PROLIANCE
ORTHOPEDIC ASSOCIATES
SPORTS MEDICINE

POST-OPERATIVE INSTRUCTIONS

Partial Knee Replacement

Day of Surgery

You will work with Physical Therapy on the day of surgery in the recovery area. They will ensure that you are able to get up from a chair, walk with a walker, put weight on your leg, and feel comfortable walking.

Once home, the main goal on the day of surgery is to prevent swelling and pain and proactively start the recovery process by working on your range of motion. Icing and elevation are the best modalities to help with swelling. When lying in bed or on the couch, put a pillow under the calf so that the knee stays elevated and straight (not a pillow under the knee that causes the knee to bend). The Ice Machine can then be applied to the knee directly over the dressing. Avoid sitting in a normal seated position with your leg down the first day as having the leg down will increase swelling and pain.

The second goal of your early recovery is to make sure the leg can easily straighten. This is done by supporting the calf with a pillow as you elevate the leg to ensure that the knee is forced straight (see images on the last page). When resting, your leg should be in this position. Getting your leg fully straight is a critical part of a properly functioning knee and you will start working on this immediately after surgery.

The third goal of your recovery is to work on flexion of the knee. When you're not resting, elevating, and icing, you should start working on bending the knee as far as pain allows. You can do this in a seated position or lying down using a towel or your hands to pull the knee in bent as far as pain and swelling allow. The knee will feel very tight initially, but will loosen up with time as you work on bending and flexing the knee.

The Day after Surgery until Visit:

The goals today are to:

1. **Continue to ice and elevate the knee.**
2. **Continue to work on extension and flexion of the knee.**
3. **Work on strengthening with the assigned strength exercises and walking.**

Continue with icing and elevating throughout the day, similar to the day of surgery. Your knee will be very stiff in the morning and range of motion will be more challenging than it was on the day of surgery. Start with small motions and increase the range until you have at least 90 degrees of flexion and can get the knee straight.

Getting your quadriceps strength back after surgery is important. The quad exercises to perform after surgery are "quad sets" and "straight leg raises." See images on the last page.

- **Quad Sets:** With the leg straight try and tighten and contract your quads. This is accomplished by attempting to straighten your leg as much as possible or by trying to lift your leg straight up. You should feel the muscles on the front of your thigh contract. Try this on your non-operative leg first to get a sense of what contracting your quads feels like. When you contract the quads, hold for 6 to 10 seconds and then relax. Repeat frequently throughout the day in sets of 10.
- **Straight leg raise:** With your leg straight, try and lift it straight up in the air about 6 to 12 inches. At first you may not be able to this exercise, but over time your strength will return. Hold for 10 seconds and repeat

Sleeping: It is nice to support the leg with pillows so that it remains elevated slightly as you sleep. Sleeping is often disrupted for the first 4 to 8 weeks after surgery, so develop a routine with icing, pain medication, anti-inflammatory medications, and sleeping position that works for you and allows you to fall asleep and stay asleep. This takes effort, but forming a routine is helpful.

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Walking

In the beginning, walk using the walker and put full weight on the operative leg. The time that you need the walker will be variable – some patients only use it for a day and some others need it for 2 to 3 weeks. Use the walker until you feel safe, comfortable, and confident putting full weight on the operative leg. Most people will stop using the walker in the house after a few days, but will continue to use the walker when leaving the house and walking outside. Once you feel confident, you can transition to the cane. The cane is most effective in the hand opposite your surgical leg, but some people find it more comfortable on the operative side.

Frequently Asked Questions

- **Weight bearing**: You can put your full weight on the operative leg, but initially you will need a walker and then a cane. Once you feel safe, comfortable, and confident you can stop using the assistance of the walker and then the cane. For longer trips out of the house, many patients find the walker helpful for a couple of weeks.
- **Physical therapy**: This should start within 1 to 5 days of surgery. You will be given a prescription outlining the physical therapy needed and the physical therapist will be in direct communication with your physician regarding your progress. Take pain medications prior to your session if you anticipate having pain with motion.
- **Surgical incisions/bandages:** After 5 days from surgery, you can remove the outer dressing which will expose the deeper mesh dressing. This mesh dressing is called Prineo and will stay on for at least a couple of weeks. It keeps the incisions sterile and reinforces the stitches that are under the skin. Please see the attached "Prineo Instructions" to learn more about caring for the mesh dressing over the next few weeks.
- **Showering:** The top dressing is waterproof and you can shower immediately after surgery. If the top dressing gets soaked through or water leaks under the dressing, just take it off. This is not a problem as you have another waterproof mesh dressing underneath. Do not submerge the knee in a bath, pool, or hot tub until 4 weeks after surgery. Upon completing your shower pat the knee thoroughly dry.
- **Driving:** If the surgery is on your right leg, it will likely be 4 to 6 weeks until you can drive safely. If the surgery is on your left leg, you may drive sooner but you must be off all narcotics and feel safe driving as required by law. On either leg, there is no set timeline and it is not up to your surgical team to release you to drive. The rule is that you must be a safe and "unimpaired" driver. Surgery causes impairment just like drinking, so you must use your best judgement as you return to driving.
- **Work:** You may return to sedentary work typically after 4 to 6 weeks and more strenuous work after 6 to 8 weeks. At your first post-operative visit we can collectively reassess a return to work timeframe. You will still need to ice and elevate your leg as much as possible to prevent swelling when you return to work.

