MIDWEST ORTHOPAEDICS AT RUSH

Your Joint Replacement Journey

A step-by-step guide to preparing for surgery, your hospital stay, and your recovery at home.

Robert A. Burnett III, MD
Orthopaedic Adult Reconstruction Surgeon
(630) 339-2238 • robburnettmd.com

Welcome — Thank You for Choosing Us

Thank you for choosing Dr. Burnett and our team to partner with you for a successful surgery. We know that deciding to have joint replacement surgery is a big step, and we are honored by the trust you have placed in us.

This booklet is your companion from today through your full recovery. It brings together everything you need to know in one place: how to prepare your body and your home, what will happen on the day of surgery, how to care for yourself in the first days and weeks afterward, and answers to the questions patients ask us most.

How to use this guide

- **Read it through once** soon after your surgery date is scheduled, so nothing surprises you.
- **Bring it to your appointments** — including your pre-operative clearance visit and your pre-surgery phone call with our team.
- **Use the notes pages** (on every other page) to write down questions, instructions, and reminders. There are no silly questions — if something is on your mind, write it down and ask us.
- **Share it with your family** or whoever will be helping you at home. Recovery goes best as a team effort.

> **Our promise:** From your first visit through your last follow-up, you will be cared for by the same team, with the same uncompromising standard.

If anything in this booklet conflicts with instructions you receive directly from Dr. Burnett or our team, **always follow the direct instructions** — they are tailored to you.





Robert A. Burnett III, MD

MY NOTES

About Dr. Burnett & Our Practice

Robert A. Burnett III, MD



Dr. Burnett is a fellowship-trained orthopaedic surgeon specializing in hip and knee replacement at **Midwest Orthopaedics at Rush** in Chicago. Fellowship training means he completed an additional year devoted entirely to the comprehensive care of patients who need hip and knee replacements.

What he specializes in

- **Anterior hip replacement** — operating from the front of the hip without cutting major muscles, for faster recovery
- **Partial and total knee replacement** — using minimally invasive, ligament-sparing, muscle-sparing techniques
- **Revision hip and knee replacement** — complex repeat operations when a previous implant needs attention

Our philosophy

Our philosophy is simple: uncompromising quality of care in every aspect — from scheduling your appointment and your first consultation through every follow-up visit. We use the most up-to-date evidence to drive our decisions, and we continually work to improve your experience as a patient.

Your surgical team

Dr. Burnett is assisted in surgery by a team of trained professionals, which may include joint reconstruction fellows, orthopaedic residents, or physician assistants. At Rush University Medical Center — a teaching hospital — resident physicians, fellows, and medical students may also be involved in your care from admission through discharge. **Dr. Burnett performs all critical portions of your case.** Having trainees present in a case not only helps raise awareness throughout the case but teaching allows for the continued advancement of knowledge surrounding hip and knee replacements. Trainee involvement is to your benefit!

Where we see patients

- **Westchester** — 2450 S. Wolf Road, Westchester, IL 60154
- **Naperville** — 55 Shuman Blvd, Suite 700, Naperville, IL 60563
- **Joliet** — 963 N. 129th Infantry Dr, Joliet, IL 60435
- **Chicago** — Midwest Orthopaedics at Rush, 1611 W. Harrison St, Chicago, IL 60612

The Surgeries We Perform

Joint replacement surgery replaces worn, arthritic joint surfaces with artificial parts made of metal, ceramic, and medical-grade plastic. The new surfaces glide smoothly, which relieves pain and restores movement. The pages that follow describe each procedure Dr. Burnett performs.

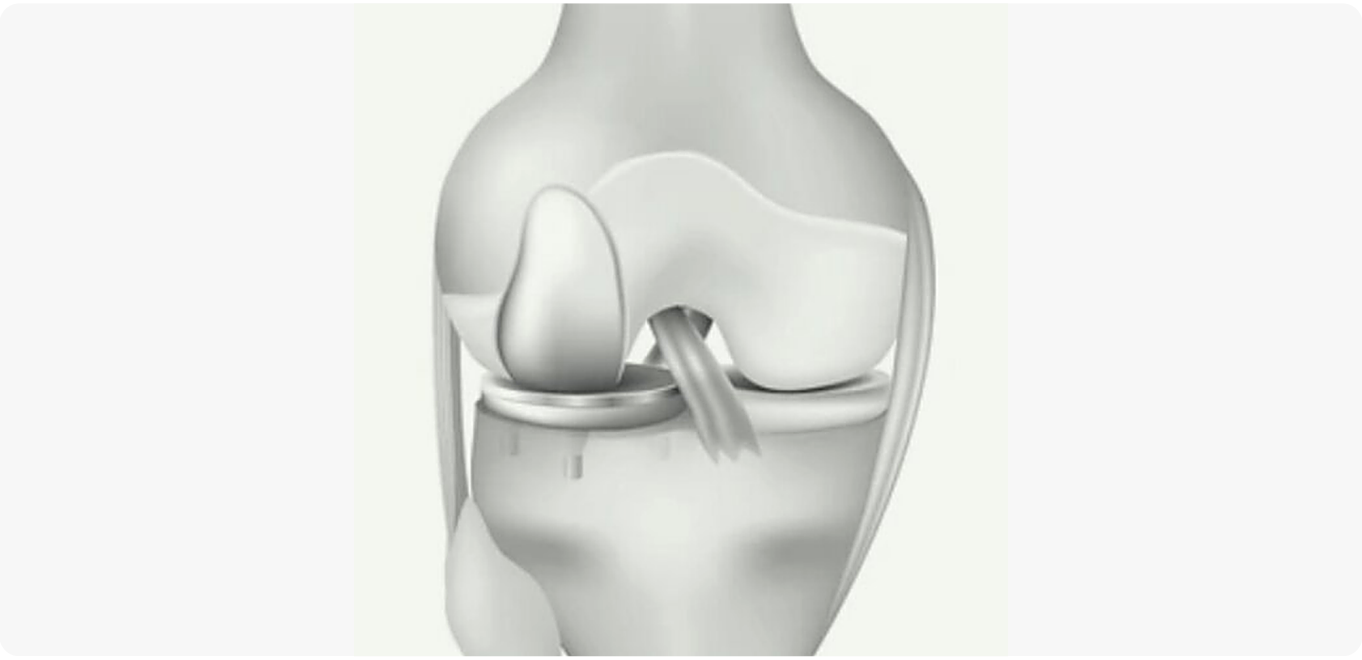
> **What they have in common:** Every procedure below is done with the same goals — less pain, better movement, and a faster return to the life you enjoy — using modern implants and techniques chosen for durability.

