

## 8.3 Orthopedics: Going Home

### **Congratulations!**

You will soon be able to go home. At the hospital we call this being “discharged.” This guide explains the info you were given during your hospital stay. We hope that this guide helps to answer any questions you may have after discharge.

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# 8.3 Orthopedics: Going Home

## Anticoagulation (blood thinners)

After surgery, you may be at higher risk for deep vein thrombosis (DVT) and pulmonary embolism (PE). (See pages 5 and 6 for more info on these conditions.) You will be prescribed medication to help prevent DVT and PE. Ask your nurse which one (see below).

- Dalteparin (Fragmin®)** – subcutaneous (under the skin) injections (see the info sheet in the Fragmin® bag you were given at discharge). Take this medication at the same time every day.

Time given while in hospital: \_\_\_\_\_

- Rivaroxaban** – oral (by mouth) medication taken one time each day until you have finished all of the pills in your prescription. Take this medication at the same time every day.

Time given while in hospital: \_\_\_\_\_

- ASA (Aspirin®)** – oral medication taken one or two times each day. Take this medication at the same time(s) every day.

Time given while in hospital: \_\_\_\_\_

## Pain control

Pain is normal after surgery. When you are discharged, your pain should be controlled and be a 4 or less on the pain scale of 0-10. **Controlling your pain helps with your healing.** You will be sent home with a prescription for pain medication.

### To help control your pain:

- Take your pain medication **before** your pain starts. It's harder to control your pain if you wait too long before taking your medication.
- Take your pain medication 30-45 minutes before doing more activity or your home exercises, if you were given some to do by physiotherapy staff.
- Don't use anti-inflammatory medications such as Advil® or Motrin® unless you checked with your nurse, doctor, or pharmacist that it's OK.
- Over-the-counter acetaminophen (Tylenol®) will help lower your pain. Please check with your nurse, doctor, or pharmacist about how much you can take.
- Please contact your health care provider or a walk-in clinic if you have uncontrolled pain, nausea (feeling sick to your stomach), or dizziness.

If you need a refill of your pain medication (narcotics) prescription, please go to your family health care provider or a walk-in clinic. If the doctor at the walk-in clinic is not able to refill your prescription, you will need to go to an Emergency Department. The surgeon is not able to refill your prescriptions.

## **Dressings and wound care**

- Keep your incision (cut) site dry and clean.
  - Staples or sutures (stitches) should be removed by your family health care provider as directed by your surgeon, usually about 14 days after your surgery.
    - › Remember to take the staple remover and Steri-Strips™ with you to your appointment. The staple remover is given to you on discharge.
    - › Date staples or sutures should be removed:
- 
- Absorbable sutures and skin glue do not need to be removed. They will reabsorb on their own.
  - Avoid soaking in a bath, or using a pool or hot tub until your incision is fully healed (closed) and staples or sutures are removed.
  - If your dressing gets dirty or wet: wash your hands, remove the old dressing, and put a clean dressing on. Your nurse will tell you where to get supplies for a dressing change if you need them.

# Complications

## Constipation

Using pain medication and moving less can make it harder to have a normal bowel movement. Keeping track of your bowel movements is very important.

Tips to prevent constipation:

- If you were started on laxatives or stool softeners in the hospital, you may need to keep taking these after you go home. You can buy laxatives or stool softeners over the counter at your local pharmacy. If you have any questions, talk with your pharmacist.
- Do not ignore the feeling that you need to have a bowel movement.
- Eat more fibre (e.g., whole grain breads, muffins and cereals made with bran, fruits and vegetables, baked beans, prunes, peas).
- Eat breakfast every day. This helps your bowels work better.
- Drink at least 6 large glasses of fluids each day.
- Exercise regularly based on what your surgeon and physiotherapist recommend.

## **Infection**

You are at risk of getting an infection after any type of surgery. This is very serious.

Signs and symptoms of an infection include:

- › increased redness around the incision
- › swelling
- › yellowish or greenish drainage from the incision
- › bad smell from the incision
- › increased pain
- › fever and chills

**If you have symptoms of an infection, call your surgeon's office or the Orthopedic Clinic, or 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 arm. This is very serious and can happen in either leg.

Symptoms of a DVT include:

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

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

## **PE (Pulmonary Embolism)**

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

Symptoms of a PE include:

- › sudden trouble breathing
- › sharp, knife-like pain in your chest or back when you take a deep breath
- › confusion

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

## **Followup**

- You should have a followup visit with your surgeon in 1-6 weeks.
- If you are not given a followup appointment time when you leave the hospital, the Orthopedic Assessment Clinic will contact you. If you do not hear from the Clinic in 3-5 business days, please call 902-473-1501.

My followup appointment is on:

\_\_\_\_\_

with: \_\_\_\_\_

**What are your questions?  
Please ask. We are here to help you.**



## Activity and mobility (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.
- You have been referred to physiotherapy at:
  - Private practice
  - Outpatient clinic
  - Community physiotherapy
  - Not applicable
- Keep a copy of your physiotherapy referral.
  - › Your insurance company may require a referral to cover some or all of the cost of private physiotherapy.
  - › If you had a knee replacement and have been referred to a hospital-based outpatient clinic or community physiotherapy and you do not hear from them within one week, call and ask when you can expect to be booked for an appointment.
  - › If you had a knee/hip replacement, put ice on your knee/hip for 15-20 minutes at a time. Do this up to every 2 hours, as needed.

- If you had a total hip replacement, follow hip precautions for 6-8 weeks, or until the 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.
- If you have equipment such as a raised toilet seat, bath seat, or bench, follow the instructions from the supplier for proper installation.
- Your equipment is from:

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





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Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

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

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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*Please do not use perfumed products. Thank you!*

[www.nshealth.ca](http://www.nshealth.ca)

*Prepared by: Orthopedic Short Stay Unit*

*Designed by: NSHA Library Services*

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If you have any questions, please ask your health care provider.

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The information in this pamphlet is to be updated every 3 years or as needed.