TOTAL JOINT REPLACEMENT PATIENT EDUCATION MANUAL

Welcome From Dr. Jeffers

Welcome to your journey towards total joint replacement! This pamphlet aims to provide you with comprehensive information about the surgery, from things to consider before the procedure to postoperative care. Inside this education packet, you will find essential instructions and details to help you prepare for the surgery. It will answer many of the questions you may have and outline the necessary steps to take before, during, and after the procedure. Our goal is for this to be a valuable resource for you. If you have any questions after reading this, please don't hesitate to ask Dr. Jeffers or his staff.

Dr. Jeffers:

- Is committed to providing you with the highest quality of health care
- Uses the most up-to-date surgical techniques, anesthesia and joint replacement technology
- Utilizes regional anesthetic techniques and pain management protocols, all designed to get you up and walking as fast as possible, usually the same day as surgery
- Works with dedicated team of health care professionals focused on your entire surgical experience come up from beginning to end
- Can monitor your post surgery rehab process remotely so problems can be recognized early
- Uses technology intelligently and unobtrusively so that it won’t interfere with your recovery

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Should I have Joint Replacement Surgery?

To answer this question, it's important to understand why joint replacement surgery is offered. Dr. Jeffers believes that joint replacement should only be offered to patients who have severe pain or deformity caused by joint arthritis. Arthritis is a condition where the cushioning between bones wears away, causing pain and discomfort. Unfortunately, there is no cure for arthritis, so joint replacement is often the best option for patients with severe symptoms that cannot be controlled through other methods. While not everyone with arthritis will experience pain, those with more advanced cases may find that joint replacement offers relief and helps them return to their normal daily activities.

Fortunately, advances in surgical techniques have led to less pain and faster recoveries for joint replacement patients. Dr. Jeffers's patients often go home on the same day as their surgery. However, it's important to remember that surgery is not without risks and may not be suitable for everyone. For some patients, the risks may outweigh the benefits, and alternative methods of pain management will be discussed.

In summary, joint replacement may be a good option for patients with severe arthritis who have tried other methods of pain control without success. If you're experiencing significant pain and discomfort that is impacting your quality of life, joint replacement surgery may provide relief and help you get back to your normal routine.

Timeline: Decision for Surgery

You've made the decision to have surgery; what happens next?

Risk reduction: what can you do before surgery to improve your chance of a good outcome

Every year in the United States, more than 1.5 million people get joint replacements. Most people have a good or excellent outcome, but not everyone does. A scary thing that can happen after joint replacement surgery is getting an infection. This could mean months of antibiotics and surgeries to get better, and there's no guarantee that everything will turn out well. That's why it's important to do everything possible to prevent infections before they happen. While we can't completely get rid of the risk, we do know that some people are more likely to get an infection than others. If you have any of these risk factors, your surgery may be delayed or even cancelled until the risks are reduced.

Obesity: One of these risk factors is obesity. In recent years, research has shown that obesity is an independent risk factor for complications like infections after joint replacement surgery. Doctors use your BMI, or body mass index, to measure your risk. A normal BMI is between 19 and 25. Patients with a BMI of 40 or above have a significantly higher risk of complications. If you are obese, working to achieve a healthy weight before the surgery will help improve your chances of a good outcome.

Nutrition: Another important factor is nutrition. It's important not to starve yourself before the surgery, but rather maintain a healthy diet. Eating foods with plenty of protein, minimal fat, and lots of fruits and vegetables will give your body the building blocks it needs to heal after the surgery. One easy way to assist with your nutrition is to take a nutritional supplement drink (Ensure or something similar) daily starting 2 weeks prior to your surgery. The drinks typically contain a blend of vitamins, minerals, protein, and carbohydrates that will help you heal after surgery.

Smoking/nicotine Use: Nicotine use is another risk factor. Using any form of nicotine, including smoking, chewing, pipe use, gum or patches, greatly increases your chances of wound healing problems. Smokers are three times as likely to develop a surgical site infection as non-smokers. To ensure a good outcome, you will need to stop using all nicotine products for at least six weeks before the surgery and for at least three months after. Dr. Jeffers feels so strongly about this that he will cancel your surgery if it has been determined that you are using nicotine at the time of the preoperative clinic visit. If you think stopping nicotine use might be a problem for you, talk to Dr. Jeffers.

Diabetes: Finally, diabetes is a disease that increases the risk of infections. Good control of your diabetes before the surgery will help reduce your chances of a poor outcome. One measure of how well your diabetes is controlled is your hemoglobin A1C level. Hemoglobin A1C is a blood test that measures the average level of blood sugar (glucose) over the previous 2-3 months. A normal hemoglobin A1C level is typically between 4% and 5.6%. If you are diabetic, the hemoglobin A1C level will be measured as part of your preoperative laboratory workup. While it doesn't have to be normal, it should be 7.5% or below. If it's higher, it may suggest that your diabetes could be better controlled. Surgery will need to be delayed until it is 7.5% or below.

