The Joint Replacement Center at

BBJI

Boston Bone & Joint Institute

A DIVISION OF NOA

NORTHEAST ORTHOPAEDIC ALLIANCE

A Guide to Your Knee Replacement Surgery

Michael Baratz, MD

Timothy Grinnell, PA-C

BBJI
Boston Bone & Joint Institute

Dear Patient,

Thank you for choosing our team to address your joint replacement needs. Our priority is to provide quality and compassionate care every step of the way. Hip and knee replacement surgeries are highly effective procedures, but the process can be overwhelming and stressful. Our team includes Dr. Michael Baratz, Timothy Grinnell, PA-C, Susan Ohman (Surgical Coordinator), Brittany Dillon (Patient Care Coordinator), and the rest of the Boston Bone and Joint Institute staff. We hope to make the process as smooth as possible with the necessary support and guidance.

This booklet is intended to be a resource to help you understand hip and knee replacement, the risks and benefits of surgery, and what to expect throughout the postoperative course. Please use this booklet throughout the process as a guide to your care and reference the back of the booklet for the best ways to reach us. We are here to answer your questions!

We look forward to taking care of you and your family during this significant time. We hope you find the following information to be a valuable guide in your journey through joint replacement surgery.

Sincerely,

Michael Baratz, MD

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Meet Your Joint Replacement Team

MICHAEL BARATZ, MD

Dr. Michael Baratz is a board-certified orthopedic surgeon specializing in hip and knee replacement. He holds an undergraduate degree in biomedical engineering from Northwestern University, a field that provided him with a strong foundation in medical innovation and technology. Dr. Baratz earned his Doctor of Medicine at Thomas Jefferson University, where he was inducted into the Alpha Omega Alpha Medical Honor Society, recognizing his exceptional academic achievements. He completed the Harvard Combined Orthopaedic Residency Program, based out of Massachusetts General Hospital. He further specialized through the highly competitive Hip and Knee Reconstruction Fellowship at OrthoCarolina in Charlotte, North Carolina.

Dr. Baratz has more than ten years of experience in joint replacement surgery, including minimally invasive direct anterior hip replacement, partial and total knee replacement, and robotic assisted surgery. He is an expert in revision hip and knee surgery when prior joint replacements fail.

Dr. Baratz performs surgery at multiple locations in the greater Boston area, including Beth Israel Deaconess Medical Centers in Milton and Boston, New England Baptist Hospital, New England Baptist Surgical Center in Dedham, and Lighthouse Surgical Suites in Southern New Hampshire. He is a member of several leading professional organizations, including the American Academy of Orthopaedic Surgeons (AAOS), the American Association of Hip and Knee Surgeons (AAHKS), and the New England Orthopaedic Society (NEOS). He is also actively involved in advancing the field of orthopedics through his research contributions and serves as a reviewer for the *Journal of Arthroplasty.*

TIMOTHY GRINNELL, PA-C

Timothy Grinnell, PA to Dr. Michael Baratz, specializes in the care of degenerative hip and knee conditions. He assists in surgery and provides patient evaluations and treatments in-office. Timothy has been a physician assistant in orthopedics since 2007. He earned his master's in physician assistant studies from Northeastern University and holds a bachelor's in sports medicine from Merrimack College and a master's in athletic training from California University of Pennsylvania. Outside of work, he enjoys camping, hiking, and fishing with his wife and teenage sons, and he has competed in endurance events, including Ironman triathlons and 24-hour adventure racing.

SUSAN OHMAN, Surgical Coordinator

Susan handles all surgery, imaging and procedure scheduling for Dr. Baratz and Timothy. She serves an integral role as a bridge between patient and provider. She is able to answer any logistical questions before and after surgery and also can connect patients with the team to answer clinical questions. Susan can be reached at (617) 751-5224.

BRITTANY DILLON, Patient Care Coordinator

Brittany has a background as a medical assistant (MA) and over 10 years of experience caring for orthopedic patients. She plays an integral role on Dr. Baratz and Tim's team, and can assist you and the team in answering medical questions and coordinating your surgical experience. Brittany can be reached at (781) 614-2860.

Meet Our Other Joint Replacement Center Specialists

Dr. Andrew Braziel

Dr. Jacob Drew

Dr. James Nairus

Dr. Geoffrey Van Flandern

Understanding Knee Replacement Surgery

Knee replacement surgery has been recommended for the treatment of your knee pain. This operation is usually performed for arthritis, but other diagnoses also exist, which cause significant pain and functional limitations. Most patients have attempted a course of nonoperative treatments before considering knee replacement surgery.

