



Outpatient Total Joint Replacement Guide

Welcome to The Center. Our goal is to provide you with a positive experience while you're here. We encourage you to play an active role in ensuring a successful recovery. This guide will help you through the process of your joint replacement surgery, including how to prepare yourself and your home prior to surgery and what to expect after surgery. Please feel free to contact us with any questions or concerns. Thank you for choosing us for your orthopedic care.

This guide has been specially designed by your surgeon and staff to assist you in preparing and recovering from your surgery. **Remember to bring this guide to all of your appointments, surgery and physical therapy appointments.**

This is a general guide for your surgery. Please follow the instructions from your doctor and medical team, even if those instructions are different from what you read here.

What is a coach and why do I need one?

Make arrangements to have someone (family or friend) assist you after surgery. It is important that this person comes with you to all of your appointments and has a good understanding of what you and he or she needs to do after surgery. Your coach should be available to bring you to surgery, care for you after surgery, and help you for the first week after surgery. Your coach is your support person to help assist you through this process.





Important Contact Information

Contact Information

Your Coach

NAME _____

TELEPHONE _____

Your Surgeon

NAME _____

TELEPHONE **541-382-3344**

Your Primary Care Provider

NAME _____

TELEPHONE _____

Your Pharmacy

NAME _____

Your Physical Therapist

NAME _____

The Center Orthopedic & Neurosurgical Care & Research

Main Number: 541-382-3344

Appointments: 541-322-2352

After Hours: Please call the main number at 541-382-3344 to be connected with the on-call provider

Cascade Surgicenter

Contact Number: 541-322-2395

Directions & Parking

Cascade Surgicenter is located on the lower level of The Center at 2200 NE Neff Road. For your convenience, there is a dedicated covered parking lot for patients having surgery. When you arrive for your procedure, simply enter the parking lot from Purcell Road and proceed directly to the underground parking area.





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Bring this guide to all of your appointments and to your surgery.



Understanding Your Surgery

Joint Replacement

Joint replacement can help relieve pain and enable you to live a fuller, more active life. If you and your orthopedic surgeon have decided that you are a good candidate for joint replacement, you are in good company. Almost one million hip and knee replacement surgeries are performed in the United States annually, making it one of the most common orthopedic procedures performed today

Source: American Academy of Orthopedic Surgery.

Total Knee Replacement



Normal Knee

The knee functions as a hinge joint. The joint is made from the end of the thigh bone (femur) where it meets the shin bone (tibia) and the knee cap (patella). Normally, the cartilage coating over the bones makes the joint move smoothly and provides an additional shock-absorbent cushion.



Arthritic Knee

Arthritis occurs when the cartilage surface wears out and you begin rubbing bone on bone. This can cause pain, stiffness, and swelling of the knee joint.



Total Knee Replacement Surgery

The arthritic surfaces of the knee joint are removed and new surfaces are provided with metal and poly (plastic) parts. This allows the joint to move smoothly again.

Total Hip Replacement



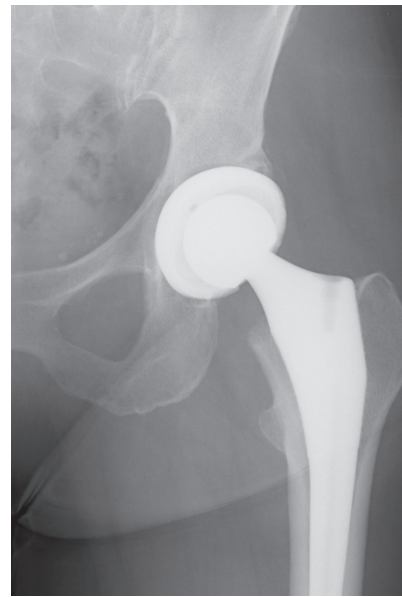
Normal Hip

The hip functions as a ball-and-socket joint. The joint is made from the upper end of the thigh bone (femur) and the socket of the hip (pelvis). Normally, the cartilage coating over the bones makes the joint move smoothly and provides an additional shock-absorbent cushion.



Arthritic Hip

Arthritis occurs when the cartilage surface wears out and you begin rubbing bone on bone. This can cause pain, stiffness, and decreased motion in the hip joint.



