

Dr. Matthew Sloan
Joint Replacement Instructions:

Before Surgery:

When you schedule your surgical procedure we will obtain a number of pre-operative laboratory studies to ensure you are healthy enough to have joint replacement surgery. You will also likely be asked to visit with your primary care physician, cardiologist, or other relevant medical specialist based on your personal medical history. We will review the lab work and recommendations from your physician to ensure you are safe to proceed and identify any potential medical risks that can be minimized ahead of time.

We recommend attending the Emerson Hospital Joint Replacement Course (currently offered virtually) prior to your surgical date.

Pre-Operative Visit:

At your pre-operative visit we will review any questions you have regarding your surgical procedure and go over the surgical consent forms, including risks and benefits of surgery. For every surgery we perform, the general benefits will be improved pain and function. The general risks will be pain, bleeding, infection, damage to surrounding structures (such as nerves or blood vessels), need for future procedures, hardware failure, fracture, dislocation, stiffness, leg length discrepancy, anesthesia risks, blood clots, and death. We may review additional risks specific to you based on your personal medical history.

You will be prescribed a nasal swab (mupirocin) to decrease bacteria in your nose leading up to surgery. You will also be given instructions for using Hibiclens antiseptic soap leading up to surgery to wash your body and decrease bacteria on your skin.

Preparing for Surgery:

The week prior to surgery you will be contacted by the anesthesia team to review your medical history. You will also be provided with an estimated start time for your procedure and an arrival time at the hospital that is about 90 minutes ahead of that start time. If safe to do so, you will be asked to hold any blood-thinning medications for several days prior to surgery, such as aspirin, anticoagulants (Xarelto, Eliquis, Pradaxa, Coumadin, Lovenox), anti-inflammatories (Advil/ibuprofen, Aleve/naproxen, Voltaren/diclofenac, Mobic/Meloxicam, etc.), as well as any supplements (fish oil, ginkgo, garlic, ginseng, etc.).

The night prior to surgery, you will typically be instructed not to eat after midnight, and drink only small sips of clear liquids as needed with medications the morning of surgery. You should do your best to get a good night's sleep and arrive on time for your procedure.

Arriving at the Hospital:

When you arrive you will be checked into the pre-operative area where a nurse will review all your forms and provide you with any medications required ahead of surgery. Dr. Sloan will sign the final paperwork and place a mark on the operative site so everyone knows the correct location. The anesthesiologist will see you to review the information for your planned anesthesia (spinal vs. general). We prefer spinal anesthesia whenever possible. When the operating room is ready for you, you will be brought back to the room for surgery. If you decide to have a spinal anesthetic, this will happen in the operating room.

If you are having an anterior total hip replacement, you will be placed in special boots that attach to the anterior hip table. Otherwise you will move from your stretcher onto a standard operating room table. A final timeout will be performed by the surgical, anesthesia, and nursing teams to review all your information prior to surgery.

In the Hospital:

Most people typically remember waking up in the recovery room. Here you will have a recovery room nurse and x-rays will be taken of your newly replaced hip or knee. If you are going home the same day you will work with physical therapy before leaving. If you are staying overnight, you will go upstairs to a room in the hospital and see physical therapy later that day. Dr. Sloan will check in with you after surgery and call your listed family member or friend to provide an update (since many people do not recall the postoperative discussion). The next morning Dr. Sloan will check on you again, and you will continue working with physical therapy in order to be safe for discharge home. You will be given prescriptions for all necessary medications at the time of discharge.

After you return home:

You will continue your therapy with a visiting therapist at home, until you graduate to outpatient physical therapy. You will work on rebuilding your strength and gaining function and mobility. Your scheduled follow-up will typically be 4 weeks after surgery. This appointment should already be made for you, but you can call the office to confirm the date if necessary.

If you are having a problem:

We would like to know if you are having any issues with your surgical incision (such as increasing redness, drainage and fever) as soon as possible and we will try to accommodate a clinic visit if it is needed. If there is a problem with the surgical site that needs to be addressed immediately, it is recommended to go to the emergency room where you had your surgery. Being evaluated at outside emergency rooms sometimes can delay timely evaluation and appropriate treatment. All other non-surgical related medical issues (urinary issues, constipation) should be addressed by your family physician or by your local emergency room.

Non-emergency orthopedic issues:

Monday-Friday 8:30am-5:00pm: 978-369-5391 (Dr. Sloan's Office)

Medical issue: Family physician or local ER

Medical emergency: Call 911

In most cases for non-emergency issues, it is best to wait until normal business hours to call. For routine questions, we suggest you write them down and discuss them in person. This can be done in the office when you return for suture removal or examination at the follow-up appointment. Phone calls should usually be reserved for emergencies. If you need to call, in most cases, we would like to communicate with you (the patient) as opposed to spouses, siblings, children, nurses, physical therapist, etc. This avoids confusion and messages lost in translation.

