

Dr. Shirley's Total Joint Discharge Instructions

These instructions are general guidelines. Your individual needs may vary depending on your condition. Please contact Dr. Shirley's office at 435.655.6600 for more information if needed.

Incision Care:

After surgery you have an increased risk of getting an infection, but you can take action to avoid this.

- Good handwashing is the most important thing you – and those who care for you – can do to prevent infection. Wash your hands before you touch the area where your surgery was done
- If you had a knee replacement you were sent home with an ace bandage over cotton dressing. This wrap and cotton dressing can be removed 48 hrs after returning home. The cotton dressing can be thrown away, but keep the ace wrap to use for icing and compression throughout your recovery
- You may remove your dressing 7 days from the time of surgery and replace it with the one provided. It will say Aquacel on the packaging. Change the dressing sooner than 7 days if it were to become saturated
- You may shower with your dressing in place, make sure it is sealed well around the edges.
- No lotions, ointments or creams should be placed on or around the surgical site
- No soaking in water such as hot tubs, baths, swimming pools for four weeks or until the wound is completely healed.
- You can expect to have some redness and warmth around the incision site and swelling extending above and below the joint.
- Some drainage is normal and can be expected, if the dressing becomes saturated you may also replace it.
- If the drainage persists, or you notice a significant increase in redness or warmth, please call your surgeons office immediately.

Blood Clot Prevention:

Your surgeon has prescribed _____ to help reduce your risk of getting a blood clot. It is important you take this as prescribed and for the duration of the prescription. You will begin this medication the day after your surgery.

Along with taking your medication, movement is one of the best ways to help prevent blood clots.

- Do ankle pumps while laying and sitting
- Walk every 1-2 hours throughout the day, while awake
- Stay hydrated

Signs of a blood clot:

- Significant pain with dramatic swelling affecting part or all of the leg that does not improve with elevation
- Redness or warmth on either calf or pain in calf or behind the knee that gets worse when squeezed or the foot is flexed.

- If you have any of these symptoms, please contact your surgeon.

Managing Pain and Discomfort:

You may experience a fair amount of pain. Your surgeon has prescribed medication to help in the management of pain and inflammation. It will be imperative you start managing pain as soon as your block begins to wear off (only knee patients get a block, if you had a hip replacement there is no block that will wear off). Getting pain relief will help you rest better and do important exercises so your new joint will heal properly.

Please see the attached medication sheet and schedule to help guide how and when to take your pain medications.

Here are some general pain control tips:

- It is important to remember to take pain medication before activity and bedtime.
- When your pain has been controlled, you should slowly decrease the amount of opioid medication you are taking – try taking one half tablet instead of a whole one then increase the time between doses
- Only take the medications your surgeon has prescribed.

In addition to taking pain medication, please do the following to help manage your pain:

- Apply ice to your incision
- Lay flat and elevate your leg above your heart
- Change your position frequently or go for a walk
- Do things, you enjoy – read, watch TV, or listen to music

Pain Medication Refills: you must give the office two-day advance notice before you will run out of medication. Make sure to plan ahead, especially for weekends and holidays, as your surgeon is unable to prescribe medications outside the normal business hours of 8 am to 4:30 pm Mon-Fri. Have your medication and pharmacy information ready when you call.

DO NOT drive or consume alcoholic beverages within 24 hours after surgery or while taking any opioid pain medication.

Constipation

This is a common side effect of pain medication. Constipation can be one of the most uncomfortable problems for patients after surgery. Please see attached stool softening regimen to help guide which medications to take.

Nausea

Nausea is often a side effect of pain medication. Make sure to always eat something before taking pain medications to help decrease the risk of nausea.

- If you are experiencing nausea, start refueling your body by drinking small amounts of clear liquids such as 100% fruit juice or broths

- Bland carbohydrates are easy to digest and will typically not aggravate the stomach when you are feeling nauseated. Carbohydrate options include crackers, bread, bananas, applesauce, or Jell-O.
- If you continue to have nausea or vomiting which prevents you from being able to keep food or drink down, please contact your surgeon to request a change in your pain medications or to prescribe something to help with the nausea.

Dizziness

Mild dizziness is a common side effect of pain medication.

- Before standing, sit at the bedside for a moment and take some deep breaths
- Make sure you feel steady before standing
- Be careful as you walk or climb stairs.

Respiratory Health

Breathing deeply will help prevent a respiratory infection following surgery. Coughing and deep breathing, as instructed, helps to keep your lungs open and prevent complications such as pneumonia.

To perform deep breathing exercises:

1. Take a slow, deep breath in through your nose
2. Hold the breath for 2 to 5 seconds
3. Slowly breathe out through your mouth with your lips pursed together (like you are blowing out a candle)
4. Repeat 10 to 15 times each hour while awake until you are back to your usual level of activity
- 5.

You may be given a device called an Incentive Spirometer to help guide your breathing. Use this often in the days after surgery.

