

Before Surgery:

When you schedule your surgical procedure we will obtain a number of pre-operative laboratory studies to ensure you are healthy enough to have joint replacement surgery. You will also likely be asked to visit with your primary care physician, cardiologist, or other relevant medical specialist based on your personal medical history. We will review the lab work and recommendations from your physician to ensure you are safe to proceed and identify any potential medical risks that can be minimized ahead of time.

The following risk factors must be corrected prior to undergoing elective surgery:

- Nicotine Use¹
- Narcotic Pain Medication Use²
- Diabetes with Hemoglobin A1c Greater than 8.0 or Fructosamine >290³
- Joint Injection Within 3 Months⁴ / Arthroscopy Within 6 Months⁵
- Body Mass Index Greater Than 40.0 (kg/m²)⁶

Pre-Operative Visit:

At your pre-operative visit we will review any questions you have regarding your surgical procedure and go over the surgical consent forms, including risks and benefits of surgery. For every surgery we perform, the goal is improved pain, though this is not guaranteed. The general risks will be pain, bleeding, infection, damage to surrounding structures (such as nerves or blood vessels), need for future procedures, hardware failure, fracture, dislocation, stiffness, leg length discrepancy, anesthesia risks, blood clots, and death. We may review additional risks specific to you based on your personal medical history.

You will be prescribed a nasal swab (mupirocin) to decrease bacteria in your nose leading up to surgery. You will also be given instructions for using Hibiclens (over-the-counter) antiseptic soap leading up to surgery to wash your body and decrease bacteria on your skin.

Same Day Discharge

80% of patients may go home the same day as their surgery. Home PT will be coordinated for you by the hospital. To be successful with this you should attend the **Emerson Hospital Joint Replacement Course** prior to your surgical date.

This class is offered at 9 A.M. twice a month online:

>> Register by contacting Lisa Gannon at 978-287-3430 or lgannon@emersonhosp.org

>> **You should have a walker, crutches, cane, and shower seat at home prior to surgery.** Many towns have Councils on Aging that have these items available. If not Walmart/Amazon or CVS carry these items also.



Arrival Time:

Your final arrival time will be given to you *the day before your surgery*. Be prepared to arrive as early as 5:30 A.M. at the Clough Surgical Center. Arrival times may be as late as 2:00 P.M.



Preparing for Surgery:

The month prior to surgery you will be contacted by the anesthesia team to review your medical history. If safe to do so, you will be asked to hold any blood-thinning medications for several days prior to surgery, such as aspirin, anticoagulants (Xarelto, Eliquis, Pradaxa, Coumadin, Lovenox), anti-inflammatories (Advil/ibuprofen, Aleve/naproxen, Voltaren/diclofenac, Mobic/Meloxicam, etc.), as well as any supplements (fish oil, ginkgo, garlic, ginseng, etc.).

The night prior to surgery, you will typically be instructed **not to eat after midnight**. You should do your best to get a good night's sleep and arrive on time for your procedure.

Arriving at the Hospital: Clough Entrance, First Floor

When you arrive you will be checked into the pre-operative area where a nurse will review all your forms and provide you with any medications required ahead of surgery. Dr. Sloan will sign the final paperwork and place a mark on the operative site so everyone knows the correct location. The anesthesiologist will see you to review the information for your planned anesthesia (spinal vs. general anesthesia). We prefer spinal anesthesia whenever possible. When the operating room is ready for you, you will be brought to your procedure. If you decide to have a spinal anesthetic, this will happen in the preoperative area.

If you are having an anterior total hip replacement, you will be placed in special boots that attach to the anterior hip table. Otherwise you will move from your stretcher onto a standard operating room table. A final timeout will be performed by the surgical, anesthesia, and nursing teams to review all your information prior to surgery.