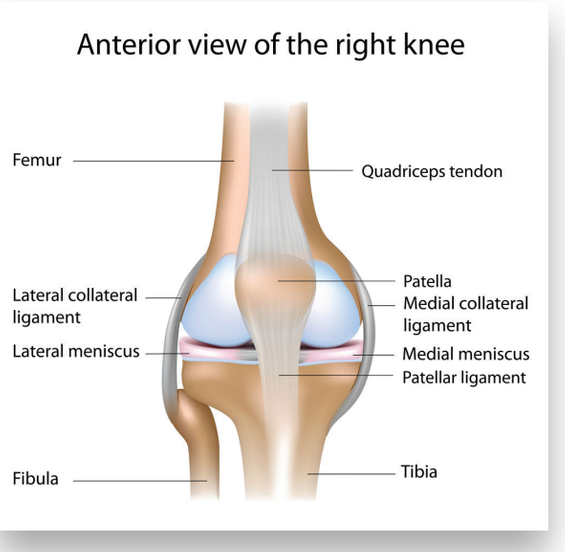
The Normal Knee

The knee is a joint connecting the femur (thigh bone) and tibia (shin bone). The patella (knee cap) is the bone that sits in front of the knee. The knee functions like a hinge but also has more complex movements as well. There are several ligaments and tendons of the knee, as well as a "shock absorber" cartilage called a meniscus. The ACL and PCL are ligaments in the center of the knee that function to stabilize the knee from forward and backward movement. The MCL and LCL provide stability to the knee including side to side motion.

Cartilage is the material that covers the ends of the tibia, femur and the undersurface of the patella, and allows the surfaces to glide against one another. Cartilage does not contain nerve endings and so it is able to absorb shock and provide a smooth surface to facilitate pain free motion.

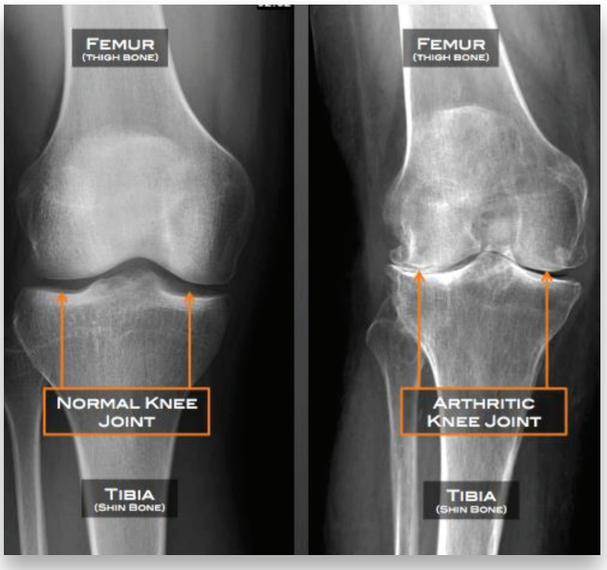
The knee contains 3 compartments:

1. Medial: the "inner" compartment of your knee between the femur and tibia
2. Lateral: the "outer" compartment of the knee between the femur and tibia
3. Patellofemoral compartment: between the undersurface of the patella and femur



Who needs knee replacement surgery?

- Knee replacement surgery is suggested if there is degeneration of the knee joint. The cartilage surfaces can degenerate over time and become rough, exposing bone, which causes pain and stiffness.
- Most patients who decide to have knee replacement surgery have experienced pain and functional limitations for a long time.
- Most patients who need knee replacement have experienced pain and functional limitations for a chronic period, which can be debilitating
- The goal of knee replacement surgery is to eliminate pain, and improve quality of life
- Knee deformity (varus/valgus deformity) - a bowing in or out of the knee



