



## Joint Replacement Discharge Education

### Wound Care

Have someone help you inspect your wound daily. Check for signs of infection (redness, drainage). If you have an occlusive dressing, such as Aquacel<sup>®</sup>, and the bandage looks good, you don't need to do anything. Spotting on the bandage can be normal postop. If you have steristrips or staples, use sterile gauze over the incision with TED hose holding them in place and change the gauze as needed for drainage. Gauze can be removed when there is no longer any drainage. **DO NOT USE ANTIBIOTIC OINTMENTS OR OTHER SUBSTANCES.**

- 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 yellow/green with an unpleasant odor, or which is increasing over time is NOT normal.**
- Redness around the incision is normal, but should decrease over time. **Redness that is expanding or becoming brighter over time is NOT normal.**
- **If you think you have Temperature over 101.5 degrees is NOT normal.**
- Swelling should decrease over time. Ice, elevation and compression socks/stockings (TED hose) should be used.

**Call our office at (801) 355-6468, and schedule an appointment immediately if you are having signs of infection!**

### Emergencies & Appointments

**Seek Care Immediately at the nearest emergency room or dial 911 if you have:**

- Sudden trouble breathing, chest pain, chest pain with you cough, or heart palpitations.
- Sever increased pain, swelling or tenderness in calves, shaking shills or temperature over 103 degrees.

**Please call** if you have increased swelling, redness or draining pus, the incision is separating, temperature over 101.5 degrees, chills or weakness, increased pain, medication side effects, 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.

**You need to have a follow up appointments at 2 weeks, 6 weeks, and 90 days after surgery. These appointments will typically be scheduled for you**, so please let us know if you have any conflicts and need to reschedule or cancel any appointment at least 7 days in advance. You will also receive a reminder call 1 business day before any scheduled appointment. Write down any questions you might have so you can remember to ask them at your appointment.

## **Bathing**

You may shower, if you have an occlusive dressing, such as Aquacel<sup>®</sup> it does not need to be covered and can get lightly wet. Simply let the water run over the bandage, do not submerge in a tub.

You may shower, if you have steristrips or staples, your incision should be sealed with plastic wrap and tape and kept dry for three weeks. Once your sutures or staples are removed around 3 weeks after surgery, you are able to get the incision wet, but **absolutely no submerging in water until 6 weeks after surgery.**

## **Safety at home**

In order to ensure your home is safe after joint replacement, it is recommended that you remove loose carpeting, electrical cords and other obstacles. Sit in chairs with a firm back seat and side arms. You may need safety bars in our bathroom, or an elevated toilet seat. You may need a shower chair or bench for bathing. Consider staying on the main floor if unable to manage stairs. For posterior hip replacements, elevate the level of your chair, so that you do not bend forward beyond 90 degrees. Amazon.com has inexpensive equipment.

## **Dental care and other surgeries**

Take care of your teeth, do not have exams or work done in the first 2 months after surgery. Bacteria from bad teeth or dental work can travel via blood stream to the joint and cause infection. Do not have other surgical procedures for at least 2 months after your surgery. Tell your dentist or other medical providers that you have had a joint replacement prior to any procedure. **You will need to take antibiotics prior to any cleanings or invasive procedure for the rest of your life to prevent joint infection.**

## **TED Hose**

Your TED hose need to be worn on both legs **for at least 6 weeks**. This could change and will be discussed at your 3-week post op appointment.

## **Crutches/Walkers**

You will need some sort of ambulating device for **6 weeks** to prevent falls and ensure your safety.

## **Activity Guidelines**

- Slowly increase your activity as you are able
- Do not lift anything heavier than 20 pounds for the first 6 weeks.
- To help with swelling, you should elevate and use ice.
- Wear your TED hose 23 hours a day until you see your care provider and then follow your care provider's orders regarding wear for the next 3 weeks.
- If you were given a brace to wear, follow your care provider's instructions for use.
- Do not use weight machines or weights with your legs.

## **Driving**

Your care provider will release you to drive when it is safe to do so. This will likely be around 3 weeks after your surgery, but may be longer. You must be off narcotics and be able to control your vehicle in an emergency before considering driving.

## **Physical Therapy**

If your care provider wants you to go to physical therapy, they will provide you with a prescription when they want you to begin.

## **Exercises Following Joint Replacement**

Extension or straightening exercises are extremely important. To have stability when walking and in other daily movement, the joint needs to be flexible and strong. The following exercises should be done twice a day. They will help with both range of extension and strength.

## **Walking**

Walking is important for a healthy recovery because it will help recover mobility. For the first 6 weeks after joint replacement, the use of a walker or crutches will help to prevent blood clots, prevent falls, and strengthen your muscles. Make sure you receive guidance from your care provider about how much weight is safe to put on the operative leg. You will be able to gradually handle more weight as your strength and endurance improves. It is recommended that you walk 2-3 times daily for around 10-20 minutes. Walk around your home around every 1-2 hours.

