

DR. MICHAEL LEIGHTON
PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.
PATIENT GUIDE TO HIP AND KNEE REPLACEMENT SURGERY

Your Surgery Information:

Please read through this packet carefully regarding your upcoming procedure with Dr. Leighton and any information concerning pre, during and post surgery. If there are any questions about your procedure or need clarification on information from this packet, please call or email Amanda and Alicia at the number and email listed below. Please be aware when we are seeing patients with Dr. Leighton our phones are being monitored by our clinical staff, please leave a message with our voicemail or clinical assistant and we will get back to you as soon as we are able. While we are in clinic, email is our best way of correspondence.

You may reach us by phone at 561-727-1318 or reach out by email at teamleighton@pboi.com for a quicker response.

Your surgery is scheduled for _____

Palm Beach Gardens Medical Center
3360 Burns Road
Palm Beach Gardens, 33410
Phone: (561) 622-1411

Jupiter Medical Center
1210 S Old Dixie Hwy
Jupiter, 33458
Phone: (561) 263-2234

Surgery Check-list

- For JMC patients: Call to schedule MANDATORY online education class.
- For JMC/ PBGMC MAKOPLASTY (KNEE) patients: Schedule your CT scan appointment with JMC or PBGMC **ONLY**. If you have MEDICARE WITH SECONDARY insurance, schedule your CT scan about 2 weeks prior to surgery. If you have a COMMERCIAL or MEDICARE ADVANTAGE plan please schedule your CT scan a few days prior to your surgery date to ensure we have received surgery authorization from your insurance. We would like your CT scan to be done the Friday before surgery AT THE LATEST.
- For PBGMC patients: Attend Preoperative Education class. This will be done (usually) the Friday before surgery at Palm Beach Gardens Medical Center. The hospital will call you to set this up. If you do not hear from the hospital, please call the hospital's number listed on the front page.
- For PBGMC patients with **COMMERCIAL** insurance, get a walker prior to surgery. If you need to purchase, you can get this from our DME department 561-694-7776, ext 1139 or at any medical supply store.
- Have a dental visit to ensure your mouth is free of gum disease, cavities or infection. (**OPTIONAL** but highly recommended). There is no specific time frame to get this done before surgery.
- See your primary care physician (PCP) and/or specialists 3-4 weeks before surgery for preoperative clearance. Orders will be given to you in office for what is needed. If your PCP cannot get you scheduled in an appropriate time frame or you do not have a PCP, you can get this done at an Urgent Care. **Clearance/ Lab work MUST be done within 30 days of surgery or they WILL need to be repeated.**
- Arrange for family or friends to be available following discharge for support at home.
- Stop Aspirin and any NSAID medications (such as Advil, Aleve, Ibuprofen, Naproxen, Celebrex, Motrin), seven days before surgery.
- Stop all supplements (such as Fish Oils, Garlic, Echinacea) or any kind of blood thinners (such as Coumadin, Eliquis, Xarelto) seven days before surgery. *If you take Aspirin or any blood thinners under a Doctor's supervision, please check with that Doctor about when to stop/resume.*
- Follow up by phone with your Primary Care Physician or Urgent Care to ensure clearance was faxed and obtained. If a specialist clearance (cardiac, etc) was requested by Dr. Leighton, hospital or primary care physician/ urgent care, make sure all tests have been completed at least ONE WEEK prior to surgery and sent to our office.

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Our Surgical Authorization department will get authorization for your surgery. They will call 24-48 hours before surgery with pricing and to collect for our physician surgery fees. A first assist is required for this procedure. Kelsey, Dr. Leighton's Physicians Assistant, will be in every surgery with the Doctor which will be an added fee.

Please be aware there are also the hospital and anesthesia fees (these are two separate bills!) that will be paid the day of surgery, you can reach out to the **hospital** in regard to these prices.

If you have medicare and a secondary, your procedure will be covered and you do not need to check on it.

If you would like to get an estimate for your surgery you can call your insurance company with the following diagnosis and surgery code. Please remember the amount could change by the time of surgery, it is an estimation, we will not know the true amount until it's approved.

