

Congratulations!

You have completed a total knee/hip replacement by Dr. Swank. Now, it's time to begin your recovery!

We want to make sure you get the best results and have the best experience possible. We have lots of resources available to help you achieve this.

1. Feel free to email your questions or concerns to our email address:

SwankTeam@beaconortho.com

We check our email frequently throughout the day. Please include your:

- Full name, date of birth, telephone number

2. Feel free to call us with your questions or concerns. This is the number directly to Dr. Swank's team:

513-530-3027

We check our voicemail frequently throughout the day. If you leave a voicemail, please include your:

- Full name, date of birth, telephone number

3. Please visit our website to revisit your appointment

<https://www.michaelswankmd.com/current-patients-hip-knee-orthopaedic-surgeon-cincinnati-ohio.html>

4. Join our Facebook Page: **Dr. Swank Replacements**

Post-Operation Instructions

RICE-M

1. **Rice** - other than your therapy for Range of Motion (ROM), you should only be involved in slowly getting back to daily activities. Remember that the healing process takes approximately 6 weeks. Therefore, we ask that you be cautious to prevent any falls and not to try to do too much too soon.
2. **Ice** - you should be icing underneath and on top of knee or on the hip approximately 15-20 minutes 3-4x per day (at the least) but no more than 20 minutes once per hour (20 on – 40 off). Always ice after any activity and any therapy session as well as prior to going to bed.
3. **Compression** - Any time you are not icing, you should have an ace wrap on the knee to help squeeze the swelling from the knee. If you are a total hip we understand this is not feasible.
4. **Elevation** - any time you are resting, the foot should be elevated so that the **toes are above the nose**. It is ok to lie down 3-4x per day for 30-40 min with 1 or 2 pillows under the heel to elevate the foot and to decrease swelling at the operative site.
5. **Medication** - it is appropriate to be taking the medication to assist the body in resolving the swelling as well as controlling the pain while you are in the recovery stage. If you are doing well and want to try to begin weaning the medication, this is fine.
 - a. Begin with weaning the pain medication. For most this will be the oxycodone. Try to take the pain medication once or twice a day instead of 4-6 hours as originally prescribed for 3-4 days. If the pain is well controlled, then take once a day for 3-4 days. If the pain is still controlled, then attempt to stop the pain medication. May switch to Tylenol if needed to control soreness. Remember max dose of Tylenol is 3000mg in a 24 hour period.
 - b. If, after a couple days off the pain medication you are doing fine, then wean the Cymbalta. Take 1 tablet every other day for 14 days.
 - c. If, after a couple days you are doing fine, then attempt to decrease the gabapentin. If you are taking 3 tabs at night, take 2 tabs for 3-4 nights. If you are ok, then wean to 1 tab for 3-4 nights. If you are ok, then take 1 tab every other night for 7-10 nights. If you are ok, then stop the gabapentin.
 - d. The last medication is the Mobic. Try to take every other day for 3-4 days. If the swelling and pain are fine then ok to stop this medication.
 - e. Remember that the aspirin is 35 days. If you are on a different blood thinning product (Eliquis, Xarelto, Coumadin, etc.) then the length of time you need to take this medication should have been established at your pre-op visit.

Post-Op Instructions (Cont.)

Wound Care

1. HIPS - The large bandaid (mepilex) will be removed at your 2 week post-op appointment. Once the mepilex is removed, you will see your incision that is glued closed (with dermabond). The dermabond will slowly come off. DO NOT PICK AT THE GLUE. Allow glue to come off naturally. Ok to shower like normal. Pat dry.

KNEES – Continue to shower like normal. If there is still glue on the skin, allow this to come off naturally. Do not pick at it.
2. Once there is a **complete scar**, you may soak the area, get in a pool or place creams to the area. As long as there is even the smallest scab (ongoing healing), nothing but a shower as you are currently permitted.

TED Hose

1. The surgical hose or stockinettes can be discontinued at 2 weeks from your surgery date.
2. The purpose of the TED hose is to reduce or eliminate lower leg swelling. If, after removal, you experience a return of lower leg swelling then return to the hose for several days. Also be a little more conscious of elevating (remember – toes above the nose).

Home Therapy

1. Prior to surgery we discussed walking 5 minutes every hour and completing your exercises every 15 minutes. As you continue to heal and begin to return to your daily living, we understand this routine is not realistic. Therefore, you can change the therapy routine to completing a 10-15 minute walk, followed by the therapy exercises and then ice 15-20 minutes in the morning. The rest of the day you can *slowly* return to living life. At night, complete another 10-15 minute walk, followed by the therapy exercises, and finishing with ice for 15-20 minutes prior to retiring to bed. If you want to complete some extra therapy and/or icing throughout the day – that is completely up to your discretion. You only have to feel obligated to the morning and night routine so you can begin to live life between.

Post-Op Instructions (Cont.)

Driving

You may attempt to return to driving when:

1. You have not taken narcotic pain medication (oxycodone, norco, or tramadol) for at least 8 hours
2. You have *good Range of Motion*
3. You have *good Strength*
4. You are comfortable and confident returning to driving
 - a. We suggest beginning in an empty parking lot, progressing to quiet streets, and lastly, returning to highways

Call The Office If You Have:

1. Fever greater than 101 degrees or persistent low grade fever nonresponsive to Tylenol
2. Drainage from the incision that is whitish, greenish or yellowish in color and thick in nature. A thin orangish discharge is serous fluid and can be expected if the glue cracks – nothing to do other than place a dressing to absorb drainage until it stops.
3. Increased redness, red radiating streaks, warmth, swelling, increasing pain that is becoming less responsive to medication and/or hardening of the swelling
4. Feeling of constant malaise (tiredness) and/or feeling like you have a mild case of the flu

Call Your Primary Care Physician If You Are:

1. Having problems with your other medical conditions such as: blood pressure, diabetes control, etc.
2. Having problems with your other routine medications
3. Having problems with consistent diarrhea or urination issues

Proceed to Emergency Room If You Have:

1. Chest Pain
2. Shortness of breath