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What you need to know about joint replacement surgery

Caregiver guide

Shane Lowry

Pro golfer and caregiver

Shane Lowry is a paid brand ambassador for Stryker.

Caregiver **testimonial**

"Watching my dad in pain because of his hip and knee was as hard as anything I've come across on the course. As a caregiver, you want to help, but it's not always clear where to start.

What I've learned is that asking the right questions, finding the right surgeon and simply being there along the way can make a big difference. And it wasn't until I took these steps with my dad that I realized how many Stryker technologies and surgery options are available.

You don't need to have all the answers. **Just being there to help them move forward with confidence can change everything.**"

- Shane Lowry

Shane Lowry is an Irish professional golfer who competes on both the PGA TOUR and European Tour, and a caregiver to his father, Brendan, a knee and hip replacement recipient.

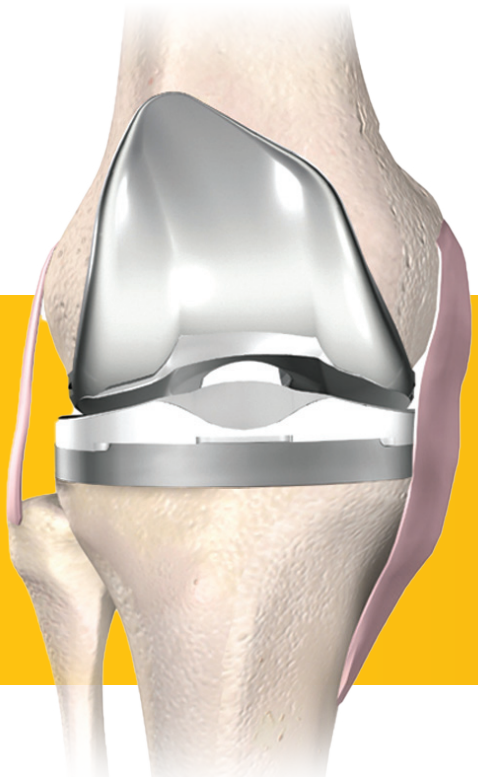
Helping them take **the next step**

So, your loved one has decided to speak to a surgeon about the pain they've been experiencing in their hip or knee. The surgeon may have spoken about joint replacement surgery — an option for adults suffering from osteoarthritis of the joint.

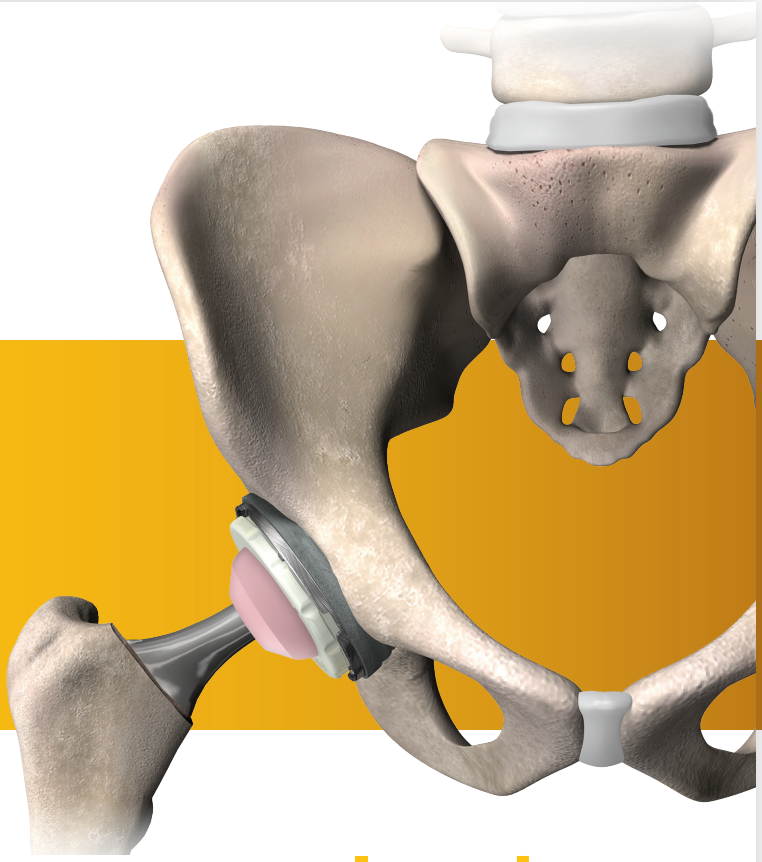
You're not quite sure what to expect from the surgical experience, but you do know that you don't want a one-size-fits-all solution to a problem that is very personal to someone you care about.

This educational guide is designed to help you understand more about how to prepare and what to expect before, during and after joint replacement surgery.

