

# First Post-Operative Visit FAQ

(2–3 Weeks After Surgery – Total Hip & Total Knee Replacement)  
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**Congratulations!!!!** You've taken an important step on your journey to recovery. We know that having hip or knee replacement surgery can bring a lot of questions and sometimes even a little uncertainty. Our goal is to make sure you feel supported, informed, and confident every step of the way.

This guide provides answers to the questions we hear most often from patients after surgery. From pain management and activity guidelines to incision care and medication use, the information here is designed to help you navigate your recovery safely and smoothly. Keep in mind that every patient's recovery is unique, so always follow the specific instructions given to you by your care team.

If you find that you still have questions after reviewing this guide, please don't hesitate to reach out to our office. We are here to support you throughout your healing process.

## **Incision & Wound Care**

### **Q: Is it normal for my incision to still look bruised, swollen, warm, or numb?**

A: Yes. Bruising, swelling, warmth, and numbness are very common up to 6 weeks after surgery. These should slowly improve. Call the office if redness spreads, drainage increases, or swelling/pain/numbness worsens. *Expect a TKA incision to be warm for up to one year.*

### **Q: When can I remove my dressing or stop covering the incision?**

A: Most patients can remove the surgical dressing at 5–7 days. Surgical glue will flake off on its own over 2–4 weeks. If collagen dressings are approved by your insurance company, please use those as directed (21 days). Some patients prefer to keep the incision covered to prevent it from catching on clothing. These dressings are available on the Amazon links.

### **Q: Can I shower normally? When can I take a bath, swim, or use a hot tub?**

A: You may shower right away — the bandage is waterproof. Do not scrub the incision; pat it dry. Avoid soaking the incision (baths, pools, hot tubs) for 4–6 weeks, or until fully healed. A shower chair is recommended.

### **Q: What should I do if there is drainage, a rash or redness around the incision?**

A: A small amount of drainage that gets lighter each day is expected. If the drainage increases, becomes cloudy/green, or if spreading redness develops, call our office at **412-283-0260**. Some patients may notice itching, redness, or drainage at the skin level due to a mild allergic reaction to the surgical glue or dressing. This is usually not an infection but should still be reviewed. Please send a photo of your incision through the **MyMobility app** or text it to **412-283-0260**. Once reviewed, we will call you.

## **Pain, Swelling & Recovery**

### **Q: How much pain/swelling is normal at this stage?**

A: Swelling and mild pain are normal during the first 4–6 weeks. It will look worse before it gets better. Elevation, ice, and compression stockings can help.

### **Q: When should I start weaning off narcotics and switch to Tylenol/anti-inflammatories?**

A: Most patients begin tapering off narcotics in the first 1–2 weeks. You may switch to Tylenol and/or anti-inflammatories (if safe for you) once your pain decreases.

**Q. Is stiffness normal, and how do I work on regaining motion?**

**A:** Yes. Early stiffness is common, especially with knee replacement. Focus on exercises to straighten and bend the joint. By two weeks, knee patients should be near 90° of bend. *Getting the knee straight is more important than the bend!!*

## Pain Management FAQs

**Q: Do I have to take the pain medications exactly as prescribed?**

**A:** Yes. Moderate to severe pain after surgery is expected, which is why prescription pain medications were provided. However, if your pain is well-controlled with over-the-counter medications such as Tylenol (acetaminophen) and anti-inflammatories (ibuprofen, naproxen, etc.), we strongly encourage you to use those instead. Prescription narcotics (such as oxycodone) or Ultram/Tramadol should be used only for breakthrough pain when over-the-counter options are not enough.

**Q: How long will post-operative pain medication be prescribed to me?**

**A:** Prescription pain medications can be provided during your **90-day post-operative period** if your pain is not controlled with over-the-counter options. Most patients are able to taper off narcotics within **2-3 weeks** after surgery. If you have a history of narcotic or pain pill use, it may take longer and can be more difficult to completely stop. If you are having trouble tapering off pain medication, please contact our office — we can help adjust your regimen and support you through the process.

