

## TOTAL JOINT REPLACEMENTS FREQUENTLY ASKED QUESTIONS (FAQ's):

### 1. What type of joint components does Dr. Gallivan use?

- |   |                               |
|---|-------------------------------|
| a. Total Hip Arthroplasty:                      | <b>Stryker Accolade Hip</b>   |
| b. Total Knee Arthroplasty:                     | <b>Stryker Triathlon Knee</b> |
| c. Robotic Unicompartmental Knee Arthroplasty   | <b>Stryde Implant</b>         |
| d. Total Shoulder/Reverse Shoulder Arthroplasty | <b>Zimmer</b>                 |

For more info, reference: [AboutStryker.com](http://AboutStryker.com), or our website: [www.gallivanmd.com](http://www.gallivanmd.com).

These components are made of high-grade metal alloys (nickel, chromium, and cadmium), and high-grade cross-linked polyethylene plastic.

Stryker knee replacements are different than traditional knee replacements because they are designed to work with the body to promote easier motion,<sup>1,2,3</sup> and a study has shown a more rapid return to functional activities after surgery.<sup>2</sup> This is due to the *single radius design* of the knee implant. Single radius means that as your knee flexes, the radius is the same, similar to a circle, requiring less effort from your quadriceps muscle.<sup>1,4,7</sup>

Dr. Gallivan specializes in **minimally invasive total joint replacements**. This equates to a smaller incision, less blood loss, reduced hospital stays, decreased complication rates, and quicker recovery times.

### 2. What approach/technique does Dr. Gallivan use?

Dr. Gallivan uses a **lateral approach** for the hip, rather than a posterior or anterior approach. Dr. Gallivan has found the lateral approach to result in a very stable post-operative hip joint with predictably low rate of complications.

Dr. Gallivan uses a **quadriceps sparring/mini-mid vastis** approach for Total Knee Arthroplasties and Unicompartmental Knee Arthroplasties.

Dr. Gallivan uses **computer-guided navigation** to achieve optimal alignment of the lower extremities. This is analogous to tire alignment in the automobile industry. Using infrared technology to communicate positioning of the bones and joint angles to a computer, technical cuts are then made with increased precision to within a fraction of a degree, resulting in improved alignment, better wear of the prosthesis, and improved function.

Dr. Gallivan uses **Robotic Navio** for his partial (Unicompartmental) Knee Arthroplasties. Robotic Navio is an advancement in the way orthopedic surgeons can perform partial knee replacement. Using state-of-the-art computer controlled technology, the system works with the surgeons skilled hands to achieve precise positioning of the knee implant for consistently accurate results. The Robotic Navio allows for less post-operative pain, quicker rehabilitation, lower risk of complications and smaller incisions. Am I a candidate for Unicompartmental Knee Replacement?

### 3. Am I a candidate for Partial (Unicompartmental) Knee Replacement?

While total knee replacement is the most common surgical treatment for advanced osteoarthritis of the knee. Dr. Gallivan will determine whether partial knee replacement is right for you. If so there is a new technology call Robotic Navio for a partial knee replacement allowing osteoarthritis sufferers to return to the activities they love. Partial knee replacement involves only replacing the diseased part of the knee. If Dr.

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Gallivan determines you are a candidate for a partial knee replacement maintaining your own ligaments and normal compartments often results in a more natural feeling knee.

4. **How long is the incision?**

The incision for the knee is about 4 to 5 inches long and slightly longer for the hip.

5. **How long will I be in the Hospital?**

The majority of our patients undergoing a total joint replacement only stay in the hospital for **ONE NIGHT** and are released to go home the following day. We do require that the patient has someone to help out at home during the first week post-operatively. If you have special concerns and need to stay more than one night, please address these concerns with Dr. Gallivan and staff.

6. **What type of anesthesia will be used?**

Dr. Gallivan prefers to use **spinal anesthesia**. Therefore, the patient is numb from the waist-down for the surgery and feels no pain, but may be awake during the procedure. This helps with recovery. If necessary, a sedative may be used in conjunction.

