COASTAL ORTHOPEDICS

Preop Teaching Class

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TABLE OF CONTENTS

- Class Objectives
- Knee Anatomy Overview
 - Knee Anatomy
 - Knee Compartments
- Surgical Treatment Partial Knee
- Surgical Treatment Total Knee
- Hip Anatomy Overview
 - Hip Arthritis
- Surgical Treatment Total Hip
- Preparing for Surgery
- Pain Protocol
- Therapy
- \circ FAQ
- Risks and Complications





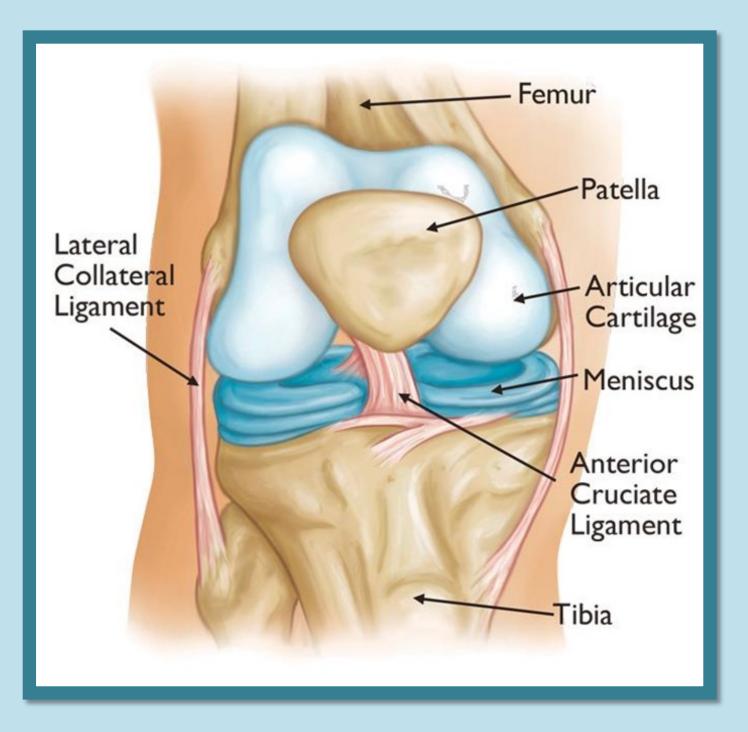
CLASS OBJECTIVES

- Understand why and how surgery is performed
- Understand typical OR course
- Understand typical recovery
- Discuss possible complications and how you and your surgical team can prevent possible complications



KNEE ANATOMY OVERVIEW

- Femur (thighbone)
- Tibia (shin bone)
- Patella (knee cap)
- Cartilage
 - Smooth tissue that cushions the ends of the bones and enables them to move





