

Stephen J. Incavo, MD

Total Knee Arthroplasty & Total Hip Arthroplasty Important Post-Operative Patient Information

Please call the office to schedule your appointment for 3 weeks after surgery upon discharge. Further instructions, such as outpatient physical therapy, activity level, and driving will be given at that time.

Activities: Unless otherwise instructed, you are encouraged to bear as much weight as possible when walking. A walker or crutches should be used until you are able to use a cane. A cane is used in the *opposite* hand of your operative leg. If your insurance allows, you will receive **home physical therapy**, which will be arranged by the hospital social worker prior to discharge. Please call the office if your therapy does not begin within 2 days of discharge home. **YOU ARE NOT ALLOWED TO DRIVE until you are walking with a cane, have sufficient leg and foot control, and are no longer taking narcotic pain medication.**

Dressing: You will be discharged with a dressing on your knee/hip. It is normal to have a small amount of blood-tinged-fluid-drainage on the dressing. The **water-proof silver island dressing** may stay in place for 7 days if there is no drainage. After this time, please cover your incision with a dry gauze and tape or island dressing. If you have staples, they will be removed at your 1st post-operative visit 3 weeks after surgery.

Showering: You may shower but **keep the incision completely dry** by securely taping it with a plastic covering. Glad “**Press and Seal**” works well. If your incision gets wet despite taking these precautions, gently dry the area with a clean towel. Continue covering the incision for 3-4 weeks after surgery, until the wound is completely healed.

Medications: You will be discharged with a prescription for pain medication. You should not overuse these, due to the side effects of **nausea, constipation and drowsiness, as well as dependence.** Many patients are able to handle the discomfort with milder pain medication, such as Extra-Strength Tylenol. If you develop constipation, take stool softener or laxatives as needed. **Narcotic medications will generally not be filled for longer than one month after surgery.**

Prescription Refills: Please call your pharmacy to request refills during business hours 8am-4pm Monday-Friday **early** in the day, to allow time to process your request. **After-hours requests will not be filled until the next business day. Prescription refills will not be authorized on the weekends.**

Anticoagulants: Unless otherwise instructed, take **Aspirin 325 mg twice a day for 4 weeks.** If you have a history of clotting or embolism, you may be prescribed other anticoagulants (Lovenox, Coumadin, etc). These are prescribed after joint replacement surgery to prevent blood clots. However, anti-coagulants may also excessive wound drainage, leg swelling, or any abnormal bleeding. Please call the office if you are having any of these symptoms. Additionally, you should wear the white compressive stockings (TED Hose) for 3 weeks, until you post-operative office visit.

Travel: Travel in a car for long distances is discouraged for the first week after surgery, unless absolutely necessary. Air travel should be postponed for at least 4 weeks after joint replacement surgery. Please tell us if you need to fly 4 weeks prior to your travel date so we can give you an additional blood thinning drug.

Dental Visits: Dental procedures should be postponed for 6 months after joint replacement. If necessary please contact our office. Dr. Incavo recommends **Amoxicillin 500mg** (4 tablets or 2000 mg total) 30 minutes prior to dental work. If you are allergic to penicillin, you will be given Clindamycin 300 mg (3 tablets 900mg total) 1hour prior to procedure.