

# Discharge Instructions

## HOFMANN ARTHRITIS INSTITUTE

### **Wound Care:**

Have someone help you change your dressing and inspect your wound in 24 hours. Check it daily for signs of infection (redness, drainage). If there is no drainage, the dressing does not need to be changed. If there is drainage, change the dressing as often as needed (could be 2-4 times a day). Use sterile gauze or ABD pad with a little tape or your TED hose (knee replacements) to hold the bandage. No antibiotic ointments or other substances should be put on the incision.

- Drainage that is clear with a slightly red or yellow tinge, without any odor is normal as long as it is decreasing over time. Drainage that is solidly yellow/green with an unpleasant odor, or which is increasing over time is not normal.
- Redness around the incision and the operated joint is normal, but it should slowly decrease over time. Redness that is expanding or becoming brighter over time is not normal.
- Swelling should slowly decrease over time.

### **Bathing:**

You may shower, but your incision should be sealed with plastic wrap and tape for at least 2 weeks to keep the incision clean and dry. When you are allowed to get your incision wet, simply let the water run over the incision. 3-4 weeks after the staple removal you may submerge the incision if it is completely healed.

### **Medications:**

Keep a list of your medications, dosages, and why you take them. Do not take other medications, over-the-counter drugs, or supplements without first talking to your care provider. Take your medicine as prescribed.

- **Pain Medicine;** you should stop taking your pain pills if you are no longer having pain. Do not operate heavy machinery, drive or drink alcohol while taking narcotic pain medications.
- **Constipation;** take a stool softener daily and increase your intake of fiber and fluids, use less narcotic pain medicine, use a laxative or enema.

- **Blood thinner;** You must take your blood thinner as prescribed. Lovenox, Coumadin and Arixtra are the blood thinners we use. Coumadin must be carefully monitored to make sure your blood is not too thin and it is affected by your diet. If you are at home a nurse will come to draw blood to monitor the blood thinner level. If you are not prescribed blood thinning medication at discharge take one enteric coated 325mg aspirin per day for 6 weeks.
- Notify your care provider if you are having side effects from your medicine.

### **Activity Guidelines:**

You will need more rest right after surgery. Slowly start to do more each day. Rest when needed, but keep your circulation active by performing ankle pumps and wiggling your toes often.

- Do not lift anything heavier than 20 pounds for the first month.
- To help with swelling: 1. elevate your knee and foot at or above heart level for up to 1 hour at a time. 2. Apply ice packs; nearly continuously for the first week following your surgery and then for up to 20 minutes following exercising. Never apply ice packs directly to the skin as you may damage it. Place a towel between the skin and the ice pack. Swelling is to be expected around the operated joint and below it (gravity will carry it downward). Swelling should gradually decrease, but you will have times when it will increase such as when you exercise the joint or are upright for longer periods of time.
- Wear both of your TED hose 23 hours a day for 4 weeks, then you may remove them at night for 2 more weeks. After 6 weeks, wear as needed for swelling.
- If you were given a brace to wear, please follow your doctor's instructions and do not allow pressure on any specific area, it can cause skin breakdown.
- Do not use weight machines or weights with your legs ever.
- You may drive in 3-6 weeks if you drive an automatic transmission vehicle and it was your left leg that was operated on. It will be at least 6 weeks before you can drive if your right leg was operated on. You must be off narcotics and be able to control your vehicle in an emergency before you consider driving.
- You may return to work in 2-12 weeks depending on the demands of your work. A desk job may be resumed sooner than a standing job.
- A CPM machine is generally only used in the hospital and not at home. Do your home physical therapy exercises at 2-5 times per day.
- Walk within limits of comfort. Crutches or a walker must be used for the first 6 weeks. Then transition to a cane or one crutch until you are no longer limping.
- If you must travel, perform ankle pumps often and take a short walk every two hours if possible.
- Even after initial healing, minimize higher impact activities to prolong the life of a joint replacement.

**Physical Therapy Protocols** (If you are given other activity instructions at discharge follow those). *No physical therapy without a prescription.*

**THA** (first time hip replacement): Total hip precautions ( No flexing hip > 90 degrees, No hip internal rotation – don't let toes turn in, operative leg is NOT to cross the midline of your body, No twisting with weight on operative leg), gait training (walking ), abductor strengthening (raising leg to the side), upper extremity strengthening, weight bearing as tolerated.

**TKA** (first time knee replacement): Range of motion (emphasize extension), quad strengthening, exercises against gravity only- as tolerated, gait training, weight bearing as tolerated.

**Revision THA** (repeat hip replacement): Total hip precautions, gait training, gentle abductor strengthening (raising leg to the side), upper extremity strengthening, 50% weight bearing for 6 weeks, and Knee immobilizer for 6 weeks.

**Revision TKA** (repeat knee replacement): Range of motion (emphasize extension), quad strengthening, exercises against gravity only- as tolerated, gait training, 50% weight bearing for 6 weeks. Knee immobilizer for 2 weeks/until wound healed.

**HTO** (high tibial osteotomy): Same as revision TKA except generally no brace needed after nerve block has worn off.

### **Appointments:**

You need to have a follow-up appointment about 2 weeks after surgery to have your incision inspected. If you are unable to return for that visit, your staples may be removed by the rehabilitation facility or local physician. You also need an appointment with Dr. McCandless 6 weeks after your surgery. Write down your questions so you can remember to ask them at your appointment.

### **Safety at Home:**

You usually have a Physical Therapist coming into your home for a few visits/week. They will show you more exercises to do and will also help your home to be safer by making some changes such as removing loose carpeting and electrical cords from the floor. Sit in chairs with a firm back and seat and side arms. You may need safety bars in your bathroom, or an elevated toilet seat. You may need a shower chair or bench for bathing. Consider staying on the main floor since stairs will be difficult. For hip replacements elevate the level of chairs so that you do not bend the hip forward beyond 90 degrees.

### **Dental Care and Other Surgeries:**

Take care of your teeth, but do not have exams or work done in the first 2 months after surgery. Bacteria from the bad teeth or dental work in the mouth can travel via the blood stream to the joint and cause an infection. Do not have other surgical procedures for at least 2 months after your surgery. Tell your dentist or anyone else who is planning a procedure for you that you have a joint replacement because you will need to take antibiotics prior to any invasive procedure for the rest of your life to prevent joint infection.

**SEEK CARE IMMEDIATELY AT THE NEAREST EMERGENCY ROOM OR DIAL 911 IF YOU HAVE:**

- **Sudden trouble breathing, chest pain, chest pain when you cough, or heart palpitations.**
- **Severe increased pain, swelling or tenderness in the calves. Shaking chills or a temperature over 103° F.**

**PLEASE CALL IF YOU HAVE:**

Increased swelling, redness or draining pus, the incision is separating, temperature over 101.5° F, chills or feel weak, swelling that does not improve with elevation, new redness or pain in the lower leg, medication side-effects or complications such as itching or a rash (allergic reaction), uncontrolled nausea/vomiting, a fall/injury, numb or blue extremity not relieved by wiggling your toes and ankle, not having a bowel movement for 4-5 days, *other questions or concerns.*

Call **Amber** at (801) 355-6468 or fax (801) 350-3450. Appointments: (801) 35JOINT. Mon-Fri 8:30 am-4:30 pm.