

## DISCHARGE INSTRUCTIONS

### UNICOMPARTMENTAL KNEE ARTHROPLASTY (UKA)

#### Dr. Tenholder Patients

#### GENERAL INSTRUCTIONS:

1. You have received a partial knee replacement by Dr. Tenholder. Unless you have been instructed otherwise, you have no weight bearing or motion restrictions on your 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. **Full knee extension is important to gain back quickly**, and normalize, your gait. If you do not get your knee fully flat early in the 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, as 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. This goal is to have your knee flat by your first postoperative visit.
4. Pump your ankles and wiggle your toes often to keep the blood flowing in your legs, which will help prevent blood clots. This can also help reduce swelling.
5. **Do not** drive until you can do so safely and are no longer taking narcotics.
6. Exercises - Do these three times a day for 10-20 minutes: Quad sets (contracting your thigh muscles/simulate crushing an egg behind your knee), straight leg raising, active knee bending, and heel slides.

#### MEDICATION (please see separate paperwork on postop pain control instructions)

1. Pain Medication should not be taken on a strict schedule and should be taken only as needed. Do not take pain medication with alcohol, sleep aids, or other sedatives.
2. Anti-inflammatories (NSAIDs) – Examples include Motrin, Advil, Aleve, Celebrex, Mobic, Naproxen, etc. These medications can be taken sparingly to help with postoperative pain and inflammation. They should not be taken if you have kidney function abnormalities. They can cause irritation of your stomach and even bleeding ulcers, especially if you are also taking aspirin.
3. To help prevent blood clots (DVT), you will be prescribed a blood thinner for 30 days. Most commonly, this will be 81mg COATED ASPIRIN (ECOTRIN). This should be taken twice daily, with breakfast and dinner.
4. 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 nerve block is resolving (return of tingling or sensation in the

leg). Once they start resolving, nerve blocks wear off quickly, and if you don't not have pain medication circulating, it can be had to get the pain back under control.

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 your 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 4 weeks after surgery, you can resume your normal aspirin dosing regimen if you take aspirin already.
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.

## WOUND CARE

1. **Most often**, patients will go home with an occlusive sealed dressing that remains in place and undisturbed until the first post-operative appointment. You may take a shower with this type of post-operative dressing in place. Keep it brief. Pad the dressing dry, do not swipe. If fluid or blood begins to escape from under the dressing, or the dressing begins to come off, please contact our office for further instructions. If you cannot immediately get a hold of someone at the office, reinforce the dressing with gauze and tape until you are able to speak with a team member. Some patients will have a mesh sealant on the incision that may inadvertently come off if the dressing is removed too early.
2. Some patients are unable to use or keep an occlusive or sealed dressing. In this case, the dressing most often has an ACE bandage as a cover. If this is the case for you, please make sure you understand, before leaving the hospital or surgery center, how you are supposed to handle your dressing changes. This typically involves daily wound cleaning with antibacterial soap, followed by antibiotic ointment, gauze and porous medical tape.
3. Some patients have small stab incisions away from the main incision. These small incisions can be cleaned with anti-bacterial soap and water and covered with Band-Aids.
4. **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 stitches, staples, and/or mesh are removed).



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## PHYSICAL THERAPY

1. Usually, you will be discharged with home health physical therapy, until your first post-operative appointment. Alternatively, you may be sent directly to outpatient physical therapy. Physical therapy 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 4-6 weeks after your surgery.
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.

## CALL DR. TENHOLDER IF:

1. Pain is not controlled or significantly worsens the first few days after surgery.
2. Excessive redness, drainage of excessive bloody material from the incision, concern about infection (cloudy or purulent material), or loosening of the staples, stitches, or dressing. Some mild bloody drainage should be expected for a day or two.
3. Temperature (fever) greater than 101.5 degrees.
4. Persistent numbness or weakness in the leg below your knee. Weakness in your quadriceps is normal.
5. 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, palpitations, or shortness of breath (possibly a blood clot in the lungs.)

## 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 your 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.