Increasing Surgical Accuracy with Infrared Knee Mapping System

Von Kilaghbian, M.D.
Knee Replacement Surgery

Good Samaritan Hospital
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In addition to suggestions regarding what to do prior to arrival, we’ve included a general outline in this patient guide explaining what you can expect during and after your hospital stay.

During your stay at Good Samaritan Hospital you will be seen by your orthopedic surgeon, a hospitalist, and other members of our excellent Hospital staff. The orthopedic surgeon will follow your recovery progress collectively with a specialized medical team. A hospitalist will visit you daily to manage all of your medical concerns. Your orthopedic nurse, and physical and occupational therapists also join with the rest of the Good Samaritan Hospital staff as we aim to exceed your expectations.

After your knee surgery, when you begin to walk, you should trust your knee. The artificial knee components are stable and ready to take your full weight. With the Anterior Approach, no muscles are detached from the bone so your muscle will work immediately following surgery. Some more fit patients begin walking without a cane within a few days after surgery. You should do whatever works for you as using a crutch or cane will not affect your rate of recovery. On average, by 10 days after surgery patients are able to walk short distances without a cane or crutch. And by three weeks after surgery, most patients have totally discontinued using a cane or crutch. Of course, all patients are different, though. Your prognosis after surgery will be closely related to your pre-operative medical condition and the condition of your knee.

It is therefore our sincere hope that the information offered in this patient guide will help make your experience with us not just good, but very good.
Prior to Your Arrival

Pre-Operative Medical Information

- Prior to the day of your surgery, you must obtain pre-operative clearance. This includes lab work, EKG, and chest x-rays as requested by Dr. Kilaghbian and the medical associates.

- If it is possible, we encourage you to donate blood within 35 days prior to your surgery. In the case that your blood levels are low after surgery, you will likely get transfused with the same blood. You can donate more than one unit, but the donations will need to be at least seven days apart and cannot be made in the week prior to surgery.

  Family members may be your designated donors as well.

  To make an appointment, contact the Blood Donor Center at (213) 977-4080. Appointments can usually be made Monday-Thursday from 8AM – 3PM. The appointment takes about one hour.

  Please note that the donation cannot be made if you or your designated donor have had a cold or dental work within the 72 hours prior to the time of donation.

Eating, Drinking and Taking Medication Pre-Operatively

- You must follow your physician’s directions as to what medications and herbal supplements you should stop taking in the weeks prior to surgery. If your physician has questions about your continued use of specific medications prior to your arrival at Good Samaritan, please have him or her call the Good Samaritan hospitalists at 213-977-4979.

- You should not eat or drink anything after midnight the day before you arrive at Good Samaritan Hospital for your knee reconstruction.

- Follow any physician directions relating to regular medication on the day of surgery.

What to Bring

We recommend that you bring only essential items to use at the hospital during your stay. (See list on next page.)

Upon your admission to Good Samaritan Hospital, please inform nurses of any personal items that you bring to the hospital so that they may be noted in your chart. We also suggest that you label all personal items with your name. Please leave all nonessential items such as money, jewelry and watches at home.
Useful Items to Bring to the Hospital

- Robe
- Slippers or slip-on shoes
- Toothbrush and toothpaste
- Comb or brush
- Crutches or cane, if you use either
- Copy of Durable Power of Attorney, if you have one
- List of medications you are taking
- Driver’s license
- Copy of your insurance card
- Comfortable loose fitting clothing to go home in

Hospitality Services

Good Samaritan Hospital offers a concierge like service for our out of town guests. The concierge is available to assist you with suggestions on hotels, transportation, restaurants and attractions. For assistance please call 213-482-2744

While at Good Samaritan Hospital

The Day of Surgery

- You will be escorted to the pre-op area where you will:
  - Meet the anesthesiologist
- Sign any additional consent forms
- Get any necessary IVs started
- Usually, the surgery lasts approximately 1.2-2 hours.
- After surgery you will go to recovery for approximately 1-2 hours.
- Following recovery, expect to be transferred to a private room on our specially designated Orthopedic Unit, located on the 7th floor.
- If you undergo knee reconstruction or have other medical issues such as heart problems, you may first go to another monitored floor.

Post-Operative Medical Information

- The orthopedic surgeon most often uses sutures below the skin to close the surgical incision. After the procedure, the stitches may appear above the skin at each end of the incision. After the skin is stitched, it is then covered with a “skin glue” called Dermabond®. Both the stitches and the Dermabond® will disappear on their own over time.
- IVs, catheters, and the drain placed in your wound at the time of surgery are usually removed on the first day following your operation.
- With assistance from the nursing staff, you will sit up in a chair for all meals, if possible.
• Pain medication can be given to keep you comfortable after surgery. You will need to request it when and if you want it.

• A blood transfusion may be necessary if your blood levels are low after surgery. If a transfusion is required and you donated your own blood prior to surgery, that blood will most likely be used.

• After your knee reconstruction you may be dizzy and/or nauseated the first couple of times you get up. This may be due to a combination of not eating, blood-loss during surgery, being in bed for nearly 24 hours, pain medication, and/or anesthesia. You and your family should alert your nurse, physical therapist, or physician about any dizziness or nausea so that our staff can ease any discomfort.

