

HORBERG TOTAL JOINT DISCHARGE INSTRUCTIONS

Follow Up Instructions:

- Follow Up with: Dr. John Horberg
 - When: 3 Weeks
 - Call: (307) 745-8851 to schedule/confirm appointment

Where to Find Answers to Questions:

- Review the “Total Joint Replacement Handbook” you received prior to surgery. A copy can be downloaded from Dr. Horberg’s website if need be.
- Review this discharge order sheet and the “Total Joint Bootcamp” videos available on Dr. Horberg’s YouTube
- Call PBJC and ask to speak with “Team Horberg” (307) 745-8851

Dressing Care Instructions:

- Total Shoulder Replacement-
 - You may shower with mepilex dressing in place
 - Do NOT bathe/submerge this dressing
 - Remove mepilex dressing on Post-Op Day #7
 - There is dressing with skin glue & mesh on beneath this
 - Leave Prineo dressing (skin glue & mesh) in place until follow up (~3 weeks)
 - You may shower with this dressing
 - Do NOT bathe/submerge this dressing
 - If the edges begin to peel up, cut off with clean scissors
 - Keep sling in place at all times unless showering
 - Ok to remove sling to shower
- Total Hip Replacement-
 - You may shower with mepilex dressing in place
 - Do NOT bathe/submerge this dressing
 - Remove mepilex dressing on Post-Op Day #7
 - There is dressing with skin glue & mesh on beneath this
 - Leave Prineo dressing (skin glue & mesh) in place until follow up (~3 weeks)
 - You may shower with this dressing
 - Do NOT bathe/submerge this dressing
 - If the edges begin to peel up, cut off with clean scissors
- Total Knee Replacement-
 - You may shower with mepilex dressing in place
 - Do NOT bathe/submerge this dressing
 - Remove mepilex dressing on Post-Op Day #7
 - There is dressing with skin glue & mesh on beneath this
 - Leave Prineo dressing (skin glue & mesh) in place until follow up (~3 weeks)
 - You may shower with this dressing
 - Do NOT bathe/submerge this dressing
 - If the edges begin to peel up, cut off with clean scissors
 - If you have a knee immobilizer, keep this in place unless showering
 - Ok to remove immobilizer to shower
- Wound/Incisional VAC- if you have a wound or incisional VAC follow care instructions as provided by hospital staff.

Activity Instructions:

- Use assistive devices as needed and prescribed by Dr. Horberg and PT/OT
- Total Shoulder Replacement-
 - Keep arm in sling until follow up
 - Ok to come out of sling and let arm hang at side for showering
 - Do not use operative arm for activities of daily living
 - No active Forward Flexion, Abduction, Internal Rotation, Elbow Flexion
 - No passive External Rotation
- Total Hip Replacement-
 - Weight Bearing as Tolerated
 - NO hip precautions
 - No running/jumping/weight lifting until cleared by surgeon
- Total Knee Replacement-
 - Weight Bearing as Tolerated
 - No running/jumping/weight lifting until cleared by surgeon

Pain Control:

- Ice & Elevate
 - Elevate affected extremity above the level of the heart to help reduce swelling and pain
 - Ice the affected extremity for 10mins at a time as often as twice ever hour. This will help with swelling and pain.
- Take all medications as prescribed, do not increase dose or frequency
- Anti-Inflammatory Medications:
 - Over the counter NSAIDs are good to take after a surgery or injury
 - These medications can be taken around the clock as directed on the bottle
- Tylenol:
 - Do not take Tylenol if you are prescribed a narcotic containing Tylenol/Acetaminophen
- Narcotics:
 - If you are prescribed a narcotic pain medication, take only as needed and try to wean yourself from these medications as soon as you are able. Do not set an alarm or have someone wake you up to take these.

