



Orthopaedic Surgery - Arthroscopic Surgery - Joint Replacement - Sports Medicine - Fracture Care

John R. Chance, M.D., David L. Fox, M.D., Jamie L. Lynch, M.D.,  
Brian E. Schulze, M.D., Patrick M. Simon, M.D., Rex E. Wilcox, M.D.  
*Diplomates, American Board of Orthopaedic Surgery*

Kelly A. Cooper, PA-C

# Total Knee Arthroplasty (Replacement) Post Operative Instructions

## IN THE HOSPITAL AFTER SURGERY:

You will stay in the hospital for 2-3 days after having knee replacement surgery. During that time you will recover from your anesthesia and the surgery itself. Right after surgery you will spend 1-2 hours in a recovery room (PACU) before going into your room. You will likely wake up very tired and groggy. You will have a large dressing (bandage) over your incision and part of your leg. A small drainage tube may be in place during surgery to help drain fluids that collect in your knee joint after surgery.

After being taken back to your room you will continue receiving fluids through your IV (a catheter or tube that is inserted into your vein to give the medical staff access for medications and fluids) until you are able to drink fluids on your own. You will slowly resume a normal diet.

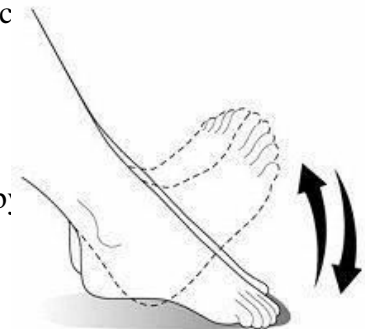
After knee replacement, some surgeons recommend using a continuous passive motion machine (CPM) while you are in bed. The CPM bends your knee for you. Over time, the rate and



amount of bending will increase. If you are using this machine, always keep your leg in the CPM when you are in bed. It may help speed your recovery and reduce pain and bleeding.

Physical therapists will teach you proper positions for your legs and knees. Make sure you follow these instructions, as bad positions can c knee joint.

Your nurse will show you how to prevent blood clots and pneumonia b



1. You may wear special compression stockings on your legs. These stockings improve blood flow and reduce your risk of getting blood clots.
2. When you are in bed, move your ankles up and down. These are called “ankle pumps” and are pictured to the right →

3. Most people will also receive blood-thinning medicine to reduce the risk of blood clots more.
4. Using a device known as a spirometer will help you prevent pneumonia from occurring. You simply breathe deeply and exhale into the device to move a ball upwards. →



## **YOU WILL BE ENCOURAGED TO START MOVING AND WALKING THE DAY AFTER SURGERY WITH HELP FROM YOUR NURSE**

### **GETTING READY TO GO HOME**

Before you are allowed to be discharged from the hospital you will need to meet these goals:

1. Be able to move or transfer without help in and out of bed, in and out of chairs, and off and on the toilet
2. Bend your knees almost a right angle, or 90° (after knee replacement)
3. Walk on level surface with crutches or a walker, without help
4. Walk up some steps, with help

### **WHAT TO EXPECT AT HOME**

By the time you go home, you should be able to walk with a walker without needing much help. You may need to use these walking aids for up to 3 months. You should also be able to dress yourself with only a little help and be able to get into and out of bed, chair or toilet without help.

Over time, you should be able to return to your former level of activity. You will need to

avoid some sports, such as downhill skiing or contact sports like football and soccer. But you should be able to do low impact activities, such as hiking, gardening, swimming, playing tennis, and golfing.

## **HOME SETUP**

Your bed should be low enough for your feet to touch the floor when you sit on the edge of the bed. Your bed should also be high enough so that your knees are higher than your knees when you sit on the edge. You will NOT need a hospital bed, but your mattress should be firm. Place a chair with a firm back in the kitchen, bedroom, bathroom, and other rooms you will use. This way, you can sit when you do your daily tasks.

Keep tripping hazards out of your home:

- Remove loose wires or cords from areas you walk through to get from one room to another. Remove loose throw rugs. Do NOT keep small pets in your home. Fix any uneven flooring in doorways. Use good lighting
- Put hand rails in the bathtub or shower and next to the toilet. Place a slip-proof mat in the bathtub or shower
- Do not carry anything when you are walking around. You may need your hands to help you balance.
- Put things where they are easy to reach

## **ACTIVITY**

Use your walker or crutches as your doctor told you to use them. Take short walks often.

