



1111 Trinity Lane, Suite 111, BLOOMINGTON, IL 61704
Phone: 309.663.6461

Total Joints Frequently Asked Questions

1. Can I place a pillow under my knee to keep it bent and make it more comfortable?

No! Definitely not. We understand that after surgery it may seem like a good idea to put a pillow under your knee. However, this is something you should not do. Placing a pillow under your knee would allow your knee to stay slightly flexed. This can cause contractures or problems with how far you are able to extend your knee in the future. To prevent this, we ask that you **DO NOT** place a pillow under your knee. To elevate the leg, you may use a pillow along the length of your leg or stool under your ankle. Be careful not to roll your foot out to the side when resting.

2. How long until I can drive and get back to normal?

The ability to drive depends on whether surgery was on your right leg or your left leg, and the type of car you have. If the surgery was on your left leg and you have an automatic transmission, you could resume driving when you feel comfortable. If your surgery was on your right leg, your driving could be restricted for 3-4 weeks. Remember that the knee/hip will not be damaged, but if you are at the wheel, you must be comfortable enough not to put yourself or others at risk. You must be off narcotics prior to driving. As a passenger in a car, you need to get out every 1.5-2 hours to move around.

3. How long will I be in the hospital?

Most knee and hip patients will be hospitalized for one to two days after a total knee or hip arthroplasty. Typically, if you stay one night then you are discharged the afternoon the following day. Ultimately, we want you to have a safe recovery. How long this takes varies with each patient.

4. What about ice and elevation?

Ice and elevation helps reduce pain and swelling. Ice therapy often works better than oral pain medication and that is why we recommend the ice therapy machine. Apply ice therapy as often as possible while you are awake and especially after activities such as Physical Therapy and exercising. Using cold therapy is recommended several times a day for 20 minutes at a time. Remove the ice after 20 minutes to allow skin a break for 45-60 minutes before reapplying. Make sure you use a towel or pillow case between your skin and ice pack. Discontinue the ice therapy when it no longer reduces discomfort. To help with swelling, ice with your affected leg above your heart. Place pillows or cushions under foot to elevate.

5. What about swelling, redness, bruising or drainage?

Pain is normal following this type of surgery. It would be unusual to expect to be pain free during the first several weeks of recovery. However, if you feel your pain is not being adequately controlled feel free to contact your surgeon's nurse to discuss options. There are times when you may feel that your thigh is causing more pain and is extremely bruised. This is due to the placement of the tourniquet during surgery. This should resolve itself within a couple of weeks. It is normal to have swelling after surgery. It gradually subsides but may be present for several weeks to months. Elevation and icing will help to reduce the swelling more rapidly. If your swelling is not reducing within a normal period of time, your therapist will look into alternatives to help speed up recovery. It is not unusual to have some redness around the wound and some clear, yellow or blood-tinged drainage. Bruising (black and blue) about the incision or the upper or lower leg is normal. Occasionally blisters may develop. If so, contact the doctor's office. Following a TKA, it is not unusual for the knee to feel warm to the touch. You may also experience some changes to sensation around the knee or hip following surgery (ie. Numbness/tingling). This should continue to improve throughout your recovery. Despite great care, any wound may become infected. The signs of infection are increasing pain, a lot of drainage or pus coming from the wound, with redness and fever. If infection is suspected, please call the office. If you have pain in you calf, hot to touch, tenderness with weight bearing, and /or running a fever then please call the doctor's office immediately, as you may be at risk for blood clots.

General Signs of Blood Clots

- Excessive swelling
- Pain/tenderness described as a crampy feeling
- Calf is warm to the touch
- Reddish discoloration

General Signs of Pulmonary Embolism

- Sudden shortness of breath
- Chest pain-sharp stabbing; may get worse with deep breathing
- Rapid heart rate
- Unexplained cough, sometimes with bloody mucus

6. What about my prescriptions?

All medications prescribed should be taken as directed. All medications can have side effects such as bleeding, stomach upset, headaches, dizziness, constipation, etc. If you have any major problem or allergic reaction, stop the medication and call the office 663-6461 Medications are used for pain control. It's best to take the pain medications vs. chasing your pain. Your knee or hip cannot heal without something to help with pain relief.

7. What about returning to work?

Ultimately this is up to your physician to decide when you are safe to return to work. This is typically 4-6 weeks. Sometimes, you may return to an office-type job whenever you feel comfortable enough. The only restriction would be your own motivation and pain tolerance. If your job requires vigorous activities, or if you have to use public transportation (like the bus or subway), then you must be the judge as to when you feel capable to return. You and doctor may discuss this depending on job requirements.

