

Total Knee Arthroplasty Postoperative Homecare Instructions

Anesthesia can alter your thought process. Please do not make important decisions, sign legal documents, drive, or drink alcohol for 24-48 hours after anesthesia.

Questions | Concerns

- Call UTHA ASC at 512-232-7347 during office hours (Mon-Fri 7:00am -3:30pm)
- Call UTHA Clinic at 833-882-2737 during after-hours,
- After hours on-call provider can be reached at 512-940-9218

NEW MEDICATIONS PRESCRIBED: We will send an electronic prescription to your pharmacy.

BLOOD THINNER: You are at risk for forming blood clots after surgery. The best thing you can do to prevent a blood clot is to walk frequently. You have also been prescribed the following medication (check one):

- Aspirin 81 mg**, take one tablet twice a day with food (breakfast and dinner) for 35 days after surgery

OR

- Elliquis 2.5 mg (apixaban)**, take one tablet twice a day for 14 days after surgery; AFTER finishing Elliquis, start taking aspirin 81mg, one tablet twice a day with food (breakfast and dinner) for an additional 21 days

OR

- Lovenox (enoxaparin) 40mg**, take as prescribed on the medication bottle

OR

- Xarelto (rivaroxaban) 10 mg**, take as prescribed on the medication bottle

SCHEDULED PAIN AND SWELLING MEDICATIONS: These are to be taken every day as written on the medication bottle.

- Meloxicam 15mg**, take one tablet once a day with food for 14 days after surgery

- Tylenol 500 mg**, take one OR two tablets every 8 hours (three times total per day) for 14 days after surgery.

NARCOTIC PAIN MEDICATIONS: Opioids or narcotics are effective at pain management but can have multiple side effects including nausea, vomiting, confusion and constipation. These medications are to be taken as needed for severe pain. If you run out and need more pain medications, we will prescribe a *different* medicine. We expect you to be off all pain medicines by 4-6 weeks after your surgery.

- Oxycodone 5mg tablet**, take one tablet up to every 6 hours (no more than four times total per day) as needed for severe pain

STOOL SOFTNERS: These medications can be purchased over the counter at most pharmacies.

Use while taking opioids / narcotic pain medications:

- Miralax 17g**, take once per day as prescribed on medication package

Optional (if Miralax alone is not effective while taking opioids / narcotics):

- Colace 100 mg**, take one tablet twice a day with 8 ounces of water
- Doculax Suppositories 10mg**, take as prescribed on medication package

OTHER MEDICATIONS: _____

USUAL DAILY MEDICATIONS: Please resume your previously prescribed medications after surgery. If you have any questions regarding these medications or need a refill, please contact your prescribing physician.

PAIN PUMP CATHETER:

- Please refer to the US Anesthesia and Partners form you should have received for instructions on how to take care of the catheter. If you have any questions regarding your pain pump, please contact US Anesthesia and Partners directly at 512-748-0188.

BANDAGES:

- **Keep the Mepilex bandage in place until your 2-week follow-up appointment**
- Do not be alarmed if the bandages are wet or bloody. If the original bandage becomes more than 50% soiled BEFORE your 2-week follow-up appointment, remove it, and replace with the extra Mepilex bandage we have provided.
- If the second Mepilex dressing becomes more than 50% soiled, replace it with the gauze and tape we have provided as often as needed (usually daily) to keep the incision clean and dry. Please contact our clinic if the drainage does not decrease after several changes.

BATHING:

- **For personal hygiene you may shower** or sponge bathe after your surgery. The Mepilex bandage is waterproof. However, try to avoid direct water contact. You may wrap the knee with saran wrap to protect the surgical site while showering. If the bandage opens or becomes dirty, you may replace it with the new Mepilex that has been provided to you.
- **DO NOT submerge your incision in water** (for instance hot tubs, bathtubs, or pools).

ICE:

- **Ice bags or packs should be used for 20-30 minutes** at a time at least every 4 hours and up to every hour for swelling. You CANNOT ice too much.
- Be sure to protect your skin from frostbite with a washcloth, towel, or ace wrap between the ice bag/pack and your skin.

