DENTON REGIONAL
MEDICAL CENTER
Care you can trust.

Knee Joint
Reconstruction

Patient Education

Dear Patient:

Thank you for choosing Denton Regional Medical Center. It is our pleasure to care for you as you undergo joint reconstruction surgery.

Enclosed are education materials to further explain what to expect before, during, and after your hospital stay. This guide, as well as our pre-admission class, includes information designed to prepare you for surgery, recovery and your rehabilitation process.

Our commitment to you is to make this an excellent experience. Thank you again for the opportunity to care for you during this important time in your life. If you have any questions, please do not hesitate to contact us at 940.384.3535.

Sincerely,

Denton Regional's Joint Care Team

Table of Contents

Preparing for Surgery

6-8 WEEKS BEFORE SURGERY

Pre-Operative Education

Denton Regional provides numerous educational opportunities to prepare you for surgery. We encourage you to register for an in-person pre-operative class by calling 940.898.0629.

Exercises

It is important to start your exercise regimen 6-8 weeks prior to surgery, or as soon as your surgery is scheduled. See page 45 for recommended knee exercises.

Medical Appointment

You will likely be asked to schedule an appointment with your primary care physician prior to surgery to discuss any health conditions or behaviors that need to be addressed before surgery, such as diabetes or high blood pressure.

If you are a smoker, you may be advised to quit before surgery, as smoking is known to cause breathing problems and decrease your rate of healing.

If you have not seen a dentist within the past year, schedule an appointment prior to surgery.

Medications

Discuss which medications should be avoided prior to your surgery with your physician. Medications that are often discontinued prior to surgery include:

- Aspirin
- Some Anti-Inflammatory Medications, such as Ibuprofen
- Some Vitamins
- Fish Oils
- Herbal Supplements such as Ginseng, Gingko Biloba and Garlic Pills
- Pain Medications that contain Aspirin

Please be honest about your drug and alcohol consumption. This is important information that can impact your anesthesia and pain management.

2 WEEKS BEFORE SURGERY

Register for Surgery

While your physician's office will schedule your surgery, they may ask you to schedule your own preoperative appointment based on your schedule and availability. You will need to schedule an appointment several weeks before your surgery by calling 940.384.3308. If you have an advanced directive or living will, bring this with you to your appointment. You will also need to bring your driver's license, insurance card and any medications in the original bottles.

Your preoperative appointment will typically be set for the week of your surgery and will take 1-2 hours. This appointment may include the following:

- Registration for Surgery
- Electrocardiogram (EKG)
- Various Laboratory Tests
- X-Rays
- Review of Your Medical History and Current Medications

You will also have a screening test to help your physician choose the appropriate antibiotics to prevent infection.

Preparing Your Home for Surgery

Consider making the following preparations before your surgery:

- ☐ Prepare a room on the main living level of your home if you normally sleep upstairs.
- ☐ Purchase night lights for your bathrooms and hallways.
- ☐ Remove all throw rugs.
- ☐ Tape down electrical cords that may pose a tripping hazard.
- ☐ Move furniture that obstructs clear walking paths.
- ☐ Consider temporary placement of small pets with a loved one, as they can often increase the risk of falls.
- ☐ Identify chairs that have a firm seat and utilize cushions that can be used to increase height.
- ☐ Move frequently used kitchen items to waist level.
- ☐ Stock up on canned foods and prepare meals that can be frozen and reheated easily.
- ☐ Consider alternative options for cleaning laundry if your washer and dryer are not on the main level of your home.
- ☐ Place a non-skid rubber mat on the floor of your tub or shower.
- ☐ Install grab bars in the shower for additional support in getting in and out of the shower.

THE DAY BEFORE SURGERY

Things to Pack

- ☐ Current list of medications and medications in their original bottles (See page 53 for a Home Medications Form)
- ☐ Loose pajamas and robe if desired
- ☐ Undergarments
- ☐ Loose clothing to wear home
- ☐ Slippers with back and rubberized sole, or walking sneakers with velcro or elastic shoe laces
- ☐ Socks
- ☐ Toiletries (toothbrush, toothpaste, denture cleanser/cream, deodorant, comb)
- ☐ Eyeglasses
- ☐ Hearing aides
- ☐ Make-up if desired
- ☐ CPAP machine if currently used at home
- ☐ Driver's license, insurance card, Medicare/Medicaid card
- ☐ Important telephone numbers
- ☐ Any equipment you may wish to bring, such as a walker, reaching stick, sock aide, or shoe horn. Make sure to write your name on any equipment.

Bathing

- If you were provided special soap by your physician or the hospital, use this prior to surgery. More detailed instructions for its use are provided on page 55.
- Do not use lotions or powder.
- Wear only newly washed pajamas and clothes.

Other Things to Remember

- Please leave all valuables at home (jewelry, credit cards, checkbook, etc).
- You are encouraged to bring a list of current medications, as well as your actual medications, with you to the hospital.
- Remember to sleep on freshly laundered linens the night before your surgery.
- Do not wear make-up on the day of your surgery.
- Take the medications instructed for you to take with the smallest amount of water possible.
- Remove fingernail and toenail polish.

Your Surgery & Hospital Stay

MEDICAL PERSONNEL WHO WILL SERVE YOU

During your hospital stay, you will come in contact with various members of the Denton Regional Team.

Please see below for a list of medical personnel who may serve you during your stay:

Physical Therapist (PT)

The PT will instruct you in getting in/out of bed, transferring to a chair/commode, walking, and developing an exercise program. The PT will also advise you of necessary medical equipment needed for discharge home.

