- For the first several days after surgery, it is helpful to take pain medication at regular intervals to keep pain at a tolerable level. This is more effective than allowing pain to become severe and trying to "chase it" back down to a tolerable level.
- **It is extremely important for you to ice and elevate your operative limb in order to reduce pain, swelling, and inflammation.**

Precautions with Pain Medications

- **Pain medication should always be taken with food** to avoid an upset stomach. You may split pills in half to take a smaller dose if needed.
- **Nausea and itching may occur with opioid pain medications.** If you experience these side effects, you may want to decrease your dose of pain medication or stop taking it.
- **Constipation is a common side effect of opioid pain medications.** To avoid constipation, increase your fluid and fiber intake, and consider using an over-the-counter stool softener (such as Colace or Docusate).
- **Do not take more than a total of 3 grams (3000 mg) of Tylenol in 24 hours.** Exceeding this limit can be toxic to your liver and is very dangerous. Many pain medications also contain Tylenol (acetaminophen), and it is important that you do not take a combined total of more than 3000 mg of this medication per day.
- **Sedation is a side effect of all opioids.** Patients who become very sleepy while using pain medication should not take another dose until they become alert.
- **Do not drive or drink alcohol while taking opioid pain medications.** You should also avoid tasks that require judgment, coordination, or short-term memory (such as childcare, operating heavy machinery, making legal/financial decisions, etc.).

When can I return to full activity?

- You will be able to resume driving when you are no longer taking pain medications (which alter your reaction time), and when you can comfortably and safely operate your vehicle.
- You may be able to return to work as early as 2-3 weeks after surgery, based on the physical requirements of your job. Most people recover for several weeks before returning to work.
- If you participate in sports or strenuous physical exercise, you should anticipate 3 months before being released to "full duty."
- Most people who have this surgery feel "fully recovered" after one year.

What will be different after having a joint replacement?

- **Improved pain:** 90-95% of people who undergo a total joint replacement report feeling significantly better than before surgery once they have completely healed.
- **Antibiotic prophylaxis:** For a minimum of 2 years after surgery, ask your dentist, doctor, or surgeon about whether you should have antibiotics before undergoing any dental procedures (including routine dental cleanings) or colonoscopies. For major invasive dental procedures (such as root canals, implant placements, etc.), you may need to receive prophylactic antibiotics for the rest of your life. It is sometimes possible for bacteria to travel through the blood stream, so it may be recommended that you take antibiotics prior to procedures that could transmit infection to your joint.

When do I start physical therapy?

- You will work on mobility exercises with physical therapists while you are in the hospital after your surgery.
- During the first two weeks after surgery, it is important for you to work on basic mobility, and to perform daily exercises as described above.
- You should begin physical therapy within two weeks after surgery (unless otherwise advised by your surgeon).

When do I need to follow-up after surgery?

- A follow-up appointment with your surgeon will be scheduled for 7-10 days after surgery.
- If you have any questions or concerns during that time, call the Fremont Orthopaedics Surgical Coordinator at (307)332-9720 Option 2..
- For medical emergencies, call 911 or go to the nearest emergency department.

WHEN TO SEEK IMMEDIATE MEDICAL ATTENTION:

- If the patient becomes unresponsive, is extremely difficult to awaken, or has difficulty breathing
- If you observe continuous or heavy bleeding of your surgical site despite performing a dressing change.
- If drainage from the surgical incisions is creamy, yellow/green, or has a foul odor
- If you develop numbness or signs of poor circulation (blue/grey color or icy cold temperature) in your operative limb and these symptoms are not better after loosening your brace/dressing and changing positions
- If you experience severe nausea and vomiting and are unable to keep fluids down, fail to urinate for more than 8 hours, or experience dizziness or fainting
- If you develop a fever greater than 101.5$_0$F
- If you develop severe tenderness or swelling in the middle of your calf
- If your pain cannot be controlled with the maximum amount of pain medication prescribed to you

FREMONT ORTHOPAEDICS PC

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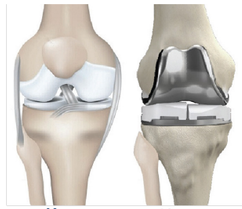
Knee Replacement Postoperative Instructions



Knee | Knee Replacement

Information about your surgery

A total knee arthroplasty (replacement) involves replacing the damaged surfaces of the knee joint with implants that are made of metal and plastic. The implants are sized specifically to fit your body, and are "glued" into place using surgical cement. During surgery, a small layer is removed from the bone surfaces to allow the implant to fit properly. The muscles and ligaments that surround your knee joint remain in place, allowing your knee to maintain movement and stability after surgery.

