

PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.
FAQ: TOTAL JOINT REPLACEMENT

DISCLAIMER

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

HOSPITAL STAY

Most patients stay at the hospital 3-4 nights.

Day of Surgery

You will be escorted to pre-op surgical area.

The area surrounding the site of surgery may be shaved and washed again.

Tight, white support hose and an SCD (sequential compression device) will be placed on the non-operative side.

Cardiac monitors will be attached and an IV started.

Your surgeon will see you and initial your surgical site prior to moving into the operating room.

You will have your surgery and then be transferred to Recovery Room where you will have an x-ray performed and your operative leg will be placed in a CPM (continuous passive motion machine).

In most instances you will have a wound drain in place.

From recovery you will be transferred to the nursing unit.

Post-op

Your surgeon uses a multi-modal pain prevention regimen. You will be given medications before surgery, which include Tylenol and Celebrex (unless contraindicated). During surgery, your surgeon injects the joint and tissue around your incision with a combination of anti-inflammatory, numbing, and pain medication. This dramatically reduces the amount of immediate post-operative pain. For two days after surgery, you will have a PCA (patient controlled analgesia) pump that provides medication by the intravenous method. In addition, you can ask for pain medications by mouth when needed. Celebrex will also be given twice per day (unless contraindicated) since research has proven a reduced need for post-op narcotic pain medication. *Narcotics will cause constipation, and you are already prone to this because of surgery and lack of exercise. You will receive a stool softener and are encouraged to utilize whatever mode of relief that has worked for you in the past.*

For DVT (deep vein thrombosis) prevention you will wear the white TEDs stockings at all times except when they are removed for an hour in the morning and an hour in the evening. Also you will have SCD's on both legs when in bed. The first night of surgery, you will be started on Coumadin for DVT prevention and will continue this medication for a month. Your surgeon will continue monitoring your blood levels and dosage will be adjusted as needed.

The wound drains and urinary catheter are removed the second morning after surgery.

Your surgical bandage will be changed the second morning after surgery by your surgeon or their staff. After that it is to be changed daily or when needed.

Discharge

You, your family and your surgeon will have discussions regarding discharge plans. Some patients go home with assistance from a home health agency and some go to a rehab center. Whatever the decision is, the case management people at the hospital will assist you with discharge planning.

Keep incision area clean and dry.

Staples will be removed 10-14 days after surgery. The incision will be covered with steri-strips and will stay in place until they fall off.

One day after the staples are removed, you may shower.

Two days after staples are removed you may begin exercising in a pool.

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If you have been placed on Coumadin by your surgeon, blood levels will be checked regularly and monitored by to determine your correct dosage. After 30 days on Coumadin therapy you will most likely be instructed to take one full aspirin (325mg) daily for an additional month.

Your white compression hose will go home with you. They are worn on the operative leg until there is no more swelling. They may be removed at night and put back on in the morning.

If your wound should become hot, red and you experience increased pain or drainage from the wound contact your surgeon's office immediately - phone number 561-694-7776.

Prescriptions for pain medication must be written and signed by your surgeon. These are picked up at the office. There is no one available to write a prescription for pain medication on the weekend or holidays.

If you are discharged to home with home care, a nurse will come to your home to check your wound and do the blood test for the Coumadin. A physical therapist will visit to continue with your therapy.

Prior to your one month post operative visit with your surgeon you will transition to outpatient therapy. Your surgeon will provide you with a prescription. You may choose an outpatient therapy location that is convenient for you.

Outpatient therapy will be 3 times per week for 4 weeks to be followed by 2 times per week for 4 weeks.

Exercise & Physical Therapy

You will get out of bed to the chair for all meals.

You will be instructed to do ankle pumps, quadriceps and glut sets and heel slides while in bed.

You will be given and instructed on the use of an incentive spirometer.

Total knee patients will also have a cold therapy pad applied to the operative knee(s).

You will receive physical therapy as early as the same day of surgery. If you are having a total or partial knee replacement, a CPM (continuous passive motion) machine will be started either in the recovery room, or when you arrive to your hospital room. You will be in the CPM machine three times a day for 1-2 hours.

You will be getting out of bed and attending physical therapy sessions twice per day beginning on the first post-operative day. The physical therapists will teach you the exercises needed for your optimal recuperation and instruct you on weight bearing technique using a walker. You will also be instructed on activities such as bathing, dressing, using the bathroom, transfers from bed to chair, ambulation, and stair climbing. Instructions for traveling by various modes of transportation will also be discussed.

Seeing your Doctor

Your surgeon or his Physician Assistant/Nurse Practitioner will see you on a daily basis to discuss your progress and address any questions. The case manager will also meet with you (and family members if necessary) in order to assure the proper discharge plan for your particular case.

Discharge to Home vs. Rehab Facility

In general, if you live with someone who will be assisting you, discharge to home with visiting in home physical therapy and nursing is the usual procedure. Most patients can go home if they are deemed safe and independent by your surgeon and the physical therapist. While not required, it is highly recommended to have someone assist you the first 48 to 72 hours after discharge on a full-time basis and perhaps part-time the first week or two after this.

If you live alone, you may be recommended for placement in a rehabilitation center. Patients stay in these facilities for approximately 5 to 10 days, with an emphasis on returning the patient home in a short period of time. The choices available depend upon the patient's insurance coverage and, therefore, will need to be discussed by the patient, family members, and the case manager.

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Home physical therapy and nursing will be arranged prior to your discharge to home. Patients will often receive 2 to 4 weeks of home therapy then transition to outpatient physical therapy. Your surgeon and their staff can assist you in choosing the location for your outpatient physical therapy.

Follow-up with Your Surgeon

10-14 days after surgery

One month after surgery, - x-rays included

3 months after surgery, x-rays included

6 months after surgery, x-rays included

1 year after surgery, x-rays included

2 years after surgery, x-rays included

4-5 years after surgery

This is a lifelong relationship to monitor your new joint.