

**ANSWERS TO PATIENTS'
FREQUENTLY ASKED QUESTIONS
REGARDING HIP AND KNEE
JOINT REPLACEMENT SURGERY**

THE INFORMATION INCLUDED IN THIS SECTION IS FOR DR. WEEDEN'S PATIENTS AND MAY NOT REFLECT THE TREATMENT "RECOMMENDATIONS" OF THE OTHER DOCTORS AT THE TEXAS HIP AND KNEE CENTER

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Fellowship Director
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We would like to thank you for choosing Dr. Weeden and The Texas Hip and Knee Center for your joint replacement procedure. We are sure that you will have many questions before and after your operation. We would like our patients to be as informed as possible. Hopefully, some of these questions will be answered in the following pages.

Please take the time to read this information packet and keep it handy so that you can reference it when needed in the coming weeks and months.

We look forward to assisting you with your questions and hope that your surgical experience will be both positive and rewarding.

Office Phone Number: 817-877-3432
Office Hours: 9:00 a.m. to 5:00 p.m. (closed 12-1:30 p.m.)

IN THE BEGINNING.....

It is important to be as prepared as possible prior to undergoing a hip or knee replacement. After surgery is scheduled, we ask all of our patients to see their primary care physician for a routine preoperative evaluation approximately 2 to 4 weeks prior to their operation. You will need to contact your physician regarding this preoperative evaluation. If you do not have a primary care physician, our office staff can assist you in finding one.

You will be scheduled for an appointment in our office or a phone conversation within 1 to 2 weeks prior to your surgical intervention. At that visit, you need to have the following:

1. A list and dosages of all medications you take on a routine basis.
2. Be ready to give a complete medical history, including all previous surgeries.
3. Any problems that you may have had in the past from an anesthetic standpoint.
4. Lastly, let us know if you have ANY METAL ALLERGIES (to jewelry etc.)!!!!

Some of the hospitals do provide pre-operative information, including a visit to physical therapy and a discussion with the orthopedic team and nurses. You can ask one of the nurses if the hospital where you are undergoing surgery provides this information. **The Plaza Medical Center web site is also very informative (see the orthopedic section).**

It is important to exercise and to be as active as possible prior to surgery. Exercises which focus on the muscles of the hip and knee are also encouraged to help you after your surgery. Additionally, it is important to eat a well-balanced diet, including lots of protein, which will assist in healing after surgery.

PRE-OPERATIVE EXERCISE PROGRAM

- If you are currently performing an exercise program, continue doing so.
- If you are not currently performing an exercise program, you may incorporate exercises as directed in this hand-out (if you are able).
- After surgery, your physical therapist will give you a new exercise program and progress you appropriately.

MINI WALL SQUAT

- Lean on wall, feet approximately 12 inches from wall, shoulder distance apart.
 - Bend knees to 45 degrees.
 - Hold 5 seconds.
 - Return to starting position.
- Perform 3 sets of 10 repetitions, once a day.

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

Quad Set

- Sit with leg extended.
- Tighten quad muscles on front of leg, trying to push back of knee downward.

Special Instructions:

Do not hold breath.

Perform 1 set of 10 repetitions, once a day.

Hold Exercise for 10 seconds.

Supine Knee Extension

- Lie on back, with involved leg bend to 45 degrees, supported with a pillow.
 - Straighten leg at knee.
 - Return to start position.
- Perform 3 sets of 10 repetitions, once a day.

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

Seated Knee Extension

- Sit against a wall, chair, or on firm surface, knee bent.
- Keep a proper curve in low back.
- Flex left foot upward, while straightening knee.
- Repeat stretch with other leg.

Special Instructions:

Do not allow low back to lose the curve. It is common to experience shaking in the leg.

Perform 1 set of 4 repetitions, once a day.

Hold exercise for 20 seconds.

Straight Leg Raise

- Lie on back with uninjured knee bent.
 - Raise straight leg to thigh level of bent knee.
 - Return to starting position.
- Perform 3 sets of 10 repetitions, once a day.

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

WHAT IS MIS "MINI-INCISION" TOTAL HIP AND KNEE SURGERY?

