

David Cheong, M.D.  
Andrew J. Cooper, M.D.  
William C. Costello, M.D.  
John B. Rigdon, M.D.  
John M. McLure, M.D.  
Andrew C. Mosier, M.D.  
Theresa L. Culmaro, M.D.  
Richard Pigeon, M.D., FRCPC



Michael L. Rothberg, M.D.  
Thomas O. Schwab, M.D.  
Craig A. Schwartz, M.D.  
Jennifer Swearingen, M.D.  
Nicholas Tambony, M.D.  
David P. Thompson, M.D.  
David Whiddam, M.D.  
Scott M. Whitley, M.D.

## **Total Knee Replacement Discharge Instructions**

### **Follow-Up Appointment**

- ◆ You will need to follow up in the office within 2 weeks of your surgery.

### **Caring for your incision:**

- ◆ In most cases you will leave the hospital with the dressing that was applied in the operating room. We would like for that dressing to remain intact until your initial follow-up appointment after surgery. If, for some reason, the dressing becomes loose, wet, or otherwise damaged, you may remove it and reapply a dry gauze covering. Do not apply any antibiotic ointments or other treatments to the incision.
- ◆ The dressing is waterproof and you may shower normally without affecting the dressing. If the dressing does become damaged and requires removal, you may still shower normally as long as the incision is not actively draining. Simply wash the area with soap and water and pat dry with a towel. Apply clean dry gauze to the incision.
- ◆ 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.
- ◆ In most cases your stitches are absorbable and do not need to be removed. If you have skin staples, then they will need to be removed at your first appointment following surgery.

### **Pain control at home**

- ◆ Initially, you will be on a strong oral pain medication (such as a narcotic). Most people are able to wean off of their strong pain medication after 1 or 2 months and are able to switch over to an over-the-counter medication (such as Tylenol).
- ◆ Be sure to only take your medicine 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.
- ◆ Ice should be used for the first few weeks, particularly if you have a lot of swelling or discomfort. Use ice for 30-60 minutes 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 Colace) is the best prevention for this problem. Be sure to take in adequate amounts of

water during the day. In rare instances, you may require a suppository or enema.

### **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 for up to 2 weeks. Then you will be referred to an outpatient physical therapist. If you go to a rehabilitation hospital, 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.
- ◆ It is **most** important that you work on getting your knee straight in the first few weeks after surgery in order to avoid developing a flexion contracture. A flexion contracture is a permanent bend in the knee due to tight hamstring tendons.
- ◆ You should spend some time each day working on straightening your knee (extension) as well as bending your knee (flexion). A good way to work on extension is to place a towel roll underneath your ankle when you are lying down. A good way to work on flexion is to sit on a chair or stationary bicycle and bend your knee. Avoid using a pillow or towel rolled behind the knee for any length of time.
- ◆ 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. As your leg gets stronger, you will be able to perform stairs in a more regular pattern (about 1 month).
- ◆ In most cases, you will be discharged home with a walker that you may need for up to 1 month after your operation. You will then be allowed to advance to a cane outdoors and no support around the house for several weeks. You will gradually return to normal function without any assistive devices. You will use an assistive device until you can walk without a limp. This usually takes about 6–8 weeks, but may take longer.

### **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 weeks 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.
- ◆ Compression stockings (TEDS) should be used for the first 2 weeks in order to help reduce swelling and improve circulation. You may wear them longer,

especially if you find that your ankles swell without them. You may remove them at night.

- ◆ You may be given a mobile leg compression device (Compression Solutions) at your pre-operative appointment. These are similar to the leg compression device used in the hospital to prevent blood clots. They should be worn as much as possible while at home for the first 3 weeks after surgery. Since they are portable, you should attempt to wear them for 20 out of 24 hours daily. Additionally, there is a cold compression wrap that goes over the knee. It should be used for 30–45 minutes 4–6 times daily.

### **Resuming Activity**

- ◆ **Driving:** If you had surgery on your right knee, you should not drive for at least 6 weeks. After 6 weeks, you may return to driving as you feel comfortable. If you had surgery on your left knee, you may return to driving as you feel comfortable 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 1 month. 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. You may find that you need to get up and move around to keep your knee from becoming stiff.
- ◆ **Travel:** You may travel as soon as you feel comfortable. 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 should use the portable leg compression device while traveling.
- ◆ 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](http://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**

- ◆ 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 knee 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 internist.

<b>Normal things about your new knee</b>	<b>Abnormal things about your new knee</b>
<ul style="list-style-type: none"><li>▪ Clicking noise with knee motion</li><li>▪ Skin numbness on the outer (lateral) part of your knee</li><li>▪ Swelling around knee and/or lower leg</li><li>▪ Warmth around the knee</li><li>▪ “Pins and needles” feeling at or near incision</li><li>▪ Dark or red incision line</li><li>▪ Bumps under the skin along the incision. Occasionally, the sutures used to close the wound can be felt.</li><li>▪ Increased bruising that may extend down to or past your ankle</li></ul>	<ul style="list-style-type: none"><li>▪ Increasing redness, particularly spreading from the incision</li><li>▪ Increasing pain and swelling</li><li>▪ Fevers (&gt;101 F)</li><li>▪ Persistent drainage from your wound</li><li>▪ Ankle swelling that does not decrease or resolve overnight with elevation</li><li>▪ Bleeding gums or blood in urine/stool.</li></ul>