

DR CAFFERKY'S TOTAL KNEE EDUCATION AND PREOPERATIVE GUIDE



Meet the Team



Nathan Cafferky, MD, FAAOS

*Board Certified and Fellowship Trained Adult Reconstruction and Trauma Orthopaedic Surgeon. Dr. Cafferky specializes in hip, knee, total joint replacement/revisions, fracture care and trauma.

Daniel Wood, MMSc, PA-C

*Team Cafferky Physician Assistant

Christopher Cail, MMSc, PA-C

*Team Cafferky Physician Assistant

Rebecca Lohrenz, MS, ATC, OTC, Surgery Scheduler

*Team Cafferky clinical/surgical assistant and surgery scheduler. Becca will be your primary contact for surgery scheduling needs. She can be reached at 970-477-7425

Roxy Maslikowski, MS, ATC, OTC, SA

*Team Cafferky clinical/surgical assistant

Contact Information

Questions? Please reach out to Team Cafferky at:

- 970-668-3633

Billing:

- VSON Billing Department
Phone: 866-358-0202

Anesthesia Groups:

- Anesthesia Partners of Colorado
Phone: 970-315-3858

Cardiology Groups:

- Vail Health Cardiology Center, Dr. Greenberg, Dr, Prager,
Phone: [970-476-1110](tel:970-476-1110),
- Summit Cardiology, Dr. Lemis, Dr. Nelson, Dr. Svinarich
Phone: [970-668-9772](tel:970-668-9772)
- Buena Vista Cardiology, Dr. Wool, Dr. Gibson, Dr. Brown
Phone: [719-530-2000](tel:719-530-2000)

Facilities

- Vail Valley Surgery Center, 322 Beard Creek Rd, Edwards, CO 81632
Phone: 970-476-8872
- Vail Health, 180 S Frontage Rd W, Vail, CO 81657
Phone: 970-476-2451

Translation Services

- Vail Valley Interpreting,
Phone: 970-376-8385
Email: office@vailvalleyinterpreters.com
- Interpreting Pros: Laura Chavez
Phone: 970-470-0151
Email: lchavez@interpretingpros.com

