



## Postoperative Instructions: Knee Replacement

Please read these instructions thoroughly. Most of your questions will be addressed here. The first page is a summary. You can find additional details on the following pages. Following these precautions will help minimize complications and address concerns about your surgery. Additional information can be found at [www.bradleysmithmd.com](http://www.bradleysmithmd.com).

### **SUMMARY PAGE**

**Weight-bearing status:** Weight-bearing as tolerated with walker/crutches as needed

**Range of Motion:** Progress as tolerated.

#### **Medications:**

**Tramadol:** 1 tab by mouth every 6 hours.

**Tylenol 325 mg:** 2 tabs (650 mg) every 6 hours.

**Aleve 220 mg (Naproxen):** we recommend 2 tabs every 12 hours for the first 5 days after surgery.

**Oxycodone 5 mg:** 1-2 tabs by mouth every 4-6 hours as needed for severe (breakthrough) pain.

**Aspirin 81 mg:** 1 tab two times per day to reduce the risk of blood clots.

#### **Pain control:**

You likely received a nerve block for postoperative pain control. We recommend that you start your pain medication regimen when you get home from the hospital. Continue the medication for the first 1-2 days until the block wears off and you have a better idea of how you will handle the pain. Keep your leg **elevated** and use **ice or the cryo-cuff** as much as possible to help with pain and swelling.

#### **Dressing:**

You may remove the outer ACE wrap and bandage 1-2 days after surgery. There is a waterproof dressing underneath that you should leave until your followup appointment.

**Follow up:** 7-10 days



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## Pain Control

You may have received a nerve block or a local anesthetic injection to help with pain control. This will likely wear off 8-12 hours after surgery. You should start your pain medication when you get home and before you go to sleep so that you have something working before the block wears off. Otherwise the pain can be difficult to control. Typically, pain is the worst during the first 2-3 days after surgery before starting to subside.

### **Pain Medications:**

We strongly recommend the following pain medication regimen. Using multiple medications that work differently allows you to keep your pain under control while reducing the risk of side effects from taking too much of a single medication. This has also been shown to reduce the amount of narcotic medication patients need after surgery.

Baseline pain control:

- Tramadol 50 mg: 1 tablet every 6 hours. This is a mild narcotic medication. This should be taken once every 6 hours until you are able to space out this medication and eventually switch to over-the-counter medications alone. Do not drive or operate heavy machinery while taking, as it can cause drowsiness.
- Tylenol (Acetaminophen) 325 mg: 2 tablets (650 mg) every 6 hours.
- Aleve (Naproxen) 220 mg: 2 tablets (440 mg) every 12 hours with meals. This is a strong anti-inflammatory medication. Do **NOT** take this medication if you have a history of gastric ulcers or sensitivity to other anti-inflammatory medications.

Severe Pain:

- Oxycodone 5 mg: this is a strong narcotic medication. You may take up to 1-2 tablets every 4-6 hours AS NEEDED for the first few days after surgery. After 2-4 days, you should be able to space out or discontinue this medication. Do not drive or drink alcohol while taking this medication.

If you have any side effects (i.e. nausea, rash, trouble breathing) from a medication, discontinue its use and call our office. Constipation is common after surgery and while you are taking narcotics for pain control. Drink plenty of clear liquids, and consider using an over-the-counter stool softener such as Docusate or Miralax.



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## Preventing Blood Clots

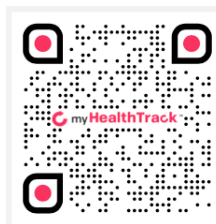
- A blood clot forming within a deep vein (Deep Vein Thrombosis) is one of the major risks facing patients who undergo surgery. It commonly occurs in the thigh or calf. Deep vein thrombosis can develop after any major surgery.
- A pulmonary embolism is a blood clot that breaks free and travels through the veins. If it reaches the lungs, it can block the flow of blood to the lungs and heart. A pulmonary embolism is a dangerous condition that can even lead to death.
- Lower extremity compression devices should be worn when in bed to reduce the risk of blood clots forming.
- You should also perform ankle pumps and get up to walk once per hour when awake.
- Medication: Aspirin 81 mg: 1 tablet two times daily for a total of 3 weeks after surgery to reduce the risk of blood clots, unless otherwise discussed with Dr. Smith.

## Wound Care and Showering

- It is normal for there to be bleeding and swelling following surgery – if blood saturates the dressing, simply reinforce with additional gauze dressing for the remainder of day and check again.
- You may remove the outer ACE wrap and bandage 1-2 days after surgery. There is a waterproof dressing underneath that you should leave until your followup appointment.
- You may shower with the waterproof dressing.
- Do not soak the incision in water. Do not go swimming in the pool or lake/ocean until Dr. Smith tells you that you can do so.
- Please do not use Bacitracin or other ointments under the bandage.

