

Sleeping Difficulties (Insomnia) After Joint Replacement Surgery

If you are having trouble sleeping after joint replacement surgery, you are not alone. Insomnia is a common complaint after these procedures, and it can last weeks or even a few months on some patients. There are several reasons for this including pain, disrupted sleep cycles, and medications. Some patients develop temporary anxiety or depression after surgery, which can also affect sleep.

Good sleep hygiene means having a routine and environment that promote better sleep. We offer these helpful tips below if you are having difficulty sleeping. As you get further out from surgery and employ these strategies, you should see your sleep gradually improve.

- **Avoid bright screens** for at least an hour before bedtime. This includes phones, tablets, and television.
- **Abstain from alcohol.** While it might help some people *fall* asleep, it dramatically affects the *quality* of your sleep. Alcohol should never be combined with opioid pain medications.
- **Lower your bedroom temperature.** Studies show that the best temperature for sleeping is around 65 deg Fahrenheit.
- **Avoid daytime naps if possible.** If you are really tired during the day, a short nap can feel great. Be aware that daytime naps may adversely affect your sleep at night.
- **Do not eat or drink stimulants after noon.** This includes coffee, sodas and teas with caffeine, nicotine, and certain foods like chocolate.
- **Shower before bed.** A hot shower can help you relax and get your body ready for sleep. Make this part of your daily routine.
- **Ice the surgery site before bedtime.** A 20-minute ice session just before can help with night pain, even if you are several weeks out from surgery.
- **Consider meditation before bed.** This may help relax your mind before bed. Resources are abundant, but if you are new to meditation and curious, read *10% Happier* by Dan Harris.
- **Sleep medications are not usually the answer.** Sleep medications do not mix well with prescription pain medications, and prescription sleep aids have several downsides. Talk with your primary care provider if you want more information on sleep aids.
- **Melatonin** has questionable efficacy. Some studies show minor improvements in sleep with this supplement, while others show no benefit.
- **Do not use opioids to fall asleep.** Opioids are for short-term pain control, which affects sleep, but they should not be taken when sleep is the *primary* goal. They are highly addictive and can be habit-forming for sleep. These medications are likely playing a role in your sleep disruption so get off them as soon as you are able.
- **Take an anti-inflammatory medication an hour before bedtime.** Use the anti-inflammatory that works best for you. Common options include ibuprofen (Advil®), naproxen (Aleve®), meloxicam (Mobic®), or celecoxib (Celebrex®). Talk with your surgeon or primary care doctor about which is best for you. Avoid these medications if you have low kidney function, a history of stomach ulcers, or are on a blood thinner other than aspirin.
- **Take acetaminophen (Tylenol®) an hour before bedtime.** You can take this with the anti-inflammatory. Do not take Tylenol if you have liver disease. Do not exceed 3000 mg in 24 hours. This limit includes all of your medications that might have Tylenol in them. Check with your surgeon or primary care doctor if you have questions about acetaminophen.



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