What to expect in the first week

- It is perfectly normal within the first few days to start to experience slightly increased pain and swelling. During the surgery, I inject the soft tissues around the knee with a series of medications that helps to reduce pain after surgery. While extremely helpful with post-operative pain control, is does begin to wear off 1-3 days after the surgery. So it is expected and normal that you will feel slightly more discomfort/pain. It is therefore important to stay on top of the oral pain medications that have been prescribed to you.

  - Tylenol Extra Strength 1000mg every 8 hours
    - This is found over the counter
  - Celebrex 200mg or 400mg daily
    - Anti-inflammatory will use for 30 days
  - Norco 5/325mg one to two tables every 4-6 hours as needed
    - Narcotic for break through pain
  - Tramadol 50mg every 6 hours as needed
    - Pain medication
  - Aspirin 325mg twice daily
    - Blood Clot prevention, use for 30 days.
    - This is found over the counter
  - Protonix 40mg daily
    - To be used with high dose aspirin daily
  - Keflex 500mg
    - Antibiotic
    - Used three times a day for 5 days
  - Dexamathasone 4mg
    - One tablet every 6 hours for the first 24 hours
    - Use for post operative inflammation
  - Zofran 4mg
    - Take 1 tablet every 6-8 hours for nausea

- If you have an allergy or intolerance to one or more of the above, your prescription profile may be slightly different.

How to deal with swelling
It is extremely important to use the compression stocking for nearly the entire day. They can be removed for showers, changing clothes, and to give the skin a break for a few hours. The rest of the time they should be worn. I like for patients to wear the stockings for a period of 4 weeks after the surgery. Perhaps more than any other modality, these simple devices are the most helpful in decreasing overall swelling.

Elevating the leg above the level of heart, particularly while sleeping, also helps with swelling. This can be accomplished with the use of a few pillows underneath the leg.

Ice bag or a cold pack to the knee 3 to 4 times daily for 15-20 minutes. Do not allow the wound to get wet. In some cases, patients may use a polar care ice machine as well.

**Incision Care**

As long as the dressing is not soiled, I like for the original dressing to be on for **one week** prior to changing. You can take a shower with this dressing. Do not rub the area. Let the water bead off, and pat dry.

If the dressing is soiled/moist, change it with a fresh, clean 4x4 gauze covered with a clear tape like bandage (tegaderm).

After one week, you can remove the original dressing. I do like you to keep it covered while showering however for a period of 3-4 weeks.

If you have staples, they should be removed at 2 weeks. If you do not have staples, then there is nothing to remove as the sutures are dissolvable.

**Activities**

You are allowed to put all of your weight on your operative leg. Do this within the limits of pain. Two crutches or a walker should be used initially, and then weaned down to a cane and eventually nothing at all. Everybody heals at different rates. DO NOT compare you progress to others. For some, it may be a few months before they can go without an assistive device.

You can walk as much as you’re comfortable. There are no restrictions. However, if you are experiencing pain, LISTEN TO YOUR BODY AND STOP!
- **How to reduce the risk of blood clots**
  - For most patients, I want them to take an ASA 325mg twice daily for one month. When using high dose aspirin, recommendation is to use protonix or some sort of GI prophylaxis to prevent ulcers. In addition, the compression stockings are effective at keeping your venous system flowing and less congested. Lastly, daily exercises such as walking, and pumping your calves/ankles helps.

- **Physical Therapy**
  - You will be able to begin therapy as an outpatient. We will provide you with a prescription for therapy. You are able to begin therapy the day after surgery.
  - If your surgery is performed at Sibley Memorial Hospital, and you go home the same day, we will set up home physical therapy for you.

- **Other Medications (optional)**
  - In addition to the above pain medications, I like for patients to take Vitron C tablets (over the counter) two times daily. This will help reconstitute your blood volume, as all patients invariably lose some blood during surgery.
  - Bowel Regimen: All of the above pain medications and iron tablets, in addition to the fact that you're not as mobile as you are used to means you will likely experience constipation. It is important to drink plenty of water daily, and I would recommend taking Colace/Senna, one tablet 2-3 daily. This is an over the counter medication as well.

- **Follow up**
  - Outpatient surgeries:
    - For outpatient partial knee replacements, I like to see you back in the office 1 week after surgery
    - If you do not have staples, I like to see patients back in the office approximately 1 month from surgery. If you do have staples, I like to see you at 2 weeks to have staples removed.
  - Call **301-657-9876** for an appointment. At that office visit x-rays will be taken, the wound will be examined, and certain medications will be discontinued. Other follow up visits will be at 4 months from the surgery date and then one year from the surgery date. After that, I like to see patients every few years for routine follow up.
• **When to call the doctor**
  
  - Sudden increase in pain
  - Uncontrolled nausea or vomiting
  - Inability to bear weight/walk
  - Fever greater than 101
  - Shortness of breath or chest pain
  - If you have to change the dressing more than twice before your one week follow up appointment due to drainage