Pain Medication:

At the time of your discharge, you will be given prescriptions for pain control. Please take narcotic medication as prescribed at first, then decrease its use over the second to third week. We understand the severity of the opioid crisis, and as such will do our part to ensure that you will not need these medications longer than prescribed. With that being said: you have just had major orthopedic surgery and will need pain control in order for you to recover and regain your range of motion. If you wean your pain medications too quickly or too early, you will not have good pain control and therefore will not have good range of motion.

Our office policy is that we will not prescribe opioid medications after 8 weeks post-op.

If you need refills of your medications, please call our office allowing for **2 days** for refills to be prescribed. **We do not prescribe refills on Fridays.** Any refills requested after 4 pm Thursday will be filled the following Monday.

Activity:

Knee Replacements: Do not put anything under the knee when sitting/lying down. You may weight-bear as tolerated. Please use your Cryo ice machine as tolerated if you have this available at home. You may leave it on for the first 24 hours, then as tolerated (preferably 20 minutes every hour). Otherwise, you may ice 15-20 minutes at a time each hour as tolerated. Be mindful of the skin when icing to avoid cold injury.

Hip Replacements: For Anterior Hip Replacements, you may weight-bear as tolerated unless otherwise directed following your surgery. No deep bridging/arching until cleared by your surgeon. For Posterior Hip Replacements, you may weight-bear as tolerated, follow standard posterior hip precautions.

Your physical therapist will advance you from walker or crutches to a cane, and so forth. You may progress when you are comfortable and when you can walk with little or no limp.

Stairs will be the hardest to climb and descend, this is normal as it requires the most strength. As you strengthen the legs, activities will become less painful.

4-6 weeks	3 months	When comfortable
Driving Travel Swimming (after follow up)	Dental cleanings/procedures Other joint surgeries	Normal activities: golfing, biking, hiking, walking, skiing, etc.

Wound Care/What to expect:

You will have a waterproof bandage over your incision. This should stay on for 7 days. It is very common to have blood visible on your surgical bandage. There is a fresh wound over your new joint, and sometimes it will ooze after you get up for the first time or move around with physical therapy. This is normal and should slow down or stop completely after a few days. If your bandage has completely soaked through, you may reinforce it with gauze and tape/ACE bandage until the original dressing is taken off on day 7. Do not remove the original surgical dressing, unless given instructions to do so by our office. Please call our office for instructions, as we may have you or your visiting nurse send photos to assess. It is usually NOT necessary to go to the emergency room for this. You may shower with the dressing in place. Once the dressing is taken off, you may shower as normal, allowing soapy water to run over the incision. Pat it dry with a clean towel. Do not scrub the incision, do not soak the incision. Do not use lotions or creams until you are seen post-op.

Do not take Steri-Strips off if present. Allow them to fall off on their own. There may also be two pieces of suture at each end of the incision. This is normal. **If they are bothering you, you may clip them down to the skin with a clean pair of scissors.**

You can expect to have redness and warmth over the incision. This is normal. If you have excessive drainage from the wound over the first several days, please inform the office.

Swelling/Bruising:

You will expect to see some swelling and bruising of the leg after hip or knee replacement surgery. This swelling can get a bit worse for several weeks after the operation. This bruising may be quite dark and may go from the hip and buttock all the way to the foot. In addition to bruising, there may be swelling of the area around the incision as well as the entire leg and foot. The swelling (especially in the foot and ankle) typically gets worse through the course of the day. Some of the swelling can be improved if the leg is elevated when you are laying down (putting the foot up on an ottoman or elevating your heel on multiple pillows while sitting on a couch). You may need to use 4-5 pillows to elevate your leg, and please elevate it above the level of your heart to reduce swelling. Please contact our office or report to a local emergency room if there is extensive swelling, pain associated swelling, and/or trouble breathing.

Sleeping:

Up to 85% of patients will experience some disturbance in their sleep pattern in the weeks following joint replacement surgery. This is your body's response to the stress of surgery. To deal with this sleep disturbance, we suggest you avoid caffeine after mid-day (this includes coffee, tea, and soda). Avoid taking "cat naps" and going to bed late in the evening (10:30-11:00pm or later). There is no medication that is useful for everyone, so you may speak to your PCP about medications for sleep if necessary. We do not prescribe sleep aids, as we find that sleep normalizes on its own and usually gets better at 6-8 weeks post-op.

