

ANSWERS TO COMMONLY ASKED QUESTIONS ABOUT  
TOTAL JOINT REPLACEMENTS

PLEASE NOTE THAT THIS GUIDE MAY NOT ANSWER ALL POSSIBLE QUESTIONS BUT FEEL FREE TO CALL THE OFFICE FOR ANY ADDITIONAL QUESTIONS.

1. WHAT DO I HAVE TO DO BEFORE THE SURGERY?  
Prior to surgery you will have a pre-operative appointment at the hospital. At this appt. you will have routine testing done: Example: Chest x-ray, EKG, lab work. (Results will be sent to your family Dr., if anything abnormal you will be notified).
2. WILL I TALK WITH THE ANESTHESIA DOCTOR?  
You may speak to the anesthesia doctor during your pre-op visit or the morning of the surgery. For most joint replacements a spinal anesthesia is recommended because of its safety and ability to provide post surgical pain control.
3. WHAT MEDICATIONS SHOULD I TAKE BEFORE SURGERY?  
The pre-op nurse will discuss with you what medications you should take and which medications you should stop prior to surgery. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT ON THE EVE OF YOUR SURGERY.**
4. HOW WILL I KNOW WHEN I SHOULD BE AT THE HOSPITAL?  
The hospital will call you with the time you should be there the day before your surgery.  
Conemaugh Hospital – YOU will need to call 534-3403 or 1-866-669-5949 between the hours of 1pm and 4 pm for instructions.  
You normally arrive at the hospital two hours prior to the surgery.
5. DO I NEED TO DONATE BLOOD BEFORE SURGERY?  
Pre donation of blood is not necessary, but if you choose to donate blood, the blood collection should be about 1 month prior to surgery. If your surgery is at Conemaugh Hospital, call Conemaugh Blood Donor Services: 533-1090.
6. HOW LONG IS THE SURGERY?  
The surgery may take an hour or several hours. After surgery, you will go to the recovery room for about an hour. The doctor will talk to your family and update them on your condition.
7. WHEN DOES THERAPY BEGIN?  
The day after surgery, you will be out of bed in the morning and therapy usually begins at that time. For most joint replacements, you will be out of bed and able to put as much weight as you can tolerate. Under special circumstances, the amount of weight will be limited. Therapy is usually done twice a day.

8. HOW LONG WILL I BE IN THE HOSPITAL?

The average stay in the surgical unit is about 3-4 days. After this, you will either be discharged to the rehabilitation facility or to your home. Typically, if you have had surgery at Conemaugh, the rehab facility of choice is the Crichton Center. The normal stay in the rehab unit is about 7-10 days. Due to new Medicare guidelines, it can be difficult to get into the Crichton Center. It may be possible to get into a skilled nursing facility.

9. IF I DON'T GO TO THE REHABILITATION FACILITY, WILL I GET THE SAME RESULTS WITH MY JOINT REPLACEMENT?

Most patients do equally as well as the patients who go to a rehabilitation facility.

10. WILL I NEED FURTHER ASSISTANCE ONCE I AM AT HOME?

When you go home we usually have the home nurse and physical therapist make visits to your home. The home nurse will check your incision, remove your staples, and draw lab work if you need it. The physical therapist will help you with regaining your strength and restoring motion to your joint. They will work on step training, and using your assistance devices like canes and walkers. The nurse and the PT will visit you for about 3-4 weeks after surgery. Occasionally after you are discharged by home care, you may need to continue therapy on an outpatient basis. This is dependent on your progress.

11. WHAT DO I DO WITH MY INCISION?

If you have staples over your incision, then you may need to cover it with a light dressing. It is recommended that you clean it every day with alcohol and change the dressing every day until the staples are removed. The home care nurse will remove the staples 14 days after your surgery. Once the staples are removed, there is no need to cover the incision unless told otherwise. You may shower and get your incision wet unless otherwise directed. You may apply cocoa butter lotion or Vitamin E to the incision once the staples are removed and there is not a lot of scabbing on the incision. New scars will easily sunburn and it is wise to use sunscreen if you will be outdoors in the sun.

12. HOW LONG DO I NEED TO USE MY WALKER?

Most patients will require to use a walker for the first 2-4 weeks after surgery. Patients then typically use a cane for an additional 2-4 weeks. This is a general estimate. If you are using a cane, it is to be used in the opposite hand from the side on which you had your surgery.

