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PATIENT INSTRUCTIONS FOLLOWING TOTAL KNEE REPLACEMENT/REVISION

Diet:

You may resume your normal diet. It is important to maintain a healthy, balanced diet. Include plenty of fluids and fiber, as pain medicines tender cause constipation.

Medications

- **Pain Medications:** A written prescription for pain medicine has been provided to you upon hospital discharge. Your goal should be to gradually decrease the use of pain medicine over the next 4-6 weeks. Take your pain medicine with food to avoid stomach discomfort.
- **Constipation:** To avoid constipation, taken over-the-counter stool softeners such as docusate sodium or Senna S twice daily and Miralax laxative once daily while on pain medication. If the combination does not alleviate your symptoms after 3 days, use a rectal suppository such as Dulcolax.
- **Blood Clot Prevention:** You will be prescribed a medication to prevent blood clot formation after surgery. Usually, this is a baby Aspirin 81 mg twice a day but will vary depending on risk factors. You must take this medication for at least 30 days.

- You may additionally be prescribed an oral steroid to take for a short period of time after your discharge and/or Celebrex. Please take these medicines as directed and call with any questions. You should avoid any additional anti-inflammatory medications such as ibuprofen, aleve, diclofenac, etc... For a period of 2-4 weeks after surgery.
- In some cases, an antibiotic will be prescribed to you for a period of 7-10 days, take as directed.

Activity

- **Rest periods:** Gradually increase activity on a daily basis. The amount of time you spend out of bed and the number and distance of your walks should gradually increase each day.
- **Exercises:** Performing your exercise program 2 times per day, following the instructions given to you by your Hospital physical therapist and as directed in the joint class and by the Joint Center. To gain full extension (straightening) of the leg, it is important to continue elevating her heel on a pillow, coffee table, or chair 2 times per day for at least 30 minutes.
- **Icing:** Ice your knee 2-3 times per day for 15-20 minutes, especially following activity such as physical therapy. Wrap ice pack in a towel or pillowcase so icepack is not directly on your skin. You may use anything cold: Ice, frozen veggie bags, polar ice machine, etc.
- **Weightbearing:** You may put as much weight as is comfortable on your operative leg with activity. Use a walker or crutches while walking until you are comfortable and

confident to advance. At that time, it is advised to use a cane until you're able to comfortably apply full weight to the operated leg.

- **Home physical therapy (PT):** Therapy has already been set up for you at home or as an outpatient by the joint center. If therapy is not established within 2-3 days after your discharge, please call the office.
- **Impact loading:** Low impact activities such as golf, stationary bicycling, and slow dancing may begin in 6 weeks, while swimming is allowed at 3 weeks after surgery. All activities involving quick starts and stops, or impact loading, should be avoided to lower your risk of early loosening of the prosthesis.
- **Bathing:** Because it is difficult to get in and out of a bathtub, we recommend using a shower for bathing. A shower stall with a low entry step is recommended. You may use a high stool in the shower if there is space. You may shower without covering your incision. No creams or ointments on the incision until after you are seen after 1 month follow-up. No soaking in a bathtub, pool, Jacuzzi, etc. for 4 weeks.
- **Wound care:** Your incision may be warm, itchy, and slightly red for several weeks after surgery. Excessive redness, soreness, or drainage from the incision area should be reported to our office. You **do not** have to cover your incision if Dermabond is used or if you have a waterproof dressing. Simply shower, cleansed the incision, and pat the incision lightly with a clean towel to dry. No creams or ointments on the incision for 4 weeks. If an Aquacel waterproof dressing is used, you may shower with the dressing on, and remove it at home 7 days after your surgery and may then leave it open to air and then shower normally.

If you have an incisional wound vac:

Prevena Wound Vac Instructions:

- Leave wound vac on until 7 days after surgery, then remove.
- After removal, throw the entire system away, including pump.
- Be sure to plug in your wound vac at night (if you have the Prevena Plus 125 Pump).
- You may shower with wound vac in place; keep pump outside the shower and dry
- After removal of wound vac, keep incision covered with clean/dry dressing, replace as needed; **IF SHOWERING, cover incision with waterproof dressing until sutures/staples are removed 2-3 weeks post-op**
- * Please call our Prevena representative with any questions or concerns about your wound vac (317-225-9859)

- **Driving:** You should not drive until you are given permission. While you are traveling as a passenger for the first 3-4 weeks following surgery, it is advised that you get out of the car at least hourly and take a short walk.
 - **Returning to work:** The decision to return to work will be based on the type of work he do, your physical stamina, and whether you have other medical conditions. Recommend that you avoid making any major changes in her work or retirement plans until you recovery is complete.

Common Problems

- *Leg and ankle swelling:* You may have some swelling in your operated leg that should gradually decrease. If swelling occurs, lie down, elevating your legs, and rest.
- *Pain:* Pain may be a result of overactivity. When you are in pain, sit or lie down, elevating your legs, and rest. If the pain does not subside, take the pain medication

prescribed for you. Pain is a protective mechanism that helps to prevent over-usage and should not be ignored.

Return appointments:

You are scheduled to see Dr. Huang for a follow-up appointment in 3-4 weeks, if any questions, please call the office to confirm.

Call our office at 765-776-3100 If you have:

- Temperature of 101° or higher
- Drainage from your incision
- Increasing redness around her incision
- Increasing pain around the incision, and relieved by pain medication
- Excessive calf or thigh pain and swelling that does not go away with elevation and rest

Your primary physician should be called for non-orthopedic medical conditions, such as diabetes, heart, and lung conditions.

ANTIBIOTIC PROPHYLAXIS AFTER TOTAL JOINT REPLACEMENT

For protection against the remote possibility of blood borne bacteria, carried from the mouth during a dental procedure, creating an infection in a total joint replacement, a combined task force of American Academy of Orthopedic Surgeons and the American Dental Association has made the following guideline recommendations:

Following total joint replacement, all patients are advised to take an antibiotic regimen for the following dental procedures FOR LIFETIME THERAPY:

- Prophylactic cleaning of teeth or implants
- Intraligamentous local anesthetic injections
- Periodontal procedures
- Root canal procedures
- Dental extractions
- Dental implant procedures
- Implementation of avulsed teeth
- Initial placement of orthodontic bands

The recommended antibiotic regimen (if not allergic to penicillin) is amoxicillin, cephalexin (e.g. Keflex), or cephadrine two (2.0) grams orally 1 hour prior to the dental procedure.

For patients with a penicillin allergy, the recommended antibiotic is clindamycin (Cleocin) 600 mg orally 1 hour prior to the dental procedure

Antibiotic prophylaxis is not warranted for dental procedures for patients with previously placed orthopedic pins, plates or screws.

The above recommendations are considered minimum guidelines. Your doctor and/or dentist are responsible for making individual treatment recommendations to you based on their clinical judgment.