Total Hip Replacement Surgery

The arthritic surfaces of the hip joint are removed and new surfaces are provided with metal, poly (plastic), and ceramic. This allows the joint to move smoothly again.



Preparing For Surgery

Pre-surgery Appointments

Your pre-surgery appointments are important to prepare you for your surgery. These appointments are designed to gather information so we can safely care for you.

Dental exam

We recommend you see your dentist at least one month before surgery to ensure that you don't have any infections or problems that could delay your surgery. Have all dental work completed, including routine cleaning, at least a month prior to surgery to allow sufficient time for healing and minimize the risk of infections.

Labs/EKG

Within four weeks of your surgery date, you will need to complete necessary lab work and an EKG. This may be done with your primary care provider or separately.

Appointment with primary care provider

The surgery scheduling staff will help arrange an appointment with your primary care provider for a pre-surgical physical 4 weeks prior to surgery. Your provider will evaluate your overall health and determine if you can proceed with surgery. Often, you will have your lab work and EKG at this time.

Pre-op appointment with surgeon

Approximately one week before your surgery, you will meet with your surgeon and his or her Nurse Practitioner (NP) or Physician Assistant (PA). At this appointment, we will review the following:

- Information gathered from your primary care provider
- Surgical site
- Education about your upcoming surgery
- Home plans
- Therapy and equipment
- Benefits, risks and alternatives to your upcoming surgery.

Remember to bring your list of questions to this appointment.

Make sure to bring your coach to both of your pre-op appointments.

Cascade Surgicenter Pre-op Call

You will receive a call from a nurse at Cascade Surgicenter one to seven days prior to your surgery date. The nurse will review your health history and give you instructions on medications to take the night before surgery and/or the day of surgery.

Physical Therapy

The scheduler will help you arrange an appointment with physical therapy before surgery. At this appointment, the physical therapist will do the following:

- Give you an overall evaluation
- Confirm your walker is sized appropriately and show you how to use it
- Give you instructions on home exercises

Write down your list of questions here to ask at your pre-op appointment.

Questions

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Appointment Checklist

Before Surgery

*Dental exam (at least **one month** before surgery)*

DATE _____ TIME _____ LOCATION _____

Lab work/EKG

DATE _____ TIME _____ LOCATION _____

Appointment with primary care provider

DATE _____ TIME _____ LOCATION _____

Pre-op appointment(s) with surgeon, nurse practitioner, and/or physician assistant

DATE _____ TIME _____ LOCATION **The Center**

DATE _____ TIME _____ LOCATION **The Center**

Pre-op appointment with physical therapist

DATE _____ TIME _____ LOCATION _____

Cascade Surgicenter pre-op call

DATE _____ TIME _____ LOCATION *N/A*

Surgery

DATE _____ CHECK-IN TIME _____ LOCATION **Cascade Surgicenter**

After Surgery

Post-op appointment with surgeon, nurse practitioner, and/or physician assistant

DATE _____ TIME _____ LOCATION _____

Post-op appointment with physical therapist

DATE _____ TIME _____ LOCATION _____

What to bring to your appointments

- ☐ List of all medications (including over-the-counter medicines, vitamins, and herbal supplements). Include the dose and how frequently you take them. See page 9, where you can list these medications.
- ☐ Primary care provider's name
- ☐ List of all current medical problems
- ☐ List of previous surgeries
- ☐ Paperwork from other providers
- ☐ Insurance card
- ☐ Photo ID
- ☐ List of questions
- ☐ Advanced Directives
- ☐ Your coach
- ☐ This guide

Medication List

Please list all your medications, over the counter medications, vitamins, and herbal supplements. Include the dose and how you take it.

List medications, over the counter medications, vitamins, and herbal supplements

[illegible]

Medication Allergies

Please list all medication allergies and the type of reaction you have to this medication.

Planning Ahead

As you prepare for surgery, there are a lot of steps that need to be completed. One of the most important steps is planning for your home **and getting your coach ready** for what to do after surgery. Taking the time now, will help minimize issues later and make you and your coach feel prepared for recovery.

Is your home ready?

