

Optimization of the Patient before Joint Replacement: Instructions for Primary Providers

Dr. Tower is committed to minimizing the risk of your experiencing a complication after joint replacement. The most effective means of accomplishing this goal is optimization of the patient, starting three months before the scheduled procedure. The usual time-line for patient optimization is as follows:

3 months pre-procedure: All patients should start a conditioning and educational program. This usually involves 3 to 12 sessions with a physical therapist, dependent on the fitness of the individual. Nicotine users should start a cessation program such that they are likely to be abstinent for a month before surgery and for 2 months afterward. Patients on chronic opioids ought to be tapered from narcotics to the extent that they are taking, on average, less than the equivalent of 11 mg of oxycodone daily. Patients ought to have a dental examination during this time, a cleaning should be performed, and any unsound teeth should be addressed before the joint replacement. Patients ought to be in a stable living situation and have close support of a family member or a friend arranged for the peri-operative period (from 1 week before surgery and up to 4 weeks afterward). Optimal management is particularly critical for patients with heart failure, depression, infections, or diabetes. If you believe that involvement of a medical subspecialist might be beneficial, please make that referral.

1-month pre-procedure: please perform a pre-operative medical clearance, including an EKG, CBC with diff, CMP, UA, ESR, CRP and a nasal culture for MSSA and MRSA. Patients with an albumin of less than 2.5 should be placed on supplements and other metabolic abnormalities ought to be optimally managed. Patients found to be carrying MSSA or MRSA need to be “decolonized” starting a week before the operation with daily chlorhexidine washes and application of 2% Mupirocin ointment to the nares with a cotton-tipped applicator 3 times a day. Patients with pyuria should be treated, even if asymptomatic.

Please inform Dr. Tower if you feel that the patient is a poor candidate for surgery because of medical or psychosocial obstacles that are beyond remediation. Please fax your clearance, the EKG, and the laboratory results to 907-222-2934.