

[donate](#)[Home](#)[About Orthopaedics ▾](#)[Stay Healthy ▾](#)[My Surgery ▾](#)[Research & Awards ▾](#)[Get Involved ▾](#)[About Us ▾](#)[Contact](#)

What to Expect During and After Surgery

So...you've had your first meeting with your orthopaedic surgeon. You've signed a consent form indicating you understand the implications and risks of undergoing a total hip or total knee replacement. And now you're dwelling on the reality of surgery, wondering "What've I got myself into?"

Sure, the pain is intense and persistent, but at least it's the devil you know. Much as you'd love to part ways with this constant companion, now you're headed down a stange new path. And it's a bit scary. Is the destination really worth the trip?

During your first appointment, your surgeon probably outlined some of the things to expect in the near future: lab tests, exercises, physiotherapy, preparation for surgery...blah, blah, blah, blah...recovery, small changes in lifestyle...blah, blah, blah...exercises...blah, blah. If you're like most people under emotional stress, most of the details went in one ear and leaked out the other.

Not to worry. You'll have a second chance to learn all the ins and outs at the pre-operative clinic. Just make sure you or the surgeon's administrative assistant books an appointment for this all-important, day-long educational session – ideally four to six weeks before the actual surgery. Once you're booked, you've taken the first step along the "care path" to recovering function and mobility. Congratulations! You can now breathe a little easier.

And since you probably have some time on your hands before the clinic, we

thought a map of the road ahead would help you prepare for the journey and smooth out any unexpected curves. Aside from knowing in theory what the surgery is all about, there are a number of practical considerations you need to take into account, especially if you work or live alone.

Most Canadian hospitals have adopted “care paths” for orthopaedic surgery, a treatment approach that directs patients into appropriate “lanes” according to their individual needs so that they can receive the best possible care. Most will travel in the express lane that leads directly to surgery a month or so down the road. Some fellow travellers, however, will need to make brief detours because of other medical conditions (high blood pressure, for example, or diabetes or fibromyalgia).

Read about [what to do before surgery here](#)

During: in the OR

Once you’ve checked into hospital, usually a couple of hours before surgery, you’ll be taken to a waiting room where you’ll don your hospital gown. In some hospitals you can walk into the operating theatre; in others you’re wheeled in on a hospital gurney. As your time for surgery approaches, things will become increasingly busy. Your blood pressure, pulse and breathing rates will be checked. An intravenous tube will be inserted into one of your wrists’ veins, so you can receive fluids via this route. Then you’ll go to the operating room where you can talk to your anaesthetist and surgeon. The anaesthetist administers a variety of pain-killing drugs, all designed to work together for your needs. First-time hip surgery takes only one-and-a-half to two hours; knee surgery usually takes a bit longer. Revision surgery can take twice as long as the original procedure.

You’ll awaken in the recovery room where you’ll be watched closely, and staff will repeatedly test your circulation and monitor the return of your sensations. When you come to, you’ll be groggy, and you won’t be able to move your body from the waist down. Both these conditions are temporary. The anaesthetist’s drugs will soon wear off. You’ll be given your first post-operative pain medications as feeling comes back into your body. Typically, you’ll remain in the recovery room for about two hours and then be moved to a regular patient room.

After: the road to rehab

Hospital stays for joint replacement are usually less than a week. Nursing staff will frequently check the bandages covering the surgical wound. Blood pressure,

pulse and breathing will be assessed often, as will sensation in your feet. You'll also be shown how to roll like a log and push yourself to a sitting position without straining your hip and leg muscles. Thus, if lying on your back becomes uncomfortable, you can log-roll onto your side. A long pillow (from groin to ankle) placed between your legs will keep your pelvis and low back from twisting. The first day and night, you'll be using a bedpan or a nurse will assist you onto a commode, since you won't be able to walk independently yet.

You'll receive pain medication. In many centres you'll be given a device that lets you administer pain medication when you need it. A push of a button lets a measured amount of painkiller into your intravenous tube. There's a built-in fail-safe mechanism to prevent you from accidentally over-dosing.

The day after your operation, a physiotherapist comes in to assess your sense of balance and how much weight you can put on your leg. If you're okay, then he/she will assist you to take your first walk: maybe as far as the door to your room or out into the hall – whatever you can tolerate. The idea is to get you moving as soon as possible. Typically, hip and knee surgery is scheduled on a Monday or Tuesday so you can have your first formal rehab session by Friday. That's why doing your strengthening exercises before surgery pays such big dividends after the operation.

During the next several days, nursing staff will replace the bandages and clean the wound. The physiotherapist will help you learn how to use the walker (depending on the type of implant and your physical condition, you may need to use a walker for the next few weeks), and will teach you exercises to strengthen the muscles around your new implant. Some people with well-developed upper-body strength may not need the walker, and instead are taught how to use crutches. Ideally you should be walking independently using a walker or crutches within two days. Once you are mobile and no complications have appeared, you're free to go home.

Almost Home Free

You'll need to do your exercises at least twice a day (preferably three to four times daily), and you'll be seeing your physiotherapist once a week. At some centres, the PT comes to your home; at others you have to arrange transportation to get to the physiotherapy clinic.

For the first two weeks, some people will have to make do with sponge baths, or they may need the help of a home-care attendant to take a shower. The main concern is to keep the wound covered and dry until the staples that hold the surgical wound together are removed. Your physiotherapist will show you

how to cover the wound with plastic. Also, if you're recovering from hip surgery, you'll be shown how to climb into the tub for a shower by simply bending your leg behind you. This way, you avoid lifting knee above your hip.

At two weeks, you can have the staples removed. It will take about six weeks for the wound to heal completely and for the implant to settle. During this time, you'll find the pain from the operation gradually lessens. You should also be gradually tapering off any pain medication that was prescribed when you left hospital.

But, you will still have restrictions on what you can and cannot do. Driving your car is out until after six weeks. The motions of getting into a car and pressing the pedals would be too hard on your new hip or knee at this stage. Bending down to pick up the soap in the shower or to tie your shoes is out, also. While most of the grief is over at six weeks, there'll still be a number of limitations for up to 12 weeks. Changing the bed sheets, lifting laundry loads, preparing food are all things you will likely need help with during this time. The physiotherapist may have some ideas on how you can do some of these things yourself, but you'll need help with other tasks. You may need to make some adjustments at your workplace too, such as the set-up at your desk. Or, you may need to ask your supervisor for different, less physical jobs.

Life will get back to normal – almost. The pain you knew before the operation will be gone, and you'll be able to do many regular activities you had to abandon. Still, you might want to reconsider track-and-field activities (the high jump is definitely a no-no) or sports that require that you stop suddenly and twist in another direction (squash or basketball, for instance).

Oh, another lifestyle change you'll need to remember is when you go to the airport to take that well-deserved holiday after surgery, your new implant could set off the alarm bells as you pass through security. There's not much you can do to prevent suddenly becoming the centre of attention, but a letter from your surgeon to validate your claim of having a joint implant will help make the awkward moment pass quickly.

Quick Links



News



Personal Stories



Do you have hip or
knee osteoarthritis?
Learn about the
GLA:D® program.



Meet Our Patron:
Dr. Marvin Tile



OrthoLink Newsletter



2016-2017 Annual
Report



Keep Current:
Join Our Mailing List