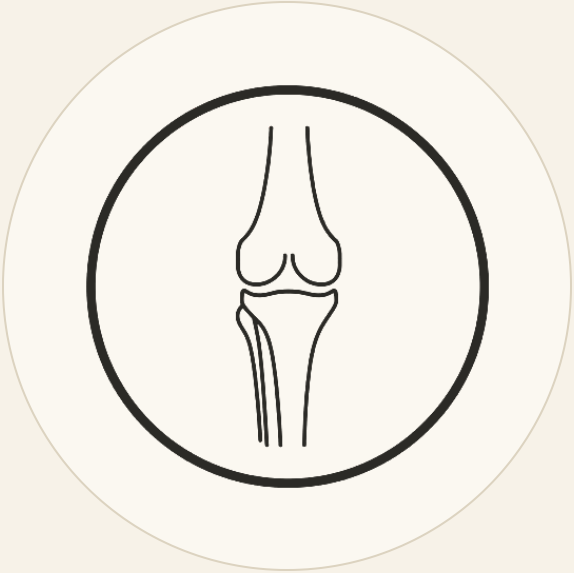
The Centers for Advanced Orthopaedics

Orthopaedic Associates of Central Maryland Division

PATIENT GUIDE TO

Total Knee Replacement

Everything you need to prepare for surgery and recover with confidence — one step at a time.



Joe Serino, M.D.

HIP & KNEE REPLACEMENT SURGERY

A MESSAGE FROM DR. SERINO

We're glad you're here.

This booklet will help you prepare for your upcoming knee replacement, guide you through recovery, and answer many common questions. My goal is for you to feel informed, confident, and supported through every step of the process.

Please read it carefully and follow the instructions here along with those from your surgical facility. My team and I are always here for you — please reach out anytime you have a question or concern.

We take great pride in providing personalized, compassionate care, and we look forward to guiding you through a smooth and successful recovery. Thank you for trusting us to be part of your care.

Joe Serino, M.D.

IMPORTANT CONTACTS

DR. SERINO'S OFFICE

(410) 644-1880 · ext. 2133

24/7 messaging through Klara

Mon–Fri, 7:30 AM – 4:00 PM

AFTER-HOURS EMERGENCIES

(410) 644-1880

Select Option 7, then Option 4 — connects you to the on-call provider

SURGICAL SCHEDULING & BILLING

(410) 644-1880 · Option 8

PHYSICAL THERAPY

(410) 644-1880 · Option 9

PRACTICE WEBSITE

mdbonedocs.com

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BEFORE SURGERY

Planning for Surgery

The weeks before surgery are the time to get organized. Start with the two most important appointments, then work through the rest at your own pace.

MOST IMPORTANT — 3 TO 4 WEEKS BEFORE

- ☐ Schedule a **preoperative clearance visit** with your primary care provider at least 2 weeks before surgery. They will review your medications and order any bloodwork or tests needed.
- ☐ If you see any **specialists** (cardiologist, hematologist, etc.), schedule a clearance appointment with them as well — also at least 2 weeks before surgery.
- ☐ If Dr. Serino provided orders for **additional labs**, please bring them to a Labcorp location near you for testing.

OTHER IMPORTANT TASKS

- ☐ **Dental care:** Routine work is fine up to 2 weeks before surgery; avoid non-urgent dental work for 3 months after. Report any loose/painful teeth or infections right away.
- ☐ **Tobacco & nicotine:** Stop all products at least 6 weeks before and after surgery — they significantly raise the risk of wound-healing problems and infection.
- ☐ **Joint injections:** Avoid steroid or gel injections into the surgical joint within 3 months of surgery. Injections elsewhere are fine.
- ☐ **Transportation & support:** Arrange a ride home and someone to stay with you the first 1–2 nights if you live alone.
- ☐ **Prepare your home:** Remove small rugs and trip hazards, arrange pet help for week one, and stock the fridge and freezer.
- ☐ **Work:** Desk jobs — plan to return around 6 weeks. Physically demanding jobs — up to 3 months.
- ☐ **Physical therapy:** Unless you were instructed otherwise, schedule outpatient physical therapy to start 5–10 days after surgery.