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Medications

Here is a list of medications you will be prescribed. The list is a little overwhelming but each medication has a purpose. **One important note: all medications are "take as needed" EXCEPT for the Aspirin for 4 weeks after surgery and the one dose of antibiotics.**

Mandatory Medications

Aspirin: Take one tablet, two times a day with food for 4 weeks. This medication is used as a blood thinner to prevent blood clot formation. Take this medication until it has been completed. After 4 weeks, if you typically take a daily baby aspirin you may now return to this regimen. If you do not typically take aspirin you may stop this medication.

Keflex (cephalexin): If you are not allergic, this is the preferred antibiotic after surgery. You just take one dose of 4 tablets one time after surgery to decrease the risk of post-surgical infection. You do not need any additional antibiotics.

"As Needed" Medications

Narcotic Pain Medication (Oxycodone or Hydromorphone or Hydrocodone): This medication should be taken "as needed for pain". Please follow the instructions on the bottle for frequency and number of tablets to take. After the first couple of days of acute pain, our goal is a rating of 6 out of 10 or less on the pain scale WITH medication. Pain is important in the healing process and "zero pain" should not be the expectation. If you are having minimal pain, try and get off this medicine as soon as possible.

Vistaril (Hydroxyzine): This medication works with the narcotic to provide a better pain relieving effect You can take it with the narcotic and wean off the medication along with the narcotic.

Anti-Inflammatory (Mobic or Naproxen): This medication helps reduce the inflammation that leads to pain and swelling. It is good to take this medication as long as you have swelling or pain in the knee. You can stop taking this medication as the pain and swelling get better, but most people find it beneficial to continue it for at least 6 weeks after surgery. Take as needed and always take with food.

Senna: This is to help with constipation due to the narcotics. Most people take them until their first bowel movement but you can continue if you have a history of constipation. See below under "Miscellaneous Information" for other constipation strategies.

Zofran (ondansetron): If you have a history of nausea and vomiting we may prescribe Zofran to help. Anesthesia and pain medications can both cause nausea and vomiting and this medication helps to decrease this risk.

Tylenol (acetaminophen): You will NOT be prescribed Tylenol, but you can take over-the-counter Tylenol to complement the other pain medications. This can be combined with the prescribed anti-inflammatory and narcotic medication and is very effective for pain control. The maximum amount you can take is 3 grams or 3,000 mg per day.

Pain and the use of pain medications can be minimized by many proven techniques:

Ice, elevation, and anti-inflammatory medications *are helpful as discussed above.*

Mindfulness meditation *has been proven to help with pain control. Go to* ***www.mindfulness-for-pain.mindful.org*** *for information, research, and guided meditations.*

Listening to music *has been shown to lower pain levels and the need for narcotic pain medication use after surgery.*

Acceptance that pain is a part of surgery and healing*. The body identifies areas of pain as those areas needing blood flow and energy for healing and this is part of recovery.*

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Frequently Asked Questions

- **There may be some bleeding and fluid leaking** from the incision site. Blood will be visible under the bandage, but this is normal. Leave it alone – under the bandage is sterile. The only reason to remove the bandage is if you have blood leaking out from the sides of the bandage and down the leg. If that occurs, remove the top bandage, wash the leg, and wrap with gauze and an ACE bandage. Call us if the bleeding continues but this is extremely rare. Do not remove the mesh layer covering the skin and the incision.
- **There will be MORE swelling on days 1 to 3** than there is on the day of surgery. This is also normal. The swelling will decrease with the anti-inflammatory medication, icing, and frequent elevation. The swelling will make it more difficult to bend your knee. As the swelling goes down, moving your leg will become easier. It is normal to still have swelling for 6 to 12 weeks after surgery and some swelling with activity for up to a year. This is common and expected.
- **You may develop swelling and bruising** that extends from your knee down to your shin and/or calf and perhaps even to your foot over the next week. Do not be alarmed. This too is normal, and it is due to gravity pulling the blood and fluid down the leg.
- **There may be some numbness adjacent to the incisions and on the outer side of the knee and calf.** This is common and generally resolves quickly, but may last for up to 6 to 12 months.
- **It is also often normal to develop a low-grade fever after surgery** (up to 100.5 degrees). This can last 2 to 5 days after surgery and often comes down with deep breathing exercises. If you have any concerns just let us know. A low grade fever early after surgery does not automatically mean you have an infection.
- **Pain medication may make you constipated**. Below are a few solutions to try in this order:
  1. Decrease the amount of pain medication if you aren't having major pain.
  2. Drink lots of decaffeinated fluids.
  3. Drink prune juice and/or eat dried prunes.
  4. Take Colace - an over the counter stool softener available at the pharmacy.
  5. Take Senokot - an over the counter laxative.
  6. Take Miralax - another over the counter stronger laxative.
  7. If none of the above works, call the office.
- **All incisions were closed with absorbable sutures**. There will not be any suture or staple removal required after surgery. You will need to remove the mesh covering as it starts to peel away. Please see the attached "Prineo Instructions" for more information.

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