



785 E. Holland
Spokane, WA 99218
(877) 464-1829
(509) 466-6393
Fax (509) 466-3072

Total Joint Replacement Guidelines & Instructions

Common Questions & Answers David F. Scott, MD

THIS IS A LIST OF SOME OF THE MOST IMPORTANT ISSUES TO BE AWARE OF CONCERNING YOUR TOTAL JOINT SURGERY. I STRIVE TO ACHIEVE THE BEST POSSIBLE RESULT WITH ALL OF MY TOTAL JOINT PATIENTS. THIS REQUIRES COMMUNICATION, PATIENT EDUCATION, AND IS GREATLY DEPENDENT UPON YOU FOLLOWING THESE INSTRUCTIONS.

PLEASE REVIEW THIS FORM AND BRING IT TO YOUR PRE-OPERATIVE APPOINTMENT IN MY OFFICE AS WELL AS TO THE HOSPITAL THE DAY OF SURGERY

1. Why do you advise I quit smoking?

Smoking delays bone growth around the implant and also delays soft tissue healing after your surgery. I strongly advise you quit smoking to speed your recovery.

2. How much weight can I bear on my leg after surgery?

This will vary depending on the type of surgery. Most hip and knee replacement patients are allowed and encouraged to bear full weight immediately. However, some surgeries will require that the patient limit their weight-bearing for the first six weeks.

The physical therapists in the hospital will advise you regarding your weight bearing status. It will also be recorded in your discharge instructions. If you have a weight-bearing limitation, this will not change for six weeks.

3. How long do I need to wear the TED hose (surgical stockings)?

You should wear the compressive stockings for a full six weeks on both legs. You may take them off occasionally to wash them. These stockings help to prevent blood clots from forming in your legs and they help to reduce swelling as well as other potential medical complications.

It is especially important that total knee patients have a **thigh-high** compressive stocking on their surgical leg. Compression of the knee is very important. These stockings may not fit all patients well; if this is the case, then the alternative is to use a calf-high TEDS compression stocking, and then wrap the knee and lower thigh with two 6" Ace Wrap compression bandages. The thigh high TED hose or calf high TED hose/Ace Wrap combination should be used to keep the dressing secure. Tape should NEVER be used to hold dressings in place over your knee incision. Please let the hospital staff, or Dr Scott's staff, know immediately if for any reason you are a total knee patient without thigh-high compression.

Hip replacement patients may use calf-high compression stockings.

4. How long am I on the blood thinner?

Usually 14 days total, from the day of surgery. I will give you a prescription for a blood thinner to take after you leave the hospital. If your insurance does not pay for this prescription (usually Lovenox, Fragmin or Arixtra; local pharmacy prices range from \$280 to \$312) and you cannot pay for it, then you should take one baby aspirin per day. Alternatively, you may qualify for an assistance program,

Total Joint Replacement Guidelines & Instructions Common Questions & Answers • David F. Scott, MD

if you are willing to fill out a form with some of your personal financial information. Please ask us for this as soon as possible, if you would like to apply for assistance. However, you must realize that the prescription medicine that I recommend is more effective than aspirin at preventing blood clots, and that I recommend that you fill this prescription if at all possible.

5. What do I take after I'm done with the blood thinner?

It is recommended that you take one baby aspirin tablet per day for the first six weeks. This does not apply if you are already on Coumadin or some other long-term blood thinner.

6. May I take my anti-inflammatory medicines before and after surgery?

You should stop taking anti-inflammatory medicines 10 days before your surgery. Then you should not take any non-steroidal anti-inflammatory medications for the first six weeks after surgery if you have an uncemented implant. The exception is Celebrex, which you do not need to stop taking. Essentially all total hip patients have at least one uncemented component. Many total knee patients have cemented implants. Please ask if you are not certain which you have. These medications may interfere with the bonding of your bone to the uncemented implant. Please see an attached list of these medicines which include herbal medicines as well.

7. How active can I be after my surgery?

You may be as active as you can tolerate. Discomfort in your hip or knee should be your guide to how much you may do. You should try to be more and more active every day. The more effort you put into your recovery, the faster you will recover. However if you were told to limit your weight bearing, you should comply with this restriction for the first six weeks.

8. What about physical therapy or home nursing care after surgery?

Usually you will have home physical therapy and home nursing after surgery if you go straight home from the hospital. If you had staples, the home nurse will remove your staples 14 days after your surgery. If a home nurse or physical therapist does not contact you within one day of arriving home, please contact my office.

9. When is my first office visit with Dr Scott after surgery?

Your first post-operative office visit with me will be 5 to 7 weeks after surgery. I will take new x-rays at that time. This appointment should already be scheduled for you and should be on your surgery letter that is sent to you by my surgery coordinator. Please call my office if you did not get this date and time.

