CANADIAN CONCIERGE ORTHOPEDICS

PATIENT RESOURCE GUIDE

HIP & KNEE REPLACEMENT

ADVANCED JOINT CARE. FOR CANADIANS.

Dr. Joseph B. Assini, MD, FRCSC, FAAOS

Denver, Colorado

A practical guide to preparing for surgery, navigating recovery, and returning to the activities you enjoy.

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WELCOME TO CANADIAN CONCIERGE ORTHOPEDICS

Thank you for choosing Canadian Concierge Orthopedics for your hip or knee replacement. Our goal is to make your experience organized, personal and focused on your recovery—from your initial consultation through surgery, rehabilitation and your return home to Canada.

Your care is a team effort. You will work with your surgeon and the broader clinical team through preoperative planning, surgery, discharge and rehabilitation. Your active participation before and after surgery is an important part of a successful recovery.

This handbook is designed to keep the most important information in one place. Please read it before surgery and keep it available throughout your recovery.

YOUR INDIVIDUAL INSTRUCTIONS FROM DR. ASSINI AND THE CLINICAL TEAM ALWAYS TAKE PRIORITY.

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YOUR PATIENT JOURNEY

PERSONALIZED. SEAMLESS. WORLD-CLASS JOINT CARE.

At Canadian Concierge Orthopedics, we make the process of getting your hip or knee replaced simple and stress-free. We take care of the details so you can focus on what matters most—your health.

PERSONALIZED CARE

You'll work directly with your surgeon and a dedicated care team every step of the way.

ALL-INCLUSIVE PRICING

One comprehensive fee covers your surgery, facility, anesthesia, and follow-up care in Denver.

DESIGNED FOR CANADIANS

We understand the needs of Canadian patients and make the process easy and convenient.

FOCUSED ON YOU

Our mission is your best outcome, with exceptional care and a world-class experience.

ADVANCED JOINT CARE. FOR CANADIANS.

1 **REACH OUT**

Contact us by phone, email, or our website. Our Patient Care Coordinator will guide you through the next steps.

2 **SUBMIT YOUR RECORDS**

Send us your medical records and X-rays. We'll review them promptly.

3

VIRTUAL CONSULTATION

Meet virtually with one of our fellowship-trained orthopedic surgeons. We'll discuss your condition, treatment options, and answer all your questions.

4

RECEIVE YOUR PERSONALIZED PLAN & PRICING

You'll receive a customized treatment plan and clear, all-inclusive pricing with no hidden fees.

5

SCHEDULE YOUR SURGERY

Choose a surgery date that works for you. We'll guide you through pre-operative requirements.

6

TRAVEL TO DENVER

We'll help you plan your trip and provide guidance on travel, lodging, and preparing for your surgery.

7

YOUR SURGERY

Your hip or knee replacement is performed by your surgeon using advanced techniques in a state-of-the-art surgical facility.

8

RECOVER IN DENVER

Recover comfortably in Denver with personalized care and physical therapy to get you moving and feeling better.

9

RETURN HOME & FOLLOW-UP

Return home with a clear recovery plan. We'll stay connected with virtual follow-ups and coordinate with your local healthcare provider.

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UNDERSTANDING YOUR RECOVERY

Recovery after joint replacement is a process—not a single event. The supplied Dr. Assini recovery framework describes three phases, with the pace of improvement changing as healing progresses. Every patient recovers differently. The timelines given should be used as a guide and will differ from patient to patient.

PHASE 1 — FIRST 2–3 WEEKS

Improvements are often noticed day-to-day. This is the period when you will generally need the most help. Pain, swelling, bruising and stiffness are expected, and the surgical area may remain warm for 2–3 months.

PHASE 2 — NEXT 6–12 WEEKS

Improvement is usually noticed week-to-week. At the three-month recheck, patients may be approximately 85% improved. You may feel substantially better than before surgery while still having room to improve. You are likely to start returning to activities in a gradual fashion.

PHASE 3 — 12 WEEKS TO 1 YEAR

Improvement becomes more gradual and is often noticed month-to-month. Warmth, aches and pains continue to settle while strength and endurance improve. At this point you will be returning to, or have returned to full activity.

