmon/cod/tuna), tofu, fortified milk and cereal.

High Vitamin D

Food	Serving	Microgram (mcg)
Salmon	3 ounces	447
Milk	1 cup	115
Yogurt	¾ cup	80
Egg	2 large	82
Fortified Cereal	1 cup	40
Tuna	3 ounces	154
Cod liver oil	1 tablespoon	1,360

PRE & POST OPERATIVE DIET

- Water and Fiber
    - Crucial for prevention of constipation
    - Water
    - Aim to consume half your body weight in fluid ounces
        - Ex: 175 lbs = 87 fl oz
        - We will assist in the amount, in fl oz of water per day during your pre-operative phone call. It's the same number as the recommended grams of protein!

- **FIBER**
    - Aim to consume 30 g of fiber per day
    - Foods high in Fiber:
        - Chickpeas, lentils, green peas, almonds, avocado, black beans, raspberries, whole-wheat pasta and breads, chia.

High Fiber

Food	Serving	Gram (g)
Almonds	1 oz/ 24 nuts	3.5
Apples	1 medium	4.4
Barley	½ cup uncooked	15.9
Black Beans	100 g	7
Chia seeds	1 ounce	9.75
Green Peas	1 cup	8.8
Chickpeas	½ cup	6.3

- Things to avoid:
    - Alcohol, sugary foods, processed foods.

If consuming these levels of protein and micronutrients seem daunting, we do offer a nutrition bundle. This is the EMN Ortho Nutrition bundle.

MEDICATIONS AND PLAN BEFORE SURGERY: WHAT TO STOP AND START FOR AN EXCELLENT OUTCOME

WHAT TO STOP

This is general list and is not inclusive of all your home medications. Please consult your primary care provider or the provider who is completing your preoperative clearance for further details.

7 days before surgery

- Any herbal supplements/vitamins
- Stop all GLP-1 Medications such as Ozempic, Wegovy, Zepbound

3 days before surgery

- Plavix, Pradaxa, Eliquis
- Coumadin

You can CONTINUE the following medications

- Tylenol
- Ultracet, Ultram (Tramadol)
- Glucosamine Chondroitin
- Iron Supplements
- Any anti-inflammatory medications except Celebrex
    - Examples: Advil, Ibuprofen, Aleve, Meloxicam

WHAT TO START

- Hibiclens showering 5 days before surgery
- Mupirocin nasal ointment 5 days before surgery

FINANCIAL OBLIGATIONS

Once you have met with your health care provider and have mutually agreed upon having surgery through a provider at Midwest Orthopedics at RUSH, you can expect the following:
PLEASE NOTE: THE HEALTH CARE PROVIDER (PHYSICIAN) BENEFITS ARE SEPARATE FROM THE FACILITY (LOCATION OF YOUR SURGERY) BENEFITS

Your surgeon's office will start the prior–athorization process with your insurance for your upcoming surgery. This will then be forwarded to our billing department at Midwest Orthopedics to determine your eligibility and benefits.

The surgical deposit team will verify your insurance benefits against the cost of your upcoming surgery. This includes:

- Deductible: Amount which your insurance payer is indicating is still outstanding from you to satisfy your annual deductible.
- Co-Insurance: Amount Due (% of charges).
- In Network vs. Out of Network calculated rate for estimated patient. Our team selects a location for surgery based on what we believe is the best option for you. In some cases, you may be out of network in that particular facility. This is ok! We will work with you and the facility to ensure you are reciving the best possible care and are not burdened with unreasonable costs. This is typically defined by what you would normally pay at an in-network facility.

Once the estimated patient liability is calculated, a member from our Surgical Deposit's Team will contact you.

Initial contact may be through email if you have provided one on your chart. You will be provided with the phone number which you can call to contact the surgical deposit team to make a payment.

You may also be contacted by a member at the facility location. They will most likely have a very similar billing process as above for the facility fees.

