

Common Questions About Total Joint Replacement

What can I do to get ready for my surgery?

Making sure your other medical problems are in the best possible state is critical going into surgery. If they are not, then your surgeon may recommend postponing or even cancelling your surgery.

Your BMI (calculation of height and weight) should be below 35 to most safely proceed with surgery. Your surgeon may not schedule surgery until it is at least below 40 due to increased risk for complications.

If you are diabetic, your latest Hemoglobin A1C level needs to be at least below 8.0, but your goal should be to have it below 7.5.

If you smoke/vape/drink alcohol in excess, you need to abstain for 6 weeks before and after surgery.

Staying well-nourished is also important and especially for patients over 75. Drinking one high-protein (Ensure Protein Shake) with each meal is encouraged.

Low-impact exercise (biking, swimming) along with light weights with high repetitions for both arms and legs is also helpful. Our website www.delortho.com has preoperative exercises you can do on your own by clicking on SPECIALTIES at the top of the page and scrolling down and clicking on JOINT REPLACEMENT.

Our skin has many bacteria on the surface, so we recommend thoroughly cleaning your body preoperatively in order to decrease the risk of infection. We advise you to buy a bottle of Hibiclens/Chlorhexidine Gluconate from your pharmacy and using it as a daily body soap/scrub when bathing/showering one week prior to your surgery date. Please focus on cleaning areas that tend to have high bacterial counts such as arm pits, groin, skin folds, etc.

How long will my joint replacement last? What if I have to have it done a second time?

If you treat your prosthesis well by focusing on low-impact exercise (walking, biking, swimming, golf, doubles tennis, pickle ball) and avoiding high-impact exercise (jumping, running, crossfit, etc) along with maintaining your ideal weight, then your joint replacement should last around 20 yrs (possibly even longer) based on current studies.

Why does my joint replacement make noise and is that normal?

Your new joint replacement is a prosthesis made of metal and plastic which means that it can make noise. Most patients notice the noise early after surgery when going up or down stairs, bending, or twisting. The noise tends to decrease or go away in most patients over time, but in others it can be persist for longer. If there is no pain with the noise then in most cases it is nothing to worry about. If there is pain with the noise, you should make your surgeon aware.

Can I kneel on my knee replacement?

You CAN kneel on your knee replacement after surgery. Early after surgery it may be a bit painful to do, but it is safe. There is more stress or force going through the replacement going up or down stairs then there is with kneeling. Some patients use knee pads or cushions when doing certain activities that requires kneeling, but those are not mandatory.

How soon after surgery can I get dental work done and do I need antibiotics before dental work?

We recommend avoiding any routine dental cleanings or elective surgical procedures for 3 months after your joint replacement. Certainly, exceptions to this recommendation can be made for more urgent problems. There is no

universally agreed upon recommendation based on current available research regarding how long to take antibiotics after joint replacement. Dr. Dellose/Rubano will explain their protocol and explain who will provide you with the antibiotic. The antibiotic is taken one hour prior to your cleaning.

When can I travel?

We recommend no long distance travel for 3 months from date of your surgery. The main reason is the risk of blood clots with air or long distance land travel. In addition, if you do have any issues in the early postoperative period, it makes it very difficult to manage these rare situations without physically being able to see and properly treat you.

Will I set off metal detectors and do I need/get a card to present in these situations?

Yes. The majority of metal detectors at airports, courthouses, etc will be set off by the joint prosthesis. We can provide you with a card to present which in many cases will suffice for clearance. In some situations, you may still have to go through additional screening by authorities.

Why is the pain worst at night?

Pain at night after surgery is one of the most common calls we receive and can be one of the last symptoms to go away. There is not a great explanation as to why other than you may be dealing with the repercussions of what you did earlier in the day such as standing, walking, physical therapy, home exercises, etc. For some patients, it can take 4-6 months to completely resolve, but keep in mind over the course of that time the night pain is getting less and less.

How long will it take the swelling to go away?

Just like pain at night, swelling is one of the most common calls we receive. It tends to be least in the morning and (like pain) it tends to be worse later in the day and at night after you have been up walking and standing during the day. The swelling can be very different in each patient in terms of the amount, timing, response to elevation, etc. It can take 4-6 months to completely resolve, but over that period of time there is a general improvement.

