

AFTER SURGERY

What should I expect post-operatively?

- You will have mild bruising and swelling immediately following surgery.
- Bruising and swelling are normal after surgery and vary from one individual to another.
- Bruising and swelling may continue to increase over the first two weeks after your surgery.
- Bruising may extend as high as your groin and as low as your toes.
- Expect swelling in your entire leg, including your foot.

What can I do to decrease bruising and/or swelling?

- Week one:
 - Rest – We want you to be up moving, but do not over do it. Activity is good, but being on your feet will also increase the swelling.
 - Ice – Ice as much as possible the first week. Ice works as an anti-inflammatory and helps minimize swelling. Place ice on the affected area for 20 minutes, then remove the ice for 20 minutes. Repeat this for 2 hours at a time. Never place ice directly on the skin.
 - Compress – The TED hose compression stockings help to minimize swelling. Wear these as much as possible for the first 4 weeks following surgery.
 - Elevate – Elevating your leg will help reduce swelling. Position your ankle above your knee and your knee above your heart. Elevate 4-5 times each day for 15-30 minutes at a time or whenever you're sitting or lying down.
- Week two and after:
 - Use heat. Place a hot pack over the affected area 3 times each day for 20 minutes each time. Using heat will also increase your flexibility and make exercising easier.
 - You may also alternate between heat and ice. Heat before stretching/exercise and ice after.

How many days will I be in the hospital?

Following knee or hip replacement, most patients stay in the hospital for 1-2 nights. This depends in large part on your pre-operative level of fitness and motivation. The important thing is to go home when you feel safe and your pain is well controlled. We will do our best at the hospital to prepare you for home and if that is not possible, a rehabilitation center may be necessary. Regardless, you will return home when you are ready and not before.

Do I have an infection?

It is very unusual in the first 24 to 48 hours after surgery to see a wound infection or an infection at the site of surgery. High fever would be the first sign that we have a problem. A mild elevation in temperature (up to 100.5° F) does *not* mean that you have an infection. However, we ask that you check the wound for foul smelling drainage, increased swelling or redness. If you are concerned about infection, please do not hesitate to contact us.

How long after surgery before I will be able to drive?

This depends in large part on the type of surgery performed. For arthroscopy, patients can begin driving as soon as they're no longer taking narcotics. In hip and knee replacement, the same rules apply, but

please understand that braking times and reaction speed can be diminished during the first 6-9 weeks after surgery. The important thing is to practice before getting out on the open road and be sure that you are safe getting from the brake to the gas and vice versa.

What are the signs of blood clots?

Although rare, blood clots do occasionally occur after hip and knee surgery. The signs of a blood clot are swelling in your legs that is worsening and will not go down with ice or elevation. A blood clot can also cause marked tenderness and pain in the calf (remote to the surgical site). However, some lower leg pain and swelling is expected following joint replacement. If you are concerned about a blood clot based on these signs, please call us and we will order the appropriate tests.

What do I do if my dressing is too tight?

If your dressing is too tight, it is often because there has been additional swelling since surgery. The first thing to do is to elevate your leg. Usually with elevation or icing, you will see that the swelling resolves on its own. However, if the dressing continues to feel too tight, it is okay to loosen any compressive wraps (such as an ACE bandage). If you experience numb or blue toes, please call us for further instruction.

What do I do if my knees are clicking?

Following knee replacement surgery, patients are often concerned about clicking or popping in their knee. Please remember that part of your knee is metal and part is plastic. During normal activity these surfaces can tap each other, resulting in an audible click.

What do I do if there is bleeding through my dressings?

Following surgery, you may have bleeding through the dressing. Often this is the size of a quarter or slightly larger. Please do not remove the dressing. Instead, reinforce it by putting another dressing on top of the current dressing. If it continues to bleed and you are concerned, please do not hesitate to contact us.

What is constipation?

Constipation occurs when a person has three or fewer bowel movements in a week. It may be difficult or painful to "pass" stool. The stool may be hard or dry and you may feel "full" or uncomfortable. Not everyone has a bowel movement every day. Elimination patterns vary from person to person. The number of bowel movements you have may depend on what types of foods you eat, the medication you are taking, how much exercise you get, and other factors.

