

A Positive Mindset Leads to a Positive Outcome

Preparing for hip or knee replacement surgery requires physical, mental, and emotional readiness. While post-surgical pain and soreness are expected, they are temporary and should improve over time. It's important to understand that everyone experiences pain differently, and there is no standard level or duration of post-surgical discomfort. Fortunately, our team is skilled at predicting and managing this pain effectively, often before it begins. We use advanced, multi-modal pain management techniques to ensure you remain as comfortable as possible after surgery.

An essential focus after surgery is using your new joint by walking and performing prescribed exercises. This will significantly reduce symptoms such as pain, swelling, and stiffness. Since each patient's recovery journey is unique, our therapists will customize an exercise plan to meet your specific needs, preferences, and goals.

In most cases, you will be discharged the same day or less commonly after an overnight stay, depending on your individual plan. Post-surgery pain is normal but does not indicate illness, allowing you to return to the comfort of your home more quickly. Being in a familiar environment can improve your recovery by enhancing comfort, sleep quality, and independence in daily activities (ADLs), which are critical for restoring functional mobility.

In summary, actively participating in your recovery process is crucial. The success and satisfaction of your new joint largely depend on your commitment to following your surgeons' instructions and putting in the necessary effort. Trust in the personalized program developed for you, and this should lead to a successful, long-lasting result for the majority of patients.

Patient Responsibilities: Take an Active Role in Your Care

The most important person in your surgical journey is you. Our goal is to ensure you are well-informed and educated about your surgery and recovery process. If you have any questions, don't hesitate to ask your surgeon and make sure you fully understand the answers. Take the time to familiarize yourself with the details of your procedure, including the consent forms you sign, to ensure you are aware of the associated risks and benefits. Your active involvement will help lead to a smoother and more informed recovery experience.

Thank You, Dr. Chris McClellan

From your surgeon-Total Hip Replacement AFTER Surgery Instructions:

Your Incision and Dressing Care

You will leave surgery with one dressing – either **Silverlon** or **PICO dressing**. Follow the instructions for the type of dressing you have.

Silverlon Dressing

- The Silverlon dressing stays on for 7 days.
- It should only be changed **if it becomes soaked** – meaning the **entire rectangle** is filled with blood not just partially soaked.
- If it is not **completely soaked or leaking**, **leave it on** for the full 7 days.
- If it does need to be changed, replace it with **gauze and tape** (you will only receive one Silverlon dressing.)
- Remember – **it is just a big band-aid! It is easy to remove.**

Showering with Silverlon Dressing

- You may **shower after 2 days** if the Silverlon is still in place (it is water resistant, not spa proof).
- If the Silverlon had to be removed for Day 0-4, wait until **Day 5 before showering**.
- Take quick showers, no long soaks or baths.

Drain (If you have one)

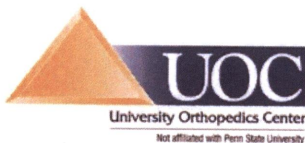
- Remove the drain when output is **less than 20 cc for two 12-hour shifts in a row**.
- To remove, simply **cut the small suture and pull gently** – it should come out easily.

PICO Dressing (Smith & Nephew)

- If you have a **PICO dressing**, you will receive **two of them**.
 - The **first** is ready when you leave the place of surgery
 - The **second** is for later use and provided before discharge.
- The **PICO power unit** provides gentle suction/compression to help the incision heal.
 - The power supply and dressing each last about **7 days**.
 - Collagen can be applied on day 7 in place of second PICO dressing.

Care Instructions for PICO:

- If the dressing becomes **soaked or leaks**, **remove it and throw it away**, including the battery/power unit. Remember, it is just a big band-aid. Simply remove.
- Then place the second PICO dressing on like a band-aid. If tubing is attached, you can cut and discard – it is not needed for the second dressing.
- Ideally, you will 14 total days of protection (7 days per dressing).
- If both dressings fail early, cover the incision with gauze and tape.



If the PICO battery beeps or drives you crazy, simply cut the tube and throw it away – no need for permission to do so

Showering with PICO dressing:

- If the first PICO dressing is removed from day 0-4, wait until day 5 before showering.
- Take quick showers, no long soaks or baths.

Goal for both dressings is to keep incision covered and protected for 14 days, day 7 you can start Collagen dressing

Pain, Swelling and Recovery

- **ICE AND ELEVATE CONSTANTLY!!!**
 - Keep your **“TOES ABOVE YOUR NOSE”** whenever possible to reduce swelling.
- Follow your **“Dos and Don’ts”** and other provided educational material.
- Ignore hospital paperwork – only follow the UOC instructions and videos provided by your surgeon.

