

ARTHRITIS & SPORTS

Orthopaedics • Physical Therapy • Wellness

Dr. Peyton's Total Joint Post-Operative Protocols

Wound Care:

- The dressing initially applied after surgery is a WATERPROOF silver impregnated dressing, will stay on for one week. You MAY shower with this dressing, as long as it is intact.
- Mild discharge/drainage seen on the dressing within the first week is expected. If any excessive drainage (saturating the dressing or leaking out) is experienced, call the office immediately
- During your first post-operative visit, the dressing will be removed, and a dry dressing will be applied.
 - Showering is okay at this point, as long as the incision is DRY and not draining. Dry the incision well following a shower and reapply a fresh dressing.
- Most incisions will be closed with sutures under the skin, but some will have external sutures.
- Swelling and bruising in the knee/hip/thigh is expected. However, should a question or concern regarding the amount of swelling/bruising arise, PLEASE FEEL FREE TO CALL THE OFFICE.
 - Any swelling in the calf or ankle accompanied by redness or tightness in the calf should be evaluated by a provider in the office.

Activity:

- After total joint surgery (hip or knee) you are ENCOURAGED and REQUIRED to use your new joint. Full weight can be placed when walking UNLESS specified by Dr. Peyton specifically.
- A walker and/or cane will be provided to you at the office at your pre-operative evaluation or at the hospital/surgery center prior to discharge.
 - These will be used to aid in ambulation in the initial days/weeks after surgery.
 - Whenever you feel comfortable (i.e. safe to walk without the fear of falling and hurting yourself) you can begin walking without the cane or walker. If you limp, we will encourage you to use the cane.
- Stairs are encouraged following surgery. It will not damage the knee/hip as long as you do it safely. Going up and down stairs at home at least once or twice a day is a good way to practice physical therapy exercises.
 - Moving your bed/sleeping arrangement from a higher floor to a lower floor is DISCOURAGED.
- Formal physical therapy is a requirement after total joint surgery. We encourage physical therapy in the outpatient setting within the first 2-3 days following surgery.
 - These appointments should be scheduled once you know your surgery date so availability is not a problem.
 - An order will be provided for you from the office at your pre-operative appointment.
 - Generally, therapy will be 3 times/week for 6-8 weeks post-operatively. However, this varies on a case by case basis.

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www.arthritisandsports.com

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Medications:

- All patients require anticoagulation therapy for blood clot prevention following total joint surgery. Our standard of care for the majority of patients is 325mg enteric coated aspirin to be taken TWICE A DAY for 6 WEEKS.
 - In cases where allergy to aspirin is a concern, or previous history of blood clots or other limitations are in play, a separate anticoagulation plan will be discussed during preoperatively.
- Celebrex is an anti-inflammatory used post-operatively for swelling control as well as scar tissue prevention and typically taken for the first 4-6 weeks post-operatively.
 - If there is an allergy or intolerance to Celebrex, let a provider know prior to surgery.
- Pain control is typically achieved with narcotic medications, discussed and given at your pre-operative visit. If there is an allergy or intolerance, these can be adjusted at any point post-operatively. There are many different options, and our goal is to keep you comfortable enough to do the necessary exercises.
 - All narcotic medications can cause constipation and upset stomach. You are encouraged to take an over the counter stool softener while on these medications, such as: MiraLAX, Dulcolax, or Metamucil.
 - If excessive constipation (no bowel movement for 2-3 days), please notify a provider and we will discuss other options.
- Any blood thinning medications INCLUDING over the counter supplements (vitamin E, CoQ10, glucosamine, chondroitin, fish oil, and other anti-inflammatories) need to be AVOIDED while you are being anticoagulated for the first 6 weeks after surgery.
 - Tylenol is NOT a blood thinner – it can be taken with most pain medications (in moderation.)

Miscellaneous

- Driving should be avoided until you are no longer taking pain medications and strength has returned to feel confident enough to slam on the car's brakes.
 - Generally, this is about 3-4 weeks after surgery but will differ with each case.
 - Always ask a provider if you are unsure about beginning to drive again.
- A high protein diet is essential after all surgery for proper healing, as well as muscle preservation.
 - Our dietitian can provide recommendations and guidelines prior to surgery.
- Thigh-high compression hose can be worn during the first 3 weeks after surgery to help with swelling. These are available to purchase at the office.
- If total knee surgery or partial knee surgery: NO PILLOWS ARE TO BE PLACED UNDER YOUR KNEE WHILE AT REST. Pillows must be under your ankle/foot to promote full extension of your knee.

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Miscellaneous (cont.)

- Due to the high risk of blood clot development, we generally put a travel restriction on post-operative patients for at least 6 weeks after surgery.
 - Travel by plane or by car for longer than an hour and a half falls under this restriction.
 - Should an emergency arise, let a provider know and we can discuss further protocols and necessary precautions to take.
 - Otherwise all elective travel should try to be avoided until 6 weeks after surgery.
- A “joint card” for clearance through metal detectors will be distributed to you from our office following your first post-operative x-ray.
- Following implantation of a total or partial joint, you will be required to pre-medicate yourself with antibiotics prior to any and all dental cleanings, colonoscopies, and most dermatologic visits.
 - This is an infection precaution and done to prevent even the chance of an infection reaching your total joint.
 - A prescription will be provided to you by our office post-operatively.
 - These precautions will be in effect **forever**.

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Post-Operative Medications

- **Aspirin (Enteric Coated):** 325mg by mouth TWICE A DAY
 - This is for the purpose of blood thinning in effort to prevent blood clots
- **Pain medications:** various narcotic/non-narcotic drugs can be used depending on patient preference and efficacy. Most commonly used are as follows:
 - Percocet, Oxy Contin, Dilaudid, Vicodin, Tramadol, and morphine-based medications (MS IR, MS contin)
- **Celebrex:** 200mg by mouth ONCE A DAY
 - This is an anti-inflammatory to decrease swelling and help with pain control post operatively.
- **Duricef:** 500mg by mouth TWICE A DAY for 14 days
 - This is an antibiotic to be taken by patients undergoing outpatient total joint replacement surgery

* Prescriptions for these medications will be provided to you prior to the procedure.

* Should allergies or other contraindications to any of these medications exist adjustments will be made accordingly and discussed at the preoperative appointment.

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Total Knee / Hip Post-Op Protocol



**Polar Care
Kodiak Cold
Therapy**

\$250



**Hibiclens Skin
Cleanser**

\$8



**Norco
Flexible
Sock Aide**

\$25



Plasma Flow

\$250



**Featherlite II
Reacher**

\$25



Walker

\$60



**Good Grips
Shoehorn**

\$10



Cane

\$10