



ORTHOPAEDIC ASSOCIATES

OF MICHIGAN

DISCHARGE INSTRUCTIONS FOLLOWING OUTPATIENT UNI-COMPARTMENTAL KNEE REPLACEMENT SURGERY by Dr. Matelic

NORMAL SYMPTOMS:

- Pain controlled with medication
- Increased swelling with activity
- Stiffness without activity

YOU SHOULD:

- Continue current dosage and wean from narcotics
- Elevate, rest and ice your surgical extremity
- Perform your home exercises as prescribed

IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD CONTACT YOUR OAM PROVIDER:

- Drainage from your incision
- Redness or heat around your incision
- A temperature greater than 100.5 degrees
- Uncontrolled swelling
- Calf pain
- Pain to the surgical extremity that is not controlled with pain medications
- A fall or injury to your surgical extremity
- New or unexplained bruising

IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD REPORT TO THE EMERGENCY ROOM:

- Chest pain
- Shortness of breath at rest
- Confusion

PAIN CONTROL

- Several methods may be used to help manage your pain:
 1. **Cold Therapy.** Ice packs should be applied to your knee for approximately **20 minutes** at a time, several times a day as needed for pain and swelling. Care should be taken during cold application. Place a small kitchen towel or clean pillowcase between the ice or cooling device and the incision. A cold therapy device may be ordered for you and delivered to your home prior to surgery. Using a cold therapy device to your knee will help with swelling and pain relief. It is very important to try to use this continuously for the first 72 hours, even while sleeping. After this, you may use this as needed up to 14 days after surgery.
 2. **Medication.** Several different types of medication are used to help reduce pain. They usually work best when they are used along with other methods of pain management.
 - A prescription for pain medication will be given to you by your doctor prior to your discharge from the hospital. These medications are used to reduce your pain ***and must not be taken any more often than prescribed.*** In an effort to keep your pain under good

control, you should take the pain medication routinely as prescribed during the first 24-48 hours following surgery. Then, as the pain lessens, begin taking it as needed (within the prescribed guidelines). As you become more comfortable, you may substitute Tylenol for pain control.

- Medications Protocol:

- **The Night of Surgery:** Take 1 (one) 200mg capsule of Celebrex at bedtime.
- **Day 1 After Surgery:** Take 1 (one) 200mg capsule of Celebrex twice a day.
Take 1 (one) 81mg tablet of Aspirin once a day, starting the day after surgery and continue this until your postoperative appointment.
- **Day 2 After Surgery:** Take 1 (one) 200mg capsule of Celebrex twice a day.
- **Day 3-7 After Surgery:** Take 1 (one) 200mg capsule of Celebrex once a day for five days.
- **Day 8 After Surgery:** Stop the Celebrex
You may begin taking Motrin 800mg three times a day with food as needed for pain.

- Pain medication should be taken with food as this will help to prevent any stomach upset.
- Requests for pain medication should be made during normal office hours. Please Note: **Pain medication will only be ordered during regular office hours** and cannot be called in to a pharmacy.
- Nausea - A prescription for nausea may be prescribed for you to help alleviate any stomach upset you may experience after surgery
- **Do not drive while taking pain medications.**
- **Do not drink alcoholic beverages while taking pain medications.**
- The goal is to have you off narcotics **2** weeks after surgery or sooner if possible.
- You may resume your routine medications unless otherwise instructed. No other blood thinners until you are off of Lovenox or Xarelto.

3. **Nerve Blocks.** You may receive a nerve block before, during or after your surgery to help manage your pain. If you are a candidate, your anesthesiologist will explain this to you prior to the procedure.

- **Constipation** – Is common with narcotic pain meds. Increase your fluid and juice intake, eat more vegetables and bran. Also, you may purchase Pericolace, a stool softener at any pharmacy to help with constipation. Take this two times per day.

