

## BEFORE YOUR KNEE SURGERY

KURT KITZIGER, MD  
9301N. CENTRAL EXPWY  
DALLAS, TX 75231  
(214) 220-2468

1. Please discontinue any aspirin, anti-inflammatory, or blood thinners 7 days prior to surgery. Discontinue any diet medications 2 weeks prior to surgery. Discontinue all vitamins and supplements 7 days prior to surgery. Contact your Primary Care Physician, or the hospitalist physician who cleared you for surgery, about which medications you should take the morning of surgery if they have not already instructed you about this. You may take Tylenol, Tramadol, or Hydrocodone up until the night before your surgery.
2. The anesthesiologist will call the night before surgery to discuss anesthesia options.
3. **DO NOT** eat or drink anything after midnight the night before your surgery.  
**YOUR SURGERY WILL BE CANCELLED IF YOU FORGET TO FOLLOW THIS INSTRUCTION.**
4. Call our office if you have a cold or fever 48 hours before surgery.
5. If your surgery is scheduled at Texas Health Presbyterian Hospital, you will need to call 877-773-2368 to complete your pre-registration.
6. Shower the night before and the morning of surgery with antibacterial soap: Dial, Phisophex, Hibiclens. This helps to minimize the chance of infection. **DO NOT SHAVE THE OPERATIVE EXTREMITY FOUR DAYS PRIOR TO YOUR SURGERY. YOUR SKIN PREP WILL BE DONE AT THE HOSPITAL.**
7. Read your patient information brochure(s). It should answer most of your questions. Please write down any additional questions you may have so you can remember them when talking to Dr. Kitziger.
8. Your surgery is at:  
  
North Central Surgical Center: (214)265-2810  
Texas Health Presbyterian Dallas: (214)345-6789
9. Your surgery date is:\_\_\_\_\_.
10. Your pre-admit time will be confirmed with you a day or two before your surgery. Actual surgery times are not provided as many factors can affect what time your surgery will take place and are subject to change. Dr. Kitziger appreciates your understanding.
11. Please make arrangements for an adult to drive you home. You will not be released from the hospital to drive.
12. If you already have equipment (i.e. rolling walker, crutches, brace, etc.), please bring them with you the hospital.

**Please contact Dr. Kitziger's coordinators to schedule appointments or answer questions.**

## MEDICAL CLEARANCE

Before your surgery, Dr. Kitziger would like you to see your internist for medical clearance. It is similar to having a physical and is a “checkup” before surgery.

To ensure your surgical preparation is a smooth process, please follow these simple directions:

- Make your appointment with your internist 2 weeks prior to your surgery.
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Tell the internist’s office that the appointment is for “medical clearance for surgery”
- Call our office (214) 220-2468 and let us know who your appointment is with, when it is, and their phone number.
- Take the “Medical Clearance For Surgery” form with you to your appointment.
- Your internist’s office will be sending us the results of your tests.

We want to ensure that your surgical experience with us is a positive one. We hope these directions will be helpful in ensuring that. Thank you for your assistance.

Dr. Kurt Kitziger’s Office  
The Carrell Clinic

Kurt J. Kitziger, M.D.  
The Carrell Clinic  
9301 N. Central Expwy  
Dallas, TX 75231  
(214) 220-2468  
Fax (214) 397-1566

Subject: Medical Clearance For Surgery

**Patient:** \_\_\_\_\_

**Surgery Date/Place:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_

**This patient is requiring medical clearance for surgery. We request that you include the following labs and tests, as well as any you deem necessary for this patient:**

- **CBC**
- **CMP**
- **CXR**
- **EKG**
- **UA**
- **PT/INR & PTT – only if on anti-coagulation therapy or at the discretion of the examining physician**

**Please note that labs must be within 2 weeks of the surgery date. CXRs and EKGs can be within 6 months of the surgery date.**

**In addition, please address the following topics with the patient (and family) sometime during the course of the visit:**

