



Timothy L. Tan, M.D.

ORTHOPAEDIC SURGERY

Hip & Knee Specialist

PATIENT DISCHARGE INSTRUCTIONS

I know:

- how to safely get in and out of bed or a chair
- how often and when to do exercises
- how to safely walk up and down stairs
- how to apply ice properly to my incision
- which medications I should and should not take after discharge

Weight Bearing Precautions: Weight bearing as tolerated

PLEASE REVIEW THE FOLLOWING WOUND CARE INSTRUCTIONS PRIOR TO CONTACTING THE ORTHOPEDIC INSTITUTE

WOUND CARE DISCHARGE INSTRUCTIONS Hip ARTHROPLASTY

Caring for your hip incision

* Check your wound (or the area around the dressing if covered) daily for signs of infection. If needed, contact your doctor as noted below.

DRESSING AND WOUND CARE:

* Do not remove your discharge dressing until 5 days from date of surgery. Your dressing is completely sealed and you can shower as normal with the dressing on.

* It is normal to see some (slight) drainage at the top of the dressing the first few days after surgery.

* If the dressing appears completely wet from drainage or if there is an increasing amount of drainage from the wound over time, contact your surgeon's office for instructions.

* If your incision gets wet be sure to PAT DRY, or use a blow dryer on COOL setting to air dry. **DO NOT RUB YOUR INCISION!**

If you have any concerns about the dressing not covering the wound then try sponge or towel bathing instead.

* No submersion or swimming until 4 weeks after surgery

***AFTER 5 DAYS, remove the dressing and examine wound/incision:**

*Follow **one of the three** below instructions based on your wound closure (varies between surgeon/type of procedure) - the hospital staff will mark one of the following:

1. Steri-Strips ONLY or 2. Staples/Sutures ONLY or 3. Steri-Strips over Sutures: ***



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1. IF YOU HAVE DISSOLVABLE SUTURES WITH GLUE (MOST COMMON):

* At 5 days you can remove the dressing and not replace. You may continue to shower, however try to isolate and protect the wound from over saturation of moisture. **There may be a mesh layer than can be removed after 2 weeks (or they will begin to fall off on their own).** **DO NOT** apply Bacitracin or antibiotic ointment or lotion to the wound or steri strips.

2. IF YOU HAVE SUTURES OR STAPLES (ONLY):

* At 5 days you can change your dressing but you should keep your wound covered with gauze and tape to keep it protected or apply the extra Tegaderm (waterproof) dressing you were given at discharge (this can also be purchased at most pharmacies) until the sutures or staples are removed (approximately 2-3 weeks).

- While sutures or staples are in the incision they **should NOT get wet**, so keep covered with Tegaderm while showering.

3. IF YOU HAVE STERI-STRIPS OVER SUTURES (Usually revision cases):

* Follow instructions for #2

IF YOU NEED TO CHANGE THE DRESSING

* Wash your hands well with soap and water before touching the dressing.

* Remove the dressing carefully. If you need to, soak the dressing with sterile water or saline to help loosen it.

* Dry the incision with clean dry gauze. Gently wipe or pat dry.

* Apply a new dressing the way your doctor or nurse showed you (Tegaderm is preferred but ok to use gauze and paper tape).

PETS

*Do not allow pets to sleep with you until your wound is completely healed and the stitches/staples are removed.

*Do not allow pets to lick you or your wounds

*Cover sofas or chairs with a clean sheet before sitting or lying on them.

*Wash your hands with soap immediately after touching/petting your pet.

SCAR PREVENTION

*Once staples or sutures or steri-strips are removed and the skin on the wound is completely closed, you may consider the following tips to minimize incisional scarring:

- Apply Vitamin E oil or aloe vera to lessen scarring

- Over the counter creams may also lessen scarring (i.e. Mederma, Bio-oil)

- Massage out the scar tissue - your physical therapist may be able to guide

- Avoid exposure to the sun for one year as the sun will make the scar prominent

DRIVING

* You may start driving as soon as 2 weeks postoperatively if you feel safe and able to avoid an accident, react quickly to slam on breaks and exit vehicle. Do NOT drive if you are taking narcotic pain medication such as oxycodone (Percocet), hydrocodone (Norco), hydromorphone

(Dilaudid), Morphine/MSContin to name a few.