ICD 10- (Diagnosis Code):
Right Knee - M17.11
Left Knee - M17.12
CPT (Procedure Code):27447

RISK & BENEFITS OF JOINT REPLACEMENT SURGERY

- The patient understands that the procedure may not alleviate the pain or return range of motion.

- The patient understands that there are risks associated with the surgery including but not limited to, problems with anesthesia (death), infection, instability (giving out of the knee), fractures of the bones, loosening or failure of implants, hematoma (blood accumulation) which may require surgical drainage, blood clots, pulmonary embolism, nerve injury (foot drop), and blood vessel injury.

- The patient understands the implants may need to be removed or replaced if they wear out, loosen, or if there is evidence of infection.

- The patient understands that scarring around the incision is normal and that there may be some numbness or tenderness around the incision.

- The patient understands that blood loss can occur during or after the surgery which may require transfusion and that, there is a risk of transfusion-associated diseases.

- The rehabilitation program was explained, and the patient realizes the restrictions on activities during the rehabilitation program and for the life of the implant.

- The patient understands that bracing may be necessary to protect the joint.

- The patient is able to, and will, comply with all recommendations regarding activity.

PRE-OPERATIVE TEACHING

Prior to surgery, patients are encouraged to watch the pre-operative teaching video to gain a detailed understanding of what to expect before, during, and after the procedure. This video should be viewed before attending the mandatory virtual teaching class. The virtual class will provide an opportunity to review key aspects of the surgical process and address common questions.

Links to both the pre-operative video and the virtual class are included in the surgical itinerary provided. *Note: A personalized medication list with instructions will be given at discharge.*

NOTE ON PHYSICAL THERAPY POST OP

Dr. Karas's post op physical therapy protocol is typically 2-3 weeks of outpatient in-home physical therapy (OPITH) with Midwest Orthopaedics at Rush and then transfer care to the nearest MOR physical therapy clinic. If we are unable to setup in home therapy, we will be happy to asssit in finding a local physical therapy clinic to begin outpatient therapy. We typically like patients beginning therapy within 5 days of their surgery.

Please make sure the team is aware of any address changes for your postoperative plans.

Out-of-State Patients
We will provide you with a physical therapy order before surgery. You will be responsible for setting up your visits. We recommend you go somewhere close to your home and have your first appointment within 2-5 days after surgery.

Insurances NOT accepted with outpatient in the home physical therapy but accepted at MOR PT:

- Medicaid
- CountyCare
- HMO plans

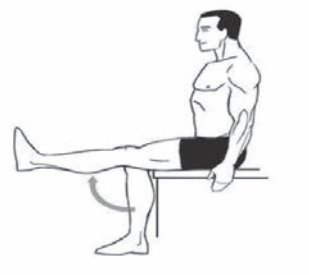
EXERCISE BEFORE SURGERY: BUILD YOUR STRENGTH TO RECOVER

Preoperative Exercise: Build your Strength to recover.

- If you are currently exercising, please continue to do so!
- If you are not currently in an exercise program, please perform the below exercises daily.

Knee Extension

- Sitting up tall with your shoulders back and down.
- Lifting one leg up, extending at the knee.
- Hold briefly at the top of the movement, squeezing the muscles at the front of the thigh before lowering your leg back down.
- Ensure the movement is slow and controlled.



Knee Flexion

- Sit or lay with your legs extended, foot flexed. Place a towel or sheet around one heel. Hold one end of the towel in each hand.
- Pull the towel toward you, sliding your heel toward your rear end. Keep your heel in contact with the mat. Be sure the pull is gentle and don't bounce.
- You should feel a stretch across the front of your knee. Hold for 10 to 15 seconds. Then slowly slide your foot back out.



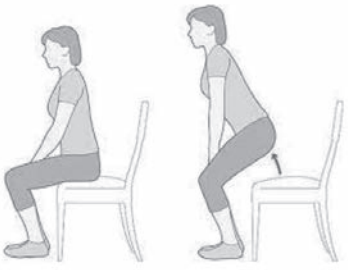
Straight Leg Raise

- Lie down with your leg straight.
- Bend your other leg as shown.
- Tighten your core muscles and your thigh muscle and slowly raise your leg to the level of your opposite knee. Your leg should remain straight. Then slowly lower the leg.