NUTRITION

- ☐ **Hydration:** Stock electrolyte drinks (Gatorade, Powerade, Vitamin Water, Liquid IV).
- ☐ **Protein:** Protein-rich snacks (bars, shakes, nuts) support tissue healing.
- ☐ **Stock the kitchen:** Pre-cook or buy easy meals — you likely won't want to cook for 1–2 weeks.
- ☐ **Alcohol:** Avoid for at least 24 hours before your surgery arrival time.

BEFORE SURGERY

Supplies for Recovery

A few items purchased in advance — from Amazon or your local pharmacy — will make your first days at home much smoother.

1

Pill Organizer

Many patients find that using a 3-times-a-day organizer (AM / Noon / PM) helps keep them on schedule. Pre-filling it before surgery removes the stress of reading prescription bottles while recovering.

2

Ice Packs

Cold therapy is essential, especially the first two weeks. Buy at least two reusable gel ice packs. An ice machine can also be purchased through the hospital on the day of surgery or in advance online.

3

Chlorhexidine (CHG) Soap — “Hibiclens”

Used for 3 days before surgery (including the morning of) to reduce bacteria on your skin. Look for “Hibiclens” or any “Chlorhexidine Gluconate 4% Solution.”

4

Compression Stockings

Provided at the hospital (you do NOT need to buy). Wear on both legs for 4 weeks after surgery, including while sleeping. Remove only for showering.

5

Walker or Cane

Needed for balance after surgery. Borrow one from a friend or family member if you can. Let us know if you are unable to obtain one, and we can provide them at one of our offices.

BEFORE SURGERY

Medications to Stop

These are general guidelines only

Your individual medication plan may differ. Always follow the specific instructions from Dr. Serino and your primary care provider.

MEDICATIONS TO STOP

14 days before

- Herbal supplements and vitamins (except Vitamin D, calcium, iron)
- GLP-1 analogs (Ozempic, Trulicity, Saxenda, Wegovy)

7 days before

- Aspirin
- NSAIDs: ibuprofen (Advil/Motrin), naproxen (Aleve), diclofenac (Voltaren), meloxicam (Mobic), Celebrex
- Plavix (clopidogrel), Pradaxa (dabigatran)
- Fish oil
- Coumadin / Warfarin

5 days before

- Eliquis (apixaban)
- Xarelto (rivaroxaban)

While on narcotic pain medicine after surgery

- Prescription sleep aids (Ambien, Lunesta, Temazepam) — melatonin or Tylenol PM are safe

MEDICATIONS TO CONTINUE

- [ ] Tylenol (acetaminophen)
- [ ] Vitamins C and D
- [ ] Calcium supplements
- [ ] Iron supplements
- [ ] Glucosamine / Chondroitin
- [ ] Tramadol (Ultram)
- [ ] Most cardiac, blood pressure, thyroid, and seizure medications (confirm at your clearance visit)

BEFORE SURGERY

Exercise Before Surgery

Staying active before surgery helps maintain strength, flexibility, and circulation. If you already exercise regularly, continue your routine. We also recommend these “prehab” exercises 3–4 days per week. Stop any exercise that causes significant pain — mild discomfort is normal.

Quad Sets

1. Lie on your back on a soft surface. Place a small towel or pillow behind your knee.
2. Keep your toes pointed toward the ceiling. Slowly push the back of your knee down into the towel — you’ll feel your thigh muscles tighten.
3. Hold the contraction for 5 seconds, then slowly relax.

20 reps · 3× per day

VIDEO TUTORIAL
vimeo.com/156108820

SCAN TO WATCH

Short Arc Kicks

1. Sit on a couch or floor with a rolled towel or foam roller under your knee so it is slightly bent
2. Lift your heel off the ground until your leg is fully straight and clench your quad. Hold 2 seconds.
3. Slowly lower your heel back down over 2 seconds.

20 reps · 3× per day

VIDEO TUTORIAL
vimeo.com/288080958

SCAN TO WATCH

Long Arc Kicks

1. Sit in a chair with your knee bent at 90 degrees. Slowly straighten your operative leg until it is fully extended.
2. Hold for 3 seconds.
3. Slowly lower your leg over 3 seconds and pull your foot back under the chair as far as comfortable.

20 reps · 3× per day

VIDEO TUTORIAL
vimeo.com/288081692

SCAN TO WATCH

Ankle Pump with Straight Leg Raise

1. Lie on your back with your operative leg fully straight.
2. Slowly flex and extend your ankle (pump it up and down).
3. Keeping your ankle pumping, lift your heel off the ground while keeping your knee straight, then lower it back down slowly and repeat.