What can I do to prevent or improve constipation?

- **Eat more fiber** – Fiber helps form soft, bulky stool. You should add fiber to your diet slowly, allowing your body to adjust. Foods high in fiber include apples, peaches, prunes, tangerines, raw broccoli, brussels sprouts, cabbage, carrots, cauliflower, zucchini, spinach, whole grain cereals, bran flakes, whole wheat bread, black-eyed peas, kidney beans and lima beans. If you are taking Coumadin, avoid dark leafy green vegetables such as collard greens, broccoli, brussels sprouts, cabbage, turnip or mustard greens as these are high in vitamin k and can increase clotting.
- **Exercise** – Walking 20-30 minutes a day will help promote regular bowel movements.

- **Drink plenty of water** – This will help keep stool soft and easy to pass. Caffeine and alcohol can dry out your digestive system.
- **Dietary Supplements to try** – Mix ½ cup applesauce, ½ cup bran, ¼ cup prune juice. Take 2 tablespoons daily after you have had a bowel movement. Keeps in refrigerator for about a week.
- **Stool softeners** – Stool softeners purchased over the counter can be very helpful while taking iron and pain medications postoperatively (both of these medication can induce constipation). Look for medications containing Docusate Sodium or ask your pharmacist to recommend the best stool softener for you.
- **Laxatives** – Laxatives can be useful for a limited time. They can be addictive (eventually your body will have difficulty eliminating stool without them) so they should be used sparingly and for a limited time only. Follow instructions on the packaging. Do not take laxatives within 2 days of surgery.
- **Notify your primary physician** if your bowel habits change suddenly (such as diarrhea) or if you are unable to pass stool for >3 days.

What will physical therapy be like after discharge?

Outpatient physical therapy:

- You are responsible for setting up your outpatient physical therapy visits. You will be given an outpatient physical therapy prescription on the day of your post-operative appointment with Dr Christal.
- You will go to outpatient physical therapy 3 times a week for 6 weeks, or until you have met your goals.
- Select an outpatient facility which is convenient for you and takes your insurance. You may also want to work with a therapist who you have seen previously. If you need a recommendation, we will provide you with a list of physical therapy facilities.

In-home physical therapy:

- In-home physical therapy is reserved for homebound patients. Outpatient physical therapy is preferred and typically results in a more rapid recovery. Please speak with Dr. Christal if you believe in-home therapy is necessary.
- You should advance yourself to outpatient physical therapy as soon as you meet *one* of the following criteria:
 - You have met your goals at home and are discharged by your home physical therapist.
 - You are no longer home-bound.
 - You are no longer taking narcotics.
 - You have transportation (i.e. a friend or family member can drive you to outpatient physical therapy sessions).

What is home health care?

Home health care will involve a registered nurse coming out to your home following discharge from the hospital. The registered nurse will work to evaluate your wound, assess your vitals and follow your medication. Home health physical therapy should start the day following your discharge. The physical therapist will work to reduce swelling, regain your range of motion and restore your normal gait with the use of assistive equipment like a front wheeled walker or a cane. They will also answer any and all questions in regard to physical therapy.

When can I have sex?

As long as you follow the post-operative precautions specific to your surgery, it is typically safe to have sex six weeks after joint replacement.

When can I shower?

You may shower two days after surgery. Please keep in mind that it is important to cover the incision if there is any drainage. Once the incision is completely dry, you may allow warm, soapy water to run over it, but do not scrub the area. After showering, pat dry the surgical area and keep it as clean as possible.

When can I swim?

Please do not immerse the surgical area in water (bath, swimming pool, hot tub Jacuzzi, ocean) until the incision is totally dry and at least 6 weeks have passed.

When can I take off my compression hose?

After hip and knee replacement surgery, TED hose stockings may have been placed on your legs. This is to control the collection of blood in your legs while you are standing or walking. You are asked to continue wearing the hose on the operative leg, but may remove them at night. Four weeks after surgery, you may remove the hose as the risk of blood clots has decreased, but you may find that continuing to wear them on the operative leg reduces swelling.

When can I travel after surgery?

