



Post-op Instructions for Total Knee Replacement

These instructions complement the specific surgeon information given to you by nursing staff, pharmacy staff and physical therapy personnel after your surgery.

WOUND CARE/SHOWERING

You may shower on day 3 after surgery. The shower should be brief. Allow the water and soap to flow over the incision. Try to keep DIRECT water spray away from the incision. Pat the incision area dry with a clean towel and allow it to air dry for about 10 minutes prior to applying a new gauze dressing. Do not take a bath or soak the incision until your surgeon says that you are able to do so.

Cover the incision with dry gauze and tape it lightly. A small amount of clear drainage or bleeding may be expected. You should change your dressing every day until there is no drainage. Once the dressing is dry for 48 hours, you may remove the dressing and leave it off and incision open to air. Please do not remove any skin closure materials (such as Aquacel, Dermabond, Prineo, steri-strips, sutures or staples) that are directly covering your incision.

PAIN MANAGEMENT **ICE THERAPY**

Apply ice to your knee to help decrease pain and swelling. You should use your iceman machine frequently, including when you are at rest. DO NOT apply cold therapy directly to your skin because it may damage your skin.

ELEVATION

Swelling to some degree is common after knee surgery. To reduce swelling, elevate your "toes above your nose" for 30 minutes every 2 hours while awake. If you have excessive swelling or intolerable pain or tenderness, call your surgeon.

MEDICATION INSTRUCTION

Narcotic pain medication may be prescribed for use after surgery. If you discharge home with narcotic pain medications, you should attempt to discontinue those medications when your pain level decreases. Narcotic medications can become addictive. They also may cause constipation. Consider using a stool softener, increasing your fiber intake, and ensuring you drink at least 8 glasses of water each day.

Listed below are the typical medications prescribed for postoperative pain management after orthopedic surgery/total knee replacements. This does not necessarily mean that you will receive all these medications, but this information can be very helpful.

Pain after surgery is expected. The goal after surgery is not to be pain free, but to make it tolerable. Some pain is beneficial as it lets our bodies know what not to do.

It is important for pain management to also to use RICE (rest, ice, compression and elevation) routinely to assist with pain and swelling.

ACETAMINOPHEN

This medication is more commonly known as Tylenol. This medication, when combined with the other medications listed below, can amplify overall pain management.

Recommended taking this on a regular schedule for baseline pain management.

Max daily dose 3000 mg/day

IBUPROFEN/MELOXICAM

NSAIDs should be taken with food on a regular basis and should not be taken with prescription blood thinners. You can take scheduled or as needed as well with the acetaminophen. For best pain control, you may want to stagger the two medications evenly throughout the day.

Max daily dose 2400 mg/day

GABAPENTIN

Prescribed for a short course of 10 days to reduce the need for narcotics and to target nerve-related postop pain. Take as prescribed on a regular schedule to be most effective. This medication may cause drowsiness, dizziness and fatigue. Refills are not typically given, or the medication must be weaned from slowly if on for longer periods.

MUSCLE RELAXERS (CYCLOBENZAPRINE/TIZANIDINE)

Muscle relaxers may be prescribed after joint replacement to decrease pain related to muscle spasms. Also recommend staying hydrated, massage, elevation, gentle movement, ice, heat and stretching to manage muscle related symptoms after surgery.

NARCOTIC MEDICATIONS (TRAMADOL, HYDROCODONE, OXYCODONE)

If the above pain medications do not provide adequate pain control this may be used for additional pain management and added to your scheduled regimen. Narcotic medications are stronger and used for “breakthrough pain”. Breakthrough pain is an abnormal increase in pain that is not being well covered by the above medications.

Side effects of narcotics can include constipation, nausea, confusion, cloudy thoughts, and itchiness. Make sure to stay well hydrated, be up and walk short distances frequently, and take over the counter stool softeners as long as you are taking narcotics.

As your pain improves after surgery you can wean off narcotics gradually by increasing time between doses and/or decreasing amount (i.e. cutting tablets in half).

Please refer to your specific discharge medication list for further oral pain management options and/or speak with a pharmacy staff member if you have any questions. If a refill is needed or you feel your prescribed medication is not relieving your pain, please call

Chippewa Valley Orthopedics at 715-832-1400 during regular business hours, Monday-Friday from 8am-5pm. Refills will not be made after hours or on weekends, so please plan ahead.

ACTIVITY

Unless the physical therapist has instructed you otherwise, you can put as much weight on your knee(s) as feels comfortable. Depending on your age, strength, and coordination, you will walk with a walker initially after surgery. Then you will transition to using an assistive device, such as a crutch(es) or cane, before returning to walking per your usual alongside your physical therapist.

The most important goal of physical therapy is to restore normal gait (walking pattern), motion and improve your strength and flexibility, allowing you to return to normal activities. The physical therapist in the hospital will review what your restrictions will include after surgery.

Once home, it will be important to walk frequently and perform your home exercises 2-3 times each day. You will also attend outpatient physical therapy 2-3 times per week. It is important to ice and elevate your knee after walking, exercising, and physical therapy sessions.

Surgery can throw off your usual sleeping habits. You can reset your sleep-wake cycle by decreasing your naps, limiting caffeine and by going to bed/getting up at the same time every day.

PREVENTING BLOOD CLOTS

ANTICOAGULANTS

You will likely be discharged with an oral anticoagulant (also referred to as a "blood thinner") after surgery. Some examples of these medications include aspirin, Coumadin, Eliquis, and Xarelto. It is important to take your anticoagulant at the same time every day for the amount of time your surgeon has prescribed it for. If your surgeon orders Coumadin, you will need to have a blood test (INR) drawn two times per week. Please make every effort to have these labs drawn in the morning so the results can be provided to your surgeon in a timely manner. You should be contacted by 5pm with the results of your labs and any necessary Coumadin dose adjustments.

CIRCULATION

Moving your ankles up and down (ankle pumps) and walking frequently helps circulate blood from your legs and reduces your risk of developing a blood clot. TED compression stockings also help reduce swelling and prevent blood from pooling in your legs. You should put the stockings on every morning and remove them before going to bed. It is recommended to wear these compression stockings for 3-4 weeks postoperatively.

DENTAL WORK

In the future you will need an oral dose of an antibiotic before any dental procedures, including routine dental cleanings. Please speak with your surgeon at your post op visits regarding when you are able to start having dental work completed, following your

joint replacement. Typically, you can resume routine dental care 3-6 months after surgery. Either your dentist or your surgeon can prescribe the antibiotic for you. The purpose of this is to help prevent bacteria from getting in your bloodstream, potentially causing an infection in your new joint.

DRIVING

Before you can drive, you must no longer be taking any narcotic pain medication. Regular Tylenol and anti-inflammatory medications are allowed. You also must feel strong, alert, and be able to get in and out of the car without assistance. You must have good leg control and strength to move the foot between the gas and brake effectively. Please speak with your surgeon at your post-op appointment about when it is safe for you to start driving.

WHEN TO CALL YOUR SURGEON

WARNING SIGNS OF INFECTION

- Persistent high fever of 101 or greater
- Chills
- Increased redness, tenderness or swelling of the incision
- Thick, white or greenish-color drainage from the incisional area

WARNING SIGNS OF A POTENTIAL BLOOD CLOT

- Increased pain in the back of your leg (your calf)
- Tenderness or redness above or below the knee
- New or increasing swelling in your calf, ankle and foot
- Sudden shortness of breath
- Sudden onset of chest pain and/or localized chest pain with coughing.

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