Patient Resource Guide

HIP & KNEE REPLACEMENT

Craig Loucks, MD FRCSC

Orthopedics & Spine at Inverness

www.CraigLoucksMD.com

Welcome!

Dr. Loucks is passionate about helping our patients lead active and healthy lifestyles and we are pleased that you have chosen us for your joint replacement! Whether it is climbing stairs, walking an 18-hole golf course or downhill skiing, we want you to be comfortable with most any activity you desire to do. We are here to help you prepare for your Hip or Knee Replacement Surgery and will provide excellent care for you during your recovery. Many people will be a part of your team along the way including your surgeon, physician assistants, nurses, physical therapists, and our office staff.

As a patient, your involvement before and after your surgery is essential for a fast and successful recovery. Your personal motivation and desire for a positive outcome is most beneficial to you!

This Patient Resource Guide, in conjunction with our website and educational videos, will serve as a guide to prepare you for your upcoming surgery and rehabilitation. Enclosed, you will find some helpful information that will lead you through the entire process and answer many of the questions you may have. You will be receiving additional information about your surgery date and time, as well as other things you need to do before, during and after surgery. We have provided this handbook to help organize the important information, so it is readily available in the coming weeks.

Our team strives to provide a high level of service with superior quality of care that you deserve while recovering from hip replacement surgery. We are here to help you so contact us with questions, so you are comfortable with your surgery and path to recovery.

We look forward to helping you reclaim the healthy and active lifestyle you desire!

Table of Contents

Meet Our Team 3
Pathway to Surgery 4
Keys to a Successful Recovery 5
Information Sources 6
Understanding Your Joint Replacement Surgery 7
- Hip Replacement Surgery
- Knee Replacement Surgery
- Important Considerations
- What Results Are Typical
- Surgery in US vs Canada

Preparing for Your Joint Replacement Surgery 12
- Help from Your Team
- Scheduling Your Surgery
- Insurance Information
- Scheduling a Pre-Op Physical Exam
- Exercise Before Surgery
- Medications
- Preventing Surgical Site Infection
- Preparing Your Home for Recovery
- Preparing for Your Surgery Day

Your Day of Surgery 20
- Anesthesia
- Recovery
- What to Expect After Surgery

Transitioning Home 25
- Pain Medication After Surgery
- Resuming Your Medications
- Resuming Normal Activity
- Managing Swelling
- Incision Care
- Diet and Rest
- Fever/Blood Clot
- When to Call the Surgeon
- Life After Joint Replacement
- Follow-up Care

Exercise and Mobility 32
- Hip Exercises
- Knee Exercises

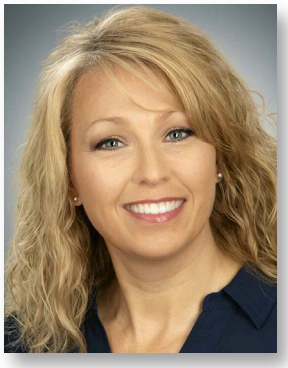
Implant Information 35
- Hip Replacement
- Knee Replacement

Location Information 37
Hotel Information 38
Contact Us 39
Notes 40

Superior Care with Modern Techniques

Meet Our Team

Dr. Craig Loucks is a founding partner of Orthopedics & Spine at Inverness and started in private practice in Denver in 2003. In 2004, he and his partner, Dr. Greenhow were the first surgeons in Denver to perform Anterior Minimally Invasive Hip Replacement Surgery (AMIS). He is a teaching and design surgeon for various Hip and Knee techniques and products. Since 2006, Dr. Loucks has been an invited speaker and proctor for surgeons across the US and internationally. Since 2013, he has pioneered Outpatient Total Joint Replacements in Denver. He sees patients of all ages with a variety of conditions related to hips and knees including complex joint revisions and reconstructions. Being Canadian himself, patients from Canada have been traveling to Denver to have surgery by Dr. Loucks since 2015. Starting in 2024, Dr. Loucks has been traveling to Calgary to pioneer a new program where Canadians can have outpatient hip or knee replacement right at home. This has been a tremendous benefit to our Canadian patients who wish to have private surgery by a world-renowned surgeon using cutting edge techniques. Dr. Loucks is double board-certified in Orthopedic Surgery as both a Fellow of the Royal College of Physicians and Surgeons of Canada and through the American Board of Orthopedic Surgeons. He is also registered with the College of Physicians and Surgeons of Alberta but opts out of Alberta Healthcare.



Angie Schack
Physician Assistant
in US & Canada

Alex Latham
Physician Assistant

Mel Ciotti
Surgery Scheduler &
Medical Assistant

Brooklyn Atencio
Medical Assistant

Jill Currie
New Patient Coordinator

Laural McDonald
Manager, Private Patient Services
at Canadian Surgery Solutions

"Dr Loucks is the quintessential doctor. Skillful, knowledgeable, caring, energetic, approachable, punctual, fastidious with wound closures, has time for patients; all this wrapped up with a healthy dose of humor!"
S.P.

Pathway to Surgery

START with your consultation & decision to have surgery.

2. Review this Patient Resource Guide to familiarize yourself with the surgery process.

3. Schedule your surgery date.

4. Watch our educational videos about preparing for surgery.

5. Preop discussion with Dr. Loucks or one of his PA's 2-3 weeks prior to surgery.

6. Get your home ready.

7. Meet with your physical therapist for a preop visit (optional).

8. Review the shopping list and obtain prescriptions from your pharmacy, walker, etc. Arrange to have ice machine for recovery.

9. Stop medications as instructed prior to surgery

10. Review this Patient Resource Guide to revisit our recommendations during preop and recovery.

11. SURGERY

12. Discharge to your home!

13. Post-op recovery

KEYS to a Successful Recovery

Our minimally invasive surgical techniques will result in you feeling great in just a short period of time! HOWEVER, you cannot rush biology so please adhere to these guidelines so that you do not jeopardize having a great result.

FALL RISK: We inject a bunch of local anesthetics around your joint to try and reduce your pain postoperatively. As a result, the muscles around your hip and knee may not function normally for a few days. Be very careful that you do not fall!

TAKE IT SLOW: Remember that local anesthetic we put in there.....
You will not have the pain fibers giving you feedback telling you that you are doing too much, bending too much, or walking too much.

Weeks 1 and 2: Focus on limiting your step count, ice/cooling, compression, and anti-inflammatories if appropriate. Your body has been significantly traumatized because of surgery and the physiological response is normal with inflammation and swelling. This 1st phase is focused on taking it easy and reducing swelling and inflammation as much as possible.

Weeks 3 and 4: Continue with measures to reduce swelling and inflammation. Continue with gentle stretching and range-of-motion exercises but do not overdo it! Slowly increase your step counts and activity levels. Upper body and core (abdominal) strengthening exercises are reasonable to do at this point. Avoid lower body exercises other than the gentle stretches we recommend.

Weeks 5 and 6: You can start some light (low resistance) exercises using your lower body (for example walking on a treadmill, using a stationary bike or elliptical trainer). Do not do anything with significant resistance and we do not want you to lift any weights or do any strength training on your lower body yet!

If you behave yourself and things are going well, after your 6-week follow-up visit we will allow you to go back to your regular routines!

Information Sources

We have multiple sources of information to help you learn about hip and knee conditions, treatments, and surgical recovery:

- **Our Team Members** – please reach out to us. We are happy to help!
- **Patient Resource Guide** (this booklet) - In complement to our videos, this very informative guide answers questions about how to schedule surgery, steps for preparing for hip or knee replacement, what to expect before, during and after surgery plus the keys to a successful recovery.
- Our **Website** at **www.CraigLoucksMD.com** will guide you to:
    - **Educational Videos** – We have a comprehensive library of videos by Dr. Loucks and his Physician Assistant Angie to educate our patients on a variety of topics related to Hip and Knee surgery. The videos are a great introduction to what we do and how we do your surgery. Video topics include:
        - Hip and knee arthritis
        - The latest information on implant design
        - Our innovative surgical techniques
        - Anesthesia options
        - Post-op recovery tips
        - And much more!

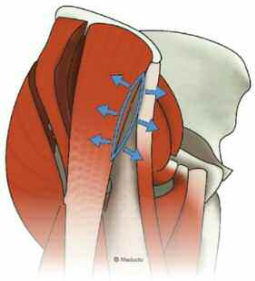
    - **Our Online Store**
        - Quick links to purchase the helpful items you will need in recovery.
    - **FAQ's** (Frequently Asked Questions) where you will find answers to some common questions such as:
        - Common causes of hip and knee problems
        - Total vs partial knee replacement
        - Risks of having a hip or knee replacement
        - When will my new joint wear out?
        - How to reduce your risk of complications
        - How to use a walker or cane
        - Mobility Help – stairs, bed, chair, toilet, shower, car
        - Implant Information
        - Metal allergy
        - Patient testimonials
        - And much more!

