



Sheena Black, M.D.

Orthopaedic Surgery, Sports Medicine 469-800-7200

Knee Replacement - Post Surgery Instructions

Please read this entire handout before calling the office with questions.

FOII	iow-u	p Appoil	ntment: Date:	Time:	Provider	:
	Offic	ce Locatior	n: Dallas (3900 Junius St. Ste 500)	Frisco (3800 Gaylor	d Pkwy, Ste 810)	McKinney (5220 W University Dr, Ste 300)
		on Instru	uctions e your usual medications (unless	s otherwise instruc	ted).	
	you m		wean off the pain medication b	• .		t home and further out from surgery, medication or increasing the interval
		-	<u>dications</u> : You have been presc GIMEN FOR PAIN MANAGEMEN	_	; medications (per boxes checked below):
	<u>5000.</u>	WEEK 1	onnen i on i i in i i i i i i i i i i i i i			
			Oxycodone 1 tab every 4 hours	s as needed for pair	า	
			Tylenol 1000mg every 6 hours	•		
			Naproxen 500mg tab twice dai	ly with food		
	>	WEEK 2				
			Tramadol 50mg – 1 tab every 4	I-6 hours as needed	d for pain	
			Continue Tylenol and Naproxe	n		
	>	DVT pro	<u>phylaxis</u>			
			Aspirin 81mg twice a day			
			Aspirin 325mg daily			
			Eliquis 2.5mg twice a day			
	_		Coumadin:			
	>	<u>Other</u>				
			Zofran 4 mg tabs – 1 tab q8h a			and the conduction of the cond
			Colace (Docusate) stool soften	er- 100mg twice as	day for constip	pation while using pain medication

Dressing:

p<u>harmacy.</u>

You may remove outer dressing (ace bandage and white gauze) <u>day 3</u> after surgery. Leave the clear plastic waterproof dressing. Some bleeding on the post-operative dressing is normal and expected.

<u>Medication Refills</u>: **BE PROACTIVE!** Please contact the office by calling 469-800-7200 during office hours at least **48-72 hours before** you run out of medication. <u>Narcotic pain medication refills must be sent by Dr. Black electronically to the</u>

Please noteThe on-call staff will NOT refill pain medications, under any circumstance!

- You may remove the clear dressing on <u>day 7</u> after surgery. Keep the incision clean and dry after this time. If there is continued drainage, apply a clean, sterile dressing.



Physical Therapy:

Home Health Physical Therapy: You will be contacted to arrange your visit. If you have any issues or have not
been contacted, please call our office or the number below.
- Agency:

□ Please arrange for an appointment 3-5 days after surgery to begin physical therapy. (<u>Take your physical</u> therapy prescription and protocol with you at that visit.)

Showering/ Bathing:

- You may shower on <u>Day 3</u> after the outer dressing is removed. You may then shower and let water run over the clear rubber dressing (mepilex).
- It is best to sit while showering using a shower chair to prevent falls.
- Do not submerge your incision under water (bath, hot tub, pool) until your incisions have completely healed.

Activity/Exercise:

- You will need to use your walker or cane for stability for the first 6 weeks.
- Walk as much as you feel comfortable (at least 2-3 times a day), trying to walk a little further each time
- Knee motion is extremely important to work on during your recovery. Scar tissue develops immediately after surgery. You must work on both extension (straightening) and flexion (bending) of the knee to have the best outcome after surgery.

Home Exercises:

- □ <u>Leg extension</u>: Place a rolled-up towel under the heel of your surgery leg to suspend the knee like a bridge. Straighten your knee by tightening your quadriceps to press your knee downward. Hold for 10 seconds, and then repeat for 10 repetitions. Perform 3-5 times per day.
- Leg flexion: Sit in a chair and bend your surgery knee as far back as possible. You can use your other leg to help push the knee to bend more. Your goal is to bend your knee beyond 90 degrees within 2 to 3 weeks of surgery.
- □ <u>Isometric Quadriceps Sets</u>: Sit or lie on your back with your leg straight. Tighten your quadriceps muscle on the front of your thigh, pushing your knee downward. Hold 3 seconds, relax. Repeat x 10-15 reps twice a day.
- □ Heel Pumps: Using a sheet or towel looped around your foot, pump down against resistance (like pushing on an accelerator pedal). Do this 20-30 times three times daily.

