

Hip & Knee Replacement Surgery

With

Dr. Matthew Nadaud



Knoxville Orthopaedic Clinic

IMPORTANT PHONE NUMBERS

Please leave only one message as duplicate messages delay response time.
Calls after 3:30 pm may not be returned until the following day.

Sarah Teffeteller, LPN
Primary Nurse
sarah.teffeteller@orthotennessee.com
Direct Care Line (Monday thru Friday 8am-5pm ONLY)
865-410-7894

Jason Varney, FNP-BC
Nurse Practitioner
jason.varney@orthotennessee.com
865-450-1216

After hour emergencies please call 558-4400 and follow the prompts to the on-call PA or NP.

KNOXVILLE ORTHOPAEDIC CLINIC	865-558-4400
KOC Workman's comp	(A-L) 865-769-4522 (M-Z) 865-769-4514
KOC Disability & FMLA	(A-J) 865-558-4409 (K-Z) 865-558-4428
KOC Drug nurse/refills	865-769-4531
Jenny Allen – Billing	865-244-4533
KNOXVILLE ORTHOPAEDIC SURGERY CENTER	865-244-4580

NARCOTIC PAIN MEDICATION

State laws dictate how and when narcotics are prescribed, including maximum dosages and the number of pills that a patient can be prescribed at one time. KOC is held to these laws and all staff will follow and prescribe in accordance to these laws. Patients may only receive prescriptions from one provider at a time. A controlled substance monitoring database will be checked and any attempt to falsify narcotic usage will result in suspension of prescription privileges and possible dismissal. If you are currently prescribed narcotics by any other prescriber you must make arrangements preoperatively with that prescriber for your post-operative narcotics. Dr. Nadaud's team will not prescribe narcotics if you have been receiving narcotics pain medication elsewhere in compliance with state laws.

****Do not take more often than prescribed. Early refills cannot be provided by state law and you will be left without pain medication.

***Please call the day before you will be out of pain medication to request a refill. Be aware of weekends and holidays. On call staff cannot provide these refills outside of normal office hours.

MEDICATIONS TO STOP BEFORE SURGERY

7 days before surgery you need to stop:

- Aspirin
- Plavix (Ask your medical doctor and/or cardiologist)
- Anti-inflammatory medications (Advil, Aleve, etc), except Celebrex
- Fish oil, turmeric, and curcumin
- Vitamins D, E, K

5 days before surgery you need to stop:

- Coumadin (warfarin) : Ask your medical doctor and/or cardiologist

You may continue to take the following medications:

- Tylenol
- Celebrex
- Multivitamins

WHAT SHOULD I DO TO PREPARE FOR MY SURGERY?

- Arrange for a family member or friend to accompany you on the day of your surgery.
- CANCEL ANY DENTAL APPOINTMENTS THAT FALL BETWEEN 2 WEEKS PRIOR TO SURGERY AND 3 MONTHS AFTER SURGERY. DO NOT IGNORE DENTAL PROBLEMS WITHIN THIS TIME PERIOD. PLEASE CONTACT OUR STAFF AND YOUR DENTIST IF YOU DEVELOP A DENTAL PROBLEM.
- AVOID ANY INJECTIONS INTO YOUR SURGICAL JOINT FOR 3 MONTHS PRIOR TO SURGERY. Other injections not into the surgical joint are ok. If you have any questions please contact the office.
- Plan ahead for transportation home on the day of your planned discharge. Most patients will discharge home the day after surgery. In some cases, you may be discharged the day of surgery if you are meeting our goals and you feel safe and comfortable.
- Adjust your work/social schedule accordingly during your anticipated recovery time.
- Remove small throw rugs or other small obstacles that may be in your path.
- If you have pets, you may want to arrange for someone to assist in caring for them for a few days after your return home.
- While taking narcotic pain medication you will not be permitted to drive. Lortab (Hydrocodone) and Percocet (Oxycodone) are narcotics. You may need to arrange for transportation to your initial physical therapy visits while on these medications.
- You will need to follow up with Dr. Nadaud approximately 3 weeks after surgery. This appointment may have been made for you when you signed up for surgery. If you were not given an appointment, please call **865.558.4444** to schedule one.
- Pick up the following medications prior to surgery to have at home for after surgery.
 - 325 mg aspirin
 - Dulcolax / Bisacodyl / Colace (choose one)
 - Miralax
 - Tylenol (regular or extra strength)
 - Anti-inflammatory of choice (if permitted or not already on one)
 - Famotidine 20 mg (if not on gastric protection already)
 - Vitamin D supplement
 - Vitron-C

PRE-OPERATIVE EXERCISE PROGRAM

- If you are currently performing an exercise program, continue doing so.
- If you are not currently performing an exercise program, you may incorporate exercises as directed in the hospital book or prescribed by your physical therapist preoperatively.
- After surgery your physical therapist will give you a new exercise program and progress appropriately.
- It is strongly encouraged to invest in or borrow an exercise bike for home use prior to and after surgery especially for total knee patients.

