

Post-Operative Discharge Instructions

****DR. CHRISTY'S NUMBER ONE RULE FOR POST OP PATIENTS****

- If you feel that your incision looks "infected", please contact our office BEFORE going to your primary care physician, the ER, or an urgent care. Dr. Christy is the ONLY physician that should place you on an antibiotic for a post-operative infection. Please call 912-644-5318 between the hours of 8:00a-4:00pm. After hours, please call 912-644-5300 for the after-hours on-call physician
- Please refer to the separate handout (Prevena wound vac) regarding bandage changing and post op wound care. You may shower with the Aquacel dressing in place – DO NOT let water directly hit the bandage. Do not submerge the wound in water, or use any ointments, lotions, or salves until your wound looks pristine (6 weeks post op).
- You should wear the TED support stockings to ease swelling & help prevent blood clots until you come in for your first post op visit (2-3 weeks). These should be worn on BOTH legs. The stockings will be provided during your hospital stay.
- You should elevate your foot above your heart to help decrease swelling. Please keep your leg straight while elevating.
- You should ice (for knees, with Polarcare ice wrap – supplied to you during your hospital stay) for 20-30 minutes or more at least 6 times per day (more is better for decreasing swelling and pain).
- Bruising on the thigh, buttock, or lower leg is normal.
- Low-grade temperature elevation and surgical site warmth are normal. Only call if you experience an extreme pain or swelling increase, fever greater than 101.5, drainage increase, wound odor, increased redness, new calf pain, or shortness of breath.
- You should be drinking at least 64 oz. of water daily to avoid constipation. A fiber laxative may be helpful.
- You may wean yourself off the walker as you see fit.
- You should not drive until your first visit with Dr. Christy.
- Avoid tanning the wound for the first year.
- Antibiotic prophylaxis for dental cleanings/procedures will be needed going forward. This is a lifelong precaution. Please contact Dr. Christy's office for antibiotics when you have these appointments scheduled. It is best to delay routine dental cleanings/procedures for 12 weeks post operatively.

FOR KNEES:

- You should not sleep with a pillow behind your knees.
- You should go to the physical therapist's facility 2-3 times/week for 4-8 weeks (until you and your therapist agree your goals have been met).
- Your new joint will hurt more if it gets stiff. Using a rocking chair or gently bending the knee throughout the day will decrease your pain.

FOR HIPS:

- Outpatient physical therapy is NOT standard with an anterior approach total hip replacement. Physical therapy will NOT be ordered immediately after your surgery. If Dr. Christy determines at one of your post-operative appointments that you are lagging behind on expectations, he will order physical therapy.

YOUR FIRST POST OPERATIVE APPOINTMENT IS SCHEDULED FOR:

****Please read this information in its entirety once it has been provided to you. Please retain it to use as a reference after surgery****

POST-OPERATIVE MEDICATIONS

1. **Oxycodone (Roxicodone):** Narcotic pain medication to be used as needed for pain. Please refer to pain scale for dosing instructions.
2. **Celebrex (Celecoxib):** Anti-inflammatory. Take once a day for a total of 3 months after surgery. Make sure to take this medication with food. ****If you were taking blood thinners prior to this surgery – this medication WILL NOT be prescribed for you due to contraindications****
3. **Senokot-S (Senna Plus):** Stool softener/laxative for constipation. Take 1-2 tablets twice day, starting 2 days before surgery until you are off your Norco after surgery.
4. **Aspirin (EC ASA):** 81 mg tablet to be taken twice daily for 3 weeks after surgery to thin your blood slightly to help against blood clots. ****If you were taking blood thinners prior to this surgery – please do not resume until you are instructed to do so by Dr. Christy****
5. **Zofran (Ondansetron):** To prevent nausea. You have 30 tablets with an additional refill if nausea persists.
6. **Duricef (Cefadroxil):** Antibiotic to be taken twice daily for 1-week post-op.
7. **Acetaminophen (Tylenol):** Over the counter pain medication to be used as needed for pain. Please refer to pain scale for dosing instructions.

THESE MEDICATIONS ARE FOR POST OPERATIVE USE ONLY. PLEASE DO NOT PUT YOUR MEDICATION IN PILL BOXES.

****These medications will be discussed with you during your pre-surgery consult appointment with Dr. Christy. All post-operative medications will be sent to your pharmacy a couple of days prior to surgery. You may pick these up early but do not start taking them early. ****

IMPORTANT – Please ensure that you receive all of the post-operative medications BEFORE leaving the pharmacy. If you do not have something – please speak with the pharmacist first BEFORE calling the office. Some insurance plans have quantity limits and will only allow you to obtain a certain amount under your coverage. In this scenario – you may take the covered amount OR ask the pharmacist for a self-pay price.