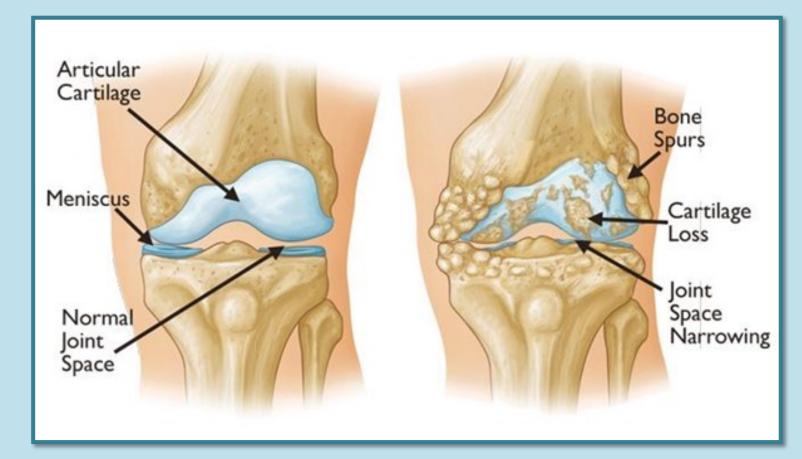
KNEE ANATOMY

Arthritis

 Inflammation and destruction of cartilage tissue

Types of Arthritis

- Osteoarthritis
- Rheumatoid arthritis
- Post-traumatic arthritis



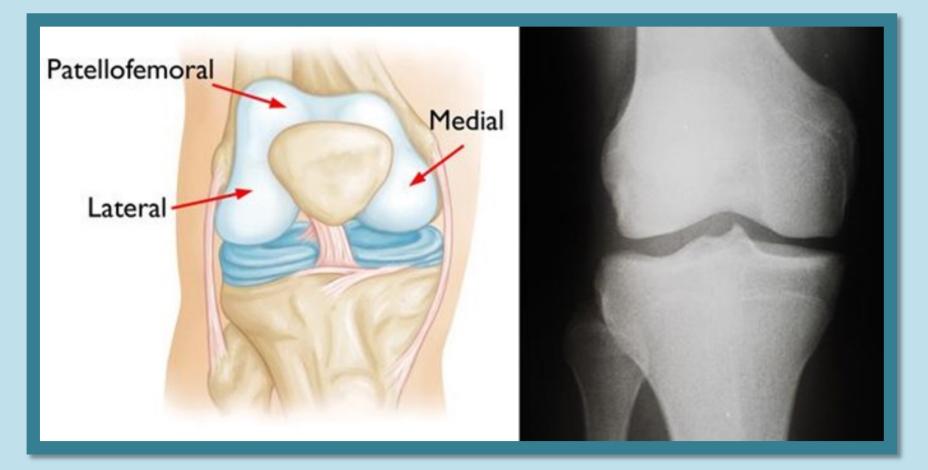




KNEE COMPARTMENTS

Compartments

- Medial
- Lateral
- Patellofemoral



Arthritis in one compartmentpartial knee

Arthritis in 2 or more –total knee replacement



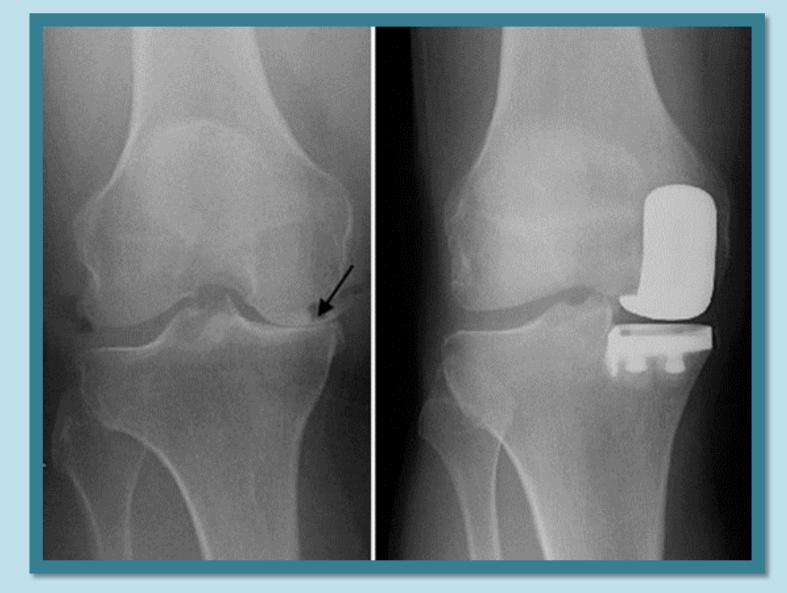
SURGICAL TREATMENT-PARTIAL KNEE

Partial Knee Replacement

- Prepare the bone
 - Damaged surfaces removed
- Position metal implant
 - Metal cemented to bone
- Insert a spacer
 - Medical grade plastic that allows the metal surfaces to glide smoothly







SURGICAL TREATMENT-TOTAL KNEE

Total Knee Replacement (TKA)

- Prepare the bone
 - Damaged surfaces are removed
- Position metal implants
 - Metal cemented to bone
- Insert a spacer
 - Medical grade plastic creates a smooth gliding surface
- Resurface the patella
 - Plastic button applied

