



Orthopaedic Specialists of Scottsdale

DISCHARGE INSTRUCTIONS AFTER PARTIAL KNEE REPLACEMENT

Activity: Weight-bearing “as tolerated” is allowed immediately after your surgery. We recommend using crutches or a walker for the first 5-7 days following surgery. As your knee feels more comfortable, you may transition to a cane for walking support. You may stop using the cane or crutches/walker once you can walk comfortably without a limp. Begin gently bending your knee the night of surgery. Leg elevation, ice and exercise will help reduce swelling in your knee, speed your recovery, and prevent muscle weakness in the long run. Plan to avoid demanding or strenuous activities for at least 3 weeks after surgery.

Dressings: Your incision will be covered with a clear PICO wound vac dressing after surgery. The knee will also be wrapped with an ACE wrap. Keeping your knee wrapped with the Ace wrap is recommended to control swelling during the first 10-14 days after surgery. The incision used for partial knee replacement surgery is approximately four to five inches long. Showering is permitted 24 hours after surgery. Soaking the wound is not recommended for an additional three weeks- **NO** swimming, hot tubs, or tubs baths.

Wound care: It is important to monitor your wound for any signs of infection. These signs include: increased redness, swelling, warmth, or drainage from the wound. You should also watch for other signs of possible infection, such as fever (greater than 38.5° C or 101° F) or chills. If any of these symptoms occur, you should notify your surgeon.

Aspirin: Aspirin is usually recommended for four weeks following surgery to reduce the risk of blood clots. You should take enteric-coated Aspirin (EC ASA) 325 mg, once a day starting the night of surgery. This medication, when used in conjunction with exercise, will maintain good circulation in your legs and reduce the risk of blood clots.

Pain Control: One of the most important factors influencing the outcome of your rehabilitation is pain management. You will have incisional and muscle pain, which is normal. Regular use of Extra-strength Tylenol is recommended for the first 7-10 days. This is usually combined with Mobic or Celebrex, as an anti-inflammatory medication- to be taken with food. You will be given a prescription for pain medication (usually Oxycodone) after surgery. Use this only as needed. It is common to have swelling and discomfort for three to six weeks after surgery. The pain medication is provided to maintain appropriate level of pain control. You will not be able to perform required activities effectively if you anticipate pain or are in too much pain. Office policy does require 72 hours notice for refill of any medication.

Narcotic pain medications (for example, Oxycodone, Norco, Tylenol #3, or Percocet) can all cause constipation as a side effect. Make sure to drink adequate fluids to keep well-hydrated. You may need to use a stool softener, as well as a laxative to ensure appropriate bowel movements. These are available over-the-counter.

Ice: Elevation and icing of the knee is extremely helpful to control both pain and swelling. Ice the operated knee for 20 minutes at least four times a day for the first two to three weeks. After that, ice the knee if the knee is still swollen or you still have pain. Please refer to the specific icing instruction sheet that you have been given.

Physical Therapy: Post-operative physical therapy is routinely recommended following your surgery. Arrangements are usually made prior to your surgery for either out-patient therapy or home health therapy. If this has not been arranged previously, please let us know right away.

Work: Plan to take 1-3 weeks off from work. You can resume work once you are comfortable- this will obviously be influenced by the type of work that you do.

Follow-up: Your post-operative follow-up appointment will be scheduled prior to surgery (usually about 7 days after surgery). Please contact the office if you need confirmation of your appointment.

Each patient will respond and recover from surgery at their own pace. While it is informative and useful to “compare notes” with a friend, relative or colleague who has also undergone partial knee replacement surgery, please do not place undue importance on keeping up with them. Remember that each patient’s problem and surgery is unique. If you encounter specific problems, please call the office as soon as possible.