

INSTRUCTIONS AND RECOMMENDATIONS

TOTAL JOINT REPLACEMENT

DR. MARCUS FORD



The Team:

Marcus Ford, MD

Ashley Pair, PA

Jasmine Benson, RN

Alyssa Bounkham, MA

We are pleased you have chosen to undergo a joint replacement by Dr. Ford at The Texas Hip and Knee Center. To make this a positive experience and provide you with optimal care, we would like to inform you about the process. Throughout the entire journey you will have a group of individuals that will assist you (Surgeons, Physician Assistants, and Nurses). We are here to provide you with the best services available for rapid recovery and strive to get you back to a healthier, more active lifestyle!

Your success is our success!

Please take time to read this information packet and keep it handy so that you can refer to it when needed in the coming weeks and months prior to and following your procedure.

We look forward to assisting you with your questions and hope that your surgical experience will be both positive and rewarding.

BEFORE SURGERY

Please sign up for MyChart by going to [MyChart.TexasHealth.org](https://mychart.texashealth.org) and following the prompts. MyChart allows you to schedule appointments, message your providers, and view/pay your bill.

Preoperative evaluation:

- You will need to see your PCP (primary care physician) for surgical clearance within one month prior to your surgery. If you see other physicians (cardiologist, kidney specialist, pulmonologist, rheumatologist, hematologist, etc.), you will need to get medical clearance from them as well

prior to surgery. **Please have them fax medical clearance to (817) 346-4430.** If your PCP does any lab work or EKG's, prior to surgery and it is within 30 days of your surgery date, these might be used as part of your hospital pre-operation lab work.

Preoperative History & Physical Appointment:

- Dr. Ford nurse Jasmine will call you 2 weeks prior to your surgery and complete your pre op over the phone. It is extremely important that you obtain medical clearance **BEFORE** this appointment. **You are responsible for scheduling your hospital preoperative appointment at 817-433-7180. Your surgery will be at (Texas Health Clearfork Hospital – 5400 Clearfork Main Street, Fort Worth, TX 76109). For billing questions call Harris Southwest, 817-433-6607.**

- **Medications to STOP prior to surgery:**

Anti-inflammatories and herbal supplements (can thin your blood and cause extra bleeding during surgery):

- Stop Ibuprofen, Advil, Naproxen, Aleve, etc. two weeks prior to surgery:
- Stop Aspirin 7days prior to surgery.
- Stop all herbal supplements, etc. garlic, clove, ginseng two weeks prior to surgery.
- Stop vitamin E, fish oil, and glucosamine chondroitin supplements two weeks prior to surgery.

Blood Thinners to Stop:

- Coumadin-5 days, Plavix-7 days, Pradaxa- 5 days, Xarelto- 72 hrs, Eliquis- 72 hrs, etc. (Consult your cardiologist or PCP for direction, as you may need to be changed to a different blood-thinning medication while undergoing surgery).
- Certain rheumatoid medications should be stopped. Some of these medications weaken the immune system and delay wound healing. Please check with your rheumatologist or our office.

BEFORE SURGERY (cont.)

Supplements/Medications we recommend that you start four weeks prior to surgery to increase preoperative health:

These are the only supplements/vitamins that can be taken the 2 weeks prior to surgery

- Multivitamin one daily
- Vitamin C 500 mg one pill twice daily.
- Vitamin D one daily
- B-complex vitamin one pill daily

CONSTIPATION: Constipation is very common after a surgical procedure secondary to multiple pain medications and decreased activity. We start you on a stool softener in the hospital and recommend you continue a stool softener after you are sent home to prevent bowel obstruction. These are available to purchase over the counter at local pharmacies (some examples are MiraLax, Colace, and Dulcolax).

DENTAL WORK: Dental hygiene is extremely important to overall health and to reduce your risk of infection after joint replacement. Any problems with your teeth should be addressed at least 12 weeks prior to your surgical procedure to reduce your risk of infection. Only emergency dental work should be

performed within the 6-month period following your surgery. This is to prevent bacteria from entering the blood stream and causing an infection in your new joint replacement. Therefore, obtain any necessary dental work PRIOR to your joint replacement.

PREOPERATIVE EXERCISES

It is very important to exercise and stretch prior to and following your surgery. These exercises will help you to recover safely and quickly. Please refer to the exercise handouts and begin!

TOTAL JOINT REPLACEMENT CAMP

This is a class designed to inform you further about your joint replacement at your respective hospital. The class provides information about preoperative services, home safety, discharge planning, and nursing care. This is **REQUIRED** to inform you further on what to expect regarding your joint replacement experience. **To register at Texas Health Clearfork Hospital Call 817-433-7338.**

SURGERY AND HOSPITAL STAY

Night before surgery:

- Nothing to eat or drink after midnight before your procedure.

Morning of your surgery:

- The pre-op nurse @ the hospital will inform you which medications to take with a sip of water.
- Arrive 2-3 hours prior to your procedure. A time of arrival will be given to you by Dr. Ford's nurse at your pre-op appt.
- Bring loose comfortable clothing and athletic shoes for physical therapy.
- Bring your medications in their bottles (in case the hospital does not carry your medication).

