

Pre-Operative Patient Instruction Form for a Joint Replacement

What's Next:

You will schedule a visit with your Primary Care Physician for a pre-operative history and physical to make sure that you are medically stable for a joint replacement surgery. If you have any history of cardiac, renal, or pulmonary disease you may also be sent to that specialist for medical clearance as well.

You will be scheduled for an appointment with the hospital for a pre-surgical review.

You will have your blood drawn for pre-operative labs, as well as a chest X-ray, and an EKG of your heart.

You will start the Bactroban nasal ointment 3 days prior to surgery twice a day, applying a dollop of the ointment onto each end of the Q-tip and then placing the Q-tip straight into the back of the nose in each nare

You will be given a series of pre-operative Chlorahexadine washes to be done before surgery as directed by the pre-surgical screening nurse or my office staff.

You will be asked to attend a pre-operative joint replacement class by the hospital.

If you would like to speak to or email with a prior joint replacement patient that can be arranged.

Medications: What to do before surgery

Anti-Coagulation/Blood Thinners: Please stop Aspirin 2 weeks prior to surgery, if you are taking Coumadin or Xarelto we need to discuss with your primary care physician adequate stopping time before surgery in order to bring your bleeding time back to a normal level, this is usually about 1 week prior to surgery

Anti-inflammatory/NSAID: Please stop 2 weeks prior to surgery this list includes; ibuprofen, motrin, aleve, naproxen, Celebrex, volataren, diclofenac, Mobic, meloxicam, arthrotec, Iodine, Relafen, daypro, indomethacin, idocin

Anti-Rheumatologics/DMARDs/Anti-Immunogenics: if you are taking Methotrexate you may continue this throughout the peri-operative period.

Please stop Enbrel or Etanercept 1 week prior to surgery and we will hold the medicine until complete wound healing has occurred.

Please stop Humira or adalimumab 2 weeks prior to surgery and we will hold the medicine until complete wound healing has occurred.

Please stop Remicade or infliximab 6 weeks prior to surgery and we will hold the medicine until complete wound healing has occurred.

If you are taking Rituxan or Rituximab we will need to have a discussion with your Rheumatologist when will you be safe for elective surgery.

Physical Therapy: Pre-Joint Replacement

If you would like we will setup a pre-operative physical therapy appointment so that you may get familiar with the post-operative therapy experience and expectations

Knee Replacements: I prefer that you go straight to outpatient physical therapy, but if you are unable to do this, please arrange for home PT during your stay in the hospital

Hip Replacements: There will be no post-op physical therapy after you leave the hospital for the first 6 weeks. At your six week check-up we will determine together if you need to do any PT.

Blood Clot Prevention: Mechanical and Chemical Prophylaxis

You will be wearing a portable leg pump device, AciveCare, that will massage the lower from the ankle to the calf on both legs for the first 2 weeks after surgery

You will be placed on enteric coated full strength Aspirin 325 mg orally daily for the first 5 weeks after surgery

If you will not wear the leg pumps, you will have to be placed on a medicine that can potentially cause increased bleeding for the first 2 weeks after surgery

Pain Control Post-op: Multi-modal pain control

You will be placed on a combination of several different types of pain control medicines after surgery to maximally control your pain as well as to try to limit the amount of IV narcotics that cause sedation and constipation:

- IV Tylenol for the 24 hours post-op every 6 hours, then after that you will be getting 650 mg orally of Tylenol every 6 hours
- Celebrex 200 mg orally 2 x daily
- Tramadol 50 mg orally every 6 hours
- Oxycodone 5 – 15 mg every 4 hours as needed

Allergies: if you have any to the above medications, please let us know.

Wound Care Post-op:

I in general try to close the surgical wound using plastic surgery techniques with all sutures underneath the skin, and only skin glue on top of the skin.

I will place a special adhesive waterproof bandage over the incision called an Aquacell Ag dressing. This bandage will stay on for the first 14-21 days after surgery. I will remove the dressing in the office myself or my assistant. Do not let anyone else remove the dressing unless they call and personally speak to myself or my office assistant. The Aquacell Ag dressing is anti-bacterial and as long as it is in place it will try to prevent normal skin bacteria from getting into the surgical wound.

You will be able to shower any time after surgery with this dressing in place. Please shower and wash as normal, but do not soak the area of the dressing.

Hospital Day of Surgery and Stay:

Please arrive as directed by the pre-surgical department in order that we can try to start the surgery on time.

Please remember to remove all jewelry and watches prior to coming to the hospital pre-op department. If you have difficulty removing a ring, please let me know and I can help remove it.

Please feel free to bring some loose and comfortable clothing that you may change into after surgery once you have reached your hospital room. You do not have to stay in the hospital gown after your surgery is over.

Please feel free to have family and friends bring in any outside food that you may prefer over the hospital food (Usually the hospital food is pretty good). If you have any specific dietary needs please tell me or the nurse before surgery.

Leaving the hospital after Surgery:

In general you can expect to stay in the hospital for 2 days after surgery, and as long as you are doing well with therapy and your blood count is stable you will be discharged to home on post-operative day 2.

I prefer that you make arrangements to go home after surgery instead of going to a nursing home or to a rehab facility. Home is the cleanest place and it gives you the least chance to be exposed to germs that might otherwise be in a healthcare facility. Overall, more than 90% of patients are able to go home after surgery and do not need to go to a rehab or nursing care facility. If you feel you cannot go home after surgery and must go to a rehab or nursing care

facility please try to do some research on this prior to your hospital stay so that you will be better informed when the hospital social worker speaks to you after your joint replacement surgery.