



Timothy L. Tan, M.D.

ORTHOPAEDIC SURGERY

Hip & Knee Specialist

## **PATIENT DISCHARGE INSTRUCTIONS: TOTAL KNEE REPLACEMENT**

### **I know:**

- how to safely get in and out of bed or a chair
- how often and when to do exercises
- how to safely walk up and down stairs
- how to apply ice properly to my incision
- which medications I should and should not take after discharge

### **Weight Bearing Precautions: Weight bearing as tolerated**

## **PLEASE REVIEW THE FOLLOWING WOUND CARE INSTRUCTIONS**

### **WOUND CARE DISCHARGE INSTRUCTIONS KNEE ARTHROPLASTY**

Caring for your knee incision

\* Check your wound (or the area around the dressing if covered) daily for signs of infection. If needed, contact your doctor as noted below.

#### **DRESSING AND WOUND CARE:**

\* Remove your ace wrap and webril (white fluffy material). Leave glue and clear dressing on

\* It is normal to see some (slight) drainage at the top of the dressing the first few days after surgery.

\* If the dressing appears completely wet from drainage or if there is an increasing amount of drainage from the wound over time, contact your surgeon's office for instructions.

\* If your incision gets wet be sure to PAT DRY, or use a blow dryer on COOL setting to air dry.  
**DO NOT RUB YOUR INCISION!**

If you have any concerns about the dressing not covering the wound then try sponge or towel bathing instead.

\* No submersion or swimming until 4 weeks after surgery

\*Follow **one of the three** below instructions based on your wound closure (varies between surgeon/type of procedure) - the hospital staff will mark one of the following:

1. Steri-Strips ONLY or 2. Staples/Sutures ONLY or 3. Steri-Strips over Sutures: \*\*\*

#### **1. IF YOU HAVE DISSOLVABLE SUTURES WITH GLUE:**

\* You may continue to shower, however try to isolate and protect the wound from over saturation of moisture. **There may be a mesh layer that can be removed after 2 weeks (or they will**



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**begin to fall off on their own).** Do **NOT** apply Bacitracin or antibiotic ointment or lotion to the wound or steri strips.

## **\_\_\_\_\_ 2. IF YOU HAVE SUTURES OR STAPLES (ONLY):**

\* At 5 days you can change your dressing but you should keep your wound covered with gauze and tape to keep it protected or apply the extra Tegaderm (waterproof) dressing you were given at discharge (this can also be purchased at most pharmacies) until the sutures or staples are removed (approximately 2-3 weeks).

- While sutures or staples are in the incision they **should NOT get wet**, so keep covered with Tegaderm while showering.

## **\_\_\_\_\_ 3. IF YOU HAVE STERI-STRIPS OVER SUTURES (Usually revision cases):**

\* Follow instructions for #2

### **IF YOU NEED TO CHANGE THE DRESSING**

\* Wash your hands well with soap and water before touching the dressing.

\* Remove the dressing carefully. If you need to, soak the dressing with sterile water or saline to help loosen it.

\* Dry the incision with clean dry gauze. Gently wipe or pat dry.

\* Apply a new dressing the way your doctor or nurse showed you (Tegaderm is preferred but ok to use gauze and paper tape).

### **PETS**

\*Do not allow pets to sleep with you until your wound is completely healed and the stitches/staples are removed.

\*Do not allow pets to lick you or your wounds

\*Cover sofas or chairs with a clean sheet before sitting or lying on them.

\*Wash your hands with soap immediately after touching/petting your pet.

### **SCAR PREVENTION**

\*Once staples or sutures or steri-strips are removed and the skin on the wound is completely closed, you may consider the following tips to minimize incisional scarring:

- Apply Vitamin E oil or aloe vera to lessen scarring
- Over the counter creams may also lessen scarring (i.e. Mederma, Bio-oil)
- Massage out the scar tissue - your physical therapist may be able to guide
- Avoid exposure to the sun for one year as the sun will make the scar prominent

### **DRIVING**

\* You may start driving as soon as 2 weeks postoperatively if you feel safe and able to avoid an accident, react quickly to slam on breaks and exit vehicle. Do NOT drive if you are taking



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narcotic pain medication such as oxycodone (Percocet), hydrocodone (Norco), hydromorphone (Dilaudid), Morphine/MSContin to name a few.

