

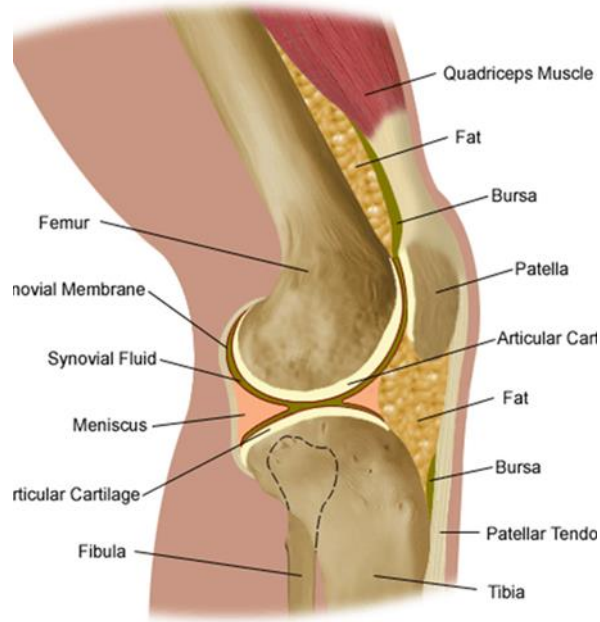
# Hip and Knee Replacement Class



We are  AdvocateAuroraHealth®

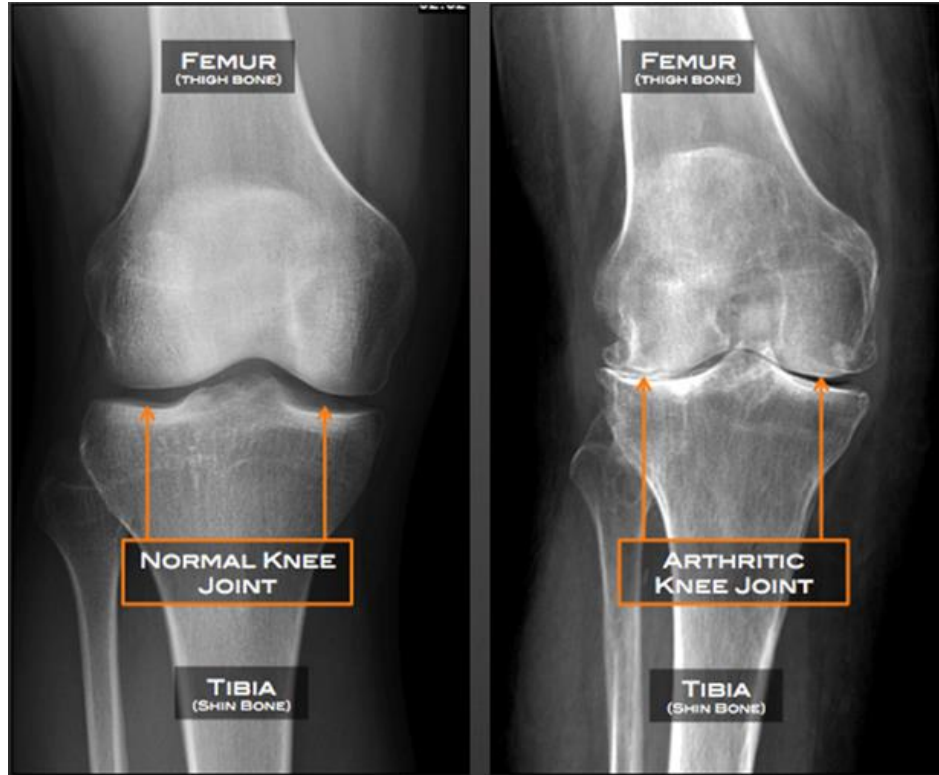
# Anatomy of the Knee

Anatomy of the Knee



- Femur (thigh bone)
- Patella (knee cap)
- Tibia (shin bone)

