

TOTAL KNEE ARTHROPLASTY

Post-Op Instructions

 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 cane. Typically, by 3 weeks post op you will be able to ambulate with no 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 at all times 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 some other 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.



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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 after 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 PLACE DIRECTLY ON SKIN.

MEDICATIONS

- You will be given 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 also be given Tylenol (Acetaminophen) 1000mg which you will take 3 times per day for the first 30 days
- For breakthrough pain, you will be given a narcotic pain medication. This should be taken as needed every 8 hours for pain. Take with a little food.
- **Ice and elevation** will aide in additional pain control
- Take medications as prescribed
- **Do not mix narcotics** with alcohol
- Common side effects of narcotic pain medications 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. You will be given a prescription for this.
- **Do not drive a vehicle or operate heavy machinery while on narcotic pain medications**
- You will likely be given a prescription for aspirin 81mg twice per day to take post-operatively. This is taken only once a day for 30 days post-operatively to prevent blood clots. The dosing and duration may change on an individual basis, but it should be reflected in the prescription that you are given. If you are on a blood thinner at baseline, then you will not take aspirin in addition.

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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, 14 weeks, and 1 year after surgery

EMERGENCIES OR CONCERNS

- Email Dr. Ratner at drewratner@theamericanorthopedics.com
- Or Contact us or go to the nearest emergency room if you have any of the following:
 - Pain worsens or does not go away after pain medication is taken.
 - Any abrupt change in the nature or severity of pain
 - Redness or swelling in your thigh or calf that will not decrease.
 - Redness around incisions
 - Continuous drainage or bleeding from the incision (occasional drainage is expected)
 - Difficulties 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)
 - Develop a fever greater than 101.5 degrees F.
 - Chest pain, shortness of breath, intractable nausea/vomiting, or anything else concerning
 - If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

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BEFORE SURGERY

- Make sure you have someone at home who can support you after surgery
- Discuss pain management plan during your stay and once you leave the hospital/surgical area
- Schedule your post-operative appointment with your doctor during your pre-operative visit
- Stop smoking/tobacco products and drinking alcohol
- Eat a balanced diet with 1 serving of high protein food 3-4 times a day. Tell your doctor if you're having trouble eating, eating less than normal, or losing weight.

2-5 DAYS BEFORE SURGERY

- Icing is very important to decrease swelling and pain and improve mobility.
- Please use ice for 20 minutes each hour over surgical site.
- After 24 hours, continue to use the ice 3-4 times a day, 15-20 minutes each time.
- Be sure to keep clothing or a towel between ice and skin, as placing the ice directly on skin may cause frostbite. DO NOT PLACE DIRECTLY ON SKIN.

DAY BEFORE SURGERY

- 2 baths using the prescribed skin prep product, one in the morning and one in the evening
- Drink 10 oz. carbohydrate drink as directed by your physician
- Take your medications as directed by your primary physician and surgical team (blood pressure, diabetic medications)

DAY OF SURGERY

- Drink 10 oz. carbohydrate drink as directed by your physician
- No solid food after midnight
- Clear liquid up to 2 hours before surgery unless told differently by your physician
- One bath in the morning using the prescribed skin prep product
- Take your morning medications as directed by your physician (blood pressure, diabetic medications)

AFTER SURGERY IS COMPLETE

- Drink clear fluids as tolerated & diet may advance as you improve
- Your nurse or therapist will get you out of bed and help you take steps the day of your surgery with walker

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CARE PARTNER

- It is very important that you select a family member or friend as a coach or care partner well before your surgery
- The coach/partner will offer:
 - Support and help decrease any anxiety
 - Help you with exercises
 - Attend classes and therapy sessions when recommended for you
 - Help you prepare for going home
 - Transportation from the hospital to home:
 - You cannot drive yourself home
 - Avoid low sports cars and higher vehicles like trucks for the drive home
 - Provide in-home support during the first week or longer if necessary

EXERCISE BEFORE SURGERY

- Consult with your physician or physical therapist that may be prescribed before surgery
- If you are already getting physical therapy, continue to exercise as recommended

NUTRITION

- Aim to eat 1 serving of high protein food 3-4 times a day
 - High protein foods include: chicken, fish, beef, pork, tofu/tempeh, dairy, eggs, and beans/lentils
- 1 serving of meat, fish, or tofu/tempeh is 3 oz or roughly the size of a deck of cards
- 1 serving of beans or lentils is ½ cup, or the size of a tennis ball 3
- 1 serving of eggs is 2 eggs
- 1 serving of dairy is:
 - 8 oz of milk or yogurt
 - 1 oz of cheese, or the size of tic tac box
 - Note: almond, coconut and oat milk are not good sources of protein
- If you cannot eat enough protein, you may need to drink a protein drink.
 - Look for one with 20 g protein per serving
 - If you have diabetes, look for one low in added sugars
- Premier protein, Ensure Max, and Boost max are all good options
- Glucerna may not give you enough protein
 - Protein powders and ready to drink shakes are both fine. Unflavored protein powder can be mixed into beverages, broths and soups, or soft foods like mashed potatoes or yogurt.
- Tell your doctor if you're eating less than normal, if you're having trouble eating, or if you're losing weight without trying, or if you're having a hard time following these instructions.

