

# **Your Guide to Total Joint Replacement**

Patient name: \_\_\_\_\_

Procedure: \_\_\_\_\_

Outpatient therapy: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Location: \_\_\_\_\_

Post-op Appointment: \_\_\_\_\_

## ***You have decided to move forward with a joint replacement, what's next?***

### **I. Preparing for Surgery**

- Making your home safe for postoperative care:
  - Remove loose area rugs and cords that might cause a fall.
  - Place frequently used items at arm level.
  - Make sure stair rails and banisters are secure
  - Use small lights in any darkened area where you may walk at night.
  - Remove any clutter that may impede a walker or cane.
  - Arrange for pet care, if needed.
  - Have footwear with non-skid soles.
  - Arrange transportation for postoperative visits.
- **Patients must have a good support system at home for post-operative care.** If you do not have family or friends able to assist in post-operative care, your surgery may have to be postponed until this can be done. This is very important in regard to your recovery after surgery.
- If you have a Primary Care Physician or Cardiologist, **CLEARANCE IS REQUIRED BEFORE** proceeding with surgery.
  - Please notify your physicians/nurses that our office will fax clearance requests. It is your job as the patient to follow up with your physicians for clearance.

### **II. Before Surgery**

- **PRE-ADMIT** at the hospital at least **2 WEEKS PRIOR** to your scheduled surgery date. You will need to contact Pre-Admit to schedule an appointment. Bring all medications and insurance information with you.
  - Lourdes Pre-Admit: 470-2955
  - Park Place Pre-Admit: 237-8119
- If you are having a Total knee replacement, You will need to be set up for outpatient therapy post-operatively. Please let us know where you would like to be scheduled at, so this needs to be set up prior to surgery!
- **ATTEND JOINT CLASS**
  - Our Joint Center of Excellence is committed to making sure you receive the information designed to enhance your transition to a more active lifestyle.

- We would like to invite you to attend the Pre-operative Joint Class as soon as you know that you are going to have your joint replaced.
- The sooner you attend the class the better your outcome will be.
- **The Joint Class is held every MONDAY at 11:00am located on the 1st floor, conference room D & E.**
- You do not need to sign up for the class, simply arrive at hospital on the 1st floor and let the secretary know that you are here for the class.
- If you have any questions about the class please contact:
  - **Darlene Menard, Orthopedic Coordinator**
  - **337-470-2726 - Our Lady of Lourdes Hospital**
- **MEDICATIONS**
  - If you are taking a **BLOOD THINNER** (ex. Aspirin, Coumadin, Plavix, etc.), you will need to contact the prescribing physician on recommendations as to when you will need to hold these medications. Typically, these medications are **STOPPED 5-7 DAYS PRIOR TO SURGERY.**
  - Please let your physician know if you are taking ANY medication for **RHEUMATOID ARTHRITIS**. These medications will need to be stopped prior to surgery. Your physician will advise you when to hold and resume medication.
  - If you are taking any **ANTI-INFLAMMATORIES** (prescription or over the counter, such as Advil, Aleve, Motrin), as well as ALL vitamins, need to be **STOPPED 5-7 DAYS PRIOR TO SURGERY.**
  - Bring ALL medications with you to the hospital the morning of surgery. *These medications MUST be brought in the bottles.*
- **PENICILLIN ALLERGY**
  - We use antibiotics to prevent infection in the joints before, during, and after surgery. **The most commonly used antibiotic in orthopedic surgery is named Ancef (or Cefazolin).** This antibiotic will often trigger an alert to change medications at the hospital if a patient has a penicillin allergy listed in their chart.
  - If you have a documented penicillin allergy, was it established in childhood? Do you know what your reaction is, or has it been documented in adulthood as a “true” allergy?
  - Even in patients with a true penicillin allergy, less than 1% will have a cross-reaction to Ancef (or Cefazolin).
- **URINARY CONCERNS**
  - Please let us know if you experience **any difficulty with urination** (excessive, infrequent, recurrent UTI’s, etc.) or if you have **any prostate concerns** (BPH, prostate cancer, etc.), so that we can adjust your surgical plan accordingly.
- Please notify your doctor if you develop any sign of illness during the days immediately before your procedure; even something as minor as a rash or an ant bite near the operative site.

