FRISCHORTHO

HIP & KNEE SPECIALIST

Knee Replacement Surgery

Patient Guide

Total Knee Replacement:

- Minimally invasive surgery
- Robotic assisted Surgery
- Outpatient joint replacement
- Partial knee replacement
  - Medial, lateral, patellofemoral
- Total knee replacement
- Revision knee replacement







FrischOrtho.com

Welcome to Our Practice



Nicholas B. Frisch, MD | MBA

Dr. Frisch and his dedicated staff believe in creating a very personalized experience with the highest level of service. His practice focuses on minimally invasive outpatient joint replacement and complex primary and revision of hip and knee replacement. Dr. Frisch utilizes technology that allows for rapid recovery and faster return to normal activity. Most patients qualify for outpatient joint replacement and go home the same day as surgery. For total hip replacement, Dr. Frisch will perform surgery using either an anterior or mini-posterior approach depending on the individual's needs.

Dr. Frisch was born and raised in Michigan and graduated from Detroit Country Day High School. He attended the University of Vermont for college, Loyola University Chicago for a Master's in Medical Science and then Tufts University School of Medicine where he earned his MD and MBA in Healthcare Management. While at Tufts Dr. Frisch was awarded the Norman S. Stern MD | MBA Award for excellence in academics and leadership.

Dr. Frisch completed his Orthopaedic Residency training at Henry Ford Hospital in Detroit. During his time at Ford, he was actively involved in research, winning several local and regional awards in both clinical research and the use of innovative technology in health care. Upon completion of his training at Ford, Dr. Frisch received the Outstanding Resident Award.

Dr. Frisch completed his Adult Reconstruction Fellowship at Rush University Medical Center in Chicago, Illinois. It was there that he was selected as a Health Policy Fellow for the American Association of Hip and Knee Surgeons (AAHKS). Dr. Frisch is currently an actively advocate for legislative agendas that benefit both his patients and the joint replacement community.

Since beginning his clinical practice, Dr. Frisch has maintained his commitment to advocacy, serving as a member of the AAHKS Advocacy Committee and the American Association of Orthopaedic Surgeons (AAOS) OrthoPAC Advisory Board. He has been on the Michigan Orthopaedic Society (MOS) Board and served as their representative to the AAOS Board of Councilors (BOC). He has also served on the BOC State Orthopaedic Society Committee and been nominated as Member-at-Large to the BOC Executive Committee. Locally he has served as Vice-Chief of Surgery and then Chief of Surgery at Henry Ford Rochester Hospital.

Surgery: _____ Date of Surgery: _____

Location: ☐ Henry Ford Rochester Hospital ☐ MIAS ☐ APEX

The facility will call the day prior to your surgery between 3pm-7pm with your arrival time for the next day.

- **Labs cannot be completed until after: ____\ ____\ ____**
  - Will need to be completed by your Pre-Operative Appointment.
- **Pre-Operative Appointment: ____ \ ____ \ ____ at ____:____ AM PM**
  - **This appointment is REQUIRED**

☐ At 3100 Cross Creek Parkway #200, Auburn Hills, MI 48326
☐ Virtual (a link will be sent to you prior to this appointment)

- **Post-Operative Appointment: ____ \ ____ \ ____ at ____:____ AM PM**

☐ At 3100 Cross Creek Parkway #200, Auburn Hills, MI 48326
☐ Virtual (a link will be sent to you prior to this appointment)

*You may be seen by Maggie Raukar PA-C or Paige Hedlund PA-C at either visit depending on availability.

Please obtain Medical Clearance from the Following Doctors:

☐ **PCP** ☐ **Cardiologist** ☐ **Other: _____**

Clearance form, Labwork Results, & EKG must be into our office no later than 2 weeks prior to Surgery (if we haven't received it 2 weeks prior to surgery we will call you to assist us in retrieving it, if you do not hear from us then you can rest assured we have already received the clearance(s)) or surgery will be cancelled.

Medical Clearance: The form will be faxed to your doctors, it is your responsibility to contact your doctor to see if they need to see you to sign the clearance form. Please have the doctor fax the form to us.

Fax: 844.464.7136

Durable Medical Equipment Order: I have attached two order forms to this packet, one is for a walker and the other is for a cold therapy unit. Please see details on the page listed additional information.

Labs: The labs must be completed at Henry Ford Rochester Hospital outpatient lab (unless discussed at the time of scheduling). No Fasting required. No appointment is necessary. Walk in only, open 6am-6pm Monday- Friday.

Physical Therapy: Following your knee surgery you may start physical therapy within 7-10 days. An order form will be provided to you. We do have therapy on the 1st floor of our building in suite 110, if this location is too far, you may find a location closer to home and schedule with that location.

Many questions you may have can be answered in this packet.
Please review in its entirety.

CONTACT INFORMATION

*If you have **ANY questions or concerns**, please follow the steps below*

1 Regular Business Hours

Monday – Friday | 8:00 AM – 5:00 PM

Call the office and ask for a member of our team:

☎ **(248) 377-8000**

- **Medical Assistant: Allison- (248) 484-2137**
  - For Prescription refills, 24 hour notice is required and **will not be refilled** after hours or on the weekends.
- **Surgical Coordinator: Rachael- (248) 484-2127 (248) 484-2127**
- **Physician Assistants**
- **Dr. Frisch**

For non-urgent questions, you may leave a voicemail and your call will be answered within 24-48 hours

For urgent concerns including the following please call the office:

- Fever above 101.5°
- Confusion/Disorientation
- Inability to bear weight on the operative leg
- Increased Drainage
- Pain not controlled by pain medication
- Swelling and pain in foot or calf that is accompanied by coolness or decreased sensation in the foot

2 After Hours / Weekends / Holidays

☎ **(248) 377-8000**

You will be connected to our **off-hour answering service**, who will contact the provider on call.

If you do not receive a response:

☎ **Call Rochester Hospital: (248) 652-5000**

Tell them you are a patient of Dr. Frisch and ask them to contact him through the hospital directory.

