

Total or Partial Knee Replacement

PLEASE CONTACT THE OFFICE AT **(815) 398-9491** IF YOU DEVELOP ANY OF THE FOLLOWING SYMPTOMS. AFTER 5PM OR ON WEEKENDS, PLEASE REMAIN ON THE LINE UNTIL A REPRESENTATIVE ANSWERS YOUR CALL.

- **Temperature of 101.4 degrees or above**
- **Persistent nausea or vomiting**
- **Severe pain not relieved by your pain medicine**
- **Unexpected redness, excessive bleeding, cloudy drainage**
- **Coldness or paleness of the operative extremity**
- **Prolonged numbness, tingling that lasts more than 24 hours**

Your knee replacement recovery

It would be great to have an exact timeline of how things will go after your knee replacement surgery. But there's no way to know for sure because it depends on a lot of things. Your age and medical history are a few factors that determine your recovery time. How you care for yourself after the surgery also plays an important role. Full recovery takes a year or more, but you'll likely be walking and driving within a few weeks if you follow your provider's recovery plan.

Here's a general idea of what happens after knee replacement.

Immediately after surgery

After your surgery is complete, your team will wheel you to a recovery area. When you wake up, you'll have some pain and grogginess. The type of anesthesia you had will determine how you feel right after surgery. General anesthesia can take longer to wear off than spinal anesthesia with sedation. Either way, you'll likely feel moderate pain in your knee, but your team can help keep it under control.

First few hours after surgery

Your care team will likely have you up and walking around quicker than you might expect. Most patients start physical therapy within four hours after surgery. This is a critical time to get the new knee — and your whole body — moving. If that sounds overwhelming, try not to worry: You'll have help getting around. You'll use a walker and have someone with you to ensure you don't fall. Your physical therapist will also help you gently bend and exercise your knee. You might even get to

sleep in your own bed that night, but this varies from person to person. Most people can go home the same day as their knee replacement, but some need to stay overnight. The goal is for you to be able to go home the same day.

Due to the anesthetic, you have had today, we recommend the following:

1. Have a responsible adult drive you home and remain with you overnight.
2. Expect to be tired for the first 24 hours. Listen to your body and rest as needed.
3. Follow a light diet and drink plenty of fluids.
4. Dizziness is not an unusual side effect the first day.
5. Do not drive.

Healthy Lungs

Use your incentive spirometer as instructed by the post-operative nurse. This will help prevent pneumonia. Take deep breaths and cough throughout the day. Call 911 if sudden or persistent shortness of breath occurs.

Nausea

Nausea and or vomiting after surgery is common and can last up to 72 hours. It is important to follow diet suggestions and take prescribed medication (antibiotics, narcotics, and or anti-inflammatories) with food. Some suggestions to help nausea include keeping pain under control, drinking plenty of fluids, aromatherapy (avoid strong scents), and ginger candy or ginger ale. You will also be given medication to help with nausea and vomiting.

Diet & Nutrition

To promote healing, eat balanced, nutritious meals with adequate calories and protein to enable your body to replenish proteins depleted by surgery and to reduce the risk of complications such as infections or poor wound healing. **Here are some tips to follow before and after surgery:** Drink plenty of fluids and stay hydrated. Increase protein intake to assist with wound healing and muscle health. Eat more fiber to help avoid constipation (often caused by pain medications). Foods that contain fiber include corn, peas, beans, avocados, whole wheat pasta and breads, broccoli, and almonds. Eat foods rich in iron, such as lean red meat, dark green leafy vegetables (Caution if taking Coumadin), fortified cereals, raisins, and prunes. Eat foods high in Vitamin C to help your body absorb iron. Foods that are high in Vitamin C include oranges, cantaloupe, tomatoes, and broccoli. Make sure you are getting enough calcium, which is needed to keep your bones strong. Foods that are high in calcium include milk, cheese, yogurt, dark leafy greens, and fortified cereal. It may be beneficial to prepare and freeze meals in advance so that you have ready-made meals handy.

