

**\*\*VERY IMPORTANT\*\***

You will get a call several days prior to surgery, **this is not your official surgery time.**

**The hospital will call you the night before surgery to confirm your time and instructions. If you have not received a call the night before surgery, please call our office.**

**\*\*See your Primary care and Cardiologist 3-4 weeks prior to surgery (this must be within 30 days of surgery).**

**\*\*Dr. Kuesis recommends taking Oscal+D (Calcium & Vitamin D) twice daily with meals before and after surgery. \*\*Unless you already take a prescription Vit D supplement.\*\* Begin now and continue life-long. (Unless otherwise directed by your physician)**

**\*\*Begin Iron 65mg (ferrous sulfate 325mg), B complex and Zinc once daily prior to surgery, take with a stool softener. One month before and one month after surgery.**

**\*\*Start drinking high protein shakes (Premier protein) 2 times daily, 1-2 months before and 1-2 months after surgery. This will assist with post-operative healing.**

**\*\*If you take Aspirin 81mg, you can continue to take this medication once daily until the morning of surgery. (Unless otherwise directed by your physician).**

## Preparing for Joint Replacement surgery

1. It is important to be physically and mentally prepared for surgery. Planning ahead for the challenges of surgery and recovery will help ensure a more successful outcome.

The healthier you are going into surgery, the more likely you are to have a smooth recovery.

It is important to reduce your risk of complications by making sure you are physically ready for Surgery. The body mass index, or BMI, of patients undergoing joint replacement surgery continues to be a valuable predictor of the likelihood of complications, including readmission to the hospital. People who have a BMI over 40 have shown higher risks of complication following joint replacement surgery including unplanned readmission to the hospital. People who have arthritis and are obese have a very difficult time trying to exercise and lose weight given their joint pain. There are methods of exercise and medical weight loss programs that can help these individuals.

If you use tobacco, stop as soon as possible. Smoking affects your body's ability to heal and increases your risk of postoperative infection.

Have a dental check-up and complete any necessary dental work before surgery. An untreated infection in the teeth or gums can travel to your joint replacement.

If you have diabetes, work with your primary care provider to make sure your blood sugar levels are under control. The hemoglobin A1C needs to be less than 7.5% prior to proceeding with a joint replacement.

Stay active prior to surgery. You want to maintain joint flexibility and strength prior to surgery. The number one predictor of postoperative flexibility is what you go into surgery with.

Minimizing use of narcotics pre-operatively will assist in better pain management after surgery.

We recommend taking over the counter Iron daily and calcium and vitamin D twice daily starting one month prior to surgery. It is recommended to continue the Iron for at least one month after surgery. We should be on Calcium and Vitamin D daily life long.

In addition, we recommend a high protein diet prior to surgery. This can be supplemented with protein shakes 2-3 times daily.

In order to mentally prepare for surgery, there are resources available online, such as the AAOS website. It is advised to plan a date that will work with your family and caregivers so they can be available to help care for you after surgery. We do not recommend traveling for at least 60 days after surgery to reduce your risk for getting a blood clot.

Keeping a positive mental attitude during this process can help to reduce anxiety prior to surgery and ease your recovery.

2. Dr. Kuesis is performing outpatient and inpatient Total Joint Replacements. This will be determined based on your medical history and insurance.

3. Once you have chosen a surgical date, we will help you coordinate obtaining your physician clearances and pre-operative lab testing prior to surgery. It is important to start this process 4 weeks prior to your surgical date, to allow time for the appointments and testing that will be needed. You will be given a packet with the forms and lab orders that will need to be completed. There will also be a pre-surgical checklist in your packet to help guide you through this process. This checklist will include what medications need to be held and continued prior to surgery. If you are on any blood thinners or rheumatoid medications, we will need to obtain specific recommendations from the prescribing physician. Once all clearances and testing have been obtained, you will meet with Dr. Kuesis one week prior to surgery. We strongly recommend bringing a family member or friend to the visit. Dr. Kuesis will discuss what to expect during and after surgery. We recommend making a list of your questions, so you can discuss them at your pre-op appointment. We will discuss the post operative blood thinners and medications that will be started after surgery at your pre-operative appointment.

4. Recommendations for preparing your home after surgery.

Modifying your home slightly will make it easier to move around during the recovery period.

- If your bedroom is not on the first floor, we recommend turning a first floor room into your bedroom short term. We can assist in helping you obtain a hospital bed.
- Remove loose area rugs and cords.
- Rearrange furniture that may be difficult to navigate around.
- Consider obtaining a shower chair.
- In rare circumstances, you may need a raised toilet seat.
- Place any frequently used items, such as toiletries at an easily accessible height.
- For hip and knee replacement patients, you can purchase a "Hip kit". This provides instruments that will assist you with putting your shoes and socks on.

We advise having a family member or friend stay with you for the first few days after surgery, to assist with daily needs.

We strongly recommend going home after surgery versus an extended care facility. This will minimize your risk for post op complications/Infection. We will arrange for a physical therapist and home care nurse to come to your house a few days a week for the first two weeks after surgery.

5. Prior to surgery you will need to obtain crutches or a walker. Depending on your insurance, we will be able to provide this at our office. If we are unable to, an order will be provided in the packet.
6. You will need to obtain Hibiclens soap and start using it 2 days prior to surgery. You can get it free at the hospital pharmacy or purchase it at your local pharmacy. Instructions will be in your joint packet.
7. Make sure you have a family member with you on the day of surgery.
  - You will meet with the anesthesiologist to discuss the type of anesthesia that will be used.

- Dr. Kuesis will meet with you and your family members before and after surgery to discuss the procedure. The surgical process takes roughly 90 minutes from start of anesthesia to recovery.
  - If your joint replacement is done at our outpatient surgery center, you can expect to be in recovery for a few hours. The recovery room nurses will assist you in ambulating with your assistive device prior to discharge home.
  - You will need someone to drive you home when discharged.
  - If your joint replacement is performed at the hospital, you can expect to stay between 1-3 days after surgery.
  - Bring loose comfortable clothing and non-slip supportive shoes to wear after surgery.
  - It is important to make sure you have a family member or friend available to provide transportation to and from appointments and as needed if issues arise.
8. Post-operatively, you will meet with our physician assistant or nurse practitioner, two weeks after surgery. In some cases, you will need an appointment at one week for a dressing change, this will be determined at your pre-op appointment. At this appointment, you will be given an order for outpatient physical therapy.
9. A copy of our joint packet is available on line to refer back to as needed throughout the surgical process.

**Daniel T. Kuesis M.D.**

**PRESURGICAL INSTRUCTIONS FOR TOTAL JOINT REPLACEMENT**

Failure to read this and follow instructions could result in rescheduling of your surgery!!

**Patient Name:** \_\_\_\_\_

Your surgery date is \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Alexian Brothers Medical Center Elk Grove Village IL 847-437-5500

\_\_\_\_ Good Shepherd Hospital 450 W. Highway 22, Barrington Illinois 60010 847-381-0123

No eating or drinking after 11pm the night before surgery. You may take important medications with a small sip of water the morning of surgery.

You will need to wash with Hibiclens prior to surgery please see instructions provided.

**You will need to see Dr. Kuesis 7-10 days prior to surgery.**

**\*\*See all physicians and complete all lab work prior to this appointment.\*\***

***The hospital will call you the night before and confirm the time and instructions.***

**MEDICAL/DENTAL CLEARANCE**

Dr. Kuesis requires medical clearance for *all* patients. You should schedule to see your primary care physician (PCP) or any other physicians required for clearance 3-4 weeks prior to the surgery. If you do not have a cardiologist please discuss cardiac testing (including a stress test), prior to surgery. If you have ANY history of cardiac related problems (such as a previous heart attack, stents, etc) you will need to see your cardiologist as well.

If you have not seen a dentist within the past six months you will need to make an appointment to be seen prior to surgery. If you have any dental cavities or infections they need to be taken care of prior to surgery.