ELEVATION:

- **Keep your leg elevated whenever possible.**
- When sitting or lying down, try to have your knee higher than the level of your heart.
- **DO NOT place anything underneath your knee.** This will cause your knee to remain in a flexed (bent) position, and it will become increasingly difficult to extend (straighten) your knee. Instead, place pillows or rolled towels underneath your calf or heel.

ACTIVITY RESTRICTIONS:

- You may perform all activities as tolerated without restrictions.
- However, **do not lift anything heavier than a gallon of milk** for the first few weeks after surgery.

ANTIEMBOLI HOSE:

- **Wear the Antiemboli hose (stockings) to reduce leg swelling** until your 2-week follow-up unless instructed otherwise.
- Please remove the stockings for at least one hour per day to rest your skin.

DIET AND HYDRATION:

- **Resume a regular, well-balanced diet after surgery.**
- Be sure you have adequate hydration, calories, and protein to promote healing.

NAUSEA AND VOMITING:

- **Nausea and vomiting are common after surgery.**
- Proper pain relief is important. However, both pain itself and some pain-relieving medicines can contribute to nausea. Do not take pain medications on an empty stomach.
- Taking slow, deep breaths can help to reduce nausea.
- Avoid foods that are spicy, fried, or high in fat for 24 hours after surgery.
- It is much easier to relieve the feeling of nausea before it becomes severe. Be sure to call your surgeon if you experience unrelenting nausea (nausea which keeps you from eating or drinking) or persistent vomiting.

DRIVING:

- Do not drive until you are off Narcotic pain medicine and have been re-evaluated at your first post-op visit.
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PHYSICAL THERAPY:

- See supplemental physical therapy exercises handout titled Post Op TKA.
- You should start outpatient Physical therapy within 5-7 days after your surgery.

FOLLOW-UP APPOINTMENTS:

- Your 2-week postoperative appointment will likely be via telemedicine.
 - Your 6-week postoperative appointment will be in-person.
 - These visits should have been scheduled at the time when your surgery was scheduled.
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Notes:

******* IMPORTANT CONTACT INFORMATION *******

- **PHONE CALL CHECK-INS:** The hospital and other members of our Joint Replacement Team will be calling you the day after your surgery. Please be sure to answer your phone from numbers you do not recognize.
- **QUESTIONS:** Please contact the clinic at [833-882-2737](tel:833-882-2737) (8am-5pm). If you require *urgent* help after business hours, an on-call provider can be reached at [512-940-9218](tel:512-940-9218).
- **PAIN PUMP CATHETER QUESTIONS:** For questions or concerns about your catheter, please contact US Anesthesia and Partners at [512-748-0188](tel:512-748-0188).
- **IN CASE OF EMERGENCY:** If you have an *urgent* issue



ANKLE PUMPS

Bend your foot up and down at your ankle joint as shown.

Perform 10 reps of ankle pumps every 1-2 hours.

Repeat 10 Times

Hold 1 Second

Complete 1 Set

Perform 8 Times a Day



SUPINE HEEL SLIDES - AAROM

While lying on your back place a belt, towel, strap or bed sheet around your foot and start by pulling with your arms to bend your knee into a bent position. Then allow your knee to straighten back out to starting position and repeat.

Repeat 15 Times

Hold 3 Seconds

Complete 2 Sets

Perform 3 Times a Day



SEATED HEEL SLIDES

While in a seated position and foot forward and rested on the floor, slowly slide your foot closer towards you.

Hold a gentle stretch and then return foot forward to original position.

Repeat 15 Times

Hold 3 Seconds

Complete 2 Sets

Perform 3 Times a Day



QUAD SET WITH TOWEL UNDER HEEL

While lying or sitting with a small towel roll under your ankle, tighten your top thigh muscle to press the back of your knee downward towards the ground.

Perform 10 reps of either version of a quad set every 1-2

hours. Repeat 10 Times

Hold 3 Seconds

Complete 1 Set

Perform 8 Times a Day



QUAD SET - KNEE EXTENSION STRETCH - SEATED

While sitting, tighten your top thigh muscle to press the back of your knee downward towards the ground.