"I could not be more impressed with the experience. Dr. Loucks is not only a phenomenal doctor, but the staff from PA's to office support have been first class, professional, knowledgeable and courteous."
M.A.

HIP REPLACEMENT SURGERY

Your hip is made of two basic parts that work together, creating a smooth motion. When arthritis develops, the cartilage becomes damaged and wears away, eventually requiring replacement. Total hip replacement surgery involves replacing the ball and socket with an artificial joint made of metal, ceramic, and plastic. The materials used are well-made and designed to last a very long time inside your body. Your orthopedic surgeon will take into consideration many factors including age, bone quality and the shape of your joints to determine the kind of hip replacement which is best for you.

The Direct Anterior Approach



The direct anterior approach is a surgical technique that is used to access the hip joint through the front of the hip. With this approach, your surgeon does not need to cut or detach muscle from the pelvis or femur during the procedure. This allows for quicker healing time, less pain and immediate stability of your new joint. Directly following an anterior approach hip replacement, patients are allowed to bend their hip freely and walk on the new hip right away.

KNEE REPLACEMENT SURGERY

Total Knee Replacement

If the cartilage in your knee is damaged on both sides of the joint or in all three joint compartments (medial, lateral and under the kneecap), a total knee replacement may be performed.

"As I hike, climb and enjoy life again, I recognize how much I had given up before the surgery."
L.F.

Minimally Invasive Knee Surgery

Dr. Loucks uses a minimally invasive surgical technique that does not require cutting or detaching tendons and muscle surrounding your knee joint. In addition, we utilize CT-based technology to align your knee more precisely. These techniques allow for shorter surgery time that you are under anesthesia, reduced pain, improved motion, and shorter recovery.

Following knee replacement, patients are immediately allowed to bend their knee and walk around on their new joint. There may be a brief period in the first 24 hours after surgery where a knee brace will need to be worn for stability until the anesthesia has worn off.

IMPORTANT CONSIDERATIONS ABOUT JOINT REPLACEMENT SURGERY

- Hip or Knee Replacement is for individuals who have pain most days of the week. You have likely changed or significantly modified your lifestyle. You probably dread stairs, long lines and walking long distances. Most patients cannot put on their socks and shoes easily or have significant trouble doing so.
- The American Academy of Orthopedic Surgeons (AAOS) expects that 90% reduction in your pain compared to before surgery is an excellent outcome. Understand that the national academy does not think you will be pain-free after joint replacement.
- The AAOS suggests it takes 10-12 weeks to achieve reasonable function. This can be a long recovery and most of our patients are doing well by 6-8 weeks. Please remember that the healing of bone and soft tissues cannot be rushed.
- Studies suggest that patients with high anxiety or unrealistic expectations of having joint replacement have worse outcomes.
- In 1 out of 500 patients, the bone does not bond to the metal components the way we want it to. This may lead to further surgery to get the results you are looking for.
- Most patients who have hip or knee replacement surgery will see an improvement in their ability to walk distances, shop, climb stairs and chase their grandkids. No surgeon can make you 18 again. Having a realistic assessment of what hip or knee replacement can give you improves the odds that you will be happy with your surgery.
- It takes at least 6-12 weeks to return your sleep pattern back to normal after surgery.
- You can have a hip or knee replacement at any age but waiting until you are 90+ years old to decide to have a joint replacement is not a great idea. In select cases, it may be possible at this age but the whole family as well as several different physicians all need to be on board.
- Previous surgery on the same joint increases risk during and after surgery. Patients can experience a slower recovery because of scar tissue from the previous surgery. You will need to have more patience and work a bit harder than those who haven't had previous joint surgery.
- Patients can have MRI/CT scans in the future with no problem.
- Lastly, most hip and knee arthritis patients have some associated arthritis in the lower spine. We will see patients do very well for the first 3-4 weeks and then suddenly have trouble putting weight on their legs. This is almost always the spine acting up. If this happens, let us know. We will check the hip first but be prepared for us to manage the spine through medications and sometimes a referral to physical therapy or a spine specialist for a steroid injection. This happens in 1 out of 50 patients

Additional Considerations for Knee Replacement Patients

- Approximately 30% of patients have permanent trouble kneeling, even after knee replacement surgery. The incision is just too sensitive.
- Almost ALL patients will have some mild swelling in the operative knee forever. Man-made parts generally cause a little irritation of the lining of the knee. One out of 200 patients will have moderate swelling permanently after surgery.

- ALL knee replacements make a clicking sound after surgery, permanently.
- Nearly ALL patients will have permanent numbness on the outside of the knee because of the incision we use to do the surgery.

You can help reduce your risks for complications by:

- Reducing or eliminating the use of tobacco and alcohol before and after surgery.
- Being compliant with managing your diabetes, if applicable.
- Maintaining a healthy diet.
- Using good hand washing techniques.
- Perform your exercises as directed by your surgeon or physical therapist.
- Limiting high impact activities as directed by your surgeon.
- Losing weight if you are overweight.

There are several health markers that can help us predict before surgery if you will have a good outcome. All these guidelines are based on evidence-based studies in correlation to optimal outcomes in knee & hip replacement surgery.

- **BMI** – Body Mass Index is a ratio of your height and weight. A high BMI is shown to lead to postoperative complications such as infection and wound problems. We encourage a BMI of 40 or less.
- **WBC** – An elevated White Blood Count can be an indicator of infection somewhere in your body. We like to see a WBC level below 10.0.
- **HgbA1C** –Diabetic patients are at higher risk for infection and delayed wound healing because of the extra sugar in their bloodstream. One way we monitor average blood sugar level is with a Hemoglobin A1C test. We like to see a level of 7.0 or below. If it is higher than 7.0, we will likely postpone your surgery until you have better control of your blood sugar level.
- **Albumin** - Albumin is a protein in your blood that correlates to your liver and kidney function. It should be above 3.5. If your albumin level is low, this may correlate with post-op surgical site infection, pneumonia, urinary tract infection and blood infections.

These markers are a routine part of your preoperative medical clearance by your primary care physician before surgery. You do not need to ask them to specifically test these things…it's already in the plan!

WHAT RESULTS ARE TYPICAL?

You can expect a successful outcome from your joint replacement surgery. Generally, patients have less pain and more mobility following surgery. You can resume most of the activities you enjoyed before the onset of arthritis. Your new joint should be functional for 20 to 30 years, or more!

What can you do that may speed up your recovery?

Dr. Loucks recommends using cold therapy to improve your results and to aid with the healing recovery phase of joint replacement surgery. Cold therapy will reduce post-operative pain, swelling, inflammation and can lead to a quicker recovery after surgery. These devices are easy to use, comfortable and portable. Our team will give you further information on how to obtain a cold therapy unit.

What is the difference between having my surgery at the hospital versus an outpatient surgery center?

There are many variables that help us determine if your surgery would best be performed at the hospital or surgery center. This is based on your overall health status, your mobility before surgery, how much help you will have at home after surgery and where your insurance dictates you must go.

There is no difference in the procedure no matter where your surgery is performed. Your surgeon, his physician assistants, and the remainder of the surgical team are the same at each facility we utilize. The equipment, special operating room table and surgical techniques are identical at each facility. The care provided at each location is of the highest quality and we strive to help you feel comfortable so that you have a good outcome and enjoyable experience.

Is it safe to go home the same day as my surgery?

Yes! We have been safely performing outpatient joint replacement surgery since 2013 and currently, many of our patients discharge home the same day. Most patients wish to recover in the comfort of their own home instead of at a medical facility. Of course, if you need further medical observation, we will recommend that you remain at the surgical facility overnight with our medical staff.

SURGERY IN US VS CANADA

Is there a difference in having surgery in the US vs Canada?

Traveling to Denver for joint replacement is actually very easy. However, our surgical time slots in Canada are very limited to just one or two days per month and as a result, many of our patients elect to travel to Denver for surgery. We have much more availability to add surgical cases in Denver, so frequently our waiting list is shorter for Canadians who choose our Denver location.

