

# What to Expect with Knee & Hip Replacement

## Initial Preparation

- If you smoke, it is VERY IMPORTANT to stop before your surgery
  - Smokers can have difficulty under anesthesia and an increased risk of developing complications with healing
- If you have a complicated medical history:
  - Please visit your Primary Care Physician for any special clearance tests you may need

## Pre-Operative Evaluation

- Will be scheduled for you by Monica LaHair (p: 617-732-8138) at the **Brigham and Women's Pre-Operative Testing Center (Weiner Center)**
- At your pre-op appointment, you can expect:
  - Blood work and physical examination
  - Meeting with an anesthesiologist to discuss your anesthesia
  - Possible donation of 1-2 units of your blood

## Pre-Operative Medication

- It is helpful to moderately decrease the amount of pain medication you are taking 1-2 weeks prior to surgery
  - It will be easier for you to manage post-operative pain
- If taking anti-inflammatory medications (e.g. Advil, Motrin, Aleve, Ibuprofen, Naprosyn) for musculoskeletal pain
  - Please discontinue use 12-14 days prior to surgery
- If taking aspirin-like products prescribed by your Primary Care Physician or Cardiologist
  - Please discontinue 12-14 days prior to surgery \*IF approved by your prescribing physician
- The day prior to surgery: **DO NOT EAT OR DRINK AFTER MIDNIGHT**
  - You may be prescribed a dose of Coumadin (blood thinner)
  - You may take morning medication with a sip of water

## Normal Expectations After Surgery: Mobility

### First Few Days:

- After surgery, you will be in the PACU (Post Anesthesia Care Unit) until stable then transferred to the floor
- Most patients are able to get up and walk the next day with help
  - A physical therapist will teach you:
    - ⇒ Getting in and out of bed
    - ⇒ Using crutches
    - ⇒ Going up and down stairs
- **Generally, you will require a 3 day hospitalization**
  - Nursing staff, care coordinators and a physical therapist (PT) will work with you to determine whether it's best to be discharged to your home with services or to an inpatient rehabilitation facility

### First Months:

- If discharged home, you will have a home physical therapist typically for 6-8 weeks before transitioning to an outpatient physical therapy facility
  - The home PT helps with daily activities, walking, stairs and strength training
- You may drive a vehicle with an automatic transmission 4-6 weeks after surgery
  - Your driving leg needs to be strong.
  - Please go to the nearest Registry of Motor Vehicles for a Driver Clearance Test if you are uncertain about your ability to operate a vehicle
- You may travel a few weeks after surgery
  - Take breaks and stretch every 45 minutes to prevent a blood clot
- If travelling by plane in the first 4 weeks after surgery, non-invasive ultrasound tests are usually performed to rule out a blood clot (DVT: deep vein thrombosis)
  - T.E.D compression stockings are recommended to be worn during the flight

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### Long Term:

- You will be seen for an x-Ray one year post-operatively and then every two years
- Knee or Hip replacements can normally last 15-20 years or longer if no loosening or infection.
  - Varies depending on activity level and other factors

### Pain Management

- Initially, you will receive an Epidural or PCA (Patient Controlled Anesthesia: intravenous pain medication you control on demand)
- When discharged home, you will receive a narcotic pain medication prescription
  - To prevent constipation, take a stool softener (e.g. Colace)
- After 4-6 weeks, most people switch to Tylenol and/or NSAIDS (e.g. Aspirin, Ibuprofen, Advil, Motrin, Aleve)
- If prescribed Coumadin, you should not take NSAIDS at the same time
- Avoid alcohol while you are on Coumadin and/or narcotics

### General Instructions

- For any questions or concerns about your post-operative anticoagulation medication:
  - **Please call the BWH Anticoagulation Clinic at (617)-732-8887**
- If you have **staples** over your incision, they will be removed within 1-2 weeks after surgery
- If you have **suture and steri-strips** over your incision, the suture will likely dissolve and not need to be removed
  - Leave the steri-strips in place for 3-4 weeks or until they fall off on their own
- You may shower or bathe (get the incision wet) 10 days after surgery if it is not draining
  - After, leave the incision open to air or cover lightly to protect it from irritation
- Wear the T.E.D compression stockings for up to 6 weeks
  - If comfortable, wear them longer
  - Decreases swelling
- **To prevent infection, antibiotics are given before a medical procedure** (antibiotic prophylaxis)
  - Needed to prevent infection of the knee prosthesis for at least two years after surgery
  - Taking antibiotics is recommended for:
    - ⇒ All dental procedures including cleaning
    - ⇒ Colonoscopies and upper GI (gastrointestinal) investigations
    - ⇒ If you tolerate antibiotics, it is recommended to practice antibiotic prophylaxis for as long as possible
    - ⇒ The antibiotics are generally taken 1 hour prior to the medical procedure

### What To Be Aware Of

- Please call our office (617-732-8138) or the On-Call MD after hours (617-732-6660) if you have
  - Incision drainage for more than 48 hours
  - Redness
  - Calf pain with swelling
  - Fever