20 reps · 3× per day

VIDEO TUTORIAL
vimeo.com/288074884

SCAN TO WATCH

A head start on recovery

These exercises also teach the movements your physical therapist will use after surgery, and stronger muscles will help you recovery more quickly.

BEFORE SURGERY

The Week of Surgery

By now, everything on our end is prepared. Take it one step at a time and focus on the simple checklist below.

7 Days Before

- Know when to stop your daily medications — see **Medications to Stop** and your clearance-visit instructions.

4 Days Before

- Pick up your prescriptions and organize them into your pill organizer.

3 Days Before

- Stop shaving the surgical site — small razor cuts introduce bacteria.
- Begin Hibiclens (CHG) showers — see below.

Night Before

- Repeat your CHG shower; sleep in clean pajamas on clean sheets.
- **Nothing to eat or drink after midnight** — including water, coffee, gum, and mints. Fasting failures can cancel surgery.
- Pack your bag (see checklist) and get a good night's sleep.

Morning of Surgery

- Repeat your CHG shower.
- Take home medications ONLY as specifically instructed — nothing else to eat or drink.

Hibiclens (CHG) Shower — repeat each of the 3 days before surgery

- Wash your hair with regular shampoo and your face with regular soap first.
- Apply CHG soap gently from the neck down with your hands or a clean washcloth.
- Do NOT get CHG soap in your eyes, ears, or mouth.
- Rinse off thoroughly with warm water.
- Do NOT apply lotion, oil, powder, or deodorant afterward — they deactivate the antiseptic.
- Wear fresh, clean clothes after each shower.

WHAT TO BRING TO THE HOSPITAL

- ☐ Photo ID (driver's license / state ID)
- ☐ Insurance card
- ☐ Walker (if you have one)
- ☐ CPAP machine (if applicable, for overnight stays)

WHAT NOT TO BRING

- Jewelry or other valuables
- More than $50 in cash
- Your own medications (the hospital provides all medications)
- Contact lenses (wear glasses if needed)

BEFORE SURGERY

Surgery Locations

Dr. Serino performs surgery at the locations below. Your specific site is confirmed at your preoperative visit. Plan to arrive approximately 2–3 hours before your scheduled surgery time.

Ascension Saint Agnes Hospital

HOSPITAL

ADDRESS 900 S. Caton Avenue, Baltimore, MD 21229

PHONE (667) 234-6000

ARRIVAL Enter via the main hospital entrance; proceed to Surgical Services registration. Valet services are available at the main entrance, and there is also ample free parking

SCAN FOR DRIVING DIRECTIONS

LifeBridge Northwest SurgiCenter

HOSPITAL

ADDRESS 5415 Old Court Rd 2nd Floor, Randallstown, MD 21133

PHONE (410) 701-4444

ARRIVAL The SurgiCenter is located on the 2nd floor of the Professional Center. There is ample free parking.

SCAN FOR DRIVING DIRECTIONS

Howard County Surgery Center

SURGERY CENTER

ADDRESS 2470 Longstone Ln Suite M, Marriottsville, MD 21104

PHONE (443) 920-5550

ARRIVAL There is ample free parking immediately in front of the surgery center

SCAN FOR DRIVING DIRECTIONS

Haven’t heard your arrival time?

If the surgical facility has not called by 4 PM the day before your surgery with your arrival time, please call them directly.

DAY OF SURGERY

Day of Surgery

Here is an overview of what you can expect on your surgical date.

1

Arriving at the Facility

Proceed to the check-in desk and let them know you are here for surgery with Dr. Serino. They will direct you to the surgical area to check in again.

2

Preoperative Preparation

You'll change into a gown and meet your nurse and anesthesiologist. Dr. Serino will greet you, answer last-minute questions, and mark the surgical site. An IV is placed and you may receive a mild relaxing medication.

3

Anesthesia

Most joint replacements use spinal anesthesia — a numbing injection in the lower back that keeps you comfortable from the waist down so you can nap without a breathing tube. General anesthesia is used only if spinal isn't suitable.

4

During Surgery

Surgery typically takes 60–90 minutes. Dr. Serino personally performs your entire procedure from start to finish with trained surgical staff.

