



*The Expertise You Expect, The Compassion You Deserve*

Tower Medical Building  
Suite 6  
737 Main Street  
Lumberton, NJ 08048  
(609) 267-9400



Elmwood Business Park  
Building E-100  
773 Route 70 East  
Marlton, NJ 08053  
(856) 673-3960



Sewell Office  
Suite B-2  
570 Egg Harbor Road  
Sewell, NJ 08080  
(856) 256-0051



Cherry Hill  
1004 Haddonfield Road  
Cherry Hill, NJ, 08002  
(856) 784-4444



# JOINT REPLACEMENT

## FREQUENTLY ASKED QUESTIONS

***Please read and keep this packet as it contains important information regarding your surgery as well as care before and after surgery and during the hospital stay. The answers to most questions asked by patients are included in this packet. Please keep this packet for future reference as this information will help speed up your office visits before and after surgery.***

**We recommend that you read the relevant parts of this packet the night before your pre-operative visit, surgery, and post-operative visits so that you know what to expect.**

# TABLE OF CONTENTS

<b><u>Before Your Surgery</u></b>	<b>3</b>
Who will be involved in my surgical and perioperative care?	3
What should I do now that I have scheduled surgery?	3
What equipment will I need?	3
Should I donate my own blood?	4
What should I do about employment disability?	4
What about blood thinners?	4
Do I need antibiotic medications?	5
When can I ride in a car or drive?	5
Will I set off metal detectors?	5
What kind of anesthesia is recommended?	6
<b><u>After Your Surgery</u></b>	<b>7</b>
How long will I be in the hospital?	7
Can I go home after my surgery or do I have to go to a Rehabilitation facility/nursing home?	7
How will I get home or to the rehabilitation facility from the hospital?	8
How should I care for my incision?	8
How long will I have to follow total hip replacement precautions?	8
What should I expect after total knee replacement surgery?	9
When should I call my doctor?	9
<b><u>Post-operative Visits</u></b>	<b>9</b>
When do I come to the office after surgery for follow-up?	9
What can I expect at the post-operative visits?	9
<b><u>Medications To Avoid Two Weeks Prior To Surgery</u></b>	<b>10</b>

## BEFORE YOUR SURGERY

### ➤ WHO WILL BE INVOLVED IN MY SURGICAL AND PERI-OPERATIVE CARE?

All surgeries are performed by your surgeon, not someone in training. Our comprehensive team includes specially trained Physician Assistants who will participate in your pre-operative and post-operative care. They work under the direction and supervision of your surgeon and are a critical element of our team approach to patient care.

### ➤ WHAT SHOULD I DO NOW THAT I HAVE SCHEDULED SURGERY?

A Nurse Navigator will contact you for a phone interview and health history. She will also schedule appointments for the following, which are required by the hospital and must be completed within a short timeframe prior to your surgery:

1. Pre-admission testing for blood work (this often includes an EKG, so please do not use body cream or powder on your chest for this appointment).
2. Your pre-operative visit with your primary medical doctor for surgical clearance.
3. Your pre-operative visit with a Physician Assistant (PA) to complete paperwork and review any questions you may have after reading this packet.

You have been given a two-page surgical consent form. **This must be read and returned to our office during your preoperative visit with the PA.** The form is not meant to frighten you; it is intended to educate you on the potential risks associated with having joint replacement surgery. Most complications are rare but you should be aware of what they are prior to having surgery.

**Bring a list of your medications with the doses and how often you take them to the pre-operative appointment with the PA.** We will use this list to be sure you get your routine medications while in the hospital. Be sure to take this list to pre-admission testing at the hospital as well.

### ➤ WHAT EQUIPMENT WILL I NEED?

Our office will prescribe several types of medical equipment for use after your surgery such as a walker, cane, and commode. Whenever possible, it is helpful to obtain this equipment before surgery. The PA working with your surgeon will provide instructions at your pre-operative visit at our office. You do not need to obtain this equipment prior to the pre-operative visit at our office. Hospital beds are not typically required after surgery as you will be ambulatory upon leaving the hospital and will have been taught how to climb stairs if you have stairs in your home.

➤ SHOULD I DONATE MY OWN BLOOD?

