



# Surgery Packet

## **John J. Coen, MD**

- Anterior Total Hip Replacement
  - Total Knee Replacement
  - Partial Knee Replacement
- Revision Joint Replacement

## **Kathleen Kahawai**

Surgery Coordinator

**503-905-4131**

**[kkaha@rocpdx.com](mailto:kkaha@rocpdx.com)**

### **OREGON CITY CLINIC:**

Medical Plaza II • 1508 Division Street, Suite 105 • Oregon City, OR 97045

### **TUALATIN CLINIC:**

Express Plaza • 7401 SW Washo Court, Suite 100 • Tualatin, OR 97062

**PHONE: 503-656-0836**

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**[www.rocpdx.com](http://www.rocpdx.com)**

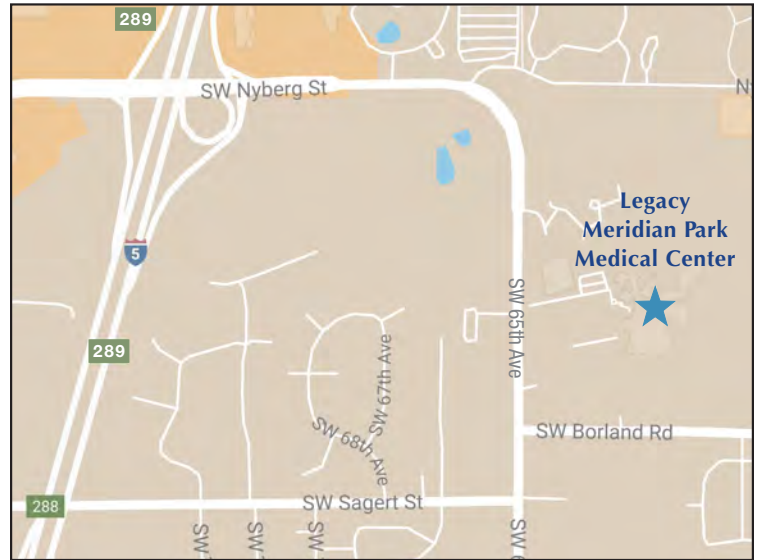
**[www.johncoenmd.com](http://www.johncoenmd.com)**

# Legacy Meridian Park Medical Center

19300 SW 65th Avenue  
Tualatin, OR 97062

**From I-5 North:** Take the Nyberg St exit, EXIT 289, toward Tualatin-Sherwood Rd and turn left onto SW Nyberg St. (towards the hospital). SW Nyberg St becomes SW 65th Ave.

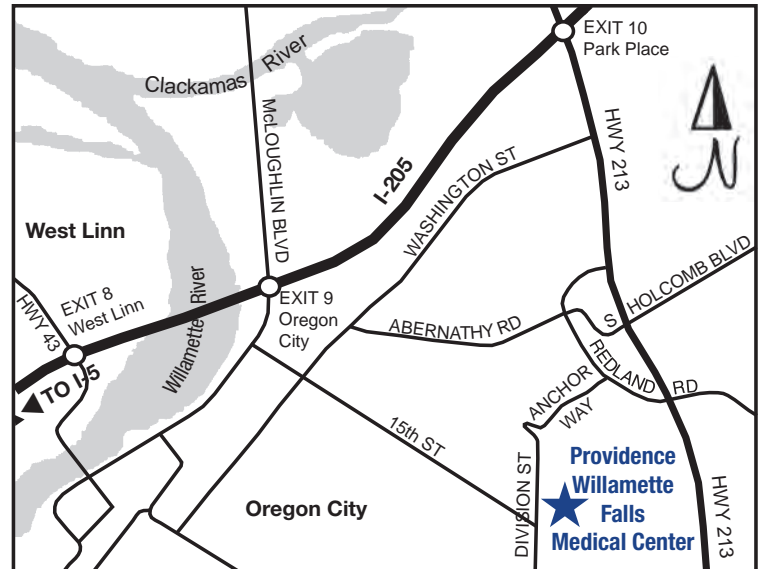
**From I-5 South:** Take the Nyberg St exit, EXIT 289, toward Tualatin-Sherwood Rd, keep right on the fork in the ramp. Merge onto SW Nyberg St. SW Nyberg St becomes SW 65th Ave.



