

JOINT REPLACEMENT EDUCATION



Triangle
Surgery Center

Meeting The Highest Standards In Orthopedic Outpatient Surgery



Welcome to



At Triangle Surgery Center, our goal is to deliver an excellent surgical outcome as well as a very positive patient and family experience.

Our entire team is dedicated to making your experience the best it can be. Our thoroughly modern building is equipped with some of the most advanced technology available anywhere. It is led by some of the region's most reputable orthopedic surgeons and pain management physicians, and the staff delivers highly specialized attention – before, during and after surgery.



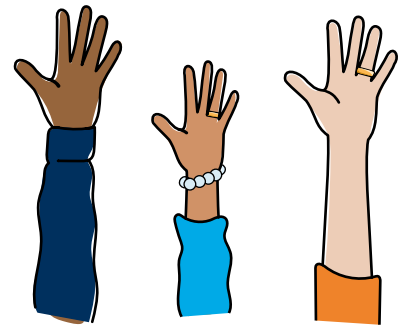
Your Care Team

Surgeon	Phone #
NP/PA	Phone #
Bundle Coordinator	Phone #
Physical Therapist	Phone #
TSC Pre-Assessment Treatment Nurse (For PAT RN, please allow 24 hours for a return call)	Phone #

FAQs

What is an ambulatory surgery center?

An ambulatory surgery center (ASC) is a facility where surgeries that do not require hospital admission are performed. They have fully equipped operating rooms and recover under the care of highly skilled nurses. Patients do not spend the night at ASCs.



Why is my arrival time so long before my scheduled surgery? Your arrival time is not the time of your surgery. After admission to the ASC, paperwork needs to be completed, medications reviewed, vital signs taken, and discussions are had with your surgeon and anesthesiologist. Every effort is made to start your surgery on time.

Can my family be with me while I wait? One family member or caregiver, at least 18 years old must accompany you to the center, wait in the waiting room and receive post-op instructions in the PACU.

Will surgery be painful? Discomfort should be expected, however your pain should be manageable before your discharge. The team will employ a variety of methods before, during, and after your procedure to keep you as comfortable as possible.

Will I become addicted to my pain medications? It is not common to become addicted to surgery-related pain medications. Your prescription will be short term. Long term use increases the risk of dependence. *Let your physician know if you have a personal or family history of addiction.*

How soon after surgery can I drive? Before driving you will need to be off narcotic pain medication, have good leg control and be able to react to the road. Discuss it with your physician at your two-week post-op appointment, ***but absolutely no driving until then.***

When will I be able to return to work? Your return to work will depend on what type of work you do. The more physically demanding your job, the longer it may be before you can return to full duty.

Can I drink alcohol during my recovery? As long as you are taking narcotic pain medication, you should avoid drinking alcohol. Both have a sedating effect and can suppress your central nervous system, including reducing your rate of breathing. Alcohol can also decrease your ability to walk safely and increase your risk of falling.

When can I shower? Please refer to your discharge instructions.

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When To Call Your Physician

Call the office at 800-359-3053 if you experience any of the following:

- Temperature greater than 100.5° F not relieved by Tylenol
- If the area around the incision site becomes red, hot and hardened or extremely swollen
Total knees—for bright red drainage seen on your ACE wrap or bandage
Total hips—for bright red drainage seen on your waterproof bandage the size of a half-dollar on your bandage
- Nausea or vomiting not relieved by medication
- Calf pain, red and warm to touch; swollen veins that are red, hard or tender to touch that you can see
- Inability to urinate 8 hours after surgery

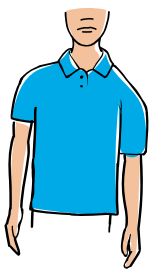


When To Call 911

- Sudden onset shortness of breath
- Sudden onset chest pain
- Unresponsiveness
- Signs of stroke:
 - Facial drooping
 - Arm drifting down
 - Slurred speech
 - Time