## Physical Therapy

- Home physical therapy should be ordered to start within a few days of when you get home for the first few weeks after surgery.
- You will transition to outpatient physical therapy about 2-3 weeks after surgery.
- The myHealthTrack app is recommended to supplement formal physical therapy. This app can be downloaded using this QR code or by going to [mht.link/precision2](https://mht.link/precision2), then select **Dr. Smith** → **Operative** → **Knee** → **Total Knee Arthroplasty**.



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## Activity

- Try and rest for the first few days following surgery.
- You can put as much weight on the leg as tolerated. You may need a walker/crutches initially, but can gradually transition to walking without assistive devices when your pain and mobility improve
- A **continuous passive motion (CPM) machine** may be utilized for the first couple of weeks following surgery to facilitate early motion.
- Return to (sedentary) work or school the day after surgery if pain is tolerable. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Smith.
- YOU WILL have swelling; you may even have swelling into your foot. That is NORMAL.
- When sitting or lying down be sure to keep your leg elevated up above the level of your heart to help decrease swelling. Also continue to do ankle pumps.
- **Ice** or the **cryo-cuff** can be used as much as possible for the first 3-4 weeks to help decrease swelling.
- If swelling worsens or becomes more painful, call the office.

## Driving

- Do not drive a car or operate machinery while taking narcotic pain medication.
- In general, you can return to driving when you are able to walk comfortably without assistive devices.
- It is recommended that you test drive in a parking lot or somewhere else safe to make sure you can tolerate driving and braking safely.
- It can take 6 weeks or longer for your braking speed to return to normal after surgery.

## Follow-Up

- You have likely already been scheduled for your first postoperative visit.
- If you have not received an appointment please contact the office to schedule an appointment 7-10 days after your surgery.
- You will be seen by Dr. Smith for your first postoperative visit to review your intraoperative findings and to go over any questions you may have.



## Disability Paperwork

**A \$50 fee will be required for any FMLA/Disability/Insurance forms to be filled out PER request. Due at time of request. These will not be completed until after the surgery has been complete or if there are special circumstances.**

Disability parking placards can be provided at the physician's discretion and based on the surgery performed.

<http://www.txdmv.gov/motorists/disabled-parking-placards-plates>

## When to call for help

**Call 911 anytime you think you may need emergency care. For example, call if:**

- You pass out (lose consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe nausea or vomiting.

**Call the office if:**

- You have pain that does not go away after you take pain pills.
- You have a fever over 101.3°F.
- You have loose stitches, or your incision comes open.
- Your incision keeps bleeding 3 days after your surgery.
- You have signs of infection, such as redness around the incision or pus draining from your incision.



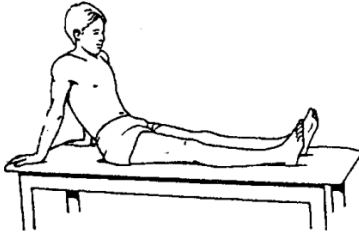
**BRADLEY W SMITH MD**

Sports Medicine Orthopedic Surgeon

**YOU DESERVE A COMEBACK STORY**

## Home Knee Exercises

### QUAD SETS

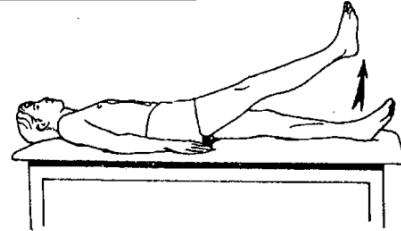


Tighten muscles on top of thigh by pushing knee down to floor or table.

Hold 1-2 seconds. Repeat 10-15 times

Do 3 sessions per day.

### STRAIGHT LEG RAISE

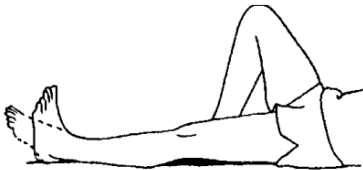


Tighten muscle on front of thigh then lift leg 8-10 inches from floor keeping knee locked.

Hold 1-2 seconds. Repeat 10-15 times

Do 3 sessions per day.

### CALF PUMPS



Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain.

Hold 1-2 seconds. Repeat 10-15 times

Do 3 sessions per day

### LEG HANGS WITH GRAVITY

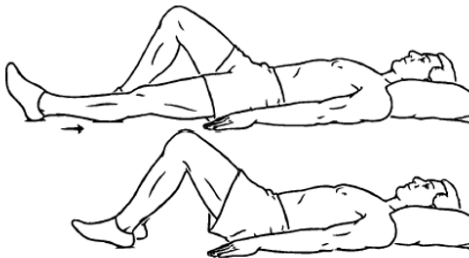
Allow leg to hang with gravity and bend as tolerated for 60-90 seconds.

**DO NOT ACTIVELY STRAIGHTEN LEG FROM THE BENT POSITION**

Do 3 times per day



### Heel Slides



Lie on your back with your legs straight and your feet slightly apart. Slide your affected leg as close to your buttocks as you can. Hold this position for 5 seconds. Slide your heel back to the starting position.

Do 1-3 sets of 10 repetitions, with 1 minute of rest between.

Try to do this 2-3 times per day



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