



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 several 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 gently bending your knee the night of surgery. Leg elevation, ice and exercise will help reduce swelling in your knee, speed your recovery, and prevent muscle weakness in the long run. Plan to avoid demanding or strenuous activities for at least 3 weeks after surgery.
- Dressings:** Your incision will be covered with a large, clear elastic-type dressing after surgery. This dressing can be maintained in place until your follow-up appointment. If there is a significant amount of drainage from the surgical wound, remove the surgical dressings but leave the “Steri-strips” or butterfly dressings in place- **DO NOT REMOVE THE STERI-STRIPS**. 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. The incision used for partial knee replacement surgery is approximately four to five inches long. Showering is permitted 24 hours after surgery. Soaking the wound is not recommended for an additional three weeks- **NO** swimming, hot tubs, or tubs 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 38.5° 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, once 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: You will be given a prescription for pain medication (either Oxycodone or Norco) after surgery. Use this as needed. This will be combined with an anti-inflammatory medication, either Mobic or Celebrex. Once the initial pain subsides, try to manage with just Extra-strength Tylenol or the anti-inflammatory medication. Please be mindful if you are running low on medications and need a refill- you must give the office 72 hours advance notice.

Narcotic pain medications (such as Oxycodone, Norco, Vicodin, Tylenol #3, or Percocet) can all cause constipation as a side effect. Make sure to drink adequate fluids to keep well-hydrated. You may need to use a stool softener, as well as a laxative to ensure appropriate bowel movements. These are available over-the-counter.

It is strongly recommended that you discontinue the narcotic pain medication as soon as possible. It is much safer for you just to use Tylenol and your anti-inflammatory medication.

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 not 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.