The short answer is “No.” Preoperative (autologous) blood donation is **not** recommended for total hip, total knee, or partial knee replacement. Donating your own blood does not change your chances of potentially needing Red Cross blood after surgery and is therefore not advised. Preoperative blood donation also causes your blood count to be lower at the time of surgery and increases your chances of a transfusion. The short timeframe in which blood needs to be donated does not allow your body to rebuild its blood supply fully.

The strongest predictor of whether you are likely to need a blood transfusion after surgery or not is your blood count (Hemoglobin) *before* surgery. Those patients who are anemic before an operation are more likely to need a transfusion after surgery because all patients’ blood counts drop to some degree from bleeding during and after surgery. In the event that you do need blood after surgery, please be assured that it is safer now than ever before. Regardless, your surgeon will make every effort to avoid blood transfusions unless absolutely necessary. If you are a Jehovah’s Witness, please make this clear to our team well before surgery.

To maximize your preoperative blood count and thus help reduce your potential for blood transfusions after surgery, all patients should begin iron supplements at least 2 weeks prior to surgery. The medication is called *Ferrous Sulfate* and the dose is 325 mg. Take one tablet twice daily. You can purchase iron tablets at your local pharmacy without a prescription. You may experience constipation or dark stools while on iron supplements. **You may want to use stool softeners or laxatives while on the iron supplements to avoid constipation.**

➤ WHAT SHOULD I DO ABOUT EMPLOYMENT DISABILITY?

Obtain paperwork from your employer. After you and your employer have filled out the appropriate sections, allow our office at least one week to fill it out. Return to work notes will be provided by our office after your surgery.

➤ WHAT ABOUT BLOOD THINNERS?

You will be on a blood thinner medication after surgery. This is to help prevent blood clots in the legs (DVT, or deep vein thrombosis) and clots in the lung (PE, or pulmonary embolism). **IT IS CRITICAL TO FOLLOW INSTRUCTIONS PROVIDED UPON DISCHARGE TO HOME TO MINIMIZE THE CHANCE OF BLOOD CLOTS.** The risk of a blood clot after joint replacement is as high as 50% if you are NOT taking a blood thinner. The risk of a blood clot if you ARE taking one is very low. Therefore, it is critical that you follow directions on taking the prescribed blood thinner after surgery to minimize the chance of a blood clot. The length of time for which you will need to take blood thinners after surgery will be determined by your surgeon.

➤ DO I NEED ANTIBIOTIC MEDICATIONS?

You will receive antibiotics before and after surgery according to current standard guidelines to help minimize the risk of infection. If you have any immediate dental concerns, please have them addressed before your surgery. If any surgical or dental procedure is planned in the future, always let your doctor know about the presence of the artificial joint. Antibiotic premedication is recommended prior to procedures for two years after your joint replacement to help prevent infection in the replaced joint. **This includes routine dental cleanings.** After two years, the decision to give antibiotics before dental work is up to your dentist. Antibiotics should be obtained from your dentist or primary medical doctor.

➤ WHEN CAN I RIDE IN A CAR OR DRIVE?

You may ride in a car as soon as you are comfortable. Your surgeon does not recommend long trips (more than an hour by car or by air) for at least 4 weeks after surgery unless necessary. This is to minimize the chances of a blood clot in the leg or lung. If you must travel in the first month after your surgery, it is advisable to stop the car and get out to walk for 5-10 minutes every hour or two during the trip. If you are flying, you should walk up and down the aisle for 5-10 minutes every hour or two. Pump your ankles back and forth when sitting to also help with blood flow in the lower legs.

Generally, we allow you to drive as soon as you are no longer taking narcotic pain medication during the day. If your *right* hip or knee has been replaced, you should not drive until approximately 2-4 weeks after surgery. It typically takes this long for the reflexes to push the brakes to return fully. You may drive an automatic transmission vehicle 2 weeks after surgery if your *left* hip or knee was replaced, as long as you are not taking narcotic medication when driving. Also keep in mind that you must maintain your hip precautions as directed by your surgeon if you have had hip replacement surgery. We recommend that you sit behind the wheel of a parked car and practice using your feet to push the pedals. If you feel comfortable, try driving in a low-traffic area (your neighborhood, empty parking lot) before driving routinely. If you do not feel comfortable or cannot apply the brakes quickly and firmly enough to stop, wait a week or two and try again.

➤ WILL I SET OFF METAL DETECTORS?

You should not set off security detectors in stores, but you may set off metal detectors at the airport after joint replacement surgery. ***We no longer provide implant cards to demonstrate that you have a joint replacement.*** With heightened security at airports around the U.S. and the world, these implant cards are **not** useful because counterfeit cards are easy to make. It is appropriate to alert security at the airport *before* going through metal detectors that you have a joint implant. They can then choose to use a metal detector wand if needed. Some patients have reported having been asked to show their surgical scar. If a full body scanner is used, your joint replacement will be visible to security.

➤ WHAT KIND OF ANESTHESIA IS RECOMMENDED?

There are two major types of anesthesia: spinal and general. The surgeons at Reconstructive Orthopedics strongly recommend spinal anesthesia. In a spinal anesthesia, the anesthesiologist numbs your lower back with a type of Novocaine. He/she then locates the proper area and injects numbing medication around the nerves of the lower spine. The patients' legs become completely numb so that they will not feel any pain during the operation. Sedatives are given to relax the patient and allow them to feel drowsy and even sleep for the procedure. One of the sedatives is an amnestic so that many patients will not remember much from the operating room. It is similar to being in a 'twilight,' such as during a colonoscopy. In a general anesthesia, the patient is completely unconscious. A tube is placed down the throat and a ventilator breathes for the patient until surgery is completed.

With general anesthesia, patients usually experience more pain after surgery than with spinal anesthesia. There is often more blood loss during surgery with general anesthesia and the amount of stress to the heart and lungs is greater than with spinal. Most patients also experience more nausea after surgery if they have a general anesthesia. In addition, studies show that the risk of blood clots is slightly higher. The spinal anesthesia also allows for better relaxation of the muscles, improving your surgeon's ability to perform less invasive surgery. Given that patients overall do so much better with spinal anesthesia, we strongly recommend it. There are occasions where the anesthesiologist may recommend a general anesthesia over a spinal. Even less common are situations where the anesthesiologist cannot find the proper area for the spinal and a general anesthesia becomes necessary. The final decision as to the type of anesthesia rests with you, but a spinal is recommended. Patients are often surprised at how well they feel after surgery when a spinal anesthesia was used.

## AFTER YOUR SURGERY

### ➤ HOW LONG WILL I BE IN THE HOSPITAL?

Patients having partial knee replacement are typically discharged home the same day as surgery, after they have worked with the physical therapist and have been cleared to go home. Patients having total knee or total hip replacement are typically in the hospital for 1-2 nights, depending on their health and progress in the hospital. You are typically discharged once medically stable and once you have been able to accomplish the goals set by the physical therapist for discharge (see below).

### ➤ CAN I GO HOME AFTER MY SURGERY OR DO I HAVE TO GO TO A REHABILITATION FACILITY/NURSING HOME?

Most patients can go directly home after total knee and hip replacement. In fact, the vast majority of our patients at Reconstructive Orthopedics go directly home. Discharge to home requires that you are medically stable *and* have performed well with the physical therapist in the hospital. After discharge, a visiting nurse as well as physical therapist will see you in your home on a regular basis. The case manager at the hospital will work with you to make arrangements after your surgery. Prior to discharge, you will be taught how to do stairs safely by the physical therapist.

Many people assume that staying in a rehabilitation center/nursing home after surgery will provide a better outcome. **This is not true.** Studies show *no* difference in outcome after joint replacement in relation to whether a patient goes home from the hospital or goes to a rehabilitation center. Most people will be more comfortable in their own home. In addition, going home allows patients to avoid exposure to resistant bacterial infections such as MRSA, which are more common in nursing homes and rehab centers.

What is most important is whether you will be safe at home. Our primary concern is safety. As long as you can safely get in/out of bed and a chair on your own, ambulate safely with a walker/cane, and climb stairs if necessary, going home after surgery is very possible and actually recommended. Many people mistakenly believe that going home means that their family/friends will have to do everything for them or help get them up. This is not true. However, if you cannot learn how to safely get in/out of bed and chairs, ambulate safely, and climb stairs during your stay in the hospital, a rehabilitation stay is then recommended.

Patients having partial knee replacement are typically discharged home from the hospital/outpatient center the day of the surgery.

➤ HOW WILL I GET HOME OR TO THE REHABILITATION FACILITY FROM THE HOSPITAL?

Our hospital staff will arrange transportation to the rehabilitation facility if you need to go to one. If you are going home, the physical therapist will teach you how to get in and out of your car. Someone needs to be available to take you home from the hospital as you will NOT be allowed to drive yourself home. You should have a responsible adult with you for the first 1-2 nights in case of an emergency.

➤ HOW SHOULD I CARE FOR MY INCISION?

While in the hospital and/or rehabilitation facility, your hip or knee dressing will be changed as needed and eventually removed. Often, absorbable sutures will be used to close the incision and there will be no staples or sutures to remove. This will be at the discretion of your surgeon based on your tissue quality during surgery. Do not apply any lotions or medicines to the incision for 4 weeks after surgery unless instructed to do so by your surgeon or his PA. You may take *brief* showers as long as there is absolutely no drainage *and* there are no staples/sutures outside of the skin. You can allow soapy water to run over the incision, and then pat the incision dry with a clean towel. For knee incisions, wrap your knee in saran wrap or Glad Press N' Seal™ if needed to keep it completely dry. Keep in mind that if there is drainage from the wound, showering will allow water, which is *not* sterile, to enter the wound and potentially cause an infection. If in doubt, seal the wound from water before showering, or simply sponge bathe until follow-up in the office.

➤ HOW LONG WILL I HAVE TO FOLLOW TOTAL HIP REPLACEMENT PRECAUTIONS?

Your hip replacement will be checked thoroughly at the time of surgery for stability in order to minimize the chances of dislocation. The only way to be 100% certain that the hip will never dislocate after surgery is to follow hip precautions for the rest of your life following hip replacement surgery. However, it is most critical for 6 weeks after your surgery. Your surgeon may choose to protect your hip for a longer period of time after surgery. We will discuss this with you at post-operative appointments in the office. After you are released from precautions, enough healing has occurred so that dislocation risk is minimal. Of course if the hip is placed into an extreme position in the future, it is possible that it will come out of socket. However, this is very unlikely. It may take several months to fully trust your new hip. Although the majority of recovery is complete in several weeks, progression of strength, endurance, and range of motion continues for 6-12 months after surgery in all patients. Your continuing to exercise and rehabilitate the hip is critical in this recovery process.

The vast majority of hip replacements are placed without cement. The components are wedged tightly into your bone and have a special coating which allows your bone to grow into the prosthesis, allowing for a long-lasting and secure bond to your bone. This process takes approximately 4-6 weeks. **You must use a cane or walker at all times for at least 2-4 weeks after surgery, even if you are doing well enough that you don't need one.** If you walk excessively without a cane or walker too soon, the chances that the components will not "take" increase and may lead to the need for another operation.

➤ WHAT SHOULD I EXPECT AFTER TOTAL KNEE REPLACEMENT SURGERY?

The skin on the outside of the knee as well as along the incision may be very sensitive or have patchy numbness. This is normal. The knee may remain swollen or warm for several *months* due to inflammation and progression of your activity. You may also have intermittent swelling in your lower leg. Wrapping an ACE bandage around the knee can help minimize this swelling. Icing the knee can be helpful, and elevation of the leg at night also helps minimize the swelling. Aim to keep the foot at or slightly above the level of your heart when you are resting to help keep the swelling down. It is normal to have bruising/swelling around your thigh or in the foot and ankle in addition to the knee. Some people bruise/swell very little after surgery and others will bruise/swell from thigh to foot. This is typically within the norm after knee replacement. Call our office with any questions.

Your knee will click due to the presence of metal and plastic - **this is normal**. Exercise is important and should be done daily. It may take several months to fully trust your new knee. Although the majority of recovery is complete in the first several weeks, progression of strength, endurance, and range of motion continues for 6-12 months after surgery in all patients. Your continuing to exercise and rehabilitate the knee is critical in this recovery process.