Driving/Traveling:

You may not drive before four weeks unless specified otherwise. You must not drive if you can't operate the car safely and/or if you are still taking a narcotic pain medication. Practice in an empty parking lot before driving on the road is a good idea. You can travel four weeks after surgery. It is encouraged that you take frequent breaks and stretch every 45-60 minutes to prevent a blood clot, especially for car rides and airplane rides longer than one hour. Compression stockings are recommended while traveling.

Diet:

We recommend continuing any medically pertinent diet after surgery. For those not on medical recommended diets, the healthiest diets are those with "real foods" (fruits, vegetables, meat, dairy, eggs), low in sugar (to decrease infection risk), and avoid processed or highly salted products. Protein after surgery can help with wound healing.

Patient: _____

This table has been designed as a **GUIDELINE**. If you do not have some medications listed here, you may ignore them or take as directed on your discharge instructions. **Please Note: Patients 75-years and older will have dosing and pain regimen modifications**

GENERIC (BRAND): Hydromorphone (Dilaudid), Acetaminophen (Tylenol), Gabapentin (Neurontin), Omeprazole (Prilosec), Tramadol (Ultram), Celecoxib (Celebrex) **or** Naproxen (Aleve), Docusate (Colace), Sennosides (Senna), Ondansetron (Zofran), Dexamethasone (Decadron)

Time	Activity	Detail	Comments
0100	Medication	Dilaudid 1-2 mg	AS NEEDED for severe pain; can take up to 4 mg every 4 hours
0500	Medication	Dilaudid 1-2 mg	AS NEEDED for severe pain; can take up to 4 mg every 4 hours
0600	Wake up		
	Medication	Tylenol 1000 mg	Take two 500 mg tabs, or three 375 mg tabs (depending on what you have)
		Tramadol 50 mg	As needed for moderate pain; can take up to 100 mg every 8 hours
		Gabapentin 300 mg	For nerve pain; take every 8 hours
		Omeprazole 20 mg	To help with digestion, take before breakfast
0700	Breakfast	N/A	Drink at least 8 oz. of water
0800	Medication	Aspirin 81 mg	Prevent blood clots- take with breakfast
		Colace 100 mg	Stool softener- take with breakfast
		Senna 8.6 mg	Take two tablets for 17.2 mg total dose- take with breakfast
		Celebrex 200 mg	Anti-inflammatory- take with breakfast
0900	Medication	Dilaudid 1-2 mg	AS NEEDED for severe pain; can take up to 4 mg every 4 hours
1000	PT	Walk	
1030		Strength exercises	
1100		Stretching	
1130		Ice and Elevate	Ice- 20 min on, 20 min off
1200	Lunch		Drink at least 8 oz. of water
1300	Medication	Dilaudid 1-2 mg	AS NEEDED for severe pain; can take up to 4 mg every 4 hours
1400	Medication	Tylenol 1000 mg	Take two 500 mg tabs, or three 375 mg tabs (depending on what you have)
		Tramadol 50 mg	As needed for moderate pain; can take up to 100 mg every 8 hours
		Gabapentin 300 mg	For nerve pain; take every 8 hours
1430	Nap		

1700	Medication	Dilaudid 1-2 mg	AS NEEDED for severe pain; can take up to 4 mg every 4 hours
	PT	Walk	
1730	PT	Strength exercises	
1800		Stretching	
1830		Ice and Elevate	Ice- 20 min on, 20 min off
1900	Dinner		Drink at least 8 oz. of water
1900	Medication	Aspirin 81 mg	Prevent blood clots- take with dinner
		Colace 100 mg	Stool softener- take with dinner
		Senna 8.6 mg	Take two tablets for 17.2 mg total dose- take with dinner
		Celebrex 200 mg	Anti-inflammatory- take with dinner
2100	Medication	Dilaudid 1-2 mg	AS NEEDED for severe pain; can take up to 4 mg every 4 hours
2200	Medication	Tylenol 1000 mg	Take two 500 mg tabs, or three 375 mg tabs (depending on what you have)
		Tramadol 50 mg	As needed for moderate pain; can take up to 100 mg every 8 hours
		Gabapentin 300 mg	For nerve pain; take every 8 hours
2230	Bedtime		Try to get 8 hours of sleep

Dexamethasone (decadron) should be taken the first two days after surgery. Take with breakfast.

Gabapentin should be taken three times daily for the first week. After the first week, only take one dose (300mg) before bedtime.

Celebrex (if given) should only be used for two weeks. After it is finished, you may take over-the-counter Advil or Motrin instead.

Zofran (ondansetron) is used for nausea as needed only.

If you have further questions, please contact our office, 978-369-5391.