- **Instructions for discontinuation of certain medications preoperatively – including which ones to stop and when**
- **Instructions for which medications are to be taken the morning of surgery – especially beta-blockers and insulin dosing**
- **If patient is on anticoagulants pre-operatively, please address whether bridge therapy is needed in the peri-operative period.**

**\*\*\*Please include a note clearing patient for surgery\*\*\***

**Please fax results to: (214) 397-1566      Attn: Coordinator for Kurt J. Kitziger, M.D.  
Thank you in advance for your assistance.**

## **IMPORTANT QUESTIONS FOR KNEE REPLACEMENT SURGERY**

**Q: Will I have a private room after surgery?**

**A:** Yes.

**Q: How long will I be in the hospital after surgery?**

**A:** The average stay is 3 days. If you are transferring to inpatient Rehab, you can expect a stay of 5 to 14 days total.

**Q: Do I need to order or purchase special equipment before surgery?**

**A:** Most of the equipment you will need is ordered by the physical therapist during your hospitalization.

**Q: Should I go to a rehabilitation facility or home after my surgery and hospital stay?**

**A:** Most people are able to return home. However, some patients require a rehabilitation facility to help in the regaining of skills needed for a safe home return. Determining factors as to where you will spend your initial recovery depend on: the availability of family or friends to assist with daily activities, your home environment and safety considerations, your postoperative functional status as evaluated by a physical therapist, insurance, Medicare, and overall evaluation by your hospital team.

**Q: Who will set up my home Physical Therapy, Nursing and equipment needs after surgery and discharge from the hospital?**

**A:** North Central Surgical Hospital and Presbyterian Hospital has home care coordinators on staff to make all the necessary arrangements, while you are in the hospital.

**Q: What should I expect my recovery time to be?**

**A:** Everyone heals at a different rate. For up to one month after the operation you may be restricted to the use of a walker or crutches. Patients then advance to a cane outdoors combined with no support around the house; this may continue for several weeks. Overall, a gradual return to normal function without any assistive devices occurs over three months for most patients, but may take longer, up to a year.

**Q: When can I drive?**

**A:** You should never drive at any point during which you are taking narcotics. You may drive an automatic car when you are off pain medication and when you are walking without a walker, typically at about four weeks. Practice driving in an area like a quiet neighborhood or parking lot.

**Q: When can I travel?**

**A:** You may travel as soon as you feel comfortable. On long trips, however, it is important that you stretch or walk at least once an hour to help prevent blood clots. **You should wear a TED hose on the operative leg and take a pre-trip Aspirin for all flights or drives greater than 2 hours. You should continue to do this for at least three months after surgery.**

**Q: When can I return to work?**

**A:** This depends upon your profession. If your work is mainly sedentary, you may return approximately after three to four weeks. If your work is more rigorous, you may require up to three months before you can return to full duty. Of course, everyone heals at a different pace, and more or less time may be necessary.

**Q: What are my chances for a successful surgery?**

**A:** If you are glad you had the operation; if the operation fulfilled your expectations; and if you would do it again, then your surgery is considered a success. Most patients answer “yes” to all three questions one year out from surgery.

## **PERIOPERATIVE QUESTIONS IN HOSPITAL**

**Q: How often does Dr. Kitziger make rounds?**

**A:** Dr. Kitziger and his PA-C (Becky Brisco) will round once a day while you are on the orthopaedic surgery floor. The Rehab doctor and Rehab staff will see you daily while you are in Rehab if you go there.

**Q: When can I shower or get the incision wet?**

**A:** 5 days after your surgery, if there is no drainage present at the incision, you may shower with the incision covered with a plastic barrier. This may be an aquaguard (a clear plastic protector) or just plastic cling wrap or Glad Press n Seal. Try to keep the incision dry, with plastic wrap. If it becomes wet, carefully pat dry. If your incision has staples, always cover the wound while showering.