There are now procedures using clinically proven implants placed in a small incision for total hip and knee surgery. The smaller incisions are typically 2-5 inches in length rather than the standard 10-12 inch incisions. Mini-incision hip and knee replacement is a less-invasive alternative to traditional joint surgery. It involves smaller incisions with specialized instruments. Another less-invasive technique is hip resurfacing which preserves future femoral bone.

Partial knee replacements are another specialty of Dr. Weeden, yet only about 8% of patients qualify for this procedure (partial replacement).

We have noticed a faster rehabilitation and a shorter hospital stay in the majority of patients utilizing these new procedures. Some of our patients have been discharged from the hospital after 24-48 hours. These benefits may allow a faster return to work and daily activities.

Dr. Weeden has performed this surgery on patients as young as 18 years of age to patients in their 90s. However, the majority of patients undergoing this procedure are age 55 and older.

Dr. Weeden can discuss if you are a candidate for this procedure. A number of factors determine whether

or not a patient is qualified to undergo an MIS procedure. Unless you have significant body size (obesity) or excessive deformity, the majority of the procedures performed by Dr. Weeden are less-invasive. An ideal candidate is someone who has osteoarthritis of the hip or knee and is in excellent health, not too heavy, and fairly active. Candidates may also include people who are not responding to other forms of treatment, such as medication or therapy.

Dr. Weeden was in one of the first group of surgeons in the country performing these techniques, and has been performing these surgeries since 2002. We routinely teach these new techniques to other physicians from around the United States and Dr. Weeden works to develop and improve the techniques and the implants utilized. You may have a visiting surgeon observing your procedure for educational purposes. Any visiting surgeon has been certified by the hospital and will only observe and not participate during your operation.

Additionally, Dr. Weeden and the other physicians utilize surgical assistants and trained orthopaedic fellows at the time of your surgery. This may appear on your insurance or Medicare statement. **You should not be charged over and above** what your insurance or Medicare covers. If you do receive a bill outside of your insurance, please call our office for assistance. If you have bilateral joint replacement, one of the partners may assist in your surgery to decrease your surgical time.

PRIOR TO SURGERY.....

DO I NEED TO CONTACT MY INSURANCE COMPANY TO LET THEM KNOW I AM SCHEDULED FOR SURGERY?

Once the date of your surgery has been determined, our office will pre-certify your surgery with your insurance company. It is not necessary for you to contact your insurance company. You will need to provide our office with your current insurance information and a referral from your primary care physician if your insurance plan requires one. The surgical hospital charge and the surgeon charge are completely separate.

SHOULD I DONTATE BLOOD PRIOR TO MY SURGERY?

Due to multiple recent studies and new methods of blood preservation, numerous joint centers no longer recommend the donation of autologous blood. We do recommend a vitamin protocol that can be utilized before surgery. This includes the following:

<u>MEDICATION</u>	<u>STRENGTH</u>	<u>DIRECTIONS</u>
Vitamin C	500 mg	1 pill twice daily
B-complex		1 pill daily
Multivitamin		1 pill daily
Iron	325 mg	1 pill twice daily

Most over-the-counter iron supplements will work fine. Slow release iron maybe better tolated.

ARE THERE CERTAIN MEDICATIONS I SHOULD DISCONTINUE BEFORE MY SURGERY?

Never discontinue any medications prescribed by your primary care physician without his or her approval.

MEDICATIONS TO STOP BEFORE SURGERY

10 days before surgery you need to stop:

- Aspirin

7 days before surgery you need to stop:

- Plavix
- Any anti-inflammatory medications, except Celebrex
- Any Herbal Supplements
- Vitamins (Vitamin E, K, etc.)

5 days before surgery you need to stop:

- Coumadin

You can continue to take the following medications:

- Tylenol (Regular, Extra-Strength, Arthritis)
- Celebrex
- Ultracet
- Glucosamine and Chondroitin
- Iron Supplements
- Ultram (Tramadol)

***Take a moment to speak with the medical doctor about your regular prescription medications (blood pressure, heart, cholesterol) and what effect they may have on your surgery.**

Rheumatoid patients may also have to stop certain medications that weaken the immune system.

IF I NEED DENTAL WORK, SHOULD I HAVE IT DONE BEFORE MY SURGERY?