If you have a history of any infections in your feet or toenails, you will need to see a podiatrist for clearance prior to surgery.

There are scripts in this packet to bring with you to your appointments. Depending on your history you may also need clearance from other physicians. If so, we will inform you.

**PRE-OP LAB WORK**

Pre-op testing includes blood tests, EKG and a nasal swab, to be done *3 weeks prior to surgical date*. A delay in getting these tests done may result in rescheduling your surgical date. *Please have your blood work be done at the hospital where the surgery is going to be performed unless your insurance requires it to be done at a specific location.* You will need to *fast* for the blood work so it should be done in the morning. Some HMO insurances may require blood work be done in specific locations, it is the patient's responsibility to check on this.

Please have your labs done at:

\_\_\_\_ Alexian Brothers pre-surgical labs please call 847-640-3870.

**\*\*NO APPOINTMENT NEEDED\*\***

\_\_\_\_ Good Shepherd-surgical labs please call 847-842-4356

***\*\*\*Please take the prescription for blood work provided in this packet to your appointment\*\*\****

There is a blood test, "Type & Screen", that indicates your blood type so that units will be available should it be needed. The type and screen needs to be done within 4-5 days of your surgery date. You will need to go to main registration. No appointment is needed, just the lab order. You do not need to fast for this blood test.

**INSURANCE**

We will pre-certify your surgical procedure with your insurance carrier prior to your admission, and if you have a high deductible that has not been met you may be required to pay prior to the procedure. Medicare does not require pre-certification. Please note some insurance plans now have physical therapy caps on visits or dollar amounts. It is the patient's responsibility to check on this matter prior to surgery.

**\*\*Please note, any outstanding balance at Core orthopedics must be paid in full prior to surgery\*\***

**Please visit the following website for home exercises to prepare for surgery:**

<http://www.aahks.org/2019/01/17/new-patient-education-video-exercises-to-prepare-for-surgery/>

## **MEDICATIONS (please read carefully)**

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Dr. Kuesis recommends taking Oscal+D (Calcium & Vitamin D) twice daily with meals before and after surgery. **\*\*Unless you already take a prescription Vit D supplement.\*\*** Begin now and continue life-long. (Unless otherwise directed by your physician).

Begin Iron 65mg (ferrous sulfate 325mg), B complex and Zinc once daily prior to surgery, take with a stool softener. One month before and one month after surgery.

Start drinking high protein shakes (Premier protein) 2 times daily, 1-2 months before and 1-2 months after surgery. This will assist with post-operative healing.

If you take Aspirin 81mg, you can continue to take this medication once daily until the morning of surgery, (unless otherwise directed by your physician).

If you are taking any medications that thin the blood (such as Coumadin/Warfarin, Plavix, Eliquis etc.) *you need to call your prescribing physician for instructions on how to take these medications prior to surgery!*

Anti-inflammatories (such as Ibuprofen, Motrin, Aleve, Advil, Naprosyn, Mobic, Excedrin, Indomethacin, etc.). Vitamin E, fish oil and other herbal medications are known to effect bleeding time. Since the effects of herbal medications are unknown, those should be stopped 7 days prior to surgery.

If you are on any rheumatoid medications (such as Methotrexate, Enbrel, Plaquenil, Humira etc.) please contact your prescribing physician regarding instructions on how to hold these medications prior to surgery.

**Please check with your prescribing physician before stopping any Aspirin or blood thinning products.**

Any other medications such as blood pressure pills, diabetic medications, etc. not prescribed by Dr. Kuesis **should be checked with your primary care physician at your pre-surgical visit on instructions how to take day of surgery.** Tylenol (aka Acetaminophen) based products, Celebrex, Calcium and vitamin D can be taken until the day of surgery.

If you are taking any type of hormone replacement therapy, you will need to check with your physician if you can hold medication for 4 weeks before and 4-6 weeks after surgery. Holding these medications will help to reduce your risk of developing a blood clot.

### **MEDICATION REFILLS AFTER SURGERY**

It is office policy that prescriptions for pain medications will **not** be refilled *after* office hours or on the weekend. Please check your supply towards the end of the week to make sure you have enough to last you. If you should need a refill *have your pharmacy fax* us a request to 847-690-1777 between the hours of 7 a.m.-3 p.m. Mon-Thurs and 7am-12 pm on Fri.

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### **ANTICOAGULATION-BLOOD THINNERS**

To prevent blood clots from developing after surgery, you will be placed a blood thinning medication which will be started after surgery. The medication given will depend on your past medical history.

If you have no history of blood clots, you will be placed on Ecotrin 81mg or 325mg, Xarelto 10 mg or Eliquis 2.5mg for a number of days depending on what type of surgery you are having done. You will be provided with a prescription for this medication prior to surgery. Please have the prescription filled before surgery. You will not need to bring the medication to the hospital but should have it available to you after your discharge from the hospital.

If you have a history of blood clots, you will be placed on a blood thinner for a minimum of 30 days following surgery. If you are given Coumadin (warfarin), you will need to have blood tests at least two times per week. This medication's effectiveness is monitored by a blood test called an INR, which will be monitored by blood draws. You may or may not be placed on an additional medication called Lovenox (generic name Enoxaparin) while the Coumadin builds up to a therapeutic level. If you are given Coumadin you will take one dose the night before your surgery. The prescription will be given to you at your pre-op appointment.

## **SURGICAL CLASS**

Enclosed you will find the dates for a pre-surgical class. This class is held by the orthopedic nurses from the hospital. They will go over what to expect in great detail. They will also answer any questions you may have. It is very informative and highly suggested that you attend. Family members are encouraged to come. If you have had a total joint replacement recently, please disregard this section.

## **HOSPITAL STAY AND DISCHARGE PLANS**

Your hospital stay is usually 1-3 days. Most people are discharged home with home physical therapy. If you wish to arrange or meet a home health physical therapist *before* surgery (and your insurance is not an HMO), contact our office and we will help you with making these arrangements. Dr. Kuesis normally encourages patients to recover at home, with family or friends. We advise having a family member/friend be present for at least the first 7-14 days after surgery. SNF or Rehab facilities are a last resort and have a higher chance for developing infections and re-admission to the hospital.

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## **LENDING CLOSETS**

Some town or townships have lending closets. They will lend you some equipment like walkers and raised toilet seats for a specified length of time. If you would like a listing of these, you can get at the surgical class listed above or one can be mailed to you as well.

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## **WORK/DISABILITY FORMS**

Most people who have total joint replacements are usually off work anywhere from 6-12 weeks depending on recovery and job requirements. You will likely need paperwork excusing you from being off work called FMLA (Family Medical Leave Act). If you have short-term disability they may also have forms as well. Contact your Human Resources department to advise you what forms you will need filled out. You can fax them to 847-690-1777 or drop them off. There is a \$30 charge, please allow 1 week to complete. **\*\*PLEASE DO NOT BRING THESE FORMS TO THE HOSPITAL\*\***

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## **FLYING OR DRIVING AFTER SURGERY**

It is recommended to wait a total of 2 months after surgery before flying or driving long distances. Please discuss this with Dr. Kuesis if you need to fly or drive prior.

## **PEDICURES**

Dr. Kuesis does not recommend having a pedicure prior to or following surgery due to the possibility of infection.

## **FOLLOW-UP**

Your first follow up after surgery will be 2&1/2 to 3 weeks from the surgical date (unless there is a complication). You can make this appointment at your pre-op appointment or call 847-690-1776 to schedule.

## **PHYSICAL THERAPY**

Some total joint patients will benefit from physical therapy, Dr. Kuesis will fine tune a plan that is best for you. In the beginning you will likely need rides to and from therapy (the amount of time will depend on if you are taking pain medication and mobility.) Please plan accordingly for rides and finances ahead of time. Some insurance companies may have a limited amount of "outpatient physical therapy" visits. Please call your insurance company ahead of time to see if there are any restrictions.