Pain Scale for Pain Medications

- Severe Pain (Pain Scale of 7-10)
 - **Oxycodone** – 10mg (two tablets) every 6 hours as needed for pain
- Moderate Pain (Pain Scale of 4-6)
 - **Oxycodone** – 5mg (one tablet) every 6 hours as needed for pain
- Mild Pain (Pain Scale of 1-3)
 - **Acetaminophen (Tylenol Extra Strength)** – one to two tablets every 6 hours as needed for pain. ****DO NOT TAKE MORE THAN 6 CAPSULES IN 24 HOURS****

WHAT TO EXPECT AFTER SURGERY

	DAY 1	DAY 2-3	DAY 4-5	DAY 5-7	DAY 8-16	WEEK 3
SWELLING AND BRUISING	Mild swelling and bruising	Increase in swelling and bruising	Swelling and bruising may increase or stay the same as the 2 previous days	Swelling and bruising about the same as the 2 previous days or may decrease	Swelling and bruising should be decreasing	Minimal swelling which will last for about 3 months
WAYS TO MINIMIZE SWELLING AND BRUISING	Use ice, wear TED hose during the day (off at night) and elevate leg	Use ice, wear TED hose during the day (off at night) and elevate leg	Use ice, wear TED hose during the day (off at night) and elevate leg	Use ice, wear TED hose during the day (off at night) and elevate leg	Alternate heat and ice, wear TED hose during the day (off at night) and elevate leg	Alternate heat and ice, wear TED hose during the day (off at night) and elevate leg
ACTIVITY	Focus on gentle range of motion and use ice for swelling	Use ice and focus on gentle range of motion. You may find that with increased swelling your motion is decreased	Use ice, focus on range of motion activities and increase walking distance. You may find that with increased swelling your motion is decreased	Use ice, focus on range of motion activities, increase walking distance	Focus on range of motion exercises, initiate strengthening and increase walking distance	Progress strengthening program
GOAL			You should be walking without an assistive device		Initiate functional activities to return to work	
PAIN MANAGEMENT	As directed when discharged	As directed when discharged.	As directed when discharged	As directed when discharged.		

- You will have mild bruising and swelling initially (day 1) that will start at the surgical site.
- Bruising and swelling are normal after surgery and vary from one individual to another.
- Bruising and swelling will continue to increase over the first 2 weeks after your surgery.
- Bruising may travel up as high as your groin area and will eventually move down to your toes.
- Expect swelling in your entire leg including your foot.

WAYS TO DECREASE BRUISING AND SWELLING

WEEK 1: RICE



REST

We want you to be up and moving but do this in moderation. We recommend you rest for the first 5-7 days after surgery. **DO NOT OVERDO IT.** Increased activity means increased swelling. By decreasing the swelling early, you will recover quicker. We recommend small bouts of activity throughout the day. Get up and walk around the house a little bit every hour to hour and a half that you are awake.



ICE

Ice as much as possible the first week. Ice is a great anti-inflammatory and helps minimize swelling. You may apply ice packs or ice massage over the knee, the quadriceps muscle (the muscle located on the front of the thigh), the hamstring muscle (the muscle located on the back of the thigh) and calf.



COMPRESSION

The TED hose compression stockings provide compression and help minimize swelling. Keep the stockings on during the day and take them off at night for the first 3 weeks after your surgery.



ELEVATE

Elevating your leg will help reduce swelling. To reduce significant amounts of swelling elevate your leg 4-5 times a day for 15-30 minutes each time. Do this with your ankle above your knee and your knee above your heart.

WEEK 2: USE HEAT

You may start using heat to help decrease bruising. Place a hot pack/heating pad over the front and back of the thigh (quadricep and hamstring muscles) and on the calf muscle. Try heat 3 times a day for 20 minutes each time. Using heat will increase your flexibility and make exercising easier.

Alternate the heat and ice. Heat before you stretch/exercise and use ice after activity.

FREQUENTLY ASKED QUESTIONS

If you have concerns or questions, please read the following information **BEFORE** calling the office. At some point, most patients overdo activities and therefore take a few steps back in their recovery. You may have increased swelling or discomfort if this happens. You need to become concerned if you cannot control your pain, or if you have difficulty bearing weight through your surgical leg.

What if my leg swells after surgery?

It is very common to experience swelling after surgery. Sometimes you will not swell until several days after your surgery. Remember that your body is healing from the surgery and some swelling is normal. The more activities you perform, the more swelling you may experience.

We do want you to remain active, but when sitting and resting, you can decrease the swelling by elevating your surgical leg above the level of your heart and use ice.