Currently, some of the medications and implants that we routinely use in Denver are NOT yet available or approved in Canada. For example, we often use an injectable pain medication called Exparel, which is a delayed-release local anesthetic. It is an expensive

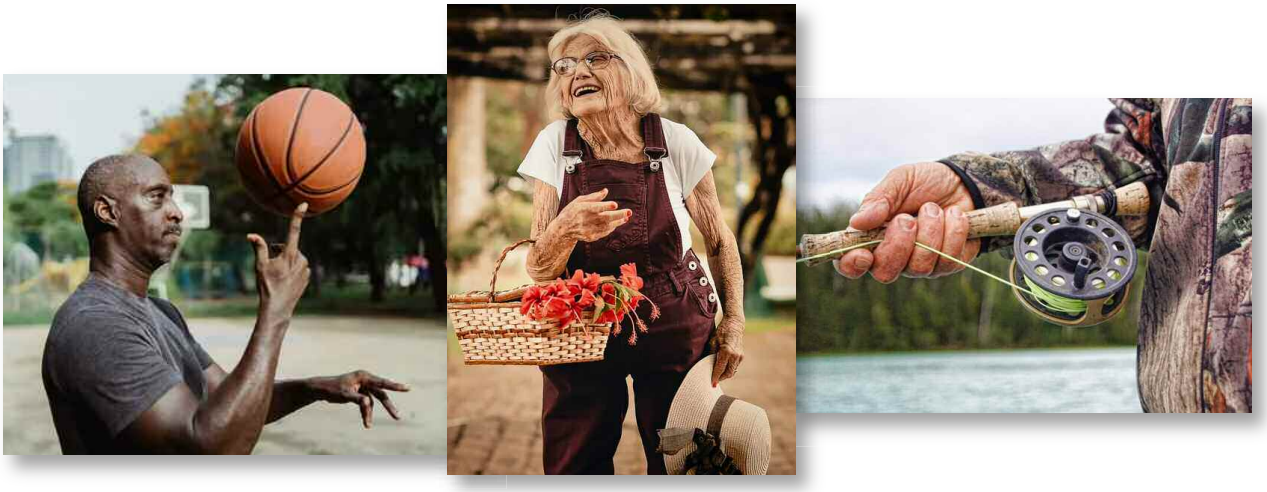
medication that allows for improved and longer-lasting post-operative pain control. This helps to reduce the amount of pain medication patients require initially after surgery. We can still use regular local anesthetics for nerve blocks in Canada, however, they tend to wear off a bit quicker than Exparel. We prescribe pain medication for everyone, and it can be taken if needed.

Another example is the implants that we use for knee replacement. Hip implants are the same brand and model that we use in the US, however, on the knee side there is a slight difference. The medial stabilized GMK Sphere Total Knee from Medacta has been our workhorse knee for years. It is a fantastic knee with high performance function and amazing clinical results. In recent years, we have moved to inserting all our total knees using Kinematic Alignment principles. As a result, we have slightly modified the shape of the femoral component to assist with better tracking of the patella (kneecap). This slightly newer version is called the Medacta GMK SpheriKA and currently NOT available in Canada.

The cost is different in the US versus Canada due to surgical fees. We can provide the cost details to you upon request.

What if I am having surgery in Canada by a US surgeon & I have a problem?

Dr. Loucks has a fantastic clinical team in Calgary which includes world-class physical therapists, physician assistants, nurses, radiologists and physicians who assist with peri-operative optimization to facilitate recovery. In addition, we have arranged coverage with a local orthopedic surgeon, Dr. Kelly Johnston, who is available in Calgary in the unlikely event that you need an in-person evaluation after Dr. Loucks returns to Denver.



Preparing for Your Joint Replacement Surgery

We want to help you and your family to be fully prepared for your joint replacement experience, so we recommend that you carefully review this Patient Resource Guide and our educational videos before your surgery.

HELP FROM YOUR TEAM

We strongly recommend that you invite your family member or friend that will make up your recovery team or "coach" to take part in your pre-op appointment. It is a good idea for them to review this booklet and the online educational videos so they are familiar with the recovery plan. Your team members can make all the difference, especially in the weeks before and after your surgery with their support and encouragement. Patients that have a "coach" DO BETTER!

Although you will be mobile, you will need help with daily activities for the first 3-7 days after surgery. Please plan accordingly.

SCHEDULING YOUR SURGERY

Once Dr. Loucks has recommended that surgery is your best option, you may schedule your surgery. Our surgery scheduler will contact you. Please review your schedule carefully before making a commitment to a specific date to avoid scheduling conflicts.

Timing of Surgery

For many years, there has typically been a 5-to-6-month waitlist to secure your place on Dr. Loucks' surgery schedule. This is due to the high demand from patients for a high-quality surgical experience and the positive outcomes that Dr. Loucks provides. This push from patients has led Dr. Loucks to develop multiple options on the path to scheduling your surgery.

These are the options for locking in your surgery date:

- **First available** – Typically scheduled 5-6 months from booking in the first available spot. We bill your insurance as usual.
- **Concierge Program** – Managed by 365 Surgical, this allows you to skip the line and utilize a reserved spot on our schedule for an additional fee outside of insurance. You will have your surgery within 1-2 months from booking. This program comes with numerous extra benefits provided by 365 Surgical. We will bill your insurance as usual.
- **Private/Cash Pay Option** – Surgery is scheduled for 1-2 months from booking in a reserved spot with Denver & Calgary options. No insurance is utilized.
- **Cancellation List** – Our surgery scheduler keeps a list of folks that would be willing to take an earlier spot should someone be moved.

No matter which option you choose, you will have our high-quality care, attention, and surgical experience.

When to Schedule if Having Two Joints Replaced

If you need both hips or both knees replaced, we recommend separating your surgery dates by 6 to 12 weeks. By that time, you will be well on your way to recovery after having the first one done so you should do fine proceeding with the second side.

INSURANCE INFORMATION

Hip & knee replacement surgery is a covered benefit with most health plans. We accept most insurance plans, and our financial advisors work behind the scenes to help authorize your surgery. This can occur no sooner than 30 days before your scheduled surgery date. If you have specific questions, we recommend you contact your insurance company directly for further information.

Our goal is to provide each patient with the best estimate of charges and payments to ease the uncertainty that the financial aspect of health care can sometimes bring. We believe that this is a critical component of your overall experience. The hospital or surgery center will communicate with you the estimated amount due for both the surgeon and the hospital one to two weeks prior to your surgery date.

MPower Protection Plan Option

This is an **OPTIONAL** insurance program that we designed specifically for **international cash pay patients traveling to Denver for joint replacement surgery.** These patients are paying out-of-pocket for all aspects of their episode of care. While the risk of complications or the need for additional procedures is VERY LOW, some of our cash pay patients choose to enroll in this optional insurance program. Canadians having private surgery in Canada and our US-based patients do NOT typically require this additional insurance. If you would like additional information on the MPower Protection Plan, please contact Mel, our surgical coordinator, for terms and pricing.

SCHEDULING A PRE-OP PHYSICAL EXAM

It is important that you have a pre-op physical exam with your Primary Care Provider prior to surgery. Contact your primary care provider to schedule an appointment so the exam will be completed within 60 days prior to your surgery. Please have your physician send your exam information and surgical clearance to our fax at 844-269-8575.

In addition to a physical exam, you will need to undergo a series of tests to ensure you are healthy and ready for joint replacement surgery. The tests must be completed within 60 days of your surgery date, or we may require them to be repeated. These tests may include:

- Blood tests
- Urine test
- Electrocardiogram (EKG/ECG) within 6 months

We recommend that you complete these tests prior to your preoperative visit with Dr. Loucks or one of his PA's. Your results will be reviewed and if any significant risk factors are revealed, additional tests may be ordered, or your surgery may be postponed. Any abnormal tests will be shared with you.

We strongly encourage you to not schedule these appointments for the week before surgery in case further testing is required. It may postpone your surgery.

If you have a history of Heart Disease

If you have a history of heart disease, please also see your cardiologist to obtain approval for surgery. Further testing may be required by your cardiologist prior to clearing you for surgery. We will need the results from any stress test or echocardiogram (ultrasound of the heart) you have prior to surgery.

If you have Diabetes

Diabetic patients will need to have a hemoglobin A1C level drawn as well. **We require that you have an A1C level of 7.0 or less to proceed with surgery.** If your hemoglobin A1C is elevated, we may postpone your surgery until you are below 7.0. An elevated number is directly related to an increased risk of infection and problems with healing your wound, so we want to be sure you are optimized for having the best outcome from your surgery.

Your Preoperative Appointment with Dr. Loucks or his PA

2-3 weeks prior to your surgery, you will meet with Dr. Loucks or one of his physician assistants for a preoperative discussion. **We prefer to have this appointment in person but if you live far away from our office, we may do it over the phone.**

The purpose of this appointment is to ensure that you are ready for surgery. Your

surgeon or physician assistant will review your past medical history, allergies, and your medications. They will also confirm that all appropriate and necessary testing has been completed, and the results are acceptable. They will also review pain management options for after your surgery and go over the risks and benefits of the procedure. Please bring your primary care physician and pharmacy contact information with you to this visit.

For patients that are scheduled to have their surgery at Advent Health Castle Rock Hospital, there may be an additional appointment with the Pre-Admission Testing nurse or hospitalist physician.

EXERCISE BEFORE SURGERY

Prior to surgery, it is important to try to stay active. Any walking and stretching exercises you can do before surgery can help in your recovery phase.

