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Hip and Knee Replacements

General information

Major surgery:

Hip and knee replacements are major surgery. You should endeavor to be in as good a state of health as possible prior to undertaking this type of surgery. You should endeavor to stop smoking, eat a healthy well balanced diet and improve your general fitness and muscle tone where able.

Patient expectations:

It is important to think about what your expectations of your new hip or knee replacement are. Meeting your expectations is a major part of a successful joint replacement. The general aim is to reduce your pain in order to improve your quality of life. Not every patient is pain free after hip or knee replacement surgery but the majority have a significant reduction in their pain if not complete relief of their pain. Your range of movement is generally not improved by the surgery. Knee replacements are generally designed to bend to 110 degrees but if you start with less than this as your range of movement you will generally not be able to improve your range. If your knee is bent pre-operatively I aim to straighten your leg with the surgery.

To keep things in perspective, a hip or knee replacement are not like getting a 21 yo hip or knee but more equivalent to a 70 yo hip or knee. More specifically hip and knee replacements are designed to do what most average 70 yo patients would do or expect to do. You can walk unlimited distances, you can play golf, bowls, doubles tennis, swim and ride a bike. You can run but we generally suggest that you try to avoid this. We generally recommend avoiding repetitive high impact activity. Some patients become more active with their sports but you need to be cautious and sensible.

How long do joint replacements last ?

In Australia we have kept a record of every hip and knee replacement for the past 21 years. The outcomes have been very pleasing and better than we used to think. The outcomes are somewhat dependent upon your age (especially knee replacements) and your activity level. On average if you are in your 60's when you have your joint replaced you have approximately a 90% chance it will last at least 20 years.

The Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) publishes the national data yearly and is freely available online to look up. I will often discuss this with you during your consultation.

Skin care:

It is very important to ensure your skin is free of any cuts, scratches, ulcers or sores prior to the surgery. In the weeks leading up to the surgery either stay out of the garden or wear long pants and long sleeve shirts to protect your skin. If you have a significant cut or scratch on your skin I may need to postpone your surgery as this increases the infection risk.

Diabetes:

If you are a diabetic it is critical to have strict control of your blood sugar levels in the lead up to surgery and following your surgery. Poorly controlled blood sugar levels increase your risk of infection both at the time of surgery and into the future. I prefer your HbA1C to be below 8 where possible. It is important to let me know your diabetic medications prior to surgery as some of them need to be stopped prior to your operation. If you are on insulin I will usually get an Endocrinologist to monitor your blood sugars whilst you are in hospital

Recovery:

It takes the majority of patients 6-9 months to feel that they have fully recovered. The occasional patient takes up to 12 months. It probably takes up to 2 years before all the tissues around your hip and knee have completely settled.

Most patients will spend 3 days in hospital and are then discharged home (with supportive services if supported by your health fund). Only a small percentage of patients will go to hospital stay rehabilitation.

Given that you are well and healthy prior to your surgery we expect that you are able to look after yourself and regain your independence very quickly following your surgery. The nurses on the ward are highly trained and very experienced and will help you where necessary but we expect that you will be able to do most of your normal daily self cares including eating, hygiene, and toileting for yourself.

It is usually 6 weeks before you are safe to drive a car (provided you have stopped the strong narcotic medication and are off walking aids).

By 6 weeks most patients are approximately 40% better. By 3 months most patients are approximately 60% better and are back doing their normal activities and a normal lifestyle.

Pain relief:

Hip and knee replacements are known to be painful operations. Knee replacements more so than hip replacements. Most patients will take strong narcotic type medication for 4-6 weeks after the operation. The pain tablets don't stop all the pain but make it more comfortable so you can get up and move and exercise etc. For most patients the strong post operative pain takes approximately 6 weeks to settle. Each week the pain is a little less. There are various types of pain relief tablets that we use to help control your pain. These are personalized for each patient according to your needs, allergies, medical health and any interactions with your usual medication.

Ice can also work well at decreasing your pain and swelling. The ice is especially most effective in the first 2 weeks. We will use a lot of ice in hospital and you can carry this on at home with either ice packs or even a bag of frozen peas works well.

Blood clots:

There is an increased risk of blood clots following hip and knee replacements. The most important thing to reduce your risk is to move and be mobile. We also use mechanical pumps on your legs and compression stockings. For the first few days following surgery we usually use Clexane injections to help reduce your blood clot risk. Usually after a few days we change to a tablet instead of the injections. This will depend upon your risk factors and your usual medications. Most patients go home on some form of medication to reduce your blood clot risk and we will tell you about this prior to your discharge from hospital.

