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Congratulations on your decision to pursue a total joint replacement with Reconstructive Orthopedics! To begin this process, your surgeon's scheduler will be calling you four to five weeks prior to your scheduled surgery date to help navigate you through the steps that must be completed prior to your surgery. This packet is meant to prepare you for all the items that are required by your surgeon, and need to be completed prior to surgery. **Please do not begin making any appointments on your own, as they need to be specifically timed with surgery.** If you have had any of the necessary items recently completed, please mention this to the scheduler when they call. At that time, the surgery scheduler will determine whether the appointment(s) need to be repeated.

In the event you need to change your surgery date or any pre-operative appointments, please notify your surgery scheduler as soon as possible. You will find her contact information listed in this packet.

Pre-Operative Requirements:

- PATs (Pre-Admission Testing)
  - Routine blood work
    - Diabetics must also have a recent A1c within 6 months of their scheduled surgery date
  - Urine sample
  - Nasal swabs (to test for MRSA)
  - EKG
- CT Scan of the planned joint replacement
  - If your surgeon is performing robotic assisted surgery
- Pre-Operative Appointment with the Surgeon's Physician Assistant (PA)
- Primary Care Physician Clearance
  - If you do not treat with a Primary Care Physician, please establish a relationship with one prior to your surgery to prevent any delays.
- Specialty Physician Clearance
  - If you follow any specialists routinely such as cardiology, pulmonology, nephrology, endocrinology, etc.
- Pre-Operative Physical Therapy Session with a physical therapist for walker and stair teaching for patients having a same day surgery

Post-Operative Appointments:

- 2 Week Post-Operative Appointment with the Surgeon's PA
- 6 Week Post-Operative Appointment with the Surgeon

*****Please read the following FAQ packet prior to your Pre-Operative Appointment with the Surgeon's Physician Assistant as it contains a multitude of information for before and after your surgery.*****

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Should you need any assistance before or after surgery, please feel free to contact:

Surgery Scheduler for Dr. Scott Schoifet
Stephanie: 609-267-9400 Ext. 6203

Surgery Scheduler for Dr. Rajesh Jain
Melissa: 609-267-9400 Ext. 6603

Surgery Scheduler for Dr. Manny Porat
Ke'Vonna: 609-267-9400 Ext. 6601

Surgery Scheduler for Dr. Gregory Klingenstein
Tammy: 609-267-9400 Ext. 6602

Surgery Scheduler for Dr. Jeremy Reid
Alyssa: 609-267-9400 Ext. 6604

Administrative Assistant for Dr. Scott Schoifet, Dr. Rajesh Jain, Dr. Manny Porat, Dr. Gregory Klingenstein and Dr. Jeremy Reid
Liz: 609-267-9400 Ext. 6600

If you have questions/concerns regarding one of the following, please contact your surgeon's surgery scheduler:

- I would like to pick a date for surgery;
- I have questions about my surgery;
- I need to change my pre- and/or post-operative appointment(s); or
- I want to confirm receipt of my pre-operative clearance(s) and labs.

If you have questions/concerns regarding one of the following, please contact your surgeon's administrative assistant:

- The walker/cane/raised toilet seat requested at your pre-operative appointment;
- I need an updated PT Script;
- I need a medication refill; or
- I need a letter written to my employer about my work status.

If you are unsure who to contact, please direct your call to your surgeon's surgery scheduler and they will assist you.

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Joint Replacement Frequently Asked Questions

Please read and keep this packet as it contains important information regarding your surgery as well as care before _and_ after surgery and during your time at the surgery center. The answers to most questions asked by patients are included in this packet. Please keep this packet for future reference as this information will help speed up your office visits before _and after_ surgery.

We recommend that you read the relevant parts of this packet the night before your pre-operative visit, surgery, and post-operative visits so that you know what to expect.

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BEFORE YOUR SURGERY

- **WHO WILL BE INVOLVED IN MY SURGICAL AND PERI-OPERATIVE CARE?**
  The surgical team consists of several members who work under the direction and supervision of your surgeon. These members include fellows and specially trained Physician Assistants (PAs) who will participate in your care before, during, and after surgery. All members of the surgical team are a critical element of our team approach to patient care.