Preparing your home for recovery is a necessary step prior to having surgery. It is important to make sure to:

- Remove any rugs, cords, or other obstacles that could cause you to fall. Remember you will be using a walker after surgery.
- Make sure you have solid handrails if you have stairs in your home.
- Install grab bars in your bathroom if necessary.
- Create your zone: A chair with arms, table with necessities like your telephone, water, snacks, place to set medications, remote controls, magazines or books, and a good light.
- Arrange the furniture so you can safely walk around with the width of your walker.
- Have a plan for who can help care for your pets as you recover.
- Grocery shop, stock-up on the items you use frequently and consider pre-freezing meals.
- Have all of your usual medications and the ones you need for this surgery available and ready.
- Make sure you have a thermometer in case you need to check your temperature after surgery.

Are you ready?

- Stay hydrated. It is good to drink at least six 8-ounce glasses of fluid each day. This can be water, sports drinks, and juices. Avoid caffeinated beverages, as this can cause you to be dehydrated.
- Eat healthy meals and snacks. If you are diabetic, focus on eating meals that keep your blood sugars stable and within normal limits.
- Constipation can be an issue before surgery and may become an issue afterwards. Focus on drinking fluids, eating a high fiber diet, and using stool softeners as needed.
- Stop smoking. Nicotine from cigarettes, cigars or chewing tobacco can interfere with your ability to heal after surgery. Work with your primary care provider to work on quitting prior to surgery.
- Visit your dentist at least one month prior to surgery. Make sure you don't have any active infections or issues that need to be addressed prior to surgery. If you are having dental problems, you may need to postpone or cancel your surgery.
- Avoid cuts, rashes, or scratches from pets. If there is a risk for infection, you may need to cancel or postpone your surgery.

Getting Ready for Surgery Day

One week before surgery

- Stop taking all anti-inflammatory medications for **seven days** before surgery. These may include prescribed NSAIDS (mobic, celebrex, voltaren, etc.) or over-the-counter medications (ibuprofen, Advil, Aleve, naproxen, etc.).
- Stop taking all vitamins and herbal medications for **seven days** prior to surgery. These can interfere with anesthesia and some can thin your blood.
- If you are on blood thinners, i.e. aspirin, Coumadin (warfarin), Plavix (clopidogrel), Lovenox (enoxaparin), Pradaxa, Effient (prasugrel), Brilinata (Ticagrelor), Aggrenox, Xarelto (rivaroxaban) or Eliquis (apixaban), then your primary care provider will direct you when to stop these medications prior to surgery. It is important that these medications are stopped under the direction of your primary care provider.

The night before surgery

- Do not eat or drink anything after midnight (unless instructed otherwise by the pre-surgery nurse).
- Shower with the special soap provided.
- Limit alcohol and tobacco products for 24 hours before surgery.
- Take medications if the pre-surgery nurse instructed you to take anything the night before surgery.
- Get your bag packed and ready
 - Bring this guide
 - Wear comfortable clothes to and from surgery
 - Bring glasses, contacts, hearing aids, and denture containers
 - Bring your walker
 - Do NOT bring valuables or jewelry to the surgery center
 - DO bring co-pay or co-insurance if required on the day of service
- Set your alarm and get a good night's rest.



Your Surgery

Surgery day

You, your coach, and your care team have spent a lot of time getting you ready for surgery. Now the time is here!

Check-in

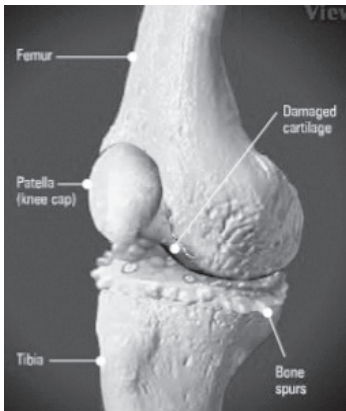
- Pre-surgery nurse will call you back to the pre-surgery area.
- You will change into a gown.
- You will have an IV started.
- Your surgical site will be prepped, which means your hair will be clipped and side marked.
- You will meet your anesthesiologist.
- You will take your pre-surgery medications.
- You will be asked to wipe down your body with Chlorohexidine wipes. This decreases the overall bacteria on your body and can decrease risk of infection.

Surgery

The surgery will generally take 1½ - 2 hours. Your coach can wait in the waiting area. Ask your coach to check in with the receptionist, so the surgeon can locate him or her after surgery.