- **Partial knee replacement** — resurfaces only the worn portion of the knee; preserves healthy bone, cartilage, and ligaments.
- **Total knee replacement** — resurfaces the entire knee joint: thigh bone, shin bone, and usually the kneecap.
- **Total hip replacement** — replaces the ball-and-socket joint, most often through an anterior (front) approach that spares major muscles.
- **Revision hip & knee replacement** — a repeat operation that exchanges some or all of the components of a previous joint replacement.

Most patients walk with assistance the day of surgery and go home the same day or after one night in the hospital. Full recovery continues over weeks to months with physical therapy — and most patients experience dramatic relief of their arthritic pain.

MY NOTES

Partial Knee Replacement



A partial knee replacement resurfaces **only the worn-out portion** of your knee — most often the inner (medial) compartment — while preserving the healthy cartilage, bone, and ligaments in the rest of the joint. It is done through a smaller incision than a total knee replacement.

Why patients choose it

- More of your natural knee is left intact, so the knee often **feels more natural**
- Recovery is typically **faster**, with excellent range of motion
- Less bone is removed, which can make any future surgery simpler

Is it right for you?

This option is only appropriate when arthritis is **confined to one compartment** of the knee and the ligaments are healthy. Dr. Burnett will determine this from your examination and X-rays. If arthritis affects the whole joint, a total knee replacement is the better choice.

Total Knee Replacement



A total knee replacement resurfaces the **entire knee joint**: the damaged cartilage and bone at the end of the thigh bone, the top of the shin bone, and usually the underside of the kneecap are replaced with metal and plastic components that recreate the smooth gliding surfaces of a healthy knee.

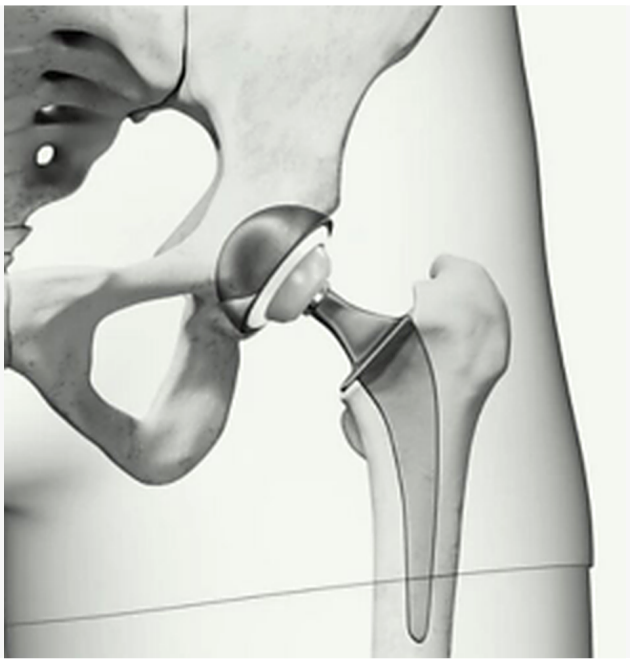
Dr. Burnett performs a **minimally invasive approach** that is ligament-sparing and muscle-sparing to allow for faster recovery. The operation typically takes 1–2 hours.