**Q: When will my staples/sutures be removed?**

**A:** Generally, Dr. Kitziger does not use removeable stitches/sutures. You will have steri-strips (tough band aids) which will fall off after you start showering with the incision uncovered. You can pull those off two weeks after surgery. If you have visible stitches/sutures or staples, these will be removed about 7 to 10 days after surgery either by the Home health Care nurse, rehab nurse or can be removed at our office if you are taking outpatient Physical Therapy on your own. If you need to have your stitches/sutures or staples removed by our office, please call our office for an appointment. However, some sutures dissolve on their own and do not need to be removed. This may also depend on your type of skin, and they may need to be removed.

## **PERIOPERATIVE QUESTIONS OUT OF THE HOSPITAL**

**Q: How long will I be on pain medication?**

**A:** Some patients require pain medication for about 3 months. Initially, you will be prescribed a strong medication. Most people are able to discontinue these after one

month and switch to a lower dose narcotic. Ultimately, you can take an over-the-counter medication such as acetaminophen or ibuprofen.

**Q: How long will I be on blood thinner?**

**A:** Your surgeon will choose a therapy of pills or injections to thin your blood and prevent blood clots. The method of therapy will be determined based upon your medical history and possibly on tests done before you leave the hospital. However, usually your surgeon will take you off of the thinner on your first post-operative visit.

**Q: Can I drink alcohol during my recovery?**

**A:** If you are taking Coumadin as a blood thinner, you should avoid alcohol. You should also avoid alcohol if you are taking narcotics. Beyond these limitations, you can use alcohol in moderation at your own discretion.

**Q: Should I apply ice or heat?**

**A:** Initially, ice helps to keep swelling to a minimum. Only after several weeks could you try applying heat. Choose what works best for you.

**Q: How long should I wear compression stockings?**

**A:** For four to six weeks after surgery. You should wear the compression stockings (TED) consistently until your first post-operative visit. Your surgeon will then further advise you. Until this point, keep the stockings on, but you may remove them for laundering and bathing purposes.

**Q: What are good and bad positions for my knee during recovery?**

**A:** You should spend time each day working on flexion and extension of your knee. Changing knee position every 15 to 30 minutes is recommended. While a roll or pillow under your ankle may help improve extension, you should avoid one directly under your knee.

**Q: Will I need physical therapy?**

**A:** Yes, physical therapy is a very important factor in making the surgery a success. You will be seen by a physical therapist soon after your operation and during your time at the hospital. Once you return home, you should be seen by a therapist 2 to 3 times weekly. You should be taught a progression of exercises which you may perform without a therapist's supervision. Your physical therapist will provide you with this knowledge.

**Q: Can I go up and down stairs?**

**A:** Yes. When going up stairs, lead with your un-operated leg. When go down stairs, lead with your operated knee. As you regain strength and motion during the first month following your surgery, you will be able to perform stairs in a more normal fashion.

**Q: When can I resume sexual intercourse?**

**A:** As soon as you are comfortable.

## **POSTOPERATIVE CONCERNS:**

**Q: I feel depressed. Is this normal?**

**A:** It is not infrequent to be depressed following your surgery, and it may be attributed to an assortment of reasons. Such reasons include your constrained mobility, discomfort, increased dependency on others, and medication side effects. These depressed feelings usually fade as you begin regular activities. However, if your feelings of depression persist after resumption of regular activities and continued recovery, consult with your primary care physician.

**Q: I have insomnia. Is this normal? What can I do about it?**

**A:** Insomnia is a common complaint following a surgery such as yours. Over-the-counter remedies such as Benadryl or melatonin may prove helpful. If insomnia continues, a prescription medication may be necessary.

**Q: I am constipated. What should I do?**

**A:** Constipation is also a common complaint after surgery and may be attributed to narcotic pain medications and iron supplements. A stool softener such as Colace, or another over-the-counter product, is the best way to prevent constipation. An enema or suppository may be required, but should be used with caution in patients who have hemorrhoids or a predisposition to bleeding. A high fiber diet is also helpful.

## **POSTOPERATIVE CONCERNS (LONG TERM):**

**Q: How much range of motion do I need?**

**A:** Walking generally requires 70 degrees of flexion, stair ascent requires 90 degrees, stair descent requires 100 degrees, and rising from a low-set chair requires 105 degrees. Proper walking and standing requires your knee to be 10 degrees or less from being fully straightened. To do most activities of daily living, Dr. Kitziger would like you to obtain full extension and a minimum of 120 degrees flexion.