Helpful Websites

Nathan Cafferky www.nathancafferky.com

Vail Summit Orthopaedics and Neurosurgery www.vsortho.com

Peri-operative Education www.thereadypatient.com

American Academy of orthopedic surgeons www.aaos.org

Arthritis Foundation www.arthritis.org

Vail Health Medical Center www.vailhealth.org

Vail Valley Surgery Center Edwards www.vailvalleysurgerycenter.com

Zimmer Biomet www.zimmerbiomet.com

Depuy Synthes www.depuysynthes.com

Total Knee Arthroplasty

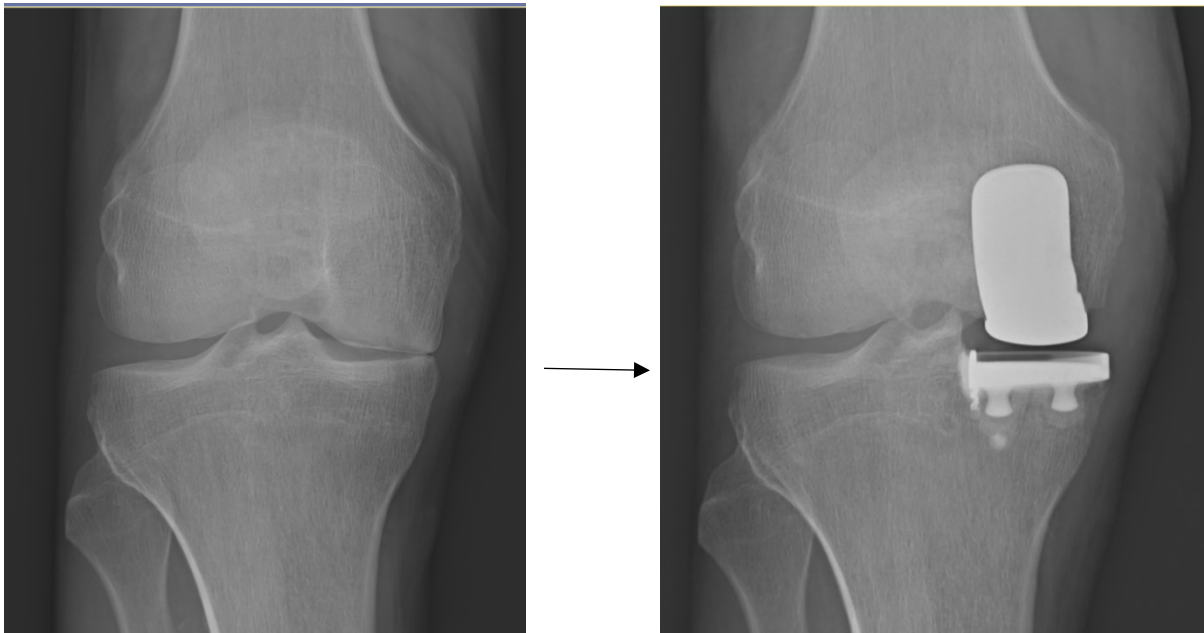


A lifetime of active living can cause the knee joint to breakdown, resulting in chronic pain, stiffness, and swelling. When these symptoms begin to impact your everyday life, a total knee replacement removes the damaged bones, tissue, and cartilage and replaces them with implants. This is accomplished by:

1. Replacing the damaged surface of the thighbone with a metal implant that fits into the resurfaced curve of the bone.
2. Resurfacing the shinbone and replacing the damaged bone with an implant that mimics cartilage, allowing the knee to glide smoothly through its movements.

Total knee replacements are usually an outpatient surgery. Our goal is to get you home the same day! If not, we hope to have you home in 23 hours or less. Any stay over 23 hours is considered inpatient and is at the surgeon and hospital staff's discretion based on the clinical circumstances. Since a total knee replacement is usually an outpatient procedure, most of your rehabilitation will likely occur at home.

Partial Knee Replacement



A partial knee consists of

1. Replacing the damaged surface of the thighbone with a metal implant that fits into the resurfaced curve of the bone. This is done only on the side that has arthritic changes.
2. Resurfacing the shinbone and replacing the damaged bone with an implant that mimics cartilage, allowing the knee to glide smoothly through its movements. This also occurs only on the side that is damaged.

Partial knees are also primarily outpatient surgeries, and our goal is to get you home as soon as possible.

Dr. Cafferky will determine if you are a partial or total knee replacement candidate, based on your history, physical examination, and imaging findings.

Partial and Total Knee Replacement Recovery

Your recovery from a knee replacement begins immediately. Dr. Cafferky and his team encourage patients to start moving right after surgery. When you leave the hospital, you should generally be able to ambulate using a mobility aid - such as a walker or crutches.

Some significant milestones for the total knee replacement recovery timeline include:

1. **Walking:** On average, patients use assistive walking devices for around two weeks after surgery. There is usually a transition between aids, like from crutches to a walker to a cane. Patients should generally be walking completely unassisted six weeks after their total knee replacement.
2. **Driving:** Your return to driving depends on the knee replaced. If replacing the left knee, you can usually start driving two to three weeks after surgery. However, a right knee replacement generally increases that timeline to three to six weeks.
3. **Returning to Work:** Patients with more sedentary desk jobs can usually return to work two to four weeks after their total knee replacements. With more physically demanding jobs, patients should plan on taking at least six weeks off.
4. **Returning to Physical Activity:** The final phase of a total knee replacement is getting up back to your active lifestyle. Patients typically return to exercises and physical activities, such as biking and hiking, eight to twelve weeks after their total knee replacement.

Remember that every knee is different. Several factors can influence the above milestones, like your health and activity level before surgery. Recovery is hard work, but we are here to help you every step of the way!

Surgery Schedule

Within the following pages of this packet, you will find a detailed timeline, including what to do from scheduling your surgery to your post operative care.

