

PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.
FAQ: OUT-PATIENT SURGERY

DISCLAIMER

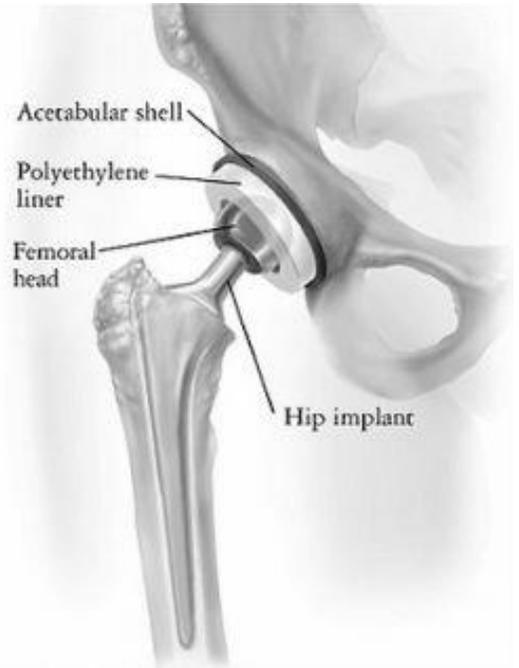
This information is a general guideline for most out-patient surgeries. Since every case is unique, your surgeon may give you further or differing instructions. Please follow his or her guidelines.

WHAT IS JOINT REPLACEMENT

Joint replacement surgery removes the worn-out cartilage and underlying bone and replaces the area with implants that provide a new wear-resistant surface. The vast majority of individuals who have joint replacement surgery experience a dramatic reduction in joint pain and a significant improvement in their ability to participate in the activities of daily living.

Total Hip Replacement

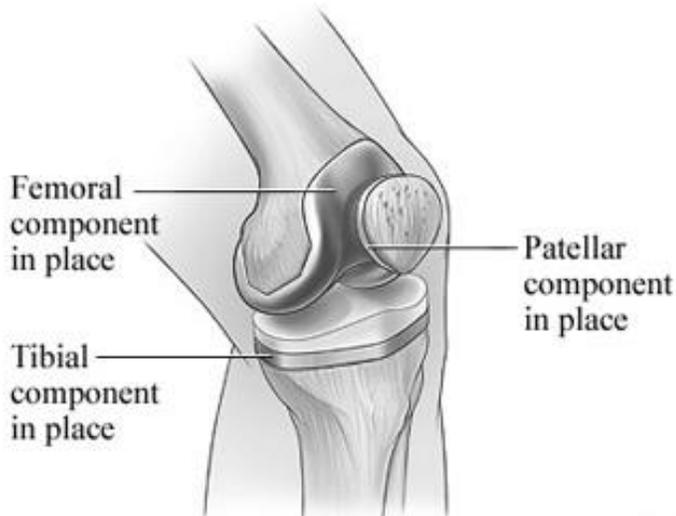
Hip replacement involves replacing the head of the thigh bone (femoral head) and the hip socket (acetabulum) with implants that resemble your existing anatomy. A femoral stem is secured inside the upper end of the thigh bone. Depending on bone quality, the metal stem will be inserted without cement using a rough surface that promotes bone attachment, or the implant is secured with cement. The femoral head is connected to the top of this stem and is made out of metal or ceramic. The outer shell of the hip socket is made out metal and is placed without cement sometimes with the use of screws. The inner lining of the socket is made out of highly cross linked polyethylene, an advanced medical grade plastic.



