

# POST-OPERATIVE DISCHARGE INSTRUCTIONS

## \*\*\*DR. CHRISTY'S NUMBER ONE RULE FOR POST OP PATIENTS\*\*\*

- If you feel that your incision looks “infected”, please contact our office BEFORE going to your primary care physician, the ER, or an urgent care. Dr. Christy is the ONLY physician that should place you on an antibiotic for a post-operative infection.
- Please leave Aquacel dressing in place until post-op day #7. Remove and re-apply the supplied Aquacel dressing with the “white” absorbent part covering incision.
- You may shower with the aquacel dressing in place. Do not submerge the wound in water or use any ointments, lotions or salves until follow-up (2-3 weeks).
- You should wear the support stockings to ease swelling & help prevent clots until you come back for follow-up. These are supplied during your hospital stay.
- You should elevate your foot above your heart to help decrease swelling, with a straight leg.
- You should ice (for knees, with polarcare ice wrap – supplied to you during your hospital stay) for 20-30 min or more at least 6 times per day (more is better for decreasing swelling and pain).
- Bruising on the thigh, buttock, or lower leg is normal.
- Low-grade temperature elevation and surgical site warmth are normal. Only call if you experience an extreme pain or swelling increase, fever greater than 101.5, drainage increase, wound odor or increased redness, new calf pain, or swelling or shortness of breath.
- You will be given prescriptions for these medications:
  - Norco (hydrocodone), a pain reliever: 1-2 pills may be taken every 4-6 hours if needed to help with pain.
  - You will need to start enteric coated Aspirin 325 mg twice a day for 3 weeks, unless you are Aspirin intolerant and/or otherwise given a prescription anticoagulant as would have been discussed with Dr. Christy.
  - Voltaren/diclofenac an anti-inflammatory will help decrease your pain and swelling.
- You should be drinking at least 8 oz. glasses of water daily to avoid constipation. A fiber laxative may be helpful.
- You may wean yourself off the walker as you see fit.
- You should not drive until your first visit with Dr. Christy.
- Avoid tanning the wound for the first year.
- Antibiotic prophylaxis for dental/rectal procedures will be addressed at your 6-week post-op visit. It is best to delay routine dental and rectal procedures for 12 weeks post-operatively.

## FOR KNEES:

- You should NOT sleep with a pillow behind your knees.
- You should go to the physical therapist's office 2-3 times per week for 4-8 weeks (until you and your therapist agree your goals have been met).
- Out-patient therapy is better equipped for the best results.
- Your new knee will hurt more if it gets stiff. Using a rocking chair or gently bending the knee throughout the day will decrease your pain.

## FOR HIPS:

- Physical therapy does not begin until 6 weeks post operatively, if needed.
- There are no range of motion restrictions except avoiding external rotation and extension.