Your surgery is scheduled on

_____ at

Vail Valley Surgery Center

322 Beard Creek Rd, Edwards, CO 81632

Vail Health

180 S Frontage Rd W Vail, CO 81657

Dillon Surgery Center

365 Dillon Ridge Rd Dillon, CO 81658

Becca from Team Cafferky will reach out to you **the afternoon prior to your procedure for your arrival time for surgery**

Your **2 week** post operative appointment is on

Date: _____

Time: _____

Location: _____

Preoperative Checklist

Initial Steps

- You will work with Becca to pick a surgical date and location. We operate at the Vail Hospital, the Dillon Surgery Center and the Vail Valley Surgery Center in Edwards.
- Make an appointment with your primary care provider and any other specialist we recommend. This appointment should be **at least 1 week prior to your preop appointment with our team.**
 - You will need to see
 - PCP: _____
 - _____
 - Cardiology: _____
 - _____
 - Other: _____
 - _____

****If we do not have your clearance paperwork before your preop appointment your surgery will be postponed****

- Surgery Authorization department will work with your insurance as well as your primary care physician to ensure that you are cleared for surgery.
- Please ensure our office has your clearance paperwork at least **48 hours** prior to your presurgical appointment with Dr. Cafferky's office

1 month before surgery

- Attend your appointment with your primary care provider.
- Complete any required lab work within 30 days of surgery.

2 weeks before surgery

- Attend your appointment with Daniel Wood, PA-C or Chris Cail PA-C.
 - Any questions you have will be answered at this appointment
 - You will be given skin wash as well as instructions on how to use it
 - Planning x-rays will be taken if needed
- Speak with our insurance authorization department regarding your surgical benefits and prior authorization for your procedure.

7-10 days before surgery

- Stop taking anti-inflammatory medications and supplements.
- Plan for a ride to and from the hospital and for any family or friends to be available to assist you at the time of surgery. Plan transportation, meals, child and pet care, and household tasks that may require outside assistance.
- In the days before surgery, you will also receive a call from the hospital or surgery center to review your medical history and prepare you for your procedure.

3 days before surgery

- Start your skin cleaning routine.
- Get Your Home Ready for your Return**
 - Arrange for family and friends to help.
 - Clean your house and complete projects that need to be done, if possible.
 - Prepare and freeze some meals or purchase some easy to prepare packaged meals.
 - Remove any loose rugs that may cause slipping or tripping.
 - Plan to keep your pets away from you while walking. They can trip you and cause a fall.
 - Make sure carpet corners are fastened down securely to prevent tripping.
 - Have skid resistant strips on stairs or in bathtubs if needed.
 - Install well anchored handrails in stairwells.
 - Rearrange furniture to give more room and clear paths.
 - Put a purse or a bike basket on your walker to carry supplies like your water bottle, cell phone or snacks. This will keep your hands free to use the walker properly.
 - Night light for bathroom trips.
 - Keep items you need within close reach.

Day before surgery:

- Becca will call you in the afternoon to tell you what time your surgery is scheduled and what time to arrive at the hospital or surgery center. She will give you last minute instructions to get ready for surgery and will answer any questions you have.
- Pack a bag with any clothing or comfort items that you may want to have with you before or after your surgery.
- Confirm your ride to and from the hospital.
- Do NOT have any food past midnight the night before.
- You may have water and Gatorade only up to 2 hours before arrival.
- Have your walker or crutches ready to bring to the hospital or surgery center.
- Get a good night's sleep and we will see you in the morning!

EATING AND DRINKING

- The evening prior to surgery, eat a well-balanced diet and avoid alcohol and fatty foods. Stop all solid foods 10 hours prior to scheduled surgery.
- Clear liquids (water and Gatorade) are encouraged up until 2 hours prior to your scheduled check in. No protein or fat in the liquid.
- Day of Surgery:
 - Clear liquids ONLY ten hours prior to surgery.
 - Two (2) hours prior to check in, drink one 10 ounce Gatorade.
 - Coffee with milk is NOT a clear liquid. Juices with pulp are NOT clear liquids. Broth and stock are NOT considered clear liquids.

Morning of Surgery

- You will drink a 10oz Gatorade 2 hours prior to your check in time. You will also take 2 Tylenol at this time.
- You may have water and Gatorade only up until 2 hours before check in.
- Please shower in the morning and use the preoperative soap one last time. Put on clean clothes after. Do NOT shave the area.
- Please arrive at the hospital or surgery center on time.
- Your check in time will be a few hours before the scheduled start of your surgery time. This will give all the different staff members involved with your surgery time to meet you and complete their pre-operative tasks.