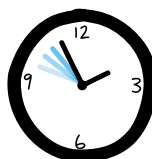
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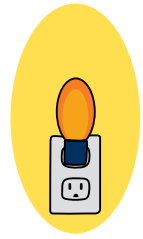
WHEN TO CALL THE OFFICE / WHEN TO CALL 911

NOTES: _____

Preparing Your Home

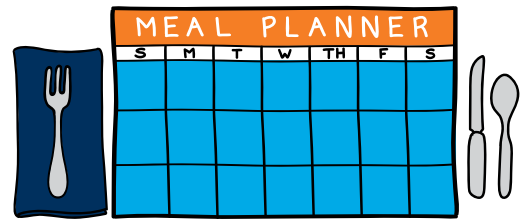
There are many things you should do before surgery to make your home safer and more comfortable for your recovery.

- Clear clutter from pathways and remove all throw rugs.
- Tape down any electrical cords or tuck them behind furniture.
- Install night lights in hallways and bathrooms.
- Clean your house and do laundry before surgery.
- Move items you use most often to counter height.
- Arrange for help caring for your pets.
- Refill regular prescriptions before your surgery. See if you can get a 90-day refill.



Meal Planning

- Shop ahead and stock up on foods that are easy to prepare.
- Make and freeze meals ahead of time for easy microwaving.



Create a Recovery Center



Place items you frequently use within easy reach where you plan to recover & rest:

- Phone and phone charger as well as emergency numbers
- Remote control
- Laptop/charger/books
- Water and snacks

Assistance

Arrange for a care-giver. You **will** need the assistance of a responsible adult for the first week after surgery to include:

- A responsible adult to **stay with you** for the first 72 hours after you go home
- Someone to assist with meals and household tasks
- Help with personal care such as assistance to the bathroom, hygiene needs, and help with bathing/showering once allowed
- Transportation to and from your surgery as well as to and from your appointments after surgery – **you will not be allowed to drive until cleared by your surgeon.**

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Stop Smoking & Drinking

Quit smoking 4 weeks before and after your surgery

Smoking increases the chance of medical complications such as blood clots, infection, inflammation and pain, and delays healing. People who smoke have a significantly higher surgery failure rate.

Quitting is not easy but there are resources to help. Talk to your doctor about your options. Support is available.

- National Quit Line - (800)QUITNOW (784-8669)
- National on-line website - www.smokefree.gov



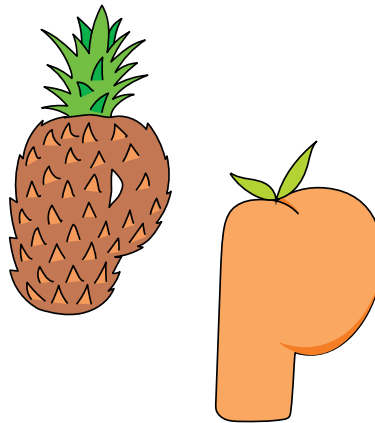
Stop Drinking Alcohol

Do not drink alcohol for at least 24 hours before your surgery. Alcohol can change the way some medications work as well as increase your risk of bleeding during and after surgery. In addition, drinking alcohol after surgery may impair healing and increase the risk of infection, increasing your recovery time.

Nutrition & Hydration

Studies show that eating and drinking certain types of food before and after surgery may make your recovery easier. High protein and high carb foods give your body the fuel it needs to heal after surgery. Increase your clear fluid intake to stay hydrated and to help relieve constipation.

Eating fruits and vegetables that have the letter “P” in them—plums, pineapple, apples, apricots, peaches, spinach, asparagus, etc. This will lessen the chance of constipation during your recovery.



