

## THE TEXAS HIP AND KNEE CENTER

### DR FORD TOTAL KNEE REPLACEMENT/ REVISION DISCHARGE INSTRUCTIONS

#### PRECAUTIONS:

- NO Falls
- No twisting/pivoting on surgery leg for 3-4 weeks

#### KNEE REVISION ONLY:

- Please wear your Knee immobilizer brace daily until your first appointment.
- Wound vac dressing will be removed 1 week after surgery and changed to a dry dressing by a home health nurse or in our office.

#### PHYSICAL THERAPY/DISCHARGE:

- Please plan on going home the same day or staying overnight. If an overnight stay is needed, you will be discharged the next day approximately by noon.
- Please arrange **OUTPATIENT PHYSICAL THERAPY PRIOR** to your surgery to avoid any delay in your therapy after surgery. It is extremely important to achieve as much motion in your knee as possible the first 4-6 weeks after your surgery. **OUTPATIENT PT is HIGHLY RECOMMENDED**; however, Home Health PT can be arranged prior to discharge if needed.

#### WOUND CARE:

- While at home, please **DO NOT CHANGE** your dressing unless you have **SPECIFIC INSTRUCTIONS** to do so. You may shower with the type of dressing that you have if the dressing is intact. Wrap your knee with **PRESS'NSEAL** while showering. **DO NOT SOAK** in a bathtub. Please call the office if dressing becomes saturated. If your dressing loses seal, please reinforce with surgical tape.

#### WALKING AIDS:

- You will likely remain on the walker or crutches for about 2 weeks. After 4 weeks you may advance to a cane if you are comfortable. After 3-4 weeks you may discontinue all walking aids if you are comfortable.

#### BLOOD THINNERS:

- You will be on Aspirin for 6 weeks after the surgery. Take Aspirin 81mg 1 tablet **TWICE DAILY** with food. **DO NOT TAKE** other nonsteroidal anti-inflammatory drugs (Aleve, Ibuprofen, etc) while taking Aspirin. If you will be discharged home with a different blood thinner, further instructions will be provided upon discharge from the hospital.

#### Pain Management

- **Activity:** Movement and activity lessen pain **Ice Therapy:** Ice decreases pain and swelling.
- **Elevation:** Elevating above your heart will help decrease pain and swelling.
- **Medication:** Non-narcotic pain medications will be taken on a scheduled basis. We will provide you with a pain prescription at the time of discharge. You may start out by taking the medication as prescribed on the bottle. As your pain improve you may wean off your medication by decreasing the dose or the time interval between pain pills.

- **PLEASE NOTE THAT WE DO NOT PRESCRIBE PAIN MEDICATIONS AFTER OFFICE HOURS OR ON THE WEEKENDS.**

### **SWELLING/BRUISING:**

- **DO NOT** be alarmed if you get swelling in the operated leg. This is expected. The swelling can take up to several months to subside. As you become more ambulatory, the swelling may increase. You may also develop some bruising around the incision site and the operated leg. The bruising will eventually go away as the body reabsorbs the blood.

### **EARLY ACTIVITY**

- Walk less than 700 steps per day for the first 2 weeks. Ice 30 minutes every hour and elevate as much as possible for the first 2 weeks.

### **NUMBNESS:**

- You may develop some numbness or altered sensation on the outer knee. It may take from 6-12 months to improve. This is completely normal.

### **CONSTIPATION:**

- The use of narcotics in general may cause some degree of constipation. While you are taking pain medications at home, remember to also pick up over-the-counter laxatives/stool softeners such as Miralax, Milk of Magnesia, or Metamucil to prevent significant problems. Staying hydrated with fluids and juices can also help with this.

### **Sleeping**

- You may have difficulty sleeping for several months following total joint replacement. Prescription sleeping aids are **NOT** recommended because they can have serious side effects. You can use your pain medication right before bed- time to help with sleeping. Take Vistaril prior to bedtime to help with sleeping.

### **Driving**

- **You may NOT operate a motor vehicle if you have had pain medication within 8 hours of driving.**
- Right sided total joints may take up to 3-4 weeks before operating a motor vehicle. Left sided joints may be released to drive at as little as 2 weeks. These are all patient variables and based off your visits with your surgeon as well as your physical therapist post-operatively.
- Walk comfortably with a cane.
- No longer taking narcotic pain medications during the day.
- Have appropriate control of your leg.
- Cleared to drive after first post op visit.