Types of Knee Replacements

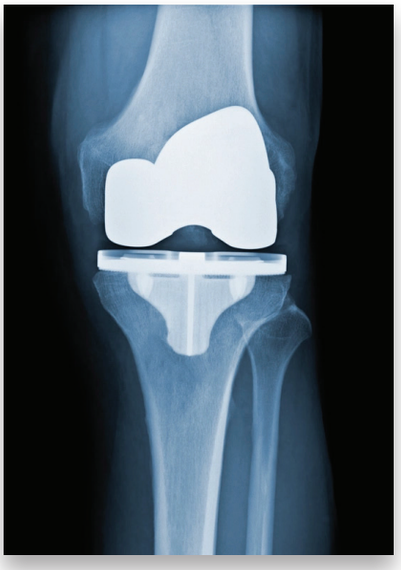
Partial Knee Replacement

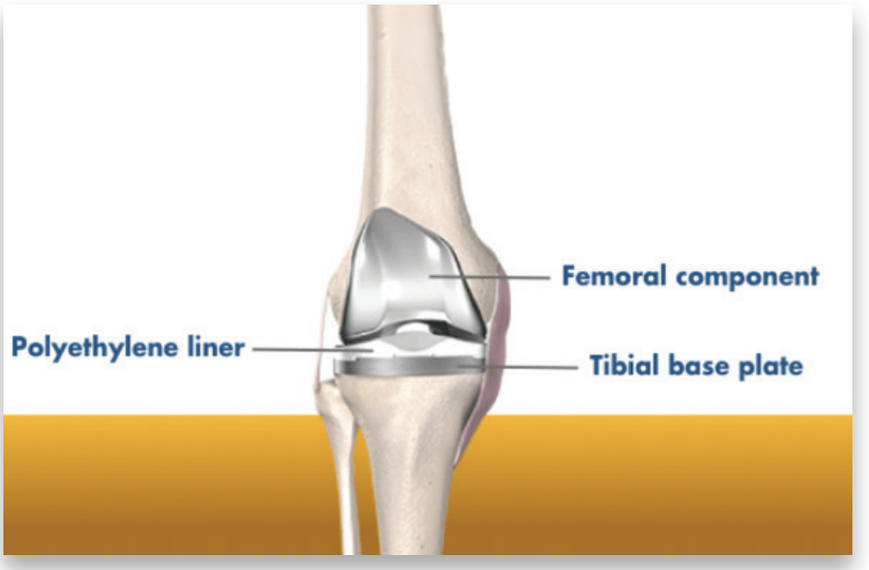
If cartilage damage has occurred in only one compartment of the knee, a partial knee replacement may be right for you. This surgery involves resurfacing only one part of the knee, rather than the entire joint. This can be determined by your surgeon based upon examination and x-rays. Most patients are not candidates for this operation. Even if a partial knee replacement is planned, the final decision to perform a partial or a total knee replacement is determined at the time of surgery.

Total Knee Replacement

When more than one compartment of the knee is damaged, or there is a significant deformity of the knee, total knee replacement is the “gold standard” treatment. It is more accurately described as a “resurfacing”, as only the ends of the bones are affected, and the surfaces are replaced.

There are two methods to hold the knee prosthesis in place and adhere the implants to the bones. Traditionally, the implants are adhered to bone with a medical grade bone cement. However, if your bone quality is excellent, an uncemented or “press-fit” implant may be used and your bone will bond directly to it.





Longevity of Knee Replacement Surgery

We will have a personalized discussion with you regarding your individual risk and anticipated likelihood of long-term success with a knee replacement. On average knee replacements have a lifespan more than 20 years.

Long-term information about the longevity of knee replacement is based on techniques and implants that are over 20 years old. We believe that current technology and surgical techniques will improve the durability of modern knee replacements. We recommend routine follow-up with x-rays of your knee replacement at 1 year from surgery and then typically every 5 years thereafter.

Preparing for Your Knee Replacement Surgery

Leading up to surgery, you may be looking for more information beyond this booklet to further educate you on surgery and expectations. We encourage you to refer to the Patient Education link on your hospital-specific website.

Inpatient vs. Outpatient Surgery

You and your surgical team will determine whether you will be discharged home the same day as surgery (outpatient) or if you will be admitted to the hospital for an overnight stay (inpatient). There are numerous factors that weigh on this decision including age, medical comorbidities, living situation, and functional capacity. Together we will consider all factors and determine the best plan for you.

Outpatient surgeries are usually performed at:

New England Baptist Surgery Center (NEBSC)
40 Allied Drive, Suite 200
Dedham, MA 02026
Phone: (617) 754-6630
https://nebsurgerycenter.com

Lighthouse Surgical Suites, LLC
2 Market Pl, Suite 200
Hollis, NH 03049
Phone: (603) 600-6175
https://lighthousesurg.com

We have worked closely with the medical staff at these surgical centers to develop an outpatient joint replacement program, which is the primary focus of these outpatient centers. This has allowed for a shortened postoperative stay, improvement in your quality of care, and allows you to safely recover in the comfort of your own home.

Our inpatient surgeries are performed at multiple locations:

Beth Israel Deaconess (BID)-Milton
199 Reedsdale Road
Milton, MA 02186
Phone: (617) 696-4600

Beth Israel Deaconess Medical Center (BIDMC)
330 Brookline Ave
Boston, MA 02215
Phone: (617) 667-7000

New England Baptist Hospital (NEBH)
125 Parker Hill Ave
Boston, MA 02120
Phone: (617) 754-5000

Our team will coordinate your date for surgery. However, the specific time of your surgery is determined by the operative staff at the surgical facility the day before surgery. **You will receive a call from either the facility or our office the day before surgery to notify you of your arrival time.**

Preoperative Testing

Your preoperative testing appointment must be completed by Preadmission Testing (PAT) at the hospital or surgical center. This appointment will ensure that you are medically cleared to undergo elective knee replacement surgery.