Pre-Op Physical Therapy

We recommend you go to an optional Pre-Op Physical Therapy consultation where you will:

- Have a consultation with your physical therapist.
- Review expectations during your recovery.
- Measure your function and mobility before surgery so they can monitor your progress.
- Show you how to use assistive devices (walker, crutches) so you are ready to get walking right after surgery.
- Review proper body mechanics.

You can go to any physical therapist you like, just let us know where to send the referral!

MEDICATIONS YOU MAY TAKE PRIOR TO SURGERY

You may continue to take your prescription medications as directed by your surgeon or PA. You may take over-the-counter medications such as Tylenol (acetaminophen), Claritin and Benadryl leading up to your surgery. Your Primary Care Physician, anesthesiologist or your surgeon's team will instruct you on which medications you may take the morning of surgery. Take these medications with a small sip of water.

MEDICATIONS YOU MUST STOP TAKING PRIOR TO SURGERY

Some medications you take routinely may be harmful during surgery. If you take any of the following medications, you must stop taking them 7 days prior to your surgery: Anti-inflammatory medications (such as ibuprofen, Motrin, Advil, Aleve, naproxen, meloxicam, Celebrex, or diclofenac).

Vitamins, herbal supplements, prescription diet medications, methotrexate and other

rheumatoid arthritis medications should be stopped 7 days prior to surgery. Phentermine must be stopped 14 days prior to surgery. GLP-1 medications (ozempic, semaglutide, tirzepatide, wegovy, etc.) must be stopped 7 days prior to surgery.

If you take blood thinners, anticoagulants, and anti-platelet agents (such as Coumadin, Plavix, Eliquis), Aspirin or compounds containing aspirin, the physician who prescribed them should make the recommendation as to when to stop them before surgery.

"I am now back riding my bike, swimming, hiking and walking my dog every day!" L.B.

Do NOT take the day of surgery – ACE inhibitors (lisinopril, Zestril, etc.), ARBs (losartan, valsartan, etc.), oral diabetes medications.

DO take the day of surgery – Beta Blockers (atenolol, metoprolol, etc.), Calcium Channel Blockers (amlodipine, verapamil, etc.), thyroid medications, seizure medications, and diabetics need to take insulin.

PREVENTING SURGICAL SITE INFECTION

90% of surgical site infections come from bacteria that lives on our skin. We do our best to minimize your risk of infection in the operating room but there are several steps you can take to help prevent a surgical site infection.

Pre-Surgery Bathing: You will be instructed to shower with a special cleanser (Hibiclens or other anti-microbial wipes/soap, such as Dial Soap) for THREE (3) days prior to your surgery. When showering, use a clean towel to dry your body, dress in clean clothes and put clean sheets on your bed before surgery.

Dental Care: All dental work, including cleaning, must be completed at least SIX weeks prior to your surgery. You MUST call the office if any dental problems arise prior to your scheduled surgery date. If you have an infection in your mouth, this MUST be resolved prior to surgery, or your procedure may be postponed. **We recommend you wait 2-3 months AFTER surgery before resuming dental cleanings.**

Smoking: We strongly recommend you stop smoking for at least SIX weeks before and until SIX weeks after your surgery. Smoking delays wound healing, affects your overall bone quality, and increases your risk for infection to develop at your surgical site.

Shaving: It is particularly important that you do not shave your legs or use any hair removal products anywhere near the surgical area for SEVEN (7) days prior to surgery. Studies show there is an increased risk of surgical site infection associated with shaving. This is due to the microscopic cuts in the skin that allow bacteria to enter the body.

Clean Hands: Hand hygiene is especially important. Your caregivers should use alcohol-based hand sanitizer when entering your room. Frequently washing your hands with soap and water also helps to prevent the spread of infection.

Illness: If you become ill with a fever, cold, sore throat, flu, covid, or any other

illness within 1-2 weeks of your surgery, please contact our office.

Nutrition Before & After Surgery:

Anyone undergoing surgery induces a whole-body "surgical stress response" where the body reacts to the stress or "trauma" of having surgery. This response manifests as salt and water retention, increased oxygen consumption, stress on multiple organs such as the heart, liver, and kidneys, plus there is a breakdown of lean body mass or muscle tissue. In other words, the body is working overtime to maintain its normal functions.

We also realize that after surgery, some patients lose their appetite or do not have quality nutrition until they are back on their feet. Research supports nutritional intervention before and after surgery to reduce the stress response on the body. Optimizing your nutrition with proper protein and carbohydrate balance has been proven to improve surgical outcomes. Patients are showing improved overall well-being and comfort with less nausea, pain, anxiety, weakness, and hunger immediately post-op.

There are numerous options for nutritional supplements on the market so use what works best for you. Dr. Loucks offers a product that is specific to joint replacement recovery. It helps maintain muscle mass, improves wound healing, and may lead to a better outcome following surgery. Contact our team for more information about ordering.

PREPARING YOUR HOME FOR RECOVERY

Home is the best place for you to recover! You will be ready to go home once you are able to walk safely and your surgeon or physician assistant determines that you are ready for dismissal. You must arrange for someone to stay with you when you go home, or you will not be released from the hospital or surgery center in a timely manner. Most patients are ready for discharge home later in the day of their surgery or one day after surgery. Before you go home, we will make sure that all your discharge needs are met. Our team typically sends in any prescriptions at your pre-op appointment. Any last-minute items will be arranged.

Equipment You Will Need at Home

Here is a basic shopping list of the supplies you might need for your recovery. We will give you a more detailed list specific to you and your recovery plan at your pre-op visit. You can find these items and more in our shop at www.CraigLoucksMD.com

- Walker
- Cane
- Glad Press N Seal
- Cold Therapy
- Nutrition Supplement
- Fitness Tracker or Pedometer
- Leg Lift Strap
- Reacher

You will need to use a walker or crutches for the first 2-3 days after surgery. Your legs may still be numb from the anesthesia, so we ask that you be as safe as possible when getting up to walk. You should plan to bring a walker or crutches with you on the day of your surgery. If available, the hospital or surgery center may issue one to you. The nursing staff or case management services can assist you in obtaining other home equipment if needed, but extra items may not be covered by insurance.

Tips for Your Home

You and your family may want to consider these tips to help ensure that your home is safe and comfortable when you return from your surgery.

- Purchase a non-slip bathmat for inside your tub/shower.
- Check every room for tripping hazards. Remove throw rugs and secure electrical cords out of your way.
- Determine which items from dressers, cabinets, and shelves you will need immediately after returning home. Any items you use often should be moved to counter height to avoid excessive bending or reaching.
- Plan to use a cordless phone or cell phone. They can be tucked away in a pocket, carried easily, or set within reach.
- Make sure stairs have handrails that are securely fastened to the wall.
- If you have pets, you may want to consider boarding them for a few days after you return home.
- A chair with a firm back and arm rests is recommended during your recovery. A chair that sits higher will help you stand more easily. Chairs with wheels should NOT be used under any circumstances.
- To minimize cooking, prepare meals in advance and freeze them. Alternatively, you can purchase prepared meals for convenience.
- Install night lights in bathrooms, bedrooms, and hallways.
- Avoid yard work for 10 days prior to surgery. Make arrangements for outdoor work such as snow shoveling, gardening, or cutting the grass for at least 2 weeks after surgery.
- Do laundry ahead of time and put clean linens on your bed.
- Arrange for someone to collect your newspaper and mail.

Your safety is our primary concern. We require that your spouse, family member or friend stay with you after your surgery until you are able to perform activities of daily living independently and safely, usually 7-10 days after surgery.

PREPARING FOR YOUR SURGERY DAY

The surgery center will contact you a few days before your procedure to let you know what time to arrive the day of surgery.

The surgery center will also let you know what time to stop eating and drinking prior to surgery based on your surgery time. In general, do not eat any solid food 8 hours before your arrival time, then nothing by mouth (no liquids, food, gum or mints) within 4 hours of your arrival time for surgery.

Items to Pack:

- Clean, comfortable, loose-fitting clothing such as elastic waist pants, shorts, skirts, or jogging outfits for your trip home from the hospital or surgery center.
- Sneakers or shoes with flat, rubber bottoms. Do not bring tight fitting footwear, as your feet may swell following surgery. Do not bring slides or backless slippers.
- Eyeglasses or contact lens case with solution and denture storage.
- If you use a breathing machine (such as a CPAP) AND are expecting an overnight stay, bring your machine, mask, and hose.
- Your insurance card.
- Credit card number or check to make any necessary co-payments.
- Your personal walker or crutches labeled with your first and last name.
- Give your advance directive, either a living will or durable power of attorney for health care to the surgery center.
- Reading material for your enjoyment.
- This Patient Resource Guide

"Prior to surgery, I was in pain 24 hours a day. I couldn't sleep and that made me irritable, not to mention that living with constant pain stinks! To say I highly recommend Dr. Loucks would be a gross understatement. He's fantastic!"
R. R.

