

DISCHARGE INSTRUCTIONS TOTAL KNEE ARTHROPLASTY (TKA)

A. GENERAL INSTRUCTIONS:

1. You have received a total knee replacement by Dr. Tenholder. Unless you have been instructed otherwise, you have no restrictions on weight bearing or motion of the knee.
2. It is advised, but not necessary to take your pain medication before you do your exercises and apply ice to your operative knee after exercising. Ice the knee 20 minutes every 4 hours to reduce pain and inflammation. If you were given a cryo cooling wrap for the knee, you can use this as much as tolerated.
3. If you were given a pair of “TED Hose” (white compression stockings), wear them for 2 weeks after surgery, when you are sleeping or not active.
4. **Full knee extension is important to gain back quickly** to normalize your gait. If you do not get your knee fully flat early in recovery, it is very hard to get it back later. As often as you can, work on stretching the knee into extension: Sit on a chair or couch, place your heel on another elevated surface (coffee table), with nothing behind the knee. This **cannot** be done in the bed; the mattress is too soft and can prevent full extension. Relax your thigh and lower leg muscles, and gently press down on your thigh manually. The goal is to have your knee flat by your 1st postoperative visit.
5. Pump your ankles and wiggle your toes often to keep the blood flowing in your legs, to prevent blood clots. This can also help reduce swelling.
6. **Do not** drive until you can do so safely and are no longer taking narcotics.
7. Exercises—Do these three times a day for 10-20 minutes: straight leg raising, “quad sets” (contracting your thigh muscles/simulate crushing an egg behind your knee), active knee bending, and heel slides.
8. You may have a CPM (continuous passive motion) machine delivered to your house. If you do not have a CPM, do not worry, it will not affect the long term outcome.

B. Medication (please see separate postop pain control instructions)

1. Pain Medication –These should be taken only as often as necessary. Do not take pain medication with alcohol, sleep aids, or other sedatives.
2. Anti-inflammatories (NSAID’s)— Do not take anti-inflammatories/NSAID’s (Motrin, Advil, Aleve, Celebrex, Mobic, Naproxen, etc.) while on aspirin or other blood thinners.
3. Nerve block—Most patients receive a nerve block placed in the thigh to numb the knee. This can last 6-12 hours on average. Start taking your pain medication before, or at, the first sign that the block is resolving (return of tingling or sensation in the leg). Once they start

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resolving, nerve blocks wear off quickly, and if you do not have pain medication circulating, it can be hard to get the pain back under control.

4. To help prevent blood clots (DVT), you will be prescribed a blood thinner for 2 weeks. Most commonly, this will be 325mg COATED ASPIRIN (ECOTRIN). This should be taken twice daily, with breakfast and dinner.
5. If you already take a blood thinner on a regular basis prior to surgery, (Plavix, Coumadin, Eliquis, Xarelto, etc.) make sure you are instructed at the time of discharge on how to handle your anticoagulation. Most often, your regular anticoagulant will be re-started immediately and will be used instead of the aspirin.
6. Instead of aspirin, occasionally, patients are prescribed LOVENOX. This medication is injected underneath the skin of you abdomen once a day.
7. Stop taking any non-essential medications (supplements, fish oil, vitamins, etc.) while on blood thinners, as they can interfere with your blood-thinning medications. Typically, you may resume these medications 2 weeks after surgery. Also 2 weeks after surgery, you can resume your normal aspirin dosing regimen, if you take aspirin already, or resume NSAID's.
8. Hormones (i.e. estrogen) should be stopped for 2 weeks after surgery to decrease the risk of a DVT (blood clot). Smoking also elevates the risk of blood clots, and should be discontinued.

C. Wound Care

1. Remove your dressing the day after surgery. Cleanse your incision daily and apply mupirocin ointment, gauze, and porous tape. You can use peroxide sparingly, only to remove dried blood.
2. You may shower the day after surgery if the dressing is wrapped or sealed (i.e., saran wrap). You may shower with the wound uncovered on the 5th day after surgery. Keep it brief. Pad the incision dry and after the shower, apply a new bandage as above.
3. **Do not** swim, bathe, or otherwise submerge the incision until it is completely healed. This is typically 3 weeks after surgery (one week after the staples are removed).

D. Physical Therapy

1. Usually, you will be discharged with home health (home nursing and physical therapy), until your first post operative appointment. Instead of home health services, you can decide to go directly to outpatient PT. PT should begin the following day or the second day after discharge from the hospital. A prescription will be provided at your preop appointment or at the time of surgery.
2. **You must** have physical therapy **at least 3 times a week** for 6 weeks after your surgery.

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3. Walk in the house when possible with a walker, crutches or cane. The greatest prevention of a blood clot is mobility! Do not perform heavy exercise outside of physical therapy. This can exacerbate swelling and pain. It is OK to perform the daily exercises as noted above.

E. Call Dr. Tenholder if:

1. Pain is not controlled or significantly worsens the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody material from the incision, infection, or loosening of the staples. Some mild bloody drainage should be expected for a day or two.
3. Temperature elevation greater than 101.5 degrees.
4. Numbness or weakness in leg below your knee that persists after the nerve block wears off. Weakness of your quadriceps is normal.
5. Any severe increasing pain or pain at the center of the back of the calf, knee or thigh.
6. Go to the ER immediately for any chest pain, sudden increase in heart rate, or shortness of breath (possibly a blood clot in the lungs)

F. Return to Dr. Tenholder's Office:

Your first return to our office is typically within 10-14 days after your surgery. The postoperative appointment day and time was selected by you and my surgery scheduler during the scheduling process, and was included in the folder you received at your preop appointment. If this was not communicated to you or you do not recall the specifics, please call the office at 850-863-2153. Any of the receptionists can inform you. Alternatively, you can call my surgery scheduler directly.

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