Oral Hygiene

Oral hygiene is important. If present, bacteria from dental disease (gingivitis or periodontitis) can move from the mouth via the bloodstream to vulnerable surgical sites. The ADA recommends a dental exam prior to elective surgeries. During the week before surgery, brush and floss your teeth twice a day and use alcohol-free mouthwash each time. On the morning of surgery, brush, floss and rinse with mouthwash.

Medications

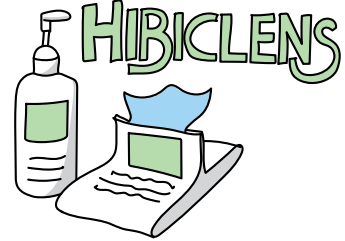
- Stop taking herbal supplements and vitamins 7 days prior to your surgery.
- If you are taking any weight loss products such as Phentermine, Ozempic and GLP-1, stop taking 7 days prior to your surgery.
- Stop over-the-counter anti-inflammatories (NSAIDs) such as Ibuprofen (Advil/Motrin) and Naproxen (Aleve) 7 days prior to your surgery.
- Refer to your individualized medication plan.

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Day Before Surgery

Diabetic Patients

- You will be instructed on any diabetic medications you should or should not take the morning of your surgery.
- Your blood sugar levels will be checked during pre-op and if needed, you will be treated accordingly.
- Bring your diabetic medications with you.



Showering

- The night before your surgery, shower with the special soap (Hibiclens) you have been given. Use a clean towel and wash cloth with each shower.
- Dry off with a clean towel. A thin film will be left on your skin, do not wash it off and do not apply lotion to your skin.
- **Sleep in clean pajamas and on clean linens.**
- Follow the instructions on the Hibiclens handout you were given.

Arrival & Escort

You will be called the afternoon before your surgery with your arrival time. If your surgery is on a Monday, you will be called the Friday afternoon before. If your surgery is the day after a holiday, you will be called the afternoon of the last business day before the holiday.

A responsible person, at least 18 years old, must remain on site at the surgery center throughout your stay. If they leave the surgical waiting area to wait in the parking lot, a cell phone number must be left with the front desk personnel. If they leave to eat, please grab something quick and eat outside of the facility before returning.

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Morning Of Surgery

Medications

- Take only the medication(s) you were instructed to take during your pre-assessment phone call. Refer to your individualized medication plan.
- Diabetic Patients: Refer to your individualized medication plan. We will check your blood sugar when you arrive and treat you accordingly. Please bring your diabetic medications.
- If you have rescue inhalers, please bring them.

What To Bring On The Day Of Surgery

- Bring your insurance card(s) and current photo ID with your current address.
- Bring either your credit card or check to make your payment for any fees discussed during pre-registration.
- If you have them, bring a copy of your Advance Directives, Health Care Power of Attorney or other legal documentation to let us know who can act for you while you cannot. Do not bring originals.
- Bring your CPAP if you use one to sleep.
- Leave all valuables at home.

Also Remember:

- Shower the morning of your surgery using the Hibiclens given to you.
- Wear loose, comfortable clothing and non-skid shoes. **Do not** wear heels or flip-flops.
- Remove all jewelry and piercings.
- Do not wear make-up, lotions, deodorant, or perfumes/cologne.
- Do not wear gel nails or nail polish—this can interfere with your oxygen level readings and pose an increased risk for infection.

We are diligent in our efforts to stick to your surgery time, however, **delays are sometimes unavoidable**. When the surgical team prepares you for surgery you can expect the following:

- You will be given the opportunity to urinate and change into a hospital gown.
- You will be asked to confirm and sign final consents.
- For your safety, your medical history and medications will be reviewed one last time.
- Your vital signs will be taken, and ordered pre-op medications will be given.
- You will see an anesthesiologist who will discuss your care plan, including pain control.
- Your surgeon will see you to discuss your procedure and mark your surgical site.

