Total Joint Replacement

Charles Grimshaw, MD

What is outpatient total joint surgery?

The term outpatient means that the traditional one- or even two-night hospital stay typically associated with joint replacement surgery (knee and hip) is eliminated and allows the patient to fully recover at home. This is accomplished through extensive patient education and preparation, advanced pain management therapies and rehabilitative support. Surgery itself takes about 1.5 hours; patients should plan to spend about five to six hours total at the surgical center.

Who is a good candidate for outpatient total joint surgery?

The success of outpatient joint replacement journey is dependent on several factors. One of the most important factors is appropriate patient selection followed by preparation and education of the patient. Dr. Grimshaw and his team are dedicated to ensuring our patients achieve their goal of returning to an active lifestyle with minimal pain, but your understanding, participation and commitment are imperative to the success of your procedure. If there are medical concerns that raise questions about your procedure being performed at a freestanding surgery center, we will plan to proceed at an area hospital. The guidelines below are the basis of our patient selection for outpatient joint replacement and reflect the optimal characteristics of a good candidate.

- Good general health
- BMI <40
- Non-smoker
- Adequate support system at home

When the decision has been made to proceed with outpatient joint replacement surgery, our office will begin the process of scheduling the procedure. Our surgery coordinator will contact you to discuss available dates. **Preoperative clearance with your primary care physician must be obtained before setting a surgical time/date.** We will then submit a request for authorization to your insurance company for surgery. Once we have obtained this authorization and verified your benefits you will be contacted by phone. Every insurance company is different, please contact them directly for details such as co-insurance or deductibles.

Preparing for surgery-preoperative testing

To safely proceed with your joint replacement, preoperative lab testing is obtained to ensure there are no underlying issues that could negatively impact your recovery.

- Complete blood count, basic chemistry panel and urinalysis on all patients
- Hemoglobin A1C on diabetic patients-this must be below 7.5 to proceed safely with total joint replacement
- EKG-within one year for age >65 and on diabetic patients
- All patients must have clearance obtained from PCP. Additional clearances (cardiology, pulmonology etc.) obtained if indicated

You will be seen for an instructional visit by physical therapy prior to surgery to be fitted with a walker, initial home exercise and safety information when you return home following your surgery. This will be held at Athletico PT on the 3rd floor above our office.

What you can do to prepare

Your Health: Our team is always available to provide patients with step-by-step guidance through the process of outpatient joint replacement surgery and recovery, but a successful outcome is dependent on patient preparation and participation.

- Gather all medical and personal information that may be needed the day of surgery. This may include insurance cards, health directives, driver's license etc.
- Avoid consuming alcohol several days before surgery
- Stop smoking
- If any dental work is needed (extraction, periodontal care), schedule this and complete it well in advance of your surgery. Due to risk of infection, dental work is not recommended for 3 months after surgery. Premedication with antibiotics prior to dental work is advised in the future following total joint replacement.

Medication instructions

Stop 2 weeks prior to surgery

- GLP-1 medication

Stop 7 days prior to surgery:

- Anti-inflammatories
- Fish oil, vitamin supplements
- Aspirin
- Plavix
- Coumadin

Stop 3 days prior to surgery

- Xarelto
- Eliquis

Please note, if you are under the care of a cardiologist, please contact their office for specific instructions about stopping blood thinning agents.

Speak directly to our office about medications taken for auto-immune disease for further instruction if applicable.

Your home: Consider prepping your home for your return after surgery. It is especially important to assess for fall risks such as loose carpets/rugs and cords and remove them. If your bedroom is upstairs, it may be best to create a temporary living and sleeping space on the lower level because walking up or down stairs can be more difficult immediately after surgery. Below are some additional points to consider when preparing your home for your return.

