



General Post-Operative Instructions Total Knee Replacement

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WOUND CARE:

- After surgery, wounds are typically covered with an adhesive dressing. This should be left in place for 2 weeks. Dressings will be removed at your first post-op appointment.
- Skin stitches or staples will be removed in clinic. In some cases, there may not be anything to remove (stitches are under the skin).
- You may shower once the initial dressing is removed (at the first clinic visit) with a watertight dressing in place. Do not submerge the wounds in water (bathtub, pool, lake) until 6 weeks after surgery. Continue to cover the wound in the shower for the first 6 weeks after surgery.
- If the dressings become saturated or drainage continues beyond the first few days, call the office.

ICING:

- Icing is an important part of recovery from surgery. It is used to decrease swelling and inflammation.
- An ice machine is often offered to patients to use hours after surgery. If you have chosen to purchase this machine, it should be used continuously for approximately 48 hours after surgery.
- If you did not purchase the ice machine, you can substitute a bag of ice or frozen vegetables.
- After the first 48 hours, the unit should be used in 20 minute intervals every couple of hours for the first 3-4 weeks after surgery.
- Keeping your leg elevated above your heart will also help decrease swelling.

DIET:

- After surgery, some patients experience nausea. This can be related to anesthesia or pain medication. It is best to begin with clear liquids and light food (crackers). You may progress slowly to your normal diet if not nauseated.
- Patients are often prescribed an anti-nausea medication after surgery. This can be used to treat nausea. If nausea or vomiting persists despite medication, call the office.

- Pain medication can also cause constipation. An over-the-counter laxative, high-fiber diet or fruit juice may be helpful.

MEDICATION:

- Most home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon.
- Typically, patients are given a prescription for pain medication. Please take this medication as instructed. Pain medication can be decreased as pain improves.
- Try to take pain medication with food to help decrease nausea.
- Some prescribed pain medication may already have Tylenol (Acetaminophen) mixed with it. Do not take any other medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage.
- Taking medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking narcotic pain medication (hydrocodone, oxycodone, dilaudid, etc.).
- Pain medication typically takes about 30-45 minutes to take effect. Don't wait until pain is severe to take pain medication.
- Some patients may receive a nerve block prior to surgery. This block lasts a different length of time in each patient, but typically lasts 12-18 hours. When you begin to feel some tingling in the extremity, the block is beginning to wear off. This is a good time to begin taking oral pain medication.
- Pain medication can also cause constipation. An over-the-counter laxative, high-fiber diet or fruit juice may be helpful.
- Pain medication will not take away all of your pain. It is okay to have some discomfort.
- Because of the risks of prolonged narcotic use, in most cases narcotic pain medication will not be prescribed after 6 weeks from surgery. Plan to wean narcotic use after surgery accordingly.

ACTIVITY:

- Crutches or a walker will be used initially after surgery for protection. These are typically needed for 1-3 weeks depending on the patient. Your physical therapist will help you decide when it is okay to stop using the crutches or walker.
- You may bear full weight on the operated leg immediately after surgery.
- Return to work depends on your job requirements, specifics of your surgery and pain/swelling levels. This can be discussed at your follow-up appointment.
- Do not resume sports, use exercise equipment or perform strenuous physical activity (including lifting weights) until your surgeon says it is okay.
- Physical therapy will be prescribed after surgery. This is an important part of your recovery and we encourage patients to attend all physical therapy appointments.
- Return to driving after surgery is okay once narcotic pain medication has been stopped and you are cleared by your surgeon. The length of time until patients are able to return to driving varies depending which leg is involved.

BLOOD CLOT PREVENTION:

- Though uncommon, blood clots (also called deep vein thrombosis or DVT) can occur after surgery. To decrease the risk of this problem, you should flex your ankle and toes up and down ten times per hour for the first 2-3 weeks after surgery.
- Elevation of the operative leg also helps decrease swelling and prevent blood clots.
- Medication will be given after surgery to prevent blood clots. The specific medication may vary depending on your medical history.
- Be sure to let your surgeon know if you have a history of blood clots.

REASONS TO CALL THE OFFICE:

Please call the office for any of these concerns:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Excess drainage at surgical incisions
- Worsening pain in the operative leg not controlled with medication
- Excess nausea/vomiting
- Numbness in the operative leg
 - Some numbness can be expected initially after surgery if a nerve block was used
- Redness around the incision site
- Any other questions or concerns

FOLLOW-UP APPOINTMENT:

- A post-operative follow-up appointment will be made for you at the time your surgery is scheduled for 2 weeks after surgery. If you do not have an appointment scheduled after surgery, please call our office.

ADDITIONAL INFORMATION:
