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PATIENT INSTRUCTIONS FOR ROBOTIC ASSISTED TOTAL KNEE REPLACEMENT

The following are instructions and general information to help you get through some of the details of your upcoming surgery. Hopefully, this will help answer many of your questions; however, I am sure you will have additional questions as we go along. Please feel free to ask us any questions that you may have.

1. During your preoperative visit a few days prior to your scheduled surgery date, I will again discuss with you the benefits and potential risks of surgery—as well as your expectations regarding your knee replacement.
2. Be careful not to cut your skin or develop any skin infections, especially around the surgical site.
3. Make sure that you have stopped all blood thinners, aspirin, or anti-inflammatory medication as discussed by my medical assistant. On the morning of surgery, take your normal medication with a sip of water. If you take diabetic medication, we will discuss how to take this at your pre-op visit.
4. Some patients are able to go home the day of surgery. After recovering in the post-op area, you will spend some time in an observation unit where physical therapy and discharge planning will occur. When it is safe for you to go home, you will be discharged home the same day. If you need to stay in the hospital, you will be admitted, usually for 1 to 2 days.
5. You will be able to discuss the type of Anesthesia that you will have with the Anesthesiologist before your surgery. I have them use a pain block as well as Spinal and/or general anesthesia.
6. Please do not eat or drink anything after midnight prior to surgery. The only exception to this is as instructed in the pre-op class, you will be given a drink to take about 4 hours prior to the surgery.
7. Discharge planning will arrange for the Physical Therapist to come to your house three times a week for two weeks. This is to make sure that you are getting around well with your walker.
8. You will be on a blood thinner after the surgery in order to help prevent blood clots. Usually, I recommend Aspirin tablets 81 mg twice a day. Occasionally, I will order Lovinox injections once a day depending on your risk of developing blood clots. If we use Lovinox injections, the hospital nurses will instruct you and/or your family members on how to do these injections. If you need help with these, we can send a nurse home to help you.
9. We will send a prescription to your pharmacy for pain medication after your pre-op visit. You can pick up this prescription and have it ready when you are discharged from the hospital.
10. Your wound will be closed with either staples or absorbable sutures, and it will be covered with a waterproof dressing. You may shower as soon as you like after the surgery. The water runs off the dressing, so you can get it wet, but do not soak in the bathtub, pool or hot tub. If

the dressing comes off prior to your office visit, you may take a shower but keep the wound covered with sterile gauze and tape between showers. Again, no bath or hot tub please.

11. If you have persistent wound drainage or redness after hospital discharge, contact my office.
12. I will check the incision at your first post op office visit at 2 weeks.
13. The hospital discharge planner will make arrangements for certain equipment to be delivered to your home. This may include a walker or crutches, a raised toilet seat, and a shower chair as needed.
14. In terms of your activity at home, spend some time during the day walking around the house or outside using your walker.
15. At your first postoperative visit about two weeks following surgery, we will discuss your progress including pain management and the need for physical therapy.
16. I do not recommend that you drive until 4- 6 weeks following the surgery. We can discuss this at your postoperative visits in greater detail if necessary.
17. If you have any further questions during the post-operative period, please feel free to contact us at 805 648 3902 x 106. Ask for Angela.