What to expect

- Most patients walk with assistance the **day of surgery**
- Go home the same day or after one night
- Physical therapy over several weeks to months restores motion and strength
- The vast majority of patients experience **dramatic relief** of arthritic knee pain

MY NOTES

Total Hip Replacement



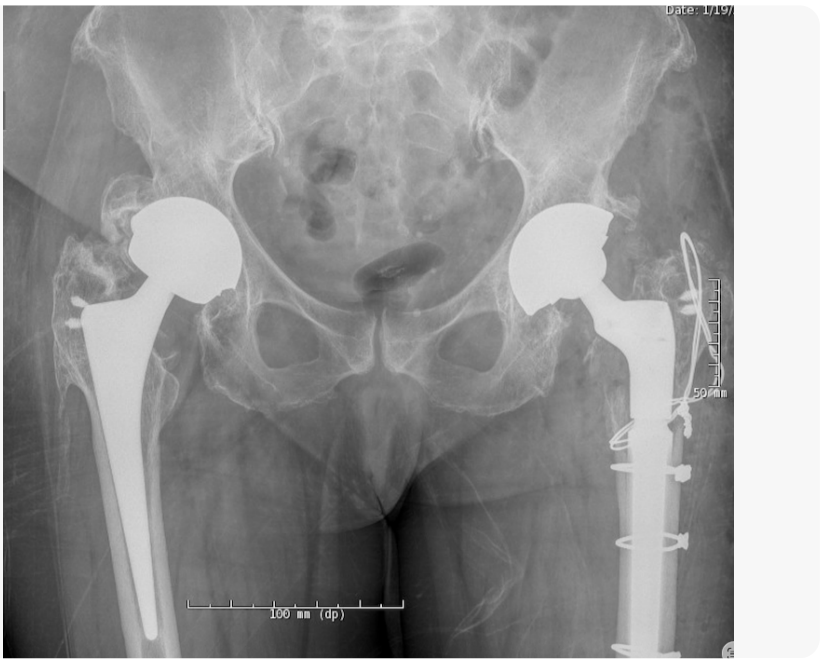
A total hip replacement replaces the damaged **ball-and-socket joint**: the worn femoral head (the "ball") is replaced with a metal or ceramic ball on a stem secured in the thigh bone, and the damaged socket is resurfaced with a cup that lets the new ball glide smoothly.

Dr. Burnett typically performs an **anterior approach** — operating from the front of the hip **without cutting major muscles** — to allow for faster recovery. The operation typically takes 1–2 hours.

What to expect

- Most patients walk with assistance the **same day**
- Go home the same day or after one night
- Unlike the posterior approach, the anterior approach has **no major movement restrictions** — just avoid extreme positions and stretching for 6 weeks
- Physical therapy continues over the following weeks; bone grows into the implants over 6–8 weeks, making the new hip very stable

Revision Hip & Knee Replacement



A revision replacement is a **repeat operation** on a hip or knee that has previously been replaced. Some or all of the old implant components are removed and replaced with new ones. Bone that has been lost around the old implant may need to be rebuilt, and the new components often have **longer stems** for added stability.

Why a revision may be needed

- **Loosening** of the implant over time
- **Wear** of the plastic or metal surfaces
- **Infection** around the joint
- **Instability** or fracture around the implant

Revision surgery is more complex than a first-time replacement and is planned carefully to your specific situation — for example, exchanging only the plastic liner ("poly swap") versus replacing multiple components. Dr. Burnett will explain exactly what your revision involves before surgery.

MY NOTES

Getting Cleared for Surgery

Medical clearance is required from a primary care provider **within 30 days of your surgery date**. Please call to schedule this appointment with the **Rush Pre-Op Clinic: 888-352-7874**.

Rush Hinsdale
32 East 1st St, Hinsdale, IL 60521
Phone: (630) 724-1790

Rush Chicago Pre-Op Clinic
1725 W Harrison St, Suite 155, Chicago, IL 60612
Phone: (312) 942-4300

Rush Oak Brook
2011 York Rd, 2nd Floor, Oak Brook, IL 60523
Phone: (630) 724-1300

Please note: Pre-operative clearance must be received by Dr. Burnett's office **at least 2 weeks prior to your surgery date** to avoid rescheduling your surgery. Dr. Burnett's office fax: **(708) 409-5179**.

Pre-Operative Testing

You are scheduled for joint replacement surgery. In order to complete pre-surgical medical optimization, the following tests are required **three weeks prior** to your surgery date. The tests below are valid for 6 months prior to your surgical date, provided they are normal.

Required Tests

- **Full history and physical exam (H&P)** — there must be a statement indicating that the patient is medically optimized and is at acceptable risk to proceed with planned surgery
- **EKG** with tracing
- **CBC** with differential
- **CMP**
- **MRSA** nasal swab

Additional Testing — Based on Your Medical History

- **Hemoglobin A1C** (if diabetic, result must be on file within the last 3 months)
- **Urinalysis** (for new onset urgency or dysuria, or history of chronic UTI)
- **PT/INR**
- **Type and screen with antibodies** (if revision surgery or Hgb is lower than 12)
- **Chest X-ray** (if medically necessary)

If you are taking blood thinners: please indicate when medications should be held. We request Xarelto/ Eliquis to be held **72 hours prior** to the planned procedure in order for the patient to receive spinal anesthesia (preferred anesthesia for joint replacement).

Specialist clearance: Dr. Burnett will inform you if additional specialist clearance is required (i.e. Cardiology, Hematology, etc.). Specialist clearance can be obtained within 6 months of your surgery date.

