

Discharge Instructions for Total Joint Replacement

Dr. Kareem Sobky

FOLLOW-UP APPOINTMENTS:

- Your follow-up appointments have been scheduled for two weeks and six weeks post-op.
 - **Two week** post-op visit is scheduled for _____. This will likely be with a PA.
 - **Six week** post-op visit is scheduled for _____. This will be with your surgeon.
- If you do not have a post-op appointment or need to reschedule, please call the office at 303-837-0072

INCISION:

____ Your sutures are under the skin and will absorb on their own.

- There is adhesive glue on your incision which will dissolve over time.

____ You have sutures/staples on the skin that will be removed.

- These will be removed at your first post op appointment

DRESSING:

- You have a Silverlon or silver-based dressing in place. Please keep this on until your first follow-up visit.
- The dressing is water resistant. You may shower the day after surgery.
- If water seeps into the dressing or if the dressing comes off, simply remove and cover with gauze and tape.
- We can also supply you with a new Silverlon dressing. Please call the office to obtain.
- Do not soak the dressing/surgical site in a bath, pool, or hot tub for at least six weeks after surgery.

SWELLING:

- Some swelling is normal after surgery. To minimize swelling and discomfort, you may **elevate the operative limb above the level of your heart**.
- Ice packs may be applied over the dressings to help with pain and swelling. Ice packs should not be applied directly to your skin. Ice the surgical area for 20-30 minutes, 4-5 times per day.
- A gently wrapped elastic (i.e. ACE) bandage can be applied to minimize swelling. If an elastic bandage wrap is used, it should start at either the foot or the hand and be wrapped up the extremity.

ACTIVITY:

- Please **avoid strenuous activity** for at least six weeks following surgery to decrease the risk of wound healing problems and other complications. As your surgical site starts to heal, you should gradually start to increase activity.
- The hospital Physical and Occupational Therapists may have provided you with exercises to continue at home.
- *Total Knee Replacements*
 - Weight bearing as tolerated.
 - Please start physical therapy ASAP. This will be done either at home or an outpatient facility.
 - Range of motion at two weeks post-op should be to near full extension and 90 degrees of flexion. We aim for 120-130 degrees of flexion at six weeks post-op.
- *Total Hip Replacements*
 - Weight bearing as tolerated.
 - If your surgery was done from the anterior approach then no muscles were cut and do not have any precautions.
 - Posterior hip precautions include: no hip flexion greater than 90 degrees, no internal rotation and flexion of operative leg, do not cross legs
 - We recommend massaging your incision 2-3 times per day to prevent excess scar formation.
 - Wearing bike shorts or Spanx will help decrease pain and swelling.
- *Total Shoulder Replacements*
 - Please make an appointment with your physical therapist to begin formal PT 2-3 weeks after surgery.

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Total Joint Discharge Instructions (continued)

- In the meantime, focus on pendulum exercises of your shoulder, and movement of your elbow and wrist.
- Arm must stay in sling at all times, except for showering and therapy.
- **No active internal rotation.** This means that you cannot reach your operative hand behind your back. Limit passive external rotation to 30 degrees. This means no reaching up and out. No lifting more than one pound.

DRIVING:

- The decision to resume driving will be made by you and your physician.
- In general, you may resume when you are comfortable and **no longer taking narcotic medications.**
- If your surgery involved your right leg (driving leg), you may not be able to drive for a longer period of time.
- When you resume driving, it is recommended that you start in an empty parking lot and test your physical ability to react quickly. If you are able to comfortably maintain control of your vehicle and **rapidly apply the brakes** if needed, then it is safe to drive.

MEDICATIONS:

- Resume your usual home medications unless otherwise directed.
 - Medications will be prescribed and refilled on an as needed basis. Our goal is to use multiple different types of pain medications together to control pain and minimize side effects.
 - You may call our office Monday through Friday, 8:00a.m. to 5:00p.m. as needed for refills.
 - Please allow 24 hours for medication refills and do not wait until you are completely out before calling.
- Blood thinner (aspirin, warfarin, Lovenox, Xarelto)
 - You should only take ONE blood thinner unless otherwise directed by your physician.
 - This medication has been prescribed to prevent blood clots, which include DVT (deep vein thrombosis) and PE (pulmonary embolism).
 - You can minimize your risk of blood clots by working on calf pumps and ambulating several times per day.
 - Narcotics (oxycodone, Dilaudid, Norco, Percocet)
 - Do not drink alcohol, drive, or operate heavy machinery while taking narcotics.
 - These medications **will cause constipation.** You should take a stool softener/laxative while taking narcotic pain medication.
 - Stool softener/laxative (Senna, docusate, milk of magnesia)
 - These medications can be purchased over the counter.
 - If you do not have a bowel movement within 2-3 days you should consider an enema or suppository.
 - Be sure to drink plenty of water and eat foods high in fiber.
 - Anti-nausea/anti-emetic (Zofran, Phenergan, Reglan)
 - This may or may not have been given to you at the hospital and can be taken on an as needed basis while taking narcotics.
 - Anti-inflammatories (Celebrex, Mobic, diclofenac, Advil/ibuprofen, Aleve/naproxen)
 - Taking an anti-inflammatory on a daily basis will reduce pain and limit the amount of narcotics needed.
 - Acetaminophen (Tylenol)
 - Should also be taken on a regular basis to reduce pain and limit the amount of narcotics needed.
 - You should NOT take more than 4,000 mg in a 24 hour period.
 - Gabapentin
 - This medication helps with nerve-related pain and can be stopped as desired.

THINGS TO WATCH OUT FOR:

Please call our office at 303-837-0072 if you experience:

- Fevers (temperature above 101°F), sweats, or chills.

Total Joint Discharge Instructions (continued)

- Worsening pain, increasing drainage, redness, swelling, or if you have any other questions or concerns.
- Signs of a blood clot include swelling, pain, and redness of the leg (especially the calf area).
- **Call 911 if you experience chest pain or shortness of breath.**