# Providence Willamette Falls Medical Center

1500 Division Street  
Oregon City, OR 97045

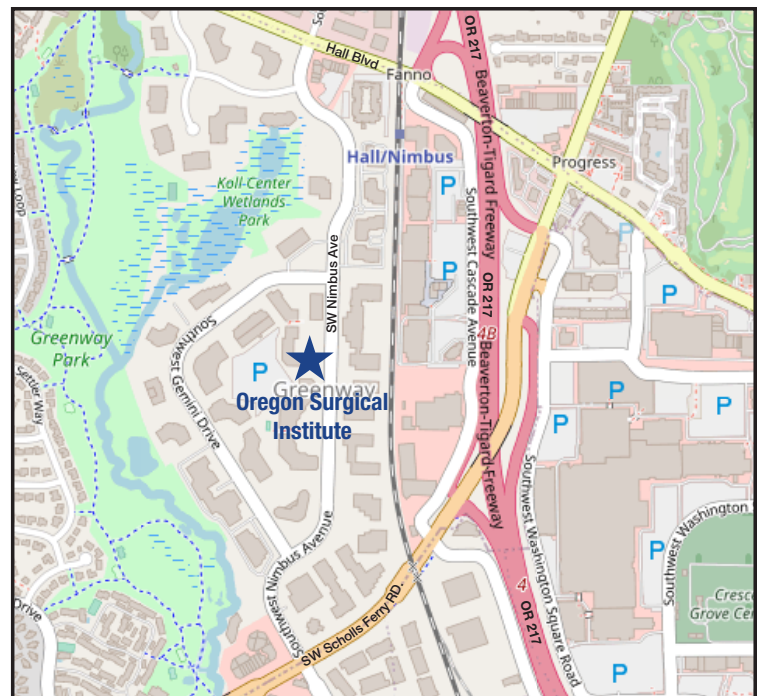
**From I-205 North or South:** Take exit 10 toward Molalla/Oregon City. Merge onto OR-213/Trails End Hwy toward Molalla. Turn Right on S. Redland Rd. Take the second right onto S. Anchor Way. Take the 2nd left onto Division St. Take the third left (just past Davis Rd).



9405 SW Nimbus Ave.  
Beaverton, Oregon 97008

**From OR 217 South:**  
Take exit 4A and take the right ramp for Hall Blvd. toward Beaverton. Turn right onto Hall Blvd. Turn left onto SW Nimbus Avenue. Enter parking lot on right.

**From OR 217 North:**  
Take exit 4 for Scholls Ferry Rd. and turn left onto SW Scholls Ferry Rd. Turn right onto Nimbus Avenue. Enter parking lot on left.



# Before Surgery

# Surgery Checklist

Be sure you have all the information you need before the day of your planned procedure. If you have any questions, please contact us to discuss.

## Before Surgery:

- Being physically ready for surgery will improve your outcome and decrease your risk of complications. See the list below for important conditions to manage before surgery:
  - Tobacco Use – Smoking/all nicotine use must be stopped for one month prior to surgery
  - Diabetes Mellitus – Hemoglobin A1C less than 7.5
  - Obesity – BMI less than 40
  - Sleep Apnea – bring C-Pap mask to facility
  - Chronic Narcotic Use (this makes post-operative pain management difficult)
  - Drug or Alcohol Dependence
  - High Blood Pressure/Hypertension
  - Anemia
  - Depression
  - Staph Infections
  
- Confirm surgery date, check in time and location. The hospital/surgery center typically calls to confirm, but if you have any doubts on when or where you should be going, please call.
  
