



## **POST-OPERATIVE INSTRUCTIONS: TOTAL KNEE ARTHROPLASTY**

### **Diet**

- You may resume your regular diet without restrictions. However, start slow with clear liquids and gradually work your way back to your normal diet. This will help prevent nausea and vomiting.
- Please supplement with iron by taking 325mg twice a day for 30 days after surgery.

### **Wound Care**

- You can remove the outer layer of dressings (ace wrap, Mepilex foam dressing) 4 days after surgery. After that, you are permitted to shower. Please keep the incision dry until your first appointment by using waterproof dressings or any impermeable bag.
- You will have an incision that is closed with either staples or a Prineo/Exofin dressing under the Mepilex dressing (if applicable). If closed with staples, please keep the staples covered with a bandage. If a Prineo/Exofin is present the incision does not need to be covered but you can do so for your own comfort or at your own discretion. Please do not remove the Prineo/Exofin. If the edges do loosen, they can be trimmed as needed.
- Do not put any lotions or antibiotic ointments over the incisions until they are completely closed.
- Do not submerge your surgical knee or soak in a hot tub, swimming pool, or bath until 4 weeks post-operative when your incisions have completely healed.
- Any sutures or skin closure will be removed at your first post-op visit.
- If a wound vac is present, we will provide you with additional instructions upon discharge from the hospital. Wound vacs are typically placed on the skin for a duration of 7 days; future changes and canister replacements will be coordinated by our office.

### **DVT Prevention**

- You must wear your white TED hose compressive stockings for 4 weeks after surgery. These stockings reduce swelling which improves healing and helps to prevent blood clots.
- Please perform ankle pumps as this will also help to prevent blood clots.



- You will be required to take medication to help prevent blood clots; these prescriptions were provided to you after surgery and should be filled at your pharmacy. Usually our recommendation is 4 weeks of Eliquis taken twice daily. If you have a personal or family history of DVT/pulmonary embolism or have other risk factors elevating your risk for thromboembolic events we may have alternative medications to prescribe to you: if this is the case, please let us know and refer to those updated instructions.
- If you are traveling after surgery, please let us know: we advise that you wait at least one week between surgery date and travel. Please see below for some general tips for preventing blood clots when traveling:
  - Get up on the plane to crutch/walk every hour or if driving stop every 1-2 hours to get up and walk
  - Stay hydrated. Avoid alcohol and caffeine
  - Wear your TED hose stockings for the duration of your travel
  - Take 325mg Aspirin the day before, day of, and day after the travel (if advised)
  - Perform your exercises during travel; especially the ankle pumps
  - If you experience pain or swelling in your calf, please call our office immediately or go to a local emergency department for evaluation.

### **Post-Operative Activity and Weight Bearing**

- After surgery you may begin weightbearing as tolerated, using your crutches or walker as instructed, with a heel-toe gait. You may increase your weightbearing as tolerated. Remain on crutches until you resume good quadriceps control and balance.
- **EXCEPTION: REVISIONS, FRACTURES, OR OTHERWISE NOTED. YOU WILL BE GIVEN MODIFIED INSTRUCTIONS ON WEIGHTBEARING.**
- You will be required to wear a knee immobilizer while sleeping for the first two weeks after surgery. You can remove the brace to perform exercises and to shower.
- Please elevate the knee frequently in order to help decrease swelling/discomfort.
- Perform the exercises included in this packet (or that you were instructed at pre-op visit) 3-4 times a day for 10 minutes each session. Begin them the day after surgery.
  - If your surgery is done on an inpatient basis home health physical therapy will be coordinated and will begin after discharge from the hospital.
  - If your surgery is done on an outpatient basis, please schedule your first physical therapy for 2-3 days after your surgery

### **Cold Therapy**



- Ice should be used to help reduce pain and swelling. Use it as often as possible the first 3 days after surgery, alternating 20 minutes on and 20 minutes off. After the third day, use it at least 3-5 times a day for 20 minutes until pain and swelling have resolved.
- When icing after your surgical dressing has been removed, do not put ice directly over healing skin. Use a barrier between to prevent any contact burns.

