

BENJAMIN K. WILKE, MD

www.BenjaminWilkeMD.com

*Your Guide To
Computer Navigated
Direct Anterior Hip
Replacement*

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You are entering a mutual relationship in which my staff and I are committed to improving the quality of your life. This booklet was developed as a resource and teaching tool to answer questions pertaining to your procedure.

Joint replacement surgery is a highly successful procedure. An important part of your recovery is your commitment to the care and rehabilitation of your new and improved hip. We understand that the preparation and recovery processes can be challenging. We encourage you to read through this packet and highlight questions or notes that you can then discuss with the staff.

Please bring this booklet to your pre-operative appointment so we can review it with you.

Thank you for allowing me and my staff to take part in your health care needs.

Sincerely,
Benjamin Wilke, MD



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About Dr. Benjamin Wilke

Benjamin Wilke M.D. FAAOS is an orthopedic surgeon specializing in total joint replacement and orthopedic oncology. He has special interests in hip and knee arthritis, bone and soft tissue tumors, and amputee care. He specializes in primary and revision hip and knee replacement procedures and enjoys utilizing the latest technology and advances in surgery, such as the direct anterior approach for total hip replacement and robotic surgery for partial and total knee replacements.

Dr. Wilke earned his bachelor's degree in science and graduated with honors and distinction from the University of Iowa in three years. He then went on to complete his Doctor of Medicine degree and graduated Cum Laude from St. Louis University School of Medicine. During his time in medical school, he received the Outstanding Scholar Award and was inducted into the Alpha Omega Alpha Honor Society.

Dr. Wilke then received his orthopedic surgery training at the Mayo Clinic in Rochester, Minnesota, where he had the distinction of serving as Chief Resident. He then continued his training with a fellowship in Orthopedic Oncology at the University of Florida.

Dr. Wilke spent several years on staff at the Mayo Clinic in Jacksonville Florida where he mentored residents and fellows and rose to the rank of associate professor. He has authored over 80 research publications and has contributed to multiple book chapters. He has presented both nationally and internationally and was recognized as one of the most published and cited orthopedic surgeons by Doximity. He was recognized as a top orthopedic surgeon in 2024 by Best in Florida magazine.

Dr. Wilke joined North Florida Surgeons to improve his ability to provide care for the local community. In his free time Dr. Wilke enjoys spending time with his family and two dogs. He is an avid reader and enjoys learning new skills.

Computer Navigation

Computer Navigation for total hip replacement allows Dr. Wilke to precisely place your implant, using a minimally invasive approach when compared to traditional hip replacement techniques.



The Following Are Needed Prior to Surgery:

- You must obtain clearance from your primary care physician to have surgery with Dr. Wilke
 - A consultation with your medical doctor and/or any specialist is required.
 - You might need clearance from other providers as well, such as a cardiologist, pulmonologist or neurologist, etc.
 - The surgical coordinator will go over this with you
 - Required testing for ALL surgeries includes:
 - *Chest X-Ray*
 - *Blood work (CBC, BMP, HgB A1C)*
 - *EKG*
 - Please have these completed before your pre-operative appointment in our office.
(approx. 2 weeks prior to your surgery)
- If you are having surgery at the hospital St. Vincent's Southside, you will need to have pre-admission testing appointment performed there prior to your surgery (usually 3 weeks prior)
 - *You will be called a couple weeks before surgery from a nurse at St. Vincent's Southside.* They will review your medical history, review your instructions prior to surgery, and schedule testing required by Anesthesia and Dr. Wilke that has not been completed.
 - **The hospital will perform a MRSA swab and any other needed testing during this visit. All other testing will need to be completed by your primary care physician or specialists prior to this appointment.**
- You must attend your preoperative appointment with Dr. Wilke's team before surgery.



