

DISCHARGE INSTRUCTIONS

UNICOMPARTMENTAL KNEE ARTHROPLASTY (UKA)

Dr. Tenholder Patients

GENERAL INSTRUCTIONS:

1. You have had a partial knee replacement. Unless you have been given different instructions, you may put full weight on your knee and move it without restrictions. You will not damage your knee replacement device by putting your weight on that leg. If you are using a walker or a cane, remember it's simply there to support your balance.
2. It is advised, but not necessary, to take your pain medication before exercising and apply ice to your operative knee after exercising. Ice the knee for 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. Make sure to keep active within your postoperative activity restriction and elevate your leg when you are lying down. You may notice some ankle swelling for the next 3 months, but it should be down in the morning.
3. **Regaining full knee extension** early after surgery is essential for restoring a normal walking pattern. If your knee doesn't reach a fully flat position soon after recovery begins, it becomes much harder to achieve later. Practice stretching into extension as often as possible: sit on a chair or couch, place your heel on an elevated surface such as a coffee table, and keep nothing under the knee. This exercise **cannot** be done in bed, since a mattress is too soft and prevents full extension. Relax your thigh and lower leg muscles, then gently press down on your thigh with your hand. The goal is to have your knee flat by your first postoperative visit. Avoid placing pillows or towels under your knee for comfort—this can lead to scar tissue that limits straightening, which will make standing, walking, and climbing stairs more difficult.
4. Pump your ankles and wiggle your toes often to keep the blood flowing in your legs. This will help prevent blood clots and also help reduce swelling.
5. Quitting smoking before your surgery and staying tobacco, nicotine, and marijuana-free 6 weeks after will help decrease the possibility of complications and contribute to a successful recovery.
6. Please make sure to cough and deep breathe as instructed for the first week or two after surgery.
7. Do not place a pillow under your knee at night for comfort. Surgery can disrupt your normal sleep cycle. Try these strategies to help you reset it: sleep in a dark room, avoid daytime naps, limit food and drinks before bedtime, avoid alcohol and caffeine, ice your surgical site right before bedtime, and sleep in a cool room. Taking melatonin at bedtime may also help—this is available over the counter at any pharmacy.

8. You can return to your regular diet after surgery. However, you may experience loss of appetite once you are home. If that happens, try eating 4-5 smaller meals throughout the day instead of 3 larger ones.
9. If your job is primarily sedentary, you can usually return to work in about one month. For more physically demanding jobs, it may take up to three months before you're ready to resume full duty.
10. You may begin driving once you are no longer taking prescribed narcotic pain medication and have regained enough strength and range of motion to safely operate the brake and gas pedals. If your surgery was on the left leg, you may be able to return to driving sooner than if it were on the right. In either case, you must also have sufficient movement in your surgical leg to get in and out of the car comfortably.
11. Do not sit for more than 45-50 minutes at a time. Use chairs with arms. Frequent short walks, either indoors or outdoors, are the key to a successful recovery. Change your position every hour to decrease pain and stiffness.
12. When ascending stairs, remember to use support and step up first with your nonoperative leg. When descending stairs, remember to use support and step down first using your operative leg.
13. Exercises - Do these three times a day for 10 to 20 minutes: Quad sets (contracting your thigh muscles/simulating crushing an egg behind your knee), straight leg raising, active knee bending, and heel slides.

WHAT TO EXPECT AFTER YOU GO HOME

1. Clicking in your knee with motion.
2. Numbness near your incision or "pins and needles" sensation.
3. A small amount of swelling around your knee, and/or lower leg, and a slight warmth around your knee.
4. Swelling and discoloration in your thigh, knee, and leg after knee replacement surgery. Blood from the operation site can settle behind the knee, and travel up and down the thigh and leg, and even into the foot and ankle area. Blood is a noxious substance, creating pain and inflammation in the local soft tissues where it resides. It can also create discoloration that looks like heavy bruising. This is all normal.