Emergency Room Guidelines

STOP **DO NOT GO TO THE EMERGENCY DEPARTMENT UNLESS ABSOLUTELY NECESSARY**
(The ER does not know the details of your surgery.)

REPORT TO THE ER IF YOU EXPERIENCE

- **Chest pain**
- **Shortness of breath/difficulty breathing**
- **Serious medical emergency unrelated to your surgical recovery**

LOCATIONS

You will have surgery at one of the following locations
(The location of your surgery can be found on your surgical checklist)

HENRY FORD HEALTH

Henry Ford Rochester Hospital
1101 W. University Dr.
Rochester, MI 48307

MIAS MICHIGAN INSTITUTE for ADVANCED SURGERY

Michigan Institute for Advanced Surgery
1375 S. Lapeer Road, Suite 109
Lake Orion, MI 48360

APEX SURGICAL CENTER

APEX Surgical Center
5140 Coolidge Hwy
Royal Oak, MI 48073

Additional Information

Inkwell/ptMantra:

Inkwell is an optional program. Inkwell is a temporary tattoo that will placed on your knee during surgery. This tattoo can provide real time recovery information (temperature, swelling, range of motion) to Dr. Frisch's Team.

ptMantra is a Remote Therapeutic Monitoring app that works with Inkwell to provide you physical therapy routines with assistance from a physical therapist.

- These is services are covered by some insurances.
- If your insurance covers this, you will receive a call from a physical therapist to welcome you to the program.
- If your insurance does not cover this you can choose to cash pay, contact Rachael to send you the link to pay.

MyMobility:

You will download this app to your phone. This includes Education and Exercises before and after surgery. Dr. Frisch's team will be able to monitor your activity with this.

- This is **REQUIRED if you are not enrolled with Inkwell** (unless you do not own a smart phone), a text with a link to download the app will be sent you your phone between 1 and 4 weeks prior to surgery.
- If you do not receive a link, please contact Rachael.

Joint Replacement Class:

This class is to prepare you for your upcoming joint replacement.

- This class is offered at our physical therapy office in our building on the first floor.
- The class costs $35.
- If interested please call the number included on the flyer.

Durable Medical Equipment Orders:

Attached to this packet you will find two scripts, one for a walker and the other is for a cold therapy unit.

- The cold therapy unit is like an ice machine but also has calf suppression, which will decrease the possibility of a blood clot. Befitting you, our medical supply location will reach out to you a week before surgery with coverage information (some insurance plans do not cover these). **THIS NOT A NECESSITY FOR SURGERY.**

- The rolling walker will need to be picked up at Befitting you, which is located in our building in suite 160.

FRISCHORTHO
HIP & KNEE SPECIALIST

InkWell Health

INKWELL & PTMANTRA MEDICAL ORDER

Nicholas Frisch MD | MBA – FrischOrtho

Your Recovery Plan

To give you the best chance for a smooth and successful recovery, we are prescribing two powerful tools:

ptMantra – Prehab Program

- **When:** 1 month before surgery, through ptMantra, you will receive personalized exercises and guidance from our care navigator to help prepare your body and mind for surgery.
- **Focus areas:** Physical fitness, nutrition, lifestyle, and mental readiness
- **Why it matters:** Research suggests that patients who complete 'prehab' often recover faster and experience better surgical outcomes.

Inkwell Health System – Post-Surgery Monitoring

- **When:** 6–8 weeks after surgery
- **Focus areas:** This system uses a safe, non-invasive temporary tattoo placed on the inside of your Knee, paired with a mobile app. It allows us to remotely monitor:
    - Swelling
    - Knee temperature
    - Range of motion
- **Why this matters:** These critical measurements will allow us to monitor your recovery, potentially detect complications and customize your care plan to achieve your post-surgical milestones.

Your Daily Commitment

- **Before surgery:** Complete at least 1 daily entry in the ptMantra app
- **After surgery:** Continue daily entries in the Inkwell app for at least 6 weeks
    - Include updates on your activity level and pain score in the app

Our Commitment to You

- By making ptMantra and Inkwell Health part of your care plan, we are committed to giving you every advantage for a smooth recovery and the best possible surgical outcome. Your consistent participation is a vital part of this process - together, we can help you heal stronger, recover faster, and get back to doing what you love.

Sincerely,

Nicholas Frisch MD | MBA
3100 Cross Creek Parkway, Suite 200, Auburn Hills, MI 48326

PTM ptMantra

InkWell Health



Our InkWell Tattoo

Combined with our easy-to-use app, the InkWell temporary tattoo provides real time recovery information (temperature, swelling, range of motion) to your Clinician.

This data is used to help healthcare teams customize your recovery journey and get a better understanding of exactly how you are healing.

Contact Us

Visit inkwellhealth.com/resources to learn how to use the app.

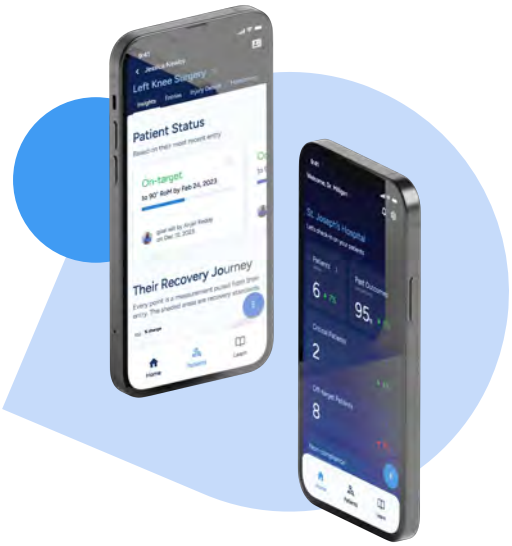
support@inkwellhealth.com
1-888-737-5770

InkWell Health

92 King Street South
Waterloo, ON N2J 1P5
Canada

Your healing should happen comfortably, effectively and with full medical transparency.

