

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, it ultimately 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).
- You should attempt to spend a minimum of 4-6 hours per day in the continuous passive motion (CPM) machine that was delivered to your home. It is important that you don't sacrifice time and effort spent doing your exercises and stretching for time spent in the CPM machine. It is meant to be a supplement to activity, not a replacement.

WOUND CARE –

- Keep your incision clean and dry with the bandage in place for the first few days. A small amount of clear or blood-tinged drainage is not unusual during this time. There is no need to use a bandage once the incision is dry, but it is important to keep the incision clean. Bruising (sometimes quite impressive) and slight warmth around the knee are to be expected and should not be cause for concern.
- Moderate swelling is 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 initial recommendation. Frequent up and down movement of your ankle (“ankle pumps”) can also be quite helpful.

- You may get the incision wet when showering **four** days after surgery (e.g.- on Sunday following a Wednesday surgery). Please keep the shower brief, and pat the incision dry afterward with a clean towel. No baths, swimming, or hot tubs until the surgical clips have been removed at your first follow-up visit in the office. **DO NOT** apply topical ointments (Bacitracin, Neosporin, Vitamin E, cocoa butter, lotion, etc.) while the clips are in place.

MEDICATIONS -

- Please resume taking your usual medications. You will receive a prescription for a narcotic pain medicine that should be taken as directed if needed. You may not use anti-inflammatory medications (ibuprofen/Advil/Motrin, naproxen/Aleve, etc.) while you are taking your blood-thinner (Coumadin).
- In an effort to reduce the chance of blood clots, you will be taking the blood-thinner Coumadin on a daily basis for several weeks. The dose will be adjusted based on the results of blood tests that will be performed twice weekly on Monday and Thursday. A physician assistant will reach you by telephone on those days to provide updated dosing recommendations based on your laboratory results.

- **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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