

## Hospital to Home

### Surgery

It takes me about 30 to 40 minutes to replace your hip or knee joint. Revision surgery (redoing a previously placed prosthesis that has failed) can take one to two hours, depending on the complexity. After your surgery, you will go to the Post Anesthesia Care Unit (PACU) for approximately one and a half hours and then to your room. I will talk with your family immediately after your surgery.

Most patients will have a regional anesthesia, utilizing specific nerve blocks designed for hip and knee replacements. I inject medicine into your joint upon completion of your surgery, which also helps to control your pain afterwards. The anesthesiologist will give you a sedative medication to help you relax prior to surgery. You will be asleep for the actual surgery.

### In the Hospital

Pain medication will be prescribed for you after surgery. A multimodal approach is used whereby we use several different medicines to manage your pain. You will likely need pain pills for about four to six weeks after surgery. Take them frequently to keep your pain under control so you can function better.

A physical therapist will instruct you on the use of a walker or crutches. You may bear weight on your operative leg as tolerated. You will learn exercises that you will do on your own at home. If you fall behind, we will send you to a therapist to catch back up. An occupational therapist will help you with activities of daily living such as getting dressed and getting in and out of bed. Move around often and pump your ankles up and down when in bed to decrease the risk of a blood clot. You will be on a blood thinner so it is normal to bruise.

Your goal is to **return directly home** from the hospital. Most of my patients are safe to go home on the first day after surgery. If you are not safe to go home on the first day, then it may be the second day. Rarely do any of my patients have to go to a rehab unit.



## Going Home

You will be discharged from the hospital when you “pass the test.” This means you can get in and out of bed on your own, walk with crutches or a walker, go up and down a few stairs, get dressed on your own and go to the bathroom. Most of my patients are safe to go home on the first day after surgery, even if they live alone. Your family, friends or neighbors should be included in your plans at home and should check on you once a day. You will not need someone with you around the clock. The discharge planner will organize your discharge plans including equipment and a home health nurse if needed. All of your follow-up appointments with me will be made for you.

## At Home

- Review the discharge instructions sheet
- Do your exercises
- Review the Pain Pill handout

## What to Expect

The first two weeks are the worst and then you start feeling better after that. It is normal to have bruising, swelling and increased warmth for two months. You will not have an appetite and you will not sleep through the night for a month. Most patients resume their normal activities at one month even though they are not completely healed. You will feel tired, but it is good to push yourself.

## Follow-up

We will give you an appointment card for your follow-up appointment when you leave the hospital. If you need to change the time please, call our office at **317.884.5160**. Usually, your appointment will be at two or four weeks after surgery.

Always let your physician or dentist know that you have a joint replacement when you schedule any type of procedure. Antibiotics are not required when you have a “common cold.” However, they are recommended prior to routine dental cleanings.

We will be here to encourage and support you during your surgery and rehabilitation and will help you in every way possible. It is important that you continue to follow-up with me and follow my instructions so you can have the best result possible. I will monitor your prosthesis with X-rays on the first anniversary of your surgery and then every four to five years after that. This way I can detect any early loosening and or wear that may not be apparent yet. More than 90 percent of hip and knee implants are still functioning well 15 to 20 years after surgery. If they loosen or wear out, they can be redone with a good result once again. I have many patients who are still doing well 25 years after surgery.

As your orthopedic surgeon, I keep all of the data regarding you and your prosthesis so I can review your progress. This documentation allows me to offer the best possible care to my patients and ensures that I will make changes in your treatment when I feel they are appropriate.

Our common goal is for you to have the best result possible!