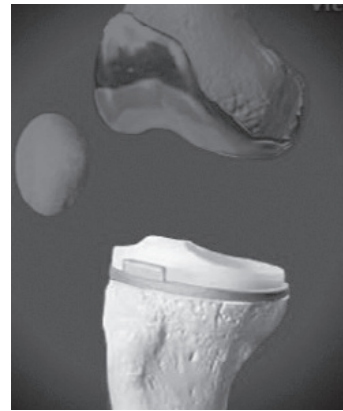


Total Knee Replacement



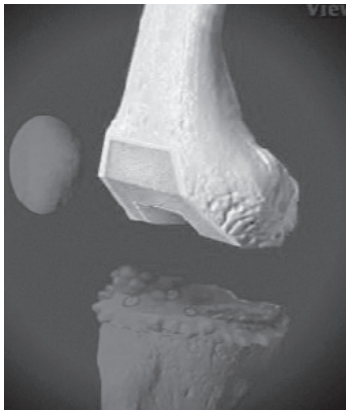
Step 1

Total knee replacement removes the damaged and painful areas of the thigh bone (femur) and lower leg bone (tibia).



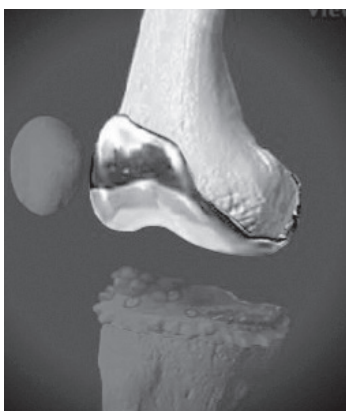
Step 2

The damaged portions of the femur and cartilage are cut away. The bone is reshaped to allow the metal component to fit into place.



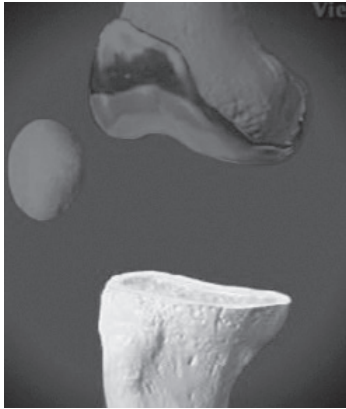
Step 3

The metal component is attached to the end of the femur bone using bone cement.



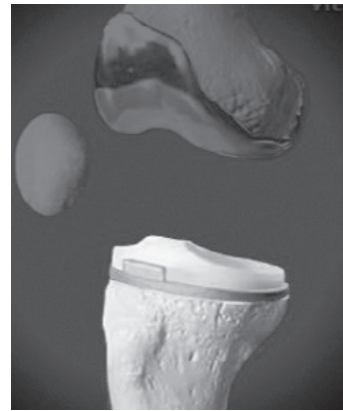
Step 4

The damaged area of the tibia bone and cartilage are cut away. The bone is reshaped to allow the metal component to fit into place.



Step 5

The metal component is attached to the end of the tibia using bone cement. A polyethylene insert is attached to the metal component. The insert will support your body weight and help the femur glide over the tibia, just like your own cartilage used to do.



Step 6

The new femur and tibia are put back together to form a new joint.



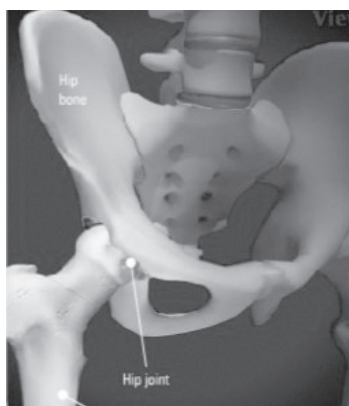
Step 7 & 8

To make sure the knee cap (patella) glides over the surface of the joint, a polyethylene component is cemented to the back of the patella.

The metal component is attached to the end of the tibia bone using bone cement.

