What is the best way to prepare for a rapid recovery?

Proper preparation and a great attitude are the best ways to accomplish a more rapid recovery from joint replacement. With the help of a physical therapist or trainer, get yourself as physically fit before surgery as you can. Proper nutrition, weight loss (if overweight), and an optimal medical condition can help avoid complications. See your physician prior to surgery to ensure your blood pressure, heart, and lungs are in good shape. See a surgeon who specializes in joint surgery and go to a hospital that has a dedicated joint unit to provide you excellent care. Be prepared to continue with your exercise program after surgery.

Will I need blood and can I donate my own blood?

Most patients do not require blood after surgery. It is possible that you may require blood, however. If you so desire, you can donate your own blood, use the blood bank, or have your relatives donate blood for you.

Where will I go after discharge from the hospital?

Most patients are able to go directly home after discharge. Your surgeon and hospital staff will help you decide where to go after you are discharged and can make the appropriate arrangements.

Will I have any restrictions following this surgery?

Yes, you will be restricted from performing high-impact activities such as running, singles tennis, and basketball. You will also be restricted from performing contact sports and downhill skiing. Hip patients will additionally be restricted from crossing their legs or bending their hips more than 90° for at least three months after surgery.

How long until I can walk and resume my normal activities?

Walking with support (cane, crutches, or walker) typically begins the day after surgery. Walking support may be continued for two to six weeks. The hospital can arrange for these devices as needed. If you have a walker, cane or crutches that you regularly use, please bring them to the hospital.

Most patients can climb stairs after three days and be discharged to home at that time. With less invasive surgical techniques, some patients can climb stairs sooner and be discharged to home after one or two days. Dancing, golfing, and other low-impact activities may be permissible between six to twelve weeks. Returning to your daily activities will depend somewhat on your individual circumstances. Consult with your surgeon or therapist for advice on acceptable activities.

How long will it be until I can drive a car?

The ability to drive depends on several factors, such as which leg had surgery and what type of transmission you have. If your left leg is your surgical leg and you have an automatic transmission, you could be driving as soon as two weeks after surgery. If your right leg is the surgical leg, or if you have a manual transmission, your driving could be restricted for as long as six weeks. You should not drive until cleared by your surgeon or therapist.

When will I be able to return to work?

Returning to work depends on your type of work. Office workers often return in two to three weeks, while patients with more strenuous jobs may require more time away from work. The timing of your return to work depends considerably upon your commitment to recovery.

Will I need help at home after surgery?

If you go directly home from the hospital you will probably need assistance with stairs, meal preparation, house cleaning, etc., the first week or so, depending upon your progress.

Will I need physical therapy when I go home?

Yes, if transportation is available, you may go to an outpatient facility two to three times per week. If transportation is unavailable, your surgeon’s office or hospital staff can arrange for a physical therapist to provide the initial physical therapy. The length of time required for therapy varies with each patient, typically two to eight weeks, depending upon progress.

What if I live alone?

Two options are available to you if you live alone. You may stay at a sub-acute facility following your hospital stay or you may go directly home. If you go home, you will need someone to be with you for at least a week.

How often will I need to be seen by my surgeon following minimally invasive joint replacement?

Your first office visit after surgery may occur two to three weeks after discharge. You will most likely be seen for further follow up as required by your orthopedic surgeon. You may need to see your orthopedic surgeon for a check-up every one to two years.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your orthopedic surgeon.

What physical and recreational activities may I participate in after my recovery?

You are encouraged to participate in low-impact activities such as dancing, golfing, hiking, swimming, and gardening as your surgeon allows. Ask your surgeon about other acceptable activities.
It is important to remember that surgeons still use the clinically proven implants that they feel will best treat your specific condition.

Minimally invasive hip replacement removes the articular ball of the upper thigh bone as well as the damaged cartilage from the hip socket. The articular ball is replaced with a metal ball that is solidly fixed to a metal stem inside the femur. The socket is replaced with a plastic or metal liner that is usually fixed inside a metal shell. The implants are designed to create a new, smoothly functioning joint that prevents painful bone-on-bone contact.

Rapid Recovery minimally invasive hip replacement may be performed through a shorter incision, up to half to one-third the length of a typical hip replacement incision. Surgeons can perform surgery through a short incision because they use instruments specifically designed to move around soft tissue.

What is the Biomet® Rapid Recovery Program?

The Biomet® Rapid Recovery Program is designed to help patients recover from joint replacement surgery as quickly as possible. The Rapid Recovery Program provides you with a combination of proven minimally invasive techniques, preparative and postoperative nutrition and exercise, and tips and hints to help you prepare for your surgery. To help avoid these complications, surgeons may prescribe antibiotics and blood thinners before and after surgery. Although implant surgery is extremely successful in most cases, some patients may experience pain and stiffness. Be sure to discuss these and other risks with your surgeon.

Am I too old for joint replacement surgery?

Age is not generally a problem if you are in reasonably good health and have the desire to continue living a productive, active life. However, you should see your personal physician for an opinion about your general health and readiness for surgery.

When should I have joint replacement surgery?

Your surgeon will decide if you are a candidate for the Biomet® Rapid Recovery Program. The decision will be based on your history, exam, and x-rays. You must then decide if your discomfort, stiffness, and overall loss of quality of life justify undergoing surgery. Generally, there is no harm in waiting to have surgery if conservative, nonsurgical methods can adequately control your discomfort.

How long and where will my incision be?

Traditional total knee replacements require an incision between six and eight inches long. Minimally invasive total knee replacement is designed to shorten the traditional incision, lessen trauma to soft tissues, and reduce recovery time. The scar will be on the side of your knee, unless you have previous scars, in which case your surgeon may use an existing scar. It is common for patients to notice some numbness around their scar.

Traditional total hip replacements require an incision between six and eight inches long. Minimally invasive total hip replacement is designed to shorten the traditional incision, lessen trauma to soft tissues, and reduce recovery time. The scar will be straight down the side of your hip, unless you have previous scars, in which case your surgeon may use an existing scar. It is common for patients to notice some numbness around their scar.

Will I notice anything different about my new knee or hip?

Yes, you may have some numbness on the outside of the scar. The area around the scar may feel warm. In knee patients, kneeing may be uncomfortable for a year or more. You may also notice some clicking when you move your hip or knee as a result of the artificial surfaces coming together.