

# Total hip and knee arthroplasty surgery patient preparation and recovery guidelines

How to take care of yourself when you get home



## Surgery check in time

We will call you 1 to 2 days before your surgery to tell you your check-in time.



## Your recovery environment

Before your surgery, we will ask you about your home setup to make sure it's safe for your recovery. Here are some tips to prepare your home for a safe recovery:

- Remove/plan for hazards and arrange a safe recovery space
  - Throw rugs, stairs, tub/shower combos, slippery floors, pets
- Practice safe movement:
  - Stair technique
  - Getting into tub or shower
  - Getting into/out of a car
    - If you have any questions about how to handle stairs, bathroom safety, or getting in and out of bed, chairs, and cars, you can discuss them at your preoperative physical therapy appointment.
- Consider options for staying on the main level of a multi-level home when needed.
  - Unless specifically advised by your doctor, you will be fully weight bearing after surgery and able to take some stairs with the help of a railing and a support person.
- Prearrange pet care, meal preparation, house and yard work, and grocery shopping.
  - We recommend you preplan care of your pet(s) for a short period of time after your surgery both to prevent falls and a to reduce risk of infection. Cat litter should be changed by someone else for the first few weeks.

## Orthopaedic RN Care Coordinators

**Melody:** 📞 503-875-5784  
(Mon-Thurs 7 a.m.-5:30 p.m.)

**Vijay:** 📞 971-235-3359  
(Tues-Fri 7 a.m.-5:30 p.m.)

## OHSU Hospital

📞 503-494-9000

## Orthopedics Total Joints Clinic

📞 503-418-8889  
(Mon-Fri 8 a.m.-4:30 p.m.)

## OHSU Pharmacies

📞 833-376-1026 (CHH2)  
📞 503-494-7570 (PPV)

## OHSU Physical Therapy

📞 503-494-3151  
(for any location)

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## MyChart

Please use MyChart to see your visit summaries, test results, and appointment schedule. You can also communicate directly with your providers using MyChart.  
<https://mychartweb.ohsu.edu/mychart>



- If you won't have someone with you for more than a few days after surgery, you can prepare by getting your house ready. Catch up on laundry and cleaning, make healthy meals you can freeze and reheat, and do your grocery shopping ahead of time.



## Managing pain and discomfort after surgery

### Pain

- Icing: A circulating cold water device may be applied according to device instructions. Cold packs or crushed ice should be applied with a cloth barrier for 20 minutes at a time with 20-minute breaks in between.
- Elevation (not applicable for hips): Your knee should be above the level of your heart when possible (a foam wedge pillow will be provided after surgery).
- Opioid pain medication
- Non-opioid pain medication (Tylenol, NSAIDs [if appropriate])

### Nausea

- Stay well hydrated
- Take your pain medication with food
- Eat lighter, bland foods such as clear soups, crackers, toast, applesauce, bananas, oatmeal and rice if you are experiencing nausea.
- Flat ginger ale can sometimes settle an upset stomach.
- Antiemetic medication can be prescribed if needed.

### Constipation

- Increase your physical activity over time.
- Take a stool (poop) softener such as Senokot-S while on opioids and while less active. Stop taking stool softeners if you have loose stools.
- If a stool softener isn't enough, you can also take an osmotic laxative such as MiraLAX.
- Stay well hydrated.
- Eat a healthy diet and include foods with fiber (e.g., prunes, almonds, beans).

### Dizziness

- When changing positions (from lying to sitting to standing) you may experience dizziness. It's best to change positions slowly and take 1-2-minute rest periods to let your body adjust before changing positions.
- If you do not have any medical or dietary restrictions, drink plenty of fluids (preferably with electrolytes), eat salty foods, and drink caffeine.

- If you are on blood pressure medications, check your blood pressure daily. You may be advised to not take your blood pressure medications before and after surgery while your body prepares and recovers for surgery.

## Swelling

- Wear your compression socks.
- Elevate your leg when you are sitting down.
- Ensure you are getting up to walk for short periods throughout the day.
- Icing is a powerful tool in reducing your swelling. (see above)
- If you can safely take NSAIDS (Advil, Motrin, Aleve, Celebrex), this class of medications are anti-inflammatories and will help reduce swelling.