Work

If you have a desk job with minimal activity, you can return to work in about two weeks. If your job requires heavy lifting or otherwise tough on the knee, it is recommended to take off about six weeks to recover. This can be discussed further with Dr. Pflederer.

Driving

If you had the knee replacement on your non-driving leg replaced, you might be able to drive after two weeks as long as you are not taking narcotic pain medications. But this isn't a hard-and-fast rule for everyone. Before driving, you need to regain your strength and reflexes. You can discuss further at your 2-week post op appointment

Dressing

Keep your incision covered with the dressing that Dr. Pflederer placed on your leg during surgery until you are seen back in the office on your 2-week post op visit. If a wound van was placed after surgery, a 1-week appointment will be scheduled to have it removed and a waterproof dressing will be applied at that time

Blood Clot Prevention

To prevent blood clots, change position frequently and keep your legs active by flexing your thigh muscles and pumping/rotating your ankles 3-4 times daily. Wear compression stocking for the first 2 weeks. Call your doctor if you see any unusual swelling, redness, or tenderness in calves. You will also be taking medication to help prevent blood clots.

What to expect after your surgery:

1 to 2 weeks after surgery

Those first couple of weeks at home are usually the hardest. Your knee will hurt and feel stiff. But bending it is essential for recovery. Oral medications take at least 20-30 minutes to take effect

It's important to regularly bend your knee to regain motion in your joint. As you follow your physical therapy plan, the pain and stiffness will gradually improve.

During this initial healing period, you should:

- Attend all of your physical therapy sessions and perform the exercises at home as instructed.
- Avoid baths or swimming. (Most people can shower if they wear a waterproof dressing on their knee.)

- Elevate your leg when you're sitting to minimize swelling and pain.
- Ice your knee for 20 minutes at a time, several times every day.
- Take pain medications as prescribed to keep your pain managed.
- Use an assistive device, like a walker or cane, to help you walk.

3 to 6 weeks after surgery

As you approach the end of your first month after surgery, you'll probably feel less pain and stiffness. You might still need pain relievers and ice but hang in there — you're taking important steps forward in your recovery.

Many people can start using a cane in place of a walker three to four weeks after surgery. You'll be gaining more strength and motion if you stick with your physical therapy plan. You might also be able to stand for several minutes without assistance.

At this point, you can also likely shower without a waterproof dressing on your knee.

The incisions are usually healed enough for showers by the end of the second week of recovery but continue to avoid baths and swimming or any submerging.

Dental:

- Pre surgical
 - It is okay to have dental cleanings 3-4 weeks prior to your surgery
- Post surgical
 - Dr. Pflederer recommends prophylactic antibiotics before dental procedures or cleaning for the first 2 years after surgery. After this, no antibiotics are required for dental procedures.

Post-Operative Medications

You may not be prescribed all of the medications listed below. Please contact the office with any questions regarding your post-operative medications.

Post Operative Medications: Please note that if you are in need of a medication refill, per Orthollinois policy it can take up to 3 business days for our office to refill. Please plan accordingly.

Pain Control

- **Acetaminophen (Tylenol)**
 - Take 650 mg three times a day (every 8 hours) for pain control. This is your first option for pain control.
- **Celebrex (celecoxib)**
 - 200mg twice a day as prescribed. This medication should be taken with food. You may not receive this medication if you have a history of gastrointestinal bleeding or kidney dysfunction.
- **Meloxicam / Mobic**
 - Take 7.5 mg or 15 mg daily as prescribed. This medication may be given in place of Celebrex. It should be taken with food. You may not receive this medication if you have a history of gastrointestinal bleeding or kidney dysfunction
- **Oxycodone**
 - Take 5 mg as prescribed. This is prescribed for extreme pain.
- **Norco (hydrocodone and acetaminophen)**
 - Take 5/325, 7.5/325, or 10/325mg as prescribed. This is for more severe pain and may be prescribed in place of oxycodone. This medication contains acetaminophen. Do NOT take more than 4,000mg of acetaminophen in a 24 hour period.
- **Tramadol**
 - Take 50mg as prescribed. This medication may be additive or take the place of other pain medications but may not be necessary.
- **Omeprazole**
 - Take 20 mg daily as prescribed. This medication is to prevent stomach upset and ulcers which can occur after surgery while taking other anti-inflammatory medicines.