Total Knee Replacement

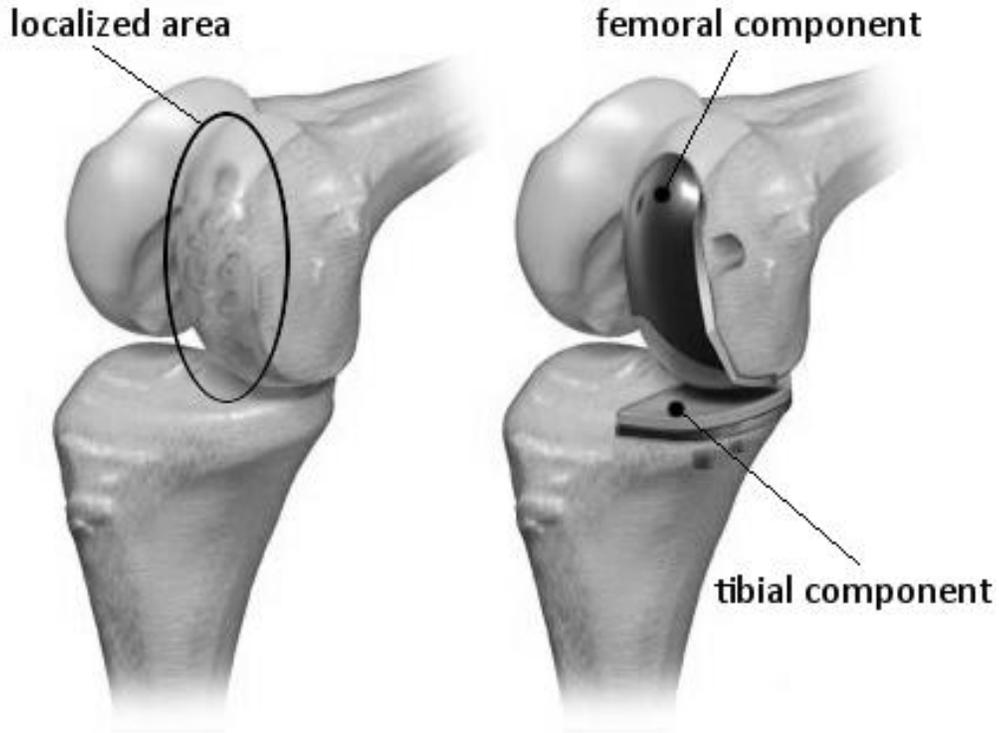
In total knee replacement, all 3 worn out compartments of the knee are replaced with implants that resemble the shape and contours of a normal knee. The femoral component is made of metal and has a curved shape that fits on end of the thigh bone. The tibial component is made of a metal base and polyethylene medical grade plastic that is attached to the top of the metal base. The polyethylene serves as the "cushion" or cartilage space between the metal femoral implant and the tibial base. The underside of the knee cap is resurfaced with polyethylene that articulates with femoral implant.

The components are most often cemented to the bone, or in some cases, inserted without cement to allow bone growth onto the implant.



MAKOPLASTY

Makoplasty is a partial knee resurfacing for patients who suffer with localized pain and arthritis that affects one area of the knee joint. Only one of the three compartments of the knee is replaced with a combination of metal and plastic. The femoral component is made of metal and has a curved shape that matches the natural contour of the knee. The tibial component has a metal base that is secured to the bone and a polyethylene plastic insert that acts as the cushion. Both femoral and tibial components are attached using cement. This surgery is performed with robotic and computer assistance through a minimally invasive incision.



PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

FAQ: OUT-PATIENT SURGERY

BEFORE SURGERY

Pre-Op Testing and Physical Exam

All patients will have routine blood work and urinalysis performed about 1 to 2 weeks before surgery. In addition, a chest X-ray and EKG will be completed. A physical examination will be done by the patient's medical doctor within 1 month of surgery. Your surgeon's staff will help coordinate all necessary labs, tests, and office visits and can make suggestions if you don't already have a medical doctor.

Dental Care

It is important to see a dentist on a regular basis to maintain proper dental hygiene. This is especially important if you are preparing to have a knee or hip replacement since your mouth could be a source of infection. If it has been over 1 year since your last dental visit, it is highly recommended that you see a dentist prior to surgery and have a dental clearance letter sent to your surgeon's office. Dental procedures such as extractions and periodontal work should be completed before joint replacement to reduce the potential of infection.

Pre-Op Joint Replacement Class

Most hospitals offer a pre-operative class in which you and your family members will receive instructions for each phase of your surgical experience. You will meet team members from nursing, physical therapy, anesthesia, and case management. Attending the class is highly recommended and additional details regarding time and location can be provided by your surgeon's staff.

Blood Donation

Patients do not donate their own blood. Research has shown that this is not beneficial and does not reduce the need for additional blood transfusion. If necessary, the patient will receive blood from the hospital blood bank. Hospitals follow universal guidelines in screening blood and blood products to assure the patient's safety as much as possible in this situation.

Medications

Continue taking your routine medications unless your medical doctor makes adjustments. One week before surgery, stop taking Aspirin and NSAIDs (Advil, Ibuprofen, Aleve, Naproxen, Mobic, Diclofenac) since these medications will affect bleeding. It's OK to continue taking Tylenol since it's not an NSAID and won't affect bleeding. Stop taking Coumadin or Plavix 5 days before surgery. Patients taking Coumadin, may require Lovenox for the 5 days before surgery, and should consult their medical doctor or cardiologist during their physical exam visit.

Bring your list of medications and doses to the pre-operative hospital appointment that will be scheduled about 1 week before surgery. You will be told which medications to take the morning of surgery. You should take these medications with the least amount of water necessary. Be prepared to tell the admitting nurse the medication and dose that you may have taken on the morning of surgery.