In the Hospital:

Most people typically do not remember the spinal, and only remember waking up in the recovery room. Here you will have a recovery room nurse and x-rays will be taken of your newly replaced hip or knee. If you are going home the same day you will work with physical therapy before leaving. If you are staying overnight, you will go upstairs to a room in the hospital and see physical therapy later that day. Dr. Sloan will call your listed family member or friend to provide an update (since many people do not recall the postoperative discussion). You will be given prescriptions for all necessary medications at the time of discharge if not already received.



After you return home:



You will continue your therapy with a visiting therapist at home, usually for 2-3 weeks, until you graduate to outpatient physical therapy. You will return for a first postoperative visit around 2 weeks unless otherwise discussed. You will work on rebuilding your strength and gaining function and mobility. This appointment should already be made for you, but you can call the office to confirm the date if necessary.

If you are having a problem:

We would like to know if you are having any issues with your surgical incision (such as increasing redness, drainage and fever) as soon as possible and we will accommodate a clinic visit if it is needed. If there is a problem with the surgical site that needs to be addressed immediately, it is recommended to go to the emergency room where you had your surgery. Being evaluated at outside emergency rooms sometimes can delay timely evaluation and appropriate treatment. All other non-surgical related medical issues (urinary issues, constipation) should be addressed by your family physician or by your local emergency room.

Non-emergency orthopedic issues:

Monday-Friday 8:30am-5:00pm: 978-369-5391 (Dr. Sloan's Office)

Medical issue: Family physician or local ER

Medical emergency: Call 911



In most cases for non-emergency issues, it is best to wait until normal business hours to call. For routine questions, we suggest you write them down and discuss them in person. This can be done in the office when you return for your post-operative appointment. Phone calls should usually be reserved for emergencies. If you need to call, in most cases, we would like to communicate with you (the patient) as opposed to spouses, siblings, children, nurses, physical therapists, etc. This avoids confusion and messages lost in translation.

Pain Medication:

At the time of your discharge, you will be given prescriptions for pain control. Please take narcotic medication as prescribed at first, then decrease its use over the second to third week. We understand the severity of the opioid crisis, and as such will do our part to ensure that you will not need these medications longer than prescribed. With that being said: you have just had major orthopedic surgery and will need pain control in order for you to recover and regain your range of motion. If you wean your pain medications too quickly or too early, you will not have good pain control and, therefore, will not have good range of motion. **Our office policy is that we will not prescribe opioid medications after 8 weeks from surgery.**

If you need refills of your medications, please call our office allowing for **2 days** for refills to be prescribed. **We do not prescribe refills on Fridays.** Any refills requested after 4 pm Thursday will be filled the following Monday.



Activity: *If you notice significant swelling in the first 8 weeks you may be overdoing activity, please reach out to us if there is concern about what is expected.*

Knee Replacements: Please see "Quiet knee protocol attached to this packet. An Ice machine can be purchased from our office or ordered on Amazon or by contacting your local counsel on aging to see if they have them available.



Hip Replacements: For Anterior Hip Replacements, you may weight-bear as tolerated unless otherwise directed following your surgery. Your physical therapist will advance you from walker or crutches to a cane, and so forth. You may progress when you are comfortable and when you can walk without a limp.



Wound Care/What to expect:

Your Clear Operative Bandage can stay on for 7 Days. It is waterproof if intact and you can shower with it. Typically the incision itself will have a second skin closure (**Zipline, staples or skin glue**) those will be removed at 2 weeks. You may place a sterile pad over the incision if desired. Glue will peel off on its own, and may be gently removed with a washcloth after 2 weeks if no wound issues.

*****Anterior Hip Replacement patients may have Steri Strips at the opposite hip where the robotic array poke holes are made during the surgery*****

It is very common to have blood visible on your surgical bandage. There is a fresh wound over your new joint, and sometimes it will ooze after you get up for the first time or move around with physical therapy. This is normal and should slow down or stop completely after a few days. If your bandage has completely soaked through, you may reinforce it and your home care provider may replace the dressing if needed after speaking with our office. Do not remove the original surgical dressing, unless given instructions to do so by our office. It is usually NOT necessary to go to the emergency room for this. You may shower with the dressing in place. Once the dressing is taken off, you may shower as normal, allowing soapy water to run over the incision. Pat it dry with a clean towel. **Do not scrub the incision, do not soak the incision, and do not use lotions or creams for 8 weeks to allow full wound healing.**

You can expect to have redness and warmth over the incision. This is normal. If you have excessive drainage from the wound over the first several days, please inform the office.