We know that every patient, every body, and every recovery is different. We genuinely care about putting your recovery first; minimizing stress, optimizing recovery plans and helping you heal better.



Our InkWell App

With InkWell, our technology can help answer many of your recovery journey questions.

· How far have you come on your recovery journey?
· How much farther do you have to go?
· How is your body healing?

InkWell Health technology helps you and your Clinician understand your current condition, provides real time medical data, and helpsyou achieve your recovery goals.

We believe that staying informed is key to reaching your recovery goals. With our InkWell Technology, you can track your progress, avoid complications and stay connected to your care team.

Welcome to mymobility®

Preparing for and recovering from surgery can seem overwhelming. Knowing what to expect and receiving timely reminders can help ease the process as you approach your surgery date. mymobility keeps you connected to your surgeon and care team throughout this process to assist you in many ways, including:



- Understanding your condition and optimizing your health prior to surgery
- Learning what to expect the day of surgery
- Knowing some steps you can take to help minimize complications after surgery
- Offering guidance as you work toward regaining mobility
- Reviewing data about your activity levels and progress with your care plan
- Sharing information with your surgeon and care team to help them determine your need for extra direction or follow-up care. It can also be used after surgery to aid in your recovery

Use the camera app on your smart phone and hover over the QR Code Reader or type in **zimmerbiomet.com/wearable-technology** on your browser to learn more about mymobilty

Getting started is easy!



Look for the text message on your phone (about 30 days before surgery)



Click on the link in the text and download the mymobility app or use the desktop URL in your activation text message on your computer to access mymobility



Activate your account

Then you're all set. You can start logging in for information and to track your progress.

Customer Support
For any questions about the app or instructions on how it works please contact the mymobility support team:
Website: https://support.zbmymobilitysolutions.com
Email: support@zbmymobilitysolutions.com
Phone: 1-844-799-8208

Smartphone Set Up Instructions - 30 DAYS BEFORE SURGERY

STEP ONE: TEXT MESSAGE ACTIVATION

You will receive a text message to the mobile phone number provided to the Care Team Member who enrolled you in mymobility.

In the text message, there will be a link to download the app. When you click on the link, you will be directed to the App Store or Google Play Store with instructions on how to download the mymobility app.

STEP TWO: DOWNLOAD

Before downloading the app you will want to ensure that your iPhone or Android device is up to date. To check if your device is up to date:

iPhone Instructions:

1. Tap the Settings Icon
2. Tap General
3. Tap Software Update

Android Instructions:

1. Tap the Settings Icon
2. Scroll down until you reach the Systems Menu
3. Tap on System Updates
4. Tap on Check for Updates

If a newer version of iOS or Android is available, download and install the update. Once completed, you can download ZB mymobility from the App Store or Google Play Store.

STEP THREE: INITIAL SIGN IN

When you open the app for the first time, select "activate account". Sign in using your date of birth and the mobile phone number provided to the Care Team Member. Once you have signed in, you will receive a text message with a temporary code. This code will let you access the mymobility app. In the future you will be able to use both Touch ID and/or Face ID.

STEP FOUR: iOS USERS ONLY- PAIRING APPLE WATCH® (OPTIONAL)

If you have ordered or have your own Apple Watch, you can pair it with your iPhone for use with the mymobility app. Before pairing, perform all system updates for your watch. To check if your Apple Watch is up to date:

1. Open the Apple Watch app on your iPhone
2. Tap the My Watch tab
3. Tap General
4. Tap Software Update

Download the update if needed.

STEP FOUR: ANDROID USERS ONLY-PARING GOOGLE FIT

Download the Google Fit app from the Google Play Store.

STEP FIVE: YOU ARE READY TO BEGIN

You are ready to begin your journey using the mymobility app.

Desktop or Laptop Users

STEP ONE: TEXT MESSAGE ACTIVATION

You will receive a text message to the mobile phone number provided to the Care Team Member who enrolled you in mymobility.

In the text message, there will be a link to download the app as well as a link for a desktop URL. Tap and hold the desktop URL, a menu will pop up, select "Share", and then choose "email". You can send the URL to yourself so you can click on it from your computer and activate your account. Or, you can simply type in the desktop URL into your computer.

STEP TWO: INITIAL SIGN IN

When you open the app for the first time, select "activate account". Sign in using your date of birth and the mobile phone number provided to the Care Team Member. Once you have signed in, you will receive a text message with a temporary code to your cell phone. This code will let you access the mymobility app.

STEP THREE: READY TO BEGIN

You are ready to begin your journey using the mymobility app.

This material is intended for patients using the Zimmer Biomet mymobility application. Apple, Apple Watch, iPhone, App Store, Touch ID and Face ID are registered trademarks of Apple, Inc. Android, Google Fit and Google Play are trademarks of Google LLC. For support pairing and updating your devices, reference your 'On-boarding Guide'.
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mymobility® by ZIMMER BIOMET



PRE-OP CLASS

Preparing for your Total Knee or Total Hip Replacement



Select Wednesdays at 5:30 pm

- **What to expect after surgery**
- **Setting up your home before surgery**
- **Safe movement and walking after surgery**
- **Exercises to begin immediately after surgery**

HOW TO REGISTER

Call
248-484-2100

Expect a call within 48 hours to complete registration process.

Cost: $40

CENTER FOR AdvancedOrthopedics AND SPORTS MEDICINE

248-484-2100
Physical Therapy Department
3100 Cross Creek Parkway
Auburn Hills MI

We are here for you every step of the way!

Preparing for Your Surgery
Quick Guide

General Information

- Cancel dental appointments 3 weeks before surgery and 12 weeks after.
- Avoid injections into the surgical joint for 3 months before surgery.
- Eliminate tobacco use if possible; ask about cessation programs if needed.
- Plan transportation home or to a hotel after discharge.

Preventing Surgical Site Infection

- Wash with Hibiclens soap daily for 5 days before surgery.
- On the morning of surgery, shower and leave cleanser on knee/hip for 3–5 minutes.
- Do not use lotions, perfumes, or powders on the morning of surgery (nail polish is OK).
- Report any broken skin or rashes before surgery.

