

Patient Instructions for Total Knee Replacement / Revision

I. **Diet:** You may resume your normal diet. It is important to maintain a healthy, balanced diet while you are healing from surgery. Include plenty of fluids and eat foods high in fiber as pain medications tend to cause constipation.

II. Medications

- **Pain Medications:**

- Acetaminophen Extra-Strength (Tylenol) 500 mg**

- 2 tablets (1,000 mg) three times a day for 2 weeks

- Then 1 tablet (500 mg) three times a day for 2 weeks

- Then as needed.

- Celebrex (200 mg) or Mobic (7.5 mg)**

- 1 tablet daily for 2 weeks, then as needed

- Once you run out of the Celebrex or Mobic you may use OTC ibuprofen (Advil, Motrin) or naproxen (Aleve) if you need an anti-inflammatory or call for a refill of the Celebrex or Mobic

- Oxycodone (5mg)**

- 1/2 tab by mouth every 4 - 6 hours as needed for mild to moderate post-operative pain

- 1 tab by mouth every 4 – 6 hours as needed for moderate to severe post-operative pain

If you are having increased pain:

- **You may increase your Tylenol dose to 1,000 mg FOUR times a day for 72 hours**

- **You may increase your Celebrex dose to 200 mg TWICE OR your Mobic dose to 7.5 mg TWICE a day for 3 days, then return to once daily dosing**

- **If you are still having issues with pain, give us a call to discuss other options**

- **DVT prophylaxis as checked below:**

- **Aspirin 81mg**
 - ONCE daily for 4 weeks
 - TWICE daily for 4 weeks
- **Other:**
 - **Eliquis**
 - **Xarelto**

- **Constipation:** To avoid constipation be sure to drink plenty of fluids, walk around regularly and eat a diet high in fiber. Take an over-the-counter stool softener (i.e. docusate sodium) twice daily while on pain medication. You may also need a light laxative such as senokot.
- **Vitamin D:** If your vitamin D level was low be sure to start an over-the-counter vitamin D supplement. If it is extremely low we will call in a prescription strength vitamin D supplement for you. Low vitamin D can be a factor in osteoporosis which could lead to fractures. If your vitamin D was low it is recommended you take a vitamin D supplement and follow up with your primary care physician. Your primary may want to order a bone density test, prescribe a higher dose of vitamin D or other medication for your bone health.

III. **Activity:**

- **Rest Periods:** Gradually increase your activity on a daily basis. The amount of time you spend walking, the number of walks and the distance of your walks should gradually increase each day. Between activities such as walking, meals, exercises, etc., take a rest period where you can ice and elevate your knee. Limit sitting to no more than 30 minute intervals for the next 4 weeks, in other words try to get up frequently.
- **Exercises:** Perform your exercise program several times daily for short periods of time each session. Follow the pre-printed instructions given to you by your hospital physical therapist. To gain full extension (straightening) of the leg, it is important to continue elevating your heel on a pillow, coffee table, or chair multiple times per day. One of the best ways to work on flexion (bending) is to do the chair exercise Dr. Rosen

demonstrated for you (trying to get your leg farther and farther under the chair)

To see a video of these flexion/extension exercises, please refer to Dr. Rosen's website:

www.rosenhipandknee.com

And look under the media tab and click videos OR search Dr. Rosen in YouTube to find the videos

- **Weight-bearing:** You may put as much weight as is comfortable on your operative leg with activity. Most patients will use the walker for the first few days. As you get better, stronger and more stable you can transition to a cane until you are safe/comfortable walking unassisted.
- **Physical Therapy (P.T.):**
 - A physical therapist from an assigned home health care agency will call you either the day you leave the hospital or the following day to set up your first in-home appointment. He/she will arrange for P.T. following your discharge from the hospital and continue for 2 weeks, 2-3 times per week.
 - As soon as you feel comfortable traveling by car call the office to get set up for outpatient therapy. Most patients go to outpatient P.T. for a month after completing home P.T.
 - You will also have access to the exercises in FORCE. Be sure to log on each day so it can track your progress.
- **Impact Loading:** Low-impact activities such as stationary bicycling and walking may begin when you get home. Swimming is allowed at 4 weeks after surgery after I have had a chance to evaluate your incision. Activities such as golf, tennis, hiking and dancing can usually be resumed at 3 months.

