

Stanford Health Care

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PATIENT DISCHARGE SUMMARY

Patient Name: Pedro Gutierrez

Date of Birth: 07/22/1961

MRN: SHC-2026-09183

Admission Date: 01/24/2026

Discharge Date: 01/26/2026

Attending Physician: Dr. Lisa Tran, MD (Orthopedic Surgery)

Primary Language: Spanish

Discharge Disposition: Home with outpatient physical therapy

PRINCIPAL DIAGNOSIS

Severe tricompartmental osteoarthritis of the right knee, Kellgren-Lawrence Grade IV, with failure of conservative management including physical therapy, NSAIDs, corticosteroid injections, and viscosupplementation over the past 3 years.

PROCEDURE PERFORMED

Right total knee arthroplasty (TKA) performed on 01/24/2026 using a cemented posterior-stabilized prosthesis (Smith & Nephew LEGION). Periarticular injection with ropivacaine/ketorolac cocktail for multimodal pain management. Estimated blood loss 180 mL. No intraoperative complications. Tourniquet time 62 minutes.

HOSPITAL COURSE

Post-operatively, patient was managed with multimodal pain protocol including adductor canal nerve block, IV acetaminophen, and oral oxycodone as needed. Physical therapy initiated on POD #0 with ambulation using front-wheeled walker. By POD #1, patient achieved 0-75 degrees of knee flexion and was able to ambulate 150 feet with walker. Hemoglobin stable at 10.8 g/dL. No signs of DVT or surgical site infection. Patient met all discharge criteria.

DISCHARGE MEDICATIONS

- Oxycodone 5 mg - Take 1-2 tablets by mouth every 4-6 hours as needed for moderate-to-severe pain. Limit: 8 tablets per day. CAUTION: May cause drowsiness and constipation.
- Acetaminophen (Tylenol) 1000 mg - Take by mouth every 8 hours around the clock for 2 weeks. Do NOT exceed 3000 mg per day.
- Aspirin 81 mg - Take by mouth once daily for 6 weeks for DVT prevention.
- Docusate sodium (Colace) 100 mg - Take by mouth twice daily to prevent constipation while taking opioids.
- Omeprazole (Prilosec) 20 mg - Take by mouth once daily in the morning for stomach protection.
- Gabapentin 300 mg - Take by mouth at bedtime for nerve pain. Do not drive after taking.

FOLLOW-UP APPOINTMENTS

- Orthopedic Surgery: Dr. Lisa Tran - February 10, 2026 at 11:00 AM - Stanford Orthopedic Clinic, 450 Broadway, Redwood City - Incision check and X-ray, bring walker
- Physical Therapy: First session - February 2, 2026 at 9:00 AM - Bay Area PT & Rehab, 789 Oak Ave, Menlo Park - Bring comfortable clothing and athletic shoes
- Physical Therapy will continue 3 times per week for 6-8 weeks

POST-SURGICAL CARE INSTRUCTIONS

- Keep the surgical incision clean and dry. You may shower 48 hours after surgery but do not soak the wound (no baths, pools, or hot tubs for 4 weeks).
- Apply ice to the knee for 20 minutes on, 20 minutes off, several times daily to reduce swelling.
- Use the front-wheeled walker at all times when walking for the first 2-3 weeks. Progress to a cane as directed by your physical therapist.
- Perform the home exercises provided by PT 3 times daily: ankle pumps, quad sets, straight leg raises, and knee bends.
- Wear compression stockings (TED hose) during the day for 2 weeks to reduce swelling and DVT risk.
- Sleep on your back or side with a pillow between your knees.
- Do NOT kneel, squat, or twist on the surgical leg for 6 weeks.
- You may NOT drive for 4 weeks or until cleared by Dr. Tran.

WARNING SIGNS - CALL YOUR SURGEON IMMEDIATELY

- **Fever over 101.5 degrees Fahrenheit**
- **Increasing redness, warmth, swelling, or drainage from the incision**
- **Calf pain, tenderness, or swelling in either leg (possible blood clot)**
- **Sudden chest pain or difficulty breathing (possible pulmonary embolism - call 911)**
- **Uncontrolled pain not relieved by prescribed medications**
- **Numbness or tingling in the foot that does not resolve with repositioning**

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