

HOSPITAL TO HOME

Surgery

Knee or hip replacement surgery typically takes 45 to 60 minutes. Revision surgery (redoing a previously placed prosthesis) requires a longer operation, depending upon the complexity of the surgery. After your surgery, you will go to the Recovery Room for approximately one hour and then to your private room on the joint replacement floor. During surgery, your family can relax in the Surgery Waiting Room and your surgeon will contact them immediately following your operation.

Most patients will have a regional anesthesia, utilizing specific nerve blocks designed for hip or knee replacement. These nerve blocks last for the first 24 hours or so after surgery, reducing the need for oral pain medication. The anesthesiologist will give you a sedative medication to help you relax prior to surgery. You will be asleep for the actual surgery

Post-Op

Pain medication will be prescribed for you after surgery. A multi-modal approach is used. This means several different types of medication will be used to treat the different pain pathways in your body.

It is very important for you to take deep breaths and cough two to three times every hour while you are awake. This helps expand your lungs to prevent lung complications.

Moving your ankles (pumping) also helps decrease the risk of blood clots in your legs. You will likely get out of bed the day of surgery. **DON'T BE AFRAID TO MOVE!**

A physical therapist will instruct you in the use of a walker or crutches. An occupational therapist will help you with activities of daily living such as getting dressed. Discharge plans will be made for you. The vast majority of patients are safe and ready to go home on the second or third post operative day. For example, if you have your knee or hip replacement on Tuesday, you will likely be ready to go home safely on Thursday, or sometimes on Friday. Once home, you will need to perform some simple range of motion exercises daily that we will teach you while in the hospital. Your family, friends or neighbors should be included in the plans for your rehabilitation at home and should check on you once a day if possible.



*Left to Right: Post-operative patient room at IOH;
Lounge area and work space for patient's family member.*

Discharge

You will be discharged from the hospital when you are able to get in and out of bed and walk with crutches or a walker. You can expect to be in the hospital after hip or knee surgery for approximately two to three days. For revision, complex hip or knee surgery, you can expect to be in the hospital for four to five days. Most patients will return home upon discharge. If you live alone, you will need someone to stop by every day to check on you.

Discharge Instructions

Post-operative Activities:

- ✓ Change your dressing daily
- ✓ Following a total knee replacement, apply an ice pack to the knee three to four times daily for 20 to 30 minutes at a time
- ✓ Following a total hip replacement, you may use ice on the thigh three to four times per day
- ✓ Use a walker or crutches at all times
- ✓ Wear the TED stocking on your operative leg at all times except during bathing
- ✓ Shower only if you feel safe; the incision may get wet
- ✓ Bear weight as tolerated on leg(s)
- ✓ Elevate leg(s) three times daily
- ✓ Do not reach below your knees after hip surgery
- ✓ Do not drive for one month

Medications

Take pain medicine as ordered. In some cases, you may be prescribed the blood thinner Coumadin (blood will be drawn each week to monitor the Coumadin), for four to six weeks. Do not take aspirin if on Coumadin.

Most patients will take coated aspirin (Ecotrin 325 mg), one tablet twice each day with food for 6 weeks after joint replacement.

Take your usual medicine at home. (Do not take aspirin or arthritis medicine if on Coumadin.)

What to Expect

While some pain is to be expected, we'll help you manage it. You can also expect swelling at the incision and ankle, as well as bruising (sometimes, all the way to the foot).

Follow-up Appointment

Usually 10 to 14 days after surgery, your doctor will give you follow-up instructions and directions.

When to Call a Doctor

Fever: If your temperature goes over 101 degrees. (It is common to run a low-grade temperature less than 101 degrees. Be sure to breathe deeply and ambulate.)

Redness: If skin around the wound becomes more red or swollen. (Expect some redness along the incision line.)

Drainage: If there is increasing drainage coming from the wound. (Most incisions should stop draining by the time you are discharged from the hospital.)

Odor: If there is a foul smell that seems to come from the wound.

Swelling: If you experience excessive leg swelling not relieved with ice and elevation.

Pain: If you have severe pain and swelling in the calf or thigh of the leg.

Breathing: If you have shortness of breath or trouble breathing.

Chest Pain: If you experience chest pain, severe indigestion or a feeling of heaviness in the chest.

Follow-Up

You will have a follow-up appointment made for you and an appointment card given to you upon discharge from the hospital. If you need to change the time please call our office at 884-5200. Usually, we like to remove the clips or sutures 10 to 14 days after the surgery date.

Following total joint replacement, you will need to take antibiotics prior to having dental cleanings and dental procedures. Antibiotics should also be taken prior to colonoscopy, bronchoscopy, urinary tract procedures and abdominal surgery. The antibiotics are important to prevent any infection from seeding into the total joint.

Always let your doctor or dentist know that you have a joint replacement when you schedule any type of procedure. Antibiotics are not required when you have a "common cold."

We will be here to encourage and support you during your surgery and rehabilitation and will help you in every way possible. It is important that you continue to follow-up with your orthopaedic surgeon as requested. After the first year, you will be followed every three to four years. It is important to X-ray your prosthesis every three to four years to look for any early problems, such as loosening and/or wear that may not be obvious to you. Approximately 90 percent of hip and knee implants are still functioning well at 15 years after surgery. If they loosen or wear out, they can be redone with a good result once again. Sometimes all that needs to be done is to change the liner (plastic).

As your orthopaedic surgeon, I keep all of the data regarding you and your prosthesis so I can review your progress. I feel this documentation allows me to offer the best possible care to my patients and ensures that I will make changes in your treatment when I feel they are appropriate.

Our common goal is to have the best results possible!

Post-Suture Removal

Keep your incision dry for the next 24 hours. After that, you may shower if you feel safe. The steri-strips should fall off in five to seven days. If they do not, remove them.

Wear your TED stockings on the operative leg until the swelling in your leg is gone. You may only need them during the day. You do not need to wear them on the opposite leg.

HIPS: Continue to obey ALL the hip precautions for six weeks after surgery.

KNEES: Do your exercises ten times each two to three times per day. At week four, begin home exercise program to strengthen leg muscles.

You may switch to a cane when you feel safe. Use cane in the opposite hand from your operative leg.

Continue taking coated aspirin 325 mg twice per day for six weeks after surgery. If you are taking Coumadin, do not take aspirin.

When you need a refill of your pain medication, please call the office two days before you will run out, between the hours of 8 am and 4 pm to give us the time to respond to your needs.

You may drive four to six weeks after surgery, **ONLY IF YOU FEEL SAFE.**

You should expect continued pain, swelling and bruising. Your leg and ankle may stay swollen for four to six weeks after surgery. Call the office for a temperature greater than 101, persistent drainage from the incision, increased swelling, redness or warmth in the leg that is not relieved by elevation, rest and ice.



Do your exercises ten times each two to three times per day. At week four, begin home exercise program to strengthen leg muscles.