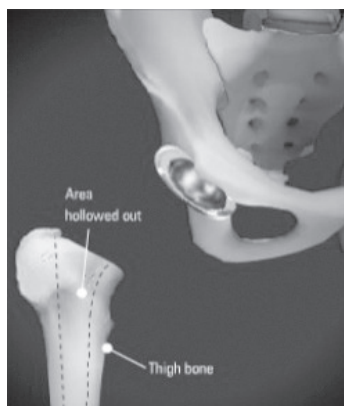


Total Hip Replacement



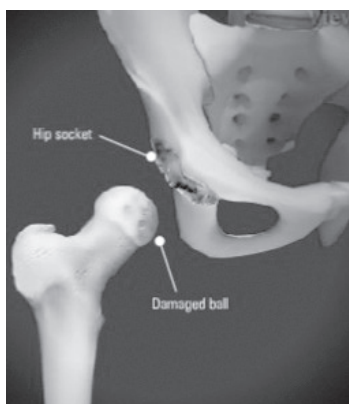
Step 1

Total hip replacement removes the damaged area of the joint where the thigh bone (femur) meets the pelvis.



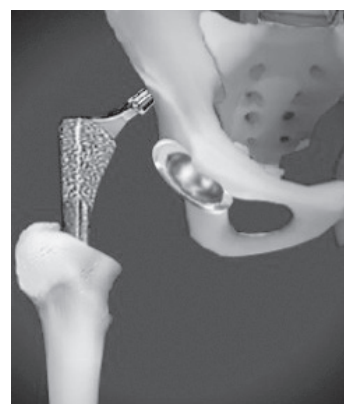
Step 5

The thigh bone is hollowed out to make room for the metal femur implant.



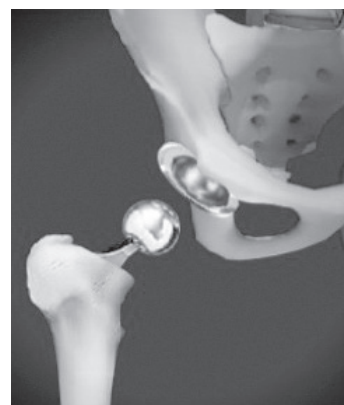
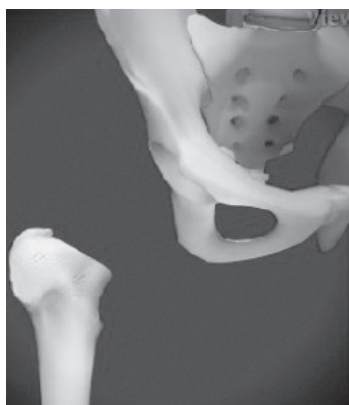
Step 2 & 3

The hip joint is separated and the damaged ball (femoral head), damaged bone, and cartilage in the hip socket are removed



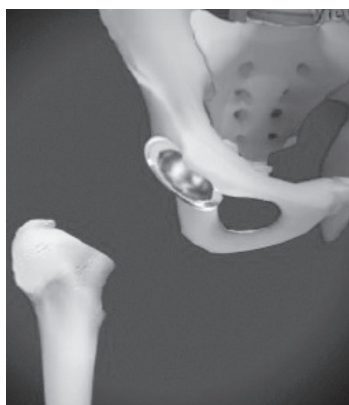
Step 6

A metal implant, or stem, is placed into the hollowed-out femoral canal. Cement may be used to help secure the metal stem.



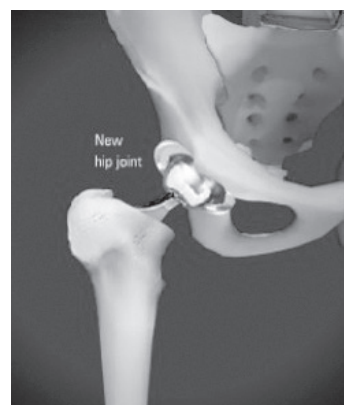
Step 7

The femoral head is placed onto the metal stem. Your surgeon will decide to use either a metal ball or a ceramic ball (the material will match the material used to make your new hip socket).



Step 4

A metal or ceramic implant is pushed into the hip socket, and often secured with cement or screws.



Step 8

The femoral head is put into the hip socket to form your new hip joint.