Your Discharge

The expectation is that after surgery, you will be discharged home the same day to recover. Studies show that joint replacement patients are able to recover at home faster and with fewer complications. Your discharge is based on the following criteria:

- You will be seen by a physical therapist who will help you get out of bed, walk and use stairs. Once considered safe, the physical therapist will clear you to go home.
- You are urinating; if unable to urinate, a bladder scan will be done and you will be instructed further based on the amount of urine in your bladder.
- Your pain and nausea are managed.

Once your surgical team feels you are safe to recover at home, you will be discharged.

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The First 48 Hours at Home

You prepared well for your homecoming, so now relax and focus on your recovery. Expect a follow-up call from the surgical discharge staff after your surgery and use this opportunity to ask questions or report any problems.

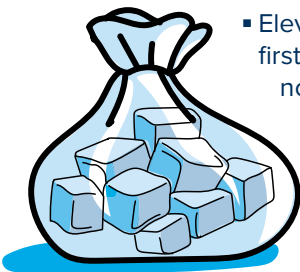
Activity

- Walk for at least 3-5 minutes every two hours the first few days after surgery.
- Use your walker and other assistive devices as directed and until cleared by physical therapy.
- You may put as much weight on your operative leg as tolerated. Resume normal activity as you gain strength.
- If prescribed, wear stockings (TED hose) and/or portable pneumatic cuffs for at least 16 hours a day, in any combination of day or night.
- Sit in chairs with arms, but don't sit for long periods of time. Plan to walk often and to do range of motion exercises as well as other exercises given to you by physical therapy.
- Do not lift anything heavy after surgery, and do not lift anything that requires squatting or bending. Your surgeon will let you know when it is OK to lift heavy objects.
- Do not drive until your physician clears you. Remember, do not drive while taking narcotic medications as this is considered Driving Under the Influence (DUI).

Wound Care

- At the time of surgery, a waterproof bandage will be placed over your incision. Do not remove this bandage; your surgeon will determine when it will be removed. They will also remove your staples or stitches when safe to remove.
- Showering: Please refer to your discharge instructions.
- Don't be alarmed if you notice drainage on your waterproof bandage; some drainage is expected.
- Never let your pets near your surgical site and do not let them sleep with you (on the bed or in your lap) while healing. Wash your hands after touching your pet.
- Wear clean clothes and sleep on clean bed linens.
- Washing your hands is the #1 way to prevent infection. Wash your hands often and have your caregiver wash their hands often as well.

Ice / Elevation



- Elevate your operative extremity, toes above the nose, as often as possible during the first 48 hours after surgery. Place a pillow under your heel to maintain full extension; no pillows under your knee on the operative leg.
- Apply ice for 20 minutes each hour for the first 48-72 hours. This will help alleviate pain and swelling. Do not apply ice directly to your skin as this can cause frost bite.
- Do not apply heat as this can delay wound healing.

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Infection Precautions

Before, during and after your surgery, precautions are taken by your surgical team to prevent infection. The following are steps you need to take to help prevent your risk of infection:

- Washing your hands is the #1 way to prevent infection.

Before Surgery

- Tell your surgeon about any open area(s) on your skin, such as scratches, rashes, insect bites, etc.
- Discuss with your provider any new onset swelling and/or pain you may have that is not related to your surgery.
- Do not shave your operative leg from 48 hours before your surgery.
- Shower with the Hibiclens soap provided to you as instructed.
- Stop smoking. Smoking impedes the healing process and can lead to further damage. Your surgeon may cancel your surgery if you continue to smoke.

Day of Surgery

- Shower with the Hibiclens soap as directed.
- Tell your physician about any new onset of fever, sickness, rash or new open wounds.
- Let your nurse know if you have been started on an antibiotic since your last medication review.



After Surgery

- Do not lift your bandage to peek at your wound.
- Wash your hands often and have your caregiver wash their hands often as well.
- Wash your hands before and after caring for your wound.
- Wash your hands after using the bathroom.
- Wash your hands before and after meals.
- Wash your hands after touching your pets.
- Keep pets away from your operative area.

