



SPECIALISTS IN THE
MEDICINE OF *motion*



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Joint Replacement Surgery

Please take a moment to look over the following instructions regarding your surgery. We know that surgery can be a very stressful experience for you and your family and that you may be nervous. This is normal, and we will make every effort possible to make your experience the best it can be! We are dedicated to achieving the best possible outcome for you. This takes a team effort often between you, us, and many other healthcare professionals.

The following packet will hopefully be informative and decrease your stress prior to surgery! There are many other great resources about your condition, and joint replacement surgeries. We encourage you to learn more about Dr. Clark, your condition, and access links to help helpful websites and videos at www.OrthoHealth.com.

We strive for nothing less than excellence in our quest to help you be the best version of you. We look forward to seeing you on the day of surgery!



OCR

ORTHOPAEDIC & SPINE
CENTER OF THE ROCKIES



POST-OPERATIVE - TOTAL KNEE REPLACEMENT

Activity Restrictions:

You may put as much weight on your operative leg as you feel comfortable with. You can “wean off” your walker or crutches and use a cane or walk without any support, once you feel comfortable enough and strong enough. Take your time in doing this and make sure you are stable on your feet. A fall during the first few weeks after knee replacement can cause serious problems.

Wound Care:

Keep your incision covered and dry for 48 hours post-op. Use plastic wrap to keep the knee dry in the shower for the first 48 hours. You may shower with the wound uncovered 48 hours after surgery, but keep the wound covered in between showers by placing gauze underneath the TED hose.

Your incision will have an adhesive “ZipLine” holding the skin edges together. **DO NOT REMOVE THE ZIPLINE.** Be careful when taking gauze off the ZipLine as the gauze can catch on the plastic ZipLine tabs.

Reasons to be Concerned About Your Wound:

1. Drainage of pus.
2. A large amount of redness around the wound, especially if it is increasing. Mild redness that is limited to the skin around the incision is completely normal and nothing to be concerned about.

3. Large amounts of drainage (completely saturating a dressing over the course of a day, especially multiple times a day). Mild drainage for the first week is entirely normal and nothing to be concerned about.
4. The wound coming apart (dehiscence).
5. Fever above 100.3 degrees associated with the above signs.

Call the office for any of these symptoms! Infections caught early are much more treatable than those caught late!

Blood Clot Prevention:

Medication: Most patients will be placed on aspirin. If this is the case, you are to take 81 mg in the morning and night for 6 weeks.

If you are placed on Coumadin, take the prescribed dose at night before you go to bed. Coumadin levels will need to be checked while you are on the medication, you will be given lab slips to get the levels checked. The lab will send us the results of your test and we will **ONLY** notify you if you need to change your dose. If your Coumadin dose needs to be changed you will receive a phone call from the office, if your levels are correct you will not receive a phone call.

TED Hose: Wear your TED stockings for 2 weeks (the big white stockings) during the day. You may take them off at night to sleep if you wish.

POST-OPERATIVE TOTAL KNEE REPLACEMENT

Blood Clot Prevention (Continued):

KEEP MOVING!: The most important part of preventing blood clots is to keep moving. Make sure to get out of bed, or off the couch numerous times throughout the day. Pumping your ankles and feet several times an hour while you are lying or sitting is also advised.

Reasons to be Concerned for a Blood Clot:

1. Massive swelling in the leg that does not lessen after a night's sleep, especially with redness in the calf and thigh, can be a sign of a blood clot. All patients have some swelling after knee replacement surgery, this is completely normal. This swelling usually gets worse throughout the day as you stand, and improves after a night's sleep.
2. Pain in the back of the calf or thigh that won't go away.
3. Sudden onset of shortness of breath or chest pain.

Call the office if you experience these.

Blood clots are a serious medical problem and need to be treated!

Gastrointestinal Problems:

Constipation: Unfortunately, it is very common to become constipated after joint replacement surgery. This is due to a number of reasons, but the most common is narcotic pain medication (Percocet, Vicodin, etc.). Because of this it is strongly recommended that you take steps to prevent it. Staying hydrated by drinking plenty of water is the first step. Prophylactic medication to prevent constipation for the first few weeks can be a good idea as well. You have been getting Senokot-S twice a day in the hospital, and I recommend you continue to do this for a couple of weeks after surgery.

