



**Matthew Varacallo MD**

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**Dr. Varacallo's incision care following primary total hip/total knee replacement**

1. You have a sterile dressing in place. Only exchange the dressing if it becomes saturated (fluid draining out the sides of dressing) and notify the office. The dressing is water resistant. During the first 7 days after surgery, it is ok to shower. **DO NOT** scrub on or around the dressing. Do not submerge the dressing under water!
2. After 7 days, you can remove your dressing. Your sutures are all underneath your skin (unless for Total Knee Replacements – staples will commonly be used). For Total Hip incisions, there is a layer of glue over the incision. **DO NOT** pick at this or try to peel it off. If the edges do peel up it is ok to trim them as needed. It is OK to shower with the incision exposed. **DO NOT** scrub on or around the incision. **DO NOT** submerge the incision in pools, baths, or hot tubs for **1 month** after surgery.
3. No creams or ointments to the incision for **1 month** after surgery.
4. After 1 month after your surgery, it is recommended to massage the scar with **vitamin E cream** to help decrease scar formation.
5. **Check your incision every day once the initial bandage has been removed (following the initial 7 days)** and notify Dr. Varacallo's office immediately if any of the following signs or symptoms are noted:
  - Increase in **redness**
  - Increase in **swelling** around the incision and of the entire extremity
  - Increase in **pain**
  - Drainage **oozing** from the incision
  - Pulling apart of the skin edges of the incision
  - Increase in overall body temperature (greater than 100.5 degrees)

**Anticoagulants:** You will be discharged on an anticoagulant ("blood thinner"). This is a prophylactic medication that helps prevent blood clots during your post-operative period. Most patients will be on **Aspirin 81 mg Enteric coated every 12 hours orally for 30 days**. Some patients, due to increased risk factors or medical comorbidities, will need to be on a stronger anticoagulant. Dr. Varacallo will discuss this need with you prior to your surgery.

**During the time period of when you will be taking this additional anticoagulant medication:**

- Avoid taking any additional aspirin, ibuprofen (Advil or Motrin), Aleve (Naprosyn) or other non-steroidal anti-inflammatory medications.
- Notify Dr. Varacallo's office immediately if any frank bleeding is noted in or from your urine, stool, vomit, nose, or frank bleeding is noted at the surgical incision. Blood in the stool will often appear as black rather than red. Blood in urine may appear as pink. Blood in vomit may appear as brown/black like coffee grounds.

- Because you are taking an additional “blood thinner” medication, you will need to apply pressure for longer periods of time to any cuts or abrasions in order to stop the bleeding
- Avoid alcohol while taking anticoagulants

**Other general points:**

**Follow-up appointment:**

Unless otherwise instructed by Dr. Varacallo, your appointment will be on the second Wednesday following your operation. If you have STAPLES in place, your staples will be removed at this appointment. If you do not already have an appointment scheduled ahead of time by the office, please call **814-375-6200** to schedule!

**Sequential Compression Device:** You maybe be discharged home with a compression device that helps promote blood flow and prevent clots in your legs. Wear these at all times for the first two weeks.

**Mobilization:** The best way to avoid a blood clot is to get up and walk. 10 times a day get up and walk for **5** minutes for the first two weeks. Walking for longer periods of time will increase pain and swelling, making therapy more difficult. If taking any long travel (car or plane) in the first 2 months, be sure to get up and walk at least every one hour.

**Stool Softeners:** You will be at greater risk of constipation after surgery because of being less mobile and taking the pain medications.

- Take stool softeners as instructed by Dr. Varacallo while on pain medications.  
**\*Over the counter Colace 100 mg 1-2 capsules twice daily**
- You may stop the Colace once you stop taking pain medications after your surgery OR if you notice that your stools become too loose or too frequent
- If constipation occurs despite use of stool softeners, you are to continue the stool softeners and add at least one of the following:
  - \*Over the counter MiraLax Laxative Power as directed
  - \*Over the counter Milk of Magnesia 1 ounce daily as needed
  - \*Over the counter Dulcolax oral tabs (bisacodyl USP 5mg) as directed
  - \*Suppository or a fleets enema can also be utilized for constipation and can be obtained over the counter as well
- If above interventions are unsuccessful in inducing bowel movements, please contact your family physician's office/Dr. Varacallo's office
- Drink plenty of fluids and eat fruits and vegetables during your recovery time

**Pain Medications utilized after surgery are narcotics and the law requires that the following information be given to all patients that are prescribed narcotics:**

**CLASSIFICATION:** Pain medications are called Opioids and are narcotics

**LEGALITIES:** It is illegal to share narcotics with others and to drive within 24 hours of taking narcotics

**POTENTIAL SIDE EFFECTS:** Potential side effects of opioids include: nausea, vomiting, itching, dizziness, drowsiness, dry mouth, constipation, and difficulty urinating.

**POTENTIAL ADVERSE EFFECTS:**

Opioid tolerance can develop with use of pain medications and this simply means that it requires more and more of the medication to control pain; however, this is seen more in patients that use Opioids for longer periods of time.

Opioid dependence can develop with use of Opioids and this simply means that to stop the medication can cause withdrawal symptoms; however, this is seen with patients that use Opioids for longer periods of time.

Opioid addiction can develop with use of Opioids and the incidence of this is very unlikely in patients who take the medications as ordered and stop the medications as instructed.

Opioid overdose can be dangerous, but is unlikely when the medication is taken as ordered and stopped when ordered. It is important not to mix opioids with alcohol or with any type of sedative, such as Benadryl, as this can lead to over sedation and respiratory difficulty.

**DOSAGE:**

Pain medications may be needed consistently for the first week to decrease pain and promote adequate pain relief in addition to facilitating your ability to participate in physical therapy.

\*For most patients, post-operative pain following surgery peaks within the first 2-3 days. After the initial surgical pain begins to resolve, you may begin to decrease the pain medication and only take it as needed. **By the end of 6 weeks, you should be off of pain medications.**

\*You can decrease your pain medication consumption by slowly spacing out the time in between the medication and by switching to **650mg Tylenol** when the pain is not as severe. **Do not exceed 3500mg of Tylenol in 24 hours.**

\*Refills will not be given by the office during evening hours, on weekends, or after 6 weeks post-op.

\*To seek refills on pain medications during the initial 6 week post-operative period, you must call the office 48 hours in advance to request the refill. The office will then notify you when to pick up the prescription. **DO NOT wait until you are out of the medication to request a refill.**