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**Total Knee Replacement Post-Operative Patient Instructions**

**Incision Care**

If you have a simple gaze and tagederm dressing over your incision, you can remove dressing after 5 days from surgery unless told otherwise by surgical team. After removal of dressing, you are free to shower without covering surgical site. Do not put soap on or scrub in incision site until it fully heals over which takes about 6 weeks.

If you have a special wound vac dressing, please adhere to special instructions from your surgical team while in the hospital. Do not remove or manipulate unless instructed to do so. Please keep wound vac dressing clean and dry.

**Swelling and bruising**

After surgery swelling and bruising of the operative leg is normal and will gradually decrease as the days pass. If activity and exercise worsens your swelling take time to lie down and elevate your leg above the level of your chest, especially for the first two weeks from surgery. Ice packs also help diminish the swelling.

**Ice**

You should place an ice pack over the anterior (front) of the operative knee 3 times a day for 20-30 minutes at a time. You may use an ice pack more frequently if you like. Using ice is most important during the first 2 weeks from surgery.

**Pain relief**

It is normal to have some pain after surgery. We will prescribe enough pain medication to cover you beyond your next office visit. It should be noted that pain medications take about one-half hour to start working, so take them prior to the pain becoming severe. DO NOT drink alcohol while taking prescribed pain medication. It is dangerous and illegal to drive while taking pain medicine. If you need a refill on pain medication before your first scheduled appointment, please call our office during regular office hours. Please provide at least 3-day notice as to when you will be running out of narcotic pain medication

**DVT (Blood Clot) prophylaxis**

You will be prescribed a medication to lower your risk of forming blood clots. This medication is important to take until the prescription is finished. Depending your risk factors for blood clots and prior medical history, these may include Baby Aspirin 81 mg, Xarelto, Eliquis. You will be given instructions and a prescription on which blood thinner you will be taking prior to discharge from the hospital. In addition, being active and performing your exercises properly can minimize your risk.

**Activity**

**Please have your Discharge Nurse List your Weight Bearing Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For the first few weeks after surgery, walk as much as possible without overdoing it. You will be given home exercises to be done on a daily basis. After the initial post-operative phase, we will gradually progress your activities. However, initially, it is extremely important that you exercise your new joint by walking. Remember that exercise and activity is important to prevent the formation of blood clots.

You should work on bending the knee (flexion) by following the exercises you learned from the physical therapist in the hospital. The amount of flexion should be increased by 5-10 degrees each day, with the goal being to achieve 120 degrees of flexion. When not working on bending the knee, you should place a small towel roll or folded pillow behind your Achilles tendon (just above your heel, but not on the heel) to help achieve full extension (straightening). You should do this exercise also 3-4 times per day, for about 30 minutes at a time. **IT IS CRUCIAL THAT THE LEG ACHIEVES FULL EXTENSION DURING THE FIRST 2 WEEKS FROM SURGERY.** Please report to Wilson, Nurse Navigator is this is not achieved.

You may also work on lifting your leg off the table with the knee straight. This is called isometric strengthening. You do not need to use any weights; the weight of your leg itself will help strengthen the quadriceps muscle.

**Assist devices**

You will be discharged from the hospital with a walker, crutches or a cane depending on how well you walk with physical therapy as an inpatient. You will typically use these aids anywhere from a few days to a few weeks and stop using them when you are stable and strong on your feet. Some people who have used these devices for years may require prolonged use for reasons unrelated to the surgery.

**Driving**

You may drive when you have good control over the operative leg, can effectively slam on the breaks if necessary to stop vehicle, and are no longer on narcotic pain medicine.

**Diet**

Typically, with adequate protein intake for promotion of healing, there are no special diet restrictions. Make sure you eat a well-balanced meal, drink plenty of fluids and incorporate fiber into your diet as oral pain medications have a tendency to cause constipation. It is also a good idea to take a stool softener such as Colace daily until your system becomes regular after surgery. If you are prescribed Coumadin, you will be given a separate handout on Coumadin and avoiding foods high in Vitamin K (which can inhibit the Coumadin from working effectively).

**Dental work after joint replacement**

Artificial joints can become infected after simple procedures such as dental cleaning. Preventative treatment is extremely important and should be followed prior to receiving any dental treatment. Please call us, or your dentist ahead of time so that an antibiotic can be prescribed before you have your dental work done. **YOU SHOULD NOT HAVE ELECTIVE DENTAL WORK PERFORMED FOR 3 MONTHS FOLLWING YOUR JOINT REPLACEMENT DUE TO THE INCREASED RISK FOR INFECTION.** If a dental crisis occurs within this time period, please call our office for instructions.

**Post-operative office appointment**

Call Dr. McPherson’s office for a follow-up appointment at **Office # (424) 259-8598**

**Post-operative X-rays**

X-rays are obtained immediately after your surgery in the hospital. You will typically get additional X-rays at your subsequent visits to evaluate the knee replacement components for wear, loosening and other possible abnormalities.

**Outpatient Physical Therapy**

It is your responsibility to find an outpatient physical therapy center that takes your insurance and can schedule you promptly after your surgery. You should have been given a prescription for outpatient physical therapy prior to surgery, please bring that prescription to the outpatient therapy center of your choice as soon as possible because there may be a waitlist for appointments. UCLA has two outpatient therapy centers in Santa Monica and one in Westwood, please call Ortho Nurse Navigator Wilson if you would like to have outpatient physical therapy with UCLA.

**Call the Ortho Nurse Navigator Wilson Phoeng (310) 295-7403 or the office (424) 259-9589 if you notice any of the following:**

Fever above 101° Fahrenheit

Persistent swelling, redness, or uncontrolled pain in the surgical area

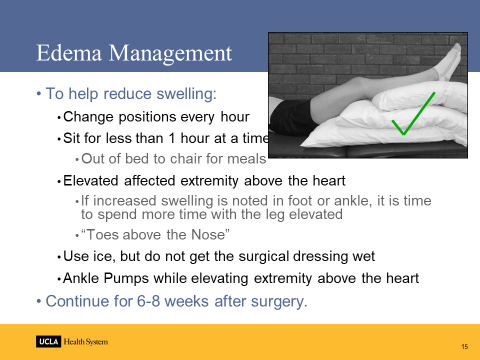
Persistent bleeding or drainage from the wound

Severe calf pain or tenderness

You are unable to do the exercises

**Call 911 if you have a sudden crisis such as symptoms of a heart attack, stroke, dizziness or confusion, or chest discomfort or pain.**

**If you have any questions and concerns about any discharge instructions, recovery process, and rehab please contact Ortho Nurse Navigator - Wilson Phoeng @ (310) 295-7403**

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