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*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.

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 better chance of achieving the outcome you are looking for!

**Where and when is my surgery?**

Our surgical scheduler will work with you and the hospital to secure a date and time for your operation. The operation will typically take place at either St. David's Surgical Hospital.

**What do I need to do in order to 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 (CMP), 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 or other specialist. 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 the following medications:

1. Stop all "non-steroidal anti-inflammatory" medications (NSAIDs): aspirin, naprosyn/naproxen, diclofenac, relafen, ibuprofen, Motrin, Advil, Feldene, Indocin (aka indomethacin).
2. Stop all supplements: ginkgo biloba, fish oil, vitamins, herbal supplements
3. Stop all nicotine containing products
4. Estrogen products or pills
5. Any "arthritis medicine" other than Tylenol

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.

### 5 days before your operation:

If you had the staph bacteria test and tested positive as a "carrier" of staph, then start the Bactroban (aka mupirocin) nasal ointment now. Place a pea sized drop in each nostril every 12 hours until the day of the operation. We will send that prescription to your pharmacy.

Being positive does NOT mean you have an infection. It simply means you are carrying that specific bacteria. Up to 10% of people in central Texas are carriers.



### 3 days before your operation:

Purchase Hibiclens solution (it be purchased at Walgreens, CVS, or online at Amazon- see picture). Shower with it once per day. Start at the top of your body and work your way down.

### The day before your operation:

Wear freshly laundered clothes to bed; and sleep in freshly laundered bed sheets. Do not eat anything for 8 hours prior to the start of your operation. You may drink water (and ONLY water) up until 2 hours before the operation. It is ok to take your regularly scheduled medications with water in the morning of your operation EXCEPT LISINOPRIL OR ANY MEDICATION ENDING IN "PRIL."

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.

On the way into the hospital, drink the carbohydrate drink supplied to you by the hospital.

You should arrive at the hospital registration department about 2 or 3 hours prior to the time of your operation depending upon your instructions from the hospital. For example, if your operation is scheduled to start at 7:00am, then you should arrive at 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?**

Spinal OR general anesthesia. 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. My preference for most patients having a knee replacement is a combination of spinal anesthesia plus a regional nerve block.

### **What happens in the hospital?**

You will either go home the day of your operation or stay for one night and go home the day 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. Prescriptions may also be sent to your pharmacy before surgery.

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 a week; 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 arranges for you to stay at a skilled nursing facility temporarily before you return home.

### **Physical Therapy:**

My preference for physical therapy after surgery is at an outpatient physical therapy facility as soon as possible. Getting out of the house and going to therapy is even part of your therapy. For some patients this may not be possible for various reasons right after surgery. In that case we will try to arrange for a therapist to come to your house if it is a covered benefit by your insurance. The therapist would come to your home for 2 weeks, about 2 to 3 times per week, after the operation until outpatient physical therapy can then be started.

If your insurance does not cover home visits, then you will need to start outpatient therapy and we will provide you with a referral to a specific place for this.

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.

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

Your first postoperative visit with me should be scheduled to take place 2 weeks after your operation. You should call the office for any concerns you may have prior to this appointment.

### **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 typically 3 to 4 weeks. If you are having a LEFT sided joint replacement 2 to 3 weeks, but potentially earlier. Studies have shown it takes around this amount of time to regain normal reaction time for emergency maneuvers. You may be able

to drive sooner depending upon the pace of your recovery and specifically the recovery of your quadriceps (thigh) muscle function.



### **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.

## **What Happens Now?**

1. You will be required to have pre-surgical labs and an EKG completed prior to scheduling surgery. This is so Dr. Burris can quantify your risk level for the surgery. If Dr. Burris or your primary care physician recommends you consult with another specialist (cardiovascular disease, pulmonology, oncology... etc.), that will also be required before a surgery date is chosen. Once Dr. Burris has reviewed your labs, I will call you to set a surgical date.
2. Our preference is for outpatient physical therapy whenever possible. This should be arranged prior to having her surgery and ideally starting on Thursday or Friday if your surgery is on Tuesday, and the following Monday if your surgery is on Thursday. If you are going to have home health therapy instead, our preferred company is Texas Home Health. A representative from their team will call you a few weeks before surgery to go over any associated costs and acquaint you with their protocols. If your insurance will not cover this service, you will need to go directly to outpatient physical therapy.
3. If you have elected to have robotic-assisted surgery, a CT scan will be required before surgery. This will be done at either Touchstone Imaging located off of Jollyville Rd or at St. David's Surgical Hospital. The facility will contact you to schedule this once they have obtained authorization from your insurance provider. This needs to be done no sooner than 30 days before surgery but must be completed at least 7 days before.
4. All surgical patients are required to have a COVID-19 test and a MRSA/MSSA screen. The hospital will contact you to schedule both tests. This usually occurs 2-3 days prior to surgery to comply with the time sensitive window allotted by HCA Healthcare and St David's. At this time, a member of the hospital staff will give you any instructions you need, including arrival time, medical history evaluations, and any associated costs.
5. All payments for surgery discussed during your pre-operative visit will be due in full one week prior to your surgery. This may be done with a credit/debit card or cash. No checks will be permitted. We will call you when payment is due to collect over the phone or you may come to the office to make a payment in person.
6. Your first postoperative visit will take place approximately 2 weeks after surgery.