



Everything You Need to Know About Joint Replacement Surgery

Hip & Knee Replacement | Patient FAQ Guide

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Understanding the Mechanics of Joint Pain

When cartilage wears away, the protective space between bones decreases, resulting in painful bone-on-bone friction, stiffness, and restricted movement.



The Healthy State:

Cartilage covers the ends of the femur and tibia, allowing smooth, gliding movement.



The Arthritic State:

Frayed, rough cartilage causes friction, leading to swelling, bone spurs, and the sensation of the joint giving way.

The Treatment Escalation Staircase

Surgery is only considered after conservative treatments have been fully explored. Dr. Joshi's team will guide you through this progression.



Evaluating the Right Time for Surgical Intervention

You may be a candidate for hip or knee replacement if you experience a combination of the following indicators. The exact timing is always a shared decision made together with Dr. Joshi following a clinical assessment and X-ray review.

Symptom Checker



Mobility Limitations

Severe joint pain that significantly limits daily activities like walking or climbing stairs.



Resting Pain

Persistent stiffness and pain that occurs even at rest or disrupts sleep at night.



Quality of Life Decline

Pain that affects your ability to perform basic daily tasks and diminishes your overall well-being.



Treatment Exhaustion

Continued pain despite exhausting physiotherapy, medications, and injections.

Clinical Preparation and Medical Clearance



Required Investigations

- ✓ **Blood Tests & ECG:** Standard baseline health checks.
- ✓ **X-Rays:** Detailed imaging of the affected joint.
- ✓ **Physician Clearance:** Final fitness approval before surgery.

Managing Your Health Profile



Medication Adjustments: Blood thinners (aspirin, warfarin, clopidogrel), specific diabetes medications, and certain supplements must be stopped 5–7 days prior.



Managing Comorbidities: Patients with diabetes, heart disease, or high blood pressure can have surgery, provided conditions are well-controlled beforehand.



Weight Considerations: A higher BMI increases complication risks (infection, implant wear). Dr. Joshi will discuss if weight loss is recommended prior to surgery.

Preparing Your Home and Body for Recovery



Clear the Path

Remove tripping hazards like loose rugs and cords. Ensure walking spaces are wide enough for a walker or crutches.



Strategic Seating

Prepare a firm chair with armrests and a higher seat to make standing easier. Avoid low, soft sofas.



Infection Prevention

Treat any active dental or skin infections prior to surgery. Use prescribed antibacterial wash the night before.



Nutritional Readiness

Adopt a healthy diet rich in protein and iron before surgery to aid the postoperative healing process.



Inside the Operating Theatre: The Joint Reconstruction

The procedure typically takes 60–90 minutes. Surrounding muscles and ligaments are carefully preserved to ensure post-operative stability. Anaesthesia (general or spinal) will be tailored to your medical history.

The Femoral Component

A smooth metal implant resurfaces the damaged end of the thighbone.



The Tibial Component

A flat metal platform replaces the top of the shinbone.



The Spacer

A medical-grade plastic insert sits between the metal components, acting as the new, frictionless cartilage.



Total vs. Partial Replacement: Understanding the Approach

Dr. Joshi will determine the appropriate approach based on your X-rays and clinical assessment.



Total Joint Replacement

- **Scope:** Replaces all surfaces of the joint.
- **Application:** Used when arthritis affects multiple compartments.
- **Outcome:** Comprehensive resurfacing of severe damage.



