JOINT REPLACEMENT PROGRAM

ABOUT YOUR KNEE SURGERY

Center for Special Surgery is a state-of-the art outpatient surgical facility with fully equipped operating rooms and comfortable recovery areas. The professional staff of the Center is specially trained to provide high quality outpatient care. Our comfortable outpatient setting enables you to return home on the same day to recuperate in familiar surroundings.
KNEE REPLACEMENT

Total Knee Replacement (Arthroplasty) is the surgical resurfacing of the damaged surfaces of your knee, and one of the most effective ways to reduce pain and restore mobility. In this procedure the joint surfaces of the tibia and the femur are involved. The artificial joint works much like a natural knee. However, until it fully heals the new knee will have limited movement and function. Center for Special Surgery has designed an outpatient total knee replacement program to speed up the healing process and get you back to the activities that you enjoy as soon as possible.
SURGEONS
The orthopedic surgeons of Center for Special Surgery have spent their professional lives studying how to combat the effects of arthritis, and have helped develop advanced surgical techniques for total joint replacement. Their years of dedication and expertise in orthopedic surgery is one of the many reasons why the Center for Special Surgery outpatient joint replacement program is positioned to help you succeed in revitalizing your life.

THE FACILITY AND STAFF
Center for Special Surgery is a state-of-the-art outpatient surgical facility with fully equipped operating rooms and comfortable recovery areas. Our staff is specially trained in same day surgical care and seek to provide you with a positive surgical experience allowing you to return home on the same day as your procedure to recover in familiar surroundings.

TOTAL JOINT REPLACEMENT
Total joint replacement procedures have historically been performed in the hospital setting and required a one to three day stay following surgery. Center for Special Surgery has developed a specific program that eliminates the need for an extended stay following a joint replacement procedure. While this is a relatively new concept in our region, it is not new nationally and it is our belief that outpatient total joint replacement will become the expectation rather than exception in the near future.

PARTNERSHIP
The success of an outpatient total joint program relies heavily on a precise patient selection criteria. Outpatient total joint replacement is not for everyone. If you are a healthy, motivated person with a coach (family member or friend) dedicated to help you through your recovery, you are likely a great candidate for an outpatient total joint procedure. By this time, you and your surgeon have agreed that you are already a candidate for our program. Our promise is that we are here for you and will help you succeed. What we need from you is a promise to believe in yourself as you work through the recovery process and dedicate yourself from the time you schedule surgery to the time you’ve reached a new and improved lifestyle.
PARTNERING FOR SUCCESS

We ask you to arrange for a responsible adult to be your coach. This person would ideally be able to attend pre-surgical clinic visits, help you prepare your home for after surgery, take you home after surgery and help you once you’ve returned home. It’s important that both you and your coach have all the necessary information to help make this procedure a success so we encourage you to share this information with your coach and all of the other important people in your life who may assist in your recovery.

Planning ahead for surgery can improve the success of your surgery and help you recover faster. Take an active role by asking questions, addressing any fears or anxieties you may have following preparation instructions.

• We will schedule your surgery, a pre-operative education appointment, a post-operative appointment and physical therapy
• Complete your pre-operative history & physical exam
• Arrange for time off work
• Start your knee exercises as directed by your physical therapist
• Complete any necessary dental care
• Learn about adaptive equipment
• Prepare your home for when you return after surgery

HISTORY AND PHYSICAL

Since you have decided to have joint replacement surgery, your orthopedic surgeon will ask you to schedule a complete physical examination with your primary care provider several weeks before the operation. Your history and physical will include a review of your medical history, a physical exam, blood tests, EKG, and chest x-ray if indicated by your physician. Your blood tests must be completed two weeks before your surgery. All of this is necessary to ensure your health and safety as you move forward with surgery and complete the recovery process.

PREPARING YOUR HOME:

• Prepare meals ahead of time and put fresh linens on your bed.
• Make sure you have an armchair with a firm cushion that you can sit on.
• If you have a two-story home, prepare a room on the first floor with all of the necessary supplies you may need during the day.
• A flat, firm mattress is recommended. Water beds are not recommended after your surgery.
• Have an ample supply of your current prescription medication available.
• Pick up throw rugs and make sure any cords are out of the way.
• Put night lights in the bathrooms and dark areas.
• Place non-skid mats or strips in tubs and showers.
• Ensure you have secure handrails along stairways and in the bathroom.
• Have footwear available with non-skid soles.
• Arrange for pet care if needed
• Prepare a comfortable rest area with tissues, phone, TV remote control, etc. nearby.
• Arrange transportation for follow-up clinic and therapy visits.
ONE WEEK PRIOR TO SURGERY

• Receive Hibiclens, which is used as a general skin cleanser prior to surgery.

• We will be able to provide a walker for you the day of surgery.

• Obtain over-the-counter medications to be taken AFTER surgery: Aspirin 325 mg, laxative, Extra-Strength Tylenol.

• Stop all anticoagulants, anti-inflammatories, aspirin, fish oil, Vitamin E and supplements. IT IS OK TO CONTINUE CELEBREX if you are taking pre-op.