Pre-operative phone call: Your pre-operative phone call will be with our PA or Nurse Practitioner — they will call you approximately 1 week prior to your procedure to send in medications and answer questions you may have.

Medicines & Preparations Before Surgery

Some medicines must be stopped before surgery to reduce bleeding risk and help anesthesia go smoothly. **Your clearing physician should review all of your medicines** with you — the list below covers the most common ones.

Stop before surgery

- **NSAIDs** (ibuprofen, Advil, Aleve, naproxen, meloxicam/Mobic, Celebrex, Voltaren) — stop **3 days** before
- **Aspirin** (Bayer, Ecotrin, Anacin) — stop **7 days** before, unless your cardiologist tells you otherwise. If you take aspirin for a known cardiac problem, the cardiologist or PCP clearing you may change this schedule — and if they instruct you to take it until the day before surgery, that is permissible
- **Vitamins, herbal & dietary supplements** — stop **7 days** before (ask us if unsure; if you take one for a known medical condition, address it with the physician clearing you)
- **GLP-1 medicines** (Ozempic, Mounjaro, Trulicity, Wegovy) — stop **7 days** before
- **Blood thinners** (Coumadin, warfarin, Plavix, Xarelto, Eliquis) — ask your cardiologist or PCP exactly when to stop; Xarelto/Eliquis are typically held **72 hours** before so you can have spinal anesthesia

Germ-fighting steps

- **Mupirocin nasal ointment** — you will be given a prescription before surgery. Apply just inside your nostrils (at the tip) **once daily for 5 days** before surgery to clear bacteria from your nose.
- **Hibiclens wash** — wash the surgical area with Hibiclens (chlorhexidine) soap **once a day for the 3 days** before surgery.

> **Hold off on other procedures:** Avoid ALL medical and dental procedures — including cleanings, colonoscopies, and even tattoos or piercings — for **6 weeks before to 3 months after** your surgery date, and avoid vaccinations within a week of surgery. If something feels urgent, call us before you go.

MY NOTES

Procedures to Avoid Around Surgery

Please be aware that we advise you to **avoid ALL medical/dental procedures for 6 weeks before to 3 months after your surgical date**. Please also avoid **any vaccinations** within a week of surgery, including COVID-19 (including boosters), influenza, shingles, RSV, and pneumococcal.

Such procedures include, but are not limited to:

- Dental cleanings
- Dental procedures (crown, tooth removal, fillings, etc.)
- Colonoscopy
- Gynecological exams (including annual PAP smears, biopsies, etc.)
- Biopsy / excision
- Urological procedures (scopes, etc.)
- Body piercings
- Tattooing

If in doubt, call our office to inquire.

> **If one of these procedures cannot be rescheduled** because the performing physician or dentist feels it is urgent and cannot be done later, please contact our office so we can reschedule your surgery date.

Resuming these visits

You may resume these visits once it has been **at least 3 months after surgery**. However, following your surgery, these procedures will require that you **pre-medicate one hour prior** to the procedure with a prophylactic antibiotic, which we are happy to prescribe for you.

Preparing Your Skin Before Your Procedure

Please follow your doctor's instructions for the type of antibacterial soap to buy. Your doctor will tell you to buy a liquid soap that contains either **chlorhexidine gluconate (CHG)** or **Dial Gold antibacterial body wash**. You will need enough soap for **three** antibacterial liquid treatments (~10 oz).

Liquid Soap Brands

Walgreens Brand CHG Liquid Soap • Hibiclens CHG Liquid Soap • Bar Soap (3 bars) • Dial Gold Antibacterial Body Wash

Where to Buy

Sold over the counter at Jewel, Walgreens, CVS Pharmacy, Target, and Walmart.

Preparation schedule

- **One (1) week before:** DO NOT remove any body hair below the neck; face shaving is OK
- **Three (3) days before:** Shower or bathe with the liquid soap (CHG or Dial) once daily, for a total of three (3) liquid antibacterial soap treatments
- **24 hours before:** DO NOT apply lotion, powder, or deodorant to your body

How to wash

1. Wash your hair, face, and body with your normal shampoo/conditioner and soap. Rinse completely.
2. Step out of the shower — if you took a HOT shower or bath, allow your skin to cool down before using the liquid soap.
3. Pour a quarter-size amount onto a clean, wet washcloth.
4. Use the soap-filled washcloth to clean your entire body from the **NECK DOWN**, adding more soap when needed, rubbing in a back-and-forth motion. Clean your entire body including armpits, under breast tissue, between skin folds, and the "hair bearing areas" of the groin and between the buttocks — these areas have the most germs, and reducing bacteria helps prevent infection. **Do NOT use any soap on your head, face, or private parts, and keep soap away from eyes, ears, and mouth.**
5. Let the soap stay on the skin for **THREE (3) minutes**, then rinse off your body.
6. Notify your doctor right away if you have a skin irritation such as redness, blistering, peeling, swelling, or a rash.
7. Repeat daily for a total of THREE (3) antibacterial liquid soap treatments.
8. The morning of your procedure (after you bathe), wear fresh, clean clothes.

