PATIENT’S
GUIDE TO
TOTAL JOINT REPLACEMENT
Name: ______________________________________________________________

Surgery: Total Joint Replacement ☐ Right ☐ Left ☐ Knee ☐ Hip

Physician: ____________________________________________________________

Surgery Date & Time: ________________________________________________

Arrival Time: ________________________________________________________

Location: __________________________________________________________

**Total Joint Center Schedule - MANDATORY**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date &amp; Time:</th>
<th>Location:</th>
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<tbody>
<tr>
<td>Pre-Admission Testing</td>
<td></td>
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<tr>
<td>History and Physical:</td>
<td>Doctor:</td>
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<tr>
<td>Pre Surgery Education Class</td>
<td>Date &amp; Time:</td>
<td>Location:</td>
</tr>
<tr>
<td></td>
<td>Care Partner:</td>
<td></td>
</tr>
</tbody>
</table>

**Precertification**

Your primary and/or secondary insurance may require that you have precertification and/or a second opinion before you have surgery. We can help you with this, but it is ultimately your responsibility to meet your company’s requirements. Also, **obtaining precertification does not guarantee payment by your insurance company.**

Charges from this office may include fees for both the surgeon and his assistant. The assistant may be another physician or physician assistant. We recommend you contact your insurance carrier about both of these charges to determine what will be covered.

**If you have questions about the benefits or restrictions of your policy, please contact your insurance carrier directly.** We encourage you to verify your benefits.
A Patient’s Guide to Total Joint Replacement

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Total Hip Replacement

What is a normal hip?

- The hip is a simple ball and socket joint where the top of the thighbone (femur) fits tightly into the socket of the pelvic bone (acetabulum).
- The bones of the hip joint are covered by a layer of smooth, shiny cartilage that cushions and protects the bones while allowing for easy motion.
- Surrounding the hip joint is the synovial lining, which makes a moisturizing lubricant.
- Tough fibers, called ligaments, connect the bones of the joint and hold them in place. Muscles and tendons also help keep the joint stable.

What is a damaged hip?

- When the hip is damaged, the joint movement suffers. This can be caused by osteoarthritis, inflammatory arthritis or from an injury to the joint. After time, the cartilage wears away and the bones rub together, becoming rough and pitted. The ball grinds in the socket when you walk, causing pain and stiffness.

What is a hip replacement?

- Hip replacement is the replacement of the ball and socket of the hip joint with parts called a prosthesis. A ball, often metal, replaces the worn head of the thighbone (femur), with a stem inserted into the bone for stability. A cup, often plastic, replaces the worn socket (acetabulum). Like a healthy hip, the prosthesis has smooth gliding surfaces that allow easy movement without pain. However, a prosthesis has a limited safe range of motion, and will need special care after surgery.

See www.aaos.org American Academy of Orthopedic surgeons for more information.
Total Knee Replacement

What is a normal knee?

- The knee is the largest joint in the body. It is formed by the end of the femur (thighbone) and tops of the tibia and fibula (shinbones), and the patella (kneecap).

- There are two cartilages in the knee (medial and lateral meniscus). They are between the femur and the tibia. Cartilage is a strong, flexible tissue. The cartilage acts as a cushion or shock absorber.

- The knee has four large ligaments. Ligaments are strong, flexible tissues that hold the ends of bones together.

- Synovial fluid is found in the joint. This fluid gives nourishment and lubricates the cartilage to help keep the knee surfaces smooth.

What is a damaged knee?

- When the knee is damaged, the joint movement suffers. This can be caused by osteoarthritis, inflammatory arthritis or from an injury to the joint. After time, the cartilage starts to crack and wear away.

What is a knee replacement?

- Knee replacement is either the replacement or the resurfacing of the worn surfaces of the knee. There are several types of knee joints available. The new parts are called prostheses.

- On the rounded end of the femur (large thighbone), there will be a metal part. The tibia (shinbone) will have a strong plastic part. The patella (kneecap) may also be resurfaced with a strong plastic part.