- You will see Dr. Cafferky who will review the surgical plan with you.
- You will see preoperative nurses who will start an IV, review your medications and medical history.
- You will meet your anesthesiologist and review your plan for anesthesia.
- In some cases, you will also have regional blocks placed by anesthesia to help with pain after surgery.
- You will meet your OR nurse who will take you back to the operating room for surgery. Becca will be waiting in the operating room to prep and position you for surgery.
- After surgery you will be transferred to the recovery room. Depending on the surgery, you may be discharged to go home or you may be admitted to the hospital as noted above.

Please bring the following with you to the hospital:

- Family member/Friend to help-you may have one visitor.
- Crutches or a walker
- Insurance card and ID
- Eyeglasses, dentures, and hearing aids.
- Personal toiletries if you prefer them.
- A pair of walking shoes or sneakers with non-skid soles.
- A list of home medications, including dosage, and how often you take medication. Do not bring in your own medication bottles, by hospital policy and for safety reasons, you may not take your own medication while in the hospital. All medication will be dispensed by the hospital pharmacy.
- Wear loose fitting clothes or a sweat suit.
- Health Care Proxy forms if you have them.
- Do not bring anything valuable!
- Do not shave the area of the surgery. If this is necessary, the doctor will take care of it. Shaving with a razor could increase the risk of infection.
- Remove all jewelry and nail polish if possible.
- It's okay to brush your teeth the morning of surgery (please keep up oral hygiene).

MEDICATION OUTLINE PRIOR TO SURGERY

- 2-3 P.M. **THE DAY PRIOR TO SURGERY**: Take two (2) extra strength Acetaminophen (1000 mg total) with 8 ounces of water.
- Bedtime: Take two (2) extra strength Acetaminophen (1000 mg total) with 8 ounces of water.
- Two (2) hours prior to check in **THE MORNING OF SURGERY** take two (2) extra strength Acetaminophen (1000 mg total) with sip of water.

*****Do NOT take any other Tylenol products! Examples are NO Oxycodone, Norco, Percocet, Vicodin, Actifed, Excedrin, Mucinex etc. Please check all labels before taking any other medications.**

*****Do NOT take if you have a Tylenol allergy.**

*****Do NOT take if you have pre-existing liver disease.**

Take meds as instructed on the morning of surgery with a very small sip of water, instructions on what to bring to the hospital.

Medical Clearances Before Surgery

Once the decision for surgery is made, you will need to plan for your upcoming procedure. This includes obtaining medical clearance for surgery.

- **Primary Care Physician Clearance:** You will need to have a visit with your primary care doctor to evaluate your medical history and make sure you are healthy enough to proceed with surgery. Your doctor will review your medical history, perform a physical examination, and review the preadmission tests that are ordered. This testing will include lab work, an EKG, and often a chest x-ray. Becca will fax an order to your primary care physician so they know what tests to perform.
- **Specialist Clearance:** Depending on your medical history you may also be required to see a specialist for additional pre-operative clearances. Some common specialist preoperative clearances include:

Cardiology clearance

Hematology clearance

Pulmonology clearance

- Depending on your health history and the type of surgery, you may be required to have a consult with the anesthesia team. If this is required, the anesthesia team will reach out to you.

Optimize your health!

- Attend your preop physical therapy or exercise on your own. The stronger you are going into surgery, the stronger you will be coming out.
- Maintain a healthy weight, eat healthy, well balanced meals. NO crash dieting!
- Reduce or stop smoking! Smoking increases risk of blood clots and stroke, slows healing, and increases your chance of infection.

COVID-19 testing

The Vail Health Hospital and Vail Valley Surgery Center do not require a COVID-19 test at this point. However, we do ask that you inform us if you are experiencing any COVID-19 symptoms or if you have been in direct contact with someone that has tested positive for COVID-19.

ERAS (Enhanced Recovery After Anesthesia) Recommendations

We have provided some specific recommendations for eating, drinking, and taking Tylenol before surgery to help aid in the recovery process immediately after surgery. Please carefully review this information and plan to follow these instructions before surgery.

Types of anesthesia:

Spinal: This type of anesthesia involves placement of medication into the spinal fluid and creates a dense block from the waist down. Patients cannot feel or move their legs. The numbness usually lasts about 3-4 hours before it begins to dissipate. This anesthetic is placed by the anesthesia team in the pre-operative area. This is our preferred type of anesthesia.