- Complete all pre-surgical testing before your surgery day. Depending on medical history and planned procedure these may include: EKG, labs, nasal cultures, specialist consults and/or specific imaging.
  
- Update your medication list and stop certain medications before your surgery date as instructed. Your specific medications will be discussed at your pre-op visit.
  - Medications to **STOP**:
    - Anti-inflammatories (Ibuprofen, Naproxen, etc.): 1 week prior to surgery date
    - Blood Thinners (Coumadin/Warfarin, Eliquis, Xarelto, Plavix, Pradaxa etc.): As directed
    - Diabetic medications (Metformin): As directed
    - Other Dietary Supplements not prescribed by a physician: 1 week prior to surgery date
  
  - Medications to **ALERT** your surgeon you are taking:
    - Long term steroids (You may need to temporarily increase your dosage due to surgery.)
    - Immunosuppressants (For patients with Rheumatoid Arthritis or organ transplants.)
  
- Do not eat or drink anything after midnight the night before surgery, including water. You may take approved medications with small sips of water. Avoid coffee and gum on the morning of surgery. Failure to comply may result in the cancellation of your surgery for safety reasons.
  
- Do not drink alcohol the night before your procedure.
  
- Remove nail polish and jewelry.
  
- Shower the night before and on the morning of your procedure. This helps to decrease the normal bacteria on your skin. Avoid shaving the operative site for a few days before your procedure.

- ❑ Take your regular medication the morning of surgery unless directed by your surgeon. Medications that should typically be continued include heart medications (Beta blockers), blood pressure/anti-hypertensive medications, and insulin (reduced dose).

### **What to Bring:**

- ❑ An updated list of your current medications.
- ❑ Copies of your advance directives if you so desire.
- ❑ Dress in loose, comfortable clothing.

### **What NOT to Bring:**

- ❑ Don't bring valuables such as jewelry, cash or electronics.
- ❑ Limit family members to no more than two on the day of surgery.
- ❑ Leave small children at home when possible. If you do bring children with you day of surgery, there must be another adult to supervise them.

### **Canceling Surgery:**

- ❑ Please contact our scheduler, Tina, at [503-905-4131](tel:503-905-4131) if there is any need to cancel surgery.
- ❑ Please contact our office if you are not feeling well prior to surgery, and we will decide if the procedure needs to be postponed. See below for examples of conditions that might delay surgery:
  - Flu or sinus infection that has caused a fever within 1 week prior to surgery
  - Pneumonia
  - Uncontrolled asthma or unusual shortness of breath
  - Chest pain
  - Uncontrolled diabetes
  - Infection or trauma to the skin in or near operative site

# **After Surgery**

## General Post Operative Instructions

Below are general instructions for after your procedure. There will also be instructions given on the day of surgery that will be more specific to your procedure. If you are having any issues or questions please contact our office for further guidance.

- You should have a family member or friend drive you home and be available to stay with you for at least 3 days. You should not be left alone after anesthesia for safety reasons.
- Drink plenty of fluids after surgery. We advise that you advance your diet slowly to ensure no post-operative nausea. Start with bland foods that are easily digested and advance as tolerated. Avoid large heavy meals for the first 24 hrs.
- Take your pain medications as instructed with food to prevent nausea.
- **NO ALCOHOL** after surgery or while taking narcotic pain medications.
- **NO SMOKING /NO TOBACCO USE/NO NICOTINE.**
- You should have a bowel movement within 2-3 days after surgery. If you haven't, please use stool softeners and laxatives in your regimen as instructed post-operatively. If you are having bloating, abdominal pain, diarrhea or constipation please contact our office for further instructions.
- Avoid strenuous activity for the first couple of days following your procedure. Advance activity only as your surgeon allows. Refer to post-operative instructions for weight bearing status and range of motion restrictions.
- Please leave dressings in place, and keep clean and dry at all times. Only remove when directed to do so. Bleeding does occur after surgery and can be normal. If there is a small amount visible on the dressing, we recommend that you add another layer of gauze and tape or wrap the area with another ACE wrap. If the bleeding continues or is soaking the dressing, please contact our office for further instructions.
- Do not put any ointments or creams over or near the incision unless directed by your surgeon.
- Some swelling and bruising is expected after surgery and should not cause concern. This can include swelling in the joint, as well as the entire leg and foot. Swelling can worsen a few days after surgery. It is common for swelling to be better in the mornings and worse later in the day. To minimize swelling and pain, you should use ice packs and elevate your leg as much as possible. Ice and elevation reduce swelling and inflammation and help relieve pain. We recommend elevating your foot, above the level of your heart, while laying down at least three times a day for 30-60 minutes. When sitting, keep your foot elevated on a footstool or bench.
- Scar formation after surgery is normal. In order to prevent excessive scarring we suggest scar massage once approved by your surgeon. You should also protect the area from direct sunlight by applying sunscreen (SPF 15 or higher) over the incision once incision is healed.

