MUSCULOSKELETAL INSTITUTE
PATIENT GUIDE FOR TOTAL HIP OR KNEE REPLACEMENT
Thank you for choosing UT Health Austin’s Musculoskeletal Institute for your joint replacement procedure.

Please read this packet carefully prior to your surgery. It contains important information about preparing for your surgery and what to expect prior to and following your procedure.
VISITING THE MUSCULOSKELETAL INSTITUTE

Health Transformation Building, 9th Floor
1601 Trinity Street, Bldg. A, Austin, TX 78712

Hours: Monday- Friday 8 a.m. to 5 p.m.

Parking for the Health Transformation Building is available in the attached Health Center Garage. Parking rates do apply. The first 30 minutes are free.

IMPORTANT NUMBERS

UT Health Austin Main Line: 1-833-882-2737  Fax: 1-512-495-5680
Ambulatory Surgery Center: 1-855-352-2900  Fax: 1-512-475-4922
Emergency: Dial "911"
Musculoskeletal Institute Surgical After Hours Line: 1-512-940-9218
VISITING THE MUSCULOSKELETAL INSTITUTE

PUBLIC TRANSPORTATION
For up-to-date information on bus routes and stops, please visit capmetro.org or call the CapMetro GO Line at 1-512-474-1200.

DRIVING DIRECTIONS
From Northbound I-35
Follow I-35 North to Exit 235A. Proceed north onto I-35 Frontage Road. Turn left onto 15th Street. Turn right onto Trinity Street. The entrance to the Health Center Garage will be immediately on your right.

From Southbound I-35
Follow I-35 South to Exit 235A. From I-35 Frontage Road, turn right onto 15th Street. Turn right onto Trinity Street. The entrance to the Health Center Garage will be immediately on your right.
Welcome
Visiting the Musculoskeletal Institute
An Overview of Your Surgery - What to Expect
Post Operation Instructions
The Patient Journey - Hip Replacement
Recovery Exercises - Hip Replacement
The Patient Journey - Knee Replacement
Recovery Exercises - Knee Replacement
Frequently Asked Questions
Thank you for choosing UT Health Austin’s Musculoskeletal Institute for your joint replacement surgery. By opting for a total joint replacement, you have made an important life decision and should expect to gain a number of benefits from it, including improved pain management in the future, improved range of motion in the affected joint, and overall improved mobility and quality of life.

As with any surgery, there are inherent risks. While the chances of experiencing complications are quite low, it is important that you are familiar with these risks and understand what they mean. Please review the information detailed here closely. If you have questions, please ask your clinician.
AN OVERVIEW OF YOUR SURGERY - WHAT TO EXPECT

ALL TYPES OF SURGERY INVOLVE RISKS. SOME OF THESE INCLUDE:

- Breathing problems after surgery. These are more common if you’ve had general anesthesia and a breathing tube.
- Heart attack or stroke during or after surgery.
- Infection in the affected joint, lungs (pneumonia), or urinary tract.
- Poor wound healing. This is more likely for people who are not healthy before surgery, who smoke or have diabetes, or who take medicines that weaken their immune systems.
- An allergic reaction to a medicine that you received. This is rare, but some of these reactions may be life threatening.
- Falls can be a major problem. Many things can lead to a fall, including loose gowns, slippery floors, medicines which cause drowsiness/sleepiness, pain, unfamiliar surroundings, weakness after surgery, or moving around with a lot of tubes attached your body.

ANESTHESIA

In joint replacement surgery, two options for anesthesia are available. You will need to discuss your specific situation and preferences with your care providers to determine which will be used during your procedure.

Spinal anesthesia, also called a spinal block, is a form of regional anesthesia in which anesthetic is injected into your lower back through a needle. With spinal anesthesia, your legs will go numb but your breathing will not be affected. Patients with spinal anesthesia will be sedated and most report little to no memory of the operating room.

In some cases, general anesthesia may be provided. General anesthesia is given in the form of intravenous (IV) drip and/or gases breathed through a mask placed on your face. Under general anesthesia, a tube will be used to support your breathing. Patients under general anesthesia are unconscious and will have no memory of the procedure.