- **WHAT SHOULD I DO NOW THAT I HAVE SCHEDULED SURGERY?**
  Your surgeon's surgery scheduler will contact you to discuss and schedule your pre-operative appointments for you. You will be receiving a call from (609) 267-9400 to begin the surgery scheduling process 4-5 weeks prior to surgery. Please ensure this number is not blocked, as it could affect the surgery scheduler contacting you. Failure to speak with your surgery scheduler after 3 attempts, your surgery may be postponed or cancelled. The following items are required by the surgery center and must be completed within a short timeframe prior to your surgery:

  - Pre-admission testing for blood work (this usually includes an EKG, so please do not use body cream or powder on your chest for this appointment)
  - Your pre-operative appointment with your Primary Medical Doctor for surgical clearance
  - Your pre-operative appointment with your surgeon's PA to sign your surgical consent(s) and review any questions you may have after reading this packet.

  You have been given a three-page surgical consent form. *This must be read and returned to our office to sign with your surgeon's PA during your pre-operative visit.* The form is not meant to frighten you; it is intended to educate you on the potential risks associated with having joint replacement surgery. Most complications are rare, but you should be aware of what they are prior to having surgery.

  Bring a list of your medications with the doses and how often you take them to the pre-operative appointment with the PA. We will use this list to be sure you get your routine medications while in the surgery center.

- **WHAT EQUIPMENT WILL I NEED?**
  Our office will prescribe several types of medical equipment for use after your surgery such as a walker, cane, and commode. Whenever possible, it is helpful to obtain this equipment before surgery. Your surgery scheduler will discuss this with you during the navigation call. Hospital beds are not needed after surgery as you will be ambulatory upon leaving the surgery center and will have been taught how to climb stairs if you have stairs in your home.

- **WHAT SHOULD I DO ABOUT EMPLOYMENT DISABILITY?**
  Please obtain your FMLA or short-term disability forms from your employer. Please sign the release of information form located in the folder you were given. If you cannot locate this form, please contact your surgery scheduler. Your FMLA or short-term disability forms and release of information form can be emailed back to reconmedicalrecords@reconstructiveortho.com or faxed to 609-267-9457. This information will be submitted to our third-party service, HealthMark Group. Any questions related to employment disability should go to 609-267-9400 extension 1510.

- **WHAT ABOUT BLOOD THINNERS?**
  You will be on a blood thinner medication after surgery. This is to help prevent blood clots in the legs (DVT, or deep vein thrombosis) and clots in the lung (PE, or pulmonary embolism). **IT IS CRITICAL TO FOLLOW INSTRUCTIONS PROVIDED UPON DISCHARGE TO HOME TO MINIMIZE THE CHANCE OF BLOOD CLOTS.** The risk of a blood clot after joint replacement is as high as 50% if you are NOT taking a blood thinner. The risk of a blood clot if you ARE taking one is very low, less than 1%. Therefore, it is critical that you follow directions on taking the prescribed blood thinner after surgery to minimize the chance of a blood clot. The length of time for which you will need to take blood thinners after surgery will be determined by your surgeon.

- **WHEN CAN I RIDE IN A CAR OR DRIVE?**
  You may ride in a car as soon as you are comfortable. Your surgeon does not recommend long trips (more than an hour by car or by air) for at least 4 weeks after surgery unless necessary. This is to minimize the chances of a blood clot in the leg or lung. If you must travel in the first month after your surgery, it is advisable to stop the car and get out to walk for 5-10 minutes every hour or two during the trip. If you are flying, you should walk up and down the aisle for 5-10 minutes every hour or two. Pump your ankles back and forth when sitting to also help with blood flow in the lower legs.

  Generally, we allow you to drive as soon as you are off the walker and are no longer taking narcotic pain medication during the day. If your *right* hip or knee has been replaced, you should not drive until approximately 2 weeks after surgery, but you should be off of pain medications and able to safely use the brakes. It typically takes this long for the reflexes to push the brakes to return fully. You may drive an automatic transmission vehicle 2 week after surgery if your *left* hip or knee was replaced, as long as you are not taking narcotic medication when driving. Also keep in mind that you must maintain your hip precautions as directed by your surgeon if you have had hip replacement surgery. We recommend that you sit behind the wheel of a parked car and practice using your feet to push the pedals. If you feel comfortable, try driving in a low-traffic area (your neighborhood, empty parking lot) before driving routinely. If you do not feel comfortable or cannot apply the brakes quickly and firmly enough to stop, wait a week or two and try again.

- **WILL I SET OFF METAL DETECTORS?**
  You should not set off security detectors in stores, but you may set off metal detectors at the airport after joint replacement surgery. ***We do not provide implant cards to demonstrate that you have a joint replacement.*** With heightened security at airports around the U.S. and the world, these implant cards are **not** useful because counterfeit cards are easy to make. It is appropriate to alert security at the airport *before* going through metal detectors that you have a joint implant. They can then choose to use a metal detector wand if needed. Some patients have reported having been asked to show their surgical scar. If a full body scanner is used, your joint replacement will be visible to security.