Mupirocin: You will be given a prescription PRIOR to surgery for MUPIROCIN, a nasal ointment to remove bacteria inside your nose. APPLY inside your nostrils (just at the tip) once daily for 5 days prior to surgery.

The Week Before Surgery

Phone calls to expect

- **About 1 week before:** Our physician assistant or nurse practitioner will call you to send in your post-surgery prescriptions and answer any questions.
- **The business day before:** The hospital or surgery center will call you **between 12pm and 5pm** with your arrival time and any last-minute details. These calls sometimes come later in the afternoon — **if you have not heard anything by 5pm, call Dr. Burnett's office at (630) 339-2238.**

Prepare your home

- Clear wide pathways — move rugs, cords, and clutter so a walker fits through easily
- Set up a recovery spot with a sturdy chair with arms, a table within reach, phone charger, and good lighting
- Stock easy meals, and place everyday items where you won't have to bend or reach
- Arrange for someone to stay with you the first few days and drive you to appointments
- If you have a walker or crutches, label them with your name and bring them with you

Prepare yourself

- Stay well hydrated for 3 days before surgery
- Sleep in clean clothes the night before, and wear clean clothes to the hospital
- Plan to take at least the first 1–2 weeks easy — recovery is a marathon, not a sprint

Your Rapid Recovery Kit

Cold therapy is part of your recovery — it helps reduce pain and swelling after surgery. Your kit depends on which joint is being replaced:

For Knee Replacement — DonJoy Cryoknee™ Kit

The Cryoknee™ Kit combines comfortable softgoods in a four-way stretch fabric for compression with cold therapy to aid in reducing pain and swelling, helping optimize recovery. **$49 out-of-pocket expense** at the time of purchase; the kit is otherwise billed to insurance. *Not covered by Medicaid.

For Hip Replacement — Your Choice of Two Units

DonJoy IceMan Classic3 — cold therapy unit that helps reduce pain and swelling and enhance rehabilitation by providing consistent, extended cold therapy. **Cost: $199**

OR Breg Polar Care Wave® — system intended to treat post-surgical and acute injuries, to reduce edema, swelling, and pain where cold and compression are indicated. **Cost: $325**

Optional upgrade for either kit: add a gel ice wrap to your ice unit. *Not covered by Medicare. **$50 self-pay.**

Where to Get Your Kit — DME Stores

Midwest Orthopaedics at Rush DME Store hours of operation: **Monday–Friday, 8:00am–5:00pm**.

Chicago
1611 W Harrison St, Suite 103, Chicago, IL
(312) 432-2482

Westchester
2450 S Wolf Road, Suite G, Westchester, IL
(708) 273-8426

Oak Park
610 S Maple Ave, Suite 1550, Oak Park, IL
(312) 432-2550

Munster
9200 Calumet Ave, Suite S300, Munster, IN
(708) 492-5450

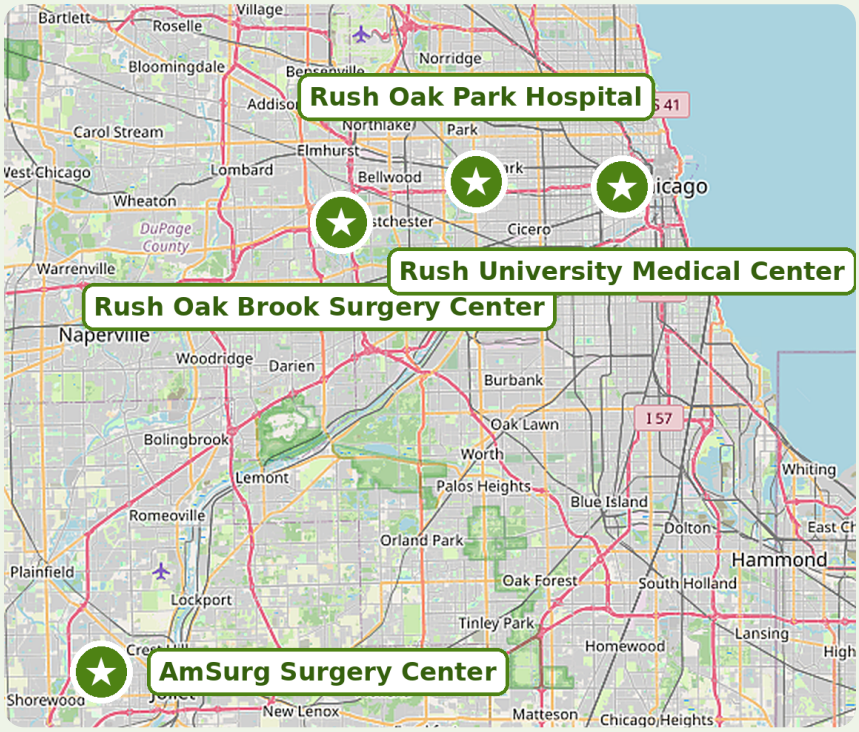
Oak Brook
2011 York Road, Oak Brook, IL
(708) 492-5664

Naperville
55 Shuman Blvd, Suite 178, Naperville, IL
(630) 339-2262

Joliet
963 129th Infantry Dr, Suite 100, Joliet, IL
(708) 492-5920

Where You're Having Surgery

Dr. Burnett operates at four locations across Chicagoland, starred on the map below. Your surgery letter tells you which one is yours — and the facility will call you the business day before with your arrival time.



