

## Orthopaedic Surgeon

Primary & revision hip and knee replacement  
Arthroscopic and sports surgery of the knee

ABN: 25 440 152 382

Provider Number: 063617BA

Telephone: 08 8236 4125

Facsimile: 08 8236 4116

After Hours: 08 8236 4100

Email: [rmontgomery@woc.com.au](mailto:rmontgomery@woc.com.au)

**Not to be used for medico-legal purposes**

## JOINT REPLACEMENT – DISCHARGE INSTRUCTIONS

### *Recommendations after your hip or knee replacement*

#### **DRESSINGS**

- Prior to discharge from hospital, a new waterproof dressing will be applied over your incision.
- You may shower over the dressing and gently dry it. If the dressing becomes wet, then it may be removed and changed.
- The dressing need only stay in place for 10 to 14 days after discharge and thereafter may be removed.
- The dressing does not need to stay over the wound until your post-operative appointment.
- The surgical incision can be gently washed and carefully dried.
- Occasionally, some mild redness may appear at each end of the incision. If these become red or start to discharge any pus, please contact either my office or your local doctor. A local application of antiseptic in this area may help reduce any chance of localised infection.

#### **BLOOD THINNERS**

- Whilst in hospital, you will receive blood thinners to minimise the risk of deep venous thrombosis (DVT).
- Upon discharge from hospital, it is recommended that you take a single soluble aspirin (100mg) daily for approximately 6 weeks after your surgery. If you have an allergy to aspirin, please do not take it.
- If you have a past history of blood clots or DVT, then you will require more specific blood thinners (Warfarin, Zarelto or similar) to be taken after the surgery.
- Please do not hesitate to ask if there are any concerns about the blood thinning regime you have been prescribed, particularly if you have a past history or family history of DVT.

#### **REGULAR MEDICATION**

- After surgery you may generally restart your normal medication including supplements.
- Occasionally whilst in hospital, a medication may be temporarily held to prevent adverse interactions. If you have any queries about medications, please ask.

#### **PAIN RELIEF**

- You will be discharged from hospital with a supply of analgesic medication. It is normal to require this for a few weeks after surgery, although the amount and frequency that it is needed should gradually diminish.
- It is common to experience aching and warmth at night after your surgery and you may wish to take analgesia to help you sleep.
- I also recommend taking analgesia prior to your physiotherapy appointments to allow you to exercise without discomfort.

#### **DRIVING**

- Most patients will take 6 weeks to become mobile enough to safely begin driving (this normally coincides with your post-operative review).
- The principle issue with driving is safety. You must be able to effectively and safely control the vehicle. This means your reaction time and strength must have satisfactorily returned after your surgery.

#### **EXERCISE**

- After your hip or knee surgery you will be seen by a physiotherapist who will give you instructions on mobilisation and exercises. By the time of discharge, you should be independently mobile.
- Your joint replacement is very robust and I therefore encourage patients to be as active as comfort permits. It is my recommendation that you alternate days of exercise with days of rest to let any swelling and soreness settle.

#### **HYDROTHERAPY**

- This may be started as soon as your surgical incision is healed, normally 12 – 14 days after surgery.
- A waterproof dressing may be worn in the pool then removed and the incision carefully dried afterwards.