General: This type of anesthesia is when a patient is completely asleep. Placement of a breathing tube is required.

Single shot nerve blocks: Single shot blocks are used to help numb your leg during and after surgery. We typically do an adductor canal block and an IPACK block. These blocks can cause numbness for up to 16 hours and are used to help with pain control.

Nerve block catheters: These are similar to single shot nerve blocks except they are given through a catheter that is connected to a pump. The pump continuously provides numbing medication to the nerve to help with pain relief. These last for up to 3 days. You will still require narcotic medications if you have a catheter but should have significantly less pain.

You will meet your anesthesia team before your surgery in the pre-operative area. They will review the type of anesthesia you will receive and discuss the specific risks and benefits of the anesthesia medications you will receive.

Postoperative Care

After your surgery you will need to plan to return to the office for routine follow up appointments to ensure that you are healing appropriately. You will also need follow up x-rays to ensure the implants are well placed and you are healing appropriately.

Follow up Schedule:

1. 2 weeks after surgery: This appointment will be scheduled at your preoperative appointment. At this appointment we will remove dressings and sutures unless it is not clinically appropriate to do so at the time.
2. 6 weeks after surgery: We will take xrays of your knee at this appointment.
3. 3 months after surgery
4. 1 year after surgery

You may have been asked to participate in our research study. Our research assistant Ally Alessi will meet with you at your preop and follow up appointments to fill out the questionnaires. This information is extremely important for continuous improvement and to report to our payors. The data is anonymized, and HIPAA protected. Thank you for participating!

Prevention of Blood Clots

- Deep Vein Thrombosis or DVT occurs when blood clots form in the leg veins due to decreased activity and blood flow. After surgery, the risk of developing a blood clot increases. Our goal is to keep our blood flowing properly and to prevent blood clots from occurring.
- You will wear anti-embolism stockings (T.E.D.) to improve blood flow.
- We will remind you to frequently do ankle pump exercises while in bed.

Stockings

- Initially you wear the stockings continuously, removing for one hour, twice per day. Please wear your stockings for 3 weeks or until you see a provider at your follow up appointment.

- Ask Dr. Cafferky or his Physician's Assistant when you may stop wearing the stockings. Usually, this will be done three weeks after surgery

Warning signs of possible blood clots include:

- Pain in your calf.
- Tenderness or Redness of your calf.
- Swelling of your thigh, calf, ankle, or foot.
- Shortness of breath, Chest pain, particularly with breathing.
- Call the On Call PA 970-476-7220 and/or 911 if you are experiencing any of these symptoms.

Incision Care

- Keep your surgical dressing clean and dry.
- Keep your incision covered with a light dry dressing.
- Please keep the dressing intact until your 2 weeks follow up. If you need a dressing change or have any concerns please call our office. Someone is on call 24/7.

Pain Relief After Surgery

- We are committed to treating and managing each patient's pain after surgery. The goals of post-operative pain management are to enable you to do the required physical therapy and to minimize pain and stress.
- We use a pain scale from 0 to 10. 0=No pain and 10=the worst pain imaginable. We will frequently ask you to rate your pain.
- To ensure successful pain control, report any pain changes to the nursing staff immediately. *Keep in mind we will do our best to keep you as comfortable as possible, but we may not be able to make you pain free.*
- You should take medicine before your pain becomes severe and prior to therapy classes or exercise. Try to maintain your pain score below 5 on the pain scale.
- The goal will be to start pain pills by mouth as soon as possible and stop intravenous (IV) pain medications. Oral medications last longer than IV medications and offer better pain control.
- It is our policy to reassess your pain within one hour after medication administration. Report any changes in pain.