Map data © OpenStreetMap contributors

Rush University Medical Center

1620 W Harrison St, Chicago, IL 60612

Parking: Visitor's Parking Garage across from the main entrance (Paulina & Harrison). Park on the 4th floor, Section A east side, for direct access to the Orthopedic Building. Valet available at the main entrance.

Rush Oak Park Hospital

520 S Maple Ave, Oak Park, IL 60304

Parking: Free parking in the garage on Wisconsin Ave (east side of the hospital) and in surface lots on Maple Ave. Free valet at the Maple Ave & Monroe St entrance.

Rush Oak Brook Surgery Center

2011 York Rd, Suite 3000, Oak Brook, IL 60523

Parking: Check in on the 3rd floor. Complimentary self-parking in the garage (direct access to the clinical floor) or complimentary valet — please don't use the general lot outside the garage. (630) 472-2445.

AmSurg Surgery Center

998 N 129th Infantry Dr, Joliet, IL 60435

Parking: Free parking lot on site. (815) 744-3000.

Day of Surgery

> **Do NOT eat after midnight** before your surgery.

- **5 hours before** your scheduled surgery time, drink one 16 oz bottle of Gatorade (**any color except red**). If you have diabetes or prefer not to have Gatorade, drink a glass of water instead.
- **Morning of surgery:** nothing else by mouth — no gum, mints, candy, or cough drops. You may brush your teeth; spit out the toothpaste.
- **Arrive on time** at the location and time the facility gave you — the nursing and anesthesia teams need that time to prepare you.

What to bring

- Photo ID, insurance card, and a list of your medicines
- Non-slip shoes or slippers (you'll need them for therapy)
- Your walker or crutches, labeled with your name (one will be provided if you don't have one)

What NOT to bring/wear

No jewelry (including body piercings), makeup, or cologne. Leave valuables at home.

Anesthesia

Anesthesia is typically a **spinal** (numbing from the waist down) with sedation, so you wake up more comfortably with better early pain control. You will meet the anesthesia team before surgery, and they will answer your questions.

MY NOTES

After Surgery: Going Home & the First Days

Most patients go home the **same day or after one night**. Before you leave, our team will make sure you can walk safely with your walker or crutches, get in and out of bed, and know how to take your medicines.

Day of surgery

- **Rest and elevate** — keep the leg above the level of your heart as much as possible ("toes above your nose")
- **Ice** the area 20–30 minutes at a time, at least 3 times (always with a cloth between ice and skin)
- Resume a regular diet as tolerated
- Use your walker, crutches, or cane for balance for at least the first week
- **Start your pain medicine the evening of surgery** — take the first dose *before* severe pain sets in

The first days at home

- Continue elevating and icing (20–30 minutes, at least 3 times daily)
- Take pain medicines as directed — they can take about an hour to start working
- You may bear weight on the operated leg as tolerated, unless told otherwise
- You may shower as long as the dressing stays intact (it is waterproof)
- Do your gentle home exercises as taught in the hospital

> **Plan ahead for refills:** It is our policy not to prescribe narcotic pain medicines over the weekend. If you think you may run low, call the office **before** the weekend at (630) 339-2238.

Wound Care & Showering

Your incision is closed with absorbable sutures that dissolve under the skin. In the operating room it is covered with an adhesive mesh (**Sylke**) and a silver waterproof dressing (**Mepilex**).

Your dressing timeline

- **Day 2:** Remove the ACE compressive wrap. You may re-wrap it over the first week to help with swelling.
- **Day 14:** Remove the silver Mepilex dressing. To remove it: press down on the skin with one hand and carefully lift the edge of the dressing with your other hand, then **stretch** the dressing to break the adhesive — stretching releases the adhesive so the dressing comes off cleanly and easily, without damage to the skin.
- **Week 3:** The Sylke mesh usually falls off on its own; if still attached at 3 weeks, remove it. If you are instructed to remove it at home: gently lift the edge at one end of the wound and slowly peel the mesh away along the line of the wound, using your other hand to stabilize the wound to decrease tension. Any residual adhesive can be gently cleaned from the skin with warm soapy water; if residue remains, an alcohol pad may be used.

Occasionally we use a **negative pressure dressing (Prevena)**, depending on the incision, wound, or other surgical reasons. If you have one, you will be given separate instructions upon discharge.

Showering

- You may shower beginning the **day after surgery** with the dressing in place — it is waterproof
- Do **not** scrub the incision — let warm, soapy water run over it and pat dry
- Do **not** soak the incision (no baths, pools, hot tubs, or lakes) for at least **6 weeks**

> **Do NOT** apply any ointments, lotions, oils, or creams to the incision for at least 6 weeks. Do not pick, scratch, or scrub it.