5

Recovery Room (PACU)

Anesthesia wears off and your pain is managed. Once you are awake and comfortable, your support person can join you. A physical therapist helps you stand and walk before discharge.

AFTER SURGERY

Wound Care & Dressings

1 · Aquacel Dressing (Yellow)

Day 1

- Keep your dressing in place for 24 hours after you get home. Afterwards, you may remove the outer ACE wrap and the cotton wrap underneath.

Days 2–7

- Keep the Aquacel completely intact and dry. Do not touch or lift the edges.
- A small amount of drainage on the underside of the dressing is normal; if it soaks more than half the dressing, remove it, blot dry with clean gauze, apply the second Aquacel, and call the office for further instructions.
- Ensure the waterproof seal stays intact so the incision remains dry; many patients use cellophane to wrap the area while showering to provide an extra layer of protection.

Day 7

- Remove the dressing by peeling it off gently — you will see a thin layer of purple glue or a white strip underneath, which should be left in place.
- Apply the second Aquacel dressing provided to you. Keep this in place until your first post-operative visit.

First Post-Op Visit

- Ensure your incision remains clean, dry, and covered until your first post-operative visit, when your dressing will be removed. Afterwards, you may let soapy water run over the area, but do not scrub it or apply any ointments or lotions.

AQUACEL DRESSING

Follow the instructions above if you have the yellow Aquacel bandage after surgery

2 · Prevena Wound VAC (Purple)

Days 1–7

- Keep the unit plugged in when resting to preserve battery life; you may unplug and carry it when moving.
- A small amount of fluid seen in the tubing or canister is normal; notify us right away if more than half the canister fills with fluid.
- Do NOT get the unit or canister wet.
- Notify us immediately if the machine is beeping, which often means the seal is broken or the canister is full.

Day 7

- The machine shuts off automatically when therapy is complete.

First Post-Op Visit

- Ensure your incision remains clean, dry, and covered until your first post-operative visit, when your dressing will be removed. Afterwards, you may let soapy water run over the area, but do not scrub it or apply any ointments or lotions.

PREVENA WOUND VAC

Follow the instructions above if you have the purple Prevena dressing after surgery

3 · Braces

Most patients do not require a brace after knee replacement. If Dr. Serino has prescribed one, specific instructions will be provided. In general: wear it as instructed, keep it clean and dry, report any skin irritation, and do not adjust the straps or settings without checking with our team.

4 · Showering

- [ ] Your dressing is watertight — you may shower once the ACE wrap is removed (at least 24 hours after surgery). Avoid aiming water directly at it. Many patients prefer to wrap their knee with cellophane to provide an extra layer of protection.
- [ ] Always pat the area dry — do not rub.
- [ ] If water gets under the dressing, remove it, pat dry, apply a fresh dressing, and call the office.
- [ ] Do not soak the incision (no baths, pools, or hot tubs) until cleared — typically around 6 weeks.
- [ ] Do not apply lotion, cream, or ointment near the incision until cleared — typically around 4 weeks.

AFTER SURGERY

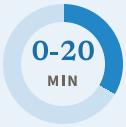
Early Activity & Therapy

THE 20 · 20 · 20 RULE

Reset your knee every waking hour

For the first two weeks, try to rotate through three 20-minute phases each waking hour — ice, rest, then gentle movement — to control swelling and protect your range of motion.

20 MINUTES — ICE + ELEVATE



- Apply ice to your knee
- Elevate — toes above your nose
- Nothing behind the knee

Reduces swelling & pain

20 MINUTES — REST + ELEVATE

- Remove ice — keep the leg up
- Toes still above your nose
- Rest and relax

Gravity drains fluid from the joint

20 MINUTES — UP & MOVING

- Get up and walk around
- Eat, use the restroom, move
- Light activity only

Prevents stiffness & blood clots

MOST IMPORTANT

Elevation

Elevate your leg as much as possible after surgery to reduce swelling and pain, especially during the first week. This helps you recover faster and helps your incision heal.

- **"Toes above your nose."** Lie down and elevate your leg with pillows or cushions placed only under your *heel*. Your toes must be higher than your nose for elevation to be effective.
- **Let your knee "hang free."** Only your heel should touch the pillows, so your knee can fully straighten — nothing should press against the back of the knee. This lets gravity help stretch the knee while also reducing swelling.
  - Your goal during the first week is a **completely straight knee (not bent!)** — which only happens if you continually stretch it out straight.
  - Placing pillows under the knee or keeping it slightly bent may feel more comfortable at first, but this is the *exact opposite* of what you want and will limit your range of motion.

