

Paul D Maitino DO FAOAO Hip Knee Shoulder & sports medicine Oklahoma City OK

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Surgery Expectations

If you're reading this website, you are likely scheduled for joint replacement surgery. The information in this website is intended to help you prepare for the day of surgery and answer some questions that may be on your mind. This website will provide you with information so you know what to typically expect before, during and after your joint replacement. By better understanding the surgical experience, hopefully your mind will be put at ease.

This information was written by medical professionals. It provides general responses to frequently asked questions from patients like you. Each patient is unique and therefore patient needs may be unique. Please discuss your specific instructions with your orthopaedic specialist.

Before Surgery

What kinds of tests will I need before surgery?

All patients are required to have routine blood work and urinalysis performed. These tests should be performed within 14 days of the scheduled surgery in order to be acceptable. In addition, all patients are required to have a physical examination which can be performed at any time within 30 days of the surgical date. Patients over the age of 50 are required to have an EKG and chest x-ray performed within 30 days of the surgical date. Patients below the age of 50 with any cardiac or respiratory history may also be required to have these tests performed.

Most pre-admission testing and physical evaluations can be performed either by the patient's personal physician or at the hospital where the procedure will be performed.

Please be advised that if an abnormal exam or test result is reported, a further evaluation or repeat testing may be required. This does not necessarily mean surgery is canceled, but for your own safety, it is standard procedure to conduct further investigation.

Will I need to donate blood before surgery?

The patient will receive blood from the hospital blood bank if necessary. Hospitals follow universal guidelines in screening blood and blood products to assure the patient's safety as much as possible in this situation.

Are there any medicines I need to take before surgery?

It is recommended that patients take an iron supplement prior to surgery particularly if you will be donating your own blood. These supplements may be purchased at any drugstore or recommended by your family physician. Consult your physician for suggested iron supplements before purchasing them.

How long will I be in the hospital?

For joint replacement surgery, most patients are hospitalized for 4 days, including the day of surgery. Hospital stays may vary if the patient is either going to a rehabilitation center, a sub-acute facility, or not cleared medically or surgically for discharge home.

Please be advised that most insurance plans cover 3-4 days of acute care in the hospital for total knee replacement surgery. Some insurances do provide for further care in several other types of facilities. It is advisable for each patient to contact their health insurance provider for specific programs covered and to obtain these provisions in writing.

What should I 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. Most patients, however, do supplement these with the articles outlined above, at least in terms of toiletries.

In addition, if you have an assistive device that you plan to use after discharge (i.e., walker, cane, crutches) but are not currently using, you should have someone bring this in prior to discharge so the physical therapist can check to assure that it is the adequate size for you. Contact the hospital where your surgery will take place for specific information regarding your hospital stay and assistive devices.

It is not recommended that you bring radios, TVs, or large amounts of cash.

When should I arrive at the hospital for my surgery?

Patients are generally requested 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.

Please be advised that you should not eat or drink from midnight on the day of your surgery. In some cases your physician may allow you to take a medication the morning of surgery. If this is the case, you should take the medication with the least amount of water necessary. Report to the admitting nurse any medications (and dosage) you may have taken.

Can my family stay with me during this time?

Families may stay with patients until the patient is taken to the operating room. Consult your hospital for their specific rules.

Will anyone contact me before surgery to discuss any concerns I may have?

The orthopaedic surgery patients are followed throughout their experience by a case manager. The case manager's role is to assist the patient in planning for discharge, answer any questions the patient may have in terms of their case, and provide a supportive link throughout the patient's surgical experience. You will be contacted by the case manager prior to your surgery and assisted in planning for your individualized case management. The case manager will also schedule you to attend a pre-operative class in which you and your family members will receive instructions for each phase of your surgical experience. The classes are held on a rotating weekly schedule for total hip and total knee patients and are highly recommended. By attending class, both you and your case manager are better able to plan for your upcoming surgical experience. Contact the hospital for further details about the pre-operative class.

Day of Surgery

What type of anesthesia will I have?