**Contact your doctor/surgeon immediately for any of the following:**

- \* **increased redness, swelling, pain, discharge or warmth around the incision**
- \* **incision opens**
- \* **fluid drains from pin sites or incision**
- \* **foul-smelling discharge from the incision**
- \* **temperature higher than 101F (38.3C)**
- \* **shaking chills**
- \* **severe or increasing pain that does not improve with rest**
- \* **burning or pain with urinating**
- \* **persistent dizziness, not relieved by rest/lying down**
- \* **sudden acute swelling or pain in the calf (Call provider immediately)**
- \* **new shortness of breath/chest pain (GO TO THE EMERGENCY ROOM OR CALL 911)**

**PAIN**

- \* It is normal to have some pain/discomfort at the surgical site during activity and at night for a few weeks
- \* Using an Ice pack for 10-15 minutes may relieve pain at the surgical site.
- \* Take medication as directed by your physician
- \* Rest your hip or knee in a comfortable position as directed by her surgeon
- \* You may be asked to use a pillow for support while sleeping/resting.
- \* Wean off your narcotic pain medication as soon as tolerable.
- \* Check with your caregiver or surgeon if your pain gets worse or does not go away as expected.
- \* **You are given multiple medications for pain control. All the pain medications work in different ways and will provide more relief together than a single medication alone.**

**ADDITIONAL IMPORTANT PAIN MEDICATION INFORMATION**

Usually, your surgical pain will start to improve within 1-2 weeks after your joint replacement surgery. ***As soon as your pain starts to get better, you should begin tapering down on your opiate or narcotic pain medicine (e.g., morphine, oxycodone, hydrocodone, etc.) by either cutting down the number of tablets taken or by stretching out the time between doses. Remaining on narcotic medications longer than 4 week following your surgery can potentially lead to chemical dependence and make it difficult transitioning off these medications.***

For example, you may need to take 2 tablets of a pain medicine every 4-5 hours as needed for the first week after your surgery, but by the second week you may find that you can take only 1 tablet every 4-5 hours and still get adequate pain relief. By the third week, you may find that you can wait 6-8 hours before you need to take another tablet for managing your pain. It is strongly



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recommended that you take the **lowest effective dose that treats your pain symptoms**. If at any time the medicine is making you too sleepy, groggy or causing problems with thinking/concentration, it is time to reduce your dose.

To prevent excess sedation from your pain medicines, it is also recommended that you take them at different times than other drugs that make you drowsy, such as muscle relaxants. It is best to separate the medicines by at least 1-2 hours, if possible.

Store your medications in a secure cool, dry place out of the reach of children or pets. Dispose of them properly when you no longer need them; avoid flushing or placing whole tablets in the trash. Contact your local pharmacy or refer to

<https://archive.epa.gov/region02/capp/web/pdf/ppcpflyer.pdf> for additional information about drug disposal

**If you experience any issues after your discharge, please contact us by phone immediately. We can provide prompt assistance.**

**If you have Medical Questions:**

During business hours (Monday to Friday from 8:00 a.m. to 5:00 p.m.):

- 559-791-6081

**Outside of business hours, please call 559-791-6081 to be connected to the physician on call.**

**If you have Administrative or Scheduling Questions**

To speak with the Practice Coordinator's please call during business hours (Monday to Friday from 8:30 a.m. to 5:00 p.m.):

- 559-791-6081

Hours: Monday to Friday, 8 a.m. – 5 p.m.

**Post-Op Appointments:** Please call the office in order to schedule an appointment, if you do not already have one.

**Medication Refills:**

\*Narcotic refills can now be sent electronically into the pharmacy, but please call at least 72 hours in advance for prescription refills.

Please call early in the week during business hours if you think you will run out of medication over the weekend.



## Exercise Guide for Total Knee Replacement Surgery

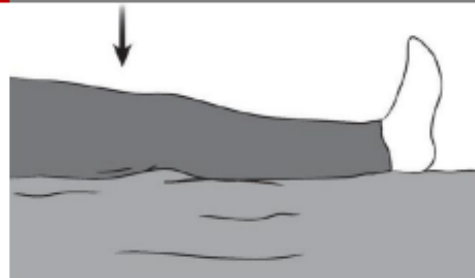
Based on recommendations from  
the **American Academy of Orthopaedic Surgeons (AAOS)**  
orthoinfo.aaos.org

### Early Postoperative Exercises

- ❖ The main goal of these exercises is to strengthen your muscles and to improve the motion of your knee
- ❖ These exercises have the added benefit of increasing the blood flow through your legs that helps to prevent blood clots
- ❖ You may begin as early as right after surgery in the recovery room
- ❖ There will be discomfort in the beginning, but these exercises will help speed up your recovery and will also help with pain
- ❖ **All exercises should be done at least TWICE A DAY – EVERY DAY OF THE WEEK**
- ❖ *If you start to feel pain or tired during a certain exercise: stop, take a break, and switch to a different exercise. You may return to that exercise later when you feel that it is safe to do so.*

