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Your Total Joint Replacement

A short guide to a smooth recovery

From Adam J. Cien, DO

Orthopaedic Surgeon • South Bend Orthopaedics

A note from Dr. Cien

Replacing a hip or a knee is one of the most reliable, life-changing operations in modern medicine. My job is to do the surgery well. Your job — once you're home — is to follow a few simple habits that protect your new joint while it heals.

This short guide walks you through what to expect before, during, and after your surgery. It's meant to be read in one sitting, then kept on the kitchen counter as a reference. The longer documents in this packet (Shopping Checklist, Medication Guide, Week-by-Week Recovery) give you the details when you need them.

If anything in here is confusing or doesn't match what you were told in the office, call us. We'd rather answer the same question twice than have you guess.

— Dr. Cien

What's in this packet

This guide is the overview. Each topic below has its own short handout — pull out the one you need.

- **Pre-Surgery Shopping Checklist** — what to have at home before your surgery date.
- **Medication Guide** — every prescription you'll be given, what it does, and when to stop.
- **Skin Prep Instructions** — how to wash with chlorhexidine the days before surgery.
- **PT Information Sheet** — when therapy starts, where to go, what your insurance covers.
- **Week-by-Week Recovery Guide** — your day-by-day roadmap from surgery to twelve weeks out.

Getting ready for surgery

A few weeks before

Stop smoking. Even a few weeks off cigarettes cuts your risk of wound problems and clots. If you need help quitting, ask us — we have resources.

Be honest about alcohol. Tell us how many drinks you have in a typical week. This isn't about judgment — alcohol affects anesthesia, pain control, and how your body handles surgery. We need the real number.

If you're diabetic, tighten up your numbers. High blood sugar before surgery raises your infection risk. Work with your primary care doctor to get your A1C in the best shape you can.

Finish your pre-op testing early. Your pre-op appointment with my physician assistants goes smoothly when your lab work, EKG, and any other ordered tests are already in our hands. Schedule those as soon as your surgery date is on the books — please don't wait until the week of surgery.

★ Two existing resources I want you to use

Fuel Your Recovery (nutrition program). I've put together a 4-week nutrition plan that helps your body build the protein stores it needs to heal. Find it at dradamcien.com.

Recovery gear for home. The Pre-Surgery Shopping Checklist in this packet walks you through the gear my patients find most useful — an ice machine, compression stockings, a shower bench, a grabber, and more — and where to find it. Our office DME store carries the stockings and the ice machine; you can ask about those at your pre-op appointment.

Medications to review with us

Some medications thin your blood or slow healing. We need to know about all of them — prescription, over-the-counter, and supplements.

- **Blood thinners** (warfarin/Coumadin, Eliquis, Xarelto, Plavix) — usually stopped 5–7 days before surgery, but only if the prescribing doctor agrees.
- **Anti-inflammatories** (ibuprofen, Advil, Motrin, Aleve, naproxen) — these increase bleeding. Usually stopped one week before.
- **Aspirin** — ask us. The answer depends on why you're taking it.
- **Supplements** (fish oil, turmeric, ginkgo, vitamin E) — most should pause a week before. Bring us your full list.

Tell my scheduler **which doctor prescribed each medication** so we can coordinate with them directly. You shouldn't have to play middleman between offices.

Have a question?

Not sure whether to stop a medication before surgery? Call my office at 574-247-9441. The Medication Guide in this packet has the full list, but a quick call is always faster than guessing.

Setting up your home

You'll be moving more slowly for the first couple of weeks. A few small changes make a huge difference.

- **Clear the paths.** Pick up rugs, route cords away from walking lanes, move side tables out of the way.
- **Pick your recovery chair.** A firm chair with armrests, where your knees sit lower than your hips. Skip the soft recliners and the low couches.
- **Bathroom safety.** Get a raised toilet seat or bedside commode and a shower chair before surgery. Both are on the Pre-Surgery Shopping Checklist.
- **Stairs.** Make sure your handrail is solid. If it wiggles, fix it this week.
- **Driving.** Line up rides for the first two to three weeks. You can't drive while taking narcotic pain medicine, full stop.