Physical Therapist Assistant (PTA)

The PTA assists the PT with your treatment plan.

Occupational Therapist (OT)

The OT will help retrain you to be as independent as possible with your self-care needs, including bathing, dressing, grooming and toileting. The OT will advise you of necessary medical equipment needed for discharge home.

Nurse

The nurse will perform routine nursing assessments and assist with pain management.

Orthopedic Care Coordinator

The Orthopedic Care Coordinator will be your liaison between physician and staff and will round daily to make sure your healthcare needs are met.

Certified Nurse Assistant (CNA)

The CNA will assist you throughout the day with your personal needs.

Respiratory Therapist (RT)

The RT will educate you in the use of incentive spirometry as an adjunct to your post-operative care.

Food & Nutrition Services

A member of the Food and Nutrition Services staff will help take care of your nutritional needs during your hospital stay. They will deliver your meals, help you with menu choices, food preferences and provide snacks to help meet your nutritional needs.

Case Management

The case manager and social worker will work with you and your insurance company to arrange for the post hospital care recommended by your healthcare team. This includes arranging home health care and the delivery of any equipment you might need when you are ready to go home. If it is decided that you need additional care at a rehabilitation facility, they will confirm your provider choice, arrange an evaluation and coordinate a transfer if you are approved.

Make sure to arrive to the hospital at your scheduled time. Please check-in with the member of the Denton Regional team located in the Surgery Waiting Room. They will notify your nurse of your arrival and meet you in the waiting room. Your family may stay with you until you are accompanied to surgery.

Phlebotomist

The phlebotomist will be drawing labs very early in the morning and as ordered by your physician so your healthcare team will have results to review when needed.

Anesthesia

After you leave the surgery waiting room, you will meet with an anesthesiologist or nurse anesthetist. At this point, an IV will be started. There are various types of anesthetics that might be used by your physician depending on your personal condition and procedure. Please see below for commonly used types of anesthesia:

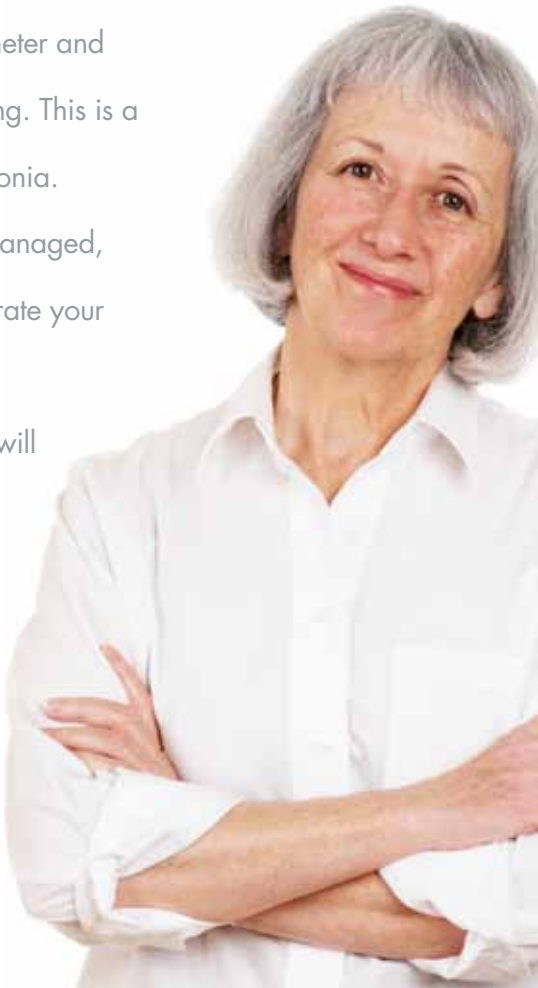
- **General:** General anesthesia interrupts the brain's overall ability to interpret and remember pain, allowing you to "sleep" through the surgery.
- **Spinal Block:** An injection of anesthetic drug into the lower spine is called a "Spinal Block". It is more generalized, as it numbs the entire lower body.
- **Femoral Block**: A femoral block is an injection of local anesthetic into the groin area. This numbs the nerves that go to the front of the thigh and the knee, providing pain relief during and after surgery.

Recovery Room

Immediately after surgery, you will be taken to the Post Anesthesia Care Unit (PACU), also known as the "Recovery Room". You will stay here for approximately 1 hour, where your vital signs will be monitored, pain control established, and x-rays of your new joint taken. Once you are awake, you will be taken to the Orthopedic Unit on the 5th floor of the hospital.

Arrival to Your Room

- Your nurse will monitor your vital signs frequently for several hours after your surgery.
- You will be given an incentive spirometer and instructed on its use for deep breathing. This is a preventative measure against pneumonia.
- To ensure your pain levels are well managed, your nurse will frequently ask you to rate your pain on a scale from 0-10.
- The circulation in your operative leg will be assessed frequently.
- A physical therapist will visit you the afternoon of your surgery to discuss a rehabilitative plan and provide your initial therapy session.



- You will be given medication to prevent constipation.
- You will be offered fluids and resume a regular diet as soon as you are able to tolerate normal foods.

