



## TOTAL JOINT PATIENT INFORMATION

Thomas K. Comfort, MD

You have elected to have a total joint replacement. Here are a few of the things we would like you to understand as you proceed into surgery.

A: Although joint replacement surgery is generally a low risk procedure, surgical risks include but are not limited to:

1. Infection
2. Blood loss requiring a blood transfusion
3. Blood clot (DVT)
4. Anesthesia risks (this will be covered by your anesthesia provider at your surgical facility)
5. Neurovascular injury with permanent numbness, tingling, weakness, or loss of function
6. Death
7. Leg length discrepancy after total hip replacement

B: Due to the post operative risk of a blood clot (DVT), typically you will be started on a blood thinner (Lovenox injections) after surgery during your hospital stay. You will start Xarelto (oral blood thinner) the day after discharge from the hospital. Duration will be 14 days for total knee replacements and 30 days for total hip replacements. Patient's on Coumadin prior to surgery will resume Coumadin post operatively and will be managed by their primary care provider.

C: After your surgery, we recommend you do **not** have any dental visits/cleanings for 3 months. Also, due to the artificial joint, you will need to take a prophylactic antibiotic within 1 hour **BEFORE** any future dental visits or other surgical procedures to minimize your risk of an infected total joint for the **first 18 months post operative**.

D: Physical therapy is very important during the post operative period and will begin usually the day after surgery while you are still in the hospital. Therapy will continue as an outpatient at the location of your choice 2-3 times a week for a month to maximize your range of motion, function, and strength. If you are able, we recommend you do joint strengthening exercises shown in your pre-operative literature as this will aid in your post operative recovery

**E. You will need to stop all Aspirin and NSAIDs products (ibuprofen, Advil, Aleve, etc.) 7 days prior to your surgical procedure to minimize intra-operative bleeding. If you are taking Plavix please inform us as this also will need to be stopped prior to surgery.**

F. Surgery may need to be canceled if you have an active infection (cold or flu) or open wounds (animal scratches/bites/trauma) prior to your surgical date. Please inform us as soon as possible if you have any symptoms so we may plan accordingly by calling Molly A., Dr. Comfort's clinical assistant at 651-351-2653. Protect your surgical site prior to surgery to avoid abrasion/animal scratches/bites or trauma.

G: Your hospital stay will usually be for 2-3 days. Most patients will be discharged to home when the following 3 criteria are met: 1.) your pain is well-controlled, 2.) you have met your physical therapy goals, and 3.) you are medically stable in the hospital. Although most joint replacement patients go home after hospitalization; please consider your post operative care needs before your surgical date and whether you may need a rehabilitation facility. Patients may elect to transfer to a rehabilitation center or transitional care unit (TCU) after 3 days of hospitalization if additional cares are needed. For patients being transferred to rehabilitation/transitional care centers, arrangements will be discussed **after surgery** as we will request the discharge planning team at the hospital to discuss discharge needs, insurance coverages, and rehabilitation/TCU locations.

H: You will need a pre-operative history and physical exam by your primary care provider 30 days prior to your surgical date. It is your responsibility to contact your primary care provider and schedule this appointment so we have authorization to proceed with your surgery. Also, if you are under the care of a specialist physician (cardiologist/ pulmonologist) for medical conditions that include heart valves, cardiac arrhythmia, COPD, stents, Plavix/coumadin or previous heart attacks, then you may also need medical clearance from them prior to your surgical date.

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