Nasal Bacteria Testing

- Testing is done with preoperative lab work and is required.
- If positive for staph colonization, a nasal ointment will be prescribed before surgery.

If You Become Ill

- Contact the office if you develop fever, cold, sore throat, flu, or other illness before surgery.

Home Preparation Checklist

- Purchase a non-slip bath mat for the shower or tub.
- Remove tripping hazards such as rugs and loose electrical cords.
- Prepare and freeze meals or purchase prepared meals.
- Install night lights in bathrooms, bedrooms, and hallways.
- Arrange help with housework/outdoor work for at least 2 weeks.
- Do laundry and place clean linens on your bed before surgery.
- Arrange for someone to collect mail and newspapers.
- Prepare an area to elevate your leg while lying down.
- Have someone stay with you after surgery until you can safely manage daily activities (usually about 1 week).
- Arrange pet care for the first few days after returning home.
- Do not drive while taking narcotic pain medication.

MEDICATIONS TO STOP BEFORE SURGERY

- **Speak with your medical doctor (who prescribes your medications)** about your regular prescription medications (i.e. Blood pressure, cholesterol, diabetes, etc.).
    - Depending on which medications you are on you may need to stop them or continue them prior to surgery.
- If you have any specific questions about your medications, **please contact your medical doctor (who prescribes your medications)** prior to your preoperative visit with us. See below for general guidelines:

7 Days before surgery:

- Any anti-inflammatory medication
    - Ibuprofen (Advil, Motrin, Midol, Nuprin, Pamprin)
    - Naprosyn (Aleve, Naproxen, Anaprox)
    - Voltaren (Diclofenac)
- Any herbal supplements
- Vitamins (multivitamin, etc.)

2 Weeks before surgery:

- Any GLP-1
    - Adlyxin (Lixisenatide).
    - Byetta (Exenatide)
    - Bydureon (Exenatide extended-release)
    - Ozempic (Semaglutide injection)
    - Rybelsus (Semaglutide tablets).
    - Trulicity (Dulaglutide)
    - Victoza (Liraglutide)
    - Mounjaro (Tirzepatide)
    - Wegovy (Semaglutide)

You CAN continue to take the following medications:

- Iron supplements
- Tramadol (Ultram)
- Tylenol (Acetaminophen)
- Ultracet

Contact your medical doctor (who prescribes your medication):

Any patient on blood thinners prior to surgery will need to speak with their prescribing doctor about when to stop their specific blood thinner.

This is not a decision we can make.

Below are examples:

- Plavix
- Aspirin
- Pradaxa
- Eliquis
- Coumadin
- Xarelto

Preoperative Exercise Program

- Formal physical therapy is **NOT** required for all patients and will be assessed on and individual basis.
- If you are currently performing an exercise program, continue doing so as tolerated. If it causes pain **STOP**!
- If you are not currently performing an exercise program, you may begin incorporating exercises as directed
  - If you attempt to perform any of these exercises and they cause pain or discomfort, **STOP DOING THEM!**

Traditional Knee Exercises



Quadriceps Set

With your knee over a towel roll, tighten the muscle on the front of your thigh to push down into the towel.

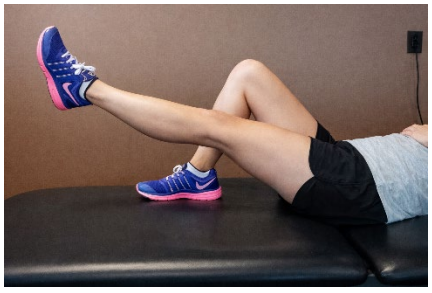
Hold 10 seconds | Repeat 20 times | 1-3 sessions/day



Short Arc Quad

With your knee bent over a thick roll, tighten the muscles on the front of your thigh to straighten your knee. Keep the back of your knee against the roll.

Hold 10 seconds | Repeat 20 times | 1-3 sessions/day

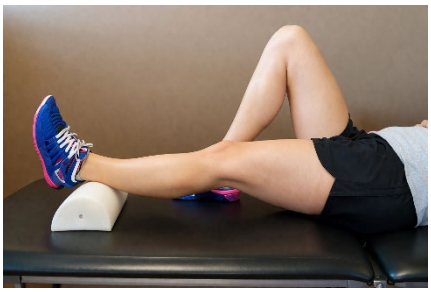


Straight Leg Raise

Tighten the muscles on the front of your thigh and lift the entire leg 6 inches from the bed. Make sure to keep your knee completely straight.

Hold 10 seconds | Repeat 10 times | 1-2 sessions/day

Continued →



Static Knee Extension Stretch

Lying on your back with knees bent, tighten stomach. Keep breathing.

Hold 10 seconds | Repeat 2 times | 1-2 sessions/day



Seated Hamstring Stretch

Place your leg straight on the bed with your opposite foot on the floor. Keeping your knee straight and your toes pointed up, slowly lean forward until you feel a stretch in the back of the knee/thigh. Keep your back straight and do not tuck your chin, no bouncing.

Hold 30 seconds | Repeat 2 times | 1-2 sessions/day



Seated Calf Stretch

Keeping your knee straight, place a strap around the ball of your foot. Pull your toes back towards you until you feel a stretch in your calf.

Hold 30 seconds | Repeat 2 times | 1-2 sessions/day

For videos on post-operative stretches and exercises, visit and subscribe to my **YouTube** channel:

*Visit www.FrischOrtho.com and click the **YouTube** icon on the left side of my homepage*

The Day of Surgery

What to Bring

- Photo ID and insurance card
- Walker (leave it in your vehicle; do not bring it into the hospital)
- Comfortable clothing large enough to fit over your bandage (shorts or wide-leg sweatpants recommended)
- Friend or family member to accompany you

Leave at Home

- Jewelry
- Money or valuables

When You Arrive at the Hospital

- Check in at the surgical registration desk.
- You will be directed to the preoperative area to prepare for surgery.
- An IV will be started to provide fluids and medications.
- You will meet the anesthesiologist to discuss the best anesthesia option (spinal or general).

