

AFTER TOTAL KNEE ARTHROPLASTY

For Patients of Nathaniel J. Stewart, M.D.

These instructions are meant to complement the information given by the nursing staff and physical therapists. They cover the most common questions and many of the areas that doctors can differ in opinion.

Wound Care

- Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding may take place. When this is happening, the dressing should be changed daily.
- You may get the incision wet when showering five days after surgery. The shower should be brief (five minutes or so) and the wound patted dry with a clean towel.
- Staples or stitches are usually removed one to two weeks after surgery.
- If discharge/pus (thick white or greenish in color) is coming from the wound, or the wound is quite red on the edges, or you are having a temperature of 101.5 or higher, you should call my office and talk to me or the doctor on call.

Weight Bearing

Unless the physical therapist has told you otherwise, you can put as much weight on your hip as feels comfortable. Depending on your age, strength, and coordination, most people use the walker or crutches for two weeks and a cane for two weeks after that.

Out-Patient Physical Therapy

The most important goal of physical therapy is to obtain flexion and extension, that is, to get the knee all the way straight and bent far enough back. The next goal is to restore normal gait (walking pattern). A common error is to sit up too much, walk too much, and have the knee swell too much. This hampers flexion and extension, which is the main goal of early physical therapy. A good measure of progress is bending 90 degrees, a right angle, by two weeks.

Swelling

Swelling to some degree is common after joint replacement. To reduce swelling, elevation is very helpful. Lying down, with your "toes above your nose" at least 30 minutes out of every two hours is a good initial recommendation. You may need more or less time elevating your leg. The white stockings are also designed to reduce swelling. Excessive swelling can be a sign of a blood clot, a possibly very serious complication. Patients frequently call to ask if their swelling is too much, and this is impossible to tell over the phone. If you feel you are excessively swollen, it is best investigated by exam in the office or emergency room, and may require an ultrasound.

Driving

To drive, you must no longer be taking pain pills (that is narcotics; Tylenol and anti inflammatory medications are allowed). Also, you must feel strong and alert. For most people this is between two and four weeks after surgery.

Preventing Blood Clots

- The first line of defense is moving your ankles up and down. The exercise circulates the blood from your legs back to your heart, preventing a clot.
- Coumadin is a blood thinner that almost all patients will take after surgery, for a total of three weeks. Patients respond very differently to the same dose of Coumadin, and so the effects of the drug need to be monitored with a blood test called a Protime. Initially your protime will be checked at a laboratory near you on Monday and Thursday mornings, and the results called to Dr Stewart's office. Call Tuesday or Friday for your new Coumadin dose. To speed up the process, have the date of your surgery and your current dose of Coumadin ready, this way the staff does not need to pull your chart before a dosing recommendation can be made.
- Compressive Stockings: These can prevent blood from pooling in your leg if you can use them correctly. You don't need to sleep with them on. You put them on first thing in the morning before your leg can swell. They are recommended for the first three weeks after surgery. If they just keep curling up and binding in, then they are not working and should be discontinued.

Sleeping

Surgery can throw off your normal sleep/wake cycle, leaving you staring at the wall at 3 AM. To reset your sleep/wake cycle, follow this program:

- No naps during the day
- decrease your narcotic use
- only one caffeinated beverage per day and it must be before 10AM
- no exercise or excitement after 6PM
- go to bed and get up at the same time every day no matter if you are sleepy or not
- allow slightly less total time for sleep than you would normally

Sexual relations

Wait until your general health has recovered, often 4 to 6 weeks. Avoid positions that would put undue strain on your knee.

Narcotic Pain Medication

You will likely need narcotic pain medication after you leave the hospital. These pills do nothing to your knee; they work in your brain so you don't care about the pain. The pain medicine can be addictive if used for a long time.

Try to decrease your pain medicine as tolerated, but take enough to be able to do your exercises. If you run out call the office during business hours and you can likely get a refill. In general, refills will not be made after hours, so plan ahead.

Constipation

The pain of surgery, the pain medicines, and lack of exercise can all lead to constipation. Drink several glasses of water every day. You can use natural cures such as prune juice or over the counter medications like Colace.

Phone Calls

If you have questions or problems please call. Some questions can be answered over the phone, others can not, and you may need to be seen sooner than expected to check out your symptoms.

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