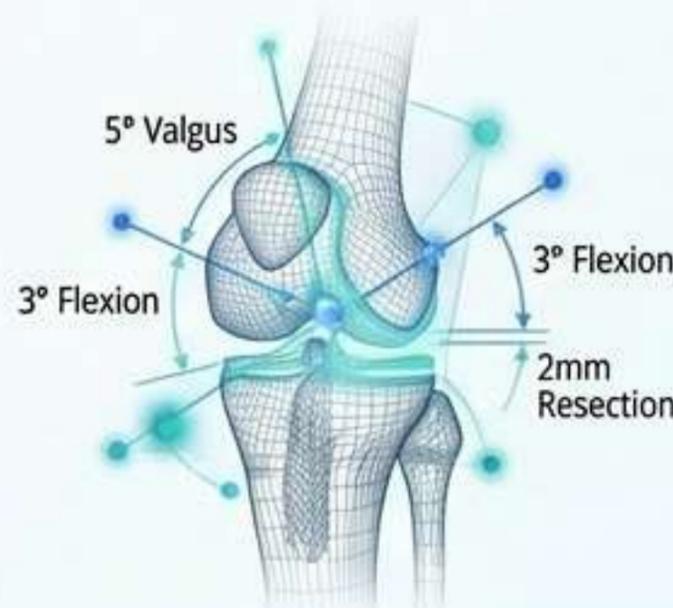
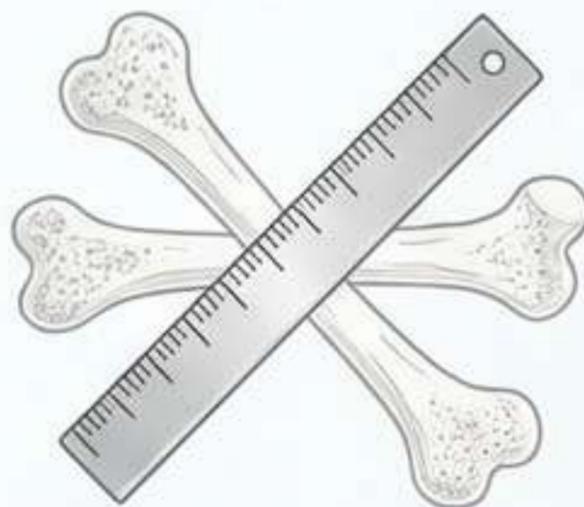
Partial Joint Replacement

- **Scope:** Replaces only the single damaged compartment.
- **Application:** More common in knees; preserves healthy bone, cartilage, and ligaments.
- **Outcome:** Can offer a more natural-feeling joint and potentially faster initial recovery.

The Robotic-Assisted Surgical Advantage

Advanced computer-assisted and robotic technology allows for sub-millimeter precision, tailoring the procedure exactly to your unique anatomy.

Conventional



Robotic-Assisted



Personalized Mapping

The system creates a 3D digital model of your joint to plan the exact size and placement of the implant.



Surgical Precision

Robotic assistance guides the surgeon's tools, ensuring perfect implant alignment and minimizing trauma to surrounding healthy tissue.



Enhanced Outcomes

Precise alignment is linked to improved joint stability, a more natural feel, and increased longevity of the implant.

Mitigating Surgical Risks Through Clinical Rigor

All surgery carries some risk, but stringent hospital protocols dramatically minimize complications. Your individual risk profile will be reviewed before surgery.

Potential Risk



Infection (Risk < 1%)



Blood Clots / DVT



Joint Stiffness

Active Prevention Protocol



Prevented via ultra-sterile surgical environments, pre-operative antibiotic prophylaxis, and meticulous wound care protocols.



Prevented through early post-operative mobilization, compression stockings, and prescribed blood-thinning medications.



Prevented by beginning physical therapy within 24 hours of surgery and committing to a structured daily exercise program.

The First 48 Hours: Immediate Hospital Recovery

Post-Op Recovery



You will wake up with a dressing over the joint. To aid circulation, you will be encouraged to move your feet and ankles regularly.

Day 1 Mobilization



Bed rest is avoided. A physiotherapist will assist you out of bed to take your first steps, typically using a walker or crutches.

Pain Management



Pain is a normal part of healing. It is proactively managed so you can comfortably perform everyday activities and engage with early physiotherapy.

The 12-Week Pathway to Restored Mobility

Recovery is a gradual process. Following Dr. Joshi's guidelines ensures steady progress.

