



Discharge Instructions - Total Knee Replacement Dr. Wulf

Pain Management at home

- **Medication schedule**

- Expect to have pain following surgery. Our goal is to maintain a 4-5/10 pain level. The pain medications prescribed will provide relief but does not take all the pain away. The first few days after surgery can be the most painful. Just remember, it will get better.
- You were on a combination of medications in the hospital that were given on a schedule. You should continue this schedule at home for the first few days after returning home. You can begin weaning down as your pain allows.
- Your pain will remain at milder levels and your ability to perform therapy exercises will increase if you maintain a consistent schedule. Write down times that you take your medication.
- Stagger/alternate your medication so you're not taking all of your pills at one time, that way every 3-4 hours throughout the day there will be some medication in your system.
- Do not wait until your pain level is at an 8 or 9 before taking medications. At this point, you have already lost control of your pain at that point and it will take a higher dosage to get back to a comfortable level. Remember, the medications you are on take between 20-30 minutes to begin to take effect.
- You should start taking Ibuprofen once you have finished your anticoagulation regiment (coumadin, Lovenox, Xarelto, etc...), unless you are allergic or have been told that you cannot take non-steroidal anti-inflammatory medications.

- **Ice/compression/elevation**

- Utilize the tools you have available at home besides your pain medications.
- Icing is helpful for 20 minutes at a time, at least 3 times daily. Do not place ice directly on the skin itself but use a barrier such as a washcloth or towel between the ice and your skin.
- Elevation works wonders for swelling.
 - The leg must be elevated ABOVE the level of the heart to be effective, such as laying on the couch with pillows propped underneath the surgical calf or ankle.
 - DO NOT place pillows underneath your surgical knee. This will allow your leg to rest in flexion, and will lead to stiffness and difficulty with extension.
 - Sitting in a chair with the leg extended in front of you is not sufficient elevation and will not make a significant difference in your swelling.
- Compression is very helpful on the leg when you cannot elevate or ice. Using an ACE wrap, compression sleeve or thigh high TED hose are the best options. Be sure to wrap the ACE starting from the foot to all the way up to above the knee.

- **DVT prevention**

- Blood clots are at a higher risk of developing in the leg after having orthopedic surgery and when your activity is limited following any surgical procedure.
- We can reduce the risk of this rare complication from surgery giving you Lovenox injections in the hospital and discharging you home on Lovenox for 2 weeks after surgery. You will start Aspirin daily after your two week post op appointment.
- This medication is NOT for pain control, but specifically for prevention against developing blood clots after surgery and must be taken as scheduled.

- **Planning for refills**
 - Keep track of the number of pills you are taking on a daily basis, and how many you have left.
 - It takes 24-hour notice for our office to refill a medication or leave a signed prescription to be picked up at the office for narcotics.
 - Be especially aware if the weekend is coming up that you have adequate medications available.
- **Resuming normal home medications**
 - Unless directed otherwise by your primary care physician or surgeon, you may resume all normal home medications after discharge from the hospital.
 - If you are on medications prescribed by a specialist (cardiologist, rheumatologist, etc) contact their office about any questions or changes to those medications following surgery.

Incision Care

- Your Aquacel dressing (anti-microbial bandage) is to remain in place until your two week post op appointment. All sutures are absorbable, underneath the skin, and will dissolve on their own over time.
- You may shower as normal following surgery. The Aquacel bandage is water-proof and does not need to be wrapped or covered with any plastic in the shower. Pat the area dry with a clean towel after showering.
 - While you may shower normally after surgery, baths will disrupt the dressing and risk infection. Do not submerge your operative leg in a bathtub until your surgeon has cleared your incision's healing.
- If the Aquacel bandage starts to peel off before your appointment, contact the office for further instruction.
- After your Aquacel bandage is removed at your two week post op appointment, do not put any creams, lotions, antibiotic ointments, or scar creams on your incision. Your incision needs to be completely healed (no scabs) until these products can be used.
- No soaking in a bathtub, hot tub, pools, or in a sauna after your surgery for the first month, or until your incision is completely healed (no scabs) – whichever comes first. When in doubt, email pictures of your incision to ensure it is healed enough for these activities.
- Your operative knee will be warmer to the touch than your non-surgical knee for at least a few months. If you notice it is very hot to the touch and associated with any visible drainage from the knee or marked redness, fever over 101 degrees and an increase in your pain not related to activity, call your surgeon.

Activity

- You will have physical therapy 1-2 times per day in the hospital. Make sure you have outpatient physical therapy appointments scheduled within 3-5 days of returning home.
- **Get that knee moving!!** Range of motion is the MOST important aspect of your rehab the first few weeks after surgery. Once you have reached sufficient range of motion, your physical therapist will advance your rehab with strengthening exercises.
 - Range of motion goals
 - Two weeks post op: 0 degrees extension – 90 degrees flexion
 - Six weeks post op: 0 degrees extension – 120 degrees flexion
- Daily movement is important to your comfort following surgery – you should plan on some gentle walking/stretching 2-3 times daily in addition to your physical therapy exercises.
- There will be good days where you feel hardly any pain and bad days following surgery where you feel your pain and swelling are greater. Know that your body is still healing from a major surgery and pay attention to cues when you need to rest and take a break.



- Take caution against doing too much throughout the day. You do not get better faster by performing more exercises or pushing through pain. Finding balance is key – your physical therapist will help teach you to differentiate “good pain” and “bad pain.”

Post-surgical appointments

- Be sure to schedule your outpatient physical therapy appointments before your surgery takes place. Once you are discharged from the hospital expect to attend therapy 2-3 times a week for the first month.
 - Plan to take your pain medicine about 30 minutes before your therapy sessions and be sure to have a driver for your appointments.
- You will return to see your surgeon at 2 weeks after surgery where the Aquacel dressing is removed, incision is checked, and x-rays are taken
- At 6-8 weeks post op you will return to evaluate progress with range of motion and returning back to full activities of daily living

Who to Contact

- If you experience any changes in your incision, skin, swelling, decreased motion, or increased pain, call our office. We need to be the first to know of any changes in your symptoms following surgery. Your primary care physician is not equipped to manage surgical complications that might arise, and will defer care to your surgeon or even the emergency room.
- Our Orthopedic Urgent Care is available 7 days a week from 8 AM to 8PM, and can assist afterhours or on weekends should you need to be seen by an orthopedic provider. Phone number is 952-456-7000
- Contact information for Dr. Wulf:
 - Kristine Zweig, PA-C
 - Anna Lundeen – Care Coordinator
 - **952-456-7010**