Most cases are performed under spinal anesthesia. Unless there is a recommendation to the contrary from the anesthesiologist, this is the method preferred. You will be meeting with the anesthesiologist on the day of surgery and at that time any questions or concerns regarding this will be addressed.

How long will the surgery take?

Surgery times may vary depending upon the difficulty of your case. The surgery may take several hours. Generally, you may spend 2-3 hours in surgery and 2-3 hours in the recovery room.

Will the surgeon see my family immediately after the surgery is completed?

The surgeon or one of his assisting surgeons will try to meet with family members immediately after surgery. If for any reason the family misses seeing the surgeon, they should contact the surgeon's office the next day and all efforts will be made to arrange a time for the surgeon and family to discuss the patient's surgery.

After Surgery

What will my hospital stay be like?

The first night of your stay, you will most likely be somewhat “groggy” from the medications you receive in surgery. You will be taken to your hospital room directly from the recovery room in your hospital bed to avoid transferring you from stretcher to bed. Once you are fully awake, you will be able to eat and drink as tolerated. Your vital signs, urinary output, and any drainage will be monitored closely by the nurses on the orthopaedic surgery floor. Appropriate pain medicine for the first 24 hours may be administered by intravenous method.

Starting on day one post-operatively, you will be getting out of bed and attending physical and occupational therapy sessions. These sessions are vital to your progress and are arranged for 2-3 sessions. The physical therapists attending you will teach you the exercises needed for your optimal recuperation and instruct you on your weight bearing technique using a walker or crutches. The occupational therapist is trained to assist you in adapting your activities of daily living to your post-operative limitations. Activities such as bathing, dressing, using the bathroom, transfers from bed to chair, ambulation, and stair climbing will all be addressed during these sessions. Instructions for traveling by various modes of transportation will also be discussed.

Will I see my doctor regularly while in the hospital?

The attending doctors make rounds daily on their patients whenever possible. In addition, the orthopaedic resident doctors or physician assistants make rounds twice daily to monitor your progress and make any changes required for your care. 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. Arrangements for transfer to a rehabilitation floor or sub-acute floor either at the hospital or elsewhere will be evaluated by you and the case manager if this becomes an option.

How will I know whether to go home or to another facility for further rehab?

In general, if you live with someone who will be assisting you, discharge home is the usual procedure. Arrangements for further home or outpatient physical therapy will be made by the case manager. Most patients can go directly home if they are deemed safe by the physician and therapists. While not required, it is highly recommended to have someone to assist you the first 48-72 hours after discharge on a full-time basis and perhaps part-time the first week or two after this. If you live alone or are in an environment at home where your safety is in question (i.e., physical therapy/occupational therapy goals not met), you may be recommended for placement in a rehabilitation center. These facilities are usually available to a patient for a 3-5 day stay, with emphasis on returning the patient home in a short period after aggressively addressing any problems with patient independence. If you live alone or are not progressing rapidly enough in therapy sessions and it is unlikely you will be able to do so in a rehab setting, a sub-acute facility may be recommended for a longer period of recuperation. The choices available depend upon the patient's insurance coverage

and, therefore, will need to be discussed by the patient, the case manager, and the insurance company as warranted.

When will I be ready for discharge?

Depending on whether you go home or to another facility to recuperate will play a role in when discharge occurs. In general, a patient may be transferred to the rehabilitation floor on the 2nd post-operative day. Transfer to the sub-acute floor may also occur on the 2nd or 3rd post-operative day. If you are being transferred to another facility, transfers usually occur on the 2nd or 3rd post-operative day as well. Discharges to home usually occur on the 3rd to 4th post-operative day in general.

Discharge Day - Recovery

What can I expect the first few days after discharge?

Expect a time of transition. You may feel overwhelmed the first day or two after discharge and may even feel you've made a mistake coming home so soon. This may occur even after discharge from a rehab or sub-acute floor. Be patient, and give yourself some time to adjust. Many patients report that after the first day or two of practical problem solving and establishing a routine, they experience a change in their progress and notice a definite upward trend in their recuperation. If, on the other hand, you are experiencing pain or discomfort or have concerns about your condition, please consult your physician.