**Q: What over-the-counter pain medications can I use after surgery?**

**A:** Many patients can control their pain with Tylenol (acetaminophen) and anti-inflammatories (Celebrex or Meloxicam or NSAIDs such as ibuprofen/Advil, or naproxen/Aleve). Tylenol and NSAIDs medications can be taken together safely if there are no contraindications from your primary care physician. Only one NSAID should be taken, do not double up on NSAIDS.

- **Tylenol (acetaminophen):** Do not exceed 3,000–4,000 mg per day, including any acetaminophen that may already be in your prescription pain medication.
- **NSAIDs:** Take with food to protect your stomach. Avoid if you have kidney disease, ulcers, or if your doctor has told you not to take anti-inflammatories.
  - Always check with our team or your primary doctor if you have questions about which over-the-counter medications are safe for you.
  - We can provide you with a 30 day refill of Celebrex or Mobic during the post operative period. We will then ask you to contact your PCP since long term usage of these medications need to be followed with bloodwork.

**! Safety Note:**

- Do **not** drink alcohol while taking narcotics.
- Do **not** drive or operate machinery while on narcotics.
- Try to taper off prescription pain medication as soon as your pain allows.
- Contact our office if you have concerns about your pain control or tapering process.

**Q: Why am I having trouble sleeping?**

**A:** Sleep issues are very common after joint replacement, even without pain. They usually improve with time. Melatonin or a short nap may help — avoid using narcotics to fall asleep.

## Mobility & Activity

**Q: When can I stop using the walker/cane?**

**A:** Most patients use a walker for 1–2 weeks, then a cane for another 2–3 weeks. Transition when you feel steady and safe.

**Q: How much walking/exercise should I be doing right now?**

A: Walk several times daily, gradually increasing distance. Use pain as your guide. Overdoing it can increase swelling and soreness.

**Q: Do I need to go to outpatient PT, or is walking enough?**

A: For hip patients, walking and home exercises may be enough. For knee patients, outpatient PT is recommended to regain motion and strength.

**Q: When can I drive again?**

A: If surgery was on your left leg, usually at 2 weeks. For the right leg, typically 3–4 weeks. You must be off narcotics and feel safe controlling the vehicle.

**Q: When can I travel or fly?**

A: Most patients can travel at 4–6 weeks. If you must travel earlier, discuss it with Dr. Perricelli & team. Always move around during long trips to prevent blood clots. No card is needed from Dr. Perricelli or his team, please see [www.TSA.gov](http://www.TSA.gov).

## Medications

**Q: How long do I need to continue my blood thinner?**

A: Typically for 4 weeks minimum after surgery. If you can tolerate it for 6 weeks, that would be beneficial. This may vary if you have a history of blood clots or other risk factors.

**Q: Should I still be taking anti-inflammatories or Celebrex?**

A: Yes, if prescribed. Take this for 30 days after surgery. It will help with pain and decrease inflammation.

## Return to Normal Life

**Q: When can I return to work?**

A: For desk jobs, once you are off narcotics and comfortable sitting (often 3–4 weeks). For physical jobs, usually 6 weeks or longer depending on demands.

**Q: When can I resume golf, gym, or recreational activities?**

A: Light activities can begin after 6 weeks, but full return to sports may take 3–6 months. Start gradually.

**Q: How long until I feel 'normal' again?**

A: Most patients feel 75% better by 6-8 weeks. The entire healing process will take over one year, specifically for total knee replacement.

## Dental & Long-Term Care

**Q: Do I need antibiotics before dental work?**

A: Yes. Take antibiotics 1 hour before any dental procedure (Dr. Perricelli recommends for life). If you have diabetes, multiple joint replacements, immunosuppressive medications, rheumatoid/inflammatory arthritis, you are at higher risk for infection; lifetime antibiotic prophylaxis may be indicated. No dental work for 3 months after surgery unless cleared by Dr. Perricelli.

**Q: How long will I need to follow-up after surgery?**

A: After your early visits, most patients are seen at 1 year, then every 3–5 years to check the implant (X-ray). If you have any concerns, call anytime 412-283-0260.