See www.aaos.org American Academy of Orthopedic surgeons for more information.
Important Reminders

- Please review your appointment times for your pre-admission teaching and lab work as well as the time of your history and physical examination with your doctor. You should discuss with your physician which medications you should take on the day of your surgery at this appointment.

- Approximately one month prior to your surgery, you should begin taking an over-the-counter iron sulfate. This can be any brand. The iron helps prepare your body for surgery. Since iron can cause constipation, an over the counter stool softener can be taken (example: Senokot, Colace, etc.)

- Unless instructed otherwise by your doctor you should not shave your leg(s) for one week prior to surgery. If hair needs to be removed for your surgery, the surgery nurse will remove it on the day of surgery. Shaving your legs close to the day of surgery may increase your risk of developing a post-operative infection and therefore should be avoided.

- If you develop a fever, rash, cold symptoms, flu or diarrhea within 48 hours before your admission, call your doctor. These symptoms may affect your treatment.

- Do not eat or drink anything after midnight the night before your admission. Your surgery may be cancelled if you do. This includes water, gum, or candy. You may brush your teeth, but do not swallow any water.

- Discuss with your doctor or nurse whether you need to take your medication the morning of surgery. Refer to Addendum HERBS AND SURGERY: A RISKY COMBINATION if you take Herbal remedies.

- Follow all instructions your doctor has given you for the night before admission. You should bathe or shower, and remove all makeup, mascara, and nail polish and at least one acrylic nail on an index finger.

- Please bring your insurance card(s) and any written instructions or orders from your doctor.

- Please bring any personal care items, therapy items and non-skid footwear that you may need during your stay.
Total joints can become infected by bacteria from the bloodstream. This can be a result of an infection in another part of your body, such as your skin or bladder. If you develop any infection, it should be treated with appropriate antibiotics by your physician to prevent your joint from infection.

Dental treatment, including cleaning of teeth, is another possible source of infection. When scheduling a dental appointment, please call our office and we will call a prescription into your pharmacy for the needed antibiotics.

Certain urological surgical procedures can also cause bacteria to enter the bloodstream. Some of these procedures are transurethral resection of the prostate gland and urethral dilation.

Please follow these antibiotic recommendations for the rest of your life.
Preparing Your Home Before Your Total Hip or Knee Replacement

**Bathroom**
- If possible, put up grab bars in the shower to make transfers safer. Make sure they are mounted into the studs.
- Always use a non-skid bathtub/shower mat.

**Living Room**
- Remove throw rugs.
- Keep electrical cords, telephone cords, newspapers, magazines and other clutter away from your walking areas.
- Arrange furniture to allow open walkways.
- Put a pillow or folded blanket on a chair to make rising from the chair easier.
- Have a chair with arm rests.

**Bedroom**
- Keep walkways to bathroom, closet, and dresser free from clutter.
- Sit at edge of bed or chair when putting on socks, shoes, or slacks with your dressing equipment.

**Kitchen**
- Move pots, pans and dishes to counter height so you do not need to bend too low or reach too high to get supplies.
- Use a long handled grasping device to reach for items that are on the floor or lower shelves.
- Use a wheeled cart to move any heavy things.
- Put a basket or bag in front of the walker to help you carry small items safely.
- Stock up on frozen microwave meals – they are quick, easy, and less messy to clean up, or freeze some meals ahead of time that you can microwave.

**Outdoor Safety**
- Make sure walkways and steps are brightly lit at night.
- If you can, put a railing by your stairs.
- Have someone cut your grass or shovel snow for you.
- Stop mail or newspaper delivery or arrange for family/friend to pick them up during your hospital stay.

**Homemaking**
- Do your grocery shopping for necessary items before your surgery.
- Arrange for someone to do your heavy laundry. Hand-wash lightweight items.

**Miscellaneous**
- If possible, place the phone near you. Ask family/friends to let the phone ring longer to give you plenty of time to answer.
- A portable phone can be carried in your walker/crutch bag to use when away from your chair.
- Be extra careful around pets – walker and crutches are toys to them.
- Think ahead to provide for hard to reach items that you may need when no one is around (toilet paper, tissues).