In addition, during this phase of discharge, usually within the first 24-72 hours, you will receive a telephone check-up from your case manager. You will be asked several questions to establish your progress and whether your post-discharge home or outpatient therapies have been started. This phone call also allows you to ask any questions or voice concerns regarding your home situation so they can be addressed.

Do I need someone to stay full-time with me when I go home?

It is our recommendation that someone be with you the first 24-72 hours after discharge. Many patients do live alone and we realize this is not always possible. But if you have a relative or a friend who offers to stay with you, take this offer for your own ease of mind. Many times patients have family members or friends who stay with them all day in the hospital. While this is certainly welcomed, it is often more helpful that this person be available after you leave the hospital. If you do live alone and either are discharged from rehab or from the orthopaedic floor with no help available at home, perhaps a friend or neighbor can call you daily to check on your progress. In addition, if home care has been arranged, these visits usually can be arranged so that someone is checking on you daily. The case manager will be discussing options available for your particular circumstances, and together you will develop a discharge plan, which will address your particular situation.

When can I go up and down stairs?

Stair climbing will be practiced in the physical therapy program before you leave the hospital. Most patients can climb stairs before leaving the hospital. If you live in a 2-story home and have practiced stair climbing, stairs can be done one to two times a day after discharge, depending upon your comfort level and provided that your physician has approved this activity.

Will I need pain medicine after I'm discharged from the hospital?

Most patients do require a short-term course of pain medicine. Renewals on these prescriptions can be obtained by calling your surgeon's office. Expect to be on some type of pain medication for several weeks after discharge. Most patients take these medications especially at night or before therapy sessions.

How long will I need to use my walker or crutches?

Walkers and/or crutches are usually used the first 6 weeks after surgery. You will then be allowed to use a cane, which again will be used for approximately 6 weeks. After that time, most patients do not need any support for walking.

When can I go outside?

Consult your physician for a recommended time to engage in outdoor activities. Comfort and safety should be the primary guidelines for doing this. It is suggested to start with short trips at first, perhaps to therapy (if nearby) or your local supermarket or church, for example. Gradually increase the number and length of outside activities as you feel more comfortable.

When can I drive?

Driving routinely is not permitted before 6 weeks from the time of your surgery. However, some physicians may allow the patient to drive earlier if they feel the patient can do so safely. The type of surgery, side of surgery (left vs. right leg), and the patient's overall general condition plays a part in this decision.

If you feel you will need to drive earlier than the 6-week routine prescribed, you should discuss this with your surgeon and obtain his/her approval. Consult your physician for further details.

When will I be able to return to work?

This varies with each patient. In general, patients usually do not return to work until after their first check-up at 6 weeks from surgery. Some patients do return to work earlier if they can do so safely. This should be discussed with your physician so that the best decision for your individual situation is made.

When will I be able to participate in sports activities?

Depending upon what activity you want to participate in will determine when you can safely start these activities again. Swimming, walking distances (hiking), bicycle riding, golfing, and other low impact sports activities can likely be tried after a few

weeks. Returning to high impact activities such as jogging, tennis, or aerobics exercises will probably not be recommended for quite some time. Your return to any of these activities should be discussed with your surgeon.

When will I be able to have sexual intercourse after my surgery?

In most cases, sexual activities can be resumed when the patient feels comfortable enough to do so. If the patient has been cautioned to maintain certain position restrictions, these restrictions should be followed in this instance also. In general, most patients resume their normal sexual activities between 4-6 weeks following surgery.

Summary

Hopefully this website has answered some of your questions about joint replacement surgery and provided you with a better understanding of what to expect during the surgical experience. Your orthopaedic specialist will be happy to answer any additional questions so that you'll feel comfortable and confident with your upcoming surgery. As individuals vary, please discuss your specific instructions with your orthopaedic specialist.

Life After Total Joint Replacement

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. Your physician will recommend the most appropriate level of activity following joint replacement surgery.

It is important to understand that there are risks associated with any major surgical procedure and total joint replacement is no exception. Although the occurrence of complications is low in number, each patient needs to be informed of these possible risks prior to surgery. In all cases, discussion between the patient and the treating physician is imperative so that the patient is aware of potential complications and how to minimize them.