Medications

You will typically have 6 prescriptions after surgery. Some may already be sent to your pharmacy; others are given the day of surgery.

1. **Tramadol** – For pain relief. *State law requires this to be sent day of surgery.*
2. **Aspirin** – Take for **30 days** to prevent blood clots, unless you were prescribed a stronger blood thinner. (Xarelto, Eliquis, Plavix, etc.)
3. **Tylenol** – For additional pain control, as appropriate.
4. **Zofran** – For nausea. Take as needed; May call if you need a refill.
5. **Celebrex** – For inflammation. May call for refills.
 - If not covered by insurance, use **Ibuprofen 600 mg**, 2-3 times per day.
 - If you are on a blood thinner (Xarelto, Eliquis, Plavix), wait **2 weeks** before restarting Celebrex or Ibuprofen.
6. **Duricef** – Antibiotic for infection prevention. Take as prescribed.

***Optional:** Take a probiotic daily during recovery to help prevent diarrhea.

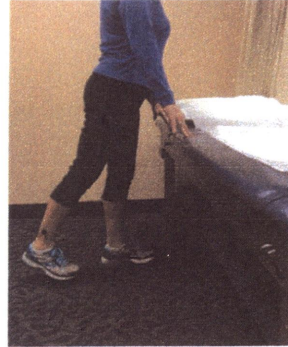
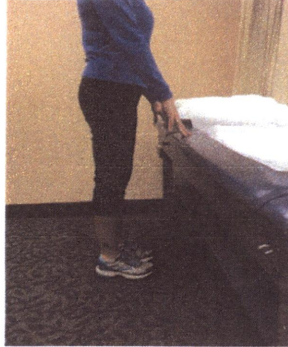
- Available through the UOC Pharmacy (discounted) or any drugstore over-the-counter

Questions or Concerns call UOC first before going to the emergency room. Our team can help address nearly every situation quickly.

UOC Main Line: 814-231-2101

Hip Patients ONLY

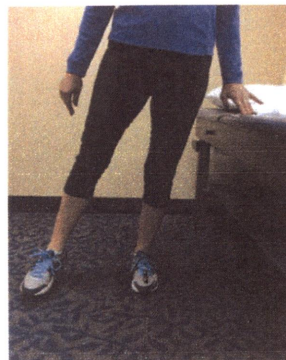
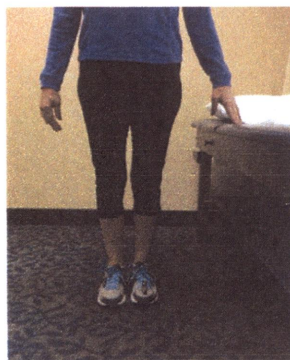
- **Standing Hip Extension: 3 reps, 10 sets, 2 times per day** - Standing with your hands in front of you on a table for balance, start with feet shoulder width apart. With your leg straight, lift your leg out behind your body and hold for 2-3 seconds then return to starting position.



- **Supine Hip Abduction: 3 reps, 10 sets, 2 times per day** - For this exercise, lie down on your back on the bed. Keep your knee straight and your toes pointing toward the ceiling. Slide your operative leg out to the side away from your body then slowly bring it back to the original position.



- **Standing Hip Abduction: 3 reps, 10 sets, 2 times per day** - Similar to standing hip flexion, begin with both feet on the floor shoulder width apart. Bring your operative leg out to the side, away from your body. Hold for 2-3 seconds then return to the starting position.

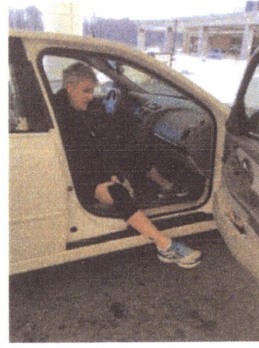
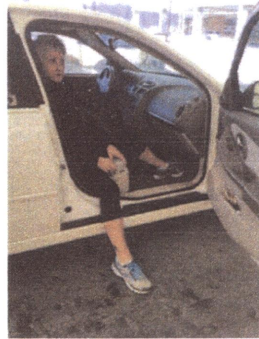
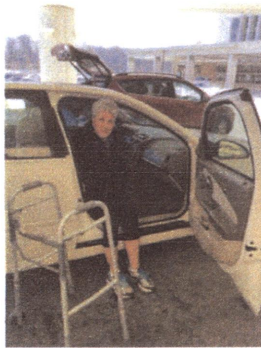


GETTING IN AND OUT OF A CAR WITH A WALKER

Begin by making sure the seat is pushed all the way back. Open up the car door and stand as close as you can with your back turned toward the seat and the walker placed in front of you. Place the walker to the side, making sure it is still within reaching distance. Place one hand on the door-frame and the other hand on the frame of the car.



