

DISCHARGE INSTRUCTIONS

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GENERAL PRINCIPLES

SWELLING: The importance of keeping swelling down cannot be overemphasized.

In order to do this you must:

- **Elevate your leg on pillows under you calf (if possible above the level of your heart) at all times when not walking or exercising.**
 - For those with knee replacement, position the pillow under your lower calf and ankle. Avoid placing the pillow directly behind your knee.
- Wear compression stockings until able to get around without difficulty.
 - Stockings can be removed twice per day for 30 minutes at a time.
 - You can also discontinue the stockings early if you find they are cutting into your legs or causing more harm than good.
 - If stockings stopped early, you **MUST** be even more diligent about elevating your leg to reduce swelling.
- **ICE YOUR OPERATIVE JOINT FOR 30 MINUTES AT LEAST 4 TIMES A DAY.**
- **Do not sit up** for more than 30 minutes at a time without getting up and moving around. If you sit for prolonged periods, gravity will pull the swelling from your hip/knee into the lower part of your leg. If you notice increased swelling in the lower part of your leg, lie down with your operative leg above your heart more frequently.
- **REST FOR at least 1-2 STRAIGHT HOURS IN THE MORNING AND 1-2 STRAIGHT HOURS IN THE AFTERNOON WITH YOUR OPERATIVE JOINT ELEVATED.**

ACTIVITY: You should increase your activity and walking gradually each day with a goal of being able to walk 1 mile. Remember, most studies show that it takes 1 year to reach maximum improvement, so early on more is not always better. Do not overdo it as this may result in increased pain and swelling, which can make walking, sleeping, and exercising more difficult. If you overdue it, decrease your activity for the next 2 days, and elevate and ice your operative leg more frequently.

- **Physical therapy** – most patients will do home physical therapy for 1-3 weeks. Once you and your home therapist decide that you are ready for outpatient therapy, please call the office to request an outpatient therapy prescription. All knee replacement patients **MUST** do outpatient therapy for at least 6 weeks. Hip replacement patients may do a structured home therapy program instead, if they desire.
 - Remember the heel-toe walking pattern.
 - Some patients find it helpful to take narcotic pain medication (as needed) prior to exercise/therapy. This can be discussed with your therapist and/or Dr. Hochfelder.
- **Driving** – if you had surgery on your **right knee/hip**, you should not drive for at least 4 weeks. After 4 weeks you may return to driving as soon as you feel comfortable. If you had surgery on your **left knee/hip**, you may return to driving as soon as you feel comfortable if you have an automatic transmission. **You cannot drive while taking narcotic pain medication.**
- If you have been instructed on any precautions, such as hip precautions, range of motion restrictions or limited weight bearing, follow them until Dr. Hochfelder instructs you otherwise.

INCISION CARE / DRESSING CHANGES / SHOWERS / STAPLES

Hand washing is the most important step for preventing infection. You and your caregiver need to wash your hands prior to changing the dressing over your incision.

Remove your dressing on or after post-op day #7 unless it becomes saturated. If it does become saturated, notify Dr. Hochfelder. If the dressing is clean and dry, it can stay in place for up to 10 days. Dispose of the dressing in a regular trash receptacle.

Once the dressing is removed, you can leave the incision open to air, or cover with gauze, if desired. If drainage is noted, you may apply a dry gauze dressing and a thigh high stocking to hold the dressing in place for knee replacements. For hip replacements, apply a dry gauze dressing and secure with tape. **Do not put cream** or ointment directly on the incision until approved by Dr. Hochfelder.

You may **SHOWER** once you get home, but keep in mind that the dressing should stay on for 7 days, so keep it dry and covered with a garbage bag or saran wrap when you shower.

Once your bandage is removed, *if you have **GLUE** over your incision*, you may shower without covering your incision. After you shower, pat the incision gently to dry it. Glue over the incision should fall off within a few weeks on its own – DO NOT pull the glue off.

If you have **STAPLES** (most knee replacements) or **sutures**, you can SHOWER by covering them with plastic wrap or a waterproof bandage. After you shower, pat the incision gently to dry it. The staples or sutures should be removed 2-3 weeks following surgery. The visiting nurse can remove staples or sutures. If not done prior, they will be removed at your first post-operative visit.

