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Post-op Instructions for Total Knee Replacement

These instructions compliment the specific surgeon information given to you by nursing staff and physical therapists. They cover many of the common questions.

WOUND CARE

Waterproof Mepilex dressing can stay in place for 7 days. It will be removed at your first post-op visit with Dr. McCarthy. If that appointment is more than 7 days post-op, please have physical therapy change it no later than day 7. If you notice bleeding through this dressing, you may reinforce with dry gauze and tape over top of the dressing. If a dressing replacement is necessary, your physical therapist will assist with this at your first post-operative visit.

You may get the mepilex dressing wet when showering 2-3 days after surgery. The shower should be brief and the wound patted dry with a clean towel. No baths or soaking the incision until 2-3 weeks after surgery and scabs are absent.

If purulent drainage (thick white or greenish in color) is coming from the wound, or the wound has increasing redness, or if you are having 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 4-5 times per day for 20 minutes per time. You may use either the ice bag given to you at the hospital or simply place ice in a zip lock bag, wrap it in a towel, and place it 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.

Narcotic pain medication will be prescribed for use after you leave the hospital. Wean down off these medications as soon as possible. Narcotic pain medications should be reserved for breakthrough pain. Tylenol and NSAID medications (unless contraindicated) may be taken for pain control. Do not take Tylenol at the same time as your prescription narcotic, as this medication also contains Tylenol. Do not exceed 3,000 mg Tylenol in 24 hour period. These medications can cause constipation and you may want to use an over the counter stool softener. If a refill of medication is needed, please call the office during regular business hours, Monday-Friday 8:00 a.m. to 5:00 p.m. In general, refills will not be made after hours or on weekends, so please plan ahead.

Swelling to some degree is common after surgery. To reduce swelling, elevation is very helpful. Elevate the knee above the heart level ("toes above the nose") for 30 minutes every 2 hours is a good recommendation for the first 2-5 days after surgery. Excessive pain and swelling should be reported to your surgeon.

WEIGHT BEARING

Unless the physical therapist or nursing staff has instructed you otherwise, there are no restrictions for the amount of weight that you can put on your knee. You may require the assistance of a walker or crutches for 2-3 weeks after your surgery.

PREVENTING BLOOD CLOTS

Moving your ankles up and down on a regular basis helps circulate blood from your legs to help prevent a blood clot.

Most of the patients will be treated postoperatively with Baby Aspirin daily for one month. Some patients with a higher risk may be placed on the blood thinner, Coumadin. If on Coumadin you will need to be monitored with a blood test called INR. This will be checked twice a week at a laboratory near you while you are taking Coumadin. You will be contacted if you need to adjust your dose.

DENTAL WORK

Antibiotic prophylaxis for dental work will be necessary. This involves an oral dose of oral antibiotics before any dental procedure. Please talk to your dentist or call our office for a prescription before having any dental work.

DRIVING

To drive you must no longer be taking narcotic pain pills (plain Tylenol is allowed). Also, you must feel strong and alert. Most people start driving 3-4 weeks after surgery.

FOLLOW-UP

Make sure an appointment has been scheduled for you with Dr. McCarthy approximately 10-14 days after surgery.

Mark McCarthy, MD

Chippewa Valley Orthopedics & Sports Medicine

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