Contact your doctor/surgeon immediately for any of the following:

- * **increased redness, swelling, pain, discharge or warmth around the incision**
- * **incision opens**
- * **fluid drains from pin sites or incision**
- * **foul-smelling discharge from the incision**
- * **temperature higher than 101F (38.3C)**
- * **shaking chills**
- * **severe or increasing pain that does not improve with rest**
- * **burning or pain with urinating**
- * **persistent dizziness, not relieved by rest/lying down**
- * **sudden acute swelling or pain in the calf (Call provider immediately)**
- * **new shortness of breath/chest pain (GO TO THE EMERGENCY ROOM OR CALL 911)**

PAIN

- * It is normal to have some pain/discomfort at the surgical site during activity and at night for a few weeks
- * Using an Ice pack for 10-15 minutes may relieve pain at the surgical site.
- * Take medication as directed by your physician
- * Rest your hip or knee in a comfortable position as directed by her surgeon
- * You may be asked to use a pillow for support while sleeping/resting.
- * Wean off your narcotic pain medication as soon as tolerable.
- * Check with your caregiver or surgeon if your pain gets worse or does not go away as expected.

ADDITIONAL IMPORTANT PAIN MEDICATION INFORMATION

Usually, your surgical pain will start to improve within 1-2 weeks after your joint replacement surgery. ***As soon as your pain starts to get better, you should begin tapering down on your opiate or narcotic pain medicine (e.g., morphine, oxycodone, hydrocodone, etc.) by either cutting down the number of tablets taken or by stretching out the time between doses. Remaining on narcotic medications longer than 4 week following your surgery can potentially lead to chemical dependence and make it difficult transitioning off these medications.***

For example, you may need to take 2 tablets of a pain medicine every 4-5 hours as needed for the first week after your surgery, but by the second week you may find that you can take only 1 tablet every 4-5 hours and still get adequate pain relief. By the third week, you may find that you can wait 6-8 hours before you need to take another tablet for managing your pain. It is strongly recommended that you take the **lowest effective dose that treats your pain symptoms**. If at any time the medicine is making you too sleepy, groggy or causing problems with thinking/concentration, it is time to reduce your dose.

To prevent excess sedation from your pain medicines, it is also recommended that you take them at different times than other drugs that make you drowsy, such as muscle relaxants. It is best to separate the medicines by at least 1-2 hours, if possible.



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Store your medications in a secure cool, dry place out of the reach of children or pets. Dispose of them properly when you no longer need them; avoid flushing or placing whole tablets in the trash. Contact your local pharmacy or refer to <https://archive.epa.gov/region02/capp/web/pdf/ppcpflyer.pdf> for additional information about drug disposal

If you experience any issues after your discharge, please contact us by phone immediately. We can provide prompt assistance.

If you have Medical Questions:

During business hours (Monday to Friday from 8:00 a.m. to 5:00 p.m.):

- 559-791-6081

Outside of business hours, please call 559-791-6081 to be connected to the physician on call.

If you have Administrative or Scheduling Questions

To speak with the Practice Coordinator's please call during business hours (Monday to Friday from 8:30 a.m. to 5:00 p.m.):

- 559-791-6081

Hours: Monday to Friday, 8:30 a.m. – 5 p.m.

Post-Op Appointments: Please call the office in order to schedule an appointment, if you do not already have one.

Medication Refills:

*Narcotic refills can now be sent electronically into the pharmacy, but please call at least 72 hours in advance for prescription refills.

Please call early in the week during business hours if you think you will run out of medication over the weekend.

Early Postoperative Exercises

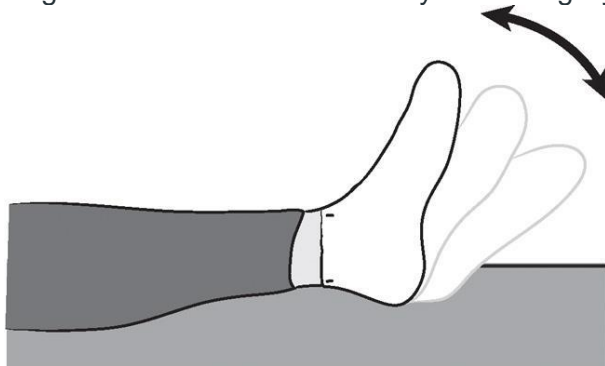
The following exercises will help increase circulation to your legs and feet, which is important for preventing blood clots. They will also help strengthen your muscles and improve hip movement.

