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

**Incision Care**

Please remove ace wrap dressing **the day after your surgery at 1PM.**

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You will be sent home with:

* Water proof Aqua Guard dressing that covers your incision dressing
* Extra Mepilex Silver Dressing - change the dressing if adhesive on dressing is coming apart from skin or if there is a drainage greater than 3cm. Please report any drainage to Ortho Nurse Navigator Wilson, you can send pictures to my cell phone number 310-295-7403. Dressings must be kept clean and dry.

You may shower if steady and safe to do so. Use Aqua Guard to cover up your Mepilex Silver Dressing during shower. Once your staples are removed at 1st follow up clinic, you can shower without covering the surgical site incision. You may not take a bath or go swimming until the incision is completely healed (approximately 4-6 weeks).

**ON Q Pain Pump or Nerve Catheter**

You will **remove your catheter 3 days after your surgery at** **8pm**, unless otherwise directed by our pain management team. For example, if your surgery was on Monday, you would remove the nerve catheter on Thursday at 8pm. You may not shower until your nerve catheter has been removed. To remove your catheter, simply peel off the clear bandage then remove the catheter from under your skin. The catheter is a very small plastic tip that sits right under your skin. You do not need to cover the site after the catheter is removed. Please dispose of the entire system into your trash can.

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**Shower**

Once your On-Q Pump is removed, you may shower if steady and safe to do so. Use Aqua Guard to cover up your dressing while showering. If not safe, please sponge bath only. Please keep dressings clean and dry. After removal of dressings, you are free to shower without covering surgical site. Do not scrub the incision site until it fully heals which takes about 6 weeks. Do not submerge surgical site until fully healed (NO baths, pools, or Jacuzzis).

**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. Ice packs also help diminish the swelling.

**Ice**

You should continue to place polar ice machine or ice packs over the knee at least 3 times a day for 20-30 minutes at a time.

**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, typically 6 weeks or otherwise specified by your surgical team. Depending your risk factors for blood clots and prior medical history, these may include Enteric Coated Aspirin 81 mg (please take with food), Xarelto, Eliquis, and/or Coumadin. 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 of forming blood clots.

**If you experience any of the following signs of DVT (blood clot), please call surgeons office or the Ortho Nurse Navigator, Wilson**:

* Severe and constant calf tenderness
* Redness/warmth to calf
* Shortness of breath 

Fever –100-degrees Fahrenheit or greater

**Activity**

For the first few weeks after surgery, walk as much as possible without overdoing it. You are weight bearing as tolerated which means you are allowed to put as much weight on the operative leg as is comfortable. Let pain be a guide, keeping in mind that you just had surgery. 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 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.

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 and are no longer on 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 dental work performed for 3 months following your joint replacement due to the increased risk of infection. If a dental crisis occurs within this time period, please call our office for instructions.

**Post-operative office appointment**

Your first postoperative visit will be approximately 10 days after the surgery. One of our staff members will remove the staples. You will then be seen again at 6 weeks, 12 weeks, 6 months, and then 1 year after surgery. For those that live out of town the typical schedule is 6 weeks, 4 months and 1 year after surgery. Your first post operative visit should be set prior to your surgery.

**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 home health services ends. At your first follow up appointment, you will be given a prescription for outpatient physical therapy, 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) 259-8179 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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