



GOLDEN STATE
ORTHOPEDICS & SPINE



TOTAL JOINT REPLACEMENT PATIENT INFORMATION GUIDE

www.goldenstateortho.com

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MY GUIDE

TO TOTAL JOINT SURGERY

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MEET YOUR ORTHOPEDIC CARE TEAM

Our team comprises many individuals committed to your care.

SURGEON



Dr. James Feng is a fellowship-trained orthopedic surgeon specializing in fracture care, joint replacement, and complex revision surgery. He has advanced training in anterior hip replacement, robotic-assisted knee replacement, and kinematically aligned knee replacement. By offering a range of surgical techniques, he tailors treatment to restore natural motion, reduce recovery time, and help patients return to the activities they love.

PHYSICIAN ASSISTANT

Physician Assistants, PA-Cs, work closely with the doctor, assisting in the operating room, caring for patients in the hospital, surgery center, and in the clinic. They are knowledgeable in answering any questions from preparing for and recovering from surgery. They also perform routine diagnostic exams and therapeutic injections.

MEDICAL ASSISTANT

Medical assistants (MAs) are your point of contact at the office for messages, prescription refills and orders. They keep the team on track and organized.

SURGERY SCHEDULER

Surgery schedulers coordinate the necessary appointments related to your surgery including any special clearances. The scheduler also obtains the authorization required by insurance for the procedure.

IMPORTANT CONTACTS

CLINICS/MA

(925) 939-8585

BILLING DEPARTMENT

(925) 210-8593

*For more information visit us online at www.goldenstateortho.com

Dear Patient,

Thank you for choosing Golden State Orthopedics & Spine for your joint replacement surgery. It is important you understand that surgery carries the risk of potential complications. Complications are rare and we do everything we can to decrease your risk. This guide is intended to help you have your best surgical outcome and avoid potential complications.

We wish you good health,
Your Golden State Ortho Team

BEFORE YOUR JOINT REPLACEMENT SURGERY

PREOPERATIVE MEDICAL CLEARANCE(S)

In most cases, you will be asked for clearance from your primary care physician or the perioperative clinic. Depending on any pre-existing medical conditions you may have, you may also be asked to see a specialist.

Preoperative test results and clearance(s) must be received BEFORE your preoperative appointment, which will take place about 7-10 days before your surgery. Most clearances are acceptable for up to 6 months before your surgery date, unless otherwise noted, but labs must be done within 30 days before surgery.

It is the responsibility of your primary care physician, periop clinic, cardiologist or other specialist to order any testing needed and supply the surgery clearance to the surgeon's office. Please instruct your physician to fax or phone any information or recommendations for your care directly to your surgeon's office.

PERSONAL AND MEDICAL INFORMATION SHEET

At your preoperative appointments, several clinic and hospital personnel may ask for information regarding your insurance coverage, medical history, and advance directive arrangements. You may feel you are answering the same questions repeatedly, but this redundancy is necessary to meet quality assurance and medical insurance guidelines.

To minimize frustration and speed the process, please list your personal and medical information on your own sheets of paper and bring them with you to all your preoperative appointments.

ARRANGING TIME OFF WORK

It is important that you take the time needed to focus on your recovery for a successful outcome. You can risk complications if you return to activity too soon. If your job is sedentary you may return to work earlier. Most patients return to more sedentary work by 3 to 6 weeks. However, this often depends on their postoperative progress and personal preferences. If your job requires more rigorous activity or heavy labor it is advised to take off 3-6 months.

You may also apply for a temporary Disabled Parking Permit from the DMV to use for several weeks after surgery.

We can assist with work and state disability paperwork for a fee.

PREPARE FOR YOUR UPCOMING SURGERY

PREPARE AHEAD FOR YOUR JOINT REPLACEMENT SURGERY TO HELP ENSURE THE BEST POSSIBLE OUTCOME

EAT RIGHT

If you are overweight, weight loss is encouraged to decrease surgical risk of infection and reduce the stress on your hip or knee. In some cases, we may recommend a visit to your primary care provider or endocrinologist to be evaluated for medical induced weight loss therapy before surgery. Golden State Orthopedics & Spine has an effective physician-supervised weight loss program called "LeanMD". You can request details by emailing leanmd@goldenstateortho.com.

EXERCISE

Strengthening your body before surgery will help with motion and balance after surgery. Exercises before joint replacement surgery can be found here: Hip (<https://hipkneeinfo.org/general/hip-exercises/>) and Knee (<https://hipkneeinfo.org/general/knee-exercises/>). If you start doing them now, it will be easier to continue them after surgery.



We recommend the use of a pedaler device because multiple studies have shown that it improves range of motion, function, pain and overall outcome. We recommend the use of the machine for 15 minutes, three times per day and it can be used throughout your entire recovery process, but the first two weeks are the most important. We advise to practice using the machine before the surgery to learn how to set up and operate the device safely. This is not an expensive device and can be purchased for \$20-30 dollars.

MEAL PREP

Make and freeze meals prior to surgery to ensure you have easy access to nutritious food during your recovery. This is especially important if you do not have help at home. A decreased appetite is common after surgery, so a supply of electrolyte and protein beverages is also helpful to maintain hydration and nutrition as you recover from your surgery.

PREPARE YOUR LIVING AREA

Assess your floor plan and consider temporarily re-arranging your furniture if necessary. Set up a "recovery center" where you will spend most of your time when you get home. Stock your recovery center with things you use frequently such as:

- Phone, iPad, laptop
- TV, music and other remote controls
- Tissues/waste basket
- Reading materials
- Water
- Medications

PREPARE FOR YOUR UPCOMING SURGERY (continued)

PREPARE YOUR LIVING AREA (continued)

Pick up throw rugs, remove or fasten down electrical cords, clear obstructions from walkways, install nightlights in bathrooms, bedrooms and hallways, and tack down loose carpeting that could cause you to trip.

Choose a stable chair, for your early recovery, with a firm back, two arms and a firm seat cushion.

SAFETY AND CONVENIENCE

Keep items you use regularly somewhere between waist and shoulder height so that you will not need to reach up or bend down to get them.

A long-handled sponge, shower bench/stool and gripping bar will make showering easier. A raised toilet seat may also help, but is not required.

ARRANGE FOR HELP

Our goal for you is the safest and most comfortable recovery possible. It is important to ask for help. We would like you to recover with the help of a family member or friend. We call this person a "support coach" and it is their job to help you with your immediate recovery needs. Your recovery needs will include assistance with medication, getting to appointments, walking, preparing meals, grocery shopping and picking up mail. Organize someone to take care of your pets or loved ones dependent on you, if necessary.

We recommend that your support coach goes with you to your appointments, including your preoperative class, and that they also read this guide and the surgical packet you will receive from our Surgery Scheduling Team.

THINGS TO BRING WITH YOU TO SURGERY

Gather together the following items in a bag to bring with you to your surgery:

- This guide, with your personal information sheet(s) (p4)
- Insurance card
- Driver's license
- Payment method (if applicable)
- Copy of your advanced directive (if applicable)

DRUGS, SMOKING, ALCOHOL

Discuss your use of any narcotic pain medications or controlled substances with your surgeon as these can have an impact on your surgery and recovery.

If you smoke, you must quit at least 4 weeks before surgery. A nicotine test will be performed as part of your preoperative labs and on the day of surgery. A critical component of recovery is the implementation of a smoking cessation program. Smoking interferes with tissue oxygenation, development of new blood vessels, and unnecessarily puts you at risk for infection - a potentially life changing complication.

****DO NOT have any alcohol for at least 48 hours before surgery.****

PREPARE FOR YOUR UPCOMING SURGERY (continued)

JOINT INJECTIONS All joint injections or aspirations into the surgical site must be completed 3 MONTHS before your scheduled surgery to help decrease the risk of infection in the joint. This includes but is not limited to corticosteroids and viscosupplementation. If you have any questions please contact your surgeon.