Why does my leg feel weak and like it is going to give out especially when going up or down stairs?

The first focus of physical therapy (4-6 weeks after surgery) is getting full range of motion back in the joint. Exercises directed towards strengthening of the muscles around the joint are preferably not started until after acceptable motion is attained. Full strength may not be achieved until 6-8 months after surgery which means the leg can feel weak or even give out at times when maximum strength is required, such as using stairs or on uneven surfaces.

How does the doctor make sure my legs will be equal length?

Leg length discrepancy is rarely an issue with knee replacement surgery. Your leg will be the same length as it was before knee replacement surgery, although it may be straighter.

Hip replacement surgery is quite different. There are multiple factors that come in to play in terms of leg lengths before and after hip replacement. We follow a strict protocol that involves a detailed physical examination of both hips and other parts of the body, critical x-ray evaluation, various measurements (before, during, and after surgery), and any history of surgery/injury to both hips and other body parts. By performing these steps, Dr. Dellose/Rubano is able to determine the most accurate and acceptable leg lengths in each patient.

What type of wound care do I have to perform to my incision?

It is quite simple. Keep the dressing/incision clean and dry. You don't need to keep anything covering the dressing you go home with and when that dressing comes off you can leave incision open to air. The dressing over your incision (Aquacel/Mepilix) is waterproof and bacterial resistant so you can shower immediately after surgery. Your dressings will be removed at your 2 week appointment in office and after that you can still shower. If the dressing does fall/come off prior to your 2 weeks appointment, there is no need to panic. As long as the incision is dry/without drainage you can keep the incision open to air and still shower. Just gently pat dry the dressing or the incision when you get out of shower. We do not recommend any creams, ointments or lotions directly over the incision until after 6 weeks after surgery. And do NOT submerge you incision in a bath tub, swimming pool, ocean, or lake until at least 6 weeks.

When can I drive?

For Right-sided surgeries, we do NOT recommend driving until 3-4 weeks after surgery, when you are no longer using a walker and not taking pain meds within 4 hours of driving. For Left-sided surgeries, we do NOT recommend driving until 2 weeks, when you are no longer using walker and not taking pain meds within 4 hours of driving. Your therapist can also act as a source for guidance on whether or not you are ready to drive.

How/When should I take pain meds?

You will be given a narcotic/opioid pain medication (ie Dilaudid, Oxycodone) to take every 4 to 6 hours ONLY AS NEEDED. You will also be given additional supplemental medications (Tylenol, gabapentin, celebrex, diazepam) that you should initially take on a consistent/continuous basis while taking the narcotic/opioid ONLY AS NEEDED. We find it helpful for our patients to initially make sure they are taking the narcotic/opioid about one hour prior to Physical Therapy and before they go to bed at night in order to get some decent sleep. Once you are taking the narcotic/opioid very little or not at all, then you can start to slowly take away the supplemental medications. The only two medications we prescribe that you must take for full 6 weeks are your blood thinner (for many of you this will be a baby/low dose aspirin 81mg twice a day) and omeprazole which is to protect your stomach from developing an ulcer while taking the aspirin.

When can I go back to work?

For those patients that work from home or have desk-type jobs, they can go back to work whenever they feel comfortable. For these types of patients it is usually 2-4 weeks when they return. For those patients that have jobs that require prolonged standing, walking, lifting, climbing, and bending, the usual return to work is 6-8 weeks. If your employer is flexible with your return such as allowing light-duty or part-time that is very helpful and allows for an earlier return in many cases.

Can I run after my joint replacement?

You can run, but you shouldn't make running your main form of exercise. We want this prosthetic joint to last as long as possible and the two main ways to ensure this goal is to focus on low-impact exercise (swimming, biking, elliptical, walking, golf, doubles tennis) and weight control.

When can I have sex?

We recommend no sexual intercourse for 6 weeks after surgery especially for hip replacements to prevent the rare occasion of dislocation. After the 6 week period there are no restrictions and the patient is free to engage as pain allows.

Why am I so constipated after surgery? How long will it last? Do I have to take stool softeners?