### III. **Your Hospital Stay**

- **The hospital will call and notify you of the arrival time the afternoon before surgery, usually around 4-5pm.**

- Follow your physician's directive regarding your regular medications.
- Bring all such medication with you the day of surgery in its original bottle.
- The hospital will also instruct you on which medications to take the morning of surgery.
- A responsible adult must be present in the waiting area during the time of surgery and available to drive the patient home upon discharge.
- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT**, the night before surgery
- **NO ALCOHOL 24 HOURS BEFORE OR AFTER SURGERY**. This can affect the depth of your anesthesia
- You may bathe or shower the night before or morning of your surgery.
- You may brush your teeth the morning of surgery but do not swallow any water.
- Valuables such as money, credit cards, jewelry, and valued personal items should not be brought with you to the hospital.
  - Do bring a case for dentures and glasses and/or contact lenses with you on the morning of your procedure.
- You will be given medications on the day of surgery or upon discharge to take home.
  - **For refills, DO NOT wait until you are out of medication to call.** Dr. Kyle is not in the office every day to sign prescriptions. **NARCOTIC** prescriptions **CANNOT** be called into a pharmacy, these must be picked up from the office by the patient or a family member once a signature from Dr. Kyle has been obtained.
  - ALL NARCOTICS are discontinued at the 6-week post-op mark.
  - Any unused medications need to be brought into the office to be disposed of

#### IV. **After Surgery**

- When you are ready to go home, your doctor will write a discharge order. Please review the discharge summary with your nurse, sign and take your copy.
  - Your nurse will give you written instructions as per your doctor's order for follow-up care, medications and follow-up appointments.
- Please make transportation arrangements once notified you will be discharged from the hospital.
  - If you need assistance, notify your nurse, who will work with Social Services to secure transportation for you.
- **Dental work:** Please wait until at least 3 months post-operatively before proceeding with any dental work, unless emergent.
  - Dental antibiotic prophylaxis is recommended lifelong after any total joint surgery. This is to prevent infection in the joint and avoid revision surgery.
- When you are discharged, your healthcare team will provide you with information to support your recovery at home.
  - Although the complication rate after total knee replacement is low, when complications occur, they can prolong or limit full recovery.
- Hospital staff will discuss possible complications, and review with you the warning signs of an infection or a blood clot.

- **Warning Signs of Infection (CALL US IF YOU EXPERIENCE ANY OF THESE)**
  - *Persistent fever (higher than 101 degrees)*
  - *Shaking chills*
  - *Redness, tenderness or swelling of your wound*
    - *These symptoms are all to be expected early on, but prolonged symptoms in this category warrant a call to your doctor.*
  - *Excessive drainage of your wound*
  - *Increasing pain with both activity and rest*
    - *Mild to moderate pain is to be expected early on post-operatively.*
- **Warning Signs of a Blood Clot (CALL US IF YOU EXPERIENCE ANY OF THESE)**
  - *Pain in your leg or calf unrelated to your incision*
  - *Tenderness or redness above or below your knee*
  - *Increasing swelling of your calf, ankle or foot*
- Several medications that will be prescribed postoperatively to control pain, assist in blood clot prevention, and prevent/assist constipation due to anesthesia and narcotics.
  - **Aspirin 81mg:** 1 by mouth twice daily for 4wks, for blood clot prevention
  - **Senokot S 8.6-50mg:** 1 by mouth daily for 7 days for constipation
  - **Zofran 4mg:** 1-2 by mouth every 8 hours as needed for 7 days for nausea
  - **Oxycodone 10mg:** 1 by mouth every 4 hours as needed severe pain
    - *Narcotic pain medications are often a major cause of nausea/vomiting and constipation for patients, and we recommend discontinuing use of these ASAP\**
  - **Mobic 7.5mg:** 1 by mouth twice daily for 2 weeks for pain and inflammation
  - **Tylenol 325mg:** 2 tablets by mouth every 6 hours around the clock for 2 weeks, then as needed