Diagnosis code:

- M16.11 Osteoarthritis, right hip
- M16.12 Osteoarthritis, left hip
- M17.11 Osteoarthritis, right knee
- M17.12 Osteoarthritis, left knee
- M19.011 Osteoarthritis, right shoulder
- M19.012 Osteoarthritis, left shoulder
- M87.851 Avascular Necrosis, right hip or knee
- M87.852 Avascular Necrosis, left hip or knee
- M87.021 Avascular Necrosis, right shoulder
- M87.022 Avascular Necrosis, left shoulder
- Other: _____

CPT code:

- 27446 Partial Knee Makoplasty
- 27130 Total Hip Arthroplasty
- 27447 Total Knee Arthroplasty
- 23472 Total Shoulder Arthroplasty
- Other: _____

WHAT IS JOINT REPLACEMENT?

Joint replacement surgery removes the worn-out cartilage and underlying bone and replaces the area with implants that provide a new wear-resistant surface. The vast majority of individuals who have joint replacement surgery experience a dramatic reduction in joint pain and a significant improvement in their ability to participate in daily activities and low impact sports.

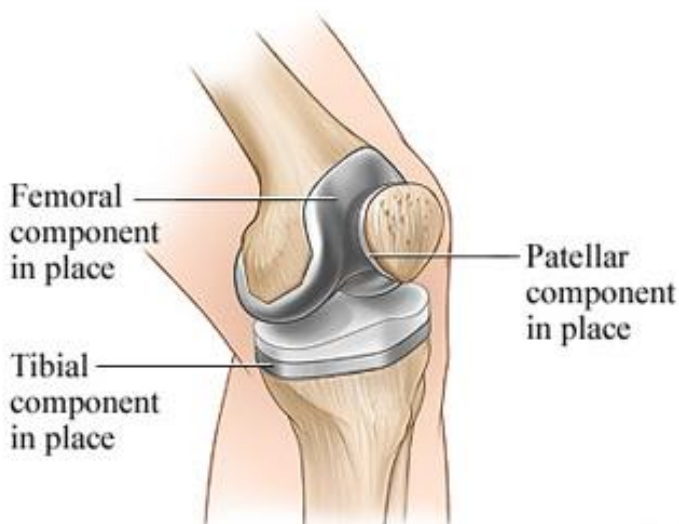
TOTAL HIP REPLACEMENT

Hip replacement involves replacing the head of the thigh bone (femoral head) and the hip socket (acetabulum) with implants that resemble your existing anatomy. A femoral stem is secured inside the upper end of the thigh bone. Depending on bone quality, the metal stem (made of metal alloy) will be inserted without cement using a rough surface that promotes bone attachment. When osteoporotic or weak bone is encountered, a cemented implant might be used. The femoral head is connected to the top of this stem and is made out of Ceramic. The outer shell of the hip socket is made from porous ingrowth metal and is often secured provisionally with screws, allowing bone to grow to the shell. The inner lining of the socket is made out of highly cross linked polyethylene, an advanced medical grade plastic that can last many decades



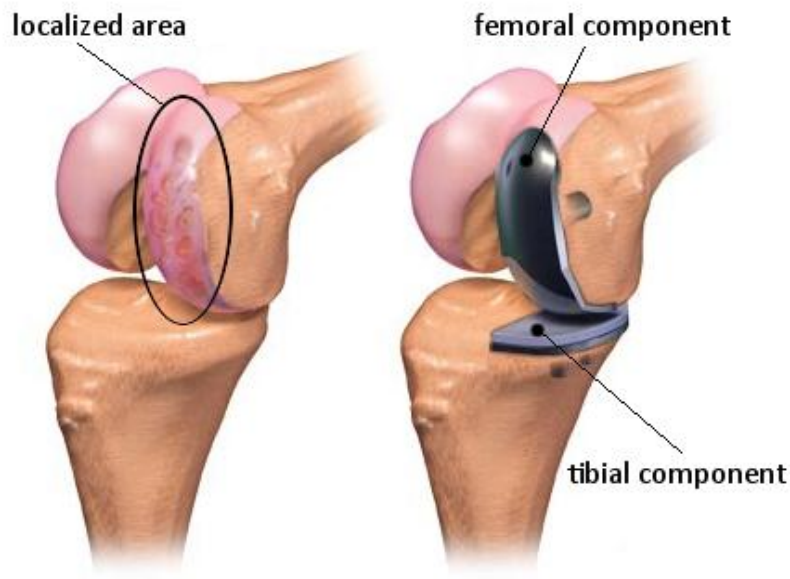
TOTAL KNEE REPLACEMENT (MAKOPLASTY)

