Premier® ORTHOPAEDICS

Thank you for trusting your care to Dr. McDaniel and her team for your joint replacement and recovery. Information regarding your hip or knee replacement can be found in this pamphlet, as well as online at www.drclairemcdaniel.com.

Please call 855-ORTHO24 with any questions!

Before Surgery

Medical & Dental Clearances

Prior to surgery, you will need to see your primary care doctor to be sure that you are safe to undergo surgery. If you are having your surgery at Chester County Hospital, their preoperative team will perform your medical clearance instead of your primary care doctor. Depending on your individual medical history, you also may need to be seen by a specialist doctor such as a cardiologist or hematologist. This medical clearance will include lab work and an EKG if you have not recently gotten these.

All patients will need to have their dentist clear them for surgery making sure that there are no active dental problems. You cannot have invasive dental procedures in the first 3 months after surgery as this increases your risk of injection in your replaced joint. Please plan accordingly.

Education

Dr. McDaniel has made a video with education slides that she asks all patients to watch prior to surgery. This video discusses what is arthritis, what surgery will be like, and addresses common questions. It is approximately 15 minutes long. This is available at: drclairemcdaniel.com/patient-resources. There is also a QR code at the bottom of this pamphlet that will bring you to the web page.

Physical Therapy

Before your surgery, you will have a "pre-hab" appointment with Premier Physical Therapy during which they will discuss with you early recovery after surgery and nutrition optimization. They will give you access to an app that will help you with home exercises after surgery. For patients who are having a joint replacement, Dr. McDaniel prefers that you wait 2 weeks prior to beginning formal outpatient physical therapy. This allows the incision to start to heal and much of the swelling to resolve before starting therapy. This has been shown to improve outcomes and reduce pain.

Smoking Status & Weight Loss

Smoking or using nicotine of any kind (including vaping, patches, or gum) constricts blood vessels in the skin and leads to poor wound healing, which can be dangerous after surgery. It is critical that you stop use of nicotine at least 1 month before surgery and 3 months after surgery. This is the most important time for wound healing. If smoking cessation is something you would like assistance with, please let Dr. McDaniel's office now.

Obesity increases risks of surgery including wound healing issues, and weight loss prior to surgery can make recovery easier. However, it is important to optimize your nutrition status before surgery, with a focus on lean proteins and appropriate hydration. Weight loss prior to surgery, as long as good nutrition is maintained, can be beneficial. This will be discussed at your "pre-hab" appointment as well.



Learn more about your surgery at **drclairemcdaniel.com**

Day of Surgery

Preoperative Procedures

You will get a phone call the day before your surgery confirming the time you should arrive for your surgery. If your surgery is on a Monday, the phone call will come on the Friday before.

You should drink 500mL of Gatorade **two hours** before you are scheduled to arrive at the hospital or surgery center for your surgery. This will help keep you hydrated and help your early recovery. Do not drink anything other than Gatorade after midnight the day before your surgery, and do not eat anything after midnight the day before your surgery. This reduces the risk during surgery of aspiration of your stomach contents and potential injury to the lungs. If you forget to drink the Gatorade, your surgery will not be canceled.

Once you arrive at the hospital or surgery center, a number of different things will happen. These include a review of your medical clearances, anesthesia consent, placement of an IV, and administration of certain medications including antibiotics, pain medicines, and anti-nausea medicines.

Surgery Day

Dr. McDaniel prefers spinal anesthesia for her hip and knee replacements. This is similar to an epidural but is a single shot of medication. If you receive spinal anesthesia, you will also get medication during surgery that will mean you are asleep during surgery but breathing on your own. Some patients are unable to get spinal anesthesia, in which case you will get general anesthesia. This will involve medication to sedate you and placement of a breathing tube.

The rate of blood transfusion after a primary hip or knee replacement is less than 1% with modern medications, anesthesia, and surgical techniques. You will receive a medication after surgery called tranexamic acid (TXA) that helps prevent bleeding. This has been shown to decrease swelling and improve early range of motion. You will take this for 3 days after surgery.

Pain control after a hip or knee replacement has changed over the years as new research has been conducted. The best pain control regimen is now thought to be multimodal--meaning that you will take different medicines to address different sources of pain. Several of these are to be taken around the clock, and others will be as needed. Please see the table below for more information.

YOUR POST-OPERATIVE MEDICATION PLAN

Follow this plan to manage your pain and support your recovery.

1. TAKE ON A SCHEDULE

Take these medications on a schedule. Start the night of surgery.

MEDICATION	HOW TO TAKE IT	IMPORTANT INFORMATION
Journavx 50 mg tablet	**Loading dose:** **Take 2 tablets (100 mg) the night before surgery on an empty stomach.** *(At least 2 hours after eating or 1 hour before the next meal.)* **Then take 1 tablet (50 mg) every 12 hours.**	• Loading dose must be taken on an empty stomach (at least 2 hours after eating or 1 hour before the next meal). • Regular doses (1 tablet every 12 hours) can be taken with food. • Do not take with grapefruit juice. • Take for 14 days.
Tylenol (Acetaminophen) 500 mg tablet	**Take 2 tablets every 8 hours**	• This is 1000 mg every 8 hours. • After 7–10 days, you can switch from scheduled to as needed: Take 500–1000 mg every 8 hours (1–2 tablets). • Over-the-counter.
Gabapentin 100 mg capsule	**Take 2 capsules every 8 hours for 7 days**	• This is 200 mg every 8 hours. • Take for 7 days only.
Meloxicam 15 mg tablet	**Take 1 tablet once daily (with food) for 30 days**	• Take with food. • After 30 days, you can use an over-the-counter NSAID (like Advil or Aleve) if needed.

2. AS NEEDED FOR BREAKTHROUGH PAIN

Use only if pain is not controlled with the medications above.

Oxycodone 5 mg tablet	Take 1–2 tablets every 4–6 hours as needed	We refill as needed (usually not prescribed past 3–4 weeks).

3. HELPS PREVENT BLOOD CLOTS

Aspirin 81 mg tablet	Take 1 tablet every 12 hours for 30 days	Take twice daily for 30 days. If you are on a different blood thinner (like Eliquis or Xarelto), you will get separate instructions.

4. HELPS PREVENT BLEEDING / BRUISING

Tranexamic Acid (Lysteda) 650 mg tablet	**Take 3 tablets every morning for 3 days** beginning the morning after surgery.	Take for 3 days only.

5. FOR NAUSEA (IF NEEDED)

Ondansetron 4 mg tablet	Take 1 tablet every 8 hours as needed	Use only if you are feeling nauseous.

6. HELPS PREVENT CONSTIPATION

Sennokot (Senna) 8.6 mg tablet	Take 1–2 tablets twice daily	Take twice daily after surgery to help prevent constipation. You can add a laxative such as MiraLAX if needed.

IMPORTANT NOTES

- You will take the first four medications (Journavx, Tylenol, Gabapentin, and Meloxicam) on a schedule (not as needed).
- You will use Oxycodone as needed for breakthrough pain.
- Begin all medications the night of surgery, except Meloxicam and Tranexamic Acid, which start the morning after surgery.
- If you are having surgery in the hospital, you will start this medication plan when you go home.

Prescriptions are sent to your pharmacy for all medications above.

However, the pharmacy may not fill Aspirin 81 mg or Sennokot as these can be purchased over-the-counter.

Please ice and elevate as this helps with pain management.

Your medication plan may be adjusted based on your medical history.

IMPORTANT REMINDERS

- Take medications as directed and do not stop suddenly.
- Call the office with any questions or concerns.
- Keep all medications out of reach of children.

Recovery From Surgery

Heading Home

Most patients will go home either the day of surgery or the next morning. If your surgery is taking place at the MUVE Surgery Center, you will go home the same day. If your surgery is taking place at Chester County Hospital, most patients go home the morning after surgery. A small percentage of patients will need to go to an inpatient rehabilitation center after surgery, but this is not common. Dr. McDaniel strongly prefers that--if safe to do so--patients recover at home. Research shows that hip and knee replacement patients at rehabilitation centers have higher infection rates, higher wound healing issues, increased narcotic use, higher rates of depression, and decreased functional outcomes including range of motion.

Dr. McDaniel prefers that you start formal, outpatient physical therapy 10-14 days after your surgery. This gives your new hip or knee time to "cool down" from the inflammation and swelling before aggressive mobilization. This has been shown to decrease narcotic pain medication use and increase early functional recovery.

You will be given a cane and a walker. It is encouraged to transition from walker to cane to free standing when you feel safe and comfortable to do so. You can discuss this with your physical therapist.

Wound Care Considerations

After surgery, you will have an adhesive bandage over your incision. For most patients, this will be an Aquacel dressing, which is a waterproof bandage. You may shower with it in place. Some patients who are having revision surgery or are at high risk for wound healing issues will have a dressing known as a Prevena wound vacuum. The bandage of the Prevena is waterproof, but the machine is not so this will have to be protected while showering.

All bandages should be removed 1 week after surgery, with the incision left open to the air. Some patients like to cover incisions that can be rubbed by clothing with a dry gauze dressing, which can be purchased at your pharmacy. At this time you can shower, letting clean, soapy water run past the incision. Do not scrub at the incision. Do not place lotions on the incision until cleared by Dr. McDaniel, usually after your first postoperative period. Do not soak the incision (including pools, baths, hot tubs, ocean, lakes, etc.) until the skin is fully healed, usually at the 4-6 week mark.

Drainage early on after surgery is fairly common, but if it lasts longer than 5-6 days postoperatively, or if the amount increases, contact Dr. McDaniel's office immediately.

Swelling and bruising after surgery are very common. These will increase over the first week after surgery and slowly resolve. It is normal for both swelling and bruising to go all the way down to the foot due to gravity. Be diligent with icing and elevating the extremity above the level of your heart to help reduce this.

Follow Up Visits & Returning to Regular Activities

You will have your first follow up visit at 3 weeks postoperatively. During this visit, your wound will be checked, your range of motion evaluated, and X-Rays will be taken. If you have any issues at all before your scheduled visit, please contact Dr. McDaniel's office and you may need to be evaluated earlier.

Driving after joint replacement surgery depends on being off of narcotic pain medications, and you feeling that your reflexes have returned to normal. This is usally around the 3 week mark.

Returning to work after a hip or knee replacement depends on the demands of your job. If you are able to work from home, some patients can return to work within a couple of weeks. Most patients who work at a desk find that they are able to return between 4-6 weeks after surgery. Patients who have a more physically demanding job usually return to work at the 8-12 week mark. You know the demands of your job best, and you can discuss with Dr. McDaniel and her team when is best for your return to work.

Dr. McDaniel does not have restrictions on your activities once you have recovered from surgery. However, she does not want you to do high impact activities like running or jumping until 3 months after surgery to make sure that your bone is well-fixed to the new implants. You should listen to your new joint when returning to exercise and increase your activity gradually. Significant increases in activity can lead to setbacks, swelling, and pain.

Do not get any invasive dental procedures (including deep cleanings) for at least 3 months after your surgery. After 3 months, you may get dental procedure. However, Dr. McDaniel asks that you use antibiotics for prophylaxis against infection for a year after your surgery. Dr. McDaniel's office will prescribe you the antibiotic, which is a single dose and just needs to be taken 1 hour before your dental procedure.

Common Questions

Flying After Hip And Knee Replacements

Current research shows that there is no increased risk of DVT/PE with flying early after hip or knee replacement. If you do plan on flying, please be sure that you are taking your blood thinner, that you wear compression stockings, and that you frequently stand up and walk during the flight.

When going through security at the airport, let the security officers know that you have an artificial hip and/or knee. They will direct you through the appropriate security screening.

Numbness After Surgery

For total hip replacements, up to 1 in 3 patients may have some numbness on the outside of their thigh. This usually resolves within a few months, but may persist.

For total knee replacements, the lateral or outside part of your knee will be numb the length of the incision. The area that is numb usually gets smaller over time until it is just by the incision, but this is not always the case. You can still kneel on your total knee replacement after the incision heals.

Future Considerations

Modern hip and knee replacements are designed to last at least 2 decades, sometimes longer. It is important to have regular X-rays every 2 years after the first year from surgery. This is to ensure that if there are problems with the implants, they are caught early.

You can have an MRI with a hip or knee replacement, just let the radiology team know about the implants on your screening form. However, the presence of metal in the artificial joint decreases the quality of the MRI image in that area.