



What to Expect around Joint Replacement Surgery

POST OPERATIVE RECOVERY EXPECTATIONS

Remember, it takes a whole year of recovery after a joint replacement! **First 2 weeks:** this is when you need more help after surgery. By **2-3 months after surgery**, you are likely 80-90% improved. The **rest of the year** you will notice month-by-month improvement in aches and pains and notice improvements in strength and endurance.

INCISION / BANDAGE CARE

Your incision will be covered with a special Surgical Dressing. This dressing is waterproof but keep clean and dry. If you have significant drainage on the dressing (more than spotting or continuous drainage), please call the office. If you notice that the dressing appears to be falling off call the office; you may remove and leave open to air as long as you do not have any drainage from the incision. You may cover with gauze to avoid rubbing on clothing.

- After the initial Surgical Dressing, you may receive a collagen dressing to be applied per the directions
- No soaking/ water immersion/ baths until you are cleared by Dr. Kamath's team, likely around 6 weeks post-operative
- Leg T.E.D. / compression stockings should be worn at all times except bathing and sleep until your first post-operative appointment
- Patients that have a HipRAP / compressive hip wrap placed after hip surgery should also wear this at all times except bathing until first post-operative appointment
- Ice may be used to help with pain and swelling at the surgical site; however, ice should not be placed directly onto the skin. You can use an Ice Machine or equivalent – this may be an out-of-pocket expense
- Ointments/creams should not be used on incision until at least 6 weeks after surgery

MEDICATIONS

Pain medication

Narcotic pain medication can frequently cause constipation – drink plenty of fluids and you can try over-the-counter Colace, Senna, or Miralax found at most drug stores. If you are still having trouble, please contact your Primary Care Provider for additional recommendations. Hydration and stool softeners may start several days prior to surgery if you have a history of constipation or sensitivity to medications.

*If refills of narcotics pain medication are requested, please call the office **at least** 3 days prior

- Due to Ohio law, each prescription provided can only be written for a maximum of 7 days
- Please be aware that you cannot fill pain medication prescriptions early

If you are medically able, we encourage the use of Tylenol (acetaminophen). You may add anti-inflammatories (Aleve, Ibuprofen, etc.) to help with pain control after you finish Aspirin (or equivalent blood thinner/ clot prevention medication) after surgery

- Do not exceed 3,000 mg of acetaminophen (Tylenol) from all sources in a 24-hour period (this includes combination medications that include acetaminophen, e.g. Percocet / Vicodin / Norco)

For **prevention of blood clots/ deep venous thrombosis (DVT)** after surgery (**please note this may be adjusted by Dr. Kamath based on type of surgery, medical condition, or allergies):

- Total and Partial Knee replacement: Aspirin twice daily for 6 weeks

- Anterior Total Hip replacement: Aspirin twice daily for 6 weeks

While taking Aspirin, you should take a gastrointestinal/ulcer prevention medication such as over the counter Pepcid, Nexium, pantoprazole (Pepcid, Prilosec, Protonix or equivalent)

- For patients on blood thinning medication (ex: Coumadin, Plavix, Xarelto) prior to surgery OR if you have a history of blood clots, please discuss post-operative anticoagulation plan with Dr. Kamath and/or prescribing provider



before the day of your surgery. This decision should be made in consultation with your medical doctor/ PCP and/or Cardiology team. Please also confirm with your medical teams how many days prior to surgery these medications may need to be held for safe surgery and to avoid a cancellation.

Please do not schedule any elective procedures (e.g. colonoscopy, routine dental work/ cleanings) within 3 months after joint replacement surgery. If you do have a procedure performed, refer to Dr. Kamath's **Antibiotics Instructions** to be taken prior to other procedures (also KamathOrthopedics.com).

ACTIVITY

Hip Precautions *reduce* the risk of a hip dislocation. The joint capsule, muscles, and ligaments keep the hip ball joint in the socket. During the time when the soft tissues heal after hip surgery, there is a greater risk for the ball to be forced out of the socket ("dislocate"). While dislocation is quite rare, dislocation can be avoided by following hip precautions for the first **6 weeks** after surgery. The specific positions to avoid after surgery depend on whether Dr. Kamath performed the hip replacement from the front (anterior approach) or the back (posterior approach). Please refer to the separate sheet with these Hip Precautions and photos; Dr. Kamath performs the majority of his Hip Surgery from an **Anterior approach**: the main positions and movements to avoid after an anterior approach include *extremes* in bending the hip back (extension) and turning your hip and leg out (external rotation)

There are times when **additional restrictions** (e.g. weight-bearing or bracing) are placed on your activity after surgery – please **follow these restrictions at all times** as you resume physical activity.

You are **not permitted to drive** any vehicle while taking narcotic pain medication. However, once you are off narcotic pain medication, you must be comfortable performing evasive driving maneuvers including applying the brake pedal in an emergency without hesitation. We recommend taking your car to a parking lot to practice these maneuvers prior to returning to public roads. You should not drive until you have weaned off regular use of crutches or walker. The majority of patients are able to drive about 3-6 weeks after surgery; however, every patient and every surgery is unique, and reaction times may not return to normal till 6-9 weeks after lower extremity surgery.

Return to work will depend on the physical requirements and nature of your job

- FMLA/short-term disability paperwork should be faxed to the office – please complete your portion prior to faxing and include a cover sheet with request/instructions; please allow a 10-day turnaround time
- Please note that Dr. Kamath is able to control work/ job accommodations for up to 12 weeks (3 months) after surgery; after this time, please consult your PCP (primary care) for any long-term work needs

Other issues:

Warning signs of **infection** – drainage from incision (a small amount of bloody or serous/yellow drainage can be normal), extreme redness along incision, foul odor from /incision, swelling or fever over 101°F

Signs/symptoms of **blood clot/ DVT** (deep venous thrombosis) – extreme pain/swelling in one extremity (e.g. not relieved by elevating the limb above the heart), warmth, redness, inability to move your extremity without severe pain, shortness of breath. If you suspect a blood clot, please reach out to Dr. Kamath's office during business hours or report to your nearest Emergency Department immediately.

Your **first post-operative visit** will be about **1-2 weeks** after surgery with a member of Dr. Kamath's team (Nurse Practitioner, Physician-Assistant, or Nurse); Dr. Kamath will be in close contact with the care team for this visit. You can expect to see Dr. Kamath for a formal post-operative clinic visit around 6 weeks after surgery (you may need a routine X-ray at this visit).

Contact information:

Monday through Friday, 8 AM to 5 PM: 440-709-1945 - Dr. Kamath's administrative assistant/ team directly
Weekends and Evenings: 440-709-1945 (Orthopedic Provider on call); report to Emergency Room for urgent issues