# Healthy and Arthritic Knee X-ray



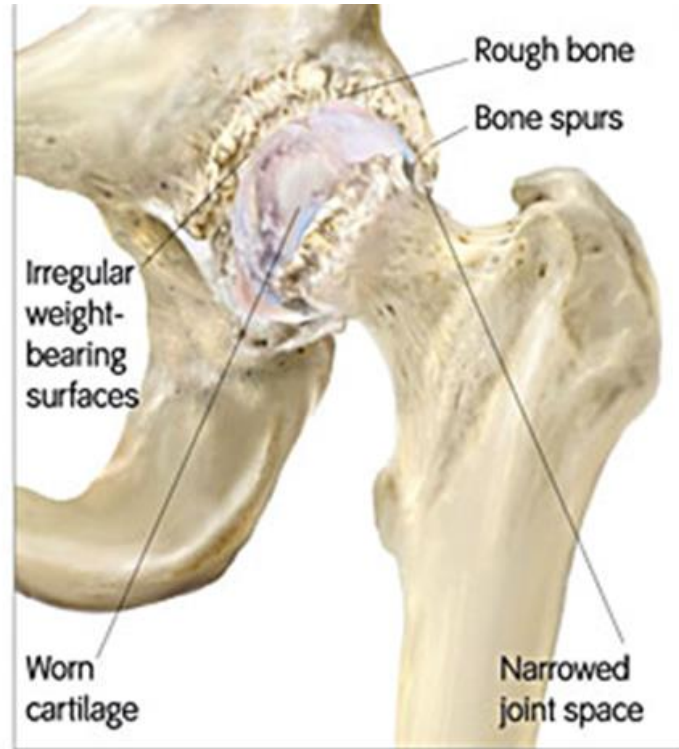
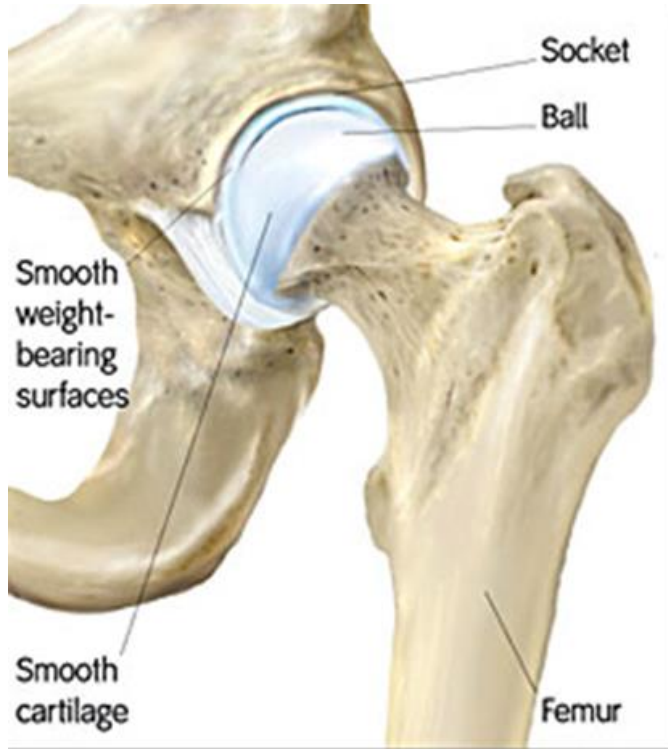
# Normal and Arthritic Hip X-ray

A normal right hip joint with good joint space



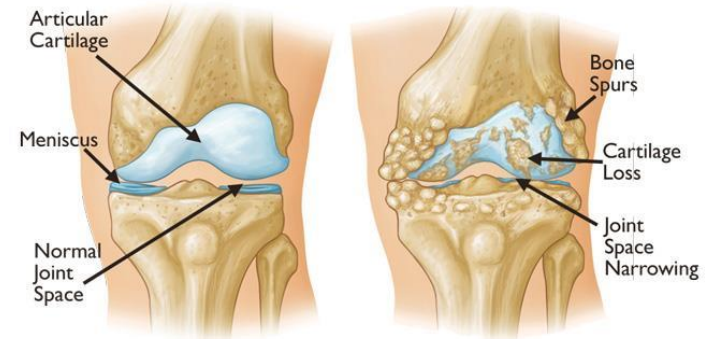
An arthritic left hip joint with loss of joint space and cysts in the femoral head