Pre-Surgical Checklist

*In order for your surgical experience to proceed smoothly, each of the following items **must be completed prior** to the day of your procedure.*

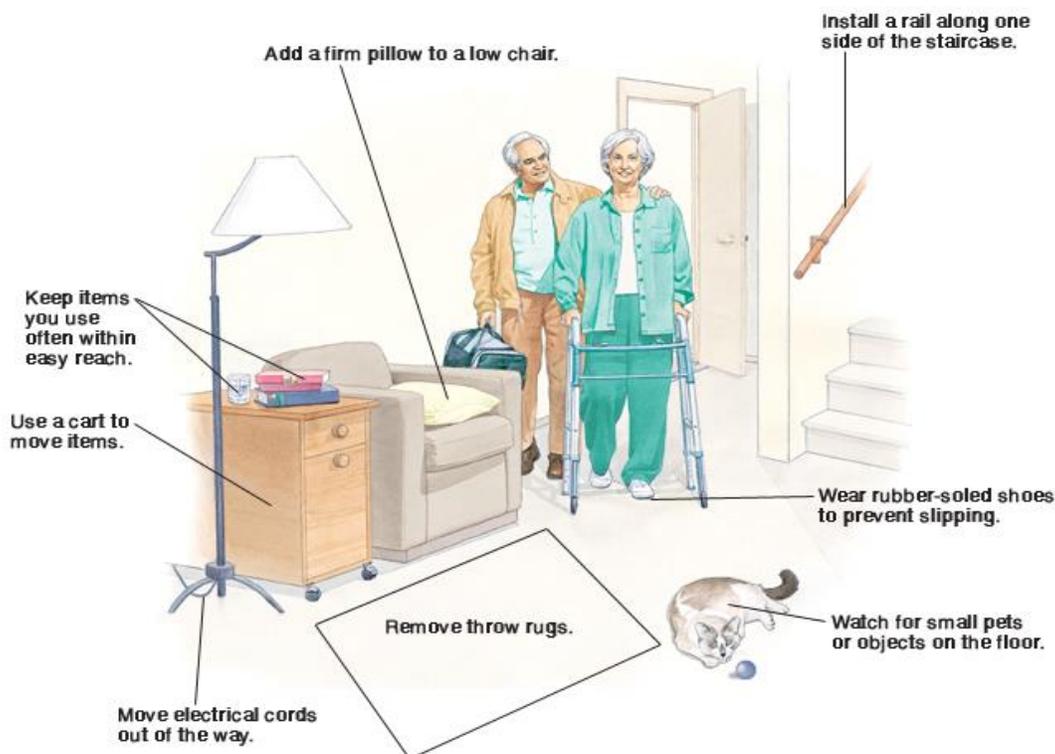
- Discontinuing Medication before Surgery:** Your medications will be discussed with you at your preoperative appointment. You will be given specific instructions on what medications you can continue to take and if any need to be stopped before surgery and if so, for how long.
 - **Two weeks before surgery** it is necessary to stop taking GLP-1 diabetes/weight loss medications:
 - Semaglutide, Wegovy, Mounjaro, Ozempic, Zepbound, Rybelsus, Victoza, or others
 - **One week before surgery** it is necessary to stop taking the following medicines unless otherwise directed by your medical physician:
 - All oral anti-inflammatory medicines (Aleve, Advil, Motrin, Ibuprofen, Voltaren, Diclofenac, Mefenamic Acid, Naproxen, Naprosyn, Celebrex, Relafen, Nabumetone, etc.)
 - Nutritional supplements (Vitamin E, Ginseng, Ginko Biloba, Garlic, Ginger, etc.)
 - **Consult with your prescribing physician** for the appropriate and safe discontinuation of any medication before surgery, particularly:
 - **Aspirin, Coumadin, Warfarin, Plavix, Eliquis, Xarelto, Heparin, Lovenox and/or any other blood thinning medications:** These medications need to be safely discontinued at very specific times before surgery. Some medical conditions can be life threatening if these medicines are stopped without appropriate timing and precautions.
 - **Rheumatologic medicines** such as **Enbrel and Humira** or others: Discuss with your Rheumatologist and Dr. Wilke's team as some medications need to be discontinued one month or more prior to surgery
- Arrange for transportation home following discharge.**
 - You will not be permitted to drive yourself. Your surgery **will be cancelled** if this not arranged.
- Attend your pre-operative appointment with Dr. Wilke's staff.**
 - You will discuss surgery and questions you may have. We recommend reviewing this packet and writing down questions you have on the last page to discuss with your health care team
 - Preoperative testing that you had completed will be reviewed
 - Please bring a copy of your current prescription medications.
- Avoid alcohol intake 2 weeks before surgery.**
- *****NO smoking 1 month before surgery and 3 months after your surgery (Nicotine testing will be performed).**

