

Where will I go after discharge from the hospital?

Most patients are able to go directly home after discharge. Some patients may transition to a sub-acute facility and stay there between three to seven days. Your surgeon and hospital staff will help you decide where to go after you are discharged and can make the appropriate arrangements.

Will I have any restrictions following this surgery?

Yes, you will be restricted from performing high-impact activities such as running, singles tennis, and basketball. You will also be restricted from performing contact sports and downhill skiing. Hip patients may be restricted from crossing their legs or bending their hips more than 90° for at least three months after surgery.

How long until I can walk and resume my normal activities?

Walking with support (cane, crutches, or walker) typically begins the day after surgery. Walking support may be continued for two to six weeks. The hospital can arrange for these devices as needed. If you have a walker, cane or crutches that you regularly use, please bring them to the hospital.

Most patients can climb stairs after three days and are discharged to home at that time. With less invasive surgical techniques, some patients can climb stairs sooner and be discharged to home after one or two days. Dancing, golfing, and other low-impact activities may be permissible between six to twelve weeks. Returning to your daily activities will depend somewhat on your individual circumstances. Consult with your surgeon or therapist for advice on acceptable activities.

How long will it be until I can drive a car?

The ability to drive depends on several factors, such as which leg had surgery and what type of transmission you have. If your left leg is your surgical leg and you have an automatic transmission, you could be driving as soon as two weeks after surgery. If your right leg is the surgical leg, or if you have a manual transmission, your driving could be restricted for as long as six weeks. You should not drive until cleared by your surgeon or therapist.

When will I be able to return to work?

Returning to work depends on your type of work. Office workers often return in two to three weeks, while patients with more strenuous jobs may require more time away from work. The timing of your return to work depends considerably upon your commitment to recovery.

Will I need help at home after surgery?

If you go directly home from the hospital you will probably need assistance with stairs, meal preparation, house cleaning, etc., during the first week or so, depending upon your progress.

Will I need physical therapy when I go home?

Yes, if transportation is available, you may go to an outpatient facility two to three times per week. If transportation is unavailable, your surgeon's office or hospital staff can arrange for a home physical therapist to provide the initial physical therapy. The length of time required for therapy varies with each patient, but typically lasts two to eight weeks, depending upon progress.

What if I live alone?

Two options are available to you if you live alone. You may stay at a sub-acute facility following your hospital stay or you may go directly home. If you go home, you will need someone to be with you for at least a week.

How often will I need to be seen by my surgeon following this surgery?

Your first office visit after surgery usually occurs two to three weeks after discharge. You will most likely be seen for further follow-up as required by your orthopaedic surgeon. You may need to see your orthopaedic surgeon for a check-up every one to two years.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your orthopaedic surgeon.

What physical and recreational activities may I participate in after my recovery?

