

Dr. Gondusky – Joint Replacement Frequently Asked Questions

What do I need to do before surgery?

- You will need a note (pre-operative clearance) from your Primary Care doctor as well as basic lab work and an ekg. Based on your medical history you may also need clearance from a specialist (like a cardiologist, for example). Our office will assist in coordinating what is needed pre-operatively.

Can I get an injection in another part of my body prior to surgery?

- Yes you can get a cortisone or other injection in another part of your body other than the operative site prior to surgery. For the operative site we require that you wait at least 2 months after a cortisone or gel injection before having surgery.

Where will my surgery take place?

- Dr. Gondusky operates at Sentara Leigh Hospital as well as multiple outpatient surgical centers in the area. The location of your surgery will be discussed when you book your surgery.

When will I find out what time my surgery will take place?

- You will receive a call from the hospital or surgery center typically the day prior to surgery in the afternoon. Some facilities may call a few days prior to surgery when they review your medical history. Most arrival times are very early morning, or late morning. While we try to accommodate arrival time requests, we cannot guarantee this.

Do I need to stay overnight after surgery?

- Most patients that undergo routine initial joint replacement can go home the day of surgery. Before you leave, we make sure your pain is controlled, you are urinating, your vital signs are stable, you are able to ambulate and climb stairs, and you understand your discharge dressing plan, therapy and medicines. If you have increased medical risks your surgery will be scheduled in the hospital and we will discuss length of stay. All of our surgeries scheduled in an outpatient surgery center will go home the day of surgery.

What if I want to go to a skilled nursing facility (rehab facility) after surgery?

- Several years ago it was more common for patients to go to a skilled nursing facility (SNF) after total knee or hip replacement. Due to recent changes in both commercial insurance and medicare policies this is much less common. In addition, due to improvements in practices during the perioperative period it is unlikely you will need to go to a SNF if you have a primary joint replacement without complication. While your insurance company may tell you that they cover SNF placement, it is unlikely you will qualify for placement unless there are unforeseen medical or operative circumstances. Remember that total joint replacement is an elective, planned procedure. Therefore, it is expected that you have the proper social support arranged for care after surgery.

What equipment will I need after surgery?

- You will need a walker and a cane post operatively. We recommend buying a cane at a local drug store or medical supply store. A walker will be provided to you after surgery. You typically will not need any other medical equipment after surgery.

How long will I need an assistive device (walker or cane) for ambulation?

- This depends on if you've had a hip or knee replacement and your baseline level of conditioning prior to surgery. You will initially use a front wheeled walker and then transition to the use of a cane. Your physical therapist will guide you through this transition. The primary use for assistive devices is for fall prevention and therefore individual needs will vary. The devices are not used to limit weight-bearing after a standard initial hip or knee replacement. You can and we want you to put full weight on the leg after surgery. Standard hip and knee replacements are strong, solid and stable to the point that they are OK to walk on right away! Most younger, fit patients use a walker for a very short time (days), and generally a little bit longer for total knee replacement than after partial knee or hip replacement. Then, a cane can be enough for some support for days to weeks. Older, more frail patients will necessarily require a longer time on these devices. Again, your therapist will help guide their use.

Will I be able to climb stairs?

- Yes! You will practice climbing stairs prior to discharge. You will be surprised how you will learn to navigate stairs safely after surgery. Because of this you will NOT need a hospital bed. And, in almost all situations you do not need to make any significant changes to your home. If you have a few stairs to get up to get into your house, this will not be an issue with a little support from a railing or a helpful hand. If you have an upstairs bedroom, you will be able to get up and down to and from the bedroom after surgery as long as you have a safe set of stairs, a railing, and you take it slow and safe. If you are more fall prone, or you just don't feel safe, you can move a bedroom downstairs for awhile after surgery. But again, this is almost always not necessary.

What about physical therapy after surgery?

- There are multiple options for therapy after surgery. Currently, we prefer that most patients go home and receive therapy in their home for the first 1-4 weeks (a therapist will come to your house and work with you 2-3 times per week to start). Some insurance plans do not cover home therapy. If this is the case, or if you prefer to go directly to outpatient therapy (therapy at a facility and not in your house), we will coordinate this prior to surgery or before you leave the hospital/surgical center. On-line based and video-based therapy can be used as well. After a hip replacement or partial knee replacement most patients will not need therapy beyond the first few weeks of home therapy. After a total knee replacement, some patients can benefit from outpatient therapy. A prescription for outpatient therapy can be given to you at your first postoperative visit. We have outpatient physical therapy at Jordan Young Institute or you can select a PT office that is convenient for you, close to your home. If you want or need an outpatient therapy prescription prior to your initial follow-up visit, please contact our office. Knee motion (getting good extension and flexion angles) is the most important goal for early therapy (the first 2-4 weeks) after knee replacement. This should be the early focus of therapy.