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**For more information regarding hip or knee replacement, please visit the AAOS website at:**

<http://orthoinfo.aaos.org/topic.cfm?topic=A00389> --Total Knee replacement

<http://orthoinfo.aaos.org/topic.cfm?topic=A00377> --Total Hip replacement

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*Dr. Kuesis may choose to use an assistant based on the complexity of your procedure. This decision will be based on the Doctor's discretion. Formal consent will be obtained at the hospital.*

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## **QUESTIONS??**

If you have any further question please don't hesitate to call us at 847-690-1776, Ext. 1013. Please let us know once you schedule the dates for your doctor's visit, lab work and blood donation.

Thank you,

The Nursing Staff at Core Orthopedics

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# CORE



ORTHOPEDICS & SPORTS MEDICINE

Daniel T. Kuesis, M.D.  
Gregory N. Drake, D.O.  
Jeffery A. Murray M.D.  
Raymond J Metz Jr. MD

## Specialties:

Orthopedic Surgery  
Arthroscopic Surgery  
Sports Medicine  
Adult/Pediatric Fractures  
Trauma  
Cartilage Restoration  
Spine/Shoulder Specialist  
Joint Replacement/Revision

555 Biesterfield Road  
Elk Grove Village, IL 60007

2380 Lakewood  
Hoffman Estates, IL 60169

847-690-1776  
Fax 847-690-1777

[www.coreorthosports.com](http://www.coreorthosports.com)

## Patient Pre-surgery checklist

Name: \_\_\_\_\_ Date of procedure: \_\_\_\_/\_\_\_\_/\_\_\_\_

**The hospital will call you the night before surgery to tell you what time to be there!!  
\*\*If you do not get a call the evening prior to surgery please call our office.\*\***

Location of procedure:

\_\_\_\_\_ Alexian Brothers Medical Center \_\_\_\_\_ Good Shepherd Hospital  
Elk Grove Village 847-437-5500 Barrington 847-381-0123

\_\_\_\_\_ Get lab work done 3 weeks prior to surgery (bring script provided) If there is a delay it may postpone surgery.

\_\_\_\_\_ See Primary Care Physician and Cardiologist 3-4 weeks prior. See any other specialists including your dentist as soon as possible. (Bring clearance form provided)

\_\_\_\_\_ No eating or drinking after midnight the night before surgery (you may take important medications such as blood pressure medication with a tiny sip of water)

\_\_\_\_\_ Do not take any anti-inflammatory or blood thinning medications such as Advil, Aleve, Motrin, Naprosyn, Excedrin, indomethacin, Mobic, Vitamin E, Fish oil or Herbal medications starting 7 days prior to surgery, as they can affect bleeding time. **Tylenol is ok to take.**

**(If you are already on Aspirin 81mg, you can continue to take this medication until the morning of surgery)**

\_\_\_\_\_ Follow up with Dr. Kuesis in the office one week prior to surgery for a final consultation. Please bring any family members with you at that time.

**\*\*Please drop off any disability paper work at our office and allow one week for completion. Do not bring to the hospital. Please note there is a one-time \$30 fee for completing these forms. Dr. Kuesis will speak with your family after the procedure, if they are not there after surgery he or our physicians assistant or Nurse practitioner will go over everything at the post-op visits. He will be unable to call relatives if they are not there. Also, please note if your insurance changes the front desk will need an enlarged clear copy of the card faxed or dropped off at the office. Please call and let us know if it is switched so that your surgery may be properly pre-certed.**

Please call 847-690-1776 x1013 with any questions.

Thank you,

Nursing Staff



General medical clearance



- FAX to ABMC Prerurgical Clinic: 847-956-5105
- FAX to ABMC Interventional Radiology: 847-472-1233
- FAX to ABMC Ambulatory Care: 847-956-5443
- FAX to ABMC Endoscopy: 847-981-6515

- FAX to SAMC Preoperative Testing Center: 847-490-2917
- FAX to SAMC Interventional Radiology: 847-755-3282
- FAX to SAMC Outpatient Procedure Clinic: 847-839-6464
- FAX to SAMC Endoscopy: 847-839-7544

Patient: \_\_\_\_\_ Surgeon: \_\_\_\_\_ Surgical date: \_\_\_\_\_

Primary Care provider: \_\_\_\_\_ Surgery: \_\_\_\_\_

Past surgical history: \_\_\_\_\_

**Significant diagnoses: CHECK ALL THAT APPLY**

- Cardiac disease:  Cardiomyopathy  Ischemic  Other: \_\_\_\_\_
- ICD/PPM  Cardiology consult
- History of congestive heart failure Left ventricle ejection fraction: \_\_\_\_\_
- Coronary artery disease
- Coronary stents:  DES  Bare metal  Less than 6 months  Greater than 6 months
- CABG: Date: \_\_\_\_\_
- Aortic stenosis:  Mechanical/Prosthetic valve
- Stents: Non-cardiac location: \_\_\_\_\_
- Stroke/Peripheral arterial disease
- COPD/Asthma:  FEV1 less than 1 Liter  History of smoking within last 2 months
- Steroid dependent  Oxygen dependent
- Diabetes: Latest HgbA1C: \_\_\_\_\_ Insulin plan: \_\_\_\_\_
- Obesity/OSA:  CPAP/BIPAP
- Coagulopathy:  Abnormal PT/PTT
- Anemia:  Thrombocytopenia  Leukopenia  Polycythemia  Hematology consult
- History of heparin induced platelet antibody (HIPA)
- History of DVT/PE:  Postoperative vs.  Spontaneous (Check which type)
- Renal failure/Insufficiency: Creatinine level \_\_\_\_\_ EGFR \_\_\_\_\_
- Dialysis/ESRD  Nephrology consult
- Abnormal EKG or rhythm disorder: Explain: \_\_\_\_\_

OTHER SIGNIFICANT DIAGNOSES: \_\_\_\_\_

**ANTICOAGULATION:**

If patient on one of below drugs, must check continue or discontinue (DC)

| ANTIPLATELET   | Instruct to continue preop OR when to DC   |                                       |
|--|--|---------------------------------------|
|  | Continue PREOP   | WHEN TO DC                            |
| <input type="checkbox"/> Aspirin                       | <input type="checkbox"/> Physician   | <input type="checkbox"/> 7 days preop |
| <input type="checkbox"/> Clopidogrel (Plavix)          | <input type="checkbox"/> completing this form is responsible to notify surgeon if patient on any of these meds preop | <input type="checkbox"/> 7 days preop |
| <input type="checkbox"/> Prasugrel (Effient)           |  | <input type="checkbox"/> 7 days preop |
| <input type="checkbox"/> Aggrenox (ASA + dipyridamole) |  | <input type="checkbox"/> 7 days preop |
| <input type="checkbox"/> Ticagrelor (Brilinta)         |  | <input type="checkbox"/> 7 days preop |
| <input type="checkbox"/> Ticlopidine (Ticlid)          |  | <input type="checkbox"/> 7 days preop |

| ANTITHROMBIN XIA                               | Instruct to continue preop OR when to DC   |   |
|--|--|---|
|  | Continue PREOP   | WHEN TO DC<br>*Abnormal GFR<=60   |
| <input type="checkbox"/> Warfarin (Coumadin)   | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if patient on any of these meds preop | <input type="checkbox"/> 5 days   |
| <input type="checkbox"/> Dabigatran (Pradaxa)  |  | <input type="checkbox"/> 2 days if normal EGFR<br><input type="checkbox"/> _____ days if abnormal EGFR* |
| <input type="checkbox"/> Rivaroxaban (Xarelto) |  | <input type="checkbox"/> 2 days if normal EGFR<br><input type="checkbox"/> _____ days if abnormal EGFR* |
| <input type="checkbox"/> Apixaban (Eliquis)    |  | <input type="checkbox"/> 2 days if normal EGFR<br><input type="checkbox"/> _____ days if abnormal EGFR* |
| <input type="checkbox"/> Edoxaban (Savaysa)    |  | <input type="checkbox"/> 2 days if normal EGFR<br><input type="checkbox"/> _____ days if abnormal EGFR* |

Physician completing this form is responsible to notify the surgeon if the patient is on any of the above medications preop.