- Add safety bar to shower
- Shower chair or bench
- Firm armchair with leg elevation
- Toilet seat riser
- Remove loose rugs/cords that may be a trip hazard
- Make sure help will be available at home for several days after surgery and for transportation to office appointments and therapy

2 weeks prior to surgery:

- Make sure all preoperative testing is completed
- Stop GLP-1 medications
- Purchase Hibiclens to be used at home prior to surgery. This can be obtained at any pharmacy

1 week prior to surgery

- Stop blood thinners and anti-inflammatories, fish oil and supplements
- Contact the office if you develop any illness prior to your surgery (fever, sore throat, cough, skin rashes or wounds)

1-3 days prior to surgery

- Do not shave legs, avoid skin abrasions that would delay surgery
- Wash with Hibiclens the night before and morning of surgery, following the instructions on the bottle
- Do not eat or drink after midnight the night before procedure
- Take medications with a sip of water the morning of surgery
    - Blood pressure
    - Thyroid
    - Reflux

    - Seizure medication
    - Do not take diuretics (water pills) or oral diabetes medications

Day of surgery

- Take medications as instructed with a small sip of water
- Arrival time will be given to you prior to the day of surgery
- Bring walker with you
- Wear comfortable loose-fitting clothing
- Bring ID, insurance card, and any other pertinent documents
- Remove all jewelry and piercings
- Do not wear contact lenses, bring case for glasses

At the Surgery Center

The staff and pre-operative nurses will provide instructions upon your arrival at the surgery center. They will guide you through signing consents for surgery and anesthesia and an IV will be started for pre-operative antibiotics and sedatives. The anesthesiologist will perform a nerve block for additional pain management. Dr. Grimshaw will meet you prior to the planned procedure and answer any questions you may have. Once the surgical site has been confirmed by both you and your surgeon, you will be transferred into the operating room.

After Surgery

When surgery is completed, you will be transferred to the recovery area where you will be monitored, and continued pain management will be provided. The oral and/or injectable pain medications combined with the nerve block, typically provide successful pain relief upon returning home. It is essential to follow the instructions provided for post-operative pain medication utilization after discharge from the hospital. This will aid in ongoing pain relief and allow for a smooth transition home. Some pain will be expected after discharge, but this should be manageable and controlled by prescription medications provided. Pain medication should be taken on a scheduled basis for the first several days, then you may gradually reduce pain medication use as tolerated.

- Discharge Checklist
    - Pain is controlled with stable vital signs
    - Successful ambulation using walker
    - All discharge medications are filled
    - Dressing is clean and dry
    - Responsible adult to drive you home and stay with you for at least 24 hours
    - Follow up appointment is verified (typically the next day)
- Discharge medications-filled prior to surgery at preferred pharmacy or delivered to surgery center by Goldsmith's Pharmacy. These medications should be readily available when you arrive home.
    - Narcotic pain medication (Norco) or alternative
    - Aspirin 325 mg twice daily for 30 days (blood clot prevention)
    - Celebrex 100 mg twice daily (anti-inflammatory, unless sulfa allergy)
    - Zofran 4 mg as needed (nausea)
    - Stool softener to prevent constipation while on pain medication
    - Oral antibiotic for 2 days (in addition to IV antibiotic day of surgery)
    - First follow up appointment

- An appointment will be made to come to the office the day following surgery to check your surgical site and take an x-ray (take pain medication prior to leaving your home)
- PT will see you for a follow up visit to review exercises and additional instructions
- Orders will be given for outpatient PT. You are encouraged to begin exercises given to you preoperatively the day after surgery.
- Instructions regarding dressing/wound care will be provided
- You will return to the office in 2 weeks for check of incision and motion

Avoiding complications

- Blood clot prevention
  - Avoid prolonged sitting, make sure you are up and walking frequently throughout the day
  - Aspirin 325 mg twice daily for 30 days
  - Wear compression stockings
  - Ice and elevate for swelling control
  - Frequent ankle pumps at rest
- Infection prevention
  - Wash hands often
  - Avoid touching the surgical wound
  - Do not apply lotions or ointments to the surgical dressing
  - Do not soak or submerge the affected extremity
  - Avoid contact with pets
  - Address all dental issues before surgery and no dental visits for 3 months following joint replacement.
- Notify the office immediately for any of the following:
  - Temperature of 101° or higher
  - Redness or wound drainage
  - Bleeding or blistering
  - Lower extremity swelling or shortness of breath
  - Pain that is not controlled by prescribed medication
  - Medication side effects (nausea, rash, etc.)

Contact information

Dr. Grimshaw and his team are committed to you having the best possible experience and surgical outcome. If any questions arise, please call our office (314-336-2555).

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