Clinic Info for Backstaff

Injections (Triamcinolone 40mg/1mL, 1% Lidocaine plain)

1. Knee: 3mL Lidocaine, 2mL steroid; 22 gauge needle, 10ml syringe
2. Shoulder subacromial: 3mL Lidocaine, 2mL steroid; 22 gauge needle, 10ml syringe
3. AC joint: 2mL Lidocaine, 1mL steroid; 22 gauge needle, 3ml syringe
4. Lateral Epicondylitis: 2mL Lidocaine, 1mL steroid; 22 gauge needle, 10ml syringe
5. Carpal Tunnel: 1mL Lidocaine, 1mL steroid; 25 gauge needle, 10ml syringe
6. Trigger Finger: 1mL Lidocaine, 1mL steroid; gauge needle, 10ml syringe
7. Hyaluronic Acid: 18 gauge needle

Xray imaging views

1. Clavicle: Standard 2 view
2. Shoulder: AP/Grashey/Scap Y/Axillary views
3. Humerus: Standard 2 view
4. Elbow: Standard 3 view
5. Forearm: Standard 2 view
6. Wrist: AP/oblique/Lateral/Scaphoid views
7. Hip: Standing AP Pelvis, AP/Cross table lateral
8. Femur: Standard 2 view NWB
9. Knee:
    a. Standard: Standing bilateral AP & 45 PA flexion views, supine lateral, bilateral sunrise
    b. For TKAs: Standard views but with maker ball, and add Full Length Standing View (Pelvis to Ankle)
10. Tib/Fib: Standard 2 view NWB
11. Ankle: Standing AP/Mortise/Lateral views
12. Calcaneus: Standard 2 view (lateral and axial (Harris) views
13. Foot: Bilateral standing 3 view

Postop logistics:

1. **Stitches**: In general, I usually use absorbable stitches during operations.
    a. Cases I tend to use non-absorbable stitches that will need removal include carpal tunnel, trigger finger, cubital tunnel, knee arthroscopy, Achilles repair, ankle ORIF.
    b. For upper extremity, ok to remove stitches 10-14 days postop. For lower extremity wait 2-3wks postop

2. **Postop imaging:**
    a. I usually do not perform postop x-rays on sports cases including shoulder scope work, knee scopes, ACLs, tendon repairs, etc.
    b. For TKA/TSA/THA, I usually get x-rays at the 6wk and 6mo postop timepoints
    c. For ORIF cases, I get x-rays routinely at the 2wk, 6wk, & 12wk time points.

Clinic f/u:	**ORIF**	**TSA**	**TKA**	**THA/hip hemi**	**Shoulder Scopes**	**ACL**	**Knee scope**
2wks	XRYS	No XRYS	No XRYS	No XRYS	No XRYS	No XRYS	No XRYS
6wks	XRYS	XRYS	XRYS	XRYS	No XRYS	No XRYS	No XRYS
3mo	XRYS	No XRYS	No XRYS	No XRYS	No XRYS	No XRYS	appt +/-
4.5mo	appt+/-	No appt	No appt	No appt	No appt	No appt	N/A
6mo	N/A	XRYS	XRYS	XRYS	N/A	N/A	N/A

3. **Postop physical therapy:**
    a. For most operations, I would have this start at 1-2wks postop. Schedule first visit at the same time we schedule the operation. If able, scheduling a PT appointment when I am in town for a postoperative visit would be useful for patient care if it can work out.
    b. Protocols can be found online on my website www.lucasrylandermd.com
4. **Postop clinic f/u timepoints**
    a. First postop clinic visit is usually about **2wks** postop. This could be a nurse only visit or with me directly pending the timing of when I am there.
        i. If nurse visit, my operative report usually will detail the postop plan for you well.
    b. Thereafter, further visits with me directly usually occur at about **6wks & 12wks** postop. Some procedures like carpal tunnel, cubital tunnel, simple knee arthroscopy do not need the 12wk postop visit.
    c. I use a **6mo** postop visit as well for THA/TSA/TKA but not most other cases.
5. **Opioids:**
    a. I do not prescribe opioids pre-operatively unless in the case of acute fractures. Postoperatively, my goal is to have patients decrease narcotic use significantly in the first week after surgery, and to be fully off postoperative opioids by the 6 week mark.

Operative Criteria

1. In general, to be considered for surgery, a patient should meet the following criteria:
    - **BMI** <40 (for outpatient TKA/THA, BMI <35)
    - **HgbA1c** <8
    - **Smoking**: non-smoker or discontinue smoking during the immediate pre- & postoperative phases
    - **Blood thinners:** be able to come off blood thinners such as plavix and coumadin pre-operatively.
2. Exceptions to the above BMI criteria up to a BMI of 45 would be considered for hand, wrist, & elbow cases and with simple knee arthroscopy, or on a case by case basis at surgeon and anesthesia discretion.