BLOOD CLOT (DVT) PREVENTION

- Aspirin 81 mg twice a day for two weeks to help prevent blood clots (DVT). **Do not take** Aspirin if you are on blood thinners, i.e. Coumadin, Eliquis, Xarelto, Pradaxa, have an allergy to Aspirin, or have a history of stomach ulcers.
- Quadricep isometrics and ankle pumps should be done three times per hour while awake.

WOUND CARE

- **Dressing** – You will have a dressing placed over your incision at the time of surgery. The outer dressing may be removed two days after surgery. This dressing may be reapplied if necessary. The Optifoam dressing, the inner dressing, may be removed five days after your surgery. All dressings should be removed if there is a concern about an infection. Your incisional area may be closed with staples, suture and steri strips. If staples are used, these will be removed at your follow up appointment. You do not need to cover your incision after the dressings are removed unless you want to keep it covered.
- **Shower** – You may shower 2 days after your surgery, keeping the Optifoam dressing in place. NO tub baths are allowed until the staples are removed and your incision is fully healed. Just pat the incision dry after showering.

- **Bathing** – No tub baths or hot tubs until your incision sites are completely healed and your staples have been removed (at least two weeks). Do not soak your knee under water.
- Swelling and **discoloration/bruising** of the knee are expected. This will gradually resolve.

PHYSICAL ACTIVITY

- **Crutches/Walker** – You will need to use a walker or crutches to walk.
- **Knee Immobilizer** – Initially, you may have a knee immobilizer on your surgical leg and should not place any weight on this leg until the nerve block has completely worn off. Once the nerve block is completely worn off, you may begin placing weight on your surgical leg as you are comfortable doing. You should gradually increase the length of walking as tolerated. However, walking will not make you heal faster. Make sure you are resting, elevating your leg, and stretching your leg.
- **Physical Therapy** – A physical therapist from one of the Home Care Agencies will meet you at your home after you are discharged from the Surgery Center following your surgery. The Physical Therapist will help you with walking from your car into your home, provide an evaluation of your needs, and provide education.
 - Pump your ankles frequently (every hour while awake) to help prevent blood clots from forming. Continue to do your quadricep isometrics.
 - Do frequent leg raises.
 - You may elevate your leg on a pillow(s), but do not place the pillow(s) directly under your affected knee.
 - Use a raised toilet seat extension at home, if helpful.
- **Elevate** your knee – Lie down and elevate your leg on 1-2 pillows (above the level of your heart). The pillows should be placed under your lower leg only and not under your knee. After the first few days once you begin increasing your activity, plan several rest periods throughout the day and elevate your leg above your heart. This will help to relieve the swelling and pain.
- **Driving** – You most likely will be able to resume driving four weeks after surgery. Discuss this further with your doctor.
- **Work** – Light sedentary jobs can often be resumed in 4-6 weeks. Return to heavy or strenuous occupations will need to be discussed with your doctor.

OTHER INFORMATION:

- Be aware that your joint may trigger metal detection devices.
- You may obtain a temporary handicap parking permit application from this office if you feel it is needed. You will need to take this to the Secretary of State's office to obtain the actual permit.

FUTURE DENTAL OR SURGICAL PROCEDURES

- If you are going to have any dental work (including cleaning), any surgical or other invasive procedures done, notify your doctor/dentist that you have had a joint replacement. Your doctor/dentist will order an antibiotic for you prior to these procedures to prevent microorganisms from spreading to your new joint. **IT IS IMPORTANT THAT YOU TAKE THESE PRECAUTIONS FOR YOUR WHOLE LIFE.** Your Total Joint Replacement Card lists the procedures requiring pre-medication.

FOLLOW UP APPOINTMENT

- You should be seen in the office for follow up **10-14 days** following your surgery. A wound check, details of your surgery, and expectations will be reviewed. **Call the office today if you do not already have an appointment.**

- OAM has a physician available by phone 24 hours per day for **EMERGENCY** orthopaedic needs. Routine questions, including requests for pain medication, are best handled during weekday business hours. **(616) 459-7101**.

QUESTIONS?

- If you have any questions that have not been covered by this handout, please contact Dr. Matelic's staff at **(616) 459-7101**.

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