After Knee Replacement

Jack Goldstein, M.D.

After Knee Replacement Surgery, I would like you to know what precautions you should take, and what to expect. 1) Pain Medication: If possible, Knee Replacement Surgery is performed with epidural anesthesia or femoral block as an aid to pain relief. Pain is minimized when little is present immediately after surgery. Patients usually take narcotics for the first week or two after surgery. After this, narcotics should be used sparingly. This improves effectiveness, and ensures that you will not become physically dependent. Narcotics should be used primarily at night to rest, and Physical Therapy as pain decreases. 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 runoff, 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, pool or the ocean 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. Physical Therapy: Rapid return of motion is important early after surgery. Place a pillow behind your ankle, not behind the 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 put on a Dynamic Splint to maintain extension. 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 may begin with a Home Therapist. As soon as you are able, you should go to outpatient therapy if transportation can be arranged. If you have access to an exercise bicycle, and a Velcro ankle weight, your motion and strength can begin at home on your own. This should begin as a continuation of your hospital therapy, rehabilitation stay, or home therapy. 5) Contact me: If you develop increasing pain, fever, chills or drainage, please contact us immediately.

Compliments of: Sports Medicine and Orthopaedics 400 Massasoit Ave,
Suite 200 East Providence, RI 401-383-7753 www.sportsmedcenter.com