You received general anesthesia during surgery, during which you were constantly monitored by an anesthesiologist or anesthetist. This type of anesthesia involves both sedation and pain management for the duration of your surgery.

When will I be discharged home after my surgery?

Some patients spend 1 night in the hospital after a total joint replacement. It is possible that your surgeon will recommend that you stay longer, depending on your health and status after surgery. Others may be discharged home once they are able to eat and drink and pain is controlled, with close follow up from the Home Health and physical therapy team .

- During this time you will have the opportunity to work closely with your surgical team, as well as physical therapists and other healthcare professionals, to help you begin the healing process in a safe environment.
- You will be discharged once you have had some time to adjust to your new joint, and are able to move around more easily.
- It is important for you to have an adult caregiver available when you return home, as you will need help with daily activities, such as cooking, eating, and dressing.

How can I make my home a safe place to recover?

During the time that you are recovering at home, you will be using a walker or other assistive device while you continue to adjust to your new joint. The following recommendations are aimed to increase your comfort and safety.

Clear walkways: To help you move around your home safely, we recommend that you move any potential tripping hazards (such as throw rugs, boxes, electrical cords, etc.) before surgery.

Stairs: If there are stairs in your home, you may initially need help from an adult caregiver while using them. Having secure handrails available will also help you to use the stairs while you recover.

Bathroom safety: It is very helpful to obtain a shower chair and toilet riser before surgery, or to install "grab bars" in your bathroom to enable easier transitions from sitting to standing. *Some of these items are available for rent at the local senior centers.*

SUMMARY OF KEY ITEMS FOR YOUR RECOVERY:

- Perform exercises 3 times per day, starting the day after surgery.
- Apply cold therapy to your operative site 5-6 times per day.
- Begin physical therapy two weeks after surgery.

Sitting: Having a sturdy armchair (without wheels or rockers) will allow you to comfortably and safely sit down and stand up.
Pets: If you have pets in your home, you should take precautions not to trip on them or have them jump up on you. It is best to have someone available to care for them and/or take them outside until you have regained adequate mobility.
Access to items: If there are items that you use frequently that are stored in difficult-to-access areas (such as under the bed, on a high shelf, etc.), we recommend moving these items to an accessible location before surgery.

What should I eat and drink after surgery?

- You may eat and drink what you feel like after your surgery, but it is very important to stay hydrated, so you should consciously increase your water intake.
- Some patients experience nausea after surgery, so we recommend that you start with light foods such as soup, toast, crackers, water, or juice. If you are tolerating these foods, you may progress to a regular diet.
- Opioid pain medications often cause constipation, so eating a high fiber diet may help you to avoid this side effect.

How do I take care of my dressing?

- **Your dressing is intended to keep your surgical incisions clean, dry, and covered until your first post-operative appointment.**
- Drainage from your incision may be visible after surgery. It is normal for this drainage to appear blood-tinged, clear pink, or reddish.
- **Please call our office** if you observe your incisions are continuously oozing drainage despite changing the dressing per instructions below or if the drainage appears creamy yellow/green and has a foul odor. If you observe heavy bleeding, seek medical attention.

Dressing Change Instructions

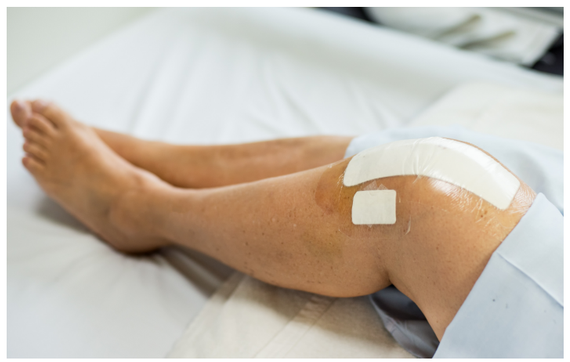
- **The clear adhesive dressing should remain on your knee until your first follow-up appointment with your surgeon.** The dressing placed on your leg in the operating room consists of surgical glue and a clear adhesive dressing. These are covered by cotton padding and an ace bandage.
  ~ You can remove the outer cotton padding and ace bandage (leaving the clear adhesive dressing in place) on the day of surgery or whenever you wish to shower.
  ~ If the clear adhesive dressing is removed, becomes dislodged, or is fully saturated with drainage you may replace it with a dry gauze dressing that is secured with a Band-Aid or medical tape. Keep your incision covered at all times with clean, dry gauze until your postoperative appointment.