**Equipment Information**
- If you have a walker or crutches at home, bring them with you to the hospital. The therapist will make sure that the walker or crutches are at the right height. If you do not have a device for walking, options for obtaining one will be discussed.
List of Items
You May Need at Home

*If you do not already own these items, please do not purchase them until you receive recommendations from your therapist.*

1. Raised toilet seat. Not covered by Medicare and must be purchased by the patient.

2. Tub bench for bathing. Not covered by Medicare and must be purchased by the patient.

3. Walker or crutches as determined by your therapist.

4. Grab bars as determined by your therapist.

   Issued by Occupational Therapy and must be purchased by the patient.
   - Sock aid
   - Reacher
   - Long handled sponge
   - Long handled shoe horn
   - Elastic shoe laces
Day of Surgery

Pre-Operative Area

You will be admitted to the pre-operative unit approximately 2 hours before your scheduled surgery. You can then expect the following:

- You will be asked to change into a hospital gown.
- Your surgical consent forms will be signed.
- You may have blood drawn from your arm.
- The surgical site will be scrubbed with an antiseptic soap and hair clipped.
- You may be measured for support stockings.
- Your surgical site will be marked and verified with you.
- Your IV will be started.
- Heart monitor patches and a blood pressure cuff will be applied so you can be monitored continuously.
- Pumping stockings or foot pumps will be applied to your legs to help prevent blood clots.
- You may be given a pre-operative antibiotic through your IV.
- If you feel cold while you wait, please ask for warm blankets.
- Someone will always be nearby to assist you.
- A member of the anesthesia team will discuss your plan for anesthesia.
- Your surgical nurse and surgeon will meet with you to answer questions prior to surgery.

Surgery

You may have a urinary catheter placed during surgery.

The surgery usually lasts from 2 to 4 hours. Family members will be directed where to wait. The doctor will want to speak to your family after the operation.

Post-Anesthesia Care Unit (PACU) Recovery

You will be taken from the operating room to the PACU where you will remain for a minimum of one hour. Here you will be observed closely.

The Lab may draw blood from your arm after surgery to check your blood count.
Care Provided in Recovery Room and on the Nursing Unit

The nurses will frequently listen to your lungs and check your blood pressure, pulse, temperature, and respiration. They will also be checking the pulses in your feet, checking to be sure that you can move your feet, and checking for sensation. Let them know if you feel any discomfort.

The nurse will ask you to describe your pain using a pain scale (0-10) in order to determine the severity of your pain and the effectiveness of the pain relief medications you have been given.

There will be ice or a cooling unit applied to the surgical area to prevent excessive swelling.

The nurses will be measuring the fluids you take in and put out.

The IV, urinary catheter, and pumping stockings/foot pumps will continue after surgery.

You may have a drainage tube coming from your incision with a collection device.

The nurses will be checking the dressing over your incision.

You will need to cough and deep breathe every hour.

You will be assisted out of your hospital bed the day of surgery.

If you had hip surgery you will have an abductor pillow.

If you had knee surgery you will have a Continuous Passive Motion (CPM) machine on your surgical knee to provide gradual increase in joint motion.

Following the recovery room, you will go directly to your inpatient room. Occasionally your doctor may feel it is best for you to go to ICU (Intensive Care).

The nursing and therapy staff will assist you with initiating activity and movement.

Nutrition

After surgery, you may have ice chips or sips of water. Your diet will increase as you tolerate.

Inform staff if you have nausea. Medication can be given to help you.
Medication

After surgery you will have pain medication as needed to make you comfortable. There are several ways of receiving this medication. You may have a pain pump (PCA), femoral nerve block, epidural or spinal anesthesia. (See glossary for definitions.) You will also be started on oral pain medication.

You will receive post-op antibiotics and medication to prevent blood clots.

Activity

- Work daily on range of motion exercises as instructed by therapist.
- Therapy will continue after discharge for approximately 1 – 2 months.
- Elevate and ice your knee with pain and swelling – swelling is normal for the first 3 months after surgery but should progressively decrease.
- No driving until your surgeon clears you, which may be 6-8 weeks after surgery.
- Elastic Stockings – Please refer to separate handouts. Stockings should be worn day and night until your first postoperative appointment.
- Do not place anything under the knee when your leg is out straight.