Decision for Surgery/Insurance Authorization/Preoperative Clearance

After deciding to proceed with joint replacement surgery with Dr. Jeffers, several steps need to occur before the actual surgery can take place. Dr. Jeffers's office will obtain the necessary

authorizations needed for surgery while also coordinating with your primary care doctor and possibly cardiologist to get what's called preoperative clearance. This involves a combination of blood tests, EKG, chest X-ray, and visits with other physicians to review your medical condition and assess your particular risk for surgery. While you are responsible for making appointments with the appropriate doctors, Dr. Jeffers's office will provide guidance to assist you. Ultimately, Dr. Jeffers will need a letter stating that you have been "medically cleared" for surgery. Although this process may seem like a chore, its purpose is to ensure that you are as safe as possible for surgery.

Scheduling: Dr. Jeffers usually performs his operations on Mondays although other days are possible, depending on the hospital. Dr. Jeffers performs joint replacements at Saint John's Hospital Camarillo, Saint John's Regional Medical Center in Oxnard, Ojai Valley Medical Center, and Community Memorial Hospital in Ventura. While we will make every effort to schedule your surgery on your preferred date, not every hospital will be available. In addition, Dr. Jeffers prefers to use a robot for his total joint surgeries and unfortunately, not every hospital has access to the robot. The secretary will be able to give you multiple options.

Robotics: Dr. Jeffers is excited to offer his patients the latest technology for joint replacements, which includes using robotic assistance for knees and hips. However, it's important to know that Dr. Jeffers still performs the surgery himself, not the robot. The robot provides detailed information during the operation that helps Dr. Jeffers place the implants with greater precision and accuracy, resulting in a replaced joint that should feel more natural.

Timeline: 1 month before the surgery

Home planning and preparation:Before your total joint replacement surgery, there are things you can do to prepare your home to make it a safe and comfortable place for you to recover. Here are some recommendations:

- Make sure someone, like a family member or friend, can stay with you at home for 3-5 days after your surgery.

- Remove anything that could trip you while you're walking around your house, such as loose rugs, electrical cords, or clutter.
- If your bedroom is upstairs, consider setting up a temporary sleeping area on the first floor.
- Rearrange your furniture so that you can move around easily within your house.
- Stock your refrigerator with healthy and easy-to-prepare food, or consider making meals in advance and freezing them.
- Make sure your bathroom and shower have non-skid material or a shower chair.
- Set up a comfortable recovery area with easy access to things you might need, like a telephone, reading materials, or television.
- If you have pets, think about how they will be cared for while you recover.

Download the MyMobility App

Dr. Jeffers has teamed up with Zimmer Biomet to provide his patients with the My Mobility App. This program is specifically designed for those undergoing hip or knee replacement surgery, and offers support and education throughout your journey. It can help you prepare for your surgery and give you a personalized care plan to start your recovery. You can even reach out to Dr. Jeffers with any non-urgent questions you may have. Other patients have found it to be very useful, and there is even a self-directed physical therapy program to help you recover on your own. Our secretary can sign you up for the program.

Timeline: 1-2 Weeks Before the Surgery

Hospital Nurse Review:

A few days before your surgery, a nurse from the hospital will call you to ask about the medicine you take and your other health problems. They will put this information into the hospital system and answer any questions you have. They might tell you to take some of your medicine on the morning of the surgery, depending on the time of your surgery and the type of medicine. If they say it's okay to take your medicine, you can take it with a little bit of water.

The nurse will also tell you when and where to go for your surgery. Generally, you should plan to be at the hospital two hours before your surgery time.

Starting at midnight the night before your surgery, you should not eat or drink anything, not even water. When you arrive at the hospital, they will give you fluids through a tube in your arm

to keep you hydrated. If you eat or drink before your surgery without being told it's okay, it might delay your surgery or cause it to be canceled completely.

Preoperative visit with Dr Jeffers:

A few days before your surgery, you will have a preoperative visit with Dr. Jeffers. This is your chance to ask any remaining questions you have, have a physical exam, and sign a consent form. It's important to make a list of questions beforehand so you don't forget anything. No question is too small!

Bring a list of your current medications and let the team know which pharmacy you use. Dr. Jeffers will prescribe your postoperative medications and you can pick them up before the surgery. If you need a walker, let them know and they'll either provide one on the day of surgery or prescribe one for you to pick up beforehand.

The informed consent form will confirm the type of surgery you're having, which part of your body is being operated on, and discuss the risks of the surgery and anesthesia. Even though some of the risks may sound scary, the chances of them happening are low and the team will work hard to prevent them.

You'll be given the time, date, and location for your surgery. Keep in mind that OR schedules can change, even on the day of surgery. You'll also get a list of medications and supplements you shouldn't take before the surgery. If you normally take medications, the nurse from the hospital will tell you exactly which medications you should continue to take and when to take them. You will also be given a bathing kit to use prior to surgery.

Post Operative Medications:

The medications you take after the surgery will be prescribed at your preoperative visit. Please make sure that we have your preferred pharmacy recorded and we will send the prescriptions directly to the pharmacy. It is helpful if you pick up the medications prior to the surgery. At the visit, make sure that we have an updated list of your current medications so that we can avoid potentially harmful interactions between your current medications and the ones prescribed to you. It is helpful to write down your medications on a list prior to the visit and bring it in and give it to the secretary.

You will be given prescription for pain medications as well as medications to help prevent blood clots. There will also be some special medications to help reduce bleeding and swelling. Additionally, you will also be given a prescription for a stool softener for use as needed. The exact medications will vary based on your personal situation. Dr. Jeffers will go over the dosing schedule with you.