Remember that anesthesia can alter your thought processes. Please do not make important decisions, sign legal documents, drive, or drink alcohol for 24-48 hours after anesthesia.
AN OVERVIEW OF YOUR SURGERY - WHAT TO EXPECT

URINARY CATHETER

Some patients may require the use of a Foley catheter (urinary catheter) during and/or after their surgery. A urinary catheter tube is inserted into the bladder through your urethra and allows urine to drain. Catheterization during surgery is to help prevent urinary buildup during long operations. During recovery, patients with mobility issues may be given a catheter to help prevent bladder stretching injuries that can occur if trips to the bathroom prove difficult. Urinary catheters do come with some increased risk of urinary tract infection (UTI) and can impact the speed with which a patient returns to mobility.

The decision to use a urinary catheter relies on multiple factors that will be discussed in detail with your care team.

BLEEDING AND TRANSFUSION

Bone is highly vascular, meaning that blood is supplied from the body into your bones through a complex system of arteries and veins. During musculoskeletal surgeries, bleeding does occur, but blood transfusions during the procedure are rare, affecting only 4-5% of patients undergoing full knee replacement and 6-8% of patients undergoing full hip replacement (transfusion rates are higher for patients undergoing bilateral joint replacements).

INFECTION

The risk of infection during surgery is very low (less than 1%), and your care team will follow all best preventative practices during your procedure.

You will carry some increased risk for infection for the rest of your life. Prevention is the best approach. Even common infections such as those sometimes caused by an ingrown toenail, an abscessed tooth, or a urinary tract infection can lead to more serious conditions. If you experience these at any time during or following your recovery, please contact your primary care provider for treatment.

A lifetime of vigilance is important to avoid infection. Reducing behavioral risk factors can go a long way toward maintaining a strong immune system and helping to prevent infection. This is why we require, if you are a smoker, quitting smoking immediately, as tobacco use increases susceptibility to a wide range of bacterial and viral infections. We recommend maintaining a body mass index (BMI) lower than 40. If you are diabetic, we need to ensure your diabetes is controlled prior to your procedure.
AN OVERVIEW OF YOUR SURGERY - WHAT TO EXPECT

PAIN

Pain is part of the healing process and should be expected after a joint replacement. Medication does not make you pain-free, but it can help to lessen the impact of pain.

You will likely be given a prescription for a narcotic pain management medication following your surgery. Take this medication only as prescribed. Keep in mind that “multi-modal” pain management is key to your successful recovery, so taking all your prescribed medications beyond the “pain pills” is critical in order to maximize their healing effects. By leveraging the healing impacts of your medications, moving more rapidly to a pain-free experience, you also reduce the risk of complications arising from taking too much narcotic medication.

SCARRING

All surgeries lead to scarring. You will have some scar tissue that remains where your surgical incision(s) was performed. As with any scar tissue, your scar may fade and change over time.

BLOOD CLOTS

Sitting or lying down for long periods of time during and after surgery will make your blood move more slowly through your body. This increases your risk of a blood clot.

A blood clotting condition called Deep Vein Thrombosis (DVT) can occur in your leg. DVT can cause pain and swelling to occur in the affected limb, though sometimes no symptoms appear. DVT can be very serious, as the clot can break free and travel through the bloodstream to other parts of the body, causing blockages in the blood flow to vital organs.

While Deep Vein Thrombosis is rare, affecting approximately 2% of joint replacement patients, your care team will provide you with one or more preventative measures and will brief you on their use. These may include compression stockings and/or sequential compression devices to help prevent the formation of clots. You may be prescribed medications (“blood thinners”) such as aspirin or Eliquis. Patients will higher risk factors for DVT may be prescribed blood thinning medications like Rivaroxaban or Clopidogrel. Motion of the affected limb is also important to help prevent formation of blood clots. Because of this, your care team will brief you on specific exercises you can do or walking goals you may set during your recovery period. You may also refer to the “Post-op Instructions” and “Recovery Exercises” sections below in this document.
AN OVERVIEW OF YOUR SURGERY - WHAT TO EXPECT

DISCHARGE CRITERIA

Before you are discharged following your surgery, you will need to show that you can:

- Walk 80 feet (24 meters) on level ground
- Walk up and down stairs (if you have stairs at home)
- Demonstrate understanding of home exercises
- Tolerate a regular diet
- Successful pain control with medicines

IMPLANT DEVICE ISSUES

While your joint implant was designed for years of trouble-free use, the average patient will flex their joint implant between 1 million and 2 million times every year, causing inevitable mechanical wear and tear in the long run. Over time living with a joint implant (usually 20+ years), you may experience clicking or squeaking noises, which is normal as long as there is no pain. However, loosening of the device and its connection to your bones may also occur, potentially requiring surgery to address. You may be counseled to avoid running for exercise or doing repetitive heavy lifting to help avoid additional wear on your implant.