Schedule an appointment for a complete dental check-up well in advance of your surgery. If you are in need of any major dental work, have it done immediately and at least 3 weeks before your surgery. Routine cleanings may be scheduled prior to surgery. However, we do not recommend that any major dental work be performed within 3 weeks prior to surgery. It is recommended that only emergent dental work be performed for 4 to 6 months following your operation.

ARE THERE CERTAIN PREPARATIONS I SHOULD MAKE PRIOR TO MY ADMISSION TO THE HOSPITAL?

Depending on your situation at home, there are certain things you should do prior to your admission to the hospital.

If your spouse or family will be caring for you at home, talk to them about your concerns. It may be beneficial to prepare meals and freeze them prior to your hospitalization so you have nutritious meals available for you when you arrive home from the hospital.

Following your surgery, a physical therapist will be instructing you on how to go up and down stairs. If your bedroom is on an upper level in your home, you may want to make arrangements to have a bed on the lower level if you think you would prefer not going up and down stairs following discharge for the first 4-10 days.

Prepare as much as you can prior to the surgery so you don't have to rely on your spouse, family, or neighbors to do unnecessary running around after your surgery. Look around your house and make sure you can access the rooms in your house with a walker or crutches. Remove throw rugs that could potentially cause you to slip or trip. If you have pets that might get in the way after surgery, you may want to make arrangements for them to spend a few days with a neighbor or other family member until you are more comfortable.

While taking narcotic pain medication, you will **NOT** be permitted to drive. Tramadol and Norco (Hydrocodone)

are narcotics. You may need to arrange for transportation to your initial follow-up visit.

In order to stay well hydrated after surgery, pick up some alternatives to water. For example: Gatorade, juice, or vitamin water.

Most individuals are discharged home with a walker or crutches, which are obtained in the hospital. Most patients with partial or complete knee replacements are able to walk with a cane or independently as soon as possible. Most patients with hip replacement or hip resurfacing procedures are asked not to use a cane for about 2 to 4 weeks. In contrast, some revision surgery patients may have to use a walker for 6 to 8 weeks. Dr. Weeden will determine which walking aid is best for you and the duration of use.

Handicapped parking stickers may be obtained if the form is brought to our office. However, I encourage you to only use this temporarily (6 months). Walking is an excellent form of exercise during your hip and knee recovery.

WHAT HAPPENS IF I DON'T HAVE ANYONE AT HOME TO TAKE CARE OF ME AFTER SURGERY?

If you do not have a spouse who is capable of caring for you following surgery but have family members in this area, check with them to see if arrangements can be made to care for you following discharge from the hospital. If you have children, they may be able to cover certain days and work out a schedule to be available for meals, bathing, etc. Some patients may require an extended stay in rehabilitation for 1 to 2 weeks after surgery. *However, over the last several years, it has become increasingly more difficult to obtain approval for rehab hospitalization after single joint replacement.*

SURGERY AND POST-OP QUESTIONS.....

WHEN DO I ARRIVE AT THE HOSPITAL FOR MY SURGERY?

Unless your physician should inform you differently, you will arrive at the hospital the morning of your surgery. **YOU SHOULD HAVE NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY.** If you are on medications, check with your primary care physician and ask him/her whether or not you are to take your medications on the morning of your surgery. Typically, we do request that you take your blood pressure medication with a small sip water on the morning of surgery. You may want to start taking Senokot or Dulcolax 2 days before surgery to assist with constipation that may occur after surgery. Stop these medications if you experience loose or water stools.

WHAT SHOULD I BRING TO THE HOSPITAL?

You should bring a robe, toiletries, and slippers or tennis shoes to the hospital. You may wear your own pajamas or gown after your I.V. and catheter are discontinued (day 1 to 2). You should bring loose, comfortable clothes for exercise and if you are going to rehabilitation. The hospital gown you will be wearing allows easy access for the medical staff to assess your incision. Your slippers should fit snugly on your feet so you can walk comfortably and not have to worry about them coming off and possibly tripping in the course of your therapy. In most circumstances, you should not bring your medications from home. Leave money and valuables (jewelry) at home.

WHAT HAPPENS THE DAY OF SURGERY?

