



Orthopedic
Specialists
OF OAKLAND COUNTY

Joint Replacement Guide

Orthopedic Specialist of Oakland County

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Total Joint Replacement

Your joint is severely damaged by arthritis or injury, it may be hard for you to perform simple activities such as walking or climbing stairs. You may even begin to feel pain while you are sitting or lying down. Medications, changing your activity level, and using walking supports are no longer helpful. The time has come for joint replacement surgery. Resurfacing the damaged and worn surfaces of the joint can relieve pain, correct leg deformity and help you resume normal activities.



Now that you have decided to have joint replacement surgery, the following pages will help you understand and prepare for this procedure and put you on the road to a pain free joint.



Congratulations!

You have made the decision to have
Joint Replacement surgery.

What is next?

1. You will need to go to your primary care physician office to have a check up and receive medical clearance for surgery.
2. You will need to attend an instructional class to learn more about joint replacement and what your role will be in the surgical/healing process.
3. You will need to go to Pre-Admission Testing to have blood work and meet the anesthesiologist.
4. You will have one last appointment with us just prior to your surgery to make sure all is in order and to answer any last minute questions.

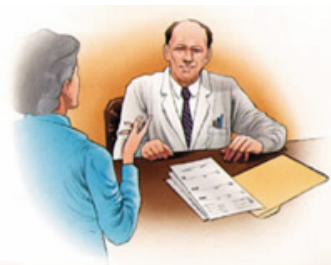
Our surgical coordinator will usually try to schedule all of the above appointments on the same day and will provide you with the dates and times for all the above appointments.

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Preparing for Surgery

Medical Evaluation

Once the date is set for your total joint replacement surgery, our office asks that you have a complete physical examination by your family physician several weeks before surgery to assess your health and to identify any conditions that could interfere with your surgery.



Tests

Several tests will be needed to help plan for your surgery. Blood and urine samples may be needed and a cardiogram may be obtained. You will also attend an informational class and have pre-admission testing the same day as your pre surgery visit with our office. This date will be one week before surgery and given to you by our Surgical Coordinator.

Preparing Your Skin and Leg

Your knee and leg should not have any skin infections or skin irritation. Contact our office prior to surgery if either of these conditions are present.

Medications

Tell our office about all medications you are taking. We will tell you which medications you should stop taking and which you should continue to take before surgery. You will also be getting a prescription for Coumadin, which is a blood thinner. Please take one tablet the night before surgery, and further directions will be given to you after surgery.

Social Planning

Although you will be able to walk on crutches or a walker soon after surgery, you will need help for a couple of weeks with such tasks as cooking, shopping, bathing, and doing laundry. If you live alone, our office, social worker, or a discharge planner at the hospital can help you make advance arrangements to have someone assist you at home.

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Your Surgery

You will be admitted to the hospital on the day of your surgery. After admission, you will be evaluated by a member of the anesthesia team. You will have an opportunity to discuss anesthesia with a member of the anesthesia team on your preadmission appointment one week before surgery. Our office prefers a spinal anesthesia for joint replacement.



The procedure itself takes approximately 1 hour. Many different types of designs and materials are currently used in joint replacement surgery. Our physicians and physician assistants are happy to discuss all of the possible options and their usage indications.

Post Surgery

After surgery, you will be moved to the recovery room, where you will remain for 1 to 2 hours while your recovery from anesthesia is monitored. After you awaken, you will be taken to your room. You will stay for 3 days and be able to go home on the third day.

While at home you will receive in home Physical Therapy and regular blood draws for 2-3 weeks. After which you will need to attend physical therapy at an outside location for 4 weeks.

Most of the incisions are closed with suture underneath the skin. The stitches will dissolve several weeks after surgery. You may have a small stitch left at the bottom of the incision that may need to be removed. This will be evaluated at one of your planned follow up appointments.

Our office asks that an antibiotic is taken prior to any invasive procedure. If there are any questions or concerns please do not hesitate to contact our office.

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Frequently asked Questions:

Q. How successful is joint replacement?

A. Both knee and hip joint replacements are recognized as miracles of modern surgery. Most orthopedic specialists consider it the best way to treat the pain and restore the loss of mobility from severe arthritis. It has allowed hundreds of thousands of people with arthritis to get back on their feet and resume an active lifestyle.

Q. What happens when joint replacements wear out?

A. Today most artificial joints last 15 to 20 years under normal wear, but they can wear out sooner if subjected to vigorous activity. When a joint wears out, loosens or develops a problem, it can be resurfaced or replaced in a joint revision.

Q. I have occasional clicking or clunking in my knee after surgery. Is this normal?



A. It is common to have some sensations or actually audible clicks or clunks after knee replacement surgery. Generally, this is not painful and not associated with any discomfort or functional problems. At the time of surgery, a small degree of laxity is put into the knee to allow the knee to move and function well.

Q. Is it normal to have numbness along the outer or lateral aspect of the incision?

A. It is common to develop some numbness or change in sensation over the lateral or outer aspect of the incision after surgery. The normal skin nerves run from the inner aspect of the knee, rotating to the outer aspect of the knee. Generally, after 4 to 6 months, much of the skin sensation will return. However, in some patients, there is always a reduced degree of sensation over the outer aspect of the knee. Usually, the patients have little problem with this.

Q. Will my body reject the artificial parts?

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A. The materials used for total joint replacement include titanium, cobalt chrome, and polyethylene. To date, there is little evidence suggesting any allergic reaction to these materials, particularly in their bulk form.

Q. Can I obtain a handicap parking permit for the period of limited mobility after the surgery?

A. Yes. We can provide you with a form to take to the Secretary of State to obtain a temporary permit.

Q. Do I need to be careful of dislocating the hip for the remainder of my life?

A. The greatest risk for dislocation or instability after total hip replacement is within the first 6 weeks. It is always easier to dislocate a replaced hip than your natural hip. Normally, after 6 weeks of restrictions and positioning, your surgeon will



allow you to return to more normal activities. You will be educated on the safe positions and movements of your hip.

Q. I have some warmth and swelling around my hip or knee, is this normal?

A. It is normal to have some swelling and warmth around the operated hip or knee joint in the first few months. A part of the healing process involves the body creating an increased blood flow to the operated joint bring in many nutrients and factors needed for healing. This may cause the joint to feel warm to touch and possibly look swollen. If you notice any redness or experience leg swelling that does not improve with elevating the leg then you should call our office.

This is just a short list of common questions. Please feel free to contact our office with any concerns or questions.

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Questions and Concerns:

Use the space below to note any questions or concerns

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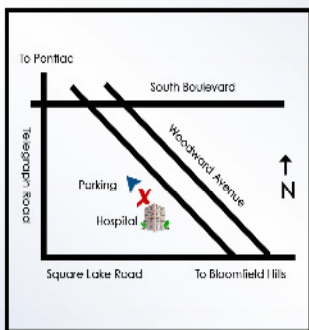




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