Preparing Your Home

(The following information was supplemented from material found on AAOS.org)

Several modifications can make your home easier to navigate during your recovery. The following items *may* help with daily activities. Many of these items are recommended but not required. Speak with your health care team about individual needs.

- ✓ Remove of all loose carpets, area rugs and electrical cords from the areas where you walk in your home
- ✓ Rearrange furniture to allow adequate walkways
- ✓ Develop plan for managing stairs in and around your home
- ✓ Stock up on ice and easily prepared meals
- ✓ Keep items such as phone, television remotes, medications and other frequently used items close-by
- ✓ Securely fasten safety bars or handrails in your shower or bath
- ✓ Secure handrails along all stairways
- ✓ Obtain a stable chair for your early recovery with a firm seat cushion (that allows your knees to remain lower than your hips), a firm back, and two arms
- ✓ Obtain stable shower bench or chair for bathing
- ✓ Obtain long-handled sponge and shower hose



Day Before Surgery

- ✓ ***Do not eat or drink anything after midnight before your surgery.*** Your stomach needs to be empty for surgery. You will be instructed as to which of your medications can be taken on the morning of your surgery with small sips of water only.

- ✓ Shower with Hibiclens© antibacterial soap the night before and the morning of your surgery. Hibiclens can be purchased as an over-the-counter item at your local pharmacy
 - Avoid using Hibiclens on the face, genitals or mucous membranes
 - You may use regular shampoo on your hair
 - Do not use lotions, powders or deodorants after cleansing with Hibiclens
 - If you have any allergies or sensitivities to soaps, you may use your own soap Please discuss with your health care team at your pre-operative visit
 - Do not shave near the area of your surgery for 3 days prior to your surgery
 - Follow your normal oral care routine
 - Avoid wearing make-up and nail polish
 - Use clean towels and bedding



Day of Surgery

Your surgical team will consist of Dr. Wilke, his physician assistant, anesthesiologists, registered surgical nurses and physical therapists. Each individual is important in your care and will provide their expertise to give the best surgical and rehabilitative experience.

- ✓ **Follow the fasting instructions** provided to you during your pre-operative telephone call. Refrain from any food or drink after 12:00 midnight the day of surgery. If you were instructed to take any of your medications the morning of your procedure, do so with a sip of water.
- ✓ If you are diabetic, **do not** take any oral medication for your diabetes unless otherwise instructed to by your medical physician.
- ✓ Dress comfortably. You may also bring personal items such as toiletries.
- ✓ Comfortable walking shoes (preferably slip-on shoes with a back for stability while walking) are strongly recommended.
- ✓ Staff will guide you to the pre-operative unit. Here you will be asked to change into a gown and be prepared for surgery.
- ✓ The site of surgery will be shaved and prepped.
- ✓ You will need to remove contact lenses. Please bring glasses as needed.
- ✓ Any dentures or partials will need to be removed.
- ✓ Alert the RN of any allergies that you may have (penicillin, latex, iodine/shellfish)
- ✓ An IV will be inserted for access, fluids, antibiotics and medications. You will be given a cocktail of medications pre-operatively to minimize pain and inflammation.
- ✓ Family members or your designated contact person will be directed to the waiting room to remain during your surgery. The family can expect Dr. Wilke to speak with them after the surgery.
- ✓ The Anesthesiologist will review your medical history and explain the methods for anesthesia and the risks and benefits involved.