ICING

Always keep a cloth between ice and skin — never ice longer than 20 minutes at a time.

COMPRESSION

Wear compression stockings on both legs for 4 weeks, including while sleeping. Remove only to shower.

PHYSICAL THERAPY

Begins 5–10 days after surgery; use a cane or walker for the first month.

AFTER SURGERY

Medications After Surgery

Please note that some of these medications may not have been prescribed depending on your medical history and personalized needs.

You should have received all post-operative medications and instructions at your preoperative visit. **Please contact us before your surgical date** if you were not able to pick up any of the medications.

If you are running low on pain medication, please contact Dr. Serino's office during business hours **BEFORE you run out** so a refill can be processed.

SCHEDULED — TAKE EVERY DAY REGARDLESS OF PAIN

MEDICATION	DOSE	FREQUENCY	PURPOSE
Tylenol (Acetaminophen)	2 tabs	Three times daily for 14 days	Baseline non-narcotic relief. Do not take additional Tylenol from other sources.
Meloxicam (NSAID)	1 tab	Once daily with breakfast for 30 days	Anti-inflammatory. Start after finishing dexamethasone; avoid other NSAIDs (e.g. Aleve, Advil, Ibuprofen).
Dexamethasone	1 tab	Twice daily for 4 days	Reduces inflammation and swelling.
Lyrica (Pregabalin)	1 tab	Twice daily for 14 days	Reduces nerve pain. Should not be taken if you are already taking gabapentin.

"AS NEEDED" FOR PAIN — DON'T WAIT UNTIL PAIN IS SEVERE

MEDICATION	DOSE	FREQUENCY	PURPOSE
Oxycodone	1 tab	Every 4 hours as needed	Narcotic pain medication. Get "ahead of the pain" by taking this when you start to feel uncomfortable rather than waiting for severe pain. Take this less frequently over time, with a goal of stopping 2 weeks after surgery.

STOMACH, BOWEL & NAUSEA

MEDICATION	DOSE	FREQUENCY	PURPOSE
Protonix (pantoprazole)	1 tab	Once daily for 14 days	Protects the stomach lining while on other medications.
Senna-Docusate	1 tab	Twice daily for 14 days	Prevents constipation — very common with narcotic pain medicine.
Ondansetron (Zofran)	1 tab	Every 8 hours as needed	Treats nausea/vomiting. Most nausea comes from taking medicine on an empty stomach.

Blood Clot Prevention

You will be prescribed a blood thinner to prevent dangerous clots (DVT). Standard medication is **Aspirin 81 mg twice daily for 28 days**; patients with a history of clots may receive a different blood thinner. In addition, get up and walk around your home at least once every 1–2 hours to keep blood moving.

Antibiotics

If you were prescribed oral and/or IV antibiotics, please take all of them as prescribed. **Do NOT stop antibiotics before finishing the full course.** If you have an infectious disease doctor, please make sure you have follow-up appointments scheduled with them.

Daily Medication Schedule · First 7 Days

This is a sample medication schedule for the first week after surgery. Treatment plans are personalized to each patient, so your actual post-operative medications may differ from those shown here — always follow the exact directions on your own prescription labels.

CHECK OFF EACH DOSE AS YOU TAKE IT

MEDICATION & DOSE	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
MORNING · WITH BREAKFAST							
Tylenol · 2 tabs	☐	☐	☐	☐	☐	☐	☐
Lyrica · 1 tab	☐	☐	☐	☐	☐	☐	☐
Aspirin · 81 mg	☐	☐	☐	☐	☐	☐	☐
Protonix · 1 tab	☐	☐	☐	☐	☐	☐	☐
Senna-Docusate · 1 tab	☐	☐	☐	☐	☐	☐	☐
Dexamethasone · 1 tab DAYS 1–4 ONLY	☐	☐	☐	☐	–	–	–
Meloxicam · 1 tab STARTS DAY 5	–	–	–	–	☐	☐	☐
MIDDAY · AROUND 2 PM							
Tylenol · 2 tabs	☐	☐	☐	☐	☐	☐	☐
EVENING · WITH DINNER							
Tylenol · 2 tabs	☐	☐	☐	☐	☐	☐	☐
Lyrica · 1 tab	☐	☐	☐	☐	☐	☐	☐
Aspirin · 81 mg	☐	☐	☐	☐	☐	☐	☐
Senna-Docusate · 1 tab	☐	☐	☐	☐	☐	☐	☐
Dexamethasone · 1 tab DAYS 1–4 ONLY	☐	☐	☐	☐	–	–	–