REMEMBER: IT TAKES A WHOLE YEAR OF RECOVERY AFTER JOINT REPLACEMENT TO SEE THE FINAL RESULT.

REMEMBER: Do not compare your recovery with another patient. Anatomy, surgical technique, activity level and individual response to pain all affect recovery.

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PREPARING FOR SURGERY

The better organized you are before surgery, the easier the first weeks of recovery will be.

MEDICAL AND DENTAL PREPARATION

- Complete the medical evaluation and testing requested by your surgical team.
- Discuss all prescription medications, over-the-counter medications, vitamins and supplements with the surgical team.
- If you take blood thinners, anticoagulants or antiplatelet medications, the prescribing physician should guide when they are stopped.
- Complete needed dental work before surgery. Contact the office if dental problems arise before your scheduled surgery.
- Follow the preoperative bathing or skin-cleansing instructions provided by your team.

MEDICATIONS BEFORE SURGERY

Medication instructions are individualized. The patient guide lists several medications that may need to be stopped before surgery, while blood thinners require direction from the prescribing physician. Do not change a prescription medication without receiving specific instructions from your clinical team.

HOME PREPARATION

- Remove throw rugs and secure electrical cords and other tripping hazards.
- Place frequently used items at an easy-to-reach height.
- Ensure stairs have secure handrails.
- Use a firm chair with a back and armrests; avoid chairs with wheels.
- Prepare meals in advance and arrange help with household tasks.
- Arrange support from a spouse, family member or friend. The supplied guide recommends having someone stay with you until you can perform daily activities safely and independently, often 7–10 days.
- Ensure you have clean bed sheets, clean towels and clean comfortable clothing available for your recovery.

WHAT TO HAVE READY

Your exact equipment needs will depend on your surgery, mobility and home environment.

- Walker or crutches as instructed
- Cane, when appropriate
- Cold therapy / ice packs
- Compression stockings
- Hip compression shorts or another supportive compression garment, when recommended
- Reacher or leg-lift strap if useful
- Non-slip bathmat
- Night lights
- Comfortable, supportive clothing and shoes

BRING YOUR WALKER OR CRUTCHES ON SURGERY DAY ONLY IF INSTRUCTED.

The clinical team can help determine what equipment is appropriate for you.

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THE DAY OF SURGERY

Your surgical facility or my office will provide your specific arrival time and fasting instructions. In general, the supplied patient guide describes no solid food for 8 hours before arrival and nothing by mouth within 4 hours of arrival; the facility's instructions always take priority.

DURING RECOVERY

- Nurses monitor vital signs and your return of movement and sensation.
- Deep breathing, calf compression and ice may be used to support recovery and reduce swelling.
- You will be assisted to sit, stand and walk.
- You will be assisted to the bathroom to ensure that you can safely mobilize and that your bladder is functioning before discharge.

PAIN CONTROL

Pain is expected immediately after surgery, but there are multiple ways to reduce it. We use local anesthetic and other medications around the incision and joint for hip patients, and add nerve-block options for knee patients. Your surgeon and anesthesiologist will determine the plan that is appropriate for you.

The goal is comfortable, early mobilization—not zero pain. Take prescribed medication as directed so you can rest and participate in your exercises.

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YOUR FIRST DAYS AT HOME

Recovery takes time, and you may notice good days and bad days. This is normal. Pain and swelling may vary as you become more active.

WALKING

- Unless instructed otherwise, you may bear weight as tolerated.

- Use your walker or crutches until you feel stable and are directed to progress by your PT.
- Take several short walks rather than long walks.
- We recommend getting up and walking at least once each hour.
- Increasing activity can temporarily increase pain and swelling; this does not necessarily mean something is wrong.

REST, ICE AND ELEVATION

In the first two weeks, we recommend icing and elevating every 2–3 hours for 20-30min to help control swelling, inflammation and pain. Elevate the operative leg so the foot is not left dependent for prolonged periods.

