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Discharge Instructions - Total Knee Replacement

Refer to these instructions over the next few weeks. They will provide you with information on caring for yourself after you leave the hospital and return home. Your surgeon may also provide you with specific instructions.

Please make arrangements to have someone at home with you at all times for the first 1-2 weeks after surgery.

Incision Care and Dressing Changes

- Dressing changes will start 48 hours after surgery.
- An Aquacell dressing will remain on the knee for 4-5 days and once it is removed, you will begin daily dressing changes.
- You may experience drainage from your incision for 2-3 days after surgery. If you continue to experience drainage or feel more comfortable, you may apply a lightweight dry dressing to your incision as needed. The nurse should instruct you and your family in dressing changes prior to discharge.
- If your incision is dry, you may go without a dressing covering your incision.
- **DO NOT** apply ointment or cream to your incisions.
- It is very important to prevent infection! Wash your hands prior to dressing changes and use the supplies provided by the hospital at discharge.
- Be very careful handling your pets until your incision is healed. It is recommend that your pet not sit on your lap and you must wash your hands after touching your pet.
- Also, wash your hands after using the restroom.

Bathing and Showering

- If your incisions are dry, you may begin to shower 48 hours after surgery.
- Keep incisions covered with a waterproof bandage or plastic while you shower until sutures/staples are removed.
- When you are finished, pat your incision dry and apply a clean, dry bandage if needed.
- Do not take tub baths or submerge your incision until it is completely healed and sutures/staples are removed. Check with your doctor at your 2 week follow up appointment.

Medications

- You will receive prescriptions for **pain medication** and a form of **anticoagulant (blood thinner)**
- You will be on a blood thinner medication for **2 weeks** after surgery to prevent blood clots and pulmonary embolisms.
- **DO NOT** take aspirin in addition to your blood thinner medication.
- If you are already on a blood thinner and/or you have been prescribed a new blood thinner, your surgeon will discuss the protocol for you to follow.
- Continue using the **Peridex mouthwash** and **Bactroban nasal ointment** for 10 days after surgery.
- You must take a preventative antibiotic prior to any dental cleaning, dental procedure or any invasive procedure for two years after surgery. Call our office and we can order this for you. This is a measure to help prevent your hip joint from getting infected.

Body Movements/Activity

- You will have TED stockings (anti-embolic) on both legs, which you will need to wear at all times. These will be continued for 2-4 weeks after surgery.
- Range of Motion (ROM) is key to successfully rehabilitating your knee. Methods for improving ROM will include exercise, stretching and controlling swelling. Remember to perform your exercises everyday!
- Physical Therapy will be started immediately upon returning home. This will be performed with home health or you may be referred to outpatient therapy. You will also be instructed in a home exercise program.
- The best cure for swelling is **ELEVATION!** Monitor the amount of time you are able to be up before it starts to swell. When you notice it starting to swell, you need to lie down and elevate the leg on several pillows. The amount of time you need to spend elevating your leg differs from person to person. It is very important to keep the swelling down in order to regain full motion. Over time, the amount of time you are able to be up will increase.
- Do not sit for more than 1 hour without standing and stretching.
- Be careful sitting in low chairs as these can sometimes be difficult to get out of after surgery. Chairs with armrests are helpful for pushing up to stand.
- You may have some aching discomfort and swelling in your knee and calf for the first several weeks following your operation. This should improve over time with adequate exercise, elevation and rest.
- You may begin riding a stationary bike 2 weeks after surgery. Try to ride the bike 15 minutes twice a day. Ride with little or no tension. In the beginning, you may need to elevate the seat or pedal backwards. As your motion improves, you can lower the seat and really work on bending the knee.

Equipment

- You will start using a continuous passive motion machine (CPM) on the surgical knee while in the hospital. This may be continued at home in certain cases. You will have this machine for 3 weeks. Around the 3rd week, you will be contacted by the CPM to schedule a pick-up of the equipment. Be careful

attempting to lift the machine on your own, as it is very heavy and difficult to move. Get help for positioning the machine.

- **Always** use your walker when ambulating for the first **2 weeks** after surgery. Continue using it until cleared by your physical therapist or surgeon.
- Unless otherwise instructed, you can slowly increase the amount of weight you are bearing on your leg until it is full body weight. You need to be able to bear full weight on the leg before discontinuing your walker.
- You may use ice packs around your knee to help reduce pain and swelling. Apply ice for 20-30 minutes at a time. This may be repeated every couple of hours.
- You may have an elevated bedside commode when you return home. The use of an elevated commode seat is helpful during your recovery. It will allow you to sit comfortably and be independent for bathroom use very early. As your knee mobility and muscle strength improves, the elevated commode seat can be discontinued.

Driving

- It is safe for most people to return to driving six weeks following their surgery.
- We need to make sure your leg is strong and you are off all pain medication prior to returning to driving. You need to be able to move your leg from the gas pedal to the brake without significant effort.
- Talk with your surgeon at your follow up appointments regarding clearance.

Seek Medical Care If...

- You have difficulty breathing.
- Your wound is red, swollen, or has become increasingly painful.
- You have pus draining from your wound.
- You have a bad smell coming from your wound.
- You have persistent bleeding from your wound.
- Your wound breaks open after sutures (*stitches*) or staples have been removed.
- You have a fever greater than 101.5.
- You have a rash.
- You have pain or swelling in your calf or thigh.
- You have shortness of breath or chest pain.
- Persistent vomiting.

It is important that you and your family have a clear understanding of your responsibilities following your surgery. Refer to your "What to Expect?" handout for further instructions.

If you or your family has questions or concerns, please contact Ashlee in our office at (501) 321-0555.