### **When to Call the Office or On-Call Physician:**

- Pain is not managed well with current medication. Calls regarding medication should be made during business hours.
- Blood is soaking through the dressings and does not stop when pressure is applied, or new dressings are placed over the original dressing.
- There is severe pain in the back of the calf with or without associated swelling.
- The operative leg appears darker in color or cooler to the touch.
- You have a temperature higher than 101.5 degrees F.
- There is worsening redness/swelling or increasing drainage involving incision site.

**Please go directly to the Emergency Room if you have chest pain or shortness of breath.**



## After Surgery Clinic Visits

A typical post-surgery follow-up schedule is detailed below, but may change if necessary. The time line is not exact after the first appointment. If you need to change a later visit by a reasonable amount of time, this is not an issue. You will see either the surgeon or the physician assistant.

Here are the typical return visits to the clinic:

1. Two (2) weeks after surgery:
  - Wound Check
  - Take & review X-rays
  - Assess progress with therapy
  - Provide refills of pain medication if needed
  
2. 6 weeks after surgery:
  - Check motion for knees
  - Relax precautions for hips
  
3. 4 months after surgery:
  - Check hip X-rays
  - Check knee motion
  
4. One year after surgery:
  - Check X-rays
  - Assess final results

## How to Use Walkers

After you have had your total hip or total knee procedure you will be using a walker to assist with walking for the first two weeks while the tissue is healing. A walker will help with balance, normalizing your gait pattern and enable you to perform your daily activities more safely. You may progress to using a cane at the direction of your therapist.

A front wheeled walker is preferred. When you get home, please have a friend or family member nearby while you are walking, for balance and safety.

### Make Your Home Safer

Making some simple safety modifications to your home can help prevent slips and falls when using your walking aid:

- Remove throw rugs, electrical cords, pet food dishes and anything else that may cause you to fall.
- Arrange furniture to allow room for the walker to have a clear pathway between rooms.
- Keep stairs clear of packages, boxes or clutter.
- Walk only in well-lit rooms and install a night light along the route between your bedroom and the bathroom.
- In the bathroom, use nonslip bath mats, grab bars, a raised toilet seat and a shower tub seat.
- Simplify your household. Keep items you need within easy reach to avoid excessive bending.
- Use a basket or tote bag attached to your walker to assist in carrying items.

### Proper Walker Height

Stand up straight with your arms relaxed at your side. The walker handle should be at the level of your wrist. When your hands are on the walker there should be a slight bend in your elbow (about 20 degrees).

### Walking

If you are using a rolling walker, just push the walker forward and take normal steps. Try to use a normal heel/toe progression when stepping forward on the surgical leg. Keep your back straight and do not hunch over the walker. To prevent your foot from going under the front bar of your walker, do not take large steps. When turning, take small steps.

**DO NOT PIVOT OR TWIST ON SURGICAL LEG.**

## **Sitting down**

To sit, back up to a sturdy chair. Put your injured foot in front of you, reach back for the chair/bed with both arms and slowly lower yourself.