When can I shower?

- After a hip replacement you can shower right away. After a knee replacement you can shower once the ACE wrap is removed, usually 3-5 days post operatively. The dressing over the incision is waterproof. Allow water to run over it, but do not scrub the area. Do not soak in a tub or pool until you are seen in the office post operatively. The waterproof dressing can be removed 1 week from the day of surgery. Your therapist can assist with removal of the dressing if needed.

Do I have stitches or staples that need to come out?

- No ! There are no staples or stitches that need to be removed. The incision is closed with absorbable sutures and a strip of glue tape. If the glue tape remains intact it is recommended that the edges be trimmed as needed. It is ok if the glue tape falls off prior to your first postoperative visit.

Can I put lotions or ointments over the incision?

- DO NOT put any lotions or ointments over the area until you are seen in the office post operatively. You can use regular soap and water over the area, but avoid scrubbing the area. If you are concerned about the appearance of the incision you or your physical therapist can contact our office.

Do I need to wear compression stockings after surgery?

- Compression stockings can be helpful if you are prone to lower extremity swelling or after you remove the ACE wrap after a knee replacement. However, you do not have to wear compression stockings, especially if they are difficult to get on or off due to your body habitus.

Is swelling, bruising, and warm skin normal after surgery?

- Your leg will swell after surgery. This is completely normal. You may also notice some bruising to the area as well as warmth to the surrounding skin. Bruising occurs in dependent areas, so it is normal for there to be bruising that occurs in the back of the thigh, knee, leg or even down to the ankle. The skin around a knee after knee replacement can stay warmer than the other side for over a year after surgery. This is normal. You can apply ice to the area as well as elevate the extremity to help with swelling. Compression stockings can be helpful for swelling if they fit well and you are able to take them on and off. Severe, massive swelling should be evaluated. Call our office.

Is numbness around the area normal?

- It is very common to have numbness around the area due to your sensory nerve distribution. The area usually starts as a larger patch that gets smaller over time (typically over the first year). This is common to different extents down the lateral (outside of) the thigh after hip replacement, and to the skin to the lateral (outside of) the incision after knee replacement.

What if I develop constipation?

- It is normal to go a few days without a bowel movement after surgery. It is important to drink plenty of fluids, take stool softeners as prescribed, limit the use of narcotic pain medication, and to get up and move about once an hour. If you continue to be constipated you can first supplement with fiber such as metamucil, and then a laxative such as Miralax if necessary. If you develop severe constipation an enema may be needed, though this is rare.

What medications will I be discharged with?

- You will be discharged with several medications geared at pain control, blood clot prevention, infection prevention, and prevention of constipation. These medications will be reviewed with you prior to discharge and you will be given a discharge instruction sheet with the medications you are going home with.

What if pain medications make me nauseous?

- Nausea is a known potential side effect of narcotic pain medications. Be sure to take narcotic medication with food and only take medication as needed. You can contact our office if nausea persists to consider other options for pain control.

What if I have trouble urinating?

- A little irritation that resolves is okay. Burning during urination that does not resolve should be evaluated by your PCP as this could be a sign of urinary tract infection. If you cannot urinate at all, and start developing bladder discomfort we recommend you go to the Emergency Department. This is VERY unusual after surgery and not likely.

Do I have to sleep in a certain position?

- You can sleep in any position that is comfortable to you after surgery.

What if I have trouble sleeping at night?

- This is normal after a major surgery due to the stress of surgery, changes in medications, narcotic pain medicine use (both taking and weaning from) and changes to your sleep/wake cycle. Often patients have more pain at night which can cause difficulty sleeping as well. Good sleep hygiene can help, which can help normalize the sleep/wake cycle. Sleep hygiene involves normalizing the time you wake up and the time you go to sleep, not napping during the day, getting regular exercise, and not watching TV or drinking caffeinated beverages before bedtime. Sleep gets better as you get further away from surgery and back to a more normal routine, as well as further away from the use of narcotic pain medicine. If medication is needed to aid in sleep you can start with melatonin, which can be found over the counter. Sometimes a prescription sleep aid is necessary to aid in restoring the sleep/wake cycle. These should be used for a very short period of time. You can contact our office or your PCP to discuss this further if you think it is necessary.