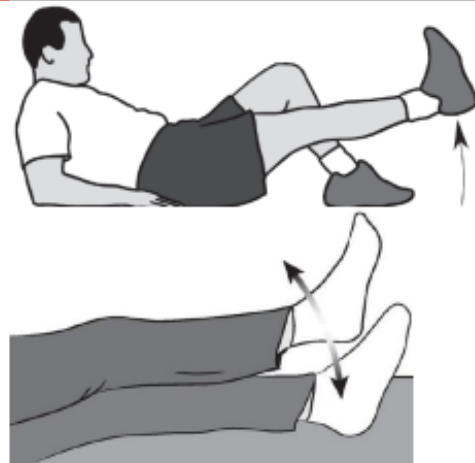
### Quadriceps Sets

- ❖ **Target muscles:** **Quadriceps** – the exercise will be felt at the **front of your thigh**
- ❖ **Equipment needed:** none
- ❖ **Directions:**
  - ▶ Lay down face up
  - ▶ With your surgical leg positioned straight, tighten your thigh muscle to straighten your knee further
  - ▶ Hold for about 5 seconds, relax, and repeat
  - ▶ Switch and repeat for your other leg
- ❖ **Repetitions:** 3 sets of 10 repetitions. Repeat twice a day.



### Straight Leg Raises

- ❖ **Target muscles:** **Quadriceps** and **Hip Flexors** – the exercise will be felt at the **front of your thigh**
- ❖ **Equipment needed:** none
- ❖ **Directions:**
  - ▶ Lay face up on the bed or floor and position your elbows directly under your shoulders to support your upper body
  - ▶ Keep your surgical leg straight and bend your other leg until your foot is flat on the floor
  - ▶ While keeping your surgical leg straight, slowly raise it about 6 inches off from the floor
  - ▶ Hold your leg in this position for 5 seconds, then relax and slowly bring the leg back down to the floor. Repeat.
  - ▶ Switch and repeat for your other leg
- ❖ **Repetitions:** 3 sets of 10 repetitions. Repeat twice a day.



### Ankle Pumps

- ❖ **Target muscles:** **Tibialis anterior** and **gastrocnemius** – the exercise will be felt at both the **front and back of your lower leg**
- ❖ **Equipment needed:** none
- ❖ **Directions:**
  - ▶ Move your foot up and down by tightening your shin and calf muscles, respectively
  - ▶ Switch and repeat for your other leg
- ❖ **Repetitions:** 3 sets of 10 repetitions. Repeat twice a day.





### Knee Bends / Heel Slides

- ❖ **Target muscles:** Hamstrings – the exercise will be felt at the back of your thigh
- ❖ **Equipment needed:** bed and/or chair
- ❖ **Directions:** to be done while **SITTING BEDSIDE OR IN A CHAIR (UNSUPPORTED bends)**
  - ▶ Sit with your thighs supported on the edge (unsupported is in reference to the movement of your surgical leg)
  - ▶ Bend your knee as far as you can until your foot is on the floor
  - ▶ With the foot still resting on the floor, slide your upper body forward to give yourself more room to bend further
  - ▶ Continue to bend your knee further and hold for 5 second or more
  - ▶ Relax and slowly straighten your knee back out. Repeat.
  - ▶ Switch and repeat for your other leg
- ❖ **Repetitions:** 3 sets of 10 repetitions. Repeat twice a day.



### Assisted Knee Bends

- ❖ **Target muscles:** Hamstrings – the exercise will be felt at the back of your thigh
- ❖ **Equipment needed:** towel
- ❖ **Directions:**
  - ▶ Lay down on your back and straighten out your non-surgical leg
  - ▶ Wrap a folded towel over the lower shin of your surgical leg
  - ▶ Bend your knee and gently pull the towel towards to help bend your knee more
  - ▶ Hold for about 5 seconds or more
  - ▶ Slowly release and straighten out your leg. Repeat
  - ▶ Switch and repeat for your other leg
- ❖ **Repetitions:** 3 sets of 10 repetitions. Repeat twice a day.



### Knee Straightening (Sitting)

- ❖ **Target muscles:** Quadriceps – the exercise will be felt at the front of your thigh
- ❖ **Equipment needed:** chair
- ❖ **Directions:**
  - ▶ To be done while sitting on a chair
  - ▶ Tighten your thigh muscle on your surgical leg and straighten your knee out as far as you can
  - ▶ Hold straight for about 5 seconds. Repeat.
  - ▶ Switch and repeat for your other leg
- ❖ **Repetitions:** 3 sets of 10 repetitions. Repeat twice a day.