SURGERY AND HOSPITAL STAY (cont.)

Surgical Procedure:

Dr. Ford will meet you in the preoperative area before your surgery to mark the surgical site and answer any final questions you have. Typically, a total knee or total hip replacement will take approximately 90 minutes (times vary depending on the complexity of the surgical procedure). Length of revision surgery will be dependent on the procedure. You will be brought to the operating room early enough to allow anesthesia to take effect, and for a catheter to be placed into your bladder if necessary. There will be a complete surgical team that makes sure you are comfortable during the entire process.

Anesthesia:

The anesthesia team will meet you in the pre-operative area the day of surgery. Dr. Ford prefers spinal anesthesia, as opposed to general anesthesia, for most joint replacement surgery. With spinal anesthesia, numbing medication is injected into the fluid around your spinal cord, which will numb your legs and block sensation in the lower half for approximately four hours. You will not be awake during the surgery, as you will be given a sedative to help you relax and put you to light sleep. This sedative

will be reversed once the surgery is complete, and you are in the recovery room. Advantages to spinal anesthesia include, less sedating medications, less chance of nausea and vomiting, and better pain control after surgery. If you are not a candidate for spinal anesthesia, general anesthesia will be the anesthetic of choice.

Hospital Stay:

A typical hospital stay following a knee/hip replacement surgery is 1 night. When you are discharged, our priorities are: 1) you feel safe enough to be discharged, and 2) your level of pain is well controlled on pain pills. Plan on going home with either Outpatient physical therapy or home health physical therapy if needed. Dr. Ford and/or his physician assistant, or another doctor/PA in the practice, will visit you each day while you are in the hospital to evaluate your progress.

Blood Thinner:

- While in the hospital, you will be placed on a blood-thinning medication to prevent blood clots which can be very serious. Expect to be on a blood thinner for 4 weeks. Unless you have a history of a blood clot, following the surgery you can expect to be placed on aspirin 81mg twice a day x 4 weeks to prevent a blood clot. **If you have a history of blood clots let us know**, and then expect to be on Eliquis 2.5MG twice a day for 4 weeks.

SURGERY AND HOSPITAL STAY (cont.)

In-Patient Physical Therapy:

Most patients begin some form of physical therapy the day of surgery. It is important to begin and participate in physical therapy as soon as possible for your recovery to begin as quickly as possible. During the hospital stay, you will perform therapy twice daily. We prefer you sit up and take medications, and utilize the restroom in your room, as this will prepare you to navigate these activities at home.

Discharge:

- Most people do very well at home after surgery. Insurance companies no longer cover rehabilitation facilities for a joint replacement. If you are going home from the hospital, home health can be arranged for you by your case manager if needed. **OUTPATIENT PHYSICAL THERAPY IS RECOMMENDED.**
- You will be discharged with pain medications.

Out-Patient Physical Therapy:

Knee Replacement: Physical therapy is very important following a knee replacement, and we want you to obtain the best results. The main idea in the first two weeks is to rest and recover. Avoid aggressive therapy, especially in the first 2 weeks. Do not worry about achieving maximum flexion right away. Your knee will swell if you do, which delays your ability to achieve good motion. Try and keep your step count to less than 700 steps per day for the first 3 weeks. Typically, you will do the independent home exercises that you learned from the in-hospital therapists for the first two weeks. Icing is very important for the first 3 weeks. Ice for 30 minutes every hour for the first 3 weeks. **NEVER PLACE ICE DIRECTLY ON SKIN.** If you request it, we can arrange assistance with this therapy through home health at your home for the first two weeks. The second phase of physical therapy will be at an outpatient facility; you will be responsible for planning this. We will give you a prescription for outpatient physical therapy prior

to surgery. You may expect to need two crutches or a walker for the first 2 weeks, then progress to one crutch or a cane as you feel safe.

Hip Replacement: Walking after your hip replacement is the best exercise and rehab after surgery. Prior to going home, physical therapy will provide you exercises to perform at home. If you request, we can arrange home visits by the physical therapists for assistance with these. We encourage you to practice walking at least three times daily. You may expect to need two crutches or a walker for the first 2 weeks, then progress to one crutch or a cane as you feel safe. Ice for 30 minutes per hour for the first 3 weeks. **NEVER PLACE ICE DIRECTLY ON SKIN.**

AFTER SURGERY and FREQUENTLY ASKED QUESTIONS

What should I expect after surgery?

- Mild bruising and swelling immediately after surgery. Bruising and swelling are normal and may increase over the first two weeks. Bruising and swelling may extend as high as your groin and as low as your toes.
- Drainage. It is normal to have a small amount of drainage in the first 2 weeks. If the drainage is excessive or continues to saturate the bandages, call the clinic.

What can I do to decrease swelling and bruising?

- Rest and Elevate. When not performing daily physical therapy or walking exercises, rest and elevate the operative extremity. Elevate the ankle above your knee, and the knee above your heart.
- Compression stockings during the day can be very helpful.
- Ice. This works as an anti-inflammatory and helps minimize swelling. Place ice on the affected area for 30 minutes, then remove for 30 minutes, use ice especially following physical therapy. **Never** place ice directly on the skin.