Constipation after surgery is a common concern and call to the office. The medications you will be taking, limited mobility after surgery, and the anesthesia can disrupt the normal function of your intestines causing constipation. It usually resolves over 2-3 weeks after surgery, if not sooner. Ambulation and mobility help along with decreasing the amount of pain medication over time. Taking stool softeners and sometimes even enemas can be helpful. If in addition to the constipation you are not passing gas, are vomiting, or having extreme abdominal pain, then you please call us.

Can I go home the same day as surgery is performed? If not how long will I stay?

The majority of our patients go home the day of surgery. Assuming patients attain certain goals/criteria (pass all of the requirements by Physical Therapist, urinating without difficulty, pain controlled, home support, eating, etc), then you can expect to go home the same day. If you are not deemed “safe” or “appropriate” for discharge, then in most cases only a one-night stay is required. Therefore, coming into your surgery, you should be making appropriate plans and arrangements to go home the same day.

Will I get Home or Outpatient Physical Therapy after surgery? How often and long will I need to go?

We strongly recommend our patients go to DIRECTLY to Outpatient Physical Therapy usually starting the day after they get home. You should do your best to set up/schedule this appointment before your surgery is performed and we will provide you with a prescription to give to your therapist. In rare cases, patients will have Home Physical Therapy for the first week when they go home and then transition to Outpatient. And in the most extreme cases, patients will go to an Inpatient Physical Therapy (Nursing Home) from the hospital. Research has shown that patients who have a DELAY in getting DIRECTLY to Outpatient Physical Therapy have more chance of complications, a prolonged recovery, and a poor outcome. Most patients go to therapy for 2-3 times/week for 4-6 weeks after surgery.

How often should I be doing Home Exercises and for how long do I have to do them?

It is just as important to do Home Exercises on your own as it is to go to Formal Outpatient Physical Therapy. We recommend doing your Home Exercises at least 2 times/day on the days you are not going to Outpatient Physical Therapy and once a day on the days you are. We recommend continuing Home Exercises long after the Formal Outpatient Physical Therapy is over. At least once a day for the first year after surgery you should continue Home Exercises and after one year some sort of weekly regimen should be maintained. Our website has www.delortho.com has home exercises you can follow by clicking on SPECIALTIES on the top of the home page and scrolling down and clicking on JOINT REPLACEMENT.

How often should I be using ice and how long?

Icing in the early post operative period (4-6 weeks) is important at least 3 times/day for 30 minutes. Depending on the amount of swelling and pain it can and should be done more/less often. Although there is no limit on how much/often you can ice for, it is still very important to go to therapy and do your exercises and not just sit all day with ice on your leg. After 4-6 weeks, the amount of icing should be dependent on the amount of pain and swelling you are still having.

What should I do if I have any questions or problems after surgery?

We strongly encourage you to call us with any questions or problems after the surgery to avoid unnecessary (and often very frustrating) visits to the Emergency Room or Urgent Care Centers. Please leave a message on our dedicated clinical phone lines (for Dr Dellose- 302-655-9494 ext.1140, for Dr Rubano (302-668-1320). Messages are checked and returned several times throughout normal work hours. You can also email any questions (for Dr.

Dellose-- KRecords@delortho.com or LDesantis@delortho.com, for Dr. Rubano--wdorgan@delortho.com). If it is after normal work hours, the same clinical line number will transfer you to our answering service that can connect you with our on-call doctor for urgent issues that cannot wait until next work day. Obviously, if you are experiencing an emergent, life-threatening situation then you should call 911 or go directly to the Emergency Room.

Most problems we can handle for you over the phone or by bringing you into the office

When is my first follow up appointment after surgery?

In most cases, the first follow up in the office is around 2 weeks for wound check and dressing removal. Your follow up appointments after that will be dependent on your progress, but before you leave your first follow up appointment you will be given a second post op appointment when a post op x-ray will be taken.

How long does the surgery take?

Joint replacement surgery routinely takes around 30-45 min from skin incision until closure. Total time in the operating room is around 60-90 min since there are other things that occur such as anesthesia-related items, proper positioning of the patient on the table, sterile prepping the skin, placement of drapes, etc.

What type of anesthesia will I have and will I be awake during surgery?