Post-Operative Medications

Medication Class	Medication Name	Dose	Instructions for use	Side Effects
Opioid Pain Medications	Oxycodone	5mg	1 to 2 tablets by mouth every 4-6 hours as needed for pain	Opioids commonly cause itching, nausea, constipation, drowsiness, dizziness, headache, insomnia, hiccups
	Hydromorphone	2mg		
	Tramadol	50mg	1 tablet by mouth every 4-6 hours as needed for pain	
Non-narcotic pain medications	Tylenol	500mg	1-2 tablets by mouth every 6 hours as needed for pain	Nausea, rash, headache
	Meloxicam	7.5mg	1 tablet by mouth every day	Nausea, upset stomach, diarrhea, rash
Blood Thinners	Xarelto Eliquis Aspirin	10mg 2.5mg 325mg	1 tablet once daily 1 tablet twice a day 1 tablet twice a day	Bruising, rash, itching
Muscle Relaxers	Robaxin	750mg	1 tablet by mouth every 6-8 hours as needed for muscle spasms	Drowsiness, dizziness, lightheadedness, nausea, headache
Nerve Medications	Lyrica	75mg	1 tablet by mouth every 12 hours unless other dose/frequency advised	Dizziness, drowsiness, ataxia, fatigue, sedation, vision changes, tremor
Stool softeners and laxatives	Colace (docusate sodium)	100mg	1 tab by mouth twice a day while taking opioid pain medicine	Diarrhea, abdominal pain or cramping
	*Miralax (polyethelene glycol)	1 packet (17g)	1 packet dissolved in liquid by mouth daily while taking opioid pain medicine	
Anti-nausea medications	*Zofran	4mg	1 tablet by mouth every 6-8 hours as needed for nausea	Headache, constipation, fatigue, diarrhea
	*Scopolamine patch	1mg	Apply one patch behind the ear, remove after 72 hours.	Dizziness, drowsiness, dry mouth
Anti-itching medications	*Benadryl	25mg	1 tablet by mouth every 8 hours as needed.	Sedation, drowsiness, dry mouth

*Please note that not all patients will receive all the medications listed above. You will be prescribed a selection of the above medications based on your specific surgery, medical needs, and medical history

 **IMPROVED PAIN SCALE**

1 IT MIGHT BE AN ITCH



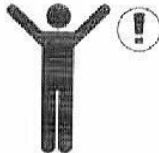
2 I JUST NEED A BANDAID



3 ITS KIND OF ANNOYING



4 THIS IS CONCERNING BUT I CAN STILL WORK



5 BEES?



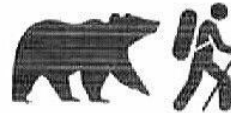
I CANT STOP CRYING **7**



I CANT MOVE IT HURTS SO BAD **8**



MAULED BY A BEAR OR NINJAS **9**



UNCONSCIOUS **10**



Physical Therapy

- The day of surgery, you will start participating in Physical Therapy. They will show you how to use your crutches or walker appropriately and will show you some basic exercises to do at home
- Please start physical therapy 2-3 days after your surgery. You will work on range of motion, balance, strengthening, gait training, and pain management. We would like your range of motion to be 0-90 at 2 weeks and 0-130 at 6 weeks.

Physical Therapists and phone numbers

- Eagle County
 - Axis Sports Medicine, Avon: 970-790-9600
 - Axis Sports Medicine, Eagle: 970-328-4566
 - Axis Sports Medicine, Edwards: 970-855-0492
 - Jointworx Physical Therapy, Avon: 970-470-4023
 - Jointworx Physical Therapy, Edwards: 970-569-3883
 - Howard Head Sports Medicine, Avon: 970-470-6690
 - Howard Head Sports Medicine, Beaver Creek: 970-470-6615
 - Howard Head Sports Medicine, Eagle: 970-470-6699
 - Howard Head Sports Medicine, Edwards: 970-569-7777
 - Howard Head Sports Medicine, Gypsum: 970-777-2700
 - Howard Head Sports Medicine, Vail: 970-476-1225
 - VIMG Physical Therapy, Vail: 970-479-6262
 - Competitive Edge Physical Therapy, Eagle: 970-328-5549
 - Movement Physical Therapy, Edwards: 970-926-0767
- Summit County
 - Avalanche Physical Therapy, Breckenridge: 970-473-4364
 - Avalanche Physical Therapy, Silverthorne: 970-2626106
 - Avalanche Physical Therapy, Frisco: 970-668-0888
 - Axis Sports Medicine, Frisco: [970-368-6908](tel:970-368-6908)
 - Axis Sports Medicine, Breckenridge: 970-453-3990
 - Axis Sports Medicine, Silverthorne: [970-368-6054](tel:970-368-6054)
- Lake County

- Parker Physical Therapy: 303-841-7737
- St. Vincent Hospital: 719-486-7180
- Chafee County
 - Buena Vista Physical Therapy: 719-297-9009
 - Body Mechanics: 719-966-5227
 - Arkansas Valley Physical Therapy: 719-539-3626
 - Heart of the Rockies: 719-530-2040
- Park County
 - Connect Movement Center: 719-838-4083

Frequently Asked Questions (FAQs)

What is the recovery time after joint replacement surgery?

