



Physicians

ORTHOPEDIC SURGERY & REHABILITATION

DR. AMGAD HALEEM, M.D., PhD

WEEKS 2-6 POST-OPERATIVE INSTRUCTIONS FOR HIP REPLACEMENTS

➤ Pain Medicine

- At this visit almost everyone is still taking pain pills and by the 6-week visit almost no one is taking prescription pain pills, so don't feel like you are becoming a drug addict
- We would rather have you take pain medicine (if you need it) to be able to fully participate in physical therapy
- The last pain pills patients give up are at night to help them sleep and with therapy
- Stopping pain meds "cold turkey" can cause withdrawal symptoms - begin weaning off by taking 1 pill instead of 2 (or ½ instead of 1), then increase the time between doses
- Another strategy for weaning off narcotics is to take over the counter pain medicine, or switch to Tramadol which is not as strong and is not habit forming
- You may take NSAIDS (Ibuprofen, Aleve, Advil) once you finish your blood thinner (typically Lovenox); if a doctor has previously told you to avoid NSAIDS, then don't take them
- Remember that many pain meds contain Acetaminophen (Tylenol) - You may take Tylenol instead of your pain pill but not in addition to
- If you have had a lot of side effects from the pain medicine (e.g. nausea, constipation), we can prescribe medicine to help the side effects or try a different pain pill

➤ Blood Thinners

- Finish any remaining blood thinners prescribed in the hospital (typically Lovenox)
- After you finish your blood thinner, take Aspirin 325 mg twice a day if tolerated until 6 weeks from surgery - this takes your low risk for blood clots and makes it even lower

➤ Physical Therapy

- Find an outpatient physical therapy location close to your house - knee replacements are very common and any place should be well equipped to take care of you
- If you were discharged with home therapy or to a rehab facility, you should switch to outpatient therapy as soon as you are able
- Increase your activity as tolerated (listen to your body) and your therapist will also give you more advanced exercises as you improve
- Use the walker/crutches/cane until you are steady and able to walk without a limp
- If you plateau with your range of motion we can discuss other strategies to get your knee bending at the 6-week visit
- Next office visit we will talk about higher level activities such as golf, weight-lifting, etc.

➤ **Incision Care**

- Once the staples are removed we will place steri-strips to reinforce the incision - remember you have 3 layers of dissolvable stitches underneath the skin so it is not going to pop open
- The steri-strips should fall off on their own in a week, or you may remove them at that time
- You do not need to cover your incision unless it is irritated by your TED hose or clothes
- You may shower with nothing covering the incision (no more plastic wrap!)
- If you developed fluid blisters do not pop them; cover them with a non-adherent dressing until they scab over; a new layer of skin will eventually form
- You may soak the incision (e.g. bath, pool) once it has healed
- Once the incision has healed more (i.e. no scabs) you may use lotions, creams, or scar treatments like Mederma
- Some patients will have redness only along the incision - this is not an infection but a common reaction to the foreign stitches
- A stitch may poke out of the skin or form a localized pocket of pus called a stitch abscess as your body works to break down the stitches - you may cut or pull out the stitch and clean the area and apply an antibacterial ointment
- Call the office if the incision opens up, continues to drain, or has any signs of infection (pus, odor, fever)

➤ **Swelling**

- It is normal to have leg swelling several weeks after your surgery - in fact the knee itself will be swollen and warm for months as part of the normal healing process
- If you still have swelling in the calf/ankle, wear your TED hose on the surgery leg during the day to minimize swelling and blood clots - you don't have to wear it at night or the non-surgery leg unless instructed; remove the hose when your surgery leg looks like your other leg, which may take another week or two
- The more active you are, the more your leg will swell - remember the acronym R.I.C.E (R - rest , I - ice several times a day, C - compression (TED hose/Ace wrap), E - elevate your leg above your heart)
- If you develop sudden swelling and calf tenderness that does not improve with the R.I.C.E. treatment, you may have a blood clot - call the office or go to the nearest urgent care
- If you develop shortness of breath or chest pain, go the ER as those are signs of a blood clot in the lungs

➤ **Sleep**

- It may take 12 weeks for your sleep cycle to return to normal
- If you are unable to sleep due to pain, take pain medicine with some crackers or food
- If needed, try over-the-counter Benadryl (1-2 tablets) and/or Melatonin; these do not cause dependence or rebound insomnia like prescription sleep aides

➤ **Returning to Work**

- It is reasonable to take 4-6 weeks off if you are able
- It is advisable to be off while you are taking narcotics
- If you have a desk job, you will likely return quicker than someone with a very physically demanding job
- You will know best when you are ready to return to work based on how you are feeling and what type of work you do
- When you are ready to return to work, we are happy to provide any documentation for your specific circumstances (e.g. work from home, part-time, light duty, or full duty)
- Please give any work leave paperwork to Rosie and she will prepare it for Dr. Mathis to sign

➤ **Driving**

- If you had surgery on your right leg then you should not drive until 6 weeks from surgery; for the left leg it is as soon as you are off narcotics and feel up to it

➤ **Follow up Appointment**

- Call the office next week (405) 271-2663 to schedule your next appointment

REMEMBER - The first couple of weeks are the worst so hang in there - It does get better!