10. When can I drive?

You are free to drive when you feel it is safe to do so. You should not drive after taking narcotic pain medication.

11. What if I need a refill of my medication?

Please call your pharmacy to request a refill at least two days (48 hours) before you run out of your medication. Because I am often in surgery, it may take up to this long to get your medication refilled. Be sure to allow enough time for this. ****NOTE**** Some pain medicines require a written prescription that needs to be picked up at our office and taken to your pharmacy. Be sure to allow additional time for this.

12. What about antibiotics for dental care after surgery?

All total joint patients may need antibiotic treatment before any dental work, even light cleanings for their lifetime following surgery. Please see the attached guidelines for you and your dentist.



Total Joint Replacement Guidelines & Instructions

Common Questions & Answers • David F. Scott, MD

Wound Care Instructions

Questions & Answers

DO NOT, UNDER ANY CIRCUMSTANCES PERMIT ANY HEALTH PROFESSIONAL TO INSERT ANYTHING INTO YOUR INCISION WITHOUT FIRST SPEAKING TO ME. THIS CAN LEAD TO INFECTION INSIDE OF THE JOINT, WHICH MAY RESULT IN REPEAT SURGERIES. I generally do not advise culturing of wounds after surgery. Do not put any salves or ointments on your incision.

1. What should I do if I notice any drainage, excessive redness, pain or swelling around the incision?

Call my office as soon as possible as we may need to see you to be sure there is no infection.

2. When can I take a bath or get my incision wet?

There is no bathing in a bathtub, and no whirlpool, swimming pool or hot tub use for the first six weeks after surgery. You may shower 48 hours after the skin staples have been removed if there is no drainage from your incision, and it appears completely sealed. Aquatherapy MAY be authorized on a case by case basis. Again, this would only be possible after staples are removed and the incision is totally sealed, with absolutely no drainage.

3. When are my staples removed?

Staples are removed 14 days after surgery. This is generally done by the home health agency. Leave the tapes on the incision until they become loose and begin to fall off. At that time you should remove them yourself.

4. Can I use ice for pain control and swelling?

You may place ice in a plastic bag and put it over the affected area to aid with pain control and swelling. Make sure the bandage or incision does not get wet. Use it for 10-15 minutes at a time.

5. Should I be concerned that my hip or knee is warm during the first six months?

Warmth after a total joint replacement, especially knees, is very common for the first six months. If there are no signs of infection, such as redness, swelling, pain, and fevers, then the warmth is probably normal. If you have concerns, please call the office.

6. Is numbness around my incision normal?

Numbness about a surgical incision can be a very common, even expected occurrence following surgery. Knee replacements are usually numb along the lateral (outside) portion of the incision. This is totally normal and does not have to be reported to your physician. Hip replacements can commonly be numb along the posterior portion of the incision. This numbness likely will improve within several months. However there may be some permanent numbness. Any associated numbness should not affect the function of your new joint in any way. You do not need to report numbness around your incision to me or my staff, as it is very common, unavoidable, and has no long-term effects.



Hip Replacement Instructions

Questions & Answers

Most primary hip replacement patients WILL NOT have any restrictions in mobility, however, a minority of patients will be given hip dislocation precautions:

- **No flexion greater than 90 degrees**
- **No internal rotation (turning toes inward towards other leg)**
- **No adduction (crossing legs, legs close together)**
- **Adjust height of chairs, toilet seats, beds, sofas, etc. to prevent too much hip flexion.**

Please call my office if you need any of these precautions explained or have the physical therapist explain and demonstrate them to you.

1. How long do I need to follow these precautions (if you were told to follow them)?

These hip dislocation precautions last for your lifetime-however you should be the most concerned about them for the first three to six months after your surgery. If you ask us how much you can flex your hip, the answer will always be the same! The reality is that I have many patients who "bend" these rules after they have fully healed, without having adverse events, but I cannot encourage this!

2. How long do I wear the knee immobilizer?

If you had a hip replacement revision, you will probably have a knee immobilizer on your leg. This is to make it harder for you to accidentally flex your hip too much. You must wear the knee immobilizer for the first six weeks. You may remove it only when supervised, and with someone else's assistance, for knee range of motion two to three times per day.

3. When may I have sex with my partner?

You may resume sex whenever you like, however, you should refrain from any positions that require you to flex or bend your hip. Spreading your leg out to the side generally is safe.

4. Basic exercises

These are the two basic exercises that will be shown to you by your hospital therapist:

- Hip Abduction
- Hip Extension

You need to do these exercises 3 to 4 times per day with a minimum of 10-15 repetitions each time.



Total Joint Replacement Guidelines & Instructions

Common Questions & Answers • David F. Scott, MD

5. How long will my hip joint replacement last?

Longevity of your prosthetic depends on many factors and varies from person to person. Your level of physical fitness before surgery, pre-existing bony or soft-tissue conditions, excess body weight, and lifestyle choices all play a role in the lifespan of your prosthetic hip.