**BRIDGING THERAPY:**

Patient requires operative bridging plan: \_\_\_\_\_

OR

Consult cardiologist for postoperative bridging: \_\_\_\_\_

**BETA BLOCKER:** Is patient on beta blocker:  Yes or  No and \_\_\_\_\_

• If yes, continue beta blocker at all times and follow CPOE beta blocker protocol.

This patient is optimized from a medical standpoint. Please have H&P dictated prior to surgery.  
 This patient is NOT optimized from a medical standpoint. Physician must notify surgeon ASAP.  
 Reason: \_\_\_\_\_

Perioperative concerns and plan: \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Preoperative General Medical Optimization**

Please fax to Dr. Kuesis: 847-690-1777

And

## Cardiology Preoperative Optimization

- FAX to ABMC Presurgical Clinic: 847-956-5105
- FAX to ABMC Interventional Radiology: 847-472-1233
- FAX to ABMC Ambulatory Care: 847-956-8443
- FAX to ABMC Endoscopy: 847-981-6515

- FAX to SAMC Preoperative Testing Center: 847-490-2917
- FAX to SAMC Interventional Radiology: 847-755-3282
- FAX to SAMC Outpatient Procedure Clinic: 847-839-8464
- FAX to SAMC Endoscopy: 847-839-7544

PATIENT: \_\_\_\_\_  
 CARDIOLOGIST: \_\_\_\_\_  
 SURGERY: \_\_\_\_\_

SURGEON: \_\_\_\_\_  
 SURGICAL DATE: \_\_\_\_\_

**Cardiac History**

- Coronary Artery Disease: \_\_\_\_\_
- CABG/Valve: \_\_\_\_\_
- Cardiac Stents: \_\_\_\_\_
- EF %: \_\_\_\_\_
- Arrhythmias: \_\_\_\_\_
- Pacer/AICD: \_\_\_\_\_

**ANTICOAGULATION:**

**If patient on one of below drugs, must check continue or discontinue (DC)**

| ANTIPLATELET   | Instruct to continue preop OR when to DC  |                                       |
|--|---|---------------------------------------|
|  | Continue PREOP  | WHEN TO DC                            |
| <input type="checkbox"/> Aspirin                       | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt on any of these meds preop | <input type="checkbox"/> 7 days preop |
| <input type="checkbox"/> Clopidogrel (Plavix)          | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt on any of these meds preop | <input type="checkbox"/> 7 days preop |
| <input type="checkbox"/> Prasugrel (Effient)           | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt on any of these meds preop | <input type="checkbox"/> 7 days preop |
| <input type="checkbox"/> Aggrenox (ASA + dipyridamide) | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt on any of these meds preop | <input type="checkbox"/> 7 days preop |
| <input type="checkbox"/> Ticagrelor (Brilinta)         | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt on any of these meds preop | <input type="checkbox"/> 7 days preop |
| <input type="checkbox"/> Ticlopidine (Ticlid)          | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt on any of these meds preop | <input type="checkbox"/> 7 days preop |

| ANTITHROMBIN XIA                               | Instruct to continue preop OR when to DC  |   |
|--|---|---|
|  | Continue PREOP  | WHEN TO DC<br>*Abnormal GFR <60   |
| <input type="checkbox"/> Warfarin (Coumadin)   | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt on any of these meds preop | <input type="checkbox"/> 5 days   |
| <input type="checkbox"/> Dabigatran (Pradaxa)  | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt on any of these meds preop | <input type="checkbox"/> 2 days if normal EGFR<br><input type="checkbox"/> days if abnormal EGFR* |
| <input type="checkbox"/> Rivaroxaban (Xarelto) | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt on any of these meds preop | <input type="checkbox"/> 2 days if normal EGFR<br><input type="checkbox"/> days if abnormal EGFR* |
| <input type="checkbox"/> Apixaban (Eliquis)    | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt on any of these meds preop | <input type="checkbox"/> 2 days if normal EGFR<br><input type="checkbox"/> days if abnormal EGFR* |
| <input type="checkbox"/> Edoxaban (Savaysa)    | <input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt on any of these meds preop | <input type="checkbox"/> 2 days if normal EGFR<br><input type="checkbox"/> days if abnormal EGFR* |

Physician completing this form is responsible to notify the surgeon if the patient is on any of the above medications preop.

**BRIDGING THERAPY:**

Patient Requires Operative Bridging. Plan: \_\_\_\_\_

Peroperative Concerns and Plan: \_\_\_\_\_

**BETA BLOCKER:**

Is patient on beta blocker:  Yes or  No and \_\_\_\_\_  
 • If yes, continue beta blocker at all times and follow CPOE beta blocker protocol.

This patient is optimized from a cardiac stand point.  
 This patient is **NOT** optimized from a cardiac stand point. Physician must notify Surgeon ASAP.  
 Reason: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician Signature \_\_\_\_\_



Alexan Brothers Medical Center  
 800 Bismarck Road  
 Elk Grove Village, IL 60007-3397

Cardiology Preoperative Optimization  
 Form #7460151 (4/15/16) Rev: 10/18/16



PX

Please fax to Dr. Kuesis: 847-690-1777

And

ABMC 847-956-5105

GSHP 847-842-4457

# CORE

ORTHOPEDICS & SPORTS MEDICINE



Daniel T. Kuesis, M.D.  
Gregory N. Drake, D.O.  
Jeffery A. Murray M.D.  
Raymond J. Metz Jr. M.D.

**Specialties:**

Orthopedic Surgery  
Arthroscopic Surgery  
Sports Medicine  
Adult/Pediatric Fractures  
Trauma  
Cartilage Restoration  
Spine/Shoulder Specialist  
Joint Replacement/Revision  
Adult and pediatric Hand surgery

555 Biesterfield Road  
Elk Grove Village, IL 60007

2380 Lakewood  
Hoffman Estates, IL 60169

847-690-1776  
Fax 847-690-1777

www.coreorthosports.com

Date: \_\_\_ / \_\_\_ / \_\_\_

Dear Dr. \_\_\_\_\_

Our mutual patient: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_

Is on our surgical schedule for \_\_\_ / \_\_\_ / \_\_\_ @ ABMC/GSHP for the procedure of:

\_\_\_\_\_ under \_\_\_\_\_ anesthesia. Admission type: Day Surgery/ In-Patient.

Hx of: \_\_\_\_\_

We have informed the patient to contact you for clearance, recommendations or orders for surgery. We have also instructed the patient to contact their primary care physician. The patient's primary care physician will be giving clearance but, we would like to ensure the patients safety with a collaborative team decision to proceed with surgery.

From: Dr. Kuesis/ Kim R.N

Phone 847-690-1776  
Fax 847-690-1777

**PLEASE CIRCLE ONE, SIGN AND FAX BACK TO 847-690-1777.**

\*Patient *IS* Cleared for Surgery OR Patient is *NOT* Cleared

\*For inpatients.... Will you be rounding on the patient @ hospital? Yes or No?

\*Comments or additional orders: \_\_\_\_\_

Signature: \_\_\_\_\_ M.D.

# CORE

ORTHOPEDICS & SPORTS MEDICINE



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Date: \_\_\_ / \_\_\_ / \_\_\_

Dear Dr. \_\_\_\_\_

Our mutual patient: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_

Is on our surgical schedule for \_\_\_ / \_\_\_ / \_\_\_ @ ABMC/GSHP for the procedure  
of: \_\_\_\_\_

under \_\_\_\_\_ anesthesia. Admission type: Day Surgery/ In-Patient.

Hx of: \_\_\_\_\_

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From: Dr. Kuesis/ Kim R.N

Phone 847-690-1776  
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**PLEASE CIRCLE ONE, SIGN AND FAX BACK TO 847-690-1777.**

\*Patient *IS* Cleared for Surgery OR Patient is *NOT* Cleared

\*For inpatients.... Will you be rounding on the patient @ hospital? Yes or No?