Typically, patients will use 3 different medications for pain. You should not expect to be pain free immediately after your surgery but the pain should be tolerable. Your 2 main medications will be Tylenol (acetaminophen) and Motrin (ibuprofen). For the first 2-3 days after the procedure, you should take both the Tylenol and Motrin together, every 8 hours. It is a good idea to set an alarm to take them at the 8 hour mark, even if you are sleeping. Keeping a constant level of the medication in your system helps them work better to control your pain. If the pain is too severe, you can take oxycodone, a strong narcotic. However, oxycodone can cause many unpleasant side effects, such as nausea, vomiting, constipation or even addiction. It is best not to take the oxycodone but please use it if your pain is not controlled with the Tylenol or Motrin.

Walkers

Right after the surgery, it's important to use a walker for balance. Let us know during your preoperative visit if you already have a walker or you will need one. Ideally, the walker should have front wheels only. If you don't have a walker, we can help you get one after the surgery. Once you feel more stable (usually 1-2 weeks), you can switch to using a cane or nothing at all.

TimeLine: The Day Before your Surgery

Bathing instructions:

Preparing for surgery involves taking certain precautions to ensure the best possible health outcome. One important measure is to minimize the presence of germs on your skin before the procedure. This can be achieved by following specific bathing instructions, which are as follows:

- Use an antibacterial soap called chlorhexidine gluconate (CHG) to shower the night before and the morning of your surgery. You should have been given a bathing kit either at your preop visit with Dr. Jeffers or from a nurse who works in the hospital. If you weren't given one, CHG is available at most pharmacies under various brand names, including Hibiclens. If you can't find it, ask the pharmacist. Note that CHG should not be used by individuals with chlorhexidine allergies.
- Apply the CHG soap all over your body, except for your face, eyes, and ears. Be especially thorough in the area where the surgery will take place, but be gentle and avoid excessive scrubbing. Do not use regular soap after the CHG is applied.
- Avoid using a razor to shave any part of your body before surgery, and don't use any perfumes, deodorants, powders, lotions, or creams after showering.
- In addition, it's important to remember that you must not eat or drink anything after midnight before your surgery. This includes gum and hard candy. Alcohol should be avoided altogether the day before your surgery.

- By following these bathing and dietary guidelines, you can help reduce the risk of infection and other complications during and after your surgery.

Timeline: Day of Surgery

Morning of Surgery

- Only take the medications that your doctor, nurse, or physician assistant told you to take. Take them with a small amount of water.
- When you shower, use the chlorhexidine again (but not if you are allergic to CHG).
- Brush your teeth, but don't swallow water.
- Don't use any perfumes, deodorants, powders, creams, makeup, or nail polish.
- Remember to bring a case for your glasses, hearing aids, and dentures. Don't bring or wear contact lenses.
- Wear comfortable, non-slip shoes like walking or tennis shoes.
- Bring personal items like toiletries and daily care items.
- Leave valuable items, money, and jewelry at home.
- If you have sleep apnea and need special equipment (CPAP), bring it with you to the hospital. You can leave it in your car during the surgery and get it back later if necessary.

Arriving at the Hospital/PreOperative Nurse Assessment

You should go to the hospital 2 hours before your surgery is scheduled to begin. The hospital will tell you where to go on the day of your surgery.

Meeting with the Pre-Operative Nurse:

When you arrive and check in, you will go to the pre-operative holding area and meet the pre-operative nurse. They will talk to you about your surgery and check that you followed the rules about not eating or drinking before surgery. They will also prepare the surgical site by shaving any necessary hair and cleaning the skin. They will also start an IV. They will double check that we have an accurate list of your medications and allergies.

Meeting with Dr. Jeffers/Anesthesiologist:

When you're in the pre-operative holding area, you'll meet Dr. Jeffers and the anesthesiologist. Dr. Jeffers will mark out the planned surgical incision and answer any last-minute questions. Your family members can come with you during the pre-operative intake process but they will be asked to wait in the surgical waiting area once you're called back to the operating room.

It's important to note that the typical surgical time, which is the time from skin incision to skin closure and dressing application, is between 1 and 2 hours. However, the entire surgery process can take between 3 and 5 hours from the patient's family perspective. This includes transporting you into the operating room, starting anesthesia, positioning you on the operating table, taking pre-operative x-rays for total hip arthroplasty patients, and preparing and draping the surgical site in a sterile manner. After surgery, you'll spend at least 1 hour in the post-operative recovery area or PACU.

In summary, your family should expect to wait between 3 and 5 hours before they can see you after the surgery. Dr. Jeffers will either call or physically visit your family after surgery. Due to the crowded waiting areas in many operating rooms, it's often easier to communicate privately over cell phone - so remind your family to keep their phones on.

Anesthesia:

Anesthesia is a vital part of today's joint replacement surgeries that help patients recover quickly and with minimal pain. It helps patients recover faster and feel less pain. Before the surgery, patients get a mix of pills to help with pain. During the surgery, doctors usually use a mix of nerve blocks and spinal anesthesia for the anesthesia. Spinal anesthesia is safer and causes less nausea and vomiting compared to other types of anesthesia. It also seems to lower the risk of blood clots forming. Some patients worry that spine problems or past surgeries might make spinal anesthesia risky for them. But usually, it's safe, even if there are spine issues or past surgeries. It's important to talk about any worries with the doctor who gives the anesthesia. They'll explain the good and bad parts of spinal anesthesia before the surgery and make sure you're okay with the plan.