Sit to Stand

- Sitting up tall in your chair, with your feet shoulder-width apart.
- Stand up putting equal weight through both feet/legs.
- Make sure you fully extend your legs at the knees and the hips.
- Return to seated position.
- Make sure to keep your chest up throughout the exercise.



Perform 3 sets of 10 repetitions, once a day.
Rest 1 minute between sets.
Perform 1 repetition every 4 seconds

Use the camera on your smartphone to scan this QR code for instructional videos on these exercises.

DENTAL CLEARANCE & INVASIVE PROCEDURES AFTER JOINT REPLACEMENT

If you are experiencing any tooth pain or have not had a dental check-up within the past 6 months, you should have a dental check-up prior to joint replacement surgery.

If you need to have dental work performed (i.e. – cleanings, fillings, root canals, extractions), please have this work completed at least 3 weeks prior to surgery. Do not plan on any elective dental work for 3 months after surgery.

Once you have an artificial joint in place, your risk of contracting a blood borne infection is higher than normal. After the first anniversary of your joint replacement, dental and elective surgery antibiotic prophylaxis is optional. Some patients opt to take antibiotic prophylaxis life long and others do not. Our research indicates that there is little risk of infection after one year but we accomodate any patient that would like to be safe with an antibiotic prescription.

You should take preventive antibiotics for all of the following:

- Regular teeth cleanings or procedures when bleeding is anticipated
- Dental extractions
- Periodontal (gum disease) procedures
- Dental implant placement or reimplantation
- Endodontic (root canal) instrumentation or surgery
- Injection of local anesthetic into the gums

Recommended Antibiotics:

- If you are not allergic to Penicillin: Amoxicillin 2g orally 1 hour prior to procedure
- If you are allergic to Penicillin: Clindamycin 600mg orally 1 hour prior to procedure

Other invasive procedures that require preventive antibiotics:

- Genitourinary procedures, dermatologic procedures, gynecologic procedures, colonscopies, or any invasive procedure that may cause bleeding.

If you are unsure if your upcoming procedure requires antibiotic prophylaxis, please contact our office.

PREPARING YOUR SKIN BEFORE YOUR SURGICAL PROCEDURE

Below are the instructions Dr. Karas would like you to follow prior to your joint replacement:

Patients play a key role in preventing surgical site infections. Research shows that most surgical site infections are caused by the patient's own bacteria on their skin. You play an important part in reducing the chance of surgical infections by decreasing the amount of bacteria that lies on your skin and in your nose prior to surgery.

1. During the week prior to your surgical procedure, **please do not remove** any body hair on the operative body side. This is to avoid any open cuts around the surgical area.

2. **24 hours prior to surgery, do not apply lotions** or powders to the surgical area.

3. You will be prescribed **CHLORHEXIDINE GLUCONATE (CHG)**. **Hibiclens** is the most commonly available product and can be purchased over-the-counter at your local pharmacy. **Betasept** is another **CHG** – containing product.

4. Shower or Bathe with the CHG soap daily for 5 days before surgery following these instructions:

- **CHG is not to be used on** the head, face or genital area. Keep away from eyes, ears and mouth.
- Wash your hair and face with normal shampoo/conditioner and soap. Rinse completely.



- Pour a quarter-sized amount of liquid CHG soap onto a clean, wet washcloth and apply to your entire body from the neck down. You may apply additional soap to the washcloth as needed.
- Rub the soap filled washcloth over your entire body for 3 minutes
- **STOP** using the CHG soap and call your doctor if you have a skin reaction such as sever redness, blistering, peeling or noticeable rash.
- The night before surgery, sleep in fresh, clean sheets and garments.
- The morning of surgery, wear fresh, clean clothes.

