

PATIENT INSTRUCTIONS AFTER TOTAL KNEE REPLACEMENT
DR. GRIMM

ACTIVITY -

- You should continue the exercise regimen that was established by the physical therapist while you were in the hospital. There is no danger in putting full weight on your leg as soon as comfort allows. Initially, you should be using a walker, crutches or a cane to help you move about safely. Depending on your strength, comfort and coordination, you will be able to discontinue their use within the first several weeks.
- It is important that you avoid placing pillows behind the knee when resting. While this may initially be more comfortable, ultimately it makes it much more difficult to obtain full extension (straightness) of the knee.
- It is likely that you will be attending outpatient physical therapy sessions in the weeks following your surgery. The most important goal is to obtain maximum knee extension (when the knee is completely straight) and flexion (bending past 110 degrees). Emphasis will also be placed on restoring your normal gait pattern (walking pattern), and improving overall balance, strength and function.
- You may begin driving when you are bearing full weight on the operative leg, demonstrating good muscle control and motion in therapy, and no longer using narcotics (usually 4-8 weeks).

WOUND CARE -

- Leave the waterproof, ‘see-through’ bandage on your incision in place initially. A small amount of clear or blood-tinged drainage is not unusual during this time. It will be absorbed by the ‘honeycomb’ part of the bandage.
- You may get the knee and bandage wet when showering **three** days after surgery (e.g.- on Saturday following a Wednesday surgery). Please keep the shower brief, and pat the bandage dry afterward with a clean towel.
- Please remove the bandage **five** days after surgery (e.g.- on Monday following a Wednesday surgery). You may continue to shower as before, and there is no need to keep the incision covered while showering. No baths, swimming, or hot tubs until the surgical clips have been removed at your follow-up visit in the office.
- **DO NOT** apply topical ointments (Bacitracin, Neosporin, Vitamin E, cocoa butter, lotion, etc.) while the surgical clips are in place.

- Bruising (sometimes quite impressive) and slight warmth around the knee are to be expected and should not be cause for concern. Moderate swelling is also common after knee replacement, and can be reduced by regular elevation of the leg. Lying down frequently with your “toes above your nose” for at least 30 minutes every 2-3 hours is a good practice. Frequent up and down movement of your ankle (“ankle pump”) can also be quite helpful, and is strongly encouraged.

MEDICATIONS -

- Please resume taking your usual prescribed medications.
- Continue to take acetaminophen (Tylenol) 1000 mg every 8 hours regularly if you are having any pain or aching. You should also take the anti-inflammatory meloxicam (Mobic) 7.5 mg each day if prescribed. Be sure to take it with food, and to discontinue it if you experience any stomach irritation. You will also receive a prescription for a narcotic pain medicine that can be taken as directed if needed. Drink plenty of fluids, particularly if you are using a narcotic!
- To reduce the chance of blood clots, you will be taking a ‘blood-thinner’ medication on a daily basis. Typically, this will be in the form of one baby aspirin (81 mg) twice each day for a total of 4 weeks. If you have been prescribed Xarelto or Coumadin, please take per hospital discharge instructions.

FOLLOW-UP -

- You should already have a follow up appointment scheduled with the office in 10-14 days. If there are any questions or problems, please call Dr. Grimm’s office at (585) 394-1960.

IF ANY OF THE FOLLOWING PERSIST, CONTACT THE OFFICE:

1. Pain that increases in intensity.
2. Increasing swelling of the knee, calf, or leg.
3. Increasing drainage or redness at the incision site.
4. Elevated temperature (fever) not associated with other illness.
5. Shortness of breath or difficulty breathing.

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