

HIP REPLACEMENT PATIENT HANDOUT

DR. CHRASTIL'S KNEE REPLACEMENT PATIENT HANDOUT

Two-Week Follow-Up Appointment

NORMAL RECOVERY AFTER A KNEE REPLACEMENT SURGERY

- The worst pain is over – the worst pain and swelling occurs within the first 2wks following knee replacement surgery (there will still be pain but you're through the worst)
- Pain, bruising, swelling, stiffness around the knee will persist for several weeks following surgery
- Your knee will feel warm for a minimum of 3 months but can be warm to touch for a full year
- You will have good days & bad days. Some day-to-day setbacks are NORMAL.
- You will continue to see substantial improvements over the next few months
- Everyone has numbness around their incision, this will improve but there will always be some level of numbness on the outside aspect of your incision. This is normal.
- The average recovery times for knee replacement surgery:
 - 80% recovered at 3 months, 90% at 6 months, 100% at 1 to 1½ years.

TWO-WEEK MEDICATIONS

- **Anti-inflammatories:** Meloxicam or Celebrex. Important to continue to take these medications if you are able. (occasionally because of allergies, kidney function, etc you may not have been prescribed these medications). Take meloxicam once a day or Celebrex twice daily for a total of 6 weeks. These medications decrease inflammation around the knee improving pain and range of motion.
- **Pain medications:** The need for these (oxycodone, hydrocodone, hydromorphone) should be decreasing and you should start thinking about tapering down. Start by either slowing increasing the duration between dosing or by decreasing the number (1 at a time instead of 2, etc)
- **Blood Thinners:** You should continue your Aspirin for 30 days so *another* 2 more weeks then you may stop. If you are on something other than Aspirin discuss with the team your anticoagulation plan
- **Tylenol:** You should still be taking Tylenol with your Anti-inflammatory at this point. You make still be taking 650mg every 6 hours but do not exceed 3000mg acetaminophen in 24 hours.
- **Constipation medications:** You should still be taking your Senna-S if you are still taking pain medications. You can taper off of these when you are tapering off of your pain regimen

PHYSICAL THERAPY:

- You should have already seen your therapist. If you have not yet seen a therapist please let us know ASAP as physical therapy is crucial to the success of your knee replacement.
- You should be doing your "Home Exercise Program" **DAILY** as the daily home exercises are even more important than the face to face therapy. You should be pushing your range of motion in both flexion and extension to the point of discomfort but not severe pain.
- Start trying to get back to some more "normal" activities around home and work routines

RANGE OF MOTION GOALS:

- Definitions: Extension = how much you can straighten the knee
- Definitions: Flexion = how much you can bend your knee
- Expected range of motion and you or your therapist should contact your surgeon if questions
 - 0-3 weeks: 5 degrees of extension to 90 degrees of flexion
 - 3-6 weeks: 0 degrees of extension to 100 degrees of flexion
 - 6-12 weeks: -5 – 0 degrees of extension to 110 or 120 degrees of flexion
 - 12+ weeks: your ultimate range of motion will vary depending on preoperative range of motion and adherence to the rehabilitation program.

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WHAT SHOULD I LOOK OUT FOR AND WHEN SHOULD I CALL?

- Wound drainage: Call if your incision ever drains more than a drop or two of fluid
- New onset calf pain or swelling in leg that does not somewhat resolve with leg elevation
- Any medical concerns like chest pain, shortness of breath, dizziness, etc.

SURGICAL INCISION CARE:

- You may shower and get the incision wet with soap and water, then pat it dry with a towel
- Do not soak your incision under water in a bath tub, hot tub, or pool for 6 weeks
- Do not use lotions, Vitamin E oils, or other ointments on your incision until 6 weeks from surgery

SWELLING CONTROL:

- Swelling is normal for 3 months out from surgery but may last up to a full year. Swelling will improve with time. Some additional modalities for swelling control includes continued icing and elevating the leg when able especially in the evenings.

ARE THERE PHYSICAL RESTRICTIONS?

- No formal physical restrictions following your replacement unless specified by your surgeon.
- You may advance activities as you and your new knee tolerates

WHEN CAN I DRIVE?

- Your surgeon or PA cannot tell you when you can operate a vehicle safely. Ultimately this is your decision. Some general guidelines are as follows:
 - You should be off all prescription level pain medications
 - You should not be using a walker or wheelchair to ambulate
 - First start off driving in traffic-free areas like an empty parking lot moving your foot from gas to break as see if you feel like you can do this safely

RETURN TO WORK:

- Most patients return to work sometime between 2 and 8 weeks after surgery. The exact date depends upon job type, physical demands of your job, pain levels, needs and desires to return to work. Your surgeon will support returns when you feel reasonable but may not exceed 3 months

TRAVEL:

- No formal travel restrictions following surgery but we do recommend you move and walk around during travel to avoid blood clots and stiffening

DENTAL APPOINTMENTS:

- We recommend you avoid routine dental appointments for 12 weeks after surgery
- Antibiotics not needed unless you are immunocompromised or there is a dental infection

YOUR NEXT APPOINTMENT WILL BE IN 4 TO 5 WEEKS:

- We will obtain radiographs at that time
- We will be communicating with your therapists and checking range of motion at that time
- We will be working on continued tapering of pain medications so at 6 weeks out from surgery you will require these medications very infrequently