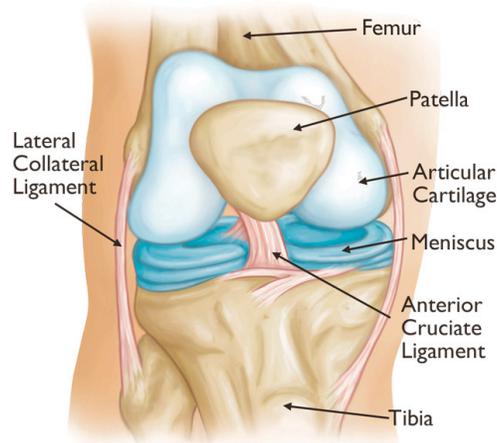


Post-Operative Care for Total Knee or Partial Knee Arthroplasty

Dr. Zachary P. Arntson



WOUND CARE

Most patient's incisions will have buried dissolvable stitches along with skin glue over the top. This dressing is waterproof. It is ok to shower with the skin glue on. Pat the leg dry when done. Do not submerge the bandage in bath, hot tub, pool, etc. This glue dressing will eventually peel off in 2-3 weeks. Generally you can submerge the incision after 3-4 weeks. It is not unusual for these incisions to drain for a day or two after surgery. If there is excessive drainage to the edges of the bandage or leaking from the bandage after clinic hours or weekends, obtain gauze bandages from the local drugstore and wrap an ace wrap around to hold the gauze pads. Change the gauze pads daily. If you experience any increased redness, drainage, wound dehiscence/openings please call the office at 763-441-0298.

PHYSICAL THERAPY

It is absolutely essential that you get into outpatient physical therapy between 24-48 hours after discharge. The overall results and patient satisfaction is completely dependent upon post-operative physical therapy to help regain/maintain range of motion, strength, balance, etc. It cannot be overstated how important it is to attend these sessions and work hard in order to get a good long-term result from your knee replacement.

It is important to elevate the leg as instructed. Put ice, reusable cold packs or bags of frozen vegetables over the front of the knee. Keep ice on for at least 20 minutes on then 20 minutes off. Repeat this as necessary. Never put ice directly on the skin!!! This may cause frostbite!

ACTIVITY

Get in the habit of putting a pillow, cushion or other pad under the ankle and let the knee go unsupported. This encourages the knee to drop into a straight position which is what we want. Do not prop the leg up with pillows etc. under the knee. If you find that after you are up for awhile and your leg becomes sore, simply get back in bed or a chair, ice the knee down, take a pain pill and it should settle down. Be as active as your knee lets you. But avoid setting too ambitious a schedule for yourself in the days and week after surgery. You may feel very tired and out of energy for the first weeks or so. This is normal and will pass.

PAIN MEDICATION

You will be prescribed several different pain medications based upon your individual needs and potential drug allergies. You are to take these as directed and follow the prescription instructions closely. In the first day or so after surgery, take the pain medicine regularly. Don't wait until the pain is real bad; it is more difficult to control. If you take it and feel some relief for a few hours and then begin to have more pain, take some more. Don't be alarmed if after a few hours you need to take some more. It is not uncommon to experience more pain as the swelling within the knee increases and you begin to become more mobile with your knee. Taking pain medication before bedtime will assist in sleeping. **Do not drive if you have taken any prescription pain medication!!!** Pain medication can lead to constipation. High fiber diet, lots of fluids, and a stool softener (i.e. Colace) may be prescribed to you that will help prevent this occurrence. You should resume your normal medications for other conditions the day after surgery.

DIET

Eat lightly at first and advance your diet as tolerated. If you feel nauseated, it could be from some of the medicines received at the hospital or from your pain medication prescription. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting continue, fill the prescription for Zofran or Phenergan that has been given to you and use as directed. A low-grade fever (100.5) is not uncommon in the first 24-48 hours after surgery.

BLOOD CLOT PREVENTION

To prevent blood clots from developing every patient is prescribed a blood thinning medication for six weeks after surgery. Based on standard risk, most patients will be prescribed Aspirin 325mg tablets to take twice a day. If increased risk of blood clots, patients will be prescribed a different blood thinner. This will be determined before surgery. Other modalities to prevent blood clots are compression stockings, leg elevation, and ankle pump exercises (moving your foot back and forth).

CONCERNS

Although knee replacement is safe, problems do occasionally arise. If you develop any of the following signs or symptoms, please call my office (763-441-0298). Go directly to Mercy/Unity Hospital Emergency Center if the symptoms are particularly severe!

- Temperature greater than 102 degrees F measured by thermometer, along with redness around the incisions and increasing pain around the knee that does not respond to pain medication.
- Swelling in your lower leg and calf muscles with tenderness when you gently squeeze the calf
- Shortness of breath and pain on deep breathing

REMINDER

- Every patient who has had a total knee replacement needs to take prophylactic antibiotics before any dental, urologic, endoscopy or colonoscopy procedures **for the remainder of their lives**. Please call

Dr. Arntson's office ahead of time to receive a prescription.
Instructions below.

Not allergic to penicillin: take cephalexin or amoxicillin 2 grams by mouth one hour prior to procedure

Yes allergic to penicillin: take clindamycin 600 mg by mouth one hour prior to procedure

- Driving is allowed on your left total knee as soon as you feel comfortable in a car without a clutch and without taking narcotic pain medicine. Driving with your right total knee replacement is not allowed for 4 weeks.