8. What about flying or taking a train?

You may take the train or bus or ride in a car as soon as you are comfortable. Air travel needs to be discussed with your surgeon if it is before 6-8 weeks post op. If you are flying within 6 weeks after surgery make sure you continue with your blood thinners and perform range of motion exercises of the legs and feet during the flight. Get up and walk around frequently.

9. What about exercises or physical therapy?

We recommend Physical Therapy for all patients after joint replacement and a prescription is provided for you. In the first week after knee replacement, all therapy should be directed to increasing your range of motion. Most patients achieve between 115-125 degrees of flexion (bending) by 4-6 weeks. You must have at least 90° at 4 weeks or else manipulation of the knee may be considered. You may return to normal activities as soon as you are comfortable. Walking, sitting, standing, getting up from and into a chair or the toilet is part of your rehabilitation program. After knee and hip replacements, using a stationary bicycle will help improve your range of motion. Attend your Physical therapy appointment as scheduled. You will be scheduled for your first post op evaluation at your pre-op appointment if it has not already been scheduled by the doctor's office. If you do not have an initial evaluation schedule please call the surgeons office 663-6461.

10. Can I get my incision wet?

You will need to keep the surgical area dry for the first 72 hours. After that point you will be able to shower and cleanse the area. You are okay to shower with the aquacel bandage on since it is waterproof. Swimming: If you have access to a pool, you can swim as long as the staples/sutures have been removed and the wound has no drainage and is fully healed. You must be safe enough to walk with a device and be able to change into and out of your pool clothing by yourself or without assistance. Aquatic therapy has shown great benefits for post-operative joint replacements. This can be started after initial evaluation for the first couple weeks. If you are receiving aquatic therapy, you will present to the therapy department where a technician will apply a waterproof bandage to keep your incision protected during treatment.

11. Gait/Stair Tips

- Gait:
 - o Height of walker or cane: when hands are down at your side, the grip part should be at your wrist.
 - o Hold the cane in the opposite hand of surgical side
 - o The cane will always move with surgical leg
- Stairs:
 - o “Up with the good and down with the bad”
 - o Lead with your non-surgical leg with going up the stairs and lead with surgical leg when going down the stairs.
 - o It will take time to be able to negotiate stairs normally with a step over step pattern. Going down will be the most difficult.

12. TKA Kit (Medicare Only)

You will receive a bag containing different devices to use following your surgery. You are going to use these up to 3 weeks following your surgery. Medicare only pays for one kit so if you will be having both knees done, you will need to keep your kit for the next surgery.

- Compression Device
 - o You are going to use this when you are at rest
 - o The machine runs continuously so you can turn it on and off as needed
 - o The purpose of this machine is to help prevent blood clots
- Knee Wrap with Ice
 - o Although the instructions state to wrap this so the ice covers both the top and bottom of your knee, if the brace is not able to do this, it is okay just to apply ice where your incision is located
 - o Follow normal ice rules (20 minutes on/40 off)
 - o May use this as often as you want for pain management
- Electrical Stimulation Device
 - o This will be placed diagonally across the surgical leg's thigh (quadriceps)
 - o Wear this twice a day for up to 20 minutes when performing exercises
 - o This device will automatically shut off after 20 minutes
 - o Start off with a low intensity. You can control how high the intensity goes. The higher the intensity does not mean it is more beneficial

13. Total Hip Precautions

Traditional hip replacement surgery involves making an incision on the side of the hip (lateral approach) or the back of the hip (posterior approach). Both techniques involve detachment of muscles and tendons from the hip in order to replace the joint. Because of this technique, you may experience more pain and the recovery time for the muscles to heal is lengthened. Due to the detachment of these muscles and the resulting weakness, this can put you more at risk for dislocating your new joint replacement. Following a lateral and posterior approach hip replacement, it is necessary to follow hip precautions after surgery including no bending greater than 90 degrees, no crossing legs, no excessive rotation.

An anterior hip replacement is a minimally invasive surgical technique. This approach involves a 3 to 4 inch incision on the front of the hip that allows the joint to be replaced by moving muscles aside along their natural tissue planes, without detaching any tendons. This approach often results in quicker recovery, less pain, and more normal function after hip replacement. Because the tendons aren't detached from the hip during direct anterior hip replacement, hip precautions are typically not necessary, but you do want to be cautious with pulling your leg behind you, crossing your legs, and twisting. This approach allows patients to return to normal daily activities shortly after surgery with a reduced risk of dislocation.