**Weeks
1-3**

Healing & Basic Movement



Focus on wound healing, controlling swelling with ice/elevation, and walking with support.

**Weeks
4-6**

Increasing Independence



Daily activities resume. Walking support is gradually reduced. Driving may be cleared by week 6.

**Weeks
7-11**

Building Strength



Significant improvements in range of motion and muscle strength. Return to low-impact routines.

**Week
12 &
Beyond**

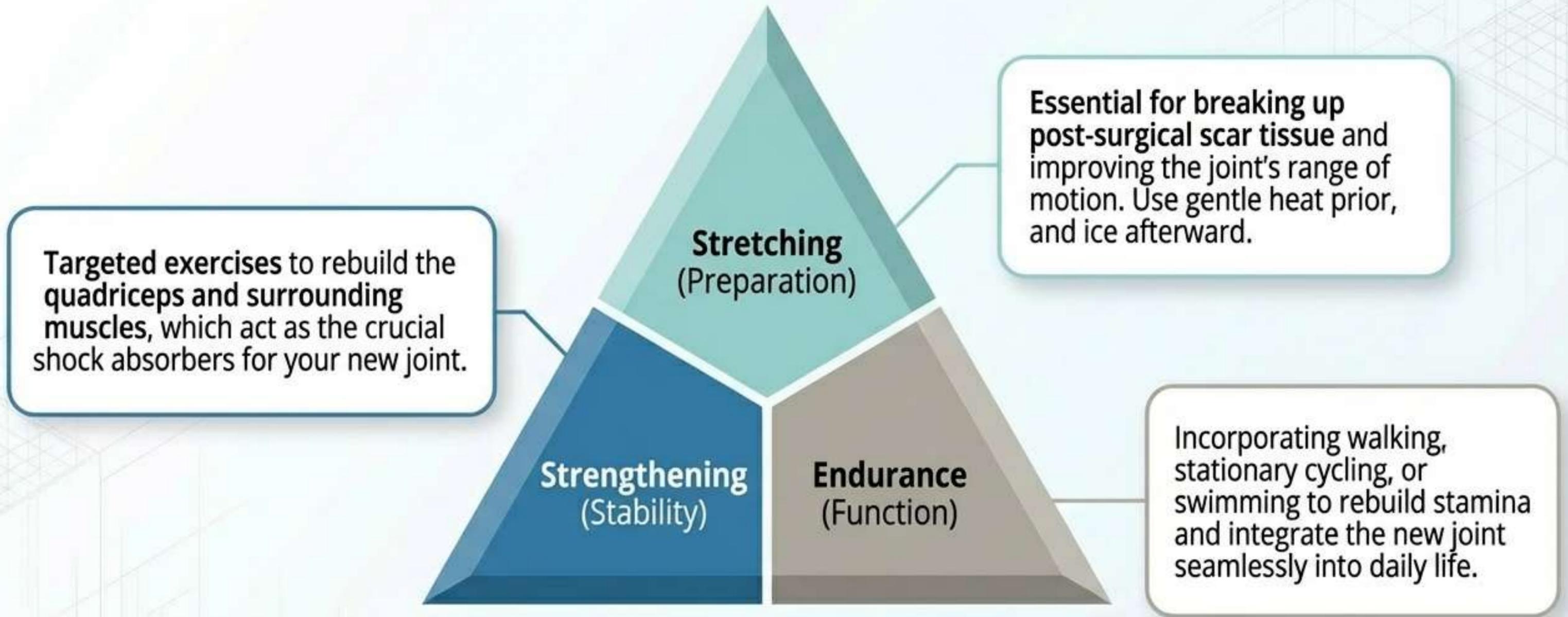
Full Function



Most patients return to full daily function. The joint continues to stabilize and improve over the first year.