- **WHAT KIND OF ANESTHESIA IS RECOMMENDED?**
  There are two major types of anesthesia: spinal and general. The surgeons at Reconstructive Orthopedics strongly recommend spinal anesthesia. In a spinal anesthesia, the Anesthesiologist numbs your lower back with a type of Novocaine. The Anesthesiologist then locates the proper area and injects numbing medication around the nerves of the lower spine. The patients' legs become completely numb so that they will not feel any pain during the operation. Sedatives are given to relax the patient and allow them to feel drowsy and typically sleep for the procedure. One of the sedatives is an amnestic so that most patients will not remember much at all from the operating room. It is similar to being in a 'twilight,' such as during a colonoscopy. In a general anesthesia, the patient is completely unconscious. A tube is placed down the throat and a ventilator breathes for the patient until surgery is completed.

  With general anesthesia, patients usually experience more pain after surgery than with spinal anesthesia. There is often more blood loss during surgery with general anesthesia and the amount of stress to the heart and lungs is greater than with spinal. Most patients also experience more nausea after surgery if they have a general anesthesia. In addition, studies show that the risk of blood clots is slightly higher. The spinal anesthesia also allows for better relaxation of the muscles, improving your surgeon's ability to perform less invasive surgery. Given that patients overall do so much better with spinal anesthesia, we strongly recommend it. There are occasions where the Anesthesiologist may recommend a general anesthesia over a spinal. Even less common are situations where the Anesthesiologist cannot find the proper area for the spinal and a general anesthesia becomes necessary. The final decision as to the type of anesthesia rests with you, but a spinal is strongly recommended. Patients are often surprised at how well they feel after surgery when a spinal anesthesia was used and how little they remember.

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AFTER YOUR SURGERY

- **HOW LONG WILL I BE IN THE HOSPITAL?**
  The length of stay in the hospital is determined by your surgeon. Some patients stay one night and leave the next morning. If your surgeon feels it is appropriate, he may recommend same day surgery where you leave the hospital the same day as surgery, which is possible for many patients. The discharge plan will be set in place at the time you book surgery. In general, prior to discharge, you must be medically stable and you must have been able to accomplish the goals set by the physical therapist for discharge (see below). Studies show lower rates of complications and readmission the less time you are hospitalized, provided you have cleared therapy and are medically stable.

- **WHEN WILL I GO HOME AFTER MY SURGERY AND CAN I GO HOME THE SAME DAY?**
  The vast majority of patients go directly home after total knee and hip replacement, usually the day of or the day after surgery. Discharge to home requires that you are medically stable *and* have performed well with the physical therapist in the hospital, which most patient can accomplish faster than in the past. Prior to discharge from the hospital, you will be able to do walk and do stairs safely with the physical therapist, regardless of whether you have no stairs or a full flight of steps in your home.

  After discharge from the hospital, there are typically two forms of continued therapy: direct to outpatient physical therapy with a start date of physical therapy the day after you get home from your surgery **or** a week or two of homecare followed by outpatient physical therapy thereafter. Going to therapy in an outpatient location only requires you to have someone drive you to physical therapy three days a week until you can drive on your own. In general we prefer you go directly to outpatient physical therapy, as those patients often heal and get through therapy quicker. The outpatient physical therapist also has more equipment to work with to help you progress. If you are unable to attend direct outpatient physical therapy, homecare for the first 1-2 weeks after surgery is an alternative.

  The PA meeting with you at the preoperative office visit will discuss what form of therapy you will benefit from post-operatively after discharge from the hospital based on your personal situation as well as your surgeons' recommendation. Additional instruction on setting this up after surgery will be provided during that appointment.

  Many people assume that the traditional recovery of staying in a rehabilitation center/nursing home after surgery will provide a better outcome. **This is not true.** Studies show ***no*** difference in outcome after joint replacement in relation to whether a patient goes home from the hospital or goes to a rehabilitation center. Patients that go home usually do better and have fewer complications and are happier.

  For total knee and hip replacement, physical therapy will be started within 1-2 days of leaving the hospital. You can speak to your surgeon, his PA, or his surgical scheduler for more information.

- **HOW WILL I GET HOME FROM THE HOSPITAL?**
  Before going home, the physical therapist will teach you how to get in and out of your car using a car simulator at the Joint Replacement Institute. Someone needs to be available to take you home from the hospital as you will NOT be allowed to drive yourself home. We do not recommend using rideshare companies such as Lyft/Uber. You should have a responsible adult with you for the first 1-2 nights in case of an emergency. In the rare instance you need to go to a rehabilitation facility after surgery, the hospital staff will arrange the transportation.