CONTINUING CONCERNS FOR HIP REPLACEMENT

Over time, as your hip implant wears in, it is possible for issues to emerge. The hip is a ball and socket joint and, particularly with the presence of an implant, can experience dislocations in which the “ball” portion of the implant can “pop out” of the socket in the hip bone. Dislocations are rare but are a significant problem that must be addressed with a trip to the hospital to move the joint back into place. If dislocations continue over time, surgery may be necessary to address the problem. A modification to your movement restrictions may also be necessary.

After hip replacement surgery, some patients may notice that one leg is slightly longer than the other, usually in the leg that had surgery. Patients with discrepancies in leg length are usually able to adapt to the change with “lift” shoe inserts or shoes that have a thickened sole on the affected side.
AN OVERVIEW OF YOUR SURGERY - WHAT TO EXPECT

CONTINUING CONCERNS FOR KNEE REPLACEMENT

Patients who have received knee replacement surgery will often experience ongoing stiffness in the joint. While this stiffness can be helped with ongoing physical therapy, some degree of stiffness may be permanent. Motion is key! It is important that you observe all physical therapy guidelines provided by your healthcare team and that you continue to move the joint through its full range often, even if the motion is painful. Manipulation of the joint with your hands can also be helpful.

Many patients also experience pain in the anterior (front) portion of their knee, especially when kneeling. This pain can also be managed to an extent by continuing to move the affected knee through its full range of motion.

FOLLOW-UP VISIT SCANS

In the years after your joint replacement, you will need to receive follow-up care to ensure your joint implant remains functional and trouble-free. At the 1-year and 5-year marks following your joint replacement, you will likely have x-rays performed during these follow-up visits to check on implant position or, for any signs of changes. Chances are the process will be easy and pain-free. Depending on any issues that may be detected, however, revision surgery on your joint implant may be necessary.
POST OPERATION INSTRUCTIONS
WHAT TO EXPECT FOR HIP OR KNEE ARTHROPLASTY

This section describes the things you need to know and do after your total hip or total knee replacement surgery. Please review these instructions carefully for information about medications you will need to take, exercises and other activities you need to perform during your recovery period, follow-up appointments you will need to attend, and more.

While the majority of these instruction are the same for both hip replacement surgeries and knee replacement surgeries, there are some areas in which recommendations differ between the two. Please keep watch for those instances.
POST-OP INSTRUCTIONS
TOTAL HIP AND KNEE ARTHROPLASTY

GENERAL POST-PROCEDURE INSTRUCTIONS

- Anesthesia can alter your thought process. Please do not make important decisions, sign legal documents, drive, or drink alcohol for 24 to 48 hours after anesthesia. (This does not apply to you if your doctor has told you that your procedure will require only a local or regional anesthetic.)
- Call your doctor's office if you develop a persistent fever of 101.5°, cold, sore throat, cough, or other indication of illness within 48 hours of your procedure.
- Your doctor will give you specific instructions for your particular procedure. These instructions are more general:
  - Whatever diet your doctor has prescribed, start slowly and carefully.
  - Do not drive while taking prescription pain medicines.
  - Unless different activity has been instructed by your doctor, you should walk several times per day.
  - Please contact your doctor if you need clarification on when you are able to return to work or school.
  - Your incision may itch when it is healing. Do not pick or scratch at the wound.
  - Keep wounds clean and dry and do not apply creams, ointments, or lotions to the wound.
  - If you are provided a prescription pain medication by your doctor, take the pain medication only as directed.

MEDICATIONS

You will have a number of new medications prescribed to you for use after your surgery. An electronic prescription will be sent to the pharmacy of your choice for pickup.
You are at risk for forming blood clots after surgery. The best thing you can do to prevent issues with blood clots is to walk frequently.