General Pretesting Requirements

All patients undergoing surgery must complete a pre-admission testing (PAT) appointment within 30 days of their scheduled surgery. If you have not received your pre-admission testing schedule within 3 weeks before your surgery, or if you have questions regarding the dates or times, please contact Susan Ohman at (617) 751-5224. The hospital or surgical center will provide specific information about the required tests. **All clearance letters, labs, and EKG tracings should be faxed to 781-890-2177.**

During your pre-screening appointment, the following will be addressed:

- **Medical Clearance:** obtain a clearance note from your Primary Care Physician (PCP) within 30 days of surgery. If you regularly see specialists (cardiology, nephrology, pulmonary, vascular, endocrine, or transplant), they should also provide a clearance note, which must be within 90 days of surgery. The medical clearance note must state “Medically Cleared for Surgery”.
- **Medication Review:** bring an updated list of medications or your prescription bottles.
- **Required Tests:**
  - Blood tests (CBC, BMP, PT/INR/PTT if applicable)
  - EKG, if indicated
  - Urinalysis and/or Urine Culture if you have a history of UTI or are experiencing symptoms of a UTI
  - HbA1C for diabetic or pre-diabetic patients and blood glucose <200
  - MRSA/MSSA nasal swab
  - Other tests as indicated by medical history
- **Postoperative Home Services:** discussion of home PT or nursing care if needed
- **Preoperative Infection Prevention**
- **Medication Instructions:** Guidelines on which medications to continue or discontinue before surgery. You should also reach out to the appropriate providers to discuss taking any prescribed medications around the time of your surgery.
  - *It is especially important to discuss a plan for **stopping blood thinners and biologics** prior to surgery with your prescribing physician.*
- **Scheduling of Additional Specialist Appointments:** Depending on medical conditions, you may need to consult a cardiologist, hematologist, or other specialists

Additional Information Required for Hospitals or Surgery Centers:

Beth Israel Deaconess Medical Center (BIDMC) Details:

- A preoperative testing appointment at **Beth Israel or New England Baptist Hospital** is scheduled **6-8 weeks in advance** and must occur within **30 days of surgery.**
- The appointment will include: medical clearance, blood/urine tests, medication review, infection prevention, anesthesia discussion, and postoperative care planning.

Beth Israel Deaconess (BID)-Milton Details:

- Medical clearance should be from a PCP visit within **30 days** (preferred **18-25 days before surgery**).
- Required labs: CBC, BMP, PT/INR/PTT (if on blood thinners, kidney disease, liver disease, or bleeding history), UA/urine culture if indicated.
- PAT appointments occur **1-2 weeks prior to surgery** via **telephone or telemedicine interview** with a nurse or nurse practitioner from the Anesthesia team.
  - If you don't have that technology available on your smartphone, it will be a telephone interview. They will review your medical clearances and discuss any pre-operative surgical and medication instructions.

Lighthouse Surgical Suites Details:

- You will be required to **make an appointment with your Primary Care Physician** (PCP) for a History & Physical and Surgical Clearance. Susan Ohman will give you all the required paperwork that needs to be completed for surgical clearance.
  - At this appointment your PCP will address which of your home medications you should hold and which to continue leading up to surgery. If you take any medications prescribed by a specialist (rheumatologist, cardiologist, hematologist, etc.), you should also reach out to the appropriate provider to discuss taking the prescribed medication around the time of your surgery.
  - It is especially important to discuss a plan for stopping blood thinners and biologics prior to surgery.

New England Baptist Surgery Center (NEBSC) Details:

- Medical clearance for surgery at **NEBSC** requires patients to obtain a medical clearance note from their Primary Care Physician (PCP) from a visit that is within **30 days (preferred 18-25 days before surgery)** of their scheduled surgery.
- If you are a diabetic, you will need a HbA1c check and it must be less than 8.
- You will require an EKG if you are > 50 years old and/or are high risk for CAD (HTN, DM, Family History, and Obesity). (HTN, DM, Family History, and Obesity).
- PAT appointments occur **1-2 weeks prior to surgery** via **telephone or telemedicine** interview with a nurse or Nurse Practitioner from the Anesthesia team.
- If you don't have that technology available on your smartphone, it will be a telephone interview. They will review your medical clearances and discuss any pre-operative surgical and medication instructions.
- Please Note, patients must have a responsible person at home for 24 hours following procedure if they receive general and MAC anesthesia.

