



## Orthopedic Discharge Instructions

### Dressing

Surgical dressing to remain in place for 2 weeks. Dressing is waterproof and can be worn in the shower. If the seal on the dressing is broken for any reason and the center pad becomes saturated, remove immediately. To remove dressing, press down on the skin with one hand and carefully lift an edge of the dressing with your other hand. Stretch the dressing to break the adhesive seal and remove. Contact your physician's office if: 1. The dressing will not stay in place or has attached to your skin, 2. There is a large amount of fluid coming from the incision, or 3. You experience unusual pain or odor. Once the dressing is removed, you may shower as usual. Soap and water may run over your incision, avoid scrubbing. Do not apply any lotions or creams until instructed by your surgeon.

### Activities

You are weight bearing as tolerated after surgery. You are encouraged to ambulate frequently, starting with a walker. When you find yourself carrying your walker as opposed to depending on it, you may consider discontinuing your walker.

For therapy at home, please visit the American Association of Hip and Knee Surgeons:

- Hip: <https://hipkneeinfo.org/general/hip-exercises/>
- Knee: <https://hipkneeinfo.org/general/knee-exercises/>

### Medications

DVT Prophylaxis:

Aspirin 81 mg twice daily for 28 days – This is to prevent blood clots from occurring. Blood clots can also be prevented by frequent ambulation and ankle pumps.

### Pain Medications

Acetaminophen (Tylenol) – Tylenol is a pain reliever without any anti-inflammatory effect. You may take up to a total of 4,000 mg a day. If you are taking Norco or Percocet, these medications contain 325 mg of acetaminophen per pill in addition to their opioid component. It is recommended to take acetaminophen 500 mg four times daily if you are actively taking Norco or Percocet. If you are taking Oxycodone, this medication does not contain any Tylenol. It is recommended to take acetaminophen 1000 mg four times daily if you are actively taking oxycodone. Speak to your physician or nurse if you have any questions.



## **Orthopedic Discharge Instructions, continued**

Celebrex or Meloxicam – This non-steroidal anti-inflammatory (NSAID) is similar to ibuprofen. It reduces inflammation in the knee while also providing pain relief. Unlike ibuprofen, it is more targeted, reducing its risk for gastritis and bleeding.

Journavx (suzetrigine) – This non-opioid medication helps treat postoperative pain by targeting a specific sodium channel in the peripheral nervous system, reducing the signal of pain before it reaches the brain. This medication can be started the night before or morning of surgery, at least 4 hours before your time of surgery.

Norco or Oxycodone – These opioid based pain medications are effective at controlling your early phases of pain. Pain typically peaks within the first 3 days of surgery, then gradually subsides. During this time, you are encouraged to take your opioid pain medications on a more scheduled routine. As your pain decreases, take them less frequently and you may also split your pills in half.

Methocarbamol – This muscle relaxant is effective at controlling muscle spasms and cramps. It is otherwise ineffective at controlling any other types of pain. This medication can also make you drowsy and is recommended to be taken at night as opposed to the day. Do not operate heavy machinery or drive a motor vehicle when taking this medication.

### **Other Medications:**

Vitamin C – Also known as ascorbic acid. This vitamin is effective at neutralizing reactive oxygen species. Recent evidence shows that this results in reduced inflammation and swelling and can potentially reduce the need for pain medications.

Tranexamic Acid – This medication reduces blood loss by stabilizing blood clots and potentially reduce post-surgical inflammation.

Ondansetron – This medication is used for nausea and vomiting, a potential side effect of opioid based pain medications.

Docusate – A stool softener that should be taken to prevent constipation while you are on opioid based pain medications. Coffee, prune juice and frequent ambulation is also encouraged.