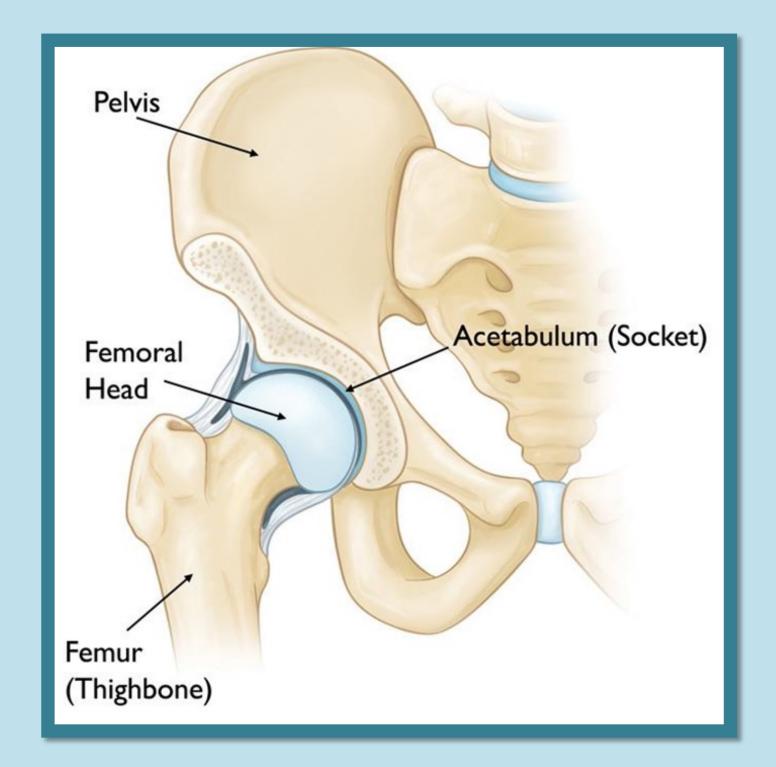






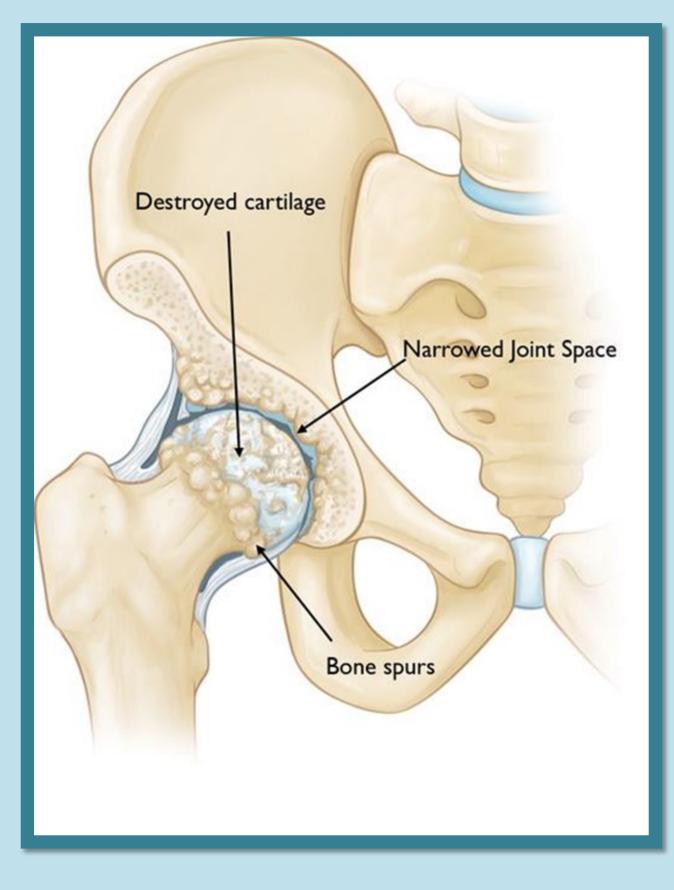
HIP ANATOMY OVERVIEW

- Femur
- Pelvis
- Ball and Socket
 - Femoral head= ball
 - Acetabulum= socket
- Cartilage
 - Smooth tissue that cushions the ends
 of the bones and
 enables them to
 move easily