TED Compression Stockings:

You may have a TED stocking on your operative leg to decrease post-operative swelling. If tolerable, **Thigh-high compression stockings (20-30 mm Hg)** can be worn 6-8 hours during the day to decrease swelling.

Swelling/Bruising:

You will expect to see some swelling and bruising of the leg after hip or knee replacement surgery. This swelling can get a bit worse for several weeks after the operation. This bruising may be quite dark and may go from the hip and buttock all the way to the foot. There may be swelling around the incision as well as the entire leg and foot. The swelling (especially in the foot and ankle) typically gets worse through the course of the day. Some of the swelling can be improved if the leg is elevated when you are laying down (putting the foot up on an ottoman or elevating your heel on multiple pillows while sitting on a couch). You may need to use 4-5 pillows to elevate your leg. Try to elevate it above the level of your heart to reduce swelling. Please contact our office or report to a local emergency room if there is extensive swelling, pain associated swelling, and/or trouble breathing.



Ice:

You will be given ice packs after surgery that can be used 20 minutes per hour over the first two weeks and as needed after that time. If you would like to invest in a Breg ice machine (or similar) this may provide additional cooling compared to ice packs.

Sleeping:

Up to 85% of patients will experience some disturbance in their sleep pattern in the weeks following joint replacement. This is your body's response to the stress of surgery. We suggest avoiding caffeine after mid-day. Avoid taking "cat naps" or going to bed late in the evening (11:00 PM or later). There is no medication that is useful for everyone, so you may speak to your family doctor about medications for sleep if necessary. We do not prescribe sleep aids, as we find that sleep normalizes on its own and usually gets better at 6-8 weeks post-op. You may sleep in any comfortable position.



Driving/Traveling:

You must not drive if you can't operate the car safely or if you are still taking narcotic pain medication. Typically you will feel comfortable driving by four weeks after surgery, possibly longer for right (driving leg) surgeries. Practice in an empty parking lot before driving on the road. You can travel one month after surgery. It is encouraged that you take frequent breaks and stretch every 45-60 minutes to prevent blood clots for car rides and airplane rides longer than one hour. Compression stockings are recommended while traveling.



Diet:

Continue any medically pertinent diet after surgery. For those not on medically recommended diets, the healthiest diets are with "real foods" (fruits, vegetables, meat, dairy, eggs), low in sugar (to decrease infection risk), and avoid processed or highly salted products. Protein after surgery can help with wound healing.



Physical Therapy:

Home physical therapy usually lasts three weeks. You may continue with outpatient PT to improve your strength, gait, range of motion, and decrease swelling. Once you have met your postoperative goals you may discontinue therapy.



Follow-Up Visits (Typical):

2 weeks, 8 weeks, 1 year, Every 5 years. Additionally for any issue.

Note About Antibiotics:

You may receive antibiotics around the time of surgery. Recently, numerous studies support the fact that no additional antibiotics are required unless you have a high risk surgery (e.g. infection, revision, significant risk factors such as diabetes/obesity/rheumatoid arthritis). If you have such risk factors, you will be prescribed **7 days of oral antibiotics** following surgery.

New evidence supports **no need for antibiotics prior to dental procedures** after joint replacement. For this reason, we no longer recommend dental prophylactic antibiotics. You may return to routine dental visits 3 months following surgery. A dental letter has been attached to give to your dentist.

Typical Surgery Recovery Timeline:

The national standard for full recovery from a joint replacement surgery is one year. Below are some of the typical expected recovery timeframes that most patients can expect. Given wide variability in the age and preoperative function of our patients, this is only a rough guideline.