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- ✓ Dr. Wilke will see you prior to anesthesia to answer any last-minute questions, re-examine and sign the surgical site.
- ✓ Staff will bring you to the operating room. You will be asked to position yourself on the operating room table. The surgical team will adjust your position, provide warming blankets, and ensure that all body parts are safely positioned and well-padded.
- ✓ After surgery is completed you will be taken to the recovery room by the anesthesiologist and the nurses. A team member from the OR staff will contact your family to let them know when surgery is finished.
- ✓ In the recovery room, an experienced recovery room nurse will closely monitor you.

Discharge Protocol

When Discharged to Home:

- ✓ Take 10 deep breaths each hour.
- ✓ Get up and walk every hour.
- ✓ Walk as much as possible as tolerated
- ✓ Use a walker or cane as needed. Progress to full weight-bearing as quickly as possible, unless instructed otherwise. Physical therapy will assist with this transition.
- ✓ Keep your post-operative visit with Dr. Wilke's team scheduled at 7-14 days after your surgery.

We discourage discharging to a Skilled Nursing Facility unless it is an absolute necessity:

- ✓ Please discuss the need for a Skilled Nursing Facility with our staff at your preoperative appointment. Need for this service will be determined during your hospital stay.

Immediate Post-Operative Care

When the anesthesiologist and the recovery room nurse have determined it is safe for discharge to home, the nurses will go over a series of instructions and materials to ensure you are prepared for the next step in your recovery. Other materials given to you will include:

After Surgery Medicine Prescriptions

- ✓ Pain medicine prescription and directions for usage will be provided following surgery.

Commonly prescribed medications include:

- Oxycodone – Prescription narcotic
 - Colace (docusate sodium) – Over-the-counter stool softener
 - Aspirin or other blood thinner – blood clot prevention
 - Celebrex (celecoxib) or Naprosyn – anti-inflammatory and heterotrophic ossification prevention
 - Zofran (ondansetron) – anti-nausea
- ✓ Do not mix pain medicine with alcohol or other sedating drugs.
 - ✓ Start your medicine as soon as you have pain, when the regional anesthetic begins to wear-off, or just before bed, whichever comes first. Early signs that the anesthetic block is wearing off are the return of sensation and movement in your surgical hip/leg
 - ✓ **Per Florida law, you are not allowed to drive while taking narcotic pain medication or while using a walker.**



Medication questions

- ✓ For any questions, you may contact your pharmacist or our team. For urgent after hour questions please contact our doctor on call at **(904) 204-5000**.

✓ If you are having a medical emergency (such as trouble breathing, chest pain, etc.), call 911!

Refill requests

- ✓ *For non-narcotic medications, please contact your pharmacy for refill requests*
- ✓ Refills are authorized Monday – Friday 8am-4 pm and may take up to 48 hours to be authorized.
- ✓ **PLEASE NOTE:** *A limited amount of narcotic pain medication can be prescribed through our office due to Florida state law and insurance guidelines. You will be issued ONE prescription for pain medication post operatively. If a refill is needed, please call our office. You may be required to return to office for evaluation before additional prescriptions can be filled. If you exceed the allotted refill amount, you must obtain your medication from a Pain Management Specialist or your Primary Care Physician.*

Physical Therapy Prescription

Physical therapy is an important part of your recovery. Everyone receives physical therapy, but your schedule may differ depending on whether you stay overnight in the hospital or are discharged the same day

Prior to discharge from the hospital/surgery center:

- ✓ Physical therapy will see you the same day of surgery
- ✓ The first session usually involves sitting up on the side of your bed, then progresses to walking with the help of an assistive device
- ✓ Your goal is to be able to walk as much as possible
- ✓ Home physical therapy and nursing care will be predetermined by the hospital and will begin after your surgery
- ✓ An order for physical therapy will be submitted at your preoperative appointment. This will provide details about your individual rehabilitation protocol.
- ✓ You will start outpatient physical therapy within 1 week of surgery, unless recommended to hold per Dr. Wilke.
- ✓ You may attend physical therapy at any location or facility of your choosing.

