OrthoArizona

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Total Knee Arthroplasty Discharge Instructions

Please note that additional answers to frequently asked questions may be found on our website (www.mattrussomd.com) as well as access to detailed information, tips, and exercise therapy videos specific to your timeline both before and after your surgery. You will be provided the password to access this information in the recovery tab at the time your surgery is scheduled in the office.

The #1 rule is no falling. Risk of falls is highest in the first week after surgery. Remember to count to 5 after you stand up before moving anywhere. Use your walker at least for the first week even if you feel like you don't need it.

- SWELLING: You may have swelling and bruising from your thigh all the way to your toes. This is normal. Elevate your legs any time you are sitting or lying down, placing a small bump under the ankle rather than the knee to work on allowing your knee to get fully straight. Walking every hour and doing your exercises will also help strengthen your muscles and resolve swelling. Patients on high dose blood thinners can expect more significant swelling that will gradually improve over the next 3-4 months following surgery but intermittent swelling after knee replacement in all patients can be normal even up to 1 year. Although a bag of ice or frozen peas is typically sufficient, ice machines are also available and should be used for 20 minutes at a time. Additionally, you will be sent home from the hospital or surgery center with a pair of thigh-high (above the knee) compression stockings. Aside from showering, compression stockings should be worn continuously on both legs until your first postop visit at 10-14 days following your surgery. At this point, you may remove the unaffected side but continue wearing the stocking on the surgical leg for a total of 6 weeks following your surgery. Some patients choose to remove the stockings at night if they find them uncomfortable to sleep. You may choose to purchase more comfortable custom stockings prior to your surgery either at our office or at *Sigvaris* located at 8752 East Shea Blvd. Ste 131, Scottsdale, AZ 85260 or at any other retailer as long as the compression rating is between 20-30mmHg.
- PREVENTING BLOOD CLOTS: In addition to the compression stockings and frequent mobilization, Dr. Russo will want you to take 81mg **Enteric-coated Aspirin** twice daily for four weeks following your surgery. Please purchase this on your own over the counter. The first dose can be taken the night of surgery. If you have a history of blood clots or a blood clotting disorder, you will require a stronger blood thinner. If you already take a blood thinner for a different reason, that medication will be continued after surgery. Be sure to clarify with your surgeon and your specific discharge instructions to verify your medications. The combination of Aspirin, compression stockings, walking, and exercise protocols are used to prevent blood clots in your legs and improve your mobility.
- INCISION SITE AND SHOWERING: Your incision is covered by a sterile occlusive dressing called *Pico.* This dressing is a type of wound vac that has a small tube attached from the bandage to a small canister applying a gentle suction to the wound and creating a seal to prevent wound breakdown and enhance healing. This unit will stop working after 14 days and no dressing changes or incision care is needed as the dressing will stay in place until 10-14 days after surgery at your first post-op appointment. The dressing will be covered by the compression stocking mentioned above. For patients with the Polar Care ice system, there is an additional ACE wrap applied to the knee to protect the skin from getting too cold. Before showering, you may disconnect the tubing from the bandage and remove both the ACE wrap and compression stocking, allowing soapy water to run over the bandage. After showering, reconnect your *Pico* tubing and press the orange button. Your compression stocking should then be reapplied overtop the bandage above the knee. Spotting of blood on the *Pico* bandage is normal. Please refer to page 27 of my booklet for more information regarding the *Pico.* **You should not submerge your incision in a bathtub or pool until you are 6 weeks out from your surgery date. Please call the office at (480) 860-1322 if you have increased drainage from the incision site or if the dressing is saturated with blood.**

- DIET: You may eat a regular diet when you get home and drink plenty of fluids. Try to eat a healthy diet of protein, fiber and vegetables. An adult multivitamin is encouraged but please avoid your other supplements for the first week. Iron supplements may help restore your blood reserves as well but will exacerbate constipation. Avoid excessive alcohol intake especially in combination with pain medications and DO NOT SMOKE.
- DRIVING: Right sided surgery will take longer to return to driving. Most patients may safely drive 3 weeks following your surgery. You should not drive while taking narcotic pain medications or if you still require a walker to assist with ambulation.
- ASSISTIVE DEVICES: You may bear weight on your operated leg immediately as tolerated with a walker. Typically this is provided at discharge from the hospital or surgery center but some patients prefer to purchase or borrow their own ahead of time. As you recover and your risk for falls decreases, you will gradually transition to a cane, typically within the first 10 days. Some patients may require longer and often depends on their preoperative level of function and activity level. Please continue with your ambulatory aide if you still feel that you are unstable walking without it.
- PHYSICAL THERAPY: Please arrange your first outpatient physical therapy session to start between 7-10 days following your surgery. You can expect a physical therapist to work with you at the facility prior to your discharge, even if you are going home the same day. You will also be expected to perform exercises at home on your own . You may download an exercise handout or watch the videos by clicking on the recovery tab at www.mattrussomd.com and inputting the password "recovery". On the days you are not going to the physical therapist, please do these exercises at least twice daily and remember to take your pain medication 30 minutes prior to your therapy session and apply ice afterward. Most patients will also be setup with the ROMTech portable connect stationary bicycle. This is an excellent tool for regaining early range of motion and strength. A general goal for range of motion should be 100 degrees by your first postop visit and 120 degrees or greater by your 6 week visit. You should be walking in your home at least every 1-2 hours. You are encouraged to walk outside accompanied by a family member or friend, weather permitting.

