



CHIPPEWA VALLEY
ORTHOPEDICS AND
SPORTS MEDICINE

www.cvosm.com

1200 OAKLEAF WAY STE A
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757 LAKELAND DR. STE B
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Post-op Instructions for Total Knee Replacement

These instructions compliment the specific surgeon information given to you by nursing staff, pharmacy staff and physical therapy personnel after your surgery.

Wound Care

- You may shower on day 3 after surgery. The shower should be brief. Allow the water and soap to flow over the incision. Try to keep DIRECT water spray away from the incision. Pat the incision area dry with a clean towel and allow it to air dry for about 10 minutes prior to applying a new gauze dressing.
- Cover the incision with dry gauze, and tape it lightly. A small amount of clear drainage or bleeding may be expected. You should change your dressing every day until there is no drainage. Once the dressing is dry for 48 hours, you may remove the dressing and leave it off.
- Please do not remove any skin closure materials (such as Aquacel, Dermabond, Prineo, steri-strips, sutures, or staples) that are directly covering your incision.
- Do not take a bath or soak the incision until your surgeon says that you are able to do so.

Pain Management

Ice Therapy

- Apply ice to your knee to help decrease pain and swelling. You should use your iceman machine frequently, including when you are at rest. DO NOT apply cold therapy directly to your skin as it may damage your skin.

Elevation

- Swelling to some degree is common after knee surgery. To reduce swelling, elevate your "toes above your nose" for 30 minutes every 2 hours while awake. If you have excessive swelling or intolerable pain or tenderness, call your surgeon.

Medication

- You have been prescribed several scheduled medications for baseline pain control for the first 10 days. It is important that you follow this schedule for maximum effectiveness. As needed, you also have narcotic pain medications (Tramadol and/or Oxycodone). The goal is to decrease and eventually discontinue the as needed medications as your pain level lessens. Narcotic medications can become addictive. They may also cause constipation. Consider using a stool softener, increasing your fiber intake, and ensuring you drink at least 8 glasses of water each day.
- Please refer to your specific discharge medication list for further oral pain management options and/or speak with a pharmacy staff member if you have any questions. If a refill is needed or you feel your prescribed medication is not relieving your pain, please call Chippewa Valley Orthopedics at 715-832-1400 during regular business hours, Monday-Friday from 8am-5pm. Refills will not be made after hours or on weekends, so please plan ahead.

Activity

- Unless the physical therapist has instructed you otherwise, you can put as much weight on your knee(s) as feels comfortable. Depending on your age, strength, and coordination, you will walk with a walker initially after surgery. Then you will transition to using an assistive device, such as a crutch(es) or cane, before returning to walking per your usual alongside your physical therapist.
- The most important goal of physical therapy is to restore normal gait (walking pattern) and improve your strength and flexibility allowing you to return to normal activities. The physical therapist in the hospital will review what your restrictions will include after surgery.

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- Once home, it will be important to walk frequently and perform your home exercises 2-3 times each day. You will also attend outpatient physical therapy 2-3 times per week. It is important to ice and elevate your knee after walking, exercising, and physical therapy sessions.
- Surgery can throw off your usual sleeping habits. You can reset your sleep-wake cycle by decreasing your naps, limiting caffeine and by going to bed/getting up at the same time every day.
- If you had a revision surgery, make sure to discuss your activity directly with your surgical team. If your therapist has any questions, have them speak directly with your surgeon.

Preventing Blood Clots

Anticoagulants

- You will likely be discharged with an oral anticoagulant (also referred to as a "blood thinner") after surgery. Some examples of these medications include aspirin, Eliquis, or your regular blood thinner. It is important to take your anticoagulant at the same time every day for the amount of time your surgeon has prescribed it for. If your surgeon orders Coumadin, you will need to have a blood test (INR) drawn two times per week. Please make every effort to have these labs drawn in the morning so the results can be provided to your surgeon in a timely manner. You should be contacted by 5pm with the results of your labs and any necessary Coumadin dose adjustments.

Circulation

- Moving your ankles up and down (ankle pumps) and walking frequently helps circulate blood from your legs and reduces your risk of developing a blood clot. It is important to get up and move every 1-2 hours to keep your blood flowing.

Dental Work

- In the future you will need an oral dose of an antibiotic before any dental procedures, including routine dental cleanings. Please speak with your surgeon at your post op visits regarding when you are able to start having dental work completed, following your joint replacement. Either your dentist or your surgeon can prescribe the antibiotic for you. The purpose of this is to help prevent bacteria from getting in your bloodstream, potentially causing an infection in your new joint.

Driving

- Before you can drive, you must no longer be taking any narcotic pain medication. Regular Tylenol and anti-inflammatory medications are allowed. You also must feel strong, alert, and be able to get in and out of the car without assistance. Please speak with your surgeon at your post-op appointment about when it is safe for you to start driving.

When To Call Your Surgeon

Warning Signs Of Infection

- Persistent high fever of 101 or greater
- Chills
- Increased redness, tenderness or swelling of the incision
- Thick, white, or greenish-color drainage from the incisional area



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Warning Signs Of A Potential Blood Clot

- Increased pain in the back of your leg (your calf)
- Tenderness or redness above or below the knee
- New or increasing swelling in your calf, ankle, and foot
- Sudden shortness of breath
- Sudden onset of chest pain and/or localized chest pain with coughing

If you have any questions after your discharge and before being seen in the office, please feel free to call

Evan Peissig, MD

Joseph Cotton- *Physician's Assistant*

Kathryn Zwiefelhofer- *Medical Assistant*

Chippewa Valley Orthopedics & Sports Medicine

715-832-1400

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