At Home Following Your Surgery

It is common to have the following reactions after surgery:

- Low-grade fever (<100.4° F) for about a week
- Small amount of blood or fluid leaking from the surgical site
- Bruising, swelling and discoloration in the involved limb or adjacent areas of the body
- Mild numbness surrounding the wound site, possibly for 6-12 months

The following *reactions are abnormal*. If you should have any of the following symptoms, please contact Dr. Wilke's staff, the on-call team, or go to the nearest emergency room:

- Fever > 100.4° F
- Progressively increasing pain
- Excessive bleeding
- Persistent nausea and vomiting
- Excessive dizziness
- Persistent headache
- Red, swollen, oozing incision sites

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The following **reactions may require emergent intervention** or a visit to the Emergency Room:

- Chest Pain
- Shortness of breath
- Fainting or Loss of Consciousness
- Persistent Fevers > 100.5°F
- Weakness, numbness, or inability to move operative extremity
- Red, swollen, or painful calf and/or increased numbness or tingling in your foot

***For any **URGENT** medical questions after business hours

- Please call our main line at **(904) 204-5000** and the answering service will contact the on-call team

Incision and Wound Care

Initial Wound:

- ✓ Your hip will have a waterproof dressing in place. This should stay in place until your first postoperative appointment.
- ✓ There will be sutures under the skin and a steri-strip dressing will be in place. This protects the skin from bacteria.
- ✓ When your surgical dressing is removed the steri-strips will be left in place. **Do not attempt to pull these off.** The steri-strips holds the skin edges together
- ✓ If you have an abdominal fold that lays over the incision it is important to keep this off the incision for 2-3 weeks. A clean dry washcloth, rolled up, will help keep the incision protected from the abdomen

Caring for Your Incision:

- ✓ Watch for signs of infection, which can include redness, pain, drainage, or foul odor. If you see any of these signs, please call our office at **(904) 204-5000**.
- ✓ If you feel warm or feverish, please take your temperature – call our office for temperatures $> 100.4^{\circ}\text{F}$
- ✓ To properly clean your incision, wash with soap and water and pat dry. Avoid rubbing or applying lotions.
- ✓ Do not soak your hip in water by taking a bath, using a hot tub, or swimming

Blood Clot Prevention

Blood clots, also known as deep vein thrombosis (DVT), are a common complication after any orthopedic surgery. There are several things you can do to help decrease your risk. This page discusses signs and symptoms of a blood clot and prevention techniques.

What Are Signs of a Blood Clot?

If you experience chest pain, difficulty breathing, or severe headache call 911 immediately as these could be signs that a blood clot has broken off and traveled to other parts of your body.

Symptoms to look for in your lower legs:

- ✓ Redness
- ✓ Pain
- ✓ Warmth
- ✓ Swelling

What Steps Can I Take to Help Decrease My Risk?

- ✓ Stay mobile (walk) and avoid long periods of sitting or laying in bed
- ✓ Wear your compression stockings
- ✓ Use your compression devices (if applicable)
- ✓ Ankle pumps (pictured to the right)



There are several medications to help prevent blood clots. These medications are referred to blood thinners or anticoagulants. These medicines will be used for 2-6 weeks after surgery. You may notice that you bruise more easily when using this medicine. Your health care team will discuss the best medication options for your use after surgery.