You should be alarmed if you have swelling for several days that is accompanied by redness and heat, or coolness in your surgical leg, or if the swelling does not resolve after elevating. If this is case, please contact the office.

Will I have bruising after my surgery?

Yes, you will have some degree of bruising after surgery, but everyone is different. Some will only experience redness around the incision; others will have bruising down the entire leg. Both are considered normal and will resolve over 10-14 days.

How long do I have to follow hip precautions for my hip replacement?

2 weeks.

How much weight can I put through my leg after surgery?

Put as much weight as you can tolerate through your surgical leg immediately after surgery. The term is "weight bearing as tolerated". During your hospital stay, your physical therapist will instruct you on how to use your walker or cane in order to perform this properly.

What should I expect my activity level to be?

Every patient is different. Every day you should be increasing your activity level, but let your pain level and swelling be your guide. You will make 90% of your recovery in the first 4-6 weeks, and the remaining 10% will come within the next year.

What if I am having problems sleeping?

Make sure that your pain is well controlled throughout the day. During the day, be careful about taking naps. Try to plan activities as near normal as possible. Please refrain from taking sleep aids during recovery.

What should I do to avoid constipation?

You should start your stool softener 2 days before surgery and continue it twice daily until you have a normal bowel movement or while taking narcotics. Stop the stool softener if you start to experience loose or watery stools. If you continue to have symptoms of constipation, you can take Milk of Magnesia which is a mild oral laxative, or use Magnesium Citrate, which is much stronger. You can also try Dulcolax suppositories or a Fleet enema. All of these medications can be bought over the counter at a pharmacy.

FREQUENTLY ASKED QUESTIONS

CONTINUED

When can I shower or bathe?

You will have a Prevena wound vac system in place after surgery. This is a disposable, battery powered, negative pressure wound care system. With this device in place, you are **NOT** to shower – sponge bath only. Once you have completed the wound vac period and switched to the Aquacel bandage, you may shower but DO NOT let water directly hit the bandage. To ensure that your incision heals properly, we do not want you to bathe (submerge) or get into a swimming pool for 6 weeks. If you have scabs on your incision after that time, you cannot get into a pool until it is healed.

How long do I have to wear the stockings?

You should wear them for 3 weeks. During the 3 weeks, you must wear the stockings during the day, but may remove them at night. These should be worn on **BOTH** legs after your surgery. You will be issued an extra pair before you are discharged from the hospital.

What positions can I sleep in?

You may sleep on your back or on either side. If you choose to sleep on your side, make sure to put a pillow between your legs for the first 3 weeks. You cannot sleep on your stomach for 3 weeks. During your hospital stay, a physical therapist will assist you initially into this position. Do not try it on your own the first time. The physical therapist will give you cues on how to do so safely on your own.

When can I restart the meds I was told to stop before surgery?

Usually as soon as you are discharged from the hospital, but check with Dr. Christy's office if there are any medications in question.

Now that I am no longer requiring narcotic pain medication, what can I take if I should experience discomfort?

You may take Tylenol or Extra-Strength Tylenol. Because you are already taking an anti-inflammatory (Celebrex), **you may not take over the counter medications, such as Advil (Ibuprofen) or Aleve (Naproxen).**

What should I do if I think my joint is infected?

As stated above, you will experience some bruising and swelling after surgery. In addition, you may notice a small amount of yellowish or pinkish drainage. You should call the office if:

- You have a large amount of drainage that has saturated through your clothing.
- If the drainage is yellowish/cloudy
- If you are running a consistent temperature of 101.5
- If you have a new onset of pain that is not controlled by your pain medications.

FREQUENTLY ASKED QUESTIONS

CONTINUED

When should I take antibiotics? Who will give me the antibiotics? How long should I take the antibiotics?

You should take antibiotics for the following procedures:

- ANY dental procedure, including teeth cleanings
- If you have been advised to pre-medicate before a procedure by another physician, please contact our office.

Please contact the office to obtain the antibiotic from Dr. Christy. You will receive either Amoxicillin or Clindamycin. You will take this one hour prior to the scheduled appointment

****THIS IS A LIFELONG PRECAUTION****

****Do not schedule any of the above appointments/procedures starting 3 weeks BEFORE surgery and until 3 months AFTER surgery.**

What about using a hot tub or whirlpool?

Because of the heat and bacteria in the water, we do not want you to use a hot tub or whirlpool for 6 weeks.

When to call Dr. Christy's office:

- Fever consistently above 101.5 degrees
- Increased drainage or swelling
- Pain not controlled by pain medication
- Inability to bear weight on your operative leg
- Severe insomnia
- Swelling in foot or calf that is accompanied by coolness or decreased sensation in foot
- Confusion/disorientation



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