- MULTIMODAL PAIN MANAGEMENT STRATEGY: Dr. Russo has participated in extensive research in multimodal pain management strategies following joint replacement surgery. Multimodal refers to our ability to attack the pain pathway from multiple angles, rather than relying solely on narcotics. While in the preoperative bay, you will receive a number of medications designed to trick your body into not sending as many pain signals even before the surgery starts. In addition, both a "cocktail" local infiltration injection as well as an adductor canal nerve block in the thigh will be performed to reduce pain and swelling within the first 24 hours, allowing you to be safely discharged the same day as your procedure. After these injections wear off, the discomfort will certainly worsen. This means that your pain will likely peak within the first 3-4 days following your surgery before it starts to improve. Along with your exercises and frequent motion of the joint to prevent stiffness, please follow the medication formula below to assist with your pain and swelling management after surgery. It is important to stay ahead of the pain during these first few days. **Do not wait until you are in severe pain to take something.** Our research shows waiting too long will significantly decrease your ability to mobilize, thereby increasing your risk of blood clots and other complications as well as taking longer to bring your pain level back under control. Once you determine your individual formula, try to space apart the timing of the different medications to avoid several medications being administered at nearly the same time.

    1. **Tylenol (acetaminophen):** This medication is safe for most all patients even with underlying medical conditions and potentiates with the other medications below in order to improve the effectiveness of the other methods of pain control. It also minimizes the side effects of nausea and constipation by reducing the amount of narcotics needed to control your pain. Tylenol should be taken around the clock for the first 2-3 weeks following your surgery to the max amount of 4,000mg in a 24 hour period. Most patients take either 1000mg (extra strength) every 6-8 hours or 650mg (regular strength) every 4-6 hours. Please be aware that you may also be taking a narcotic pill that contains acetaminophen and therefore some adjustment may be needed to ensure you are not exceeding the 4,000mg limit.

2. **Non-steroidal anti-inflammatory- NSAIDs:** Most common examples are **Celebrex (Celecoxib), Mobic (Meloxicam), Aleve (Naproxen), or Motrin (Ibuprofen).** Do not combine any of the above. Often, either celecoxib or meloxicam will be prescribed, but if your insurance company rejects the medicine or if you find better relief with Aleve or ibuprofen, both are acceptable alternatives. These medications should be taken every 12 hours with food, typically with breakfast and dinner to prevent GI upset. These medicines help to control the pain and swelling associated with your surgery. The dosage may vary based on the patient so be sure to check your discharge instructions. Over the counter Aleve or ibuprofen may follow the instructions on the bottle. **Patients with a history of chronic kidney disease, significant GI ulcer, or allergy to NSAIDs should not take these medications. If you develop stomach pains, please stop these medications as that may be an early sign of a stomach ulcer.** Some patients with a mild history of the above or patients who are taking a high dose blood thinner may benefit from a lower dose and should be discussed in the office.
3. **Norco (Hydrocodone/acetaminophen) or Percocet (Oxycodone/acetaminophen):** One of these stronger narcotic pain medications will be prescribed to help manage the more severe pain over the initial course of your recovery. You should use this medication more frequently (every 4-6 hours) in the early stages of recovery to prevent getting behind the pain, but then wean off as the pain subsides, taking the medication less frequently. This tablet may also be split in half with a pill cutter if only a half-dose is desired. Typically, each tablet contains 325mg of acetaminophen and will need to be factored into your regimen of Tylenol to avoid exceeding the daily limit of 4000mg.
4. **Tramadol (Ultram)** is an opioid-derivative, mild type of narcotic that is sometimes used instead of the stronger medications above if the norco or percocet is too strong or if you are having significant side effects. This medication is not commonly prescribed initially as patients have found that cutting the stronger narcotic tablet into a quarter-size is roughly the equivalent of a whole tramadol pill.

PLEASE NOTE: Common side effects of narcotic medications include nausea/ vomiting, constipation, itchiness, and drowsiness. Please contact the office at (480) 860-1322 when you are running low on your pain medications, especially if you will run out over the weekend. New opioid restriction laws only allow for a limited number of tablets to be prescribed at any time so many patients will need a refill at some point during their recovery. **Please plan ahead and allow the office 2-3 days to process refills.**

5. **Flexeril (Cyclobenzaprine):** This is a muscle relaxant and may be prescribed to provide relief against the muscle spasms and tightness in the thigh that commonly occur following surgery. This medication is not a narcotic but can be taken safely up to three times per day in addition to the above regimen but will increase sleepiness.
6. **Zofran (Ondansetron)** may be given to prevent the side effect of nausea. If you experience nausea while taking the pain medication you may use this for relief. A **Scopolamine patch** is also typically placed on your neck in the preoperative bay to assist with post-operative nausea. Remove the patch the second day after surgery, wash your hands, and avoid touching your eyes after handling the patch as the active ingredient causes your eyes to dilate.
7. **Stool softeners:** Constipation is very common following surgery as a result of the narcotic medicines. All patients are encouraged to purchase **Colace (docusate sodium)** on your own over the counter to be taken twice daily. **Miralax (polyethylene glycol)** is also suggested if you have not had a bowel movement within the first 2 days following surgery. Other tips include drinking plenty of water, increasing fiber intake, and walking frequently.
8. **Gabapentin or Lyrica (pregabalin)** may be prescribed for sleeplessness or nerve pain at your surgeon's discretion. Sleeplessness is a common side effect and is commonplace after the surgery. Symptoms of nerve pain include a tingling or burning sensation distal to or around your incision.
9. **Anti-histamine: Benadryl (diphenhydramine) or Claritin (loratadine)** may be purchased over the counter to improve symptoms of itchiness as well as combat occasional mild intolerance to the adhesive dressing or if you develop a body rash after surgery. This will also help you sleep.