Items to Leave at Home:

- Jewelry, cash, or valuables of any kind should be left at home or in the care of a trusted loved one.
- Ice packs or cold therapy unit and any other devices that you may have received from our office.

Your Day of Surgery

The day of your surgery will be a busy one! There may be several hours that pass between the time you check in and the time that your surgery is completed. Please be patient. Bring a book or something to do while you wait. Your family should also be prepared to wait a few hours.

It is important that you arrive at the hospital or surgery center with plenty of time to check in and prepare for surgery.

Wear comfortable clothes. Avoid wearing cologne, perfume, or fragrances of any kind. Deodorants, creams, lotions, and shaving creams should be avoided. Do not wear makeup and remove nail polish from your index finger of both hands.

Please give the surgery center staff your family's cell phone number. Dr. Loucks will call your family when surgery is complete so be sure they KEEP THEIR PHONE ON, or they will miss his call!

Although you may feel that your orthopedic team asks some redundant questions, it is important to verify information for your safety. It is our priority to provide you with the highest quality of care.

On the day of surgery, your family member or friend will be able to stay with you until you are ready to be transported to the operating room. At this point, they will be escorted to a family waiting area where they will wait for approximately 1-2 hours while you have your surgery.

Once your joint replacement surgery is complete, your surgeon will contact your family member or friend to discuss your procedure.

ANESTHESIA

Your anesthesiologist will review your medical history and conduct a brief interview with you. Keep in mind that there is some redundancy in this process; this is intentional so that we get the most accurate information possible. They will discuss the anesthesia options, with risks and benefits to each.

Spinal Anesthesia

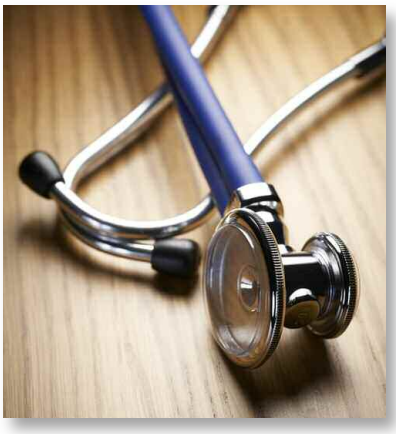
Most patients of Dr. Loucks receive a spinal anesthetic with sedation for their knee or hip replacement surgery. We prefer spinal anesthesia for 3 main reasons: simplicity, post-operative pain control and avoidance of general anesthesia. General anesthesia is an option for patients if a spinal anesthetic is contraindicated.

Prior to the spinal procedure, you will be given a sedative through your IV, not to make you unconscious but rather to provide relaxation and relieve the natural anxiety patients have prior to surgery. The spinal anesthetic is conducted in the sitting position. The low back is prepped sterilely and a local anesthetic (e.g., lidocaine) is injected to numb the skin and blunt all but a mild sensation of pressure. A small gauge needle is inserted through the numbed area between the backbones and into the spinal canal. Local anesthesia is injected, and the needle is removed, completing the procedure. In most cases, the procedure takes less than five minutes.

Following the spinal, your legs will begin to get warm and numb. The loss of sensation due to the local anesthetic generally lasts 4-5 hours.

Also, in the operating room, you will receive an additional intravenous sedative. Patients sleep for the duration of the surgery and awaken when the sedative is discontinued at the end of the procedure.

RECOVERY



After surgery, you will be transported to the Post Anesthesia Care Unit (PACU) or recovery room while you recover from the effects of anesthesia.

Nurses will check your vital signs such as blood pressure, respiratory rate and heart rate while monitoring your progress as you begin to regain movement and sensation in your lower extremities.

They will encourage you to take deep breaths, apply calf compression devices to help with circulation and apply ice packs to your knee or hip to reduce pain and swelling. Over the next couple of hours in the recovery room, your nurse will help you to sit at the edge of the bed, stand and walk. They will assist you to the bathroom so we can be sure your bladder is fully functional before you go home. Sometimes it is that last thing to wake up!

WHAT TO EXPECT AFTER SURGERY

Methods for Managing Your Pain

Some pain is to be expected immediately following surgery and there are a lot of ways we can help to reduce the intensity of pain you feel. The nurses will elevate your leg, put some ice on your surgical site and ensure you are comfortable as you are waking up. Pain medications will be provided through your IV as needed.

Hip Patients

To reduce the need for pain medicine after surgery, just before your wound is closed at the end of surgery, we inject a mixture of anti-inflammatory and other pain medications around your incision and new joint. This combination will last 48-72 hours after surgery and should significantly help you feel more comfortable and allow you to mobilize early

in the recovery. You may notice a spike in your pain once the medicine wears off so be sure to rest, ice and take pain medicine if needed.

Knee Patients

To reduce the need for pain medicine after surgery, we have a couple options for patients. Your surgeon and anesthesiologist will offer the best option for your specific needs.

Option A – This is the simplest method for most patients having knee replacement. Your anesthesiologist will use a long-acting numbing agent for your nerve blocks so you will have 48-72 hours of reduced pain to help you feel more comfortable and allow you to mobilize early in the recovery. You may notice a spike in your pain once the medicine wears off so be sure to rest, ice and take pain medicine if needed. There is no extra tubing or bags of medicine attached to your leg that you must manage as the medicine is injected under the skin while you are asleep. **Available in the US only**.

Option B – This method is best for patients who cannot take narcotic pain medication. Your anesthesiologist may place a catheter in your upper thigh that is connected to a bag filled with numbing medicine. It is not a narcotic but a numbing agent like you get at the dentist when they numb your mouth. The medicine will help to minimize the pain to the front of your knee over the next 4-6 days. In addition to the catheter, just before your wound is closed at the end of surgery, we inject a mixture of anti-inflammatory and other pain medications around your incision and new joint. This combination of medications greatly improves pain control to help you feel more comfortable, minimize the amount of narcotic pain medication you require, and allow you to mobilize early in your recovery. **Available in the US and Canada**.

For ALL patients, even with these injectable medications and/or catheter surrounding the incision, it is NOT uncommon for patients to require regularly scheduled narcotics during the first several days after surgery. Don't try to be a hero and avoid the oral pain medication. We give it to you so you may feel comfortable, and you can rest or be able to do your exercises. You may need a combination of medication to provide adequate relief.

Communication is an important part of helping us manage your pain. We encourage you to share information with your nurses about any pain you experience. Be as specific as possible. For example, where is the pain? How often do you feel pain? What does the pain feel like: is it sharp, dull, aching and spreading out? On a scale of 1 to 10, where 10 is the worst pain imaginable, how would you rate your pain?

Getting Up to Walk

We know you want to heal as fast as possible so you think the more you do and the further you push yourself, the quicker you will recover. This mindset typically BACKFIRES!

Remember when you sprained your ankle as a kid while playing soccer, tennis or running? You probably learned pretty quick that you needed to stay off it, rest, and ice your ankle. When did your ankle start feeling better? It was when the swelling went away! Recovering from joint replacement is no different from a sprained ankle.

Your activity level directly relates to how much swelling and pain you have after surgery. Swelling is normal and expected but this is what causes much of your pain and discomfort. We recommend you try hard to keep swelling down by icing, elevating your leg, and limit your activity. You wouldn't do a 90-minute workout the day after you sprained your ankle, would you? NO!

Take several SHORT walks throughout the day. A short distance means to the bathroom and back or to the kitchen and back. Don't overdo it! Doing too much will cause more swelling and a slower recovery. Use your walker or cane until you feel stable on your feet. Typically, most joint replacement patients can walk independently by 2-4 weeks, or sooner.

Use your smart phone, step tracking watch or pedometer to monitor your daily steps. We want you to aim for **NO MORE than 1,000 steps per day in the first week after surgery, 2,000 steps per day in the second week after surgery and by week six, no more than 5,000 steps per day**.

If you follow our recommendations, you will likely reach post-op milestones BEFORE other patients following outdated protocols. You will also likely have less pain than what other patients do. However, comparison is the root of all evil! We don't recommend you compare your recovery to your friends or with what you read online from Doctor Google. Everyone has their own individual experience. People respond to pain differently. Their anatomy, the surgical technique or surgeon was likely different from yours! Your experience is your own.

Physical Therapy

For knee replacement patients, we recommend you start seeing a physical therapist within 2 weeks after surgery. Please let our team know if there is a specific therapist you would like to see, or we can arrange one for you. You should do the gentle stretching exercises in this guide and simple walking starting the day after surgery.

Following hip replacement, we recommend doing the exercises in this guide and simple walking for the first 2 weeks after surgery. As we see how you are progressing during your recovery, we will determine if formal physical therapy is needed. A lot of times, our hip patients recover well without seeing a therapist. If we do recommend therapy and you have a specific therapist you would like to see, please let our team know or we can arrange one for you.