- **HOW SHOULD I CARE FOR MY INCISION?**
  Typically, absorbable sutures will be used to close the incision and there will be no staples or sutures to remove. This will be at the discretion of your surgeon based on your tissue quality during surgery. Do not apply any lotions or medicines to the incision for 4 weeks after surgery unless instructed to do so by your surgeon or his PA. You may take *brief* showers as long as there is absolutely no drainage *and* there are no staples/sutures outside of the skin. Your hip or knee incision will typically be covered with a waterproof dressing that will stay on for several days after the surgery. You therefore will be able to shower once you return home without any other special bandages. You will be provided with fully detailed instructions on wound care at the hospital after surgery so that you are well prepared by the time you are discharged.

- **HOW LONG WILL I HAVE TO FOLLOW TOTAL HIP REPLACEMENT PRECAUTIONS?**
  Your hip replacement will be checked thoroughly at the time of surgery for stability in order to minimize the chances of dislocation. The only way to be 100% certain that the hip will never dislocate after surgery is to follow hip precautions for the rest of your life following hip replacement surgery. However, it is most critical for 6 weeks after your surgery. Your surgeon may choose to protect your hip for a longer period of time after surgery. We will discuss this with you at post-operative appointments in the office. After you are released from precautions, enough healing has occurred so that dislocation risk is minimal. Of course, if the hip is placed into an extreme position in the future, it is possible that it will come out of socket. However, this is very unlikely. It may take several months to fully trust your new hip. Although the majority of recovery is complete in several weeks, progression of strength, endurance, and range of motion continues for 6-12 months after surgery in all patients. Your continuing to exercise and rehabilitate the hip is critical in this recovery process.

  The vast majority of hip replacements are placed without cement. The components are wedged tightly into your bone and have a special coating which allows your bone to grow into the prosthesis, allowing for a long-lasting and secure bond to your bone. This process takes approximately 4-6 weeks. **You must use a cane or walker at all times until the physical therapist feels you are steady enough to transition away from them.** If you walk excessively without a cane or walker too soon, the chances that the components will not “take” increase and may lead to the need for another operation.

- **WHAT SHOULD I EXPECT AFTER TOTAL KNEE REPLACEMENT SURGERY?**
  The skin on the outside of the knee as well as along the incision may be very sensitive or have patchy numbness. This is normal. The knee will remain somewhat swollen or warm for several ***months*** due to inflammation and progression of your activity. You may also have intermittent swelling in your lower leg for 6-12 months. This will decrease over time. Icing the knee can be helpful, and elevation of the leg at night and when you are resting during the day also helps minimize the swelling. Aim to keep the foot at or slightly above the level of your heart when you are resting to help keep the swelling down. It is normal to have bruising/swelling around your thigh or in the foot and ankle in addition to the knee. Some people bruise/swell very little after surgery and others will bruise/swell from thigh to foot. This is typically within the norm after knee replacement. Call our office with any questions.

  Your knee will click due to the presence of metal and plastic - **this is normal.** Exercise is important and should be done daily. It may take several months to fully trust your new knee. Although the majority of recovery is complete in the first several weeks, progression of strength, endurance, and range of motion continues for 6-12 months after surgery in all patients. Your continuing to exercise and rehabilitate the knee is critical in this recovery process.

- **WHEN CAN I SEE THE DENTIST OR HAVE ANOTHER SURGERY?**
  You should plan to avoid elective procedures (including dental work and routine dental cleanings) for 3 months following your total joint replacement. If the need for an emergent/urgent procedure arises, please consult your surgeon for further instructions regarding recommendations for your joint replacement.

- **WHEN SHOULD I CALL MY DOCTOR?**
  Please call our office if you have any concerns or experience any of the following:

  - Persistent fever (greater than 101.5^{o}F)
  - Increasing redness, warmth, swelling, or pain of the operated leg
  - Increasing drainage from your incision
  - Increased bleeding
  - Any other questions or concerns

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POST-OPERATIVE VISITS

- **WHEN DO I COME TO THE OFFICE AFTER SURGERY FOR FOLLOW-UP?**
  Your first visit after surgery will usually be with the PA working with your surgeon approximately 2-3 weeks after surgery. If your progress is as expected, the next visit is usually 3-4 weeks later at the 6-week post-operative mark. If there are any concerns, your surgeon or the PA working with him may ask you to return sooner to check on your progress.

- **WHAT CAN I EXPECT AT THE POST-OPERATIVE VISITS?**
  X-rays of your joint replacement will be taken at the first visit after surgery. Subsequent x-rays will be taken at the discretion of your surgeon. We will review wound care with you as well as physical therapy progress, range of motion, and medications including your blood thinner medication. Please bring a current list of medications to each visit with you.