# Normal and Arthritic Hip



# Reasons for Cartilage Destruction

- **Osteoarthritis:** most common, causes cartilage damage
- **Avascular Necrosis:** Decreased blood flow to the joint causes cartilage/bone death (many causes, medications like steroids)
- **Rheumatoid Arthritis:** the body's immune system causes cartilage damage
- **Injury:** Past history of trauma to the knee or hip



# Treatment of Joint Pain

## Oral Medication

- Non-Steroidal Anti-inflammatory Drugs (NSAIDs)
- NSAIDs reduce the inflammation that may cause pain

## Injections (Shots)

- Also used to reduce inflammation
- Can receive injections every 3 months for as long as they are effective

## Surgery

- Joint replacement is a major surgery with moderate risk
- Your doctor will talk with you and help determine if the benefits are greater than the risks



# When To Have Surgery

## 1. Always An Optional Procedure

- This is not a life-saving procedure but we feel it will change your life

## 2. When severe pain is having an Impact on Your life

- Injections and oral medications no longer work

## 3. When possible benefits from surgery are more than the Risks

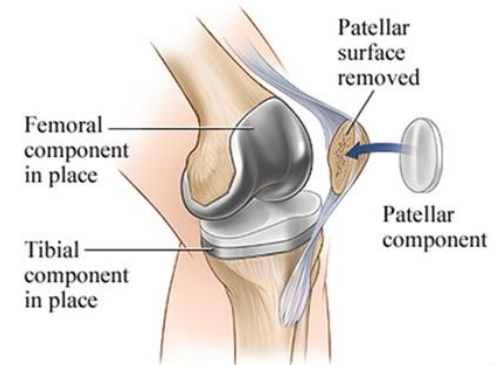
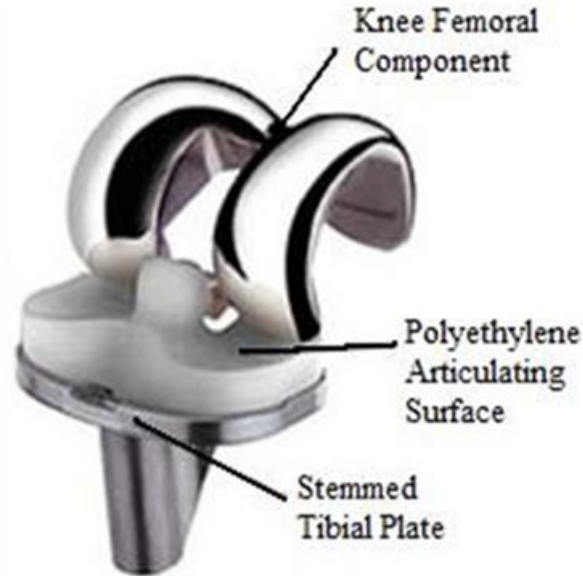
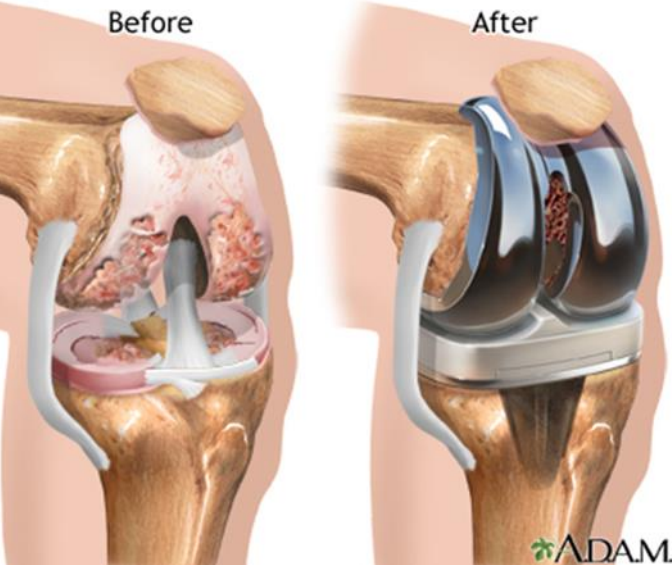
## 4. When you have established adequate at home support to help with any needs post operatively





