

**Patient information leaflet**

**Medication before and after**

**Joint replacement surgery**

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This booklet has been designed to help you understand the medication you may receive during your hospital stay. Treatment is always planned for you on an individual basis, so your experience may differ slightly from the information given. If you have any questions about any of the information given, please do not hesitate to ask a member of staff.

**How should I take my medicines before surgery?**

It is essential that you take prescribed medicines correctly in the months leading up to your surgery. If you don’t, this can result in poor control of other medical conditions you may have, e.g. high blood pressure, angina, asthma or diabetes. This can lead to postponement or cancellation of your surgery. Check with your GP to make sure that any medical conditions are well controlled prior to surgery.

At your pre-assessment appointment, you will be asked to bring in ALL of your medicines. This includes medicines prescribed by your GP (including drops, creams/ointments, inhalers and sprays), any medicines you buy yourself (including any herbal and homeopathic remedies) and any medications that are prescribed by a specialist clinic. This is important to ensure that we accurately record the medicines you take and that they are prescribed correctly when you come into hospital. Prior to your admission, a member of the pharmacy team may contact you by telephone to check that our information is up to date.

Most medicines that are normally taken at home are continued as usual until admission to hospital and during your hospital stay. You may be asked to stop certain medicines temporarily prior to your admission and this will be discussed with the pharmacist or nurse practitioner at your pre-assessment appointment. These may include any medications that thin the blood (e.g. warfarin) and many herbal and homeopathic preparations. Please follow the instructions you have been given carefully to ensure that there are no problems when you are admitted.

**Do I need to bring in my own medicines on admission?**

It is important that you bring in any medicines that you normally take at home plus any relevant documentation (such as warfarin books and insulin records). This includes any prescribed medication and medication you have bought yourself (including herbal and homeopathic medicines) plus any medicines you may have been asked to stop before surgery.

You will need to bring in at least two weeks supply of any medicine and ensure that you have more at home for when you are discharged. Please bring your medications in their original containers (ensuring that the name, dose and directions of the medication are included).

When you are admitted remember to tell the pharmacist, doctor or nurse about any changes to your medication since your pre-assessment appointment. This includes new medications, stopped medications and changes in doses.

During your admission you may be given a number of different medicines to prevent some common complications of surgery. Some of the medicines you may receive are explained below.

**How will blood clots be prevented?**

Blood clots can form due to a combination of anaesthetic, bed-rest and reduced activity.

An injection called enoxaparin (Clexane) is usually given to help prevent clots and works by keeping the blood slightly thinner than normal. This usually involves an injection into the abdominal area each night following your operation. Occasionally, you may notice some bruising around the injection site. This is quite normal and will disappear once the injections stop.

The risk of a blood clot continues for several weeks after surgery so to reduce this risk, you will be sent home with a supply of injections. It is given once daily into the abdominal area and is usually given for 10 to 14 days following a knee replacement and 28 days following a hip replacement.

When you are discharged home there are different options for how the injections are continued. You may choose to self-administer, have a family member or friend administer or have a District Nurse call each day. A nurse on the ward can discuss your options further with you, can spend time demonstrating how to administer the injections and allow you some time to practice.

In some cases, enoxaparin may not be suitable so a different medication will be given. In these cases the doctor, nurse or pharmacist will inform you of this and give you any advice required.

**How will infection be prevented?**

To prevent an infection establishing in the joint you will receive injections of antibiotics just before and following your operation. These antibiotics do not treat infection but help to prevent an infection establishing itself in the joint.

It is important that you make the ward staff aware of any allergies you may have experienced when taking antibiotics in the past, especially penicillin allergies. If you are allergic to penicillin you will be given alternative antibiotics.

Despite these injections, some patients may develop wound infections after the operation. If this happens, you will be prescribed a course of antibiotics. It is important to complete the course to prevent the infection spreading.

Side-effects of antibiotics may include rash and upset stomach (e.g. sickness, nausea and diarrhoea). If you suspect you may be suffering from side effects please inform a member of ward staff or discuss with your GP if the effect is experienced after discharge.

**How will my pain be controlled after my operation?**

A combination of painkillers will be used to control any post-operative pain. The commonly used drugs include paracetamol, morphine and morphine-like drugs.

It is recommended that you take painkillers regularly to keep pain under control. Even if you have little or no pain, it is often a good idea to take some painkillers before any physiotherapy. This means you will be able to complete more exercises before it becomes too painful. If pain wakes you at night, then take painkillers just before bedtime.

If the painkillers you are given are not effective then inform a member of the ward staff. There are a number of different medications we can try – remember, everyone is different. What works for one patient will not necessarily work for another.

