



*Excellence in Motion*

## **Discharge Instructions for Total Knee Replacement**

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Prior to discharge you will meet with a discharge planner to determine your post-operative needs including discharge location and therapy needs. The following includes your post-operative instructions. If you have any additional questions, please contact Western Orthopaedics.

### **ACTIVITY:**

Rest as needed. Your knee joint will let you know with increased pain and swelling if you are overdoing it, and it is best to take things slowly at first. Mobilize with the walker or crutches as instructed. You are allowed to sleep or lie down as you feel comfortable, but remember your precautions to help prevent injury. **With rest: Do not place a pillow directly under your knee. This can create problems with achieving full straightness of the knee.**

### **CRUTCHES/WALKER:**

Initially a walker or crutches will be needed. Unless instructed otherwise, you may put your full weight on the leg. As you are able to walk without any limp, you may transition to a cane or a single crutch after 2 to 3 weeks. Once walking again without a limp, you may transition to no gait aid. It is important that you do not progress in each stage before you are able to walk without a limp.

### **KNEE IMMOBILIZER (BRACE):**

The knee immobilizer is provided for your protection while you regain strength in your leg muscles. Use of the knee immobilizer is dependent on the amount of strength around your knee. It should be worn until you are able to do a straight leg lift with good muscle control.

#### **Night Use:**

- All patients must use the knee immobilizer at night for 2 weeks post-operative to encourage full straightening of the knee.

#### **Day Use:**

- If you were instructed at the hospital to continue using the knee immobilizer when up and moving, please continue to do so. Your post-operative physical therapist will determine when you can stop using the immobilizer with activity.

- If you were instructed at the hospital to no longer use the knee immobilizer when up and moving, you still need to use the knee immobilizer at night for 2 weeks.

### **ICE:**

It is common to experience increased pain, swelling, and stiffness for up to 6 months following knee surgery. Icing can help to decrease pain and swelling, particularly when elevating the leg. Keep ice on your knee for 20 minutes at a time, followed by at minimum 20 minutes without ice. Do not put ice directly against your skin/incision.

### **MEDICATIONS:**

#### **Pain Medications:**

- You can take over the counter Acetaminophen (Tylenol) 1000mg every 8 hours to decrease the amount of stronger pain medication that you are taking. Do not exceed 3000mg per 24-hour period. Do not take with alcohol.
- You will be given a prescription for narcotic pain medications. Please take as directed. These medications are highly addictive and have many unwanted side effects including nausea, constipation, sedation, and confusion. You should take a stool softener while taking narcotic pain medications to help prevent constipation. Do not take narcotic pain medication on an empty stomach or with alcohol. Do not drive while taking narcotic pain medication. If your narcotic pain medication already has Acetaminophen in it (i.e. Percocet/Narco), you need to make sure that you do not exceed the daily limit for Acetaminophen (3000mg per 24-hour period).

**Deep Vein Thrombosis (DVT) Prevention:** After an orthopedic procedure, the patient is at risk for a blood clot, called a DVT, in the leg veins. After discharge you should take one enteric coated aspirin 325 mg (can be obtained over the counter) twice daily for 3 weeks after surgery. **Do not** take this medication in combination with other NSAIDs (ibuprofen, Aleve, naproxen, diclofenac, etc.) If you are on a regular aspirin regimen, that regimen should be stopped for 3 weeks after surgery and then restarted. Please note that some patients may require a stronger blood thinning medication after surgery, in which case further instruction will be given.

#### **Other Medications:**

Stool softener, stool stimulant, laxative: While you are taking a narcotic pain medication you will need to take a stool softener, stool stimulant, laxative or a combination to reduce constipation. These are over the counter medications that can be purchased at a pharmacy. If you have not had a bowel movement 4-6 days after surgery, contact your primary care provider.

### **SURGICAL DRESSING:**

Keep your incision clean and dry. Change the dressing every few days or more frequently if there is significant spotting. **Please call the office to let us know if there is any significant spotting.** Skin staples will be removed at your 2 week post-operative visit.

### **COMPRESSION SOCKS:**

TED stockings placed at the hospital should be used on both legs for at least 2 weeks post operatively. Wear at all times, but can be removed for bathing.

### **SHOWERING/BATHING:**

You may shower if the surgical area is sealed with plastic wrap (i.e. saran or cling wrap) or garbage bag and tape. Remember to keep the incision clean and dry until it is completely healed. It is completely healed when there are no obvious open areas and scabbing. Do not

submerge the incision in a bath, or go swimming in a pool, lake, or ocean until it is completely healed.

### **COMPLICATIONS:**

Note that many of the signs of these complications, like pain, swelling, and warmth can be completely normal in the first few weeks after joint replacement surgery. If you are concerned about any of these symptoms, call us at Western Orthopaedics and we can help you determine if the symptoms you are experiencing are serious or not. There is a physician on call 24 hours a day.

### **Signs of Infection:**

- Fever (101 degrees or above) and chills
- Increased redness, tenderness, heat, or swelling
- Unusual looking drainage (green/yellow)
- Excessive bleeding
- Numbness and tingling of the foot or toes

### **Signs of Blood Clots:**

- Increased swelling and warmth
- Redness in the calf
- Severe pain in the leg or calf
- Shortness of breath
- Chest pain
- Coughing up blood

### **DRIVING:**

Return to driving is based on your ability to operate your vehicle safely and brake appropriately. This means that you:

- Have not taken narcotic pain medication for at least 6 hours prior to driving
- Are able to move your foot quickly from the gas to the brake
- Are able to stomp the brake pedal hard for an emergency stop

Use caution as you begin and practice first in an empty parking lot. Those with left sided surgeries will generally return to driving sooner than those with right sided surgeries if you have an automatic transmission.

### **POST-OPERATIVE APPOINTMENT:**

A follow-up appointment should be scheduled with your surgeon about 2 weeks after surgery. Please call Western Orthopaedics to schedule this appointment. During this appointment you will have staples removed and evaluate your post-operative progress.

### **HOSPITAL DISCHARGE CHECK LIST:**

- Ted Hose
- Knee Immobilizer
- Pain Prescription