In a total knee replacement, all 3 worn out compartments of the knee are replaced with implants that resemble the shape and contours of a normal knee. The femoral component is made of Cobalt Chrome metal and has a curved shape that fits on the end of the thigh bone. The tibial component is made of titanium metal with a medical grade polyethylene plastic that locks into the metal plate. The polyethylene serves as the "cushion" or cartilage space between the metal femoral implant and the tibial base. The underside of the knee cap is resurfaced with polyethylene that articulates with the femoral implant. The components are most often press fit (with ingrowth) to the bone, or in some cases, inserted with cement, especially if bone quality is poor. Dr. Leighton uses a robotic assisted Mako technique. This surgery is performed with robotic and computer assistance through a minimally invasive incision after a pre-op CAT scan is done for planning. Patients will need to have a CT scan prior to surgery (refer to page 7).



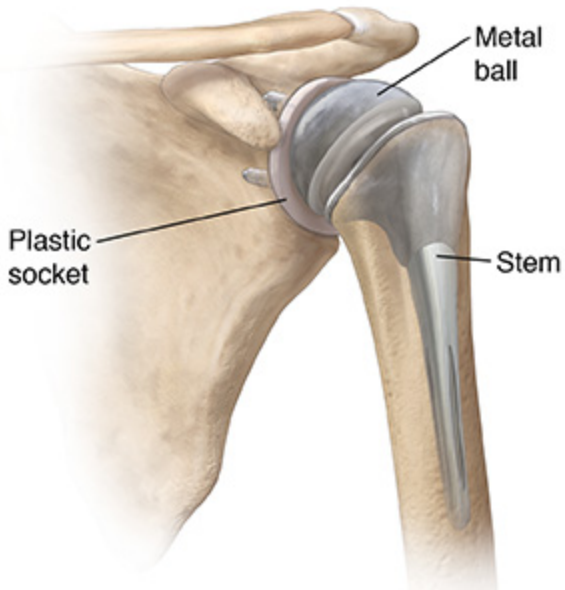
PARTIAL KNEE REPLACEMENT (UNICOMPARTMENTAL JOINT REPLACEMENT/ MEDIAL MAKOPLASTY)

Unicompartmental/ Medial Makoplasty is a partial knee resurfacing for patients who suffer with localized pain and arthritis that affects one area of the knee joint. Only one of the three compartments of the knee is replaced with a combination of metal and plastic. The femoral component is made of metal and has a curved shape that matches the natural contour of the knee. The tibial component has a metal base that is secured to the bone and a polyethylene plastic insert that acts as the cushion. Both femoral and tibial components are attached using cement. This surgery is performed with robotic and computer assistance through a minimally invasive incision after a pre-op CAT scan is done for planning. Patients will need to have a CT scan prior to surgery (refer to page 7).



In rare cases, a resurfacing of the patellofemoral joint can be done; success with isolated lateral compartment arthritis is not as predictable.

TOTAL SHOULDER REPLACEMENT



A Total Shoulder Replacement involves replacing the head of the arm bone (humeral head) and the shoulder socket (glenoid.) A humeral stem, made of titanium, is inserted and secured inside the upper end of the arm bone. The humeral head is connected to the top of this stem and is made out of metal alloy. The glenoid is made of a highly crosslinked polyethylene compound.

BEFORE SURGERY

Pre-Op Testing and Physical Exam

All patients will have routine blood work, urinalysis, EKG and chest x-ray performed about **3-4 weeks before surgery**. You must have all pre op testing completed and results sent to the hospital by the time of your Total Joint Replacement class. If you are **having a robotic total knee replacement, a CT scan is required at least one week prior to the procedure.** A physical examination will be done by your medical doctor within 1 month of surgery. It is the patient's responsibility to make sure all preoperative clearance results are received. Also keep in mind, if your PCP is requiring a cardiac or any other specialist clearance it is the patient's responsibility to schedule that appointment. If a referral is needed, you can obtain this from your PCP.

Preoperative clearance results can take 7-10 days to be received and faxed to our office. We recommend that you schedule your preoperative clearance appointment 3-4 weeks prior to your surgery to make sure there are no issues.

Pre-Op Joint Replacement Class

Most hospitals offer a pre-operative class in which you and your family members will receive instructions for each phase of your surgical experience. You will meet team members from nursing, physical therapy, anesthesia, and case management.

Palm Beach Gardens Medical Center will call you to schedule this preoperative appointment. They do these the Friday before surgery. This is **MANDATORY**. You may call Palm Beach Gardens Medical Center if you have any questions in regard to this appointment.

