

Patient Education Guide: *Total Hip & Knee Replacement*

Introduction

Thank you for choosing **Dr. Brett C. Perricelli, MD, FAAOS**, and the **Team** at **South Hills Orthopaedic Surgical Associates** for your care. Our comprehensive joint replacement program is designed to guide you through every step — from preparation to recovery — with a focus on safety, comfort, and helping you return to the activities you enjoy.

Dr. Perricelli is a nationally recognized leader in both Total Hip Arthroplasty (THA), Total Knee Arthroplasty (TKA), infection prevention, rapid recovery, multimodal pain management and peri-articular injection techniques. He teaches these advanced protocols across the country, helping to minimize postoperative pain and reduce the need for opioids after joint replacement surgery.

Preoperative Preparation

Medical Clearance & Pre-Admission Testing

- Complete medical clearance within 30 days of surgery (History and Physical)
- Tests may include: blood work, EKG, and chest X-ray.
- Some patients may need additional evaluations (cardiac, urology, pulmonary etc.).
- **No medical clearance = no surgery.**

Preoperative Physical Therapy (“Prehab”)

- You will receive a home exercise program to continue up to the surgery date. MyMobility will also send you valuable Pre-hab exercises and education.
- Improves range of motion and strength prior to surgery.
- This reduces post-operative recovery time and improves outcomes.
- A 15-20 pound weight loss is encouraged. This will help make it a safer surgery with less anesthesia risks.
- Make an outpatient PT appointment, plan for **2-4 days after your surgery.**

Infection Prevention

- **Preoperative skin cleansing** with **Sage - Chlorhexidine Gluconate (CHG) Cloths or Hibiclens (chlorhexidine)**: Night before and morning of surgery.
- Change bed sheets the night before surgery.
- **Dental work**: Please get your teeth cleaned at least 2-3 weeks prior to surgery. No elective dental work for 3 months after surgery.
- **Intravenous (IV) Antibiotics** will be given prior to your surgery, in the surgery center or hospital.
- Extended (before and after) **nasal decolonization** is encouraged but not mandatory. This can be purchased on the Amazon links.
- Certain **biological drugs** (Remicade, Humira, Enbrel, Cimzia, Cosentyx, Stelara, Skyrizi, Xeljanz and others) will need to be held prior to surgery as these drugs can increase the rate of infection after surgery.

Education

- Register for **MyMobility** , please review on the main page of the patient education portal.
- Review the patient education videos on <https://www.hipandkneepittsburgh.com/>
- For hospital patients, please make plans to take the pre-operative class.

Nutrition Optimization

- We recommend a **4-week Ortho Nutrition Program** prior to surgery.
 - Focus on protein supplementation, hydration, and maintaining a healthy weight.
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Outpatient Surgery: Why It's Safe

- Dr. Perricelli and his team have performed thousands of successful outpatient joint replacements using the most modern techniques.
 - **Same-day discharge reduces infection risks.**
 - Lower rates of complications and medical error compared to traditional hospital stays.
 - For decades, we thought longer hospital stays meant better care, more monitors, more “safety” and more medicine.....*we were wrong!!!*
 - Smaller incision surgery protects muscle and home recovery boosts morale.
 - You will be evaluated for walking, gait training and steps several hours after surgery!!!
 - No roommate, no sharing of a bathroom, less noise = ***better sleep and recovery.***
 - Your own bed and food is *always* better than any hospital bed and food.
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Day of Surgery

- **Arrival Time:** You'll be contacted the day before.
 - **Bring:** ID, insurance card, joint replacement booklet, and walker.
 - **Please bring any ice packs to the Surgery Center**
 - **Fasting:** No food or drink after midnight unless instructed otherwise. No gum, lozenges or mints.
 - **Surgery Duration:**
 - Hip: 60-90 minutes + before and after setup and anesthesia times
 - Knee: 60 minutes + before and after setup and anesthesia times
 - **Discharge:**
 - **Hospital** - Most patients (>85%) go home the same day
 - **POSS (ASC)** – All patients go home Pittsburgh Orthopaedic Surgical Suites!!
 - **Total time at facility:**
 - **St. Clair Hospital:** 8-10 hours
 - **POSS – Surgery Center:** 4-5 hours
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Anesthesia Overview

- **Spinal anesthesia with sedation** is common to reduce nausea, blood loss, and complications. Spinal anesthesia is the *preferred* method for smooth, comfortable surgery.
 - General anesthesia may be used if needed but is less common.
 - **Peri-articular injections:** Dr. Perricelli uses an advanced cocktail of medications around the joint to dramatically reduce post-op pain and minimize opioid use.
 - **EXPAREL®** (Long acting anesthetic) is available at Pittsburgh Orthopaedic Surgical Suites (POSS)
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Postoperative Recovery

Activity & Mobility

- **You will be walking the same day of surgery!!!**
- Use a walker or crutches for 1–2 weeks, then transition to a cane per Physical Therapy.
- Outpatient PT typically starts within 2–4 days after surgery.
- Home PT may be arranged for specific cases.
- Goals:
 - **Hip:** Walk as much as comfortable. Return to sports within 3–6 months.
 - **Knee:** Achieve 90° flexion by week 2, straighten fully by week 4.