You will be given a prescription prior to surgery for **MUPIROCIN**. This is a nasal ointment to remove bacteria inside your nose. **Apply** inside your nostrils (just at the tip) **once daily for 5 days before surgery.**

SURGERY

02

SURGERY TIME

SURGERY TIME: WHEN WILL I FIND OUT?

- The hospital will call you after 3:00pm on the day before your surgery. You can call the OR scheduling office between 3:00pm and 6:00pm to find out your surgical time. If you do not receive a call by 4:00pm please call:
    - Rush University Medical Center: (312) 942-6350 (After 6:30pm: (312) 947-0500
    - Rush Oak Park Hospital: (708) 660-4808
    - Lincoln Park Center for Advanced Orthopaedic Surgery Center (312) 896-7700

MORNING OF SURGERY: YOUR LAST MORNING WITH A PAINFUL JOINT

- Take all medications as directed by our office and your Internist.

Pre-Operative Hydration

- Please finish a 16.9 oz bottle of Gatorade (any color besides red or purple) 2 HOURS PRIOR TO YOUR ARRIVAL TIME TO THE HOSPITAL. If you are to arrive at the hospital at 7am, you need to drink your Gatorade completely by 5am.

- DO NOT DRINK OR EAT ANYTHING besides the Gatorade.

- Please bring the following with you to the hospital:
    - Photo ID and Insurance card
    - Cane or walker - If you do not have these items, they will be provided
    - Appropriate dress
        - Loose fitting pants with an elastic waistband
        - Shoes with a non-skid sole you can easily put on and off, keeping in mind swelling may be present.

WHERE DO I GO FOR SURGERY?

- **Rush University Medical Center**
  - The RUSH tower is located at: 1620 West Harrison, Chicago, IL 60611.
  - Registration is on the 1st floor of the RUSH tower. You can be dropped off at the base of the building, valet park, or park in the parking garage and take the walkway on the 4th floor from the garage to the hospital. Take your parking ticket with you, as it will be validated on your surgical day.
  - If you have any questions about parking at the medical center, you may call the parking office at (312) 942-6594.
  - See map at the beginning of the guide – RUSH TOWER
- **Lincoln Park Surgery Center for Advanced Orthopedic Surgery**
  - 331 W Surf St., Chicago, IL 60657 Suite 5800
  - There is a parking garage attached to the building. It says parking garage number 4 on the door. Take your parking ticket with you, as it will be validated for a reduced rate on your surgical day. There is also a Valet option at the front door.
- **Rush Oak Park Hospital**
  - 520 S. Maple Avenue, Oak Park, IL 60304.
  - Free parking is available around the building.

PHYSICAL THERAPY DAY OF SURGERY: YOUR FIRST STEPS TOWARD A SUCCESSFUL OUTCOME

You will be allowed to put all your weight through your new knee the day of surgery. Our team will ensure you get up and try. On the day of surgery, or for those who must remain in the hospital overnight on the day after, you will begin your road to recovery with a PT session.

- Either the day of surgery or the morning after, you will meet with your physical therapist and get on the road to recovery.
- Your family and friends are invited and encouraged to participate in your therapy session with you.
- You will leave on a cane or with a walker. At some point during your stay, you will be asked to walk without an assistive device.

Physical therapy in the days following surgery will be setup for you by our office. In most cases this is a therapist that comes to your home for three weeks followed by outpatient physical therapy. If your home's location or constraints due to insurance prohibit physical therapy in the home, you will go straight to the outpatient clinic within 5 days of surgery.

THERAPY/NURSING INSTRUCTIONS (FOR YOUR THERAPIST)

- Dressing: Please refer to your specific post-operative instructions as we use two different types of dressings and there are specific instructions for each.

- Pain management: Please ensure patient is taking adequate medications for pain management. Oxycodone prescribed is meant for breakthrough pain and to be taken 1 hour prior to and then after physical therapy or home health exercise.

- Some bruising and swelling is expected after surgery. Please instruct the patient on elevation of the lower extremity while seated or lying down to prevent this.

- Please help patient with compressive stockings. The tall compressive stocking should be worn on the operative leg at all times for three weeks time.