## Activities and medication used to prevent blood clots

- Staying as mobile as possible helps reduce the risk of blood clots.
- When you are sitting for long periods, remember to do ankle pumps to improve circulation.
- We advise against long car rides immediately after surgery. If you do have to travel by car for a long time, please stop at least every 1 ½ - 2 hours to walk around.
- We advise against flying immediately after surgery. If you have travel plans, please check with your surgeon on when this is OK.
- You will be sent home with compression socks when you are discharged. Using these improves circulation, reduces the risk of blood clots and reduces swelling. The recommended wearing schedule is 6 weeks for 23 out of the 24 hours a day (removing for showers, laundering, and to assess your skin underneath). We use the light therapeutic compression grade of 15-20 mmHg. It is important that if you choose to use your own compression socks, you get a pair at this same level of compression.
- You will be prescribed Aspirin (81 mg) for blood clot prevention. If you have additional risk factors or were on blood thinners prior to surgery, you may be prescribed a different medication based on your doctor's determination of risk factors and your prior history.

## Signs of blood clot and pulmonary embolism

### Deep vein thrombosis (blood clot in the leg)

- Redness and/or warmth in the calf
- Pain in the calf that is not muscular in nature
- Swelling in the calf

**Contact your doctor's office immediately if you have any of these signs.**

### **Pulmonary embolism (blood clot in the lung)**

- Shortness of breath
- Chest pain
- Anxiety
- Irregular or rapid heart rate
- Dizziness or lightheadedness
- Cough

**Call 911 or immediately go to the emergency department if you have signs of a pulmonary embolism.**



### **Signs or symptoms of infection**

- Fever greater than 100.4 (although it can be normal for some people to have a low-grade fever for the first few days after surgery)
- Chills
- Excessive swelling or redness around surgical site
- Excessive drainage from your surgical site, especially if resembling yellow or green pus
- Odor coming from your surgical site
- Unusual pain in your surgical site, particularly if not responsive to pain medication
- A new opening in the surgical site

**Contact your doctor's office right away if you think you have an infection.**



### **Length of your hospital stay and what to expect when you are discharged**

Both total knee replacement and total hip replacement are considered daypatient procedures. This means that it is expected you will discharge from the hospital either the day of or the day after surgery. Many patients are eligible for same day discharge depending on:

- What time you have surgery
- Where you live
- Your home supports
- Your medical history
- Your mobility and functional baseline prior to surgery
- Your post operative recovery

If you do stay in the hospital overnight, we typically discharge patients in the late morning, so please plan your ride around this. Prior to discharge, you will be assessed by an Orthopaedics Resident and a Physical Therapist.



## Transportation

You are expected to have a responsible person to drive you home. We do not allow patients to travel by taxi, Uber, or Lyft for this reason unless you have a friend or family member escorting you.

If you do not have transportation home or are unable to get into/out of a vehicle for some reason, the Case Manager can help arrange wheelchair transport home. Please note that this is not covered by insurance, and you will need to be prepared to pay out of pocket at the time of the ride.



## Durable Medical Equipment

Durable medical equipment (DME) can be used over and over to help you with daily tasks. Walkers and crutches are types of DME. Prior to surgery, you should have all your equipment picked up from the pharmacy/DME company and ready at home. However, if you do not, or if the post operative therapist determines that you need something additional, OHSU's CHH2 pharmacy does carry many of the things that our orthopedic patients need for recovery. We can order this for you to be picked up at either OHSU's CHH2 pharmacy or at any durable medical equipment company of your choosing.

In some cases, you should bring your front wheeled walker with you to surgery:

- If you need a walker or cane to get around and will need it to get into the hospital safely
- If you will need assistance with adjusting your walker to the right height
- If you will need to be assessed for safety with a non-recommended piece of equipment (such as a cane, crutches or a 4 wheeled walker)

If none of this applies to you, you do not need to bring your walker with you. You can use OHSU's equipment while in hospital. But do place your front wheeled walker in the trunk of your car so it is available to you when you get out of the car and need to get safely into your house.



## Special equipment needed prior to going home

- Wedge pillow – provided by the hospital during admission (for knee patients)
- TED hose – provided by the hospital during admission

- Front wheeled walker – get this before being admitted to the hospital. The cost of the walker is usually covered by insurance in full or in large part.
- Toilet Seat Riser – to be obtained prior to hospital admission. Cost is usually not covered or limited coverage by most insurance plans.
- Shower Bench – to be obtained prior to hospital admission. Usually not covered or limited coverage by most insurance plans.
- Ice Therapy – to be obtained prior to hospital admission. Not covered by insurance. Ice gel packs are the most cost effective and can be purchased at pharmacies and large vendors with pharmacies in them (such as Target, Walgreens, Walmart, Rite Aid). There are some other options for ice therapy such as a knee gel brace and a polar cube/ice machine and we can discuss these with you if you are interested, but these items are not covered by insurance.
- Other DME needs as determined by patient assessment – If you feel you have other mobility or self-care equipment needs beyond the above items or if the physical therapist recommended something additional, you can ask the RN Case Manager for assistance.