When you arrive at the hospital, you will be taken to the Surgery Department. There will be surgical consent forms for you to sign, and the surgical nurse will explain what will be taking place. This information provided

should be similar to the risks, hazards, and benefits as reviewed in the office. You will change into a hospital gown and be taken to the holding area where you will be placed on a bed. The anesthesiologist and anesthesiology team will talk to you and may ask questions regarding your past experiences with general and spinal anesthesia. An I.V. will also be started. Most joint replacements with Dr. Weeden are performed under spinal anesthetic with I.V. sedation.

The length of your surgery will depend on the procedure you are having done. Primary hip, hip resurfacing, and knee procedures take approximately 1 to 1½ hours. Revision hip and knee procedures may take longer.

After surgery, you will be placed on a hospital bed. Normally, you are still quite drowsy from the anesthetic, so you may not even be aware that this is taking place. We will get your knee moving with a machine on the afternoon of surgery. Hip patients will have a special pillow placed between the legs (an abduction pillow). Revision hips and knees may have a special brace after surgery.

You will then go to the recovery room. The nurses will make sure that you are comfortable, and after a couple of hours you will be transferred to your hospital room. With a spinal anesthetic, your feet and legs may be numb for 3 to 6 hours.

You will have a catheter in your bladder so you will not have to get up to use the bathroom. You will need to use the bedpan if you have a bowel movement or if able, the nurses may assist you to the restroom. Most patients have pain medication ordered that will be given as directed by the doctor. If you are in severe pain, please talk to your nurse so that additional medication may be given.

You may also have a device wrapped around your legs that will inflate and deflate periodically. This is called a sequential compression device (SCD) and will assist in the prevention of blood clots and help with your circulation. There will also be a device called an Incentive Spirometer (IS) for you to breathe into a number of times throughout the day in order to expand your lungs. You will also have some support hose placed on the legs after surgery (TED hose).

Your I.V. fluids will continue and you will be on a liquid diet for approximately a half to 1 day following surgery. Your G.I. system needs time to “wake-up” after surgery, and introducing solid food too soon may cause problems and nausea. Foods will be introduced slowly and, after a few days, you should be back to your regular diet.

Depending on how you are doing, the nurses will probably have you sitting on the side of your bed by the end of your first day in the hospital. Minimally-invasive procedures may walk on the afternoon of surgery or begin movement of their knee in a knee movement machine. The therapists will be coming in to see how you are doing, and exercises are usually started soon after surgery. Knee patients will be started on a machine that will help with their range of motion as well as isometric and muscle strengthening exercises. All joint patients will have therapy on a daily basis. You will also have Occupational Therapy so the therapist can assist and advise you in performing activities of daily living (bathing, dressing, etc.). The therapist will stress certain precautions, and it is important to maintain these precautions as instructed. Friends and family are encouraged to attend your physical therapy session with you.

Some hip revisions require a brace after surgery to assist in recovery. This will be applied before your therapy is initiated. If a brace is required, it is typically utilized for 4 to 6 weeks from the date of surgery.

An internal medicine physician (heart or lung doctor) will usually visit you during your hospital stay to assist in your care. Most family physicians do not come to the hospital, and Dr. Weeden believes that it is important to have an additional physician assist in your care during your hospital stay and recovery. The doctors I recommend are doctors I would let take care of my family.

POST-OPERATIVE MEDICATIONS (IF NOT ALLERGIC)

- **OxyContin (Oxycodone HCL):** Long acting pain pill, to be taken every 12 hours after surgery. You will get your specific schedule at the hospital.
- **Norco (Hydrocodone/APAP):** Short acting pain pill, to be used as needed for breakthrough pain. You may take 1-2 tablets every 4-6 hours. The limit is 12 pills in a 24-hour period. You are allowed to use Norco while on Oxy-Contin. This is the medication that you usually take after discharge.
- **Senokot-S (Senna Plus):** Stool softener/laxative for constipation. Take 2 tablets twice a day for 2 days before surgery until you are off your Norco after surgery. If you are traveling from out of town, start this once you get to Fort Worth. MiraLax is another option.
- **Ambien (Zolpidem):** To help with sleep. Sometimes your sleep cycle is disturbed after surgery and this will help with that. If needed, you may have a prescription for 30 tablets for insomnia at home.
- **Scopolamine patch:** For nausea.

WHEN WILL I BE DISCHARGED FROM THE HOSPITAL?