They might also suggest numbing specific nerves (nerve blocks) around the surgery area before or after the surgery. These nerve blocks work really well for controlling pain right after the surgery and often last for a few hours or even overnight.

Surgery:

Once you are ready, the circulating nurse will wheel you into the operating room (OR). It is normal to feel nervous or anxious about upcoming surgery. Sometimes, the anesthesiologist will help you feel more relaxed with some calming medications in the preoperative area.

When you enter the operating room (OR), you will notice that it looks different from other hospital areas. The OR is a sterile environment that is specially designed to reduce the risk of infection. Once you are transferred onto the operating table, you will be connected to monitoring devices that measure vital signs like blood pressure, heart rate, and oxygen levels.

The surgical team will introduce themselves to you, and you will notice that they are wearing special sterile gowns, gloves, and masks to minimize the risk of infection. The team includes the surgeon and anesthesiologist, as well as other specialized personnel like surgical nurses and technicians. During the procedure, a representative from the implant company may also be present to assist with supplying the implants and to help with the robot.

After you are positioned on the operating table, the anesthesiologist and circulating nurse will work together to administer the anesthesia. Once you are under anesthesia, the surgical team will work together to replace your joint, with Dr. Jeffers leading the surgery and other team members aiding with tasks like holding retractors and passing instruments. After the surgery is finished, you will be taken to a recovery area where the PACU nurses will closely monitor you until you regain consciousness.

Post op Care in PACU:

After your surgery, you will be taken to the recovery room, also called the Post Anesthesia Care Unit (PACU), to wake up from the anesthesia. A nurse in the recovery room will monitor your recovery and manage any pain you may have. Most patients do not have much pain and are able to wake up within 15 minutes of the surgery. You may be given some clear liquids and light foods to eat. The amount of time you spend in the recovery room can vary from 1 to 4 hours. The nurses will also manage any pain or discomfort you may experience until it is safe for you to go home.

If there are delays in leaving the recovery room, it is usually due to overcrowding rather than medical issues. The recovery room nurse will let your family know if there are any delays.

Discharge:

Most patients can be discharged to home on the same day as surgery. You will be closely monitored to ensure you are safe for discharge. Before leaving the PACU, patients must meet certain criteria, including having their pain under control, being able to tolerate clear liquids, being able to urinate, and being able to safely pass physical therapy. Pain management is critical to ensure that you are comfortable and able to participate in activities that promote recovery. Tolerating clear liquids ensures that you are adequately hydrated, while the ability to urinate indicates normal kidney function. Finally, you must be able to safely pass physical therapy to ensure that you can safely move around your home. If you are unable to pass any one of the above four criteria, you will be kept overnight in the hospital.

Common Questions after Surgery

How do I control my pain?

After joint replacement surgery, managing pain has gotten much better in recent years. Dr. Jeffers has a plan to manage your pain using different kinds of medicines and techniques. You will get various pain medicines before, during, and after surgery with the help of an anesthesiologist. Using different medicines and techniques makes it less likely for any one medicine to cause problems and reduces your chances of having side effects.

You will get three different kinds of medicine for pain: Tylenol, Ibuprofen, and Oxycodone. Take the Tylenol and Ibuprofen every 8 hours starting the evening of the surgery day, even if you don't feel much pain. Keep taking them for about 5 days or as long as you feel significant pain. After 5 days, if you don't have much pain, you can start taking less Tylenol and Ibuprofen and only when you need them. Use the Oxycodone only when you have really bad pain. Take one pill every 6 hours when you have severe pain and only when Tylenol and Ibuprofen can't help. Hopefully, you won't need the Oxycodone, but don't suffer. If you have severe pain, take the Oxycodone. If you are having severe pain that is not controlled by the medications, call Dr. Jeffers.

It's important to limit the use of strong narcotic pain pills like the Oxycodone because they can cause uncomfortable side effects like nausea, throwing up, constipation, and addiction. With newer ways to manage pain, like spinal anesthesia and local blocks, some patients don't need narcotics at all after surgery. But you will still have some pain after the surgery, and for the first few days, the goal is to make the pain tolerable, not to make it go away completely.

What about the bandage? Do I need to change it?

After your surgery, you will have two bandages protecting your incision, but one is hidden underneath the other. Both bandages are waterproof, so you don't need to remove them until you see Dr. Jeffers. It's best to leave both bandages in place if you can. Sometimes, you might see a little bit of bloody drainage on the outer bandage. If it hasn't soaked the whole bandage, it's okay to leave it alone. But if you think there's too much drainage, call Dr. Jeffers. If Dr. Jeffers says it's okay, you can remove and change the OUTER bandage ONLY. Leave the clear plastic bandage that is directly on the incision alone.

When can I take a shower?

When you have surgery, you might worry about not being able to shower. But with modern techniques, you can actually shower one day after surgery as long as your bandages stay on. Just don't soak your incision in a bath or hot tub. You can let water run over the bandages, but be gentle when you pat the area dry so you don't disturb the bandages. The bandages are meant to stay in place for 2 weeks, but you can still shower with them on. After the bandages

come off, you can still shower and get the incision wet, but don't soak it in a bath or Jacuzzi for 4-6 weeks after the surgery, unless Dr. Jeffers tells you it's okay.