Physiotherapy:

Most patients who have hip and knee replacements require physiotherapy. Physiotherapy can be done pre-operative (Prehab) to improve your muscle tone and walking prior to surgery. This can be very useful where able to be done. Post-operatively the Physiotherapist will see you on the ward to help get you up and out of bed, mobilize and work on your movement, muscles and gait. In certain cases the Physiotherapist will also help with your breathing and chest care.

Movement:

Movement is the key to recovery. If you have your surgery in the morning, we aim to get you out of bed that afternoon. If you have your surgery in the afternoon, we will usually get you out of bed the following morning. It is not uncommon to feel faint or dizzy on the first few days when you mobilize. This can be reduced by drinking well to hydrate yourself and sitting upright for periods before you stand up. The Physiotherapist will let you know when you are safe to walk on your own. Frequent short walks with a few longer walks each day is important.

Swelling:

It is normal for your hip or knee to be swollen after surgery. It is hard to see the swelling in the hip as it is quite deep. Knee swelling is more obvious. It will take 3-4 months for most of the swelling to settle but it will take up to 12 months for all the swelling to go and the hip and knee reach it's final shape.

Heat :

It is normal for your new hip or knee to be warm. This is not a sign of infection in this setting but rather a sign of the increased blood supply to help with the healing. It will take up to 12 months for the heat to go out of your new hip or knee.

Wounds:

I generally use a dissolving suture in the hip wounds and clips in the knee. The clips will be taken out of the knee at the first post operative visit at the 2 week mark. The dressings generally stay on for 2 weeks. Follow your specific post operative wound guidelines that I will give you before you leave hospital.

Walking aids:

Most patients use crutches for 4 weeks (on average) following their hip or knee replacement. Some people discard them after 2 weeks, some keep them for 6 weeks. The purpose of the walking aids is for your comfort and confidence. The Physiotherapist on the ward will advise you

on the safest walking aid for you prior to your discharge. The Physiotherapist you see after discharge will be able to give you further advice and suggest when you are safe to discard your walking aids.

Driving:

It is generally considered to be safe to drive by 6 weeks post- surgery (irrespective of which leg you have operated on). You must be off all strong opioid medications, walking well without need for walking aids and able to get your foot quickly onto the brake as required. You generally don't need a certificate to say you are safe to drive but we will usually discuss this at your 6 week post operative visit and common sense should also be used.

Work:

The amount of time off work will depend upon exactly what you need to do in your job and what leave you have available. As this is major surgery you generally want to give yourself time to recover and ensure you give yourself the best opportunity to recover well. For office- based workers I would suggest a minimum of 6 weeks off but if you have the leave available then 8 weeks is reasonable. For people who do more physical work you may need 3 or more months off work.

Travelling and flying:

As it will take time to recover from surgery you should plan your surgery around any travels or holidays. I would usually suggest that you wait at least 2 months after your surgery before travelling interstate and 4-6 months before overseas travel.

Patients with joint replacements are often concerned about going through security scanners at the airport. If you go through a scanner this is a low dose XR and will see you joint replacement and the security generally won't say anything. If it is a sensor you go through most knee replacements will set this off and you need to follow the security advice. Not all hip replacements will set off the sensor.

My advice is to allow a little bit extra time to go through security, so you are not running late. If it is a sensor tell the security staff that you have a joint replacement before you go through, they may redirect you to another area. We used to give patients cards and letters in the past but the security people don't look at these now so there is no need for them.

Surgical and dental procedures:

When you undergo surgical or dental procedures your body can be exposed to a number of different bacteria. The body generally can't defend or protect foreign objects like joint replacements well so they are more prone to seeding by any "bugs" floating around in the bloodstream. To this end it is recommended that you advise your treating Doctor or Dentist that you have a joint replacement and need prophylactic antibiotics prior to the procedure. If you are having small clean procedures like the excision of a skin lesion, antibiotics are generally not required. If you are having a simple dental procedure eg a filling then again antibiotics are not required. It is only if you are having prolonged, invasive and bloody dental procedures eg root canal work. It is also recommended that you be given prophylactic antibiotics if you are having a colonoscopy or endoscopy.

Pre- admission clinic:

The hospital will contact you about a pre-admission clinic appointment. This is usually one week before surgery. You will usually see a hospital Doctor and Nurse. They will organize some blood tests and basic heart test. They will also co-ordinate several things for your hospital admission. The appointment can take 2-3 hours. There is not usually any cost or fee. If the hospital does not contact you about this appointment and it is less than 2 weeks to your surgery then please contact my office.