



Total Knee Replacement Instructions

Incision - After total knee replacement the wound should be covered with a gauze dressing until all drainage stops. A small amount of bleeding or dried blood on the dressing is common. If significant drainage or redness occurs please call the office. Do not remove the staples or the paper strips over the incision. Bruising into the surrounding knee and leg are common. The incision should be kept dry for 7 days. After 7 days you may shower and pat the surgical site dry. DO NOT scrub the incision or apply any other medication or ointment. The knee should not be submerged in water for 4 weeks.

Icing / Swelling - Icing is very important for the first 10 days after surgery. While the dressing is in place, icing should be continuous. Once the dressing is removed, ice should be applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite to the skin. Icing may reduce swelling and stiffness. Swelling may occur for many months after surgery. Wearing T.E.D. hose stockings for three weeks after surgery will reduce swelling and your chance of a blood clot. These should be provided to you in the hospital.

Sleeping - Some difficulty with sleeping is expected for several weeks after surgery. Taking pain medication just before bed may help. A prescription may be called in for you if needed.

Physical Therapy - Therapy is the most important thing you do after surgery. Without aggressive therapy, you risk long-term pain and stiffness. Your result from knee replacement depends on how hard you work in therapy. The therapist will review some exercises such as quad sets, dangles, leg extension and straight leg raises. The CPM machine is important to maintain your motion and lower your risk of blood clot. Use the CPM 4 hours every day. This may be split into two 2 hour sessions. Increase the flexion by 10° until you can easily reach 90°. For knee flexion, perform leg dangles over the edge of your bed twice a day. Use a pillow or rolled towel under the ankle of the operative leg to achieve full extension. You may bear your full weight on the operative leg as soon as tolerated. The use of a walker or cane may be helpful while you regain strength.

Pain - Swelling and pain typically peak 2-3 days after surgery. Icing and elevation of the leg may help. If you are not taking coumadin and don't have a drug allergy, over the counter NSAIDS (motrin, ibuprofen, aleve) may be taken between your narcotic medicine. No medication is capable of taking away all pain. It is important not to drive while taking pain medication. If you need a refill, PLEASE PLAN AHEAD. Call our office during regular hours and leave a message and someone should return your call. There are no specific diet restrictions after surgery but extensive use of narcotics can lead to constipation. A high fiber

whole foods diet, plenty of fluids, and muscle activity can help prevent constipation.

Fever - A low-grade fever (100.5) is common for several days after surgery. Please call the office with any sustained temperature over 101.5 degrees. Poor breathing is the most common cause of fever after surgery. Use your incentive spirometer (clear plastic breathing machine) at home if you have a low grade fever. If you have problems urinating, please notify your primary care provider as a bladder infection may also cause fever.

Blood clot (DVT) - The most common complication of joint replacement surgery is blood clot. As many as 1 in 3 patients develop clots. Signs to watch for are: sudden increase in swelling in the leg, increase in pain behind the thigh or calf, small red spots appearing on your chest, or pain with light squeezing of the calf muscle (gastrocnemius). If you notice any of these signs notify your doctor. If you notice difficulty breathing or chest pain call 911 or go to the nearest E.R. Injections are prescribed (Fragmin or Lovenox) to continue at home for up to 12 days after surgery. Once you finish these injections, you may take an 81 mg baby aspirin daily until you are back to your full activity level (if you are not allergic or have other problems taking aspirin). Moving frequently, T.E.D. hose, and ankle pumps every hour may reduce your chances of developing a blood clot.

Activities During Rehabilitation

Car: You should not drive for at least 5 weeks after surgery for your right knee. You may drive one week after a left knee replacement if you are not taking pain medication and feel safe using the controls.

Stairs: When ascending or descending stairs, use the handrail or banister for stability. Lead off with your good knee to go up stairs, and lead with your operative leg to go down stairs. Take the steps one at a time.

Bathroom: You will not be able to take a bath for 3 weeks. Plan to use a shower or sponge bath at home. A shower seat or elevated commode may help.

Antibiotics - Before any dental, urological, gastrointestinal or surgical procedure you should notify your doctor that you have a joint replacement. You may need to take antibiotics to protect the joint replacement from infection. Dental hygiene is important after joint replacement. Abscessed teeth and plaque may allow bacteria to temporarily enter your bloodstream and infect your new joint.

Implant - Your new knee is made of metal and hardened plastic. An identification card for traveling through metal detectors is available at the clinic.

Your Watauga physician will need to examine you within 6 weeks of surgery.

Watauga Orthopedics

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