Incision Care

Nursing will be checking your incision and dressing, and teaching you how to care for your incision at home.

No ointments, creams, alcohol or peroxide on incision. Use only mild, non-deodorant soap and water to cleanse the site around the incision. Do not get incision wet.

*Definitions of BOLDED words can be found in the glossary at the back of this booklet.
Pain Management Tips

Your nurses and doctors want to help you manage your pain. When your pain is controlled, you will eat, sleep, move better, and recover faster. Here are some tips to help with your pain management.

- **ASK** for pain medicine when you need it. We'll check with you often, but please ask or put on your call light when we're not there.
- Ask for pain medication **BEFORE** the pain gets too strong. Pain that is out of control is much harder to treat.
- Don't worry about getting "hooked" or addicted to pain medicines. Studies show that this is rare.
- Take pain medicine 30-45 minutes **BEFORE** any activities that cause discomfort or pain (walking, getting up into a chair, repositioning, bathing). This allows the pain medication to begin working before the activity starts and will improve pain control.
- You will be asked to measure or rate your pain on a scale of 0 (no pain) to 10 (worst pain), or you may choose a word or picture from a list that describes your pain. This will tell us how well your pain medication is working and whether to make any changes.
- **TELL** us about any pain that won't go away. We can change the plan to make you more comfortable.
- There are many types and strengths of pain medications. If your pain is not being controlled, your doctor can prescribe a different medication or combination of medications to give you the best relief possible.
- The most common side effects of pain medications are upset stomach, nausea, sleepiness, dizziness, and constipation. Be sure to take food or drink with the medications that upset your stomach.
- **To prevent constipation from pain medication, you should:**
  - Eat foods high in fiber such as leafy vegetables, fruits, whole wheat and bran products.
  - Drink five or six glasses of water every day.
  - Drink fruit juices, especially prune juice.
  - Ask to see a dietitian for suggestions if you are on a special diet.
  - Tell your nurse or doctor if you do not have a bowel movement in three days.
- **In addition to medication, there are many ways to decrease pain, such as:**
  - Relaxation Techniques - slow, deep breathing; imagery; watching TV; listening to music; etc.
  - Education - learning about your surgery, procedure and/or illness.
  - Physical Agents - heat, cold, massage, rest and changing your position in bed.
  - **Please ask your nurse for instructions on using these methods.**
- Fatigue decreases pain tolerance. Do not allow yourself to become over tired. Pace your activities to allow for rest periods. Return to bed for a rest period between therapy appointments when possible. Let us know if you are not sleeping well at night. Your doctor may have ordered medication to help you sleep.

Please do not hesitate to ask questions or let us know how you are feeling. Our goal is to help you control your pain so you can participate in activities that prevent complications and promote your recovery.
Discharge Options Following
Total Joint Replacement Surgery

Planning for discharge is an important step before total joint replacement. Returning to independence is a gradual process, and you may need rehabilitation as well as some help from your family or friends. It is important to think about your options:

- Home
- Home with outpatient therapy
- Home with home care
- Subacute rehabilitation in a Nursing Home

If you are going home, you must be able to take care of yourself with a minimum amount of assistance. Goals for discharge to home are:

1. You are able to get in and out of bed by yourself.
2. You are able to get on and off the toilet or chair by yourself.
3. You are able to walk safely 30 to 50 feet and go up and down a few steps with a walker or crutches while following your weight bearing restrictions.
4. You are able to safely perform your home exercise program by yourself or with some assistance.
5. You are eating and drinking sufficiently
6. Your bowel and bladder functions have returned to normal.
7. Your pain is controlled with pain pills.
8. Your incision is healing well.

Some services are available to help you at home but are not covered by insurance.

- Meals on Wheels
- Homemaker and companion services
- Bath services
- Lifeline
- Special equipment, such as raised toilet seats
- Transportation

Private insurance policies and Medicare HMOs vary regarding coverage of the different discharge options. Please check with your provider or your insurance company.