• You may shower and/or take a sponge bath once the IV, catheter, and surgical dressings are removed. You may run water over the incision area. You may not scrub the incision area for the first two weeks.

• As with many surgical procedures, to keep your lungs clear we will ask you to use a device that facilitates breathing exercises.

• Every day that you are in the hospital a physician – usually a hospitalist – will visit you.

• After surgery, we ask that you and your family help our medical staff watch for signs of infection: redness, swelling, warm skin at the incision site, or fever. Additionally, you should watch for any redness, swelling, and calf pain in your legs as these may be signs of a blood clot.

• Prior to discharge, our medical staff will run tests to make sure that you have not developed post-operative blood clots.

• You will be given aspirin or blood thinners prior to discharge. The aspirin should be taken for three weeks after surgery. You should try to eat your normal diet so that the medication will be effective.

• We will give you post-surgical support stockings (Ted® hose) and a mechanical device (thromboguards) that will prevent blood clots while you are in bed.

You should wear the support stockings home, and continue wearing them for one month. (The stockings can be hand-washed in Woolite® or something similar to maintain elasticity.)
**Physical and Occupational Therapy**

The orthopedic surgeon will follow your recovery progress collectively with a specialized medical team. A hospitalist will visit you daily to manage your in-hospital care and comfort needs. Your orthopedic nurse, and physical and occupational therapists also join the rest of the Good Samaritan Hospital staff as we aim to exceed your expectation.

To mitigate any postoperative pain, our physicians and physical/occupational therapists will encourage you to move in any direction or position that is comfortable. There are no restrictions. You are even allowed to put full weight on the operated leg, and will be encouraged to do so right away. It is also alright for you to lie on either side, though you will be encouraged to put a pillow between your legs for comfort.

The physical and occupational therapists will notify nursing when you are cleared to be out of bed with the assistance of your family.

**Physical Therapy (PT)**
- If you return to your room on the orthopedic floor by 2:30PM on the day of your surgery, you will see a physical therapist that day. Otherwise, the physical therapist will make his/her first visit on the morning after surgery.
- You can expect to work with the physical therapist twice a day.
- Physical therapy helps you to begin to get in and out of bed again, walk around, exercise, and take stairs.
- Physical therapy begins with a front-wheeled walker and progresses to two crutches, and then one crutch or single-point cane if possible.

**Occupational Therapy (OT)**
- Occupational therapy focuses on assisting patients to resume basic self-care activities such as going to the bathroom, dressing, and showering.
- You can expect to work with the occupational therapist daily.

**Going Home**
- Our hope is that you will be able to go home by two days after the surgery unless it is necessary to extend your hospital stay.
- Discharge dates are largely dependent on your progress with physical and occupational therapy. To be discharged, physical and occupational therapists must deem you “safe” to leave hospital care. This usually means that you can get in and out of bed without help, walk safely with crutches or a cane, climb up and down four steps, and get in and out of the bathroom on your own.
- If for any reason recovery takes longer than 2-4 days, you may be moved to a rehabilitation unit or
skilled nursing unit for further therapy. This move, however, is dependent on what your insurance allows.

- You will go home with specific, written physical therapy exercises, and your physical and occupational therapists will order whatever equipment you need prior to your discharge.

- At home, there are no restrictions on how you move your knee. Additionally, you can resume sexual activity as your comfort allows.

Return to sporting activities depends on how you regain muscle strength and control of your knee to decrease risk of injury.

In general, pain tends to decrease and function increase as days progress. It is common, however, to experience setbacks as well as progress when comparing one day to the next. It is also common to notice moderate swelling and “black and blue marks” in different areas of the thigh. You should not be concerned about this unless the thigh is more than moderately swollen. Transient hip or ankle pain may be present. You may have a sensation of intermittent ‘clicking’ in the knee that will decrease gradually during the first two months.

- Patients should expect to have a follow-up appointment with their GSH orthopedic surgeon and hospitalist six weeks after surgery.

Dr. Kilaghbian’s procedure and work together as a team. Those who comprise the team are:

**Dr. Kilaghbian’s Office**

**Fellow:** an orthopedic surgeon in a training position under Dr. Kilaghbian’s supervision who assist with examinations, in-hospital care, surgery, and research

**Office Manager:** office administration

**Physician Assistant:** assists the orthopedic surgeon and fellow in maintaining patient care

**Research Assistant:** documents results and conducts research projects

**Other Physicians**

**Hospitalists:** pulmonary and critical care specialists who perform complete medical evaluations prior to surgery; in-hospital management of medications including antibiotics, pain management and venous thromboembolic preventions

**Anesthesiologist:** performs all anesthesia procedures

**Staff**

All of our office and hospital staff are familiar with...
About Dr. Kilaghbian

- Von Kilaghbian, MD is an board certified orthopedic surgeon specializing in knee replacement procedures.

- Dr. Kilaghbian is one of the founders of Los Angeles Orthopedic Center, located in the Medical Office Building next door to Good Samaritan Hospital, Los Angeles.

- Co-author for many orthopedic research projects and peer reviewed publications.

- Member of American Academy of Orthopedic Surgeons

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