As with any mechanical joint, the ball and socket components move against each other. Natural fluid in the joint space, called synovial fluid, helps to lubricate the prosthetic implants just as it lubricates the bones and cartilage in a natural joint. Still, the prosthetic components do wear as they roll and slide against each other during movement.

As with car tires or brake pads, the rate of wear depends partly on how much the hip joint is used. Activities that place a lot of stress on the joint implants, as may be the case with heavier and more active patients, may reduce the lifespan of the prosthesis.

Your doctor will be in the best position to discuss these issues with you, taking into account your individual health, the type of implants used, and your post-surgical lifestyle.

To prolong the lifespan of your hip joint, you should refrain from the following:

- Repetitive stair climbing or heavy lifting
- Impact loading like jogging and rebounding during aerobics training
- Quick turning and fast stops in sports such as soccer, baseball, and tennis/racquetball

6. What activities would you recommend I do, or not do, after joint replacement surgery?

Please refer to the Recommended Long-Term Exercise Activities section of this website

7. Will I have difficulty traveling and will my hip replacement set off a metal detector?

As with a normal hip, extended traveling should be broken up into shorter intervals to stand, stretch your legs, and walk. You should not experience any significant decline in function with a hip joint replacement. In fact, most patients report that their activity tolerances significantly improve after surgery. It is not uncommon to experience stiffness and difficulty initiating movement after sustained sitting, such as during airline travel. This is completely normal and should be expected. Standing and stretching your legs will help to lessen this stiffness when traveling.

Patients have mixed reports on the difficulties experienced at airports with respect to metal detectors and Homeland Security. We can provide a wallet identification card that identifies the joint type, manufacturer, and date of surgery if you travel frequently or would feel more comfortable having this. Please alert the office if you would like one of these cards provided to you.



Total Joint Replacement Guidelines & Instructions Common Questions & Answers • David F. Scott, MD

8. Can I have a second hip replacement surgery if I need one?

We expect most hip replacements to last for 10-20 years in 90 percent of patients. Newer, state-of-the-art materials, advanced surgical techniques, and innovative joint designs have significantly increased the longevity of prosthetic components. As increasing numbers of young patients have these procedures, and as seniors continue to live longer, a growing segment of joint replacement patients will outlast their implants.

Occasionally, a revision surgery is needed. A revision surgery encompasses removing the old prosthetic components and replacing them with a new device. Revision surgery is a complex procedure requiring excellent surgical technique and pre-operative planning. Dr. Scott is a nationally recognized expert in the treatment of hip revision surgery.

9. Will I notice anything different about my new hip after surgery?

In most cases, patients with hip replacements think that the new joint feels completely natural. Most hip joint replacement patients note that recovery from hip replacement is much faster than recovery from knee replacement surgery.

You will want to restrict high impact loading to increase the longevity of the implant. The leg with the new hip may feel longer than before surgery. There are several reasons for this. The hip actually may be longer than it was before, either because of previous shortening due to the hip disease, or because of a need to lengthen the hip to avoid dislocation. Dr. Scott will discuss these issues with you prior to surgery.

Likewise, hip replacement surgery involves a long incision through one of the strongest muscles surrounding your pelvis to provide surgical access to your hip joint. This muscle helps to stabilize the pelvis from tipping AND prevents the knee from crossing over midline when you walk and stand. After hip surgery, weakness of this muscle can cause your pelvis to tip, or the knee to deviate, abnormally when you walk. This causes a noticeable limp.

Therapists call this abnormal tipping of your pelvis a trendelenburg gait pattern. Because of muscular weakness, the operative leg can appear long even when it is exactly equal in height to the other leg. In some instances, the leg feels shorter due to the knee crossing midline. This is a temporary problem that recovers with appropriate strengthening. Completing your post surgical exercises, as prescribed, helps to strengthen this muscle and corrects these problems.

If significant, we can use a small lift in your shoes to temporarily balance your hips and pelvis. In some instances, a permanent lift may be required in patients with pre-existing spinal scoliosis or unstable hip joints corrected with surgical lengthening.



Knee Replacement Instructions **Questions & Answers**

These are the three basic exercises that will be shown to you by your hospital therapist:

- Quad sets
- Straight Leg Raises
- Sitting Knee Flexion

1. How often should I do these exercises?

You need to do these exercises 3 to 4 times per day with a minimum of 10-15 repetitions each time.

Think of yourself as your own physical therapist for the first six weeks and push yourself as hard as you can. Pain is to be expected when you are pushing your knee towards full extension and maximum flexion.