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Medications to Avoid Prior to Surgery

Prior to your surgery, a pre-operative nurse from your surgical location will contact you and review what medications to take the morning of your surgery. To reduce the risk of bleeding during and after your surgery, we ask that all aspirin products, nonsteroidal anti-inflammatory medications, and the following medications be **totally** avoided at least **two weeks** prior to surgery:

- Aspirin 325 mg or Aspirin containing products (Bayer, Bufferin, Norwich)
- Diclofenac (Voltaren, Arthrotec, Cataflam)
- Etodolac (Lodine)
- Excedrin Extra Strength
- Fiorinal
- Fish Oil
- Ibuprofen (Advil, Motrin, Midol)
- Indomethacin (Indocin, Indocin SR)
- Ketoprofen (Orudis)
- Ketorolac (Toradol)
- Lodine
- Phentermine (Adipex-P, Lomaira)
- Meloxicam (Mobic)
- Nabumetone (Relafen)
- Naproxen (Aleve, Naprelan, Naprosyn, Anaprox)
- Oxaprozin (Daypro)
- Piroxicam (Feldene)
- Salsalate
- SOMA Compound
- Sulindac (Clinoril)
- Vitamin E
- ALL herbal and homeopathic supplements

If you take the following medications weekly, please hold one week prior to surgery:

- Semaglutide (Ozempic or Rybelsus)
- Exenatide ER (Bydureon)
- Dulaglutatide (Trulicity)
- Liraglutatide (Victoza,Saxenda)
- Exenatide (Byetta)

If you take the following medications daily, please hold the day of surgery:

- Semaglutide (Ozempic or Rybelsus)
- Exenatide ER (Bydureon)
- Dulaglutatide (Trulicity)
- Liraglutatide (Victoza,Saxenda)
- Exenatide (Byetta)

If you take the following medications, please consult the prescribing physician before stopping:

- Brillinta (Ticagrelor) (5 days)
- Eliquis (Apixaban) (5 days)
- Pradaxa (Dabigatran) (5 days)
- Coumadin (Warfarin) (7 days)
- Plavix (Clopidogrel) (14 days)
- Xarelto (Rivaroxaban) (5 days)
- Effient (Prasugrel) (7 days)
- Pletal (Cilostazol) (5 days)

The following medications do not need to be held two weeks prior to surgery:

- Aspirin 81mg
- Celebrex
- Gabapentin
- Tylenol

Precertification/Billing for Surgery FAQs

- **What is my out-of-pocket cost for surgery?**
  For questions regarding any out-of-pocket cost for your surgery, please contact member services through your insurance carrier. You can find that number located on the back of your insurance card. You may be required to provide them information regarding your surgery: if you are inpatient or outpatient, and/or CPT Code(s) which are the procedure code(s). To obtain this information, you will need to call your surgeon's scheduler. The amount provided to you is an estimate based on your benefits and eligibility at the time of request and is subject to change at the time of surgery. If you are to contact Reconstructive Orthopedics, *estimated out-of-pocket cost will only include services rendered by a Reconstructive Orthopedics Provider.*

- **Is the facility and/or Anesthesiologist in network with my insurance?**
  Please contact your insurance to determine the participating status. The NPI (National Provider ID) for the facilities your surgeon operates out of are:
  - Vantage Surgery Center: 1528016656
  - Virtua Voorhees Hospital – Joint Replacement Institute: 1528064409

- **When will my surgery be approved?**
  The timeline for surgery approvals varies amongst insurances. The pre-certification department begins obtaining authorizations and verifying benefits and eligibility approximately 4-5 weeks before your surgery. Insurance carriers work in date order for approvals. Reconstructive Orthopedics may not learn of the approval until 1-2 weeks before your procedure.

  Depending on your insurance carrier, you may receive a letter of approval or denial in the mail. If you receive a denial letter, please contact your surgery scheduler as the letter may have been delayed getting to you and the scheduled procedure has been approved.

- **What services will be billed to my insurance?**
  You will receive separate bills for the provider (Reconstructive Orthopedics), the facility (Vantage Surgery Center or Virtua Health System), and anesthesia. Pre-operative clearance(s) will be an additional statement. We bill the payer (your insurance carrier) on your behalf, and if you have a deductible that has not been met, we will bill you once we receive the payment from the payer.

- **Is my Pre-Admission Testing included in my surgery?**
  Patients who have surgery at Virtua Voorhees Hospital are required to get Pre-Admission Testing there as it is bundled into the surgery fees. If you have surgery at Vantage Surgery Center, please go to the laboratory where your insurance is accepted.