**Q: What range of motion should I expect from my knee after 6 weeks? After 1 year?**

**A:** Regained motion depends on several individual factors, and your doctor will assess your potential at the time of surgery. On average, patients acquire about 135 degrees of flexion by the end of the first year after surgery. Other patients acquire more or less.

**Q: I think my leg feels longer now. Is this possible?**

**A:** Leg length will be practically unaltered in the majority of surgeries. However, in some cases, the leg may be lengthened due to the straightening out of a knee that, before surgery, had significant bow. The surgery should restore or maintain original leg length.

**Q: Can I use weights when I exercise?**

**A:** For 2 months following surgery, weights are generally not used. As your physical therapist follows your progress, he/she may introduce the use of weights into your recovery program. The use should be limited to light weights and increase in intervals no greater than 1 to 5 pounds at a time. These weights should be used isometrically with short arc knee extensions or straight leg raising.

**Q: Can I return to downhill skiing?**

**A:** This presents a risk not from the skiing itself, but rather from potential injury in case of a fall, collision, or other accident. You should definitely avoid skiing black diamond slopes. However, if you choose to ski, be aware of the risks, and ski only groomed slopes, under optimal conditions.

**Q: Will I set off the security monitors at the airport? Do I need a doctor's letter?**

**A:** As you progress through a security check point, you "may" set off the alarm. Be proactive and inform security personnel ahead of this occurrence. Let them know that you have had a total knee replacement. Plan ahead and wear clothing that will allow you to show them your knee incision. Unfortunately, a letter or wallet card from your physician is no longer any help when attempting to pass through security check points.

**Q: Do I need antibiotics before dental work or an invasive medical procedure?**

**A:** Yes, this will be necessary for the rest of your life. In addition, for the first 6 weeks following your surgery, avoid any dental cleaning and other nonsurgical procedures.

**Q: When do I need to follow up with my surgeon?**

**A:** Appointments for follow up are typically made 3 weeks following surgery, then 3 months, 1 year, 2 years, 5 years, and lastly 10 years. These appointments are necessary to monitor the fixation of the prosthesis and the potential wearing out of the plastic articulation.

**Q: Who can I call for other Questions?**

**A:** Becky Brisco (PA-C) to answer medical questions.

Leslie or Kacie (Dr. Kitziger's coordinator) for scheduling questions.

**All of Dr. Kitziger's staff can be reached through the main clinic #214-220-2468.**



## **ADDITIONAL NOTES FOR HIP/KNEE REPLACEMENT PATIENTS**

It is important for the surgical patient to recognize that reinstating normal bowel function after surgery can be difficult for some. Many factors including age, what you eat, how much liquid you consume, how much you exercise or move around, medications you are taking, and pre existing conditions all affect bowel motility. It is critical to your recovery and well-being not to go too long between bowel movements.

The use of a good stool softener (Colace) or psyllium-mucilloid products (Metamucil or Citrucel) and mild laxatives such as milk of Magnesia are helpful. The key is to avoid constipation. Eating a wide variety of foods is an important factor in good nutrition and bowel management. Fluid intake is important too.

Since most joint replacement patients will be on a program of anti-coagulant (blood thinner) therapy, any rectal bleeding is a concern. Should this occur, please call our office immediately. You will be instructed to call your Primary Care Physician and it may be necessary to go the Emergency Room.

If you are taking the blood thinner Coumadin (Warfarin), it is important that you take it at the same time each evening. Do not take multi-vitamins that contain Vitamin K as it interferes with the clotting process. It is also important NOT to take aspirin, Advil, Nuprin, Ibuprofen, Aleve, naproxen, Pepto-Bismol or other over the counter medications that may alter the clotting process.

