

# Total Knee Replacement

What to expect and how to care for yourself after surgery

Thank you for trusting us with your care. Our goal is to provide the highest level of care and service before and after your surgery. The following information will help you know what to expect and how to care for yourself after total knee replacement surgery. If you have any questions, a surgeon is available 24 hours a day at **952-831-8742**.

## How can I avoid common problems after my surgery?

### Raise your leg

For the first 2 weeks after surgery, keep your leg raised (elevated) with your “toes above your nose” as instructed below. Raising your leg will decrease swelling and stiffness. It will also help prevent blood clots, which can be life threatening.

#### To raise your leg:

1. Lie on your back and prop up your leg using 2 to 3 pillows. You can lie in bed or in a recliner.
2. Make sure your toes are higher than your nose.

Bring your leg down only to eat, use the bathroom, do your home exercises and go to physical therapy.

### Straighten your knee

During the first few weeks after surgery, straightening your knee is more important than bending it.

**Each hour you're awake**, force your knee into a straight position as follows:

1. Bring your heel down to the ground with nothing behind your knee.
2. Relax your thigh. Push on your knee to stretch the back of your leg toward the floor for 30 seconds—Straighten your knee as much as you can.
  - » Push until you feel moderate pain in the back of your knee. (If it doesn't hurt, you're not pushing hard enough.)
3. Relax for 30 seconds.
4. Repeat Steps 2 and 3 for a total of 10 minutes.

## How do I manage my pain?

During your hospital stay and after going home, we'll help you manage your pain with several medications. Typically these medications include:

- ♦ An injection to numb the area around your knee—We give you this injection during surgery to prevent pain after surgery.
- ♦ Gabapentin (Neurontin), for nerve pain—You usually take this medication at night because it can make you sleepy—If it doesn't make you too sleepy, you can take this medication up to 3 times a day.
- ♦ Ibuprofen or similar, to reduce swelling. Some people can not take anti-inflammatories, but for those that can, it helps to decrease your narcotic use.
- ♦ An opioid, such as oxycodone, hydrocodone (Norco) or hydromorphone (Dilaudid), for more severe pain—Typically people receive a prescription for this medication when they leave the hospital.
- ♦ Acetaminophen (Tylenol), for additional pain relief the first 7 to 10 days after surgery

Before going home from the hospital, we'll give you instructions for taking your pain medications. Take enough medication to manage your pain so you can do your physical therapy exercises.

As your pain improves, gradually switch from opioid pain medication to ibuprofen (Advil) or naproxen (Aleve). Because opioids are used to relieve short-term pain, we prescribe the lowest dose possible for the shortest period of time. If you need a refill of your opioid medication, call your surgeon's office (see “Phone number” on back page).

## How long will I stay in the hospital?

Most people stay in the hospital 1 or 2 days after total knee replacement. Rarely, some people may need to stay longer. This is a change from the past, when people used to stay in the hospital for a week or longer. Shorter hospital stays are possible because we have better methods for managing pain.

An important part of your recovery is getting out of bed and moving soon after surgery. People who start moving the same day as surgery have a faster recovery than those who don't.

Usually, before you leave the hospital, you'll be able to:

- ♦ Go up and down stairs on your own.
- ♦ Get in and out of bed on your own.
- ♦ Use a walker to get to and from the bathroom.

### After you leave the hospital

Most people (9 out of 10) go home after leaving the hospital. They then go to outpatient physical therapy starting 1 or 2 days after going home. (See "Physical therapy" under "What about activity?" on the next page.)

Some people (about 1 out of 10) when ready to leave the hospital need more care before going home. They'll stay in a rehabilitation facility for a few days to receive extra help. They'll then have outpatient physical therapy after going home.

Very few people qualify to receive therapy at home. See the note below.

**Note:** Before surgery, call your health insurance company to check your insurance benefits and coverage for services you may need. For questions to ask your insurance company, see the care guide you received when you scheduled your surgery.

## How do I care for my incision?

For a total knee replacement, you'll have an incision down the center of your knee. For a partial knee replacement, you'll have an incision slightly off to one side of your knee.

Your incision will be closed with absorbable sutures (stitches that don't need to be removed). A special bandage will cover your incision. Leave the bandage on until your first follow-up appointment.

The bandage may start to come off before your follow-up appointment.

- ♦ If the bandage comes off less than a week after surgery, call your surgeon, Dr. Dean Olsen, at **952-831-8742**. Dr. Olsen will give you instructions for caring for your incision until your follow-up appointment.
- ♦ If the bandage comes off a week or more after surgery, leave the bandage off. Call Dr. Olsen if you have any new drainage from your incision.

