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## **Patient Instructions for Total Knee Replacement**

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**I. Diet:** You may resume your normal diet. It is important to maintain a healthy, balanced diet while you are healing from surgery. Include plenty of fluids and eat foods high in fiber as pain medications tend to cause constipation.

### **II. Medications**

- **Pain Medications:** A written prescription for pain medication has been provided to you upon hospital discharge for:

- Oxycodone 5mg**                       **Percocet 5/325**                       **Norco 5/325**
  - 1 tab by mouth every 4 hours as needed for breakthrough mild to moderate pain
  - 2 tabs by mouth every 4 hours as needed for breakthrough moderate to severe pain
- Tylenol** 2 tablets (650 – 1000mg) three times a day for 2 weeks, then 1 tablet (325 - 500 mg) three times a day for 2 weeks, then as needed.
- Advil** 600 – 800 mg three times a day for 2 weeks, then 400 mg three times a day for 2 weeks, then as needed **OR Aleve** 1-2 tabs two times a day for 2 weeks, then 1 tab two times a day for 2 weeks, then as needed (decrease the amount or stop taking if you are experiencing GI distress or bleeding)
- Other** \_\_\_\_\_

Your goal is to gradually decrease the use of narcotic pain medication over the next 4-6 weeks.

- **DVT prophylaxis as checked below:**

- Aspirin** 81mg TWICE daily for 6 weeks
- Other:** \_\_\_\_\_

- **Constipation:** To avoid constipation, take an over-the-counter stool softener (i.e. docusate sodium) twice daily while on pain medication. You may also need a light laxative such as senokot.

- □ **Vitamin D:** Your vitamin D level is low. Low vitamin D can be a factor in osteoporosis which could lead to fractures. It is recommended you take a vitamin D supplement and follow up with your primary care physician. They may want to order a bone density test, prescribe a higher dose of vitamin D or other medication for your bone health.

### III. Activity

- **Rest Periods:** Gradually increase your activity on a daily basis. The amount of time you spend out of bed and the number and distance of your walks should gradually increase each day. Between activities such as walking, meals, exercises, etc., take a rest period where you can ice and elevate your knee. Limit sitting to 30-45 minute intervals for the next 4 - 6 weeks, in other words try to get up frequently.
- **Exercises:** Perform your exercise program several times daily for short periods of time each session. Follow the pre-printed instructions given to you by your hospital physical therapist. To gain full extension (straightening) of the leg, it is important to continue elevating your heel on a pillow, coffee table, or chair multiple times per day for at least 30 minutes. One of the best ways to work on flexion (bending) is to do the chair exercise where you continue to try to get your foot further and further under the chair which bends your knee more.
- **Weight-bearing:** You may put as much weight as is comfortable on your operative leg with activity. Most patients will use the walker for the first few weeks. As you get better, stronger and more stable you can transition to a cane until you are safe/comfortable walking unassisted.
- **Home Physical Therapy (P.T.):** A physical therapist from an assigned home health care agency will call you either the day you leave the hospital or the following day to set up your first in-home appointment. He/she will arrange for P.T. following your discharge from the hospital and continue for approximately 2-3 weeks, 2-3 times per week. Most patients go to outpatient P.T. for a month after completing home P.T.
- **Impact Loading:** Low-impact activities such as stationary bicycling and walking may begin when you get home. Swimming is allowed at 4 weeks after surgery after I have had a chance to evaluate your incision. Activities such as golf, tennis, hiking and dancing can usually be resumed at 3 months.

- **Icing:** Ice your knee 3-4x/day for 15-20 minutes, especially following activity such as physical therapy or long walks. Wrap ice pack in a thin towel or pillow case so ice pack is not directly on your skin. You may use anything cold: ice, frozen veggie bags, polar ice machine, etc.
- **Bathing:** Because it is difficult to get in and out of a bathtub, we recommend using a shower for bathing. A shower stall with a low entry step is recommended. You may use a chair or bench in the shower if there is space. You will need to keep your incision covered while showering for the first 10 days. After 10 days you can allow water to run over your incision. Do not soak or submerge your incision until you have seen Dr. Rosen for follow up.
- **Driving:** The time frame to return to driving is different for everyone. You may drive once you are no longer taking pain medications during the day, you have transitioned to using a cane, and you feel safe and comfortable operating the vehicle. While you are traveling as a passenger for the first 6 weeks following surgery, it is advised that you get out of the car at least hourly and take a short walk.
- **Returning to work:** The decision to return to work will be based on the type of work you do, your physical stamina, and whether you have other medical conditions. This time period can be anywhere from 2-3 months following the procedure. We recommend that you avoid making any major changes in your work or retirement plans until your recovery is complete.

#### **IV. Wound Care:**

You can remove your knee bandage the day after you leave the hospital if this has not already been done and leave the incision open to the air. Your incision may be warm, itchy, and slightly red for several weeks after surgery. You may shower, keeping your incision covered and dry for the first 10 days. After 10 days you can shower without covering the incision and allow water to run over the incision and pat lightly with a towel to dry.

If there is excessive redness and/or drainage from the incision area call our office.

Your staples will be removed by the RN at Dr. Rosen's office approximately 2 weeks after surgery. Once staples are removed, steri-strips will be applied to the incision for added protection, and will remain in place for approximately 7 days.

## V. Common Problems

- **Leg & ankle swelling:** You may have some swelling in your operated leg that should gradually decrease. If swelling occurs, lie down and elevate your legs above the level of your heart and rest. If swelling does not improve after rest, ice, and elevation contact the office.
- **Pain:** Pain may be a result of over-activity. When you are in pain, sit or lie down, elevated your legs, and rest. If the pain does not subside, take the pain medication prescribed for you. Pain is a protective mechanism that helps to prevent over-usage and should not be ignored. If you need a refill on your pain medication, contact the office. All refill requests need to be called to the office between 8 am and 4 pm Monday through Friday. We cannot refill medications at night or on weekends.

## VI. Return Appointments:

You are scheduled to see Dr. Rosen's RN on \_\_\_\_\_@\_\_\_\_\_ for staple removal & Dr. Rosen on \_\_\_\_\_@\_\_\_\_\_ at the Torrey Pines location first floor.

### **Call our office at 858/554-7993 if you have:**

- Temperature of 101° or higher
- Drainage from your incision
- Increasing redness around your incision
- Increasing pain around the incision, unrelieved by pain medication
- Excessive calf pain & swelling that does not go away with elevation and rest.

\*If you have problems arise on weekdays after 5:00 p.m., or on weekends, please call the Scripps Clinic operator at (858)455-9100. Your primary physician should be called for non-orthopaedic medical conditions, such as diabetes, heart, and lung conditions.