Surgery day

The night before

- Nothing to eat or drink after the time we tell you. No ice chips, no gum, no mints.
- Shower with the chlorhexidine wash exactly as the Skin Prep handout says.
- Sleep on fresh sheets, in clean pajamas. No lotion, no powder, no makeup.
- Don't shave the surgical area. Razors leave tiny nicks that can let bacteria in.

The morning of

- Take only the medications I told you to take, with a small sip of water.
- Leave jewelry and contact lenses at home.
- Do not take your oral diabetes pills the morning of surgery (insulin: only if I told you to).

When you arrive

Plan on getting there about two hours before your scheduled time. The team will check your vitals, start an IV, mark your surgical site, and walk you through what happens next. I'll see you in the pre-op area before we begin.

Your new hip or knee

A few words about the operation itself — what makes the approach I use different, and what that means for your recovery.

For hip replacement patients

I use the **Direct Superior approach** for almost all of my primary hip replacements. It's a muscle-sparing technique: I work between the muscles around your hip instead of cutting through them. That has one big consequence for you.

★ No hip precautions after primary Direct Superior surgery

You've probably heard horror stories from friends and family who had hip replacements years ago — **don't bend past 90 degrees, don't cross your legs, don't sleep on your side**. Those rules came from older techniques that cut through hip muscles.

With the Direct Superior approach, **the muscle envelope that holds your hip in place stays intact**. That envelope is what prevents dislocation. So I don't put you on hip precautions. You can sit in any chair, sleep in any position, bend over to tie your shoe, and cross your legs from day one.

The only thing I ask: **no resisted hip rotation against weight or resistance for the first 4–6 weeks** — that lets the soft tissue heal completely. Your therapist will walk you through what that means in practice.

What about revision hip surgery?

If you're having a revision hip — meaning we're redoing an earlier hip replacement — I usually use a different (posterior) approach, and the traditional hip precautions do apply. If that's you, we'll review the precautions together in clinic, and your therapist will reinforce them at every visit.

For knee replacement patients

I use a **subvastus approach with Mako robotic assistance**. The subvastus part means I go under the main thigh muscle (the quad) instead of through it — so your quad stays intact and starts firing again much sooner. The Mako robot helps me place the implant within a fraction of a millimeter of where I planned it.

There are two knee rules I ask you to follow for the first six weeks:

- No twisting or pivoting on the operated leg.
- No kneeling or deep squatting.

Beyond that, the recovery is mostly about controlling swelling and slowly winning back motion. More on that in a moment.

How I want you to rehab

There's an old way of thinking about joint replacement recovery: **push hard, push early, no pain no gain**. I don't agree, and the research doesn't support it. Here's the framework I want you to follow instead.

Week 1 is for healing, not exercising

Your body just had major surgery. The first week is when your tissues are most inflamed and most fragile. Aggressive therapy in week 1 increases swelling, increases pain, and actually slows the recovery you're trying to speed up.

Patients who pace recovery in the first two weeks consistently outperform the patients who rush — by three weeks out, the slow group is moving better and hurting less. So when I tell you to rest, ice, and elevate, that's the prescription. It's not a delay.

Three habits for the first two weeks

- **Ice, every 1–2 hours while awake.** 20 minutes on, 40 minutes off. Use a real cold-therapy machine if you have one. Swelling drives pain — control swelling, control pain.

- **Elevate above your heart.** Toes higher than your nose, as the saying goes. This drains the swelling instead of letting it pool around the joint.
- **Walk short distances, often.** Around the kitchen, down the hall, to the bathroom. Frequent short walks beat one long walk every time.

When formal therapy starts

You'll start outpatient physical therapy **5 to 10 days after surgery** — not sooner. I know that's a little later than some other practices recommend, and it's on purpose. Starting therapy on day 3 or 4, before your acute swelling has come down, makes the next month harder, not easier.

I encourage you to use an **assistive device — walker, crutches, or cane — for the first six weeks**. Staying on it gives your body the time it needs and usually speeds up your overall recovery. Listen to your body and your therapist, though. If they tell you you're ready to step down sooner, that's okay with me. Just remember: pushing past what your body is ready for can cause a setback, and a setback will slow you down more than the walker ever would.

