

# TOTAL KNEE ARTHROPLASTY

## POST OP INSTRUCTIONS

 [www.TheAmericanOrthopedics.com/resources](http://www.TheAmericanOrthopedics.com/resources)



Dr. Drew Ratner

## INITIAL INSTRUCTIONS

- Ice and elevation along with pain medicine are your keys to initial pain management.
- After you arrive home, rest the remainder of the day. You may be tired or nauseated from the anesthesia and/or pain medication.
- You will be given a walker upon discharge. Continue to use until you can walk without a significant limp and therapy allows you to progress to a cane. Typically, by 3 weeks post op you will be able to ambulate without an assistive device.

## WOUND CARE

- Leave the dressing in place for 3 weeks following surgery. There is a glue dressing over the incision. If the outer dressing has to be changed, leave the glue dressing in place.
- It is extremely important to keep the surgical site clean and dry to help prevent infection.
- Signs of infection include redness, swelling, increased pain, warmth, fever (above 101.4 degrees F) and drainage from the wound. If you note any of these signs, please call the office immediately.

## BATHING/SHOWERING

- You may shower but make sure the bandage is covered with saran wrap or an impermeable layer.
- **Do not soak or submerge** the surgical site until the wounds are completely healed (typically 3-4 weeks after surgery).

## ACTIVITY

- Rest and elevate your leg as much as possible.
- Use a pillow under your calf and ankle. Do not place a pillow under your knee or heel.
- Use your walker while walking. Unless instructed otherwise, you may be weightbearing as tolerated on your leg as you feel comfortable.
- It is very important to get your leg as straight as possible, as soon as possible.
- Physical therapy will come to your house for the first 3 weeks and then you will go as an outpatient.
- Avoid long periods of sitting without the leg elevated, or long-distance travel for 6 weeks.

Call 864-807-9998 with any questions  
about your post-op instructions.



## MEDICATIONS

- You will be given a prescription for a body wash (chlorahexadine 4%). This is to be used the day before surgery and the morning of surgery.
- You will be given a prescription for Vitamin D to be taken for a total of 8 weeks. Please start this prior to your surgery.
- You will be given a prescription for Mupirocin ointment. This should be applied to the inside of both nostrils 5 days leading up to surgery to prevent MRSA.
- You will be given a prescription for Journavx, a new non-addicting pain medication. Please take **2 pills the morning of surgery** then every 12 hours **as needed** for pain control.
- You will be given a prescription for Aspirin 81mg to take twice per day for 30 days to prevent blood clots. If you are on a blood thinner at baseline, you will not take aspirin in addition.
- You will be given a prescription for Celebrex 200mg to take twice per day. This is an anti-inflammatory. You should take it every day for the first 30 days.
- You will be given a prescription for Tylenol (Acetaminophen) 500mg which you will take every 8 hours for the first 30 days.
- You will be given a prescription for a narcotic pain medication. This should be taken every 8 hours as needed for **breakthrough pain**.
- Common side effects of narcotic pain medication include:
  - Nausea- Take medication with food. If prescribed you may use anti-nausea medication. If nausea persists, call the office to consider having the medication changed.
  - Drowsiness
  - Constipation - We recommend purchasing an over-the-counter stool softener (such as colace) to take as directed while taking narcotics to prevent constipation.
- **Do not drive a vehicle or operate heavy machinery while on narcotic pain medications.**
- **Do not mix narcotics with alcohol.**
- **Ice and elevation** will aide in additional pain control.
- Please take all medications as prescribed.



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864-807-9998

### ICE THERAPY

- Icing is very important to decrease swelling and pain and improve mobility.
- Please use ice at least 3 times per day over the surgical site. You can use a bag of ice or the ice machine given to you prior to surgery.
- Be sure to keep clothing or a towel between ice and skin, as placing the ice directly on skin may cause frostbite. Do not put ice directly on skin.

### POST-OP OFFICE APPOINTMENT

- Your first post-operative visit should be scheduled in office prior to surgery. If the appointment was not arranged prior to surgery, please contact the office.
- You will be seen for follow up visits at 3 weeks, 8 weeks, 12 weeks, and 1 year after surgery.

### EMERGENCIES OR CONCERNS

- Email Dr. Ratner at [drewratner@theamericanorthopedics.com](mailto:drewratner@theamericanorthopedics.com)
- Or call the office at 864-807-9998 or go to the nearest ER if you have any of the following:
  - Any abrupt change in the nature or severity of pain
  - Redness or swelling in your thigh or calf that does not go away or is getting worse
  - Redness around incisions
  - Continuous drainage or bleeding from the incision (occasional drainage is expected)
  - Develop a fever greater than 101.4 degrees F
  - Chest pain, shortness of breath, intractable nausea/vomiting, or anything else concerning
  - Difficulty moving your toes or extreme pain when moving your toes
  - Numbness or tingling that does not go away or is getting worse
  - Cold foot or color change in extremity (Please be aware that the skin prep in surgery may have an orange, brown, or blue tint)
  - If you have an emergency that requires immediate attention, proceed to the nearest ER

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