



PATIENT INFORMATION

Postoperative Care

What to Expect Following Total Joint Replacement Surgery

Patient: _____ **MR#:** _____

Date of Surgery: _____ **DOB:** _____

Following your joint replacement surgery we will be in close communication, during your possible hospital stay and through phone calls to both you and home health as needed afterwards. In the meantime, you are being provided with information regarding what to expect following surgery.

WOUND CARE

General Care for Total Joint Replacements

You will have a waterproof bandage covering your wound after surgery. If at any time you notice significant drainage through the bandage, tell your home nurse, or call us for instructions. Stitches are placed under the skin and dissolve on their own so stitch removal will not be necessary unless you are told otherwise.

The waterproof bandage should be kept on for the first seven days. Postoperative day 1 you can shower with the waterproof bandage left in place. One week after your surgery the waterproof bandage will be removed and replaced with another waterproof bandage. After two weeks, you can remove your waterproof bandage and leave your incision uncovered. Your incision should stay covered and dry for the first two weeks by using these waterproof bandages.

Hip Replacements Using Intellijoint® - Small white dressing

In addition to the waterproof bandage over your incision on the side of your hip, you will have a small, white dressing on the front of your hip. This dressing is covering the two, small, one-centimeter long incisions made to use Intellijoint navigation®. Intellijoint® uses a camera to make intraoperative measurements to ensure you have equal leg lengths and proper cup positioning before leaving the operating room. The two small incisions are used to anchor the camera so that it does not move during surgery. You can shower with the waterproof dressing on postoperative day 1. Remove the small white dressing on the front of your hip postoperative day 5. At 5 days postoperative you can shower without the dressing. You will have steri-strips over your incisions. Keep the steri-strips on until they fall off.

Knee Replacement – Elastic Bandage wrap

You will have an elastic bandage wrap on your operative leg from your ankle to mid-thigh. That elastic bandage wrap will stay on for 2 days. On postoperative day 2, remove the elastic bandage wrap and padding. There will be a waterproof bandage covering your incision. Keep that on for one week, then remove and replace the waterproof bandage. Keep second bandage on for another week.

Prevention of Blood Clots/DVTs (Deep Vein Thrombosis)

At your preoperative visit, we will discuss a few options for DVT prevention. It is important that one of the following options be followed for at least three weeks after surgery:

- Option One – Aspirin and calf pumps
 - Wear calf pumps while sedentary (while sleeping at night and resting or sitting during the day). This equipment can be obtained through DME Services on the first floor of our Morton Grove office. If your surgery is at a surgery center your calf pumps will be supplied to you.
 - Aspirin 325 mg twice a day; once in the morning, once at night. Start first dose evening after surgery. This is an over-the counter drug. Please stop at a pharmacy before surgery to pick this up.
- Option Two – Coumadin and blood draws
 - Coumadin (Warfarin) is a blood thinner. If you are on this medication, it will need to be regulated through blood tests, done at least twice a week, for the first three weeks following surgery. These blood tests will begin either in the hospital (if you are an inpatient) or with your home health nurse. Once you move on to outpatient physical therapy, and no longer have a home health nurse, blood tests can be done in our Morton Grove office.
 - PT/INR is the blood test that you will have done. Once you are outpatient, please have your lab call 847-324-3992 and leave a voicemail with your name and the results.

PHYSICAL THERAPY EXPECTATIONS

Patients are more comfortable at home so in most situations we recommend going home after your hospital stay, provided you have home health nursing, and then begin outpatient physical therapy. We find the quickest recovery is through outpatient therapy as the therapists have more accessible equipment and experience to help you reach your therapy goals.

At your preoperative visit, you will receive a script for outpatient physical therapy. You will need to call a location that is convenient for you to set up your outpatient therapy after finishing home therapy.

MEDICATION

You will receive prescriptions for medications from us to use postoperatively. It is recommended that you fill these prescriptions before surgery so they are available as soon as you come home. These prescriptions will only be used at home. The hospital/surgery center staff will provide you with any medication you may need while you are at that facility.

Norco: narcotic pain reliever. This medication is mind altering so you will not be able to drive or operate any other machinery while on this medication. Common side effects are constipation, nausea, dizziness, and itchiness. I am giving you 2 prescriptions. Only fill one of them first; you can fill the second one if you need it.

Senokot: stool softener. This is to take if you get constipated while taking the Norco.

Celebrex: anti-inflammatory and pain reliever. This helps with pain and swelling. Common side effects are upset stomach, acid reflux, and bloating. Take this medication with food.

***** If you have a history of stomach ulcers or sulfa allergy, do not take Celebrex *****

Keflex: antibiotic for outpatient only. If you are going home the same day you have surgery you are required to take Keflex. There are two required doses to decrease your chance of infection in the early postoperative stages. You will take your first dose 8 hours after discharge, then take the last dose 16 hours after discharge.

Clindamycin: for patients with penicillin allergies. This will replace the Keflex. You will take your first dose, 2 pills, 8-hours after discharge, then take the last dose, 2 pills, 16-hours after discharge.

Coumadin: blood thinner. Only if you are doing Option Two for blood clot prophylaxis.

Please feel free to call any time with questions or concerns:
During business hours (Mon-Fri 8am-5pm), (847) 324-3902.
After 5pm and on weekends, 847-375-3000.