Each person heals from their surgery at a different pace. On average, most patients use crutches or a walker for up to 2 weeks after surgery to prevent falls or limping. It may take 6 months to 1 year before being able to return to athletic activities at your level of performance previous to surgery.

How long will I be on pain medications?

Typically, patients require narcotic pain medication for an average of 2 to 4 weeks after surgery. We will recommend that you wean off narcotic pain medicines as soon as possible after surgery, and off all narcotic medications completely by 6 weeks after surgery.

What are the risks of joint replacement surgery?

Risks include, but are not limited to, chronic lingering pain or disability (10-20% risk), inability to return to activities and joint stiffness. There is a less than 1% chance of serious side effects including, but not limited to, infection, bleeding, blood clots, fracture, dislocation, damage to surrounding structures (nerves, blood vessels, muscles, ligaments, etc.), limb length inequality, failure or loosening of the artificial joint, need for revision surgery, recall of implants, numbness, heart attack, stroke, death, amputation, and problems with anesthesia.

What materials are used to make my artificial joint?

An artificial hip joint is made of a metal alloy, ceramic, cobalt chrome, and plastic.

An artificial knee is mostly made of cobalt chrome, and titanium as well as plastic.

Will my artificial joint set off airport security metal detectors?

As most artificial joints contain metal, your joint will likely set off an airport metal detector. A card about the implant is no longer required at airports.

<https://www.tsa.gov/travel/special-procedures>

When can I drive after surgery?

You may start driving after surgery once you have stopped taking narcotics, and if you are able to bear your full weight on the surgical leg. Typically, 2 to 3 weeks for the left leg, 4 to 6 weeks for the right leg.

When can I return to work?

If you work at a desk type job, you may be able to return in approximately 2 to 4 weeks. If you are quite active at work, you may require 6-8 weeks before you can return to full duty. In some cases, more time may be necessary.

When can I get dental cleanings and other medical procedures done prior to surgery?

We recommend getting any other medical procedures (cataract surgery, dental cleanings, colonoscopies etc.) at least a month before surgery. If you need an emergency procedure done within the month before surgery please let us know.

When can I get dental cleanings after surgery? Do I need antibiotics?

We recommend waiting a minimum of 3 months after your joint replacement surgery before getting any dental work, including cleanings. We recommend antibiotic use before dental work or cleaning for the first year after your joint replacement. We can prescribe antibiotics before your dental appointment.

What about metal allergies?

If you have a known allergy to metals, we can send you for further testing and possibly opt for non-nickel components.

When can I start physical therapy?

You can start physical therapy as soon as 3 days after surgery to work on range of motion and pain. We recommend that you start as soon as possible to optimize your recovery.

When can I do stairs?

You can do stairs with assistive devices before you are discharged from the hospital or surgery center. You may also learn to use stairs at your preoperative physical therapy appointment.

How long does a joint last?

80% of artificial joints will last up to 20 years.

Will I be able to get an MRI if I have an artificial joint?

Yes. All of our joints are MRI safe.

What activities can I do after a joint replacement?

Impact exercises or athletics including golf, skiing, hiking, swimming, biking, walking are encouraged. We prefer you to avoid jumping sports, running sports, and most court sports including singles tennis and racquetball.

Important Phone Numbers

- On Call PA, Phone: 970-476-7220, Main
Ask for the ON Call Physician Assistant
- Benefits, Phone: 970-477-4452, 970-477-7404
- VSON Billing Office: 866-358-0202
- Surgery scheduling (Becca): 970-477-7425



From our team to you, thank you for choosing Vail Summit Orthopaedics and Neurosurgery for your procedure!