



OUTPATIENT SURGERY GUIDE

for Dr. Garcia's Patients



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Seattle Orthopedic Center

www.grantgarciamd.com

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Preparing for Surgery

You will be responsible for making arrangements for your post-surgery care as you know your habits and routines best.

Prepare your home for a safe return after surgery

- It is best to have your home prepared before returning from surgery since it is likely you won't be able to move as easily as you did beforehand. You will likely be taking medications and using devices that could affect your coordination and balance.
- **Things to consider while preparing your home:** remove all tripping hazards such as cords, wires, and rugs. Consider having someone watch any pets that will require active care or may be a hazard to you in your recovery. You may want a stool or seat in the shower as well as a handheld shower head. It may be helpful to reorganize your kitchen and put your most used items in easy to access places.

Leaving the Surgery Center

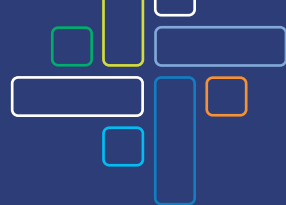
You must arrange for someone to take you home after surgery. You will not be allowed to leave the surgery center in an Uber, taxi, or bus. When you are being placed in the recovery room, we will call your ride home to make their way to the office to come get you.

- Depending on your surgery, lower cars and higher trucks may be difficult to get in and out of when returning home from surgery. Please keep this in mind when selecting a ride home.
- Once you are discharged, you will need someone to stay with you for at least 24 hours after anesthesia.

Home Care

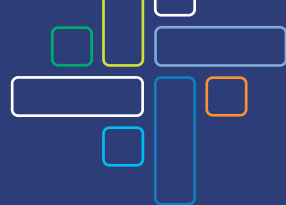
Consider if you will require short term home assistance after surgery for tasks such as cooking, cleaning, running errands, transportation, and personal hygiene. This assistance can be provided by a friend or family member – you can arrange to stay with them or have them stay with you during this time.

- For more intensive surgeries, you may require more assistance for an extended period. Please communicate your needs and expectations to your friend/family member prior to your surgery day to make sure there is no confusion or miscommunication in what care and assistance you require.



Important Questions to Ask Yourself Before Surgery

- Do I have any trips coming up?
 - To minimize the risk of blood clots, we ask that you **do not fly** for two weeks following most surgeries. If you have travel plans that may encroach on this time frame, please talk to your doctor or a PA about options.
 - Please also consider where you will be in your recovery process when you take these trips.
- Will I need to do anything more to take care of my mental health post-op?
 - Recovery is not always an easy road. It is important that you take care of your mental health following surgery and be aware of the signs of post-surgery depression. Your activities may be limited for an extended time following your surgery – be sure to stay active within your limitations and find other activities and hobbies you enjoy. It never hurts to establish care with a mental health professional during your post-surgical recovery.
- Do I have clothing that will be comfortable to wear under a sling or brace?
- How will I be making my meals for the next few weeks?
- Will I be able to drive or take my usual mode of transportation?
 - We ask that you **do not drive** until you are seen at your first post-op appointment. At that visit we will determine when it is safe for you to resume driving.
- Do I have a good support system that can help me pick up medications, get groceries, and run other errands if I am unable to?
- How will I be getting around my house post-op? Will I need to rearrange the furniture, stay in a different room, or stay with a friend/family member? Am I able to access my shower and toilet while my leg or arm is healing?
- Is my apartment ADA accessible?
- Do I need any durable medical equipment?
(See page 6)
- Do I need to request leave from work or WA Paid Family Medical Leave?
(See page 7)
- Do I know where I will be attending Physical Therapy after surgery?
(See page 4)



Physical Therapy

We highly recommend you schedule your physical therapy appointments ahead of time as PT offices tend to book out for several weeks.

- **Knee surgeries** should schedule their first PT visit 5-10 days after surgery.
- **Shoulder/Elbow surgeries** should schedule 14 days after surgery, following your first post-op appointment.

Your scheduler has a list of PTs that we have worked with before and had very positive outcomes. Please reach out to them if you do not have a PT in mind for your post-op care.

