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Accelerated Discharge Knee Arthroplasty Instructions

Goal: Discharge home in a safe and efficient manner and begin your postoperative care in your own home environment.

Why: Your home or living situation is most often the safest place to convalesce after knee surgery. Infection risk is the lowest, and you are empowered in terms of your daily exercises and medication use. This approach requires that you are motivated and in overall good health.

Requirements: You need to read and follow instructions and have family/friend support during the first week after your surgery. You need to be safe during household ambulation (full weight bearing) with a walker and/or crutches. You need to do your knee exercises 3 times daily (leg straightening, knee bending to approximately 90 degrees (sitting position), leg lifts (this can be done while sitting by extending your leg forward and lifting it). You need to take your oral medications as instructed (ie pain meds, etc).

Methods: You will be admitted at the surgery center and be given preoperative medications and meet with an anesthesiologist. The knee surgery typically takes 1-2 hours. After a period of time in the post-surgery recovery unit, you will meet with a physical therapist. You must demonstrate proficiency with your physical therapy which includes getting into and out of bed, ambulation to the bathroom, into the halls, and use of stairs (if stairs are present in your home or living situation). You need to be comfortable in terms of pain control and the most effective but least potent medication will be prescribed for home use. If you do not meet the nursing (pain or nausea issues) or physical therapy (ambulation) goals, then you will be admitted for an overnight hospital stay and more therapy will occur the next day until you are safe for discharge.

Activity level: During the first week, you should spend most, if not all, of your time at home keeping your leg elevated to the level of your heart, doing your instructed exercises, and getting up to the bathroom and kitchen. You may elevate your leg on the couch or in a recliner. You do not have to lie in bed unless sleeping.

Ice for knee: Most patients will go home with a Cryocuff which puts ice cold water around the knee and helps with pain and lessens swelling. If you have the automated style one, keep it plugged in and have the bottom of the ice water container at the level of your knee or higher (hint: A large chunk of ice water will last longer. If you freeze some plastic containers filled with water, the ice will last most of the day and night!)

Knee Dressing: The knee dressing from surgery is typically left alone during the first day, but may become bloody which is normal. It can be reinforced or changed earlier if needed but usually the dressing is changed the day after surgery. The TED stocking is pulled down below the knee, the entire knee dressing is removed so that the staples and steri-strips over the knee are exposed, and then a dry gauze dressing is placed. The easiest way to change the knee dressing is to take 2 or 3 4x4 gauzes and unfold them once so they become a 4x8 which is several layers thick. Fold the 4x8 over so it is a 2x8, place it over the knee, and then apply tape over the gauze to

secure it in place. Pull the thigh high TED stocking back up over the taped gauze. Keep thigh high stockings on both legs until your follow-up appointment the following week. If necessary, these can be removed occasionally to air out your legs or during bathing. If you have a shower stool, your knee can be covered with plastic (ie plastic wrap), and you may rinse off in the shower after 4 days. Otherwise, take a sponge bath until your staples are removed at your follow-up appointment.

Medications:

1. If your stomach and general health allow, take an anti-inflammatory medication on a regular basis at mealtime. This could be a prescription strength if you already have it, or Aleve (2 pills twice daily) or Ibuprofen (3-4 pills three times daily).
2. Take coated aspirin (Ecotrin 325mg or equivalent) daily with food starting the day after surgery. If you are unable to take aspirin, another option will be provided for you.
3. Take your pain medications as instructed- note: the less you take, generally the less side effects you will have (eg. Constipation, nausea, dizziness).
4. Do not take aspirin or anti-inflammatory medications if you are on blood thinning medicines like Coumadin or Lovenox.

Home Exercises: Follow the instructions from the physical therapist and continue these exercise at home during the first week. Make your appointment with the outpatient physical therapist to being early the following week (ie. 1 week after surgery). Always use your walker or crutches for support. **DO NOT FALL!**

What is NORMAL? After surgery, it is normal for some bleeding or oozing from the knee incision site for the first few days, but then it should seal up and remain dry with only a few spots on the dressing. Bruising and swelling should be expected and may travel up and down the leg. This responds best to elevation, use of compression stockings, and anti-inflammatory medications (if you are able to take these medications, ie Advil or Aleve type). It typically is difficult to lift your leg, especially when laying down, but keep trying! It is easier to activate your quadriceps muscle when you are sitting with your knee bent and then try to lift your leg up and your foot forward. Your other leg can help assist the surgery leg, but if it remains difficult to lift your leg independently, contact your outpatient physical therapy office and make an appointment sooner. A low grade temperature (99 to 100) is common during the first few days and responds to deep breathing and upright activity. Some patient lose their appetite for several days to weeks so drink lots of fluids and try to eat a healthy and nutritious diet. You will be anemic for the first month so iron supplementation (FeSo4 325mg with Vitamin C 500mg daily) or foods rich in iron (green vegetable and meats) are recommended.

Other: A responsible adult should be with you for the next 24 hours due to the anesthesia you received. Rest quietly for the remainder of the day. **DO NOT** drink alcohol for the next 24 hours or while taking any pain medication. **DO NOT** drive a car, make any legal decisions or operate machinery for 24 hours after having anesthesia or sedation. You may experience nausea, sore throat, and drowsiness from the anesthesia.

Instructions Given By: _____

Patient Released To: _____ Date: _____