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TOTAL JOINT REPLACEMENT

Post-Operative Care

1. [What medications do I take?](#)

You will be provided with painkillers on your discharge as well as tablets to reduce your risk of clots. In the first few weeks it is really important to take your pain killers and use ice therapy on a regular basis to ensure that you can maintain and improve your range of motion and progress your rehabilitation.

Your blood thinner medication (aspirin or DOAC) is especially important to take as this reduces your risk of blood clots.

2. [When can I drive?](#)

You can drive when you can easily get into and out of the car without difficulty; When you are no longer using crutches; when you have enough control of your leg that you can feel safe and confident behind the wheel; and you are no longer taking strong pain medications. This is usually about 6-8 weeks post operatively.

3. [When can I return to work?](#)

This depends upon the demands of your job, but plan to take at least 4 weeks off work. You can be back to a desk job within 4-6 weeks but physically demanding jobs may take 3 - 4 months to return to.

4. [Do I need a brace?](#)

No, the implants are stable and you can put full weight through the leg straight away.

5. [How long will swelling last?](#)

It can take 6-12 months before the swelling is completely resolved. The knee will also feel slightly warmer than the other side for this period. Swelling will also be noticed around the ankle, particularly towards the end of the day.

6. [When can I fly?](#)

You can travel from the 6-week mark, this is primarily due to the risk of blood clots.

7. Are there restrictions post operatively?

The physiotherapist will go through the post-operative restrictions post total hip replacement aimed at minimizing the risk of dislocation.

With total knee replacement there are no restrictions. We would emphasise the importance of **not** sleeping with anything under the knee and in fact a support under the foot can help with extension when at rest. Of not there is no limitation to kneeling, however, 50% of patients with a scar over the knee will not tolerate kneeling directly on it. For patients where kneeling is important it is advisable to use a cushion or knee pads.

For any questions or concerns please email: johngibbonssec@gmail.com