STOPPING MEDICATIONS There are medications you will need to stop before surgery. You will be given a list and further instruction in your surgical packet. Review medications prescribed and ensure all prescriptions are filled before surgery. Follow the regimens as instructed by your surgeon - they are to assist you with your recovery. Some pain medications should not be mixed with alcohol.

THE DAY BEFORE YOUR SURGERY

If you develop any health changes (cold, fever, rash, urinary tract infection, etc.), or if you are unable to keep your surgery appointment, notify your surgeon immediately.

Expect a phone call from the surgery facility or hospital with your final arrival time. BE ON TIME. It is important that you arrive on time for your surgery. In some cases, lateness may result in moving your surgery to a later time or date.

Follow the instructions in your surgical packet regarding any medications you are taking that you will need to stop before surgery. DO NOT eat food after midnight the night before surgery unless your are otherwise advised. You may drink water up to 4 HOURS before surgery.

Wear or bring loose-fitting, comfortable clothing and good walking shoes for when you leave. *Please do NOT bring jewelry or valuables to surgery.*

THE DAY OF YOUR SURGERY

PREOPERATIVE BATHING You may shower before surgery using Hibiclens to decrease infection risk.

Wear freshly laundered clothing to the hospital or surgery center.

MEDICATION If you are told to take medication at home the morning of surgery, you may do so with a small sip of water (just enough to wash it down).

Each medicine prescribed is important for your pain control and side effect prevention. Take all medications as prescribed. It is recommended that you obtain all medications before your surgery.

Your surgeon will prescribe and review your specific protocol at your preoperative appointment.

THE DAY OF YOUR SURGERY (continued)

ADMISSION

Your admitting nurse will welcome you and begin the admission process. They will request that you remove all personal articles including dentures, contact lenses, eyeglasses, wigs, hairpins etc. If there has been any change in your medications, please notify your admitting nurse.

ANESTHESIOLOGIST VISIT AND ROLE DURING SURGERY

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, your anesthesiologist will manage your vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

Before your surgery, you will meet with your anesthesiologist at your surgery location. They will review your medical history, lab test results, allergies and current medications. With this information your anesthesiologist will determine the type of anesthesia best suited for you.

Decisions regarding your anesthesia are tailored to your personal needs. Your anesthesiologist may not be able to administer regional spinal anesthesia if you have spinal arthritis, severe spinal curvatures, previous spine surgery or if you suffer from severe obesity.

Intravenous (IV) fluids may be started and preoperative medications may be given if needed. Once in the operating room monitoring devices such as a blood pressure cuff, EKG and other devices will be attached to you for your safety. At this point you will be ready for your anesthesia.

MULTI-MODAL PAIN MANAGEMENT

Our total joint surgeons use a multi-modal approach to anesthesia and pain management, combining different analgesics and modalities that work by independent mechanisms. This may include a spinal anesthetic, regional anesthesia, and/or general anesthesia.

WHAT TO EXPECT AFTER JOINT SURGERY

A smooth recovery depends on how well you follow your surgeon's instructions. Being an active participant in your healing process will help you recover sooner and ensure a more successful outcome.

DIET

Loss of appetite is normal after surgery and will improve with time, but nutrition is important to healing, so eat small, frequent meals and supplement with protein shakes (Ensure or Boost, for example) as needed. Resume your normal diet slowly.

PAIN AND DISCOMFORT

While you should expect to feel some discomfort after surgery, your surgeon will provide medication options for controlling your pain. Ensuring you take them to maintain control of pain is important because pain relief will help you start moving sooner and regain your strength faster.

