



Thank you for choosing Orozco Orthopaedics. Now that surgery is over it is time to focus on YOUR recovery. Remember everyone recovers at their own pace, but everyone will have similar questions and concerns.

Joint replacement is an ACTIVE recovery. It requires you the patient to ice and elevate, manage your pain, and perform exercises multiple times throughout the day.

During the first 24-48 hours your focus should be on resting, drinking plenty of fluids, and elevating the surgical leg above the level of the heart. You should try to get up and walk hourly to stretch your legs to keep the blood moving and help avoid stiffness pain.

SWELLING. It is not uncommon to see swelling increase during the first week after surgery. This swelling may travel the entire length of the leg even down to your ankle and toes. It can create pressure and cause discomfort. It is not uncommon to feel like the leg is three times its normal size. The best treatment for swelling is elevating the leg above the level of the heart for 20-22 hours a day for the first 5-7 days. Do not allow the leg to dangle. Pretty much the only time you are not elevating is during exercises and personal hygiene. Patients may use thigh high compression stocking to help decrease swelling. Ice should be applied to the incision for 20 minutes on and 20-40 minutes off throughout the day. Ice should never be applied directly to the skin. Always use a barrier like a washcloth or clothing. Some patients find it comfortable to use an ace wrap to secure the ice pack to their knee. It is recommended to have multiple ice packs you can change out throughout the day. Ice Machines are not recommended due to their complexity of wires and tubes that can create trip hazards and cause leaks if not properly connected.

BRUISING. Like swelling, many patients will experience bruising. Some people are more prone to bruising and may find their entire leg is black and blue. Bruising usually does not show up immediately and may take a few days to be noticeable. Once it is seen it is usually found in areas that are dependent to the surgical site. This may include the back of the thigh and down the leg in the calf and ankle due to gravity. Since there is blood in the tissues, these areas will feel sore and tender but will improve as the bruising fades and improves. Do not be alarmed, this is expected.

BLEEDING. Joint replacement surgery has come a long way, but it still requires an incision large enough to accomplish the goal to restore alignment and prosthesis placement. Therefore, there is going to be an incision over a moving joint. You will have an Aquacell™ dressing or similar that can be left in place for 7 DAYS. It is water 'resistant' and you may shower while wearing it. However, there are times when some drainage may appear on the dressing. This is usually caused by seepage of fluid through the incision with bending the joint. These dressing can hold only a very small amount of fluid and it may look like more than it is. If the drainage goes past the edges or becomes boggy "filled with fluid like a balloon, it is ok to remove the dressing, clean the incision with soap and water and apply a gauze dressing with an ace wrap to create a compression dressing. It is recommended to keep the leg elevated and decrease movement until the oozing seems to slow and the body creates a seal. For hips, patients can wear compression shorts (bike shorts, spandex shorts) to help with compression.

DRESSING. On the seventh day post op, you may remove your dressings. The incision may be washed with soap and water and do not require a new dressing unless there is oozing which case, you can cover with a nonadherent dressing, gauze and tape or a wrap. Otherwise it is best to leave the incision open to air. You do not need to apply any creams or lotions to the incision itself, but you may apply lotions to your skin if it is dry



and itchy. You may find that your small pin site incisions, these are treated in the same manner. However, if you notice any suture material poking out, they will dissolve in about 4-6 weeks.

FEVER. It is not uncommon to spike low grade temperatures that seem appear in the evening. Most fevers are caused by dehydration and after surgery. It is recommended to drink eight 8-ounce glasses of water a day. Your urine should be a pale yellow, almost clear. If you are used to drinking coffee or other caffeinated beverage, please be aware so as you may develop caffeine withdrawal headaches if you are not drinking your normal cup of joe. You may try acetaminophen **TYLENOL™** to help with any headaches or temperatures that occur.

Exercises and Activity. Joint replacement surgery requires active participation by you! You must adhere to your daily exercise program to aid in your recovery. You should aim to perform your home exercises every day for 15 minutes about 3 times a day. Dr. Orozco recommends the Patient Controlled Motion Device that was designed by two licensed physical therapists to meet your range of motion goals for flexion and extension. This device can be purchased on our website at www.OrozcoOrtho.com. Patients are also encouraged to walk daily to help strengthen the muscles of the upper thigh. Try to do the harder exercises first then the easier ones. We know you won't be able to complete them all and may have difficulty with many of them at first, but it will get easier. However, remember more is not always better. During your first postoperative visit, our team will determine how your progress is going and decide if you need a little extra help and will order formal therapy for you. Today most patients can complete their own rehabilitation without formal therapy due to the newer surgical techniques that do not cut the muscles or tendons and the use of simple devices like the Knee Glide.

PAIN. With surgery there will be pain. However, no two people experience pain the same and you will not experience pain the same even if you had the same surgery before. Ice, elevation, rest, exercise, breathing exercises, and distraction (reading, TV, Netflix™) are the best natural pain relievers. We will prescribe you pain relievers to help ease your pain, but they will not make you pain free. Pain medications can cause an array of side effects so they should be used with caution and care. Do not take more than you need to be comfortable.

PERSONAL CARE. Patients can shower when they feel safe to do so after surgery. Do not submerge in a tub bath for 4-6 weeks, or until your incision is healed. Try to eat a well-balanced diet, but avoid added salt, as salt can result in retaining more fluid. After surgery, most patients will find it hard to eat due to lack of appetite. This is due to the normal healing process and side effects of medications. It will pass with time, but it is still important to eat and drink to heal. Try to eat small meals or try a protein shake. Constipation can and does occur despite the best measures. It is best to try over the counter remedies like Milk of Magnesia, Magnesium Citrate (green bottle may have had for colonoscopy prep), Dulcolax™ suppositories, or Fleets™ enema if needed. Remember that after surgery your bowel movements are not going to be normal as you are also not eating like you were. What goes in, is what comes out.

