

Discharge Instructions for Total Knee Arthroplasty

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Emergency Contacts:

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Activity:

As tolerated, you may get up and around as much as you feel is comfortable. For the first couple of days after surgery, you may be tired and should take it easy. Be careful not to rush and take your time with getting up and walking. While we encourage you to work on range of motion and ambulating, it is normal to have increased swelling and pain after a long day of activity in the first 4-8 weeks. Do not hesitate to take your pain medicine for this pain and ice and elevate your lower extremity.

Wear the cryo-cuff (ice machine) and/or ice your knee with an ice pack daily. This will help with swelling and soreness at the end of the day. The average patient will use the ice machine or cold packs for 10-14 days after surgery. If you have any questions regarding the ice machine or icing, please call: (312) 432-2466.

Physical Therapy:

Home therapy should be arranged for the first 5-10 days after your discharge from the hospital, if you are unable to start outpatient therapy immediately. Make sure you ask the therapist your range of motion after each visit. Outpatient physical therapy should start no later than 14 days after surgery—please find a local facility and arrange sessions for 3 times a week (again remember to keep track of your progress). Typically, you will require between 4 and 8 weeks total of physical therapy.

In the first 2-3 weeks focus on regaining **full extension (leg completely straight)** of your knee, this may be assisted by placing a pillow under your ankle, leaving your knee unsupported. You may also prop your leg up on a chair or stool and leave your knee unsupported (placing a 5 pound weight or sugar bag is also helpful) allowing gravity to help straighten your knee. This activity should be performed twice daily above and beyond your other exercises. **Never place a pillow under your knee.** While this may feel good it can lead to a contracture of your knee and make it harder to achieve full extension.

Pain Medications:

Please refer to the attached schedule for the first 2 weeks of medications. If you are having increased pain when your dose of Oxycontin is due, you can take a Hydrocodone dose at the same time. The Hydrocodone takes 20-30 minutes to take effect while the Oxycontin is slow acting (do not double your dose of Oxycontin or crush/cut these pills). The Oxycontin is meant to be tapered, do not stop using this medication abruptly as it may lead to withdrawal symptoms. As the Oxycontin dose tapers and your activity level increases you may require more Hydrocodone (this is a normal phenomenon). You will be given Celebrex/Naprosyn/Daypro as an anti-inflammatory medication. Take this medicine daily for 3 months. This will help with swelling and muscular pain post-operatively. **If your pain is not under control following the attached schedule, please call the office to discuss, do not make changes on your own.**

Sleeping:

Patients often find it difficult to sleep through the night during the first 4-6 weeks after surgery. If you are having difficulty falling asleep, please try over the counter Benadryl 25 mg a night. If this remains ineffective, please call the office and we can prescribe a short course of medication.

Xarelto/Aspirin:

Please take 325 mg of Aspirin twice daily or Xarelto 10mg daily with food starting the day after your surgery. The Aspirin is enteric coated and should be relatively gentle on your stomach while providing an anticoagulation effect to your body. Combined with early activity this is an effective regimen to appropriately thin your blood and prevent blood clots.

Antibiotic Prophylaxis:

You will need antibiotics one hour prior to any invasive procedures (dermatologic, GI, GYN, dental, etc...) for at least the first two post-operative years. Please avoid any of these procedures for the first 3 months after your total joint arthroplasty. Consult the attached sheet on antibiotic prophylaxis or call the office if there are any questions.

White TED Hose Stockings:

These will help decrease swelling in your lower extremities after surgery. Please wear them for a total of **3 weeks** on both legs. It is recommended to wear them during the day and remove them at night as well as daily for routine hygiene.

Stool Softener:

You should start taking the Senokot-S/colace two days prior to surgery and continue it twice daily until you have a normal bowel movement. Even after you have resumed normal bowel habits, continue the stool softener until you have completed your course of narcotic pain medication (both Oxycontin and Vicodin). Stop the stool softener if you start to experience loose or watery stools at anytime.

If you are feeling constipated despite the Senokot-S/colace, you can go to your local drugstore and purchase Magnesium Citrate (green bottle) to help. Alternatively, you may try either Dulcolax suppositories or Fleet enemas as needed.

Wound Care:

Do not clean your wounds with peroxide or alcohol. You can shower 48 hours after surgery if there is no drainage from your wound; but, please refrain from taking a bath or swimming in a pool or hot tub for 5 weeks. After showering, thoroughly dry your wound. A small amount of drainage, either yellow or pink, is normal in the first 24 to 48 hours after surgery. **If this persists, increases, or is associated with a fever above 101.5 degrees, please contact the office and come in for evaluation.** While your wound is draining it is best to keep it covered with a dressing. While there is drainage, change the dressing twice daily and clean wound with betadine.

You may start using vitamin E creams and lotions 3 weeks after your surgery if your wound is healed.

When to call the Doctor or PA:

- Fever greater than 101.5 degrees
- Increased drainage or swelling
- Pain not controlled by pain medication
- Inability to bear weight on your operative leg
- Severe insomnia
- ROM less than 90 degrees 3 weeks after surgery

Follow-up appointments:

Please call (312) 432-2466 to schedule your follow-up appointment after surgery. Typically, you will be asked to follow-up at 2-3 weeks after surgery, 6 weeks, 3 months, 6 months, and 12 months. Annual follow-up is then requested after the one-year visit.