MEDICATIONS FOR BEFORE/MORNING OF SURGERY

2 Days Before Surgery:

- Start Bisacodyl / Colace / Dulcolax
(If you experience loose or watery stools, STOP using and resume it the night of surgery)

You may continue to take the following medications:

- The hospital will advise you when to stop oral intake of food and liquids based on your surgery time.
- The hospital will inform you which medications to take the morning of surgery.

*Begin taking these supplements once you make surgery plans and continue for 3 months. If you cannot access the exact dosage at your local store please use the next highest dose available.

- 1) Daily multivitamin with iron
- 2) Vitamin C 200 mg daily
- 3) Vitamin D 2000 iu daily

POST-OPERATIVE MEDICATIONS

- Lortab (Hydrocodone/APAP)/Percocet (oxycodone/APAP): Short acting pain pills to be used as needed for pain. Do not take more than is directed on your prescription.
- Famotidine: Stomach protector. Take 2 tablets daily to protect your stomach. You should continue this medication for 4 weeks while you are on 325 mg of aspirin or for as long as you are taking anti-inflammatories. If you are already on a stomach protectant you may not need this medication.
- Bisacodyl / Colace / Dulcolax: Stool softener/laxative for constipation, start 2 days before surgery until you are off your Lortab or Percocet (narcotic pain medication) after surgery.
- Miralax: Stool softener/laxative for constipation, start the day after surgery until you are off your Lortab or Percocet (narcotic pain medication) after surgery.
- Aspirin (EC ASA): 325mg tablet to be taken once daily for 4 weeks after surgery to thin your blood to help prevent blood clots.

*You will be given a prescription for an antibiotic at the time of surgery to take for one week as a precaution to help prevent infection.

WHAT WILL PHYSICAL THERAPY BE LIKE AFTER SURGERY?

Physical Therapy In The Hospital/Surgery Center

- You will begin physical therapy the same day or the day after your surgery depending on when you arrive on the Orthopaedic Unit.
- You will be allowed to put full weight on your leg.
- You will get in/out of bed, stand, walk, and go up/down stairs.
- You will leave the hospital on a cane or walker. A prescription for a walker should have been provided in the office prior to surgery.

Physical Therapy for Hip Replacement

- The majority of our patients do not require formal physical therapy after hip replacement. If you wish to do so please notify our staff or your nurse at the hospital.

WHAT WILL PHYSICAL THERAPY BE LIKE AFTER SURGERY?

Outpatient Physical Therapy for Knee Replacement

- You are responsible for setting up your outpatient physical therapy visits somewhere close to where you live. We can assist you with finding a location.
- Select an outpatient facility that is convenient for you and takes your insurance.
- A prescription for outpatient physical therapy will be faxed by the hospital after surgery and before you are discharged home.
- You will go to outpatient physical therapy 3 times a week for 6 weeks or until you meet your goals.

In Home Physical Therapy for Knee Replacement

- Home physical therapy is not recommended unless you are home bound and transportation to an outpatient physical therapy facility is not possible. This is not expected or typical for joint replacement patients.
- In home therapy will only be set up for 3 times a week for 3 weeks until you are ready to progress into outpatient therapy.

Any attempt by physical therapy to manipulate or break up scar tissue should be avoided. Scar tissue is not present immediately after surgery and any such attempts will aggravate the healing tissues

WHAT TO EXPECT AFTER SURGERY

- You will have mild bruising and swelling initially (day 1) that will start at the surgical site.
- Bruising and swelling are normal after surgery and vary from one individual to another.
- Bruising and swelling will continue to increase over the first 10 days after your surgery.
- Knee replacement patients may experience bruising and soreness in the thigh.
- Expect swelling in your entire leg including your ankle and foot. With swelling, although uncommon, you may experience minor blistering. Protect the blistered area and **do not rupture the blisters. Allow them to rupture on their own and then keep clean with soap and water.**

WAYS TO DECREASE BRUISING AND SWELLING

Ice: Ice as much as possible the first week to two weeks. Ice helps minimize your swelling. You may use your ice machine 24 hrs a day if you would like, with a light weight cotton t-shirt material between the skin and pad.