Pain Management

Recovering from any surgery will involve discomfort and pain. Expect pain to increase once your pain block has worn off. Your surgeon will order pain medication to take.

- Take your pain medication as directed and do not wait for your pain to become severe before doing so. It's much easier to control pain than to stop pain. The goal of the pain medicine is not to be pain free but to help your pain be tolerable.
- When taking narcotic pain medication, you may experience dizziness or drowsiness; do not drink alcohol or drive while taking narcotic medication.
- Pain medication can also cause nausea. 15 to 20 minutes before taking your medication, eat a meal or have a snack.
- Other methods of pain management include: distraction (such as reading, calming music, or watching a movie), repositioning, and icing your surgical site.
- Always keep your opioid medication secure/locked up.



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Deep Vein Thrombosis (DVT)

Deep vein thrombosis, or blood clot, occurs when a blood clot forms in the deep veins, usually in the legs. Surgery and bed rest increase your risk for blood clots, even months after your surgery. They can form in the operative leg or the non-operative leg.

At discharge, wear prescribed stockings (TED hose) and/or portable pneumatic cuffs if prescribed. You may also be prescribed Aspirin 81mg or continued on other blood thinners you may already be taking. Once home, if you begin experiencing pain in either calf, call your surgeon **immediately** as you may have a DVT. Other symptoms include:

- Pain
- Redness
- Warmth
- Swelling
- Leg Cramps
- Pain that worsens when you bend your foot
- Bluish or whitish skin discoloration

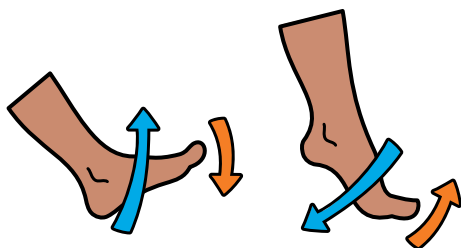
A blood clot that breaks off and travels to your lungs via the bloodstream is called a pulmonary embolism (PE). Symptoms of a PE include:

- Sudden onset shortness of breath or difficulty breathing
- Cough that may have bloody or blood-streaked sputum
- Chest pain that is sharp and felt when you breathe deeply, often stopping you from being able to take a deep breath
- Rapid or irregular heartbeat, lightheadedness or dizziness
- Excessive sweating or clammy, blueish skin (cyanosis)

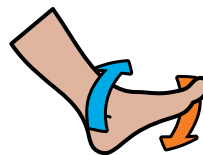
If you develop sudden chest pain or sudden shortness of breath, call 911.

To help prevent a DVT or PE:

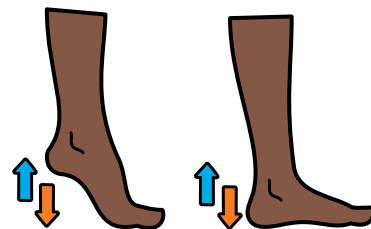
- Walk—walking is one of the best things you can do to prevent a blood clot.
- If prescribed, take blood-thinning medications (such as Aspirin).
- Below are some exercises to help prevent blood clots:



Sitting & Lying
(flexing the foot)



Sitting & Lying
(rotating the ankle)



Standing
(moving up & down)

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Pneumonia

Pneumonia is a possible complication after surgery. Lung tissue is moist and when immobile, this moisture becomes stagnant and allows germs to grow in your lungs more freely. Moving around helps prevent this stagnation.

Signs and symptoms of pneumonia include:

- Cough which may produce greenish, yellow or even bloody mucus
- Shortness of breath; rapid, shallow breathing
- Sharp or stabbing chest pain that worsens when you breathe deep or cough
- Loss of appetite, low energy, and fatigue

To reduce your risk of pneumonia after surgery:

- Follow your doctor's instructions on eating and drinking before surgery. Going under anesthesia with food in your stomach puts you at risk of vomiting that can get into your lungs, leading to a type of pneumonia called aspiration pneumonia. Following your doctor's instructions greatly reduces this chance.
- Decreased activity can increase your risk of developing pneumonia. Perform prescribed exercises and walk as often as tolerated.
- Cough and deep breathe every two hours to help prevent pneumonia.

