JOINT REPLACEMENT

Post-operative Instructions

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Board Certified Orthopaedic Surgeon

Adult Reconstruction (Hip & Knee Replacement)

POST-OP APPOINTMENT:

We will see you approximately six weeks after surgery. If you have staples or stitches, you may be instructed to follow up in 2-3 weeks after surgery. If you had revision ("re-do") surgery, you may be instructed to follow up in 2-3 weeks after surgery. The surgery scheduler made this appointment for you when they scheduled your surgery. Call (360)-570-3460 Ext. 7029 if you need to schedule or change your appointment.

WHEN TO CONTACT OUR OFFICE:

Please call us if you experience worsening pain, new numbness or weakness, wound redness or drainage, wound opening, increased bleeding, loss of motion, inability to bear weight, fever above 101.5 F, or chills. A low-grade fever is normal after surgery. Never hesitate to call. If you have chest pain, difficulty breathing, or become disoriented, call 911.

For routine clinical concerns: Call/leave a voicemail at (360) 570-3460 Ext. 7028. Our business hours are Mon-Fri 8:00am to 5:00pm.

For urgent concerns after hours, on weekends, or on holidays: Call (360) 786-8990, option “0”.

For emergencies: Call 911 or visit your nearest ER.

WOUND CARE:

Your incision is closed with absorbable sutures (or staples) and a specialized skin dressing called "SYLKE."

HIP REPLACEMENT:

Remove outer dressing in 5-7 days. To remove the dressing, press down on the skin with one hand and carefully lift the edge of the dressing with the other hand. The adhesive seal can be broken by stretching the dressing. Peel it off like a giant Band-Aid – DON'T BE NERVOUS! OK to begin showering immediately, the outer dressing applied during surgery is water resistant. Do NOT submerge in water (i.e., baths or hot tubs) for 6 weeks. Leave the underlying SYLKE dressing in place for 3-4 weeks. OK to trim edges that peel away from the skin. After 4 weeks, the entire dressing can be removed.

KNEE REPLACEMENT:

Remove the sterile dressing beneath TED Hose after 48 hours. OK to begin showering after 48 hours, following outer dressing removal. Do NOT submerge in water (i.e., baths or hot tubs) for 6 weeks. Leave the underlying SYLKE dressing in place for 3-4 weeks. OK to trim edges that peel away from the skin. After 4 weeks, the entire dressing can be removed.

Seeing blood spotting on the outer dressing and on the SYLKE dressing is normal. The SYLKE is waterproof, and you are allowed to shower with it on. There is no need to use special soap, and you may use your regular brand. Allow soap and water to run over the incision - DO NOT scrub or submerge the incision! Do not apply any lotions, creams, or ointments to your incision for 6 weeks.

Maintain good hand hygiene by washing hands prior to touching the incision. If you are going to be around pets, keep the incision covered by clothing to avoid direct contact with the incision until it is fully healed. Animals can transmit bacteria to the wound. Wash hands after contact with them. It's normal to feel numbness around the incisional area. This may be present for a year or more, but is rarely permanent. It's normal for the operative extremity to feel warm, and this can persist for up to one year after surgery.

It is normal for some redness/pinkness to appear around the incision. Angry redness or red streaking is not normal, and you should call if this occurs.

ANTICOAGULATION:

You were prescribed medications to help prevent blood clots (DVTs) from occurring after surgery. You are also instructed to mobilize as your can tolerate to help prevent blood clots. These medicines and activity will help to prevent blood clots. If you notice any excessive bruising or bleeding from your surgical wound (or elsewhere), call the office. These medications are to be used in conjunction with the compression stockings that were provided to you at your surgical facility. You can remove your compression stockings 48 hours after surgery, but you are encouraged to wear them for the first week to alleviate swelling and help prevent blood clots.