Elevate: Elevating your leg will help reduce swelling. To reduce significant amounts of swelling elevate your leg 4-5 times a day for 15-30 minutes each time. Do this by laying flat on a couch or bed with the ankle above your knee and your knee above your heart. A recliner is not sufficient for elevation. ****Knee Replacement Patients**** Do not place a pillow behind your knee when you do this. You may support the calf but keep your knee straight

DOS AND DON'TS

What to expect:

- You may not have a normal bowel movement for 3-4 days after surgery.
 - Continue to take the stool softener and Miralax while you continue to take narcotic pain medication. If you feel constipated, you can buy some Milk of Magnesia or Magnesium Citrate at your local drug store and use as directed. This should be a last resort as it will result in cramping and loose stool.
- Activities as tolerated. As you increase activity, expect soreness. This is normal and will resolve with rest and ice.

Showering and Wound Care

- It is fine to shower the day after surgery. You do not need to wrap your incision. The bandage is waterproof. No bathtubs, hot tubs, or a swimming pool until your incision is completely healed. This is typically 3-4 weeks after your surgery when the scabs are gone and it's a nice pink line.
- DO NOT clean the wound with alcohol, hydrogen peroxide, Neosporin, or Betadine. You may wash it in the shower with soap and water by letting it run over the area and pat the area dry.
- ****Knee patients**** remove the silver dressing on day 5 after surgery.

DOS AND DON'TS

- Remove the mesh tape over the incision 2 weeks after surgery. It peels off like a band aid and there are no sutures to remove.
- Mild redness and bruising is expected around the incision.
- If blisters do develop around the joint leave them intact as long as possible.
- Mild bleeding may be treated with wrapping a compressive ACE bandage around the joint. Apply for 12 to 24 hrs and bleeding should resolve.

When to call the office:

- If you have **consistent** fevers above 101.5 not relieved by Tylenol or anti-inflammatories.
- Drainage that is more than a quarter size that continues after an ACE wrap has been applied
- Pain not controlled by pain medication
- Inability to bear weight on your surgical leg
- Foot that has no sensation and a discolored appearance
- Confusion or disorientation

* Call 911 with any shortness of breath or chest pain *

FREQUENTLY ASKED QUESTIONS

1. What is the recovery time?

Each patient heals from surgery at a different pace. You may need an assistive device (cane or walker) for approximately 3-5 weeks. You will be allowed to advance to no assistive device as you progress with therapy. Approximately 75% of your recovery occurs over the first 8 to 12 weeks. The remaining 25% will come within the first year.

FREQUENTLY ASKED QUESTIONS

2. What if my leg swells after surgery?

Everyone experiences swelling after surgery. The amount of swelling varies between individuals. Sometimes you will not swell until several days after surgery. Your body is healing after surgery and swelling is normal. The more activities and physical therapy you perform, the more swelling you may have. You can decrease swelling by elevating your surgical leg above your heart and using ice. You should be alarmed with swelling that persists for days AND does not respond to elevating your lower extremity. If you have swelling in your calf that does not respond to ice and elevation contact the office.

3. Will I have bruising after surgery?

Yes, you will have some bruising after surgery. Bruising starts on day 1 after surgery and the amount of bruising varies between individuals. Some will only have very minimal bruising around the incision. Some will have bruising that extends down the entire leg to the foot. Both are considered normal and will resolve in several weeks.

4. What if I am having problems sleeping?

Most patients will experience some degree of difficulty with sleeping. This is mainly due to a disruption in your normal routine that comes with undergoing surgery as well as pain after you've been active all day. Make sure your pain is well controlled during the day. Try OTC sleep aids such as Benadryl or Tylenol PM.

5. When can I shower?

You have a waterproof dressing and therefore you may shower as soon as you'd like after surgery. Do not submerge your incision under water in bath tubs, hot tubs, and pools until you are 3-4 weeks out from surgery and the incision is healed with no scabs.

