Patient Name:

Date of Birth:

Surgery:

Hospital:

Surgical Risk Assessment

1. Morbid Obesity (BMI > 40) BMI \_\_\_\_\_
   1. BMI > 40 is associated with 3.3x increased risk of postoperative joint infection while BMI > 50 is associated with 21x increased risk of infection
2. Poorly controlled diabetes
   1. Diabetic patients who undergo THA and TKA have a 1.59% and 2.19% risk of developing a postoperative joint infection compared to 0.66% and 0.48% in non-diabetic patients who undergo THA and TKA respectively.
   2. Hgb A1C > 7 Hgb A1C \_\_\_\_\_\_\_
   3. Fasting blood glucose > 180 (Will be checked morning of surgery)
3. Tobacco use
   1. Smokers have a 2x increased risk of developing a deep joint infection vs non-smokers or former smokers
   2. Wound healing capabilities are restored 3-4 weeks after smoking cessation occurs
4. Hepatitis C infection (Will be checked preoperatively)
   1. Surgical complications are 78% more likely to occur in patients with Hepatitis C
5. Staphylococcus aureus colonization, MRSA (Will be checked preoperatively)
   1. Patients with MRSA have a 6.32% risk of developing a deep surgical site infection
6. Drug or alcohol dependence
   1. Chronic narcotic use: 8.2% of TKA patients and 4.3% of THA are still taking narcotic pain medications 6 months after surgery
   2. Alcohol use: Consuming 2-3 drinks daily impairs immune function, however, reduction of alcohol consumption 4 weeks prior surgery significantly reduces postoperative morbidity in alcohol abusers
7. High fall risk

8. Physical deconditioning (non-ambulatory, requires assistance with transfers)

9. Cardiovascular disease

* 1. History of coronary artery disease, stroke, peripheral vascular disease, heart failure, atrial fibrillation

10. Risk of deep venous thrombosis or pulmonary embolism

* 1. DVT risk factors: Personal or family history of DVT, COPD, BMI >30, CAD, stroke, PVD, Factor V Leiden, Protein C and S deficiency, CVA, tobacco use
  2. Incidence of DVT after THA and TKA is 0.15% and 0.22% respectively

11. Up to date on dental work and all pending dental work has been completed

12. Any infections requiring recent antibiotic use

For Men Only: (If both positive, do full questionnaire)

1. Do you have difficulty urinating?
2. Are you waking up frequently throughout the night to urinate?

For Total and Uni Knee Replacements:

1. Do you have any metal allergies?

Dr. Stewart’s Postoperative Complication Rates:

These percentages are based on data that has been compiled from nearly 600 direct anterior approach THAs Dr. Stewart has performed over the past five years.

1. Risk of developing a deep joint infection requiring revision surgery: 0.9%
2. Risk of developing a periprosthetic fracture requiring revision surgery: 1.4%
3. Risk of developing a femoral nerve palsy: 0.9%, however, all patients who developed a femoral nerve palsy postoperatively fully regained function overtime

Antibiotic Coverage: Patients with the following conditions will be put on Duricef 500 mg BID x 5 days to help prevent wound complications

* Diabetes mellitus
* History of smoking within the past 6 months
* BMI > 40
* Renal disease