

Total Knee Arthroplasty Post-Operative Patient Instructions

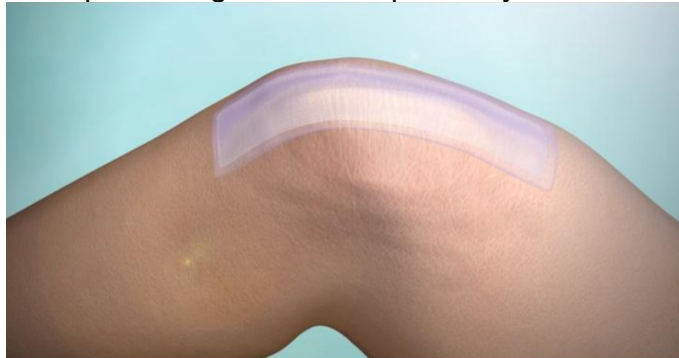
Incision Care

Please remove your dressing 7 days after surgery. DO NOT remove mesh tape over your incision site. The mesh tape will fall off on its own after 7 to 14 days. If the edges of the mesh lift off the skin, you may trim the edges as needed but do not remove the mesh.

If you have excessive draining or redness around the incision, please contact the office. If any health care provider considers starting you on antibiotics for redness or drainage around your incision, please contact the office before starting the antibiotics.

You may shower if steady and safe to do so. If not safe, please sponge bath only. Please keep dressings clean and dry. After removal of dressings in 7 days after surgery, you are free to shower without covering surgical site. Please do not put soap directly on incision. After shower please pat dry. Do not scrub the incision site until it fully heals which takes about 6 weeks. Do not submerge surgical site until fully healed (NO baths, pools, or Jacuzzis) – until you get clearance to do so from the doctor.

Example of surgical mesh tape over your incision below:



Swelling and bruising

After surgery, swelling and bruising of the operative leg is normal and will gradually decrease as the days pass. If activity and exercise worsens your swelling, take time to lie down and elevate your leg above the level of your chest, especially for the first two weeks from surgery. Ice packs also help diminish the swelling.

If you purchased a wedge pillow, be sure to use it multiple times throughout the day to help decrease the swelling.

Ice

You should continue to place ice packs over the anterior (front) of the operative knee 4-5 times a day for 20-30 minutes at a time. Using ice is most important during the first 2 weeks

from surgery. You may use an ice pack more frequently if you like. Please ensure that the ice is not too cold on the skin and does not wet your dressing.

If you purchased an ice machine, be sure to use it multiple times throughout the day to help decrease the swelling.

Pain relief

It is normal to have some pain after surgery. Pain medications have been prescribed and enough pain pills have been given to cover you beyond your next office visit. It should be noted that pain medications take about one-half hour to start working, so take them prior to the pain becoming severe. DO NOT drink alcohol while taking prescribed pain medication. It is dangerous and illegal to drive while taking pain medicine. If you need a refill on pain medication before your first scheduled appointment, please call our office during regular office hours. Please provide at least 3-day notice as to when you will be running out of narcotic pain medication

Please note that you must come into the office to pick up a prescription as the pharmacies will not accept a prescription for narcotics from a physician over the phone.

DVT (Blood Clot) prophylaxis

You will be prescribed a medication to lower your risk of forming blood clots. This medication is important to take until the prescription is finished. Depending on your risk factors for blood clots and prior medical history, these may include Enteric Coated Aspirin, Eliquis, Xarelto, or Lovenox. You will be given instructions and a prescription on which blood thinner you will be taking prior to discharge. In addition, being active and performing your exercises properly can minimize your risk.

If you experience the following signs of DVT (blood clot), please call our office:

- Severe and constant calf tenderness
- Redness/warmth to calf
- Shortness of breath
- Fever –101° Fahrenheit or greater

Activity

For the first few weeks after surgery, walk as much as possible without overdoing it. You are weight bearing as tolerated which means you are allowed to put as much weight on the operative leg as is comfortable. Let pain be a guide, keeping in mind that you just had surgery. You will be given home exercises to be done on a daily basis. After the initial post-operative phase, we will gradually progress your activities. However, initially, it is extremely important that you exercise your new joint by walking. Remember that exercise and activity is important to prevent the formation of blood clots.

