

WHAT YOU NEED TO KNOW

PRE-OP:

Medical Clearance

Arrange for pre-op testing with your medical doctor(s). You will need to be examined and cleared for surgery within 30 days of your surgical date.

Questions? Please call the office

*Please call the office if you are taking any prescription blood thinners, for a preexisting medical condition such as Coumadin, Eliquis, Plavix, Pradaxa, or Xarelto. These medications will need to be stopped pre-operatively.

Education

Read the "**What to Expect**" book provided to you.

Attend our *Pre-Op Education Class*

[NYP Lawrence Hospital](#)

Classes are held on Wednesdays you will be contacted to schedule.

[Columbia University](#)

To schedule please contact Maiken Jacobs at 212-305-3521

Dental Prophylaxis

Avoid any non-emergent dental visits for approximately 3-4 months after your knee replacement surgery. **Dr. Geller's Dental Prophylaxis Protocol** is 2 years from the date of surgery. Typically patients will take 2000 mg of Amoxicillin 1 hour prior to the dental visit. Patients with allergies to Penicillin will take Clindamycin 600 mg 1 hour prior to the dental visit.

ANTERIOR HIP REPLACEMENT

POST-OP:

SWELLING is normal, expect swelling about the HIP, and even down leg to the foot and ankle. Should you experience swelling in the lower extremity. The easiest ways to manage swelling is to **ELEVATE**. Reduction of swelling is most effective when the limb is above the level of the heart. Get the toes to the level of your nose. Lying



in bed or on the couch with the leg elevated is the best position to reduce swelling. Elevate a minimum of 4x day for at least 20-30 minutes.

AVOID prolonged sitting or sleeping in a recliner

ICE the HIP. You can apply an ice bag to the hip several times a day for 20 min intervals.

BRUISING: Is normal and will occur, you may see bruising all the way down the leg even in your toes.

SURGICAL INCISION/DRESSING: You will go home with a PRINEO dressing, this is a mesh tension resistant dressing applied to your surgical incision in the operating room and painted with surgical glue. This dressing will remain in place for about 2 weeks. The dressing will be removed at your first post op visit. It is OK to shower while the dressing is in place. Eat healthy, protein promotes wound healing, limit sugary snacks.

Please call the office 212-305-1120/914-787-2468 should you experience any redness or drainage to the operative site.

Post-Op Medication

- ◆ **Non-Steroidal Anti-Inflammatories (NSAID's) - Celebrex 200 mg 2x daily** We may from time to time substitute with **Meloxicam 15 mg 1x daily.**

These meds are to be taken with food.

These medications will **NOT** be prescribed to patients taking blood thinners, patients with compromised renal function, or GI contraindications.

Please do **NOT** take any other over the counter NSAID's (Advil/Motrin/Aleve) while taking these medications.

- ◆ **Omeprazole (Prilosec) 40 mg daily** while taking NSAID's –

Prilosec should be taken on an empty stomach.

- ◆ **Lyrica (pregabalin) 75mg BID x 14 days**

Is prescribed to interrupt the pain pathways to the brain, to decrease narcotic use

- ◆ **SEVERE PAIN:**

Hydrocodone/Acetaminophen 5/325 take 1 tabs every 4-6 hours as needed

- ◆ **MODERATE PAIN:**

Tylenol (Acetaminophen) 1000 mg every 8 hours &

Tramadol 50 mg 1 tab every 6 hours as needed

- ◆ **MILD PAIN:**

Tylenol (Acetaminophen) 1000 mg every 8 hours

The recommended maximum daily dose of Tylenol is 3000 mg/day with normal liver function

***NARCOTICS MAY CAUSE NAUSEA and/or CONSTIPATION**

- ◆ **Zofran (Ondansetron) 4mg** take 1 tab every 6 hours as needed for NAUSEA

- ◆ **Colace 100 mg 2x day** -stool softener

- ◆ **Senna 2 tabs at bedtime** - laxative

Should you experience constipation please call the office 212-305-1120.

- ◆ **DVT PROPHYLAXIS - Treatment Varies**

-If you normally take blood thinners such as Coumadin, Eliquis, Plavix, Pradaxa, Xarelto or other for a preexisting medical condition these medications will be resumed post-surgery. You will **NOT** be prescribed NSAID's.

-Patients who cannot tolerate Aspirin or who have Gastro-intestinal issues will **NOT** be prescribed Aspirin.

ALL OTHER PATIENTS WILL RECEIVE:

- ◆ **Aspirin 81 twice daily for 3 weeks**

ACTIVITY:

Early ambulation (walking) is encouraged. Progression of assistive devices from walker, to cane, to no assistive device is encouraged – remember safety first!

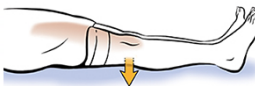
Physical Therapy:

If necessary a physical therapist **MAY be** sent to your home post operatively. They will ensure safety in your home. They will give you guidance with your normal activities of daily living. They will work with you to ensure proper walking - **gait training**. They will teach you to ascend and descend stairs. They will show you some basic exercises (see below).



ANKLE PUMPS

Point then flex both feet repeat in quick pace



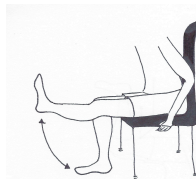
QUAD SETS

Lie in bed with your legs straight. Tighten the front thigh muscle while pressing the back of your knee down into the bed.



GLUTE SETS

Squeeze buttocks together tightly hold for 5 seconds and release



SEATED KNEE FLEXION/EXTENSIONS

Sit upright in a chair, straighten your leg (this exercise is intended to loosen you up and NOT as a strengthening exercise.

These are the ONLY exercises you should be doing.

IT IS IMPORTANT YOU **DO NOT DO ANY STRENGTHENING EXERCISES**

— **NO HIP strengthening exercises!** —**THEY WILL FATIGUE YOUR MUSCLES AND YOU WILL REGRESS IN YOUR RECOVERY.**

NO straight leg raises - NO abduction exercises NO marching in place

OUTPATIENT PHYSICAL THERAPY WILL **NOT** BE PRESCRIBED

JUST WALKING!

Gradually increase your walking

Gradually you will get back into your normal routine.

REMEMBER: SLOW AND STEADY....

DEA - Controlled substance disposal locations:

<https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1> –