### **Pain Medication**

- Take your pain medication as prescribed. This usually means 1 tablet every 4 hours for mild pain or 2 tablets every 4-6 hours for more severe pain. Do not take any additional Tylenol when taking these narcotic medications.
- You can also use over-the-counter NSAIDS once you are eating well. These medications help to reduce pain, swelling, and stiffness. We recommend that you transition to either Aleve or Ibuprofen (following dosage on the bottle) when your pain is manageable.
- The narcotic pain medication can cause constipation if you take it regularly. Some treatments include prescribed stool softeners, fiber bars, Metamucil, or prune juice.
- You are not permitted to drive while taking your narcotic pain medication.
- The pain medication can cause nausea so always take it with food.

**\*\*Please call a minimum of 24 hours prior to needing additional medications in order to provide you with the handwritten copy. All requests for prescriptions prior to the weekend must be received by Thursday at noon. Failure to plan accordingly and contact our office prior to needing a refill may prevent you from obtaining your medication.**

### **Nerve Blocks for Anesthesia**

- Nerve blocks last approximately 12-24 hours. You may notice tingling on occasion after the block wears off. This usually resolves in several days but if persists please call our office. As you begin to regain sensation please take your pain medication before the block completely wears off; this helps you stay ahead of your pain.

### **Prophylaxis for Future Procedures**

- Please refrain from any dental work or colonoscopies for **3 months** after having a total joint replacement unless emergent. Please call our office if this is the case.
- **You will need to take antibiotics before colonoscopies and all dental work including fillings, caps, extractions, and cleanings for life after your joint replacement.**



- Please call our office one week prior to your planned procedure so we can call in appropriate antibiotics for you to take prior to your dental work or colonoscopy.

**Notify the Office if you Experience the Following**

- Flu-like symptoms, nausea/vomiting, temperature of 101.5 degrees or higher, severe chills; foul odor, redness, or increased tenderness or drainage from the incision. These are signs of a possible infection. You may need to report to an Emergency Room.
- A hot tender area or unusually large amounts of swelling in either calf or other area of the leg; chest pain, shortness of breath or coughing up blood are signs of a possible blood clot and you may need to report to an Emergency Room or call 911.
- **If you have any other URGENT problem**, call the office 714-850-7300. You will be transferred to the answering service and the on call physician if it is outside of normal business hours. **If you are concerned that you have a life-threatening condition or emergency, DO NOT CALL THE OFFICE; call 911 immediately.**

**Follow-up**

- You should already have your post-operative appointment scheduled; this should be scheduled for 10-14 days after your surgery date. Please call the office with any questions or to confirm your appointment at 714-850-7300



### **HOME EXERCISES:**

**Perform prior to surgery. Begin the day after surgery. Perform 3-4 x a day.**

#### **Knee Flexion Stretching**



- Sitting in a chair bend surgical knee as far as you can.
- Lift leg with hands and bend knee further
- Should be a gentle stretch; 60 sec hold 10x. Gradually bending knee further each



- Lying on back holding a bath towel wrapped around knee
- Bend knee using the towel until you feel a stretch
- Hold 60 seconds; perform 10x
- Hold 60 seconds; perform 10x



- Seated edge of stable chair
- Using your good leg bend surgical knee until you feel resistance



- Lying on bed or couch pushed along wall, feet on wall
- Bend surgical knee with non-affected leg, gliding feet along wall until feel of stretch in surgical knee
- Hold 60 sec. (Should be a gentle stretch). Perform 10x, each time trying to gain more knee bend
- To return to resting position. Lift feet off of the wall. Using good leg, hooked under surgical ankle, straighten surgical knee returning to resting position.





### **Knee Extension Stretching**



- Lying on back with surgical ankle propped on towel roll, pillow, or arm of sofa.
- Relax knee into straightened position
- Gradually increase hold as tolerated, 3-15 minutes
  - Be sure the foot and ankle are relaxed for both exercises to allow the best stretch in the knee
- Seated with surgical foot propped on another chair
- Surgical knee unsupported in straightened position
- Gradually increase hold as tolerated 3-15 minutes

### **Quadricep Strengthening**



- Lying on back with towel roll under surgical knee
- Push knee into towel activating quadriceps (thigh muscle)
- Hold 10 sec, perform 15x 2 sets
- Be sure the foot/ankle are relaxed and you are not using your glut/rear
- Same exercise in standing with towel or ball along wall