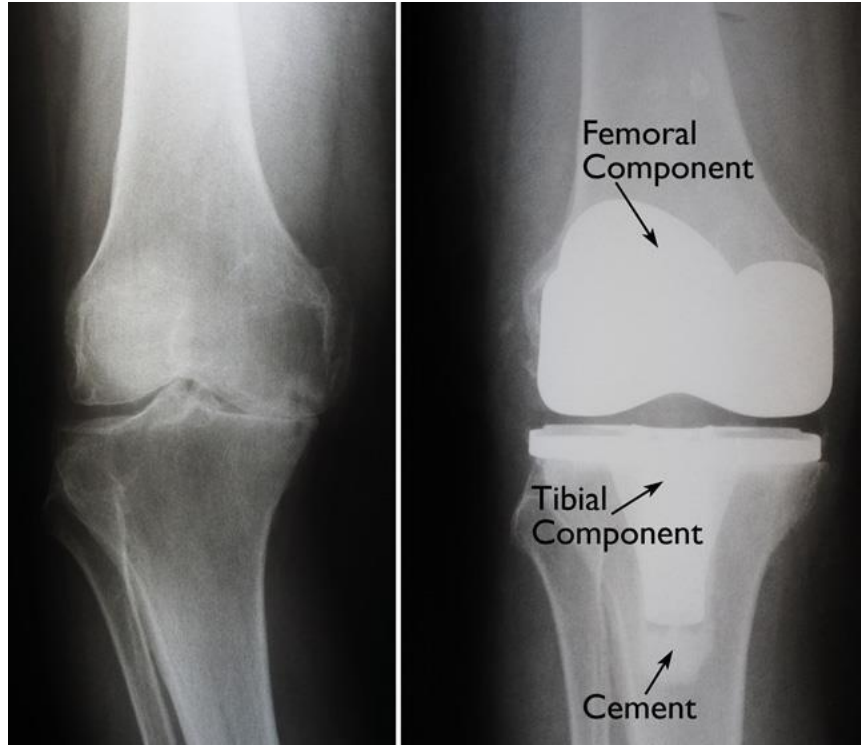
# Four Parts of a Prosthetic Knee

- Femoral Component
- Tibia Component
- Polyethylene insert
- Knee Cap insert

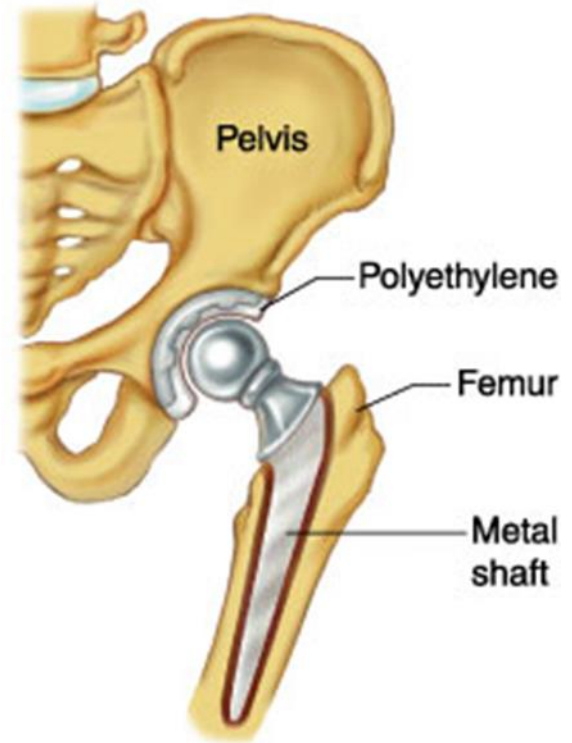
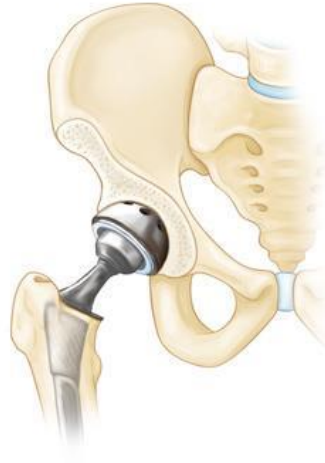
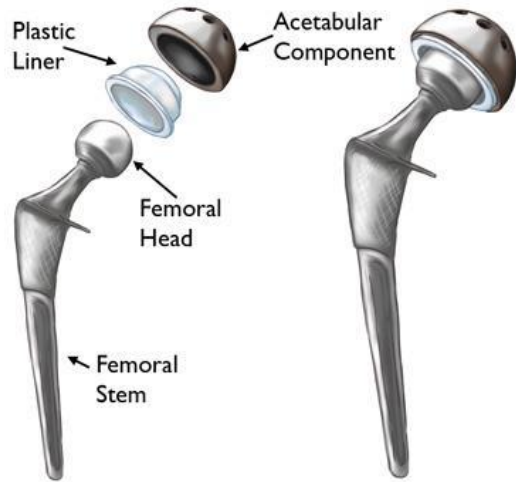


