

## DISCHARGE INSTRUCTIONS FOLLOWING TOTAL KNEE REPLACEMENT SURGERY by Dr. Theut

### NORMAL SYMPTOMS:

- Pain controlled with medication
- Increased swelling with activity
- Stiffness without activity

### YOU SHOULD:

- Continue current dosage and wean from narcotic pain meds
- Elevate, rest and ice your surgical extremity
- Perform your home exercises as prescribed

### IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD CONTACT YOUR OAM PROVIDER:

- Drainage from your incision
- Redness or heat around your incision
- A temperature greater than 100.5 degrees
- Uncontrolled swelling
- Calf pain
- Pain to the surgical extremity that is not controlled with pain medications
- A fall or injury to your surgical extremity
- New or unexplained bruising

### IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD REPORT TO THE EMERGENCY ROOM:

- Chest pain
- Shortness of breath at rest
- Confusion

### PAIN CONTROL

- Several methods may be used to help manage your pain:
  1. **Cold Therapy.** Ice packs should be applied to your knee for approximately **20 minutes** at a time, several times a day as needed for pain and swelling. Care should be taken during cold application. Use a damp towel between the skin and ice and only keep the ice on the knee until the skin becomes numb.
  2. **Medication.** Several different types of medication are used to help reduce pain. They usually work best when they are used along with other methods of pain management.
    - **NSAIDS** (Non-Steroidal Anti-Inflammatory Drugs) such as naproxen (Aleve) or ibuprofen (Motrin, Advil). These medications reduce pain and swelling. They relieve mild to moderate pain. They can be used in addition to narcotics. They may or may not be prescribed for you. Do not take if you are on blood thinners, including aspirin, or have a stomach ulcer history.
    - **Narcotics** such as hydrocodone (Norco, Vicodin) or oxycodone (Percocet). These medications are used to reduce your pain ***and must not be taken any more often than prescribed.*** Only take these medications if needed for pain control.

These medications are controlled substances and highly addictive. Narcotics often contain acetaminophen (Tylenol) and therefore you should not take additional Tylenol while on these medications. As you become more comfortable, and are no longer taking narcotics, you may substitute Tylenol and/or an NSAID for pain control. The goal is to have you off narcotics within a few weeks after surgery.

**Constipation** – Is common with narcotic pain meds. Increase your fluid and juice intake, eat more vegetables and bran. Also, you may purchase Colace, a stool softener at any pharmacy to help with constipation. Take this two times per day.

- **Muscle Relaxers-** you may be given a muscle relaxer such as diazepam (Valium) to assist with muscle spasm. Only take if needed and use caution with other narcotics.

**Nausea** – Pain medication should be taken with food as this will help to prevent any stomach upset or nausea which is common.

**Do not drink alcoholic beverages while taking pain medications.**

**Do not drive while taking narcotic pain medication.**

*Requests for pain medication should be made during normal office hours.*

***Please Note: Narcotic pain medication will only be ordered during regular office hours and cannot be called in to a pharmacy.***

**3. Nerve Blocks.** A nerve block may be placed by the anesthesiologist before, during or after surgery and additional local anesthetic may be utilized during surgery by your surgeon. It is not uncommon to have a numb leg, entirely or partially, for 24 hours following surgery.

#### **BLOOD CLOT (DVT) PREVENTION**

- You will be on a blood thinning medication after surgery to help prevent blood clots (DVT) from forming. **Typically baby aspirin (81 mg) twice a day for 6 weeks** to help prevent DVT. This will be discussed on an individual basis and you may be placed on a different blood thinner such as enoxaparin (Lovenox) or you may simply continue a blood thinner that you are already on. **Do not take** additional aspirin if you are already on blood thinners (such as Coumadin, Eliquis, Xarelto, Pradaxa etc.) or have an allergy to aspirin. For those patients already on Coumadin, your prothrombin time (PT) will be closely monitored by your primary physician with weekly blood draws and the dosage determined by your primary physician.
- **Ankle pumps** every 1-2 hours throughout the day. Begin as soon as you are able.
- **Stockings** – You should have two pair of TED hose stockings for your legs. These aid in circulation following surgery and should be worn for 4 weeks following surgery. The stockings may be removed twice a day for about 30 minutes each time. Apply a clean pair daily, washing the dirty pair by hand and line drying. This helps to maintain the elasticity in the stockings. Your legs need

to be elevated on the bed or couch when reapplying the stockings. *You will need help to reapply them.*

### **WOUND CARE**

- **Dressing** – You should leave your Optifoam dressing in place until the post op check if possible. The incision is usually closed with staples. Keep a dressing on your incision site as long as there is any drainage. When the drainage stops, the dressing may be removed, although it is OK to leave the Optifoam on longer if clean.
- **Shower** – You may shower. Keep the incision site covered until there is no further drainage from your incision site. The Optifoam dressing provides adequate coverage.
- **Bathing** – No tub baths or hot tubs until your incision sites are completely healed and your staples have been removed (at least 3-4 weeks). Do not soak your knee under water.
- Swelling and **discoloration/bruising** of the knee is typical and expected. This will gradually resolve.

### **PHYSICAL ACTIVITY**

- **Crutches/Walker** – Walk with a walker/crutches, with weight bearing on your affected leg as instructed by Physical Therapy, gradually increasing the length of walking as tolerated.
- **Physical Therapy** – You will have Physical Therapy following your surgery. This will begin in the hospital and typically you will have home Physical Therapy for the first 1-2 weeks after you leave the hospital.
- **Elevate** your knee – Lie down and elevate your leg on 1-2 pillows (above the level of your heart). The pillows should be placed under your lower leg only and not under your knee. After the first few days once you begin increasing your activity, plan several rest periods throughout the day and elevate your leg above your heart. This will help to relieve the swelling and pain.
- **Driving** – You may be able to resume driving 2-6 weeks after surgery. It depends in part on which leg and narcotics must be discontinued. Discuss this further with your doctor.
- **Work** – Light sedentary jobs can often be resumed in 4-6 weeks. Return to heavy or strenuous occupations will need to be discussed with your doctor.

### **OTHER INFORMATION:**

- **Metal Detection** – Be aware that your joint may trigger metal detection devices.
- **Handicap Parking** – You may obtain a temporary handicap parking permit application from this office if you feel it is needed. You will need to take this to the Secretary of State's Office to obtain the actual permit.

### **FUTURE DENTAL OR SURGICAL PROCEDURES**

- If you are going to have any dental work (including cleaning), any surgical or other invasive procedures done, notify your doctor/dentist that you have had a joint replacement. Your doctor/dentist will order an antibiotic for you prior to these procedures to prevent microorganisms from spreading to your new joint. **IT IS IMPORTANT THAT YOU TAKE THESE PRECAUTIONS FOR YOUR WHOLE LIFE.** Your Total Joint Replacement Card lists the procedures requiring pre-medication.

#### **FOLLOW UP APPOINTMENT**

- **First Office Visit** – You should be seen in the office for follow up **10-14 days** following your surgery. A wound check, staple/suture removal, details of your surgery, and expectations will be reviewed. Call the office today if you do not already have an appointment.
- **Emergency** – OAM has a physician available by phone 24 hours per day for **EMERGENCY** orthopaedic needs. Routine questions, including requests for pain medication, are best handled during weekday business hours. (616) 459-7101.

#### **QUESTIONS?**

- If you have any questions that have not been answered, please call Dr. Theut's staff at **(616) 459-7101**.