Right after surgery, you will be receiving pain medicine as well as hydrating fluids through your IV (intravenous). Once you are able to eat and drink, oral medication will replace the intravenous medication. To ensure optimum comfort we recommend the following:

- Take your pain medication as prescribed on a regular and timely basis.
- As you are able, wean yourself off prescribed narcotics to non-narcotic medication. Alternatives to narcotic medication should be discussed with your surgeon before you go home after surgery.
- Apply compression in addition to cold therapy to the surgical site to help reduce post-operative swelling.
- Apply ice to your affected joint for 20 minutes at a time, 3-4 times per day.
- DO NOT apply ice directly to skin; always have a barrier protecting the skin such as a thin towel, pillow-case or T-shirt

SLEEP

There are no restrictions on sleep position. Normal sleep cycles can take up to 6 weeks to return to your cycle prior to surgery. Most people experience periods of restlessness during the night and fatigue during the day. It is alright and encouraged to take naps during the day. We do not recommend taking excessive sleep aides or beginning a new prescription sleep medication as they typically are not effective for this particular postoperative issue and can disrupt your overall routine once recovery is complete.

WHAT TO EXPECT AFTER JOINT SURGERY (continued)

LEISURE, SPORTS, AND MORE

Once your surgeon and/or physical therapist give you the release, you can return to many of the fitness activities you enjoyed before your joint replacement. Sexual relations may be resumed when you are comfortable.

ACTIVITY LEVELS

Joint replacements are typically made out of a combination of durable metal and plastic. You may return to your previous level of activity as desired. Activities such as cycling, rowing, swimming and non-impact activities are of minimum consequence. Running and other harder impact activities may accelerate wear, but there is limited evidence this is of significant consequence. Contact sporting activities such as football, hockey and mixed martial arts do carry other risks such as prosthetic hip dislocation. If you have any questions, speak with your doctor.

SWELLING

Swelling may occur for up to one year after surgery. If you experience swelling:

- Modify your activities.
- Elevate your leg regularly throughout the day. It is best to lie down and raise your leg and foot above the heart level.

PHYSICAL ACTIVITY AND REHABILITATION

After surgery, someone in your clinical care team will assist you in getting out of bed with a walker. You should expect physical therapy twice daily if you are having your surgery in the hospital and staying for one night or more. Once discharged home, you are encouraged to continue gentle exercises at home. This includes walking and utilizing a stationary pedaler. At your first follow-up visit, you will be assessed whether physical therapy is required or not.

Because we have a team approach to orthopedic care, you will be referred to the Golden State Orthopedics & Spine's Physical Therapy team for post-operative rehab. This team is in close contact with our surgeons and so is the best option. If you are located outside of the area and need a PT referral in another city, please let your surgeon know.

ACTIVITY

You should be able to resume most of your daily activities within a few weeks of your surgery. It is common to have some pain with activity and at night for several weeks

WALKING

Start out by walking inside, gradually build up your mobility and endurance. Then take it outside and continue your program.

AVOIDING POTENTIAL COMPLICATIONS

EXERCISE AT HOME

Specific exercises will help restore movement and strengthen the joint. Our PT team will provide PT exercise handouts for you

INFECTION

While surgical complications are rare, they can happen. We do our best to prevent complications. You can also reduce your risk of surgical complications.

SIGNS OF INFECTION

- Increased redness and swelling at the incision site.
- Change in the color, amount and/or odor of drainage.
- Increased pain in the joint.
- Fever greater than 101 degrees F. Take your temperature if you feel warm or sick and call your surgeon if your temperature exceeds 101 degrees F.

PREVENTION OF INFECTION

- Take proper care of your incision as explained to you by your care team.
- Avoid dental work for the first 3 months after surgery.¹
- Some physicians recommend antibiotics before dental procedures after joint replacement surgery. Current evidence shows no reduction in infections with prophylactic antibiotics.