➤ WHEN SHOULD I CALL MY DOCTOR?

Please call our office if you have any concerns or experience any of the following:

- Persistent fever (greater than 101.5°F)
- Increasing redness, warmth, swelling, or pain of the operated leg
- Increasing drainage from your incision
- Increased bleeding
- Any other questions or concerns

## POST-OPERATIVE VISITS

➤ WHEN DO I COME TO THE OFFICE AFTER SURGERY FOR FOLLOW-UP?

Your first visit after surgery will usually be with the PA working with your surgeon approximately 2-3 weeks after surgery. If your progress is as expected, the next visit is usually 3-4 weeks later at the 6-week post-operative mark. If there are any concerns, your surgeon or the PA working with him may ask you to return sooner to check on your progress.

➤ WHAT CAN I EXPECT AT THE POST-OPERATIVE VISITS?

X-rays of your joint replacement will be taken at the first visit after surgery. Subsequent x-rays will be taken at the discretion of your surgeon. We will review wound care with you as well as physical therapy progress, range of motion, and medications including your blood thinner medication. Please bring a current list of medications to each visit with you.

## MEDICATIONS TO AVOID TWO WEEKS PRIOR TO SURGERY

To reduce the risk of bleeding during and after your surgery, all aspirin products, non-steroidal anti-inflammatory medications, and the following medications should be totally avoided at least two weeks prior to surgery:

ADIPEX-P	FLURBIPROFEN	PRO-FAST
ADVIL	FROBEN	PROTAMINE SULFATE
AFRIN	GARLIC TABLETS	RELAFEN
ALEVE	GINGKO BILOBA	RHODACINE
ALKA SELTZER PLUS COLD	GINSENG	RUFEN
AMIGESIC	IBUPROFEN	SALFLEX
ANACIN	INDOCIN	SALSALATE
ANAPROX	INDOMETHACIN	SINE-OFF SINUS TABS WITH ASPIRIN
ANSAID	IONAMIN	SOME COMPOUND
ARTHRITIS PAIN FORMULA	JANTOVEN	SULINDAC
ARTHROTEC	KETOPROFEN	TALWIN
ASCRIPTIN	KETOROLAC	TECNAL
ASPIRIN	LODINE	TORADOL
BABY ASPIRIN	MELOXICAM	TRIANAL
BAYER ASPIRIN	MIDOL	ULTRADOL
BUFFERIN	MOBIC	VITAMIN E
CATAFLAM	MOMENTUM (backache formula)	VOLTAREN
CLINORIL	MOTRIN	<b>ALL HERBAL SUPPLEMENTS</b>
CARISOPRODAL & ASPIRIN	NABUMETONE	
CILOSTAZOL	NAPRELAN	
CLOPIDOGREL	NAPROSYN	
COUMADIN	NORGESIC	
DAYPRO	NORWICH ASPIRIN	*****
DISALCID	NOVASEN	<b>IF YOU TAKE ANY OF THE</b>
DRISTAN	NUPRIN	<b>FOLLOWING CONSULT THE</b>
DICLOFENAC	ORPENADRINE & ASPIRIN	<b>PRESCRIBING DR. FOR</b>
EMPRIN	ORUDIS	<b>INSTRUCTIONS BEFORE</b>
ENDODAN	OXAPROZIN	<b>STOPPING:</b>
ETODOLAC	OXYMETAZOLINE	COUMADIN (consult your physician)
EXCEDRIN EXTRA STRENGTH	PENTAZOCINE	CLOPIDOGREL(consult your physician)
FELDENE	PENTOXIFYLLINE	PLAVIX (consult your physician)
FEXICAM	PHENTERMINE	PLETAL (consult your physician)
FIORINAL	PIROXICAM	TRENTAL (consult your physician)
FISH OIL TABLETS	PLAVIX	WARFARIN (consult your physician)

**\*\*\* YOU MAY TAKE TYLENOL IF NEEDED AS A MILD PAIN RELIEVER \*\*\***

**\*\*\* CONSULT YOUR PHARMACIST IF YOUR MEDICATION IS NOT LISTED ABOVE AS CONTAINING ASPIRIN OR SALICYLATE\*\*\***