- **What happens if my insurance changes before my surgery?**
  Please contact your surgery scheduler as soon as you are made aware of any changes to your insurance. Failure to notify your scheduler of a new or updated insurance may postpone your surgery.

- **How can I get in touch with the billing department at the facility I had my surgery at?**
  - Please call Virtua Voorhees Hospital at (856) 247-3000 and press option 5 for billing.
  - Please call Vantage Surgery Center at (609) 654-5795.

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THIS MUST BE READ AND RETURNED UNSIGNED TO OUR OFFICE TO SIGN WITH YOUR SURGEON'S PHYSICIAN ASSISTANT DURING YOUR PRE-OPERATIVE VISIT

TOTAL AND PARTIAL KNEE REPLACEMENT
PATIENT CONSENT AND RELEASE FORM

By signing at the bottom of this form, you are consenting to a total knee replacement on your _____ knee. Your signature confirms that you have read it in its entirety and agree to proceed with surgery.

As we have discussed, the total knee replacement has been developed to aid patients with severe arthritis and destruction of their knee joints. The operation that will be performed on your knee is called a Total Knee.

The first knee replacements were performed in the late 1960's. The materials have been used for many years and have lasted for a substantial amount of time with minimal wear. Long-term follow-up has shown there to be excellent results with a low rate of failure.

The operation will consist of replacing the joint surfaces of the leg bone (lower half of the knee joint) and the thigh bone (upper half of the knee joint) with metal parts. A high-density plastic called polyethylene, which acts like the cartilage no longer present in the knee, will be placed between the metal parts. The metal surface of the thigh bone will move on the plastic piece. In addition, the kneecap will be resurfaced with the same high-density polyethylene.

As in any operative procedure, a number of complications may develop. In order for you to make an intelligent decision regarding an operation, it is important that you be informed of possible complications. The most serious problem in regards to the function of the knee is infection. The operation will be performed in a properly prepared room, and the surgical team will be meticulously prepared in order to protect you from any bacteria which could cause an infection. Antibiotics will also be administered. However, despite all precautions, infection could still occur. If the infection is severe and not controlled by antibiotics, the joint components may require removal. Often, the total knee replacement can be reinserted at a later date if the knee is free from infection. If not, a fusion of your knee may have to be performed, which will render your knee stiff. However, this will not prevent you from walking.

It is likewise possible that the parts which we have inserted into your knee could, in the future, loosen up from excessive wear and use. This may require further surgery in order to replace part or all of the components.

The operation could result in blood clots. This is a potential complication following any surgery, particularly when the operation is done in the lower extremities. This could produce what is known as a thrombosis. In some cases, a clot may break off in the vein and be carried by the blood stream to the lung (pulmonary embolism), resulting in severe chest pains and shortness of breath. Surgery and anticoagulants (blood thinners) may then be required. In **extremely rare** cases, pulmonary embolism can cause death; therefore, it is critical to follow directions on taking blood thinners after surgery.

In extremely rare cases, injury to the nerves or blood vessels near the knee joint or fractures can occur during surgery. This is extremely uncommon and very unlikely to happen.

During the operation, your surgeon will have an assistant so that the operation will run smoothly and efficiently. However, your surgeon will perform your procedure.

Every effort will be made to obtain a successful result with as much motion as possible in your knee. If a satisfactory range of motion is not achieved within the first several weeks, we may ask you to allow us to manipulate your knee in order to loosen it up. This would be done in the operating room.

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Your cooperation with exercising and rehabilitation after the operation is critical in maximizing the chances of a successful outcome. There is no guarantee that the surgery will relieve all of your pains or allow you complete motion of the knee, but a substantial improvement is expected.

There will likely be a small area of numb skin on the outside part of the knee. The small skin nerve to this region must be cut in order to gain access to the knee. This numbness often diminishes with time and in no way will it affect the function of your knee replacement.

Occasionally, unforeseen conditions could arise during the course of the operation that, in your surgeon's judgment, may require an additional surgical procedure or procedures different from those that have been discussed. Your surgeon respectfully requests your authorization to allow such procedures to be performed should they become necessary under any circumstances.

The literature has reported some instances where, even years after a total joint replacement, a patient has developed an infection in the joint that has been replaced. This could occur as a spreading of infection from a source such as an infected tooth, an acute gallbladder attack, a urinary tract infection, or any other type of severe infection in your system. This is not typical but you should be aware of this fact. If you should, even months or years after the operation, be affected by severe infection, treatments as described previously may become necessary.

