PATIENT GUIDE TO
ARTIFICIAL JOINT REPLACEMENT
Dr. Tarek Abuzakuk did his basic medical training from Tripoli Medical School, Libya in 1990. He completed his Fellowship of Royal College of Surgeons, Dublin in 1995. He further obtained a Diploma in Sports Medicine from the Royal College of Surgeons (Ireland) in 1999.

In 2001, he completed his Fellowship in Trauma and Orthopedics from the Royal College of Surgeons “FRCS (Tr&Orth)”. He completed a hip and knee joint replacement fellowship at the Royal National Orthopedic Hospital in Stanmore UK. At Stanmore he was also involved in the cartilage transplant surgery (ACI&MACI). He acquired his Certificate of Completion of Training (CCT) in 2006.

Prior to joining us, Dr. Abuzakuk worked since 2007 as a Consultant Trauma and Orthopedic Surgeon with special interest in Joints Replacement; revisions and Sports Medicine injuries as well as Trauma at Derby Hospitals NHS Foundation Trust, Royal Derby Hospital, Derby, UK.

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Medical information for joint replacement patients

A normal knee consists of two bone ends protected by cartilage, and enclosed in a joint capsule filled with viscous synovial fluid for lubrication, thus ensuring smooth, painless movement.

As bone begins to erode, the physiological changes that occur in and around the knee joint causes severe pain.

Cartilage, unlike other tissue cells, is not replaced once damaged, leading to coarse, tender movement in cases such as arthritis. Without this layer of protection from cartilage, bone surface begins to erode, ultimately resulting in joint distortion.

Reasons for having a Joint Replacement Surgery

The most common reason for joint replacement is excessive pain, which remains unresponsive to conservative treatment methods, such as medication and physiotherapy.

This severe pain will affect the individuals mobility and the quality of life. Knee replacement can improve this by providing:

- Strong limbs
- Improved joint movement and general mobility
- Self dependence
- Return to natural leg shape
- Reduced or disappeared pain
**Artificial Joints**

Artificial joints are made of metal with smooth surfaces. A plastic disc is placed between these metal surfaces to reduce friction. During surgery the metal implants are attached to the femur and tibia with a bone cement (a grout like substance which secures the metal to the bone).

In more complex knee cases, stem and wedges will be used.

**Pre-operative process**

- Your consultant will check your health in the clinic, a knee X-RAY will be done for you.
- You will be referred to a medical doctor to review your medical status.
- You will be referred to Anesthesia to choose the suitable type of anesthesia and to explain all issues regarding anesthesia.
- Depending on your medical status, you might need to stay overnight in the critical care area for further observation.
- The Clinic Nurse will explain all admission details, such as admission time, surgery time, and approval of your insurance.
- You will be admitted to the Joint Replacement unit located on the 5th floor, the nurse will explain the surgery preparation for you, and perform the required tests.
- You will need to fast for 6-8 hours prior to surgery.

**Day of Surgery**

- The nurse will help you to have a shower with special solution before surgery.
- You have to remove all cloths, jewelry, eye contact lenses, dentures prior to surgery. You will be provided with a special gown.
- The nurse will give you premedication if it is prescribed by your Anesthetist.
Operating Room

- The Nurse will send you to the operation room with an assistant.
- In the operating room waiting area, the nurse will double check your identification and site of surgery.
- You will be transferred to theatre and the Anesthetist will start the Anesthesia.
- A urinary catheter will be inserted in theatre, to check your urine output.
- Surgery time will be between 2-4 hours for bilateral knees, and 1-2 hours for a single knee replacement.
- After surgery you will be transferred to the recovery room until you have fully recovered from Anesthesia.
- Once you have recovered, you will be transferred to your room or critical care unit.

