

Craig S. Mauro, MD
Discharge Instructions
Knee Arthroplasty

A successful recovery after knee arthroplasty includes controlling swelling and discomfort, healing, regaining normal range of motion of the knee joint, regaining strength in the muscles around the knee joint, and gradually returning to preoperative activities. The following instructions are intended as a guide to help you achieve these individual goals and thereby recover as quickly as possible after your knee surgery.

A. Comfort:

Although surgery uses only a few small incisions around the knee joint, swelling and discomfort can be present. To minimize discomfort, please do the following:

1. **Ice:** Ice controls swelling and discomfort by slowing down the circulation in your knee. Use the EZ Wrap or place crushed ice in plastic bag over your knee 4-6 times every day for no more than 20 minutes at a time. Once the initial dressing has been removed, place a thin towel between your skin and the ice.
2. **Elevation:** Elevate your knee and ankle above the level of your heart. The best position is lying down with two pillows lengthwise under your entire leg. This should be done for the first several days after surgery, especially if you notice swelling in your leg or foot.
3. **Combo Unit:** You may have been given a Combo/TENS Unit for pain control following surgery. You have been given instructions and a protocol with the unit. Use on the IF (Interferential Mode) until seen at your first postoperative visit.
4. **Pain Medication:** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
5. **Sleeping:** You may sleep in any position that is comfortable. Avoid using a pillow behind the knee while sleeping. Elevate your entire leg on pillows for comfort. If you have a postoperative knee brace, you must sleep with the brace on.

B. Medication:

You have been given prescriptions for pain medication and a stool softener to take after surgery. Depending on your medical history and the type of surgery performed, you may or may not be given a prescription for an anti-inflammatory medication or a medication to prevent a blood clot. Please let Dr. Mauro know if you have an allergy or sensitivity to any of these medications.

1. **Pain Relief:** Percocet (oxycodone/acetaminophen) 5/325mg, 1-2 tablets every 4-6 hours as needed for pain
2. **Stool Softener:** Colace (docusate sodium) 100mg, 1 capsule twice a day as needed for constipation while taking pain medication
3. **Blood Clot (DVT) Prevention:** This medication may be Coumadin (warfarin) or Lovenox (enoxaparin) injection. If you have been given a prescription for one of these medications, DO NOT take Aspirin or any other anti-inflammatory medications.

C. Eating:

1. Your first few meals after surgery should include light, easily digestible foods and plenty of liquids.

2. Some people experience slight nausea as a temporary reaction to anesthesia.

D. Activities:

1. **Weight-bearing:** You are allowed to put all of your weight on your operative leg as tolerated within the limits of pain. Two crutches or a walker should be used until directed to discontinue by Dr. Mauro.
2. **Exercises:** Home exercises should be done at least 3 times each day (15 repetitions of each exercise at each session). You will be given an instruction sheet with photos explaining the exercises you should perform. Exercises must be done while sitting or lying down. You should begin your exercises on the day after surgery.
3. **CPM:** (Continuous Passive Motion Machine) Some surgery requires the use of a Continuous Passive Motion (CPM) machine. If a CPM has been prescribed, start the day after your surgery. This machine will be set at 30°. Motion on the machine should be increased at 10-15° per day or as much as tolerated, to a maximum of 110° in one week. The machine should be used 6 hours per day (i.e. 2 hours in the morning, 2 hours in the afternoon and 2 hours in the evening). Use of the machine will continue for 1-2 weeks, or until maximum flexion of the machine is reached (110°). Do not wear the leg brace or cooling device while using the CPM machine.
4. **Physical Therapy:** Physical therapy begins in the hospital the day after your surgery and continues once you are home. Depending on your ability to ambulate, you may have a home therapist arranged for you by the hospital prior to discharge. You should begin outpatient physical therapy as soon as possible. You will be given a prescription and instructions for therapy at the time of your operation. Please take these with you to your first therapy session.
5. **Combo Unit:** You may have been given a Combo Unit for muscle stimulation following surgery. You have been given instructions and a protocol with the unit. During your first postoperative visit Dr. Mauro will advise you when to begin using this unit on EMS Mode (Electrical Stimulation Mode). Inform your physical therapist that you have this device.
6. **Return to Work/School:** Your ability to return to work depends on your level of discomfort and how much demand your job puts on your knee and leg. If you have any questions, please discuss them with Dr. Mauro.
7. **Athletic Activities:** Athletic activities such as throwing, lifting, swimming, bicycling, jogging, running, and stop-and-go sports should be avoided until cleared by Dr. Mauro.
8. **Driving:** Driving is NOT permitted until after your first postoperative visit and may not be permitted for 6-8 weeks following right knee surgery.
9. **Antibiotic Prophylaxis:** Having a joint replacement requires you to take antibiotics prior to all future procedures that may cause bleeding. These procedures include dental cleanings, dental procedures, surgical procedures, colonoscopies or endoscopies. Notify your physician or dentist prior to any procedure so antibiotic treatment can be initiated

E. Wound Care:

1. Keep the dressing on, clean, and dry for the first full day after surgery.
2. Remove the dressing on the second day after surgery. You may have steri-strips (small white tape on the skin) over your incision(s). These steri-strips must be left in place until the first office visit. Apply a dry dressing of sterile 4x4 gauze and tape. The sterile 4x4 gauze may be purchased at your local pharmacy. Apply a new dry dressing each day.

3. You may shower 5 days after surgery covering your incision(s) with plastic wrap. Apply a new dry dressing after showering.
4. Tub bathing, swimming, and soaking should be avoided for two weeks after surgery.

F. Call Dr. Mauro If:

1. Pain persists or worsens in the first few days after surgery.
2. You note excessive redness of wounds and surrounding area, or drainage of cloudy or bloody material from the wounds. (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to Dr. Mauro.
3. You have a fever greater than 101°.
4. You have pain, swelling, or redness in your knee, leg, calf, or foot.
5. You have numbness or weakness in your knee, leg, calf, or foot.
6. You have any questions or concerns at any time.

G. Return to the Office:

Your first office appointment should be within the first 7-10 days after your surgery. Call Dr. Mauro's office to make your first postoperative appointment if it was not already made.

Your first postoperative appointment with Dr. Mauro is: _____