> **Have a question?**
>
> For a complete day-by-day plan — what motion to expect at week 1, week 3, week 6, and when to expect to drive, swim, golf, and travel — see the Week-by-Week Recovery Guide in this packet.

Caring for yourself at home

Managing pain

Take your pain medication when you start feeling pain — don't wait for it to get bad. Pain is much easier to **prevent** than to **chase**. Take a dose before therapy and before bed, especially in the first ten days.

Pain pills can make some people queasy. If that happens, cut your dose in half and call us — we have a few options that can help. The Medication Guide in this packet has the full list of what you'll be given and what each one does.

Two reminders that catch every patient: **no driving on narcotic pain medicine**, and **expect constipation** — anesthesia and pain pills both slow your gut down. Drink water, eat fruit and whole grains, and use a stool softener.

Incision care

In most cases I'll close your incision with a **Sylke dressing**, a white adhesive bandage that protects the wound while it heals. Occasionally I'll use **Prineo** instead. Both are waterproof — once they're on, you can shower from day one, and you don't need to cover them.

- Leave the dressing on until day 14, or until your first follow-up, whichever comes first.
- After the dressing is off, gently wash the incision with soap and water. No scrubbing.
- No alcohol, peroxide, or ointments on the incision unless I tell you otherwise.
- Don't submerge the incision — no baths, pools, or hot tubs — until it's fully closed (no scabs, no drainage).

The Skin Prep handout in this packet has the full before-and-after washing routine.

Watching for problems

Most patients sail through. But every now and then something needs our attention. Call my office right away if you notice any of these.

★ Call us — not the ER — for these

- Increasing drainage, redness, or warmth around the incision after the first few days.
- A fever over 101°F that lasts more than 24 hours.
- New calf pain or swelling that came on suddenly (we want to rule out a clot).
- Pain that's suddenly much worse than the day before, with no clear reason.

For chest pain, trouble breathing, sudden one-sided weakness, or a fall where your new joint feels different — **go to the ER and call us on the way**. The list on the last page spells this out.

Your first follow-up

Your first office visit after surgery is about four weeks out. You'll get the exact date and time on the patient letter from my scheduler. Bring a list of questions — there's no such thing as a dumb one.

Protecting your new joint, long term

A joint replacement is artificial — it doesn't have your body's natural defense against infection. A few habits will protect it for life. Dental work is the big one, because the mouth is full of bacteria that can travel through the bloodstream and settle on an implant.

- **Wait three months after surgery before any dental work,** including routine cleanings. Your implant needs that time to fully integrate before we expose it to mouth bacteria.
- **For the rest of your life, take a preventive antibiotic before any dental work** — including cleanings. Call my office a week ahead of your appointment and we'll send the prescription to your pharmacy.
- **For any other procedure,** tell the doctor or dentist you have an implant. Most procedures don't need antibiotics, but the ones that do — we'll prescribe them. When in doubt, call.

How to reach my team

My team and I are here for you before, during, and after surgery. Here's how to get in touch — and when each option is the right one.

Two quick notes on reaching us. **Whenever possible, send us a message through the patient portal** — it almost always gets a faster response than a phone call, because the message lands directly with the right person on my team. If you do need to call, please give us one to two business days to get back to you, and please leave just one message. Calling repeatedly slows our response down for everyone, including you.

PATIENT PORTAL	CALL	AFTER HOURS
sbortho.com	**574-247-5164**	**574-247-9441**
Our preferred channel. Messages, results, records — usually the fastest response.	Routine questions, scheduling, refills. Please allow 1–2 business days for a callback.	Routes urgent calls to the on-call provider when the office is closed.

★ When to go to the ER (don't wait for a callback)

- Chest pain, trouble breathing, or sudden weakness on one side of the body.
- Severe leg pain or swelling that came on suddenly (possible blood clot).
- A fall after surgery, especially if your new joint feels different afterward.
- Fever over 101°F that lasts more than 24 hours, or fast-spreading redness around your incision.

We'd rather hear from you twice than miss a real concern.