

8.3 Orthopedics: Going Home

Halifax Infirmary (HI)

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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Designed by: Nova Scotia Health Library Services

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To be reviewed November 2027 or sooner, if needed.

8.3 Orthopedics: Going Home

Soon, you will be discharged from the hospital. This pamphlet explains the information you were given during your hospital stay. We hope it helps to answer any questions you may have after you are discharged home.

Anticoagulant medication (blood thinners)

- After surgery, you may be at a higher risk for deep vein thrombosis (DVT) and pulmonary embolism (PE) (see page 7).
- You will get a prescription for a medication to help prevent DVT and PE.

Dalteparin (Fragmin®)

- This medication is injected under the skin using a needle. Take this medication at the same time every day. For more information, ask a member of your health care team or see the sheet in the Fragmin® bag you were given.
 - › Time given while in the hospital: _____

Rivaroxaban (Xarelto®)

- This is an oral (taken by mouth) medication. Take it once a day until you have finished all of the medication. Take this medication at the same time every day.
 - › Time given while in the hospital: _____

- If you have equipment like a raised toilet seat, a bath seat, or a bench, follow the instructions from the supplier to install it properly. **This is very important.**

- › Your equipment is from:

-
- › **If you have Red Cross equipment, please return it when you are done.**

What are your questions?

Please ask a member of your health care team. We are here to help you.

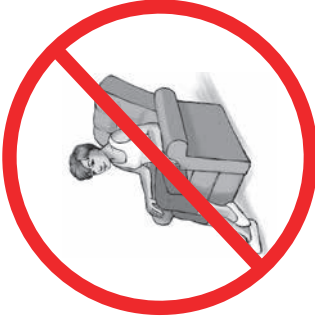
If you had a total hip replacement:

Follow hip precautions for 6 to 8 weeks after your surgery, or until your surgeon tells you to stop. Hip precautions include:

- **Do not** bend past 90 degrees from your hip or waist when you are sitting, standing, or lying down.



- **Do not** cross your legs at the knees or ankles.



- **Do not** twist your operated leg inwards or outwards from the hip.



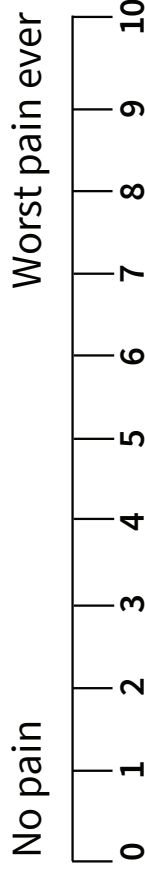
- Make sure that you have a pillow between your legs when rolling over in bed.

ASA (Aspirin®)

- This is an oral medication taken 1 or 2 times a day. Take it at the same time(s) every day.
 - › Time(s) given while in the hospital:
-

Managing pain after surgery

Pain after surgery is common. When you are discharged, your pain should be managed. It should be a 4 or less on the pain scale of 0 to 10.



Managing your pain helps you heal. You will get a prescription for pain medication.

To help manage your pain:

- Take your pain medication **before** your pain starts.
- Take your pain medication 30 to 45 minutes before doing more activity or any exercises you were given to do at home.
- **Do not** use anti-inflammatory medication (like Advil® or Motrin®). Ask your nurse, doctor, or pharmacist if it is OK.
- Over-the-counter acetaminophen (Tylenol®) will help lower your pain. Ask your nurse, doctor, or pharmacist how much you can take.