New England Baptist Hospital (NEBH) Details:

- Your pre-operative testing appointment will be scheduled 6-8 weeks in advance and must be completed in the Preadmission Screening Unity (PASU) at **NEBH** within **30 days** of your surgery.
  - PASU is located on the 6th floor of the Converse Building within NEBH. The hospital front desk staff will direct you upon arrival.
- If you need to reschedule the day or time of your appointment you may call the prescreening scheduling line directly at (617) 754-6545.

Preparing for Your Surgery

Preparing Your Home

- Move frequently used items to easy-to-reach places.
- Purchase a non-slip bathmat for inside your tub/shower.
- Make sure stairs have handrails that are securely fastened to the wall.
- Check rooms for tripping hazards, and ensure rooms and hallways are well lit.
- Prepare meals in advance and freeze them.
- Arrange for someone to stay with you after surgery until you can perform activities of daily living independently and safely.

The Night Before Surgery

- Do not consume solid food after midnight the night before surgery. However, you may drink clear liquids (water, juice without pulp, black coffee [no cream or milk] or tea) until 2 hours prior to your arrival to the facility on the day of surgery.
- If you are experiencing any signs of illness, such as fever, cold/flu symptoms, diarrhea, skin rash, or open sores, inform your surgical team and primary care provider as soon as possible.
- Bathe or shower the night before with a special antimicrobial wash (Hibiclens/chlorhexadine). Typically, it is recommended to shower with this wash daily starting 2 days prior to surgery and then again the morning of surgery.

Packing for an Overnight Stay (If you're being admitted to a hospital)

- A set of loose-fitting, comfortable clothes.
- A pair of supportive sneakers.
- Personal items - contact lenses, dentures, glasses, hearing aids, books, phone chargers.
- CPAP/BIPAP machine if you have sleep apnea and use one routinely.
- A form of photo ID and insurance cards to register at the admitting department.
- What NOT to bring to the hospital:
  - Money, jewelry, or other valuables.
  - Medications unless otherwise instructed by your medical team.
  - Cigarettes, electronic cigarettes, or other tobacco products.

Your Surgical Day

Morning of

- Shower from the chin down with the special antimicrobial wash (Hibiclens/chlorhexadine).
- Wear clean, comfortable clothes.
- Avoid wearing any fragrances, lotion, or makeup.
- Take medications with a small sip of water as advised by preoperative testing or your primary care provider.

Arrival to the Hospital or Surgical Center

- Check in to the preoperative area and confirm your name, date of birth, surgeon, and the procedure you are having.
- Several people involved in your care will ask you to repeat this information. Do not be alarmed, this is a routine safety measure.
- **Hearing aids:** If you use hearing aids, wear them to the hospital on the day of surgery.
- **Dentures:** You will be asked to remove nonpermanent dental work before your surgery.
- **Contact lenses:** Wear glasses if possible. If contacts are worn, bring a case and solution.
- **Family waiting area:** Your family will be directed to a family waiting area. Once the surgery is complete, your surgeon will contact your family to update them.

  Hospital and surgery center visitation guidelines are subject to change.

Anesthesia

Your anesthesiology team will meet you in the preoperative area to review your medical history and determine the best plan for your anesthetic care. It is important to discuss any prior problems or difficulties you may have had with anesthesia. It is most common for our patients to undergo spinal anesthesia for their knee replacement surgery. Your anesthesia team will determine if this is the best option for you.

Postoperative Care

After surgery you will be taken to the recovery room/post-anesthesia care unit (PACU) where a nurse will care for you for a few hours. The total time spent in the recovery room varies for each patient. Your family members may not be allowed to visit with you in the PACU, depending on hospital policy.

Compression Stockings: These can be helpful for postoperative swelling, but Dr. Baratz does not routinely prescribe them. If you wish to wear them, please let us know.

Sequential Compression Devices: These sleeves are used to reduce your risk of blood clots. The sleeves inflate intermittently to improve blood flow. They will be applied while you are in the operating room and worn throughout your hospital stay.

Incentive Spirometer: When in the hospital, you will use a device called an incentive spirometer to keep your lungs clear and active during your recovery. It is important to use the device 10 times every hour while you are awake to promote oxygen deep into your lungs. If you do not have this device at home, we encourage you to take 10 slow, deep breaths once an hour while you are awake.

Pain Management: Every effort will be made to safely minimize your pain. However, it is normal to experience discomfort following your surgery. Postoperative pain is best managed with oral pain medications. You may receive more than one type of pain treatment, depending on your needs and the type of surgery. These treatments are relatively safe, but they are not completely free of risk. Common side effects include nausea, vomiting, itching, drowsiness, constipation, and light-headedness. Dangerous side effects are rare.

Be sure to tell your doctor and nursing staff if you are taking pain medication at home on a regular basis and if you are allergic to or cannot tolerate certain pain medications.