Once staples are removed, steri-strips will be placed over the incision. They will fall off within the next week. Do NOT pull them off. You may shower without a waterproof cover AFTER staples or sutures are removed. After showering, pat the incision gently to dry it.

If you have the **PICO** dressing system, remove your dressing and therapy on or after post-op day #7. If it becomes saturated, notify the nurse or Dr. Hochfelder. Dispose of the dressing and pump in a regular trash receptacle. An additional PICO Patient Information Handbook will be provided for you.

PAIN MEDICATIONS

GOALS:

- Minimize the intake of narcotics (i.e. oxycodone)
- Stop using all narcotic pain medications by 2 weeks post surgery
- Keep pain manageable

TREATMENTS:

- FIRST - Ice for 30 minutes at a time at least 4 times each day, elevate your leg above your heart when not exercising, and make sure not to over do it and make your leg too sore.
- SECOND - Medications. You should be taking Tylenol (acetaminophen) AND an anti-inflammatory (NSAID).
 - Tylenol (Acetaminophen): 1 gram (2 extra strength pills) every 8 hours continuously (this means Around-The-Clock). If you are having trouble sleeping, at night, you may substitute Tylenol PM.
 - Anti-inflammatory (NSAID): Celebrex (celecoxib) is usually prescribed but may be substituted if you feel that something else works best. Take ONE of the following:
 - Celebrex (celecoxib) 200mg (1 pill) once or twice per day
 - Advil (ibuprofen) 600mg (3 regular strength) every 8 hours
 - Aleve (naprosyn) 440mg (2 regular strength) every 12 hours
 - Mobic (meloxicam) 15mg (1 pill) once or twice per day
- NARCOTICS - in ADDITION to, **not INSTEAD of** the above.
 - Most patients are prescribed oxycodone but occasionally something different.
 - This should be taken ONLY AS NEEDED, if the Tylenol and the anti-inflammatory are not enough on their own.

If you have been told not to take any of the ABOVE medications (or types of medications) by any of your doctors, then do not take them and discuss this with Dr. Hochfelder.

OTHER NEW MEDICATIONS

****Be sure to check with Dr. Hochfelder if unsure about any of these****

1) Blood Thinner

Most patients will be taking 325mg of enteric-coated aspirin (ecotrin) twice per day for 4 weeks. Patients who are allergic to aspirin or who are at higher risk for blood clots may be put on a different blood thinner. Some patients are on strong blood thinners prior to surgery. Please discuss resuming these with both Dr. Hochfelder, as well as the prescribing doctor.

2) Proton Pump Inhibitor (Antacid)

To protect your stomach while you are on both aspirin and anti-inflammatory medications, both of which can irritate the stomach and cause ulcers, you will be placed on a proton pump inhibitor for 4 weeks, which decreases the acid in your stomach. Examples of this type of medication are: Nexium, Prilosec, Omeprazole, and Pantoprazole.

3) Others

You may be prescribed other medications for various reasons. If you are unsure about anything, please don't hesitate to contact Dr. Hochfelder to discuss. Many patients will take a stool softener such as Colace, Miralax, or drink prune juice to prevent constipation.

Symptoms to Watch For:

If you notice any of these symptoms, **please call the office**

- 1. Drainage from the incision or the drain site more than 5 days after surgery**
- 2. Areas of the incision that are not sealed over**
- 3. Red pimply areas on or near the incision**
- 4. Redness along the incision**
- 5. Fever or temperature greater than 101 degrees.**
- 6. Calf pain, swelling, and/or shortness of breath**
- 7. Pain not controlled by medications, rest, icing, and elevation**
- 8. No bowel movement within 4 days from the day of surgery**

Call the office if you need a refill on a prescription before you are completely out

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DO NOT FORGET TO SCHEDULE YOUR FOLLOW-UP APPOINTMENT

Additional Information:

No Bath, Pools, Hot Tubs or Jacuzzi for 6 weeks. It is recommended that you wait until the incision is well healed before entering the pool. Limit the time in the pool to 10-15 minutes in order to monitor your response and incision healing.

THE OFFICE'S PHONE NUMBER IS: 914-362-6278

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