6. When can I drive?

If you had surgery on your right leg, you should not drive for at least 2 to 4 weeks and the right leg is strong enough to gas and brake to avoid an accident. If you had surgery on your left knee, you can drive as soon as you are comfortable and the pain does not distract you from driving. Do not drive if you are taking narcotic pain medication (hydrocodone or oxycodone).

7. When can I travel?

You may travel as soon as you feel comfortable doing so. In general, consider waiting until after 3 weeks from surgery. You should get up to stretch or walk at least once an hour and stay well hydrated when taking long trips. This is important to help prevent blood clots. Continue taking your aspirin during travel.

FREQUENTLY ASKED QUESTIONS

8. When can I return to work?

It depends on the nature of your job. If your work is mostly sedentary, you can return within 4 weeks or sooner. If your work is significantly more active, you may require up to 3 months before you can return to full duty. You as the patient know best how you feel and what your job entails. We will look to you to provide insight after surgery of when you are ready to go back to work.

9. What activities are permitted following surgery?

You may return to most activities as tolerated, including walking, hiking, gardening, dancing and golf. Activities to help range of motion and strengthening are swimming and use of a stationary bicycle. High impact activities like running can affect the longevity of your implants.

10. How long will I be on pain medication?

Most people are able to completely wean off their strong pain medication (hydrocodone or percocet) after 2-4 weeks and switch to over-the-counter acetaminophen. Decreasing your dosage through your recovery process will minimize the side effects of the medication. Tylenol may be substituted for narcotic pain medication if symptoms are bearable.

11. Can I go up and down stairs?

Yes. You will do stairs while in the hospital after surgery. As your muscles get stronger and your motion improves, you will be able to perform stairs in a more normal fashion (usually in about 4 to 6 weeks with full comfort on stairs and strength returns around 6 months).

12. What position can I sleep in?

You may sleep in any position you feel comfortable in. For knee replacement patients ensure that your leg is kept in a straight position without anything under your knee. Hip replacement patients sleep with a pillow between your legs.

13. When can I resume sexual intercourse?

As soon as you are comfortable.

14. Is it normal to hear clicking in my knee after surgery?

You may hear clicking in the knee after surgery and this is normal. It is usually more noticeable after surgery when you have swelling. As the swelling decreases and the leg becomes stronger, the clicking may become less noticeable.

15. Will I set off the security monitors at the airport?

Be proactive and inform security personnel that you have had a hip or knee replacement. A letter from your physician or a wallet card does not help when passing through security checkpoints and are therefore no longer given.

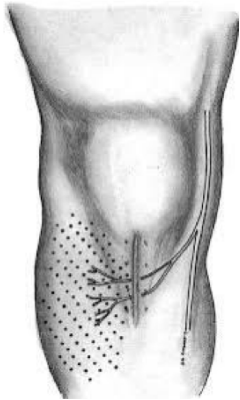
FREQUENTLY ASKED QUESTIONS

16. When can I kneel on my knee replacement?

After several months you can try to kneel. It may be uncomfortable but it will not be harmful or damaging to your knee. You may use knee pads or a cushion for activities requiring kneeling.

17. Why is there a numb patch on my knee after knee replacement?

The infrapatellar branch of the saphenous nerve runs from the medial portion of the knee to the lateral portion. Any type of incision in the front of the knee disrupts the branches of the knee that innervate the skin of the outer portion of the skin of the knee. This results in a small less sensitive or numb patch of skin on the outside of the knee. This may or may not improve as healing occurs. If it is particularly bothersome, although rare, there are topical creams that can be applied.



18. When should I take antibiotics and who will give me the antibiotics?

You should take antibiotics before any dental procedure, including teeth cleanings. You may contact our office for antibiotics for dental procedures. **If you have a painful tooth do not ignore it and get it checked out immediately.** For other invasive procedures it defaults to the surgeon or provider for the procedure and the accepted standard of practice for antibiotic use for the particular procedure.

- **Do not schedule dental cleanings starting 2 weeks prior to surgery up until 3 months after surgery. If an oral problem presents in this 3 month window do get it checked out immediately.**
- **This is a lifelong precaution.**

19. When is it ok to apply cream or lotion to the incision?

Creams or lotions may be applied to the incision once the incision is a thin pink line, usually 3-4 weeks after surgery. This is when you may begin applying scar creams or vitamin D to the incision if you choose. Most scars will fade to a thin white line regardless of application of specialty creams. Other creams and lotions may be applied around the incision immediately. Use caution not to get it into the incision.