Dexamethasone is taken only on days 1–4; Meloxicam begins the morning after it finishes (day 5) and continues for 30 days. Always take medications with food to prevent nausea, and follow the exact directions on your prescription labels.

AFTER SURGERY

Recovery Week by Week

Recovery happens gradually, and every patient heals at a different pace — please don't compare your progress to others. The most important message: **go slow to go fast.**

Week 1

ACTIVITIES

- Try to follow the 20/20/20 routine every waking hour
- Rest, elevate, and ice diligently
- Limit standing and walking to 15-20 minutes at a time
- Do not bend the knee more than you are comfortably able to do so

WHAT TO EXPECT

- Pain is present but manageable; you'll feel tired
- Worst pain is typically days 3–4 before it gradually improves
- The leg will be swollen and bruised, peaking days 7–10
- Goal: get your knee fully straight

Week 2

ACTIVITIES

- Begin outpatient physical therapy
- Remove & replace your dressing (day 7)
- Continue 20/20/20 routine

WHAT TO EXPECT

- Pain more tolerable; start weaning off oxycodone
- Still fatigued
- Swelling and bruising peak, then begin to improve

Week 3

ACTIVITIES

- Follow-up with Dr. Serino (X-rays of your new joint)
- Driving allowed if off narcotics and you feel safe
- Begin weaning walker → cane
- Stationary bike if tolerated

WHAT TO EXPECT

- Walking more, but the knee still aches through the day
- Ice your knee after therapy and at night
- Goal: 90° of flexion and full extension

Weeks 4–6

ACTIVITIES

- Begin light strengthening (closed chain only)
- Progressively increase activity
- 6 week follow-up appointment

WHAT TO EXPECT

- Pain very tolerable; mostly aches at end of day
- Function steadily improving
- Stop using the cane or walker once you and your physical therapist feel it is safe to do so

Weeks 6–12

ACTIVITIES

- Low-impact activity: brisk walks, biking, golf, swimming
- May fully submerge the incision in water
- Progress physical therapy

WHAT TO EXPECT

- Knee should feel better than before surgery
- Range of motion continues to improve
- Doing most of the activities you want

Week 12+

ACTIVITIES

- Resume high-intensity activity: tennis, skiing, hiking
- Return to all activities as tolerated

WHAT TO EXPECT

- Most recovery is in the first 12 weeks; small gains continue to 1 year
- Scar tissue softens and function improves

REFERENCE

Frequently Asked Questions

Q What time is my surgery?

The surgical facility will call the business day before with your arrival time. Plan to arrive about 2–3 hours before your scheduled surgery. If you haven't heard by 4 PM the day before, call them directly.

Q What kind of anesthesia will I have?

Most patients receive spinal anesthesia, which numbs you from the waist down and lets you nap comfortably without a breathing tube. General anesthesia is used only if spinal isn't appropriate.

Q Is it safe to take narcotic pain medication?

Yes — used as prescribed and for the short term, these medications are safe and appropriate after joint replacement. Always take them with food and follow the dosing schedule.

Q Should I go to the ER or urgent care for a problem?

For most concerns about your surgery, call our team first — we'll help you decide the next step. Go directly to the ER or call 911 for chest pain, difficulty breathing, loss of consciousness, or other emergencies.

Q My leg is swollen and bruised — is something wrong?

Swelling, bruising, and redness are completely normal, peaking around 7–10 days. If you're concerned, call the office and we'll assess you.

Q I have a fever — should I worry?

Low-grade fevers (under 101.2°F) are common in the first few days. If your fever exceeds 101.2°F, contact our office.

Q When can I have dental work done?

Routine, non-urgent dental work should wait at least 3 months. For dental procedures within the first year, you'll need preventive antibiotics — most commonly Amoxicillin 2,000 mg one hour before. If allergic to penicillin, contact our office.