SLOW AND STEADY

REMEMBER – THERE IS NOT MUCH YOU CAN DO TO SPEED RECOVERY UP, BUT THERE IS A LOT YOU CAN DO TO SLOW IT DOWN!

Focus on limiting activity early, controlling swelling and gradually increasing activity rather than trying to do too much too soon. Listen to your body and while it is important to push through the discomfort, you don't need to over do it, especially in the first few days after surgery.

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PAIN MANAGEMENT

Dr. Assini's pain-management policy is designed around patient safety, responsible prescribing and coordinated care.

FOR PATIENTS WHO DO NOT REGULARLY TAKE OPIOIDS

- Opioids are not prescribed preoperatively as a routine treatment for chronic pain; special circumstances may be considered individually.
- Opioids are prescribed only by the treating team or by your PCP prior to surgery and after returning home.
- Opioids should not be prescribed beyond the 90-day postoperative period. If pain treatment is needed beyond that period, management transitions to a pain-management physician is encouraged.
- Refill requests should be made 48 hours before medication is needed. The policy states that weekend, holiday and after-4:30 p.m. weekday requests will not be honored.
- The team uses the Colorado Prescription Drug Monitoring Program to monitor opioid consumption for local Colorado patients.

FOR PATIENTS WITH CHRONIC PAIN

- Patients with more than two prescriptions in the previous six months must have an established relationship with a pain-management physician or a willing primary care physician before surgery.
- Dr. Assini's team manages postoperative pain for two weeks; after that, prescriptions return to the responsibility of the preoperative prescribing physician.
- Pre-authorizations for medications not covered by insurance are handled by the preoperative prescribing physician.

YOUR DISCHARGE PRESCRIPTIONS MAY INCLUDE PAIN MEDICATION, A MUSCLE RELAXER, A BLOOD THINNER AND A STOOL SOFTENER. TAKE THEM EXACTLY AS DIRECTED.

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MANAGING SWELLING

Swelling is expected after hip and knee replacement. It often increases during the first several days and then gradually decreases. Some swelling may persist for an extended period.

- Use ice or cold therapy as directed.
- Elevate the operative leg regularly.
- Wear compression stockings as instructed; the supplied discharge instructions recommend TED hose for two weeks.
- Perform active ankle pumps and mobilize regularly to keep blood circulating.
- Avoid sudden increases in activity that lead to significant swelling.

We encourage 20-minute on/20-minute off use for ice or gel packs, while some cold-therapy devices use programmed cycles. Follow the instructions for your specific device. If you have questions about specific devices or recommendations please ask us.

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INCISION CARE

Your incision is protected with a waterproof dressing when you leave the surgical facility.

- The supplied Dr. Assini discharge instructions state that the waterproof dressing may be removed after 7 days, or sooner if there is significant blood in the dressing or water has gotten underneath it.
- After the dressing is removed, leave the incision open to air unless otherwise instructed.
- You may use sterile gauze and an ace bandage if the incision is still bleeding.
- After 7 days, you may shower and allow soap and water to run over the incision; do not scrub or immerse the wound.
- Do not apply ointments or lotions unless specifically instructed.
- Small threads at the ends of a hip incision may be normal and should be left alone until your postoperative visit.

FOR TKA PATIENTS

We use a skin closure called Zipline. This should be left in place for 14 days post-op and then can be peeled off safely. This closure is only compatible with Mepilex or dry dressings. DO NOT USE OTHER ADHESIVE DRESSINGS.

FOR THA PATIENTS

We use absorbable sutures that do not need to be removed. The steri strips that are in place can be left alone and will fall off as able. Do not pull the steri strips off.

If you have any questions regarding your wound please contact us directly. Wound management is very important for a successful outcome.

CALL THE OFFICE IF YOU HAVE REDNESS, DRAINAGE, FEVER OR CONCERNS ABOUT YOUR INCISION.

BLOOD-CLOT PREVENTION

Joint replacement temporarily increases the risk of blood clots. Your team will review the blood thinner recommended for you.

