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Post-op Instructions for Total Knee Replacement

These instructions compliment the information given by the nursing staff and Physical Therapists. They cover many common questions.

Wound Care

- Keep tape and glue (Dermabond) in place over incision. Gently trim edges if no longer sticking to skin. **DO NOT REMOVE.** This stays in place for 3 weeks after surgery.
- Cover with dry gauze and tape. A small amount of clear drainage or bleeding is normal. Change dressing daily until dressing is clean and dry for 48 hours. After that time, you may leave the incision open to air.
- You may get the incision wet when showering 3 days after surgery. The shower should be brief and the wound patted dry with a clean towel. Try to keep the direct water spray away from your knee. No baths or soaking the incision until 3-4 weeks after surgery and well healed.
- If you notice purulent drainage (thick white or greenish in color) from the wound, increasing redness, or you have a temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

Pain and Swelling

- Ice your knee as frequently as possible. We recommend 3-6 times per day for 20-30 minutes. You may use either the ice machine given to you at the hospital or ice in a zip lock bag, wrapped in a towel, and placed on the knee. Do not apply ice directly to the skin as it may damage the skin if left on for long periods of time.
- Swelling is common after surgery. To reduce swelling, elevation is very helpful. Elevate the foot above the heart level ("toes above nose") for 30 minutes every 2 hours for the first 2-7 days after surgery. Try to keep the knee straight while elevating. Moving your ankles up and down on a regular basis also helps circulate blood from your legs to help reduce swelling. TED compression socks will also be provided and assist with swelling. You may remove these at night. Excessive pain and swelling should be reported to your surgeon.
- For pain control, we recommend a daily regimen of scheduled medications to help with your baseline pain control for the first ten days. You may use prescription strength pain medication as needed with these medications. Wean off this medication as your pain allows. Prescription strength medications can cause constipation and you may want to use a stool softener. If a refill is needed, please call the office during regular business hours, Monday-Thursday 8:00 a.m. to 5:00 p.m. Refills will not be made after hours or on weekends, so please plan ahead.
- After the first 10 days, you may find it beneficial to continue Tylenol (Acetaminophen) 1000mg* three times a day. You should not take more than 3000mg of Tylenol in a 24-hour period. You may also supplement your pain medication by taking an anti-inflammatory medication such as Ibuprofen (Advil) or Naprosyn (Aleve) between Tylenol doses (unless you have been told you cannot take these medications, are taking a blood thinner or have a history of or develop stomach ulceration).

*Tylenol 325mg: 3 tabs every 8 hours OR Tylenol 500mg: 2 tabs every 8 hours

- It is normal for the knee to be stiff after sitting in one position for a short period of time. Many patients also have difficulty sleeping for the first few weeks after surgery.

Driving

- To drive you must no longer be taking narcotic pain pills (plain Tylenol is allowed). Before driving, you must feel strong and alert and able to get in and out of the car without assistance. Most people are able to return to driving 3-4 weeks after surgery, this may be longer if you had your right knee replaced.

Weight Bearing

- Unless the Physical Therapist or nursing staff has told you otherwise, there are no restrictions for weight that you can put on your leg. You will walk with a walker for a few weeks and transition to a cane or crutch before returning to normal walking with the assistance of your Physical Therapist.

Exercises

- At home it will be important to ambulate frequently, perform your home exercises 2-3x daily and ice, elevate and compress the leg to assist with swelling.

- You will begin outpatient Physical Therapy a few days after surgery and attend 2-3x/week.

Preventing Blood Clots

- Moving your ankles up and down on a regular basis and ambulating frequently helps circulate blood from your legs to help reduce your risk of developing a blood clot.

- Patients will be treated with an oral anticoagulant (Xarelto, Aspirin, Coumadin) after surgery. You will be asked to hold Aspirin while taking Xarelto but may resume it after your prescription is complete. If on coumadin, you will need to be monitored with a blood test (INR) twice a week. You will be contacted if you need to adjust your dose.

- TED compression stockings help prevent swelling and blood from pooling in your legs. You should put them on in the morning and remove before bed. They are recommended for the first 3-4 weeks after surgery.

Dental Work

- In the future, you will require antibiotic prophylaxis prior to dental cleanings or procedures and colonoscopy. This involves an oral dose of antibiotics one hour before the procedure. We ask that you wait three months after knee replacement to undergo these procedures. Please talk to your dentist or call our office for this prescription.

Follow-up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 10-14 days after surgery.

- Please call the office with any questions or concerns.

Troy Berg, MD

Chippewa Valley Orthopedics & Sports Medicine

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