

# Second Post-Operative Visit FAQ

(8-12 Weeks After Surgery – Total Hip & Total Knee Replacement)

**Dr. Brett C. Perricelli MD, FAAOS**

**Welcome Back! You are now around 8-12 weeks after your hip or knee replacement!!!**

Most patients are beginning to feel stronger and more comfortable with everyday activities. At this stage, many of the early challenges—like managing pain, getting around with assistive devices, and caring for your incision—have improved significantly.

This visit is an important checkpoint in your recovery. We'll review your progress, discuss your activity level, and address any lingering concerns. Many patients are transitioning back to more normal routines, including driving, light exercise, and social activities. We'll also talk about long-term goals such as strengthening, endurance, and protecting your new joint for years to come.

Keep in mind that recovery continues well beyond this point. **It will take between 12 - 18 months for full recovery!!!** Every patient heals at a different pace, so don't be discouraged if you're not exactly where you thought you'd be. Our team is here to guide you and adjust your recovery plan as needed to keep you moving forward. If questions come up between now and your next visit, please remember—you can always reach out to our office for support.

## **Incision & Wound Care**

- Your incision should be light pink and nearly healed at this point. You may begin/continue gentle scar massage to help flatten and soften the scar.
- Ointments are not required, but some patients choose vitamin E cream, Mederma®, or silicone-based gels.
- It is normal for your incision (especially the knee) to feel warm to the touch. This warmth is part of the healing process and may persist for up to one year.
- At this point, drainage/redness is not to be expected.
- Please call our office at **412-283-0260** with any concerns.

## **Bruising & Swelling**

- Most bruising should be resolved by now.
- Swelling of the leg can last for months and may flare with activity—even up to a year. Use elevation and ice as needed.
- Over-the-counter NSAIDs (ibuprofen/Advil, naproxen/Aleve) or prescriptions (meloxicam/Celebrex) can help. Always take with food unless directed otherwise.

## **Fevers & When to Call**

- Low-grade fevers should have resolved.
- Call if your temperature is above 101.5 °F, or if you notice new wound drainage, spreading redness, or increasing pain.

## Recovery Notes

- It is normal for your knee replacement to “click” as the metal and plastic surfaces move. This will usually decrease as your quadriceps strength improves. Some patients notice it often; others hardly notice at all.
- Stairs require special caution. They are often one of the last activities to feel completely normal in recovery. Use a handrail or cane as needed.

## Travel

- Air travel is generally safe 6 weeks after surgery.
- Always walk frequently and stay well hydrated during flights to reduce the risk of blood clots.
- No card is needed from Dr. Perricelli or his team, please see [www.TSA.gov](http://www.TSA.gov).

## Sleep

- Sleep disturbance remains common at this stage due to end-of-day swelling or discomfort.
- Try an OTC sleep aid (Tylenol PM or diphenhydramine/Benadryl) or melatonin 5–10 mg.

## Pain Management FAQs

- By now, you should be tapering down pain medicines and using them only as needed.
- Most patients are off narcotics within 2–4 weeks, though some may need them a little longer.
- Narcotics *will **not** be renewed after three months*. We can assist you with a referral to pain management.
- Over-the-counter NSAIDs (ibuprofen/Advil, naproxen/Aleve) or prescriptions (meloxicam/Celebrex) can help. Always take with food unless directed otherwise.

## Physical Therapy & Motion Goals

- Continue to work on daily motion:
  - Hip Patients: Walking and daily activities can replace formal PT at 6 weeks
  - Knee Patients: Focus on extension (straightening) and flexion (bending). Target >100° flexion by this stage.
- If stiffness persists, Dr. Perricelli may recommend extended PT, flexion devices, or in some cases a manipulation under anesthesia for the knee.
- Gradual increase of daily walks and daily distance. Use pain and swelling as your guide. Overdoing it at this point is still possible. Overdoing it will end up setting you back.

## Blood Thinners (VTE Prophylaxis)

- If you have been directed to take Aspirin 81 mg twice a day, continue for a minimum of 4 weeks.
- If you do not experience any stomach upset (gastric distress), continue for a total of six weeks.
- If you previously took Aspirin 81 mg daily for heart health, resume your usual once-daily dose after completing this course.
- If you were not prescribed Aspirin as a blood thinner (Personal history of Clots, already on a blood thinner and/or “thick blood”) Please continue on plan discussed with Dr. Perricelli and Team)

## Walking Aids & Driving

- Many patients no longer need a walker, cane, or crutches by 6–8 weeks. If you still feel unsteady, continue to use a cane for balance, *especially out in public*. In public, a cane often signals others to give you a little more space.
- You may return to driving once you are off all narcotic pain medications and feel confident controlling the vehicle.
- If your right hip or knee was replaced, driving may be delayed; left hip/knee patients often return by ~2 weeks. Always test yourself in a safe area before returning to full driving.
- **DO NOT DRIVE IF YOU ARE TAKING ANY NARCOTIC PAIN PILLS**

## Dental, Urologic, & Colonoscopy Procedures

- No elective procedures for the first 3 months after surgery.
- If urgent procedures are required, discuss antibiotic pretreatment with Dr. Perricelli and/or his staff.
- Routine elective dental work may be resumed after three months, with antibiotics taken one hour prior to any procedure. 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.

## Next Follow-Up

- If you are recovering well, your next visit is typically scheduled for one year.
- Always call sooner if you have concerns.