



**DISCHARGE INSTRUCTIONS FOLLOWING
TOTAL KNEE REPLACEMENT
Stephen J. Kelly, M.D.**

FOLLOW-UP

Your first follow-up appointment is scheduled for _____ at _____
in our _____ office.

This handout includes many of the questions you might have following your discharge to home.
If you have other questions, please call the office at 828-2100.

If you should have SHORTNESS of BREATH or CHEST PAIN, call 911 or go to the nearest emergency department (ED)

CALL OUR OFFICE AT 828-2100 IF YOU HAVE ANY OF THE FOLLOWING

- If you have any drainage or redness associated with your wound
- If you have a fever greater than 101.5° F° (38.5°C)
- If you have persistent calf pain or swelling that does not improve with elevation (putting the leg on two or three pillows bringing it above the level of your heart).
Calf pain or swelling could be an indication of a blood clot.
- If your pain seems to be worsening
- If you have difficulty urinating or if you have symptoms of burning with urination

MEDICATIONS

You will be given prescriptions for pain medication. There are three possible medication protocols we will choose from. Take your pain medicine as directed on the instructions.

You will be following protocol _____.

Protocol	Medications
A	Oxycodone 5 mg tablets, 1-2 tablets every three to four hours as needed for pain <i>and</i> Acetaminophen (Tylenol) 325 mg tablets, 2 tablets every four hours
B	Hydromorphone (Dilaudid) 2 mg tablets, 1-2 tablets every three hours as needed for pain <i>and</i> Acetaminophen (Tylenol) 325 mg, 2 tablets every four hours
C	Vicodin 5/500, 1-2 tablets every four hours as needed for pain <i>(Do NOT take Tylenol with this medication)</i>

ANTICOAGULATION

After surgery you will be placed on a blood thinner to prevent blood clots. Most people are started on Coumadin (warfarin) while they are in the hospital. You will take Coumadin for **ten days** following surgery. You will not need to have blood work done to monitor your Coumadin levels.

Once you stop taking the Coumadin (warfarin) you should take one aspirin (325 mg) twice a day until you return to see Dr. Kelly in the office.

WOUND CARE

Dr. Kelly does not routinely use staples to close his incisions. Instead, he uses stitches below the skin (subcutaneous). You will see the tips of the sutures at each end of your incision. These stitches do not need to be removed as they will dissolve as the wound heals. The ends of the suture will also dissolve and fall off on their own. If they are bothersome, they can be trimmed at the time of your follow-up visit. Your incision will also be covered with Steri-Strips which should be left in place until they start to peel off on their own.

You may shower seven days after surgery. Use a gentle soap and pat (not rub) the surgical site dry. We would prefer that you not soak in a tub until one month after surgery.

You may also experience some numbness on either side of your incision. This is normal and is due to the nerve endings being cut when the incision was made at surgery. A sense of numbness may always be there; however, in time it may decrease in severity.

PHYSICAL THERAPY

Perform the exercises that were explained to you by the therapists while in the hospital. A therapist will come to your home for two to six weeks to do range of motion exercises with your knee, as well as to teach you additional exercises to do on the days he/she does not come to your home. It is necessary to do these exercises to prevent your knee from becoming stiff, resulting in loss of function of your knee. You may feel some pulling and tightness in your knee during exercise; this is normal, although severe pain should be avoided.

You may place all of your weight on your leg. The therapist will instruct you in the use of crutches or a walker for additional support while walking.

HOW LONG MUST I WEAR THE WHITE TED STOCKINGS?

TED stockings must be worn for six weeks from the surgery date. They are used to help control swelling and improve circulation of blood back to your heart. TED stockings must be worn during the day and may be removed at nighttime, as long as you put them back on when you wake in the morning.

SWELLING

- Swelling is normal after this type of surgery. The swelling may last for six weeks to three months and will gradually decrease.
- To reduce swelling, lie flat and elevate the leg on two or three pillows. Do this for 30 minutes, three times a day.
- To help aid in decreasing swelling, ice should be applied to your leg (using the cryo-cuff) three to four times a day at 20-minute increments.

WHEN MAY I DRIVE?

Due to weakness in your leg muscles and the danger of having an accident, we do not allow you to drive a car until six weeks after your surgery. It is okay for you to go for a ride in the car with someone else driving.

It is advisable that you not sit for any longer than 30 minutes at a time as this may cause increased swelling. After sitting for 30 minutes you should get up and walk around.

WHAT MAY I DO FOR ACTIVITY FOLLOWING SURGERY?

You may walk as much as tolerated, using pain and swelling as your guide. You should limit the number of times you climb stairs, as this may increase your pain and swelling. At four to six weeks after surgery you may slowly increase stair climbing. Swimming and stationary biking are good forms of exercise. When using a stationary bike, you will initially need to make the seat high and the resistance low. Use crutches or a walker for support when walking, and advance to a cane when your therapist advises you it is safe to do so.

WHEN MAY I SWIM?

You may resume swimming at four to six weeks postop. This will be discussed at the time of your four-week follow-up appointment.

HOW LONG WILL I BE OUT OF WORK?

You may usually return to work approximately ten to 12 weeks after surgery. If you have a sedentary job, you may be able to return sooner. Limitations and precautions in the workplace will be discussed prior to your return to work.

WILL I HAVE ANY PERMANENT RESTRICTIONS FOLLOWING KNEE REPLACEMENT?

You should not kneel on the operated knee as this will cause pain. Additionally, if you kneel/twist just right when getting up, there is a chance you could dislocate the prosthesis.

You should not do high-impact activities such as jumping or running. These types of activities can cause the prosthesis to wear out sooner or become loose.

You should limit walking on uneven ground as you could sprain your ligaments