Your Total Joint Replacement FAQs



How will I manage my pain after surgery?

- You will use multiple modalities to address your pain, including pharmacologic and nonpharmacologic strategies (medications, ice, elevation, etc). It is our goal to keep you as comfortable as possible. However, it is realistic to anticipate that you will still have some degree of pain or discomfort in the first days to weeks after surgery.
- Your post operative medications will be selected based on your personal medical history, but typically consist of acetaminophen, a prescription strength anti-inflammatory, and narcotic medications for moderate and severe pain. A detailed description of these medications and instructions for use will be provided at the time of your discharge.
- Please keep in mind that refills of pain medication are authorized during office hours only. As outlined and agreed upon in our pain contract, you will not be prescribed narcotics beyond 6 weeks from the date of surgery.

When will I receive my prescriptions?

- Your post op medications will be sent directly to your pharmacy. If you are staying overnight in the hospital, these medications will be sent to your pharmacy on the day of your surgery. If you are going home the same day as surgery, these medications are typically sent in 1-2 days prior to your surgery date.
- In addition to the medications for pain, you will also receive a medication to help prevent blood clots, a medication to help with nausea, and a stool softener. I would also recommend

purchasing Tylenol at the pharmacy when you pick up your prescriptions.

Which blood thinner will I take after surgery? How long will I need to take the blood thinner?

- Everyone will be prescribed a medication to help prevent blood clots. It is important that you take this medication for the first 30 days following surgery regardless of your activity level.
- Most likely, you will be prescribed aspirin 81 mg to take twice daily. If you already take a daily aspirin as recommended by your primary care doctor or cardiologist, you can return to once daily dosing after 30 days.
- Depending on your medical history, you may be prescribed Eliquis instead of aspirin.
- If you already take a blood thinner such as warfarin, Eliquis or Xarelto, you will be given instructions on how to resume these medications.

How do I take care of my surgical incision? When can I shower?

- Most incisions are closed with absorbable sutures and skin adhesive. You will be discharged with a waterproof dressing covering the incision. You may shower with this dressing.
- You should remove the waterproof dressing 7-10 days after your surgery. If you have no drainage after removal of your dressing, you may continue to shower. If you have any drainage from the incision, please contact our office prior to showering.
- Once the waterproof dressing has been removed, you may leave the incision open to air. If you

prefer to cover the incision with another dressing, we recommend PRIMAPORE dressings, which you can purchase on Amazon. The 8in x 4in size works for most incisions. This will need to be removed when you shower and then replaced at least daily.

• Do not submerge the incision and do not apply any creams or ointments directly over the incision for the first 6 weeks following surgery. This means no pools, hot tubs, antibiotic ointment or scar creams for 6 weeks.

How active will I be after surgery?

 You will be up and walking the day of surgery with physical therapy. Walk each day and set progressive goals with small increments. We will encourage you to progress activities in moderation and at your own pace.

Will I need help at home?

- Although you will be well on your way to recovery when you leave the hospital, you will need someone to assist you with meal preparation, dressing, etc. for the first week or two.
- You should have a caregiver available 24 hours a day for the first week following surgery. It is fine for family members to work during the day, as long as they are available by phone.
- Planning ahead makes coming home from the hospital a much easier transition.

When can I drive?

- You may return to driving once you have stopped taking all narcotic pain medications and are able to apply the brakes without hesitation, such as in emergency braking.
- This is normally 2-4 weeks for left sided joint replacements and 2-6 weeks for right-sided joint replacements.

When can I go back to the dentist?

• We ask that you refrain from any dental appointments, including routine dental cleanings, for the first 3 months following your joint replacement surgery. After 3 months and within 2 years of your surgery, you will need to take an antibiotic prior to any dental procedures or cleanings. Please inform us 48 hours prior to your dental appointment and we will send in the antibiotic to your pharmacy.

Will I need an implant card at the airport?

- No. ID cards aren't used much anymore. They
 don't save you any time and they aren't helpful to
 TSA or security. Most joint replacements do not
 set off metal detectors. If the detector is set off,
 just tell the security officer you have a joint
 replacement.
- However, you may be asked to provide information about your implant if you need an MRI in the future. Generally, our implants are MRI compatible. However, specific implant information is contained in your Op Note, which you can access through your MyChart portal. I recommend having a copy handy in case you need an emergent MRI.

How long will my surgery take?

- On average, total joint replacement takes approximately 1-1.5 hours. The entire process, including pre-op and post-op care can last 4-5 hours
- Dr. Robertson will call your family member with an update once your surgery is over.

When will I go home after surgery?

- If you are having surgery at OrthoVirginia's surgery center, or if you are "fast track" at the hospital, you will go home several hours after surgery once cleared by physical therapy.
- If you discussed staying overnight at the hospital, the normal length of stay is 1 night. You will start physical therapy the day of your surgery. The hospital's case manager and nursing staff with work with you and Dr. Robertson regarding discharge home.

What are the major risks of surgery?

- All surgeries have a certain amount of risk. We want to make sure to keep you as safe and healthy as possible throughout this process.
- There is risk of infection, bleeding, damage to nearby nerves or vessels, fracture, and the possible need for further surgery in the future.
 There are risks of anesthesia, including heart attack, stroke, pulmonary embolism (a clot going from the legs to the lungs), and even death with surgery.
- Antibiotics will be given to you in the hospital at the time of your procedure. To further minimize the risk of infection, we have streamlined the surgical procedure to take less time in the operating room.