

HIP & KNEE



HIP & KNEE SURGERY PATIENTS

**GET ANSWERS
TO FREQUENTLY
ASKED QUESTIONS**



YOU. IMPROVED.

OrthoCarolina

**HIP & KNEE
CENTER**

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GENERAL QUESTIONS



Q: Why does my knee or hip click?

A: Your hip or knee replacement is made from metal, plastic, or possibly ceramic. The click you hear or feel is the bearing surfaces contacting each other during activity. Your normal joint surfaces (pre-surgery) usually separate and re-contact in normal activity. However, the normal joint surface is covered with a soft substance called cartilage that does not make any perceivable noise. It is normal to hear or feel this clicking sensation, especially early after your surgery.

Q: How long should I take pain medication?

A: Pain medication and pain control is an integral part of your recovery from surgery. You should use the pain medication prescribed by your doctor until you are able to function well without it. The duration of pain medication usage can vary widely between individuals after surgery, but in general, most people are able to decrease the use of pain medication over the first few weeks and rarely require narcotic medications longer than 3 months after surgery. Narcotic medications can be addictive. Therefore, your surgeon would like you to utilize non-narcotic pain medications (Tylenol) when appropriate.

Q: Do I need to take antibiotics when I have a dental or other medical procedure?

A: Yes. You will be given a letter explaining this in detail in your pre-operative folder that is either given to you in the office or mailed to you prior to your surgery. Avoid any dental cleaning and other non-urgent procedures for 3 months following joint replacement surgery.

Q: Is it normal to feel depressed?

A: It is not uncommon to have feelings of depression after joint replacement surgery. This may be due to a variety of factors, such as limited mobility, discomfort, increased dependency on others, and medication side effects. Feelings of depression will typically fade as you begin to return to regular activities. If your feelings of depression persist, consult your primary care physician.

Q: When can I drive?

A: If you had surgery on your right knee or hip, you should not drive for at least six weeks. After this time, you may return to driving as soon as you feel comfortable. If you had surgery on your left knee or hip, you may return to driving as soon as you feel comfortable, if you have an automatic transmission. Do not drive if you are taking narcotics.

Q: When can I get my incision wet?

A: If an Aquacel or an Acticoat dressing is used, you may shower when all catheters have been removed.

Q: Can I use cream on my incision?

A: It is important to keep your incision dry for the first week. As the incision heals, and the small scabs resolve, cream or lotion may be applied to the incision. Most commonly used creams include Vitamin E, cocoa butter and Mederma. There is not a lot of scientific evidence to show that this makes a significant difference in the healing of your incision; however, the moisturizers alone may help avoid chafing and cracking and make range of motion exercises easier to perform.

Q: What are the signs and symptoms of infection?

A: Infection is a very serious complication after total joint replacement. As such it is important to be aware of the signs and symptoms of infection. Patients may experience persistent fever (>100), chills or night sweats. In addition, it is important to closely monitor your incision. Be aware of any redness and drainage from your surgical incision. If these develop, let your surgeon know immediately.

Q: How long do I need walking aids such as crutches, a walker or cane?

A: The time that you may need a walking aid after total joint replacement is variable. In general, if your surgeon allows you to place as much weight as tolerated on your total joint replacement, most patients use a walker for approximately 3-4 weeks and then a cane for another 2-4 weeks. You should use a gait aid until you feel comfortable walking. Your physical therapist will help guide you through this transition.

Q: When can I travel long distances in a car or plane?

A: You can travel when you feel comfortable. This is generally between 4-6 weeks after surgery. However, when travelling, it is important to take some measures to prevent blood clots. It is recommended that you get up to walk and stretch at least once every one to two hours during extended travel.

Q: How long will I experience pain?

A: How long you will experience pain after total joint replacement is variable. Your pain should gradually diminish over time after surgery. You will initially require stronger narcotic pain medicine for the first 4-6 weeks after surgery. In general, you should then be able to switch to over the counter pain medicines such as an anti-inflammatory or Tylenol. Minor discomfort related to a replaced joint may on occasion linger for six to nine months.

Q: What can I use on my incision to minimize scarring?

A: Many patients have found scar creams helpful in reducing scarring. Creams with high Vitamin E content are most effective. For raised scars you can consider Mederma which is available over the counter.

Q: When will my incision line become less red?

A: All incisions fade at different rates. This varies according to your own skin tone. It is advisable to keep the incision out of direct sunlight as this will prolong the process. Most incisions fade by 6 months.

Q: When will the swelling go down?

A: Swelling around the incision area varies post-operatively from patient to patient. For most patients, this area will stay perceptively swollen for 3-6 months after surgery. Don't worry. This will subside with time. However, if the swelling of the entire leg occurs that does not go down with elevation or after resting overnight, this may be a sign of a blood clot. Contact your surgeon's office immediately if this should occur.