Call us at (630) 339-2238 if the dressing becomes saturated, won't stay in place, the skin tears or blisters, or you notice unusual pain or odor. If you develop any persistent drainage from the incision after dressing removal, cover it with gauze (4x4) and an ACE wrap bandage and call our office to let us know.

MY NOTES

Medicines After Surgery

Your prescriptions are tailored to you, but most patients take a combination like the one below. **Take your first doses before severe pain sets in** — it is much easier to stay ahead of pain than to catch up.

Daily medicines

- **Meloxicam** (anti-inflammatory, not a narcotic) — once daily for 3 months
- **Tylenol** (acetaminophen) — two 500 mg tablets, four times a day for 6 weeks (do not combine with Aleve/Advil while on meloxicam)
- **Aspirin** — blood thinner to prevent clots, twice daily for 30 days (some patients receive Eliquis or Xarelto instead)
- **Senna-S** — stool softener, for as long as you take narcotic pain medicine
- **Protonix** — one tablet each morning to protect your stomach while on meloxicam

As-needed medicines

- **Oxycodone** — for pain, as directed (most important one hour before therapy)
- **Tramadol (Ultram)** — a lighter pain medicine, often used while weaning off oxycodone
- **Zofran** — for nausea, as needed

> **Weaning off:** As pain improves, space out the oxycodone first, then the tramadol; once both are stopped you may stop the Senna. Keep taking Tylenol, meloxicam, Protonix, and aspirin until your first clinic visit. **We do not refill oxycodone after 6 weeks** for primary surgeries.

Your Pain Medicine Schedule

Please remember that not ALL patients receive all of these medications — they are tailored to each patient based on medical history and current prescriptions. ✓ means take at that time; ● means only as needed.

	OXYCODONE (PAIN)	TRAMADOL (PAIN)	ACETAMINOPHEN (PAIN)	MELOXICAM (INFLAMMATION)	SENNA-DOCUSATE (CONSTIPATION)	PANTOPRAZOLE (UPSET STOMACH)	ONDANSETRON (NAUSEA)	ASPIRIN (BLOOD CLOT PREVENTION)
8:00 AM	✓		✓	✓		●	●	●
10:00 AM		✓						
12:00 PM								
2:00 PM	✓		✓		●			
4:00 PM		✓					●	
6:00 PM								●
8:00 PM	✓		✓					
10:00 PM		✓			●			
12:00 AM						●	●	
2:00 AM	✓		✓					
4:00 AM		✓						
6:00 AM								

* **Wean narcotics when pain is controlled** ● **Only take as needed**

• **Oxycodone** is a narcotic medication. You may have received an alternative such as norco or hydromorphone. You don't need to take this if your pain is not severe. *We will not refill Oxycodone after 6 weeks post-op for primary surgeries.*

• **Tramadol** is a lighter narcotic medication. You may continue this while you wean off of oxycodone and can discontinue this when your pain is controlled. *We will not refill tramadol past 3 months post-op for primary surgeries.*

• **Senna:** must take if any constipation is present from narcotics

• **Pantoprazole:** must take while on aspirin to protect your stomach

• **NSAID** (Meloxicam, Celebrex, Ibuprofen): Should not be taken if you have active kidney problems or a history of gastric problems such as ulcers

Sample Medication Chart — Weeks After Surgery

The pain schedule on the previous page covers your first days at home. This sample chart shows how your medications taper over the weeks that follow, as your pain improves.

	Weeks 1–4	Weeks 5–6	Weeks 7–12	Weeks 13 and Beyond
AM	Tylenol (Acetaminophen) Ultram (Tramadol)* Senna-Docusate Protonix (Pantoprazole) Aspirin (ASA) Meloxicam Oxycodone*	Tylenol (Acetaminophen) Ultram (Tramadol)* Senna-Docusate Protonix (Pantoprazole) Meloxicam	Tylenol (Acetaminophen) Ultram (Tramadol)* Protonix (Pantoprazole) Meloxicam	You should be off all medications at this point. If you are still experiencing pain, please call **630-339-2238** to further discuss your symptoms. If it is after normal business hours, call **312-432-2300** and say you are a patient of Dr. Burnett.
Mid Day	Tylenol (Acetaminophen) Ultram (Tramadol)*	Tylenol (Acetaminophen) Ultram (Tramadol)*	Tylenol (Acetaminophen)	
PM	Tylenol (Acetaminophen) Ultram (Tramadol)* Senna-Docusate Aspirin (ASA) Oxycodone*	Tylenol (Acetaminophen) Ultram (Tramadol)* Senna-Docusate	Tylenol (Acetaminophen)	

**Medications with an asterisk should be weaned as soon as pain is controlled and may not be required after the first week of surgery.*

Movement, Therapy & Swelling

Getting moving

- You can put **full weight** on the operated leg with your walker, unless told otherwise — progress to a cane as you feel ready
- **Walking is your main therapy.** Do your prescribed exercises daily.
- Physical therapy should be **gradual and gentle** — never aggressive or painful
- **Anterior hip:** avoid extending the leg backward and rotating it outward for 6 weeks. **Posterior hip:** avoid bending the hip past 90° and rotating inward for 6 weeks.

