

ORTHOPAEDICS NEW ENGLAND

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DISCHARGE INSTRUCTIONS

TOTAL KNEE REPLACEMENT

Most of these instructions apply to the first 6-8 weeks after surgery. These are general rules and you should always check with your surgeon or his medical assistant if you have any questions.

WOUND CARE

You may shower right away if the dressing is intact. It can be left on until you come to the office. Do not submerge it, however. If it loses its seal, it may be removed and discarded.

NUTRITION

Try to stay well hydrated and eat a good diet. **DO NOT DIET** in the first 6 weeks, as you need the calories and protein to heal. A high protein diet may help you to heal faster.

FOLLOW UP

You should already have post-operative visits scheduled for approximately 2 - 3 weeks and 8 weeks after surgery. You will have an x-ray at your 8 week office visit.

WALKING

Walk at least 6 times/day, for 5 to 10 minutes initially. You will gradually build up to longer walks but want to avoid swelling in the first couple of weeks.

Walking is your most important exercise! It prevents constipation and blood clots. Short frequent walks are better than a few long ones.

When walking or standing, you may bear full weight on your operated leg(s) unless otherwise instructed.

When going **up** stairs, lead with the **nonoperated** leg, and when coming **down**, lead with your **operated** leg.

Continue using a cane for walking as long as there is a limp. Use the cane in the **OPPOSITE** hand from the operated knee.



EXERCISES

Your exercise program is not temporary, but continuous. It is an important part of the ongoing management of your knee replacement. Most patients see improvement in their strength, stamina, and endurance for at least 12 months after surgery.

Keep the knee constantly bending back and forth to prevent stiffness. Try to bend your knee a thousand times a day!

Heel slides: Bend the knee / hip, allowing the heel to slide out:



You can also make a "stirrup" with a bed sheet, looped under your foot, to help you bend the knee back and forth.

Push the knee down to the mattress so that the back of the knee touches. Hold, release. Repeat.

Continue to flex both feet up and down at the ankles ("ankle pumps").

PHYSICAL THERAPY

Over 80% of patients go directly home, and a visiting therapist will come to your home at least several times per week.

Once you are able to ride in a car and get to outpatient physical therapy, contact the office and a prescription for outpatient physical therapy can be sent if you need additional therapy. For the majority of patients, our goal is to fully straighten the knee and be able to bend to at least 90 degrees in the first 3 weeks, and we try to get at least 120 degrees by 6 weeks (if the patient did not have severely limited range of motion before surgery).

GENERAL PRECAUTIONS

If you feel very weak and/or unsteady, continue using a walker, crutches, or a cane.

If you are afraid of going up and down stairs, you may use a sitting position to go up and down.

Keep the leg elevated when you can. As long as the knee and leg are higher than the level of your heart, swelling will go down.

Most of the swelling decreases in the first few weeks, but there usually is some residual swelling for at least a few months.

You can use ice or cold packs on the knee for swelling in the first couple of weeks as needed. Put a washcloth or towel between the ice bag and the skin, using ice for no longer than 20 minutes at a time. A general rule of thumb is 20 minutes on and 20 minutes off.

DRIVING

You may go for short rides as a passenger within a few days of discharge if you feel up to it. Try to avoid extended car trips (1+ hour) for 6 weeks after surgery if you can. If you must travel farther, take breaks and get out of the car once an hour.

Before driving in open traffic, test your driving skills in an empty parking lot.

Most patients begin driving 2 to 3 weeks after discharge if they were able to do so before surgery. You need to have good control of your right leg and not have any other conditions that may prevent you from driving.

You SHOULD NOT drive while taking any narcotic pain medication (e.g., oxycodone, percocet, vicodin, dilaudid).

BLOOD CLOT PREVENTION

Presently most patients are discharged on ASPIRIN 81 mg, 1 tablet twice a day (usually with breakfast and dinner) for 42 days after surgery.

Some patients may be discharged on a more powerful blood thinner (such as lovenox) if they have higher risk factors for clots or cannot take aspirin. If they were already on a blood thinner before surgery (coumadin, pradaxa, xarelto) for another condition (for example, atrial fibrillation) they will be instructed to resume it instead of taking aspirin.

During the first week after surgery, try not to remain immobile sitting in a chair for long periods of time (>45 minutes), as this can lead to swelling of the legs.

When not walking or exercising in the first week, you should be lying down in bed with legs elevated to prevent swelling, doing ankle pumps to prevent blood clots.

FOR MORE INFORMATION

You should have a copy of Dr. Kennon's book, which is given free to all patients undergoing joint replacement surgery. It has more detailed information about surgery and answers many post-operative questions.

Our website, www.OrthoNewEngland.com, has more information as well.

Please call your doctor's office at Orthopaedics New England (203-598-0700) if there are any unusual symptoms such as severe pain, fever, chills, or wound drainage.

Note that prescriptions are **only** refilled during business hours, 9 AM – 5 PM Monday through Friday.

A surgeon is on-call after hours and on weekends for emergencies.