Potential Surgical Risks

There are potential risks and/or complications of any artificial joint replacement. Some, but not all of these risks may include:

- Dislocation of the implants
- Loosening of the implants
- Fatigue fracture of the implants
- Wear of the components which could lead to bone resorption and loosening
- Metal sensitivity
- Nerve damage
- Circulatory compromise
- Extra bone formation
- Urinary tract disorders
- Gastric (stomach) disorders
- Vascular disorders including: blood clots, emboli, blood clots in the lung(s), and heart attack
- Leg length inequality
- Infection
- Death
- Localized progressive bone resorption may occur around the prosthetic components which could lead to loosening, requiring the removal of implants.
- Skin complications
- Anesthetic complications
- Muscle weakness or stiffness
- Persistent pain
- Instability

Total hip replacements last greater than 10 years in 90% of people that receive new hips.

More than 90% of patients that have a **total knee replacement** experience a dramatic reduction in knee pain and a significant improvement in their ability to perform activities of daily living.

Source: American Academy of Orthopaedic Surgery (AAOS)



Your Recovery

After Surgery

You will wake up in the recovery room. The nurses will check your vitals, administer medications, and assess your surgical dressing. They will allow you to drink sips of fluids as you start to awaken. You will then begin the immediate recovery process and progress to home!

Once you are ready, your nurse will call your physical therapist to get you up and walking. The therapist will make sure you remember how to use your walker and will help walk you to the restroom. If you have stairs at home, the therapist will also help you go up and down the stairs prior to discharge.

Equipment Needed After Surgery

There are several pieces of durable medical equipment (DME) that will be necessary and/or useful in your recovery. Often, you may have friends, family or neighbors that have undergone a similar surgery and you could borrow the equipment from them or there are DME suppliers throughout Oregon to help you with your equipment needs. Here is a sample of equipment that will be useful after surgery:



Front-Wheeled Walker

This is helpful for the first few weeks after surgery. It is recommended that you get a walker with wheels on the front only. The walkers with 4 wheels can often get too far ahead of you, and increase your risk for falling after surgery. Transition to a cane when you are ready.



Checklist for Discharge

- ☐ Walk safely with physical therapy
- ☐ Urinate
- ☐ Eat and drink without difficulty
- ☐ Comfortable on pain medication



Leg Lifter

This will make it easier to get in and out of bed for the first few days after surgery.



Grab Bars

It can be useful to install grab bars in your bathroom area prior to your surgery. Place them near the toilet or bath tub/shower area, so you have additional security and assistance when transferring.



Grabber

This is helpful to get things that have fallen on the ground.



Elevated Toilet Seat

If your toilets are low, this will make it easier to get on and off the toilet.

Discharge Instructions

In case of an EMERGENCY (chest pain, shortness of breath, excessive drowsiness, or confusion), call 911.

When to Call our Office

- For routine (NON-emergent) questions call during regular business hours. You can also call after hours and an on-call provider will assist you.
- **Persistent nausea, vomiting, and/or abdominal pain.**
- **Swelling/blood clot** – You may experience increased swelling in the first 5-10 days after surgery. Remember to ice and elevate toes above your nose. CALL if swelling does not decrease with elevation, if you develop calf pain or tenderness, if you have pain or tenderness on the inside portion of your thigh, and/ or if you can feel a knot in your calf or inner thigh.
- **Temperature** of 101.5 F that is not decreasing. It's common to have a fever after surgery. It often goes up and down. Remember to cough, take deep breaths, and use your breathing machine.
- If you have any signs of **infection** (swelling, redness, increased pain, odor or yellow/green drainage around the incision).
- **Severe, uncontrolled pain** despite taking pain medications, ice, and elevation.
- If you have ANY **wound drainage** after removing the dressing.
- **Constipation** – If no bowel movement within 72 hours or if feeling uncomfortable, nauseated, or vomiting.
- If you do not have a **blood thinner**.
- If you have any questions about your medications or how you are progressing.

What to Do

Weight Bearing

- Activity level to tolerance, be cautious not to overdo activities.
- **GET UP AND MOVE** hourly during the day. Up for meals, showering, and exercises (see next page).

Ted Hose (Compression Stockings)

- On during the day, off at night for the four weeks after the day of surgery. These socks help with swelling.