## V. **Wound Care**

- It is normal for your incision to bleed and stain the dressing.
- You will be sent home with a dressing in place.
- Dressing will either be an “Aquacel” dressing or a “Prevena Wound Vac”. This is to stay in place for 5-7 days from your surgery date. At 5-7 days you will change the dressing (if you had a TKA, this will be done with your knee slightly bent)
- **You may shower ONLY if you have an Aquacel or Prevena dressing intact in those first 5-7 days.**
- Once your first dressing comes off, replace with cotton **Tefla island dressing** (white dressing) for the next 7 days; these will be provided to you before you leave the hospital upon discharge.
- The Tefla island dressing is to be changed as needed until you are seen for your first 2-week post-op visit.
- **NO SHOWERING with Tefla island dressing for the next 7 days. If you have stitches or staples, they will be removed 2 weeks after surgery in clinic.**
- Do not put any type of cream or ointment on the incision until your physician clears you to do so.

- Swelling may occur up to one year after surgery. If you are experiencing swelling, limiting activities and elevating your leg can help.
- Remember this tip when elevating the leg to reduce swelling:

### **\*\*\*TOES ABOVE YOUR NOSE\*\*\***

- Sitting in your recliner is NOT enough to get toes above your nose, you must lie down flat on your back with blankets and pillows under your leg and foot; this should be done as much as possible for the first week after surgery.
- Please apply ice to knee every 20 minutes on and 20 minutes off. Use the ice machine given, as done in hospital. You can discontinue use of the ice machine when it is no longer helping with symptoms.
- **HIP & KNEE patients:** May experience numbness on the lateral side of the thigh or knee, or around the incision. This is normal and to be expected after surgery; these sensations of numbness can take up to 1 year or more to resolve.
- **KNEE patients:** May experience pain with kneeling on their affected knee

#### **VI. Driving**

- No driving while taking the prescribed narcotics
- No driving while using assistive devices
- Once you have discontinued all narcotics, no longer using assistive devices, and have been cleared by physician, you are able to drive again

#### **VII. Patient factors that increase risk during/after surgery:**

- **Smoking** – The biggest modifiable risk factor for poor outcomes. Patients must stop smoking 6 weeks before surgery; we confirm this with a nicotine lab test.
- **Narcotic use** – Patients with chronic narcotic use are at increased risk for difficulty in pain control post-operatively. These patients become “used” to narcotics. To best control post-operative pain, we recommend discontinuation of all narcotics for 2 weeks, or longer, prior to surgery.
- Obesity (BMI >40)
- Diabetes
- Heart/Kidney Disease
- Rheumatoid Arthritis
- Liver Disease (Hep C)
- Bleeding problems/ clots
- Previous infection and/or MRSA
- Skin Problems (Psoriasis, eczema, rashes, itching, scratching, slow healing ulcers, etc.)

#### **Further Reading:**

The following websites provide a great deal of information when it comes to preparing for total joint replacement:

*[www.hipknee.aahks.org](http://www.hipknee.aahks.org)*

*[www.aaos.org](http://www.aaos.org)*

*[www.jameskylemd.com](http://www.jameskylemd.com)*

**Contact numbers:**

Lourdes Hospital: 337-470-2000

Lourdes Pre-Admit: 337-470-2955

James Devin Moncus Medical Office Building

4809 Ambassador Caffery Pkwy Suite 310, Lafayette, LA 70508

Park Place Hospital: 337-237-8119

Park Place Pre-Admit: 337-769-4569

4811 Ambassador Caffery Pkwy. Lafayette, LA 70508

Lafayette Surgical: 769-4100

Lafayette Surgical Pre-Admit: 337-769-4100

1101 Kaliste Saloom Road, Lafayette, LA 70501

*If you have any questions about your surgery, you may call **Ashley at 337-889-3150.***

By reading through this packet in its entirety, we hope that most patients will have all their questions answered. However, please feel free to reach out and ask any questions that you may have regarding your surgery, your recovery, and your orthopedic care throughout this process.

**I have read the information that has been provided and all questions have been answered:**

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*Bring this document with you to surgery as a resource for you and your family\***