Jupiter Medical Center, please call (561) 263-3633 or email alisyn.kantor@jupitermed.com to schedule your **MANDATORY** online Total Joint Education class. Jupiter Medical Center will also call you with questions from the anesthesiologist and additional information in regard to pre-admit.

CT Scan (MAKOPLASTY PATIENTS ONLY)

All patients undergoing a Makoplasty (medial or total knee) will need to get a CT scan of the knee prior to surgery. This will be done at Jupiter Medical Center or Palm Beach Gardens Medical Center **ONLY** and an order will be sent over to the facility when the surgery is booked with the hospital. This imaging will help to determine the size of the implant used for surgery and create a map of the knee. This is the patient's responsibility to schedule. If you have Medicare with a Secondary plan, please schedule your CT scan as soon as you can. If you have a Commercial plan or you have a Medicare Advantage plan, please schedule your CT scan for a few days before your surgery date to ensure we have received approval from your insurance.

Please keep in mind, some insurance companies require the surgery to be approved before they approve the CT scan. There is a chance your imaging appointment will need to be rescheduled if surgical authorization is not yet approved. In this case, we will need the CT scan completed at least 24 hours from the surgery

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Dental Care

It is important to see a dentist on a regular basis to maintain proper dental hygiene. This is especially important if you are preparing to have a knee or hip replacement since your mouth could be a source of infection. If it has been over 1 year since your last dental visit, it is highly recommended that you see a dentist prior to surgery and, if necessary, have a dental clearance letter sent to Dr. Leighton's office. Dental procedures such as extractions and periodontal work should be completed before joint replacement to reduce the potential of infection.

Exercises (On Your Own)

Exercising (such as stationary bike, swimming, walking in the pool, or any type of physical activity) is highly encouraged. Your recovery will be faster and easier if you invest the time and energy before surgery. Formal physical therapy is not necessary. If you feel you need to have pre-surgery physical therapy, please call to discuss with us.

Blood Donation

Patients do not donate their own blood. Research has shown that this is not beneficial and does not reduce the need for additional blood transfusion. If necessary (less than 1%), the patient will receive blood from the hospital blood bank. Hospitals follow universal guidelines in screening blood and blood products to assure the patient's safety as much as possible in this situation, but it is rarely, if ever, needed.

Medications

Continue taking your routine medications unless your medical doctor makes adjustments. At least 7-10 days before surgery, stop taking Aspirin and NSAIDs (Advil, Ibuprofen, Aleve, Naproxen, Mobic, Diclofenac) since these medications will affect bleeding. In addition, stop taking Fish Oil and Vitamin E at least **1 week** before surgery.

Phentermine **7 days**. Vitamins and Supplements **10 days**. Ashwagandha **14 days**.

Stop taking Coumadin or Plavix at least **5 days** before surgery. Patients taking Coumadin, may require Lovenox (or another med) for the **5 days** before surgery, and should consult their medical doctor or cardiologist during their preoperative visit.

Hold the following medications prior to the day of surgery: SGLT2 inhibitors (Invokana, Farxiga, Jardiance) **3 days**. SGLT2 inhibitor Streglatro **4 days**.

GLP-1 agonists **with daily dosing that need to be held on the day of surgery**: Victoza (Liraglutide), Rybelsus (semaglutide), Saxenda (Liraglutide), Byetta (Exenatide IR), Adlyxin (Lixisenatide)

GLP-1 agonists **with weekly dosing that need to be held for 7 days**: Trulicity (dulaglutide), Ozempic (semaglutide), Wegovy, Bydureon (Exenatide ER).

It's OK to continue taking Tylenol since it's not an NSAID and won't affect bleeding.

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For Palm Beach Gardens Medical Center, bring your list of medications and doses to the pre-operative appointment with the hospital, that will be scheduled by the hospital before surgery. For Jupiter Medical Center, they will call to schedule a phone interview to go over your medications and medical history.

You will be told which medications to take the morning of surgery. You should take these medications with the least amount of water necessary. Be prepared to tell the admitting nurse the medication and dose that you may have taken on the morning of surgery. Bring your eyedrops and inhalers to the hospital.

FMLA or Short Term Disability Paperwork

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please be aware if this form is required to be completed by an employer there is a \$25 service charge (for EACH form) that will be added to your account. This can be paid at the time of pick up at our front desk or over the phone if the form needs to be faxed. You may call our billing department at 561-694-7776, option 6 to do so.