Pain Management

Your nurse will provide education on the pain medications that your physician has ordered for you. All patients experience some level of pain, but with proper medication your level of discomfort can be minimized. **Make sure to notify your nurse if your pain level increases so it can be addressed immediately.**

Intravenous (IV) pain medications are most frequently given immediately after surgery, but it is important to your recovery to start taking oral pain medications as soon as you are able to tolerate them since this is how your pain will be managed at home. Please see below for more information about IV and oral pain medications:

- **IV Pain Medications** are fast acting but have a shorter period of relief.
- **Oral Pain Medications** take 30-45 minutes to take effect, but offer a longer period of relief.

EQUIPMENT TO EXPECT

Depending on your physician's orders, you may see the following equipment after your surgery at Denton Regional Medical Center:

CONTINUOUS PASSIVE MOTION (CPM) MACHINE:

Assists in increasing knee range of motion while in the hospital.

CRYO CUFF:

Ice water circulating from a machine to reduce swelling and pain.

ICE MAN:

Ice applied from a cooler to operative site to reduce swelling and pain.

INTRAVENOUS LINE (IV):

To provide needed fluids and medications.

KNEE IMMOBILIZER:

Assists with knee support and promotes full knee extension after surgery.

INCENTIVE SPIROMETER:

Device to exercise your lungs after surgery to prevent pneumonia.

SEQUENTIAL COMPRESSION DEVICE (SCD):

Inflatable plastic sleeves that are wrapped around your foot or part of the leg to improve blood flow while in bed. These are used to help prevent blood clots.

PATIENT CONTROLLED ANALGESIA (PCA):

Pain medicine given through an IV line when the patient pushes a button. The PCA device controls the prescribed amount of medication your doctor has ordered and doesn't give you more than what's allowed. However, only YOU should push the button.

SPECIAL STOCKINGS (TED HOSE):

May be used to reduce the risk of blood clots. You may also be given medication to help prevent clots.

POST-OP DAY 1

Lab Work

Your blood will be drawn early in the morning to monitor how much blood you have lost and the thinness of your blood. If your blood counts are low, your physician may order a blood transfusion. Your anticoagulation (anticlotting) medication may be adjusted by your physician based on the thinness of your blood.

Activity

- Your knee will be placed in a continuous passive motion machine (CPM) for approximately 2 hours in the morning and 2 hours in the evening.
- Your morning CPM session should be completed prior to therapy.
- Therapy starts soon after breakfast and it is important to take your oral pain medication with breakfast in preparation for therapy.
- During your first day after surgery, your physical therapist will assist you in reaching the following goals:
    - Completing all exercises with the assistance of the therapist.
    - Walking a minimum of 50 feet.
    - Remaining out of bed or in a chair for the majority of the day.
- You will be assisted with bathing by the nursing staff.
- Depending on your physician's orders, your nurse may be instructed to change your surgical dressing on post-op day 1.

- Due to decreased activity following surgery, make sure to do the following while in bed:
    - Use your incentive spirometer every hour while awake for about 10 breaths.
    - Wear your compression devices at all times when in bed.
    - Make sure to drink plenty of fluids to maintain good kidney function.
    - When not in your CPM, keep a pillow under your heel to maintain knee extension.

POST-OP DAYS 2 AND 3

Your care will consist of the same activities as experienced on post-op day one. Your strength will continue to increase with therapy and you should be able to walk a minimum of 150 feet. However, you should continue to call for assistance in getting out of bed at all times on post-op day one.

Discharge

Once you meet the following criteria, you will be discharged home. Occasionally, this may happen on post-op day 1, but typically occurs on day 2 or 3.

- Complete your physical therapy regimen
- Be able to tolerate a normal diet
- Urinate without difficulty
- Effectively manage pain with oral pain medication
- Have a bowel movement

Your discharge destination will be decided by you, your surgeon, physical therapy, case management, and your insurance company. If you need additional assistance, you may be referred to a rehabilitation facility for additional care. In this situation, case management will help make the appropriate arrangements for you.

If you are cleared to go home:

- Your case manager will help arrange for physical therapy services through a home health agency.
- You will receive written discharge instructions concerning your home health, medications and special instructions from your physician.
- Make arrangements for a friend or family member to drive you home.

After Your Hospital Stay

CARING FOR YOURSELF AT HOME

Pain Management

- Take your pain medication at least 30 minutes before your physical therapy sessions begin.
- As able, gradually transition from prescription pain medication to non-prescription pain medications.
- Use ice for up to 20 minutes at a time to help decrease pain.

Diet

- Remember to drink plenty of fluids.
- Take medication as recommended by your physician to prevent constipation.
- Eat plenty of protein to aide your body in the healing process.

Incision Care

- Keep your incision covered as directed on your discharge instructions.
- Wash your hands well prior to changing your dressing.
- Be careful not to touch the inside of the dressing that will touch the incision. This helps minimize the risk of infection.
- If swelling to the operative leg is bothersome, elevate the leg for short periods throughout the day. It's best to lie down and elevate the leg above the heart.

Blood Clot Prevention

- Continue to do foot and ankle exercises when at rest as provided by your physical therapist and discharge instructions.
- Establish a routine exercise regimen, increasing activity slowly as you can tolerate.
- More information about common medications used in blood clot prevention can be found in the index on page 57.

Notify Your Doctor Immediately If You Experience:

- Increased levels of pain or nausea
- Increased drainage, redness, odor or heat around the incision
- A temperature of 101 degrees or more
- Pain or tenderness in the calf of either leg
- Swelling that doesn't go down with elevation
- Drainage from the incision more than 5 days after surgery.
- Any other concerns not addressed by your home health provider or physical therapist

HELPFUL HINTS FOR HOME

Avoid twisting your knee at all times and closely follow the regimen given to you by your physical therapist, including exercises to do on your own to build strength. Other helpful hints for your home are listed below:

Kitchen

- Do not get down on your knees to clean floors.
- Sit to prepare your meals.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending.

Bathroom

- Use grab bars for support in getting in and out of the shower.
- Use a long handled sponge to wash hard to reach areas.
- Sit on a shower chair while you bathe.
- Use a commode chair or elevated toilet seat to raise the height of your toilet.
- Do not get down on your knees to scrub your bathtub.

Avoiding Falls

- Be aware of floor hazards, including small pets.
- Do not wear open toe slippers or shoes without backs, as they do not provide adequate support.
- Sit in chairs with arms.
- No heavy lifting for the first 3 months after surgery.

Tips for the Rest of Your Life

- Maintain a regular exercise program. Walking or other low impact activities such as golf, bowling, gardening, and dancing are recommended.
- Do not run or engage in high impact activity such as downhill skiing.
- Stop and change positions every hour when traveling to prevent your joint from tightening.
- Always inform your dentist about your knee reconstruction surgery before any dental work. Typically, you will be given antibiotics to prevent infection for at least 2 years following your surgery.

FREQUENTLY ASKED QUESTIONS

How long will my new knee last?

We expect most knees to last more than 10-15 years. However, there is no guarantee and 10-15% of artificial joints may not last that long. The most common reason for this is the loosening of the artificial surface of the bone or the wearing of the artificial spacer that is used in the artificial joint. A second operation may be necessary in this case.

What are the risks of knee reconstruction surgery?

Most surgeries go very well without any complications. All surgeries involve risks associated with infection and the development of blood clots, but these happen in less than one percent of patients. To avoid these complications, we use antibiotics and blood thinning medications before, during, and after surgery. We also take special precautions in the operating room to reduce the risk of infection.

Should I exercise before surgery?

Yes. You should either consult with a physical therapist or follow the exercises listed on page 45 of this guide. Exercises should begin as soon as possible.

Will I need a blood transfusion after surgery?

Depending on your situation, you may need blood after surgery. Donor bank blood is considered very safe due to the testing required prior to transfusion.

Can I donate my own blood?

Your physician may discuss donating your own blood with you prior to surgery. If so, arrangements will be made through your physician's office.

How long will I have to remain in bed after surgery?

You will get out of bed the same day as your surgery. Your physical therapist will typically have you taking steps with your walker during your first session. Regular therapy sessions will help you build strength quickly.

How long will I stay in the hospital?

The average length of stay after a knee joint reconstruction surgery is 2 days. Once your discharge goals have been met, you will be cleared to go home.

What if I live alone?

Two options are usually available to you. You may either stay at a rehabilitation facility following your hospital stay or a home health agency may assist you at home.

How do I make arrangements for surgery?

Your physician will schedule your surgery with the hospital, but may ask you to contact the hospital to schedule a preoperative visit several weeks prior to your surgery. Please call 940.384.3308 to schedule your preoperative appointment.

Will the surgery be painful?

You will likely have some discomfort after surgery, but we will work with you and your physician to make sure that your pain is managed with appropriate medications. Nurses will provide education on the medications and the dosages that your physician has ordered for you. All patients will begin to take oral medication as soon as tolerated to prepare you for discharge.

Will I need a walker?

Yes. We recommend the use of a walker for approximately six months following surgery. Your case manager will help you acquire a walker as necessary.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some patients may require the further care of a rehabilitation facility. The case manager and your physician will assist you in this decision and help make the necessary arrangements.

Will I need therapy when I go home?

Yes. We will arrange for a physical therapist to provide therapy at your home. Once you are able, you may be advised to receive physical therapy at an outpatient facility 2-3 times a week to assist in your rehabilitation. Occupational therapy will be arranged on an individual basis as needed.

How long will I have to wait before I can drive?

The ability to drive depends on whether surgery was performed on your right or left leg, as well as the type of transmission in your car. If the surgery was on your left leg and you have an automatic transmission, you could be driving as early as 2 weeks. If the surgery was performed on your right leg, or if you have a manual transmission, your driving could be restricted as long as 6 weeks.

When will I be able to go back to work?