****Notify your primary care physician and your dentist that you have had a joint replacement.**

BLOOD CLOTS: DEEP VEIN THROMBOSIS OR PULMONARY EMBOLISM

After hip or knee replacement surgery, there is a chance that a Deep Vein Thrombosis (DVT), or blood clot, may form in the veins in your leg. These are of concern because a piece of that blood clot can break off and travel through the bloodstream to the lungs. This is called a Pulmonary Embolism (PE). A PE is a serious, potentially life-threatening condition.

While there is always some risk of blood clots developing after hip or knee replacement surgery, these dangerous conditions can mostly be prevented with early and frequent ambulation, and blood thinners after surgery.

AVOIDING POTENTIAL COMPLICATIONS

SIGNS OF A BLOOD CLOT

Signs and symptoms of a blood clot include redness, swelling and tenderness, not at the surgery site, but in the leg. If you notice increasing swelling or pain in either leg, notify your doctor or surgeon immediately.

PREVENTION OF A BLOOD CLOT

Your surgeon will choose what they think is best based on your history and risk factors. Modalities used to prevent blood clots are medications, compression stockings, injections, and/or use of a mechanical device. This will be discussed with you at your preoperative history and physical. You should follow the protocol prescribed by your surgeon. Tips to avoid blood clots include:

- Move often during your recovery period.
- Participate in physical therapy.
- Follow the protocol prescribed by your surgeon for medication and/or medical devices.

CONSTIPATION

Constipation is a common problem after surgery due to changes in diet and fluid intake, inactivity and lack of movement, along with the effects of anesthesia and narcotic pain medications.

SIGNS OF CONSTIPATION

Common symptoms are straining, bloating or fullness, hard lumpy stools, abdominal pain and rectal pain. Severe constipation can cause abdominal pain, loss of appetite, nausea and vomiting

PREVENTION OF CONSTIPATION

There are several things you can do, including:

- Drink plenty of water. 8-ounces of water per hour per day is recommended.
- Eat fiber-rich foods. Foods rich in fiber include whole grains, fruits, vegetables, beans and legumes.
- Stay active and walk around the house as much as you can.
- Purchase a stool softener and laxative at your local pharmacy before surgery.
- Take a stool softener and/or laxative daily while taking opioid-based pain medications.

URINARY TRACT INFECTIONS (UTI)

Urinary tract infections may occur in some patients after surgery. Catheters are typically no longer utilized to minimize this risk. UTIs should be treated promptly especially if you have a recent joint replacement. Please call your primary care physician as soon as possible.

AVOIDING POTENTIAL COMPLICATIONS (continued)

SIGNS OF UTI

- Pain or burning while urinating
- Frequent urination
- Feeling the need to urinate despite having an empty bladder
- Cloudy or bloody urine
- Pressure or cramping in the groin or lower abdomen
- Fever (101 degrees F or higher)

PREVENTION OF UTI

Practicing good personal hygiene habits can help prevent UTIs:

- Stay well hydrated and urinate regularly.
- For women, always wipe front to back.
- Take showers instead of baths.
- Minimize douching, sprays or powders in the genital area.

WHEN TO SEEK MEDICAL CARE

If you have any concerning symptoms for the complications listed above it is best to avoid the emergency room and call your primary care physician or surgeon first for guidance and treatment.

FAQs AND OTHER IMPORTANT INFORMATION

How long does the surgery take?

A knee replacement takes about 1 hour and a hip replacement takes about 1.5 hours but the entire perioperative process can take about 4 hours.

Will I have any side effects from anesthesia?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to the anesthesia you received. This is less frequent today because of improved anesthetic agents and techniques, but these side effects can continue to occur for some patients. Medications to treat nausea and vomiting will be provided if needed.

How long will I be in the hospital?

Patients stay 1 night and go home the next day. Many patients can go home the same day of surgery depending on their health and support at home.

How soon after my surgery will I be walking?

Every patient will get up and walk on the same day of surgery, under the guidance of a member of the clinical team. You may use an assistive device (such as a walker) initially for balance.

FAQs AND OTHER IMPORTANT INFORMATION (continued)

How long will I need a support coach?