7. **When can I walk again?**

Our patients are encouraged to walk within three hours of surgery with full weight-bearing status.

8. **What type of anti-coagulation is used after the surgery to prevent blood clotting?**

- a. For Total HIP Arthroplasty Patients: Aspirin (Enteric Coated) 325 mg twice per days is used for approximately 30 days post-operatively.
- b. For patients taking a blood thinner such as Coumadin or Xarelto, we will speak to your primary care provider prior to surgery. For these patients, Coumadin (Warfarin) is used for approximately 2-3 weeks post-operatively. We will monitor the INR values twice per week via a blood test. At that point we will transfer the medication monitoring back to your Primary Care Provider or Cardiologist.
- c. Please let us know if you are using any of the following medications *at your pre-op appointment*: aspirin, ibuprofen, other NSAIDs, Coumadin (Warfarin), Pradaxa, Lovenox, Heparin, Vitamin E, Vitamin K, or Fish Oil.

**Reference**

*Raphael IJ, Tischler EH, Huang R, Rothman RH, Hozack WJ, Parvizi J. Aspirin: an alternative for pulmonary embolism prophylaxis after arthroplasty?. Clin Orthop Relat Res. 2013;472:482-488 American Academy of Orthopaedic Surgeons. "Statins may lower blood clot risk following joint replacement surgery." AAOS, 11 March 2014.*

[http://www.aaos.org/news/acadnews/2014/AAOS19\\_3\\_11.asp](http://www.aaos.org/news/acadnews/2014/AAOS19_3_11.asp).

9. **What is the recommendation for antibiotic prophylaxis for dental procedures?**

Avoid any dental cleaning or non-urgent procedures for 6 months post-operatively. For all patients with a total joint replacement (knee or hip), each time the patient visits the dentist for any procedure, including dental hygiene (cleanings), the patient is required to take an antibiotic one hour prior to the procedure. This guideline is for life. Please inform us of any dental issues.

10. **I have a history of skin infections. Is this a problem?**

Part of your pre-operative testing will include special swabs to see if you are a carrier of staphylococcus bacteria. If you test positive, you will need to scrub from the chin down, once daily for 5 days prior to your surgery with an over-the-counter *Hibicleanse wash*. You will also need to apply *Mupirocin (Bactroban)* ointment to each nostril twice per day for 5 days prior to your surgery. A prescription will be provided. **ALSO NOTE, if you or your partner or spouse has a history of skin infections, you will be prescribed the Hibicleanse wash and Mupirocin ointment.**

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**11. Will I need physical therapy/rehabilitation?**

Yes! Each patient will need to work with their therapist on range of motion, strengthening, and balance several times per week for a few months. The physical therapist is a very important part of your team and your recovery.

**12. How long will it take to recover?**

The typical patient will be walking the day of surgery, with a walker, provided by the hospital. Most patients are fully weight bearing on the replaced joint. Most patients rapidly progress to using a cane with physical therapy, and then to normal walking. Some patients recover quickly, in a matter of several weeks, but total recovery is approximately 4 to 6 months, or longer.

**13. Is there any special equipment or clothing I will need?**

- a. After the surgery, while in the hospital, the patient will wear **T.E.D. Anti-Embolism Hose Compression Stockings** from the feet to the thighs on both legs. This helps with swelling and helps to prevent dangerous blood clots. The T.E.D. Hose need to be worn all day, every day until both legs are the same size, which takes about 1 month.
- b. After a *total hip arthroplasty*, patients will also require portable **Pneumatic Sequential Compression Devices (SCD's)** to wear 18 hours per day, every day for *3 weeks* to help prevent dangerous blood clots. If your insurance does not cover the pneumatic SCD's, they are offered at a discounted price of \$150/week from the supply company. The pneumatic SCD's are analogous to wearing a seatbelt in a car ride for clot prevention.
- c. After a *total knee arthroplasty*, patients will also require **Pneumatic Sequential Compression Devices (SCD's)** to wear 18 hours per day every day for *2 weeks* to help prevent dangerous blood clots. If your insurance does not cover the pneumatic SCD's, they are offered at a discounted price of \$150/week from the supply company. The pneumatic SCD's are analogous to wearing a seatbelt in a car ride for clot prevention.
- d. Patients will require use of a walker in the post-op period, and then progress to a cane.