Wear shoes that fit well and have nonskid soles. **DO NOT WEAR HIGH HEELS.** Do the exercises your physical therapist taught you. Your doctor and physical therapist will help you decide when you no longer need crutches, a cane, or a walker.

Try not to sit for **MORE THAN 45 MINUTES** at one time. Get up and move around after 45 minutes if you will be sitting some more.

## **PRECAUTIONS**

- **DO NOT** twist or pivot your body when you are using a walker
- **DO NOT** climb up on a ladder or stepstool
- **DO NOT** kneel down to pick up anything
- When lying in bed, keep a pillow under your heel or ankle, **NOT** your knee. It is important to keep your knee straight. Try to stay in positions that do not bend your knee.

Dr Lynch or your physical therapist will tell you when you can start putting weight on your leg and how much weight is okay. When you can start bearing weight will depend on what kind of knee joint you have. It is important not to start bearing weight until Dr Lynch tells you it is safe. **DO NOT CARRY ANYTHING OVER 5-10 POUNDS.** Ice your knee 30 minutes before and 30 minutes after activity or exercises. Icing will decrease swelling.

## WOUND CARE

Keep your dressing on your wound clean and dry. You may change the dressing according to when Dr Lynch told you to change it. Be sure to change it if it gets dirty or wet. Follow these steps when you change your dressing:

- Wash your hands well with soap and water
- Remove the dressing carefully. **DO NOT PULL HARD**
- Run water over the incision.
- **DO NOT SOAK** your incision
- Check your wound for signs of infection
  - Redness, warmth, swelling, foul smell, or oozing wound
- Apply a new dressing the way you were shown.

Sutures or staples will be removed about 10-14 days after surgery. Do not shower until 3-4 days after your surgery. When you can shower, let water run over your incision but **DO NOT SCRUB INCISION** or **LET THE WATER BEAT DOWN ON THE INCISION** or **SOAK THE INCISION**. You may have bruising around your wound. This is normal, and it will go away on its own. The skin around your incision may be a little pinkish red, which is normal too.

## **SELF CARE**

People who have a prosthesis, such as an artificial joint, need to carefully protect themselves against infection. You should carry a medical identification card in your wallet that says you have a prosthesis. You will need to take antibiotics before any dental work or invasive medical procedures. Make sure to check with your doctor, and tell your dentist about your knee replacement.

## **WHEN TO CALL THE DOCTOR**

Call Dr Lynch's office or Melissa if you have:

- Blood is soaking through your dressing and the bleeding does not stop when you put pressure on the area for 15 minutes [no peeking].
- Pain does not go away after you take your pain medicine
- Swelling or pain in your calf muscle
- Your foot or toes look darker than normal or are cool to touch
- Yellowish discharge from your incision
- A temperature higher than 101.5°F
- Swelling around your incision
- Redness around your incision

Go to the emergency room if you have the following

- Chest pain
- Breathing problems

## **POST-OP PRESCRIPTIONS GIVEN**

### **Prescriptions**

Medications given will vary depending on each patient and his or her comorbidities.

### **Side effects of medication you may receive**

**Anti-inflammatory** (Celebrex, Naprosyn, Ibuprofen, etc.)

You should take all medication with food to help prevent nausea. Please notify office if nausea, vomiting, rash, headaches, abdominal cramping, blood in your stool or other symptoms occur. Do not combine other anti-inflammatories or Aspirin products while taking your anti-inflammatory. You should not exceed the Aspirin dose that Dr. Lynch has recommended.

**Pain Medication** (Vicodin, Tylenol #3, etc.)



Take after food. Notify office if nausea, vomiting, headaches, rash occur. Other side effects include; drowsiness, dizziness and constipation. **Do not take TYLENOL** or other acetaminophen products while taking pain medication such as Vicodin or Tylenol #3, both of these medications contain acetaminophen.

### **Signs and Symptoms of Complications**

Although complications are rare the following are a list of symptoms you should be aware of.

Infection – increased pain not relieved with medication, fever, chills, redness, swelling or drainage from incision.

Blood Clot – swelling, tenderness, or pain to calf when you move your ankle up and down, shortness of breath and chest pain.

If any of the above symptoms occur, contact the office immediately.

**\*\*\*PLEASE CALL Melissa, Dr Lynch's assistant at 210-477-5151 with any questions.\*\*\***