Post-operative Care Day of Surgery

- The Nurse will give you the intravenous fluids and check your vital signs regularly (blood pressure, respiration rate, pulse rate, temperature), at night you will be connected to the blood pressure monitor, and the nurse will keep checking on your status.
- You will have a device for draining the blood from the knee/s, the nurse will return this blood back to you through Intravenous access (if necessary).
- The nurse will give you pain medication regularly, and when needed.
- You will have a compression dressing on your knee/s, and a cooling device.
- Try to move your foot as much as you can while you are in bed.
- You may start to eat and drink as tolerated.
- Incentive Spirometer will be used post operatively to encourage you to take slow deep breaths and encourage healing, you will need to use it 3-5 times hourly to reduce risk of chest infection.
First Day After Surgery

- Compression dressing will be removed, and the drain/s will be removed.
- The nurse will give you ice bags to place over the knee (try to keep ice always on your knees while you’re in bed).
- X-ray for the knee will be done.
- You have to sit on the chair between 2-3 hours daily.
- Physiotherapist will train you to do some exercises and help you in mobilizing; you will start walking with the high walker then proceed to low frame, and crutches.
- Your Surgeon will visit you daily.
- The dressing will be changed when needed.
- Some patients may need blood transfusion after surgery.

Day 2 until discharge

- You will continue daily physiotherapy.
- You will be evaluated by the medical doctor for any health problems.

Medication for Knee Replacement patients

- Antibiotic for 24-48 hours
- Injection to prevent blood-clotting
- Painkillers
- Non-Steroidal Anti-inflammatory drugs
- Stomach protection tablet
General Instruction for the patients

- Start physiotherapy as soon as possible (walking will reduce pain by strengthening the muscles).
- Don’t put pillows or blankets under the knee, this will affect knee extension.
- Use assistance devices when mobilizing as instructed by the physiotherapist.
- Swelling and bruises are expected after surgery.
- Try to reduce number of visitors (2 persons at a time) this will lead to faster recovery, and reduce the chance of infection.
- Expected length of stay is between 4 to 7 days for unilateral total knee replacement and 7 to 10 days for bilateral total knee replacement.

Surgery Complications

Complications of joint surgery are similar to those resulting from any other surgery. These include:

- Bleeding
- Clotting
- Infections (special procedures are performed to minimize possibility of infection)
- Lower Limb Stiffness
- Pain for at least 6 weeks after surgery, which should improve gradually
POST–OPERATIVE DISCHARGE AND INSTRUCTIONS

**Diet**
Please follow your regular diet or pre-hospital diet. Drink plenty of fluids and eat food high in fiber and protein and low in fat. Avoid any alcoholic beverage and smoking during this period. For further information regarding dietary advice please contact our Dietary Clinic on +971 4 377 6606.

**Activities**
You are going home as a well person, so be as active as possible and tolerable. Walk with your walker or cane as instructed by your Physiotherapist. Continue using your walker or cane until your appointed follow-up visit. Avoid using low chairs and walking on slippery surfaces. Avoid twisting your knee(s). During daytime, get up every hour and take a brief walk.

**Exercises**
Perform your exercise routine as instructed by the Physiotherapist. Gradually increase the repetitions of your exercises. You may place an ice bag on your knee(s) for 5-10 minutes after exercising. You should walk daily, each time increasing your walking distance as your strength improved. In the event of any concern please contact our Physiotherapy Services on +971 4 377 6830.

**Medications**
Take an anticoagulant medicine (if prescribed by your Physician) daily to prevent blood clots. You may need to take laxative or stool softener if you experience constipation. Please take your pain medication as directed and prescribed by your Physician and take this medication with food. You will find that you will require less pain medication as your pain level improves.
Incision care
You may have staples or steri-strips (tapes) on your knee incision(s). They will be covered with an opsite dressing (see through). You may take a shower, but keep your incision site dry. If you have staples (not yet removed at the time of your discharge) they will be removed at your follow-up appointment with your Physician. You will be provided with extra opsite dressings on discharge. Change your dressing if and when required but remember to wash your hands thoroughly before changing your dressing. Wear your elastic stocking for 4 weeks and you may remove them for approximately 1 hour when showering/ sponge bathing.

Follow-up clinic visit
A follow-up appointment will be arranged prior to discharge. Please make sure as to inquire about this appointment date and time prior to leaving the Hospital.

Reasons to contact the clinic
• Increased redness, swelling or drainage at your incision site.
• Temperature consistently greater than 37.5°C.
• Increased pain or unrelieved pain.
• Calf (pain in leg) or chest pain.

Sunday to Thursday - 8 AM to 5 PM
+971 4 377 6816 or +971 4 377 6575

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