Traveling in a car for long distances is typically safe as early as 2-3 weeks following hip or knee replacement. We do ask that when traveling you continue to perform ankle pumps and get out of the car every hour to walk. This will prevent the pooling of blood in your legs and the possibility of a blood clot. If you plan to fly after surgery, we ask that you wait 4-6 weeks if possible to reduce the risk of developing blood clots. If you do fly, we ask that you wear your stockings and perform ankle pumps during the flight. Please get up and walk the aisle of the plane at least once every 45-60 minutes. Occasionally blood thinners for high risk patients will be prescribed before lengthy air or car travel.

When do I schedule my follow-up appointment?

It is important to schedule your follow-up appointment before surgery. This way you will know when you are coming back to the office to see us. This is typically 4 weeks after the operation, but could be as early as two weeks.

When do I start taking pain medication?

After surgery, it is important to start your pain medication as soon as you start to feel pain. Following the surgery, you should try to eat something with your medication to reduce side effects such as nausea.

When do I stop taking my blood thinner postoperatively?

After hip and knee replacement surgery, you may have been asked to take a blood thinner such as Enoxaparin, Coumadin, Rivaroxaban or Aspirin. We typically ask that you continue these medications for about two weeks following knee replacement and four weeks following hip replacement. This schedule can vary depending on each patient's risk factors and medical history.

When should I go to the emergency room?

Following surgery, there may be circumstances that make it necessary for you to go to the emergency room. Certainly for chest pain or shortness of breath, please call 911. However, if you have a question about drainage from your wound or possible infection, please contact our office before making a trip to the ER.

How much recovery time do I need after my hip replacement surgery?

When you discharge home, our goal is to get you walking and moving as quickly as possible. You will be caring for yourself, getting in and out of bed by yourself and certainly using the bathroom on your own. By 2-3 weeks after surgery we expect you to be walking well with minimal pain. In some, this may still require the assistance of a cane or walker, but simply for balance. Six weeks after hip replacement, we will allow you to return to most occupations and activities that you enjoy such as golf, simple walking or even bicycling. Three months after hip replacement surgery you are starting to participate in a full round of golf or tennis.

How much recovery time do I need for my knee arthroscopic surgery?

After most arthroscopic surgery we encourage you to walk right away. Specifically, if we did not repair or reconstruct tissue in your knee, it is important to get it moving and return to your activities as soon as possible. That said, you should expect to take it easy for the first 2-3 days. By 7-10 days, you should be walking well. Six weeks after surgery we will allow you to return to all of your activities, including running, jogging, football, softball, tennis, golf, etc. It is important to understand-recovery time may vary depending on the severity of the injury and/or the extent of surgery and it may take several months to achieve maximal improvement. For example, if a meniscus *repair* or micro fracture surgery has been done, you will be instructed NOT to put full weight on your leg for up to eight weeks.

How much recovery time do I need for my knee replacement surgery?

When you discharge home, our goal is to get you walking and moving as quickly as possible. You will be caring for yourself, getting in and out of bed by yourself and certainly using the bathroom on your own. By 2-3 weeks after surgery we expect you to be walking well with minimal pain. In some, this may still require the assistance of a cane or walker, but simply for balance. Six weeks after hip replacement, we will allow you to return to most occupations and activities that you enjoy such as golf, simple walking or even bicycling. Three months after knee replacement surgery you are starting to participate in moderate exercise, such as a full round of golf. We recommend against high impact activities such as running, singles tennis, or aggressive alpine skiing. Our goal is for your knee replacement to last as long as possible.

How much time do I need to take off work following arthroscopy?

Following arthroscopy of the knee or hip we hope to get you back to work when your pain is controlled. Depending on your job description, this could be as early as two to three or even four days. What is important is returning to work when you feel you can do your job safely and your pain is controlled. Arthroscopy that involves weight-bearing joints may require additional time off work depending on the extent of the surgery and the physical demands that are required for the patient to function at his or her job.

How much time do I need to take off work following hip replacement surgery?