Medications We Use to Help Prevent Blood Clots:

- ✓ Aspirin
- ✓ Eliquis
- ✓ Lovenox, Xarelto, Coumadin

Signs of Excessive Bleeding May Include:

- Nose bleeds
- Stomach pains
- Spitting up blood
- Blood in your urine or stool

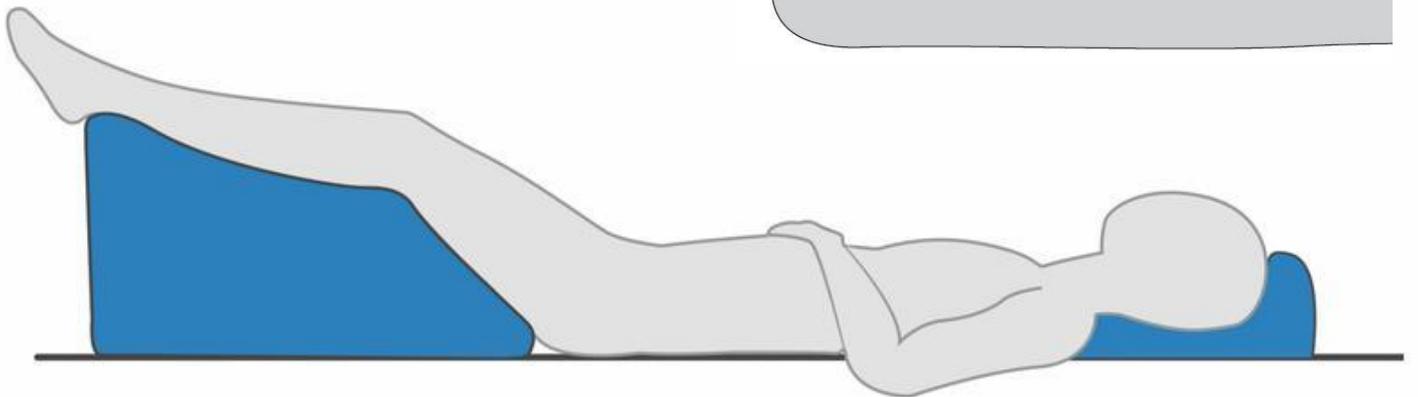
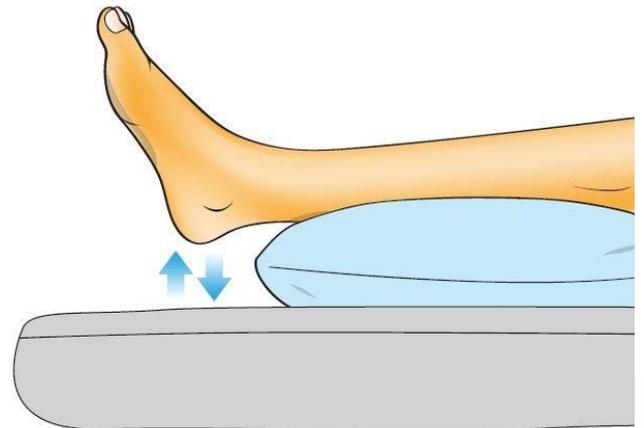
Self-Management

Reducing Leg Stiffness and Swelling:

- ✓ Continue physical therapy exercises regularly after surgery to strengthen the surrounding muscles and stabilize your joint.
 - Ankle pumps – Point and flex your feet 10-30 times an hour
- ✓ Elevate your leg(s) above your heart to help lessen swelling
- ✓ Use an ice pack. Do not place the ice pack directly on your skin. Use a towel or pillowcase to avoid direct contact with your skin.



compression stockings



Managing post-operative pain:

- ✓ Take pain medications with food and at least 30 minutes before a physical therapy session
- ✓ Tylenol or acetaminophen may be used instead of or in combination with a narcotic.
 - Do not exceed 4,000mg of Tylenol/acetaminophen in 24 hours
- ✓ Use your ice pack frequently, as tolerated.
 - Use it after you exercise to help decrease swelling and pain
 - 20 minutes on, 20 minutes off, at least 4 times per day

Avoid constipation:

- ✓ This can be a common side effect from pain medications.
- ✓ Drink plenty of fluids; water is preferred.
- ✓ Use a stool softener, like Colace, while taking pain medicines.
- ✓ Take a laxative like Dulcolax, as needed.
- ✓ Eat a high fiber diet.

