

After Surgery—At Home

Home Health

Once you are discharged, begin exercises as instructed until physical therapy (PT) visits start in your home. Physical therapists will evaluate each patient and initiate a plan of care. Home health nurses will visit a few times per week for blood testing, incision checks and general assessments.

NOTE: Home health nurses and PT services must be provided by the same agency.

Discharge Home Follow-Up

Call your surgeon's office to arrange a follow-up appointment approximately 3 weeks after surgery.

Preventing Infection

Preventing infection is extremely important for the rest of your life. Your new joint is artificial and does not have your body's natural protection against infection. Bacteria from a variety of sources can enter your bloodstream and invade the area surrounding your new joint. This can eventually cause it to become loose and painful. A list of possible sources of infection follows, along with things you can do to minimize the risk to your new joint.

Future Procedures

Prior to any of the following procedures, you will need to take a dose of antibiotics to reduce infection risk to your new joint: dental procedure, prostate and bladder surgery, tonsillectomy, colonoscopy, etc.

- **Dental work.** Cleaning, drilling, extraction, root canal: Take antibiotics the day of your dental work. Call your surgeon's office for a prescription.
- **Urinary tract or bladder infection.** Symptoms: pain, burning, fever, blood in the urine, increased need to urinate. See your internist immediately.
- **Infection in the ears, throat, vagina, etc.** Symptoms: pain, fever, redness or drainage. See your internist immediately.
- **Any invasive procedure, for example: proctoscope, cystoscope, endoscope.** Inform your doctor that you have an artificial joint and need to be given antibiotics to protect it during these tests.

Post-Operative Exercises

Your rehabilitation process for joint replacement surgery will continue once you leave the hospital. Performing your post-operative daily exercises is critical for your recovery. These exercises are shown on pages 44-47 of this booklet.

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Controlling Pain at Home

Goal of Home Pain Control

You will be able to control pain to allow you to increase walking, to gradually increase activity level and mobility, and to follow the prescribed exercise program while decreasing reliance on prescription pain medications through the use of alternative measures.

It is important to understand that:

- You cannot expect to be pain-free. Not moving to avoid pain will ultimately contribute to more pain and swelling.
- It is okay to take medication when pain is interfering with walking, exercises or sleep.
- If your pain is manageable or the prescription pain medication is causing ill effects, it is okay to **substitute** Tylenol and use alternative measures to increase comfort. We recommend that the maximum amount of Tylenol (acetaminophen, APAP) you take should not exceed 3,000 mg in 24 hours. Please read the labels carefully or consult with your pharmacist for clarification.

Guidelines for Use of Pain Medication:

- Only take pain medications according to the directions from your doctor. Be sure that you do not exceed the number of tablets for each dose or how often you can take the medication.
- Many medications, including over-the-counter medications and prescriptions, contain acetaminophen.
- You should take pain medication with meals or at least with something in your stomach. Follow directions from your doctor or on the medication bottle.
- Do not wait until the pain is severe. Pills take 30 to 45 minutes to begin to work. If the pain is severe, relief will be slower and less effective.
- Use pain medication at night and before therapy as needed.
- Notify your doctor if pain medication causes you to be nauseated, shaky, disoriented, unsteady when walking, or causes vomiting.
- **Do not drink alcohol** if you are taking pain medication.
- Some pain medications cause constipation. This can be avoided by drinking extra fluids, increasing activity, and eating prunes or other dried fruits.
- **Do not take aspirin or anti-inflammatory medications until you are done with Warfarin.** Your doctor may prescribe an acceptable medication if necessary.

Alternative Measures to Increase Comfort

- Establish a reasonable pattern of activity without increasing pain and swelling from overdoing. You should alternate periods of activity with rest to avoid increased pain.
- Get dressed every day. This makes you feel less like a patient.
- Use ice frequently, especially following physical therapy for 20-30 minutes.
- Your therapist can instruct you in positioning to relieve pain.
- Gradually increase walking and other activities. Change positions every 30 to 60 minutes. Do not sit too long without moving about.
- Find activities that will take your mind off surgery.
- Use relaxation techniques.

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Icing and Elevation Instructions—Knee

Instructions for Icing

After a knee replacement, swelling is expected. Swelling can cause increased knee pain and limit your range of motion, so taking steps to reduce the swelling is important. Using the cooling unit or an ice pack can help reduce swelling.