How do I prevent blood clots (deep venous thromboses, or DVTs) from forming?

When you get a hip or knee replacement, there's a chance that you could develop a blood clot in the veins in your legs. If this happens, the clot could travel to your heart or lungs, which could be very serious. Unfortunately, it's not possible to completely prevent blood clots from forming after surgery, but there are things you can do to lower your risk.

You'll be given medication to help lower your risk of blood clots after your surgery. If your risk is relatively low, you'll take a baby aspirin twice a day for 30 days. If your risk is higher, you'll take a stronger medication called Xarelto. If you already take medication to thin your blood, you'll continue taking it after your surgery.

It's really important to walk as much as you can after your surgery. Walking helps your blood circulate and lowers your risk of developing a blood clot. You should try to walk for at least 10 minutes, five times a day, starting the day after your surgery. If you feel like you can walk more, you should try to do so. Walking can also help with your pain and help you recover faster.

Should I be icing my new joint?

You will receive an ice bag during your surgery. It can help reduce pain and swelling for the first 2 to 3 days after surgery. It's best to use it every 15 to 20 minutes per hour while you're awake. Feel free to use it longer than 2-3 days after surgery but only if the ice feels good to you. Be sure to keep a towel or thin cloth between the ice and the skin; you don’t want to develop frostbite. Some people prefer to buy special icing systems or devices, but they're usually not necessary. A bag of frozen peas or corn can work just as well.

Timeline: At Home

Days 0-5: You might be surprised by how good you feel on the night of the surgery because of the pain medication you received. But on the first day after the surgery until the fifth day, you might experience more pain. The day after the surgery is often the worst day but it then improves. You will receive different types of pain medication to block all the different pain pathways in your body, including the ones that cause inflammation and nerve pain. By blocking all the pain pathways, you will need less pain medication, which can cause side effects like nausea, constipation, and confusion.

During this period, you might also experience swelling, which can peak around five to seven days after the surgery. Swelling after joint replacement surgery is normal and you may have swelling for weeks to months after the surgery. To reduce the immediate swelling, you may ice the surgical area for at least 15 to 20 minutes every hour while you are awake. Elevating your leg above your heart will also greatly help with the swelling.

Bruising is expected as well and tends to be the worst at four to seven days after surgery. It will follow gravity, so you will see bruises well away from the surgery site itself; even behind the leg or in the foot and ankle. Bruising is not dangerous, and it will resolve by itself with time.

To maintain joint mobility and reduce the risk of blood clots, you should do ankle pumps and knee flexion exercises while resting and icing your surgical area. You should also walk around for at least five minutes every hour but the more walking you do the better. You will have a walker to help you move around and provide stability when you are walking. . While you are in the hospital, a nurse or physical therapist can help you walk. When you are at home, a family member or caregiver should supervise you.

You may use stairs whenever you feel comfortable doing so. Most patients are able to use stairs if they follow the rule of "Up with the 'good' leg (non-operative leg) and down with the 'bad' (operative leg)". If you are feeling very unsteady, you can always sit on the stairs and push yourself up or down with your 'good' leg.

Days 6-14: During days six through 14 of your recovery period, you will start to feel much better although you will still feel quite weak. Swelling will have peaked and should now be going down, and your pain levels should be decreasing. You will still take your prescribed medication for pain relief, including oral anti-inflammatory, oral antibiotic, and oral narcotic as needed. Icing your surgical area is still an effective way to reduce pain. You can use frozen peas or corn wrapped in a thin towel to ice the area for at least 15 minutes every hour around the clock, except while you are sleeping.

After surgery, even if you don't have much pain, you may feel very tired for days or even weeks after surgery. Feel free to take naps. There will be some days that you have good energy and some that you feel very tired. This is normal and will improve as you recover.

2 Weeks after Surgery: After your second week, you will come in for your first postoperative appointment with Dr. Jeffers. This will usually happen between 10 and 18 days after your surgery. During this visit, we will check your wound, swelling, and how well you can move around. If you had a knee replacement, we will check your range of motion and make sure you can bend your knee about 90 degrees and straighten it all the way. Dr. Jeffers will remove the

bandage but since he closes wounds with the stitches buried underneath the skin, no stitches or staples need to be removed. Finally, you will be given a prescription to start outpatient physical therapy.

2-4 Weeks after Surgery: Most patients have very little pain after 2 weeks and only using Tylenol or Motrin only for pain control. Total hip and total knee patients may start light exercising at the gym such as riding a stationary bike, walking slowly on a treadmill, and doing upper body exercises. Physical therapists can provide guidance for additional exercises to avoid overexertion. Total hip patients may experience start-up pain for about 5-10 steps after sitting for a while, but this will go away with time. Total knee patients will still have some soreness and moderate swelling, but this is normal. The goal is to reduce swelling and improve range of motion while working on strengthening with the help of a physical therapist.