Sleeping:

- ✓ Avoid long naps during the day to help get back to a more normal sleep pattern.
- ✓ Sleeping positions
 - Anterior Approach:
 - Avoid laying on stomach
 - Lay/sleep on back or side
 - Place a pillow between knees and lay on opposite hip
 - Posterior Approach:
 - Lay/sleep on back or side
 - Place a pillow between knees and lay on opposite hip

Traveling

Driving:

You are not able to drive while taking narcotic pain medications. Driving should not be performed until you can drive safely. You must be able to quickly apply and hold pressure on the brakes. We recommend practicing in an empty parking lot before driving on the road and consulting with your physical therapist to determine your strength and reaction time.

If you have surgery on your **RIGHT** leg:

- ✓ Per Florida law, the soonest you can return to driving is 4 weeks after surgery

If you have surgery on your **LEFT** leg:

- ✓ The soonest you can return to driving is after you have discontinued use of narcotic pain medication

You can apply for a **temporary**, six-month handicap sticker from the state of Florida. We can provide this form in office; please ask about this prior to your surgery, as a health care provider's signature is needed on the form. You may obtain the form at your preoperative visit or the form can be mailed to you.

If seated in the car for a long period of time, 3 hours or more, please remember to take breaks to stand up and walk around often.

Flying:

For airplane travel in the first six weeks after your surgery, please notify our staff so we can adjust your blood thinner medication for safer travel.

If you do fly:

- ✓ Make sure you stand up and move around the cabin often and as able according to your flight crew. It is also a good idea to do ankle pumps while sitting in your seat.
- ✓ Compression socks should be worn on the plane.

Going Back to Work

Returning to work is different for each individual as it depends on your recovery process and the type of work you perform. Discuss your job tasks and responsibilities with your health care team so you can start talking with your employer about returning to work before surgery. Make sure you provide time to going to outpatient therapy.

Usual Return to Work Low to Medium Demand:

Sitting job:	1 – 3 weeks after surgery
Combination sitting and standing:	1 – 4 weeks after surgery
Standing:	1 – 6 weeks after surgery

Return to Work High Demand/Heavy Labor:

Full unrestricted duty will be determined on an individual basis, usually around 3 months.

Family Medical Leave Act (FMLA) Paperwork

Many patients require completion of FMLA paperwork for their job.

This paperwork can be quite extensive and very detailed, please allow 7 – 10 days for completion.

- **Please submit paperwork prior to your preoperative appointment.**
 - Fax to: (904) 204-4000
- Make sure your paperwork indicates your name, date of birth, and includes a job description, which details specific tasks related to physical demands.

**Family and
Medical Leave
Act**

FMLA

Going to the Dentist

Current guidelines recommend avoiding dental visits (unless an emergency) for 6 months following your joint replacement. This includes routine cleanings. Between 6-12 months after your joint replacement, dental visits are allowed, but you will need to take a prescribed antibiotic prior to the dental visit. This is **required** for routine cleanings and other invasive dental work. Using antibiotics can lower the chance that slight bleeding from your gums can cause bacteria from your mouth to travel to your joint and cause an infection. This is a one-time preventative dose of antibiotics to protect you from a joint infection.

You will need to contact your dentist and let them know you have a joint replacement. We will prescribe the antibiotics you need to take before going to the dentist.

After 12 months you no longer need to take antibiotics prior to a dental appointment unless instructed by Dr. Wilke's team.

Do not schedule a dentist appointment during the first six months after your surgery.

- ✓ Exceptions include dental emergencies like a broken tooth or implant.
- ✓ Amoxicillin or clindamycin is typically prescribed
- ✓ Please let the team know if you have any antibiotic allergies

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For your preoperative appointment, please use the space below to write down questions to discuss with the team.