You have also been prescribed the following medication (check one per category):

- **Aspirin 81 mg**, take one tablet twice a day with food (breakfast and dinner) for 35 days after surgery
  
  OR

- **Eliquis 2.5 mg (apixaban)**, take one tablet twice a day for 14 days after surgery; AFTER finishing Eliquis, start taking aspirin 81mg, one tablet twice a day with food (breakfast and dinner) for an additional 21 days
  
  OR

- **Lovenox (enoxaparin) 40mg**, take as prescribed on the medication bottle
  
  OR

- **Xarelto (rivaroxaban) 10 mg**, take as prescribed on the medication bottle

**Scheduled Pain and Swelling Medications**: These are to be taken every day as written on the medication bottle.

- **Meloxicam 15 mg**, take one tablet once a day with food for 14 days after surgery

- **Tylenol 500 mg**, take one OR two tablets every 8 hours (three times total per day) for 14 days after surgery
Opioids or narcotics are effective at pain management but can have multiple side effects including nausea, vomiting, confusion and constipation. These medications are to be taken as needed for severe pain. If you run out and need more pain medications, we will prescribe a different medicine. We expect you to be off all pain medicines by 4-6 weeks after your surgery.

☐ Oxycodone 5 mg tablet, take one tablet up to every 6 hours (no more than four times total per day) as needed for severe pain

**STOOL SOFTENERS:**

These medications can be purchased over the counter at most pharmacies. Use while taking opioids / narcotic pain medications:

☐ Miralax 17 g, take once per day as prescribed on medication package

Optional (if Miralax alone is not effective while taking opioids / narcotics):

☐ Colace 100 mg, take one tablet twice a day with 8 ounces of water
☐ Doculax Suppositories 10 mg, take as prescribed on medication package

**OTHER MEDICATIONS (write name and dosage here):**
POST-OP INSTRUCTIONS
TOTAL HIP AND KNEE ARTHROPLASTY

DAILY MEDICATIONS:

Please resume your previously prescribed medications after surgery. If you have any questions regarding these medications or need a refill, please contact your prescribing physician.

PAIN PUMP CATHETER (KNEE REPLACEMENT ONLY)

Please refer to the US Anesthesia and Partners form you should have received for instructions on how to take care of the catheter. If you have any questions regarding your pain pump, please contact US Anesthesia and Partners directly at 1-512-748-0188.

BANDAGES

Keep the Mepilex bandage in place until your 2-week follow-up appointment.

- Do not be alarmed if the bandages are wet or bloody. If the original bandage becomes more than 50% soiled BEFORE your 2-week follow-up appointment, remove it, and replace with the extra Mepilex bandage we have provided.

- If the second Mepilex dressing becomes more than 50% soiled, replace it with the gauze and tape we have provided as often as needed (usually daily) to keep the incision clean and dry. Please contact our clinic if the drainage does not decrease after several changes.

BATHING

For personal hygiene you may shower or sponge bathe after your surgery. The Mepilex bandage is waterproof. However, try to avoid direct water contact. You may wrap the area with saran wrap to protect the surgical site while showering. If the bandage opens or becomes dirty, you may replace it with the new Mepilex bandage that has been provided to you.

DO NOT submerge your incision in water (for instance hot tubs, bathtubs, or pools).

ICE

- Ice bags or packs should be used for 20 minutes at a time and then removed for 20-30 minutes to allow your tissue to recover before icing again. You cannot ice too many times per day.
- Be sure to protect your skin from frostbite with a washcloth, towel, or ace wrap between the ice bag/pack and your skin.
POST-OP INSTRUCTIONS
TOTAL HIP AND KNEE ARTHROPLASTY

ELEVATION

- Keep your leg elevated whenever possible
- Remember that swelling is normal after surgery
- KNEE REPLACEMENT PATIENTS ONLY: When sitting or lying down, try to have your knee higher than the level of your heart.
- KNEE REPLACEMENT PATIENTS ONLY: DO NOT place anything underneath your knee. This will cause your knee to remain in a flexed (bent) position, and it will become increasingly difficult to extend (straighten) your knee. Instead, place pillows or rolled towels under your calf or heel.

ACTIVITY RESTRICTIONS

- You may perform all activities as tolerated without restrictions.
- If you need to reach an object on the floor, keep your knees apart and reach down between your feet.
- Do not lift anything heavier than a gallon of milk (approximately 8-10 pounds) for the first few weeks after surgery.

DIET AND HYDRATION

- Resume a regular, well-balanced diet after surgery.
- Be sure you have adequate hydration, calories, and protein to promote healing.
- If you have questions about your nutritional needs after surgery ask to speak to our dietitian.