\*Comments or additional orders: \_\_\_\_\_

Signature: \_\_\_\_\_ M.D.



Lab Work @ hospital / PCP office

- Daniel T. Kuesis, M.D.
- Gregory Drake, D.O.
- Jeffery Murray M.D.
- Raymond J. Metz Jr. M.D.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

D.O.S. \_\_\_\_\_

Diagnosis **(Pre-op testing)**

Z79.01 anticoagulation, E61.1 iron deficiency, E55.9 vitamin D deficiency

- CBC w/diff, CMP, PT/PTT/INR , Vitamin D, Transferrin, Total lymphocyte count
- EKG,
- Staph Aureus Screen- Source Nasal Swab

(To be performed 3 weeks prior to surgery date. To be done within 30 days of surgery date)

**\*Fast before all blood work\***  
**No appointment needed at outpatient lab**

Dr. \_\_\_\_\_

555 Biesterfield Rd., Elk Grove Village IL 60007  
(847) 690-1776 • Fax (847) 690-1777

Please fax results to PCP & Dr. Kuesis



**Lab Work @ hospital**

- Daniel T. Kuesis, M.D.
- Gregory Drake, D.O.
- Jeffery Murray M.D.
- Raymond J. Metz Jr. M.D

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Diagnosis \_\_\_\_\_ D.O.S. \_\_\_\_\_

**Surgery at Alexian Brothers:** Type and Screen. To be done within 4-5 days of your surgery date.

Dr. \_\_\_\_\_  
555 Biesterfield Rd., Elk Grove Village IL 60007  
(847) 690-1776 ☒ Fax (847) 690-1777

Please fax results to PCP & Dr. Kuesis



- Daniel T. Kuesis, M.D.
- Gregory Drake, D.O.
- Jeffery Murray M.D.
- Raymond J. Metz Jr. M.D

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Diagnosis \_\_\_\_\_ D.O.S. \_\_\_\_\_

**Crutches / Cane / walker**

Dr. \_\_\_\_\_

555 Biesterfield Rd., Elk Grove Village IL 60007  
(847) 690-1776 ☒☒Fax (847) 690-1777

**Please fax results to PCP & Dr. Kuesis**

**PREVENTION OF INFECTION  
TOTAL JOINT PATIENT**

Cleansing the skin before surgery is an important first step in reducing the risk of infection after a surgical procedure. Your participation in bathing with a cleansing product prior to surgery is vital.

**SUPPLIES NEEDED:**

- 1-2 bottles of over-the-counter Hibiclens (Chlorhexidine Gluconate) solution available at stores like Walgreens, Walmart, CVS, and Osco. Also available at St. Alexius Medical Center at no charge at the Day Surgery entrance reception desk, Monday - Friday and at Alexian Brothers Medical Center at the Outpatient Pharmacy and the Registration area.
- A clean washcloth

**INSTRUCTIONS:**

**Two (2) days before surgery:**

- Shower or bathe normally. Use your usual soap. Do not shave below the neck.
- Rinse well
- Apply plenty of Hibiclens using a clean washcloth to your entire body from the shoulders down. Avoid your genitals and mucous membranes. Do not apply above the neck.
- Leave on for three (3) minutes, then rinse well.
- Pat dry. It is normal for the skin to feel tacky or sticky for several minutes after using the Hibiclens, but this is only temporary.
- Do not apply lotions or creams to washed area after using Hibiclens.

**One (1) day before surgery:**

- Repeat above instructions.

**Morning of surgery:**

- Repeat above instructions.

**WHEN YOU ARE AT THE HOSPITAL:**

- Make sure to tell your healthcare providers that you completed the three (3) Hibiclens skin cleansings.

.....  
**MUPIROCIN 2% OINTMENT:**

Your physician will be giving you a prescription for Mupirocin 2% ointment. You may or may not need to fill this prescription; it depends upon your nasal swab test result. Only fill this prescription if the doctor calls you and instructs you to fill it. Again, your participation is vital as this will help reduce the risk of skin and soft tissue infections.

**INSTRUCTIONS:**

- Starting five (5) days before your surgery, apply a sufficient amount of ointment to cotton swab to coat the inside of both nostrils.
- Pinch nostrils closed and rub for thirty (30) seconds.
- Do this morning and evening each day including the morning of the surgery day.

If you have any questions, please call:

Alexian Brothers Medical Center  
Pre-surgical Clinic (847) 640-3870

St. Alexius Medical Center  
Pre-operative Testing Center (847) 755-8668

**AMITA**

HEALTH™

Alexian Brothers Medical Center  
800 Shawfield Road  
Eli Grove Village, IL 60007

St. Alexius Medical Center  
1555 Barrington Road  
Hoffman Estates, IL 60189

Patient Name

**PREVENTION OF INFECTION  
TOTAL JOINT PATIENT**

ITEM # 0071175  
FORM # 30852 08/15  
(Procedure Record)



PX



## PREVENCIÓN DE INFECCIONES EN PACIENTES CON CIRUGIA DE ARTICULACIÓN COMPLETA

La limpieza profunda de la piel es el primer y más importante paso para reducir el riesgo de infecciones después de un procedimiento quirúrgico. Su cooperación al bañarse con un producto de limpieza profunda antes de la cirugía es de vital importancia.

### USTED NECESITARA:

- Una o dos botellas del jabón Hibiclens (Chlorhexidine Gluconate) solución disponible sin receta médica en tiendas como Walgreens, Walmart, CVS y Osco. También disponible de lunes a viernes en la recepción que está en la entrada de Day Surgery, en la farmacia de pacientes ambulatorios y en el departamento de registración.
- Una toallita de baño limpia.

### INSTRUCCIONES:

#### Dos días antes de la cirugía:

- Tome un baño o una ducha como siempre lo hace. Use su jabón regular.
- Enjuáguese bien.
- Aplique suficiente jabón Hibiclens en la toallita limpia para lavar el cuerpo empezando en los hombros hasta llegar a los pies. **No lave sus genitales o las membranas mucosas. No aplicar encima del cuello.**
- Déjelo por tres minutos, luego enjuáguese bien.
- Seque con palmaditas suaves. Es normal que la piel se sienta pegajosa durante varios minutos después de usar el Hibiclens, pero esto es algo temporal.
- Después de lavarse el cuerpo con el Hibiclens no aplique ninguna crema o loción.

#### Un día antes de la cirugía:

- Repita el mismo procedimiento mencionado anteriormente.

#### El día de la cirugía:

- Repita el mismo procedimiento mencionado anteriormente.

### CUANDO YA ESTE EN EL HOSPITAL:

- Asegúrese de notificar a su proveedor de atención médica que hizo las tres limpiezas profundas con el Hibiclens.

### UNGÜENTO MUPIROCIN 2%:

Su médico le dará una receta médica para el ungüento Mupirocin 2%. La cual surtirá solo si su médico se lo indica; esta decisión depende de los resultados de la prueba nasal. **Únicamente surta esta receta médica si su médico le llama y le pide que lo haga.** Es de vital importancia que siga todas las indicaciones para reducir el riesgo de infecciones en la piel y los tejidos blandos.

### INSTRUCCIONES:

- Cinco días antes de su cirugía, aplique suficiente ungüento en un bastoncillo de algodón (cotonete) cubra el interior de las fosas nasales.
- Apriete las fosas nasales para cerrarlas y frote durante treinta segundos.
- Haga esto en la mañana y en la noche todos los días, incluso el día de la cirugía.

Si usted tiene preguntas, por favor llame:

Alexian Brothers Medical Center  
Clínica Prequirúrgica (847) 640-3870

St. Alexius Medical Center  
Centro de Pruebas Preoperatorias (847) 755-8668

**AMITA**

HEALTH™

Alexian Brothers Medical Center  
800 Bristarfield Road  
E. Grove Village, IL 60007

St. Alexius Medical Center  
1565 Berrington Road  
Hoffman Estates, IL 60169

Patient Name

PREVENCIÓN DE INFECCIONES  
EN PACIENTES CON CIRUGIA DE ARTICULACIÓN COMPLETA

ITEM # 0071175  
FORM # 30852 08/15  
(Procedure Record)



PX



**PREOPERATIVE JOINT REPLACEMENT CLASSES 2019  
ALEXIAN BROTHERS MEDICAL CENTER**

Elk Grove Village, IL

All classes will be held in the Brock Conference Room located on the Ground Floor of the Brock Building.  
Make a right after the revolving doors. Please park in the Brock parking lot.

