



*Capital City Orthopaedics*  
12201 Renfert Way, Suite 370  
Austin, TX 78758  
Phone: 512-617-1989  
Fax: 512-617-2065

### *Frequently Asked Questions about your joint replacement:*

Many of my patients have similar questions about surgery so I thought it would be a good idea to provide you with those questions as well as with the answers. This is not a comprehensive "FAQ" so feel free to come up with more questions. Call me anytime in the office to discuss.

I want you to be comfortable and have all of your concerns and questions addressed prior to the operation. If your mind is at ease, then your body will be at ease and you will have an easier time with recovery and a wonderful outcome!

Omar H. Akhtar, MD

#### **Where and when is my surgery?**

My assistant will work with you and the hospital to secure a date and time for your operation. The operation will take place at St. David's Surgical Hospital, North Austin Medical Center, or Seton Northwest Hospital.

#### **What do I need to do get my operation scheduled?**

Pre-surgical lab tests need to be performed before your operation. Labs to be done include: complete blood count (CBC), chemistries (chem7), and EKG (an electrical recording of your heart). This should be done at the pre-surgical testing department at the hospital lab or with your primary care doctor. **Please call either the lab or your primary care doctor to get that scheduled.** We will send the request to get that done so they will know what labs to get when you arrive there.

I personally review your lab results. If there is a significant abnormality, then we may have to postpone the operation until we have the reason for the abnormality evaluated by your primary care doctor. Otherwise, if your labs are normal, then we'll proceed with scheduling your operation.

## What do I need to do before the operation?

### Two weeks before the operation:

Stop all "non-steroidal anti-inflammatory" medications (NSAIDs): aspirin, Naprosyn, diclofenac, Relafen; stop all supplements: ginkgo biloba, fish oil, vitamins. To be complete, stop all of the following: NSAIDS, Aspirin products, Fosamax, Nicotine Patch, Birth Control Pills, Arthritis Medicine, Herbal Medicines, Diet Medicines, Celebrex, Vioxx, Ibuprofen, Tricyclic Antidepressants, Steroids, Naprosyn, Motrin, Midol, Advil, Feldene, Indocin.

These can all increase the risk of bleeding during the operation. It takes about 10 days for the medications to leave your system. It will be safe to resume them after the operation. It is ok to continue Tylenol products (generic name: acetaminophen) and narcotic pain medications up until the night before your operation.

### The day before your operation:

Take a shower and wash using Hibiclens solution (it be purchased at Walgreens, CVS, or online at Amazon- see picture); dry off using a fresh towel; wear freshly laundered clothes to bed; and sleep in freshly laundered bed sheets. Do not eat or drink anything for 8 hours prior to the start of your operation. It is ok to take your regularly scheduled medications with a sip of water. If you become very thirsty in the middle of the night, it is ok to take a few sips of water as long as it is not within 2 hours of the operation.

You should receive a phone call from the hospital the night before the operation to confirm your arrival time for your operation.

### The morning of your operation:

**DO NOT TAKE ANY ACE INHIBITOR MEDICATION** if you are on that regularly. Generic names for ACE inhibitors include: lisinopril, benzapril, ramipril, quinipril. Anything with "pril" at the end is probably this type of medication.

Take a shower and wash using Hibiclens. Dry off using a fresh towel. Do not apply any lotions or creams on or near the surgical site after the shower. Do not shave any hair near the surgical site.



You should arrive to the hospital registration department about 2 hours prior to the time of your operation. For example, if your operation is scheduled to start at 7:00am, then you should arrive to the hospital at 5:00am. Sometimes the hospital will have you come in 3 hours before.

You will be directed towards the preoperative area where the nurses will prepare you for the operation: changing into a gown, having an IV placed, obtaining any important repeat labs, etc.

About 30 minutes before the operation, you will meet the anesthesia team to discuss your anesthesia and you will meet the operating room nurse. I will come in to meet with you to go over any last minute questions you may have.

## What type of anesthesia will I have?

It is your choice. *You will not feel, hear, or remember the operation no matter which anesthetic you choose.* The options are; general, spinal, regional, local, or a combination of 2 or 3 of the above. General anesthesia means you are asleep and the anesthesia machine is helping you to breathe. Spinal anesthesia means you are numb from the waist to your toes (think of a woman giving birth and she gets an epidural to relieve labor pains). This requires the anesthesia team to inject numbing medication into your spinal canal. Regional anesthesia means your extremity is singled out for pain and numbness. This also requires an injection by the anesthesia team. Local means I inject a small amount of pain medication into the surgical site. Not all types of anesthesia are appropriate for all types of operations. This is something you and I should have discussed prior to your operation. If not, or if you want further clarification, then let me know by calling me in the office prior to the operation. I'll be happy to discuss.