If you are having a robotic-assisted procedure, you will have 2 small pins placed in the leg above the knee and 2 below the knee that will be removed at the end of the procedure. There is a very small chance of a fracture that could occur during or after the procedure that would require surgical fixation. There is an even smaller chance that some portion of the hardware could be retained after the procedure.

Every effort will be made to prevent all complications. Although they are not very common, it is important that you know about them in order to make an informed decision. You must be informed of the major risks involved in any operation. That is why this document is being included in your operative consent. It is not meant to frighten or upset you, but to point out the facts as they exist.

If you have any further questions concerning your total knee surgery, please do not hesitate to contact our office and we will be happy to discuss these with you.

Please read this consent form and return it to Virtua Reconstructive Orthopedics at your pre-op appointment to sign with your surgeon's Physician Assistant.

_____ _____

Patient Signature Date

_____ _____

Witness Signature Date

_____ _____

Surgeon Signature Date

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ADDENDUM TO OPERATIVE CONSENT FORM
PHYSICIAN OBSERVER CONSENT

From time to time your surgeon may permit an observing fellow physician to accompany him for your surgical procedure. The purpose of this additional physician observer being present during your surgery is to allow your surgeon to provide technical hands-on training to fellow Orthopedic Surgeons interested in your procedure. The physician observer will be present during your surgery and will be included within the surgical field of operation. **At no time will any other surgeon except your surgeon and his surgical assistant perform any of your surgery.**

The physician observer will be permitted to scrub and enter the operating room for your procedure.

The physician observer will view your procedure.

The physician observer may be asked, for training purposes, only, and at the specific request of your surgeon, to touch or feel specific areas within the operating field in order to achieve an understanding of how that portion of the procedure is being performed.

By your signature at the bottom of this form, you are consenting to allow a physician observer to be present in the operating room during your procedure. You understand that the physician observer may be asked by your surgeon to touch or feel specific areas within the operative field for training purposes only. You also understand that no one but your surgeon and his assistant will perform the actual surgical procedure.

If you have any questions or concerns regarding the presence of a physician observer, please do not hesitate to speak with your surgeon as soon as possible.

_____ _____
Patient Signature Date

_____ _____
Witness Signature Date

_____ _____
Surgeon Signature Date

THIS MUST BE READ AND RETURNED UNSIGNED TO OUR OFFICE TO SIGN WITH YOUR SURGEON'S PHYSICIAN ASSISTANT DURING YOUR PRE-OPERATIVE VISIT

TOTAL HIP REPLACEMENT
PATIENT CONSENT AND RELEASE FORM

By signing at the bottom of this form, you are consenting to a total hip replacement on your _____ hip. Your signature confirms that you have read it in its entirety and agree to proceed with surgery.

As we have discussed, the total hip replacement has been developed to aid patients with severe arthritis and destruction of their hip joint. The operation that will be performed on your hip is called a Total Hip. The first hip replacements were performed in the early 1960's. The materials have been used for many years and they have lasted for a substantial amount of time with minimal wear. Long-term follow-up has shown there to be excellent results with a low rate of failure. The operation consists of replacing the hip joint surfaces. The socket of the hip will be replaced by a plastic or ceramic surface backed by a metal, porous coated shell. The ball of the hip will be replaced by a metal or ceramic ball which is supported by a stem placed within the marrow cavity of the upper thigh bone. The ball will move within the socket.

The femur prosthesis and socket component will usually be fixed without cement. The implants are covered with what is called a porous coating. This coating allows bone to grow into the prosthesis and fix it into place. There is a rare chance that the bone will not grow into the implants. The prosthesis may then cause pain and require conversion to another uncemented or cemented component. If the components "take" as expected, we anticipate that it will outlast a standard cemented hip replacement and give many years of pain-free function. The socket will typically be fixed with screws to the pelvis. These screws are contained within the pelvic bone and not felt by the patient.

As in any operative procedure, a number of complications could develop. In order for you to make an intelligent decision regarding an operation, it is important that you be informed of possible complications. The most serious problem in regards to the function of the hip is infection. The operation will be performed in a properly prepared room, and the surgical team will be meticulously prepared in order to protect you from any bacteria which could cause an infection. Antibiotics will also be administered. However, despite all precautions, infection could still occur. If the infection is severe and not controlled by antibiotics, the joint components may require removal. Often, the total hip replacement can be reinserted at a later date if the hip is free from infection.

It is likewise possible that the parts which we have inserted into your hip could, in the future, loosen up from excessive wear and use. This may require further surgery in order to replace part or all of the components. It is possible that new bone may form around the new hip replacement. In very rare instances, this bone may severely limit motion and may need to be removed.