Call your primary health care provider (family doctor or nurse practitioner) or go to a walk-in clinic if you have:

- › Pain that does not go away with pain medication
- › Nausea (feeling sick to your stomach)
- › Dizziness

Important

- **Your surgeon is not able to refill your pain medication (narcotic) prescription. If you need a refill of this medication, call your primary health care provider (family doctor or nurse practitioner) or go to a walk-in clinic.**

- › If the doctor at the walk-in clinic cannot refill your prescription, **go to the nearest Emergency Department.**

Dressings and wound care

- Keep your incision (cut) dry and clean.
- Staples or sutures (stitches) should be taken out by your primary health care provider, usually about 14 days (2 weeks) after surgery.
- When you are discharged, you will be given a staple remover. Take the staple remover and Steri-Strips™ with you to your appointment.
 - › Remove staples or sutures on:

- You have been referred to physiotherapy at:

- Private practice
- Outpatient clinic
- Community physiotherapy
- Not applicable

- **Keep a copy of your physiotherapy referral.**

- › Your private insurance company may need a referral to cover some or all of the cost of private physiotherapy.

If you had a knee or hip replacement:

- Put ice on your knee or hip for 15 to 20 minutes at a time. Do this up to every 2 hours, as needed.

If you had a knee replacement and you have been referred to:

- › An outpatient clinic or community physiotherapy **and**
- › **You do not hear from them within 7 days (1 week)**
- Call and ask when you can expect to have an appointment.

Follow-up

- You should have a follow-up visit with your surgeon in 1 to 6 weeks.
- If you are not given a follow-up appointment when you leave the hospital, the Orthopedic Clinic will call you.
- If you do **not** hear from the Clinic in 3 to 5 business days, please call:
 - › Phone: 902-473-1501

My follow-up appointment is on:

with:

Activity and movement

- Use the following walking aid:

- Your weight-bearing status is:
 - › You should follow this weight-bearing restriction until told otherwise by your surgeon.
- Do your exercises _____ times each day.

- Absorbable sutures and skin glue do not need to be removed. They will dissolve (go away) on their own.
- **Do not** soak in a bath or use a pool or a hot tub until your incision is fully healed and your staples or sutures are removed.

If your dressing gets dirty or wet:

1. Wash your hands.
2. Take off the old dressing.
3. Put a clean dressing on.

Your nurse will tell you where to get supplies for a dressing change, if needed.

Complications

Constipation (not being able to poop)

Taking pain medication and moving less can make it harder to poop. Keep track of how often you have a bowel movement (poop).

- If you were taking laxatives or stool softeners while you were in the hospital, you may need to keep taking them after you go home.
- You can buy laxatives or stool softeners without a prescription at your local drugstore. Talk with your pharmacist if you have any questions.
- **Do not** ignore the feeling that you need to poop.

- Eat more fibre. Some foods that have a lot of fibre are:
 - › Baked beans
 - › Muffins and cereals made with bran
 - › Peas
 - › Prunes
 - › Whole grain breads
- Eat breakfast every day. This helps your bowels work better.
- Drink at least 6 large glasses of fluids (like water) each day.
- Exercise regularly as told by your surgeon and physiotherapist.

Infection

After having any surgery, it is important to watch for signs of an infection.

Call your surgeon's office or the Orthopedic Clinic if you have any of these symptoms:

- › More pain
- › More redness around the incision
- › Yellow or green drainage from the incision
- › A bad smell from the incision
- › Swelling
- › Fever (temperature above 38.5 °C or 100.4 °F) or chills

If you cannot reach your surgeon's office or the Orthopedic Clinic, go to the nearest Emergency Department right away.

Deep Vein Thrombosis (DVT)

This is a blood clot that forms in a leg (usually in the calf muscle) or an arm. DVT can happen in either leg or arm. It is very serious.

Symptoms of a DVT include:

- › More pain in the leg or arm
- › More swelling of the leg or arm
- › More redness of the leg or arm
- › More tenderness and/or warmth of the leg or arm

If you have symptoms of a DVT, go to the nearest Emergency Department right away.

Pulmonary Embolism (PE)

A PE is a blood clot that has travelled to your lung. This is very serious.

Symptoms of a PE include:

- › Sudden trouble breathing
- › Sharp, stabbing pain in your chest or back when you take a deep breath
- › Confusion

If you have symptoms of a PE, call 911 or go to the nearest Emergency Department right away.