Patients often wonder when they can start driving. First and foremost, you should be off narcotic pain medications while you are driving. Total hip patients can usually drive 2 weeks after surgery and patients who had their left hip replaced may start driving earlier than right hip patients. Total knee patients typically take longer to start driving, with left knee patients possibly returning to driving between 2 and 6 weeks after surgery and right knee patients not until about 6 weeks. The ability to actively move the leg from the brake to the gas and vice-versa quickly and with good strength on the brake pedal is the major determinant of when patients can start driving again. Remember, your attention needs to on the safe operating of your car, and not your new joint. You can start to drive when *you* feel that you can drive the car in such a way that keeps you safe and other people safe as well. If you don't think you can do so, you should not be driving.

Second Month after Surgery: By this time, most of our patients are starting to feel much better. Patients who had a hip replacement or knee replacement are not using walking aids such as canes or crutches. Hip replacement patients may still have "start-up pain" when they stand up after sitting for a while, but this should continue to improve and usually goes away completely by three months after surgery. Many patients are also able to return to work at this point, unless their job requires a lot of physical activity. Most patients will still have significantly reduced endurance for walking though; do not be worried, this is entirely normal.

Patients who had a knee replacement are continuing to do some physical therapy. They should be able to bend their knee over 90 degrees (ideally over 110 degrees) and straighten it completely. There may still be some swelling, but it should be improving. Most patients have less pain than before their surgery, but they may still experience some achiness. Strengthening exercises are now an important part of physical therapy. At 6 weeks, it is safe to submerge the knee or hip in water such as a swimming pool, but it's best to wait 8 weeks after surgery before

swimming in a lake or ocean. The wound should be completely sealed and the skin looking healthy before swimming in natural bodies of water.

Around six weeks after surgery, patients will come in for their second postoperative visit. Dr. Jeffers will check your range of motion and answer any questions you have.

3 Months and After: After three months, most patients have recovered 60-70%. That is, they have completed most of their recovery but still have some ways to go. Most of the recovery after 3 months is regaining strength and endurance. This can be frustratingly slow and the rate of improvement tends to slow down after the 3 months.

Patients with hip replacements usually don't need any walking aids like canes or crutches and experience very little pain, except for some discomfort when they first stand up after sitting for a while. Hip replacement patients can usually start doing most gym activities, except for running or high-impact sports, and can even play golf.

Knee replacement patients continue with some physical therapy to increase their range of motion and reduce swelling. They might experience some pain, but it's usually much less than before the surgery. While most patients no longer need formal physical therapy after three months, it is not uncommon for some patients to still need some formal assistance.

The goal of the surgery is to get patients to a point where they rarely think about their joint on a daily basis, which is called the "forgotten joint." Over 90% of hip replacement patients reach this stage, while about 50% of knee replacement patients do. However, both groups of patients are generally very satisfied with their surgery and would choose to do it again.

Patients usually follow up with Dr. Jeffers at the 3 month mark after surgery. If no problems are noted, the patient will be instructed to follow up at the 1 year anniversary. If you are still having some difficulty, Dr. Jeffers will schedule more follow up visits as needed.

We do ask all patients to come back for a one-year anniversary visit. During this visit, we'll take an x-ray and evaluate their joint function. Typically, we encourage patients to follow up yearly with an x-ray for a total of 5 years to look for any problems. If no problems are noted after 5 years, you may follow up with Dr. Jeffers only if you are concerned about your joint replacement.

Frequently Asked Questions

How long is the surgery?

Hip or knee arthroplasty surgery usually takes between 1 and 2 hours. However, the total time in the operating room can be 1 to 2 hours longer because of other important tasks like administering anesthesia, positioning the patient, taking x-rays if needed, and preparing the patient for surgery. Thus, the actual surgical time from start to finish is around 3 to 5 hours. It's essential to inform your family or friends about this to manage their expectations about when they can hear from the doctor after the surgery.

What is the best type of anesthesia?

Studies have found that spinal anesthesia and regional blocks are better for patients undergoing hip and knee replacement surgery. It involves injecting a local anesthetic medication into the space around the spinal cord, which numbs the nerves in the lower half of the body, providing pain relief during the procedure. This type of anesthesia can lead to better results and a faster recovery, with fewer side effects like nausea and drowsiness. Research also shows that gas anesthesia can cause short- and medium-term brain problems. Some patients worry that they will be awake during the operation if they don't have gas anesthesia, but that's not true. The patient will be given intravenous general anesthesia, like the drug Propofol, to make sure they are completely unconscious during the procedure. The benefit of spinal anesthesia or regional blocks is that they allow for less general anesthesia, so a breathing tube isn't needed. They also help to reduce postoperative pain, which can reduce the need for strong painkillers. There also seems to be less risk of blood clot formation (DVT) with the use of spinal anesthesia.

How long do I stay in the hospital?

After a total knee or hip replacement, most patients are able to go home the same day as the surgery. However, some patients may need to stay in the hospital for one night if certain criteria are not met. These criteria may include inadequate pain control, inability to tolerate liquids, inability to urinate on their own, or lack of clearance by physical therapy. In some cases, additional monitoring may be necessary to ensure the patient's safety and comfort. The decision to stay overnight will be made by the medical team and discussed with the patient and their family. For those who are able to go home on the same day, arrangements should be made for a responsible adult to stay with the patient for the first 24 hours after the surgery. This person should be able to assist with daily activities and help monitor for any signs of complications.

What about stairs after surgery?

After a hip or knee replacement, most patients can climb stairs on the day they leave the hospital. In fact, the therapist may have you practice going up and down stairs with you before you leave. It may be a good idea to limit trips up and down stairs for the first week or two, but it's not usually necessary to move your bedroom to the ground floor.

