



TOTAL KNEE REPLACEMENT DISCHARGE INSTRUCTIONS

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- 1. Activity:** Following your knee surgery, you will be getting up to walk with a physical therapist each day. In most cases cement is used which will allow you to put full weight on the leg as soon as this is comfortable. Initially a walker or crutches will be needed for 3 to 6 weeks, then progressing to a cane if desired. This will depend on your progress and comfort. The knee immobilizer is provided for your protection while you regain strength in your leg muscles. This should be worn when walking distances, but is not usually necessary when going short distances within the house. The brace may be discontinued when you are able to do a straight leg lift with good muscle control, (usually 1 to 3 weeks after surgery). Never place pillows under the knee. Driving is generally allowed 3 to 4 weeks after surgery. The most important guideline is comfort and control of the leg.
- 2. CPM Machine:** If your doctor has recommended use of a CPM, (constant passive motion) machine, it will be delivered to your home. This machine will be the same type used in the hospital and a representative from the company will set it up at your home and instruct you on its use. The usual daily routine is to be on the CPM for a total of 6 hours, broken up into 2 to 3 hour increments. The goal is to reach between 100 to 120 degrees prior to your post-operative appointment (4 weeks after surgery).
- 3. Cold Therapy:** It is common for some swelling, aching, and stiffness to occur for up to 6 months following a knee replacement. If a cold therapy unit was provided, the pad should be applied over the white stocking. You may use this type of cold therapy as often as you'd like for comfort. The main benefits of cold therapy are increased comfort and decreased swelling. If your knee swells, get off your feet, elevate the leg and apply the cooling pad. Reducing swelling should reduce some of the discomfort.
- 4. Medications:** Post-operatively you will be prescribed 2 medications for use at home:
 - 1) Narcotic pain reliever;
 - 2) An anticoagulant (coumadin); Taken for 3 weeks after surgery. Dose will be adjusted based on a weekly blood tests. Do not take aspirin or arthritis medication with the coumadin.Keep in mind that narcotics will cause drowsiness and should not be used with alcohol. Also, taking these medications on an empty stomach can result in stomach upset. It is common to feel the most discomfort when lying down to sleep at night, so you may find it beneficial to take the pain pill at bedtime. If unusual side effects occur, please discontinue the medication and contact our office. When additional refills are needed, please contact our office during business hours.
- 5. Surgical Dressing:** Your surgical dressing will be changed 48 hours after surgery. The skin staples will be removed at your 2 week post-op visit (if they were not removed at

rehab). After the staples are removed, steri-strips will be applied. The white compressive stocking assists in decreasing swelling and increasing blood flow to prevent the formation of blood clots. It may be removed for bathing, washing the stocking, or giving your leg a rest, but should be worn until you are mobile enough to be out of bed several times a day.

6. **Showering/Bathing:** You may shower once you leave the hospital, (about 5 to 7 days after surgery), if the surgical area is well sealed with plastic wrap (i.e.: Saran Wrap) or a garbage bag and tape. As long as the knee is kept out of the water, you may get into a bathtub at this time. Continue to wrap the incision site until your first post-operative appointment (about 2 weeks after surgery). At this point, as long as the incision is well healed, with no obvious “open” areas you can get the knee wet. If you still have any steri-strips on the incision site, pat them dry and allow them to remain on until the incision is well healed. You may find that using a small stool or the elevated toilet seat in the shower is helpful.
7. **Signs of Infection:** With any surgery it is important to be aware of signs of infection which can include: unusual looking or smelling drainage (green/yellow), increased redness and tenderness around the incision site, or fever (101 degrees or above) and chills. It is a good idea to check the wound 1 to 2 times a day, once you are home. Also, be aware of excessive bleeding, or numbness and tingling of the foot or toes. Should any of these symptoms occur, contact our office as soon as possible. There is a physician on call 24 hours a day.
8. **Home Supplies:** Prior to your discharge from the hospital, a discharge planner will discuss your needs at home. This person will arrange for a walker, elevated toilet seat, and possibly a CPM (constant passive motion) machine to be delivered to your home. The discharge planner will make arrangements for a physical therapist to make home visits 2 to 3 times a week, for the first 3 weeks at home. If further assistance is required, it should be discussed with the discharge planner at this time, so proper arrangements can be made.
9. **Post-OP Appointment:** You should call the office to schedule a post-op appointment for 2 weeks after surgery or after discharge from rehab. The appointment desk can be reached directly at (303) 321-1333. On this visit x-rays will be taken, your surgical dressing will be changed, and Dr. Bazaz will examine you. The need for continued physical therapy will be determined at this time based on your progress. The length of time required for outpatient therapy varies according to your progress and comfort. Therapy may continue for up to 3 months, it will be important to maintain strength beyond this time by working on your own. Routine follow up schedule is 2 weeks, 6 weeks, 3 months and 6 months after surgery. After then annually follow up will still be needed.