Physical Therapy Orders

If you or your PT would like an idea of what to expect after surgery, please refer to Dr. Garcia's website. [There is a QR code for post-op protocols in your packet.](#)

- **Knee Surgeries** will receive their PT orders on the day of surgery.
- **Shoulder/Elbow surgeries** will receive their PT orders at their first post-op appointment.

Talk with your insurance about your PT coverage. [Some insurances only allow a certain number of visits per year](#) ("hard cap" limit). If this is the case, it would be wise to budget and plan out your PT depending on the surgery to avoid additional costs to yourself.

Lower Extremity Surgeries: Assess whether you will be able to walk with crutches or a walker.

- **Let us know if you do not think you are able to walk with crutches or a walker.** Whether it be strength, coordination, or secondary injury related – you may need pre-op PT to show you how to walk with these devices and build strength.



MOBILITY – To ensure safety for your discharge home, each patient should feel comfortable with safe ambulation in home, stairs, transfer to bed, toilet and cars.

1. FITTING FOR CRUTCHES/WALKERS

Crutch Education: To get the best fit, stand up straight. Wear the shoes you will be wearing to walk around. Place the crutches as shown in the picture at the right, with the tips 2 inches in front and 6 inches to the sides. The crutches fit if:

- You can put 2 to 3 fingers between your armpit and top of crutch.
- Your arms bend slightly at the elbow when your hands are on the handgrips.
- Your wrists are even with the handgrips when your arms hang at your sides.



If your crutches do not feel right, ask your health care provider to check the fit.

PRECAUTIONS:

- Use nonskid rubber tips to keep from slipping.
- Change tips that look worn.
- Do not let crutches press on armpits; this can cause numbness and pain.
- Do not use crutches that are too short or mismatched.



2. WALKING WITH CRUTCHES

- Move your crutches forward.
- Step forward with your surgical leg. Land slightly between your crutches. Squeeze the crutches against your sides. Support your weight with your hands and your surgical leg. Straighten your elbows.
- Lift your nonsurgical leg and step through the crutches.

3. TRANSFERS ON/OFF CHAIR OR TOILET

Place surgical leg forward of non-surgical leg, then reach for and lower to seat.



4. CAR TRANSFERS

- Walk to the passenger side of the vehicle. The window should be rolled down and the seat pushed back.
- Turn so that the back of your legs touch the car. Transfer your hand to the vehicle and then sit down.
- Next, move your legs to a forward seated position.



5. STAIRS WITH ASSISTIVE DEVICE ASCENDING STEPS:

- Step up with the nonsurgical foot first and then raise up your body, your surgical leg and crutch to the same step. Repeat.



DESCENDING STEPS:

- Step down with the surgical foot and the crutch first and then lower your body and your nonsurgical leg to the same step. Repeat.

Durable Medical Equipment (DME)

If you require **Continuous Passive Movement Machine (CPM)** post-op please inform your scheduler if Rainier Surgical has not reached out to you one week prior to surgery.

- A CPM is only needed for osteotomy, manipulation under anesthesia, MACI, and cartilage transplant surgeries.

If you require a **medial/lateral unloader brace, PCL brace, or any other custom brace** post-op this will be dispensed approximately 10 days post-op by Rainier Surgical.

- Rainier Surgical should reach out to you about a fitting prior to surgery. Please notify your scheduler if they have not reached out to you one week prior to surgery.
- **You will be notified by your scheduler if you require any of these braces while scheduling.**



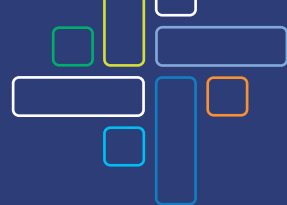
Email: patientcare@rainiersurgical.com
Phone: (253) 486-0500

All other DME (i.e. **crutches, slings, and braces**) will be dispensed on the day of surgery and billed separately through Pacific Medical.