Swelling:

- Your knee will be swollen for several months. Use your ice machine regularly to help with swelling
- It is common to experience swelling below the knee. Typically, this is a result of gravity (standing on your feet and walking). This type of swelling should go away in the morning if you elevate your leg at night. Wearing a compression stocking that goes above the knee can help with swelling.
- If the swelling in your calf persists despite elevation and compression and/or you develop calf pain, shortness of breath, or chest pain this may indicate a blood clot. Please call or present to your local emergency room if you recognize any of these symptoms.

Icing/ Cold Therapy:

- Use your cold therapy machine **3-4 times a day for 30 minutes** to minimize swelling and pain during the first few weeks after surgery.
- Do NOT apply ice/cold therapy pad directly to skin to avoid skin burns. Check your skin regularly for blisters or a whitish blanched color.



Most orthopedic surgical procedures are uneventful. However, medical complications can occur, and we want all surgical patients to have an awareness of the things to look for and actions to take in the event of a postoperative complication. This can help to prevent an adverse outcome.

PLEASE BE ADVISED OF THE FOLLOWING:

- 1. **FEVER** Low grade fever is common after bone and joint surgery, particularly in the first two days. A little fever during this time is not of concern. If your temperature rises above 101.5° F please call the doctor on call for advice.
- 2. **INFECTION-** Please have a member of Dr. Black's orthopedic surgery team evaluate you if there is concern for infection after surgery (Not your PCP or local emergency room physician unless it is an emergency).
 - Fever, chills, redness, increased drainage, elevated blood sugars, or increasing pain may be signs of an infection.
 - If you have any of these symptoms or questions, call 469-800-7200 during office hours.
- 3. **BLEEDING** It is common to get a minor amount of bleeding that can soak through the bandages or surgical dressing. This is not of concern. Please call regarding excessive bleeding. Notify your surgeon if the wound drains any fluid later than five days after surgery.
- 4. **CARDIOVASCULAR** If you develop chest pain, shortness of breath, or fainting spells, then you need to go to the emergency room for evaluation. If your symptoms are severe then call 911 rather than going in a private vehicle. Someone should notify the Orthopaedic Associates of Dallas doctor on-call and your family doctor as well.
- **5. BLOOD CLOTS** Orthopaedic surgery patients are at risk for blood clots, especially after lower extremity surgery. Please be sure to notify your surgeon if you or someone in your family has a history of such clots or any type of clotting disorder.

Obesity or use of oral contraceptives can increase the risk of blood clots. Women should consider not taking oral contraceptives while unable to walk normally without crutches, brace or cast on the leg.

Traveling after surgery - Realize that long air flights or car trips may also increase the chance of blood clots. You can lessen the risk of DVT by taking short breaks to either walk around or pump your foot against resistance (like stepping on the gas).

Signs of blood clots may include calf pain or cramping, diffuse swelling in the leg and foot, as well as chest pain, coughing, or shortness of breath. Please call if you recognize any of these symptoms.

6. **CONSTIPATION** – It is common to become constipated from taking narcotic based pain medications so you may need a stool softener / laxative. It is recommended that you take Dulcolax 100mg twice per day as needed, and this is available over the counter at any pharmacy. Increase your fiber and water intake after surgery to help avoid this.

The main number of Orthopaedic Associates of Dallas is 469-800-7200 is answered 24/7, but should not be used for emergency situations. It is best to use 911 first in a true emergency, then call and notify us of the situation.