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POST-OPERATIVE INSTRUCTIONS

Knee Replacement

Dr. Colten Luedke

Follow up appointment 2 weeks- if you do not have a postop appointment set up already, call 979-776-0169 to arrange that appt for 2wks after surgery

MEDICATION

- A strong pain medication has been prescribed for you. Take as instructed and as needed.
 - *Pain medication may cause constipation. You may take an over the counter stool softener (Miralax,) to help prevent this problem.*
 - You should take these medicines with food or they may nauseate you.
 - You may not drive or operate heavy equipment while on narcotics
- You will have a nerve block, which blocks the pain fibers to the knee, but still allows you to walk and bend the knee. Blocks generally wear off 24-36 hours after surgery aka “honeymoon period”
- When you get home begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain
 - The first 48 hours are typically the worst for pain and gradually improves
 - If absolutely needed you can take 2 TABLETS per dose for a 2-3 days only, then decrease back to 1 tablet per dose as soon as possible
 - You will also be prescribed Celebrex for inflammation if not allergic (ibuprofen if you are allergic to Celebrex or sulfa). This helps reduce the amount of narcotic pain medication needed
 - I also recommend gentle massage of the knee 2-3 times a day for 5-10 minutes. Massage from the foot towards the hip.
 - This helps desensitize the knee and remove some swelling

Blood Clots- *the risk of blood clots is about 3% after a knee replacement. I am very serious about preventing complications postoperatively. Therefore, these are the measures proven beneficial to prevent blood clots.*

- Take one regular aspirin (325 mg) twice a day for 30 days unless you

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have been prescribed Lovenox, are on another blood thinner, or have a history of stomach ulcers.

- If you were already on a blood thinner other than aspirin, we will resume that medication
- Wear the TED stockings given to you at the hospital for 2 weeks. They help control swelling in the leg. A non-stick dressing over the incision will help prevent the stocking from catching on the incision.
 - I know they are not fun, but blood clots are much worse
- Ankle pumps – pumping your ankles up and down will help blood flow
- Get up!! Getting up and walking a few times per hour while awake also helps reduce the risk of blood clots.

WOUND CARE

- A special dressing called Aquacel Ag is placed over your incision. This dressing is a natural anti-microbial to help prevent infection & is also waterproof. You can begin showering over it immediately.
- Your stitches are dissolvable and we will not have to remove stitches when we see you back
- NO submersion of wounds under water (bath, hot tub, pool) is allowed until instructed it to be safe.
- Use the ace wrap for compression 12 hours per day for first 5 days. This helps with swelling of knee

Walker

- Continue putting full weight on the operative leg.
- Continue the exercises taught to you by our therapists
- Most patients are on a walker approximately 2 weeks, a cane 1-2 weeks and walking without any assistance between 4-6 weeks
- I do have patients that walk into clinic for their first postoperative appointment at 2 weeks with no cane or walker...it just depends on your pain tolerance and recovery.

EXERCISE – the most important thing after knee replacement is Gaining motion! Those who do not regain motion will develop scar tissue and likely be painful forever

- Following surgery 4 main goals exist:
 - 1. Regain full knee extension ****the most important****

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- 2. Quadriceps contraction and activation
 - 3. Control of pain and swelling.
 - 4. Maintain patellar mobility
- To help gain full knee extension, place a small rolled up towel under your ankle and push the back of your knee toward the floor by contracting your quadriceps muscle.
 - **NEVER place towels or pillows under the knee or allow the knee to rest slightly flexed**
- DO NOT put pillows under the knee while you sleep. This can lead to a flexion contracture. Instead, place the pillows under your heel to ensure full knee extension.
- Elevate your leg for several days if you are sitting to help with swelling.
- Being up and around after surgery will help diminish the risk of blood clots.
- Therapy is a key aspect of recovery and should start within 1-2 days after surgery.

SLEEP

- Nighttime will probably be the most uncomfortable time. Taking pain medication and icing just before going to sleep will help.
- If you need additional assistance in getting to sleep take a capsule of Benadryl 25mg 30-60 minutes prior to bedtime

COLD THERAPY

- Ice or cryo-cuff (if you are given one) should be used for comfort and swelling. Use it at least 30 minutes at a time. Many patients use it an hour on then an hour off while awake for the first 2-3 days.
- Never apply directly to exposed skin. Place a dishtowel or t-shirt between your skin and the ice or cryo-cuff.
- A simple bag of frozen peas may be used as an inexpensive ice pack. Buy several bags of peas, place in a gallon size zip-lock bag making them about an inch thick and removing as much air as possible. Return to freezer, lying flat after you have finished.

BRUISING

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- The lower leg may become swollen and bruised, which is normal. This is from the fluid and blood from the knee moving down the leg and should resolve in 10- 14 days.
- If you experience severe calf pain and swelling, call the office immediately.

Therapy

- Therapy will be arranged for you while in the hospital
 - We will arrange either home health therapy 3 times weekly x 3 weeks or outpatient therapy for you to attend 3 times weekly
 - You will likely need therapy for 8-12 weeks depending on your recovery.

EMERGENCIES • If you have an emergency contact Dr. Luedke's office at (979) 776-0169 and he will be contacted.

- Contact the office if you notice any of the following:
 - Uncontrolled nausea or vomiting
 - reaction to medication
 - inability to urinate
 - fever greater than 101.5 (low grade fevers 1-2 days after surgery is normal)
 - severe pain not relieved by pain medication/ice/elevation of leg
 - redness or continued drainage around incisions (a small amount is normal for a few days)
 - calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

DRIVING

- You may drive when off all narcotics
- If your right knee is the operative side, you may not drive for 6 weeks.
- You must be able to brake firmly and comfortably.
- If you had a left knee replacement, you can drive right away as long as you are NOT taking the narcotic pain medication

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If you have any questions, please do not hesitate to contact the office.