

Revised April 1, 2014



Rubin Institute for
Advanced Orthopedics

Center for Joint Preservation
and Replacement (CJPR)
410-601-8500

Michael A. Mont, MD
Founder, Rubin Institute for
Advanced Orthopedics (RIO)
Director, CJPR

Ronald E. Delanois, MD
Hip, Knee, and Sports Surgeon
Director, CJPR Fellowship Program

James Nace, DO, MPT
Joint Replacement Surgeon
Academics Director

Kevin W. Bedwell, PA-C
David Berman, CNRP
Christa Cooper, PA-C
Andres R. Lagoc, PA-C
David L. Mowry, MPAS, PA-C

International Center for
Limb Lengthening (ICLL)
410-601-8700 / 800-221-8425

John E. Herzenberg, MD, FRCSC
Founder and Director, ICLL
Director, ICLL Fellowship Program
Director, Pediatric Orthopedics,
Sinai Hospital of Baltimore

Janet D. Conway, MD
Head of Bone and Joint Infection

Shawn C. Standard, MD
Head of Pediatric Orthopedics

Bradley M. Lamm, DPM
Head of Foot and Ankle Surgery
Director, Foot and Ankle Deformity
Correction Fellowship

Noman Siddiqui, DPM, MHA
Surgeon, Foot and Ankle Deformity Correction

Renee J. Hunter, MPA, PA-C
Allison L. Lynn, MPA, PA-C
Christopher Fisher, PA-C
Shawn Giacobbe, PA-C

Wasserman Gait Lab
410-601-5945

Anil Bhawe, PT
Director, Wasserman Gait Lab
Division Head RIO Rehabilitation

Specializing in:
Hip, Knee, and Shoulder Joint
Preservation and Replacement
Limb Lengthening
Deformity Correction
Pediatric Orthopedics
Orthopedic Birth Defects
Bone and Joint Infections
Fractures and Nonunions
Foot and Ankle Problems
Gait Analysis and Rehabilitation

Post op instructions

DRESSING AND INCISION CARE;

- Keep dressing clean, dry and intact. If it becomes wet or soiled, change the dressing. Do NOT use any antibiotic ointment or cleanse the surgical site.
- Do NOT soak, bathe or swim until cleared by the doctor.
- Staples and **NON**-absorbable sutures should be removed at approximately 2 weeks post op.
- Drainage can be expected for several days, but should decrease every day. If it smells bad, appears greenish or thick or lasts longer than 1 week, call us immediately.

CASTS AND SPLINT CARE:

- Keep splints and casts clean, dry and intact.
- If your cast or splint becomes **wet** or too **tight**, you **MUST** contact our office immediately or go to the closest E.R.

ACTIVITY & PHYSICAL THERAPY:

- Keep the operative site elevated and iced as much as possible to control swelling.
- Icing 20 minutes out of each hour while awake is important in controlling pain and swelling as needed.
- If you had joint replacement, you begin your therapy during your hospital stay. You will then continue with therapy either at a rehab facility, at home or outpatient physical therapy center.
 - **KNEES**- It is important that you continue to follow your therapists' instructions and perform home exercises to prevent stiffness and increase strength and motion.
 - **HIPS**- You will have a set of instructions called, "hip precautions" that your therapist will go over with you. You must follow these precautions for 4-6 weeks (or as instructed by your surgeon).
 - **SHOULDERS**- You will have a set of "Codman or Pendulum" exercises, which your therapist will go over with you. Perform these exercises **ONLY**, and maintain precautions until your 2 week appointment.

Sinai Hospital / 2401 West Belvedere Avenue / Baltimore, MD 21215

Other Locations: 515 Fairmount Avenue / Towson, MD 21286; 750 Main Street / Reisterstown, MD 21136;
10 Crossroads Drive / Owings Mills, MD 21117; 6190 Georgetown Boulevard / Eldersburg, MD 21784

www.RubinInstitute.com

Revised April 1, 2014

- Crutches or a walker should be used for walking assistance for lower extremity procedures. Physical therapy should train you on these devices prior to leaving the hospital.

MEDICATIONS:

- Pain medication- Take the medication as prescribed, when you are in pain. Don't wait until the pain is unbearable. It may also help to take the pain medication 30-45 minutes before your physical therapy. If the prescribed medication is not relieving your pain, call us to discuss other pain control options.
- Constipation- You may experience constipation while you are taking pain medication. Taking a stool softener and a laxative such as Senna or Miralax, drinking plenty of water or fruit juice, and eating fruits and vegetables may prevent or relieve constipation.
- Pre-operative medications- Unless otherwise instructed, resume all of your pre-operative medications when you get home from the hospital.
- Anti-coagulant- If you had a joint replacement you will be placed on a blood thinner to help prevent blood clots. It is important to take the medication as prescribed daily for the exact period of time prescribed.

WHAT TO EXPECT:

- You will have pain and soreness around the surgical site for at least a few days even while using the pain medications.
- It is not uncommon to have soreness in your back or neck from lying on a small operating table for several hours.
- You will likely have some mild fevers for the first few days. This is not uncommon and is actually expected. If your temperature is **greater than 101 degrees** or accompanied by chills sweats, or nausea call the office.
- Your fingers or toes of the operative extremity may be slightly cool and have some tingling. Any true numbness or white fingers/toes are a concern. Call the office immediately.

CALL US IMMEDIATELY FOR THE FOLLOWING:

- * Wound separation
- * Fever of 101 or above
- * Sudden increase in pain
- * Dislocation
- * Drainage that is increased, bad smelling, thick, or greenish, or wound has increased in redness or warmth.
- * Swelling that is sudden, painful, or increased (some swelling is normal)
- * Calf or thigh pain

CALL 911 for SHORTNESS OF BREATH OR CHEST PAIN

CONTACT US: **410-601-8500** (Directions for the phone tree)

** Press option # 3 and then # 1 for Center for Joint Preservation and Replacement

- Option # 1 – Medication refill
- Option # 2 – Liaison Nurse line
- Option # 3 – Administrative Assistant for any questions regarding paperwork or forms.