Most patients can use stairs if they follow the rule of “Up with the ‘good’ leg (non-operative leg) and down with the ‘bad’ (operative leg)”. If you are feeling very unsteady, you can always sit on the stairs and push yourself up or down with your ‘good’ leg.

When can I drive?

After undergoing a total knee or hip replacement, patients need to consider when it's safe to start driving again. The general recommendation is to wait for at least two weeks after surgery and resume driving only when feeling comfortable and fully in control of the vehicle. However, this may differ depending on individual mobility and pain levels. It's essential to keep in mind that driving requires quick movement and full control of the car, which may be challenging after surgery. It's necessary to get a comprehensive evaluation of the range of motion, pain levels, and reflexes by the surgeon before resuming driving. It's also essential to avoid driving while on narcotic pain medication or muscle relaxants as these can affect judgment and reaction time. Ultimately, the decision to start driving again should be made after consulting with the surgeon and considering the individual's mobility and pain levels.

Do staples need to be removed after surgery?

No staple or suture removal will be needed. After performing a total hip or knee replacement, Dr. Jeffers employs a specialized surgical technique to close the incision site. The technique involves a layered closure that uses sutures buried underneath the skin and a superglue mesh to cover the incision. The purpose of this technique is to promote rapid healing and minimize scarring. By burying the sutures beneath the skin, there is less tension on the wound, allowing it to heal more easily. Additionally, the superglue mesh serves as a protective barrier against infection and external irritants. This technique not only helps to improve the cosmetic appearance of the incision site but also reduces the risk of complications during the healing process.

What is the chance of infection after surgery?

According to the American Academy of Orthopaedic Surgeons, the overall risk of infection after total joint replacement surgery is approximately 1-2%. However, this risk can vary depending on

a variety of factors, such as the patient's age, general health, and the specific type of surgery. Additionally, certain behaviors or medical conditions can increase the risk of infection, such as smoking, obesity, diabetes, or a weakened immune system. It is important for patients to closely follow their surgeon's instructions for pre- and post-operative care to minimize the risk of infection.

After total hip or knee replacement surgery, there is a risk of infection, which can be a serious complication. Infection can occur during or after surgery and may require additional treatment, such as antibiotics or even surgery to remove the artificial joint. The risk of infection is higher in patients who have underlying medical conditions such as diabetes, obesity, or immune system disorders, and in those who have had previous joint surgeries. To help reduce the risk of infection, surgeons take great care to maintain a sterile environment during the surgery and administer antibiotics before, during, and after the procedure. Patients are also given instructions on how to care for their incision site and are advised to watch for signs of infection, such as redness, swelling, and fever. It is important to follow all post-operative instructions and to notify the surgeon if there are any concerns or signs of infection.

Are there any activities which I cannot do after hip or knee replacement?

Arthroplasty surgeons generally advise against jogging or running on a regular basis after hip or knee replacement surgery. The worry is that these activities can potentially cause damage to the components of the joint replacement, such as loosening or early wearing out of the new joint. However, running as part of a general exercise program is acceptable. Other activities that are generally considered safe after joint replacement surgery include golfing, doubles tennis, pickle ball, bicycling, yoga, Pilates, and general gym workouts. It is important to keep in mind that an artificial joint has a limited lifespan and excessive wear and tear can lead to the need for revision surgery.

How long will my joint replacement last?

The lifespan of a total hip or knee replacement varies from person to person and depends on many factors, including the patient's age, weight, activity level, and overall health. In general, a total hip or knee replacement can last between 15 and 25 years, but some replacements can last even longer. Advances in implant design and materials, as well as improvements in surgical techniques, have increased the longevity of joint replacements. However, it is important to note that excessive wear and tear or trauma to the joint replacement, as well as other factors such as infection or bone loss, can cause the replacement to fail and require revision surgery. Regular follow-up with the surgeon and adherence to postoperative instructions can help prolong the lifespan of a total hip or knee replacement.

What are the knee replacement implants made of?

The most common materials used in knee replacements include metals, such as cobalt-chromium and titanium, as well as plastics, such as ultra-high-molecular-weight polyethylene, which is used for the interface between the thigh and leg parts. Some knee replacements may also include ceramic components but these are primarily used when a patient may have a suspected metal allergy. Other materials, such as bone cement, may also be used to hold the implant in place, while special coatings may be applied to promote bone growth and integration with the implant.

How does a knee replacement become secured to the bone?

During a total knee replacement, Dr. Jeffers removes the damaged or diseased parts of the knee joint and replaces them with artificial components. These components are then affixed to the bone using either bone cement or cementless fixation. With cement fixation, a special bone cement is used to secure, or 'glue', the new metal components to the bone. This cement sets quickly, providing immediate stability and fixation of the implant to the bone. On the other hand, cementless fixation involves the use of specialized implants with a porous surface that allows bone tissue to grow into the implant, anchoring it securely to the bone. This method requires more time for the bone to grow into the implant and for the implant to fully integrate with the bone, but may provide better long-term stability and a more natural feel to the joint. Ultimately, the choice of cement or cementless fixation will depend on a variety of factors, including the patient's age, bone quality, and activity level. Dr. Jeffers will make that determination about which one is best for you at the time of the surgery.

What are the hip replacement parts made of?

Hip replacement parts are made of a variety of materials, including metal, plastic, and ceramic. The most common material for the ball component is metal, such as titanium or cobalt-chromium alloy, due to its durability and strength. The socket component is typically made of a combination of metal and plastic, with the plastic serving as a cushion between the metal ball and socket. Some newer hip replacement implants use ceramic materials for the ball component, which can help reduce friction and wear. The stem component, which is inserted into the femur bone, is also made of metal, typically titanium or cobalt-chromium alloy. The

choice of materials for hip replacement parts may vary depending on the patient's age, activity level, and overall health.

How long do hip replacements last?

Hip replacements have a very high success rate, with most patients experiencing significant pain relief and improved mobility after surgery. The lifespan of a hip replacement can vary depending on several factors, including the patient's age, activity level, and the type of implant used. However, on average, a hip replacement can be expected to last 10-20 years or more. Some newer implant materials, such as ceramic and highly cross-linked polyethylene, have shown promising results in terms of longevity. Additionally, patients can take steps to prolong the lifespan of their hip replacement by maintaining a healthy weight, staying active with low-impact exercises, and avoiding activities that put excessive stress on the joint. Regular follow-up appointments with the surgeon can also help to identify and address any potential issues before they become more serious.

How are hip replacements secured to the bone?

Hip replacements can be performed using either a cemented or a cementless approach. In a cemented hip replacement, bone cement is used to secure the implant to the bone. This approach is typically used for older patients or those with weaker bones, as the cement helps to distribute weight and reduce stress on the bone. Cementless hip replacements, on the other hand, rely on osseointegration to secure the implant to the bone. Osseointegration is a process that involves the use of a porous coating on the implant that allows new bone tissue to grow into the surface, creating a secure bond between the implant and the bone. Cementless hip replacements are typically used for younger patients with stronger bones, as they can provide a more natural and durable solution. Both approaches have their own unique advantages and disadvantages, and the choice between them will depend on a range of factors, including the patient's age, overall health, and lifestyle. Dr. Jeffers will decide which type is best at the time of surgery.

What are the benefits of an anterior hip replacement?

Anterior hip replacement is a surgical technique that involves accessing the hip joint from the front of the hip, as opposed from behind or on the side. This approach offers a range of

benefits over traditional posterior hip replacement. One of the key benefits of anterior hip replacement is that it typically results in less muscle damage. This is because Dr. Jeffers is able to work between the muscles, rather than cutting through them. As a result, patients may experience less pain and swelling, and a faster recovery time. Additionally, anterior hip replacement may result in better stability of the implant and more accurate leg length restoration, which can improve overall function and mobility. This technique is also associated with a lower risk of dislocation following surgery, which can be a significant concern for patients undergoing hip replacement. Ultimately, anterior hip replacement can be an excellent option for most patients, particularly those who are younger or have a more active lifestyle. Dr. Jeffers was the first in Ventura County to perform an anterior hip replacement and it is now his preferred technique for surgery.

What leg or hip position should I avoid after surgery? Can I sleep on my side? Can I cross my legs?

One of the benefits of using an anterior approach is that there are very little hip precautions to follow after the surgery. Typically, Dr. Jeffers recommends that for three months after the surgery, you avoid placing the operative leg behind you while your foot is externally rotated as well as placing the operative foot on top of the other leg.

Other than those precautions, you may otherwise use your hip as you like. You may sleep however you feel most comfortable; either on your back, on your stomach, or on either side. You may bend down to pick something off the floor and you may bring your knee towards your chest as far as you feel comfortable.

You may cross your legs as you feel comfortable but again, you should avoid placing your operative foot on top of either your thigh or knee on the other side.

What is a hip dislocation and how do I avoid it?

Hip dislocation is a potential complication that can occur after hip replacement surgery. It is a condition where the artificial hip joint becomes dislodged from its proper position, causing the ball to come out of the socket. This can be a painful and disabling condition, and may require additional surgery to correct. The risk of hip dislocation after hip replacement surgery is generally low, with most studies estimating a risk of less than 5%. However, certain factors can increase the risk of dislocation, including age, gender, implant design, and surgical approach. Patients who have previously experienced a hip dislocation, have a history of hip arthritis or hip dysplasia, or have other underlying medical conditions may be at higher risk. Additionally, certain activities or movements, such as twisting the hip, crossing the legs, or bending beyond a certain angle, may also increase the risk of dislocation. Patients undergoing hip replacement

surgery should discuss their individual risk factors with their healthcare provider, and work closely with their care team to minimize the risk of complications.

What are the benefits of using a robot during a total joint replacement surgery?

The use of robotic technology in hip replacement surgery has increased in recent years, providing several potential benefits to patients. The robotic system allows for precise planning and execution of the procedure, which may lead to better alignment of the implants and more accurate leg length restoration. This can result in better joint stability and improved function, as well as a potentially longer-lasting implant. Additionally, the robot's ability to customize the procedure to each patient's unique anatomy may reduce the risk of complications, such as dislocation or leg length discrepancy. The use of a robot in hip replacement can also provide real-time feedback to the surgeon during the procedure, allowing for adjustments to be made as needed. Overall, the use of a robotic system in hip replacement may lead to better outcomes and a more efficient recovery for patients.