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HIP AND KNEE RECONSTRUCTION SPECIALIST



Oklahoma Joint
Reconstruction Institute

Surgery Instructions

Total Hip and Knee Arthroplasty

Dear Patient,

Thank you for placing your trust in our practice and allowing us the opportunity to care for you. We recognize that deciding to proceed with surgery is a significant and personal decision, and we are committed to providing you with the highest level of care, safety, and support throughout every step of your surgical journey.

This packet contains important pre-operative and post-operative instructions that are essential to ensuring your surgery proceeds safely and as scheduled, and that your recovery is as smooth as possible. We strongly encourage you to begin reviewing these materials as early as possible. Many of the required steps (medical clearances, testing, medication adjustments, and preparation timelines) must be completed in advance. Delays or incomplete preparation can result in unnecessary postponement of surgery.

Our goal is to help you feel informed, prepared, and confident going into surgery. If at any point you have questions or concerns while reviewing this packet, please do not hesitate to contact our office. Our team is here to help guide you and address any issues before they become obstacles.

We appreciate the trust you have placed in us and look forward to caring for you before, during, and after your procedure.

Sincerely,

Dr. Nathan Odor, MD

Pre-Operative Instructions

Pre-Admission Testing & Medical Clearance

All patients must complete **pre-admission testing (PAT)** at the hospital. This testing is required for anesthesia clearance and includes labs and other assessments.

- **Important:** If it is within 30 days of your surgery date and you have not been contacted to schedule pre-admission testing, please call to schedule:
 - **Community Hospital North:** (405) 419-5926
 - **Community Hospital South:** (405) 692-6600
- **Pre-Admission Testing will include:**
 - Complete blood count (CBC)
 - Basic metabolic panel (electrolytes, creatinine, potassium)
 - Coagulation profile (PT/INR, PTT)
 - Hgb A1c (for patients with diabetes)
 - EKG (typically age > 60 or cardiac history)
 - Chest X-ray (if recommended by anesthesia)
 - Nasal swab for MRSA screening
- **Specialist clearances** may be required. If any of the following apply to you, please contact the appropriate specialist:
 - **Heart:** Prior heart attack, heart failure, stents, valve disease, or pacemaker
 - **Lungs:** COPD, asthma, or home oxygen use
 - **Kidneys:** Chronic kidney disease or abnormal creatinine
 - **Diabetes:** Hgb A1c must be **7.5%** or lower to proceed with surgery. If greater than 7.5%, your procedure may be delayed.
 - **Dental:** Any active **dental infections** or **untreated dental problems** should be addressed **prior to surgery**.
- If any new illnesses arise prior to your surgery, please let our office know immediately.

Pre-Operative CT Scan (Robotic Surgery Only)

If your surgery will be performed using **MAKO robotic assistance**, you will need a **pre-operative CT scan** of your hip or knee for surgical planning.

- **Important:** If it is within 30 days of your surgery and you have not been contacted to schedule this, please call: (405) 605-2660.
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Infection Prevention: Skin & Nasal Decolonization:

To reduce infection risk, all patients are asked to start the following **5 days prior to surgery**:

- **Hibiclens® Soap (Chlorhexidine 4%)**
 - Provided at your PAT visit or available over-the-counter at most pharmacies
 - Use **once daily** in the shower, for **5 days** before surgery
 - At the end of your shower:
 - Lather from neck down (avoid face/genitals)
 - Let sit for **3 minutes**
 - Rinse thoroughly
 - Do **not** apply lotion after use

 - **Mupirocin (Bactroban®) Nasal Ointment**
 - A prescription for this will be sent to your pharmacy prior to surgery
 - Apply a small amount inside each nostril, **twice daily** for **5 days** prior to surgery
 - This decolonizes the nose of harmful bacteria like MRSA
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Infection Prevention: Dental Clearance

To reduce the risk of infection, patients must ensure their dental health is optimized prior to joint replacement surgery.

