

PREPARING FOR TOTAL JOINT REPLACEMENT

WHY DO I NEED A TOTAL JOINT REPLACEMENT?

Arthritis is a condition in which the cartilage that covers the bone is worn off leaving the bone surfaces to rub together, which is painful. The decision to proceed with Total Joint Replacement is with the understanding that you have failed conservative management which includes things like non-steroidal anti-inflammatory medicines, steroid injections, synthetic articular injections and mechanical bracing.

The ends of the bone will be shaped so that the metal prosthesis can be placed over it. In between will be high density plastic to provide a cushion keeping the ends of the bone from rubbing together will help relieve your discomfort.

WILL I NEED A BLOOD TRANSFUSION?

Our office requires that at least 2 units of blood be available for your up coming surgery. These can be obtained from you donating each unit approximately 10 days apart, however leaving enough time for you to build up your blood level during the last 10 days prior to your surgery.

Another option is to have 2 people you know and trust to donate blood for you. In order for the blood to be available they will need to donate 3 working days prior to your surgery at the latest.

Another option is to use the blood from the blood bank. No matter which option you choose the blood will be tested under the standards of the Coffee Memorial Blood Center.

IS IT PAINFUL TO HAVE THE SURGERY?

There are 2 ways to undergo a Total Joint Replacement with regard to pain management afterwards. If you have chosen to take advantage of epidural anesthesia, the device that is put in prior to surgery and is left in afterwards and slowly turned down to the point that a pain pill can manage your discomfort. The epidural catheter works through a tube that is placed into your back prior to surgery by an anesthesiologist. This tube drips numbing medicine onto the nerve roots of the lower back which lead down to the extremity that is going to be operated on. If a large amount of medicine is placed on to this area, the extremity will be completely numb so that your surgeon may replace the joint. A sedative can be given at this time so that you should not have to endure all of the sounds that are going on into the operating room. Once the surgery is over, the rate of infusion of the medicine is turned down to the point that it is an effective pain reliever yet allows you to feel the extremity in order to get up and perform physical therapy with a walker.

Another form of anesthesia is the general anesthetic where in medicine is placed into the IV to make you go to sleep. Once the surgery is complete and you awake from your

anesthesia, a device called a PCA or Patient Control Anesthesia is when Demerol or Morphine is used to enter the IV in doses regulated by pushing a button that is given to you. The machine is set up so that you may push the button as many times as you wish, however there is a certain amount that is predetermined as your maximum dose. As time evolves and you decrease the amount of times that you push the button there will come a time where a pain pill will work more effectively and the PCA will be discontinued. We will help decide which route will be best for you. Of course if you have had any previous back surgery you will need to let us know.

ARE THERE ANY TESTS TO BE DONE BEFORE SURGERY?

Certain blood tests will need to be done within 1 week of the surgery, however we may obtain a chest x-ray and EKG any time. Certain findings on these tests require the need for consultation with another physician such as a cardiologist or a pulmonologist. Certainly if you need this type of consultation we will arrange one for you based on the findings of these tests. The Wednesday prior to your Tuesday surgery we will send you to the hospital to pre-admit. At that time we will obtain lab work that will measure your blood count and electrolytes such as calcium, sodium and potassium. As well if any unexplained abnormalities arise from these lab findings. You may be required to see an internist prior to surgery. We will also have your urine tested so that we can see if you have any bacteria in your urinary tract. If so you will be placed on an antibiotic 4-5 days prior to your surgery to help prevent infection.

WHAT DO I DO THE NIGHT BEFORE SURGERY?

The night before surgery you will have nothing to eat or drink after midnight. There will be no need for you to shave your extremity. If need be it will best be done at the time of the operation. The morning of your surgery do not eat or drink anything. This includes food, water, coffee etc... If you do have medication you must take, you may do so with half a glass of water to help you swallow the medicine, however no further foods or liquid should be taken in. Please make note the night before of any breaks in the skin such as abrasions, cuts, or scratches and please call our office if you any questions. Breaks in the skin can lead to infection during an operation, so we will need for you to let us know if you have any of these on your extremity prior to surgery.

WHERE DO I GO THE MORNING OF SURGERY?

In the preadmission paper work it will state whether or not you are to arrive at the admitting office or the Day Surgery Unit. If you are the first case in the morning arriving at 6:00am, you will need to go to the Day Surgery Unit. If your arrival time is 7:30am or after you will need to go to the admitting office. At the time of your preadmission the hospital will provide with you a list of things that you can bring to the hospital and the type of clothing you should wear.

WHAT WILL HAPPEN TO ME IN THE HOSPITAL?

Once you arrive in the hospital the nurses will help you change your clothing and make sure all the paper work is ready and finish up any tests that may not have been done previously. When it is time for your surgery you will be brought to the surgery holding area where you will meet the anesthesiologist and some of the operating room personnel. If you have chosen the epidural, one will be placed at that time.

Once everyone is ready, you will be taken into the operating room. Once the procedure is finished you will be taken to the recovery room for a short time until you fully wake up. Then you will be transferred to the Orthopedic Nursing Unit on the 7th Floor. The next day we will check your blood work to see if you would be requiring blood and arrange for you to start physical therapy. At this time we will also start getting you out of bed. The blue bottle at your bed side is a breathing device that if used properly and as ordered by the physician, will help reduce fever. A compression hose will also be placed to both of your legs to help prevent blood clots.

As time evolves, you will become stronger and stronger, however if you need to take advantage of an extended period of rehabilitation in order for you to return to a more independent life style at home, we will make arrangements for you to transfer to the Rehab Center at BSA's Skilled Nursing Unit which is down town at the old St. Anthony's Hospital. You can be transferred there either Friday or Saturday and stay for approximately 1 week or until you have met the therapy goals required for you to make a safe transfer back into the home.

WILL I NEED TO GO TO REHAB?

Most patients take advantage of the services of rehab in order to get the most out of their operation. The benefits of rehab include: supervised therapy sessions, an extended period of nursing supervision and a place for you to converse with fellow patients who may have undergone the same procedure you have had done. Your stitches should be discontinued prior to leaving the Skilled Nursing Unit and as well you should leave the unit with your Thromboembolic stockings or TED hose. Continuing to wear these Thromboembolic stockings will help prevent the recurrence of swelling that may inhibit your ROM. You must take them home with you and wear them 18 out of 24 hours daily. Once you return to the office for your follow up visit with Dr. Smith, a time will be determined as to when you may discontinue them. Usually you need them a couple of months.

WHAT DO I DO WHEN I RETURN HOME?

When it is time for you to return home and you have met all of your physical therapy goals, you need to make sure that the stitches are removed by the nursing staff prior to your discharge. You will need to make sure you have a pair of Thromboembolic stockings. Even though you may not need much pain medicine, a prescription for pain medication is provided for you and you should take advantage of at least having it around in case you need it. You should also have arrangements for a follow up visit at Dr.

Aubrey Smith's office. Physical Therapy staff should also provide you a written description with pictures of an exercise program to do at home. If you fail to receive any of these please feel free to give me a call at 806-359-0718 and I will be happy to assist you.

WHAT IF I HAVE MORE QUESTIONS THAN THIS?

Undergoing Total Joint Replacement is quite a process. There are numerous factors that are involved with the entire process. The previous questions have been but a few of the ones that are frequently asked and certainly you may have a question that is not answered on these pages. If you do please feel free to give me a call at 806-359-0718 and Jay will do his best to answer them for you.