SWELLING AND BRUISING:

- It is normal to have a significant amount of swelling in the operative leg, including the ankles and toes
- Bruising can be quite dark and may go from the hip/buttock through the thigh and down to the foot. It may take a long time (weeks) to completely go away.
- Both swelling and bruising will likely worsen during the week following your operation.
- ELEVATE your operative leg. The best way to do this is to elevate your leg above the level of your heart ("toes above nose").
- Lie down on your back on a sofa or bed and place 4-5 pillows under your calves with your knees straight. Do this for 30-60 minutes at a time, 4-5 times a day.
- The more active you are, the more you need to take time to ELEVATE!
- Apply ice (20 minutes on, 20 minutes off) every 1-2 hours following surgery for the first 3 days.
- After the first three days, apply ice (20 minute increments) 3-4 times per day.
- Swelling may persist off and on for first 6 months after surgery but can last up to a year.

WEIGHT BEARING AND RANGE OF MOTION:

You are to be weight-bearing as tolerated and range of motion as tolerated with your operative extremity unless instructed otherwise by Dr. Anderson or a member of the care team. In certain circumstances, this may change after surgery

PHYSICAL THERAPY AND ACTIVITY (HIP):

Your main goal is to stay mobile without overdoing it. “Taking it easy” for the first two weeks can be beneficial. You will have less pain and swelling if you avoid too much activity right after surgery. If you have pain, stop the activity and rest. We want your tissues and bone to heal well. We also don't want to cause stress on your new hip.

- Sometimes, patients can overdo activity and exercise when they get home. For the most part, I want you to just focus on walking.
- After two weeks, you may perform upper body exercises. Avoid heavy lifting or any excess strain on your new hip. If you'd like, you can start using a stationary bike.
- You should wait at least 6-8 weeks before using leg weights (<30lbs). It's important to return to activities gradually. If you having increased swelling, you are likely over doing it.
- You should start going to physical therapy within the first week after surgery. You may have been instructed to hold physical therapy if you had a revision ("re-do") surgery.
- For the first 1-2 weeks, use a walker. You can advance to a cane whenever you and your physical therapist feel comfortable. As you feel stronger, you'll be able to stop using the cane (2-6 weeks post op).
- “Listen” to your hip: don't push beyond a pulling or painful sensation.
- No heavy lifting (>30 lbs) for 3 months after surgery.
- No high impact activities (running, jumping, etc.) for 3 months after surgery.
- After 3 months, all restrictions are lifted.

PHYSICAL THERAPY AND ACTIVITY (KNEE):

Your main goal is to stay mobile without overdoing it. "Taking it easy" for the first two weeks can be beneficial. Your secondary goal is to maintain full extension (straightening) of the knee, and to gradually work on knee flexion (bending). You will have less pain and swelling if you avoid intense PT right after surgery. Intense therapy can cause excessive pain and swelling. It's a gradual process!

- It is important to stretch your knee so it doesn't tighten up. Chair slide and knee extension stretches should be done at least 5x a day.
- To avoid a manipulation, it is important to be able to fully straighten your knee and bend it to at least 90° by your six week post-op appointment. It's okay if you don't meet these goals immediately after surgery!
- You should start going to physical therapy within the first 3-5 days after surgery. You can go to any outpatient physical therapy facility that is convenient for you.
- After two weeks, you can perform upper body exercises and start using a stationary bike. It's important to return to activities gradually. If you are having increased swelling, you are likely overdoing it.
- For the first 1-2 weeks after surgery, use a walker. You can advance to a cane whenever you and your physical therapist feel comfortable. As you feel stronger, you'll be able to stop using the cane (2-6 weeks post op).
- No heavy lifting (>30 lbs) for 3 months after surgery.
- No high impact activities (running, jumping, etc.) for 3 months after surgery.
- After 3 months, all restrictions are lifted.

STEP COUNTS AFTER SURGERY:

Keeping track of your step count is an easy way to make sure you are not doing too much activity in the weeks following joint replacement. Staying mobile is important, but too much activity can cause excessive swelling, and in turn pain. When you are not moving, it is important to keep the limb elevated (toes above the nose) and use ice regularly to help prevent excessive swelling.