**14. How long will I wear the bandage after the surgery?**

You need to wear the **Acticoat** bandage/dressing for approximately 1 week after total joint replacement surgery. We will remove it in the office at your post-operative visit. This is a special post-operative, occlusive, waterproof dressing with silver anti-bacterial properties. *Do not remove it at home unless instructed to do so by a provider in our office.*

**15. When can I shower after total joint surgery?**

You may shower 2 days after your operation, if no drainage is present at the incision. You will be wearing the **Acticoat** occlusive and waterproof dressing that protects your incision from the shower, as described above. If for some reason you have this dressing removed, then you will need to keep the incision dry with a plastic wrap. If the incision gets wet, pat it dry.

**16. What are the hip dislocation precautions after surgery?**

*While stability has NOT been an issue with the lateral approach total hip replacement, you may be asked to use standard hip dislocation precautions. Avoid flexing (bending) at the hip more than 90°. Avoid low chairs/furniture because they require too much bending at the hip in order to get up. If you must reach to the floor when seated, always reach between your legs, not to the outside. Use an elevated toilet seat to avoid excessive bending of the hip. If possible, use a chair with arms. The arms provide leverage for you to push up to a standing position. When sitting, position your legs so that you can see your inner thigh, calf, and foot (not the outside). Follow these precautions carefully for the first 6 weeks. Avoid extreme positions of hip flexion forever.*

**17. What are good positions for my knee? Are there certain positions I should avoid?**

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You should spend some time each day working on straightening your knee (extension) as well as bending your knee (flexion). A good way to work on extension is to place a towel roll underneath your **ankle** when you are lying down face-up, on your back. A good way to work on flexion is to sit on a chair or stationary bicycle and bend your knee. Avoid using a pillow or towel roll behind the knee for any length of time.

**18. When do my stitches or staples come out after total joint replacement surgery?**

Your stitches are absorbable and do not need to be removed. The steri-strips that have been applied can be kept in place until they fall off on their own. They will help keep the skin edges together. If they have not fallen off by 3 weeks, it is OK to peel them off. If you have staples, they should be removed 1- 2 weeks post-operatively in the office.

**19. When can I drive after a total joint surgery?**

If you had surgery on your right hip or knee, you should not drive for at least 6 weeks after total joint replacement surgery. After 6 weeks, you may return to driving as you feel comfortable. If you had surgery on your left hip, you may return to driving as you feel comfortable as long as you have an automatic transmission. Be careful getting into and out of a car, and avoid crossing your operated leg over the other. **DO NOT DRIVE IF TAKING NARCOTICS.**

**20. Can I have sex after a total hip replacement surgery?**

You should wait several weeks post-operatively before resuming sexual intercourse. Follow your hip dislocation precautions. Having your legs apart is a safe position. Doctors generally allow patients to resume sexual activities as soon as they feel able. In the months following surgery, patients are generally advised to take it easy and modify their positioning to keep pressure off of the joint while it's healing.

**21. When can I travel after total joint replacement surgery?**

You may travel as soon as you feel comfortable after total hip or knee replacement surgery. It is recommended that you get up to stretch or walk at least once an hour when taking long trips. This is important to help prevent blood clots.

**22. Will I set off the security machine at the airport after a total joint replacement? Do I need a doctor's note about my surgery?**

You may set off the machines at airport security, depending on the type of hip/knee implant you have and the sensitivity of the security checkpoint equipment. A wallet card or letter is not helpful or required to travel.