Incision Care

- **Dressings:**
 - **Hip & Knee:**
 - Aquacel -- can be removed between days 5-7 or
 - PICO -- negative pressure dressing – The battery will stop working on day 7.
 - Transition to Collagen Dressings if insurance approved.
 - **Knee:** Ace wrap can be removed the day after surgery
 - Do not remove glue; it will flake off naturally.
- **Showering:** Allowed with waterproof dressings, gentle water and no scrubbing is OK when the initial dressings are removed. Shower chair is recommended, some patients get lightheaded during the first shower, watch for early signs of fainting.
- **No baths or pools for 6 weeks.**
- **Advanced dressing supplies can be purchased through** Dr. Perricelli's Amazon links from the education portal.
- At about **six weeks from surgery**, your incision should appear light pink in color and be nearly healed. At this stage, you may begin gently massaging the incision. This helps your scar become flatter and softer over time. There is no medical need to apply ointments or creams to the incision. However, if you prefer, some patients choose to use over-the-counter products such as Vitamin E cream, Mederma®, or scar gel. These are optional and may be used as long as your incision is fully closed.

Pain Management

- **Dr. Perricelli utilizes a multimodal regimen** that targets pain from several directions & mechanisms. This will reduce the need for narcotics.

Medications:

- **Acetaminophen (Tylenol):**
 - Take regularly every 6–8 hours unless contraindicated.
 - Do not exceed 3,000–4,000 mg/day (depending on your health status).
- **Anti-inflammatories (NSAIDs):**
 - **Celebrex (Celecoxib) or Mobic (Meloxicam)** once or twice daily for **30 days**.
 - NSAIDs may not be prescribed for some patients with a history of ulcers, kidney disease, gastric bypass or certain blood thinners. This is determined on an individual basis.
 - Acetaminophen and NSAIDs may be administered either **concurrently or staggered**.
- **Tramadol (Ultram):**
 - Non-narcotic pain reliever to be used **before resorting to stronger narcotics**.
 - Take as needed, especially for evening or breakthrough pain.
- **Oxycodone (narcotic):**
 - Reserved for **severe pain only**, usually needed for the first **2–7 days**, occasionally up to 2–3 weeks in more complex cases.
 - Use the lowest effective dose and taper as soon as possible.

 *Avoid alcohol, driving, and operating heavy machinery while taking narcotics.*

 *Weaning off narcotics early reduces the risk of dependence and side effects.*

What else can help with pain control?

- **Ice Therapy:**
 - Use an ice pack or cold compression device **3–5 times per day for 20–30 minutes** to reduce swelling and pain.
 - Protect your skin with a towel barrier.
 - **Elevation:**
 - Elevate your leg (ankle above knee, knee above heart) whenever resting to decrease swelling.
 - **Activity & PT:**
 - Gentle movement and walking can reduce stiffness and improve circulation.
 - Avoid overdoing it early on—**pain should guide your limits**.
 - **Melatonin (5–10 mg):**
 - This may help with post-operative sleep disturbances. It is over-the-counter.
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What about side effects?

- **Constipation:**
 - See below
- **Nausea or itching:**
 - May be side effects of narcotics. Let us know if this occurs—we can adjust your medications.

Contact us if:

- Pain is **increasing**, not improving.
- You have **burning, sharp nerve pain**, or **new numbness**.
- You run out of medication and still need pain control.
- You experience side effects like confusion, severe nausea, or allergic reactions.
- 📞 Call **1–2 days before** your prescription runs out for refills.
- **Refills will not be refilled after work hours and/or the weekend.**

Constipation Protocol

- Start a stool softener (Colace), fiber (Citrucel), and hydration immediately after surgery.
- Use MiraLAX or Senekot if needed.
- Walking can really help!!
- Utilize the constipation protocol given at time of discharge.

Swelling & Bruising

- Normal for 6-8 weeks post-op, swelling can persist for 3 months
- Bruising may extend to the foot, ankle, or groin.
- Sometimes (20%) the tourniquet will leave some mid-thigh pain and bruising.
- **Elevation:** Ankle above the knee, knee above the hip.
- **Compression stockings (TED hose):** Optional, may help reduce swelling.

Medications & Blood Clot Prevention

- **Post Operative Medications:**
 - **POSS (ASC)** – These medications will be sent to your pharmacy several days before surgery. Feel free to bring them to POSS for help and explanations of each pill bottle
 - **St. Clair (Hospital)** – Medications will be sent to the inhouse Walgreens for delivery to bedside.
- **Blood thinners:** Aspirin 81 mg **twice daily** for 6 weeks (or other anticoagulants if indicated, pre-existing use, thick blood or personal history of clots).
- **Compression pumps:** Portable calf pumps can be purchased from the Amazon weblinks for home use.
- **Ankle pumps exercise and walking:** *Key for clot prevention!!!*

What are the Most Common Complications of THA?