Phone: 1-800-726-9180

Any equipment that is required for your recovery will be given to you or coordinated for you by our office. However, there may be other equipment or tools that are not required that you may want to assist with your PO recovery that you will have to provide on your own: I.E., elevation pillow, crutch pads, shower seat, waterproof bandages or covers for showers, step stool, grabbing tools, shoehorn, footrests, resistance bands, or other physical therapy supplies.



Disability and Leave from Work

Washington Paid Family Medical Leave

- If you or a family member will be using this tool to take time off from work, please visit paidleave.wa.gov to get more information and access forms.
- The physician portion of the form can be sent (via fax, hand delivery, or mail) to either office to be completed, signed, and faxed back by our Medical Assistants. Please allow 3-5 business days for all forms to be completed.

Employer specific work restrictions and time off requests

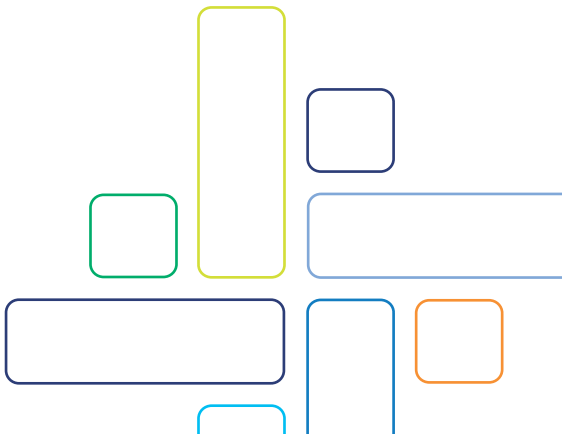
- You may send any paperwork that needs a doctor's signature to either of our offices via fax or deliver them in person. Our Medical Assistants will facilitate getting those forms completed, signed, and faxed back to your HR department or other indicated location. Please allow 3-5 business days for all forms to be completed.
- Please be clear as to what exactly your work requires from the doctor's office to alleviate any delays in processing your paperwork.

Follow-up Visits

Schedule your 1st post-operative visit with the scheduler prior to surgery if possible.

- Your first post-op appointment will happen about 10-14 days after surgery.
- Your first visit after surgery will be with one of our PAs to take any necessary imaging (X-rays), remove sutures, go over expectations, and dispense any necessary DME.

Your visit with Dr. Garcia will happen 6 weeks after surgery. You should schedule your six week follow up at your 1st post-op visit with the Physician Assistant.



What to Expect the Day of Surgery

Anesthesia

- US Anesthesia Partners is contracted with our ASC for anesthesia services. They are a separate company and will be charging for their services separately.
- On your surgery date, you will meet with your anesthesiologist. At that time, you will be able to review any questions related to anesthesia for surgery. You will either have a general or spinal anesthetic. Both are safe and effective.

Nursing Care in the Surgery Center

Diet: After surgery, you can eat and drink as tolerated.

Nausea: It's common for some patients to experience nausea after surgery. Your nurse will administer anti-nausea medicine to help.

Pain: Pain is an expected part of surgery. Pain medicine will be administered via IV or oral medication and will help make your pain tolerable while you are in the recovery room.

Precautionary Exercises: We will have you do ankle pump exercises to prevent blood clots and deep breathing to prevent any chance for pneumonia.

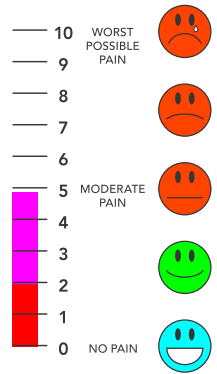
Oxygen: Anesthesia and pain medication can sometimes make you sleepy; therefore, oxygen may be required to help boost the effects of your own breathing.

Vital Signs: Your blood pressure, pulse, and heart rate will be checked frequently while in the recovery room as anesthesia and pain medication can affect these vitals.