• Schedule Home Physical Therapy appointments for the first post-operative day.

• Continue pre-surgical exercises.

NIGHT BEFORE SURGERY

• Shower with Hibiclens.

• Have nothing to eat or drink after midnight – including mints, gum or water. Your surgery may be cancelled or delayed if you do.

• Eat a ‘regular-sized’ dinner – the day before surgery is not the time to “feast” on large quantities of heavy or rich foods.

• Take all routine medications – EXCEPT those already stopped – if there is any question about which medications to take, please check with our office. DO NOT take ANY ACE Inhibitors (captopril, lisinopril, etc.) 24 hours before surgery.

DAY OF SURGERY

AT HOME:

• Wear comfortable, loose clothing to fit over your dressing.

• Do not use lotions, talcum, perfume, make-up or nail polish.

• DO NOT take ANY medications, including insulin or diabetes medications, unless instructed to do so.

• Nothing to eat or drink.

DAY OF SURGERY

AT THE SURGERY CENTER:

• Bring a walker if you have one, we can provide you one the day of surgery if you do not.

• You can bring pillows for comfort during your ride home.

• Bring photo-ID.

• Family member or significant other must accompany you to the surgery center.

PRE-OP AREA:

• You will sign the surgical and anesthesia consent forms.

• IV will be started.

• The surgical site will be shaved.

• A nerve block may be performed by the anesthesiologist.

• Your surgeon will meet you and your family in the pre-op area, confirm and mark the surgical site, and answer any last questions you may have.

• You will then be transferred to the operating room; family members to the waiting area.
POST-OP/RECOVERY

• At the end of the surgery, you will transfer to the recovery room.
• In the recovery area, the nurses will monitor your vital signs and keep you comfortable.
• Medications will be administered as necessary for pain or nausea.
• You will be monitored in the recovery area for a few hours.
• The medications administered at the surgery center, as well as the nerve block, should provide excellent pain relief at home. It is extremely important, however, to follow the post-operative pain management protocol to insure ongoing pain relief.
• Prior to discharge, physical therapy will have you walk and confirm that you are stable for discharge.
• You will be discharged home once you are stable and comfortable.
AT HOME:
• Keep the surgical dressing dry and intact.
• Follow the post-operative pain medication protocol in your surgery discharge instructions.
• Ice affected area to help decrease swelling and pain.
• The muscle in the leg may be weak from the nerve block for about 24 hours – always use the walker while walking.
• Resume fluids, resume healthy diet.
• Bowel management – take an over-the-counter laxative – pain medications are constipating.
• Continue post-operative exercises twice a day as instructed by physical therapy.
• It is important to get up and move around every hour during the day to prevent stiffness, increase mobility and prevent blood clots. Remember to use your walker.
• DO NOT sit longer than 2 hours.

DAY 2-14 AT HOME:
• Ok to shower, but keep your dressing covered. DO NOT sit in a tub bath until directed by your surgeon.
• Continue fluids, resume healthy diet, continue laxative to prevent constipation.
• Continue to use pain medications around the clock as needed.
• Increase activity as tolerated using walker for assistance.

AFTER 2 WEEKS AT HOME:
• Post-op office visit with your surgeon: incision check, review physical therapists reports, evaluation of functional status, level of discomfort.
• Transition to a cane as directed by physical therapy.
• Resume activity as tolerated.
MEDICATION EDUCATION

Once your surgery is scheduled, please inform our office if you are currently taking any of these medications, as they need to be STOPPED prior to your surgery:

MEDICATIONS:

• COUMADIN, ALL BLOOD THINNERS
• ASPIRIN
• METHOTREXATE
• ACE INHIBITORS (captopril, lisinopril, etc.)
• ST. JOHN'S WORT
• PRESCRIPTION DIET PILLS
• ALL VITAMINS AND SUPPLEMENTS
• ANTI-INFLAMMATORY MEDICATIONS (ADVIL, IBUPROFEN, ALEVE, NAPROSYN, RELAFIN, DICLOFENAC)
• HORMONE REPLACEMENT THERAPY

AFTER SURGERY

After surgery, you will feel some pain, but your surgeon, anesthesia team and nurses will provide medication to make you feel as comfortable as possible. Pain management is an important part of your recovery. Your pain will be assessed from the time you leave the operating room until the time you leave the surgery center. You will frequently be asked to rate your discomfort on a pain scale that will help us determine if your current method of pain control is adequate or if changes need to be made. Walking and movement will begin soon after surgery, and when you feel less pain, you can start moving sooner and get your strength back more quickly. Talk with your surgeon if postoperative pain becomes a problem.
WHAT ARE SOME OF THE RISKS OF THE OPERATION TO REPLACE MY KNEE?

Yes, total joint replacement surgery is a major operation and there are some risks. To achieve the benefits that a total joint replacement can offer you, you must accept certain limitations and be aware of possible risks. In most circumstances these risks can be avoided, prevented or corrected. Possible risks and complications include:

- Infections
- Blood clots
- Leg length differences
- Fracture of the bone
- Dislocation
- Early loosening/early failure of the implant
- Blood loss requiring a transfusion of blood products
- Nerve damage
- Continued pain

MANAGING COMPLICATIONS

The complication rate following total joint replacement is low. Serious complications, such as an infection, occur in fewer than 2% of patients. Major medical complications such as heart attack or stroke occur even less frequently. Chronic illnesses may increase the potential for complications. Although uncommon, when these complications occur, they can prolong or limit full recovery.