Driving

- You can **NOT** drive while taking opioid pain medications.
- Safe driving after surgery requires good reaction time to prevent injury to yourself and others. It is estimated that reaction time returns to a safe level approximately 4-6 weeks after surgery.
- If you have any questions regarding your decision to drive, please contact your surgeon's office.

Elevate your Leg

- **TOES ABOVE YOUR NOSE.** Lay flat on your bed/couch and rest your entire leg on pillows at least twice a day, and while resting. While you are sleeping, you do not have to elevate your legs.

Ice

- Ice machine/“polar care” – Use most of the time, for the first 48 hours. Then use as needed for pain or swelling.
- Ice packs on for 20 minutes then remove.
- Do **NOT** apply ice packs or polar care pad directly on your skin. Always place a towel between the ice and your skin.
- You do not need to use at bedtime.
- Ice after exercises **not** before.

Use your Walker

- Your walker will help keep you safe. Use your walker when you leave the hospital. Your strength and balance will not be normal. You do not want to fall!
- At your first post-op appointment we will discuss when you can stop using the walker.

Exercise

- Continue **your** exercises as directed by the hospital physical therapist.
- Continue with ankle pumps, leg and buttock squeezes
- Hip replacement patients – your surgeon and therapist will provide instructions about hip precautions.
- Physical therapy as directed from your surgeon.

Diet

- Resume your normal diet as tolerated. Try to focus on healthy food, including a high fiber diet.
- Often, you do not have an appetite after surgery, it's important to eat small meals and drink fluids.
- Dehydration can make you feel worse after surgery. Make sure to drink fluids.
- **AVOID** smoking and tobacco products.
- **AVOID** alcohol
- **AVOID** marijuana and CBD products

Dressing

- Keep your dressing in place until day 5 after surgery (i.e. surgery on Monday, remove on Saturday).
- You **CAN** shower with your dressing on.

Care for You

- You just had a major joint replacement. Your body will need some time to rest and recover. It is common to feel really tired for a few weeks after surgery.
- It is common to feel depressed during this time. Talk to your family, friends, coach, and primary care provider. Ask for help.
- Avoid falls by asking for help and making your home safe. Remove rugs and use your walker or crutches.

When to call your primary care provider

Your primary care doctor should be called for non-orthopedic medical conditions such as diabetes, or heart and lung conditions.

What to Take

Pain Medications for Pain Control

Total joint replacement is not a pain free surgery. We will work with you to minimize pain, but pain is a natural response to surgery and we cannot take your pain completely away. The goal is to take the sharp edge off the pain and allow you to function, i.e. get out of bed, exercise, and complete activities of daily living. Make sure you and your coach understand your physician instructions for pain medication in your discharge paperwork and on your medication bottles. Your pain may increase for a few days after you get home from the hospital. Take your pain medications with food to avoid nausea. Please use the charts to record your medication usage in the back of this guide.

Tylenol (Acetaminophen)

If you are able to take Tylenol, you can take it with your pain medications. You must limit Tylenol to <3,000 mg. in 24 hours.

Opioids (Oxycodone, hydrocodone, MS Contin, etc.)

Take your pain medication as directed on your discharge instructions. If your pain is under control, then extend the time between pills. Although opioids help relieve pain after surgery, they are a narcotic and can be addictive. It is important to use opioids only as directed by your doctor. As soon as your pain begins to improve, stop taking opioids. Talk to your doctor if your pain has not begun to improve within a few days of your treatment.

Anti-inflammatories

Unless the anti-inflammatory was prescribed by your surgeon, **DO NOT TAKE** Advil, ibuprofen, Aleve, Naprosyn or any other anti-inflammatory because you are on a blood thinner.

Tracking Log

Write your medications down on the tracking log and bring to your post-op appointment.

Blood Thinner/Anticoagulant

You are on a blood thinner to prevent blood clots. It is very important to take this as instructed and record usage on your tracking log.



All prescriptions require 48 hours notice.

No refills after noon on Friday, or on weekends.

Bowel Care Medication

Constipation is usually caused by opioid pain medication, inactivity, less fluids, and less food. Please **DO NOT STOP ALL PAIN MEDICATIONS**. It takes a few days after you stop pain medications (opioids) for your bowel function to return to normal. Stopping your pain medications can cause your pain can get out of control.

