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Orthopaedic Trauma Surgeon

FOR PATIENTS

Recovery after surgery

From the first hours to three months: exercises, daily life, timeframes and the signs that mean you should call without waiting.



Patient

.....

Date of surgery

.....

First follow-up visit

.....



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Scan with your phone

THE BEGINNING

The first hours and days

Recovery begins on the day of the operation. Early mobilisation lowers the risk of thrombosis, pneumonia and pressure sores, which is why you get up as early as possible.

THE DAY OF SURGERY

A spinal anaesthetic usually lasts two and a half to four hours. Sensation and movement come back from the foot upwards. As soon as you are stable you get up with the physiotherapist and take your first steps in the room with a walking frame.

THE FIRST NIGHT

This is the most tiring night and that is to be expected. Report pain early and do not wait for it to build up.

THE FIRST AND SECOND DAY

Your walking distance grows step by step. You move from injections to tablets. The physiotherapist teaches you the stairs, up and down.

DISCHARGE

It happens by criteria, not by the calendar. Usually within two days at most. The question is whether you can be safe at home.

Discharge criteria

- | | |
|---|---|
| ☐ Walking independently with a walking frame | ☐ Pain controlled with tablets |
| ☐ Managing stairs, if there are stairs at home | ☐ A stable wound |
| ☐ Getting in and out of bed on your own | ☐ Safe conditions and help at home |

A few questions are worth asking before you leave: which medicine at what time and for how long, when and how to wash, how much weight you may put on the leg and which number to call. You should have those answers in writing, ideally with a family member present.

THE MOST IMPORTANT PAGE

When to call without waiting

Some discomfort during recovery is normal. But there are signs that are not worth waiting on. If you see them, call or go to emergency care.

- A temperature above 38 degrees, especially with shivering
- A sudden, severe increase in pain that does not respond to medication
- Shortness of breath, chest pain or sudden weakness
- A noise from the joint together with pain
- Being unable to empty the bladder
- Discharge from the wound, redness, heat or a bad smell
- One-sided, painful swelling or redness in the calf
- Being unable to bear weight, or a sudden felt change in leg length
- Numbness in the leg or a sudden loss of movement
- A fall or injury, even if the pain is not severe

CALL



+995 555 72 72 55

Asking is always better than waiting. Never think you are calling at a bad moment.

What is expected and needs no worry

- **Moderate pain and tiredness.** The body is working on repair, so a lack of energy is normal.
- **Swelling,** especially by the end of the day. It can last several weeks or even months.
- **Bruising on the thigh.** A blue or yellowish patch, sometimes reaching the knee: blood spreads through the tissue in the direction of gravity and fades gradually.
- **A dip in mood on the second or third day.** A well known and usually temporary effect.

The difference is simple: an expected sensation fades gradually, a warning sign appears suddenly or gets worse. When in doubt, call.

DAILY CARE

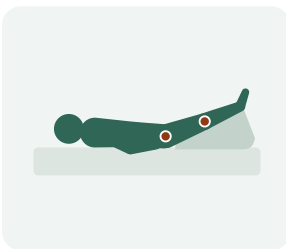
The wound, pain and swelling

The wound

- The wound should be dry and clean.
- In most cases a daily dressing change is not needed.
- You receive specific instructions on washing at discharge.
- Lying in a bath is usually not recommended in the first weeks: getting in and out on a wet surface is unstable. A shower is safer.
- The scar takes months to reach its final appearance.

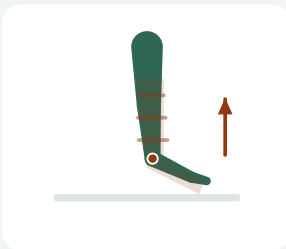
Pain

- Take the pain medication on schedule, not only once the pain is already bad.
- The aim is to keep pain at a level that does not get in the way of walking and exercise.
- Post-operative pain gradually gives way to muscle ache: the first one fades, the second is a sign of activity.
- Sharp pain during exercise is a signal to stop.



Swelling

Swelling of the leg and ankle is usual in the first weeks and more pronounced by the end of the day. It is not a sign of a complication unless it comes with fever, redness or a sudden one-sided increase. Elevating the leg at rest, compression stockings and cold applied as your doctor advises all help.



Preventing thrombosis

Three things work at once: the medication your doctor prescribed, compression stockings and, most important of all, movement. Ankle pumps, deep breathing and drinking enough lower the risk of pneumonia and thrombosis. Sitting still for long stretches and spending the whole day in bed are both unhelpful.

The rhythm of the day looks like this: a short walk, then rest with the leg elevated, then one block of exercises. Spending the whole day in bed is as much a mistake as one long, exhausting effort.

EXERCISE

From the first days: lying down

The task of the first week is safe movement, wound care and getting everyday actions back. This is not the intensive phase of exercise.

The scheme is a guide, not a rule. These are the usual rehabilitation figures. Your physiotherapist or doctor may change them to suit your condition: if so, the new number is written on the card by hand.