- Please confirm the patient has an appointment to see Dr. Karas' office around three weeks postoperation. If no appointment is scheduled, please assist the patient in calling the office at (312) 432-2598 to schedule an appointment.

PHYSICAL THERAPY AFTER DISCHARGE: DAILY EFFORT LEADS TO LIFETIME SUCCESS

An excellent surgery and patient experience on the day of surgery springboard toward a successful recovery. it is up to you to work hard with physical therapy from that moment on!

- Functional Guidelines / Precautions for Physical Therapy
    - Weight bearing status: Weight bearing as Tolerated unless otherwise specified
      Gait: Progression from the use of an assistive device to unassisted ambulation is encouraged immediately post-operatively.
    - Progression is per physical therapist discretion with the primary goal of avoiding gait deviations.
    - No pool therapy until 6 weeks post-operatively.
- Specifics of exercise:
    - Emphasis on knee extension. Patient should be educated to incorporate extension of surgical knee positioning during sleep and sitting positions in conjunction with elevation.
    - Increasing range of motion is the goal of physical therapy. Patient should achieve 0 degrees of extension and 110 degrees of flexion two weeks post-operatively. Bone healing can take 6-8 weeks. Respect the healing time and mitigate increases in swelling. Aggressive exercise that constantly increases swelling is not desired.
    - Abductor and hip strengthening.
- Icing
    - Ice the knee for 30 minutes every hour. You may use gel packs, ice machine, or regular ice. Please make sure there is a layer between your skin and the ice.
    - We recommend using the Cryoknee kit, which can be arranged through our DME office. Which can be contacted at (708) 492-5759.

PATIENT POST-OPERATIVE INSTRUCTION

- Take 10 deep breaths each hour.

- Get up and walk approximately 5 minutes every hour while awake for the first 7 days after surgery. This helps to prevent blood clots. You may start to slowly increase activity level after this. Maximum of 1,000 steps/day during the first 10 days.

- Use an assist device such as a walker or cane only as needed unless instructed otherwise. It is important to walk and place full weight on your lower extremity to aid in recovery unless specified.

- While sitting or lying down, always elevate the lower extremity to the level of your heart. This aids in the prevention of swelling and pain. A good rule to remember is: “Toes above your nose”.

- Ice the knee for 30 minutes every waking hour. You may use gel packs, ice machine, or regular ice. Please make sure there is a layer between your skin and the ice.

- Please wear the thigh high compression sleeve on the operative extemrity at all times until your post-op visit. This prevents lower extremity swelling and pain. If you have difficulty sleeping in these, you may take them off at night but please wear while ambulating during the day.

- Sleep in whatever position is comfortable but our recommendation is on back with a pillow under ankle and calf, NOT UNDER KNEE. The knee should be as straight as possible during sleep.

- Dressing: Please see discharge instructions for personalized dressing directions.

- Showering: You may shower at any time after surgery. When you are ready to shower, take off compression stockings and ABD pad (if there is one). Please always allow water and soap to run across the area. After the shower, please pat the area dry. Place a clean ABD pad over the tap and pull compression stockings back up over to keep the pad in place. NO BATHS, POOLS, or STANDING WATER please for a period of six weeks after surgery.



Image Source: SYLKE® Adhesive Wound Closure

IF PAIN NOT CONTROLLED (DO THE FOLLOWING STEP BY STEP):

1. First, make sure you have been taking all scheduled medications as prescribed.
   Note: You may take Oxycodone and Journavx or Tramadol together.
2. Please refer to personalize discharge instructions for help with pain management.

SYMPTOMS AFTER SURGERY: IS THIS NORMAL?!?

- **Redness/Swelling:** It is very common to experience swelling after surgery. Sometimes, you will not swell until several days after your surgery. Remember that your body is healing from the surgery and some swelling is normal. The more activities and physical therapy you perform, the more swelling you may experience. With that said, we do want you to remain active and participate in therapy. When sitting and resting, you can decrease the swelling by elevating your surgical leg and using ice. It is important to elevate your leg, with your knee above the level of your heart. Your toes should be above your nose! You should call our office if you have swelling for several days that is accompanied by redness and heat or coolness in your surgical leg, or if the swelling does not resolve after elevating. A great way to combat swelling is to keep your compression hose on at all times as instructed.

- **Bruising:** Yes, you will have some degree of bruising after surgery, but everyone is different. Some will only experience this around the incision; others will have bruising down the entire leg. Both are considered normal and will resolve over 10-14 days.

- **What is my incision supposed to look like?** Joint replacement surgery requires an incision in the skin to perform the operation. This incision may look red, have some bloody drainage, and itch for the first weeks after surgery. You will have a dressing over the incision that will keep it sterile and dry but you may see up to ½ of this dressing stained with blood. If more than ½ of the dressing is stained, please call our office.

- **I'm having trouble sleeping:** Make sure that your pain is well controlled throughout the day. During the day, be careful about taking naps. Try to plan your activities as near normal as possible. If you still cannot sleep, try melatonin which is an over-the-counter natural sleep aid. <u>You may sleep in any position you'd like to so get comfortable!</u> If you continue to have issues, please call us to discuss.

- **Pain:** Although we practice rapid recovery protocols and minimally invasive techniques, surgery can still be painful. If you are experiencing pain after surgery, please refer to the "if pain not controlled" section above. If that is not working for you do not hesitate to call our office.

SYMPTOMS AFTER SURGERY: IS THIS NORMAL?!

- **Constipation:** Unfortunately, pain medicines may cause constipation post-operatively. It is best to continue drinking fluids to remedy these symptoms. Remember to take the Senna-S, two pills twice daily until you are having 1 bowel movement every 1 or 2 days. If you begin to have loose or watery stools discontinue this medication. If you continue to have constipation, you can take milk of magnesia or magnesium citrate orally. If this does not work, you may try a Dulcolax suppository or a Fleet's enema. All of these are over-the-counter medications that can be bought in the pharmacy.

- **I no longer need narcotic pain medicine, what can I take**? You should still be taking Meloxicam (If this was prescribed to you) for at least 6 weeks after surgery which is an anti-inflammatory so you should not add Aleve or Advil to your regimen. You should take Tylenol or extra-strength Tylenol if your pain is not controlled.

- **Muscle soreness:** The muscles, not only immediately around the affected joint, but all the muscles of the affected thigh/leg may be sore after surgery. It is not uncommon to feel soreness for the first 6 weeks after your operation. Don't worry, this will improve with physical therapy and healing.

- **I hear some clicking in my knee:** You may hear clicking in the knee after surgery and this is normal. It is usually more noticeable after surgery when you have swelling. As the swelling decreases the clicking may become less noticeable.

- **Please call our office if you experience:**
    - Fever above 101.3F consistently
    - Increased drainage or swelling
    - Pain not controlled by pain medication
    - Inability to bear weight on your operative leg
    - Severe insomnia
    - Swelling in the foot or calf that is accompanied by coolness or decreased sensation in the foot
    - Confusion or disorientation

We will not prescribe oxycodone more than 6 weeks after surgery and will no longer prescribe tramadol more than 3 months after surgery.

Office phone (Monday-Thursday 8am – 4pm, Friday 8am-3pm): 312-432-2598

SURGERY GUIDE QUICK REFERENCE: TOP TEN THINGS TO KNOW ABOUT RAPID RECOVERY JOINT REPLACEMENT SURGERY

1. Joint replacement is hard work! To achieve the best possible outcome, you need to read this guide in its entirety, take medications as prescribed, and work hard with your physical therapist Trust the process, we know what we are doing!

2. Pre-op: Stop taking all medications as instructed 1 week before surgery. Nothing to eat or drink beginning at midnight the night before your surgery, except the Gatorade!

3. Elevate your lower extremity any time you are sitting or lying down for the first 2 weeks post-operatively. Above the level of the heart.