If you have had a total hip avoid sitting in lower chairs or recliners. You may have to put a couple of pillows in your chair to build up the chair height.

To stand up, inch yourself to the front of the chair and straighten the surgical leg out in front. Push yourself up from the armrests or bed with both arms. Do not put your hands on the walker and try to pull yourself up with the walker. Once you are standing, put your hands on the walker.

## **Getting into the car**

Move the front passenger seat to a slightly reclined position and as far back as possible. You may need a pillow or folded blanket in the seat if the seat is too low. Open the car door all the way and back up to the seat. Bring your surgical leg out in front, reach back for the car seat or dashboard for support and slowly lower yourself to the seat. Scoot back on the seat as far as possible and lean back as you bring your legs into the car. You can use your arms to lift the leg or ask a family member to help with lifting the surgical leg into the car. Reverse the steps to get out of the car. Use your hands to push up from the dashboard and seat.

## **Stairs**

- Go up with the nonsurgical leg first, then the surgical leg.
- Go down with the surgical leg first, then nonsurgical leg.

### **Stairs with a walker:**

#### ***To go upstairs:***

- Begin facing the stairs with your walker folded in one hand and your other hand resting on the railing. Make sure to stand as close to the bottom of the stairs as possible.
- Wedge the front wheel of your walker at the bottom of the next step, keeping the back wheel on the ground.
- Next, bring your nonsurgical or uninjured leg up, using the railing and your walker for weight bearing as instructed, then follow with your surgical or injured leg.
- Continue this pattern until you reach the top.

#### ***To go downstairs:***

- Begin at the top of the stairs with your walker folded in one hand and your other hand resting on the railing. Make sure to stand with your toes close to the edge of the step.
- Lower the front wheel of your walker onto the step below you, keeping the back wheel in contact with the base of the step above.
- Bring your surgical or injured leg down, followed by your nonsurgical or uninjured leg, using the railing and your walker for weight bearing as instructed.
- Continue this pattern until you reach the bottom.

Tip: Make sure you have your balance before you continue onto the next step.

## Stairs with a cane:

### ***To go upstairs:***

- Begin facing the stairs with your cane in one hand and the other hand resting on the railing. Make sure to stand as close to the bottom of the stairs as possible.
- Bring your nonsurgical or uninjured leg up onto the stair, using your cane and the railing for weight bearing as instructed.
- Bring your cane and your surgical or injured leg up onto the same step.
- Continue this pattern until you reach the top.

### ***To go downstairs:***

- Begin at the top of the stairs with your cane in one hand and the other hand resting on the railing. Make sure to stand with your toes close to the edge of the step.
- Hold onto the railing and carefully lower your cane onto the step below you.
- Bring your surgical or injured leg down, followed by your strong leg, using the railing and your cane for weight bearing as instructed.
- Continue this pattern until you reach the bottom.

Tip: Make sure you have your balance before you continue onto the next step.

## **Anterior Total Hip Replacement Precautions**

Avoid the combination of external rotation and extension of the hip.

- Avoid the combined movement of rotating your toes outward and moving the leg behind the body.
- Avoid twisting or turning quickly away from surgical leg.
- If lying, do not lower the surgical leg off the side of the bed.

## **Posterior Total Hip Replacement\* Precautions**

Avoid the combination of external rotation and extension of the hip.

Avoid the combination of flexion, adduction and internal rotation of the hip.

- Avoid the combination of flexing or bending your hip past 90 degrees and rotating your toes or knees inward.
- Do not cross your legs.
- Avoid rising from chair or commode with knees together.
- When seated or standing, avoid reaching towards your ankle to pick up an object, place socks and shoes or shave legs.
- Avoid low chair, couches or recliners.

\*Dr. Coen rarely performs Posterior Hip Replacements

## EXERCISES

Please copy and paste the link below into a web browser to access the recommended exercises.



<https://hipknee.aahks.org/>