Every patient is different, and it's important to note this guide is not a replacement for medical advice. The patient should make sure to discuss the process and what may be right for them with a surgeon — and as their caregiver, help them take that first step and keep moving forward, together.



A **replaced** knee



A **replaced** hip

Questions to ask **a surgeon**

Having trouble knowing where to start? These starter questions will help you talk about joint pain with a surgeon. They may also help you, your loved one and their surgeon determine if joint replacement may be an option.

- What options are available to help relieve their joint pain?
- How much relief will non-surgical or surgical treatment options give them?
- Is joint replacement surgery covered by their insurance?
- What technology do you incorporate within your surgical practice?
- Will you be performing the surgery?
- How many joint replacements have you performed in your career?
- How much pain will they feel after surgery, and how is it managed?
- How long will they be in the hospital or ambulatory surgery center (ASC) following surgery?
- Will they have mobility restrictions? If so, for how long?
- Will they be able to return to their normal activities? If so, how long will it take?

Over 528 million people worldwide suffer from osteoarthritis.[1]

For more information, visit **MoveLivesTogether.com.**

Preparing your loved one **for surgery**

Preparing for a joint replacement begins weeks before the actual surgery. Share this checklist with your loved one and their surgeon, which outlines some tasks that the surgeon may ask them to complete in the weeks prior to your surgery.[2]

In the weeks prior

- ❑ Exercise under the surgeon's supervision
- ❑ Have a general physical examination
- ❑ Have a dental examination
- ❑ Review medications
- ❑ Stop smoking
- ❑ Lose weight

Diet and exercise

Closer to the surgery

- ❑ Arrange a preoperative visit
- ❑ Get laboratory tests
- ❑ Complete forms
- ❑ Prepare meals
- ❑ Confer with a physical therapist
- ❑ Plan for post-surgery rehabilitative care

Review medications

The night before

- ❑ Fast
- ❑ Bathe surgical area with antiseptic solution

Get laboratory tests

These tasks may vary from patient to patient. The patient should consult with and follow the specific advice given by their surgeon.

Did you know?

A **healthy diet can help patients heal** and **may reduce complications** associated with joint replacement surgery.[3]

Tips for you **as a caregiver**

Your loved one may need assistance after surgery, so consider making arrangements before their surgery date. It is important to determine prior to surgery how you can best help them when they return from the hospital or ambulatory surgery center (ASC). Below are some preparation tips for you and your loved one to discuss with their surgeon:[2]

1. Attend pre- and postoperative appointments so you can talk to the surgeon about how to best support them after surgery.
2. Ask what they can do to reduce unnecessary movement in the first few days following their return home. This may mean organizing the items they use on a daily basis within arm's reach.
3. Think safety first, and ask yourself whether you may need to remove floor rugs, cables or clutter that may cause them to slip and fall.
4. Ask if a walking aid, such as a cane or walker, is appropriate for use after surgery.

Always consult with a healthcare professional before engaging in activities and follow the specific guidance provided by the patient's healthcare team.

Did you know?

A **physical therapist** **may recommend exercises** such as:

- **'Pushing,'** or isometric exercises, to help build muscle strength
- **'Pulling,'** or isotonic exercises, to further increase muscle strength and help preserve function
- **Daily walking**

The day **of surgery**

Every hospital or ambulatory surgery center (ASC) has its own procedures, but as a caregiver, you can expect your loved one's day-of-surgery to follow a similar routine as other joint replacement procedures:

Before surgery

1. Arrive at the hospital or ambulatory surgery center (ASC) at the appointed time and complete the admission process.
2. Receive a final pre-surgery assessment of vital signs and general health.
3. Have a final meeting with an anesthesiologist and operating room nurse.

During surgery

4. Receive an intravenous (IV) catheter for administration of fluids and antibiotics.
5. Get transported to the operating room.
6. Receive joint replacement surgery.
7. Get transported to a recovery room.

After surgery

8. Vital signs may be monitored.
9. They may be transported to an individual hospital or ambulatory surgery center (ASC) room if stay is required.
10. Vital signs and surgical dressing may continue to be monitored.
11. For a knee replacement, a continuous passive motion machine may be used to continuously bend and straighten the knee.
12. The surgeon may offer pain medication to manage pain and help move around with less discomfort.
13. The patient may:
    - Require a diet of clear liquids or soft foods, as tolerated.
    - Receive an evaluation by a physical therapist.
    - Begin postoperative activities provided during the postoperative visit.