You should work on bending the knee (flexion) by following the exercises you learned from the physical therapist in the hospital. The amount of flexion should be increased by 5-10 degrees each day, with the goal being to achieve 120 degrees of flexion. When not working on bending the knee, you should place a small towel roll or folded pillow behind your Achilles tendon (just above your heel, but not on the heel) to help achieve full extension (straightening). You should do this exercise also 3-4 times per day, for about 30 minutes at a time. **IT IS CRUCIAL THAT THE LEG ACHIEVES FULL EXTENSION DURING THE FIRST 2 WEEKS FROM SURGERY.**

You may also work on lifting your leg off the table with the knee straight. This is called isometric strengthening. You do not need to use any weights; the weight of your leg itself will help strengthen the quadriceps muscle.

Assistive devices

You should have received a walker/crutches and other equipment delivered to your home. You will typically use these aids anywhere from a few days to a few weeks and stop using them when you are stable and strong on your feet. Some people who have used these devices for years may require prolonged use for reasons unrelated to the surgery.

Driving

You may drive when you have good control over the operative leg and are no longer on pain medicine. During your subsequent follow up appointments, the doctor will clear you to drive depending on your progression.

Diet

Typically, with adequate protein intake for promotion of healing, there are no special diet restrictions. Make sure you eat a well-balanced meal, drink plenty of fluids and incorporate fiber into your diet as oral pain medications have a tendency to cause constipation. It is also a good idea to take a stool softener such as Colace daily until your system becomes regular after surgery. If you are prescribed Coumadin, you will be given a separate handout on Coumadin and avoiding foods high in Vitamin K (which can inhibit the Coumadin from working effectively).

Home Healthcare

This may not apply to all patients: A home healthcare company will be set up (prior to your surgery) to set up a home visiting nurse and home physical therapist. The nurse and the physical therapist each typically come to your house 3 times a week for an hour at a time. They usually come on 2-3 weeks at which point you will be transitioned to an outpatient physical therapy.

Dental work after joint replacement

Artificial joints can become infected after simple procedures such as dental cleaning. Preventative treatment is extremely important and should be followed prior to receiving any dental treatment. Please call us, or your dentist ahead of time so that an antibiotic can be

prescribed before you have your dental work done. **YOU SHOULD NOT HAVE ANY DENTAL WORK PERFORMED 30 DAYS PRIOR TO YOUR JOINT REPLACEMENT. YOU SHOULD NOT HAVE ELECTIVE DENTAL WORK PERFORMED FOR 3 MONTHS FOLLOWING YOUR JOINT REPLACEMENT DUE TO THE INCREASED RISK FOR INFECTION.** If a dental crisis occurs within this time period, please call our office for instructions.

Outpatient Physical Therapy

This may not apply to all patients:

It is your responsibility to find an outpatient physical therapy center that takes your insurance and can schedule you promptly after your surgery. You should have been given a prescription for outpatient physical therapy prior to surgery, please bring that prescription to the outpatient therapy center of your choice as soon as possible because there may be a waitlist for appointments.

If you would like to go to our physical therapy center, we can help you set up an appointment for the day after your surgery.

Post-operative office appointment

Your first postoperative visit will be approximately 10-14 days after the surgery. You will then be seen again at 6 weeks, 12 weeks, 6 months, and then 1 year after surgery. For those that live out of town the typical schedule is 6 weeks, 4 months and 1 year after surgery. Your first post-operative visit should be set prior to your surgery.

Post-operative X-rays

You will typically get X-rays at your office visits to evaluate the hip replacement components for wear, loosening and other possible abnormalities.

Call the office (508-617-9740) if you notice any of the following:

- Fever above 101° Fahrenheit
- Persistent swelling, redness, or uncontrolled pain in the surgical area
- Persistent bleeding or drainage from the wound
- Severe calf pain or tenderness
- You are unable to do the exercises

Call 911 if you have a sudden crisis such as symptoms of a heart attack, stroke, dizziness or confusion, or chest discomfort or pain.

If you have any questions and concerns about any discharge instructions, recovery process, and rehab please contact our office at 508-617-9740.