

TOTAL KNEE REPLACEMENT DISCHARGE INFORMATION

Benjamin Schwartz, MD

The following information is designed to be used as a reference during your recovery from knee replacement surgery. Please read this document carefully and keep it close by as you progress through the next several weeks. Many of the questions that may arise during your recovery are hopefully answered below. **You are encouraged to also share this information with your caregivers including family members that will be helping you as well as home therapists and nurses.**

PAIN

- It is normal and natural to have some degree of **pain** after surgery. Pain levels are likely to fluctuate and there may be “good” days and “bad” days.
- The medication given to you at discharge should be taken as prescribed. Please note that opiate medications are intended to reduce but **not eliminate** pain and should be used in conjunction with alternative methods of pain control including ice and elevation. Patients discharged on aspirin to prevent blood clots may resume taking NSAIDs (Motrin, Aleve, ibuprofen) unless otherwise contra-indicated.
- If you need a **re-fill** of your medication, do not wait until you are completely out of pills. Re-fills generally take 24-48 hours to process. Narcotic pain medications cannot be called in to the pharmacy and must be picked up at the office.
- **Prescriptions will not be re-filled after regular office hours or during the weekend.**
- If you feel that your pain is not being adequately controlled, we encourage you to contact the office during normal hours. **We strongly discourage you from using the emergency room, your primary care doctor, or an urgent care center for issues related to postoperative pain.**
- Narcotic pain medications frequently cause **constipation**. You are advised to take a stool softener (Colace, Senokot, Dulcolax) while on pain medication and make liberal use of enemas or suppositories as necessary.

AT HOME

- If you are being discharged home, one of our case managers has arranged for a home health agency to provide you with visiting nurse care and at-home **physical therapy**.

- Make sure you remove loose rugs and create enough space to get around your home using crutches, a cane, or a walker.
- You should be able to navigate **stairs** upon discharge but this will likely be difficult at first. In general, it is helpful to come downstairs in the morning and then back upstairs in the evening. Stairs will become easier as you heal.
- While it is not necessary to have someone with you 24 hours a day, it is helpful to have **friends or family members** check on you during the day and assist you with meals, laundry, shopping, and other activities of daily living.
- Ensuring that your home is a safe, clean environment will facilitate your recovery and reduce the risk of complications. Anticipate that you may not be able to provide your usual level of care and attention to **pets** initially. It is also helpful to anticipate whether any pets have the potential to increase your risk of falling and plan accordingly.

YOUR INCISION

- In most cases, you will have an occlusive **dressing** over your incision, usually a silver-impregnated adhesive island dressing (Mepilex, Aquacel, Silverlon). **You may leave this on and shower with it.** The dressing will either be removed in the office or by the home nurse. If the dressing becomes dislodged, you may simply cover the incision with clean gauze.
- Do not soak or scrub the incision. Do not put any lotions, moisturizers, or creams on the incision until you are cleared to do so.
- Some **mild redness** about the incision is not uncommon and is not necessarily a sign of infection. **Mild drainage** may occur for a few days after surgery and may be clear yellow or slightly bloody appearing. It is **very common** for the area around the incision to **feel warm**. This warmth is your body sending blood to the area as part of the healing process and **may last for several months** following surgery.
- Increasing redness, increasing pain, increasing or thick drainage, and a foul odor are all potential signs of a **wound infection**. This may or may not be accompanied by a fever.
- If you have any concerns regarding the incision or the potential for infection, contact the office immediately.

- **DO NOT GO TO THE ER, YOUR PRIMARY CARE DOCTOR, OR AN URGENT CARE CENTER UNTIL YOU CONTACT THE OFFICE UNLESS YOU FEEL YOUR CONDITION IS LIFE THREATENING.**
- **DO NOT START TAKING ANTIBIOTICS UNTIL SOMEONE FROM OUR OFFICE HAS HAD THE CHANCE TO EVALUATE YOUR WOUND.**

BLOOD CLOTS

- You will be prescribed a ***blood thinner*** either by mouth or by injection that will help prevent blood clots after surgery.
- Depending on your risk for blood clots, you will be on the blood thinner for 2-6 weeks. Low risk patients may be prescribed aspirin alone. Please contact the office if you experience any signs of ***excessive bleeding***.
- Mobility is an important factor in reducing the risk of blood clots; therefore, it is important to ambulate as comfort allows and reduce the amount of time spend lying down.
- ***Swelling*** is normal following knee replacement surgery and it is common for the entire leg to swell including the foot and ankle. Most swelling will improve with elevation and/or compression stockings. It may take several months for swelling to completely resolve. TED stockings are helpful in reducing swelling.
- Severe swelling, swelling that does not improve with elevation, and swelling that is associated with calf pain can be signs of a blood clot. If you are concerned about your swelling, **we encourage you to contact our office prior to seeking treatment with your PCP, an urgent care center, or the emergency department.**
- In very rare cases, blood clots can travel to the lungs and can be associated with ***shortness of breath and chest pain***. If you are experiencing these symptoms, either proceed to the emergency room or contact 911 depending on the urgency of the situation.

ACTIVITY

- You should follow the instructions provided at discharge regarding activity. In most cases, you can ***ambulate*** to tolerance. Some increase in pain is normal with increasing activity level.

- Work on bending and straightening your knee. The hospital physical therapist will teach you simple exercises to help strengthen your quad muscle which you can perform on your own.
- You may sleep in any comfortable position although you should avoid placing a pillow directly under the knee as this may lead to stiffness. It is not uncommon for the pain to be worse at night and it may take several months to be able to sleep consistently through the night.
- If you have had your right leg operated on, and you strictly use your right leg for driving, you will likely be able to drive at 2 to 6 weeks postoperatively. If surgery was on the left leg and you do not use this for driving (automatic transmission), you will likely be able to drive at approximately 2 to 3 weeks postoperatively. However, you should be off of your narcotic pain medication before you begin to drive. **Remember: You should not return to driving until you have the ability to safely operate your automobile!**

Please note:

We strongly encourage you to contact the office with any concerns regarding your surgery, incision, swelling, etc. prior to seeking treatment in the emergency room, an urgent care center, or with your primary care doctor. We know you best when it comes to your postoperative care!