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THINGS TO KNOW AFTER YOUR SURGERY

DISCHARGE INFORMATION

Your first post-operative appointment has been scheduled. If you have any questions about when the appointment is scheduled, you should call the office (717-263-1220).

Will I have sutures or staples/ when will they be removed:

If you have staples they will be removed 14 days after surgery at your first postop visit.

If you have a knee or hip revision you will have sutures. The sutures will be removed by Dr. Day in his office 14 days after surgery

After discharge from total joint replacement surgery:

Please note that a **low-grade temp below 101.5 is not uncommon in the first 3 days after surgery**. Notify the office if your temperature rises above 101.5.

Many patients' experience significant swelling and bruising (black and blue marks) in and around the operative site, this may extend to the thigh, below the knee and sometimes to the ankle. The swelling and bruising generally occurs and progresses over the first week following your surgery, and will begin to resolve over the second week. It will largely resolve by 4-6 weeks from surgery. Provided you have been on anti-coagulation since surgery (aspirin 81mg twice a day), the risk of a blood clot is low and this swelling is an expected part of recovery.

Postoperatively, patients are encouraged immediate full weight bearing. Many patients are able to abandon all assistive devices such as canes and walkers within 1 week for indoor ambulation and most can ambulate unassisted outdoors within 2-3 weeks. A limp may persist for up to 3 months until muscle strength in the previously atrophied muscles is regained via regular therapy. Activities such as swimming and stationary bike are encouraged right away. High impact activities such as running, skiing or tennis however are restricted for a period of 3 months postoperatively in order to allow bone ingrowth into the prosthesis.

The following serves as your discharge plan and instructions:

Total Joint Replacement Activity:

1. You can bear as much weight as you tolerate on your leg unless specifically instructed by Dr. Day otherwise. You may use the walking aid which you were discharged with and switch to a cane whenever you feel comfortable doing so. If you feel you can ambulate without any assist device you are welcome to do so. Keep in mind that every patient moves at their own speed of recovery so take your time.
2. A physical therapist will work with you at an outpatient rehab center. Please follow their instructions and try to participate as much as possible. Plan ahead and take your pain medication before your PT session if needed.
3. **If you have had a hip replacement:** unless Dr. Day or our office specifically provides instruction, you DO NOT have any movement precautions with regards to your hip. Although guarantees against a dislocation do not exist, the hip was noted to be sufficiently stable in surgery eliminating the need for substantial precautions. Your therapist will review any needed precautions with you.
4. High impact activity such as jumping, aerobics, tennis, and skiing are not permitted during the first 3 months after surgery.
5. When changing positions, please move slowly and deliberately. From a reclining position sit at the edge of the bed for a few minutes and get acclimated. If you feel dizzy or lightheaded take deep breathe and wait for the feeling to subside before standing. Stand in position a few minutes before starting to walk. Please use your assistive device when you first start walking and have your coach/partner with you. As you move about, these sensations will go away. Continue to move slowly when changing positions as long as you experience the feeling of dizziness and lightheadedness.
When you are not up and about, you may want to elevate the operative leg to decrease swelling. You may feel very tired and it is important to rest when needed in addition to being as active as possible.
6. **If you have had a Knee replacement, Icing:** You may use ice or the ice cuff on your knee three times per day or as instructed by your surgeon. Twenty minute sessions followed by an hour off is recommended. Ice should NEVER be placed directly on the skin. In some instances, you may be able to purchase a special ice cuff to use at home. If you wish to do this, please ask your surgeon or nurse.

Wound Management:

1. You may remove your beige adhesive (Aquacel) dressing 7 days after your surgery. You will have sutures, staples or surgical glue over your incision. If you have staples, they will be removed by the visiting nurse two weeks after surgery. If you have sutures, they will be removed by Dr. Day's nurse in his office two weeks after surgery
2. If the wound is draining, simply tape a dry gauze pad on the wound until it stops. Please note that mild dark brown or yellow tinged drainage is considered normal

- for approximately 7 days following your surgery. If drainage persists past 7 days, please notify our office.
3. If your wound is dry, and no drainage is noted, there is no need to apply a dressing. You may keep the wound exposed to air.
 4. Do not apply any creams or ointments to your surgical site.
 5. You should examine your wound regularly for any signs of infection which include:
 - a. Redness, swelling, tenderness, or warmth surrounding the incision
 - b. Drainage of blood or pus from the wound, or any drainage that has a foul odor.
 6. You may notice some bruising and/or mild swelling surrounding the surgical site, this is normal.