Night Before Surgery

You should not eat or drink after midnight on the day of your surgery. You should take only the medications as instructed during your pre-operative hospital visit on the morning of surgery.

In addition, you should pick up Hibiclens Antimicrobial soap from your local pharmacy and take a shower with this soap the night before and morning of surgery to reduce your risk of infection.

PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.
FAQ: OUT-PATIENT SURGERY

Length of Hospital Stay

For total knee or hip replacement surgery, most patients stay in the hospital for 3 or 4 days (not counting the day of surgery). If surgery is scheduled for Monday, you should expect to be discharged on Thursday. If you are undergoing Makoplasty partial knee replacement, you can be discharged as early as the next day, but most patients stay for 2 days after surgery.

Items to Bring to the Hospital

All patients should bring with them personal toiletries and shaving gear, loose fitting, comfortable clothing, non-skid shoes or slippers (slip on type with closed back preferred), a list of their current medications (including dosages), and any paperwork the hospital may have requested. Please be advised that the hospital provides pajamas, gowns, robes, slipper socks, and a small toiletries supply.

When to Arrive at the Hospital for Surgery

Patients are generally instructed to arrive at the hospital 2 hours prior to the scheduled surgery time. This allows time for you to go through the admission process, change into hospital clothing, and meet the anesthesiologist and nursing personnel who will be with you during your surgery and will be able to answer your questions. The hospital will contact you 1 or 2 days before surgery to provide the exact time and location to arrive.

Family Members

Family members may stay with patients until the patient is taken to the operating room. A family member will often be able to see the patient in the recovery room about 1 to 2 hours after surgery. If desired, a family member can spend the night in the patient's hospital room. All 3 hospitals have private patient rooms.

DAY OF SURGERY

Type of Anesthesia

Most cases are performed under spinal anesthesia with sedation. Special circumstances or personal preference may indicate the use of general anesthesia. You will be meeting with the anesthesiologist on the day of surgery and at that time any questions or concerns regarding anesthesia will be addressed.

Length of Surgery

Surgery times may vary depending upon the difficulty of your case. Generally, you may spend 2 to 3 hours in surgery and about 1 to 2 hours in the recovery room.

Meeting with Family Members

Upon request, your surgeon will meet and discuss the procedure with your family members immediately after the surgery. If for any reason your family members are unable to stay, your surgeon would be happy to contact them by phone to discuss the surgery.

PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.
FAQ: OUT-PATIENT SURGERY

AFTER SURGERY AND RECOVERY

Pain Mediation

Expect to be on a prescription narcotic pain medication for several weeks after discharge. Most patients take these medications on a regular basis for the first couple weeks. It is highly encouraged to take pain mediation before physical therapy sessions. Pain control is very important to your recovery and ability to fully participate in physical therapy. In addition to the pain medication, your surgeon may also prescribe an anti-inflammatory medication to reduce inflammation and to help reduce the amount of narcotic medication needed to control pain.

Physical Therapy

Physical therapy will continue for 6 to 8 weeks after you're been discharged from the hospital. If you are at home, a therapist will visit you 5 times per week for the initial 2 weeks. Your therapist will work with you to improved motion, strength, and ambulation. At the first follow-up visit, you will discuss the timing and location of out-patient physical therapy with your surgeon. If you are staying at a rehab center, you will discuss the timing of your discharge to home, and making arrangements for home physical therapy.

CPM Machine for Total and Partial Knee Replacement

If you had a partial or total knee replacement, a CPM (continuous passive motion) machine is helpful to promote your range of motion. If you are being discharged to a rehab center, a CPM machine will be utilized as part of your physical therapy program. If you are going home, the case manager will make arrangements for a CPM machine to be delivered to your house for 3 to 4 weeks. It should be used 2 to 3 hours per day, with gradual increase in the flexion up to 120 degrees.

Walker, Crutches and Cane

Walker and/or crutches are usually used for the first 1 to 3 weeks after surgery. You and your physical therapist will determine when you're ready to start using a cane, based upon your motion, strength, and balance. Patients then use the cane for the next several weeks based upon recommendations by the physical therapist as well as your comfort.

Showering and Bathing

Do not get your incision wet for 10 days. It is OK to get in the shower, but keep your incision covered with a sealed bandage. You can apply "Glad Press 'n Seal" Wrap over your incision to help seal it from getting wet. Do NOT submerge your incision in the bath tub or swimming pool for the first 3 weeks.

Bandage and Steri Strips

Your bandage should be changed once per day for the first 7 to 10 days with a clean dry dressing. Do NOT apply any ointment to your incision. If there is any drainage, the bandage should continue to be changed daily. Keep your incision covered until you are seen at the first post-op visit. At about 2 weeks, you will no longer need a bandage if the incision has healed and there is no drainage.