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SHAVING

- You should not shave around the area of your surgery at least 2 days prior to surgery
- Shaving can nick your skin that can cause an infection

NASAL CLEANSING

- A common germ can be found on the skin and other warm, moist areas of all people (Staphylococcus) but usually does not cause problems
- This germ is one of the leading causes of infections after many surgeries
- How you should use your nasal cleaning product: (Mupirocin ointment 2%)
 - You will need to apply it to both nostrils
 - You should be given, or be asked to pick up, tube(s) of Mupirocin (Bactroban) from the pharmacy
 - Place a small amount of ointment on a Q-tip and put on the inside front part of each nostril
 - Gently press your nostrils together and release several times (for about a minute) to spread the ointment through your nostrils
 - If you receive 10 individual small tubes of ointment, put half of the ointment from the tube into one nostril and the other half into the other nostril
 - Gently press your nostrils together and release several times (for about a minute) to spread the ointment through your nostrils
 - This should be done in the morning and evening for 5 days prior to your surgery

PAIN MANAGEMENT

- The pain you feel before your surgery is different than pain you will feel after surgery
- You may have some discomfort after surgery, which can continue through your recovery
 - It is important to set realistic expectations about pain while you are healing
 - Healing can take several months or up to a year for full recovery
- Medications
 - Celebrex 200mg Twice Per Day, every day for 30 days post op
 - Tylenol 500mg - Take 3 pills (1500mg) twice per day for 30 days post op
 - Oxycodone 10mg - Take 1 pill every 8 hours as needed for breakthrough pain. This can be refilled one time in the first 6 weeks after surgery
 - In general, only use narcotic medicine as last resort
- Other ways to decrease pain
 - Cold Therapy -Ice or use ice machine as much as possible in the first 6 weeks
 - Pain Relieving creams

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CARBOHYDRATE DRINK

- If you do not have diabetes, should drink 10oz of clear carbohydrate beverage with or without sugar; including sports, nutritional or clear fruit juice at bedtime and up to 2 hours before your surgery
- If you have diabetes, it is very important to speak to your physician about:
 - What type of carbohydrate you should drink
 - How much insulin you should use before surgery and when a decrease in the amount of insulin is discussed, make sure you know by how much and when (Timing of your carbohydrate beverage will differ from non-diabetic patients)
- If you have other stomach issues, it is very important to speak to your physician about drinking carbohydrate beverages

FLUIDS BEFORE SURGERY

- Clear fluids are OK until 2 hours before your surgery
- Except: If you have regular nausea, diabetes, ongoing stomach and/or swallowing difficulty, then clear fluids up to 4 hours prior to surgery
 - Clear liquid examples:
 - Water
 - Gatorade (not red or purple)
 - Kool-Aid (no red or purple)
 - Sodas, tea, coffee (no cream)
 - Gelatin (not red or purple and without fruit)
 - Popsicles (no red or purple and without fruit or cream)
 - Juices without pulp: apple, white grape juice
 - You may use salt, pepper and sugar

CHLORHEXIDINE (CHG) TREATMENT BEFORE SURGERY

- Your doctor will prescribe a skin cleaning treatment to prevent infections after your surgery
- CHG is a germ-killing product used that comes as:
 - Disposable washcloths (use instructions on package)
 - Liquid soap see attached instructions)
- You should not use product on your face around your eyes, mouth or ears
- You should clean your skin using the product prescribed 3 times:
 - Morning before your surgery
 - Evening before your surgery
 - Morning of your surgery

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BLOOD CLOT PREVENTION

- One of the risks after surgery is developing a blood clot
- To reduce the risk of blood clots, you will be encouraged to walk to increase blood flow in your legs
- Blood thinning medication may be prescribed after surgery ☑ Your care team in the hospital will discuss this with you and the discharge instructions will explain what medications to stop and which ones to start
 - Typically, patients will be started on Aspirin 81mg Twice Per Day, unless there is some preexisting condition
- The discharge instructions also include when to call the care team with possible problems

PREVENTING POSTOPERATIVE INFECTION

- To prevent pneumonia after your surgery you will be encouraged to:
 - use an incentive spirometer (10 times each hour) or just take 10 deep breaths and blow out
 - cough and take deep breaths
 - get up and move to prevent pneumonia
- Hand hygiene is very important to help prevent infection
 - You will have a glue incision over your incision and then a separate waterproof dressing. These dressings should remain in place for 3 weeks until postoperative visit. If the top bandage has to be removed then leave the glue dressing in place

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CHG Treatment

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HOW TO BATHE BEFORE YOUR SURGERY

We want you to shower with special soap or wipes called chlorhexidine gluconate (CHG) or germ killing treatment before surgery. A shower using this soap or wipes will reduce your risk of getting an infection. It is very important that you bathe with this treatment on the day before in the morning, night before and the morning of your surgery. Why do I need to shower with CHG or Hibiclens?

- This soap is better at removing germs on your skin
- CHG works for 24 hour surgeries, drains, some medicines and being ill make it easier to get an infection.
- It helps keep you from getting an infection

If using wipes, please follow instruction on packaging

HOW TO SHOWER USING CHG SOAP

- In the shower or tub, wash your hair/face/genitalia as usual with your normal shampoo/conditioner or soap.
- Rinse the hair and body thoroughly to remove soap and shampoo residue.
- Turn water off to avoid rinsing Hibiclens off too soon.
- With a fresh clean wash cloth, apply the Hibiclens soap liberally to your entire body, from the neck down.
 - Make no contact with your eyes, ears, mouth, internal genitals, or open wounds.
- Wash the body gently for five minutes, paying special attention to the area where the procedure will be done.
- Turn the water back on and rinse the body thoroughly.
- Pat dry with a clean, soft towel.
- Dress in clean pajamas or clothes
- Use clean sheets on your bed after washing
 - DO NOT wash with regular soap after the Hibiclens is used
 - DO NOT put lotions, powders or oils on your skin after bathing.
 - If you feel itchy or if your skin turns red, rinse your skin with water and stop using the product and contact your physician or their office

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