NAUSEA AND VOMITING

- Nausea and vomiting are common after surgery.
- Proper pain relief is important. However, both pain itself and some pain-relieving medicines can contribute to nausea. Do not take pain medications on an empty stomach.
- Taking slow, deep breaths can help to reduce nausea.
- Avoid foods that are spicy, fried, or high in fat for 24 hours after surgery.
- It is much easier to relieve the feeling of nausea before it becomes severe. Be sure to call your care team if you experience unrelenting nausea (nausea which keeps you from eating or drinking) or persistent vomiting.
POST-OP INSTRUCTIONS
TOTAL HIP AND KNEE ARTHROPLASTY

DRIVING

Do not drive until you are off narcotic pain medicine and have been re-evaluated at your first post-op visit.

PHYSICAL THERAPY

- Most hip replacement patients do not require physical therapy appointments. We will reassess at your 2-week follow-up appointment to determine whether physical therapy appointments will be needed.
- Hip replacement patients should focus on walking around safely on flat surfaces with your walker for the first two weeks.
- Knee replacement patients should start outpatient physical therapy within 5-7 days after your surgery.
- See “Recovery Exercises” sections below for any exercises you should undertake.

FOLLOW-UP APPOINTMENTS

- Your 2-week postoperative appointment will likely be via telehealth.
- Your 6-week postoperative appointment will be in-person.

NOTES
IN THIS SECTION:

- The Patient Journey: Total Hip Arthroplasty
- Recovery Exercises
THE PATIENT JOURNEY
TOTAL HIP ARTHROPLASTY

PHONE CALL
You should expect a call from the Perioperative Surgical Home in the days following today’s appointment to discuss past medical history.

PERIOPERATIVE SURGICAL HOME
Location:__________
Date:__________
Time:__________
*Please obtain a front-wheel walker and bring on day of surgery.

Surgery
Date:__________
Locations:
- UT Health Austin Ambulatory Surgery Center
- Dell Seton Medical Center
- Seton Northwest Hospital

2 WEEK POST-SURGERY APPOINTMENT
Date:__________
Time:__________
- Telehealth
- In-person
Location: Musculoskeletal Institute

6 WEEK POST-SURGERY APPOINTMENT
Date:__________
Time:__________
- Telehealth
- In-person
Location: Musculoskeletal Institute

1 YEAR POST-SURGERY APPOINTMENT
RECOVERY EXERCISES
TOTAL HIP ARTHROPLASTY

To help ensure a speedy recovery from your total hip replacement surgery, please follow these exercise instructions closely.

ANKE PUMPS
Bend your foot up and down at your ankle joint as shown.
Perform 10 reps every 1-2 hours
Repeat 10 Times Hold 1 Second
Complete 1 Set Perform 8 Times a Day

QUAD SET WITH TOWEL UNDER HEEL
While lying or sitting with a small, rolled towel under your ankle, tighten your top thigh muscle to press the back of your knee downward towards the ground.
Perform 10 reps every 1-2 hours
Repeat 10 Times Hold 3 Seconds
Complete 1 Set Perform 8 Times a Day

GLUTE SET – SUPINE
While lying on your back, squeeze your buttocks and hold. Repeat.
Perform 10 reps every 1-2 hours
Repeat 10 Times Hold 3 Seconds
Complete 1 Set Perform 8 Times a Day
RECOVERY EXERCISES
TOTAL HIP ARTHROPLASTY

SUPINE HEEL SLIDES
ACTIVE ASSISTED RANGE OF MOTION

While lying on your back, place a belt, towel, strap, or bed sheet around your foot. Start the exercise by pulling with your arms to bend your knee into a bent position. Then allow your knee to straighten back out to starting position and repeat.

Repeat 10 Times  Hold 3 Seconds
Complete 2 Sets   Perform 2 Times a Day

HIP ABDUCTION - SUPINE

While lying on your back, slowly bring your leg out to the side. You can place a paper plate under heel to reduce friction. Keep your knee straight the entire time.

Repeat 10 Times  Hold 1 Second
Complete 2 Sets   Perform 2 Times a Day

STRAIGHT LEG RAISE (SLR)

While lying on your back, raise up your leg with a straight knee. Keep the opposite knee bent with the foot planted on the ground.

Repeat 10 Times  Hold 1 Second
Complete 2 Sets   Perform 2 Times a Day
IN THIS SECTION:

- The Patient Journey: Total Knee Arthroplasty
- Recovery Exercises
THE PATIENT JOURNEY
TOTAL KNEE ARTHROPLASTY

**PHONE CALL**
You should expect a call from the Perioperative Surgical Home in the days following today’s appointment to discuss past medical history.

