



All you need
to know for
your
upcoming
surgery!



Your team.....

- * Dr. MacArthur
- * Holly MacArthur ARNP
- * Haley Ireland APRN
- * Ashley and Lisa- our incredible office staff
- * Nursing
- * Physical Therapy
- * Occupational Therapy
- * Social Services
- * Anesthesia



* Frequently asked Questions:

- * Total knee replacement total evolution= 80 minutes
- * Total hip replacement total evolution = 60-90 minutes
- * Doing your exercises and walking will not hurt your joint replacement and is encouraged.
- * You can resume driving once you are no longer taking narcotics and can move the operative leg well enough to react safely and appropriately. This is quite variable.



Length of stay.....

- * The trend across the country has become outpatient for healthy patients to one overnight stay. Longer than one night in absence of complication or very advanced age is now uncommon.

You will go home when:

- * Medically you are doing fine
- * Eating and drinking
- * Passed physical therapy (stairs etc)



Outpatient Joints

- * If you are a candidate for outpatient your surgery will be booked this way from the start
- * You will meet with our physical therapy department the Wednesday prior to surgery to go over what to expect and navigating your home
- * On the day of surgery you will also work with physical therapy prior to discharge home and someone will need to stay with you for 24 hours.
- * Physical therapy will need to be set up to start within 1-3 days of surgery

Metals....

- * The typical Knee replacements contain a very small amount of nickel.
- * Hip replacements are made of titanium and contain no nickel.
- * Have you ever been told you are allergic to **Nickel**? If so-contact our office and we will arrange an alternate implant.



Medications to stop at least 72 hours prior and often 7 days prior!

- * Aspirin- any strength (stop 7 days prior)
- * Advil, Aleve, Ibuprofen, Naproxen, Voltaren, Diclofenac(NSAIDs) (stop 7 days prior)
- * Blood thinners such as Coumadin, Plavix, Eliquis, Xarelto- your PCP will instruct you (Stop 72 hours prior)
- * Vitamin E, Fish oil, and flax seed (Stop 7 days prior)



Why do I feel pain???

- * A knee or hip replacement is not gentle surgery.
- * Discomfort/pain is normal and is expected but improves daily.
- * Every week patients get thru it and you will too!!!!
- * It gets better day to day. Usually the most challenging day is #2



Pain control

- * We inject a cocktail into your soft tissues around your joint before we close your incision, and this is very helpful for the first 36 hours.
- * Pill form of narcotic pain medication will be available as needed
- * Scheduled Tylenol and an anti-inflammatory (of course this depends on your allergies)



Miscellaneous issues you might experience that are normal.....

- * Bruising/swelling- this is also expected
- * Inability to lift your leg off the bed
- * Bruising of shin and ankle
- * More swelling as you get more active-you need to manage this.....
- * Pain at night-common
- * Loss of appetite/possible weight loss



Physical Therapy



- * One of the **MOST** important aspects of your recovery
- * It begins in the hospital and **MUST** continue after you are discharged
- * Two options:
 - * Visiting nurses-home care for 1-2 weeks
 - * Outpatient physical therapy at a clinic
- * Therapy is 1-3 times per week, an hour each session
- * You will also have a home exercise program that you will be expected to do daily
- * You should have your physical therapy scheduled prior to your surgery.



Outcomes

- * The surgery day is usually the easy day. The bigger challenge is typically the outpatient physical therapy so a positive mind set is important with PT. It is up to you to make your new joint replacement as good as it can be!
- * We can give you a new joint but the real work comes from you after surgery. Your PT is as important as the surgery itself.
- * **YOU MUST MANAGE YOUR SWELLING!!!** This will dictate how well you can move your new joint and it also impacts wound healing!!! Ice, Compression, Elevation are your friends.
- * It is a process so do not expect to be 100% better the day after surgery



Important things to know...

- * **Range of motion** of your joint replacement is most crucial in the first 6 weeks- Knee replacements
- * Push through the discomfort!!!!!!! Pain in PT will not harm you but a knee that doesn't move well in the end will be quite bothersome.
- * **Pain medication** is usually used in some fashion for 1-4 weeks. Narcotic pain medications are not refilled after 6 weeks.
- * Refill of your pain medication requests must be submitted **Thursdays by noon**. We have the ability to securely fax a refill to the pharmacy closest to you however this is only available Monday thru Thursday. **PLAN AHEAD!!!! State law regarding narcotics and prescriptions are tightly regulated. They can not be phoned in as other medications can be.**



Swelling.....

- * Once you are home you may get more swelling of the leg. This is the most frequent phone call we get. To manage swelling you MUST:
 1. Use an ace bandage to compressively wrap the knee (knees) or thigh (hips).
 2. Elevate your foot 1 foot above your heart – yes, this is high above your heart
 3. Ice !!!!!!!
 4. Decrease activity if needed- you may be being too active in the early stages
 5. Do not sit with your leg dangling below you for extended periods – Have your leg elevated frequently the first few weeks.



If you do not manage your swelling.....

- * You will have more pain
- * You will have less motion
- * Your skin will start to get stressed and you may get a superficial infection of the skin called cellulitis
- * Your rehabilitation with physical therapy will be more difficult



Minimize your risk of infection

- * No dental abscess or broken/rotten teeth
- * No urinary tract infection
- * No open areas of your skin that are infected
- * Cleanliness/personal hygiene/clean clothes
- * Chlorhexidine shower-we will give you the soap
- * Pre-operative antibiotic
- * Surgical Prep soap in operating room
- * Surgical hoods.....



Minimize your risk of Blood Clots

- * Muscles contracting in your legs pushes blood back to your heart....**SO WALK!!** Once you are home we expect you to walk once an hour while you are awake.
- * TED stockings- compression socks-on in a.m. off in p.m.
- * SCDs-sequential compression devices- if you stay overnight-hospital only
- * Blood thinner-

We will decide your blood thinner according to your health. If you already take a prescription blood thinner you will stop it prior to surgery and resume it after surgery.



Leg length—Total hips only

- * Only with a hip replacement do we have the ability to really affect leg length
- * We use live x-ray to measure length
- * However at times we have to make the leg longer to give you stability. Stability is always a priority over leg length.
- * We do our best to match your legs with the same length and they are the same length 99% of the time.
Intraoperative stability testing can necessitate change here.



Tid Bits

- * If you do not hear from our office about your preoperative labwork this means that all looks normal.
- * If you do not have preoperative soap you can stop by the office the day of your labwork and receive it.
- * We will send your postoperative prescriptions to the pharmacy here at Littleton Regional Healthcare and they will deliver them to you. We will use your pharmacy for any refills.
- * If you did not list inhalers or eye drops on your medication list please bring those to the hospital only if you are staying overnight.

Outpatient Knee Replacements

- * Knee replacements: your dressing will be removed by Physical therapy. After this you will keep it wrapped with an ace bandage on every morning off every night for compression including TED stocking.
- * You may shower after dressing is removed-clean running water/soap over incision is ok-NO baths/swimming/whirlpools-do not submerge incision.
- * Do not scratch or touch incision
- * No creams, lotions, or potions on incision

Outpatient Hip Replacements

- * You may remove your dressing 2 days after surgery
- * You may then shower- clean running water over the incision is ok- DO NOT submerge the incision-no baths/whirlpools/swimming
- * No creams or lotions on incision- do not touch or scratch it
- * PLEASE pad incision with a CLEAN/DRY washcloth or sterile gauze tucked in your underwear-this keeps incision dry-protects it from the bands of your underwear or clothing abrading it and causing infection
- * For swelling – anything with weight such as a bag of brown sugar or heavy ice pack over front of groin/thigh will help

Words of wisdom...



- * Rehabilitation after joint replacement is a process. **It gets better daily but not the day after surgery!**
- * Be patient with yourself. A joint replacement takes time to heal and improve. Normal function is variable in its return ranging from as fast as a week but it is typically seen in most by 4-8 weeks. **18 months is necessary for a complete recovery.**
- * Always remember the old worn out joint was only going to get worse... ..this one will get better daily!
- * We have noticed that patients that use pain medication sparingly do better the first few months.