There are several types of “ice packs” you can use:

- A cooling unit
- A commercial ice bag
- Ziplock bags, doubled, half filled with ice
- Commercial gel packs that you refreeze
- Large bags of frozen peas that can be refrozen

It is important to take precautions when icing to avoid injury to the skin:

- Never apply ice directly to the skin.
- Place a towel or other cloth between your skin and the ice pack.
- Ice should never be applied longer than 30 minutes. (Exception: a cooling unit may be applied continuously throughout the day.)
- Ice should be removed if the area becomes numb regardless of how long it has been applied.

Tips for effective icing:

- An ACE™ bandage wrapped loosely around your knee will help hold the ice pack in place.
- Ice can be placed both on top of the knee and under the knee so the entire joint is covered.
- Ice for approximately 20 to 30 minutes.
- Ice can be applied as often as once an hour to help control pain and swelling.

Instructions for Elevation

In the hospital, you may be given a blue wedge to elevate your leg. You also may use pillows to help elevate your leg. Elevating your leg, in conjunction with icing, will help reduce swelling.

If you use a pillow to help elevate your leg, it is very important to elevate your entire leg, down to your ankle. Never put a pillow only behind your knee so your knee is in a bent position. Your knee should always be straight when it is elevated.

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“Normal Activities” FAQs

When can I drive?

When you are allowed to drive again varies depending on your type of surgery (hip vs. knee) and the side of surgery (right vs. left). You can work with your home therapist and speak with your surgeon at your follow-up office visit to determine when you are safe to drive.

When can I go back to work?

This varies depending on what your job entails and the physical demands of your job. You can work with your home therapist on simulating your work environment and speak to your surgeon at your follow-up office visit to determine when you are safe to return to work.

Can I do water aerobics, swim and take baths?

You must wait until your incision is well healed to avoid infection. You can speak to your surgeon to discuss when your incision is healed enough to perform these activities.

When can I climb stairs?

Your therapist will practice stairs with you before you leave the hospital.

When can I return to golfing, jogging or other sports?

Your new joint can take up to a year to be completely healed. High-impact activities should be avoided until your surgeon gives you clearance to perform them.

How long do hip precautions apply?

Typically hip precautions apply for 4 to 6 weeks after surgery. Your surgeon will notify you when your hip precautions may be discontinued.

How long will I use a walker?

This varies from person to person. Your therapist in the hospital and your home therapist will evaluate you and advise you on which assistive device is best for your needs. As you progress with therapy, your therapist will advise you to use a less restrictive device.

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Where can I get assistive devices and adaptive equipment?

- **Directly from the hospital.** Depending on your insurance, the hospital has equipment that can be vended to you.
- **Lending closets.** Many townships or villages have community lending closets with a variety of equipment. To avoid paying for equipment out-of-pocket, it is recommended that you refer to the lending closet directory in this packet and call your local lending closet to see if they have equipment you can borrow during your rehabilitation.
- **Medical supply stores.** If you choose to purchase your own equipment, there are many medical supply stores throughout the area. Walgreens Home Medical, Walmart and Mark Drug are among the more popular local stores that have medical equipment for purchase.

When can I resume sexual activity?

In general, it is safe to resume intercourse approximately 4 to 6 weeks after surgery if okay with your surgeon. It is important to adhere to your hip precautions during sexual activity.

Hip replacement patients, both male and female, prefer to resume intercourse in a passive manner in the “bottom” position, as this position generally requires less energy expenditure. As your hip heals, you may resume a more active role. After a few months, you can resume sexual activity in any comfortable position. Additional information is available, including pamphlets with descriptions and diagrams of safe sexual positions. If you still have questions, feel free to ask your surgeon, case manager or therapist.

Patients having a knee replacement may resume sexual activity whenever they feel comfortable.

Write down any questions you may have for your doctor or nurse:

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Following surgery, do I need to make special considerations when I travel?

Airlines have various accommodations for people traveling with assistive devices (crutches, wheelchairs, etc.). It is best to call the airline ahead of time to explain your specific needs to make sure yours will be accommodated. Consider how you might need assistance, such as help entering the aircraft and getting to your seat or assistance with luggage. Try to choose nonstop flights if possible, and make reservations early so the best seats for you will be available.

Flying has some unique characteristics that can further increase your risk for blood clots. If you intend to travel within 90 days of your surgery or if you have a history of blood clots, you need to take extra preventive measures. The following is a list of things you should discuss with your surgeon before getting aboard the plane:

- Wear loose-fitting clothing during the flight.
- Walk around the cabin every 30 to 60 minutes if possible during flights of 3 hours or longer.
- Do ankle flexion exercises while seated.
- Limit alcohol and caffeine, which may contribute to dehydration.
- Stay hydrated before, during and after the flight.
- If possible, elevate your legs during travel.
- If you have a layover, take a brisk walk in the airport.

Write down any questions you may have for your doctor or nurse:
