



Orthopaedic Specialists
of Central Arizona

DISCHARGE INSTRUCTIONS AFTER TOTAL JOINT REPLACEMENT

- Activity:** No driving for 3 weeks, unless specifically told otherwise.
No lifting more than 10 pounds for 4 weeks after surgery.
Most joint replacements allow you to weight bear on your operative leg as tolerated. “As tolerated” means that you may put weight on the leg as dictated by your pain.
It is recommended that you use your walker as instructed by the physical therapist. You may progress to a cane in the opposite hand when comfortable, and when you can walk with little or no limp.
You may climb stairs and walk as much as you feel comfortable.
Resumption of your “normal” activities should wait until approximately 6 weeks after surgery.
- Dressings:** For Hip Replacement patients, the surgical dressing will be a clear, occlusive dressing, with a dark gray dressing visible under the clear dressing. Leave this dressing in place- there is no need to change this dressing. This dressing will be removed at your postoperative appointment.
For Knee Replacement patients, the original surgical dressing (Ace Wrap and cotton padding) should be removed after 24-48 hours. On your skin you will see a clear, occlusive dressing, with a dark gray dressing visible under the clear dressing. Leave this dressing in place- there is no need to change this dressing. This dressing will be removed at your postoperative appointment.
You may shower after 24 hours.
DO NOT bathe, swim, or otherwise soak your wound until your incision has completely healed. You may notice some redness about the incision as it heals. If this redness increases or you notice any significant discharge from the wounds after the first several days, please let us know.
- Discharge:** Patients are discharged home on *average* one or two days after surgery. Some patients can even do home the day of surgery.
Please ensure that someone will be with you 24 hours a day for at least the first several days. Home health agencies provide in home nursing care if needed, as well as a home physical therapist. If this is something you would like, it can be arranged for you.

Some patients require a short stay at one of the local rehabilitation centers, where additional acute care and therapy can be given. Transportation to the extended care facility (ECF) is arranged through by the ECF staff and the hospital social worker.

Pain Control: You will be given a prescription for pain medication (either Oxycodone or Norco) after surgery. Use this as needed. This will be combined with an anti-inflammatory medication, either Mobic or Celebrex. Once the initial pain subsides, try to manage with just Extra-strength Tylenol or the anti-inflammatory medication. Please be mindful if you are running low on medications and need a refill- you must give the office 72 hours advance notice.

Narcotic pain medications (such as Oxycodone, Norco, Vicodin, Tylenol #3, or Percocet) can all cause constipation as a side effect. Make sure to drink adequate fluids to keep well-hydrated. You may need to use a stool softener, as well as a laxative to ensure appropriate bowel movements. These are available over-the-counter.

It is strongly recommended that you discontinue the narcotic pain medication as soon as possible. It is much safer for you just to use Tylenol and your anti-inflammatory medication. It is common to have swelling and discomfort for several weeks after surgery. Icing is extremely helpful to control both pain and swelling. Please refer to the specific icing instructions that been given to you. Ice the operative site for 20 minutes at least four times a day for the first two to three weeks. After that, use ice if you still notice significant swelling or you still have pain.

Medications: For most patients, you will be instructed to resume taking all your usual medications as before surgery. Exceptions would include aspirin-type products or other blood-thinning medications. These should not be taken.

A blood thinner is routinely prescribed after surgery to reduce the risk of blood clots. The “high-risk” period for blood clots after surgery has been shown to be two weeks following Knee replacement and four weeks following Hip replacement. Most commonly-used medication is enteric-coated Aspirin, 325 mg- taken once a day with food. Coumadin, Xarelto, Fragmin, or Lovenox may be used.

Blood Tests: If you are on Coumadin as your blood thinner after surgery, you will require a blood test every Monday and Thursday while you are on this medication. The test is called a “Prottime” or “INR”- this allows us to ensure that you are taking the correct dose of Coumadin.

Work: For those patients who work, the time it takes to return to your job is extremely variable. This is dictated by your recovery from surgery, and the type of work you do.

Follow-up: You will need to be seen approximately 1-2 weeks after surgery. Your follow-up will usually be scheduled in advance of your surgery. If this has not been done, please contact our office.

Notify our office if you notice:

- Increasing pain at the site of the wound that does not subside with medication.
- Temperature over 101.5° F, taken orally.
- Numbness or loss of sensation below the operative site.
- Bleeding that persists despite elevating or wrapping the operative site

Each patient will respond and recover from surgery at their own pace. While it is informative and useful to “compare notes” with a friend, relative or colleague who has also undergone partial knee replacement surgery, please do not place undue importance on keeping up with them. Remember that each patient’s problem and surgery is unique. If you encounter specific problems please call the office as soon as possible.