

Your Knee Replacement Post-Operative Instructions



Ryan N. Robertson, MD | Abby Fisher, PA-C

Contacting your team

- You should already be scheduled for a follow-up appointment with my Physician Assistant, Abby Fisher, PA-C. This is typically 4 weeks from your surgery date.
- We strongly recommend setting up your MyChart account with OrthoVirginia. This gives you quick and easy access to the office staff with any questions or concerns.
- You can also always call between the hours of 8AM-5PM Monday – Friday.
- **The direct line for Dr. Robertson's team is (804) 486-6867.**
- If after 5pm, we recommend two options:
 - Call the Orthopaedic floor at Henrico Doctors Hospital 804-967-5300 to speak to one of the floor nurses.
 - If you need to speak to the on-call OrthoVirginia provider, please call the main line at 804-288-3136 and pick option to speak to provider

Activity

- You may put full weight on your knee, unless you have been instructed otherwise.
- Perform your home exercises as often as possible, at least 2 times a day.
- During the day you should bend the knee as much as possible.
- Full extension at the knee is the most important aspect of your range of motion. Avoid placing a pillow or bump behind the knee. Rather, place the heel up on a elevation pillow (which can be obtained on Amazon), bump, or pillow and allow gravity to help straighten the knee.
- Work daily on progressing your activities with either forearm crutches or a walker. You may transition to a cane as soon as you feel

comfortable and strong enough. Advance your activity in a cautious manner. Be sure not to overdo it.

- Please refrain from any high-level activities until we see you for your follow-up appointment. This includes golfing, exercising, and other intense activities.
- Physical therapy will start approximately 5-7 days after surgery. If you are not set up for therapy, please contact the office.

Swelling

- Almost everyone has some degree of swelling at the knee and below the incision following surgery. This swelling typically peaks around 5-7 days after surgery. You may experience swelling in other parts of your leg such as your foot and/or ankle.
- It is not unusual to have some bruising in the thigh, calf, ankle, and foot.
- Ice, elevation and compression will help with the swelling.
 - **Ice:** Application of ice packs will prevent and treat inflammation as well as reduce pain and swelling. Apply ice 20 minutes on, 20 minutes off, repeating as frequently as you would like. Be sure to use a protective barrier such as clothing between the ice and your skin to prevent irritation and skin burns.
 - **Elevation:** Keep the limb elevated above the level of your heart to help with swelling.
 - **Compression:** You may choose to use compression socks if you are experiencing swelling in your foot. You do not need medical grade compression socks. You can find compression socks at the pharmacy or on Amazon. You may find that using the ACE bandage that you were discharged with helps with swelling in the knee.

If you have any problems or questions, please call your doctor's office (8am-5pm).

Answering service for after hours.

7650 E PARHAM RD, SUITE 100
RICHMOND, VA 23294
P: 804-486-6867
F: 804-968-1816
ORTHOVIRGINIA.COM

- If you have calf redness, calf pain or calf swelling that is out of proportion to the rest of your leg, please contact the office.

Wound Drainage

- A small amount of bleeding or drainage onto your dressing after surgery can be normal. If you notice continued bleeding or drainage from your incision, or if the bandage is saturated, contact Dr. Robertson's team.
- Until you speak with Dr. Robertson's team:
 - Do not shower
 - Hold physical therapy
 - Avoid vigorous activities
 - Keep the knee fully extended (out straight) and avoid knee flexion (bending knee) beyond 45 degrees until drainage stops
 - Apply gauze dressing over the incision followed by good compression with an ace wrap

Dressing / Wound Care

- You should remove the waterproof dressing 7-10 days after surgery. Once the waterproof dressing has been removed, you may leave the incision open to air as long as there is no drainage. You may reapply a clean, dry dressing if you choose to do so, but this is not required. An example of such as dressing is Primapore dressings, which can be purchased on Amazon.
- Most incisions are closed with absorbable sutures beneath the skin. The most superficial layer of the closure is typically Dermabond Prineo, which is a skin adhesive that combines with mesh. Beneath the waterproof dressing you will likely see the mesh strip. The mesh strip will fall off naturally in 2-3 weeks. If it begins to peel off, you may trim the edges. If it remains in place after 3 weeks, you may remove it.
- Some patients will develop a rash if the Dermabond Prineo remains in place for too long. This can occur anywhere from a few days to a few weeks. If you notice itching, redness, blisters or a rash at the incision site, the first step is to remove the mesh strip in its entirety. Please remove the Dermabond Prineo mesh strip and then notify our office for next steps.