Barring any unforeseen complications, the normal length of stay is 2-4 days. Most patients are sent home following surgery. If you are not ready to go home and need additional rehabilitation, the discharge planning nurses will make arrangements for your transfer to a rehabilitation facility. However, acceptance to rehab has become more difficult in the last several years. Where you are sent depends on whether or not there is space available or whether or not your insurance covers that particular facility. **Not all patients automatically go to rehabilitation facilities following surgery!** If you will be discharged to your home, the discharge planning nurse will make arrangements for nursing and physical therapy personnel to see you at home.

WHAT WILL PHYSICAL THERAPY BE LIKE AFTER DISCHARGE FROM THE HOSPITAL?

In home physical therapy

- The hospital's discharge planner will contact you after surgery to set up therapy in your home/hotel.
- Therapy will start 1-2 days after you leave the hospital. If this does not happen, you need to contact the hospital.
- In home therapy will be set up for at least 3 times a week. This may last anywhere from a couple of days to 4 weeks after surgery.

KNEES:

There are certain positions you want to put your leg into to ensure you receive maximum range of motion.

1. Your physical therapist will give you exercises to achieve bending (flexion). You need to get at least 100 degrees of flexion (knee bend) by 3 weeks.
2. Another goal is to keep your leg straight.
 - a. Never place anything under your knee (i.e., pillow).
 - b. You may place a pillow/blanket under your ankle.
 - c. When sitting longer than 20 minutes, you need to keep your leg elevated.

HIPS:

GOALS TO ACHIEVE BY 3 WEEKS:

1. Follow the hip precautions as instructed for at least 4 weeks.

2. Ambulate at least 2 blocks without an assistive device.
3. Independent with activities of daily living (i.e., showering, dressing, etc.).

WHEN DO I RETURN TO SEE THE DOCTOR TO HAVE MY STAPLES/STITCHES REMOVED?

The doctor will inform you as to when you should return to the office for follow-up. Please call and make your follow-up appointment as soon as you get home. Typically, the first follow-up is at 2 to 3 weeks.

WHAT TO EXPECT AFTER SURGERY

- You will have mild bruising and swelling initially (day 1) that will start at the surgical site.
- Bruising and swelling are normal after surgery and vary from one individual to another.
- Bruising and swelling will continue to increase over the first 2 weeks after your surgery.
- Bruising may travel up as high as your groin area and eventually could move down to your toes.
- Expect swelling in your entire leg including your foot for 6 weeks to 3 months.

WAYS TO DECREASE BRUISING AND SWELLING

WEEK ONE: RICE

R = Rest. We want you to be up and moving but do this in moderation. We recommend you rest for the first 5-7 days after surgery. **DO NOT OVERDO IT.** Increased activity means increased swelling. By decreasing the swelling early, you will recover quicker. We recommend small bouts of activity throughout the day. Get up and walk around the house a little bit every hour to hour and a half that you are awake.

I = Ice. Ice as much as possible the first week to 2 weeks. Ice is a great anti-inflammatory and helps minimize swelling. You may apply an ice machine over the knee or hip, the quadriceps muscle (muscle located on the front of the thigh), the hamstring muscle (muscle located on the back of the thigh), and the calf.

ICE MACHINE

We will provide you with an ice machine (Iceman) the day of your surgery. The ice machine is yours to keep. You may use the machine as much as you like as long as there is a barrier between your knee and the wrap from the ice machine (an empty pillow case or small towel works well).

C = Compress. The TED hose compression stockings provide compression and help minimize swelling. Keep the stockings on during the day and night for 2 weeks, then only as needed. The stockings go on both legs.

E = Elevate. Elevating your leg will help reduce swelling. To reduce significant amounts of swelling elevate your leg 4 to 5 times a day for 15-30 minutes each time. Do this by lying flat with the ankle above your knee and your knee above your heart.

WEEK TWO AND AFTER:

USE HEAT: (OPTIONAL)

You may start using heat to help decrease bruising. Place a hot pack/heating pad over the front and back of the thigh (quadriceps and hamstring muscles) and on the calf muscle. Try heat 3 times a day for 20 minutes each time. Using heat will increase your flexibility and make exercising easier.