Slowly lower your body onto the seat of the car, using your arms to steady yourself. Lift the leg that goes into the car first (will vary depending on if you are on the driver's side or passenger side). If this is your surgical leg, you may need to lift it with your arms. Then bring the other leg into the car. To get out of the car, perform these same steps.



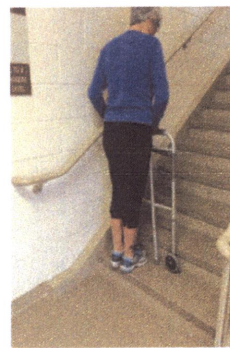
STAIR CLIMBING: “Up with the GOOD, down with the BAD”

With a walker:

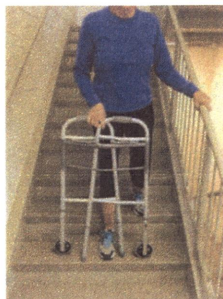
Begin by folding in the walker handles.



With one hand on the stairway railing and the other on the walker, place the walker on the next step up. Using your non-surgical leg, step up onto the first step. Then bring your surgical leg up onto the step. Place the walker on the next step and repeat, starting with your non-surgical leg



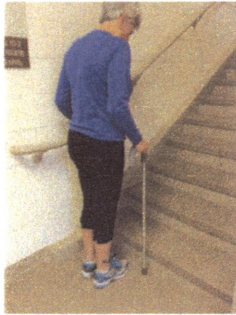
To go down steps, begin with one hand on the railing and one hand on the closed walker. Place the walker down one stair from the one your feet are on. With your surgical leg first, step down onto the stair below. Then follow with your non-surgical leg. Repeat this to continue.



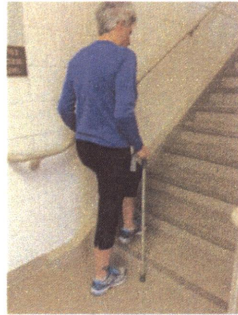
With a cane:

Similar to using the walker, begin with both feet on the floor and the cane in the hand opposite the stair railing (1). Using the railing and the cane for stability, bring your non-surgical leg up onto the step (2). Next, bring the cane up onto the step (3) then follow with your surgical leg (4).

Repeat the process to proceed to the next step.



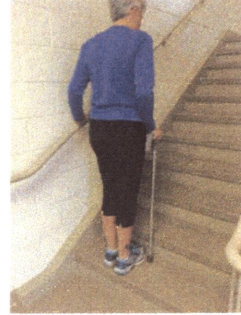
1



2



3

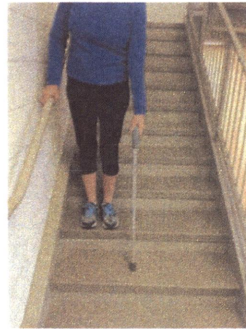


4

To go downstairs, begin with both feet on the ground, one hand on the railing, and one hand on the cane (1). Take the cane and place it one step below you (2). Next, step down with your surgical leg (3) and follow this with stepping down with your non-surgical leg (4).



1



2



3



4



How the Spine Impacts Joint Replacement

Many individuals with knee and hip arthritis also experience arthritis in the lower spine. While this may not be ideal news, understanding how these conditions are interconnected can help you better prepare for and manage your recovery after surgery.

Sometimes, knee replacement patients develop sciatica-like symptoms within the first few months' post-surgery. A common experience might sound like this:

Doctor, I was doing so well—everything was going according to plan—but suddenly, I started feeling pain while walking. Sometimes, I can't put ANY weight on my leg. The pain shoots down toward my toes! What's happening?

If this occurs, be sure to inform your doctor. In most cases, this pain is caused by arthritis in the lower spine, which may pinch a nerve and lead to these symptoms even without any back pain. Your doctor might recommend an office visit to take new X-rays of the joint and spine to investigate further.

Usually, these symptoms resolve on their own with time. However, in some cases, your doctor may prescribe medication, suggest an injection, or order additional imaging. Rest assured, while this setback can be frustrating, it is typically temporary.

Thank You, Dr. Chris McClellan