Bathing After Surgery

- **You may shower at any time after surgery, while leaving the clear adhesive dressing in place.** Do not swim or submerge your operative site in a bathtub, hot tub, or hot spring until your incisions are fully healed and cleared by your surgeon.
  ~ You may gently wash around your clear dressing, but do not vigorously scrub the edges of the dressing.
- **After your clear adhesive dressing has been removed:**
  ~ To wash your operative site, simply allow soapy water to run over the incisions. You may gently wash around your incisions, but do not vigorously scrub your incision sites.
  ~ After washing, gently pat to dry your incisions with a clean towel. Continue to apply clean dressings over your incisions until they are fully healed.

What activities and exercises can I do?

- You will begin working with a physical therapist soon after your surgery, and may have a "continuous passive motion" (CPM) machine placed on your leg to help with movement.
- Although there are no formal restrictions for physical activity after total knee replacement, we strongly encourage you to start slow and progress as tolerated.
- The physical therapy team at the hospital will help you practice moving around with your new joint, and will teach you exercises to continue performing once you leave the hospital.
- **It is important to apply ice to your knee** for 30-40 minutes 5-6 times a day for the first three days after surgery. You should keep applying ice 3 times a day for 2 more weeks.
- Never apply ice directly to bare skin. **Do not use heat on your knee**.
- **Do not rest with your knee bent or place a pillow under your knee for multiple hours.** This may result in your knee healing in a bent position, thereby limiting your recovery.



Exercise Instructions

It is very important for you to do each of the following exercises 3 times a day to maintain strength and mobility:

- **Gluteal squeezes:** Squeeze and relax your "butt cheek" muscles for 5-10 seconds at a time. Repeat for 5 minutes.

- **Calf exercises:** Pump your foot up and down while moving your toes for 5 minutes.

- **Quad sets:** Squeeze your quadriceps (or "quad") muscles on the front of your thighs, to press the back of your knee downward. Hold for 5-10 seconds. Repeat this until your knee is fully straight or your leg becomes tired.

- **Straight leg raises:** In a reclining position, raise the straightened operative leg so that the heel is 12-24 inches off of the ground 15-20 times.

- **Full knee extension:** In a reclining position, place a rolled towel beneath the ankle of your operative leg for 20 minutes at a time, to encourage the knee to be fully straight. This is vital to your recovery and must be accomplished in the first postoperative week and continued for four weeks after surgery.

- **Gentle knee flexion:** In a reclining position, slide your foot toward your buttocks, bending your knee and keeping your heel on the bed. Hold your knee in a bent position for 5 to 10 seconds, then straighten. Repeat this until your knee is fully bent or your leg becomes tired.

Can I bear weight on my leg after surgery?

- Your operative leg is structurally secure right after surgery, and you may bear weight on it as tolerated. You should start with gentle weight-bearing, and progress as tolerated.
- Use of a walker or crutches is usually necessary to improve stability and comfort for the first 4-6 weeks after surgery. You can gradually increase the amount of weight you are bearing on your operative leg until you are ready to transition to using a cane or to entirely stop using an assistive device.

What medications can I take?

- **For safety reasons, always take prescription medications as directed** and talk with your surgeon if you think your prescription needs adjustment.
- Patients can typically be managed without intravenous pain meds after joint replacement surgery. There are a variety of options for pain management, such as Tylenol, Gabapentin, Percocet, and anti-inflammatory medications, none of which are required. Your surgeon and care team will work with you to establish a regimen that best meets your needs.
- Once you begin to feel comfortable after surgery, you can decrease your pain medication by taking smaller doses and increasing the time between doses. You may use Tylenol (acetaminophen) instead of your prescription pain medication.
- You will also be taking medications to reduce the risk of blood clot formation for at least one month following surgery.

How to Minimize Blood Clot Risk After Surgery

- The best way to prevent blood clots after surgery is to remain active and to perform the included exercises.
- In order to reduce your risk of blood clots (also known as "deep vein thrombi" or "DVTs") after surgery, your surgeon will instruct you to take medications such as aspirin or "blood thinners."
- Most patients will be instructed to take Aspirin tablets for the first 30 days after surgery. Some patients with additional clotting risk factors may be prescribed "blood thinner" medications to be injected under the skin after surgery.

How to Manage Pain After Surgery

- You will experience some pain following surgery, which is part of the expected healing process. Our goal is to help you maintain a mild level of pain that allows you to go about your daily activities, participate in rehabilitation exercises, and sleep at night.