***Alternate the heat and ice. Heat before you stretch/exercise and use ice after activity.**

Sometimes, patients can have a wound that becomes irritated from the staples, especially if it is near the

time for the staples to be removed. **Do not apply salves, topical antiseptic, or anything else to the wound unless instructed to do so.** The wound should be kept dry and bandaged until your staples or sutures are removed.

If you develop night-sweats or fever greater than 101°F following discharge, please call our office.

Bone surgery may cause fever for 2 to 7 days after the procedure. This may be indicative of a post-operative infection and we would need to make arrangements to see you in the office for a wound check, or you may be referred to a local emergency room. Most patients will run a low grade fever at night after joint surgery (99 to 100 degrees) for 3-7 days after surgery.

IF YOU HAVE CONCERNS/QUESTIONS, PLEASE READ THE FOLLOWING INFORMATION BEFORE CALLING THE OFFICE.

WHAT IF MY LEG SWELLS AFTER SURGERY?

It is very common to experience swelling after surgery. Sometimes, you will not swell until several days after your surgery. Remember that your body is healing from the surgery and some swelling is normal. The more activities and physical therapy you perform, the more swelling you may experience.

With that said, we do want you to remain active and participate in therapy. But, when sitting and resting, you can decrease the swelling by elevating your surgical leg and using ice. It is important to elevate your leg, with your knee above the level of your heart, 4-5 times a day for 15-30 minutes each time to help reduce swelling.

You should be alarmed if you have swelling for several days that is accompanied by redness and heat or coolness in your surgical leg, or if the swelling does not resolve after elevating. If this is the case, please contact Dr. Weeden's office.

WILL I HAVE BRUISING AFTER SURGERY?

Yes, you will have some degree of bruising after surgery, but everyone is different. Some will only experience redness around the incision; others will have bruising down the entire leg. Both are considered normal and will resolve over 1-2 months.

WHAT SHOULD I EXPECT MY ACTIVITY LEVEL TO BE?

Every patient is different. Every day you should be increasing your activity level, but let your pain level and swelling be your guide. You will make 90% of your recovery in the first 4-8 weeks, and the remaining 10% will come within the next **YEAR**.

At some point, most patients overdo with activities and therefore take a few steps back in their recovery. You may have increased swelling or discomfort if this happens. You need to become concerned if you cannot control your pain with rest and pain medications, or if you have difficulty bearing weight through your surgical leg.

WHAT IF I AM HAVING PROBLEMS SLEEPING?

Make sure that your pain is well controlled throughout the day. During the day, be careful about taking naps. Try to plan your activities as near normal as possible. Also, you may take Ambien or a similar sleep medicine if you are having difficulty sleeping.

HOW MUCH WEIGHT CAN I PUT THROUGH MY LEG AFTER SURGERY?

Put as much weight as you can tolerate through your surgical leg immediately after surgery. The term is “weightbearing as tolerated”. Your physical therapist will instruct you on how to use your crutches or cane in order to perform this properly. If you are partial weightbearing, follow the therapist’s instructions.

WHEN CAN I SHOWER OR BATHE?

We want you to keep the incision dry for 2 weeks. Unless you are having a problem with your wound, you may shower 48 hours after your staple and suture removal. Your post-op instruction sheet has more information on the incision. Use ordinary soap and water on the wound. Do not apply alcohol, peroxide, salves, or balms to the incision area. The less you do with the incision area, the better off you are. Some patients may elect to shower prior to their 2-week appointment, but it is very important to cover the wound and keep your incision clean and dry. Plastic wrap and tape may be used, **but do not get the incision wet!!** To ensure that your incision heals properly, we do not want you to bathe or get into a swimming pool for 3 weeks. If you have scabs on your incision after that time, you may not get into a pool until it is healed.

I JUST HAD A KNEE REPLACEMENT. WHAT POSITIONS CAN I SLEEP IN?

You may sleep in any position you are comfortable in. Ensure that your leg is kept in a straight position without anything under your knee.

WHEN CAN I RESTART THE MEDS I WAS TOLD TO STOP PRIOR TO SURGERY?

Usually as soon as you are discharged from the hospital, but check with Dr. Weeden’s office if there are any medications in questions. No blood thinners with Coumadin.

NOW THAT I AM NO LONGER REQUIRING NARCOTIC PAIN MEDICATION, WHAT CAN I TAKE IF I SHOULD EXPERIENCE DISCOMFORT?

