
Joint Replacement Information

Joint replacement surgery has come a long way since the 1960's. We are now more successful at replacing younger and more active patients' joints as our implants have improved over time. About 95 percent of patients are still doing well with their implants more than 15 years after surgery. I evaluate each patient to see whether a partial or a full replacement is necessary to decrease pain and improve function. I attempt to replace only the part of the joint that is worn out, if possible.

You will make the decision to have your joint replaced when your pain and function are not to your liking. It is all about your quality of life and being able to do those activities that are important to you. If non-surgical treatments are no longer helping you and you are frustrated that you can't do those things that are important to you because of your painful hip or knee, then you should consider joint replacement surgery.

I require all of my patients to have a body mass index (BMI) of less than 36 prior to surgery, to decrease the risk of complications and infection. You can calculate your BMI on my website (www.FrankKolisekMD.com). Also, avoid taking narcotic pain pills prior to surgery. If you develop a tolerance to pain pills before surgery, we will not be able to control your pain very well after surgery. Your result could be compromised because you will not be able to do your therapy because of the pain. The best outcomes and the best care is what I strive to provide for my patients.

Returning to Activities Following Surgery

Resumption of normal activities after joint replacement is highly dependent on the individual patient. I allow everyone to go at their own speed depending on how they feel. The first two weeks are the most difficult.

General guidelines suggest around three weeks after surgery, most patients are driving a car and using a cane to walk. Most people are able to return to a sedentary type of job at five weeks and a more physically demanding job at seven weeks after surgery. You can work from home whenever you feel like it.

Your leg will be swollen after surgery so I restrict your travel within two hours of home for the first month in order to decrease the risk of developing a blood clot in your leg. Many patients get back to activities such as walking for exercise, swimming, riding a bike and golfing by six weeks after surgery even though they still have some discomfort, increased warmth and increased swelling. You will fatigue easily and will not sleep well for the first month after surgery, but this will improve with time. I encourage you to increase your activities as you can tolerate. Don't be afraid to push yourself. I ask my patients to avoid running and jumping activities after surgery as this can cause the implant to prematurely fail.

Anesthesia

The anesthesiologist will talk with you regarding your anesthesia. We use advanced pain protocols to control your pain the best we can prior to you actually having pain. We use regional anesthesia whereby your leg is numbed. You are also given sedation or a light anesthetic in the operating room so you are relaxed and sleeping.

Surgery

It takes me less than one hour to replace your joint. Revision surgery (redoing a previously placed prosthesis that has failed) may take two hours, depending upon the complexity of the surgery. After your surgery, you will go to the Post Anesthesia Care Unit (PACU) for approximately one hour. I will talk with your family in the surgical waiting area immediately after your operation. Your family will be able to visit with you once you return to your room.

I use a computer in the operating room to assist in positioning your new knee. The computer allows me to verify the position of the cutting blocks and the final cut surfaces. This immediate feedback is useful as I can make any necessary adjustments to make sure I have placed your new knee in the best position possible for optimal function. Some insurance companies will not pay for this, but I believe using the computer in order to give you the best chance at a well-aligned prosthesis is important.

My surgical technique is soft tissue and muscle sparing to help you regain your function as soon as possible after surgery.

In the Hospital After Surgery

Following hip replacement, you will have a pillow between your legs while in bed to help decrease the chances of dislocating your hip. You will use an elevated commode and you will be taught how to get in and out of bed while obeying your hip precautions. Following knee replacement, you may have a brace on your knee for a day until your leg wakes up from the regional block.

Physical and occupational therapists will help you with your activities of daily living. This includes how to get to the bathroom, get dressed and go up and down steps using either a walker or crutches. The whole goal is to help you become safe on your own so you can return home, even if you live alone; most of the time this is on the second day after surgery. They will also teach you a few exercises that you will continue to do after you leave the hospital. You will do the exercises on your own.

Pumping your ankles up and down is helpful in decreasing the chances of blood clots by keeping the blood moving in your legs. Tightening your thigh and buttock muscles is also helpful. You will have support stockings on both legs after surgery to help minimize swelling. Move around often after surgery.

Keep your pain under control by asking for pain medicine often.

Going Home

A discharge planner will help coordinate your discharge from the hospital as well as obtaining any adaptive equipment like elevated commodes and walkers.

Most of my patients (more than 95 percent) are able to safely return home from the hospital on the second or third day after surgery. If you live alone, I recommend that you have a family member, neighbor or friend stop by once a day to see if you need anything. You will continue to do the exercises that we taught you in the hospital at home.

If you are not safe to go home by the third day after surgery (less than 5 percent of my patients), then we will make arrangements for you to go to a rehab center. Insurance will not pay for a rehab center for the sake of convenience, but only if it is documented by the therapists that you are not safe to return home.

Follow-up

Around two weeks after surgery, we will have you come into the office to have your clips or sutures removed. If you live far away from my office, we will have a nurse come to your house to remove these. We will then see you around six weeks after surgery and sometimes at 12 weeks depending on how you look at six weeks. We will then see you one year after surgery for a baseline exam and an X-ray of your prosthesis so we can compare this to what it looks like in future years.

Therapy

We usually start with you doing the exercises on your own and we may have you go to therapy at some point depending on how you are doing. We will follow you closely to monitor your progress. We want you to stay on schedule. You are the therapist.

Following knee replacement, we will focus on getting good range of motion and controlling your pain and swelling the first month. Then we will have you progress to strengthening exercises once you have good range of motion and your pain and swelling are under control.

Following hip replacement, you will obey the hip precautions for the first six weeks then we will show you how to bend over and pick things up, tie your shoes, etc. Otherwise, you simply go at your own speed as the hip rehabs itself as you continue to increase your activities.

Antibiotics After Surgery

Following total joint replacement, you will need to take antibiotics prior to having dental cleanings and dental procedures. Antibiotics should also be taken prior to other operations and invasive procedures. The antibiotics are important to prevent any infection from seeding into the total joint. Always let your doctor or dentist know that you have a joint replacement when you schedule any type of procedure.

Scheduling Your Surgery

Call Krista at 317.884.5233 to schedule your surgery.

Within two weeks of your surgery date, you will have a doctor's appointment for medical clearance. At this time your general health risks will be evaluated and any precautionary measures will be taken to decrease the chances of any complications. You will also attend a joint replacement class, which will further educate you regarding your upcoming surgery. If there are any discrepancies in information between the joint class and my handout, please follow my handout.

Thank you for allowing me to take care of you and thanks for your trust in me. My team and I will be here to encourage and support you during your surgery and rehabilitation and will help you in every way possible. Bri is my physician assistant, Krista is my scheduler and Charles is my research assistant. Our common goal is for you to have the best result possible!