Meeting With Your Surgeon

- Dr. Frisch will mark your surgical knee.
- You can discuss any questions or concerns.
- You will meet your nurse and operating room assistants.

After Surgery (Recovery)

- You will be taken to the Post Anesthesia Care Unit (PACU).
- Nurses will monitor your vital signs (blood pressure, breathing, heart rate).
- An ice pack will be placed on the surgical joint.
- Pain medication will be given through your IV and later by mouth when you can tolerate liquids.
- Most patients go home the same day.
- If going home the same day: you may leave once you can drink fluids, walk safely, and complete physical therapy exercises.
- If staying overnight: you will move to a hospital room after recovery.

What to Expect after surgery

General Information

- Bruising and swelling are **normal** after surgery and may extend up or down your leg. This usually increase during the first few weeks.
- Expect swelling in the entire leg, including the foot. **The leg may feel stiff and tight.**
- You may feel tired and have decreased energy after surgery.
- It's normal to feel a temperature difference after knee surgery. The surgical knee may be warmer than the other due to healing and increased blood flow, and this can persist for 6–12 months in most patients.
- Numbness or hypersensitivity around the knee is common after surgery due to disruption of small sensory nerves in the skin. This may cause decreased sensation or increased sensitivity. Symptoms often improve over time, but in some cases may not fully resolve.
- You will need to ice the operative knee 30 minutes at a time every 2 hours.
- Elevation is an important part in your recovery. Laying on a flat surface with your leg elevated above heart level (toes above your nose). This should be done as much as possible.

Wound Care (see "*Surgical Dressing Instructions*")

- Keep the surgical bandage intact for the first week.
- You may shower with the bandage on, but **do not take baths**. Pat the dressing dry.
- Remove the outer dressing **after 1 week** (If you have a different dressing follow the directions you were given).
- A wound vacuum dressing (with tubing and pump) may remain for 1–2 weeks and is waterproof.
- If **skin adhesive** is present, do not scrub or soak it off. Allow it to fall off naturally.
- **DO NOT** clean the incision, AVOID applying any cream or lotion to the incision.

Compression Stockings

- May remove compression stockings and ACE bandage when discharged home & walking regularly.
- Optional to continue wearing if comfortable

Medications

- Pain medication is commonly needed for 2–4 weeks after surgery.
- Call the office during **business hours (Mon–Fri)** for refills and **allow 24 hours** for pickup.
- If pain medication is still needed after 4 weeks, you may be referred to pain management.
- Continue anti-coagulants and resume home medications as instructed by your physician.

Continued →

Physical Therapy

- You will continue to use the MyMobility app for exercises or PT-Mantra if enrolled
- Outpatient physical therapy will be discussed at your first postoperative visit.
- If prescribed, therapy typically occurs 2–3 times per week for 6–8 weeks.

Activity

- You may put as much weight as tolerated on the surgical leg immediately.
- You can use stairs right after surgery, try to limit how often you use them at first.
- Limit activity to your home during the first week.
- Continue icing and elevating your leg as instructed.
- Perform only your prescribed home exercises to reduce swelling.
- Use a walker or cane until, you are walking without a limp and feel stable.
- **Do not drive while taking pain medication.**
- Driving usually resumes once walking comfortably (2 weeks). It may take longer if surgery was on the right leg. You must be able to apply adequate pressure on the brakes prior to driving.
- We recommend practicing in a parking lot prior to getting out on the road.
- Improvement continues up to one year.
- **Let pain be your guide.**

Follow-Up Appointment

- Your first postoperative visit will be 2-3 weeks after surgery with a Physician Assistant
- Your incision will be evaluated and X-rays will be taken.
- Activity progression will be discussed.
- Your second postoperative visit will be 6-8 weeks after surgery with Dr. Frisch.

Return to Work (Typical Estimates)

- Desk job: about 1 week
- Standing job: 2–4 weeks
- Hard labor: 6–8 weeks

When to Call the Office:

- Fever above 101.5°
- Confusion/Disorientation
- Inability to bear weight on the operative leg
- Increased Drainage
- Pain not controlled by pain medication
- Swelling and pain in foot or calf that is accompanied by coolness or decreased sensation in the foot

Postoperative Medications

Our goal is to provide a multi-modal preventative approach to pain management so you remain as comfortable as possible after surgery.

Anti-Inflammatory (reduce pain and swelling)

- Mobic (Meloxicam): 15 mg by mouth once daily with food
- Alternative – Celebrex (Celecoxib): 200 mg by mouth twice daily with food

Note: Discuss with your doctor if you have sulfa allergy, ulcers, kidney problems or on any blood thinner.

Oral Pain Medications

- Tylenol (Acetaminophen): 1,000 mg every 8 hours
- Neurontin (Gabapentin): 200 mg every 8 hours
- Oxycodone IR: 5 mg every 4 hours as needed for pain
- Tramadol: 50mg every 8 hours as needed for pain
- Journavx (Suzetrigine): 50mg; 2 tablets on 1st dose then 1 tablet every 12 hours

Blood Clot Prevention

- Aspirin: 81 mg twice daily with food for 30 days
- If you cannot take aspirin, discuss this before discharge.
- Some patients may resume anticoagulants (Coumadin, Plavix, Eliquis, or Xarelto) if previously prescribed.
- Follow your prescribing physician's instructions if a specific protocol was provided.

Additional Post-Op Medications

- Zofran (Ondansetron): 4 mg every 8 hours as needed for nausea
- Colace (Docusate Sodium): 100 mg twice daily as needed for constipation
- TXA (Tranexamic acid): 650mg 3 tablets by mouth once daily for 5 days
- Protonix (Pantoprazole): 40 mg 1 tablet daily

Antibiotics (if prescribed will be one of the following)

- Cefadroxil: 500 mg every 12 hours
- Clindamycin: 300 mg every 12 hours

Postoperative Medication Schedule

Take every scheduled medication as prescribed until all tablets are completed. Take Zofran for nausea and Colace for constipation as needed. If you have any questions, contact your healthcare provider.