Q When can I travel?

Avoid long car rides (over 1 hour) and air travel for the first 6 weeks to reduce the risk of blood clots.

Q My joint is clicking — is that normal?

Yes! Clicking, clunking, and popping from a new joint are very common and usually harmless. If clicking comes with pain, contact our office.

Q Can I climb stairs?

Yes — your physical therapist will make sure you can safely use stairs before you leave the hospital or surgery center.

REFERENCE

When to Call & Warning Signs

If you are concerned, we are concerned

Do not hesitate to contact our office if something worries you — even if it isn't listed here. We would rather hear from you than have you worry alone.

What Is Normal After Surgery

- Swelling around the joint and down the leg, especially the first 2 weeks
- Bruising near the incision that may extend to the foot — peaks days 7–10
- Numbness or altered sensation around the incision or outer thigh
- Muscle tightness in the thigh or groin
- Knee feeling warm and appearing red
- Slight drainage on the dressing for a day or two
- Mild fever (under 101.2°F) in the first few days
- Clicking, clunking, or popping without pain

Call the Office Within 24 Hours If You Have

- Fever greater than 101.2°F
- Redness, skin blistering, or excessive warmth (beyond the first few days)
- Pain that is severe, worsening, or uncontrolled despite medication
- Drainage that is foul-smelling or looks like pus
- Persistent bleeding needing more than one dressing change
- Concerns about your dressing, brace, or wound

Go to the ER or Call 911 If You Have

- Chest pain
- Difficulty breathing or shortness of breath
- Uncontrollable nausea or vomiting
- Loss of bowel or bladder control
- Sudden weakness in your arms or legs
- New or worsening calf pain or swelling on one side

RECOMMENDED RECOVERY PROGRAM

ROMTech® PortableConnect®

An at-home rehabilitation device Dr. Serino may prescribe to help restore your range of motion safely from the comfort of home.

01

Insurance Handled For You

Accepted by most insurers, including Medicare and VA Health Care. A team member confirms your coverage; rentals are available if needed.

02

Delivery & Setup

Delivered at a time that works for you, with in-person or on-screen training from a Field Specialist.

03

Guided Daily Sessions

Sessions gradually increase range of motion and strength while reducing pain and swelling — often with less reliance on narcotics.

04

Remote Monitoring

The device records your progress so your surgical team can review it remotely between visits.

WHAT HAPPENS NEXT

- We send your prescription and ROMTech verifies your insurance coverage.
- ROMTech calls to schedule delivery and training of the PortableConnect.
- You use the system throughout your prescribed treatment period.
- When treatment ends, ROMTech contacts you within 24–48 hours to arrange pickup.

Please note: The PortableConnect is an optional aid — it is **not** required to maximize your outcome after surgery. If you have any safety, cost, or other concerns, purchase is not necessary, and your recovery will not be compromised.

Questions about your device? Call ROMTech at 1-888-457-6430

RECOMMENDED NUTRITION PROGRAM

ENROUTE® Surgical Nutrition

A science-backed, 4-week nutrition program designed for orthopaedic surgery

01

Maintains Muscle Mass

Targeted protein and nutrients help preserve strength through recovery.

02

Promotes Wound Healing

Formulated to support tissue repair after surgery.

03

Supports Bone & Immune Health

Nutrients chosen to support healing and immune function.

04

Dietitian Support

Access to dietitians, plant-based options, and patented blending technology.

HOW TO GET STARTED

- Visit getenroute.com and click SHOP.
- Find Dr. Serino to access your surgeon-recommended program.
- Select your protein source and flavor.
- Have the ENROUTE program delivered to your door (HSA/FSA eligible).

Please note: Optimizing your nutrition is very important to help you heal and recover safely after surgery — but ENROUTE is **not** your only option. Simply taking over-the-counter Vitamin D, a daily multivitamin, and a protein shake or powder of your choosing works just as well.

Order online at **getenroute.com** or call **1-800-619-0783**

YOUR NOTES

Questions & Notes

Use this page to jot down questions for Dr. Serino and his team, important dates, or anything you want to remember.

The Centers for Advanced Orthopaedics

Orthopaedic Associates of Central Maryland Division

THANK YOU FOR TRUSTING US

Your recovery is *our priority.*

SCAN TO VISIT OUR WEBSITE

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