**PERIOPERATIVE SURGICAL HOME**
Location: 
Date: 
Time: 
*Please obtain a front-wheel walker and bring on day of surgery.

**PRE-SURGERY PHYSICAL THERAPY**
Location: 
Date: 
Time: 

**SURGERY**
You should expect a call in the days prior to your procedure confirming your arrival and surgery time.

**START PHYSICAL THERAPY**
Location: 
Date: 
Time: 

**2 WEEK POST-SURGERY APPOINTMENT**
Date: 
Time: 
[ ] Telehealth
[ ] In-person
Location: Musculoskeletal Institute

**6 WEEK POST-SURGERY APPOINTMENT**
Date: 
Time: 
[ ] Telehealth
[ ] In-person
Location: Musculoskeletal Institute

**1 YEAR POST-SURGERY APPOINTMENT**
RECOVERY EXERCISES
TOTAL KNEE ARTHROPLASTY

To help ensure a speedy recovery from your total knee replacement surgery, please follow these exercise instructions closely.

ANKLE PUMPS
Bend your foot up and down at your ankle joint as shown.
Perform 10 reps every 1-2 hours
Repeat 10 Times Hold 1 Second
Complete 1 Set Perform 8 Times a Day

SUPINE HEEL SLIDES
ACTIVE ASSISTED RANGE OF MOTION
While lying on your back, place a belt, towel, strap, or bed sheet around your foot. Start the exercise by pulling with your arms to bend your knee into a bent position. Then allow your knee to straighten back out to starting position and repeat.
Repeat 10 Times Hold 3 Seconds
Complete 2 Sets Perform 2 Times a Day

SEATED HEEL SLIDES
While in a seated position with foot forward and resting on the floor, slowly slide your foot closer towards you. Hold a gentle stretch and then return foot forward to original position.
Repeat 15 Times Hold 3 Seconds
Complete 2 Sets Perform 3 Times a Day
RECOVERY EXERCISES
TOTAL HIP ARTHROPLASTY

QUAD SET WITH TOWEL UNDER HEEL
While lying or sitting with a small, rolled towel under your ankle, tighten your top thigh muscle to press the back of your knee downward towards the ground.

Perform 10 reps every 1-2 hours
Repeat 10 Times Hold 3 Seconds
Complete 1 Set Perform 8 Times a Day

QUAD SET – KNEE EXTENSION STRETCH SEATED
While seated, tighten your top thigh muscle to press the back of your knee downward towards the ground. You should feel a gentle stretch in the back of your knee.

Perform 10 reps of either version of a quad set every 1-2 hours.
Repeat 10 Times Hold 3 Seconds
Complete 1 Set Perform 8 Times a Day

KNEE EXTENSION STRETCH – PROPPED
While seated, prop your foot up on another chair and allow gravity to stretch your knee towards a more straightened position.

Perform 10-minute sessions with leg propped in this position. You may apply an ice pack wrapped in a towel to the knee. DO NOT place a pillow under the knee.

Repeat 1 Time Hold 10 Minutes
Complete 1 Set Perform 3 Times a Day
FREQUENTLY ASKED QUESTIONS

DO I NEED AN IMPLANT IDENTIFICATION CARD FOR FLYING?
No. Airports and airlines no longer require identification cards for implants.

CAN I GET A DENTAL PROCEDURE AFTER MY SURGERY? WOULD I NEED PROPHYLACTIC ANTIBIOTICS BEFOREHAND?
Yes, you may have dental procedures after your surgery, and you do not require antibiotics. However we recommend you wait at least 6 months after surgery before any routine dental care. If an urgent concern arises, please see your dentist sooner.

DO I HAVE ANY ACTIVITY RESTRICTIONS?
No. You may participate in all activities as you can tolerate them. You may fully bear weight on your surgical leg.

WHEN CAN I DRIVE?
There is no specific time when you may begin driving. You must be off all narcotic pain medications (e.g., hydrocodone and oxycodone). You must feel safe and qualified to drive. When you feel able to do so, please begin driving with someone in the car.

IS SWELLING NORMAL AFTER SURGERY?
Yes. Swelling is normal. It can occur variably for several weeks after your surgery.

FOR KNEE REPLACEMENTS: MY PAIN PUMP CATHETER IS NOT DELIVERING MEDICATION, OR MY PAIN PUMP CATHETER WAS ACCIDENTLY PULLED OUT. WHAT DO I DO?
This does occur accidently in some patients with movement. Make sure to take your oral pain medications. You may contact the anesthesia team for further advice or questions at 1-512-748-0188.

