

After Knee Replacement Surgery

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After Knee Replacement Surgery, your surgeon would like you to know what precautions you should take, and what is expected.

1) *Pain Medication:* If possible, Knee Replacement Surgery is performed with epidural anesthesia. This is similar to a spinal, but the small catheter inserted is outside the space with the spinal nerves. This is used for the surgery, but more importantly, it is used for pain relief for 2 days thereafter. Pain is minimized when little or none present immediately after surgery. Patients usually take narcotics for the first few weeks after surgery. After this, narcotics should be used sparingly. This improves the effectiveness, and ensures that you will not become physically dependent on . Your physician will give you enough pain medicine to last through your first post-op visit. This is usually 10 to 14 days after surgery. At that time narcotics should only necessary for sleep, or Physical Therapy.

2) *Wound Care:* Prior to suture removal, wash *around* the incision site. Change the dressing every few days with dry sterile gauze. A long compressive TED hose holds the dressing in place, and should be left on until the swelling has ceased to be a problem in the lower extremity. After the first week, the hose is not required at night because the leg is elevated to chest level in this position. The more you walk or stand, the more you will find the TED Hose helpful for comfort. Pain relief is aided by ice bags applied to the knee. Keep the knee dry by placing a towel between the ice bag and your skin. After suture removal, you may shower, but do not scrub the surgical site. Let the water run off, and blot the skin dry. When you come to the office, your sutures will be removed; steri-strips will be reapplied if as reinforcement. Do not soak in a bath or pool or enter sea water until at least one week *after* your stitches are removed. You can then treat the area without special consideration.

3) *DVT Prophylaxis:* Coumadin is used to protect you from getting a Blood Clot in your leg. The dose will be adjusted if necessary. This is done by checking your bleeding time twice a week at home or rehabilitation. You may take anti-inflammatory medication (Motrin, etc) only after Coumadin has been discontinued. Anti-inflammatories will decrease inflammation in the knee and help lower your need for analgesics.

4) *Physical Therapy:* Rapid return of motion is important early after surgery. In the knee, it is important to place a rolled towel beneath your *ankle* to maintain extension. *Do not place a pillow behind your knee while you sleep or rest.* This will encourage the knee to become stuck in a flexed position, and may be difficult to overcome. If you are having trouble, especially in maintaining full extension, please call the office. In this case we may get a Dynamic Splint to help the knee stay straight. A CPM (Continuous Passive Motion) Machine is used to increase motion of the knee. This should be used all night when at home or while at Rehabilitation. It should run at the slowest speed from 5 degrees of hyperextension to increasing flexion by 10 degrees more each day. When you have reached 90 degrees of flexion, the machine use can be discontinued. You can weight bear as comfort allows after surgery. Use a walker or Canadian Crutches to ensure safe ambulation. Motion, strength and ambulation should be supervised by a Physical Therapist. This will begin either where you go for Rehabilitation or at home with a Home Therapist. As soon as you are able, you should go to Out Patient Therapy if transportation can be arranged. If you have access to an exercise bicycle, and a Velcro ankle weight, then you may also work on your motion and strength on your own. This should begin as a continuation of your hospital therapy, rehabilitation stay, or home therapy.

5) *Contact:* If you develop increasing pain, fever, chills or drainage, please contact us immediately. If this is after office hours, please listen carefully to the prompts, so we may return your call

Compliments of: Sports Medicine, Orthopaedics and Podiatry

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