You may take Tylenol or Extra-Strength Tylenol. You may **not take** over-the-counter medications such as Advil or Aleve (ibuprofen) until off of Coumadin (blood thinner).

WHAT SHOULD I DO IF I THINK MY JOINT IS INFECTED?

As stated above, you will experience some bruising and swelling after surgery. In addition, you may notice a small amount of yellowish or pinkish drainage. You should contact the office if you have a large amount of drainage that has saturated through your clothing, if the drainage is yellowish/cloudy or if you are running a consistent temperature of 101.5°, or if you have a new onset of pain that is not controlled by your pain medications. These symptoms do not mean that you are infected, but are symptoms we should be notified of.

WHEN SHOULD I TAKE ANTIBIOTICS? WHO WILL GIVE ME THE ANTIBIOTICS? HOW LONG SHOULD I TAKE THE ANTIBIOTICS?

You should take antibiotics before the following procedures:

- ANY dental procedure, including teeth cleanings
- Sigmoidoscopy/colonoscopy
- Any infection
- Tonsillectomy
- Bronchoscopy

- Liver biopsy
- Genitourinary Instrumentation
- Prostate and bladder surgery
- Kidney surgery
- Vaginal exams and GYN surgery
- Barium enema

Whoever is performing the procedure should prescribe the appropriate antibiotic. You may contact the office to obtain the antibiotic from Dr. Weeden. The dosage is usually 4 tablets 1 hour prior to the procedure. **Do not schedule any of the above appointments for 3 weeks before surgery and up until 3 months after surgery.**

WHAT ABOUT USING A HOT TUB OR WHIRLPOOL?

Because of the heat and bacteria in the water, we do not want you to use a hot tub or whirlpool for 4-6 weeks.

When to call Dr. Weeden's office:

- Fever above 101.5° consistently
- Increased drainage or swelling (sever)
- Pain not controlled by pain medication
- Inability to bear weight on your operative leg
- Severe insomnia
- Swelling in foot or calf that is accompanied by coolness or decreased sensation in foot
- Confusion or disorientation

WHEN DO I STOP TAKING THE COUMADIN?

Your surgeon will determine when you stop taking Coumadin (if you were prescribed this medication). You are at increased risk of developing blood clots following hip and knee surgery so it is important that you stay on this medication until your medical doctor advises you to discontinue taking the medication.

Blood tests may be ordered periodically while you are on the Coumadin. These can be done on an out-patient basis, or a nurse will come to your home if you are home-bound. (We do not have the equipment to test blood in our office). Adjustments to your medication may be made, depending on the results of your lab work. **YOU SHOULD NOT TAKE ASPIRIN OR ANTI-INFLAMMATORY MEDICATION WHILE ON COUMADIN.** The dose of Coumadin will likely change during the time you are on it. This is normal, and note that the staff is regulating the medication to keep your blood thin enough for clot prevention.

WHAT ABOUT PAIN MEDICATION?

You will be given a prescription for pain medication when you leave the hospital. It is normal to have some pain following your discharge and there is nothing wrong with taking the pain medication when needed. On the other hand, we do not want you to become dependent on the medication, so take the medication only when you need it. If you can get by taking Extra-Strength Tylenol, do so. Normally, you will not need to take pain medication beyond your first or second post-op visit. If you take Celebrex, you can continue this daily even though you are on a blood thinner. The use of Celebrex has been shown to decrease the need for narcotic medication after surgery. **DO NOT TAKE CELEBREX IF YOU HAVE A SULFA ALLERGY!!**

WHEN MAY I DRIVE FOLLOWING MY SURGERY?

At the time of your first post-op visit, check with the doctor. Normally, you cannot expect to drive for at least 3-5 weeks following primary hip replacement. Total knee patients may drive sooner, but it is best to check with the doctor as to when you may resume driving.

WHEN MAY I RETURN TO WORK FOLLOWING SURGERY?

This depends on the type of work you do. The more physically demanding the work, the longer it will be before you can return to work. Patients who have primary joint replacement, either hip or knee, may return to sit-down jobs as early as 2-3 weeks following surgery. Patients who have jobs that require climbing, heavy lifting, and are labor-intensive may need to have modifications made to their job descriptions in order for them to perform their work activities. Each patient is assessed on an individual basis and returns to work according to his or her job description.