Recovering **from surgery**

Although the recovery process varies for each patient, here's what they might expect in the days following surgery:

1. The orthopaedic surgeon, nurses and physical therapist may closely monitor their condition and progress.
2. When medically stable, the physical therapist may recommend certain exercises for the affected joint.
3. To ease the discomfort the activity may initially cause, pain medication may be recommended by the surgeon prior to therapy. If prescribed by the surgeon, pain medication may gradually be reduced, the IV catheter may be removed, diet may progress to solids and they may become increasingly mobile.
4. The physical therapist may discuss plans for rehabilitation following hospital or ambulatory surgery center (ASC) discharge and may also go over exercises to help improve mobility.
5. Depending on their limitations, an occupational therapist may provide instruction on how to use certain devices that assist in performing daily activities, such as putting on socks, reaching for household items and bathing.
6. A case manager may discuss plans for their return home and may ensure that you have all the necessary help to support a successful recovery.

Tips for **postoperative care**

1. Contact the surgeon to report or discuss any postoperative concerns.
2. Understand how to properly care for the wound.
3. Know what unusual symptoms to look out for after surgery.

Frequently **asked questions**

Q. Is your loved one too old for a joint replacement?

A. While age is an important factor in health, age alone isn't usually a reason not to have joint replacement surgery. The surgeon will be more interested in their overall health and will consider a variety of things, such as blood test results, physical strength, bone density, diet and lifestyle to determine whether joint replacement is right for them.

Q. What kinds of tests will the patient need before surgery?

A. The surgeon will likely request a physical checkup, routine blood work and a urine test. If they're over 50, or have a heart or respiratory issue, they may also need an EKG and a chest X-ray. The surgeon will recommend tests based on their specific diagnosis and medical condition.[2]

Q. When will your loved one be discharged from the hospital or ambulatory surgery center (ASC)?

A. It depends on their specific situation, the recovery process and the surgeon's recommendation. If they are admitted to the hospital or ambulatory surgery center (ASC), they will most likely stay overnight and in some cases, longer.[4]

Q. After surgery, will the surgeon talk to me about how their surgery went?

A. Typically, the surgeon or one of the assisting surgeons will come out to the waiting area to talk with you as soon as they've been taken into the recovery room. If you miss seeing the surgeon, you should contact the surgeon's office. They may arrange a time to discuss the surgery with the consent of your loved one.

Did you **know?**

Knee replacement patients may be able to **return to driving** within a **few weeks**, as determined by their surgeon.[4,5]

73% of people living with osteoarthritis worldwide are **over 55 years old**.[6]

The risk of **arthritis increases with age,** and arthritis is **more common among women** than men.[7]

Arthritis limits the activities of approximately **23.7 million adults** in the U.S.[8]

Regular, sensible exercise may help arthritis. Arthritic joints sometimes **need a period of rest** followed by a gradual return to activity. It's important to maintain strength and range of motion in joints.[5] Always consult with a healthcare provider and follow their specific instructions.

Important information **about hip and knee replacement**

Hip joint replacement is intended for use in individuals with joint disease resulting from degenerative and rheumatoid arthritis, avascular necrosis, fracture of the neck of the femur or functional deformity of the hip.

Knee joint replacement is intended for use in individuals with joint disease resulting from degenerative, rheumatoid and post-traumatic arthritis, and for moderate deformity of the knee.

Joint replacement surgery is not appropriate for patients with certain types of infections, any mental or neuromuscular disorder which would create an unacceptable risk of prosthesis instability, prosthesis fixation failure or complications in postoperative care, compromised bone stock, skeletal immaturity, severe instability of the joint, or known or suspected sensitivity and/or allergy to any material in the device.

Like any surgery, joint replacement surgery has serious risks which include, but are not limited to, pain, infection, bone fracture, change in the treated leg length (hip), joint stiffness, hip joint fusion, amputation, peripheral neuropathies (nerve damage), circulatory compromise (including deep vein thrombosis (blood clots in the legs)), genitourinary disorders (including kidney failure), gastrointestinal disorders (including paralytic ileus (loss of intestinal digestive movement)), vascular disorders (including thrombus (blood clots), blood loss or changes in blood pressure or heart rhythm), bronchopulmonary disorders (including emboli, stroke or pneumonia), heart attack and death.

Implant-related risks which may lead to a revision of the implant include dislocation, loosening, fracture, nerve damage, heterotopic bone formation (abnormal bone growth in tissue), wear of the implant, metal and/or foreign body sensitivity, soft tissue imbalance, osteolysis (localized progressive bone loss), audible sounds during motion, reaction to particle debris and reaction to metal ions (ALTR). Hip and knee implants may not provide the same feel or performance characteristics experienced with a normal healthy joint.

The information presented is for educational purposes only. A patient should speak to their surgeon to decide if joint replacement surgery is appropriate for them. Individual results vary and not all patients will return to the same activity level. The lifetime of any joint replacement is limited and depends on several factors like patient weight and activity level. The patient's surgeon will counsel them about strategies to potentially prolong the lifetime of the device, including avoiding high-impact activities, such as running, as well as maintaining a healthy weight. It is important that the patient closely follow the surgeon's instructions regarding post-surgery activity, treatment and follow-up care.

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