



Orthopaedic Specialists
of Central Arizona

DISCHARGE INSTRUCTIONS AFTER PARTIAL KNEE REPLACEMENT

Activity: Weight-bearing 'as tolerated' is allowed immediately after your surgery. You should use crutches or a walker for the first 5 – 7 days following surgery. As your knee feels more comfortable, you may transition to a cane for walking support. You may stop using the cane or crutches/ walker once you can walk comfortably without a limp. Begin bending your knee the night of the surgery. Exercise will help reduce swelling in your knee, speed your recovery, and prevent muscle weakness in the long run. Plan to avoid demanding activities and athletics for 3 weeks after surgery.

Dressings: Your incision will be covered with a large elastic-type dressing after surgery. This dressing should be maintained for 48 hours after surgery. At that time, remove the surgical dressing and apply a clean, gauze dressing. Keeping your knee wrapped with an Ace wrap is recommended to control swelling during the first 10-14 days after surgery. A dressing should be kept on your wound and changed daily until the wound has healed completely. The incision used for partial knee replacement surgery is approximately four to five inches long and will be stapled together. The staples are typically removed 10 to 14 days after surgery at the time of your post-operative office visit, provided the wound is healing well. After the staples are removed, small Band-Aids called Steri-strips are placed over the incision. These will usually fall off on their own after five to seven days. Showering is permitted 72 hours after surgery. Soaking the wound is not recommended for an additional three weeks – **NO** swimming, hot tubs, or tub baths!

Wound Care: It is important to monitor your wound for any signs of infection. These signs include: increased redness, swelling, warmth, or drainage from the wound. You should also watch for other signs of possible infection, such as fever (greater than 38° C or 101° F) or chills. If any of these symptoms occur, you should notify your surgeon.

Aspirin: Aspirin is usually recommended for two weeks following surgery to reduce the risk of blood clots. You should take enteric-coated Aspirin (EC ASA) 325 mg, twice a day starting the night of surgery. This medication, when used in conjunction with exercise, will maintain good circulation in your legs and reduce the risk of blood clots.

Pain Control: One of the most important factors influencing the outcome of your rehabilitation is pain management. You will have incisional and muscle pain, which is normal. You will be given a prescription for pain medication (usually Vicodin or Norco, to be taken 1-2 tablets every 6 hrs.) after surgery. Use this as needed. This is usually combined Celebrex (1 tab twice a day with food). Once the initial pain subsides, try to manage with just Extra-strength Tylenol and Celebrex. It is common to have swelling and discomfort for three to six weeks after surgery. The pain medication is provided to maintain appropriate level of pain control. You will not be able to perform required activities effectively if you anticipate pain or are in too much pain.

Ice: Icing of the knee is extremely helpful to control both pain and swelling. Ice the operated knee for 20 minutes at least four times a day for the first two to three weeks. After that, ice the knee if the knee is still swollen or you still have pain. Please refer to the specific icing instruction sheet that you have been given.

Physical Therapy: Post-operative physical therapy is routinely recommended following your surgery. Arrangements are usually made prior to your surgery for either out-patient therapy or home health therapy. If this has been arranged previously, please let us know right away.

Work: Plan to take 1-3 weeks off from work. You can resume work once you are comfortable- this will obviously be influenced by the type of work that you do.

Follow-up: Your post-operative follow-up appointment will be scheduled prior to surgery (usually about 10 days after surgery). Please contact the office if you need confirmation of your appointment.

Each patient will respond and recover from surgery at their own pace. While it is informative and useful to "compare notes" with a friend, relative or colleague who has also undergone partial knee replacement surgery, please do not place undue importance on keeping up with them. Remember that each patient's problem and surgery is unique. If you encounter specific problems please call the office as soon as possible.



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POST-OPERATIVE ICING INSTRUCTIONS

The use of ice, or cryotherapy, can relieve pain, swelling, inflammation or spasm. It is important that you are consistent with your icing program. You should continue a regular and consistent icing program as long you experience symptoms. Remember, ice is "your friend" after any orthopaedic injury or surgery.

In order to maximize the benefit of the ice treatments, you must ice the affected area at least four times a day. A good pattern is to ice in the morning, at noon, in the afternoon, and again in the evening. Icing an hour before bedtime is also helpful. In addition, ice following physical therapy, independent exercises, any prolonged activity or vigorous exercise.

There are many good ways to use ice. NEVER apply ice directly on your skin. In all cases, a pack should have a cloth between it and your skin. Apply the ice pack to the affected area for approximately 20 minutes. Be sure you do not apply ice for longer periods than indicated, nor fall asleep with ice on your skin.

ICE PACKS: Ice packs may be made with cubed, crushed, or shaved ice. Wrap the ice pack in a wash-cloth or towel and apply it to the affected area.

VEGETABLE PACK: Place loose frozen small vegetables (peas, corn, etc.) in a plastic bag and apply to the affected area on top of a wash-cloth. Refreeze after use and label "DO NOT EAT". To reuse, bang frozen bag gently on a counter edge to loosen vegetables.

ALCOHOL PACK: Combine 3 cups of water with 1 cup of rubbing alcohol in a zip-lock bag and freeze overnight until slushy. Wrap wash-cloth or towel over the bag and apply to affected area. Refreeze after use. This mixture is unsafe to drink or eat. Ensure that the bag does not leak on other items in your freezer, or get into the hands of small children.

POLAR CARE "COLD THERAPY": Polar pads may be recommended or given to you. Please follow the specific instructions that accompany the unit. *Never* apply the polar pad directly onto your skin as this may result in serious skin injury.