WHAT HAPPENS WHEN I GO THROUGH METAL DETECTORS AT THE AIRPORT?

Due to increased security at airports, it is not uncommon for total joints to set off metal detectors. We have I.D. cards available that you may present at the airport if the alarm has been triggered. However, you still may be searched for security purposes.

WHEN MAY I RETURN TO ACTIVITIES IN WHICH I PARTICIPATED PRIOR TO SURGERY?

Your prosthetic joint should enable you to return to activities of a normal nature. Joint replacement is intended to relieve your pain, but there are certain things you will not be able to do because of the risk of dislocation. **THE PRECAUTIONS YOU ARE TAUGHT IN PHYSICAL THERAPY SHOULD BE ADHERED TO FOR 4-6 WEEKS.** Restrictions and precautions you are taught by the doctors, nurses, and therapists are to be followed as directed by Dr. Weeden.

MAY I EXERCISE WITH A NEW JOINT REPLACEMENT?

The activities you engage in following total joint replacement are dependent on the type of joint you had replaced. Primary total hip patients, knee and hip resurfacings are permitted to ride a stationary bike, swim, walk, play golf, cross country ski, play doubles tennis, and participate in other activities which would not be detrimental to their prosthesis following the appropriate recovery period. Hip resurfacing patients can run after 6 months of recovery. Golfers may chip and put after 4-6 weeks (if able) and begin play at 2-3 months.

Revision hip and knee patients are limited due to the fact that multiple surgeries have weakened the muscles, and they should be careful regarding the types of physical activities in which they engage. Regardless of what you would like to do from a physical standpoint, first check with your doctor before you begin any type of physically strenuous activity. Remember, the best exercises you can perform are walking and swimming. You do not have to climb a mountain or participate in a marathon to be physically active.

WILL MY HIP OR KNEE JOINT CLICK OR MAKE NOISE AFTER SURGERY?

You may hear clicking in the knee or hip after surgery and this is normal. It is usually more noticeable after surgery when you have swelling. As the swelling decreases, the clicking may become less noticeable.

Since most joints are made out of a combination of metal, plastic, and titanium, it is not uncommon for you to notice clicking or popping – that the joint feels “mechanical”. The clicking is noticed more in the knee

replacement than hip replacement. This does tend to decrease over time yet typically never goes away. This does not mean that there is a problem or a concern with the joint. Younger patients will notice that the joints are “artificial” more than elderly patients. One needs to remember that these joints are made out of artificial materials and with normal walking, twisting, sports, and bending you may perceive the mechanical nature of the artificial joint. I am hoping to design a knee in my lifetime that feels more normal than today’s current implants.

CLOSING THOUGHTS.....

Remember to be realistic regarding your joint replacement. Your new prosthesis should allow you to return to normal activities of daily living. There will be certain activities you may not be able to perform due to the strain and stress on your new prosthesis and the risk of dislocation. The important thing to remember is your prosthesis should allow you to perform your daily activities without pain.

Walk daily and watch your diet. Excess weight is not good for you or your artificial joint. Losing those extra pounds will help you feel better and help to prolong the life of your prosthesis. You may still have days when you have pain that may normally be muscular in nature. This may be due to weather changes or an increase in activity that has caused your muscles to become fatigued. **Any pain that you experience which is out of the ordinary should be reported to our office immediately. REMEMBER TO COME IN ON A REGULAR BASIS TO HAVE YOUR PROSTHESIS CHECKED.** You wouldn’t think of letting your car go without regular check-ups. You should be just as concerned when it comes to your prosthesis. Regular check-ups help the doctor to assess the wear of your components. It is imperative to follow up on a regular basis.

We hope your surgical experience, both pre-operatively and post-operatively, will be pleasant and rewarding, and we will be there every step of the way to answer any questions you may have regarding the process. May your new prosthesis return you to a pain-free existence and allow you to once again participate in the activities you enjoy!

I would like to wish you excellent success with your hip or knee replacement, and my staff and I look forward to participating in your care. We will do everything possible to provide you with the best hip and knee replacement. Good luck with your upcoming surgery!

Sincerely,

Steven H. Weeden, M.D.