## What happens in the hospital?

Plan to stay in the hospital 1 to 2 days after the operation. You will be in a private room throughout your stay. Physical therapy starts the day of the operation. Therapy consists of walking and learning how to get around on your new joint.

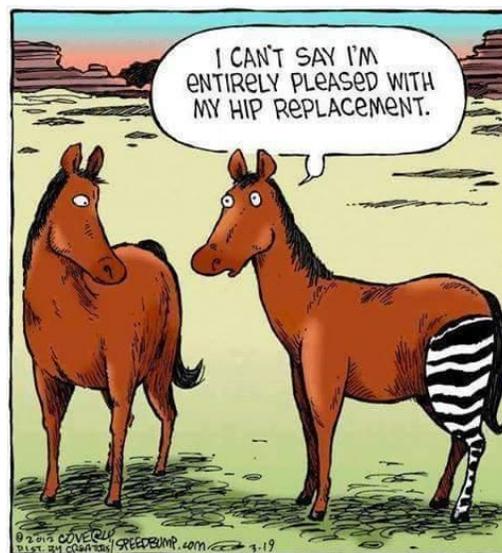
Your insurance carrier should pay for the cost of durable medical equipment such as a walker. Please ask your hospital social worker if your insurance benefits cover any other equipment such as a bedside commode, shower chair, elevated toilet seat, etc. I suggest purchasing a bedside commode from Amazon because most insurance carriers will not pay for that.

## How much pain will I be in?

That depends. No two people are alike and everyone has different levels of post-operative pain. In general, you will have pain but we can reduce it with both oral and IV pain medications. The first 48 hours after the operation are the hardest then it gets better after that.

Your pain will be controlled with low doses of multiple pain medications instead of a high dose of one medication. That way, the risk of a side effect is minimized and you will have much better control of your pain. You will be given prescriptions for these medications to take after discharge.

You will also be given a blood thinning medication that continues for about 4 weeks in order to reduce the risk of a blood clot.



## Where do I go when I leave the hospital?

I prefer you go home with a family member or friend staying with you for 10 to 14 days; or you should stay with a family member or friend when you are discharged from the hospital. Your home is the cleanest and most comfortable place to be after a major operation. However,

sometimes it is not possible to go home. In that case, the hospital social worker arrange for you to stay at a skilled nursing facility temporarily before you return home.

### **Physical Therapy:**

All insurance plans handle physical therapy differently. So, it is the insurance company that dictates where you will receive your therapy after your operation. If it is a covered benefit by your insurance, then a therapist will come to your home for 2 weeks, about 2 to 3 times per week, after the operation.

If your insurance does not cover home visits, then you will need to start outpatient therapy at a local therapy facility. If that is the case, then I will provide you with a prescription to go to my preferred therapist before you leave the hospital.

If you have Medicare, then home visits are almost always approved.

The hospital case manager will determine what your insurance benefits are once you are admitted to the hospital.

### **Suggestions to make life easier at home:**

Wear drawstring pants. They are easier to wear and pull up and down after your operation. Choose underwear that won't have tight elastic right over the surgical incision. Purchase "Brava adhesive remover" wipes to help remove the adhesive glue from your skin that may remain after the removal of the surgical dressing.

### **When do I see you again?**

Your first postoperative visit with me should be scheduled to take place 2 weeks after your operation. You will get x-rays and we will review them together. I will ask you about pain, how you've been getting around, I will examine your incision, and make recommendations. I will see you at least 2 more times after that over the next 6 months.

### **When will I be able to go up and down stairs?**

As soon as you are able to. For some people, it can be as soon as 2 days after the operation. For others, it can take up to 10 days.

### **When can I drive?**

If you are having a RIGHT sided joint replacement, then 4 to 6 weeks. If you are having a LEFT sided joint replacement, then 3 to 4 weeks. Studies have shown it takes that amount of time to regain normal reaction time for emergency maneuvers.



**Can I sleep on my side?**

Yes, when your comfort allows.

**When can I resume intimate relations?**

As soon as you are comfortable doing so. If you have a hip replacement, then you must continue to follow your postoperative hip precautions.