Blood Clot Prevention

- **Aspirin**
 - Take 81 mg twice a day as prescribed. You will take this medication to help prevent blood clots. You will take this medication for 6 weeks following surgery.
- **Eliquis (apixaban)**
 - Take 2.5mg or 5mg twice a day as prescribed. This medication may take the place of aspirin. We will advise you on how long to take this medication.
- Your anticoagulation plan may include different medications or dosages from listed above. If so, you will be instructed by Dr. Pflederer.

Nausea and Vomiting

• **Zofran (ondansetron)**

- o Take 4mg as prescribed. This medication will help with your nausea and/or vomiting after surgery.

Constipation

• **Senna-S**

- O Take two pills, 8.6-50mg, twice a day as prescribed. This will help prevent constipation. You will only need to take this medication if you are taking narcotics for pain control (oxycodone, Norco, tramadol, etc.).

While taking prescribed pain medications:

- DO NOT drive a vehicle, operate machinery, power tools, or appliances
- DO NOT make personal or business decisions, or sign legal documents
- DO NOT ingest alcohol, tranquilizers, or sleeping pills
- DO NOT exercise, unless given special instructions

Please review your current and new medications listed on the following page. Instructions will be included if any medication should be held or discontinued and for how long.

Medications to Stop Before Surgery

This is a list of medications that have an effect on the blood clotting process. These medications must be avoided 5-14 days prior to surgery. Please contact your prescribing physician for instructions on discontinuing these medications.

Herbal supplements (including tea) and vitamins should also be discontinued 14 days prior to surgery as some of these contain natural blood thinners.

For headaches and other pains, you MAY take Tylenol, according to package directions.

Cilostazol – Pletal	Ketolorac - Toradol
Dabigatran – Pradaxa	Meloxicam

Diclofenac – Arthrotec, Voltaren	Nabumetone - Relafen
Diflunisal - Dolobid	Naproxen – Aleve, Anaprox, Naprosyn
Dipyridamole – Aggrenox	Ocyprozin - Daypro
Etodolac – Lodine	Pentoxifylline - Trental
Fish Oil	Piroxicam - Feldene
Fondaparinux - Arixtra	Soma Compound
Ibuprofen – Advil, Motrin, Midol	Sulindac - Clinoril
Indometacin - Indocin	Vitamin E
Ketoprofen - Orudis	

**If you are currently taking a blood thinner (I.E. Coumadin, Xarelto, Eliquis, Plavix, aspirin) as prescribed by your primary care physician, cardiologist, or hematologist, please contact them for instructions on holding these medications prior to surgery.
DO NOT STOP THESE MEDICATIONS ON YOUR OWN**

Getting Your Skin Ready for Surgery with Hibiclens® (5 Days Prior to Surgery)

1. Shower or bath like usual. Do not shave.
2. Turn off or step out of the stream of water.
3. Wet the clean washcloth
 - a. **Do not apply the soap directly to your face, head, or genital area.**
 - b. Apply Hibiclens® soap to the washcloth and wash from neck to toes.
 - c. Repeat
4. Wait 60 seconds and then rinse your skin. Do not scrub. **Minimal contact to genital area during rinsing is fine.**

5. Blot the skin dry with a clean towel.
6. Do not use lotions, creams, powder, perfume or makeup after the shower or bath.
7. After the night shower- use clean pajamas and clean sheets. **You will do this for 5 days prior to surgery and the morning of surgery.**

Special considerations:

- ⊘ Do not use if you are allergic to chlorhexidine gluconate
- ⊘ If you notice a rash, redness, or itching after using Hibiclens[®]. Do not use it again. When you arrive for surgery, tell your health care team about your reaction.
- ⊘ If you have an ostomy, do not use Hibiclens[®] soap on the skin under your pouching system.