1 Ankle pumps

Lying on your back, pull both feet towards you, then point them away. Slowly and through the full range.

Note: This is the very first day's exercise and it helps the circulation.

10-15 repetitions · once an hour while awake



2 Quadriceps set

Lie on your back with the leg straight. Tighten the muscle on the front of the thigh as if pressing the back of the knee into the mattress. Hold, then release slowly.

Note: There is almost no visible movement: the muscle works, not the joint.

hold 5 seconds · 10 repetitions · 3 times a day



3 Gluteal set

Lying on your back, squeeze the buttock muscles together as if pressing them against each other. Hold, then release.

Note: These are the muscles that stabilise the joint when you walk, and their weakness is what causes limping.

hold 5 seconds · 10 repetitions · 3 times a day



4 Heel slide

Lying on your back, slide the heel slowly towards the buttock keeping it on the mattress, then straighten the leg just as slowly.

Note: Go only as far as is comfortable. Never force the bend.

10 repetitions · 3 times a day



5 Hip abduction lying down

Lie on your back with the legs straight. Move the operated leg out to the side with the foot pointing at the ceiling, then bring it slowly back.

Note: The trunk stays still: the leg moves, not the pelvis.

10 repetitions · 3 times a day

EXERCISE

Standing, with support



6 Standing hip abduction

Hold a firm support. Move the straight leg out to the side with the foot pointing forward, then bring it slowly back.

Note: The trunk stays upright and does not lean to the side.

10 repetitions · 3 times a day



7 Standing knee lift

Hold a support. Lift the knee forward to a controlled height, then lower it slowly.

Note: Your physiotherapist sets how high to lift. No fast, swinging movement.

10 repetitions · 3 times a day



8 Standing hip extension

Hold a support. Move the straight leg backwards keeping the trunk upright, then bring it slowly back.

Note: The lower back does not arch. The movement comes from the hip, not from the spine.

10 repetitions · 3 times a day

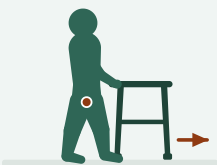


9 Balance

Hold a support and stand on one leg. Once that becomes comfortable, touch the support with your fingers only.

Note: This exercise is added later, with your doctor's or physiotherapist's permission.

hold 10-20 seconds · 3-5 repetitions · 2 times a day

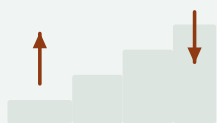


10 Walking with a walking frame

The handles are at wrist height and the elbow stays slightly bent. Your physiotherapist will teach you the order of the steps.

Note: You need the frame for at least two weeks, some people for three. After the two-week visit you move on to a stick, as a rule.

5-10 minutes · 4-6 times a day, building up



11 Stairs, up and down

Going up starts with the healthy leg, coming down with the operated one. The walking frame is not used on stairs: one hand is on the rail, the other holds a walking stick, which follows the operated leg.

Note: You need the stick for the stairs from the first days.

5-10 steps · 2 times a day

AT HOME AND AFTER

Daily life and timeframes

The main rule is simple: walk regularly and in short stretches, rest often, and do not sit still for long.

What you can do

- ✓ Walking around the flat and the yard, in short stretches
- ✓ Stairs, with the handrail and a walking stick
- ✓ Sitting down and getting up from a firm, reasonably high chair
- ✓ Light household tasks

What to avoid at this stage

- ✗ Lifting heavy things
- ✗ Standing in one place for a long time
- ✗ Sitting in a low, soft armchair
- ✗ Lying in a bath, and driving

Sleep

At first many people sleep on their back or on the healthy side with a pillow between the legs. Lying on the operated side comes once it feels comfortable.

Dressing

Sit on a firm chair. Put the operated leg in first, then the other. Undressing is the other way round.

Getting into a car

Seat pushed back, backrest tilted slightly. Sit down first, then bring the legs in.

QUESTION	USUALLY
Showering	depending on the wound, usually within the first days
Driving	about 6 weeks on average, later if the right leg was operated on
Desk work	in 4-6 weeks
Physical work	after three months
Flying	usually after 1 week, once the doctor confirms it
Swimming	once the wound has fully healed, usually in 4-6 weeks
Sexual activity	after about 1.5 months

Two typical mistakes. Rushing: giving up the walking frame or the stick too early spoils your gait and the limp becomes a habit. Excessive caution: moving less weakens the muscle. Every timeframe is confirmed at your visit, and the only useful comparison is with your own previous week.



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Rehabilitation is a course, not an episode

By three months most patients are back to their usual life. Stopping the exercises stops the result as well.

Follow-up visits

At two weeks: the stitches come out, an X-ray and blood tests. Then at six weeks, three months, six months and one year. The visit is needed even when nothing is troubling you.

What stays for good

Regular activity: walking, swimming, cycling.
Weight control. Tell every doctor, your dentist included, that you have a joint replacement.

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