



optimorthopedics

Dr. George Sutherland

Discharge Instructions – Total/Uni Knee Joint Replacement

Your **Follow up Appointment** is scheduled for:

(Date) _____ (Time) _____ (Location) _____

You have been given a script for your **Physical Therapy Appointments**; please call a location of your choice to schedule for the first weekday after returning home.

Medications: Take all medications as directed follow the instructions on the “Pain Medicine” sheet attached. You may be given either a series of shots or oral medication for 12-14 days after surgery to prevent blood clots. The nurses in the hospital should instruct you about these. After the shots/meds are finished you should take Aspirin 325mg by mouth daily for 4 weeks to prevent clots. If you are not prescribed the shots then you are to take Aspirin 325mg by mouth daily to prevent clots for 6 weeks.

Diet and Fluids:

- Eat a well balanced diet to include all of the basic food groups (fruits, vegetables, whole grains, meat and fish)
- Foods rich in Vitamin C and protein will help the healing process
- Drink 6-8 glasses of water to stay hydrated and minimize constipation. Take an over-the-counter stool softener listed on the “Pain Medicine” sheet, if needed.

Hygiene / Wound Care:

- Keep your incision clean and dry. Keep the dressing on the skin intact until follow-up unless it comes off or is saturated with fluid.
- You may shower on _____ (3 days post op), then daily after that.
- Leave your Coverderm dressing on while you shower. Replace if it becomes saturated.
- Do NOT submerge in a tub, pool or hot tub.
- Do NOT apply lotions, ointments or salves to your incision until you have seen Dr. Sutherland at your post-op visit, and he advises that this is ok.
- If you run out of Coverderm, use a ladies' *non-deodorized* panty liner with pad side to the incision and secure with tape.

Activity:

- Do NOT drive until directed by Dr. Sutherland. Usually 4-6 weeks after surgery.
- Elevate your foot above heart level to minimize swelling. Sitting in a recliner is not true elevation, lay flat.
- Place pillow under your ankle and foot when elevating. This allows gravity to straighten the knee, and swelling to reduce.
- Ice 4-5 times daily for 20 minute intervals to minimize swelling and knee pain, you may do this with your Cool Pack given to you in the hospital.
- Do NOT sleep with a pillow behind your knees, you may place a rolled blanket or pillow behind your ankle and foot.
- Wear your compression stockings continuously for 6 weeks; this prevents the chance of blood clots.
- You may wean yourself off your walker as you see fit, as long as you are steady.
- You will attend physical therapy 2-3 times a week for 6-8 weeks.
- Gentle bending of your knee or using a rocking chair throughout the day will increase your range of motion.
- Perform your exercises as instructed by therapy every day.

Complications to Watch for, and Call Sara at (843) 705-9401 if:

- Fever over 101 by mouth
- Pain increasing in intensity rather than decreasing and not relieved by the medication ordered
- Increased redness, warmth, hardness, or pus (creamed color) discharge from your incision
- Excessive knee swelling
- Calf or thigh pain or tenderness with swelling, redness and warmth
- If you experience chest pain, shortness of breath or difficulty breathing call 911

Nerve Block Instructions

Purpose of a Nerve Block:

You have received a nerve block today to provide you with post-op pain control. The nerve block takes away your ability to move the affected limb, feel pressure and sensation to touch, and blocks changes in temperature.

Type of Block given:

Lower Body: Femoral Popliteal Ankle

Pain Control:

You will feel limited movement and sensation in the affected limb from 12-24 hours. (This is an estimate, everyone is different)

When you leave the hospital be sure to have your pain medication filled, and start taking immediately as prescribed. Do not wait for the block to wear off.

If you are having a total joint as an inpatient procedure (staying overnight), your block will have worn off before you leave the hospital.

Activity:

Lower Body- Knees, Ankles, and Feet:

Keep your foot elevated and protected on pillows (do not place under the knee)

If you are allowed to walk after surgery, limit your walking for 24 hours or until full feeling has returned in your leg and foot.

Do not allow anything hot to touch your affected limb. Your ability to sense heat has been diminished because of your nerve block.



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Dr. Sutherland's

PAIN MEDICATION LIST

Primary Pain Medications given after surgery:

-Hydrocodone (Vicodin, Norco, or Lortab)

-Oxycodone (Percocet)

Follow the instructions on the bottle for these given medications. If the medication is not easing your pain as prescribed you may take 1 pill every 4 hours or 2 pills every 6 hours. DO NOT take it more than this, as serious health problems may arise.

If you are not taking a blood thinner or Celebrex, You may also take 2-3 Ibuprofens (Advil or Motrin), 200mg tablets every 4 to 6 hours.

Side effects of Pain Medication:

-Constipation: Take whatever works for you. There are some options below:

- Prune Juice
- Senekot
- Miralax
- Colace or Pericolace

-Nausea: If you were given a prescription for Zofran/ Phenergan, take as prescribed. If you were not given a prescription, call Sara at (843) 705-9401.

For surgeries of larger magnitude, you may have been given Oxycontin (10mg) and Celebrex (200mg).

-Take 1 Celebrex daily. Do not mix Ibuprofen (Advil, Motrin, ext.) if you were given Celebrex.

-If given Oxycontin, take 2 tablets daily (1 in AM, 1 in PM). Do not take more than this as it is a long lasting pain medication. You will only be given 6 pills to last 3 days. If you have pain in between these 2 doses, take the Hydrocodone or Oxycodone as prescribed above.