Bowel Management: We recommend using stool softeners or laxatives after surgery to decrease your risk of constipation while taking narcotic pain medication. You should also drink plenty of fluids and eat foods that are rich in fiber.

Physical Therapy: The goal of physical therapy on the day of surgery is to begin range of motion exercises and educate you on using an assistive device (walker/crutches) to walk. Thereafter, physical therapy will be prescribed to help you become more mobile during your recovery.

Postoperative Care Coordination

You will be released from the facility once it has been determined that you are safe for discharge. This is a collaborative decision made by your care team. Most patients are discharged home after surgery. However, if you cannot be discharged home, you may benefit from a skilled nursing facility or rehab center. You will work with case management at the hospital during this process.

When discharged home, you should plan to have someone stay with you for the first 2-3 days or until you are comfortable. Case management will try to coordinate home services for you, including home physical therapy and/or nursing. Please contact the surgical facility directly if you have questions about these services once you are home after surgery.

Your Road to Recovery

During the initial weeks following surgery the goals are to decrease swelling, manage pain, perform gentle range of motion, and begin to strengthen the muscles in your leg. Each patient progresses differently depending on numerous factors. Your recovery process is unique to you. If you have any questions, please contact our office.

Postoperative Medication

- Be sure to take your medications by mouth with a meal or snack. Avoid consuming alcohol or driving while taking prescription narcotic medication.

- You should take your home medications as instructed by your physician. Please be aware that there may have been some adjustments made to these medications around the time of surgery and discussed at the time of discharge.

Pain Management Expectations

All surgical procedures result in some level of pain and discomfort. The amount of pain you experience depends on multiple factors. Pain is generally most intense immediately after surgery, but will subside as time passes. Oral narcotic pain medication is frequently administered to patients after surgery. While these medications are effective for the treatment of acute pain, long-term use can be detrimental to your health and recovery. It is vital that you discontinue this medication as soon as your pain allows. The medication should only be taken as prescribed.

Common Medication List

You will be discharged with a medication list specifically for you. Please refer to your discharged medication list for instructions. This information below is for reference to provide general education regarding postoperative medications.

- **Blood thinners** – often referred to as “DVT prophylaxis,” blood thinners are used to decrease risk of blood clots postoperatively. A specific plan will be made for you. Examples include aspirin, Eliquis, Xarelto, Coumadin, and Lovenox.
- **Acetaminophen (Tylenol)** – we recommend taking routinely 500-1000 mg every 8 hours in conjunction with the narcotic pain medication, unless otherwise instructed. You may take Tylenol in conjunction with narcotic pain medication. Do not exceed 3000 mg of Tylenol per day.
- **Celecoxib (Celebrex) or Meloxicam (Mobic)** – anti-inflammatories (NSAIDS) that can be prescribed safely after surgery to treat postoperative pain and inflammation.
  - A common side effect of NSAIDs is GI discomfort. We recommend taking NSAIDs after eating. Please contact Dr. Baratz or Timothy Grinnell if you experience continued GI discomfort while taking NSAIDs
- **Oxycodone** – an opiate narcotic medication used to treat significant pain unrelieved by Tylenol and Celebrex. Other narcotic medication options include **hydromorphone (Dilaudid) and hydrocodone (Vicodin).**
  - If you are taking Vicodin, which contains a small amount of acetaminophen, be sure to keep track of your total amount of acetaminophen and not exceed 3000 mg per day.

    - Common side effects of opiates include nausea and vomiting. Our office may prescribe an anti-nausea medication (Zofran) to help combat these symptoms
- **Tramadol (Ultram)** – a strong pain medication that is stronger than Tylenol but gentler than the opiate medications.
- **Gabapentin (Neurontin)** – can help with nerve pain and sleep.
- **Ondansetron (Zofran)** – an anti-nausea medication.
- **Omeprazole (Prilosec)** – to prevent stomach ulcers and acid reflux.
- **Docusate sodium (Colace), Sennoside (Senna), Polyethylene Glycol (Miralax), Bisacodyl (Dulcolax)** – medications for constipation.
- **Cephalexin (Keflex) or Cefadroxil (Duricef)** – antibiotics that may be prescribed to prevent infection.

Activity

Continue your exercises as instructed by the physical therapist. It is recommended to perform these exercises 2-3 times a day. If you are in too much pain, you may cut back or discontinue these as needed.

You may bear weight as tolerated on the surgical leg unless instructed otherwise by your surgeon.

While awake, walk every hour for about 5-10 minutes using walking aids. Continue to use your walking aids as directed by your surgical team or physical therapist. You will be able to wean from these assistive devices gradually. A cane is very helpful going up and down stairs and weaning away from crutches or a walker.