If possible, we recommend that your support coach stay with you for the first 1-3 weeks after surgery. You can even have several support coaches lined up to take turns. Remember it is always better to have too much help than not enough.

How long is the recovery?

Recovery time varies amongst patients. Typically, the first 2-3 weeks are the most challenging. It is important to plan ahead and have support in place. By 6 weeks after surgery, most patients are feeling much better. By 3 months, most patients are 90% recovered. The last 10% can take up to a year.

When can I get my incision wet?

Once the bandage from the surgery is removed at your first post-op appointment, you may leave your incision open to air. You may take quick showers and let soap and water run over your incision. No soaking in a bath, pool or hot tub until at least 4 weeks post surgery.

When will I start physical therapy and for how long?

You will walk the same day of surgery. The physical therapists will work with you while in the hospital or surgery center. After you go home, you will continue walking with the walker and perform simple range of motion exercises at home for the first week. Patients undergoing a total hip replacement can typically have an excellent recovery with home based therapy. Recommended exercises to perform at home can be found here (<https://hipkneeinfo.org/general/hip-exercises/>).

For patient undergoing total knee arthroplasty, physical therapy is typically scheduled 2 weeks after surgery. You will be given a prescription to set up your first PT appointment at the preoperative visit, so that you can have everything scheduled in advance. Most patients will need PT for 6-12 weeks.

When can I drive?

There are two important things to keep in mind when determining if you are fit to drive. First, you must not be under the influence of narcotic pain medication. Second, you must feel comfortable with your reaction time and ability to properly apply the brake. We recommend practicing in an empty parking lot with a family member first. Most patients are able to return to driving at 2 to 4 weeks. ²

When can I travel?

We prefer patients wait at least 6 weeks before traveling on long trips. Being seated for an hour or more (in a car or on a flight) after surgery increases your risk of developing a blood clot. If you do travel, be sure to keep your leg moving and take frequent walking breaks from sitting.

FAQs AND OTHER IMPORTANT INFORMATION (continued)

Will my new joint set off the metal detector?

Your prosthesis could set off metal detectors. The TSA security machine will light up and the security personnel may ask you to step aside for additional screening, with the wand detector or a pat down. If this happens, you should inform the security personnel that you have a hip or knee replacement. These procedures are very common. We recommend allowing extra time for security when traveling.

What is my new HIP made of?

The primary metal of the hip prosthesis is titanium alloy. The hip prosthesis consists of a metal acetabular shell (hip socket) and a metal femoral stem (thigh bone). A polyethylene liner, made of durable plastic, then goes in the metal shell. A ceramic or metal femoral head goes on top of the stem. The femoral head fits within the polyethylene liner, recreating the ball and socket joint. All the components are machine processed under highly scrutinized conditions, sterilely packaged, and sized to the patient's anatomy to ensure a proper fit.

What is my new KNEE made of?

The primary metals of the knee prosthesis are cobalt and chromium for the femur (thigh bone) and titanium for the tibia (shin bone).

In between the two metal components of the knee prosthesis is a polyethylene liner – a durable plastic. The under-surface of the patella (kneecap) is sometimes resurfaced with a polyethylene button. All the components are machine processed under highly scrutinized conditions, sterilely packaged, and sized to the patient's anatomy to ensure a proper fit.

** METAL ALLERGIES - HIP AND KNEE **

If you have a known metal allergy, please let your surgeon know. There are alternative materials that can be used for your new joint.

When can I have dental work done?

No dental work is recommended for the first 3 months after surgery. There are bacteria in the mouth which could potentially cause a joint infection. If you anticipate needing dental work, please take care of it before your joint replacement. Some physicians recommend antibiotics before dental procedures after joint replacement surgery. Current evidence shows no reduction in infections with prophylactic antibiotics.¹

Is it normal to have numbness around my incision?