### **Watch and call your doctor for:**

Excessive or unexplained bruising  
Red colored urine  
Red or black bowel movements  
Purple or reddish spots on the skin  
Heavy bleeding from the gums or the nose  
Coughing up blood

### **CALL 911 OR EMERGENCY IMMEDIATELY if you experience:**

Sudden shortness of breath or chest pain  
Pain, coldness, numbness, or inability to move part of your body  
Severe stomach pain, headache, or if you fall and hit your head

Wear your TED compression stockings until you see the doctor at your first post-op visit

## **Prophylactic Antibiotic Regime for Dr. Kitziger's Patients**

**Dr. Kitziger requires his patients to take antibiotics for all dental appointments, including cleanings, for the rest of their lives.**

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**For patients who are able to take Penicillin:**

Amoxicillin 2.0 grams orally, one hour prior to procedure

**For patients who are allergic to Penicillin:**

Azithromycin 500mg orally, one hour prior to procedure

Clindamycin 600 mg orally, one hour prior to procedure

Cephalexin 2.0 grams orally, one hour prior to procedure

**Who can I call for other questions?**

Becky Brisco (PA-C) to answer technical/medical/surgical questions

Leslie or Kacie (Dr. Kitziger's coordinator) for scheduling questions

Medical Records for handicapped permits, FMLA forms or medical records

**All of Dr. Kitziger's staff can be reached through the main number 214-220-2468.**

**To refill a prescription, please call your Pharmacy and have them fax us. Please allow enough time for the Pharmacy to fax us and for us to return their fax. The Carrell Clinic does not refill prescriptions over the weekend or on holidays. It is important to plan ahead.**

Discharge Instructions  
For Dr. Kitziger's  
Total Knee Arthroplasty Patients

**Your postoperative appointment is scheduled on: \_\_\_\_\_**

**Activity –**

1. Take it easy the first day or two after you get home. The trip home usually will take a lot out of you. After the first few days, you can start trying to get back to normal activities.
2. If you are sitting for more than an hour, prop your operated leg up on an ottoman or stool.
3. Use a gallon size zip lock baggie for an ice bag and ice your knee intermittently, about twenty minutes at a time. You can do this whenever your knee seems to be swelling more. You will have some swelling until six months after surgery, less each month.
4. Do your exercises, as taught by the therapist, twice daily. You should have a handout from the therapist.
5. You may bear full weight after surgery. Use the walker or crutches for about two to four weeks. Then you may start using a cane in the opposite hand. Use the cane for two to four weeks. Most patients will be able to be off any walker by four to eight weeks post surgery. If your situation is different, I will discuss it with you.
6. You may drive an automatic car when you are off pain medication and when you are walking without a walker, typically at about four weeks. Practice in an easy area like a quiet neighborhood or parking lot.
7. You may travel in a car, as a passenger, as soon as you are comfortable doing so. If you are traveling more than an hour, you should get out every hour and walk around the car once or twice. While sitting in the car for long periods, do calf pumping exercises ever 30 minutes, i.e., work the ankle up and down.
8. You may get in a pool or bath at three weeks after surgery if your wound is well healed and dry. Walking in waist or chest deep water is good exercise.
9. You may resume sexual activities when comfort allows. You will not be able to kneel on your operated knee for at least six months post surgery.

**Incision –**

1. Keep your incision clean and dry. You may shower and get the incision wet after five days if the incision is healing and dry. Some patients will have removable (visible) sutures or staples. If so, place a new dressing every day if you have visible sutures or staples. The staples will be removed about one to two weeks after surgery. Use an alcohol swab to swab the incision and then place the dressing. If you have steri-strips on the incision, these may fall off as you start to shower with the wound uncovered. If they don't fall off, you can remove them two weeks after surgery.
2. Low grade fever is common for up to a week after surgery. Notify us if your temperature gets to 101.5 at home.
3. Call if you notice increased redness around the wound.
4. Call if you notice any drainage from the wound after seven days post surgery.
5. If you have removable sutures or staples, a nurse will come by the house about seven or ten days after surgery to remove staples and place steri-strips over the incision. Leave these strips in place for about 1-2 weeks. After that, you may remove after getting them wet in the shower.

6. You can use Vitamin E cream on the incision after four weeks, provided the incision is clean and well healed.
7. There are stitches under the skin that will be absorbed over ninety days. Sometimes these will “spit out” on their own. You may see a white thread. If you do, it’s ok to clean the area with an alcohol swab and then pull the thread with a pair of tweezers.

## Blood Clot Issues –

1. Most patients will go home on Ecotrin (coated aspirin) 325 mg twice daily. You will be on it for six weeks.
2. Some patients may go home on a different blood thinner and will be given instructions.
3. If you have bleeding from the nose or in your stool, stop the blood thinner and call the office.
4. Wear your white stockings until the first office visit. You may wash them in the sink and hang them to dry. You may remove them twice a day for one hour each.
5. If you have a large increase in leg swelling (thigh or calf, not the knee), call the office. This sometimes, not always, is indicative of a blood clot.
6. Shortness of breath or chest pain may be a sign of a blood clot passing into the lungs, a serious emergency. If you experience one of these signs, you must go to the Emergency Room and notify me immediately.
7. Some patients will go home on Coumadin (Warfarin) instead of Ecotrin after surgery. A nurse will come each week to check labs while you are on this medication. This is called a PT/INR and checks how “thin” your blood is and if your medication needs to be adjusted. This is only if you are on Coumadin (Warfarin). If you are on Coumadin (Warfarin) you will need to follow special diet restrictions and avoid many vitamin supplements.
8. If you took vitamin or supplements prior to your surgery, do NOT restart these until you are seen back in the office. Many of these will interfere with your blood thinner medications and may cause excessive bleeding.
9. Do NOT restart medications like Advil, Ibuprofen, Naprosyn, Aleve or any other Non-steroidal anti-inflammatories (NSAIDs) until you are seen back in the office. These may interfere with your blood thinners and cause excessive bleeding.
10. Since 1991 we have a very low incidence of blood clot problems with this program.

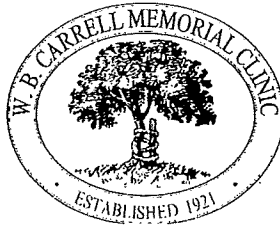
## Pain Medication –

1. You will go home from surgery with pain medication. Take them as needed. If you are running low, call us during the week to request a new prescription. Please don’t wait until the weekend because you will not be able to get any medication from the on-call providers.
2. Many of the narcotic pain medications cannot be called in to a pharmacy and require a written prescription in your hand to take to a pharmacy. These are federal regulations over which we have no control.
3. Over the past several years, pharmacies have set regulations on how much pain medication patients can use for pain on a daily basis. Pharmacies can even set limits on when your medications may be filled and how much pain medication you may receive in a certain period of time. Your insurance company may also refuse to pay for some medications depending on when you received other pain medications prescriptions. We have little, if any, control over any of these facts.
4. If you are unable to tolerate the pain medication because it causes nausea or other side effects, call during office hours and we will change the medication.

5. As the weeks progress, it is best to gradually wean off the pain medication. You may substitute Tylenol for the prescription medication. Patients that are having more difficulty getting range of motion may need pain medication longer.
6. The narcotic pain medications will be constipating to varying degrees. You should take Colace 100 mg twice a day or use over the counter meds such as Metamucil, Miralax, Senokot, Ex Lax, or Fibercon. Or, call your family physician if needed.
7. If you are having significant problems with constipation and pills or powders are not effective, you may need to try a liquid medication called Magnesium Citrate available at the grocery store or drug store. As a last resort, rectal suppositories or enemas may be needed to alleviate your constipation. Only perform an enema if you are at least passing gas.
8. Some patient's need assistance from pain management experts. We may refer you at any time to a Pain Management Specialist for continuing medication needs.

## Miscellaneous –

1. You may need to take iron supplementation for one month after surgery. Slow Fe is one we use frequently and is over the counter. This helps build your red blood cell count back up. Oral Iron may be constipating.
2. It takes months of hard work and therapy to get the best result from this surgery. Don't get discouraged. Knee swelling will gradually go down, usually getting less each month and finally gone by six to twelve months post surgery.
3. The most important aspect of your post-op progress is range of motion. You need to have at least 90° by the first post-op visit, at three to four weeks. It is also important to work on extension (straightening), especially if you had a flexion contracture (couldn't straighten the knee out), pre-operatively. Your family can help with that by pushing down on the knee (gently, but firmly), while you rest your foot on a stool or chair.
4. The Physical Therapist should help you with ambulation (gait training with a walker, crutches, or a cane), but usually you will be doing pretty well at that when you leave the hospital. Much of their effort will be spent on trying to help you get better motion. They should be actively involved, "hands on", and encouraging. If you feel that the therapist is not being helpful to you, let me know. Most of the therapists do a great job. Remember, your exercises are every bit as important as the surgery. Hard work with your therapy is crucial and your therapist is meant to help guide your progress. It is your responsibility to show a high level of initiative.
5. For you golfers, you may start back to golf at about three months post-op. You can start chipping and putting at two and a half months. The next week you can start hitting 60 to 100 yard shots. The next week you can start hitting the rest of your clubs, and the next week you can start playing.
6. You will have some numbness on the outside part of the knee, lateral to the incision. It should get better as the months go by.
7. Your goal for range of motion is 0° to 120°. If you get to 105°, you will do fine. If you only get to 90° - 100°, you will have some problems with a feeling of stiffness, and you will have some difficulty with getting in and out of tight spots, like vehicles.
8. Dental precautions – Antibiotics before dental procedures are required for a **lifetime**, following your joint replacement.
9. Skilled nursing may be required before returning home, to help meet recovery goals.



## COLD THERAPY PRESCRIPTION

### Overview:

Cold therapy units are used to provide a temperature of ~36-45 degree F to the joint or surgical site. These units are a clean and convenient way to reduce pain and swelling. However, proper use is important, for there are risks associated with improper use.

### Warning:

Prolonged exposure to cold may cause skin loss due to compromised blood flow. The pad should never be in direct contact with the skin. Do not use this device if heavily medicated or under the influence of alcohol. Please read these instructions carefully and follow our directions. Burning pain may be a sign of frostbite injury. If concerned, you can peek under the top side of the dressing to check your skin condition. If in doubt, turn it off.

### Proper use:

#### 1) After discharge with OR dressing in place:

- We place enough sterile cotton padding between the skin and the cold pad to prevent serious skin blood flow compromise.
- We do suggest that you avoid running the machine constantly.
- A good pattern is to run it for an hour and then turn it off for 30 minutes before resuming its use.
- Never use it for more than two hours continuously.
- We recommend that you not fall asleep with it running unless you set your alarm or a family member turns it off for you.
- Nobody else should turn it on when you are not conscious.

#### 2) After dressing change:

- The same rules apply.
- Never place any part of the pad in direct contact with your skin.
- Check your skin regularly for blisters or a whitish blanched color.
- Call the office to report problems.

**Post-Op Equipment Information**  
**Kurt J. Kitziger, M.D.**

**REQUIRED EQUIPMENT ORDERED BY HOSPITAL STAFF**

3-in-1 Elevated Commode\*

Rolling Walker

\*Some insurance plans are denying coverage for this. It is required, especially for hip patients, who have a 60 or 90 degree flexion limit and need the necessary height and handlebars. The handlebars are a great convenience to all orthopaedic surgery patients.

**REQUIRED EQUIPMENT YOU ARE RESPONSIBLE FOR**

Tub Transfer Bench or Shower Chair

**OPTIONAL EQUIPMENT TO IMPROVE SAFETY**

Hand Held Shower

Grab Bars in the Shower

**OPTIONAL EQUIPMENT FOR CONVENIENCE ONLY**

Walker Basket

Dressing Stick

Long Handled Sponge

Elastic Shoelaces

Reacher

Sock Aid

Long Handled Shoe Horn

Your local Walgreens, CVS and other independent pharmacies may stock the optional equipment to meet your needs. You are welcome to borrow from your friends but note that walkers and 3-in-1 commodes must be adjusted to meet your height.

06/14