Surgical Information
Making the decision to have surgery to improve your life is a major step in the process. Our team of Boston surgeons, physician assistants, nurse practitioners, rehabilitation specialists and administrative assistants are here to guide you through this process.

Pre-Operative Information
St. Elizabeth’s Medical Center orthopedic surgeons work with a team of dedicated clinical staff and assistants to ensure safe, high quality, expert care throughout the surgery process. Information regarding your pre-operative instructions and care can be found below.

WHAT PRE-OPERATIVE TESTING IS REQUIRED?
The testing and clearances that we request are an attempt to minimize the risks of surgery. In preparation for surgery, you will need:

- Updated Laboratory Tests
  - Complete Blood Count (CBC)
  - Basic Metabolic Panel (BMP)
  - Staph nasal swab
  - Urinalysis
  - Hemoglobin A1c (if diabetic) – must be below 7.5
  - Serum albumin and total lymphocyte count (history of bariatric surgery or malnutrition)
- Chest X-ray
- EKG
- Medical Clearance - primary care and cardiology/pulmonology (if applicable)

You may also be asked to obtain additional imaging in preparation for your surgery. This may include additional X-rays with sizing

WHAT CAN YOU DO TO PREPARE FOR SURGERY?
- **Exercise** – it is important to be in the best possible overall health to help promote the ideal surgical experience. Increasing upper body strength is important because of the need to use a walker or crutches initially after hip or knee replacement. Strengthening the lower body is also critical because increasing leg strength before surgery can reduce recovery time.
- **Have a dental examination** – although infections after joint replacement are not common, an infection can occur if bacteria enter the bloodstream. Therefore, dental procedures such as extractions and periodontal work should be completed before joint replacement surgery. We recommend waiting at least 3 months after joint replacement surgery before any dental cleaning or procedures are performed.
• **Limit use of narcotics** – there is an association with preoperative opioids and more postoperative pain. Whenever possible, this can be improved by limiting their use leading up to surgery.

• **Stop certain medications** – you will learn which specific medications need to be stopped prior to surgery when you come to Pre-Admission Testing for your Pre-Operative appointment. If you are taking blood thinners, they will need to be stopped prior to surgery. We specifically request that you discontinue anti-inflammatory medications 7 days prior to surgery, for example Ibuprofen, Aleve, and Advil.

• **Stop smoking** – a good idea at any time, but particularly before major surgery in order to help reduce the risk of postoperative lung problems and improve healing. We request you quit smoking 6 weeks prior to your surgery.

• **Lose weight** – in patients who are significantly overweight, losing weight will help to reduce stress on the new joint. There is a markedly increased risk of complications in patients with a BMI >35.

• **Attend the Joint Class** – this is a class at St. Elizabeth's that will walk you through the experience of joint replacement and familiarize you with the post-surgical surroundings. There is a very strong correlation between patients attending this class and a more successful surgical outcome.

• **Evaluate post-surgical needs for at-home care** – every patient who undergoes total joint replacement will need help at home for the first few weeks, including assistance with preparing meals and transportation.

**WHAT DO YOU NEED TO ARRANGE BEFORE SURGERY?**

• Schedule a post-operative appointment approximately 10 to 14 days after the surgery date with your surgeon and his/her team.

• If you have been given a brace, sling, or other medical equipment from our office prior to your surgery date please bring it with you on your day of surgery.

• Plan for a family member or friend to drive you to and from the hospital or surgery center. You will need someone to stay with you for at least 24 hours after you arrive home.

• Set up physical therapy for after the surgery. Initial physical therapy evaluations should be scheduled for approximately five days after the surgery.

**WHAT DO I NEED TO DO ON THE DAY OF SURGERY?**

• **DO NOT** eat or drink anything after midnight the night before the surgery.

• Plan for someone to drive you to and from the medical center.

• Bring your photo ID, Insurance card, and pre-operatively provided bracing.

• Shower with antibacterial soap or specific wash provided by your surgeon on the evening before and the morning of your surgery.

**Post-Operative Information**

**WHAT SHOULD I EXPECT AND PLAN FOR THE EVENING AFTER SURGERY?**

• Plan on having a friend or family member drive you home from the medical center.

• Make sure you have the afternoon and evening free of social and work obligations.

• Pain medication injected into the site of surgery will wear off roughly 6-12 hours following the surgery. Plan on getting your pain prescription filled to have with you when you arrive home.

• Most patients will require pain medication beginning the evening after the surgery.

• Ice the site of surgery to help decrease swelling and discomfort.
POST-OP PAIN MEDICATIONS INFORMATION

- Patients with lower extremity surgery may be asked to take one/two aspirin per day for 4 weeks following surgery to help reduce the risk of blood clots unless otherwise instructed by your surgeon.
- Patients may take one to two tablets of their pain medication every four to six hours as needed for pain with a maximum of 12 pills per day.
- Begin to wean yourself off of the pain medication as soon as possible.
- Do NOT drive or operate any machinery while taking pain medications.
- When taking Vicodin or Percocet, do not take any additional Tylenol or other Acetaminophen-containing products.
- Patients may experience side effects from their pain medication, including nausea, drowsiness and constipation. You should take Colace 2x/day while using pain medications.

WOUND CARE/SWELLING

- Your surgeon may have specific dressing care instructions. In general, leave your surgical dressing following joint replacement in place for 7 days after surgery. If the incision is dry, you may then leave it open to air. For arthroscopic procedures, you may remove your dressing 3 days after surgery.
- Some bleeding and swelling during this time is often normal. Apply additional dressings to the incision site if needed after 24 hours. If bandages become too tight due to swelling, simply loosen the bandage to decrease discomfort.
- Begin icing immediately after surgery, every two hours, to help decrease swelling and inflammation.
- Patients with lower extremity surgery patients should wear TEDS stockings (compression stockings) on both legs until their first post-operative visit.
- Steri-Strips should be kept on the incision site until your first post-op appointment.
- In order to decrease the risk of infection, keep the incision site clean and dry. Patients may shower after 48 hours, let the water flow over the incision, and apply a clean and dry bandage afterwards. Patients may remove their brace in the shower.
- Incision sites should not be immersed in water (e.g. pool, lake, or bath) until after your first post-op visit.

POST-OP ACTIVITY

- Follow the instructions pertaining to your specific surgical procedure your surgeon gives you post-op regarding activity.
- Patients with lower extremity surgery should elevate the leg to chest height to help reduce swelling.
- Refer to your surgery protocol to determine your weight-bearing status.
- Do not participate in any activities or movements that increase pain or discomfort until you review them with your doctor at your first post-op visit.