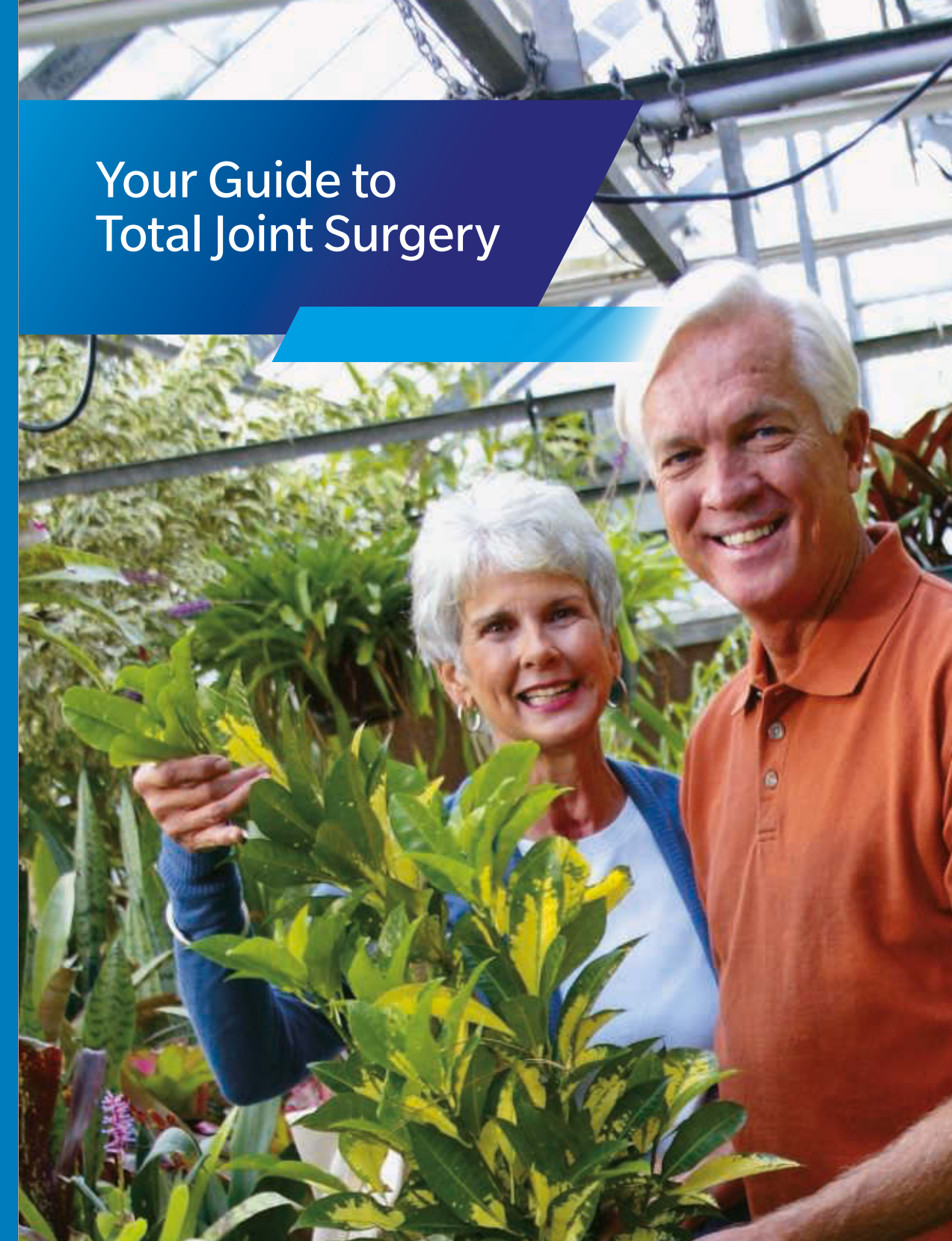
You are encouraged to participate in low-impact activities such as dancing, golfing, hiking, swimming, and gardening as your surgeon allows. Ask your surgeon about other acceptable activities.

Results are not necessarily typical, indicative, or representative of all recipient patients. Results will vary due to health, weight, activity and other variables. Not all patients are candidates for this product and/or procedure. Only a medical professional can determine the treatment appropriate for your specific condition. Appropriate post-operative activities and restrictions will differ from patient to patient. Talk to your surgeon about whether joint replacement is right for you and the risks of the procedure, including the risk of implant wear, infection, loosening, breakage or failure.

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Your Guide to Total Joint Surgery



Your guide to Total Joint Surgery

Patients have many questions about joint replacement. Below is a list of frequently asked questions with their answers. If you have any other questions, please ask or write them down for your next visit. You should be completely informed about the various aspects of total joint replacement.

What is arthritis?

There are more than 100 different kinds of arthritic conditions that can affect the human body. Osteoarthritis, or degenerative joint disease, is the most common form of arthritis. Osteoarthritis causes the cartilage to wear away, eventually resulting in painful bone-on-bone contact.

Why does my knee or hip hurt?

The bones in a joint are covered with a tough, lubricating tissue called cartilage to help provide smooth, pain-free motion to the joint. As the layer of cartilage wears away, bone begins to rub against bone, causing the irritation, swelling, stiffness, and discomfort commonly associated with arthritis.

What is total knee replacement?

Total knee replacement replaces damaged cartilage and bone with an artificial surface. The replacement implants include a metal alloy on the end of the femur (thighbone) and polyethylene (plastic) on the tibia (shinbone) and patella (kneecap). The implants create a new, smoothly functioning joint that prevents painful bone-on-bone contact.

What is total hip replacement?