13. DO I NEED TO MAKE MODIFICATIONS TO MY HOUSE FOLLOWING THIS SURGERY?

When using walking aids around the house, you should take precaution to make your house safe. Remove all carpets placed on tile floors and loose carpets from pathways. Make sure floors in the kitchen and bathroom are dry so you do not slip on water.

14. WILL SLEEPING BE A PROBLEM?

Sleeping can be a problem. You may do whatever is necessary for you to get comfortable, however, there are some suggestions: If you had a total knee replacement, do not put a pillow under your knee at night. If you had a total hip replacement, you may sleep on your side with the operative side up with a pillow in between your legs.

15. WHEN CAN I DRIVE?

Normally you can drive about 4 weeks after surgery. However, you should not drive as long as you are taking pain pills. You should be comfortable enough to get in and out of the car as well as able to move your leg comfortably enough to operate the pedals. PLEASE NOTE: Hip replacement patients normally have to wait at least 6 weeks to sit in a regular chair, so driving may be restricted until then.

16. WHEN CAN I RETURN TO WORK OR MY REGULAR ACTIVITIES?

Returning to work depends on the type of work that you do and your comfort level. Office workers can return to work as soon as 4 weeks post surgery, but it may take more than 4 months for an individual who is employed in heavy labor. The main factor is your level of comfort. Under most circumstances, you may return to any activity you previously enjoyed including golf, tennis, dancing, gardening, hunting and normal household chores.

17. SHOULD I BE CONCERNED ABOUT TAKING THE BLOOD THINNER?

You will be on a blood thinner for about 4 weeks after surgery. It may be necessary for your blood to be monitored twice a week while taking this medication. Coumadin doses vary among patients and it may take several weeks to regulate the Coumadin dose. On rare occasions, your blood may be too thin. If you notice any unusual bleeding, notify your doctors immediately. Many patients also notice that they are excessively cold while taking Coumadin and this will cease once you are directed to stop the medication. If you are not on Coumadin, you will be required to get daily injections of a blood thinner. The injection technique and needle is essentially the same as for an insulin injection.

18. WHAT IS CONSIDERED NORMAL FINDINGS FOLLOWING SURGERY?

All patients who have a joint replacement will experience swelling of their legs for several months after surgery and that is why you are to wear the TED hose or the tight white stockings. These will help with the swelling and to prevent blood clots. You only need to wear the stockings on the operative leg but most patients like to wear them on both legs. You do not need to wear them during the night. It is normal to have pain, tightness and warmth of the operative joint for several months after surgery. This is part of the normal healing process and will gradually improve with time. If you do experience an increase in drainage, pain or temperatures greater than 101, contact your doctor. If you had a total knee replacement, you may develop a

patch of numbness around the knee, which is normal. It may or may not resolve. This is a result of a small nerve that has to be cut during the surgery. This does not affect the function of the knee in any way.

19. SHOULD I BE ON A SPECIAL DIET?

Resume your normal diet. Eat plenty of food high in protein and vitamins to help with healing. If you are taking the blood thinner Coumadin, please be aware to avoid foods high in Vitamin K. If taking narcotic pain medications, please be aware that this can be constipating so drink plenty of water and eat foods high in fiber and vitamins. You may need an occasional laxative.

20. IS THERE ANYTHING ELSE I SHOULD BE AWARE OF?

It is important to inform all your doctors and dentists that you had a joint replacement. Some procedures, even cleaning of the teeth, may require antibiotics in an effort to prevent infections. The doctor or dentist you are seeing can prescribe these antibiotics for you. The time of “complete recovery” depends on each individual. For most people, they are feeling reasonably well after 3 months. However, even at 3 months, it is normal to have pain, aching, swelling and stiffness. It can take up to 6 months or more until the healing is complete.

IT IS IMPORTANT TO KNOW THAT EXERCISING YOUR NEW JOINT IS A LIFELONG COMMITMENT, WALKING AND EVERYDAY ACTIVITIES ARE NOT ENOUGH. WITH CONTINUED EXERCISES YOUR RANGE OF MOTION AND STRENGTH WILL IMPROVE FOR UP TO A YEAR AND THEN BE MAINTAINED.