The staff will answer questions and help make arrangements for outpatient therapy, home care, subacute rehabilitation or nursing home.
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Abductor Pillow</td>
<td>A piece of foam shaped like a triangle and placed between the legs. It is used to inhibit movement of the legs and hips. Used after total hip replacement surgeries.</td>
</tr>
<tr>
<td>ADLs</td>
<td>Activities of Daily Living - Daily activities such as dressing, bathing, preparing meals, etc.</td>
</tr>
<tr>
<td>Ambulate</td>
<td>To walk</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>The physician who will put you to sleep before your operation and monitor your breathing and heart while you are asleep.</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>The nurse who will put you to sleep before your operation and monitor your breathing and heart while you are asleep.</td>
</tr>
<tr>
<td>Antibiotic Prophylaxis</td>
<td>Antibiotics to prevent infection to the joint when having surgery or other invasive medical tests.</td>
</tr>
<tr>
<td>Anticoagulation</td>
<td>Prevention of clots forming in the blood (blood thinner)</td>
</tr>
<tr>
<td>Antiembolic Stockings</td>
<td>Commonly called TEDs or JOBST stockings. Nylon elastic stockings worn on the legs to improve circulation.</td>
</tr>
<tr>
<td>Betadine Sponge</td>
<td>A sponge moistened with an iodine solution used to scrub the surgical area to remove bacteria.</td>
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<tr>
<td>Blood Transfusion</td>
<td>Receiving blood through your IV.</td>
</tr>
<tr>
<td>Clear Liquids</td>
<td>Liquids you can see through such as water, apple juice, cranberry juice, white soda</td>
</tr>
<tr>
<td>CPM</td>
<td>Continuous Passive Motion - Machine used after total knee replacement surgery to provide gradual increase in joint movement.</td>
</tr>
<tr>
<td>Cooling Unit</td>
<td>A cold padded device placed on the operative leg after surgery to minimize swelling.</td>
</tr>
<tr>
<td>Crutch</td>
<td>A device used to assist in walking.</td>
</tr>
<tr>
<td>Drain</td>
<td>A plastic tube attached to a collection unit. The plastic tube is placed near the operative site during surgery to drain excess fluids.</td>
</tr>
<tr>
<td>Dressing Change</td>
<td>Changing the bandage over the incision.</td>
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<tr>
<td>EKG</td>
<td>Electrocardiogram - A test used to evaluate the electrical activity of the heart.</td>
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</tbody>
</table>
Epidural
Catheter inserted into your back to deliver pain medication.

Femoral Block
Catheter is inserted into your groin to deliver numbing medication to assist with pain control.

Flex
To bend a joint.

Foot Pumps
A Velcro device that wraps around the foot and ankle which inflates and deflates with air to promote circulation in the legs.

Incentive Spirometer
A plastic, hand-held device used to help with breathing exercises.

Incision
A cut made for surgical purposes.

IV
Intravenous
Solution that is injected directly into a vein.

IV Capped
Placing a cap on the IV in place of the tubing to allow it to be used as needed.

Knee Immobilizer
A brace that is wrapped around your leg to prevent knee movement.

Neurovascular Checks
Evaluation of a person’s consciousness, circulation, movement and sensation.

NPO
Nothing By Mouth
Nothing to eat or drink.

OT
Occupational Therapy
A therapy to instruct patients in activities of daily living.

PCA
Patient Controlled Analgesia
A machine designed to allow patients to administer their own intravenous pain medications by pushing a button.

PACU
Post-Anesthesia Care Unit
The Recovery Room where patients wake up after surgery.

Pumping Stockings
A sleeve of fabric placed on the legs which is attached to a motor at the end of the bed. This motor pumps air into the stocking and deflates causing the patient to feel a tightening and loosening around the legs. This is used to promote good circulation and prevent blood clots.

Pulse Oximetry
A device attached to your finger to monitor oxygen level. A therapy to teach and assist patients with ambulation and exercises.

Pumping Stockings
A device attached to your finger to monitor oxygen level. A therapy to teach and assist patients with ambulation and exercises.