Physical therapy (OPITH)

A Midwest Orthopaedics at Rush therapist will come to **your home** for the first 1–3 weeks (scheduled about a week before surgery), and Dr. Burnett recommends your first visit be within the first week of surgery. By week 3 you will transition to outpatient therapy — we strongly recommend a Midwest Orthopaedics at Rush location. You may not be eligible for OPITH if you live outside the geographic area where it is offered; if you do not participate in OPITH, plan to begin therapy in the outpatient clinic in the third week after surgery — Dr. Burnett will see you in clinic at 2 weeks for a wound check and will clear you to start therapy at that time. Take it easy the first 2 weeks while tissues heal; overdoing it early can cause problems.

Swelling & bruising

- Swelling, redness, and bruising down to your toes are **normal** and can take **6–8 weeks** to fully resolve
- **Ice** about 20 minutes every two hours (cloth between ice and skin)
- **Elevate** — toes above your nose — whenever sitting or lying down
- Compression stockings for 7–10 days can help, but are optional

MY NOTES

Weeks 2–6 & Beyond

Milestones

- **2 weeks:** First post-op visit — wound check with Dr. Burnett or our PA/NP, and clearance to advance therapy
- **4–6 weeks: Driving** — this will be decided at your first post-operative visit (2–3 weeks after surgery). You must be off narcotic pain medicine and feel confident you could slam the brakes in an emergency. Practice in an empty parking lot first, and bring someone along the first time.
- **6 weeks:** You may **submerge the incision** (pool, bath, hot tub) once it is completely healed — no openings or scabs
- **Follow-up visits:** 2 weeks, 6 weeks, 1 year, 2 years, and 5 years after surgery

Travel

- Flying home after surgery: you may fly **48 hours** after surgery (you'll be on a blood thinner with compression stockings)
- Other domestic flights: wait **3 weeks** • International flights: wait **6 weeks**

Dental & medical procedures later

Wait at least **3 months** after surgery. After that, dental work and invasive procedures require a **preventive antibiotic one hour beforehand** — we are happy to prescribe it. Call us if you're unsure.

Common Questions & Answers

Is this much swelling normal?

Yes. Swelling sometimes doesn't appear for several days. Ice and elevation are your best tools — ice at least 4 times a day for 30 minutes, leg higher than your heart. If you develop calf pain or shortness of breath, call us or go to the ER *before* elevating.

What should my incision look like?

Some redness, mild drainage, and itching in the first weeks are normal. The white mesh (Sylke) over it is waterproof — small blood stains on it are fine. **Not normal:** pus-like discharge, spreading redness, fever over 101°F, or uncontrolled pain — call us right away.

I'm constipated. What helps?

Pain medicines commonly cause this. Walk, drink plenty of water, and take Senna-S (two pills, twice daily) until you're having a bowel movement every 1–2 days. Milk of magnesia, magnesium citrate, a Dulcolax suppository, or a Fleet enema are next steps — all available over the counter.

I can't sleep. Any tips?

Keep pain well controlled during the day, avoid long daytime naps, and keep a normal routine. Melatonin — an over-the-counter natural sleep aid — can help. Knee patients may sleep in any comfortable position; hip patients should sleep on the non-operated side with a pillow between the knees for 2 weeks.

My knee clicks / my muscles ache. Is that OK?

Clicking in a new knee is common and usually fades as swelling decreases. Muscle soreness through the thigh and leg for the first 6 weeks is also normal and improves with therapy and healing.

MY NOTES

When to Call Us

There is **always** someone available to help you after surgery. Don't hesitate — we'd rather hear from you early.

Call our office right away — or press "0" for the on-call physician after hours — if you have:

- Pus-like discharge from the incision, rapidly spreading redness, or foul odor
- Fever above 101.3°F that doesn't come down
- Markedly increased drainage or swelling
- Pain not controlled by your medicines
- Inability to bear weight on the operated leg
- Calf or foot swelling with coolness or decreased sensation
- Confusion or disorientation

Emergency department?

Please **do not go to the ED unless absolutely necessary** — chest pain, shortness of breath, or another severe medical condition. ED staff don't know you or your surgery, and waits are long. If you must go, make every effort to come to **Rush University Medical Center**, where Dr. Burnett can direct your care.

Refills & routine questions

Call during office hours (Mon–Fri, 8am–4pm). Remember: no narcotic refills over the weekend, so plan ahead.

Important Numbers & Thank You

Office — scheduling, refills, questions (Mon–Fri, 8am–4pm)

(630) 339-2238

Urgent issues after hours, weekends & holidays — MOR operator, ask for Dr. Burnett's patient line

(877) 632-6637

Scheduling & logistics by email

burnettpractice@rushortho.com

Clearances & clinical questions by email

burnettclinical@rushortho.com

Fax — records, FMLA paperwork, clearance results

(708) 409-5179

RUSH Pre-Op Clinic — clearance appointments

(888) 352-7874



Thank you from the Burnett team.

Thank you for trusting us with your care. We are proud to be part of your journey back to the activities you love — and we will be with you at every step, from today's planning through your full recovery and beyond.

MY NOTES