Call for information or reservations: 847-472-1432

or

Register online at [www.amitahealth.org](http://www.amitahealth.org).

1. Click "Wellness"
2. Click "Classes and Events"
3. Class Name: Leave blank
4. Class Date: Set to current date
5. Category: Select "Orthopedic Classes and Events"
6. Location: Select "AMITA Health Alexian Brothers Medical Center Elk Grove Village"
7. Find a class and Select "Register"
8. Select "Shopping Cart" in upper right hand corner and "Checkout"
9. Please indicate total number of attendees and Select "Checkout"
10. Fill out all red asterisk \* and Select "Continue with Checkout"

|                 |                |                  |                |
|-----------------|----------------|------------------|----------------|
| <b>JANUARY</b>  |                | <b>JULY</b>      |                |
| 13 (Sunday)     | 1:30p – 3:00p  | 1 (Monday)       | 8:45a – 10:15a |
| 14 (Monday)     | 8:45a – 10:15a | 14 (Sunday)      | 1:30p – 3:00p  |
| 24 (Thursday)   | 7:00p – 8:30p  | 25 (Thursday)    | 7:00p – 8:30p  |
| <b>FEBRUARY</b> |                | <b>AUGUST</b>    |                |
| 11 (Monday)     | 8:45a – 10:15a | 11 (Sunday)      | 1:30p – 3:00p  |
| 17 (Sunday)     | 1:30p – 3:00p  | 12 (Monday)      | 8:45a – 10:15a |
| 21 (Thursday)   | 7:00p – 8:30p  | 22 (Thursday)    | 7:00p – 8:30p  |
| <b>MARCH</b>    |                | <b>SEPTEMBER</b> |                |
| 11 (Monday)     | 8:45a – 10:15a | 9 (Monday)       | 8:45a – 10:15a |
| 17 (Sunday)     | 1:30p – 3:00p  | 15 (Sunday)      | 1:30p – 3:00p  |
| 21 (Thursday)   | 7:00p – 8:30p  | 26 (Thursday)    | 7:00p – 8:30p  |
| <b>APRIL</b>    |                | <b>OCTOBER</b>   |                |
| 8 (Monday)      | 8:45a – 10:15a | 7 (Monday)       | 8:45a – 10:15a |
| 14 (Sunday)     | 1:30p – 3:00p  | 20 (Sunday)      | 1:30p – 3:00p  |
| 25 (Thursday)   | 7:00p – 8:30p  | 24 (Thursday)    | 7:00p – 8:30p  |
| <b>MAY</b>      |                | <b>NOVEMBER</b>  |                |
| 6 (Monday)      | 8:45a – 10:15a | 4 (Monday)       | 8:45a – 10:15a |
| 19 (Sunday)     | 1:30p – 3:00p  | 17 (Sunday)      | 1:30p – 3:00p  |
| 23 (Thursday)   | 7:00p – 8:30p  | 21 (Thursday)    | 7:00p – 8:30p  |
| <b>JUNE</b>     |                | <b>DECEMBER</b>  |                |
| 3 (Monday)      | 8:45a – 10:15a | 2 (Monday)       | 8:45a – 10:15a |
| 9 (Sunday)      | 1:30p – 3:00p  | 15 (Sunday)      | 1:30p – 3:00p  |
| 27 (Thursday)   | 7:00p – 8:30p  | 19 (Thursday)    | 7:00p – 8:30p  |

# Total Joint Replacement Class

**Registration:** Register online at [www.advocatehealth.com](http://www.advocatehealth.com) > Find a Class > Search "Joint Replacement" and select Good Shepherd Hospital or call 1-800-323-8622. If you have taken the class within the past year you may register for the online class. However, you are always welcome to retake the class in person as a refresher. Once registered, you will receive your hospital instructions by email.

If you need language assistance please call Amanda Gorsuch at 847-842-7572 or email at [Amanda.Gorsuch@advocatehealth.com](mailto:Amanda.Gorsuch@advocatehealth.com)

All classes are located at the main entrance

Class length: 1.5 hours

Supplies provided

Classes are once a week. Please register to reserve your spot as soon as possible. You should take a class that is 2-4 weeks before surgery.

**If you do not come to class you will be asked to pick up chlorhexidine 4% soap and a special drink at the hospital main entrance. \*No drink given for diabetes.**

 Advocate Health Care

We are AdvocateAuroraHealth

# **Surgical Team Approach to Advanced Recovery S.T.A.A.R. Program for Joint Replacement**

**The STAAR program is designed to help you recover better after surgery. Your experience may be different from surgeries you have had in the past. You will be given the tools you need to improve your own recovery through our preoperative class. Family participation is encouraged.**

**Our class includes suggestions for the best ways to prepare your body for surgery including:**

- Lung exercises, you will be provided with a device to use at home
- Nutrition recommendations from our dietary department, you may receive a special pre-surgical drink
- Activity recommendations
- Infection prevention, you will be provided with a surgical soap

**This class will answer questions surrounding your surgery day and the days following and includes the following information on how you can aide in your own recovery:**

- Pain relief
- Nausea prevention
- Diet and bowel regulation
- Activity
- Pneumonia Prevention
- Blood Clot Prevention
- Nutrition
- Physical Therapy

 **Advocate Health Care**

**We are AdvocateAuroraHealth**

## Total Hip Replacement

The first step when making the decision about hip replacement is to meet with your surgeon to see if you are a candidate for total hip replacement surgery. Your surgeon will take your medical history, perform a physical examination and X-ray your hip. Even if the pain is significant, and the X-rays show advanced arthritis of the joint, **the first line of treatment is nearly always non-operative**. This includes weight loss if appropriate, an exercise regimen, medication, injections, or bracing. If the symptoms persist despite these measures, and with corroborating X-rays, then you may consider surgery.

The decision to move forward with surgery is not always straight forward and usually involves a thoughtful conversation with yourself, your loved ones and ultimately your surgeon. **The final decision rests on you** based on the **pain and disability** from the arthritis influencing your quality of life and daily activities. Those who decide to proceed with surgery commonly report that their symptoms keep them from participating in activities that are important to them like walking, taking stairs, working, sleeping, putting on socks and shoes, sitting for long periods of time. Surgery is the next option when non-operative treatments have failed. Below are answers to the most common questions about total hip replacement surgery.

### How long does it last?

A common reply to this question is that total joint replacement lasts approximately 15-20 years. A more accurate way to think about longevity is via the annual failure rates.

Most current data suggest that both hip and knee replacements have an annual failure rate between 0.5-1.0%. This means that if you have your total joint replaced today, **you have a 90-95% chance that your joint will last 10 years, and an 80-85% that it will last 20 years**. With improvements in technology, these numbers may improve.

Despite such improvements it is important to maintain long-term follow-up with your surgeon to assure your replacement is functioning appropriately.

### Are all hip replacement implants the same?

Most implants today have become more similar than different as surgeons and manufacturers have determined which designs work best. One variable that still remains is the **bearing surface**. The bearing surface is the **ball and liner** that attach to the stem and cup that fix to the bone.

The ball can be composed of either metal (cobalt chromium alloy) or ceramic, and the liner can be made of plastic (polyethylene), metal, or ceramic. The ball and liner can then be used in different combinations and are named for the respective ball liner combination (metal on poly, ceramic on poly, ceramic on ceramic, etc.).

In 2015, the vast majority of bearings utilized a polyethylene liner with either a metal or ceramic head, with other combinations being used with less frequency. You can discuss these differences with your surgeon to determine which implant is best for you.

is surgery and recovery very painful?