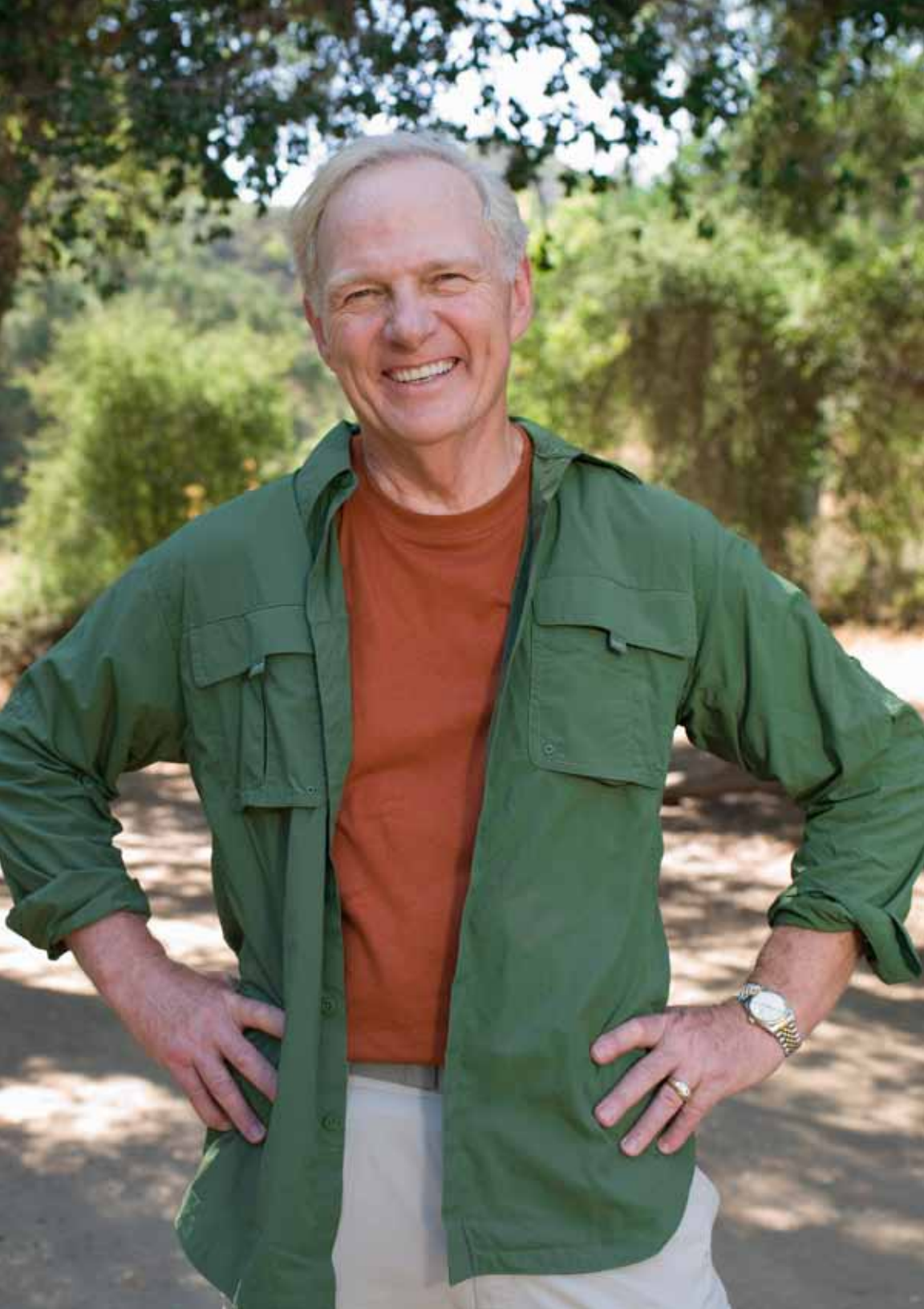
Most people take off at least one month from work, unless their jobs require little physical activity. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

When can I have sexual intercourse?

Please consult your physician before engaging in sexual intercourse after surgery.

Will I notice anything different about my knee?

Yes. It is normal to have a small area of numbness to the outside of the scar which may last a year or more. Kneeling may be uncomfortable for a year or more. Some patients notice some clicking when they move their knee. This is the result of the artificial surfaces coming together and is considered normal.



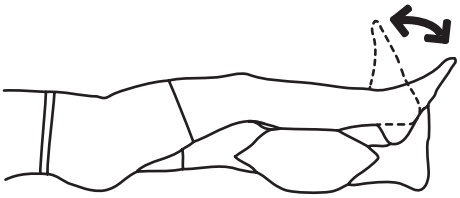
KNEE EXERCISES

These exercises are to be used only under the direction of a licensed, qualified professional.

ANKLE PUMPS

1. Lie on back with foot elevated on pillow.
2. Move foot up and down, pumping the ankle.

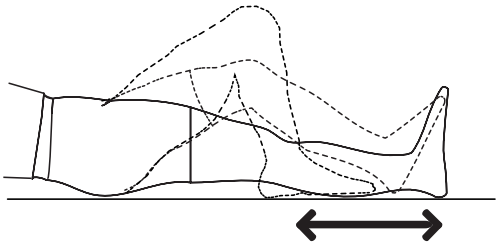
Perform one set of 20 repetitions, every hour.



HEEL SLIDES

1. Lie on back with legs straight.
2. Slide hell up to buttocks.
3. Return to start position

Perform one set of 10 repetitions, twice a day.

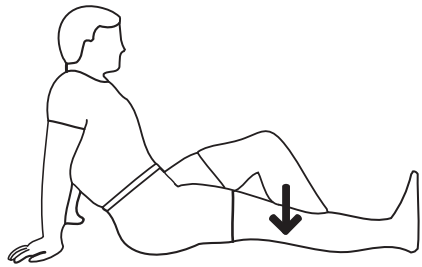


QUAD SETS

1. Lie on back with foot elevated on pillow.
2. Move foot up and down, pumping the ankle.

Special Instructions:

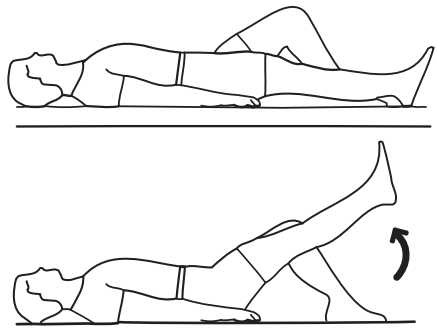
- Do not hold breath.
- Perform one set of 10 repetitions, twice a day.
- Hold exercises for five seconds.