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

1. Pain Medication – We recommended and prescribed **Tylenol 1 gram every 8 hours for the first 14 days**. We also prescribed a narcotic pain medication that should be taken only as often as necessary for pain control, and not on a strict schedule. Do not take pain medication with alcohol, sleep aids, or other sedatives.
2. Anti-inflammatories (NSAIDs) – Such as Mobic or Celebrex. We prescribed one of these to be **taken regularly for the first 10 days**. This medication should be taken as prescribed to help with postoperative pain and inflammation. It should not be taken if you have kidney function abnormalities. They can irritate your stomach and even cause bleeding

ulcers, especially if you are also taking aspirin, so please take them with food. You should be taking this medication unless it is contraindicated. Please do not take any additional NSAIDs such as Ibuprofen, Aleve, Motrin, or Advil while taking Mobic or Celebrex without speaking to your surgeon first.

3. Constipation is common after surgery due to reduced activity and pain medication. To help prevent it, we recommend taking **Colace 100 mg twice daily, with breakfast and dinner**, while you are taking pain medication. Increase your water intake—aim for at least eight glasses each day. Add fiber to your diet by eating fruits, vegetables, and whole-grain foods. Staying active and walking, as prescribed, will also support healthy digestion.
4. You were prescribed an antibiotic for infection prevention. Finish it!
5. 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 have pain medication circulating, it can be hard to get the pain back under control.
6. 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. If contraindicated or unable to take ASA, an alternative will be prescribed.
7. If you were already taking a blood thinner before surgery (Plavix, Coumadin, Eliquis, Xarelto, etc.), be sure you receive clear instructions at discharge on how to handle your anticoagulation. In most cases, your usual medication will be restarted and used in place of aspirin.
8. Stop taking 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.
9. Hormones (i.e., estrogen, testosterone) 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.
10. Preventing infection is vital for the long-term health of your new knee. Because the joint is artificial, it does not have the body's natural defenses against bacteria. Germs from different sources can enter your bloodstream and affect the area around the implant, which may cause pain or looseness over time. For the next 3 months, avoid any dental or surgical procedures. Be sure to wash your hands frequently to help reduce your risk of infection.

WOUND CARE

1. Most patients go home with a sealed occlusive dressing that should stay in place until their first post-operative appointment. You may shower with this dressing on. Keep showers brief and gently pat the area dry rather than wiping. It's normal to see some

spotting or staining through the dressing. If fluid or blood begins to escape from under the dressing, or the dressing starts to come off, contact our office for further instructions. If you cannot reach us right away, reinforce the dressing with gauze and tape until you can speak with a team member.

2. **Do not** swim, bathe, or 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).

PHYSICAL THERAPY

1. You will be discharged with physical therapy, either Home Health PT or outpatient PT. This should begin the second or third day after surgery. For outpatient PT, a prescription will be provided at your pre-op 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.
3. Walk around inside the house, when possible, with a walker, crutches, or a cane. Mobility is the best way to prevent a blood clot! Your physical therapist (or home physical therapy instructions) should help you transition off the walker or cane. Do not perform heavy exercise outside of physical therapy. This can exacerbate swelling and pain. It is OK to perform the daily exercises noted above.

CALL YOUR SURGEON IF:

1. Pain is not controlled or significantly worsens in 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, shortness of breath (possibly a blood clot in the lungs), or signs of a stroke: **F**AST – **F**acial drooping, **A**rm weakness, **S**peech difficulties, **T**ime to call 911.

RETURN TO YOUR SURGEON'S OFFICE

Your first follow-up visit is usually scheduled 10 to 14 days after surgery. The date and time were chosen by you and our surgery scheduler during the scheduling process and included in the folder you received at your pre-op appointment. If you did not receive this information or don't remember the details, please call the office at 850-863-2153. Any of the receptionists can assist you, or you can contact our surgery schedulers directly.