Early Restrictions after Hip Replacement

Although a dislocation is extremely unlikely, you should follow our Anterior Hip Precautions for **6 weeks**. This means you should not extend (putting your leg behind you) the hip in combination with external rotation (turning your leg outward) of the hip. You should not pivot around the operative leg. Additionally, you should avoid excessive repetitive straight leg raise exercises, marching and heel slides for the first 6 weeks. This will allow for the muscles that were stretched in surgery to recover appropriately.

We recommend waiting 6 weeks before resuming your yoga practice as sometimes excessive stretching can loosen the ligaments around the hip which will put you at risk for dislocating your hip. Otherwise, you may do routine, non-strenuous activity as tolerated. Stairs are OK, just don't overdo it!

Home Health Care

If you think you might want to have home health care after your surgery, our team can help arrange this for you.

"I was in so much pain right before surgery, I could hardly drive or put my socks and shoes on! Literally HOURS after my surgery, I felt an immediate increase in range of motion and a decrease in overall joint pain."
D. D.

Going to a Rehab Center for Extended Recovery

We do not recommend patients go to a rehab center after surgery unless necessary due to their circumstances at home or other health conditions. To qualify to go to a rehab center, your surgery MUST be performed at the hospital and the case manager will arrange your rehab stay. You also MUST qualify to enter rehab. Medicare requires a 3-night stay in the hospital before moving to the rehab facility. Quite often, our patients do so well that they are ready to leave the hospital before the 3rd night. If you feel you will need to go to a rehab facility, please discuss this with our team and we will help make the necessary arrangements.

Modern joint replacement surgery is now considered an outpatient procedure by Medicare & insurance companies. Most of our patients have their surgery in a free-standing outpatient surgery center. A very small number of our patients require the hospital setting for their surgery. Examples include revision or re-do hips and knees, patients with severe medical co-morbidities that need advanced monitoring and potentially overnight stay in hospital. If your procedure occurs at a hospital, it is still considered OUTPATIENT and as a result it may be very difficult to get insurance to authorize a longer stay or inpatient rehab. The case workers at the hospital will work with your care team to assess the best options for you.

Transitioning Home

PAIN MEDICATION AFTER SURGERY

Pain is common and to be expected after joint replacement surgery. You will likely be on pain medicine or have a combination of medications to provide adequate relief. Plan to take your pain pills approximately 30 minutes prior to doing your exercises to help control the soreness that often accompanies activity in the first few days after surgery.

Our team will review your specific pain management plan during your pre-op visit and again in the pre-op area prior to surgery. All these instructions will be written down for you.

Pain medications may cause nausea, constipation, and a light-headed sensation. Drink plenty of fluids, eat some fruit and take a stool softener to prevent constipation. We can prescribe anti-nausea medication if necessary. Do not drink alcohol or drive while taking narcotic pain medication.

If you need a refill of your pain medication, please call our office at 720-799-5690, 8am to 5pm, Monday through Thursday. We will refill the medication within 72 hours.

Contact our office at 720-799-5690 if you have any questions about taking your medications.

RESUMING YOUR MEDICATIONS

Resume your home medications as instructed by your physician.

Vitamins and supplements may be resumed 2 weeks after surgery.

For those who take estrogen, progesterone and testosterone therapy, there is a relatively low risk of associated DVT and joint replacement surgery. However, as a precaution, we suggest you stop taking estrogen containing hormone replacement therapy for 2 weeks post-op (you do not need to stop it prior to surgery). You may continue to take non-estrogen hormone replacement therapy (i.e., progesterone, testosterone) continuously through pre- and post-op period without stopping.

RESUMING NORMAL ACTIVITY

Give your body 6-8 weeks to start feeling more normal again. As you start to feel better, you'll feel like you want to get up and get moving.

You will receive a detailed post-op packet that reviews specific exercises and activity after

surgery. Follow the recommended daily step count and work hard to keep swelling down around your hip or knee. Going slow is the best way to recover to allow your skin and soft tissues to heal from the trauma of surgery. That's not something you can rush!

We recommend you avoid long walks, resistance exercise, yoga, Pilates, lifting weights, running, or jumping for up to 6 weeks following surgery.

MANAGING SWELLING

It is normal to have swelling around your hip, thigh, knee and down to your foot and ankle. You may experience bruising of the upper and lower leg down to the foot and ankle. Swelling will gradually increase, usually peaking between days 4 and 7, and then gradually decrease. However, swelling may persist for up to a year after surgery.

Cold Therapy

Cold therapy will reduce post-operative pain, swelling, inflammation and can lead to a quicker recovery after surgery so utilize it as much as you can. You may use ice or gel packs or a cold therapy unit.

Ice machines are typically pre-programmed to run 30 minutes on, then 30 minutes off. If it also provides compression, the level of compression is to your comfort.

Ice packs or gel packs should be used 20 minutes on, then 20 minutes off.

Elevate Your Leg

Elevating the operative leg in the first few weeks will help reduce swelling and minimize swelling down your leg. Elevate your foot as best you can. We do not want your leg in a dependent position where your foot is on the ground. This allows gravity to send excess fluid to your ankle and foot, which may be uncomfortable.

Compression

We highly recommend that ALL joint replacement patients wear compression socks with 20mmHg of compression to help reduce swelling at the knee and to the foot. You will receive 1 pair of thigh-high compression socks the day of surgery. The socks should be worn for at least 18 hours per day for 2 weeks. You can remove them to wash them, shower, or to give your legs a break.

Hip replacement patients should wear a compression garment (bike or running shorts, compression shorts, Spanx, or other tighter-fitting garment) to minimize swelling around your hip and thigh. These garments are helpful especially for the first 2 weeks and should be worn continuously. Bring your compression shorts with you on the day of surgery so you can put them on while in recovery. If the thigh-high compression socks are uncomfortable or cut into the skin at your surgical site near the hip, you may wear knee-high compression socks with 20mmHg of compression.

INCISION CARE

Keep your incision clean and dry. You may be instructed to leave your bandage in place until post-op day 14 after surgery. You may shower 2-3 days after surgery, covering the incision with plastic or saran wrap (Glad Press 'n Seal works the best). Use regular soap. Do NOT apply creams, ointments, or lotions to the incision until cleared by your surgeon or physician assistant (usually 3 weeks after surgery).

Avoid soaking your incision in a tub bath or participating in any water activities until the incision is completely healed, closed, and no longer draining. This typically occurs 3 to 4 weeks after surgery.

If you have any concerns about your incision, please notify our team.

DIET AND REST

Eat a healthy diet to promote healing. You may experience a decreased appetite after surgery. This is normal and should gradually resolve.

You may sleep on your back or on your side. You may prefer a pillow between your legs for comfort if you are on your side.

Trouble Sleeping

It is well known that having a joint replacement can disrupt sleep patterns – sometimes as long as 3 months!

Here are some tips for a good night's sleep:

- Get up at the same time most days.
- Exercise at the same time each day.
- Keep your bedroom cool & as dark as possible.
- Do not worry, think, plan, or worry about sleeping in bed.
- When awake and can't sleep, get out of bed, and engage in a relaxing activity such as reading, TV, puzzles, games, etc.
- Caffeine is OK in moderation but avoid within 6 hours of bedtime.
- Try melatonin, Tylenol PM, Advil PM, or Benadryl for a sleep aid. Contact your primary care physician if you feel you need a prescription for sleep.

Remember that acute insomnia is a normal response to surgery.

FEVER

Low-grade fever is common within the first 48-72 hours after surgery. This is a result of inflammation after surgery or shallow breathing that affects the lungs. Please report a persistent temperature of 101 degrees or higher.

BLOOD CLOT/DVT

Joint replacement surgery places you at HIGH risk for blood clotting for a month following the surgery. We recommend several preventive measures to minimize your risk for developing a blood clot or Deep Vein Thrombosis (DVT). We will review which blood thinner we recommend for you at your pre-op appointment.

As mentioned, you will also be sent home with elastic "anti-embolism" compression stockings. We recommend you wear the stockings for 2 weeks following surgery. You should also continue to perform "active ankle pumps" and mobilize several times a day to keep the blood circulating in your legs.

Should you develop signs or symptoms of a DVT (deep vein thrombosis or blood clot), call your doctor immediately or go to the nearest emergency room for evaluation. Symptoms to watch for include unusual pain or tenderness in one or both legs (calves particularly), warmth and/or redness or discoloration in the skin of the affected leg, swelling that is worse in the morning and does not improve with elevation, shortness of breath.

WHEN TO CALL THE SURGEON

After surgery, you may experience some worrisome or even alarming sensations, symptoms or have a concern that you aren't sure how to manage. We will provide you with a packet of detailed information on what to watch for, how to manage the things you experience after surgery and when to call your surgeon.