Physical Therapy (PT)

Typically, patients participate in an in-home physical therapy program for about 2-3 weeks after surgery. You may transition to a home exercise program or a formal physical therapy program at an outpatient center. The outpatient physical therapy course is typically for 4-12 weeks, depending on your needs. You should select an outpatient physical therapy facility convenient for you. We recommend selecting a facility close to your home.

Managing Swelling

It is normal to have bruising around your knee, extending up to your thigh and down to your foot. Swelling may increase after you are discharged home and typically peaks at about 7 days postoperatively.

You should apply ice to your knee area intermittently throughout the day. We recommend icing every 3-4 hours for about 15-20 minutes. Do not apply ice directly to your skin. Continue using ice for 4-6 weeks and as you feel needed.

You may consider purchasing an ice machine from our office or at a medical supply shop or online. It is not required and unfortunately not covered by insurance.

If you would like to purchase an ice machine through our office, please visit https://shop-recovery.net/Baratz or scan the QR code:

Password: BSSC1
Cost: $350
The machine will be delivered to your home

Incision Care

The Ace wrap and cotton padding should be removed the day after your surgery. If your surgery was done as an outpatient procedure, please remove this at home. The rectangular surgical dressing should remain in place for at least 10 days from the date of surgery, unless the bandage needs to be changed for bleeding or soiling. You may shower with the dressing on unless instructed otherwise, but ensure it is sealed. The dressing may be removed by you, a loved one, or visiting nurse. We would rather you leave it on too long than remove it too early. After 10 days you may remove the dressing and leave the incision open to the air assuming it is dry and without drainage.

Occasionally, you may see spotting of blood on your surgical bandage. Please notify the office or visiting nurse if the dressing becomes saturated or loses its seal. Once the wound is open to the air, you may shower and let water run over the incision. At 2 weeks postop you may use regular soap and gently scrub the region.

Typically, there will be skin glue (Dermabond) along the incision. There are other wound closure techniques that may be used such as nylon sutures or staples.

Do not use creams or lotions on your incision for 4 weeks from surgery or until cleared by your surgical team.

Avoid swimming or submerging your incision in water (hot tub, bath) for at least 4 weeks from surgery.

Driving

You may resume driving when you have regained complete control of your leg and are no longer taking narcotic pain medication. You should confirm with your care team before driving. On average patients resume driving at about 3-4 weeks postoperatively.

Diet and Rest

Eat a healthy diet rich in protein to promote healing. You may experience a decrease in appetite after surgery. This is normal and should gradually resolve itself. It is common to have difficulty sleeping after surgery. This will gradually improve but can take at least 4-6 weeks from surgery.

Concerning Signs or Symptoms

Infection

Surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. The risk of infection is very low after knee replacement surgery.

Some common symptoms of surgical site infection:

- Increased redness and pain around the area where you had surgery
- Drainage of cloudy fluid from the surgical wound
- Fever > 101°F

Please contact our office immediately at (781) 890-2133 if you notice any signs of infection.

DVT/Blood Clot

Deep vein thrombosis (DVT) is the formation of a blood clot. This is a potential complication following knee replacement surgery. A blood clot from your leg can travel to your lungs and cause a serious complication called a pulmonary embolus (PE).

Symptoms of a **PE** may include:

- Sudden onset of shortness of breath
- Chest pain

If you develop symptoms of a PE, please call 911.

Symptoms of a **DVT** may include:

- Excessive swelling or pain in your leg or calf that does not resolve with rest or elevation.
- Redness or increased skin temperature at the site of the clot.

If you develop symptoms of a DVT, **please call** our office at (781) 890-2133.

Prevention of blood clots is the best treatment and includes frequent movement to promote circulation and taking blood thinners as prescribed by your surgeon or medical doctor.

Constipation

- It is normal to take several days to make a bowel movement after surgery
- Drink plenty of clear liquids (water, juice without pulp, black coffee [no cream or milk] or tea) as the stress of surgery and anesthesia can cause dehydration/constipation as well.
- Remember to eat a high fiber diet to decrease risk of constipation.
- Use the bowel regimen as described above while using narcotic pain medication.
  - Contact the office if you have concerns regarding constipation or are experiencing significant bloating, abdominal pain, or associated nausea or vomiting.

Common Questions

Dental Work

We recommend avoiding dental work for 90 days after your day of surgery to avoid infection. **After this 90-day period, it is not required to take antibiotics for routine dental cleanings.** We recommend prophylactic antibiotics before any major invasive dental procedures for 2 years from your most recent joint replacement surgery. However, patients with any history of infection in their joints or with serious medical conditions that affect the immune system (cancer, diabetes, rheumatoid arthritis, or autoimmune disorders) may benefit from preventative antibiotics. If you are unsure of what to do, please discuss antibiotic prophylaxis with your surgical team and dentist.