**23. Can I drink alcohol after a total joint replacement surgery? What about smoking?**

If you are on Coumadin, avoid alcohol intake. Otherwise, use alcohol in moderation at your own discretion. You should also avoid alcohol if you are taking narcotics or other medications.

Of course, you should not smoke at all, as this jeopardizes the healing and success of your total joint replacement and increases risks of complications.

**24. Can I go up and down stairs after a total joint replacement surgery?**

Yes. Initially, you will lead with your non-operated leg when going up stairs and lead with your operated leg when going down stairs. You can use the phrase, "*Up with the good, down with bad*" to help you remember. As your leg gets stronger, you will be able to perform on stairs in a more regular pattern.

**25. What should I eat the day of the surgery?**

Nothing! Please do NOT eat or drink anything after midnight, the day prior to your surgery. If you take medication, such as blood pressure medication, you may take your pills with a small sip of water.

**26. Should I donate my own blood for the surgery?**

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Yes! Dr. Gallivan advises Total Hip Arthroplasty patients to donate *one unit of autologous blood* (your own blood) to the blood bank for your surgery, *3 weeks prior to surgery ideally*. The unit will be given back to you in recovery, which will help you to recover quicker. The blood bank fee may or may not be covered by your insurance plan. Please call the blood bank at **(888)577-5770** to schedule an appointment. We have a special surgery form required for you to give to your blood bank for the donation. Typically, Total Knee Arthroplasty patients do not need to donate blood.

**27. What about ALLERGIC REACTIONS?**

Please let Dr. Gallivan and his staff know if you have any **ALLERGIC REACTIONS** to any *medications or metals/jewelry*. Let us know *when* you had the reaction and *what type* of reaction (e.g. 1999 Penicillin: rash, shortness of breath, hives, trouble swallowing, etc).

**28. Will I have any numbness after the surgery?**

Following a Total Knee Arthroplasty, it is normal to have some *localized numbness* lateral to the surgical scar (just to the outer half of the knee). The sensation may improve over time. Most patients get used to the numbness and are able to live with it.

**29. When can I swim?**

You can swim when your surgical wound is healed and there are no scabs. This varies from patient to patient.

**30. How long will my knee feel warm?**

Your total knee replacement will typically feel warmer than the other side for a few months as the bones continue to heal. Please let us know if you experience any unusual drainage, increased redness, severe pain, fevers, chills or sweats.

**31. What will my range of motion (ROM) be after the total knee arthroplasty?**

We anticipate your knee to have a normal ROM of 120 to 140 degrees after 4-6 months of recovery and physical therapy. The knee requires a minimum of 115 degrees of flexion to perform normal activities of daily living, such as climbing stairs. At 6 weeks post-op, the minimum ROM should be 90 degrees. **Your knee will click after having it replaced. This is normal as it is made of metal alloy and plastic. The clicking should not be painful.**

**32. Can I dance again? Yes**

**33. Why can't I take NSAIDS such as Ibuprofen (motrin/advil) or Naproxen with Aspirin?** According to the U.S. Food and Drug Administration (FDA), ibuprofen/naproxen (non-specific COX inhibitor) can interfere with the anti-clotting effect of aspirin, potentially making the aspirin less effective.

Aspirin works by inhibiting platelet aggregation; thus, working as a blood thinner decreasing the risk of blood clots post-operatively. Aspirin binds to the COX-1 Enzyme.

Ibuprofen (active ingredient in Motrin and Advil) and Naproxen work as an anti-inflammatory by binding to both the COX-1 AND COX -2 Enzymes. As a result, when Ibuprofen is taken concurrently with aspirin, the COX-1 enzyme can be blocked thereby reducing the anti-clotting effect as intended.

However, CELEBREX DOES NOT BIND TO THE COX-1 ENZYME. CELEBREX DOES NOT INTERFERE WITH ASPIRIN'S ANTIPLATELET AFFECT. For this reason, we use Celebrex concurrently with aspirin and NOT NSAIDS such as Ibuprofen and Naproxen post-operatively.

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