Preventing or alleviating constipation usually requires the patient do the following:

- ☐ Move during the day.
- ☐ Increase fluids.
- ☐ Establish and maintain a regular elimination schedule.
- ☐ Maintain a diet rich in fiber.

Recommended treatment starting on the day you get home.

	Day 1 (after discharge)		Day 2		Day 3	
	Morning	Night	Morning	Night	Morning	Night
MiraLAX 17 gm, 1 cap	√	√	√	√	√	√
Drink plenty of water	√		√		√	
			If no bowel movement, ADD			
Smooth move tea (1 cup prior to bedtime)				√		
					If no bowel movement, ADD	
Dulcolax Suppository (follow package instructions) ONCE					√	
OR						
Magnesium Citrate (over the counter) 150-300 ml ONCE (do not use if you have kidney/renal problems)					√	

Start-up stiffness is a feeling of pain and stiffness in the knee when you first wake up in the morning, or after you have been sitting for some time. The pain and stiffness gets better every week, but can last up to four months after surgery.

Frequently Asked Questions

Do I need to donate blood for the surgery?

No, we no longer require you to donate blood for the surgery.

Should I try to lose weight before surgery?

Yes. If you are overweight, losing weight before surgery can decrease the risk of complications during surgery. In addition, rehabilitation will be easier and you can progress more rapidly if you are at a healthy weight. Consult your primary care provider before starting a diet program.

When can I return to work?

This depends on the type of work you do. A walking or support cane may be required for four weeks after surgery. Many times, part-time work is recommended at first. Every person is different in terms of recovery rate and rehabilitation, so returning to work really depends on you, your recovery, and the type of work you do.

How long should I wait before returning to sexual activity?

Most people can return to sexual activity when they feel ready. Maintain any precautions as outlined by your physical therapist.

Will I become addicted to my pain medications?

It is uncommon for people to become addicted to pain medications following surgery. Most people will be off ALL pain medications within 2-3 months following surgery.

What is the best way to take care of my joint replacement?

Follow any surgical precautions that are outlined by your surgeon or physical therapist. Working on strengthening and walking is key to a successful recovery. For knee replacements, work consistently on range of motion exercises. In addition, keeping your weight as close to your ideal body weight will reduce wear on your new joint.

What activities can I expect to return to after surgery?	
Dangerous activity	jogging running contact sports jumping sports high-impact aerobics
Activity to be done with caution	vigorous walking/hiking skiing tennis repetitive lifting of more than 75 lbs. repetitive aerobic stair climbing
Expected activity	recreational walking swimming golf driving light hiking recreational biking ballroom dancing normal stair climbing



Blood Thinner

- Enoxaparin (Lovenox) 30 mg subcutaneous every 12 hours (injections)
 - After your Lovenox is completed, start an enteric coated aspirin 325 mg 1 tablet once a day 30 days

☐ Enteric coated aspirin 81 mg 1 tablet twice each day for 30 days

☐ Coumadin – take as directed

[illegible]

No refills after noon on Friday
or on weekends.

Long-Acting Pain Prescription Medications

You may have been given a prescription for a long-acting pain medication. This will help with pain control.

- ☐ MSContin 1 tablet every 12 hours ☐ MSContin 1 tablet at bedtime
☐ Oxycontin 1 tablet every 12 hours ☐ Oxycontin 1 tablet at bedtime

Please use this chart to record your long-acting pain prescription medication usage:

Date	Time A.M.	Time P.M.

Date	Time A.M.	Time P.M.

Short-Acting Pain Medications

You were given a prescription for one of the following medications for pain. It is important to keep your pain under control, so you are able to participate in your rehabilitation. *These are typical doses. Refer to YOUR prescription for dosing details.*

- ☐ Oxycodone IR 5mg 1-2 tabs every 4-6 hours as needed for pain
- ☐ Hydrocodone/APAP (Norco, Vicodin) 5/325 mg 1-2 tablets every 4-6 hours as needed for pain
- ☐ Hydrocodone/APAP (Norco, Vicodin) 10/325 mg 1-2 tablets every 4-6 hours as needed for pain
- ☐ Hydromorphone (Dilaudid) 2 mg 1-2 tablets every 4-6 hours as needed for pain

Please use this chart to record your short-acting pain medication usage:

[illegible]