Showering/Bathing:

1. You may shower after 48 hours from discharge. You can allow the shower water to run down the incision. There is no need to cover the wound while in the shower.
2. You should not scrub the incision. Be sure to pat the incision dry with a towel after showering.
3. If wound drainage is noted, you should sponge bathe instead of showering until the drainage resolves.
4. No submersion in water, including a bath, Jacuzzi, or swimming until seen in the office for your first post-operative appointment and given clearance by Dr. Day

Medications:

1. You will be provided your medication prescriptions before surgery. Please follow the instructions regarding these medications as provided by your nurse at the hospital. Please note that most narcotic pain medications have side effects that may include nausea, vomiting, sedation, dizzy spells, and/or constipation. If you experience any of these side effects to a severe extent, you should contact our office.
2. If you are suffering from constipation following your surgery, you may try taking both a stool softener and laxative together. A high fiber diet, as well as adequate hydration is also advised.
3. *Please note that a Pennsylvania State law requires us to consult Pennsylvania's Computer Registry before doing any narcotic pain prescription. The purpose of this law is to avoid any duplicate narcotic prescriptions or prescriptions from multiple providers for patients. What this really means is:*

- *I will not be able to do renew your pain medication over the weekend or after business hours and we will no longer have the ability to call emergency narcotic pain prescriptions in to pharmacies.*
- *Requests for pain medication can only be accepted during the hours of Monday-Friday from 9-4, but please make every effort to call before noon on Fridays, to ensure we have enough time to consult the database and complete your request before the weekend.*
- *We will make every possible effort to fill requests as soon as possible, but it will likely take 24 hours to process prescription requests.*
- *Please do not wait until you are down to a few pills to call for a refill, as we cannot deviate from the process required by the law. Leave yourself at least a few days of reserve before calling to request a refill to ensure you have adequate pills.*
- *Narcotic pain medication scripts cannot be electronically prescribed*

We are committed to helping our patients manage their pain appropriately and effectively. We will do everything we can to accommodate you, while complying with Pennsylvania State Law.

4. You can stop taking your pain medication whenever you feel you can. A good way to wean off the pain medication is to cut the doses in half, or increase the time between doses. For example if you are taking 1 tablet every 4 hours extend that time to every 6 hours, then every 8 hours and so on.
5. A major, yet preventable, complication of Orthopaedic Surgery is a blood clot (DVT). You have been provided with a prescription for ONE of the following to prevent a potential blood clot:
 - a. Lovenox (a self-injectable blood thinner) 1 injection per day of 40mg for a total of 35 days. In the hospital you may receive 2 injections per day of 30mg. Please note that this is not the protocol while at home.
OR:
 - b. Aspirin 81 mg, to be taken twice a day, with food, for either 35 days. Please note that this medication make cause an upset stomach or acid reflux. If this occurs, you make take an over the counter antacid such as Zantac to help alleviate these side effects.
OR:
 - c. Rivaroxaban (Xarelto) 10mg will be taken for a total of 30 days. Rivaroxaban will be first administered 24 hours after your operation (but no later than 5 pm on the first day after your operation). Thereafter, Rivaroxaban will then be administered each morning until completion.

OR:

- d. Warfarin (Coumadin) will be taken for a total of 30 days. The first dose will be weight based and taken on the morning of surgery with a sip of water. Based on the time of administration of your first dose of Warfarin, you may receive a second dose after your operation. Thereafter, starting on the day after your operation, warfarin will be given each evening based on your lab values

Miscellaneous issues:

1. Driving is not permitted until discussed with Dr. Day at your first post-operative office visit.
2. Sexual activity can resume after 2 weeks.
3. Return to work depends on the job requirement, transportation issues and multiple other factors. Rest is an important component of your healing both physically and psychologically. You can expect to feel fatigued during your day for the first couple of weeks but you will find that your endurance, energy levels, and ability to ambulate improve on a daily basis.
4. **When and where do I go for outpatient therapy after my surgery?**
Our rehabilitation facility will contact you to arrange your initial consultation, to occur within 1 week of your surgery.

PHYSICAL THERAPY INSTRUCTIONS:

Please use the discharge instructions while treating the patient. If you have any questions or concerns regarding this patient's care, please call our office at 717-263-1220.

HIP REPLACEMENT/REVISION:

- WBAT
- NO hip precautions (anterior or posterior)
- Gait training
- Abductor stretch and strength
- Flexor light stretch, ITB stretches
- NO Active or resisted SLR
- AA or passive SLR is permitted

KNEE REPLACEMENT/REVISION:

NO knee precautions
Patient may progress from walker to cane or to no assistive device as tolerated.