- Week 1: 750 steps/day maximum

- Week 2: 1200 steps/day maximum
- Week 3: 2000 steps/day maximum
- Week 4: 2750 steps/day maximum
- Week 5: 3500 steps/day maximum
- Week 6: 4500 steps/day maximum
- Week 7+: Progress by 1000 steps/day each week using pain/swelling as guide

SLEEPING:

Up to 85% of patient's will experience some disturbance of their sleep pattern (trouble falling asleep, staying asleep, or waking up early) in the weeks following joint replacement surgery. This is a normal, albeit unfortunate, side effect that may last 6-8 weeks after surgery.

- Avoid caffeine after 9pm, avoid cat napping during the day, and avoid going to bed late in evening (after 11pm).
- Elevate your leg during the day to reduce swelling that builds up at night.
- You may sleep in whatever position is comfortable for you.
- Narcotic pain meds can cause rebound pain and a sense of agitation when they wear off. Avoid narcotic pain meds except when absolutely necessary to eliminate some of these symptoms.
- You may use over the counter sleep aides if needed. Ask a pharmacist for advice or contact your PCP for a prescription medication if needed.

DIET:

To optimize healing, it is essential to have adequate nutritional intake. Studies have shown drastically improved outcomes for patients with a sound nutritional state. It is recommended you take a multivitamin daily. A balanced diet with recommended daily servings of lean protein, vegetables and grains can help ensure adequate nutrition. It is equally important to drink water throughout the day. This will help prevent constipation.

PAIN MANAGEMENT:

Take your pain medications as instructed. It is best to take pain medications before your pain becomes severe. This will allow you to take less medication yet have better pain relief. For the first 2 or 3 days it may be helpful to take your pain medications on a regular schedule (e.g. every 4 to 6 hours). This will help you to keep your pain under better control. You should then begin to take fewer medications each day until you no longer need them.

Recent changes in Federal, State of Washington, and many of our hospitals' narcotic policies prevent us from prescribing more than a seven day supply of narcotic pain medication at dismissal.

Do not consume more than 3000 mg or 3 gm of Tylenol or acetaminophen-containing products (Percocet, Vicodin, etc.) within a 24 hour time period to avoid damage to your liver.

Take NSAID (Non-steroidal anti-inflammatory drugs) medications as directed, if prescribed by Dr. Anderson.

CONSTIPATION:

You may experience constipation after surgery because of anesthesia, narcotic pain medication, reduced physical activity, and alterations in your diet. To prevent constipation after surgery, it is strongly recommended that you take the prescribed stool softener (Senna) for two weeks after surgery or while taking narcotic pain medications. In addition, all patients should be walking throughout the day to help get your digestive system moving.

If you have not had a bowel movement by Day 3 after surgery, it is recommended that you supplement with the following over-the-counter medications until you have a bowel movement::

- Colace or Surfak: 1 capsule, twice a day
- MiraLAX (polyethylene glycol): 1 capful (17 grams), one to two times daily

If you have not had a bowel movement by Day 5 after surgery, it is recommended that you supplement with the following over-the-counter medications until you have a bowel movement:

- Dulcolax suppository: 1 suppository, daily as needed
- Milk of Magnesia: 30 mL, daily as needed
- Magnesium Citrate: ½ bottle, daily as needed

Recommended dietary changes to prevent constipation include:

- Eating prunes or drinking prune juice
- Drinking at least eight 8 oz glasses of water a day
- Eating plenty of fruits and vegetables

DRIVING: Driving is a legal question and I cannot comment on when you are “cleared to drive”. You shouldn't drive if you can't operate a car safely. If you had surgery on your left leg, you can usually start driving two weeks after surgery. If you had surgery on your right leg, you can usually start driving four weeks after surgery. You shouldn't drive if you're taking narcotic pain medication or still requiring a walker. You have to feel you have the ability to “slam on the breaks” in order to drive. Start by driving around an empty parking lot first and then when you feel ready, you can resume driving.