Additionally, due to office hours, assisting patients, surgery days and depending on office location it may take 5-7 business days to complete the forms and send them out/ have them ready for pickup at a specific office. When giving us the forms, please let us know how you would like to go about receiving them.

Night Before Surgery

You should not eat or drink after midnight on the day of your surgery. You should take only the medications as instructed during your pre-operative hospital visit on the morning of surgery.

In addition, you will be given a bottle of Chlorhexidine antiseptic soap from the hospital during your pre-op visit and interview with anesthesia (You may also find this soap at any Walgreen or CVS). You **MUST** take a shower with this soap the night before **AND** the morning of surgery to reduce your risk of infection. Apply the soap to your entire body from the neck down (do not put the soap on your face or in your hair).

Items to Bring to the Hospital

All patients should bring with them personal toiletries and shaving gear, loose fitting, comfortable clothing, non-skid shoes or slippers (slip on type with closed back preferred), a list of their current medications (including dosages), and any paperwork the hospital may have requested. Please be advised that the hospital provides gowns, slipper socks, and a small toiletries supply.

When to Arrive at the Hospital for Surgery

Patients are generally instructed to arrive at the hospital 2 hours prior to the scheduled surgery time. This allows time for you to go through the admission process, change into hospital clothing, and meet the anesthesiologist and nursing personnel who will be with you during your surgery and will be able to answer your questions. The hospital will contact you 1 or 2 days before surgery to provide the exact time and location to arrive.

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Family Members

Family members may stay with patients until the patient is taken to the operating room. A family member will often be able to see the patient in the recovery room about 1 to 2 hours after surgery. If desired, a family member can spend the night in the patient's hospital room. Both hospitals have private patient rooms. Covid has changed this policy, stay tuned for updates.

DAY OF SURGERY

Type of Anesthesia

Most cases are performed under spinal anesthesia with sedation. Special circumstances or personal preference may indicate the use of general anesthesia. You will be meeting with the anesthesiologist on the day of surgery and at that time any questions or concerns regarding anesthesia will be addressed. For knee replacements, anesthesia will perform an adductor canal block that substantially reduces post-op pain for 8-12 hours!

Length of Surgery

Surgery times may vary depending upon the difficulty of your case. Generally, you may spend 1 to 1.5 hours in surgery and about 1 to 2 hours in the recovery room.

Meeting with Family Members

Dr. Leighton will meet or call and discuss the procedure with your family members immediately after the surgery. If for any reason your family members are unable to stay, Dr. Leighton would be happy to contact them by phone to discuss the surgery.

HOSPITAL STAY

Pain Control

Dr. Leighton uses a multi-modal pain prevention regimen. You will be given medications before surgery, which include Tylenol in the IV and Celebrex (unless contraindicated). These medications when taken before surgery, reduce your body's pain response and will decrease the amount of pain felt after surgery.

During surgery, Dr. Leighton injects the joint and tissue around your incision with a combination of anti-inflammatory, numbing, and pain medication. This dramatically reduces the amount of immediate post-operative pain. Dr. Leighton's patients are no longer requiring PCA pain pumps after surgery since there is such a reduction in post-op pain using this protocol. If you do experience pain, you can ask for pain medications by mouth when needed.

Physical Therapy

You will receive physical therapy the same day of surgery. You will be getting out of bed and attending physical therapy sessions twice per day beginning on the first postoperative day. The physical therapists will teach you the exercises needed for your optimal recuperation and instruct you on weight bearing technique using a walker. (continued on the next page).

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You will also be instructed on activities such as bathing, dressing, using the bathroom, transfers from bed to chair, ambulation, and stair climbing. Instructions for traveling by various modes of transportation will also be discussed.

CPM Machine for Total and Partial Knee Replacement

The use of CPM machines after surgery is discouraged by the Joint Commission for Hospital Accreditation. Dr. Leighton has followed these recommendations, and has limited the use of CPM machines, since research has not proven a benefit for most patients.

Your knee range of motion will be evaluated by the Physical therapist, and if you have more than 80 degrees of bend on the 1st day after surgery, a CPM machine is NOT required.

Seeing your Doctor while in the Hospital

Dr. Leighton and/or Kelsey Hagan, PA-C will see you on a daily basis to discuss your progress and address any questions. The case manager will also meet with you (and family members if necessary) in order to assure the proper discharge plan for your particular case.