Following hip replacement surgery, we try to return you to work as soon as possible. This may be as early as two weeks, depending on your job description. Obviously, if you are able to sit at a desk or do minimal walking in a day, two to three weeks is certainly very reasonable. However, if you are required to be on your feet all day or walk extensively, this could take six or eight weeks. Our goal is to get you back to work when you are safe and your pain is controlled.

How much time do I need to take off work following knee replacement surgery?

Following knee replacement surgery, it may be necessary to take three to six weeks off work, depending on the physical demands of your job. If you are only required to sit at a desk, we can get you back to work as early as two to three weeks. However, if you are required to stand on your feet all day or do an extensive amount of walking, this could take six or eight weeks. Every patient, of course, is not the same but we will certainly monitor your progress in physical therapy and encourage you to return to work when your pain is controlled and you are safe.

Who will I see for my follow-up appointment?

After surgery, you will have a follow-up appointment in our office. This may be in 2-4 weeks. You will see Dr. Christal unless there is an urgent scheduling conflict, in which case you will see one of the other board certified orthopedic physicians.

Why is my joint stiff at night?

At night you move very little, which may cause muscles to tighten and joints to stiffen. You may have noticed this sensation even before surgery. The best treatment usually involves movement and stretching. If you are awakened by a stiff joint, move it, whether walking or just stretching in bed. This sensation can last 2-3 months after surgery.

Will I set the alarm off in the airport?

Hip and knee replacements are made primarily of metal alloys. You can expect to trigger most airport alarms. If possible, inform the TSA agent of your joint replacement prior to passing through security. TSA no longer accepts "joint replacement cards". You should expect to undergo additional screening at airports and should budget your time accordingly.

Do I need to take antibiotics prior to dental work?

We recommend that any necessary dental work be performed prior to your surgery. Depending on your dental health, we may ask that you see your dentist prior to surgery to reduce the chance of infection in your new joint replacement.

Following joint replacement, we recommend that you wait at least 3 months before you have any dental work, including routine cleaning. However, should you have an urgent problem (infection, broken tooth, dental pain), you should see your dentist immediately.

We recommend that you *always* take an antibiotic one hour prior to *any* dental procedure. This guideline should be followed for the rest of your life. It is our goal to *prevent* an infection in your joint replacement as the consequences can be severe.

Please provide the following recommendations to your dentist *prior* to any cleaning or procedure:

- Patients not allergic to penicillin or cephalosporins:
Cephalexin or Amoxicillin 2 grams orally, 1 hour prior to procedure (usually four 500mg tablets are dispensed)
- Patients not allergic to penicillin or cephalosporins *and* unable to take oral medication:
Cefazolin 1 gram or Amoxicillin 2 grams IM or IV, 1 hour prior to procedure
- Patients allergic to penicillin or cephalosporins:
Clindamycin 600mg orally, 1 hour prior to procedure (usually two 300mg tablets are dispensed)
- Patients allergic to penicillin or cephalosporins *and* unable to take oral medication:
Clindamycin 600mg IM or IV, 1 hour prior to procedure

Do I need to take antibiotics prior to colonoscopy?

We recommend that any colonoscopy/sigmoidoscopy be performed prior to your surgery to reduce the chance of infection in your new joint replacement.

Following joint replacement, we recommend that you wait at least 3 months before you undergo colonoscopy or sigmoidoscopy.

We recommend that you *always* take an antibiotic one hour prior to *any* colonoscopy or sigmoidoscopy. This guideline should be followed for the rest of your life. It is our goal to *prevent* an infection in your joint replacement as the consequences can be severe.

Please provide the following recommendations to your physician *prior* to colonoscopy or sigmoidoscopy:

- Patients not allergic to Levaquin:
Levaquin 500mg PO, 1 hour prior to procedure
- Patients allergic to Levaquin:
Ciprofloxacin 500mg PO, 1 hour prior to procedure

Should I get the Flu Vaccine after surgery?

Do not take Flu-Mist (intra-nasal vaccine). This is a live, attenuated vaccine that can result in mild illness, which can be spread to other immuno-compromised hospital patients.

If you do receive the Flu-Mist vaccine, it should be at least 2 weeks before or after surgery.

Do not receive the standard, injected flu vaccine within one week of surgery.