4. Ice your lower extremity whenever you can. 30 minutes every waking hour for the first 10 days.

5. Take your oxycodone 1 hour before therapy or exercises.

6. Please refer to personal discharge instructions for bandge instructions.

7. Transition from a walker to a cane and from a cane to no assistance as soon as you feel comfortable!

8. Always keep your compression hose on your operative leg for the first 3 weeks.

9. Elevate your lower extremity any time you are sitting or lying down for the first 2 weeks post-operatively. Above the level of the heart. Yes, this is a duplicate but it's that important!

10. Call us if you have any issues at all. We want to know and are happy to assist!

BONUS: THIS IS A LINK TO OUR RECOMMENDED SCAR CREAM

Please only apply after six weeks postop.
https://a.co/d/9FSO7PG

03

MISCELLANEOUS

SURGICAL LOCATIONS



Lincoln Park Surgery Center
331 W Surf Street, Suite 5800
Chicago, IL 60657
312-896-7700



Rush University Medical Center
1620 W. Harrison St., Chicago, IL 60612
312-942-5000



Rush Oak Park Hospital
520 S. Maple Ave, Oak Park, IL, 60304
708-660-4808

LINCOLN PARK SURGERY CENTER
HOTEL ACCOMMODATIONS



The Neighborhood Hotel
2616 N Clark St, Chicago, IL 60614



Hotel Lincoln
1816 N Clark St, Chicago, IL 60614



The Drake Hotel
140 E Walton Pl, Chicago, IL 60611



The Peninsula Hotel -
108 E Superior St, Chicago, IL 60611

WHERE TO STAY NEAR OAK PARK



The Carleton of Oak Park Hotel
1110 Pleasant St, Oak Park, IL, 60302
708-848-5000



Holiday Inn Express & Suites
200 S. Mannheim Rd, Hillside, IL,60162
708-544-2700



DoubleTree by Hilton Hotel Chicago
5460 N. River Rd, Rosemont, IL 60018
847-292-9100

WHERE TO STAY IN CHICAGO

Magnificent Mile/ Michigan Avenue Area



Chicago Marriott
540 Michigan Avenue, Chicago, IL 60611
312-836-0100

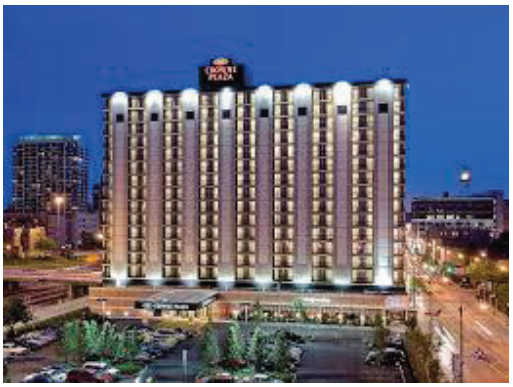


Park Hyatt Chicago
800 Michigan Avenue, Chicago, IL 60611
312-335-1234



The Peninsula Chicago
108 E. Superior Street, Chicago, IL 60611
312-337-2888

Chicago West Loop Area



Crowne Plaza Chicago District
25 S Halsted Street, Chicago, IL 60611
312-829-5000



Ace Hotel Chicago
311 N Morgan Street, Chicago, IL 60611
312-764-1919



Chicago Marriott at Medical (Located Across the Street)
625 S Ashland Avenue At, W Harrison St.
Chicago, IL 60611
312-491-1234

KARAS RAPID RECOVERY KNEE REPLACEMENT KIT

THE DONJOY CRYOKNEE™ KIT



The Cryoknee™ Kit bills to the insurance and helps to optimize recovery with a combined comfortable softgoods in a four-way stretch fabric for compression and optimizes cold therapy to aid in reducing pain and swelling.

*$49 out-of-pocket expense at the time of purchase. Kit is otherwise billed to insurance. *Not covered by Medicaid*

REPAREL LEG SLEEVE



In conjunction with the brace the Reparel™ Leg Sleeve* is designed for the use of post-operative swelling. The Reparel™ Leg Sleeve is breathable, moisture wicking, and anti-microbial.