© Healthwise, Incorporated

# Knee Replacement X-Ray



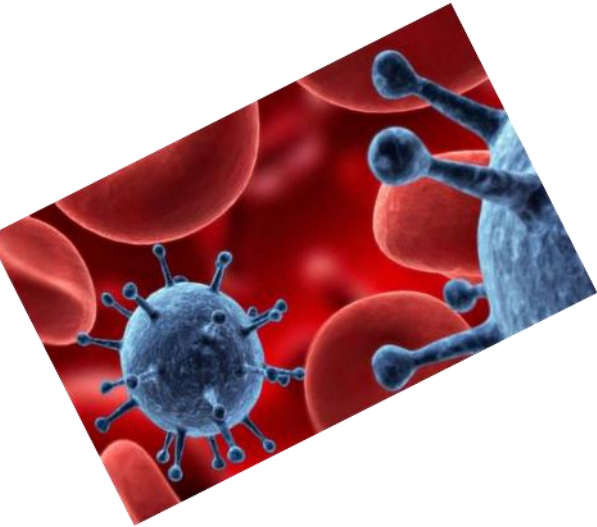
# Parts of a Prosthetic Hip



# Hip Replacement X-Ray



# Risks of Surgery: Infection



## An Infection Is Serious But Rare:

An infection in the prosthetic joint can mean having more surgery to remove the infection.

Treatment of infection can be difficult and include long term use of antibiotics and repeated surgery.

It is possible that the new replacement may need to be removed and put back in at a later date.

# Risks of Surgery: Infection

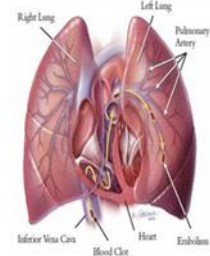
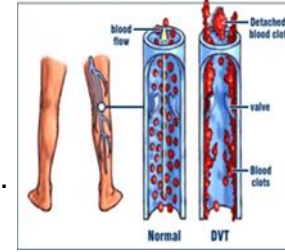
- **Dental Clearance**
  - Cleans bacteria from inside your mouth before surgery.
  - After surgery, you will need to take an antibiotic before you see the dentist, every time!
- **Bactroban (Mupirocin)**
  - Cleans bacteria from inside your nostrils before surgery
- **Surgical Wipes**
  - Cleans bacteria from your skin before surgery
- **Good nutrition and healthy weight**
- **Controlling your blood sugar (diabetics)**
- **Lifelong caution about dental care, bacterial infections, and wound care**



# Risks of Surgery: Blood Clots

## PE (Pulmonary Embolism)

- Blood clot in the lungs
- Can happen during the first month after surgery
- Symptoms include shortness of breath, coughing up blood, chest tightness.
- An emergency



## DVT (Deep Vein Thrombosis)

- DVT is a blood clot in your leg
- Symptoms include swelling in the leg that does not go away even after elevating your leg.
- If swelling does not decrease you should contact your doctor right away.