Total hip replacement replaces the arthritic ball of the upper femur (thighbone), as well as the damaged cartilage from the hip socket. The arthritic ball is replaced with a metal ball that is solidly fixed to a metal stem inside the femur. The socket is replaced with a plastic or metal liner fixed in a metal shell. The implants are designed to create a new, smoothly functioning joint that prevents painful bone-on-bone contact.

What is a partial knee replacement?

In some patients, only one part of the knee is damaged, while the remaining parts are completely healthy. In these cases, it is possible to replace only the damaged part of the knee with a metal and plastic implant. This can usually be done through a smaller incision and you may recover more quickly. Your surgeon will determine if this is the best option for you.

What are the results of total joint replacement?

Results of total joint replacement have been shown to be excellent in the majority of patients. Outcomes will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, your activity level, your dedication to recovery, and your adherence to your surgeon's instructions.

How long does the typical knee or hip implant last?

All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device that is subject to wear, which may lead to mechanical failure.

While following all of your surgeon's recommendations after surgery may enhance longevity, there is no guarantee that your particular implant will last for any specific length of time.

Do implants fail, and can they be replaced?

Since implants are mechanical devices, they are subject to conditions that can lead to mechanical failure. The most common reason for implant failure in knee and hip replacements is implant loosening or implant wear that leads to loosening. Implant wear particles can react with the bone, causing thinning of the bone that can lead to implant loosening. In most cases, failed implants can be revised successfully to provide good results. However, revised components have a slightly lower success rate.

What are the possible complications or risks of joint replacement surgery?

While uncommon, complications can occur during and after surgery. Some complications include, but are not limited to, infection, blood clots, implant breakage, malalignment, and premature wear, any of which can require additional surgery. To help avoid these complications, surgeons may prescribe antibiotics and blood thinners before and after surgery. Although implant surgery is extremely successful in most cases, some patients may experience pain and stiffness. Be sure to discuss these and other risks with your surgeon.

Am I too old for joint replacement surgery?

Age is not generally a concern if you are in reasonably good health and have the desire to continue living a productive, active life. However, you should see your personal physician to obtain an opinion about your general health and readiness for surgery.

When should I have joint replacement surgery?

Your surgeon will evaluate your health history, perform a physical examination, and take X-rays to decide if you are a candidate for this surgery. You must then decide if your discomfort, pain or stiffness, and overall loss of quality of life justify undergoing surgery. Generally, there is no harm in waiting to have surgery if conservative, non-surgical treatments are effective.

How long and where will my incision be?

Traditional total knee replacements require an incision between six and eight inches long. Minimally invasive total knee replacement is designed to shorten the traditional incision, lessen trauma to soft tissues, and reduce recovery time. The scar will be on the side of your knee, unless you have previous scars, in which case your surgeon may use an existing scar. It is common for patients to notice some numbness around their scar.

Traditional total hip replacements require an incision between six and eight inches long. Minimally invasive total hip replacement is designed to shorten the traditional incision, lessen trauma to soft tissues, and reduce recovery time. The scar will be straight down the side of your hip, unless you have previous scars, in which case your surgeon may use an existing scar. It is common for patients to notice some numbness around their scar.

Will I notice anything different about my new knee or hip?

Yes, you may have some numbness on the outside of the scar. The area around the scar may feel warm. In knee patients, kneeling may be uncomfortable for a year or more. You may also notice some clicking when you move your hip or knee as a result of the artificial surfaces coming together.

What is the best way to prepare for recovery?

Proper preparation and a great attitude are the best ways to accomplish a rapid recovery from joint replacement. With the help of a physical therapist or trainer, get yourself as physically fit as you can before surgery. Proper nutrition, weight loss (if overweight), and an optimal medical condition can help avoid complications. See your physician prior to surgery to ensure your blood pressure, heart, and lungs are in good shape. See a surgeon who specializes in joint surgery and go to a hospital that has a dedicated joint unit to provide you with excellent care. Be prepared to continue with your exercise program after surgery.

Will I need blood and can I donate my own blood?

Most patients do not require blood after surgery. It is possible that you may require blood, however. If you so desire, you can donate your own blood, use the blood bank, or have your relatives donate blood for you.