Length of Hospital Stay

For total knee or hip replacement surgery, most patients stay in the hospital for 1 night, unless there is a medical reason to stay a 2nd night. If surgery is scheduled for Tuesday, you should expect to be discharged on Wednesday or Thursday. If you are undergoing a partial knee replacement, you will be discharged the next day.

Discharge to Home vs. Rehab Facility

Discharge to home is preferred. Home physical therapy and nursing will be arranged prior to your discharge to home. A physical therapist and nurse will come to your house to provide strengthening, range of motion, and walking exercises. Patients will often receive 1 to 3 weeks of home therapy then transition to outpatient physical therapy. The home care team will contact Dr. Leighton if there are any concerns during your recovery. Once you are able to drive, you are better off going to outpatient PT. Dr. Leighton and Kelsey can assist you in choosing the location for your outpatient physical therapy.

It is required to have someone assist you at home for the first 48 to 72 hours (AT LEAST) after discharge on a full-time basis, and perhaps part-time the first week or two after this.

If you live alone, you may consider placement in a rehabilitation center. Patients stay in these facilities for approximately 5 to 10 days, with an emphasis on returning the patient home in a short period of time. The choices available depend upon the patient's insurance coverage and, therefore, will need to be discussed by the patient, family members, and the case manager at the hospital. **IF INTERESTED (AND YOU DO NOT HAVE MEDICARE) YOU WILL NEED TO CALL YOUR INSURANCE TO MAKE SURE REHAB IS COVERED. IF YOU HAVE A MEDICARE ADVANTAGE PLAN, YOU WILL STILL NEED TO CALL AS THIS IS EVEN MORE STRICT.**

AFTER DISCHARGE AND RECOVERY

Pain Mediation

Expect to be on a prescription narcotic pain medication for 1-4 weeks after discharge. Most patients take these medications on a regular basis for the first couple weeks. It is highly encouraged to take pain medication before physical therapy sessions. Pain control is very important to your recovery and ability to fully participate in physical therapy. Anti-inflammatories may be used postoperatively as well to minimize narcotic use.

Blood Clot Prevention - Anticoagulation

You **MUST** continue taking a blood thinner (most often Regular Strength Aspirin 325 mg) twice per day for **30 days** after your discharge, to prevent blood clots and pulmonary embolism. If you were already taking a blood thinner before surgery (Plavix, Xarelto, Coumadin, etc) you will be given instructions at discharge regarding the appropriate blood thinner and dosage.

Aspirin 325 mg is available as Enteric coated for those with sensitive stomachs. Please tell Dr. Leighton if you have a history of previous blood clot or pulmonary embolism or if there is a family history of blood clots, since this may change the type of blood thinner given after surgery.

Physical Therapy

Physical therapy will continue for 6 to 8 weeks after you've been discharged from the hospital. If you are at home, a therapist will visit you 2-3 times per week for the initial 1-3 weeks. Your therapist will work with you to improve motion, strength, and ambulation. At the first follow-up visit, you will discuss the timing and location of outpatient physical therapy with Dr. Leighton. If you are staying at a rehab center, you will discuss the timing of your discharge to home, and make arrangements for home physical therapy.

Walker, Crutches and Cane

A walker is normally used for the first 1 to 3 weeks after surgery. You and your physical therapist will determine when you're ready to start using a cane, based upon your motion, strength, and balance. Patients then use the cane for the next several weeks based upon recommendations by the physical therapist as well as your comfort.

** For PALM BEACH GARDENS MEDICAL CENTER patients: Non Medicare patients (commercial insurance) will need to purchase a walker in our office prior to their surgery. You can reach our Durable Medical Equipment department at 561-727-1139 to obtain or you can buy a walker from any medical supply store. You can use a friend or family's walker, if available.

Showering and Bathing

You can get your incision wet after 48 hrs! It is OK to get in the shower, but do not RUB your incision. Let water run over it and pat it dry. No soaking or submerging incision in tub/pool until staples are removed. Dr. Leighton will confirm at your first post appointment.

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Bandage

Your bandage will be changed at the hospital. This should be removed 2-3 days after initial dressing change and kept open to air. If there is any drainage, the bandage should continue to be changed daily. Otherwise, no dressing is necessary. Do not put anything on the incision until seen by Dr. Leighton.