HIP ARTHRITIS



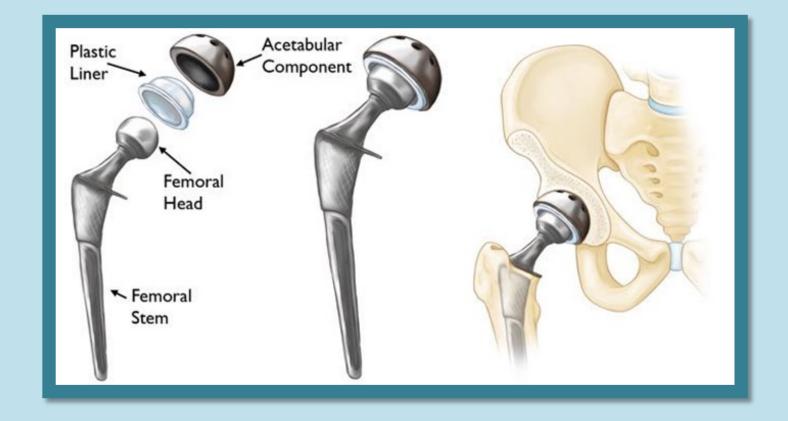




SURGICAL TREATMENT - TOTAL HIP

Total Hip Replacement (THA)

- Femoral head (ball) is removed •
- Metal stem inserted into the hollow center of femur
- Ceramic ball attached to stem
- Damaged surface of the acetabulum (socket) is removed and replaced with a metal cup
 - A screw is usually placed
- Plastic liner lacksquare





PREPARING FOR SURGERY

When will I find out my surgical time?

The appropriate surgical facility will give you a call the day before surgery, between 5:00 pm - 7:00 pm, to notify you of your arrival time/surgical time.

Blake Hospital - 2020 59th Street West, Bradenton, FL 34209 P: 941-792-6611 Coastal Surgery Center - 8000 SR 64 East, 2nd Floor, Bradenton, FL 34212 P: 941-782-0101 It is the patient's responsibility to call Coastal Surgery Center, between 2:00-4:00 pm, to obtain their arrival time/surgical time.

If unable to reach anyone, please contact my team members.

To contact our office after hours or on the weekends please use our paging service by call (941-792-1404).

If you are traveling from out of town, please call the appropriate surgical facility (number above) and let them know how they can reach out in regard to your surgical time. Let them know your cell phone number and where you will be staying the night before your surgery.

What should I bring with me the day of surgery?

- Photo ID •
- Insurance Card
- Co-payment (if any)
- Durable Medical Equipment
- Friend or family member who will be available the entire time and will be your ride home after surgery.
- Wear comfortable, loose-fitting clothing
- **Leave jewelry, money, and valuables at home

PREPARING FOR SURGERY CONT.

What should I do to prepare for my surgery?

- 1. Do NOT eat anything after midnight prior to your surgical date. Drinking clear liquids is encouraged up to 3 hours prior to surgery
- 2. Arrange for a family member or friend to accompany you to the hospital or outpatient surgery center, the day of your surgery.
- 3. Remember to adjust your work/social schedule accordingly during your anticipated recovery time.
- 4. While taking narcotic pain medication, you will not be permitted to drive. You may need to arrange for transportation during your recovery period, until given the okay to drive by Dr. Valadie.
- 5. Unless told otherwise, you will need to have a follow-up visit 2-3 weeks after surgery with Dr. Valadie. If you do not have an appointment already made, please contact the office to schedule.
- 6. Unless told otherwise, you will need to schedule physical therapy to start 2-3 days post-surgery. Dr. Valadie prefers physical therapy be done at Coastal Orthopedics. If you do not have these appointments schedule before surgery, please contact the office to schedule.
- 7. Avoid any dental work 3 weeks before surgery.

