

Total Joint Replacement Post Op Instructions

If discharged to home:

- 1) Showering/bathing: Showers are fine. Keep them short the first week. Wait on a bath for at least 2 weeks so the incision can be well healed.
- 2) If you had a partial (unicompartmental) knee replacement, you will probably not need any physical therapy after you leave the hospital. Take it easy for the first month, walking only when necessary for activities of daily living. Let someone else walk the dog. Most problems with partial knees come from overdoing it in the first month. Make an appointment to come see me about two weeks after your surgery. We will talk about exercise and physical therapy at that time.
- 3) Physical Therapy: If you have had a total knee or hip replacement you will need outpatient physical therapy. If you have no transportation help or live really far away, we can arrange for a therapist to come to your house, though this is less effective and more expensive. Outpatient Therapy should begin about 7-10 days after your surgery. If it is not set up already, call 261-3543, and my assistant will help you arrange it.
- 4) Medications: I usually send people home with a narcotic pain reliever (Oxycodone or Hydrocodone) and aspirin.
 - a. The narcotics have several side effects. They can cause constipation, nausea, and sometimes just make you feel weird. You can take Ibuprofen, Aleve, or Tylenol (or any other over the counter pain reliever) and that may lessen the amount of narcotics you need. If you are getting low on your supply, call Elliott during business hours. Hydrocodone can be refilled over the phone, but oxycodone cannot. It requires a written prescription which you can pick up at the office. Do not call on nights or weekends, as the on call doctor will not be able to refill your prescription. I will give you narcotics for up to 60 days after surgery if needed.
 - b. The aspirin is to help prevent blood clots. You should take 2 adult (325 mg) aspirin every day for 25 days. You can take two at a time or one twice a day. If you miss a day, that's OK. No need to double up the next day. If you notice any excessive bruising, easy bleeding from your gums or nose, or blood in your urine or stool, stop the aspirin and call the office. If you normally take a blood thinner like Coumadin (warfarin) or Plavix, you should take that medication just like you did before surgery. If you take Coumadin, do not take aspirin also. If you take Plavix or other blood thinners, take the aspirin as prescribed
 - c. Gabapentin – this medicine can be helpful if you are having night pain. Try taking one (300mg) before going to bed. One one doesn't work, try 2. If you are not having trouble sleeping, don't take any.
- 5) Constipation: It is normal to not have a bowel movement for 5-7 days after a major surgery. If you are passing gas, your bowels are fine and there is nothing to worry about. If you are not

passing gas and are feeling bloated, an over the counter stool softener or enema may do the trick. If not, call us.

- 6) Driving: You may drive when you can walk without your walker. If you have progressed to a cane, it's OK to drive.
- 7) Follow-Up: You should come back to see me about 7-10 days after your surgery, unless you are having a problem. Call 767-8662 to set up the follow-up as soon as you get home. Most of the time, I close your incision with an absorbable stitch. There will be a knot on either end that will fall off on its own after a few weeks. You can cut it off with some scissors after 10 days if it is bothering you. If you have staples closing your incision, come in 7-10 days after surgery to have them removed
- 8) Work: You may return to work when you are ready. In general, people with seated type jobs can safely return to work after a month. If you have a heavy labor job, it may be up to three months.
- 9) Walking support: Most people need a walker for a few weeks. Unless I have told you otherwise, you can walk without your walker whenever you feel comfortable. Many people use a cane or a crutch for a while when they don't need the walker.
- 10) Leg swelling : It is normal to have some swelling in the operated leg for several weeks after surgery. It will be more swollen at the end of the day. If the swelling rapidly increases or seems excessive to you, come see me. If you have any chest pain or shortness of breath (rare), go to a hospital to check for a blood clot.
- 11) Wound drainage: It's OK to have a little drainage in the first week. If it is excessive or persists beyond a week, come see me.
- 12) Fevers: It is normal to run a low grade fever (99-100) for a few weeks after surgery. You can take Tylenol or Ibuprofen for the fever. If the fever is higher than 101, you should come see me.

If discharged to Rehab or a skilled nursing facility:

Make an appointment to come see me as soon as you are discharged to home. If you are having problems when at rehab, call the office so they can let me know. I will come see you if necessary. While you are at Rehab or a SNF, your care is directed by the medical director there. I have no jurisdiction there.

Owen Tabor