TED Hose – Compression Stockings

TED (Thrombo Embolic Deterrent) Hose are compression stockings that reduce the amount of lower extremity swelling that normally occurs frequently after joint replacement surgery. Dr. Leighton recommends that you wear a thigh high TED hose for at least 2 weeks after surgery. Try knee high stockings as an alternative.

The stockings should be worn during the daytime and taken off at night. It is important to put on the TED hose when you awake, before starting the day, since this is when edema most often occurs. You can stop wearing the stockings once the swelling has resolved and you no longer have edema with standing and walking.

Ice Management and Swelling

The use of ice or a cryo-cuff/ice management system is extremely important for healing, pain control, and helping to reduce swelling. Elevation of the leg is also important to reduce swelling.

Patients will be provided a cryo-cuff knee or hip wrap system in the hospital. This device belongs to the patient and should be taken to rehab or home. To prevent frostbite and skin sensitivity, an empty pillow case or washcloth can be applied over the knee, before placing the cryo wrap. The system should be used during times of rest and after physical therapy for 4 to 6 weeks after surgery.

Climbing Stairs

Stair climbing will be practiced in the physical therapy program before you leave the hospital or rehab. You are allowed to climb stairs at home, and this can be done one or two times per day after discharge.

Going Outside and Making Local Trips

To reduce the chance for infection, falls, and excessive swelling, Dr. Leighton recommends that you stay at home for the first 3-7 days after discharge from the hospital. Comfort and safety should be the primary guidelines for going outside your house. It is suggested to start with short trips as the passenger, perhaps to physical therapy or your local supermarket, stylist or church if nearby. Gradually increase the number and length of outside activities as you feel more comfortable.

Driving

The type of surgery, side of surgery (right vs. left leg), and your overall general condition must be taken into account when deciding to drive. Other important considerations are whether you have stopped taking your narcotic pain medication during the daytime and if you can walk with ease either with or without cane. For surgeries on the right side, most patients are able to drive 4 weeks after surgery, sooner for the left side.

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Return to Work

Returning to work varies with each patient, the type of surgery, and the particular job duties. The amount of time can vary between 2 to 8 weeks, and is most dependent on the level of activity expected of the patient. Dr. Leighton will discuss the details about your return to work and will provide out of work and return to work notes when required. Please refer back to page 9 for information about any return to work forms that need to be completed, if required by your employer.

Return to Sports

Initially patients return to low impact, less strenuous activities such as walking, stationary cycling, and swimming within 4 to 6 weeks. As your physical therapy progresses and your strength and balance return, patients gradually return to hiking, doubles tennis, cycling, and golf at 2 to 3 months. High impact activities such as running, racquetball, and basketball should be avoided, but can be discussed on an individual basis with Dr. Leighton. Many patients ski, play racquetball, pickleball and participate in other vigorous activities after joint replacement, within 2-3 months.

First Office Visit After Surgery

Your first post-op office visit with Dr. Leighton and Kelsey Hagan, PA-C will be about 9 days after surgery. X-rays will be taken in the office. Your incision will be checked, staples removed, as well as a check of your range of motion and your ability to walk. Additional visits will be made for 3-4 weeks, and 6 months to one year after surgery.

TAKING CARE OF YOUR JOINT REPLACEMENT

Dental Visits

Good dental hygiene is important and you should see your dentist for regular dental care, whether or not you are having a dental problem. Dental procedures as well as procedures involving your gastro-intestinal tract or genito-urinary area can result in the circulation of bacteria within your bloodstream. Antibiotic prophylaxis prior to these procedures is an important part of your continued care after a total joint replacement. The following antibiotics are recommended and can be obtained through our office or by your dentist or surgeon:

- Keflex 2 grams by mouth one hour prior to the procedure (prescribed as 500mg tablets). Alternatively, amoxicillin 500mg 4 pills one hour prior to the procedure.
- If you have a true Penicillin allergy: Clindamycin 600 mg by mouth one hour prior to the procedure

The AAOS official position statement is to **continue prophylactic antibiotics until 6 mos post-op UNLESS the patient is immunocompromised**. We are happy to discuss this with you at your post-op visit.

Routine Orthopaedic Follow-Up

Routine follow-up with Dr. Leighton at 1 , 2 and 5 years post-op and is important to ensure that your joint replacement continues to function properly. X-rays will be taken to monitor the parts for any wear or loosening. If you experience a new onset of pain or swelling in the joint please make an appointment as soon as possible to see Dr. Leighton.