Stop Smoking

- Allow your lungs to get stronger to reduce your risk of pneumonia.
- Do breathing exercises. Take 10-15 big, deep breaths every hour. Your care team will determine if you would benefit from the use of an incentive spirometer. Most patients will not need one as they are mobile soon after surgery.
- If given an Incentive Spirometer, use as directed.

Nausea and Vomiting

Why is Nausea Common After Surgery?

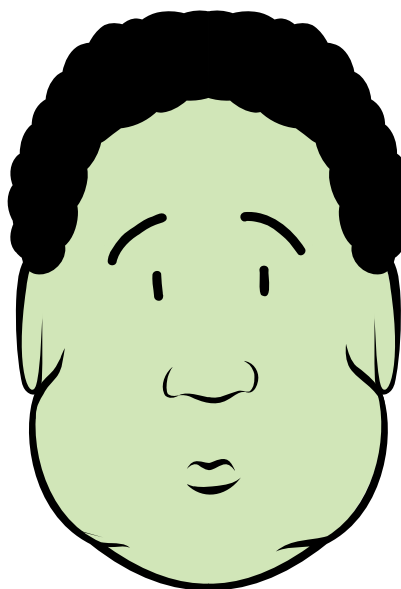
Post-op nausea and vomiting happen for several reasons. This is a known risk after anesthesia. Other causes include:

- Dehydration
- Taking medications on an empty stomach
- Returning to a normal diet too quickly
- Lack of medication to prevent nausea

Tips for Preventing Nausea and Vomiting After Surgery

- Hydrate with clear fluids.
- Take anti-nausea medications.
- Take pain medications 15-20 minutes after eating a meal or snack.
- Return to your normal diet slowly.
- Try ginger candy or "flat" ginger ale.
- Avoid strong scents and smells that can cause nausea.

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Constipation

Constipation is a common problem after surgery, especially if narcotic pain medications are prescribed. To help prevent constipation:

- Your surgeon may prescribe a stool softener or laxative to take at home.
- Increase your intake of high-fiber fruits and vegetables. Avoid cheese and other dairy products, heavily processed foods, and sweets as these can cause or worsen constipation. Limit your consumption of these.
- Eating fruits and vegetables that have the letter “P” in them—plums, pineapple, apples, apricots, peaches, spinach, asparagus, etc. This will lessen the chance of constipation during your recovery.
- Increase your clear fluid intake and avoid excessive caffeinated beverages.
- Constipation is also a side effect of taking narcotic pain medication. Along with increasing fiber and water intake, walk as often as you can. Immobility promotes constipation.
- If you have not returned to your normal bowel pattern within 3 days of your surgery, take a gentle laxative. If it persists, please call your primary care physician or your pharmacy for further advice.

Fall Precautions

Protecting yourself from falls is an important part of your recovery. Helpful tips for fall prevention are:

- Wear non-skid sensible shoes; do not walk in stocking feet or go bare-footed.
- Move furniture around so you have a clear path to walk with your walker or cane—don’t carry them!
- Remove loose rugs or tape them down with double-sided tape or use a non-slip backing so the rug does not slip. Remove all throw rugs.
- Tape down extension cords or wires so as to not trip over them.
- Declutter your home and keep items off of stairs.
- Move most-used items to lower shelves to avoid reaching over your head—ask for help!
- Place a non-slip rubber mat on the floor of your tub or shower.
- Use grab bars in your bathroom if you have them; if not, consider installing some.
- At night, place a lamp close to your bed and within easy reach. Also, keep a night light on in your hallways and bathrooms so you can see when you are walking.
- Avoid wearing robes or gowns that are floor-length.
- Have a friend or other family member walk your pets!