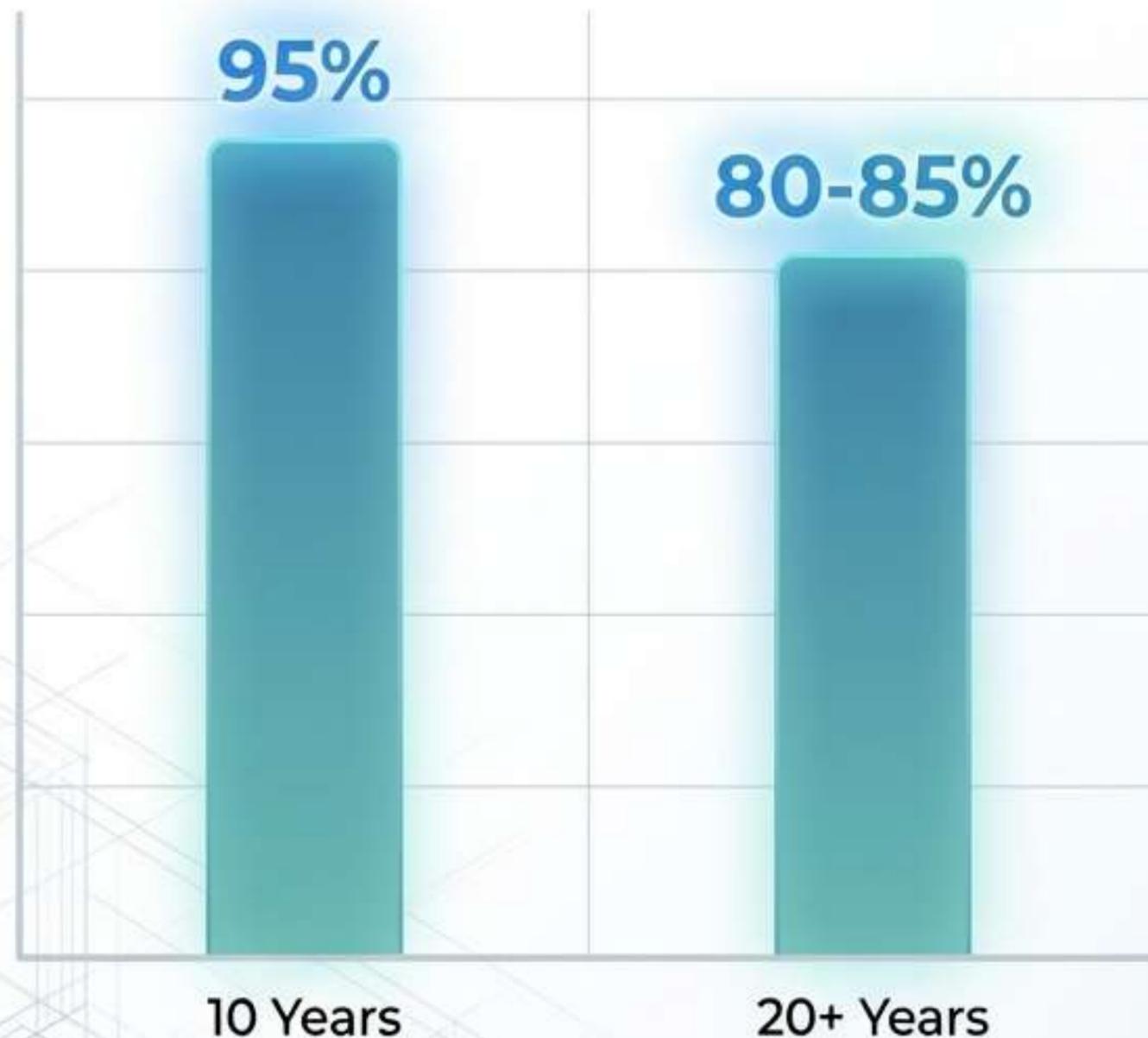
The Balanced Rehabilitation Triangle

A successful outcome relies on a dedicated maintenance exercise program 2-3 days a week.