I AM GOING TO RUN OUT OF PAIN MEDICATION. WHAT DO I DO?
Contact our office at 1-833-882-2737. Please allow 2-3 days for refills to be processed.

I GET NAUSEOUS AFTER TAKING MY PAIN MEDICATIONS. WHAT DO I DO?
Contact our clinic at 1-833-882-2737 if you continue to have severe nausea and vomiting that prevents you from eating or drinking. After business hours, please contact our on-call provider at 1-512-940-9218.

CAN I SHOWER?
Yes. You may shower. The bandage is waterproof. Please avoid fully submerging the surgical site underwater. If the bandage opens or becomes dirty, you may replace it with the new waterproof bandage that has been provided to you.
FREQUENTLY ASKED QUESTIONS

CAN I PUT OINTMENTS ON THE WOUND?

Please do not place any ointments directly onto the wound without discussing with your care team. This will usually be discussed at your 2-week follow-up appointment.

I HAVE NOT HAD A BOWEL MOVEMENT SINCE SURGERY. WHAT DO I DO?

Please take the prescribed laxative (Miralax) once or twice daily until bowel movements occur. If you still have no bowel movement after three days, an enema may be required. Please contact our clinic at 1-833-882-2737.

WHEN CAN I RETURN TO WORK?

You must be off all narcotic pain medications before returning to work. Most patients may return 6 weeks after surgery, depending on the type of work. This will be discussed at your 2-week and 6-week follow-up appointments.

I AM HAVING A HARD TIME SLEEPING. IS THAT NORMAL?

Yes, some patients may experience a period of insomnia following surgery. This will improve with time. You may try Sleepy Time Tea as needed or contact our office at 1-833-882-2737 if you need further assistance.

THIS IS MY SECOND HIP/KNEE REPLACEMENT. THE FIRST ONE WAS NOT AS PAINFUL. IS SOMETHING WRONG?

No. It is normal to experience different amounts of pain with your second surgery.

CAN I TAKE OFF MY ANTI-EMBOLISM HOSE?

Yes, for short periods of time. We recommend you take it off at least one hour per day to let the skin rest. However, we recommend you wear the hose frequently until your 2-week follow-up.

CAN I STOP TAKING MY ASPIRIN IF MY PAIN IS CONTROLLED?

Aspirin is not for pain control in this situation. Aspirin is used to prevent clotting. Please take all medications as prescribed.

I AM EXPERIENCING FEVER AFTER SURGERY. IS THAT NORMAL?

Yes, you may experience a low-grade fever (up to 101.5 degrees Fahrenheit) after surgery. If your fever is greater than 101.5 degrees and it does not decrease within 2-3 hours after using Tylenol please contact our clinic at 1-833-882-2737. After business hours contact our on-call provider at 1-512-940-9218.
Notes/Suggestions
ABOUT UT HEALTH AUSTIN

ABOUT OUR PRACTICE

UT Health Austin’s Musculoskeletal Institute diagnoses, treats, and manages musculoskeletal disorders in patients (14 years and older). We work with you to develop a treatment plan that will help reduce your pain, improve your function, and increase your range of motion.

ABOUT UT HEALTH AUSTIN

UT Health Austin is the clinical practice of the Dell Medical School at The University of Texas at Austin. We collaborate with our colleagues at the Dell Medical School and The University of Texas at Austin to utilize the latest research, diagnostic, and treatment techniques, allowing us to provide patients with an unparalleled quality of care. Our experienced healthcare professionals deliver personalized, whole-person care of uncompromising quality and treat each patient as an individual with unique circumstances, priorities, and beliefs. Working directly with you, your care team creates an individualized care plan to help you reach the goals that matter most to you — in the care room and beyond. For more information, call us at 1-833-UT-CARES (1-833-882-2737) or request an appointment at uthealthaustin.org.

Office Phone: 1-833-UT-CARES (1-833-882-2737)
Office Phone Hours: M - F, 8 - 5 PM
Non-emergent calls received after 4 PM will be addressed the next business day.

If you are having a medical emergency, please call 911. For after-hours surgical concerns, please call 1-512-940-9218

Message us: Via our Patient Portal at https://pxppapp.px.athena.io/ or scan the QR code.

Non-emergent messages may also be sent via the portal and will be answered within 2 business days.