- **Infection:** Less than 1%
 - **Higher Risk with Diabetes, Obesity, Blood Thinners & Nicotine use**
- **Bleeding:** Transfusion Risk is less than 0.5%

- **Blood Clots:** Leg (DVT) or Lung (PE) 1-2%
 - Aspirin 81 mg **twice daily** for 4-6 weeks (or other anticoagulants if indicated).
 - Ankle Pumps and walking are key for prevention
 - Compression Pumps can be purchased through Amazon
 - **Blood Vessel Injury:** 1/1000
 - **Fracture:** Less than 1%
 - **Permanent Nerve Injury**
 - 1/1000. (lateral to the incision will be numb –where your hand goes into your pocket)
 - **Leg Length discrepancies :**
 - Over time, your affected leg may have gradually shortened due to joint degeneration or deformity. During joint replacement surgery, the goal is to restore your original leg length. This is achieved through careful preoperative planning, precise implant selection, surgical experience, intraoperative fluoroscopy, and the use of advanced technologies such as artificial intelligence. These tools help minimize any postoperative leg length difference and optimize your overall alignment and function.
 - **Hip Dislocation:** 0.5% or less with the specialized protocols and techniques developed by Dr. Perricelli. Much lower with a Direct Anterior Approach.
 - **Delayed Wound Healing:** (5%) The Direct Anterior (DA) approach goes through thin skin in the upper thigh area. Sometimes it will take extra time for this to heal. Obesity, Diabetes and decreased health can make this risk higher.
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What are the Most Common Complications of TKA?

- **Infection:** Less than 1%
 - **Higher Risk with Diabetes, Obesity, Blood Thinners & Nicotine use**
- **Bleeding:** Transfusion Risk is less than 0.5%
- **Blood Clots:** Leg (DVT) or Lung (PE) 2-4%
 - Aspirin 81 mg **twice daily** for 4-6 weeks (or other anticoagulants if indicated).
 - Ankle Pumps and walking are key for prevention
 - Compression Pumps can be purchased through Amazon
- **Blood Vessel Injury:** 1/1000
- **Scar Tissue Formation/Stiffness:** 2-4%
 - Healing involves some scarring, with genetic factors influencing how much occurs. Some patients may develop excessive scar tissue (arthrofibrosis), potentially requiring a procedure to restore motion (manipulation). *Poor preoperative motion, deformity and lack of physical therapy increase the risk of postoperative stiffness.*
- **Persistent Discomfort:** 80-85% of patients rate the result as “Good to Excellent” results. There is a portion of people that have pain relief but feel that his/her knee feels “fake” or “clunky”.
- **Knee instability:** The knee may feel loose, wobbly, or like it might “give out.” It can cause pain, difficulty walking, and sometimes requires further surgery to correct. 1-2%. Lower with techniques utilized by Dr. Perricelli.
- **Permanent Nerve Injury:** 1/1000. The area to the outside of the incision (lateral) will be numb. This is normal and permanent.

Follow-Up Care

- **First visit:** 2-3 weeks post-op with X-ray done in the office.
 - **Second visit:** 11-12 weeks post-op, X-ray for THA patients and as needed for TKA
 - Annual or every 3–5 year follow-up recommended.
 - Contact us sooner if any concerns arise.
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Return to Daily Life

Activity	Timeline
Driving (Left side)	2 weeks (Off all Narcotics)
Driving (Right side)	4 weeks (Off all Narcotics)
Work (Desk job)	2-4 weeks
Work (Labor job)	4–6 weeks, doctor clearance needed
Flying	After 4–6 weeks (discuss earlier travel with your Dr. Perricelli @ Team)
Sports/High-Impact Activities	3–6 months – Discuss with Dr. Perricelli & team
Golf (Hip)	6–12 weeks (your friend was not golfing 2 days after surgery).

Special Notes on Joint Replacement Implants

- **Hip Components:** Titanium shell, ceramic or metal ball, and a polyethylene liner.
 - **Knee Components:** Cobalt-chromium femur component and titanium tibial component with a polyethylene insert.
 - **Airport Security:** Your implant may set off metal detectors. A note from Dr. Perricelli is not needed—just inform TSA.
 - https://www.tsa.gov/sites/default/files/disability_notification_card_508.pdf
 - **Dental work:** No elective dental work for 3 months after surgery. For life, take antibiotics 1 hour before dental procedures (some protocols suggest 2 years—please confirm with Dr. Perricelli).
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Signs to Watch For: Call Immediately

- Fever >101.5°F
 - Redness, drainage, or worsening pain at the incision
 - Calf pain or swelling that doesn't improve with elevation
 - Chest pain or shortness of breath (call 911)
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Summary

We are committed to ensuring a **safe, comfortable, and successful recovery**. Our program integrates the latest evidence-based practices, surgeon and team expertise, and a patient-centered approach to help you get back to the life you enjoy.

If you have questions or concerns, please contact **South Hills Orthopaedic Surgical Associates** at **(412) 283-0260**.