



DISCHARGE CARE PLAN FOR HIP OR KNEE REPLACEMENT

Personal Hygiene

- Keep your incision dry until 2 days after your sutures or staples are removed.
- Shower or basin bath only. Do not soak incision in a tub or bath water.
- If your incision is well healed, it is not necessary to wear a dressing on it.

Elimination

- Adequate voiding – observe color, smell, pain, burning.
- Bowel movements – passing gas, soft stools, constipation.

Nutrition

- 8 glasses of water a day.
- Following your surgery, you may return to a regular diet.
- Eat plenty of fresh fruit, vegetables and whole wheat to prevent constipation.

Mobility

- Use your walker/crutches as instructed by your physiotherapist.
- Keep affected leg elevated and straight as often as possible to reduce swelling.
- Your balance may be shaky for a while. Therefore use handrails on stairs, wear low-heeled shoes, and be sure floors are free of throw rugs, electrical cords, etc.
- When riding as a passenger in a vehicle, stop frequently and walk around for several minutes to increase the circulation in your leg.
- Refer to physiotherapy handout.
- Refrain from strenuous work or activity.
- Your surgeon will let you know when you can begin to drive a vehicle again, usually 4-6 weeks after surgery.
- Remain off work until your surgeon states the date of your return to work.

Medications

- Following your surgery, you will experience varying degrees of pain, which should begin to decrease every day.
- Your surgeon will suggest medication for you to use for pain control. Take as directed.
- Unless you are told otherwise, you should resume taking any medication you were on prior to your hospitalization (take as directed by your physician/pharmacist).
- If you have any questions or concerns about your medication, please contact your Family Physician.

Treatments and Procedures

- Apply ice packs 3-4 times per day for 20 minute periods to reduce swelling and discomfort.

Call your Surgeon if you develop any of the following (if office closed go to the ER):

- An increase in pain that is not relieved by rest and pain medication.
- An increase in numbness and/or weakness.
- Redness, swelling or discharge along the incision line.
- Fever and/or chills.
- Persistent swelling of the foot, the ankle, or the calf that does not go away with elevation of the leg.

Prevention and Management of a Deep Vein Thrombosis (DVT)

- At the Pre-op Education visit one month prior to your surgery you were provided with a handout and explanation about a medication which prevents the formation of a blood clot (DVT) in the lower extremities.
- This medication has been provided to you during your hospital stay. Continue to take this medication as prescribed by your Surgeon.
- Even though you are taking a medication to prevent a DVT it is important to know the signs of a DVT or a pulmonary embolus (PE) (a serious consequence of a DVT).
 - DVT – calf is painful and feels warm to touch.
 - PE – shortness of breath, a racing heart, chest pain when you take a deep breath or cough, coughing up blood.
 - If any of these signs occur seek medical attention immediately.

Additional Information:

- Inform all dentists and physicians that you have had a joint replacement. It may be necessary to prescribe antibiotics prior to any procedure to prevent infection.
- If you develop any type of infection (i.e. bladder infection), seek medical attention immediately to prevent infection spreading to your prosthesis.
- Contact your Physician if you experience any sharp pain, clicking or popping sounds in the affected joint.
- Your prosthesis may activate metal detectors.

If you have any questions or concerns about the information contained in this "Discharge Care Plan", call back to this surgery unit for clarification.

Patient signature _____

SIGNING THIS FORM VERIFIES THAT I UNDERSTAND THE INFORMATION AS PRESENTED

Nurse signature _____

PATIENT TO MAKE A FOLLOWUP APPOINTMENT WITH DR _____
FOR _____ WEEKS FROM NOW.

Physician Phone Number _____ Physician Address _____