Driving: 2-4 weeks (longer for right leg surgeries), legally cannot drive until off narcotic pain medication

Walking Unassisted: 2-8 weeks, no longer requiring cane/crutch/walker when well balanced

Return to Work: 6-12 weeks, highly dependent on your profession. Office work typically at or before 6 weeks. Manual labor typically 8-12 weeks for any lifting or climbing. Work from home any time after completing narcotic medications. You may return to work when you feel safe to do so.

Return to Sport: 3 months, highly dependent on the sport. Any return to sport should be a gradual return starting with short intervals of low impact exercises and increasing duration and intensity with time. Most important is to feel well balanced and avoid situations that may lead to a fall

Submerging: 6-8 weeks, no pools or baths until at least 6 weeks (after second visit)

Full Recovery: 3-6 months (hip replacement), **6-12 months** (knee replacement). Full recovery meaning getting to a point here you may not be thinking about your hip or knee as much

Kneeling (Knee replacements): **After 3 months**

Motion: Knee replacement patients not meeting motion goals may require a procedure known as a “manipulation” prior to 3 months to improve motion by breaking up scar tissue. This is only required 1-2% of the time after surgery.

- Knee Replacements: 0-90 degrees by 2 weeks, 0-120 degrees by 8 weeks, Over 130 degrees by 1 year
- Hip Replacements: Ease getting to shoes and socks by 8 weeks, significant improved motion by 3-6 months

Medications	Day 0 (surgery)	Day 1 (postop)	Day 2	Day 3-7	Day 7	Day 7-14	Day 15-30	Day 31+
Aspirin 81 mg BID (or alt. Blood thinner)	X 9 PM	9 AM 9 PM	9 AM 9 PM	9 AM 9 PM	9 AM 9 PM	9 AM 9 PM	9 AM 9 PM	X
Omeprazole 20 mg (antacid)	None	9 AM	9 AM	9 AM	9 AM	9 AM	As Needed	X
Acetaminophen 1,000 mg (Tylenol) *OTC	9 AM Lunch 9 PM	9 AM Lunch 9 PM	9 AM Lunch 9 PM	9 AM Lunch 9 PM	9 AM Lunch 9 PM	9 AM Lunch 9 PM	As Needed	As Needed
Naproxen 500 mg or Celecoxib 200 mg	X 8 PM	8 AM 8 PM	8 AM 8 PM	8 AM 8 PM	8 AM 8 PM	8 AM 8 PM	As Needed	As Needed
Journavx (suzetrigine) 50 mg	8 AM 8 PM	8 AM 8 PM	8 AM 8 PM	8 AM 8 PM	8 AM 8 PM	8 AM 8 PM	X	X
Dexamethasone 10 mg	X	8 AM	8 AM	X	X	X	X	X
Oxycodone 5-10 mg	As Needed	As Needed	As Needed	As Needed	As Needed	As Needed	As Needed	X
Colace & Senna *OTC	If taking narcotics	If taking narcotics	If taking narcotics	If taking narcotics	If taking narcotics	If taking narcotics	If taking narcotics	If taking narcotics
Ondansetron 10 mg (Zofran)	As needed (nausea)	As needed (nausea)	As needed (nausea)	As needed (nausea)	X	X	X	X
Incision Bandage	X	X	X	X	Remove Clear Dressing, Leave Zipline	X	X	X

Supplemental Medications. These medications may be added to a typical regimen if needed

Cefadroxil (Duricef) 500 mg, Twice Daily (Antibiotic) - If instructed to prevent infection after higher risk surgery, this may be prescribed for 1 week

Gabapentin (Neurontin) 300 mg, Nightly or 3x Daily (Nerve Pain Medication) - If having nerve pain or difficulty sleeping after surgery

Cyclobenzaprine (Flexeril) 10 mg, As needed (Muscle Spasm Medication) - If having muscle spasms

Prednisone 10 mg, Daily (Steroid) - If having significant inflammation or sciatica type symptoms