Pain following total hip replacement has come a long way over the last 10-15 years with increased use of regional nerve blocks, spinal blocks, and various other modalities used for pain control. Total hip replacement is generally considered to be less painful than total knee replacement. Early range of motion and rapid rehabilitation protocols are also designed to reduce early stiffness and pain, making the procedure in general much less painful

than in years past. You may have relatively mild pain following the procedure, or you may have a more difficult time than others. Everyone is unique and handles and perceives pain differently. Keep in mind that while pain management has greatly improved, a pain-free surgery is unlikely. You will want to take your pain medicines as directed by your surgeon.

### What is minimally invasive surgery?

Minimally invasive surgery is a term that describes a combination of **reducing the incision length and lessening tissue disruption** beneath the incision. This includes cutting less muscle and detaching less tendon from bone. There have also been advancements in anesthesia and pain management during and after surgery. All of these practices allow you to feel better, have less pain, and regain function faster than in the recent past. While there may be some early advantages to minimally invasive surgery, as long as the components are placed correctly, traditional surgery ultimately leads to similar outcomes by three months post-operatively.

### My surgeon talks about "approach." What is this?

**The way a surgeon gains access to the hip during hip replacement surgery** is referred to as an "approach." There are various types of approaches named according to the direction that the surgery is performed.

The most common approach today is referred to as the "posterior approach," which is done from the back of the hip. Some more recent improvements to this approach (small incision and less tissue trauma) have been called "mini posterior approach." Another currently popular approach is known as the "anterior approach," which is performed from the front of the hip. The lateral approach is less frequently used but a viable approach for the surgery.

There are pros and cons of each approach and little science to endorse one over the other. Surgeons tend to have a preference and comfort level with one particular approach over the others. The bottom line is that **the best approach is the one your doctor is most comfortable with to allow safe and precise implantation of your hip replacement components**. A conversation with your surgeon should help decide which approach is best for you.

### Will my surgeon use a computer, robot, or custom cutting guide in my surgery?

There are many studies attempting to evaluate these emerging technologies and their influence on the success of surgeries. Each of these technologies has a specific goal that has fueled its development (i.e. more accuracy in implant placement, more efficient or faster surgery, etc.).

To date, there appears to be both pros and cons to each of these technologies without any clear advantages, but more research is required to determine what advantage, if any, these may offer.

Despite a substantial amount of direct-to-consumer marketing, **the best approach is to discuss this topic with your surgeon**. You may want to know if they use one of these technologies, why they have chosen to do so, and what their experience has been in using it.

### How big will my scar be?

The size of the incision can vary and depends on several factors that include the size of the patient, the complexity of the surgery, and surgeon preference. Most studies have shown that **smaller incisions offer no improvement in pain or recovery** and may actually worsen the surgeon's ability to adequately perform the procedure.

### Will I need general anesthesia?

While general anesthesia is a safe option, both hip and knee replacements can be performed under regional anesthesia. Choices for regional anesthesia include spinal anesthesia, epidural anesthesia, or one of a variety of peripheral nerve blocks. Many surgeons and anesthesiologists prefer regional anesthesia because data shows it

can reduce complications and improve your recovery experience with less pain, less nausea, less narcotic medicine required, etc. Recently, peripheral nerve blocks have become more popular as an adjunct for pain control. For total knee replacement this can include an adductor canal block, which allows pain control without causing weakness of your muscles. You should have a discussion regarding anesthesia and post-operative pain management with your surgeon and anesthesia team prior to your surgery.

#### How long will I stay in the hospital?

You will likely stay in the hospital for **one to three days** depending on your rehabilitation protocol and how fast you progress with physical therapy. This is highly dependent upon your condition before surgery, your age, and medical problems which can influence your rehabilitation. A safe discharge plan will be arranged for you by the orthopaedic team.

#### How long does it take to recover?

The majority of people who undergo total hip replacement are able to participate in a majority of their daily activities by six weeks. By three months, most people have regained much the endurance and strength lost around the time of surgery and can participate in daily activities without restriction. While daily activities have resumed, it is important to avoid high impact activities to give you the best long-term outcome with your hip.

#### When can I shower?

Most surgeons do not like the wound to be exposed to water for five to seven days; however, more surgeons are using waterproof dressings that allow patients to shower the day after surgery. You can remove the dressing at seven to ten days after surgery. Once you remove the dressings, you still shouldn't soak the wound until the incision is completely healed three to four weeks later. Either way, it is important to discuss this with your surgeon to be assured when it is safe to shower and what wound closure technique/dressings will be used for your surgical wound.

#### When can I walk after surgery?

Most surgeons and hospitals today emphasize getting you out of bed quickly. Most people are walking with the assistance of a walker on the day after surgery. Early ambulation has been shown to reduce the risk of a post-operative blood clot and is an important part of your recovery. Progression to using a cane or nothing at all typically occurs within the first month or two after surgery and depends on each individual's progress. Despite the rapid progression to moving without assistance, it is typically not recommended that you return to sporting activities until the third month after surgery.

#### When can I drive?

Most surgeons allow patients to drive at **four to six weeks after surgery**, and sometimes sooner if the operative leg is the left leg. There is some literature that states that your reaction time will not be back to normal prior to six weeks. **You should not drive while on narcotics** and should discuss returning to driving with your operating surgeon.

#### When can I return to work?

Returning to work is highly dependent on your general health, activity level and demands of your job. If you have a sedentary job, such as computer work, you can expect to return to work in four to six weeks. If you have a more demanding job that requires lifting, walking, or travel, you may need up to three months for full recovery.

#### What restrictions will I have after surgery?

Depending on how your surgeon performs your surgery, you may have slight differences in your rehabilitation instructions including restrictions. In general, most surgeons prefer that you avoid certain positions of the hip



that can increase your risk of dislocation of the hip for about six weeks following surgery. After six weeks, the soft tissues involved in the surgery have healed, and restrictions are often lifted – allowing more vigorous activity. Many surgeons suggest that you avoid any repetitive impact activities that can increase the wear on the implant such as **long-distance running, basketball, or mogul skiing**. Otherwise limitations following hip replacement surgery are few; however, **the better you treat your replacement the longer it will last.**

### Will I need physical therapy, and if so, for how long?

Initially, you will receive some physical therapy while in the hospital. Depending on your preoperative conditioning and support, you may or may not need additional therapy as an outpatient. Much of the therapy after hip replacement is walking with **general stretching and thigh muscle strengthening**, which you can do on your own without the assistance of a physical therapist.

### Are there complications to THR?

- Total hip replacement is an excellent pain-relieving procedure, and most patients receive approximately 95% pain relief.
- Although complications are relatively rare (1-5% of patients), patients may experience a complication in the postoperative period. These include very serious and possibly life-threatening complications such as heart attack, stroke, pulmonary embolism and kidney failure.
- Infection (1%) is one of the most debilitating complications and often requires prolonged antibiotics with several additional surgeries to rid the infection.
- A blood clot in the leg is also a relatively common complication requiring some type of blood thinner following surgery to reduce the incidence.
- The implants used can also fail over time due to wear of the bearing components or loosening of the components from the bone, both of which usually occur over many years.
- Another complication specific to hip replacement is dislocation of the joint (1%) that may require additional surgery if dislocation becomes recurring.
- Leg length differences following surgery are also a possibility and may be difficult to avoid sometimes in order to insure a stable hip. Often this leg length discrepancy is mild and rarely needs treatment.



Scan this with your phone to connect to more articles and videos on hip and knee care.

Article Updated: 2017

*This article has been written and peer reviewed by the AAHKS Patient and Public Relations Committee and the AAHKS Evidence Based Medicine Committee. Links to these pages or content used from the articles must be given proper citation to the American Association of Hip and Knee Surgeons.*

## Total Knee Replacement

The first step when making the decision about knee replacement is to meet with your surgeon to see if you are a candidate for total knee replacement surgery. Your surgeon will take your medical history, perform a physical examination, and X-ray your knee. Even if the pain is significant, and the X-rays show advanced arthritis of the joint, **the first line of treatment is nearly always non-operative**. This includes weight loss if appropriate, an exercise regimen, medication, injections, or bracing. If the symptoms persist despite these measures, then you could consider surgery.