ADDITIONAL RECOMMENDED ADD-ON

ENROUTE NUTRITION BUNDLE

A 4-week nutrition program. Recommend to help you recover faster and stronger.

Enroute Build: An ion-exchange protein isolate with elevate leucine content. Taken before and after surgery to reduce the loss of muscle and improve wound healing.

Enroute Prepare: A preoperative carbohydrate with rapid-emptying polysaccharides. Taken prior to surgery as an alternative to fasting to reduce surgical stress and improve patient experience.



Purchase at the DME Store at Midwest Orthopedics at RUSH or online at: **https://www.getenroute.com** using code: “KARAS”

CRYOKNEE™ INSTRUCTIONS FOR USE

Please scan the QR code for step by step instructions on how to use the THE CRYOKNEE™ BRACE.

- Position the knee wrap or sleeve over the affected knee joint.
- Adjust the straps or fasteners to secure the device comfortably but securely in place.
- Make sure the ice packs or gel packs are positioned over the area of the knee requiring treatment.
- Apply the device for the recommended duration as instructed by your healthcare provider.
- You can use the device multiple times per day as recommended, but allow sufficient time between sessions for the skin to return to its normal temperature.
- After each session, remove the device and allow the skin to warm up naturally.
- Check the skin for any signs of irritation or discomfort. If you notice any adverse reactions, discontinue use and consult your healthcare provider.

REPAREL LEG SLEEVE INSTRUCTIONS FOR USE

1. Apply the Reparel Leg Sleeve under your post-operative knee brace when the original surgical gauze is removed and there is no additional bloody discharge/incision is dry. (Based on each physician preference—please refer to your discharge instructions).
2. You may need assistance putting the sleeve on your leg during the beginning of your recovery. Keep your post-operative knee extended (do not bend) when applying the Reparel Leg Sleeve under your knee brace. Lift-up the sleeve around any stitches to avoid the stitches snagging on to the sleeve.
3. It is recommended that you wear the sleeve while sleeping to improve the healing process while your body is at rest; however, the Reparel sleeve should be removed for 2 hours cumulative each day to let your skin breath. Please additionally remove the sleeve when bathing/hygiene.
4. If you received/purchased an ice machine or gel ice wrap after surgery, please use the undersleeve as the 'barrier' between your skin and the ice machine attachment or gel ice wrap.
5. Continue to wear your Reparel Leg Sleeve for 4-6 weeks or until swelling is resolved. After 4-6 weeks, wear it periodically for comfort and to reduce inflammation that may arise during activities.
6. Wash and Care Instructions: Please wash your Reparel Leg Sleeve in cold water and tumble dry on low. To extend the life of the sleeve, we recommend placing the sleeve in a delicate bag or pillowcase in the washer and dryer to prevent snags and other materials from clinging to the fabric.

Kneeling After Total Knee Arthroplasty

Kneeling Protocol

Week 1: Kneel 10 min a day on the couch.

Week 2: Kneel 10 min a day on a couch cushion on the floor.

Week 3: Kneel 10 min a day on a thin pillow on the floor or thick carpet.

Week 4: Kneel 10 min a day on a thin carpet or yoga mat.

Week 5: Kneel on a floor or outside ground.

- Begin protocol 6 weeks post op.
- Be patient! This program is working on gradual desensitization — treat it as a part of your rehabilitation.
- Data has shown that with this protocol, over 80% of patients are able to kneel on their operative knee after surgery.



MORE INFORMATION

Wallace, S.J., & Berger, R.A. (2019). “Most patients can kneel after total knee arthroplasty.” The Journal of Arthroplasty, 34 (5), 898-900.

Galewood Clinic

1625 N. Harlem Ave
Chicago, IL 60707

Rush Medical Office Building

Chicago Clinic

1611 W. Harrison Street
Chicago, IL 60614

Orthopaedic Building
4th Floor: Yellow

Contact

Office: 312-432-2598
Fax: 708-409-5179