### Note:

- ♦ The care guide you received when you scheduled your surgery tells you to change your bandage daily. You do **not** need to do so.
- ♦ After surgery, you'll have numbness on the outer side of your knee. When Dr. Olsen makes the incision during surgery, small nerves will be cut. These cut nerves cause the numbness. Some feeling will return over time, but you'll always have some numbness on the outer side of your knee.

## When can I start driving?

Depending on which knee you had replaced and the pain medications you're taking, you might be driving as early as 3 to 6 weeks after surgery.

- ♦ Don't drive while taking opioid pain medication.
- ♦ If your surgery was on your right knee, start by using your left foot to brake. Then try using your right foot to brake when you feel comfortable.

## What about activity?

### Physical therapy

For the best results after surgery, you must do your physical therapy exercises. **Not doing physical therapy is not an option.**

As your knee heals, scar tissue will form. Physical therapy helps keep the scar tissue flexible so your new knee will have a good range of motion. Physical therapy also strengthens the muscles in your leg and around your knee.

- ♦ In the hospital, you'll have physical therapy 2 times a day.
- ♦ When you leave the hospital, you'll go to outpatient physical therapy 2 times a week for at least 4 to 6 weeks.

**Before surgery, arrange for someone to bring you to physical therapy after you're home from the hospital.**

**Note:** You, or someone you know, may have had a knee replaced before and used a CPM (continuous passive motion) machine during recovery. Studies show using a CPM machine doesn't improve results. As a result, Dr. Olsen rarely recommends this machine to his patients.

## Using a walker and cane

- ♦ Use a walker until your physical therapist says you can safely switch to walking with a cane.
- ♦ Use a cane until you feel you can walk safely without it.
- ♦ The stronger you are before surgery, the less time you'll need to use a walker or cane.

## Recommended activities

After you've recovered from surgery, recommended activities include:

- ♦ Outdoor activities, such as golfing, hiking, bicycling, cross-country skiing, walking (indoor mall walking as well)
- ♦ Dancing, bowling, doubles tennis
- ♦ Swimming
- ♦ Low-impact aerobics
- ♦ Use of fitness equipment, such as a treadmill or stair-stepper, or rowing, elliptical and weight machines

## Activities to avoid

Avoid any activities that involve jumping or that jar your knee—These activities are likely to shorten the life of your knee implant (also called a *prosthesis*). Do **not** do the following activities:

- ♦ Running
- ♦ Singles tennis
- ♦ High-impact aerobics
- ♦ Contact sports

## Sexual activity

You may resume sex about 4 to 6 weeks after surgery, when your incision and the muscles around your knee are healed. The exact time varies for each person.

## When do I call my surgeon?

Call Dr. Dean Olsen if you have any questions or concerns about your surgery (see “Phone number” below).

Also call Dr. Olsen if you have:

- ♦ A fever of 101°F (38°C) or higher.
- ♦ Increased redness, heat (feels warm to the touch), swelling or cloudy drainage (pus) around or from your incision.
- ♦ Any new drainage from your incision 5 days after surgery or later.

## Phone number

### Tria Orthopedics

Available 24 hours a day  
952-831-8742

If you call after office hours, you’ll be transferred to an operator. Tell the operator you’re a patient and ask to speak to the on-call surgeon. A surgeon will call you back.

### We welcome your feedback

Do you have suggestions for how we could improve your experience or the experience of others having knee replacement surgery? Let Dr. Olsen know at one of your follow-up visits or by calling 952-831-8742

## Taking antibiotics to prevent infections

Your implant is made of metal and plastic. These materials make it harder for your body to fight bacteria around your implant if an infection from one part of your body spreads to your implant.

For some people, having dental work increases the risk for an infection. Taking antibiotics before going to the dentist will reduce the risk of infection.

If you have or have had any of the following, you’ll need to take antibiotics before having dental work:

- ♦ Diabetes (even if you don’t take medication to manage your diabetes) or prediabetes
- ♦ Rheumatoid arthritis, lupus and other autoimmune diseases
- ♦ Other immune system-related diseases, such as inflammatory bowel disease (Crohn’s disease, ulcerative colitis) or HIV
- ♦ Cancer (except for simple skin cancers)
- ♦ Severe scarring in or around your replaced joint
- ♦ Radiation treatment to your replaced joint
- ♦ Previous infection of your replaced joint

If none of the above applies to you, you do **not** need to take antibiotics before dental procedures.

These guidelines are based on current recommendations from the medical community. The guidelines may change in the future as more research is done.

**Note:** Taking antibiotics before a colonoscopy is **not** necessary after joint replacement.