PT
Physical Therapy
A therapy to instruct and assist patients in breathing techniques.

Respiratory Therapy
A therapy to instruct and assist patients in breathing techniques.

Knee Immobilizer
A brace that is wrapped around your leg to prevent knee movement.

Evaluation of a person’s consciousness, circulation, movement and sensation.

IV Capped
A cut made for surgical purposes. Solution that is injected directly into a vein.

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<tr>
<td>Spinal Anesthesia</td>
<td>An anesthetic that is used to produce loss of sensation when injected into the membrane around your spinal cord.</td>
</tr>
<tr>
<td>Staples</td>
<td>U-shaped wire used to fasten tissues together during surgery.</td>
</tr>
<tr>
<td>Subacute Rehabilitation</td>
<td>A facility that provides further rehabilitation and nursing services prior to going home</td>
</tr>
<tr>
<td>Sutures</td>
<td>A thread or wire used to stitch body tissues together.</td>
</tr>
<tr>
<td>Trapeze</td>
<td>A triangle shaped device over the hospital bed that assists patients to reposition themselves.</td>
</tr>
<tr>
<td>Urinary Catheter</td>
<td>A plastic tube inserted into the bladder and attached to a collection bag. Used to drain urine from the bladder.</td>
</tr>
<tr>
<td>Vital Signs</td>
<td>The rate and quality of a person's breathing, heartbeat, temperature, and blood pressure.</td>
</tr>
<tr>
<td>Walker</td>
<td>A device used to assist a person in walking. It is held in the hands and placed on the floor. First the walker is moved forward then the person follows with a step.</td>
</tr>
</tbody>
</table>
**HERBS AND SURGERY: A RISKY COMBINATION**

A recent report for the University of Chicago found that several common herbal supplements may lead to complications both during and after surgery. “Patients should tell their doctors exactly what herbal medications they’re taking and doctors should ask their patients about herbal use as well” says study coauthor Jonathan Moss, M.D., Ph.D. The chart below lists eight commonly used herbs and the risks they pose to a surgical patient.

<table>
<thead>
<tr>
<th>Herbs</th>
<th>Use</th>
<th>Complication</th>
<th>Discontinue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Echinacea</strong></td>
<td>For viral, bacterial and fungal infections</td>
<td>May cause allergic reaction * or reduce effectiveness of Immunosuppressants</td>
<td></td>
</tr>
<tr>
<td><strong>Ephedra</strong></td>
<td>For asthma &amp; bronchitis weight loss; energy boost</td>
<td>May disrupt heart rhythm, increase blood pressure, cause Cardiomyopathy (a weakening of the heart) or stroke</td>
<td>At least 24 hours</td>
</tr>
<tr>
<td><strong>Garlic</strong></td>
<td>To lower blood pressure and cholesterol levels.</td>
<td>May increase the risk of internal bleeding; may disrupt blood pressure</td>
<td>At least 7 days</td>
</tr>
<tr>
<td><strong>Ginkgo</strong></td>
<td>To improve memory &amp; awareness; for altitude sickness, vertigo, tinnitus</td>
<td>May increase the risk of internal bleeding</td>
<td>At least 36 hours</td>
</tr>
<tr>
<td><strong>Ginseng</strong></td>
<td>To protect the body against the effects of stress, lower blood sugar</td>
<td>May increase the risk of bleeding; may cause hypoglycemia</td>
<td>At least 7 days</td>
</tr>
<tr>
<td><strong>Kava</strong></td>
<td>For anxiety</td>
<td>May increase the sedative effects of anesthesia</td>
<td>At least 24 hours</td>
</tr>
<tr>
<td><strong>St. John’s Wort</strong></td>
<td>For mild to moderate depression (short term)</td>
<td>May inhibit the effects of various surgical medications</td>
<td>At least 24 hours</td>
</tr>
<tr>
<td><strong>Valerian</strong></td>
<td>For insomnia</td>
<td>May increase the effects of anesthesia or tolerance of it</td>
<td>At least 5 days</td>
</tr>
</tbody>
</table>