



Trinity Health

Total Joint Discharge Instructions

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- This information is a review of the content in your **Hip/Knee Replacement Guide** that you received at your preadmission testing appointment. Please keep the guidebook handy at home, for easy reference as you recover.
- Please watch this presentation and ask your nurse or call your Nurse Navigator if you have any questions.

Pain Management

- Take Tylenol 1000 mg every 8 hours, and your opioid pain medication as needed. Check your discharge instructions to see if you are allowed take ibuprofen also.
- Side effects of the opioid pain medication are nausea, constipation and drowsiness
- It is important that you take your pain medication as prescribed- do not take additional medication unless your surgeon allows
- Use ice/cold therapy to help control pain and swelling
- If your pain medicine isn't effective in controlling your pain, contact your surgeon

Swelling/Bruising

- Swelling is normal and can continue for a few months after surgery
- Bruising is also very common
- Elevating your leg above the level of the heart is important- try to elevate 3-4 times per day for 30 min each time
- Make sure you are using cold therapy e.g. cold machine/gel packs/ice to help reduce the swelling

Post Operative Guide

Postoperative Management Guide

It is normal for your leg to be swollen and bruised after surgery. The incision may also be warm and red.

Manage Swelling

- **Expect increased swelling with activity:** elevate, rest and use cold packs on surgical leg.
- **Elevate your leg:** Lie down four times a day for 20-30 minutes and position your leg above your heart.
- **Ice your leg:** Apply an ice/ gel pack throughout the day (20 minutes on, 20 minutes off). Make sure you have something between your skin and the ice/gel pack. If you are using the prescribed cold machine you can use it continuously.
- **Stiffness is normal after prolonged inactivity.** Move every hour when awake. Perform your home exercises as prescribed.



Manage Pain

- Take pain medications as directed by your surgeon.
- Elevate and ice your leg as instructed above to reduce swelling.

Manage Constipation

- Take Miralax daily at bed time and Colace (100mg tablet) in the morning and at bed time until you are having regular bowel movements.
- If you do not have a bowel movement by day 3 after your surgery, add Senna (1 tablet) in the morning and at bed time until you are having regular bowel movements.
- If you do not have a bowel movement by day 4 add a 10mg Bisacodyl suppository or try this constipation recipe:
Constipation recipe: 2 oz prune juice + 2 oz clear soda + 2 oz milk of magnesia. Mix and drink, follow with 8 oz of warm water.
- Drink plenty of water to help break down the food in your stomach. Water assists with digestion.
- Add fiber in your diet to help you pass stools and stay regular. Include bran, beans, apples, pears and prunes.
- Caffeine can make you dehydrated so limit the amount, if necessary.
- Walk and move around as much as tolerated. Exercise helps move digested food through your intestines and signals your body that it's time for a bowel movement.



When to Call Your Surgeon's Office

If you notice the following, you should contact your surgeon's office:

- More than one temperature greater than 101 degrees in 24 hours
- Worsening redness and heat around your incision
- Drainage from your incision
- Swelling not controlled by elevation, rest and cold therapy
- Calf pain
- Pain that is not controlled by your pain medication, elevation, rest and cold therapy
- A fall or injury to your surgical leg
- Unexplained bleeding or bruising
- If you have not had a bowel movement by the third day after surgery

If you notice the following, you should report to an Emergency Room:

- Chest pain
- Shortness of breath at rest
- Mental status changes/confusion



Nausea Prevention

- You may experience nausea after your surgery due to the anesthesia, pain medication and constipation.
- To prevent nausea:
 - Don't take your pain medicine on an empty stomach- always eat food with your pain medication.
 - If you are nauseated, eat small frequent meals and drink plenty of water
 - Contact your surgeon if you continue to have nausea

Other common complaints after surgery

- Frequent urination-improves over time
- Insomnia- you might only sleep 2-3 hours at a time for the first few weeks. Some people find sleeping in recliners comfortable when they first get home. Knee replacements- try to keep your knee straight when sleeping
- Decreased appetite- eat small frequent meals

Signs and Symptoms of a DVT (Deep Vein Thrombosis)

- Signs of a DVT (blood clot in the leg) are:
- Swelling in the thigh, calf or ankle that doesn't go down after elevating your leg
- You might also have unusual pain, heat or tenderness in calf, thigh, groin or back of the knee
- **CALL YOUR SURGEONS OFFICE IF YOU THINK YOU HAVE A DVT**

Signs and symptoms of a PE(Pulmonary Embolism)

- Signs of a PE (blood clot in the lungs) are:
 - Shortness of breath
 - Chest pain
 - Coughing up blood
 - Rapid heart rate
 - Confusion
- **CALL 911 IF YOU HAVE SYMPTOMS OF A PE**

Blood Clot Prevention

- Ankle pump/circulation exercises
- Get up for a short walk at least every hour during waking hours
- Take your anticoagulant medication as prescribed
- A possible side effect of anticoagulants is excessive bleeding, if you notice any severe or recurrent bleeding call 911
- You should also seek immediate medical attention if you:
 - Are involved in a major accident
 - Experience a blow to the head
 - Are unable to stop any bleeding

Incision Care

- You should remove your dressing 7 days after surgery
- You may shower with the dressing on and after it is removed. If you had a knee replacement- wait until your nerve block has been removed.
- Use your **DynaHex/Hibiclens** soap until gone then use antibacterial soap like **Dial** until you are healed
- Do not put lotions or creams on your incision
- Do not go in a tub bath, hot tub, pool or lake etc until your incision is **completely** healed (all scabs are gone, openings closed and no drainage from incision)- usually 6 weeks

Infection Prevention

- Do not touch your incision until it is healed
- Wash your hands well during your recovery to prevent infection
- Clean your cell phone and other items like TV remotes frequently
- Do not put lotions, creams, ointments or sprays on your incision until it is well healed and scarred
- If you develop a cut or puncture wound anywhere on your body, clean the area thoroughly. Watch carefully for redness, drainage, a fever or other signs of infection
- Tell your primary care provider and your dentist that you have had a joint replacement
- Do not have a routine dental check-up or cleaning for at least 3 months following your joint replacement, then you will also need antibiotics before dental visits

Mobility /Exercises

- Continue following your home exercise program given to you by your physical therapist. This is also in your **Hip/Knee Replacement Guide**
- **Get up for a short walk every hour during the day**
- Your activity level should increase every day as you progress in your recovery, you may use a pedometer/activity tracker to track your steps

Contact your Orthopedic Surgeon if:

- You have more than one temperature greater than 101 degrees in 24 hours or chills with a fever
- You have bleeding from your incision that soaks your dressing
- Worsening redness and heat around your incision
- You have an increase in drainage or a bad smell from the incision
- You develop an open area on your incision
- You are having pain that you can't control when you are taking your pain medications as directed
- You develop numbness or tingling in the surgical foot or leg

Contact your Orthopedic Surgeon if:

- You fall
- You develop any symptoms of a blood clot in your leg such as swelling in the thigh, calf or ankle that doesn't go down after elevating your leg; or pain, heat or tenderness in calf, thigh, groin or back of the knee
- **Call 911 if you develop chest pain or sudden shortness of breath or any other symptoms of a blood clot in your lung**

Thank you for your attention today. If you have any questions about this information, talk with your nurse or call your Nurse Navigator or surgeon.

The education is available at any time on our website for you or your family to view and review again.

Thank you,
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