Pain Management

- Pain medication will help control your pain after surgery and a pain scale can assist in determining when you might need it and help evaluate its effectiveness. Your nurse will ask you to rate the severity of pain on the scale of 1-10 with zero being no pain and 10 being the worst possible pain. As you become more active, pain is a tool that can provide important feedback on your recovery. **The goal is to keep your pain at a tolerable level** and it's important you call your provider's office if your pain ever goes beyond a tolerable level.
- You will be given a prescription for narcotic pain medicine upon discharge that will be sent to your pharmacy. Most patients wean off their pain medication after one to two weeks.
- You'll receive a prescription upon discharge for Non-Steroidal Anti-Inflammatory Drug (NSAID) to help relieve pain and inflammation; examples are Aleve or Ibuprofen. You should also begin taking acetaminophen (Tylenol) post-operatively. Taken at the appropriate doses, these medications are the safest medications to treat pain, so after surgery you'll be started on a scheduled dose.
- If pain goes beyond a tolerable level after taking acetaminophen and NSAIDs, a narcotic medication will be available in the form of a pill. Narcotic medications can have significant side effects such as nausea, vomiting, constipation, and itching. They also affect your body's drive to breathe and can make you feel sleepy and groggy. **Your surgeon encourages you to limit narcotic medications when possible, as well as avoid taking for an extended period of time post-operatively.**
- Pain medication will be adjusted based on any medication allergies.
- It is important to remember that no medication will take away all the discomfort, but it will help provide a balance between pain control and your ability to participate in activities to help your recovery. When your pain is tolerable, you'll be able to recover faster, so be honest about how much pain you feel and don't be afraid to ask for pain medication when you need it. Do tell your nurse if the medications aren't helping or if your pain gets worse.



Following Surgery

You will be given complete discharge instructions following your surgery. These instructions will detail things such as medication management and wound care. Please ask your ride home to put these in a familiar place for you to reference after surgery.

Alternative Pain Control: Ice, elevation, and positioning are also key components of pain control. You'll be instructed to keep ice packs on your operative area to decrease swelling.

- Icing the surgical site at home.
 - Ice will help with swelling and will also help with burning and stinging sensations related to your incision healing.
 - We offer an **iceman machine** for all surgeries. It can be purchased on the [day of surgery for \\$111](#).
- Elevating the leg (for knee surgeries) is encouraged. Be sure not to put ice or ice packs directly on the skin. An Iceman will be available for purchase at check in for surgery for \$111 if you would prefer to use that method of icing.

Bladder and Bowel Care: It is important to care for your bladder and bowels following the surgery. Constipation is a common side effect of pain medications, decreased activity, and dehydration. Be sure to drink plenty of fluids following surgery and eat food high in fiber. Stay active through your home exercises and PT when possible. Most stool softeners can be purchased over the counter (OTC).

- Optional stool softeners: Colace or Docusate Sodium taken as directed.
- Optional fiber supplements: Metamucil or Benefiber. If you go more than two days without a bowel movement, use a laxative such as Milk of Magnesia or Dulcolax tablets. If the oral laxative doesn't work within 12 hours, use a Dulcolax suppository.

Wound Care: You will likely have sutures which will be removed at your 1st post-operative visit at your surgeon's office [10-14 days after surgery](#). Thin steri-strips (skin tapes) may cover the incision. Do not remove them. They will begin to fall off on their own after 1-2 weeks.

- After your dressing is removed, 3 days post-op, check your incision daily for increased redness, warmth, and/or swelling. Some clear yellow drainage or slightly bloody drainage is normal for a few days. Notify your surgeon if drainage increases, becomes bloodier, develops **green or yellow color**, or if your incision appears to be opening up.
- Notify your surgeon if you develop a fever greater than **101.5 degrees Fahrenheit**. It is normal to have skin numbness or the feeling of tingling around your incision. You may also notice a dark red incision line. This will gradually fade to a lighter color in time.



Removing your Dressing at Home: Unless instructed otherwise you may remove your bandage 3 days following surgery. Be sure to wash your hands prior to removing your dressing. Remove your old dressing carefully as to not pull on any stitches.

- It is common for there to be blood/drainage covering some of the gauze when removing the dressing. If this area of the gauze is adhered to your incision, it is ok to dampen the gauze to help remove it from the incision.
- You may leave your dressing uncovered at this time, making sure that it is kept clean and dry. Please wash your hands again following changing your dressing. Do not apply any ointment or creams on the incision until your follow-up visit.