- **Who Needs Dental Clearance?**
 - Patients with **active dental problems** (pain, infection, abscess, gum disease, loose teeth)

 - **If Dental Clearance is Required:**
 - Schedule a **dental examination** as soon as possible
 - Complete all recommended dental treatment prior to surgery
 - Obtain **written dental clearance** confirming no active dental issues

 - **Important:**
 - If required, dental clearance should be completed **well before your surgery date**
 - Surgery **may be postponed** if dental clearance is not received or active dental issues are present
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Medications to Stop Before Surgery

Your medications will be reviewed during your pre-admission testing appointment. Specific instructions for your medications will be provided. The following are basic guidelines:

- **Non-Steroid Anti-Inflammatory Medications (NSAIDs)**
 - These must be held at least **7 days prior to surgery** to lower bleeding risk.
 - **Examples:** Ibuprofen (Advil), Naproxen (Aleve), Meloxicam (Mobic), Diclofenac
 - These may be **resumed immediately after surgery**.
- **Anticoagulant & Blood Thinning Medications**
 - You must obtain **permission from your prescribing physician** before stopping these medications.
 - When to stop:
 - **Aspirin** – Stop 7 days prior
 - **Eliquis** – Stop 3 days prior
 - **Xarelto** – Stop 3 days prior
 - **Coumadin** – Stop 5 days prior
 - **Plavix** – Stop 5 days prior
- **Auto-Immune or Antirheumatic Medications**
 - These may increase your risk for infection or wound healing complications.
 - **Examples:** Remicade, Humira, Enbrel
 - The timeline for stopping is based on your dosing schedule. Surgery is performed during the week after or later following a skipped dose.
 - *Example:* If your medication is given every 4 weeks, surgery will be scheduled during week 5 or later since your last dose
 - *Example:* If your medication is given weekly, surgery will be scheduled during week 2 or later since your last dose
 - These medications should only be **resumed once the wound has healed** and with **your surgeon's approval**.
- **Supplements and Herbal Medications**
 - Many supplements and herbal products increase your risk of bleeding.
 - **Examples:** CBD oil, Vitamin E, Fish oil, Omega 3s, Echinacea, Garlic, Ginkgo, Ginseng, Kava, St. John's Wort, Valerian
 - Stop **7 days** prior to surgery. These may be **resumed the day after your surgery**.
- **GLP-1 Receptor Agonists**
 - These medications **slow stomach emptying**, which can increase the risk of aspiration during anesthesia.
 - **Examples:** Ozempic®, Trulicity®, Wegovy®, Mounjaro®
 - Stop **1 week** prior to surgery.

Recommended Equipment

Home Preparation

To ensure a safe and smooth recovery, the following equipment is commonly recommended after total hip or total knee replacement. Having these items ready at home before surgery helps prevent falls, reduces discomfort, and avoids delays in recovery.

Essential Mobility & Safety Equipment

- Front-Wheeled Walker:** Used immediately after surgery to provide stability and support while walking. Most patients transition to a cane as strength and balance improve.
- Cane:** Used during the transition from walker to independent walking.

Bathroom & Home Safety Equipment

- Raised Toilet Seat** (with or without arms): Reduces strain on the hip or knee and makes sitting and standing safer.
- Shower Chair or Bench:** Allows seated bathing to reduce fall risk until balance and endurance improve.
- Handheld Shower Head (optional):** Improves safety and ease of bathing.

Swelling & Comfort Management

- Ice Therapy (Ice Packs or Cold Therapy Unit):** Helps reduce pain and swelling. Use several times daily, especially during the first few weeks after surgery.

Optional Assistive Devices

Helpful if flexibility is limited or if hip precautions are required.