When can I drive?

- This depends largely on the type of surgery you had. Understand that braking and reaction time can be diminished during the first 6-8 weeks following surgery. It is important to practice before getting out onto the open road. Dr. Ford suggests waiting 2 weeks to drive for surgeries that involved the left leg and waiting 4-6 weeks to drive for surgeries that involved the right leg. Do not drive while taking narcotic medications.

When can I return to work?

- Generally, our goal is to get you back to work when your pain is controlled, and you are safe. Most patients require about 6-12 weeks of recovery prior to returning to work, but every recovery is different and will be determined according to what is best for you.
- **Hip replacement.** You may return to work as early as 3-4 weeks, depending on your job description. If you have a sedentary job, this is reasonable. If your job requires extensive walking/standing, your return to work could take 3 months.

- **Knee replacement.** You may return to work as early as 3-4 weeks if you have a sedentary job. If your job is more physically demanding, your return to work could take 3 months. You will be in physical therapy up to 2 months, so plan for these therapy appointments.

When can I shower?

- Getting your incision wet will increase chances of getting an infection. Therefore, the key is to **ALWAYS keep the incision dry and sterile until your follow-up visit**, which will be approximately 2-3 weeks after surgery.
- In most cases, we use a bandage that is water resistant, allowing you to shower. Thus, you may shower and get the bandage wet, as long as the bandage continues to stay intact to the skin.
- If you are allowed to shower and you notice your bandage peeling off, **stop showering** and reinforce with tape, if necessary, until we see you at your follow-up visit in 3 weeks.
- You may use saran wrap/ Glad Press and seal wrap to wrap around your knee/hip before your shower to prevent the dressing from peeling up.

Office follow-up appointment, who will I see, why is it important?

- Follow-up appointments are scheduled once your surgery is scheduled and typically are 2-3 weeks following surgery.

When can I travel?

- **Car** – for short distances, it is typically safe to travel as early as 2-3 weeks following surgery. We recommend that you continue to perform ankle pumps and get out of the car every hour to walk and stretch. This helps the blood pooling in the legs and prevents clots.
- **Plane** – wait at least 4-6 weeks after surgery to reduce the risk of developing blood clots. Wear compression stockings and perform ankle pumps every 30 minutes during the flight, along with walking the aisle every 45-60 minutes. If you are able, you may take one aspirin (325 mg) prior to the flight to reduce risk of clots.

Do I need to take antibiotics prior to dental work, colonoscopy, or invasive dermatological procedures?

- **YES.** For ANY dental work (including cleaning), invasive dermatological procedures, or other invasive procedures, we recommend you take antibiotics one hour prior to your procedure. Any procedure that could result in bleeding puts you at risk for getting germs into your blood stream. Antibiotics will help prevent germs from infecting your joint replacement. **This guideline should be followed for the rest of your life!** Ask your dentist, GI specialist, and dermatologist to prescribe an appropriate antibiotic. We will provide the antibiotic if your other physician is unable to.

Will I set off the alarm at the airport?

- Yes, you can expect to set off most alarms, as hip and knee replacements are made primarily of metal. TSA no longer accepts “joint replacement cards”. You should expect to undergo additional screening at the airport and should budget your time accordingly.

Should I get the flu vaccine?

- Yes, this is a dead virus and cannot give you the flu. It is best to receive the vaccine prior to hospitalization if it is flu season.

What to do if my knee is clicking?

- Following a knee replacement surgery, patients are often concerned about clicking or popping. Remember that part of your replaced knee is metal, and part is plastic. During normal activities, these surfaces can tap against each other, resulting in audible clicks.

When can I swim/soak in a bathtub?

- Approximately six weeks after surgery. The surgical area should not be immersed in water until the incision has been totally dry and without scabs for six weeks after surgery.

AFTER SURGERY and FREQUENTLY ASKED QUESTIONS (cont.)

How am I allowed to sleep?

- Sleeping after a knee replacement can be challenging. Often patients are restless. Ice joint prior to going to sleep and avoid sleeping with a pillow under your knee. Consider taking a pain pill or hydroxyzine prior to bedtime.
- After a hip replacement, you may sleep comfortably however you would like as long as you keep a pillow between your legs.

When to call the clinic?

- For severe pain, not relieved by pain medication or rest.
- For severe calf pain or swelling, not relieved with ice, rest, and elevation.
- For fever greater than 101.0 Fahrenheit.
- For shortness of breath or chest pain that does not resolve with rest.
- For excessive drainage that continuously saturates the bandages.

Call the clinic any time you have a question not answered here, or for a matter that is too urgent to wait until your 3-week follow-up visit. When you call, you will likely talk to Jasmine Benson RN, or one of our triage nurses. Our office is open for calls from 9 a.m. to 4:30 p.m. Monday through Friday. Medication requests should be called in as early as possible to allow sufficient time to fill your request. It may take 2-3 days for refills on controlled substance.

If you have an emergency, call 911.