- Take your prescribed blood thinner for the full duration instructed.
- Wear compression stockings as directed.
- Perform active ankle pumps.
- Get up and move regularly rather than sitting in one position for long periods.
- Seek prompt medical attention for unusual calf or leg pain or tenderness, warmth or redness/discoloration, swelling that does not improve with elevation, chest pain or shortness of breath.

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HIP REPLACEMENT RECOVERY

For anterior hip replacement, the supplied guide describes specific precautions during the first six weeks.

FOR THE FIRST 6 WEEKS

- Generally, you can weight bear as tolerated after a THA. PT will guide you off your gait aid as appropriate.
- Avoid extending the hip while simultaneously rotating the leg outward. This protects the anterior muscles and reduces inflammation.
- Do not pivot around the operative leg.
- Avoid excessive repetitive straight-leg raises, marching and heel-slide exercises.
- Wait six weeks before resuming yoga because excessive stretching may increase risk to the healing tissues.
- Routine, non-strenuous activity and stairs may be performed as tolerated, without overdoing it.

Your exact restrictions are individualized. Follow Dr. Assini's instructions if they differ from general guidance.

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KNEE REPLACEMENT RECOVERY

Knee replacement recovery focuses on controlling swelling and pain while progressively restoring motion, strength and confidence.

- Begin gentle stretching and simple walking as instructed.
- You should begin physical therapy within 3-5 days of your knee procedure.
- Expect activity-related soreness during the early weeks.
- Gradually increase activity as swelling and strength improve.
- Do not use pain as a reason to push through excessive activity; recovery is progressive.

In some patients we use cementless or press-fit implants. These implants rely on your bone to grow into them to achieve a permanent bond. This takes time; around 4-6 weeks. In that time, we ask that you follow instructions to prevent chances of implant failure.

PHYSICAL THERAPY & ACTIVITY

The goal of rehabilitation is to restore safe mobility and progressively rebuild strength and endurance. The early focus is on wound healing, limiting swelling and early motion. Next, you should focus on full range of motion and lastly strength.

KNEE REPLACEMENT

We recommend seeing a physical therapist within 5 days after surgery, along with gentle stretching and walking beginning the day after surgery. Please follow your specific discharge instructions.

HIP REPLACEMENT

We recommend exercises and simple walking during the first 1-2 weeks, with formal therapy determined by progress and individual need.

ACTIVITY PROGRESSION

WEEKS 1–2	Focus on swelling control, short walks, gentle motion and recovery.
WEEKS 3–4	Continue swelling control and gentle range-of-motion work while slowly increasing activity.
WEEKS 5–6	Light, low-resistance exercise may be introduced as directed.

After the six-week follow-up, activity can progress according to your recovery and Dr. Assini's guidance.

Typically, x-rays are done at 6 weeks post-op. For our Canadian patients, these will be done in Canada and shared with our team.

TRAVELING HOME TO CANADA

Travel is an important part of the CCO experience for Canadian patients. Your travel plan should be individualized around your mobility, surgery, medical status and postoperative progress.

Patients traveling to Colorado may be able to fly home as early as post-op day 1. We recommend that work travel or vacations be delayed at least four weeks.

AIR TRAVEL CHECKLIST

- Arrange wheelchair assistance with your airline in advance.
- Change position, stand or walk for 5–10 minutes every 1–2 hours during the first week when traveling by car or plane.
- Perform active ankle pumps during prolonged sitting.
- Plan for a companion to assist you through the airport and during the early recovery period.
- Carry your postoperative instructions and medication information with you.

AIRPORT SECURITY

Your artificial joint contains metal and may trigger airport security screening. The supplied guide states that you do not need a special medical card; tell security personnel that you have a joint replacement and follow their screening instructions.

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LIFE AFTER JOINT REPLACEMENT

The purpose of joint replacement is to reduce pain and restore mobility so that you can return to the activities that matter to you.

DRIVING

Many patients regain sufficient leg control to drive in approximately 4 weeks, provided they are no longer taking narcotic pain medication and can safely control the vehicle. The final decision must be based on your recovery and applicable laws. Always begin driving on a familiar street during daylight hours.