Start the exercises as soon as you are able. You can begin them in the recovery room shortly after surgery. You may feel uncomfortable at first, but these exercises will enhance your recovery and actually diminish your postoperative pain.

Ankle Pumps

- Slowly push your foot up and down.
- Repeat this exercise several times, as often as every 5 or 10 minutes.
- If you are watching television, you should pump your feet every time a commercial comes on.

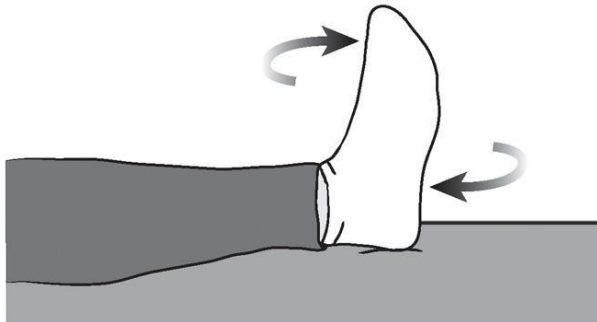
Begin this exercise immediately after surgery and continue it until you are fully recovered.



Ankle pumps

Ankle Rotations

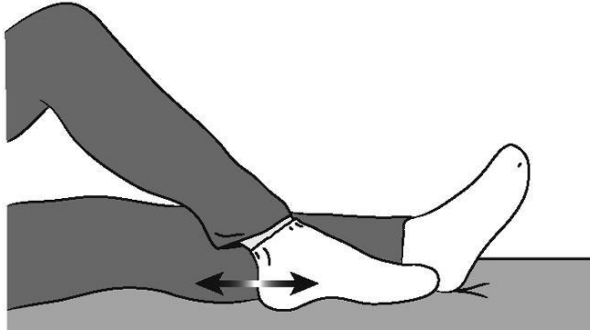
- Move your ankle inward toward your other foot and then outward away from your other foot.
- Repeat 5 times in each direction.
- This exercise should take 3 minutes.
- Do 3 to 4 sessions a day.



Ankle rotations

Bed-Supported Knee Bends

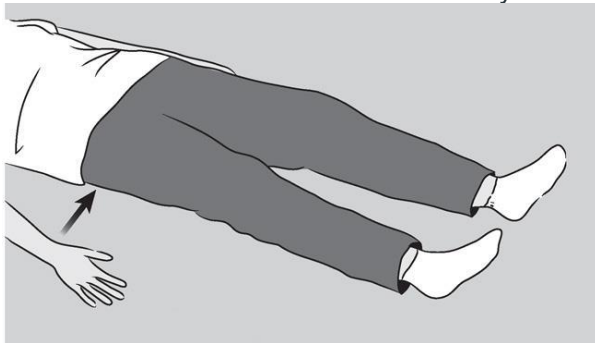
- Slide your foot toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward.
- Hold your knee in a maximally bent position for 5 to 10 seconds.
- Straighten your leg.
- Repeat 10 times.
- This exercise should take 3 minutes.
- Do 3 to 4 sessions a day.



Bed-supported knee bends

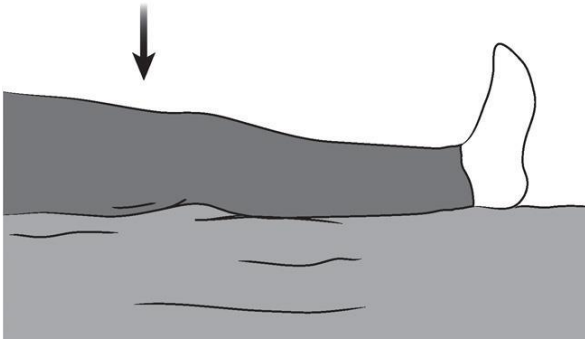
Buttock Contractions

- Tighten your buttock muscles and hold to a count of 5.
- Repeat 10 times.
- This exercise should take 90 seconds.
- Do 3 to 4 sessions a day.