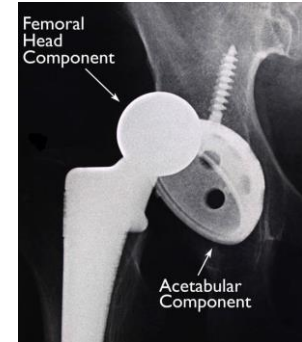
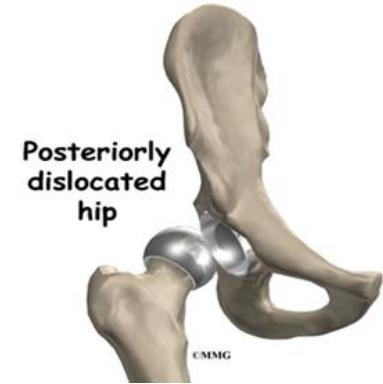
## Preventing Blood Clots

- Early moving around and walking
- Elevate your leg above your heart.
- Compression stockings
- Blood thinners (Aspirin, Coumadin or Xarelto)



# Risks of Surgery: Hip Dislocation

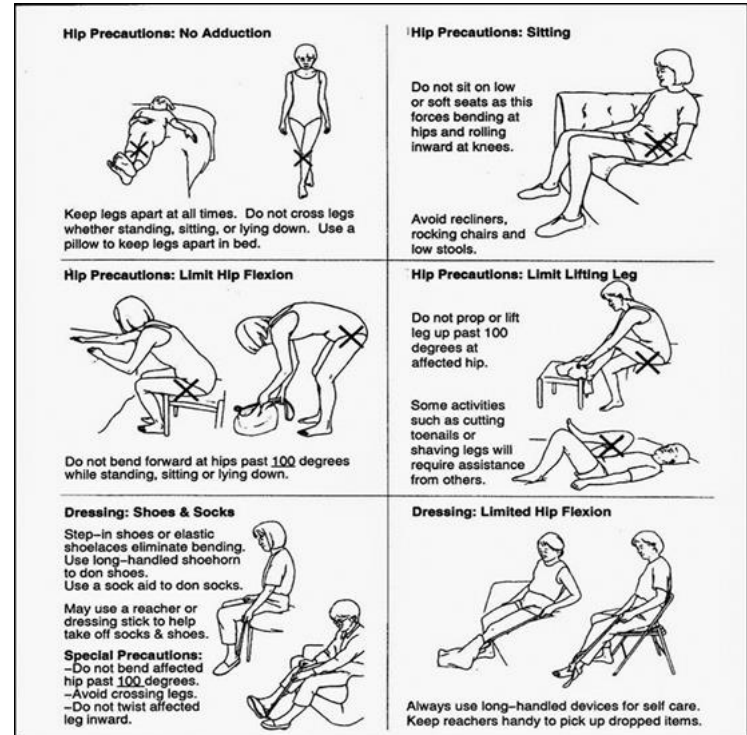
- When the hip replacement surgery is performed, the hip temporarily becomes less stable
- Hip replacement dislocations occur in about **2-3% of first-time surgeries**
- Physical therapy will work with you on your hip limitations after surgery and help you to better stabilize the new hip





# Risks of Surgery: Hip Dislocation Posterior

- No bending your body more than 90 degrees
- No twisting your leg inward
- No twisting at the waist
- Use of pillows between legs when sleeping
- No crossing your legs at the ankle



# Risks of Surgery: Hip Dislocation Anterior

- Do not extend leg behind you. If backing up, lead with non-surgical leg
- Do not lie on stomach
- Do not rotate leg outward (no external rotation of operated hip)
- Avoid crossing you legs at the ankle when standing

## UNDERSTANDING YOUR PRECAUTIONS:

### Total Hip Replacement - Anterior Approach

**AFTER AN ANTERIOR APPROACH** total hip replacement, there are some positions your provider may recommend you avoid during your recovery. While your muscles and ligaments heal, it is important to follow all precautions and instructions your provider gives you regarding your new hip. These precautions prevent dislocation of your new joint and allow it to heal properly.



HIP JOINT WITH PROSTHESIS

#### STANDING PRECAUTIONS



Do not step backwards with your surgical leg or extend your surgical leg behind you.



Do not pivot on your surgical leg.



When turning, pick your feet up and move your entire body.



Avoid turning your leg outwards when standing.



Avoid crossing your legs at the ankles when standing.



Keep your knees and toes pointing straight ahead when standing and walking.