- **Icing:**
 - Ice your knee 3-4x/day for 15-20 minutes, especially following activity such as physical therapy or long walks. Wrap ice pack in a thin towel or pillow case so ice pack is not directly on your skin.
 - Ice in a zip lock freezer bag works well or the gel packs that you can re-freeze.
 - Ice machines are convenient and many patients like them. I do see knees that look less swollen and patients report less pain. You can purchase these in the office from DonJoy or you can find them online.
 - **Bathing:** Because it is difficult to get in and out of a bathtub, we recommend using a shower for bathing. A shower stall with a low entry step is recommended. You may use a chair or bench in the shower if there is space. You may shower and let water run over the incision and pat it dry. Do not soak or submerge your incision until you have seen Dr. Rosen for follow up.
 - **Sleeping:** Sleeping may be difficult for the first 6 weeks. This is usually due to the knee not moving, getting stiff those symptoms will wake you up.
Getting up and walking around will help loosen it up and you should be able to get back to sleep.
- **Driving:** The time frame to return to driving is different for everyone. You may drive once you are no longer taking pain medications during the day, you have transitioned to using a cane, and you feel safe and comfortable operating the vehicle. While you are traveling as a passenger for the first 6 weeks following surgery, it is advised that you get out of the car every few hours and take a short walk.
- **Returning to work:** The decision to return to work will be based on the type of work you do, your physical stamina, and whether you have other medical conditions. This time period can be anywhere from 2-3 months following the procedure. We recommend that you avoid making any major changes in your work or retirement plans until your recovery is complete.

IV. Wound Care:

You can remove your knee bandage (ace wrap) the day after you leave the hospital if this has not already been done, and leave the incision open to the air. Your incision may be warm, itchy, and slightly red for several weeks after surgery. You may shower and allow water to run over the incision and pat lightly with a towel to dry. Do not submerge your incision in any water until your post-operative appointment. If there is excessive redness and/or drainage from the incision area call our office.

The Prineo (clear mesh) dressing is ready to come off around 3-4 weeks. I will remove it in the office at your one month follow up if it is still on. If it is starting to peel up you can remove it yourself a few days prior to your office visit. You remove it by peeling it off just as you would a band-aid.

V. Common Problems:

- **Leg & ankle swelling:** You may have some swelling in your operated leg that should gradually decrease. If swelling occurs, lie down and elevate your legs above the level of your heart and rest. You can use compression stocking or compression socks to decrease the swelling. If swelling does not improve after rest, ice, and elevation contact the office.
- **Pain:** Pain may be a result of over-activity. When you are in pain, sit or lie down, elevated your legs, and rest. If the pain does not subside, take the pain medication prescribed for you. Pain is a protective mechanism that helps to prevent over-usage and should not be ignored. If you need a refill on your pain medication, contact the office. **All refill requests need to be called to the office between 8 am and 3 pm Monday through Friday.** We cannot refill medications at night or on weekends.

VI. Return Appointments:

You are scheduled to see Dr. Rosen on _____ @ _____ at the Torrey Pines location first floor.

Call our office at 858/554-7993 if you have:

- Temperature of 101° or higher
- Drainage from your incision
- Increasing redness around your incision
- Increasing pain around the incision, unrelieved by pain medication
- Excessive calf pain & swelling that does not go away with elevation and rest.

*If you have problems arise on weekdays after 5:00 p.m., or on weekends, please call the Scripps Clinic operator at (858)455-9100. Your primary physician should be called for non-orthopaedic medical conditions, such as diabetes, heart, and lung conditions.