STRAIGHT LEG RAISE

1. Lie on back with uninvolved knee bent as shown.
2. Raise straight leg to thigh level of bent leg.
3. Return to starting position

Perform one set of 10 repetitions, twice a day.

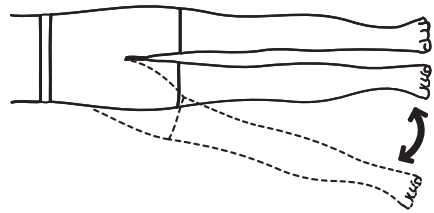


HIP ABDUCTION

1. Lie on back on firm surface, legs together.
2. Move leg out to side, keeping knee straight.
3. Return to start position.

Special Instructions:

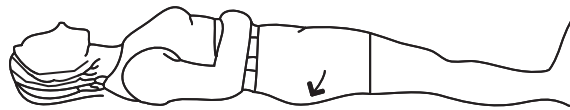
- Use a pillow case to reduce friction. Place a pillow between your legs to prevent crossing. Perform one set of 10 repetitions, twice a day.

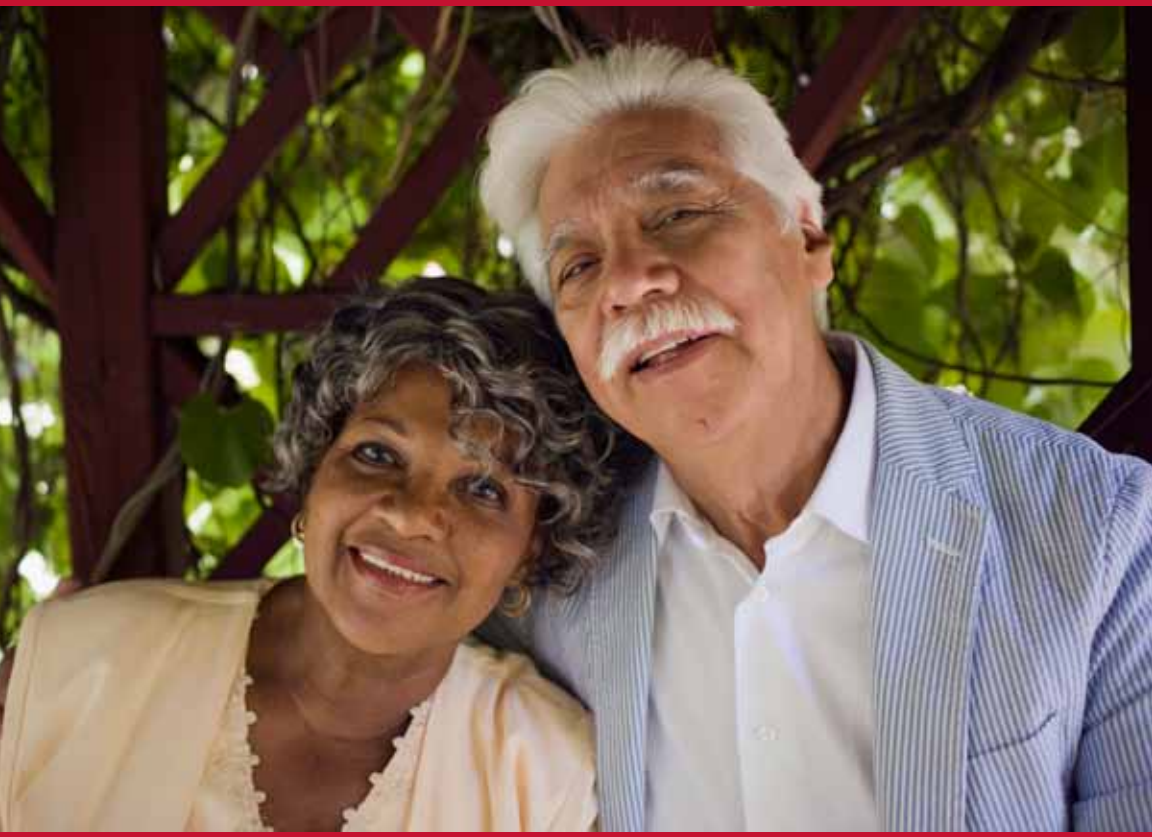


GLUTEAL SETS

1. Lie on back with legs straight.
2. Squeeze buttocks together. Hold and repeat. (Hold exercise for five seconds)

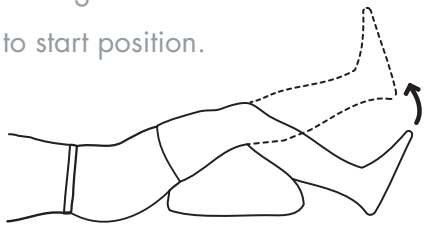
Perform one set of 10 repetitions, twice a day.





SHORT ARC QUADS

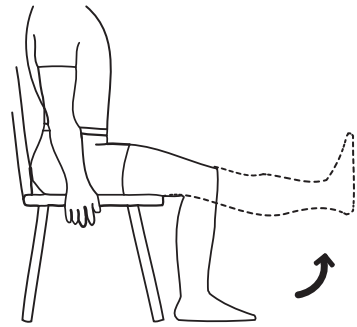
1. Sit, with involved leg bent to 45 degrees, supported with a pillow, as shown.
2. Straighten leg at knee.
3. Return to start position.