EXERCISE AND RECREATION

Low-impact activities such as walking, swimming, hiking, biking, gardening and golf are encouraged. Higher-impact activities should be discussed with your surgeon, but most activities are possible after your joint replacement.

WORK AND DAILY ACTIVITIES

Return to work varies by job demands. A range of approximately 1–3 weeks for some patients, with some requiring 10–12 weeks.

YOUR RECOVERY CONTINUES AFTER YOU FEEL BETTER. STRENGTH, ENDURANCE AND COMFORT CAN CONTINUE IMPROVING THROUGHOUT THE FIRST YEAR.

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DENTAL CARE AFTER JOINT REPLACEMENT

The following page reflects Dr. Assini's supplied dental prophylaxis instructions and should be provided to your dentist.

DR. ASSINI'S PROTOCOL

Prophylactic antibiotics are recommended for dental procedures after joint replacement. The supplied protocol states that prophylaxis should be taken before dental visits for the rest of the patient's life.

- If not allergic to penicillin, cephalexin or cephalosporins: amoxicillin 2 grams orally one hour before the procedure.
- If allergic to penicillin: clindamycin 600 mg orally one hour before the procedure.
- No dental appointments or other oral procedures for three months after surgery, including routine cleaning, unless an urgent procedure is necessary.
- Any dental abscess, acute infection or pain with chewing should be addressed before surgery.

PLEASE PROVIDE THE ORIGINAL DR. ASSINI PROTOCOL TO YOUR DENTIST AND CONTACT THE SURGICAL OFFICE WITH QUESTIONS.

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WHEN TO CONTACT THE OFFICE

Call the office first if you have questions about your plan of care or if you develop redness, drainage, new pain or fever.

CONTACT THE OFFICE PROMPTLY FOR

- Redness or drainage from the incision
- Persistent fever
- Persistent or worsening pain
- Increasing swelling in the lower leg or thigh
- Questions about medications or your recovery plan
- Any concern that something is not progressing as expected

EMERGENCY SYMPTOMS

For symptoms suggesting a blood clot or other medical emergency—especially shortness of breath or severe, rapidly worsening symptoms—seek emergency medical care.

OFFICE **720-524-1367** 2535 S Downing St., Suite 100 · Denver, CO 80210

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IMPORTANT CONTACTS

Keep this page with you during your travel and recovery. Your CCO team will provide any surgery-specific contacts and individualized follow-up information.

CANADIAN CONCIERGE ORTHOPEDICS / DR. ASSINI

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2535 S Downing St., Suite 100
Denver, CO 80210

SURGICAL FACILITY

Facility: _____

Phone: _____

LOCAL PHYSICIAN / REHABILITATION TEAM

Physician or clinic: _____

Phone: _____

Email: _____

YOUR INDIVIDUALIZED SURGICAL AND POSTOPERATIVE INSTRUCTIONS ALWAYS TAKE PRIORITY OVER THIS HANDBOOK.

PATIENT CHECKLIST

Use this page as a simple preparation and recovery checklist.

BEFORE SURGERY

- [ ] Medical evaluation completed
- [ ] Medication instructions reviewed
- [ ] Dental issues addressed
- [ ] Travel arranged
- [ ] Companion/support arranged
- [ ] Walker/crutches arranged
- [ ] Home prepared for recovery
- [ ] Cold therapy and compression supplies ready
- [ ] PT appointment & Primary care follow up arranged for post-op care

AFTER SURGERY

- [ ] Take medications as prescribed
- [ ] Walk regularly and safely
- [ ] Ice and elevate as instructed
- [ ] Use compression stockings as instructed
- [ ] Protect and monitor the incision
- [ ] Follow your hip- or knee-specific exercise plan
- [ ] Complete your scheduled follow-up
- [ ] Keep the CCO team informed of concerns

NOTES

YOUR RECOVERY IS A PROCESS

Joint replacement is a major step toward a more active life. The early weeks require patience, discipline and support. As swelling settles and your tissues heal, strength and endurance will continue to improve.

The most important message from your recovery plan:

IT TAKES A WHOLE YEAR OF RECOVERY AFTER JOINT REPLACEMENT.

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