Showering: You'll be able to shower approximately 5 days following surgery when your incision is clean and dry. You are allowed to let soap and water run over the incision, but do not scrub the area. Be sure to not submerge your incision until you are given the ok by your surgeon.

Blood Clot Prevention: For lower extremity surgeries, patients will be sent home on a daily aspirin to help prevent blood clots.

- It is ok to take your prescribed pain medication, anti-inflammatories, and/or Tylenol in addition to the aspirin.
- If you are given an alternative blood thinning medication to aspirin such as Xarelto, Eliquis, Lovenox, Plavix, or Coumadin **do not take any anti-inflammatory medications.**

Signs and Symptoms of a Blood Clot: Swelling in your thigh or calf that doesn't improve with elevation of your leg after one hour. Pain, warmth, and tenderness in your calf or leg (pain particularly associated with ankle motion or squeezing the calf).

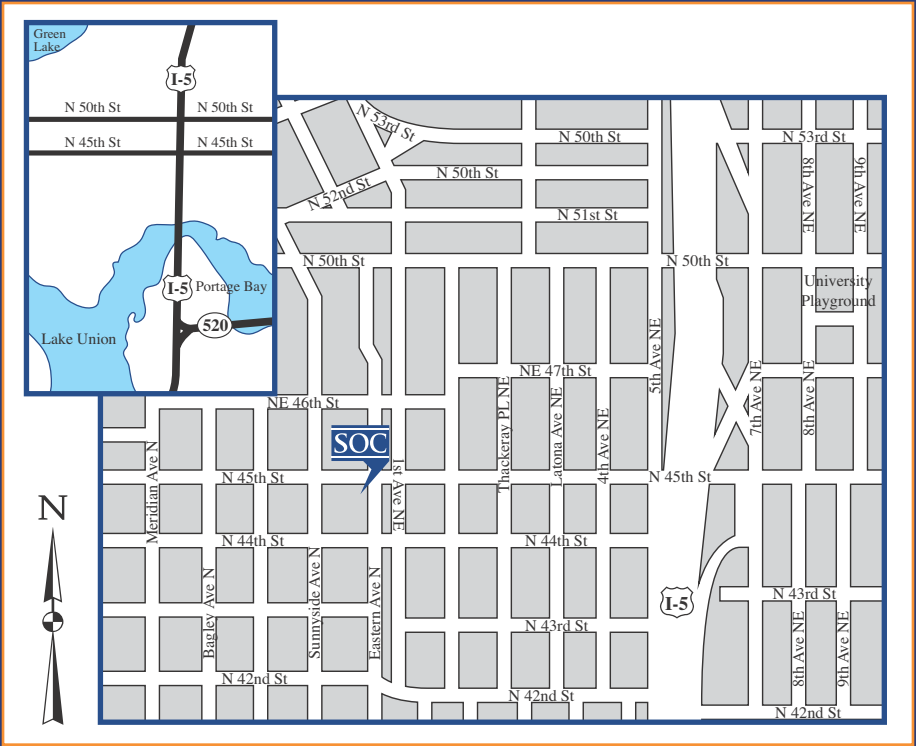
- If you experience any of these symptoms after discharge, **please notify your surgeon, your primary care provider, or go straight to the ER.**

Signs of a Pulmonary Embolus: Sudden chest pain, difficulty breathing (this may appear as shortness of breath or pain upon taking a breath), confusion, coughing up blood, or sweating accompanied by the above symptoms.

- If you believe you have a pulmonary embolus, **please go straight to the ER and notify your surgeon's office.**

Exercises: You will be given a series of exercises in your discharge instructions to begin performing the day after surgery. These exercises are given to help reduce stiffness and optimize recovery following surgery. **Perform these exercises 3x/day.** If the exercises cause pain, stop and try again later in the day.

Scar Care: Once the incision is fully healed, if you desire, you may start applying vitamin E infused lotion, silicone tape, or other creams to minimize scarring and keep the scar moisturized. Remember to use sunscreen on your scar whenever you anticipate sun exposure to the area.



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