LONG ARC QUADS

1. Sit, with involved leg bent to 90 degrees, as shown.
2. Straighten leg at knee.
3. Return to start position.

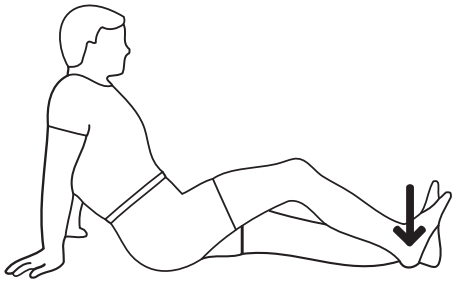
Perform one set of 10 repetitions, twice a day.



HAMSTRING SETS

1. Sit with leg extended.
2. Without moving leg, tighten muscles on back of leg, trying to push heel down.
3. Return to start position.

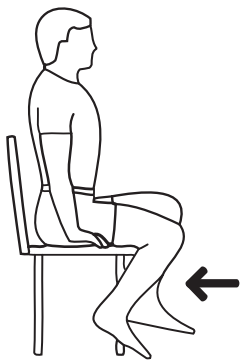
Perform one set of 10 repetitions, twice a day.



SEATED KNEE FLEXION STRETCH

1. Sit in chair.
2. Move heel of involved leg under chair.
3. Place other leg in front and push back.
4. Hold, stretch, relax, and repeat. (Hold exercise for five seconds).

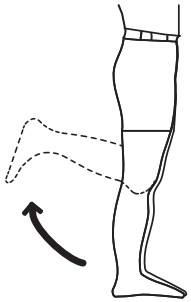
Perform one set of 10 repetitions, twice a day.



STANDING HAMSTRING CURL

1. Stand, bend involved leg toward hip through full range.
2. Return to starting position.
3. Do not bend leg at hips.

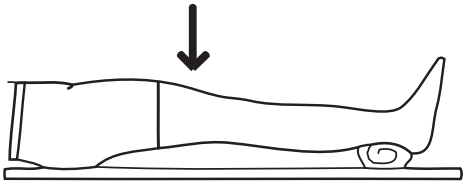
Perform one set of 10 repetitions, twice a day.



KNEE EXTENSION STRETCH

1. Lie face up, ankle supported on towel roll.
2. Relax leg and allow gravity to straighten leg.

Perform as much as tolerated during day until otherwise instructed.



Index

HOME MEDICATION FORM

Allergies: _____

_____

_____

Medication	Dosage	Frequency	Reason for Taking	Date of Last Dose (to be complete by nurse)

Please complete this form at home and return it when you come for your pre-operative visit. This will provide your physicians and the healthcare team accurate medication information.

I verify the accuracy of the information provided:

Patient Signature:_____

Date:_____

SKIN CARE BEFORE SURGERY

It is important that your skin be as clean as possible before you come to the hospital for surgery. Please see the suggestions below if your physician has ordered an antibacterial soap for you to use before surgery.

- Take two showers at least 6 hours apart (one in the morning and one at night) the day before your surgery.
- Wet your skin in the shower. Apply enough antibacterial soap to clean your body.
- Do not use the antibacterial soap around your eyes or genitals.
- Let the soap stay on the skin - do not rinse it off.
- Use a clean towel after each shower. Do not reuse towels.
- Wear clean clothing after you shower.
- Put clean linen on your bed.
- Ask anyone who shares the bed with you to take a shower. They can use their normal soap.
- Do not allow pets in your bed.
- When you are in the hospital, ask anyone coming into your room to wash their hands or use the provided hand sanitizer.

COMMON BLOOD THINNING MEDICATIONS

Blood thinning medications may be prescribed by your physician to help prevent the formation of blood clots after surgery. This section described common blood thinning medication that your physician may order for you after your procedure.