Smoking

If you smoke, you should quit prior to surgery to reduce the risk of infection, delayed wound healing, and breathing problems, among many other complications. We know it is difficult to quit smoking, but we will be flexible and will work with you in scheduling surgery. Speak with your primary care provider for information on how to stop smoking. For more information about other smoking cessation programs in your community, please contact your local American Heart Association at 1 (800) 242-8721 or American Cancer Society at 1 (800) 277-2345.

Alcohol Consumption

Drinking alcohol can negatively affect the outcome of your surgery. Please tell your health care provider how many drinks you have per day (or per week). Although it may be difficult to discuss alcohol use, it is done for your safety and to improve the outcome of your surgery.

During your pre-surgical visit with either your PCP or with anesthesia, you will be asked a series of questions. Your answers will help determine your risk of alcohol withdrawal and other alcohol related problems that could occur. Please respond to the questions as honestly as possible. This information is confidential.

Supplements and Hormonal Replacements

You will be asked to stop vitamins and supplements 1-2 weeks prior to surgery and continue to hold until 4 weeks postoperatively to avoid unpredictable medication interactions. If you are on hormone replacement therapy, you may be asked to hold this medication after surgery (typically for 4 weeks postop).

Follow-up

You have been scheduled for a postoperative visit listed in your surgical packet with either Dr. Baratz or Tim Grinnell, PA. Your first postoperative visit should be approximately 2-4 weeks after surgery. Additional post-op visits will be made based on your progress. Please contact the office to confirm or change these visits.

Traveling After Surgery

You should avoid flying on a plane for 6 weeks after surgery due to the risk of blood clots associated with orthopedic surgery and flying. Exceptions can be made in certain circumstances. If traveling long distances in a car after surgery, attempt to change position or stand every 1-2 hours. Some of the exercises, such as ankle pumps, can also be performed while sitting in a car.

Because your new artificial joint contains metal, you may set off metal detectors at airports or other security checkpoints. This is normal and should not cause a concern. Please notify TSA agents and security personnel at the checkpoints. It is not possible to provide you with any documentation for this.

Surgical Checklist for Your Upcoming Surgery

- ☐ Contact your PCP and any specialists (cardiologist, hematologist, etc.) for any documentation and clearances.
- ☐ If you take medications such as immunosuppressants, hormone replacements, rheumatoid arthritis or osteoporosis medications, contact the prescribing physician as there may need to be changes to these before surgery.
- ☐ Stop anti-inflammatories, unless otherwise directed by a physician, at least 7 days prior to surgery. You may continue to use acetaminophen (Tylenol).
- ☐ Stop GLP-1 weight-loss medications (Ozempic, Wegovy, etc) for 2 weeks prior to surgery.
- ☐ If you take a blood thinner, consult with the prescriber and your surgeon for a plan to stop safely before surgery. If possible, have this provider document the plan in a letter or office visit note and have it sent to our office.
- ☐ If you take narcotic pain medication, please notify your surgical team and prescriber to formulate a plan.
- ☐ Make any necessary arrangements at home to ensure safety after surgery.

When to Contact Your Doctor After Surgery

- You have a fever over 101.4 degrees Fahrenheit
- You have drainage from incision
- The area around your incision becomes hot to touch, red, or swollen
- You have increased pain that is not relieved with pain medication
- You develop sudden or severe calf pain, or swelling in the calf that does not decrease after elevation of leg
- You develop chest pain or shortness of breath
- You have questions regarding activity or your medications
- You suffer a fall or other trauma
- Call BBJI Main Number: (781) 890-2133

Helpful Administrative Tips

General Appointment Scheduling

Our main phone number, (781) 890-2133, is the best place to start if you need to schedule a follow up appointment. Please follow the automated prompts.

Prescription Requests

For prescription refills, please call our main phone number at (781) 890-2133 and select the prompt for prescriptions. We request you put in a refill request at least 12-24 hours prior to running out of medication. Prescriptions cannot be filled over the weekend, so be sure to request a refill appropriately before the end of the week.

FMLA/Disability Paperwork

These requests can be faxed to our office at (781) 890-2177. Please be sure they include your name and where they should be faxed after completion. They take roughly 7 days to turn around so please allow enough time for their completion.

Patient Portal

If you have not yet registered for our patient portal, please consider doing so. If you need any assistance, please contact our front desk staff by calling the main number (781) 890-2133. Our portal allows you to send and receive secure messages, which are kept as a part of your medical record. This can be especially helpful after surgery as questions arise. However, please do not send urgent matters in this manner. Calling the office is the best way to bring any urgent matter to our attention.

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