When can I drive?

- This will depend on if you had a hip or a knee replacement, if it was a left vs. right extremity, the type of car you drive, and your need for narcotic pain medications. You can drive when you are off narcotic pain medications, can comfortably sit in a car, and you can safely move from the gas pedal to the brake pedal. This can vary quite a bit based on the above circumstances. Overall it can range from 1 - 6 weeks. For a young, healthy patient who has a left hip replacement for example, who is off pain medication after a few days, they may be OK to drive in less than a week. An older patient who has a right total knee replacement, and owns only a manual monster truck :), will take a lot longer. The bottom line is that in order to drive, you have to be off narcotic pain medicine, and able to safely navigate, gas, break, and maneuver as required. You have to use common sense and good judgment. You do not need to wait until you are seen in the office post operatively to begin driving, but you should use the guidelines as noted above.

When can I return to work?

- While this will vary from patient to patient, most office based jobs can get back to work at about 3 to 4 weeks post operatively. Working from home is possible right away, but in general it is nice to have at least 1-2 weeks off completely. And then, for the first few weeks back it is nice to work for shorter periods than a full day if possible. For more aggressive type work you may need to be out of work longer, generally about 6 to 8 weeks. Unless something complicates things, there is really never a reason that we can justify keeping someone out of work after joint replacement for more than 12 weeks. You have to use your judgment about returning to work based on the type of work you do, accommodations that can be made, and overall pace of recovery.

When can I travel?

- You should wait until about 6 weeks after surgery before planning any long distance travel. This is due to a small risk of blood clots after surgery as well as the importance of focusing on physical therapy in the early post operative period. In addition, we want you to be relatively close to us if you develop a problem.

Will I set off metal detectors when I go through airport security?

- Most likely yes. Before you go through security just let a TSA agent know that you have an artificial joint. You don't need a special card or note from our office. This is straightforward these days as joint replacement is so common.

When can I resume my normal medications?

- You can resume most of your medications and supplements immediately after surgery. We typically send patients home with tylenol (acetaminophen) and an anti-inflammatory unless contraindicated. Be sure you are not taking OTC or prescribed medications in the same family as these medications.

When is my follow up appointment?

- Typically you will follow up in the office about 4 weeks after surgery. The date and time of your postoperative visit will be coordinated and sent to you prior to surgery along with the dates of your pre operative appointments. You can always contact our office to verify the date and time of your appointment if necessary. It can also be found on mychart.

Will I need antibiotics prior to dental work?

- Antibiotics are not routinely prescribed prior to dental work. The latest guidelines from the American Dental Association and the American Academy of Orthopedic Surgeons show that there is no clear benefit to antibiotics prior to dental work, and taking antibiotics is not benign. Antibiotics can kill good bacteria in the gut and cause GI or other problems. We believe that there is no benefit to antibiotic use before simple dental procedures, cleanings, and routine exams. If you have an actual dental infection or poor dental hygiene and require a major procedure, then antibiotics will be prescribed by your dentist. Most dentists now know that we do not recommend antibiotics prior to care after a joint replacement, but if they need anything they can call us, or you can contact our office if your dentist's office requires a letter outlining our policy.

Pre-operative Instructions

- For those patients who are having joint replacement surgery, please do a HIBICLENS wash before surgery. Take a shower the evening before your surgery and use 1/2 the bottle of HIBICLENS, then use the other 1/2 the morning of surgery. Use the HIBICLENS all over your body except on your face and genital area as the HIBICLENS could cause irritation. Use a mesh/nylon shower sponge that is used with shower gels or the washcloth provided in your packet. Do not use a cotton washcloth.
- Do not shave near the surgical site 3 days prior to surgery.
- No make-up (cosmetics,) aerosol sprays, perfumes/colognes, or lotions after you shower on the day of surgery.
- Roll-on or stick deodorant is acceptable UNLESS you are having a shoulder surgery.
- Remove all nail polish, including acrylic and gel nails from fingernails. If having surgery on legs/feet, remove all polish from your toenails.
- Hair pieces, wigs, hair pins must be removed prior to going into the operating room.
- Avoid smoking after midnight.
- DO NOT DRINK ALCOHOL 24 HOURS PRIOR TO YOUR SURGERY
- NO MARIJUANA 24 HOURS PRIOR TO SURGERY
- NO OTHER RECREATIONAL DRUG USE FOR 3 DAYS PRIOR TO SURGERY