Life After Surgery: Implant Longevity

Modern joint replacements are highly durable, designed to return you to a high quality of life for decades.



Enduring Materials

Today's implants use advanced cobalt-chrome metals and highly cross-linked polyethylene plastics that heavily resist wear.

Expected Lifespan

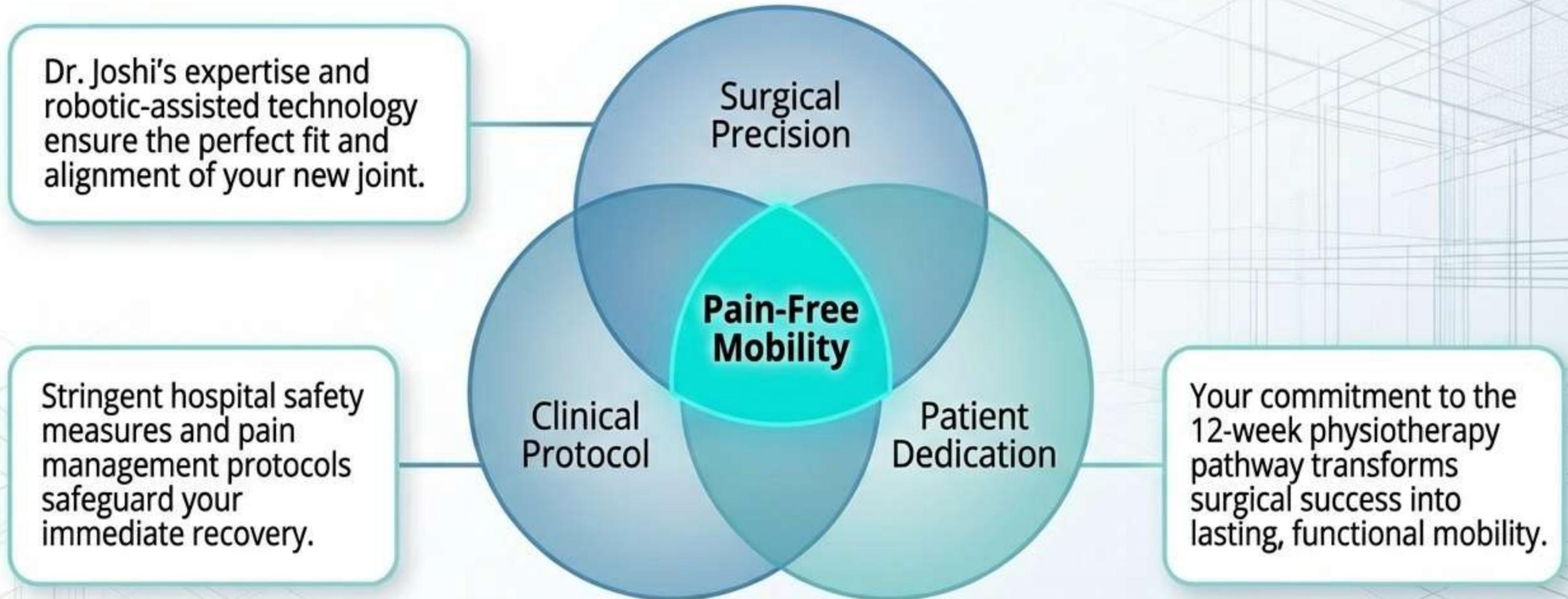
With proper surgical alignment and post-operative care, 95% of implants last at least 10 years, and 80-85% function perfectly for 20 years or more.

Protecting Your Joint

Avoid high-impact sports (like football or heavy jumping). Embrace low-impact activities like walking, swimming, and cycling to maximize implant life.

A Partnership for Pain-Free Longevity

Joint replacement is not just a procedure; it is a collaborative journey toward reclaiming your life.



Take the first step toward living pain-free by scheduling your clinical assessment today.