# Preparing for Surgery

- **Surgical Optimization ( by PCP and any other specialist needed)**
- **Discuss medications to stop before surgery ( blood thinners, NSAIDS, narcotic pain meds)**
- **You will need a negative COVID-19 swab 48-72 hrs prior to surgery. You must “quarantine” after the result**
- **NPO ( nothing to eat ) after midnight the night before surgery. You can drink clear liquids (Gatorade) up to 2 hrs before**
- 
- **A Nurse from the hospital will call you to remind you**

# Establish a Care Partner (Coach)

## ■ Care Partner

- Going home is always best if you have a care partner
- Your care partner does not need any special medical training!
- While most care partners are spouses- children, siblings, parents and even neighbors can all be considered care partners.
- A care partner is someone who can at least be a phone call away if any issues arise
- They do not need to be around 24/7
- After surgery you can expect to be mainly INDEPENDENT and MOBILE



# Going Home

- Most patients will discharge home within 24 hours of surgery
- Prepare your home for recovery
- Stock up your groceries
- Sleeping/ bathing arrangements on ground level is ideal
- Remove anything that you could trip on
- Clear walkways
- Install night lights
- Make arrangements for pets
- Consider buying a grasping tool



# Managing Pain Post Operatively

Pain after surgery is *normal and expected*.

## What you can do:

Rest

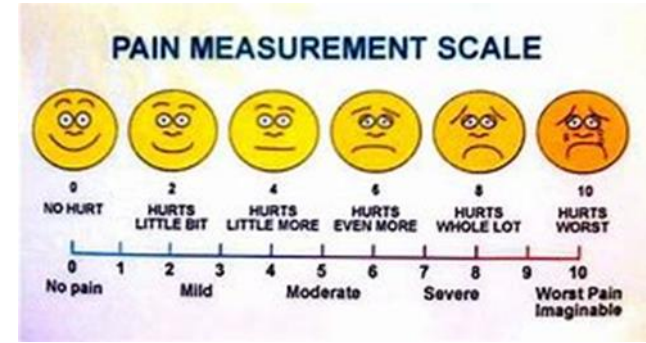
Ice for 15 minutes every 30 minutes

Compression stockings or wrap

Elevate your leg above the heart

Pain medication will be prescribed to you.

Always take pain medication 30-60 minutes prior to physical therapy.



# Medications

- Pain medications are injected into your surgical site and will provide relief for 12-36 hrs
- **Narcotic** pain medication (hydrocodone or oxycodone) This is meant for use the first week.
- Side effects of narcotics include nausea, drowsiness and constipation. Take with food, use a stool softener, and stay well hydrated. Do not drive while taking Narcotic medication
- **Gabapentin** - This is a medication to help with nerve pain
- **Celebrex / Meloxicam** – powerful anti-inflammatory medication
- **Tramadol** - this a less powerful pain medication. This should be the primary pain medication
- **MiraLAX** – this is an excellent stool softener
- **Tylenol** (Acetaminophen) 650mg
- **Blood thinner** - this should be used for the first 6 weeks and helps prevent blood clots

# After Surgery Expectations

- Gradually improving pain
- A dry wound by 1 week
- Warm Feeling In The Surgery Area
- Swelling –improves with elevating leg
- Some pain with physical therapy
- Full recovery takes time

## Knee:

- You should be 80% recovered at three months and near 100% by 1 year

## Hip:

- You should be 80% recovered by 6 weeks and near 100% by 3 months





# Surgical Dressing: Mepilex AG

- Mepilex is an *antimicrobial, water resistant* dressing
- You will keep it on for 1-2 weeks, then change it to a new bandage as needed
- Please keep surgical site clean and dry until your follow up appointment
- You may take a quick shower with this dressing
- NO bathing, NO swimming, NO submerging until 6 weeks



# Follow Up

## Follow Up Appointments:

- 2-3 weeks after surgery
  - Wound Check
- 6 weeks after surgery
  - Xray Check
- 3 months after surgery
  - Ending physical therapy
- 1 year after surgery
  - Xray Check



# Thank You for Choosing AdvocateAurora Health for Your Joint Replacement

- We Care About Your Success!
- Phone number: 630. 264. 8720
- [www.BradZarlingMD.com](http://www.BradZarlingMD.com)



# References / Resources

[www.OrthoInfo.Org](http://www.OrthoInfo.Org)

University of Chicago Dept Orthopaedic Surgery