You should feel a gentle stretch in the back of your knee.

Perform 10 reps of either version of a quad set every 1-2 hours.

Repeat 10 Times

Hold 3 Seconds

Complete 1 Set

Perform 8 Times a Day



KNEE EXTENSION STRETCH - PROPPED

While seated, prop your foot up on another chair and allow gravity to stretch your knee towards a more straightened position.

Perform 10 minute sessions with leg propped in this position. Can apply an ice pack wrapped in a towel to the knee. Do Not place a pillow under the knee.

Repeat 1 Time

Hold 10 Minutes

Complete 1 Set

Perform 3 Times a Day

Frequently Asked Questions

1. Do I need an implant identification card for flying?

No. Airports no longer require identification cards for implants.

2. Can I get a dental procedure after my surgery? Would I need prophylactic antibiotics beforehand?

Yes, you may have dental procedures after your surgery, and you do not require antibiotics.

3. Do I have any activity restrictions?

No. You may participate in all activities as tolerated. You may fully bear weight on your surgical leg.

4. When can I drive?

There is no specific time when you may begin driving. You must be off all narcotic pain medications (e.g., hydrocodone and oxycodone). You must feel safe and qualified to drive. When you feel able to do so, please begin driving with someone in the car.

5. Is swelling normal after surgery?

Yes. Swelling is normal. It can occur variably for several weeks after your surgery.

6. *For knee replacements:* My pain pump catheter is not delivering medication, or my pain pump catheter was accidentally pulled out. What do I do?

This does occur accidentally in some patients with movement. Make sure to take your oral pain medications. You may contact the anesthesia team for further advice or questions at 512-748-0188.

7. I am going to run out of pain medication. What do I do?

Contact our office at 833-882-2737. Please allow 2-3 days for refills to be processed.

8. I get nauseous after taking my pain medications. What do I do?

Contact our clinic at 833-882-2737 if you continue to have severe nausea and vomiting that prevents you from eating or drinking. After business hours, please contact our on-call provider at 512-940-9218.

9. Can I shower?

Yes. You may shower. The bandage is waterproof. Please avoid fully submerging the surgical site underwater. If the bandage opens or becomes dirty, you may replace it with the new bandage that has been provided to you.

10. Can I put ointments on the wound?

Please do not place any ointments directly onto the wound without discussing with your care team. This will usually be discussed at your 2-week follow-up appointment.

11. I have not had a bowel movement since surgery. What do I do?

Please take the prescribed laxative (Miralax) once or twice daily until bowel movements occur. If you still have no bowel movement after three days, please contact our clinic at 833-882-2737. An enema may be required.

12. When can I return to work?

You must be off all narcotic pain medications before returning to work. Most patients may return 6 weeks after surgery, depending on the type of work. This will be discussed at your 2-week and 6-week follow-up appointments.

13. I am having a hard time sleeping. Is that normal?

Yes, some patients may experience a period of insomnia following surgery. This will improve with time. You may try Sleepy Time Tea as needed or contact our office at 833-882-2737 if you need further assistance.

14. This is my second hip/knee replacement. The first one was not as painful. Is something wrong?

No. It is normal to experience different amounts of pain with your second surgery.

15. Can I take off my anti-emboli hose?

Yes, for short periods of time. We recommend you take it off at least one hour per day to let the skin rest. However, we recommend you wear the hose frequently until your 2-week follow-up.

16. Can I stop taking my aspirin if my pain is controlled?

Aspirin is not for pain control in this situation. Aspirin is used to prevent clotting. Please take all new medications as prescribed.

17. I am experiencing fever after surgery. Is that normal?

Yes, you may experience a low-grade fever (up to 101.5 degrees Fahrenheit) after surgery. If your fever is greater than 101.5 degrees *and* it does not decrease within 2-3 hours after using Tylenol please contact our clinic at 1-833-882-2737. After business hours contact our on-call provider at 1-512-940-9218.

Using a walker

It is important to start walking soon after a leg injury or surgery. But you will need support while your leg is healing. A walker can give you support as you start to walk again.