Quadriceps Set

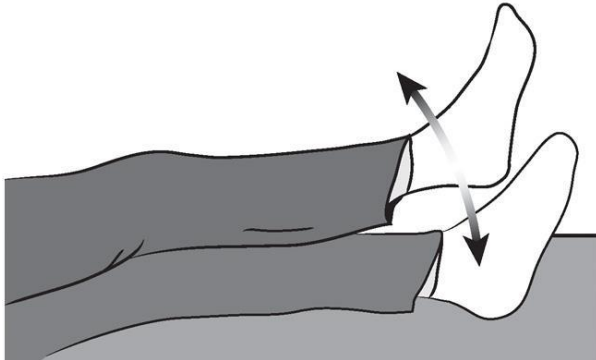
- Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.
- Repeat this exercise 10 times during a 10-minute period, rest one minute and repeat.
- Continue until your thigh feels fatigued.
- This exercise should take 2 minutes.



Quadriceps set

Straight Leg Raises

- Tighten your thigh muscle with your knee fully straightened on the bed.
- Lift your leg several inches. Hold for 5 to 10 seconds.
- Slowly lower your leg.
- Repeat until your thigh feels fatigued.
- This exercise should take 2 minutes.



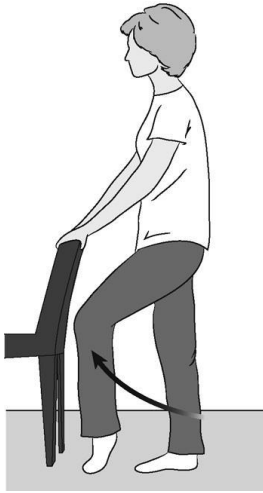
Straight leg raises

Standing Exercises

Soon after your surgery, you will be out of bed and able to stand. You will require help at first but, as you regain your strength, you will be able to stand independently. While doing these standing exercises, make sure you are holding on to a firm surface such as a bar attached to your bed or a wall.

Standing Knee Raises

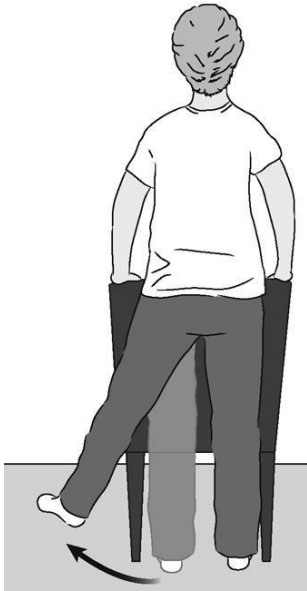
- Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts.
- Put your leg down.
- Repeat 10 times.
- This exercise should take 3 minutes.
- Do 3 to 4 sessions a day.



Standing knee raises

Standing Hip Abduction

- Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side.
- Slowly lower your leg so your foot is back on the floor.
- Repeat 10 times.
- This exercise should take 2 minutes.
- Do 3 to 4 sessions a day.

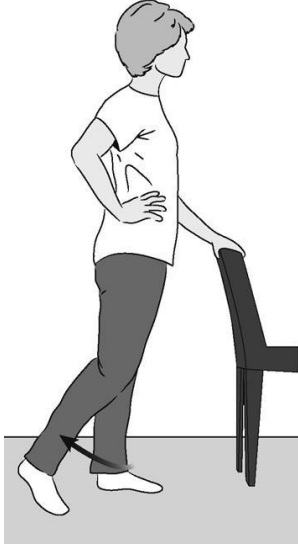


Standing hip abduction

Standing Hip Extensions

- Lift your operated leg backward slowly. Try to keep your back straight. Hold for 2 or 3 counts.
- Return your foot to the floor.
- Repeat 10 times.

- This exercise should take 2 minutes.
- Do 3 to 4 sessions a day.



Standing hip extensions

Early Activity

Soon after surgery, you will begin to walk short distances in your hospital room and perform light everyday activities. This early activity aids your recovery and helps your hip regain its strength and movement.

Walking

Proper walking is the best way to help your hip recover. At first, you will walk with a walker or crutches. Your surgeon or therapist will tell you how much weight to put on your leg.