The vast majority of our patients undergo a spinal anesthetic since compared to general anesthesia research shows there is less chance of nausea, vomiting, and blood clots. In addition, there are benefits to postoperative pain relief with spinal over general anesthesia. With a spinal anesthetic the patient is still asleep during the surgery via intravenous medication, but a ventilator /breathing machine is not required as it is in general anesthesia. The anesthesiologist will discuss your case in detail with you prior to the surgery and address any additional questions or concerns. However, when indicated a spinal anesthetic is strongly recommended for your joint replacement surgery.

Will someone call my family after surgery?

Dr. Dellose/Rubano will call the individual you designate them to call after surgery. The surgeons will personally be making that call right when the surgery is completed. Please make that designated individual aware so they can be prepared to answer the call.

How will I be getting around after surgery? Will I need crutches? Will I be able to do stairs?

The safest ambulatory aid for all patients initially is a walker, which is needed for about 1-2 weeks. Your physical therapist will instruct you on proper use and when it is safe to transition over to a cane which is usually needed for another 1-2 weeks. The walker and cane will be provided to you (and in most cases is covered by your insurance) so there is no need to find/purchase them on your own.

Can I put full weight on my leg after surgery?

The vast majority of patients are allowed to weight bear as tolerated on the operated extremity immediately after surgery. There are rare instances in complicated cases when that is not the case. Once again, your physical therapist will be your guide on safely ambulating with walker and cane along with transition from one to the other and finally to independent ambulation.

Do I have to be careful with how I move my leg after surgery to avoid dislocation the prosthesis?

Knee replacements have no restrictions of movement after surgery. Hip replacement patients do have a very low likelihood of dislocation after surgery and Dr. Dellose/Rubano will inform you of any restrictions.

Should I get my teeth checked before my joint replacement surgery?

If you are having any active dental issues or do not regularly see a dentist, and then you should have your teeth evaluated prior to surgery due to the rare case an infection in your mouth could spread to the new joint prosthesis.

How many of these surgeries do Dr. Dellose/Rubano perform?

Dr. Dellose/Rubano are the highest volume joint surgeons in the State of Delaware and the only fellowship-trained surgeons in New Castle County. Combined they perform over 1500 joint replacement surgeries per year.

How should I be bending my knee after knee replacement?

The biggest indicator of expected range of motion after knee replacement surgery is what the motion was before surgery. In other words, if your knee is stiff before surgery and does not have full range of motion before surgery then you may not obtain what is considered full range of motion after. However, that does not mean your motion will not be better than it was before surgery. If you do have full range of motion preoperatively then you should easily have 0-90 degrees range of motion at 2 weeks post op and at least 0-120 degrees at 6 weeks post op.

If I need to have my other hip/knee replaced, how soon could I have that done?

The recommend time interval between having joint replacement surgeries is 3 months since this gives the patient time to properly heal and recover. It allows for appropriate time to get the first operated extremity strong and mobile enough so the patient has at least “one good leg to stand on”. Lastly, 3 months is when the risk of problems such as blood clots is decreased to a level when it is considered safe enough to proceed with the other joint.

Can I have bilateral/both joints done at the same time?

In the vast majority of cases we do not recommend doing both joints at the same time since research shows there is an increased risk of complications such as infection, blood clots, heart attack, stroke, pneumonia, etc. If you are truly interested in having two joints done simultaneously feel free to ask and discuss with us.

Do I have to get any preop testing or studies? How soon before surgery should that be done?

Prior to surgery you are required to have standard preop blood work and tests performed along with a medical clearance/history and physical exam. Our office staff will instruct you on when and how to get these requirements done. Ideally these should all be performed at least 3-4 weeks preoperatively. Please do not wait until a week or two prior to surgery since this could result in having to postpone/cancel your planned surgical date and the delay could be several months before you get back on the schedule.

Will I go home the same day of surgery or stay overnight?

In most cases the patient should come in with the mindset that he/she will be going home the same day of surgery. You will have to meet specific requirements and goals to go home the same day which most of our patients do. However, rest assured that if you do not hit such requirements you will not be sent home unless it is medically safe to do so.

What will I take/do to prevent blood clots after surgery?

The biggest thing a patient can do to prevent blood clots is MOVE after surgery which means frequently stand, walk, and do your physical therapy and exercises. In addition, you will be placed on a blood thinner (if you are already not on one for another health problem) for about 6 weeks after surgery.

