

Total Joint Replacement Overview

Key Points to Remember

Before Surgery

- Follow any instructions you have been given by our office or the hospital.
 - Know what medications you can and cannot take before your surgery.
- Write down ALL of your appointments you have scheduled after your surgery.
- Be careful!! Avoid anything that may scratch or bruise your leg/shoulder. Avoid activities such as yardwork, kneeling, or climbing many flights of stairs or ladders. These may cause swelling or bruising.

The Day of Surgery – Your Arrival & Immediately Before Surgery

- Arrive at the hospital on time.
- Check-in at the front desk at Borgess Medical Center on Gull Road. You will then go to the 5th floor (knee) or 1st Floor Stryker Center (shoulder).
- Dr. Uggen will see you before surgery.
- The anesthesia team will talk to you about the types of anesthesia used during surgery.
 - Remember to tell them if you want to be asleep or want to have a regional (“spinal”) anesthetic.

The Day of Surgery – The Surgery

- The surgery typically takes 1.5 to 2 hours.
- Your family and friends can wait for you in the waiting room (knee), or 1st floor atrium (shoulder)
- Immediately after surgery
 - You are taken to the recovery room (PACU), and will be there for 2 to 3 hours.
 - Dr. Uggen will speak with your family and friends.
 - Visitors are not typically allowed to visit the PACU, but your loved ones can meet up with you after you are taken to 2-North.

Your Hospital Stay

- Typical stay is 1 to 2 nights in the hospital. You will have your own room and bathroom on 2-North.
- If you are being discharged to an in-patient nursing facility, you may have to stay 3 nights.
- While in the hospital, your nurse will monitor you and give you medications. This includes medicine to prevent blood clots.
 - Dr. Uggen uses Lovenox (an injectable medication) while you are in the hospital after knee surgery.
 - You will take **ASPIRIN 325mg TWICE DAILY for 30 days** after knee surgery when you get home.
 - You will take **ASPIRIN 325mg ONCE DAILY for 30 days** after shoulder surgery when you get home.
 - **HOWEVER, you may be given different medications for blood clots IF:**
 1. *You are already on a blood thinning medication (e.g., Coumadin/Warfarin, Plavix, Xarelto, Pradaxa, Effient, etc.). That medication will be restarted postoperatively for you.*
 2. *You have had a previous blood clot in your legs or lungs; have an allergy to aspirin; or cannot take aspirin because of bleeding GI ulcers or previous bariatric surgery. Dr. Uggen may want to put you on a medication other than aspirin.*
- Following knee surgery, physical and occupational therapists will come to your room after your surgery. Listen closely to their instructions.
- Dr. Uggen, his physician assistant, and/or his residents may also come to your room during your stay.

After Surgery – Recovery / Rehabilitation

- Total Knee Replacements
 - Reaching your motion (bending, straightening) goals as soon as possible is KEY.
 - More often than not, patients benefit from physical therapy at a local clinic.
 - Please have these appointments made **before your surgery**.
 - PT at a clinic should start 7 to 10 days after surgery.
 - Home PT visits may be helpful for patients who have issues with transportation.
 - Also, you must perform motion exercises on your own at home.
- Total Shoulder Replacements
 - We encourage you to work on the exercises at home.
 - Out-patient formal physical therapy is started 6 weeks after surgery.
 - You will wear your sling for 6 weeks, unless otherwise directed.
 - You will have restrictions in regards to your shoulder motion and how much you can lift (i.e. no external rotation past 30 degrees and no lifting greater than a coffee cup).
- Pain Management
 - Pain is an expected part of your recovery. Pain levels vary from person to person.
 - Mild to moderate discomfort may last anywhere from a few weeks to a few months after surgery; in most cases this is very normal and not uncommon.
 - Oral pain medication (narcotics) will be prescribed for you. A prescription will be given to you before you leave the hospital. These should only be taken as needed.
 - Do not take more than what is instructed on the bottle.
 - Tell Dr. Uggen if you have had problems with pain medications in the past.
 - **Constipation, nausea, and vomiting** are common side effects of these medications.
 - **We try not prescribe pain medications if it has been 6 weeks or more since your surgery.** There are very few exceptions to this rule.
 - Most pain medication prescriptions cannot be called into the pharmacy. For these types of prescriptions, the pharmacy requires a hard copy “paper” prescription be brought in.
 - At the end of your knee surgery, Dr. Uggen injects medication around the incision to help with pain. This usually wears off about 12 to 24 hours after surgery. You **may** notice an increase in pain around this time.
 - If you received the shoulder block prior to your shoulder surgery, this typically wears off after 18-24 hours.
 - **Swelling and bruising** are also common after surgery.
 - Your entire leg from your buttocks to your foot may look and feel swollen and bruised after surgery. This is very common, and should not cause concern unless you are having severe, constant calf pain.
 - Tips to decrease swelling
 - **Ice** the area you had surgery for 15-20 minutes at a time.
 - **Elevate** your leg above your heart.
 - **Avoid doing too much too soon** can help control swelling.
 - Use compression socks or an ace wrap from your toes to your thigh.
 - ◆ Do not wear compression socks or ace wraps to bed.

After Surgery – Hospital Discharge

- Planning for discharge starts even before you come to the hospital.
 - Make sure you have a friend or family member who can drive you home on the day of your discharge.
 - In certain situations, it is better for some patients to go to a skilled nursing facility after surgery. This should be discussed with Dr. Uggen, your family, and the discharge planners.

- The following must happen before you leave the hospital:
 - You graduate physical therapy (knee surgery only).
 - Your pain is controlled with oral medications and you are eating on your own.
 - Your labwork (hemoglobin) is not too low after surgery.
 - You have urinated on your own.
- Discharge planners will discuss your discharge needs with you.
 - Tell them if you need any medical equipment before you leave the hospital, such as your own walker or crutches.

After Surgery – Post-Operative Visits

- Your post-operative visits will be at Borgess Orthopedics on S. 11th Street.
 - Most of these are scheduled with Jeff Oney PA-C and Dr. Uggen.
- Please arrive **at least 15 minutes early to all of your appointments**, as we often update x-rays at these visits.
- At your first visit after surgery:
 - X-rays will be performed.
 - We will remove your Aquacel dressing or other surgical dressings. Please keep this on until your first appointment after surgery unless otherwise directed.
 - We will look at your incision and your leg.
 - Instructions will be reviewed including incision care and rehab goals.
 - Medications will be discussed.
 - You will be reminded that you must have **antibiotics for all dental appointments** (including teeth cleaning).
 - Do not have any dental appointments scheduled until at least 6 weeks after surgery.

Treating Constipation After Surgery

- Increase fluid intake, especially WATER or prune juice. You may try fruit juices but be careful drinking too much of these as they can be high in sugar and calories.
- Eat more FIBER
 - Whole grain breads and cereals, fruits (with the skin), and vegetables
- MOVE! Get up and walk around as much as you are able. However, please remember to follow any restrictions with movements or walking given to you by your surgeon (if any).
- Constipation is a major side effect of pain medication. Try decreasing your pain medication as you are able to, based on your pain. Or you can call our office to see if you should try a different pain medication.
- If the suggestions above do not work, you can try:
 - Colace 100mg 3 times per day
 - Senakot suppository at night
- If you have not had a bowel movement for a few days after trying several of these options, call our office.
 - **Go to the ER if:**
 - You have not had a bowel movement after several days and your stomach is sticking out, swollen, and tender to touch.
 - You have not had a bowel movement and are not passing gas or you have extremely loose stool. These are signs of a possible bowel obstruction.