Swelling

Swelling and bruising is to be expected after a hip or knee replacement. Your entire surgical leg will likely be swollen and bruised! After knee replacement surgery swelling is the number one cause of pain and decreased range of motion 1-2 weeks after surgery. If you had a knee replacement you may have bruising and swelling on your thigh, where a tourniquet was placed during surgery. Bruising will resolve on its own. Swelling is best controlled by following the **R.I.C.E.** Method:

- **REST** - Getting enough rest will help your body heal and reduce swelling. Your recovery after joint replacement surgery is a slow controlled return to activities. It is NOT a “No Pain, No Gain” mentality.
- **ICE** – It is recommended to apply ice for 20-30 minutes every 1-2 hours, after physical therapy/activity, and before you go to bed. Ice can help to reduce and minimize the internal scarring process. Make sure there is something between your skin and the ice

to help prevent an ice burn. For knees, after ICE, apply a compressive device to help keep the swelling down. The ACE wrap provided at the time of your surgery is a good cost-effective option.

- Compression – You can use an ace wrap, compression stockings, or a light compression sleeve to help prevent swelling. Unless you are icing or bathing, you should have compression on your knee. This does not apply to hips
- Elevate – Several times a day, elevate your leg ABOVE the level of your heart. You may use pillows to elevate the leg. When sitting, keep the leg elevated above the ground as often as possible. Elevation will help to reduce swelling.

Diet

- Eating high-quality sources of protein will aid in wound healing and help to prevent muscle loss during the recovery process. Examples of high-quality protein are cottage cheese, yogurt, beans/lentils, salmon, chicken or other lean meats, eggs, and nuts/nut butters. Drink a protein supplement that contains 20 grams of protein once a day for two weeks after surgery. Be sure to choose one that is low in sugar.
- Eating fruits, vegetables, nuts, whole grains and increasing fluid intake will help prevent constipation.

Activity

(Each patient's recovery and activity progression will be different. The following instructions are assuming that your surgeon has decided that you can place full weight on your leg. If you have been told that you are anything but weight bearing as tolerated, please discuss how to best progress your activity with your surgical team.)

Use the "Rule of 2's" to help guide your activity expectations after surgery:

- The first 2 days you are focused on safely maneuvering around your home environment using your assistive devices
- The first 2 weeks are when you begin to safely maneuver around your community—going to the grocery store, walks to the mail box, walk around the block
- The first 2 months are when you begin to engage in some of your activities that you enjoy. This is the phase that you are focused on stamina and strength

Your therapist has created an exercise plan to strengthen and retrain your muscles as you get used to using your new joint.

- Frequent, short walks are the key to a successful recovery.
- Continue the exercises outlined by the physical therapist two times per day
- Assistive devices are mandatory until your strength and balance have returned
- Do not sit longer than 60 minutes at a time
- Nap if you are tired, but do not stay in bed during the day
- Increase your activity gradually. A balance between activity and rest is necessary
- You may have difficulty sleeping at night due to discomfort in the surgical leg. Getting up and moving can help to alleviate the discomfort

Assistive Devices

You will likely have been sent home with a walker or crutches. In general, you should use these advanced assistive devices until you are able to ambulate without any pain. Once you are ambulating without pain, you should transition to using a cane in the opposite hand from the side of your surgery. Use the cane until you are able to ambulate without a limp. Once you are ambulating without a limp, you can then be free of all gait aids!

Follow-up Appointment

It is important to follow-up with your surgeon around 2 weeks after surgery. If you don't already have a follow-up appointment scheduled, please call your surgeon's office ASAP to schedule it.

Please call Dr. Shirley at 435.655.6600 for any of the following: (There is an answering service available 24/7, 365 days a year. A medical team member will return your call.)

- Pain that gets worse or cannot be controlled with prescribed medications
- Problems with your incision – Uncontrolled bleeding, new drainage, pus, foul odor, or separation of the incision edges
- A fever > 101.5 that doesn't get better after taking your medication
- No bowel movement within 7 days
- Nausea or vomiting with inability to keep food and liquids down
- Signs of deep vein thrombosis (blood clot) – pain, swelling, warmth or redness in the back of the calf

Call your Primary Care Physician for any of the following:

- Questions regarding your regular medications such as blood pressure, diabetic, or heart medications
- Symptoms of a urinary tract infection or difficulty urinating
- Trouble controlling your blood sugar (if you have diabetes)

RETURN to ER or call 911 for the following:

- Chest pain
- Difficulty breathing – shortness of breath
- Black or bloody stool
- Signs and symptoms of a stroke

Questions?

During business hours (8 am to 4:30 pm), you can contact the The Orthopedic Partners Office: 435.655.6600

Or for non-urgent questions or concerns Tues-Fri, 8am to 4:30 pm try:

Kelly Valesky, RN
Total Joint Coordinator
Office: 435.658.7298 (allow 24 hours for response)
kelly.valesky@imail.org (fastest way to reach Kelly)

After Business Hours (outside the hours of 8 am to 4:30 pm Monday-Friday): For after hours emergencies, call Dr. Shirley's office at 435.655.6600 and wait for on-call physician prompt.