Sample Daily Schedule

Time	Medications
Wake-up / Breakfast (6:00–8:00 AM)	Aspirin Mobic (Meloxicam) or Celebrex Tylenol (Acetaminophen) Gabapentin (Neurontin) TXA (Tranexamic acid) Journavx (Suzetrigne)
Mid-day / Lunch (2:00–4:00 PM)	Tylenol (Acetaminophen) Gabapentin (Neurontin)
Dinner (6:00–8:00 PM)	Aspirin Celebrex (if prescribed)
Before Bed (~10:00 PM)	Tylenol (Acetaminophen) Gabapentin (Neurontin)

As Needed

Oxycodone: every 4 hours as prescribed for pain
Tramadol: every 8 hours as needed for pain
Zofran (Ondansetron): up to every 8 hours for nausea
Colace (Docusate Sodium): 1–2 times per day for constipation
Protonix (Pantoprazole): 1 tablet daily

Antibiotics

Cefadroxil 500 mg or Clindamycin 300 mg as prescribed.

SAFE PAIN MANAGEMENT GUIDE
OPIOID USE AFTER SURGERY:

Pain after surgery is normal and usually strongest during the first few days. Your pain can often be managed with a combination of medications and non-medication techniques.

Non-Opioid Pain Relief

Your doctor may recommend over-the-counter medications such as:

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)

These may be taken on a schedule if recommended by your healthcare provider.

Non-Medication Pain Management

Other techniques can help reduce pain and may decrease the need for medication:

- Rest and gentle movement
- Ice or heat therapy
- Elevation or compression
- Deep breathing and relaxation
- Meditation or music

Questions to Ask Your Surgeon

- How long should I expect to have pain?
- What should I do if my pain is not controlled?
- What non-opioid options are available?
- What medications should I stop before surgery?

Using Opioids Safely

If opioids are prescribed:

- Take them only as directed
- Use them only for severe pain
- Try non-opioid options first
- Use the lowest dose for the shortest time needed

Continued →

Safe Storage

- Store medications in a locked box or cabinet
- Keep out of reach of children and visitors
- Do not store in shared areas like bathrooms or kitchens
- Keep track of the number of pills remaining

Disposing of Unused Opioids

Preferred options:

- Community medication drop boxes
- Drug take-back events
- Medication mail-back envelopes

If no program is available, mix pills with used coffee grounds or kitty litter in a sealed bag and place in the household trash. Remove personal information from prescription labels.

Important Safety Reminders

- Never share opioid medications
- Follow dosing instructions carefully
- Contact your doctor if pain becomes severe or uncontrolled
- Dispose of unused medications promptly

Surgical Dressing Instructions

You may have the following after surgery based on you specific needs:

Mepilex Surgical Dressing (see picture on following page)

- This will stay on for a total of **7 days after surgery**, you will remove at home.
    - o **Do not keep dressing on longer than 7 days!**
- You may shower with your dressing on but **NO BATHS!**
    - o Pat dressing dry gently when finished.

Skin Glue

- You can continue to shower, gently patting dry when finished.
- The glue will wash off, do not scrub over incision.

Prevena Portable Wound Vac (see picture on following page)

- This will stay on for a total of **7-14 days after surgery, you will remove at home.**
- The dressing is waterproof, you can shower with it on, however you must place the pump portion in a plastic bag to prevent it from getting wet.
    - o Pat dressing dry gently when finished.
- Use dry dressings (gauze and paper tape) once dressing is removed for any drainage if needed.
- Once the dressing is removed, throw away the dressing and pump.

Traditional Wound Vac (see picture on the following page)

- This will stay on for a total of **7 days after surgery**. Once the dressing is removed, the pump must be returned as instructed.
- You will have a nurse that will change your wound vac dressing every 3-4 days.
- Use dry dressings (gauze and paper tape) once dressing is removed for any drainage if needed.

External Sutures

- These sutures cannot get wet, please cover them to shower
    - o These will be removed in the office between 3 and 4 weeks after surgery
- If you had a **robotic assisted surgery**, you may have pin sites (thigh & shin) with external sutures
    - o There will be a waterproof dressing covering these, please remove at home 7 days after surgery, the sutures will be removed at your first post op visit.

Continued →

JP Drain (see picture below)

- There will be a waterproof dressing covering where the drain exits the skin.
- Please keep track of how much fluid is emptied from the drain each day.
- The drain can be removed when there is less than 10 mL of drainage in 24 hours.

Brace

- If a brace is required, it will be set to the range of motion you are allowed.
- The brace can be removed only to shower, please keep your leg straight when out of the brace.

CareKits with Veris™

- Remove original surgery dressing and steri-strips after **7 days**.
- A CareKit will be mailed to your home prior to your surgery.
    - o This will include 15 days of supplies.
    - o If you have additional questions please refer to the instructions included in the CareKit.



Prevena

Wound Vac

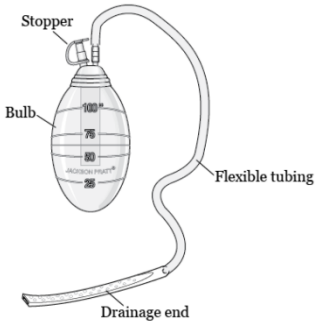




Mepilex

JP Drain

Jackson-Pratt Drain



Risks Associated with Joint Replacement

Despite undergoing thorough preoperative medical evaluation, minimally invasive surgery, pain management, and professional assessment of your joint, **risks do exist**. These risks should be carefully considered before deciding to have surgery.

Our team will take every possible measure to minimize risks and avoid complications.

Being aware of the risks can help you minimize your chances of complications.