## Medication

Medication type and dosing can vary from patient to patient but the medications you will typically be prescribed at discharge are:

- Aspirin 81mg for blood clot prevention
- Oxycodone for pain

These medications are recommended and are available over the counter (OTC). You may ask your provider to prescribe these for you as some insurances cover OTC medications:

- Acetaminophen (Tylenol) for pain
- Ibuprofen (Advil, Motrin, Aleve) for pain
- Senokot-S and MiraLAX for constipation prevention

**NSAIDS:** If you have a history of gastrointestinal bleeding, ulcers, kidney disease or have ever been advised by a doctor not to take NSAIDS then you should not use this medication.

**Tylenol:** If you have a history of liver disease of any kind or have ever been advised by a doctor not to take Tylenol then you should not use this medication.

**Aspirin:** Most patients are prescribed aspirin but if you have a history of deep vein thrombosis or pulmonary embolism, if you are considered at higher risk for blood clots, or if you are already taking anticoagulants such as Apixaban or Warfarin, your doctor will likely have a different plan for your post operative blood clot prevention protocol and you should speak with them about this during your preoperative visit.

**Oxycodone:** This is the typical opioid prescribed for post operative pain control but may vary based on allergies, intolerances or side effects, or your medical history. Talk to your doctor if you have one of these or any other concerns about this medication.

**Senokot-S, MiraLAX:** Bowel care is an important part of your post-operative recovery as constipation can be a side effect of surgery, less mobility, and opioid medication use. If you have a history of constipation, you may even want to start your bowel protocol a few days prior to surgery.

**It is important with any medication that you do not exceed the daily recommended dose. Please also pay attention to any other medications you take that may already contain Acetaminophen.**

You can prepare by buying the Tylenol, Aspirin (81 mg), Ibuprofen and Senokot-S before your surgery since all are available over the counter.

Opioid pain medication and any other medication you are prescribed will be filled at an OHSU pharmacy.

### Medication Refills

You may need refills on your medication and if so, you should call into the Orthopedic Clinic at 503-418-8889 to request this. Remember to call well in advance of the time you are expecting to run out of medication since refills can take up to 48 hours. Make sure to plan ahead, particularly if you expect to run out over a weekend.



### Post operative (after surgery) physical therapy

You should have your post operative physical therapy scheduled prior to surgery. It can be difficult to get into your preferred locations in a timely manner if you do not schedule in advance.

**For knee patients,** post operative outpatient physical therapy is very important and should begin by day 7 after surgery. You should be seen at least 2 times each week for 6 weeks. Additionally, you will be given a home exercise program by your in-hospital physical therapist prior to discharge. These exercises should be done daily as instructed and are in addition to your outpatient physical therapy.

**For our hip patients,** most patients do not require formal outpatient physical therapy after surgery. You will be given a home exercise program of exercises that are safe for hip patients, and you should do these daily as instructed. Some patients with significant gait abnormalities, balance issues, significant endurance issues or other medical and functional conditions in addition to their hip may be candidates for outpatient therapy. If you have questions about this, please ask your doctor or your RN Case Manager.



### Post operative follow up appointments

Before your surgery, you will be prescheduled for a 2-week post-surgery follow up visit and a 6 week follow up visit with either a Physician's Assistant or your Orthopedic Surgeon. If you do not have these visits prescheduled or are unsure, please contact your RN Case Manager (or refer to MyChart).



## Driving

Most patients can resume driving sometime between 4 and 6 weeks after surgery. You should absolutely not drive while you are taking any opioid pain medication or other sedating medication (such as muscle relaxants). There are a number of other factors that will determine when you are safe to drive, such as whether you had a hip or knee surgery, which leg your surgery was on, if you have any sensation or strength deficits, and what your weight bearing status is. Each person's recovery is different, so check with your orthopedic surgeon before you resume driving.



## Planning for a safe discharge home and/or alternative post discharge needs, including possible placement to a rehabilitation or skilled nursing facility

During your care coordination visit, we will discuss your discharge plans and may ask questions about your:

- Home environment and location
- Support person
- Transportation plan
- Discharge destination
  - Home is best!
  - Discussion of alternatives when appropriate
    - Skilled Nursing facilities - criteria for qualification, insurance coverage considerations, average length of stay
    - Friend/family member's home
    - Home Health - criteria for qualification, insurance coverage considerations, average length of qualification
- We will discuss your needs and stated wishes, social concerns, supports, medical history, and functional/mobility deficits to determine what the best plan will be
  - Considerations for discharge location:
    - Home environment
    - Support System
    - Medical history
    - Functional deficits (both related to surgery and unrelated to surgery)
    - Patient preference
    - Other social concerns/social determinants of health