## **Knee Replacement Exercises:**

### **Continuous passive motion machine**

Recovering normal joint mobility after surgery can be challenging, you may be sent home with a continuous passive motion machine (CPM). It is recommended to use the CPM for 4-6 hours per day for 21 days. This will help increase range of motion

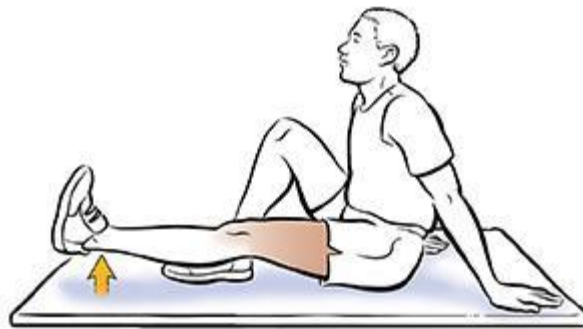
(ROM) and prevent stiffness that can cause pain and limits normal recovery. CPM may also help reduce the risk of deep vein thrombosis (DVT) after surgery.

**If you are given a CPM Machine, please return it at your 3 week postoperative appointment. Failure to do so may cause additional fees.**

## **Straight Leg Raises**

Lie on your back, bend the knee that was not operated on to support your back, and lift the surgical leg straight off the bed about 6 inches. Keep the knee as straight as possible. Hold the leg elevated for a few seconds (if able) and then lower it to the bed.

\*Do this exercise 3 times per day. Do only as many repetitions as you can. Try to gradually work up to 20-30 repetitions. Goal is 200 repetitions per day.



## **Leg extension stretch (Do NOT start until 3 weeks after surgery)**

### **Morning only**

Sit on a sturdy chair with your lower leg on an equal height chair or solid surface in front of you. Relax your muscles to let your knee straighten. You should feel a gentle stretch on the back of your knee. You can do thigh squeezes to increase the stretch. **Do this stretch for 10 seconds with 10 repetitions.**



## **Leg flexion stretch (Do NOT start until 3 weeks after surgery)**

### **Morning only**

Sit in chair and slide your foot along the floor as far as it will go. Lock your foot to the floor at this point and then slide your buttocks forward on the chair. This will squeeze more bend into the knee. **Hold this new position for 10 seconds as tolerated then relax, with 10 repetitions.**



## **Hip Replacement Exercises:**

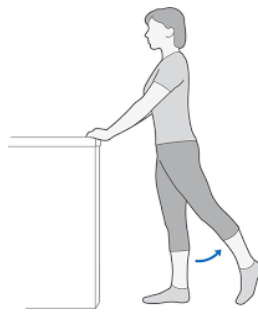
### **Standing exercises for legs**

Stand on your good leg (unoperated), lift the operated leg up to the front about forty degrees. If that causes pain, shorten the distance you lift it. Repeat 10-20 times or until you cannot do the exercise properly.



**Hip Abduction**

The same sequence is repeated lifting the leg backward 20-30 degrees (about 6-8 inches). Gradually work up to 100 times, twice daily.



**Hip Extension**

## **PAIN MANAGEMENT AND MEDICATIONS**

### **PLEASE REFER TO THE CONTROLLED SUBSTANCE AGREEMENT**

If you are on narcotics prior to surgery for chronic pain control you will need to meet with your primary care physician or pain management physician to discuss post-operative pain control. ***That treating physician, Not Hofmann Arthritis Institute, will need to provide you with prescriptions for additional pain meds, as Hofmann Arthritis Institute will not dose narcotics above and beyond our normal post-operative protocol.***

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.

We may provide pain medications for **up to 3 months post op if needed**. Please call our office when you are running low on pills as we do not always have a provider in to sign prescriptions. **Good days to call are Mondays, Wednesdays and Fridays**. Out of town patients please consider that we have to mail out your prescription. If you are asking for a narcotic refill, **someone will have to pick it up from one of our offices** or we can mail it to you. If you end up needing pain medications after 3 months, you may

need a referral to pain management. **You will have to be seen consistently** enough in our office, for us to provide any refills and please try any over the counter remedies as well.

After Surgery you will be given the prescriptions below and will need to have over-the-counter Tylenol 500mg tablets on hand:

**Over-the-Counter Tylenol 500mg tablets**

Take 2 tablets every 8 hours around the clock

**Celebrex 200mg x 90 tablets**

Take one tablet daily. If your insurance, allergies, or medical history prevents you from taking Celebrex there is no need to substitute any anti-inflammatory medications.

**Tramadol 50mg x40 tablets**

Take 1-2 tablets every 6 hours as needed for pain.

**Oxycodone 5mg x 20 tablets (Should only be taken for breakthrough pain, see below)**

Take 1 every 6 hours as needed for pain.

**Aspirin 81mg or Coumadin x 90 tablets**

Take either Aspirin 81 mg once a day OR

Take Coumadin every night as directed by Home Health care nurse

**Colace 100mg x 60 tablets (stool softener)**

Take 1 twice a day

**Zofran 4 mg x 30 tablets (if given for Nausea)**

Take 1-2 tablets every 8 hours as needed for Nausea or Vomiting

**For Breakthrough pain rated 7-10**

- Take oxycodone 5mg *in addition* to Tramadol, Tylenol and Celebrex
- If 30 minutes after a dose of Tramadol, you are still experiencing severe pain, take one tablet of the 5 mg Oxycodone.
- If you still in severe pain (6-10) after 30 min of the first Oxycodone dose; take a 2<sup>nd</sup> dose of one tablet of 5mg Oxycodone
- Wait until next dose to take Tramadol at scheduled time

Thank you for choosing Hofmann Arthritis Institute for your Joint Replacement needs!

If you should have any questions or concerns, please don't hesitate to give us a call at 801-355-6468.