Who To Call with Your Questions

Dr. Loucks has a large team of support staff in the US and Canada, and each person covers a specific part of your surgical experience. We understand it can be tricky to know who to voice your questions to!

Mel should be your FIRST point of contact for most issues. She will pass your questions to the first available PA or to Dr. Loucks.

Cash Pay/Private & Concierge Patients Only – As a benefit of your concierge package, Dr. Loucks is available for questions you want to discuss directly with him via text or phone call.

Canadian Patients – Contact Dr. Loucks (text or phone call) or Angie (email).
Contact Laural in Calgary (email or phone call) for questions related to CSS Surgery Center.

365 Concierge Program – for questions about the Concierge Program or program benefits. Please direct any questions about surgery, prescriptions refills, therapy referrals or any other questions to Mel.

Contacts:

For US Patients:
Mel – 720-799-5690 or Mel.Ciotti@adventhealth.com
Jill – Jill.Currie@adventhealth.com
365 Surgical – kerry@365surgical.com or chelsea@365surgical.com

For Canadian Patients:
Mel – 720-799-5690 or Mel@OSInverness.com
Jill - Jill@OSInverness.com
Laural (Calgary/CSS Patients Only) – 403-220-2334 or Laural.mcdonald@clearpointhealth.ca

Pain Catheter Issues (total knee patients only) – contact the Ambit/OnQ Pain Catheter Nurse Hotline at 1-800-444-2728 for how to use, any leaking, pump not functioning, etc.

LIFE AFTER JOINT REPLACEMENT

Driving

You may resume driving when you have regained complete control of your leg (usually within 2-3 weeks after surgery) and are no longer taking narcotic pain medications. The decision to resume driving is up to you. Please do so safely. Consider if you had to hit the brakes HARD, would you be able to do it without pain? We are not responsible for determining if you are safe to drive after surgery. YOU are responsible for your safety as well as others.

Traveling

If you are traveling to Colorado to have your surgery with us, you may certainly fly home within a few days of your surgery. If you travel for work or have a vacation planned, we highly recommend you wait at least 4 weeks after surgery before you do so.

We HIGHLY recommend arranging a wheelchair to help you navigate the airports. Contact your airline to pre-arrange at each airport.

In the first week after surgery, when traveling by car or plane, you should attempt to change position, stand, or walk for 5-10 minutes every 1-2 hours. Active ankle pumps should also be performed if you are sitting for long periods of time.

Because your new artificial joint contains metal components, you will likely set off the security systems at airports. This is

normal and should not cause concern. You do not need a special medical card to clear airport security, just let them know you have an implant. Metal detector screenings follow universal protocols that allow people with joint replacements to proceed after confirmation that no threat exists.

Exercise and an Active Lifestyle

Exercise and an active lifestyle are important parts of health. Most patients can enjoy many activities and lead a full life. Low impact activities such as swimming, walking, hiking, biking, gardening, and golf are encouraged for hip and knee replacement patients. Artificial hips and knees have a bearing surface that will eventually wear out over time and ultimately require revision. Newer modern implants are extremely resilient, and we encourage our patients to return to as many of their recreational activities as possible. Our highly active patient population returns to golf, tennis, skiing, pickleball and many other sporting activities.

Dental Care

Following joint replacement surgery, it is important to notify your dentist that you have a new implant. It is essential that you obtain a prescription from your surgeon or your dentist for a prophylactic antibiotic to be taken one hour PRIOR to any dental cleaning or procedure for 1 year after surgery. We recommend you wait 2-3 months after your surgery before any dental procedure or cleaning. Be sure to remind your dentist of these requirements to reduce the risk of developing an infection in your joint.

Sexual Activity

Sex can safely be resumed approximately 2-4 weeks after surgery if there is no pain.

Return to Work

Depending on the type of activities you perform, it may be 1-3 weeks before you return to work but can be up to 10-12 weeks.

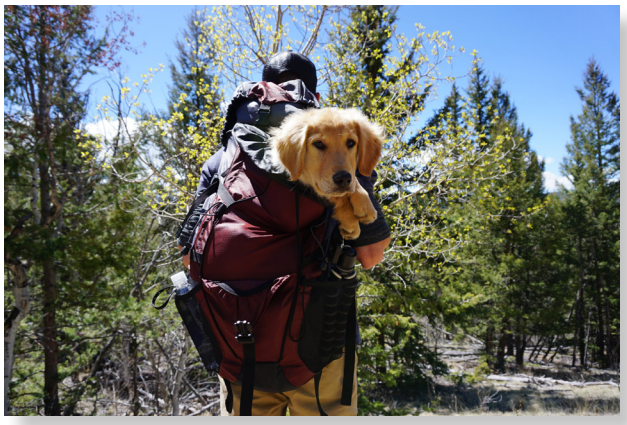
Pets

You may certainly have your pets near you during your recovery! Keep your bandage in place over your wound for 2 weeks. Avoid having your pet lay on your lap for 2 weeks as that might cause swelling or affect the integrity of your bandage. Avoid falling or tripping over a pet during your recovery. Consider having a friend or family member take care of your pet for a couple of weeks if you feel your animal puts you at risk. You may go for a short walk with your pet when you have regained enough strength and stability to avoid falling.

Reducing Risks of Infection in Your New Joint

To reduce your risk of infection, antibiotics may need to be administered prior to any invasive test, procedure, or surgery. The physician or surgeon performing the procedure should prescribe antibiotics if indicated. You do not need antibiotics with a colonoscopy or dermatology (skin) procedures. It is important to treat any active bacterial infection as soon as possible.

"2 Weeks later I was walking with no pain, no limp and no joint pain! This is absolutely amazing."
SS



FOLLOW-UP CARE

After surgery, we like to follow your progress throughout your recovery.

ALL Patients (Local and International/Out-of-Town): We recommend you remove your entire bandage on DAY 14 after surgery and send us two (2) pictures of your surgical wound. We will provide you with instructions on what to do. Also let us know how you are doing! How is it going with managing your pain, your activity level and overall recovery? Email us at Mel@osinverness.com with your pictures and progress.

Local Patients: Please call Mel at 720-799-5690 or email Mel@osinverness.com to schedule a follow-up appointment 6-8 weeks after joint replacement. We will get x-rays, examine your new joint, and monitor your progress.

Canadians having surgery in Denver: We will arrange for a 1-day follow-up visit with Dr. Loucks in our office. We will get x-rays of your new joint and provide you with further instructions on bandage removal and long-term follow-up. We ask that you stay in contact with Dr. Loucks over the next 6 weeks so he can follow your progress. Hips will need a 6-week x-ray and if these are done in Alberta, Dr. Loucks can access Netcare remotely and review these images with you. Knees do not require another x-ray.

Canadians having surgery in Calgary: Dr. Loucks will stay in close contact with you via phone or text to follow your progress. You will receive instructions for removing your bandage and we ask that you stay in contact with Dr. Loucks over the next 6 weeks so he can follow your progress. Our team will arrange for an x-ray to be taken at 6-weeks and if these are done in Alberta, Dr. Loucks can access Netcare remotely and review these images with you.

Exercise and Mobility

These exercises are vital in helping you return to your normal activities and are designed to help increase leg flexibility, strength, and function.

HIP EXERCISE

Hip Flexor Stretch – Standing

Hold the stretch for 30 seconds. Repeat 3 times per day.

Stand with one foot forward and bend the knee while your surgical leg is straight back behind you with a straight knee. Keep your feet parallel. Tilt your pelvis by tucking the tailbone under and flattening the low back. Lean your torso back as you push your pelvis forward.

This is not a lunge forward with your body but more of a pelvic tilt. You should feel the stretch at the front bend or crease of your surgical hip.

AVOID ROTATING YOUR BACK LEG OUTWARD!

Your feet should be parallel to each other, as in the picture.

(The arrow indicates which is the surgical leg.)

KNEE EXERCISES

Your knee flexion will improve slowly as the swelling goes down. Be patient…this can take months. In the first few weeks after surgery, try to maintain full extension (knee fully straight) and DO NOT bend past 90 degrees of flexion if you have a pain catheter in your thigh. The pain catheter blocks pain sensation, and we do not want you to flex past 90 degrees while the local anesthetic is blocking your pain. You could damage your knee and not recognize it.

Knee Bend Scoot

While in a seated position, slide your foot back to a bent knee position. Keep your foot planted on the ground and scoot your bum forward in the chair until a stretch is felt at the knee. Hold for 3 seconds.

Repeat 10 times once an hour while awake.

Knee Dangle

Sit on a higher chair so your feet are a few inches off the floor. Relax your leg muscles and allow your leg to hang for 1-5 minutes.

Do not add extra weight to your ankle.

Repeat 3 times per day.