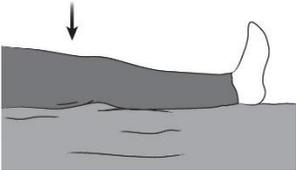
FOLLOWUP. Please refer to your original paperwork for your first postop appointment that is typically scheduled about two weeks from now. Sutures are dissolvable and do not require removal. Rarely staples will be used and will be removed at your first postoperative appointment.

If you have any question, please do not hesitate to reach out to us through your patient portal or by calling us at **609-300-7779**. Please find our comprehensive education packet on our website at www.OrozcoOrtho.com for a in-depth overview of your recovery, information on disability forms, travel, dental care, and a detailed description of home exercises.

Early Postoperative Exercises

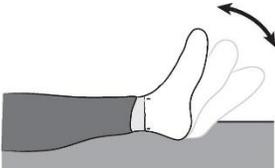
The following exercises will help increase circulation to your legs and feet, which is important for preventing blood clots. They will also help strengthen your muscles and improve knee and hip movements. Continue each until your muscles feel fatigued. They will be hard at first and that is OK.

Quadriceps Sets



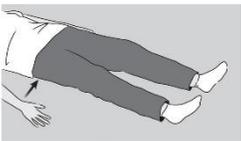
Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Repeat this exercise approximately 10 times during a two-minute period, rest one minute, and then repeat. Continue until your thigh feels fatigued.

Ankle Pumps



Move your foot up and down rhythmically by contracting your calf and shin muscles. Perform this exercise for 2 to 3 minutes, 2 or 3 times an hour in the recovery room.

Buttock Contractions.



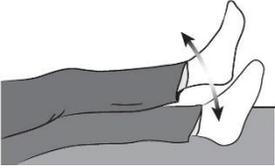
Tighten your buttock muscles and hold to a count of 5.



Knee Straightening Exercises

Place a small rolled towel just above your heel so that your heel is not touching the bed. Tighten your thigh. Try to fully straighten your knee and to touch the back of your knee to the bed. Hold fully straightened for 5 to 10 seconds. Repeat until your thigh feels fatigued.

Straight Leg Raises



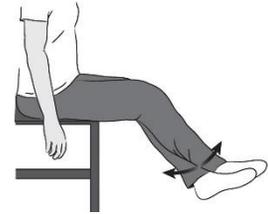
Tighten your thigh muscle with your knee fully straightened on the bed, as with the quadriceps set above. Lift your leg several inches. Hold for 5 to 10 seconds. Slowly lower. Repeat until your thigh feels fatigued.

Bed-Supported Knee Bends



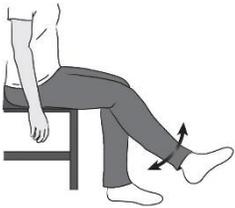
Slide your foot toward your buttocks, bending your knee and keeping your heel on the bed. Hold your knee in a maximally bent position for 5 to 10 seconds and then straighten. Repeat several times until your leg feels fatigued or until you can completely bend your knee.

Sitting Supported Knee Bends



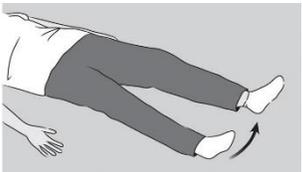
While sitting at your bedside or in a chair with your thigh supported, place your foot behind the heel of your operated knee for support. Slowly bend your knee as far as you can. Hold your knee in this position for 5 to 10 seconds.

Repeat several times until your leg feels fatigued or until you can completely bend your knee.



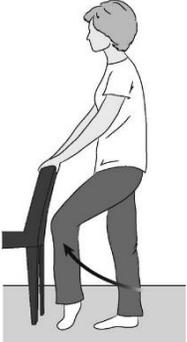
Sitting Unsupported Knee Bends

While sitting at bedside or in a chair with your thigh supported, bend your knee as far as you can until your footrests on the floor. With your foot lightly resting on the floor, slide your upper body forward in the chair to increase your knee bend. Hold for 5 to 10 seconds. Straighten your knee fully.



Abduction Exercise

Slide your leg out to the side as far as you can and then back.



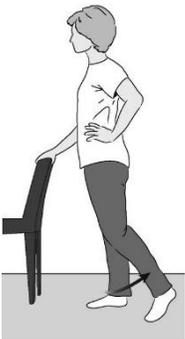
Standing Knee Raises

Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts and put your leg down.



Standing Hip Abduction

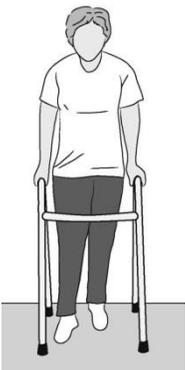
Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side. Slowly lower your leg so your foot is back on the floor.



Standing Hip Extensions

Lift your operated leg backward slowly.

Try to keep your back straight. Hold for 2 or 3 counts. Return your foot to the floor.



Walking

Walk with a cane until you have regained your balance skills. In the beginning, walk for 5 or 10 minutes, 3 or 4 times a day. As your strength and endurance improve, you can walk for 20 to 30 minutes, 2 or 3 times a day. Once you have fully recovered, regular walks of 20 to 30 minutes, 3 or 4 times a week, will help maintain your strength

Early on, walking will help you regain movement in your hip and knees .