

Total Knee Replacement Discharge Instructions

Follow Up Appointment

Make sure an appointment has been scheduled for you approximately 6 weeks after surgery.

Regarding the Emergency Department

If you have any life threatening symptoms (such as sudden shortness of breath, chest pain, neurologic changes, or other heart attack or stroke symptoms), call 911 and proceed to your nearest Emergency Department right away.

If you are considering going to the Emergency Department for other non-life threatening symptoms, please call the office first and talk to the doctor. Many issues can be addressed without going to the Emergency Department.

Wound Care

- ◆ In most cases you will leave the hospital with the dressing that was applied in the operating room. You may remove it 5 days after surgery. Leave the steristrips in place. If, for some reason, the dressing becomes loose, wet, bloody, or otherwise damaged, you may remove it sooner and reapply a dry gauze covering. By day 5 after the surgery, the incision should be completely dry, and you do not need a dressing anymore. Do not attempt to apply any antibiotic ointments or other treatments to the incision.
- ◆ The dressing is waterproof, and you may shower normally without affecting the dressing. You should sit down in the shower to prevent falls. After day 5, the waterproof bandage should be removed. If the dressing does become damaged and requires removal prior to day 5, apply a clean dry gauze to the incision and keep it dry until the incision is not actively draining. It is ok to get the steristrips wet in the shower if the incision is completely dry. Simply wash the around area with soap and water and pat dry with a towel. Do not soak the incision under water and do not scrub the incision area
- ◆ You should not swim or get in a hot tub for 6 weeks. Be sure to discuss this with your doctor at your 6 week follow-up.
- ◆ Your stitches are absorbable and do not need to be removed. The steristrips should be left on the skin and will fall off on their own.
- ◆ If purulent material (thick white or greenish in color) is coming from the wound, or the wound is quite red on the edges, or you are having a temperature of 101 or higher, you should report these symptoms to your surgeon or orthopedist on call.

Pain control at home

- Initially, you will be on a strong oral pain medication (such as a narcotic - norco or percocet). Most people are able to wean off of their strong pain medication by 2 weeks and are able to switch over to an over-the-counter medication (such as Tylenol).
- Be sure to take your medication only as directed. If you think you may run out of pain medication, please call the office before you run out. It often takes a day or two to process the refill request. Medication refills should be requested during working hours and can not be done on the weekends.
- Avoid taking any over the counter NSAIDS (ibuprofen, naproxen, etc.) while you are on blood thinners.
- Ice should be used for the first few weeks, particularly if you have a lot of swelling or discomfort. Apply for 20-30 minutes at a time at least 4-6 times daily.
- It is very common to have constipation post-operatively. This may be due to a variety of factors, but is especially common when taking narcotic pain medication. A simple over-the-counter stool softener (such as Miralax or Colace) is the best prevention for this problem. Be sure to drink adequate amounts of water during the day. Stronger laxatives, such as dulcolax or milk of magnesia, are sometimes needed. In rare instances, you may require a suppository or enema.

Cold therapy/Ice Packs

Cold therapy can help reduce pain and swelling. It should be used intermittently for the first week or two, as long as you are having some swelling in the area of the surgery. Typically patients use it 4-6 times a day for up to 30-minutes at a time. It should not cause pain and there should be a thin towel between your surgical site and the cooling device. Cooling devices can be commercial devices that pump cold water about your joint or a frozen gel pack. In any case, it should feel better with the cold applied and reduce your discomfort in the first few months after surgery.

Physical Therapy

- The physical therapist plays a very important role in your recovery. You will see a physical therapist soon after your operation and throughout your stay at the hospital. When you go home, you may have a therapist come to visit you. If you go to a skilled nursing facility, you will receive therapy there. Your therapist will help you walk, regain motion, build strength, and help you reach your post-operative goals. Your therapist will keep your surgeon informed of your progress. An important exercise you can do is walking.
- The most important goal of physical therapy is to obtain flexion and extension, that is, to get the knee all the way straight and bent far enough back. The next goal is to restore normal gait (walking pattern). A common error is to sit up too much, walk too much, and have the knee swell too much. This hampers flexion and extension, which is the main goal of early physical therapy. A good measure of progress is bending the knee to 90 degrees, a right angle, by one week.

- Most people will receive outpatient physical therapy after the home therapy is completed. You will also continue home exercises.
- Everyone heals from surgery at a different pace. In most cases, you will leave the hospital using a walker or crutches. As you progress, you will be allowed to advanced to a cane or single crutch. You will gradually return to normal function without any assistive devices. You should use an assistive device until you can walk without a limp.

