

**Bert J. Thomas, M.D.**

UCLA Department of Orthopaedic Surgery

1225 15th Street, Suite 3145

Santa Monica, CA 90404

Office # (424) 259-9882 / Fax # (424) 259-6599

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

**Incision Care**

You will be sent home with:

* Mepilex Silver Dressing - change the dressing every 5 to 7 days. Please change dressing sooner if adhesive on dressing is coming apart from skin or if there is a drainage greater than the size of a quarter. Dressings must be kept clean and dry.

Prior to having your staples removed, please sponge bathe only. Once your staples are removed by your home health nurse, 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 6 weeks).

**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. Please limit your time sitting in a chair with your foot on the ground to no greater than 1 hour at a time. After an hour of sitting with your foot on the ground, please elevate it or get up and walk.

**Ice**

You should continue to place ice packs over the knee at least 4 times a day for 20-30 minutes at a time. Please ensure that the ice is not too cold on the skin and does not wet your dressing.

**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 as prescribed. Depending on your risk factors for blood clots and prior medical history, you may be prescribed Aspirin, Coumadin, or Xarelto.

If on Coumadin, you will take Coumadin for 14 days as directed. After taking Coumadin for 14 days, you will then take baby Aspirin 81mg for 30 days. If you are prescribed Coumadin, you will need to have labs drawn by your home health RN every Monday and Thursday. Depending on your lab levels, a healthcare provider may call to change the dosage of Coumadin or instruct you to hold off on taking Coumadin. If on Coumadin, please be avoid eating large amounts of foods that are high in vitamin K because vitamin K may lessen Coumadin effectiveness. Some foods that are high in vitamin K include kale, spinach, brussels sprouts, collards, mustard greens, chard, broccoli, asparagus, and green tea. In addition to your medication, being active and performing your exercises properly can minimize your risk of developing blood clots.

**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 use these aids anywhere from a few days to a few weeks and stop using them when instructed by your home or outpatient physical therapist. Some people who have used these devices for years may require prolonged use for reasons unrelated to the surgery.

**Driving**

It is California state law that you cannot operative any motor vehicle while on narcotic pain medications such as Tramadol, Norco, and Oxycodone.

* If you had a right knee replacement, you cannot drive until cleared by Dr. Thomas at your 6 week follow up appointment
* If you had a left knee replacement, you cannot drive until 4 weeks after surgery.
* You must also have no issues with your right leg and can get in and out of a car easily. Your physical therapy can also help to determine your readiness for driving.

**Diet**

If you are on Coumadin, you should limit intake of food high in vitamin K (see examples above).

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.

**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. If dental crisis occurs outside of normal business hours, please ensure that your dentist is aware that you just had joint replacement and that you should be on antibiotics to prevent infection to your new joint.

You will need to be on preventative antibiotics for the first 2 years and then follow up with Dr. Thomas to see if you will have to continue antibiotics before all dental work after 2 years.

**Antibiotic Prophylaxis:**

Although it is very rare, an artificial joint can become infected by the bloodstream carrying infection from another part of the body. Therefore, it is important that your medical doctor treat any bacterial infection (pneumonia, urinary tract infection, and abscess) promptly. Routine colds and flu as well as cuts and bruises do not need to be treated with antibiotics.

Patients should take Amoxicillin: 2 grams by mouth one hour before having any of the following procedures:

* Routine dental cleaning
* All other dental procedures
* Skin biopsy or other Dermatologic procedure that involves cutting into the skin
* Podiatry procedures which involve cutting into the skin
* Colonoscopy, Endoscopy, Cystoscopy (let your doctor who is performing this procedure know ahead of time, they may prefer giving antibiotics intravenously prior to the procedure instead of by mouth)
* Invasive gynecological procedure (let your OB/GYN doctor who is performing this procedure know ahead of time, they may prefer giving antibiotics intravenously prior to the procedure instead of by mouth)

If you are unable to take Amoxicillin (Penicillin allergy) use Clindamycin 600mg by mouth one hour prior to the procedure. If you have allergies to both, please consult your surgical team.

**Post-operative office appointment**

Your first postoperative visit will be approximately 6 weeks after the surgery. You will then be seen again 6 months, and then 1 year after surgery. Your first post-operative visit should be set prior to your surgery. Your home health nurse should remove your staples approximately 2 weeks after 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. 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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