- If you have any bleeding, drainage, or questions about a special dressing (example: PICO) at any time, please contact the office for further instructions.

Showering / Bathing

- As long as the waterproof dressing is well adhered to your skin, you may shower immediately.
- Once you remove the waterproof dressing, it is ok to allow gentle soap and water run over the incision.
- Do not vigorously scrub your incision.
- Keep the incision clean and dry. Do not apply any creams, ointments, salves or medication patches directly on top of the incision.
- Do not soak your incision under water for 6 weeks. This means no bathtubs, pools, hot tubs, or outdoor water sources (lakes, rivers, ocean) for 6 weeks.
- If there is continued drainage or if you have any concerns regarding your incision, contact Dr. Robertson's office prior to showering.

Diet

- You may advance to your regular diet as tolerated.
- Proper nutrition is crucial to healing. Make sure you are eating healthily, drinking plenty of fluids, and following a balanced diet.
- Avoid processed foods.

Medications

- Your post operative medications will be selected based on your personal medical history, but typically consist of acetaminophen, a prescription strength anti-inflammatory, and narcotic medications for moderate and severe pain.
- It is our goal to keep you as comfortable as possible. Please take your medications as prescribed without exceeding the recommended dosage.
- It is important to understand that pain has a cycle. It begins and increases until the medication interrupts it. The aim of good pain control is to stop the pain before it becomes intolerable, so you want to stay ahead of it. Make a schedule and set an alarm if you need to be reminded of medication times.
- Remember that pain control is achieved through multiple modalities, including non-pharmacologic strategies such as ice and elevation. If you are requiring narcotic medications to manage your pain, you should be taking an anti-inflammatory if prescribed, as well as over-the-counter Tylenol. You can take up to 3000 mg of Tylenol in a single day. The narcotic medications are not mandatory and we encourage patients to discontinue these medications as soon as possible after surgery.
- Pain medications cause constipation. Take the Colace (stool softener) twice daily and MiraLAX while taking the narcotic medication to help prevent constipation.
- Other side effects of pain medication may be dizziness, headache, nausea, vomiting, and urinary retention. Zofran will help with nausea.
- Discontinue the pain medication if you develop itching, rash, shortness of breath, or difficulties swallowing. If these symptoms become severe or are not relieved by discontinuing the medication, you should seek immediate medical attention.
- Refills of pain medication are authorized during office hours only (8 AM - 5 PM Monday -Friday). Please call at least 24 hours prior to running out of pain medication.
- You will not be prescribed narcotics beyond 6 weeks from the date of surgery.

Blood Thinner

- Everyone will be prescribed a medication to help prevent blood clots. It is important that you take this medication for the first 30 days following surgery regardless of your activity level.
- Most likely, you will be prescribed aspirin 81 mg to take twice daily. If you already take a daily aspirin as recommended by your primary care doctor or cardiologist, you can return to once daily dosing after 30 days.
- Depending on your medical history, you may be prescribed Eliquis instead of aspirin.
- If you already take a blood thinner such as warfarin, Eliquis or Xarelto, you will be given instructions on how to resume these medications.

Driving

- You may resume driving when you are off all narcotic pain medications and able to apply the brakes safely and quickly in the case of an emergency.
- This is normally 2-4 weeks for left-sided joint replacements and 2-6 weeks for right-sided joint replacements.

Signs/Symptoms of Concern

- Contact Dr. Robertson's office if any of the following signs or symptoms develop:
 - Temperature greater than 101.5 for more than 8 hrs.
 - Fever and/or chills that persist for greater than 8 hr.
 - A sudden increase in pain/swelling/ or tenderness in the back of your calf or thigh that is not relieved with ice, elevation, and pain medication.
 - Increased drainage from your incision, increased redness, or warmth at the area of your incision that persists despite ice and elevation
- If after 5pm, we recommend two options:
 - Call the Orthopaedic floor at Henrico Doctors Hospital 804-967-5300 to speak to one of the floor nurses

- If you need to speak to the on-call OrthoVirginia provider, please call the main line at 804-288-3136 and pick option to speak to provider
- Please be advised if a problem arises which you feel requires immediate medical attention you should seek medical attention at the closest ER.

Feedback

- I want to provide the absolute best care for you. Feel free to email me comments and suggestions on how I can improve the experience for you and future patients. I will be here with you every step of the way. It is my privilege to be your surgeon.
- Email: **Ryan.Robertson@orthovirginia.com**
- Website: **RyanRobertsonMD.com**



**Stronger
starts
here.**

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