Blood Clots

- Blood clots may form in a **leg vein or lungs** after joint replacement surgery and can be dangerous.
- Higher risk groups include:
  - Older patients
  - Patients who are obese
  - Patients with a history of blood clots
  - Patients with cancer
- Risk can be reduced through:
  - Proper risk evaluation
  - Preventative treatment plans
  - Early movement after surgery

Hematoma

- Bleeding into the joint may occur **immediately after surgery or later**.
- This can cause **pain and swelling**, which may slow recovery and can sometimes be mistaken for infection.

Infection

- Higher risk for patients with:
  - Chronic health conditions (e.g., **obesity, diabetes, liver disease**)
  - Those taking certain **corticosteroids**
- **Superficial infections** are usually treated with antibiotics.
- **Deeper infections** in the joint may require additional surgery.

Infection is **very rare in healthy patients** undergoing joint replacement. In some cases, infection may occur **without a known cause**.

Continued →

Nerve, Blood Vessel, and Ligament Injuries

- Damage to surrounding structures (**nerves, blood vessels, ligaments**) is possible but **extremely rare**.
- More commonly, patients may experience **numbness around the incision site**, which typically resolves within **6–12 months**.
- Some residual numbness around the incision may remain after surgery but **does not affect joint movement or function**.

Wound Healing

- Certain factors can interfere with proper wound healing.
- Healing may be slower if you:
    - Take **corticosteroids**
    - Have diseases affecting the **immune system** (such as diabetes)
- **Smoking slows the healing process**, so stopping smoking before surgery is strongly recommended.

If you experience any problems after surgery or have questions about possible complications, please contact your healthcare provider.

Despite undergoing thorough preoperative medical evaluation, minimally invasive surgery, pain management, and professional assessment of your joint, risks do exist. These risks should be carefully considered before deciding to have surgery.

EXAMPLE OF CONSENT YOU SIGNED

CENTER FOR ADVANCED ORTHOPEDICS AND SPORTS MEDICINE

Nicholas Frisch MD | MBA

PATIENT CONSENT FOR SURGICAL, MEDICAL, AND/OR OTHER TREATMENT

Authorization for Treatment

- I hereby authorize Dr. Frisch to treat the illness(es) and/or condition(s) indicated by the diagnostic studies already performed and by the clinical judgment and opinion of the physicians.

Explanation of Treatment

- My physician has explained to me the general nature of my condition, the proposed treatment, procedure, examination, or test, the expected outcome, potential risks, and reasonable alternatives.

Authorization for Additional Procedures

- I understand that unforeseen conditions may be revealed during the operation that may require an extension of the original procedure(s) or a different procedure than those described above. I therefore authorize the physician named above to perform such surgical, medical, or other procedures as deemed necessary in the exercise of professional judgment. This authority includes treatment of conditions that may not have been known at the start of the procedure, including but not limited to blood transfusions, removal of tissue, and administration of medication.

Acknowledgment of Risks

- I understand that surgical or medical treatment carries risks including, but not limited to: severe blood loss, bone fracture, loss of motion, persistent pain, limb length discrepancy, possible need for future surgery, risks related to anesthesia, stroke, loss of limb, loss of life, and cardiac arrest. For additional risks please "Risks Associated with Joint Replacement" include in this book.

No Guarantee of Results

- I understand that the practice of medicine and surgery is not an exact science. No guarantees have been made regarding the results of the procedure.

Tissue Removal and Study

- I consent to the disposal or retrieval for study by the authorities of Center for Advanced Orthopedics and Sports Medicine of any tissue, body parts, or amputated members removed during the procedure.

Educational Observation

- I consent to the observation of the procedure by third parties when necessary for educational purposes or at the request of my physician. I release the Michigan Institute for Advanced Surgery, Henry Ford Rochester Hospital, their directors, officers, and employees, and my physician and staff from liability related to such observation, including imaging, photographs, or video recordings.

Blood Testing for Exposure

- If a healthcare provider involved in my care is exposed to my blood or body fluids, I consent to blood testing for communicable diseases as permitted by Michigan law. I understand results will be part of my confidential medical record and that positive results must be reported to public health authorities as required.

Medical Device Tracking

- If medical devices or implants are used in this procedure, I understand that the FDA requires tracking of certain devices. I consent to the release of my Social Security number. **For device tracking purposes only.**

Remote Therapeutic Monitoring

- I consent to participating in remote therapeutic monitoring when available. This may include digital devices collecting health data and electronically transmitting it to providers for monitoring outside the clinic. I understand I may withdraw consent at any time.

Independent Physician Status

- I understand that physicians providing services to me, including the surgeon, anesthesiologist, radiologist, and pathologist, are independent contractors and not employees of the Surgery Center or Hospital.

Physician Ownership Disclosure

- Dr. Frisch is an equity partner in the Michigan Institute for Advanced Surgery, APEX surgery center, Inkwell and owns shares in other related entities. He also is a consultant for Zimmer Biomet.

Pre-Operative Requirements

- I confirm that I have received my surgical checklist, clearance forms, and lab orders and understand it is my responsibility to complete them before my pre-operative appointment and surgery.

BILLING & COVERAGE

Prior to surgery you may have additional questions in regards to coverage of your surgery. Please see the information below for some assistance.

We are unable to obtain this information on your behalf

We recommend contacting your insurance company to discuss your coverage

---

- Deductible: _____
- Coinsurance: _____
- Out of Pocket:_____
- Co-Pay:_____

The insurance company will ask for the following information:

- CPT Code(s):
  - 27447- Total Knee Arthroplasty
  - 27446- Partial Knee Arthroplasty
  - _____
- Diagnosis Code(s):
  - M17.11- Right Knee Osteoarthritis
  - M17.12- Left Knee Osteoarthritis
  - _____
- Length of Surgery:
  - 60 Minutes
  - _____

Contacts regarding the billing of your Surgery:

- Henry Ford Rochester Hospital
  - Main #: (248) 652-5000
  - Preoperative & Postoperative: (877) 348-7072- Option: 7
  - Anesthesia Preoperative: (248) 652-5741
  - Anesthesia Postoperative: (800) 242-1131
  - CRNA: (877) 348-7072 Option: 7
- Michigan Institute for Advanced Surgery
  - Main #: (248) 693-7950
  - Preoperative: (248) 639-7952
  - Postoperative: (248) 621-5421
  - Anesthesia & CRNA: (734) 2123097

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CENTER FOR ADVANCED ORTHOPEDICS AND SPORTS MEDICINE

Nicholas Frisch MD | MBA

PATIENT CONSENT FOR SURGICAL, MEDICAL, AND/OR OTHER TREATMENT

Patient Name:_____ Date of Surgery:_____

I understand the proposed or contemplated procedure to be: _____

Authorization for Treatment

- I hereby authorize Dr. Frisch to treat the illness(es) and/or condition(s) indicated by the diagnostic studies already performed and by the clinical judgment and opinion of the physicians.

