

POST-OPERATIVE INSTRUCTIONS AFTER RAPID RECOVERY KNEE REPLACEMENT

PATIENT POST-OPERATIVE INSTRUCTIONS

- Take 10 deep breaths each hour
- Get up and walk at minimum for 5 minutes every hour while awake. This prevents blood clots.
- Use an assist device such as a walker only as needed unless instructed otherwise. It is important to walk and place full weight on your lower extremity to aid in recovery.
- While sitting or lying down, elevate the lower extremity to the level of your heart at all times. This aids in the prevention of swelling and pain.
- Ice the knee for 45 minutes on and 2 hours off with the ice machine every day, all day.
- Please wear thigh high compression hose on both legs for 4 weeks. This prevents lower extremity swelling and pain. If you have difficulty sleeping in these you may take them off at night but please wear while ambulating during the day.
- Sleep in whatever position is comfortable but our recommendation is on back with a pillow under ankle and calf, NOT UNDER KNEE. The knee should be as straight as possible during sleep.
- You may shower upon return to your home. Do not remove the dressing, simply pat it dry after your shower. NO baths, pools, hot-tubs or standing water for 6 weeks.
- If the dressing becomes saturated underneath the adhesive and appears waterlogged, please remove it and apply a dry dressing directly onto the skin. You may put this between the compression hose and skin with no tape.
- If your dressing should come off or be removed for any reason, you have a secondary layer of skin glue mesh (dermabond) beneath the dressing that is waterproof. You may still shower and pat dry but keep a dry dressing on the wound to prevent irritation or contamination. You may put this between the compression hose and skin with no tape.
- A home health nurse will come to your home to assist in your care approximately twice. Should you need any further assistance with wound care or nursing that the physical therapist is unable to provide, please alert the physical therapist and they will help you schedule another nursing appointment at home.
- A home physical therapist will come to your house 5 times within the first 7 days after surgery. After this, we recommend you begin you begin outpatient physical therapy. If you would like, you may opt to continue home physical therapy for one additional week 2-3 times per week.

POST-OPERATIVE MEDICATIONS: YOU ARE IN CONTROL

Scheduled Medications (take as prescribed)

- **Tylenol (Acetaminophen):** This helps with pain control and is a central nervous system modulating medication. Take 2 (500mg each) tablets 3 times daily for 1 month. Do not exceed 3,000mg per day. You will be prescribed 90 tablets with 2 refills.
- **Ultram (Tramadol):** This is a pain medication for the treatment of moderate post-surgical pain. You should take 1-2 tablets (50-100mg) every 8 hours for 3 weeks after surgery. You will be prescribed 60 tablets.
- **Mobic (Meloxicam):** Anti-inflammatory medication that helps in recovery and in reducing your need for other pain medications. Take 1 tablet (15mg) daily for 3 months after surgery. Take this medication with food. You will be prescribed 30 tablets with 3 refills.
- **Neurontin (Gabapentin):** This is a nerve modulating medication that helps with postoperative nerve pain. Take 1 tablet (200mg) every 8 hours for 1 month after surgery. You will be prescribed 90 tablets with no refills.
- **Protonix (Pantoprazole):** Stomach protector. Take one tablet (40mg) daily in the morning to protect your stomach from the other medications on your regimen. You should take this for a period of 3 months after surgery while taking your anti-inflammatory. You will be prescribed 30 tablets with 3 refills.
- **Senna-S (Senna-docusate):** This is a stool softener. Pain medication can often cause constipation so take 2 tablets 2 times daily beginning 2 days prior to surgery and continue taking until you are no longer taking tramadol or Oxycodone. We will prescribe you 30 with 3 refills. If you have loose or runny stools discontinue.
- **Aspirin:** This is to prevent deep vein thrombosis (blood clots). Please take 1 tablet (81mg or “baby aspirin”) 2 times daily for 1 month. 60 tablets will be prescribed to you. If you are already on a blood thinner such as coumadin or eliquis, we will talk about a specific plan with your primary care doctor.

As Needed Medications (PRN)

- **Oxycodone (OxyIR):** Take 1 tablet as needed for pain every 4 hours. Should be essentially around the clock for the first few days. This is most important to take one hour before therapy or home exercise. We will prescribe you 60 tablets with no refills.
- **Zofran (Ondansetron):** This is an anti-nausea medication. Take 1-2 tablets (4mg each) as needed for nausea. We will prescribe you 30 tablets.

IF PAIN NOT CONTROLLED (Do the following step by step)

- First, make sure you have been taking all of your scheduled medications as prescribed
- Rest, Ice, and Elevate the surgical extremity above the level of the heart
- Take an extra Ultram (tramadol). You may take up to 2 tablets or a total of 100mg of Ultram every 8 hours during times of acute pain.
- Take an extra oxycodone (OxyIR). You may take up to 2 tablets or a total of 10mg of oxycodone every 4 hours during times of acute pain.