

HOSPITAL TOTAL KNEE REPLACEMENT POSTOPERATIVE INFORMATION

GENERAL

PLEASE read prior to preoperative appointment

- Resume your normal diet as you are able to tolerate.
- Apply ice to your knee. Place an ice bag or pack on your knee for 20 minutes at a time and do this every 2 hours while awake. Place a towel between your skin and ice bag/pack. (Do not put ice directly on the skin.)
- Pain is normal after the operation. If it is intolerable, unwrap the ace bandage or any compressive dressing and rewrap more loosely. If it persists and is not controlled with your pain medication, please call our office.
- Please call our office if you develop a fever (sustained temperature greater than 100.5), sudden increase in redness, swelling, or drainage from the incision site or you notice any cloudy or foul-smelling drainage.
- You may experience slight numbness in your leg after the surgery, this is normal. If it seems to be escalating, please call our office
- It is very important to have regular bowel movements after your surgery. Decreased activity and pain medicine can lead to constipation. Please follow these instructions:
 - Colace 100mg twice daily while on narcotics.
 - Metamucil 1 tablespoon by mouth daily with orange juice or water.
 - Milk of Magnesium if no bowel movement by the third day.
 - Fleets enema if Milk of Magnesium is unsuccessful.
 - Please call our office if you have not had a bowel movement by the 4th day after surgery.
- Do not drive or drink alcohol while taking narcotic pain medication.
- Cough and take deep breaths frequently which opens your lungs to prevent fevers and pneumonia
- You have been provided with:
 - Incentive spirometer. After surgery the small air sacs in your lungs may collapse from the anesthesia and pain medication. This device will help keep your lungs clear and active. Please use as instructed. Also, frequently cough and take deep breaths.
 - CPM machine. Please use for 1-2 hours three times daily for the first 2-3 weeks. Increase the degrees of flexion (bending) as tolerated.
- Please do not arrange for any elective dental surgery in the first three months after your procedure. When you have a dental procedure, bacteria can enter your bloodstream and we do not want that bacteria to infect your new prosthesis. You will now need to take an antibiotic prior to any dental procedures for the rest of your life. Please call our office and we can send a prescription to your pharmacy.
- Do not put pillows or supports directly under the knee when resting as this can make it difficult to obtain full extension of the knee over time.

ACTIVITY

- Use crutches or a front wheeled walker until you are seen at your first postoperative appointment.
- Get up for 10-15 minutes every 2 hours that you are awake to move around your room and to and from your bathroom.



- Elevate your leg above your heart as often as possible. (This means your knee and leg need to be higher than your chest as compared to the floor.)
- Perform 10 ankle pumps every hour while awake.
- Wiggle your toes, bend your knee, and bend your hip as tolerated to improve circulation
- Sit in a chair and pull your foot as far under the chair as you can which helps the knee recover flexion (bending). Heel slides while lying on your back are also helpful.
- Increase your activity level slowly over the next few weeks. It is normal to have increased swelling, pain and bruising as you do so.
- It is normal for your incision to bleed and stain the dressings.

WOUND CARE

- Please keep the wound dry until your first post-op appointment. You may shower after post-op day 2. If an occlusive dressing has been applied to your wound, you may shower with it on but do not submerge the area. You may leave the occlusive dressing on for 5-6 days if it remains intact. If the wound does not have an occlusive dressing cover the operative extremity with saran wrap to keep dry.
- If the wound has been closed with staples they will be removed at your first post-operative appointment (10-14 days)

MEDICATIONS

- Medications you may use post--operatively:
 - ASPIRIN or XARELTO*, blood thinners, to help prevent the formation of a blood clot. An adult strength Enteric coated Aspirin (325mg) should be taken twice a day for 30 days, or Xarelto for 35 days as prescribed, after the procedure.
 - TYLENOL/ACETAMINOPHEN, a pain reliever. Take 500 mg every 4 hours. Do not exceed 3000mg in a 24 hour period. If you are over 65 years of age, take 500 mg every 6 hours.
 - MOBIC* or CELEBREX*, an anti-inflammatory. This will help decrease swelling and improve pain. (you may not need this medication)
 - GABAPENTIN*, for nerve pain. Take 100 mg three times daily. (you may not need this medication)
 - OXYCODONE*, a strong narcotic. Use only on an "as needed" basis
 - DOCUSATE, a stool softener. Narcotic pain medications can cause constipation. Please take while taking narcotic pain medication
 - ZOFRAN*, an anti-nausea medication. Use as needed for any nausea or vomiting from the anesthesia or pain medication

* These medications are by prescription only and your doctor will let you know if you need them

- If you have any adverse effects with the medications, stop the medicine and please call our office.



FOLLOW-UP

A follow up appointment should be arranged for you to be seen 10-14 days after the procedure. If you do not have an appointment, please call our office to arrange one.

TIMELINE/GOALS FOR RECOVERY

- **Independent by 5-14 days**
- **You may bear weight as tolerated on the operative leg**
- **Off of narcotics in 2 weeks**
- **Walking without a walker or assistive device in 4 weeks**
- **Return to work in 4-6 weeks**
- **90% healed in 6-12 weeks**
- **Full recovery in 1 year**

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE 206-243-1100 x48016.

Updated: 02/08/2024