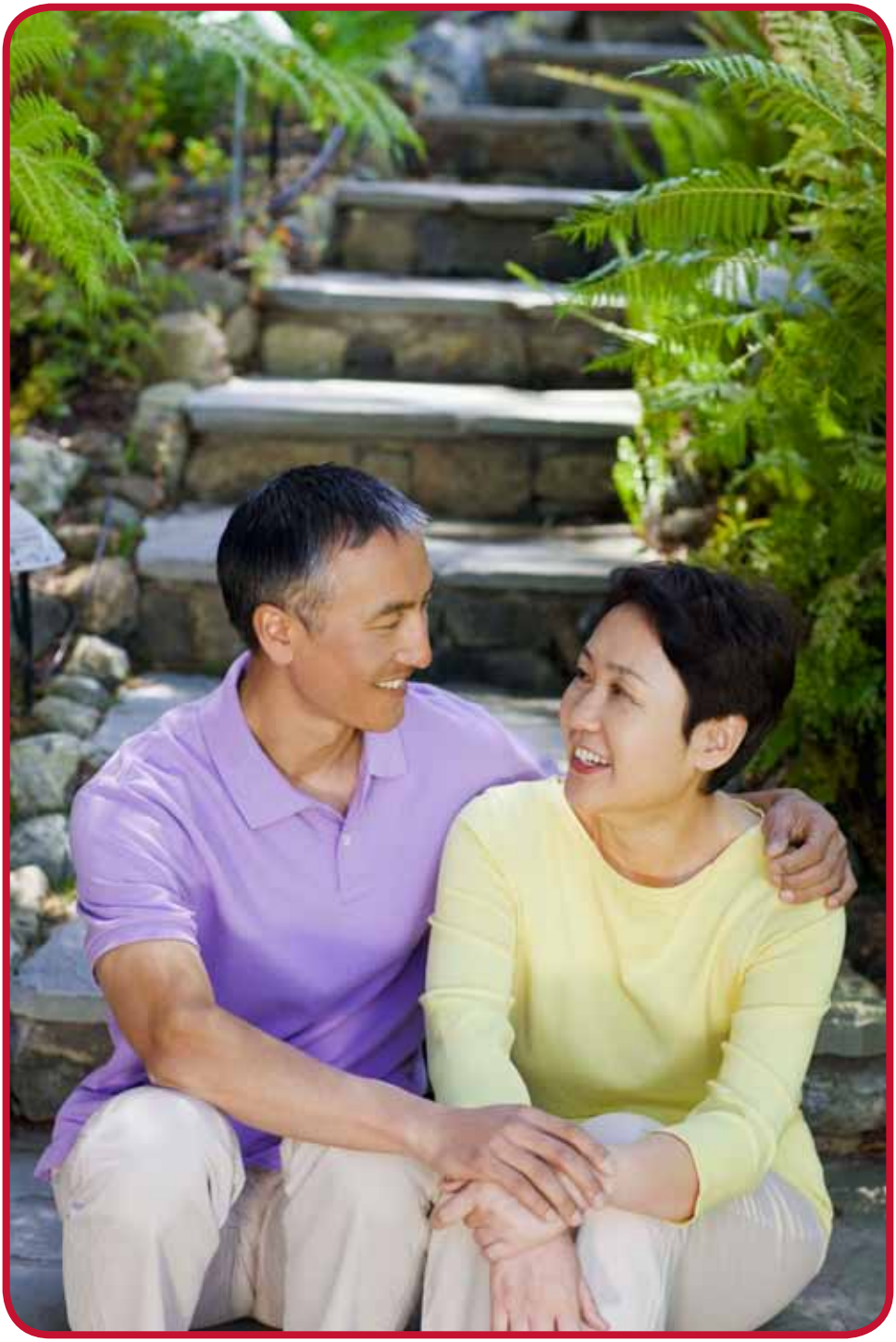
LOVENOX (ENOXAPARIN)

What is Lovenox?

Lovenox is a medication that may be used after knee surgeries to prevent blood clotting. It is also used to treat existing blood clots in the lungs or in the veins.

How should I use Lovenox?

Lovenox is injected under the skin. It is usually given by a healthcare professional, but you or a family member may be trained on how to give the injections. If you are to give yourself injections, make sure you understand how to use the syringe, measure the dose if necessary, and give the injection. To avoid bruising, do not rub the site where this medicine has been injected. Do not take your medicine more often than directed. Do not stop taking except on the advice of your physician or healthcare professional.



Does Lovenox interact with other medications?

Lovenox should not be taken with any of the following medications:

- Aspirin
- Heparin
- Coumadin
- NSAIDS, including medicine for pain and inflammation, like ibuprofen or naproxen
- Plavix

This list may not describe all possible interactions. Give your healthcare provider a list of all the medicines, herbs, non-prescription drugs, or dietary supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medication.

COUMADIN (WARFARIN)

What is Coumadin?

Coumadin is a medication that prevents your blood from clotting. Vitamin K is an important part of how your body makes clots. Coumadin blocks vitamin K and reduces your body's ability to make clots.

How should I use Coumadin?

Your physician will tell you how much Coumadin to take by doing a blood test called an INR. Always take your Coumadin at the same time every day. Do not skip a dose. If you miss a dose, take it as soon as you remember. Do not double a dose. If you don't remember until the next day, do not take the missed dose. Simply take the dose for the current day.

What is an INR and why do I need to get my blood tested so often?

An INR tells your physician how long it takes for your blood to clot. If your INR is too high, it means it takes a long time for your blood to clot. A high INR may put you at risk for bleeding. If your INR is too low, it means your blood is clotting too quickly. A low INR may put you at risk for a clot.

When you first start Coumadin, your doctor may test your blood very frequently to find the right dose for you. Once your INR is stable, the test will be done less often.

Does Coumadin interact with other medications?

Certain drugs can either increase or decrease the amount of Coumadin in your body. The following medications should be avoided when on Coumadin:

- Aspirin
- Ibuprofen
- Naproxen
- Certain medications for heartburn, such as Tagamet, Zantac, and Prilosec
- Many herbal medications, including ginkgo, garlic, ginseng, green tea, and St. John's Wort

Always consult with your physician before beginning a new prescription or over-the-counter medication.

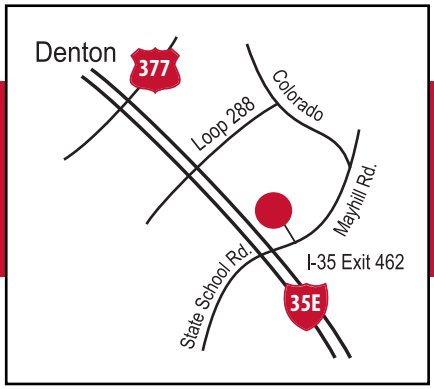
Can I still eat the same foods while taking Coumadin?

You can still eat the same foods that you enjoy. However, it is important to make sure you get the same amount of vitamin K every day. Some foods that are high in vitamin K include:

- Leafy green vegetables, such as spinach
- Peas, including black eyed peas
- Certain beans, including soybeans
- Mayonnaise and vegetable oils
- Liver

Notes

Notes



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