Explanation of Treatment

- My physician has explained to me the general nature of my condition, the proposed treatment, procedure, examination, or test, the expected outcome, potential risks, and reasonable alternatives.

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Acknowledgment of Risks

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Pre-Operative Requirements

- I confirm that I have received my surgical checklist, clearance forms, and lab orders and understand **it is my responsibility to complete them before my pre-operative appointment and surgery.**

The contents of this document have been explained to me, and I certify that I understand them.

Patient / Parent / Legal Guardian: X_____

Scheduler / Witness: _____

Date: _____ Time: _____

If not signed by the patient, indicate:

☐ Patient is a minor (under 18)

☐ Other: _____

FRISCHORTHO
HIP & KNEE SPECIALIST

Patient of Nicholas Frisch, MD | MBA - Surgical Clearance Form

Patient Name: _____ **Date of Birth:** _____

Procedure & Date of Surgery: _____

Doctor & Speciality: _____

PLEASE PROVIDE MEDICAL HISTORY AND RECOMMENDATIONS BELOW:

History of Rheumatoid Arthritis? ☐ No ☐ Yes

Past Medical History: _____

Medications: _____

Allergies: _____

Is the patient on any type of blood thinner? ☐ No ☐ Yes

☐ Aspirin (Dose: _____) ☐ Xarelto/Rivaroxaban (Dose: _____) ☐ Plavix/Clopidogrel (Dose: _____)
☐ Lovenox/Heparin (Dose: _____) ☐ Coumadin/Warfarin (Dose: _____)

Patient may stop anticoagulant ___ days prior to surgery.
If yes, was the patient advised of pre-operative instructions? ☐ No ☐ Yes

Please indicate instructions given if any: _____

Vitals: Heart: _____ Lungs: _____ Abdomen: _____

Patient is cleared medically for surgery listed above:

_____ _____
Physician Signature **Date**

If a medical consultation is necessary, would you be able to see the patient in the hospital? ☐ No ☐ Yes

Once this form has been completed and signed, please fax this form,
Any & all test results, office notes, and a recent EKG (6 months old or less)

ONCE COMPLETE, PLEASE FAX TO 844-464-7136

If you have any questions regarding the information above, please contact us directly
Rachael Anderlie – 248.484.2127

#_____

OPIOID START TALKING
(MUST BE INCLUDED IN THE PATIENT'S MEDICAL RECORD)

Michigan Department of Health and Human Services

Patient Name	Date of Birth
Name of Controlled Substance containing an Opioid **OXYCODONE**	Dosage **5 MG**
Quality Prescribed (for a minor, if signature is not the parent or guardian, the prescriber must limit the opioid to a single, 72 hour supply) **30**	
Number of refills **0**	

A controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse. My provider shared the following:

a. The risks of substance use disorder and overdose associated with the controlled substance containing an opioid.
b. Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance. (Required only for minors.)
c. Mixing opioids with benzodiazepines, alcohol, muscle relaxers, or any other drug that may depress the central nervous system can cause serious health risks, including death or disability. (Required only for minors.)
d. For a female who is pregnant or is of reproductive age, the heightened risk of short and long-term effects of opioids, including but not limited to neonatal abstinence syndrome.
e. Any other information necessary for patients to use the drug safely and effectively as found in the patient counseling information section of the labeling for the controlled substance.
f. Safe disposal of opioids has shown to reduce injury and death in family members. Proper disposal of expired, unused or unwanted controlled substances may be done through community take-back programs, local pharmacies, or local law enforcement agencies. Information on where to return your prescription drugs can be found at http://www.michigan.gov/EGLEDrugDisposal.
g. It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care prescriber.

I acknowledge the potential benefits and risks of an opioid medication as described by my provider along with the responsibility of properly managing my medication as stated above.

Signature of Prescriber (when prescribing to a minor)	Date
Signature of Patient, if a minor, patient's parent/guardian **X**	Date
Signature of Patient's Representative or other authorized adult	Date
Printed Name of Parent/Guardian; Patient's Representative or other authorized adult	

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

AUTHORITY: PCA 246 of 2017, MCL 333.7303b and MCL 333.7303c **COMPLETION**: Required
RESPONSE: Voluntary **PENALTY**: None

#_____

OPIOID START TALKING
(MUST BE INCLUDED IN THE PATIENT'S MEDICAL RECORD)

Michigan Department of Health and Human Services

Patient Name	Date of Birth
Name of Controlled Substance containing an Opioid **TRAMADOL**	Dosage **50 MG**
Quality Prescribed (for a minor, if signature is not the parent or guardian, the prescriber must limit the opioid to a single, 72 hour supply) **30**	
Number of refills **0**	

A controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse. My provider shared the following:

a. The risks of substance use disorder and overdose associated with the controlled substance containing an opioid.
b. Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance. (Required only for minors.)
c. Mixing opioids with benzodiazepines, alcohol, muscle relaxers, or any other drug that may depress the central nervous system can cause serious health risks, including death or disability. (Required only for minors.)
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Signature of Patient, if a minor, patient's parent/guardian **X**	Date
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AUTHORITY: PCA 246 of 2017, MCL 333.7303b and MCL 333.7303c **COMPLETION**: Required
RESPONSE: Voluntary **PENALTY**: None