Medications to Stop Before Surgery

7 days before surgery, you need to stop:

- Aspirin, Motrin, Advil, Aleve, Ibuprofen, Ozempic, Mounjaro
- All Vitamins and Supplements

**Any medications prescribed by your physician(s), please consult before stopping prior to surgery (example: Plavix, Coumadin, Warfarin, prescribed Aspirin)

You can continue to take:

- Tylenol
- Celebrex



DURABLE MEDICAL EQUIPMENT (DME)

COASTAL ORTHOPEDICS

Jet Stream or Breg Unit (no compression)

Point of Contact: Heather Gillen P: 941-792-1404 ext. 3239

The Jet Stream and Breg unit can be picked up at your pre-op appointment with Dr. Valadie. These units are for purchase only, no rental option.

QUICK RECOVERY SYSTEMS

NICE- Intermittent Pneumatic Compression and Cold Therapy System

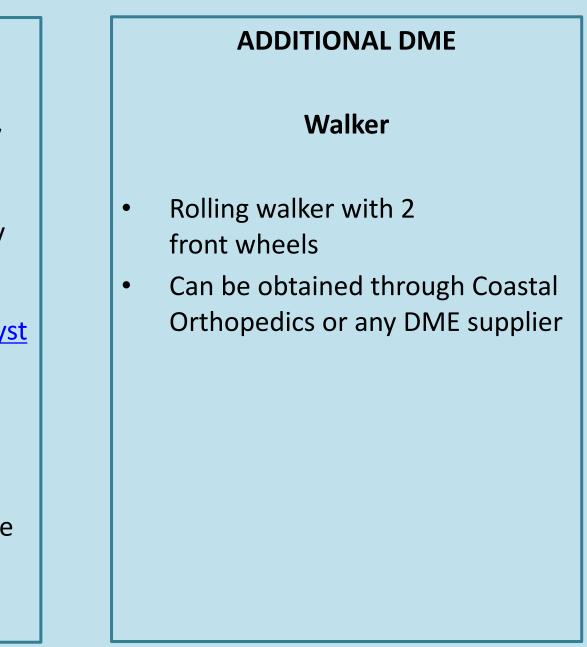
Point of Contact: Jeremy Duplissey P: 941-761-5898 Email: <u>customerservice@quickrecoverysyst</u> <u>ems.com</u>

Jeremy will coordinate a drop off and delivery date/time with you.

Purchase or rental available. Please contact Quick Recovery System to discuss financial aspect.



Each DME provider will contact your insurance company prior to your surgery to verify your Durable Medical Equipment (DME) benefits. Please contact the appropriate provider for an estimate on out-of-pocket fees.



ANESTHESIA

Knee: Spinal anesthesia with a regional block and twilight sedation

Hip: Spinal anesthesia with twilight sedation

General anesthesia in select cases

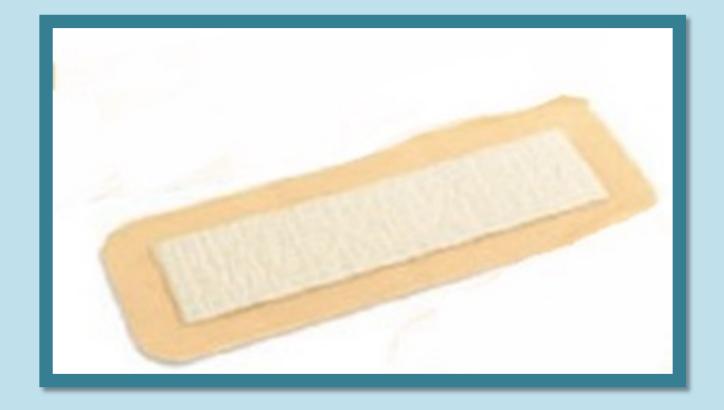
If you have a CPAP machine, please inform the office along with the surgical facility. The anesthesiologist will meet with you the day of surgery.





