

TOTAL KNEE AND TOTAL HIP REPLACEMENT SURGERY

Recovery after Total Joint Surgery

The recovery after total hip or total knee replacement involves 2 to 4 days in the hospital on the acute orthopedic floor. You will receive nursing care as well as physical therapy, and you are usually able, at the end of your stay, to get in and out of bed by yourself and walk with a walker. If you require more inpatient rehabilitation, this can be arranged, either connected with the hospital or at a nursing rehabilitation facility. A case worker will help you with these arrangements if we decide that it is necessary.

If you are able to go straight home from the hospital we arrange for visiting nurses to come in to monitor your progress, check your wound and draw blood to check the effectiveness of the Coumadin that we will have you continue to prevent blood clots for an average of 21 days after surgery. A physical therapy will also come to work with you up to three times a week. Generally you will require four weeks of post operative physical therapy in the home setting. Usually in two to four weeks you are able to progress to using a cane, and by three or four weeks, able to start going out. The wound staples are removed by the visiting nurse two weeks post operatively as long as the wound is clean and dry. If not they will call and arrange for you to come into the office to be evaluated.

We would like you to wear your surgical stocking during the day for the first three weeks after surgery and to always keep your operative leg elevated while sitting. This prevents swelling and blood clots.

At four to six weeks you are getting around quite well, but probably still using a cane. You might be able to return to work at this time if you do not have any swelling in your leg and are able to get back and forth to work. We will allow you to drive somewhere between three and six weeks depending on which leg was operated on. After a total knee replacement we ask you to return for follow-up in the office four weeks post operatively and if you have had a total hip replacement at six weeks. Sometimes physical therapy is required as an out patient after that period of time especially if you have had a total knee replacement and are having trouble getting your motion back. Your activity continues to increase over the ensuing month or two and you can expect to be back to full activities usually anywhere from 2 to 4 months.

The total joint replacements are built for non-impact activities such as walking, swimming, biking and moderate hiking as well as golf and easy tennis. We do not like you to participate in any impact activities such as running or jumping. The long term results of joint replacement are excellent and we ask you to return for follow-up one year post operatively and then periodically to allow us to check an x-ray after that. Antibiotics are required for dental work for at least the first two years to prevent infection from the mouth getting into the blood stream, and if you have any symptoms of a possible bacterial infection in you body such as a bad sinus infection, bronchitis, strep throat, urine infection or skin abscess you should have it looked at promptly and have antibiotics prescribed to prevent bacteria from getting into you blood stream that could settle in your artificial joint.

If you take care of your joint replacement the odds are that it will last you a life time. If you start to experience pain in your joint, return for evaluation. If a part wears out or works loose it can be revised with another operation. Sometimes wear of a joint replacement can be a silent process and that is why we ask that you return for periodic x-rays usually every five years after the initial one year visit.

Possible risks and complications:

1. Infection @ 0.5% incidence. We use perioperative antibiotics and operate in space suits to prevent.
2. Blood clots (DVT) in the veins of the leg; we use Coumadin (a blood thinner) to prevent, starting the night before surgery and continuing for at least 3 week after. This is also to prevent clots from going to the lungs.
3. Blood loss; we usually do not need to have you give blood ahead of time, as the necessity for transfusion is low, but possible.
4. Wound healing; we use occlusive dressings with antibiotic ointment to promote healing and prevent infection. If there is any significant drainage on the dressing after 7 days, please call. (The visiting nurse will help you with this.)
5. Anesthetic risks, including cardiac. We ask you to see your internist pre-operatively for a complete physical and a cardiac workup if indicated.
6. There is a rare risk of neurovascular injury during the procedure; all proper precautions are taken to prevent that.
7. There is also a rare risk of fracture of the bones about the joint, if this occurs, it can be fixed surgically at the time of the procedure, but may delay recovery.
8. In a total hip procedure, sometimes it is necessary to lengthen the leg to achieve stability; if this is noticeable,- a lift will level you off.
9. After total hip replacement, you must follow precautions to prevent dislocation of your new joint for the first three months. The physical therapist and occupational therapist will help you with this.
10. Adhesions, or scar tissue, can sometimes occur in a total knee post operatively limiting motion. Vigorous physical therapy and self performed exercises are necessary in the first four weeks after surgery to regain good motion and prevent this.