Q: When can I go back to work?

A: This depends on your profession. Typically if your work is sedentary you may return after approximately 1 month. If your work is more rigorous you may require up to 3 months before you can return to full duty. In some cases more or less time is necessary.

Q: How long do I need to go to therapy?

A: Physical therapy is an integral part in your recovery following a joint replacement surgery. If your physician feels you need to see a physical therapist following your operation, your progress will determine the duration of that therapy. The therapist will additionally instruct you in exercises that you can perform on your own without supervision. When you reach the goals that your therapist outlines with you and your therapist feels that you have reached independence, your therapy will be discontinued.

Q: Will I set off the security monitors at the airport? Do I need a letter from my surgeon?

A: Yes, you probably will set off the alarm as you progress through the security checkpoint. Be proactive and inform the security personnel that you have had a joint replacement and will most likely set off the alarm. Wear clothing that will allow you to show them your incision without difficulty.

Q: How long will I be on a blood thinner?

A: Various options including pills and injections are available to thin your blood and help prevent phlebitis and blood clots. Your surgeon will choose a therapy based on your medical history and possibly on tests done before you leave the hospital.

Q: Should I apply ice or heat?

A: Initially, ice is most helpful to keep down swelling and diminish pain. Heat should be avoided for six weeks following surgery.

KNEE-SPECIFIC QUESTIONS



Q: How often should I use the Continuous Passive Motion (CPM) machine?

A: If you are given a CPM machine, you will probably start soon after surgery and use it a total of about 8 hours per day. The amount of bend will be gradually increased. Schedules vary widely from patient to patient.

Q: How long will it take to maximize my range of motion?

A: It is important to work hard on your range of motion after surgery. For some it can take three to six months to maximize your motion. The amount of motion that you get after knee replacement is dependent on several factors including how much motion you had prior to surgery. It is important to work closely with your physical therapist and your surgeon to ensure that you are meeting all of your range of motion goals.

Q: I think my leg feels longer now. Is this possible?

A: In the majority of cases, your leg will essentially be unchanged. In some cases patients perceive that their leg is lengthened. This is usually the result of straightening out a knee that had a significant bow before surgery.

Q: Can I kneel on my knee incision?

A: Yes, you can kneel on your knee incision once it is healed. Kneeling does not damage the knee replacement. The incision is usually very sensitive for the first 12 months after surgery and may be painful to kneel on. If the incision is too sensitive to kneel on, you may use a pillow, towel, or knee pad to cushion the knee during kneeling activity.

Q: How long will the outside of my knee be numb?

A: Typically after total knee surgery, the outside portion of the incision will have an area of numbness roughly the size of your palm. It is usually not complete numbness, but feels different from the inside portion of your knee. The numbness is a normal consequence of surgery and generally resolves over the first few months. Occasionally, there will be a small area about the size of a quarter with some residual numbness over the outside portion of your incision.

Q: How long will my knee stay warm?

A: Six to nine months. Your knee will stay warmer than the non-operative knee. This is a normal part of the healing process.

HIP-SPECIFIC QUESTIONS



Q: Can I lay on my hip incision?

A: Yes, it is safe to lay on your hip incision once it is healed. The incision may be sensitive for the first few months after surgery. A pillow or towel under your hip can help cushion the incision and decrease the discomfort.

Q: I think my leg feels longer now. Is this possible?

A: In the majority of cases, your leg length will essentially be unchanged. With hip surgery, this feeling usually comes from stretching of contracted muscles about the hip. With time, these muscles stretch out and the feeling of leg length difference disappears.

Q: Are there any unsafe positions for sex?

A: Total Hip Precautions need to be observed postoperatively during all your daily activities, including sexual intercourse. The majority of patients can safely resume sexual intercourse one or two months after surgery, adhering to the following guidelines:

- » Resume sexual intercourse initially with you on your back (supine)
- » Initially you should assume a more passive role
- » Avoid extremes of motion, and
- » Always follow your Hip Precautions – avoid excessive hip flexion, crossing your legs over midline and internal rotation.
- » If you still have questions, ask your surgeon, physical therapist or nurse.

In general, any comfortable position is safe. The unsafe positions that can lead to hip dislocation after hip replacement surgery involves those where the knee is flexed above the hip and positions where the leg is crossed over the opposite leg. The combination of these two positions is the most concerning (leg flexed and crossed). The best rule is to make sure you can visualize the inside (medial side) of your knee on the operative leg. Differing surgeons will have differing recommendations regarding hip precautions and it is best to inquire with your surgeon if there are any questions.

SAFE POSITIONS



Patient on top,
partner on bottom



Partner on top,
patient on bottom



Patient lying on side
with operated leg on top



Standing position
safe for either

UNSAFE POSITIONS



Too much hip rotation



Too much hip flexion



Too much hip flexion



Too much hip flexion
and rotation