There are many types of walkers.

- Some walkers have no wheels, 2 wheels, or 4 wheels.
- You can also get a walker with brakes, a carrying basket, and a sitting bench.
- Any walker you use should be easy to fold so that you can transport it easily.
- Your surgeon or physical therapist will help you choose the type of walker that is best for you.

Walker Basics

1. If your walker has wheels, you will push it forward to move forward. If your walker does not have wheels, then you will need to lift it and place it in front of you to move forward.
2. All 4 tips or wheels on your walker need to be on the ground before you put your weight on it.
3. Look forward when you are walking, not down at your feet.
4. Use a chair with armrests to make sitting and standing easier.
5. Make sure your walker has been adjusted to your height. The handles should be at the level of your hips. Your elbows should be slightly bent when you hold the handles.
6. Ask your health care provider for help if you are having problems using your walker.

How to Walk with Your Walker

Follow these steps to walk with your walker:

1. Push or lift your walker a few inches, or a few centimeters, or an arm's length in front of you.
2. Make sure all 4 tips or wheels of your walker are touching the ground before taking a step.
3. **Step forward with your weak leg first. If you had surgery on both legs, start with the leg that feels weaker.**
4. Then step forward with your other leg, placing it in front of the weaker leg.

Repeat steps 1 through 4 to move forward. Go slowly and walk with good posture, keeping your back straight.

Going from Sitting to Standing

Follow these steps when you get up from a sitting position:

1. Place the walker in front of you with the open side facing you.
2. Make sure all 4 tips or wheels of your walker are touching the ground.
3. Lean slightly forward and use your arms to help you stand up. Do not pull on or tilt the walker to help you stand up. Use the chair armrests or handrails if they are available. Ask for help if you need it.
4. Grab the handles of the walker.
5. You may need to take a step forward to stand up straight.
6. Before starting to walk, stand until you feel steady and are ready to move forward.

Going from Standing to Sitting

Follow these steps when you sit down:

1. Back up to your chair, bed, or toilet until the seat touches the back of your legs.
2. Make sure all 4 tips or wheels of your walker are touching the ground.
3. Reach back with one hand and grab the armrest, bed, or toilet behind you. If you had surgery on both legs, reach back with one hand, then the other hand.
4. Lean forward and move your weaker leg forward (the leg you had surgery on).
5. Slowly sit down and then slide back into position.

Stepping Up or Down a Step or Curb

When you go up or down stairs:

1. Place your walker on the step or curb in front of you if you are going up. Place it beneath the step or curb if you are going down.
2. Make sure all four tips or wheels are touching the ground.
3. To go up, step up with your strong leg first. Place all your weight on the walker and bring your weaker leg up to the step or curb. To go down, step down with your weaker leg first. Place all your weight on the walker. Bring your strong leg down next to your weaker leg.

Safety Tips

When walking, start with your weaker leg. If you had surgery, this is the leg you had surgery on.

When going up a step or curb, start with your stronger leg. When going down a step or curb, start with the weaker leg: **"Up with the good, down with the bad."**

Keep space between you and your walker, and keep your toes inside your walker. Stepping too close to the front or tips or wheels may make you lose your balance.

Make changes around your house to prevent falls:

- Make sure any loose rugs, rug corners that stick up, or cords are secured to the ground so you do not trip or get tangled in them.
- Remove clutter and keep your floors clean and dry.
- Wear shoes or slippers with rubber or other non-skid soles. Do not wear shoes with heels or leather soles.
- Check the tips and wheels of your walker daily and replace them if they are worn. You can get replacements at your medical supply store or local drug store.
- Attach a small bag or basket to your walker to hold small items so that you can keep both hands on your walker.
- Do not try to use stairs and escalators unless a physical therapist has trained you how to use them with your walker.

Walker Reference:

<https://medlineplus.gov/ency/patientinstructions/000342.htm>

Patient | Patient's Representative Signature: _____ Date _____ Time _____

Pre-Operative Nurse Signature: _____ Date _____ Time _____

Post-Operative Nurse Signature: _____ Date _____ Time _____