It is possible that a leg-length discrepancy may occur after this operation. Every effort will be made to make your legs equal in length during surgery. However, on rare occasion, the leg must be made slightly longer in order to gain stability of the hip. This is uncommon. Your leg will feel heavy and may feel longer or shorter than the other leg after surgery for up to three months. **This is normal and temporary.** As you regain strength, this feeling will go away. Do not use a lift unless approved by your surgeon or his PA. It is possible that the total hip ball may pop out of the socket (dislocate) in the future. This is rare since the hip is thoroughly checked at the time of surgery, but excessive bending and twisting could force it out. This would require a relocation of the hip in the operating room.

It is possible that a nerve may be stretched at the time of surgery causing weakness or numbness in the leg or foot. This usually, but not always, resolves with time. Likewise, injury to blood vessels or fractures can occur during surgery. This is very rare and unlikely to happen.

The operation could result in blood clots. This is a potential complication following any surgery, particularly when the operation is done in the lower extremities. This could produce what is known as a thrombosis. In some cases, a clot may break off in the vein and be carried by the blood stream to the lung (pulmonary embolism), resulting in severe chest pains and shortness of breath. Surgery and anticoagulants (blood thinners) may then be required. In **extremely rare**

cases, pulmonary embolism can cause death; therefore, it is critical to follow directions on taking blood thinners after surgery.

During the operation, your surgeon will have an assistant so that the operation will run smoothly and efficiently. However, your surgeon will perform your procedure. Every effort will be made to obtain a successful result with as much motion as possible in your hip. Your cooperation with exercising and rehabilitation after the operation will help immensely. There is no guarantee that the surgery will relieve all of your pains or allow you complete motion of the hip, but a substantial improvement is expected.

Occasionally, unforeseen conditions could arise in the course of the operation that, in your surgeon's judgment, may require an additional surgical procedure or procedures different from those that have been discussed. Your surgeon respectfully requests your authorization to allow such procedures to be performed if they should become necessary under any circumstances.

The literature has reported some instances where, even years after a total joint replacement, a patient has developed an infection in the joint that has been replaced. This could occur as a spreading of infection from a source such as an infected tooth, an acute gallbladder attack, a urinary tract infection, or any other type of severe infection in your system. This is not typical, but you should be aware of this fact. If you should, even months or years after the operation, be affected by severe infection, treatments as described previously may become necessary.

If you are having a robotic-assisted procedure, you will have 3 small pins placed in the hip bone that will be removed at the end of the procedure. There is a very small chance of a fracture that could occur during or after the procedure that would require surgical fixation. There is an even smaller chance that some portion of the hardware could be retained after the procedure.

Every effort will be made to prevent all complications. Although they are not very common, it is important that you know about them in order to make an informed decision. You must be informed of the major risks involved in any operation. That is the reason why this document is being included in your operative consent. It is not meant to frighten or upset you, but to point out the facts as they exist. If you have any further questions concerning your total hip surgery, please do not hesitate to contact our office and we will be happy to discuss these with you.

Please read this consent form and return it to Virtua Reconstructive Orthopedics at your pre-op appointment to sign with your surgeon's Physician Assistant.

_____ _____

Patient Signature Date

_____ _____

Witness Signature Date

_____ _____

Surgeon Signature Date

Virtua Health | Reconstructive Orthopedics

ADDENDUM TO OPERATIVE CONSENT FORM
PHYSICIAN OBSERVER CONSENT

From time to time your surgeon may permit an observing fellow physician to accompany him for your surgical procedure. The purpose of this additional physician observer being present during your surgery is to allow your surgeon to provide technical hands-on training to fellow orthopedic surgeons interested in your procedure. The physician observer will be present during your surgery and will be included within the surgical field of operation. **At no time will any other surgeon except your surgeon and his surgical assistant perform any of your surgery.**

The physician observer will be permitted to scrub and enter the operating room for your procedure.

The physician observer will view your procedure.

The physician observer may be asked, for training purposes, only, and at the specific request of your surgeon, to touch or feel specific areas within the operating field in order to achieve an understanding of how that portion of the procedure is being performed.

By your signature at the bottom of this form, you are consenting to allow a physician observer to be present in the operating room during your procedure. You understand that the physician observer may be asked by your surgeon to touch or feel specific areas within the operative field for training purposes only. You also understand that no one but your surgeon and his assistant will perform the actual surgical procedure.

If you have any questions or concerns regarding the presence of a physician observer, please do not hesitate to speak with your surgeon as soon as possible.

_____ _____
Patient Signature Date

_____ _____
Witness Signature Date

_____ _____
Surgeon Signature Date