Medications:

- **Blood Thinners:** take a minimum of 30 days of blood thinners after surgery unless directed otherwise by your primary care physician or Dr. Horberg
 - If You Take a Home Blood Thinner- begin taking your normal dose on the first day after surgery (POD1)
 - If you DO NOT Take a Home Blood Thinner- take Aspirin 81mg 2x daily by mouth for 30 days
 - High Risk Patients- you may be directed by Dr. Horberg or another physician to take a stronger blood thinner after surgery if you have a recent history of blood clots or other risk factors.
- **Pain Medications:** most patients receive two narcotic pain medications. These should be alternated every 4/6hrs as prescribed. Take only as needed for pain and try to wean yourself off them as soon as you are able. DO NOT set alarms or have someone wake you up to take these.
- **Steroid:** you will receive a two day prescription for decadron or a similar steroid. Take this as prescribed to help reduce nausea, inflammation and pain.
- **Nonsteroidal Anti-inflammatory:**
 - Prescription- you will receive a 30 day prescription for a prescription strength anti-inflammatory (meloxicam or Celebrex). Please take this as prescribed until completed.
 - Over the Counter- if you continue to have soreness after surgery you can transition to over the counter anti-inflammatories such as ibuprophen or naproxen. Do not take these medications with prescription anti-inflammatories.
- **Antibiotics:** some patients will go home on antibiotics
 - Oral Antibiotics- patients having revision surgery or at high risk for infection will take 10 days of an oral antibiotic after surgery. Take all pills as prescribed.
 - IV Antibiotics- patients being treated for a joint infection may receive 6-8 weeks of IV antibiotics. Arrangements for PICC line placement and infusion need to be made prior to discharge home.

- **Other Medications:** Dr. Horberg recommends you take several over the counter medications and supplements to prevent nausea, constipation and acid reflux. Please see your pre-surgical book for further details. A copy of the book can be downloaded from Dr. Horberg's website as well.

Physical Therapy:

- **Total Hips & Knees:** outpatient therapy begins within 3-5 days of surgery
- **Total Shoulder:** outpatient therapy will be scheduled after your first follow up visit

ASK YOUR NURSE FOR YOUR ORDER BEFORE YOU LEAVE THE HOSPITAL OR SURGERY CENTER

The therapy orders can be found in the pre-operative packet the hospital or surgery center receives from our office

How to Identify Problems if they Occur:

Complications after total joint replacement are rare but can occur. Most complications are minor and require only time or minor treatment to heal. Occasionally severe or life threatening complications can occur and it is important to know how to spot them.

Call Dr. Horberg's Office if you Have:

- **Pain:** call us first if you have pain in the **HIP, KNEE** or **SHOULDER**.
- **Redness/Swelling:** call us first if the skin around your incision is red or swollen
- **Bleeding:** some bleeding is **normal** after surgery. If the bleeding won't stop after multiple dry dressings, call our office
- **Drainage:** white/yellow/green drainage from the incision can be a sign of infection, call our office for further instructions
- **Wound Opening:** if your wound starts to open up, call our office for further instructions.

Call Your Primary Doctor's Office if:

- **You Feel Ill:** if you feel ill after surgery, call your primary doctor for instructions or to schedule a visit.

Go to the Emergency Room if you Have:

- [1] **CHEST PAIN:** chest pain can be a sign of a heart problem or pulmonary embolus
 - **CALL 911 or GO to ER IMMEDIATELY**
- [2] **SHORTNESS OF BREATH:** shortness of breath can be a sign of a heart problem, lung problem or pulmonary embolus
 - **CALL 911 or GO to ER IMMEDIATELY**
- [3] **SUDDEN FACIAL DROOP, WEAKNESS or SLURRED SPEECH:** sudden weakness in one side of your body, facial drooping or slurred or garbled speech can be a sign of a stroke
 - **CALL 911 or GO to ER IMMEDIATELY**

FOR MOST PROBLEMS: It is best **NOT** to go to the emergency room or your primary doctor. The doctors in the emergency department and your primary doctor are **NOT SURGEONS** and are not as familiar with managing joint replacement as we are. For most problems related to your **HIP, KNEE** or **SHOULDER** it is best to call the **PREMIER BONE AND JOINT CENTERS** first.