

What You Should Expect After Total Knee Replacement Surgery

Your knee may remain warm to the touch and appear swollen for several months after surgery. This is normal. The swelling may vary as you increase your activity. The skin on the outside of your knee may have some patchy numbness or very sensitive areas. Your knee may click from time to time. This will gradually go away as your leg becomes stronger. All of these signs are normal and will diminish over several months. If you have any doubts about what to expect, please ask your doctor or orthopaedic staff.

Icing: Cryotherapy (icing an injury) has been shown to decrease pain, improve sleep and decrease the need for pain medications. There are many different methods for icing. These can be as simple as putting a bag of ice on the injured area to as complex as using state of the art cold therapy compression devices. If you elected to get a cold therapy device, please refer to the device handout for instructions on proper usage. Ice the knee for 20-30 minutes each hour as needed. This is especially important for the first 48 hours after surgery. Be sure to protect your skin by placing a T-Shirt or cloth between your skin and the cooling unit or icepack.

Warning: any type of cryotherapy can be cold enough to seriously injure the skin. When using cold therapy, inspect the skin at least every 10 minutes. Stop using cold therapy if you experience any adverse reactions, such as: increased pain, burning, blisters, increased redness, discoloration, welts, or skin changes.

Swelling: Keep your leg elevated as much as possible for the first few days after surgery.



Dressing Care: You will leave the hospital with a compressions stocking on your leg and a dressing covering your knee. Unless your orthopaedic surgeon instructs you otherwise, leave the dressing on until it is removed by your orthopaedic surgeon, or physical therapist.

Bearing Weight: After most arthroscopic surgeries, you can walk unassisted but your orthopaedic surgeon may advise you to use crutches, a cane, or a walker for a period of time after surgery. You can gradually put more weight on your leg as your discomfort subsides and you regain strength in your knee.

Bathing/ Showering: Keep the incisions dry until you follow up appointment,

Driving: It is illegal for you to drive if you have any disability or if you are taking narcotic pain medication. You may drive when your leg is pain free and you are not taking narcotic pain medications. This is usually after a four to six weeks.

Medications: Generally you will be prescribed a narcotic pain medication to help relieve discomfort following surgery. Narcotic pain medications are constipating, so it is important that you eat a high fiber diet and drink plenty of water while you are taking them. You can not drive or operate any kind of machinery while taking pain medications. Do not drink alcohol while taking pain medications. It is important to take these medications as directed and only take them as necessary for pain.



Warning Signs: Call your orthopaedic surgeon immediately if you experience any of the following:

- Fever of 101.5° F or higher.
- Chills.
- Persistent warmth or redness around the shoulder.
- Persistent or increased pain.

- Significant swelling in your knee.
- Shortness of breath or chest pain
- Unusual bleeding (some surgical wound drainage is normal)
- Numbness or tingling of the arm or hand

Go to the Emergency Room immediately if you experience any CHEST PAIN or SHORTNESS OF BREATH, as these symptoms can be a sign of a life threatening condition.

Follow-up Appointment: You should have a follow-up appointments to see your surgeon and physical therapist following surgery. Your therapy appointment should be in 2-7 days and your surgeon appointments should be in 10-14 days following surgery. If your follow-up appointments were not previously scheduled please call the office when you get home to make them.

Activity

Activity is a very important part of your recovery. Continue to use your walker, crutches or cane and put as much weight on your operated leg as you can tolerate unless otherwise instructed. Walk as much as you like. When you begin to tire, take it easy and rest. Go up and down stairs at home the way the therapist taught you in the hospital. Remember to go up the steps with your non-operated leg first and down with your operated leg first.

Exercise is an important aspect of successful total knee replacement surgery. You must do your knee exercises routinely, at least twice daily, in order to regain motion in your knee. Remember to work both on bending and straightening of the knee. The physical therapist will review these exercises with you.

It may take several months to gain full confidence and trust with your new knee. The greater your activity, the better you will feel.

Infection Precautions

Prior to any invasive procedure or dental work you should take an antibiotic to decrease the risk of having your knee replacement infected. These antibiotics should be taken one hour prior to surgical procedures, foot work, or dental procedures for the first two years after your knee surgery. Subsequent to two years, your doctor may recommend continuing these infection precautions.

Blood Thinners

Your doctor will want you to continue to take blood thinners to prevent blood clots from forming. Be sure to tell your dentist or any other doctor who may be caring for you that you are on a blood thinner. Report any of the following signs to your doctor:

- Red or brown urine
- Red or black bowel movements (stools)
- Unusual bleeding from any part of the body
- Cuts that will not stop bleeding
- Nosebleeds
- Bruises that increase in size
- Pregnancy
- An unusually heavy monthly period/menstruation
- Bleeding gums

Maintaining Your Total Knee Replacement for Your Lifetime

Exercise Daily

Usual activities such as walking, housekeeping, gardening, driving, and dancing are encouraged. Exercise is important on a regular basis. We recommend low impact activities such as walking, swimming and biking. High impact activities, such as jogging, will reduce the lifespan of your knee replacement and should be avoided as a means of fitness.

Maintain Your Ideal Weight

Increased forces on your knee may lead to wear or loosening; your weight directly correlates with the amount of force on the knee joint.

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Periodic Office Visits

Patients receiving total knee replacement should see their surgeons periodically after surgery. This varies depending on the individual. This follow-up helps diagnose any potential problems which may arise.

**Frequently Asked Questions About Total Knee Replacement
Surgery**

When should I return for my first visit after surgery?

Please call to make your first post-operative visit appointment as soon as you are home. The visit should be at approximately 10-14 days from the date of your surgery.

When will my staples be removed?

If you have staples they are removed approximately 2 weeks from your surgical date. Your surgeon or physical therapist will perform this for you.

Is swelling of my knee, leg, foot, and ankle normal?

Yes, it is normal for your leg to be swollen for several months. To decrease swelling, elevate your leg as often as possible (three to four times a day) and apply ice for 20 minutes each time.

Is it normal to feel numbness around the knee?

Yes, especially on the outer aspect of the knee.

How long will I need to use assistive devices (crutches, walker or a cane)?

You may need some type of assistive device for several months after your surgery. You are allowed to put full weight on your operative leg, unless instructed otherwise by your surgeon. You will use crutches or a walker initially and advance to a cane as quickly as your strength and balance allow (usually 2 to 4 weeks).

May I go outdoors prior to my first follow-up appointment?

Yes, we encourage you to do so.

May I ride or drive in a car prior to my first follow-up appointment?

You should not drive a car, especially if you are taking pain medications. However, you may go in a car as your level of comfort allows.

Initial Exercise Program	
<p>Hamstring Contraction: 10 Repetitions - No movement should occur in this exercise. Lie or sit with your knees bent to about 10 degrees. Pull your heel into the floor, tightening the muscles on the back of your thigh. Hold 5 seconds, then relax. Repeat 10 times.</p>	
<p>Straight Leg Raises: 10 Repetitions - Lie on your back, with uninvolved knee bent, straighten your involved knee. Slowly lift about 6 inches and hold for 5 seconds. Continue lifting in 6-inch increments, hold each time. Reverse the procedure, and return to the starting position. Repeat 10 times. Advanced: Before starting, add weights to your ankle, starting with 1 pound of weight and building up to a maximum of 5 pounds of weight over 4 weeks.</p>	
<p>Buttock Tucks: 10 Repetitions - While lying down on your back, tighten your buttock muscles. Hold tightly for seconds. Repeat 10 times.</p>	