- Reacher / Grabber
- Sock Aid
- Long-Handled Shoehorn

Home Preparation Tips

- Use a firm chair with armrests for easier sitting and standing
- Remove loose rugs and tripping hazards
- Keep frequently used items within easy reach
- Arrange help at home for the first few days if possible

Post-Operative Instructions

When To Call Our Office

Call our office immediately if you experience:

- **Persistent** fever greater than 101°F
 - Increasing pain, redness, swelling, or drainage from the incision
 - Calf pain, chest pain, or shortness of breath
 - Any concerns that feel urgent or out of the ordinary
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Post-Operative Medications

Pain Management (Multi-modal)

Our goal is to provide **safe, effective pain control** while minimizing reliance on narcotic medications. Pain control is most effective when multiple non-narcotic treatments are used together. Most patients are able to transition primarily to non-narcotic medications early in the recovery process.

- **Acetaminophen (Tylenol®)**: Scheduled use; do not exceed 4,000 mg/day
- **Anti-inflammatory (NSAID)**: Such as meloxicam or celecoxib if approved; do not take additional OTC NSAIDs
- **Muscle relaxant**: As needed for muscle spasms
- **Cold therapy (ice)**: Regular use reduces pain and swelling and decreases the need for narcotics
- **Narcotic medication**: For severe pain only; short-term use; begin weaning as soon as able

Blood Clot Prevention

One of the following medications is required after surgery to reduce the risk of blood clots. Take this medication exactly as prescribed and do not stop early unless instructed.

- Most patients: **Aspirin 81 mg** twice daily for 30 days
- History of blood clots or increased risk: **Eliquis (apixaban) 2.5 mg** twice daily for 30 days

Constipation Prevention

Constipation is common after surgery, especially with narcotic use. These medications should be taken until regular bowel movements resume:

- **Docusate Sodium (Senna)** 100 mg taken twice daily
- **MiraLAX® (polyethylene glycol)**: 1 packet (17 g) mixed in 4–8 oz of water once daily

Adequate hydration and walking also help prevent constipation.

Medication Refill Guidelines

If a medication refill is needed, please request no later than 72 hours before the medication is expected to run out.

- Immediate refill requests cannot be guaranteed if submitted late

- Narcotic medication refills are limited and subject to provider approval
 - Refill requests are processed during normal business hours only
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Dressing & Wound Care

- **Dressing:**
 - You will leave the hospital with a surgical dressing in place.
 - **Keep the dressing clean, dry, and intact.**
 - The dressing may be removed after **one week**.
 - **Showering**
 - You may begin showering **after the dressing has been removed** after **one week** and if there is **no drainage** from the incision.
 - Do not soak the incision (no baths, hot tubs, pools, or lakes) until cleared.
 - Do not apply lotions, creams, ointments, or antibiotic ointments to the incision unless specifically instructed.
 - If glue was used, do not pick at or peel off the glue. Allow it to fall off on its own.
 - Swelling, bruising, and warmth around the incision are normal.
 - **Contact our office if persistent drainage is noted.**
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Activity & Restrictions

- **Weight-bearing:** As tolerated unless otherwise instructed.
 - **Assistive device**
 - Use a walker as recommended until a steady gait is achieved.
 - You may wean from the walker as recommended by therapy and as you feel comfortable
 - **Walking:** Walking as tolerated is encouraged and is an important part of your recovery.
 - **Restrictions:** No high impact or strenuous physical activity for **8 weeks**.
 - No running, jumping, climbing, squatting, crawling, or pivoting
 - **Return to Work:** Varies based on job demands and will be discussed at follow-up
 - Return to regular, low intensity activities is permitted **as tolerated** after surgery.
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Physical Therapy & Home Health

- **Home Health Physical Therapy**
 - For most patients, home health services are arranged by the hospital case manager prior to discharge.
 - A physical therapist and a nurse will visit you in your home 2-3 times per week
 - Home therapy typically continues for 4–6 weeks after surgery.
- **Outpatient Physical Therapy**
 - Some patients will begin immediately with outpatient therapy or transition to this after home health. This decision is patient dependent.
 - A prescription for this will be provided by our office if needed.
- **Home Exercise Program**

- Performing your exercises as instructed is critical to a successful recovery.
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Driving After Total Hip or Knee Replacement

Driving requires adequate strength, coordination, reaction time, and judgment. You must be off all narcotic pain medication before driving.