Weight Bearing

- Unless the physical therapist has told you otherwise, you can put as much weight on your knee as feels comfortable. Those patients who weigh over 200 lbs should continue using an assistive device for up to 6 weeks to take some pressure off the knee. Depending on your age, strength, and coordination, most people use a walker, crutches, or cane for 3-6 weeks after knee surgery.
- Initially, you will climb stairs leading with your non-operated leg when going up stairs and lead with your operated leg when going down stairs. You can use the phrase, “Up with the good, down with the bad” to help you remember. After 6 weeks, you can perform stairs in a more regular pattern.

Swelling

Swelling to some degree is common after joint replacement. To reduce swelling, elevation is very helpful. Lying down, with your “toes above your nose” at least 30 minutes of every two hours is a good initial recommendation. You may need more or less time elevating your leg. The white stockings are also designed to reduce swelling and should be worn for up to 4 weeks. Excessive swelling with pain or tenderness in the calf, redness in the lower leg, and/or increased warmth in the lower leg, can be a sign of a blood clot. Patients frequently call to ask if their swelling is too much, and this is impossible to tell over the phone. . If you feel you are excessively swollen with pain or tenderness in the lower leg, call the office so that we can determine if it needs to be investigated by exam and possibly an ultrasound to rule out a blood clot.

Blood Clot Prevention

- Without proper prevention, blood clots can be very common after joint replacement surgery. Therefore we recommend using a blood thinner beginning shortly after your surgery and continuing for several days until your activity has increased and your risk of developing blood clots has decreased. There are several types of blood thinner and your specific situation will determine which type of blood thinner you will receive.
- The first line of defense is moving your ankles up and down. This action circulates the blood from your legs back to your heart, preventing a clot. Walking also helps prevent blood clots.

- **Compressive Stockings:** These can prevent blood from pooling in your leg if you can use them correctly. You don't need to sleep with them on. You put them on first thing in the morning before your leg can swell. They are recommended for the first three weeks after surgery. If they just keep curling up and binding in, then they are not working and should be discontinued.

Resuming Activity

- **Driving:** If you had surgery on your right knee, you may start driving when you can comfortably put full weight on the right leg with just one crutch or a cane. This may take up to 6 weeks. If you had surgery on your left knee, you may return to driving when you feel comfortable, are able to easily get in and out of a car, and as long as you have an automatic transmission. **DO NOT DRIVE IF TAKING NARCOTICS!**
- **Work:** Typically, if your work is primarily sedentary, you may return after approximately 4-6 weeks. If your work is more rigorous, you may require up to 3 months before you can return to full duty. In some cases, more time may be necessary.
- **Travel:** You may travel as soon as you feel comfortable, but preferably wait 6 weeks after surgery. It is recommended you get up to stretch or walk at least once per hour when taking long trips. This is important to help prevent blood clots.
- You may set off the machines at airport security depending on the type of implant you have and the sensitivity of the security checkpoint equipment. The TSA has issued a policy that can be found on www.tsa.gov/travelers/airtravel/specialneeds. Basically, they will conduct a pat-down and/or wand evaluation of anyone who has metal hardware that sets off the detector. No card or note is necessary. Be sure to plan accordingly; wear loose fitting clothes and permit extra time for security screening.

Other Common Issues

- **Sleep:** Many patients have difficulty sleeping at home following knee replacement surgery. Non-prescription remedies such as Benadryl or Melatonin may be effective. If this continues to be a problem, medication may be prescribed for you.
- It is not uncommon to have feelings of depression after your joint replacement. This may be due to a variety of factors such as limited mobility, discomfort, increased dependency on others, and/or medication side effects. Feelings of depression will typically fade as you begin to return to your regular activities. If your feelings of depression persist, consult your primary doctor.
- It is not uncommon to feel as though your leg lengths are different, especially if there was a preoperative deformity or flexion contracture. Wait 6 months before making any final judgments about your leg lengths. Your muscles and body take time to adjust to a new knee. In rare cases, a shoe lift may be prescribed for a true difference in leg lengths. In most cases, however, no treatment is necessary.
- **Sexual relations:** Wait until your general health has recovered, sometime from 2 to 6 weeks.

Dental Work (or other invasive procedures)

Unless it is an emergency, it is best to avoid dental work or other invasive procedures for 4 months after a joint replacement. When undergoing an invasive procedure, we recommend antibiotics to prevent bacteria from getting in the blood stream and infecting the joint. Please call your dentist or our office for an antibiotic prescription prior to any dental work.

Normal things about your new knee:

- ! Clicking noise with knee motion
- ! Skin numbness near or around your incision.
- ! Swelling around hip, knee and/or lower leg
- ! Warmth around knee
- ! “Pins and needles” feeling at or near incision
- ! Dark or red incision line
- ! Increased bruising

Abnormal things about your new knee: (Call the office immediately if you experience any of these)

- ! Increasing redness, particularly spreading from the incision
- ! Increasing pain and swelling
- ! Fevers (>101 F)
- ! Persistent drainage from your wound
- ! Ankle swelling that does not decrease or resolve overnight with elevation
- ! Bleeding gums or blood in urine/stool