*Studies show that more than 87,000 people a year go to the Emergency Department because of injuries related to cats and dogs.

*Injury rates are highest among those 75 years and older, and women are 2 times more likely to be injured.

*66.4% of falls are related to cats. *31.3% of falls are related to dogs.



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Triangle Surgery Center was formed by orthopedic surgeons who are part of EmergeOrtho, one of the foremost orthopedic practices in North Carolina. With decades of experience and outstanding reputations, these board-certified and board-eligible, fellowship-trained specialists lead a team of equally qualified support staff in delivering compassionate, orthopedic surgical care.

Surgeons

J. Mack Aldridge III, MD, FAOA

*Orthopedics, Hand and Upper
Extremity Surgery*

Karl F. Bowman, Jr., MD

Sports Medicine

Mark Burt, MD

*Sports Medicine, Joint Replacement,
Hand Surgery, Fracture Care,
Arthroscopy, General Orthopedics*

Brett J. Gilbert, MD

*Orthopedics, Adult Joint
Reconstruction Surgery*

William D. Hage, MD

*Arthroscopy, Sports Medicine,
Fracture Care, General Orthopedics*

Matthew D. Hannibal, MD

Back, Neck and Spine

Paul J. Kerner, MD

*Foot and Ankle, Knee and Shoulder
Reconstruction, Sports Medicine*

Marshall A. Kuremsky, MD

*Hand and Upper Extremity Surgery,
Sports Medicine, Arthroscopic
Surgery*

Michael Madsen, MD

Back, Neck and Spine

Joseph E. Massaglia Jr., DO

Foot and Ankle

Michael Merz, MD

*Hip and Knee Preservation,
Replacement Surgery*

David Musante, MD

Back, Neck and Spine

Matthew Popa, MD

Orthopedics and Joint Replacement

Michael P. Ransone, MD

Joint Replacement

Lucas Romine, MD

Orthopedic Surgery

Shepherd F. Rosenblum, MD

Orthopedic Surgery and Sports Medicine

Richard W. Rutherford, MD

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John M. Solic, MD

Sports Medicine

Alexia H. Soria, MD

Hand and Upper Extremity Surgery

Nicholas A. Viens, MD

Foot and Ankle

Joseph Wilson, MD

Shoulder

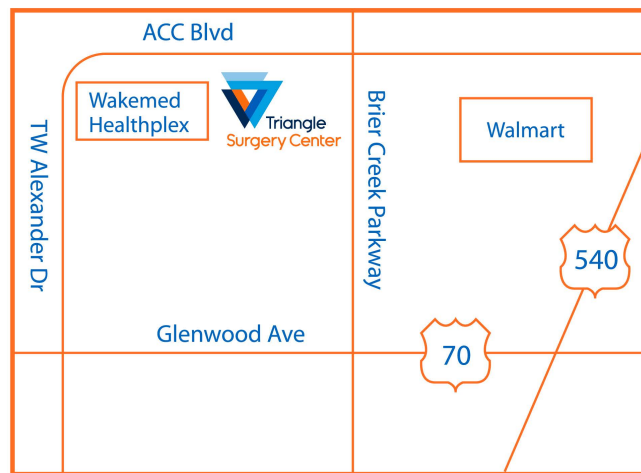


Triangle Surgery Center

Conveniently Located To Serve Our Region

Triangle Surgery Center is situated at 7921 ACC Boulevard, near Raleigh-Durham International Airport in Raleigh, NC. This central location provides easy access for patients from surrounding areas and beyond.

Brought to you by
the physicians of EmergeOrtho.



7921 ACC Boulevard Raleigh, NC 27617



Achieved Accreditation by
 AAAHC

Achieved Advanced Orthopaedic Certification by
 AAAHC