Complications can occur after your operation, such as infection, stiffness, spinal headache, blood clot, nerve or blood vessel injury and fracture. You can take steps to prevent many of these complications. Watch for and report any symptoms to your doctor.

INFECTION:

Infection may occur in the wound or deep around the implant. It may happen after you go home or even years later. Minor infections in the wound area are generally treated with antibiotics. Major or deep infections may require more surgery and removal of the implant. Any infection in your body can spread to your joint replacement.

Hand hygiene is the single most important method of controlling the spread of bacteria. We ask all visitors and caregivers to wash their hands before and after contact with patients and their surroundings. This simple act can provide for a safer environment for all.

BLOOD CLOTS:

Blood clots in the leg veins are one of the most common complications of joint replacement surgery. These clots can be life-threatening if they break free and travel to your lungs. Your orthopedic surgeon will outline a prevention program, which may include periodic elevation of your legs, lower leg exercises to increase circulation, support stockings, and medication to thin your blood.
PHYSICAL THERAPY

Most patients begin therapy before the actual day of surgery. A physical therapist will teach you specific exercises to strengthen your muscles and restore movement to allow walking and other normal daily activities soon after your surgery.

Prior to surgery, you will meet with a Physical Therapist to show you pre-operative exercises and also instruct you how to properly use a walker and/or crutches. After surgery, your physical therapist will show you how to move safely and do exercises to regain strength and mobility.

A physical therapist will visit you at the surgery center the day of surgery and at home or a hotel the day after surgery. It’s important to practice your exercises and walking program several times with your therapist so that you are able to perform them on your own and continue your recovery.

GOALS OF PHYSICAL THERAPY INCLUDE:
• Strengthen the muscles that support your new knee
• Restoring functional range of motion of your new joint
• Understanding how to perform specific exercises to continue after you leave the surgery center
• Following restrictions for positioning and movement
• Getting in and out of bed or chair safely
• Using assistive devices to safely walk on your own
• Using stairs safely

ANTIBIOTIC PROTOCOL AFTER TOTAL JOINT REPLACEMENT

Yes, you will need to take an antibiotic. Your immune system and white blood cells have a very difficult time clearing bacteria from joint replacements. Therefore, it is best to avoid and reduce the risk of any possible infection. To do this, it is commonly recommended that for dental procedures, and for colonoscopies, that are at risk for putting bacteria into the blood stream, a patient may be given antibiotics around the time of these procedures. The greatest risk for infections to occur after these procedures is within the first two years after joint replacement. After that time, there is a risk of infection with procedures but it is greatly reduced.
HOW DOES THIS WORK IF I DON’T LIVE NEAR THE FARGO-MOORHEAD COMMUNITY?

Center for Special Surgery and partners have modified our outpatient total joint replacement program to accommodate for out of town patients.

How does education work prior to the procedure?

• A Center for Special Surgery nurse will be reaching out over the phone to go over this booklet and make sure you feel comfortable with the full process.

• Our Physical Therapy partners will work with your local physical therapy group to provide a pre-operative therapy visit and schedule your outpatient physical therapy sessions near your hometown. Our physical therapy partners in Fargo will be who works with you the day of surgery and in the hotel the following day or days after surgery.

Where do I stay?

• We ask that you reserve a room at Staybridge Suites in Fargo at a minimum of 3 nights (see back cover for contact information), starting the night before surgery and ending two days after surgery. Staybridge Suites has provided a special rate for Center for Special Surgery patients. Be sure to mention us when you confirm your reservation. Reserving a hotel room the night before surgery is to relieve any stress of traveling overnight or very early in the morning. The reason we ask for you to arrange a hotel room the night of and night after your procedure is so that physical therapy can work with you the following day(s) within your hotel room. Your therapist will work with you and your surgeon to determine when the right time is to travel back home. If you are able to return home the day after surgery, Staybridge Suites will not charge you if you decide to cancel the final day of your stay. Also, if your therapist thinks it will be beneficial to stay another day, Staybridge Suites will work with you to add an additional night at their discounted rate.

• It may be beneficial for you to reserve a handicap accessible hotel room.

Which pharmacy do I use?

• Center for Special Surgery can help you and your family member, friend or coach with this the day of surgery.

Am I safe to travel long distances?

• Traveling a long distance (over 1 hour) after surgery may be challenging. Be sure to take breaks and get out of the vehicle every hour to aide in your recovery.

What happens when I get home?

• At this point, we have arranged for you to start outpatient physical therapy. You will be asked to travel to your physical therapist’s office at a later date to continue your recovery.
Please note that Center for Special Surgery is a physician owned ambulatory surgery center. Your physician may have a direct financial interest in services provided in this facility. You will be provided with an up to date list of ownership upon registration at our facility.