Numbness around the incision site is very common after surgery. This is caused by the superficial nerves that run just beneath the skin where the incision is made. The sensation does often return but may take up to one year. Typically the incision for a hip replacement is over the side of the hip towards the front of the body, and it is normal to have numbness over the outside of the thigh. The incision for a knee replacement is over the front of the knee, and it is normal to have numbness on the outside of the knee.

FAQs AND OTHER IMPORTANT INFORMATION (continued)

Will my new hip or knee feel different?

Yes, your new joint replacement will feel different and it will take some time to adjust to the new sensation. You will have some decreased sensation in the skin around the incision, especially the lateral (outside) aspect of the knee following knee replacement. It is normal to feel some stiffness with excessive activity. You may notice occasional soft clicking or clunking with some activities. Kneeling with a knee replacement will be uncomfortable, but is not harmful. There are exercises you may perform to improve your ability to kneel.

Week 1: Kneel 10 minutes a day on the couch/sofa

Week 2: Kneel 10 minutes a day on a sofa cushion on the floor

Week 3: Kneel 10 minutes a day on a thin pillow on the floor or alternatively on a plush carpet

Week 4: Kneel 10 minutes a day on a thin carpet or rug

Week 5: Kneel 10 minutes a day on the floor

Will my leg be straighter or longer after surgery?

For knee replacements, one of the goals is to return your knee to an optimal alignment so that your knee replacement will not wear unevenly. Knee replacements do not change limb length.

For hip replacements, the goal is to restore the normal anatomy while providing stability. In the majority of cases, your leg length can be restored. However, in certain cases, priority must be given to safety and or hip stability, which may result in a leg length discrepancy.

What pain medications will I be taking after surgery?

We use a multi-modal pain management approach to keep you as comfortable as possible after surgery. Remember that pain is to be expected after a joint replacement. Most patients have adequate pain control with baseline medication and only use the additional medications when they have breakthrough pain that occurs with activities such as walking and physical therapy. It is best to minimize the use of narcotics.

For additional information about your postoperative medications please refer to your surgery medication list, which you will be given at your preoperative appointment.

Are there any activity modifications with my new joint?

A joint replacement is like a new tire on a car. Certain higher impact activities are thought to lead to accelerated wear of the plastic liner. These include running and jumping. Newer plastic liner technologies have continued to improve their durability. Whether higher impact activities result in clinically relevant wear is yet to be seen. Alternative activities that are encouraged include swimming, walking, hiking, cycling, elliptical, rowing, etc. Talk to your surgeon if you have further questions.

FAQs AND OTHER IMPORTANT INFORMATION (continued)

When can I return to work?

The length of time off work depends on your occupation, the type of surgery you had, how easy it is for you to travel to work, and the speed of your recovery. Generally speaking, we require patients to be off any narcotic pain medications before returning to work. Check with your HR department to determine whether you will need to file disability paperwork for your time off. We require 7–10 business days to process disability paperwork and there is a small fee for this service.

How long will my new hip or knee last?

We do not really know the answer to this, but much of the data we currently have show implants lasting >20 years for previous generation implants. As technology has continued to improve, it is possible these implants will last beyond our lifetime.

CITATIONS

1. American Academy of Orthopaedic Surgeons; American Association of Hip and Knee Surgeons. The prevention of total hip and knee arthroplasty periprosthetic joint infection in patients undergoing dental procedures: Evidence-based clinical practice guideline. Published November 18, 2024. Accessed December 17, 2025. <https://www.aaos.org/globalassets/quality-and-practice-resources/dental/dental-2024/prevention-of-total-hip-and-knee-arthroplasty-pji-in-patients-undergoing-dental-procedures-cpg.pdf>
2. The journal of Bone and Joint Surgery. Factors That Influence Returning to Driving Following Primary Total Knee Arthroplasty; A Prospective Investigation Published May 7, 2025. Accessed December 18, 2025. https://journals.lww.com/jbjsjournal/abstract/2025/05070/factors_that_influence_returning_to_driving.8.aspx