Keep the steri/tape strips in place over your incision for at least 10 days. The strips will fall off over time and should be removed by 3 weeks if they have not already fallen off.

PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.
FAQ: OUT-PATIENT SURGERY

TED Hose – Compression Stockings

TED (Thrombo Embolic Deterrent) Hose are compression stockings that reduce the amount of lower extremity edema that normally occurs after joint replacement surgery. These stockings are worn during your hospital stay and should continue for at least 2 weeks post-op. Once you're at home, they can be taken off at night, but replaced before you start your day since this is when edema most often occurs. You can stop wearing the stockings once the swelling has resolved and you no longer have edema with standing and walking.

Ice Management and Swelling

The use of ice or a cryo-cuff/ ice management system is extremely important for healing, pain control, and helping to reduce swelling. After total hip replacement, a bag of ice should be placed over the hip at the front or side of the upper thigh for several hours per day during the first 2 weeks. Elevation of the leg is also important to reduce swelling.

Patients undergoing total or partial knee replacement will be provided a cryo-cuff knee wrap system in the hospital. This device belongs to the patient and should be taken to rehab or home. To prevent frostbite and skin sensitivity, an empty pillow case can be applied over the knee, before placing the cryo wrap. The system should be used during times of rest and after physical therapy for 4 to 6 weeks after surgery. An optional rental system call Game Ready (www.gameready.com) is available through a local representative at an out of pocket cost of approximately \$300 for 2 to 3 weeks. If you are interested in the Gamer Ready, your surgeon's staff can provide additional information and contact the representative to meet with you before surgery.

Anti-Coagulation – Blood Thinner

Upon your surgeon's recommendation, you may be started on a blood thinner the day after surgery to prevent blood clots. This medication will continue after your discharge from the hospital for a total of 2 to 3 weeks.

Climbing Stairs

Stair climbing will be practiced in the physical therapy program before you leave the hospital or rehab. You are allowed to climb stairs at home, and this can be done one or two times per day after discharge. Patients undergoing Total Hip Replacement need to refrain from climbing stairs too often during the first 2 months, since this activity places high torque on the implants, and could delay proper healing.

Going Outside and Making Local Trips

Comfort and safety should be the primary guidelines for going outside your house. It is suggested to start with short trips as the passenger, perhaps to physical therapy or your local supermarket or church if nearby. Gradually increase the number and length of outside activities as you feel more comfortable.

Driving

The type of surgery, side of surgery (right vs. left leg), and your overall general condition must be taken into account when deciding to drive. Other important considerations are whether you have stopped taking your narcotic pain medication during the daytime and if you can walk with ease either with or without cane. Most patients are able to drive at 6 weeks after surgery. Some patients may even be able to driver earlier based on recovery and progress with physical therapist.

Return to Work

Returning to work varies with each patient, the type of surgery, and the particular job duties. The amount of time can vary between 1 to 3 months, and is most dependent on the level of activity expected of the patient. Your surgeon will discuss the details about your return to work and will provide out of work and return to work notes when required.

PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.
FAQ: OUT-PATIENT SURGERY

Return to Sports

Initially patients return to low impact, less strenuous activities such as walking, stationary cycling, and swimming after 4 to 6 weeks. As your physical therapy progresses and your strength and balance return, patients gradually return to hiking, doubles tennis, cycling, and golf at 2 to 3 months. High impact activities such as running, racquet ball, and basketball should be avoided.

First Office Visit After Surgery

Your first post-op office visit with your surgeon will be about 2 weeks after surgery. X-rays will be taken in the office, or prior to your visit at the rehab center. Your incision will be checked as well as range of motion and your ability to walk. Additional visits will be made at 6 weeks and 3 to 4 months after surgery.

TAKING CARE OF YOUR JOINT REPLACEMENT

Dental Visits

Good dental hygiene is important and you should see your dentist for regular dental care, whether or not you are having a dental problem. Dental procedures as well as procedures involving your gastro-intestinal tract or genito-urinary area can result in the circulation of bacteria within your bloodstream. Antibiotic prophylaxis prior to these procedures is an important part of your continued care after a total joint replacement. The following antibiotics are recommended and can be obtained through our office or by your dentist or surgeon:

- Amoxicillin 2 grams by mouth one hour prior to the procedure
- If you have a Penicillin allergy: Clindamycin 600 mg by mouth one hour prior to the procedure

Routine Orthopaedic Follow-Up

Routine follow-up with your surgeon every 1 or 2 years is important to ensure that your joint replacement continues to function properly. X-rays will be taken to monitor the parts for any wear or loosening. If you experience a new onset of pain or swelling in the joint please make an appointment as soon as possible to see your surgeon.