The decision to move forward with surgery is not always straight forward and usually involves a thoughtful conversation with yourself, your loved ones, and ultimately your surgeon. **The final decision rests on you** based on the pain and disability from the arthritis influencing your quality of life and daily activities. Those who decide to proceed with surgery commonly report that their symptoms keep them from participating in activities that are important to them like walking, taking stairs, working, sleeping, etc.), and that non-operative treatments have failed.

### How long will it last?

A common reply to this question is that total joint replacement lasts 15-20 years. A more accurate way to think about longevity is via the annual failure rates. Most current data suggest that both hip and knee replacements have an annual failure rate between 0.5-1.0%. This means that if you have your total joint replaced today, **you have a 90-95% chance that your joint will last 10 years, and an 80-85% that it will last 20 years**. With improvements in technology, these numbers may improve.

### What types of implants will I get?

The orthopaedic implant industry has developed a number of innovative technologies in an effort to improve the outcomes of total joint replacement surgery. In recent years, these technologies have been marketed directly to patients, which has increased the awareness as well as confusion on what these different designs mean. The most important message is that while a certain manufacturer may claim that their design is better, almost all of the available registry data (large collections of data that track total joint surgery outcomes) show that **there is no clear advantage to any of these designs when it comes to improving outcomes**. Here are specific implant design terms:

- **Gender specific:** This refers to a modified implant design that accounts for average anatomic differences between men's and women's knees. Most manufacturers have incorporated similar modifications in their newer designs, which allow for more sizing options so that the prosthesis can be more accurately fit to the patient's native anatomy and recreate the natural function of the knee.
- **Rotating platform:** This refers to a plastic bearing that independently rotates on a metal tray on which it is seated. More often, the plastic bearing locks into the metal tray – referred to as a "fixed bearing." Some theoretical advantages to the rotating platform concept when it was initially designed was that it could reduce the wear of the plastic bearing, reduce the rate of loosening of the metal parts, and better replicate how a patient's knee works (kinematics). Most current data shows that after five to ten years in use, **there does not appear to be any difference between rotating platform and fixed bearing designs in any of these outcomes**.

... my surgeon use a computer, robot, or custom cutting guide in my surgery?

There are many studies attempting to evaluate these emerging technologies and their influence of the success of surgeries. Each of these technologies has a specific goal that has fueled its development (i.e. more accuracy in implant placement, more efficient or faster surgery, etc.).

To date, there appears to be both pros and cons to each of these technologies without any clear advantages, but more research is required to determine what advantage, if any, these may offer.

Despite a substantial amount of direct-to-consumer marketing, **the best approach is to discuss this topic with your surgeon.** You may want to know if they use one of these technologies, why they have chosen to do so, and what their experience has been in using it.

Is knee surgery and recovery very painful?

Pain following total knee replacement has come a long way over the last 10-15 years with increased use of regional nerve blocks, spinal blocks, and various other modalities used for pain control. Total hip replacement is generally considered to be less painful than total knee replacement. Early range of motion and rapid rehabilitation protocols are also designed to reduce early stiffness and pain, making the procedure in general much less painful than in years past. You may have relatively mild pain following the procedure, or you may have a more difficult time than others. Everyone is unique and handles and perceives pain differently.

What is minimally invasive surgery?

Minimally invasive surgery is a term that describes a combination of reducing the incision length and lessening tissue disruption beneath the incision. This includes cutting less muscle and detaching less tendon from bone. There have also been advancements in anesthesia and pain management during and after total knee replacement surgery. All of these practices allow you to feel better, have less pain, and regain function faster than in the recent past.

How big will my scar be?

The size of the incision can vary and depends on several factors that include the size of the patient, the complexity of the surgery, and surgeon preference. Most studies have shown that **smaller incisions offer no improvement in pain or recovery** and may actually worsen the surgeon's ability to adequately perform the procedure.

Will I need general anesthesia?

While general anesthesia is a safe option, both hip and knee replacements can be performed under regional anesthesia. Choices for regional anesthesia include spinal anesthesia, epidural anesthesia, or one of a variety of peripheral nerve blocks. Many surgeons and anesthesiologists prefer regional anesthesia because data shows it can reduce complications and improve your recovery experience with less pain, less nausea and less narcotic medicine required. Recently, peripheral nerve blocks have become more popular as an adjunct for pain control. For total knee replacement this can include an adductor canal block, which allows pain control without causing weakness of your muscles. You should have a discussion regarding anesthesia and post-operative pain management with your surgeon and anesthesia team prior to your surgery.

How long will I stay in the hospital?

You will likely stay in the hospital for **one to three days** depending on your rehabilitation protocol and how fast you progress with physical therapy. This is highly dependent upon your condition before surgery, your age, and medical problems which can influence your rehabilitation. A safe discharge plan will be arranged for you by the orthopaedic team.

How long does it take to recover?

It can take up to three months for you to return to most activities, and likely six months to one year to fully recover to maximal strength and endurance following total knee replacement surgery. This depends on your condition before surgery, additional medical problems, and your expectations.

When can I shower?

Many surgeons use waterproof dressings that allow for showering as early as the day after surgery. If your surgeon uses a standard dressing, you won't be allowed to shower for five to seven days, and usually no soaking for three to four weeks to allow the incision to fully heal.

When can I walk after surgery?

Most surgeons and hospitals today emphasize getting you out of bed quickly. Most people are walking with the assistance of a walker on the day after surgery and using a cane or nothing at all by two to three weeks.

When can I drive?

Most surgeons allow patients to drive at **four to six weeks after surgery**, and sometimes sooner if the operative leg is the left leg. There is some literature that states that your reaction time will not be back to normal prior to six weeks. **You should not drive while on narcotics** and should discuss returning to driving with your surgeon.

When can I return to work?

Returning to work is highly dependent on your general health, activity level and demands of your job. If you have a sedentary job, such as computer work, you can expect to return to work in four to six weeks. If you have a more demanding job that requires lifting, walking, or travel, you may need up to three months for full recovery.

What restrictions will I have after surgery?

Restrictions following total knee replacement surgery are generally few and should be discussed with your surgeon. After surgery, you will have some difficulty **kneeling** on the operative knee, which you will become less aware of with time, but will always have a general perception that the knee is artificial and doesn't really feel like a normal knee. Most people are able to return to **usual activities and work** but may have some difficulty performing **heavy labor such as construction or farming**. Most sporting activities are fine with the exception of **running or jumping**. Traveling should be not be affected by a joint replacement after the first four to six weeks when most surgeons advise against prolonged seated travel or flying due to increased risk of blood clot.

Will I need physical therapy, and if so, for how long?

Most people who have had a total knee replacement require outpatient physical therapy following surgery. A skilled therapist can accelerate the rehabilitation as well as make the process more efficient with the use of dedicated machines and therapeutic modalities. Depending on your condition before surgery, physical therapy is beneficial for up to three months and rarely longer. The amount of therapy needed depends upon your condition before surgery, motivation, and general health.

Are there complications to total knee replacement surgery?

- Total knee replacement surgery is primarily a pain-relieving procedure; however, it may not relieve all pain, and there is a possibility of residual stiffness and swelling.
- Although complications are relatively rare (1-2% of patients), patients may experience a complication in the postoperative period. These include very serious and possibly life-threatening complications such as heart attack, stroke, pulmonary embolism and kidney failure.

- Stiffness or loss of motion can also occur.
- Infection (1%) is one of the most debilitating complications and often requires prolonged antibiotics with several additional surgeries to rid the infection.
- A blood clot in the leg is also a relatively common complication requiring some type of blood thinner following surgery to reduce the incidence.
- The implants can also fail over time due to wear or loosening of the components, but this generally occurs many years after surgery.



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