**Paracetamol**

Paracetamol is given regularly four times a day after surgery. Usually you will receive the first 4 or 5 doses by injection before it is switched to the oral form. If you continue to feel sick then the injection form may be continued.

*Side-effects*

Patients usually experience very few side effects when taking paracetamol.

**Morphine and other morphine-like drugs**

The majority of patients will receive a morphine-like drug called oxycodone which is given twice a day for three to four days after your operation to help control pain. The tablet releases slowly over 12 hours. You will also be prescribed quick-acting morphine which you can take for any breakthrough pain you may experience.

Some patients are given a PCA (Patient Controlled Analgesia) pump for the first several hours after surgery. The pump contains morphine and allows you to control your own pain relief. When you feel pain you press a button on a handset which allows the pump to deliver the drug into your arm. The pump is programmed to only allow you to administer a set amount of drug in a set time limit. This means it should not be possible to overdose yourself. Most patients are able to control their pain effectively this way but if you are still in pain, please inform a member of the ward team. Once the pump is removed it may be replaced with oxycodone tablets for three to four days as described above.

On discharge you will be given a supply of both paracetamol and a stronger painkiller, usually codeine, which can be used together to manage pain at home.

*Side - effects*

The main side-effects that you might experience include drowsiness, nausea and vomiting. If you feel sick, inform the nurses so that you can be given a drug to counteract this. If you have suffered from sickness after previous operations, you may be given an anti-sickness drug to prevent this.

The painkillers may also make you feel dizzy for a short time. Make sure you tell the nurse or physiotherapist if you feel dizzy when they try to move you. In these instances you may require a change in medication or a reduction in dose.

**Gabapentin**

A drug called gabapentin will usually be prescribed twice a day for up to five days to help control any nerve pain you may experience following your surgery. Unless you were taking this medication before coming into hospital, you should not need to continue it when you are discharged.

*Side – effects*

The main side-effects that you might experience include drowsiness, dizziness and nausea. If you experience any side effects please inform a member of the ward team.

**What side effects could I experience after the operation?**

It is important you inform the ward staff or pharmacist if you suffer from any side-effects or develop any other problems that you think might be due to any medicines we have given you.

**Constipation**

Constipation commonly occurs in hospital due to bed-rest, change in diet, lack of fluids and medication. If you become constipated then we can give you laxatives to stimulate the bowel. Normally laxatives are only needed for a day or two until you are exercising and drinking more after your operation. If after discharge you still require laxative tablets, senna can be bought without a prescription from your local pharmacy. If constipation does not resolve during your hospital stay we can change your pain medication or add in a second laxative which helps to soften stool as well as stimulate the bowel further.

**Nausea (sickness)**

A combination of strong pain medication, anaesthetic, antibiotics and the general effects of surgery can cause some people to feel sick. You will be prescribed medication to counteract this which you can ask for if you feel sick. If you are actually sick then medication can be given by injection.

**Anaemia (reduced iron levels)**

After surgery some patients can experience reductions in their blood iron levels and may be prescribed iron tablets. This will initially be prescribed for one month and then reviewed by your GP as to whether they are required for a longer time period. Iron tablets sometimes cause constipation and an upset stomach so it is advised to take the tablets with meals. They can also cause bowel motions to look black in colour.

**What medication will I be given at discharge?**

On discharge you will only be supplied with those drugs newly started in hospital. It is important that you make sure you have a good supply of all your usual medication at home to use once you are discharged. Most of the medication you are discharged with will only be for short-term use. Should you still be in a lot of pain you should make an appointment with your GP.

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**What if I have any other questions about my medication?**

If you have queries about your medication during your stay in hospital then please ask to speak to a member of the ward pharmacy team.

If you have any problems, concerns or questions regarding your medication following discharge, please contact the appropriate pharmacy department on:-

01388 455242 Bishop Auckland Hospital

0191 3332465 University Hospital of North Durham

01325 743633 Darlington Memorial Hospital

**Further information**

Arthritis Research UK Copeman House

St Mary’s Gate Chesterfield Derbyshire S41 7TD

Tel No : 0300 790 0400  [www.arthritisresearchuk.or](http://www.arthritisresearchuk.org/)g

Arthritis Care

18 Stevenson Way London

Tel No: 0808 800 4050  [www.arthritiscare.org.u](http://www.arthritiscare.org.uk/)k

National Joint Registry (NJR) NJR centre

329 Harwell Didcot

[www.njrcentre.org.u](http://www.njrcentre.org.uk/)k

Disabled Living Foundation (DLF) 380-384 Harrow Road London

Tel no: 020 72896111  [www.dlf.org.u](http://www.dlf.org.uk/)k

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