Knee Straightening

Sit with your operative leg outstretched and your heel on the ground. Push the back of the knee toward the floor to straighten leg. Hold for 5 seconds.

Repeat 10 times once an hour while awake.

Heel Hang

Sit with good posture. Prop your heel onto something in front of you, as shown. There should be NOTHING behind your knee. Now, relax and allow gravity to help your knee straighten. Hold this position for 5 minutes total and perform three times a day (breakfast, lunch, and dinner). You will feel a stretch, which is sometimes uncomfortable, behind your knee. This is expected and means that the stretch is working!

Repeat 1 time. Hold 5 minutes. Perform 3 times per day.

MOBILITY: WALKING WITH AN ASSISTIVE DEVICE

Walker

Move your walker or crutches first, then your surgical leg, followed by your other leg, take equal step lengths.

Heel to Toe Gait: When walking with a walker, stand tall and look ahead (not at the floor), bend your hip to take a step, and, keeping your toes pointed straight ahead, set your heel on the floor first. Take equal step lengths.

For better balance, stay in the middle of your walker. Do not step beyond the front of your walker.

Use your walker until you are able to walk confidently without a limp. If you find yourself holding onto the wall or other objects while walking, you need to continue to use your walker.

Cane

You may transition to a cane when you are able to stand on your surgical leg without support. A cane is generally used to improve balance. It should not sustain a large portion of your body weight.

Cane height is usually about one half the user's height. If the cane is a proper fit, your elbow will be flexed 15-20 degrees when you hold the cane while standing.

For walking, hold the cane in the hand opposite the surgical leg. If your surgery was on your Right hip, hold the cane in your Left hand and vice versa.

Start walking! Move the cane forward at the same time as your surgical leg and put your weight on them together, allowing the cane to absorb more strain than the leg. Do not use the cane to step with your non-surgical leg. It will get easier with practice!

Stairs

"Up with the Good. Down with the Bad."

Stairs are OK to do at any time after surgery, even the same day! Go slow, one step at a time.

To walk upstairs with a cane, put one hand on the railing and the cane in the other hand. Step up with your "good" or non-surgical leg and then bring your surgical leg to the same step.

To walk downstairs, put your hand on the railing and cane in the other hand. Take the first step with the surgical "bad" leg and cane at the same time, then bring down your strong leg.

Implant Information

Every patient is different, however, if this is the first joint you have had replaced, more than likely, we will use an implant made by Medacta. Dr. Loucks trusts the products made by Medacta and has been using their hip and knee implants since 2008. If you have had your joint replaced previously and need it revised, your surgeon may choose to use components made by a different manufacturer.

Medacta International is the innovative maker of our Total Hip and Total Knee Implants. Their motto is "Quality in Motion" and their goal is to allow patients to regain a healthier and more active lifestyle. Medacta is one of the fastest growing orthopedic implant companies over the past 25 years. Medacta is based in Switzerland and is represented in 60 countries worldwide. For more information, visit www.medacta.com.

HIP REPLACEMENT INFORMATION

The AMIS or Anterior Minimally Invasive Surgical technique used by Dr. Loucks has many potential benefits including:

- No muscles or tendons cut.
- Significantly shortened rehabilitation and faster return to daily activities.
- Decreased post-operative pain.
- Less blood loss and smaller scars.
- Reduced risk of dislocation.
- Specialized operating room table allowing x-ray guidance via anterior approach.

The majority of our Total Hip Replacement patients will have implants made of titanium with a highly porous plasma spray coating. There are four components to the implant, all are available in varied sizes for an individualized, custom fit.

- The acetabular cup/shell is made of a titanium alloy with a highly porous plasma spray coating with an interior mirror finish. The outer coating of porous titanium helps to promote bony on-growth.
- The shell liner is high-cross crosslinked polyethylene.
- The head is ceramic, although occasionally metal will be used.
- The tapered wedge stem is made of a titanium alloy with a porous coating to stimulate bony on-growth, has great flexibility and is highly biocompatible.

KNEE REPLACEMENT INFORMATION

The majority of our Total Knee Replacement patients will have the Medacta GMK Sphere Implant.

The GMK Sphere is a cutting-edge, "ball-in-socket" medial-stabilized knee implant that is tailored to each individual patient. Based on knee anatomy and overall limb alignment, the CT images of your knee allow your surgeon to have a 3D model of your bone and a patient-specific cutting guide that he uses during your surgery.

- The metal implant is made of surgical stainless steel including a cobalt-chrome alloy.
- The plastic component is a machined ultra-high molecular weight polyethylene.

What is Kinematic Alignment (KA) in Knee Replacement?

In general, total knees are implanted using either Mechanical Axis (MA) alignment OR Kinematic Alignment (KA) Principles. Historically, most total knee replacements were implanted using the mechanical axis method. This method basically cuts every patient's knee at the same angle. In other words, the bone cuts around the knee are intended to effectively make every patient's knee/leg perfectly straight.

The trouble with this approach, is that we know from decades of research and doing knee replacements, along with the CT scan data of tens of thousands of knee patients, that most patients legs are NOT perfectly straight. Many patients are varus (bow-legged) for most of their life, while some are valgus (knock-knee). The soft-tissues, ligaments, and patella (kneecap) are used to functioning at these pre-existing positions and angles. If we ignore these angles (Mechanical Axis Alignment) and cut every patient perfectly straight, a certain percentage of these patients continue to have pain, swelling and trouble with their knee replacements despite our best efforts.

For these reasons, we have transitioned over the years towards Kinematically Aligned (KA) Total Knee Replacement. Dr. Stephen Howell, our friend and colleague, has been instrumental in teaching knee surgeons around the world the benefits of Kinematically Aligned Total Knee Replacement. Since 2015, we have been following these KA principles and have seen a tremendous benefit in our patients.

In Kinematic Alignment Total Knee Replacement, we insert the knee in the EXACT position that matches the position of the native knee BEFORE the patient developed arthritis. Effectively, we remove the exact same thickness of bone that matches the thickness of the new metal knee placing the new metal knee in the same position of the original knee. We use our pre-operative CT scan to assist with this planning, however, we have specialized instruments and measuring devices that allow us to do it in the event we cannot get a CT done before surgery. We literally measure each small cut of bone to the millimeter to ensure accurate reconstruction!

Location Information

SURGERY CENTERS

Castle Rock SurgiCenter
4700 Castleton Way, Suite 101
Castle Rock, CO 80109
Phone: 720-519-1418

Advent Health Castle Rock Hospital
2350 Meadows Boulevard
Castle Rock, CO 80109
Phone: 720-455-5000

Advent Health Outpatient Surgery Center at Castle Rock Hospital
2360 Meadows Boulevard, Schrader Building, Unit 100
Castle Rock, CO 80109
Phone: 720-455-8100

Smith Medical Direct Specialty Care
8515 W. Coal Mine Avenue, Suite 200
Littleton, CO 80123
Phone: 720-912-8289

Canadian Surgery Solutions
1402 8 Avenue NW, 300B
Calgary, AB, T2N 1B9
Canada
Phone: 403-220-2334

Hotel Information

Contact Mel to inquire about these and additional hotels with special pricing for our patients. Request the "hospital or medical" rate when making your reservation.

The Inverness Denver, Hilton Golf & Spa Resort

200 Inverness Drive West
Englewood, CO 80112
Phone: 303-799-5800

Denver Marriott South at Park Meadows

10345 Park Meadows Drive
Lone Tree, CO 80124
Phone: 303-925-0004

TownePlace Suites by Marriott Denver South/Lone Tree

10664 Cabela Drive
Lone Tree, CO 80124
Phone: 303-708-9664

Four Seasons Hotel Denver

1111 14th Street
Denver, CO 80202
Phone: 303-389-3000

Holiday Inn Express & Suites Denver South in Castle Rock

610 Genoa Way
Castle Rock, CO 80109
Phone: 303-688-0888

Fairfield Inn & Suites by Marriott

3605 South Wadsworth Blvd.
Lakewood, CO 80235
Phone: 720-782-3030

WoodSpring Suites Littleton

5260 S. Santa Fe Drive
Littleton, CO 80120
Phone: 720-823-5051

Contact Us

Craig Loucks MD FRCSC

HIP & KNEE SURGEON

Orthopedics & Spine at Inverness

MAIN OFFICE PHONE
303-699-7325

DIRECT PHONE
720-799-5690

DIRECT FAX
844-269-8575

ADDRESS
145 Inverness Drive East
Suite 220
Englewood, CO 80112

WEBSITE
www.CraigLoucksMD.com

Thank You

for choosing Dr. Loucks for your joint replacement. Our team looks forward to helping you reclaim the healthy and active lifestyle you desire!

Photos courtesy of Craig Loucks, MD, Pexels, Freepik, iStock, Medacta, Hep2Go

Created by Banyan Tree Health Solutions, LLC

Notes