You should take primary responsibility for your progress with range of motion and strength of your knee. If the therapist visits you at home, they are to act as a coach, offer encouragement and answer your questions. They should not take away the three fundamental knee exercises. It's fine for them to give you some additional exercises, as long as you continue to do these three basic exercises.

2. Why should I not put a pillow under my knee after my knee replacement surgery?

If you leave your knee in a bent position for very long during the first six weeks of recovery, the tissues behind the knee can scar and contract, making it impossible for you to fully straighten your leg. You will not have a normal gait if your leg does not straighten.



Total Joint Replacement Guidelines & Instructions Common Questions & Answers • David F. Scott, MD

General

- If you are having problems, please notify my office. If you do not notify us, we cannot help you with these problems. If you do not follow these guidelines, you may incur problems or complications that could result in a less than excellent result.
- Call our office if you have any of the following symptoms: severe calf/leg swelling, pain while squeezing the calf, severe calf pain with moving foot up and down. These may be symptoms of a blood clot and we will order an ultrasound of your leg to check for a clot.
- If you have a fever, chills or you contract any type of infection elsewhere such as sinus, chest, teeth or skin.
- If you develop any difficulty breathing or chest pain, call 911 immediately.

Phone Policy

My office phone number is: 509-466-6393 or toll free at 1-877-464-1829

If you are calling about an urgent post-operative matter that needs to be addressed the same day, please call the above number. Do not leave a message in voice mail. Please ask the phone operator to connect you with my medical assistant for immediate attention.

If your call is not urgent, please leave my assistant Laurie a message and she will return your call within 24 to 48 hours.



Dental Prophylaxis Instructions For Total Joint Patients

Patients undergoing any kind of dental treatment, even light cleanings, need dental prophylaxis. This is necessary for their lifetime following surgery.

If the patient is NOT allergic to penicillin:

Patient is to take 2 grams of amoxicillin (or cephalexin, or cephadrine) one hour prior to dental procedure.

If the patient IS allergic to penicillin:

Patient is to take 600 mg of clindamycin one hour prior to dental procedure.

If the patient is NOT allergic to penicillin and unable to take oral medications:

Patient is to take cefazolin one gram or ampicillin 2 grams IM/IV one hour prior to dental procedure.

If the patient IS allergic to penicillin and unable to take oral medications:

Patient is to take clindamycin 600 mg IM/IV one hour prior to dental procedure.

No second doses are recommended for any of these dosing regimens.

Patients may obtain a prescription from our office or their dentist.



Total Joint Replacement Guidelines & Instructions Common Questions & Answers • David F. Scott, MD

Medications To Stop 10 Days Prior To Surgery

Following is a list of medications that should be discontinued prior to surgery. This list does not include all medications. Please provide your surgeon with a list of all medications you are taking.

Advil	Ibuprofen
Aleve	Indomethacin
Aspirin	Ketoprofen
Diclofenac	Motrin
Diflunisal	Naprosyn
Ecotrin	Naproxen
Enteric Coated Aspirin	Oxaprozin
Etodolac	Piroxicam
Feldene	Sulindac
Fenoprofen	Voltaren
Flurbiprofen	



Total Joint Replacement Guidelines & Instructions

Common Questions & Answers • David F. Scott, MD

Herbal Medicines to stop 10 days before surgery

Aloe vera	May cause increased intestinal muscle movement to digest food (peristalsis), may decrease effectiveness of water pills (diuretics) given after surgery
Bromelain	May cause bleeding or interact with antibiotics such as amoxicillin or tetracyclines
Danshen	May cause bleeding
Dong quai	May cause bleeding
Echinacea	May interfere with immune functioning, may alter effectiveness of immunosuppressant drugs given after transplant surgery
Ephedra	May cause abnormal heartbeat, may cause extreme high blood pressure and coma if combined with certain antidepressants and anesthesia
Feverfew	May cause bleeding
Garlic	May cause bleeding, may interfere with normal blood clotting
Ginger	May cause bleeding
Ginkgo	May cause bleeding
Ginseng	May cause bleeding, may cause rapid heartbeat, may cause high blood pressure
Goldenseal	May cause or worsen swelling and high blood pressure
Kava	May enhance sedative effects of anesthesia
Licorice (not including licorice candy)	May increase blood pressure
Omega-3 fatty acids	May cause bleeding if taken in doses greater than 3 grams a day
Senna	May cause electrolyte imbalance
St. John's wort	May increase or decrease the effects of some drugs used during and after surgery
Valerian	May prolong the effects of anesthesia



Total Joint Replacement Guidelines & Instructions Common Questions & Answers • David F. Scott, MD

I have read the above instructions and they have been adequately explained to me. I have had an opportunity to ask questions about these guidelines. I understand the phone policy and I will inform the receptionist if I have an urgent matter to discuss with the doctor or his assistant.

Patient signature

Date

Witness

Date