General Rules

- Do NOT drive while taking narcotic pain medication
- You must feel safe and able to control the vehicle
- You must be able to get in and out of the car comfortably
- You must be able to perform an emergency stop without hesitation

Typical Driving Timelines

- Total Hip Arthroplasty
 - **Left:** 2-3 weeks
 - **Right:** 3-4 weeks
- Total Knee Arthroplasty
 - **Left:** 3-4 weeks
 - **Right:** 4-6 weeks

Important Notes

- Manual transmission vehicles may require a longer restriction
 - These are general guidelines. Individual recovery varies.
 - If you are unsure whether it is safe to drive, do not drive and contact our office.
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Follow-Up Appointments

Regular follow-up is essential to ensure proper healing and long-term success of your joint replacement. Routine follow up visits will be at **2 weeks, 6 weeks, 4 months, 1 year, and 2 years.**

Optimizing Nutrition

Good nutrition plays an important role in healing and recovery after surgery. Proper nutrition can improve wound healing, preserve muscle strength, reduce complications, and support a smoother recovery.

Before Surgery: Preparing Your Body

In the weeks leading up to surgery, focus on building strength and supporting your immune system:

- Protein: Essential for muscle and tissue repair (lean meats, fish, eggs, Greek yogurt, beans, protein shakes)
- Fruits & Vegetables: Provide vitamins and antioxidants that support healing
- Whole Grains: Support energy levels and digestion
- Hydration: Drink plenty of fluids unless instructed otherwise

Helpful tips:

- Aim to include protein with every meal
- Protein shakes or supplements may be helpful if appetite is low
- Avoid excessive alcohol and highly processed foods

After Surgery: Supporting Healing and Recovery

After surgery, your body requires additional nutrients to heal properly:

- Protein (very important): Supports wound healing and helps maintain muscle mass
- Calories: Healing requires energy—do not intentionally restrict intake
- Vitamins & Minerals: Vitamin C and zinc support tissue repair and immune function
- Fluids: Proper hydration helps prevent constipation and supports recovery

If appetite is reduced:

- Eat small, frequent meals
- Choose high-protein snacks such as yogurt, cottage cheese, or protein bars
- Use protein shakes if solid food is difficult

Why Nutrition Matters

Optimizing nutrition before and after surgery can:

- Improve wound healing
- Reduce infection risk
- Preserve muscle strength
- Improve energy and mobility
- Support overall recovery

Important Contact Information

Dr. Nathan Odor's Clinic: (405) 906-4059

- **Clinic Medical Assistant:** (405) 906-4059; option 3
For routine post-operative questions, medication refills, and non-urgent clinical concerns.
- **Clinic Scheduler:** (405) 906-4059; option 1
For scheduling or rescheduling clinic appointments and follow-up visits.
- **Surgery Scheduler:** (405) 906-4059; option 6
For questions regarding surgery scheduling, insurance authorization, or changes to insurance information.

Community Hospital

- **Pre-Admission Testing:** (405) 419-5926
For scheduling and questions regarding pre-admission testing prior to surgery.
- **Hospital Imaging Department:** (405) 605-2660
To schedule pre-operative CT scan if required for robotic-assisted surgery.
- **Hospital Billing Department:** (405) 419-8444
For questions regarding hospital billing, insurance coverage, and potential out-of-pocket expenses.
- **Hospital Case Management:** (405) 308-6971
For questions regarding home health services, discharge planning, or inpatient rehabilitation arrangements.

After-Hours Answering Service: (405) 548-1754

For urgent questions or concerns that arise **after normal business hours, on weekends, or on holidays**. Your call will be directed to the on-call provider as appropriate.

If you believe you are experiencing a medical emergency, call 911 or go to the nearest emergency department.