If you are having no problems moving your bowels you do not need to take it. If you develop diarrhea or very frequent stools then you should stop the medication. If you are unable to move your bowels within a few days after you leave the hospital you may need to add a laxative suppository, such as Dulcolax. Another option is to take Metamucil three times a day. If you have not had a bowel movement within 7 days after surgery, then call our office or your primary doctor to be evaluated.

Nausea and Vomiting: Unfortunately also very common. This is almost always related to pain medication. The faster you can get off pain medication the better. If you are having problems with this we can prescribe anti-nausea medication that usually helps. Please let me know if you need this before leaving the hospital, or call our office.

Swelling:

Swelling in your legs and feet is completely normal and harmless after knee replacement. It can occur in both your legs, not just the operative side. Sometimes the swelling can be very severe and this is also normal. Many patients cannot wear normal shoes for several weeks or months after surgery due to swelling in the feet. Over time your body will reabsorb the extra fluid, and your legs and feet will return to normal size (this can take several weeks to months). In order to lessen the swelling, elevate your legs and feet above your heart while at rest, avoid sitting for long periods of time and walk as much as you can. Muscle contractions from walking can pump the fluid back to your heart.

POST-OPERATIVE TOTAL KNEE REPLACEMENT

Itching:

Itching is extremely common after knee replacement. It is almost always a side effect, not an allergy, of the pain medication. Taking some over the counter Benadryl can help some patients, but for many it makes no difference. The itching is harmless, and if you can tolerate it, don't worry about it. If the itching is severe and intolerable, often times the only solution is to stop the pain medication. Some patients have less itching with a different pain medicine, so we can try prescribing a different type, but for many patients this is unsuccessful.

Pain Medication:

Most patients require pain medication for 2 to 6 weeks after surgery. Early on it is best to stay ahead of the pain by taking pain medication fairly scheduled (every 6 hours or so). As your pain starts to improve, begin to take it only as needed, and eventually wean off of it.

Anti-Inflammatories:

These should be the main stay of treating pain after your surgery. All patients will be given a prescription for celecoxib or meloxicam after surgery. Celecoxib will be given to all patients who do not have a sulfa allergy. The dose of celecoxib is 200 mg and will be taken twice a day – once in the morning and once in the evening. If you have a sulfa allergy you will be given a prescription for meloxicam. The dose is 15 mg and will be taken once a day in the morning.

Physical Therapy:

PT is a critical part of recovering from a knee replacement. Early on, knees that have been replaced are very stiff, painful and weak. In order for the knee to regain motion and strength, physical therapy must be done. I will give you a prescription for physical therapy to be done 3 times a week for 6 weeks. Some patients recover

very fast and may be fine doing a home exercise program before the 6 weeks is up. Other patients may need longer than 6 weeks. Each patient is different and we will adjust your PT regimen accordingly.

On days you are not in physical therapy it is critical that you continue to do physical therapy at home. You will have a series of exercises to perform at home and these must be done on a daily basis. In addition, if you can gain access to an exercise bike this can be very beneficial. It is a great form of therapy because it increases range of motion and strengthens the muscles around the knee.

Most physical therapists are very good and treat patients appropriately after knee replacement. However, on the very rare occasion, some therapists push the knee too hard, and this can be counterproductive. Specifically, some therapists will push on the leg very forcefully to make it bend or straighten. If you feel that your physical therapist is making your knee worse, and pushing too hard, then call me and we will arrange another therapist for you. Don't get me wrong, however, therapy does involve some pain and you will have to push yourself, but if it feels extreme call me.

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Follow up Appointments:

You should have a follow-up appointment at my office approximately 2 weeks after surgery. This should have been set up at the time of your pre-op visit. If you do not know when your follow up is, then call my office (970-493-0112) and find out when it is scheduled.

After the 2-week appointment I will see you at 6-weeks, and then the 7-month mark. If there are concerns I can see you at any time.

Questions and concerns are very common after joint replacement. Call my office (970-493-0112) at any time if you have questions or problems. There is always someone on call to answer your questions, even at night and on weekends.