INCISION CLOSURE AND DRESSINGS

- Dissolvable sutures and skin glue
- Waterproof dressing
 - Latex free
 - Waterproof
 - Remains in place for 7 days
 - Antimicrobial



"Wound vac" negative pressure system



INCISION AND DRESSING CARE

- Dressing is removed 7 days after surgery
 - Peel off like a band-aid
- If no drainage, may leave incision open to air
- If drainage, or if you prefer cover with gauze and hold in place with ACE wrap
 - Change daily
- OK to shower after surgical dressing is removed
 - Do not cover with saran wrap
 - No baths, pools, hot tubs until cleared by Dr. Valadie
 - No creams, lotions, ointments until cleared by Dr. Valadie



DAY OF SURGERY

Operating Room (90 min to 2 hours)

- Positioning
- Surgical procedure
- Incision closure

Recovery room

• Patients at surgery center will be discharged from here

Orthopedic floor





DISCHARGE REQUIREMENTS

- Physical therapy
 - Gait training, use of assist devices
- Medically stable
 - Vitals must be stable
- Pain management
 - Medication sent to pharmacy of choosing in advance



TYPICAL PAIN PROTOCOL

Drug	Use	Dose/Frequency	Quantity	Duration
Tylenol	Pain management	1000mg / three times a day (6am, 2pm, 10pm)	90	5-7 days scheduled
Tramadol	Pain management	100mg / three times a day (6am, 2pm, 10pm)	56	As needed
Celebrex	Anti-inflammatory	200 mg/once a day	30	30 days
Oxycodone	Pain management	5mg / every 4-6 hours as needed	30	As needed



ADDITIONAL MEDICATIONS

- Medications
 - Aspirin 81 mg twice a day
 - Prevents blood clots
 - Senna-S 8.6/50 mg twice a day
 - Stool softener
 - Zofran (Ondansetron) 4 mg as needed
 - Nausea
 - Cefadroxil 500 mg Twice a day
 - Given to patients at Dr. Valadie's discretion based on risks for infection



THERAPY

Pre-Surgery physical therapy

For patients having surgery at the surgery center

Outpatient physical therapy

- 2-3 x a week for 4-6 weeks
- Starts 2-3 days after your surgery
- Dr. Valadie recommends Coastal PT (see website for locations)
- Practice home exercises/stretches taught by the therapist at pre surgery visit and at hospital



FOLLOW UP VISITS

- 2 weeks post op
 - Wound check
 - X-rays
- 6 weeks postop with Dr. Valadie
- 3 months if needed





WHEN CAN I...

- Return to work? lacksquare
 - Light duty/desk job: 2-4 weeks postop
 - Heavy duty/labor intensive: 6-8 weeks postop
- Drive?
 - 2-4 weeks. Must be off pain medications and feel safe
- Fly?
 - Preferably after 3-4 weeks
- Return to activities?
 - At 6 weeks, usually 75% recovered
 - Allowed to ease into activity after 6 weeks
 - 3 months for more aggressive activities
- Have my other knee/hip replaced? •
 - 6-12 weeks between surgeries





POTENTIAL RISKS AND COMPLICATIONS

- Infection
- Blood clot/pulmonary embolism
- Hematoma
- Loosening/failure of implant
- Residual pain/stiffness
- Fracture
- Nerve injury
 - Elevated risk for peroneal nerve injury with valgus (knock knee) deformity
- Blood loss
- Clicking
- Leg length discrepancy
- Insomnia
- Persistent pain



SYMPTOMS AFTER SURGERY

Common

- Swelling throughout leg
- Bruising throughout leg
- Warmth
- Incision redness
- Low grade temperatures (< 101.5)
- ** always feel free to call to discuss

- Calf pain, swelling, redness
- Fevers greater than
 - 101.5
- Significant drainage
- Pain uncontrolled with medications
- Spreading redness



When to Call

PRE-SURGICAL CHECKLIST

□ Surgical Date

- Pre-Operative Appointment with Dr. Valadie
 - Any questions or concerns will be addressed during the pre-op appointment. Please come prepared with questions (if any).
- Pre-Physical Therapy Appointment at Coastal
- Pick up post-operative medication
- Obtain medical clearance by your Primary Care Physician (if needed). Complete within 30 days of surgery.
- Pre-testing Appointment (hospital cases only at the hospital). • Obtain any other clearances (if needed). Complete within 30 days of surgery.
- Obtain required Durable Medical Equipment
- Ensure a responsible party is available post-surgery. You will not be discharged without one.
- □ 1st Post-Operative Appointment with Dr. Valadie
- **1st Post-Operative Physical Therapy**