### **FOLLOW UP:**

- Your first follow up is typically 2-3 weeks after surgery.

## CALL US ANYTIME:

- If problems arise at home, please feel free to call our office. **If you develop calf pain in the operated leg, increased swelling with increase pain, drainage or redness from the incision site or persistent fevers, please call our office IMMEDIATELY!!**

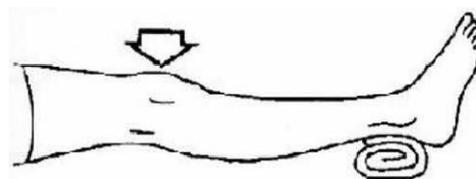
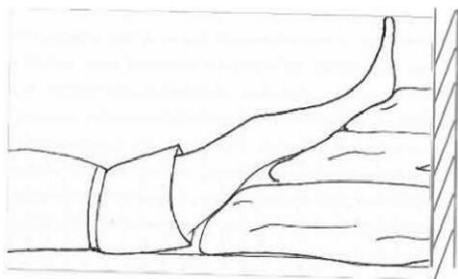
## What To Expect During Post Op Visits:

- **3 Weeks:**
  - Incision check
  - Assess ROM
  - Talk about daily activities.
  - X-rays will be performed.
  - Medication check
- **7 Weeks:**
  - Incision/ ROM check
  - Medication check
- **14 Weeks:**
  - Assess ROM
  - Discuss return to work.
  - X-rays are performed.

## **Expectations Following Surgery**

### **Total Knee Replacement**

- Remember your knee is MECHANICAL. It is normal for your knee to make noise, click, and pop.
- Use a walker for 1-2 weeks, and a cane as needed after
- Range of motion from 0-100 at 4 weeks.
- See improvements for up to 1-year post-op.
- Desk-type jobs may return as early as 3-4 weeks.
- Active jobs may require 2-3 months before returning to work.



**\*\*\*YOUR 3 WEEK FOLLOW UP APPOINTMENT IS SCHEDULED FOR:**

- **DATE:** \_\_\_\_\_
- **TIME:** \_\_\_\_\_
- **Location:** Harris/Alliance

**\*\*\*Dr. Ford has 2 different office locations; please review what office your appointment is scheduled at.\*\*\***

**Harris Southwest:** 6301 Harris Pkwy Fort Worth TX, 76132 Professional Building 1 Suite 300  
**Alliance:** 10900 Founders Way Fort Worth TX, 76244 Suite 201

Common Post-Op Meds	Usage	Directions
Aspirin 81 mg tablet *some patients may take Eliquis if at higher risk for blood Clot*	Blood Thinner	Take one 81 mg tablet twice a day <b>(start after surgery)</b>
Tylenol 500 mg tablet	Pain	Take two tablets 3 times a day <b>(start after surgery)</b>
Celebrex 200 mg or Mobic 15mg	Pain	Take one tablet once a day * Moderate to severe kidney disease patients will not receive this medication* <b>(start 5 days prior to surgery)</b> <b>(Continue after surgery)</b>
Cefaclor 500mg	Antibiotic	Take one tablet twice daily for 5 days <b>(start after surgery)</b>
Tramadol 50 mg <b>**PRIMARY PAIN MEDICATION**</b>	Moderate/Severe Pain	Take one tablet every 4 hours as needed for pain <b>(start after surgery)</b>
Oxycodone 5 mg <b>(ONLY TAKE IF TRAMADOL IS NOT WORKING)</b>	PRN for Severe Pain	Take one tablet every 6 hours as needed <b>(start after surgery)</b>
Colace 100 mg	Stool Softener	Take one tablet twice a day <b>** Take while using narcotics**</b>
Promethazine 25 mg or Zofran 8mg	Nausea	Take every 6 hours or as needed
Protonix 40 mg	Proton pump	

	inhibitor, stomach protector	Take once a day <b>(start after surgery)</b>
Steroid Dose Pack	inflammation	Take as directed <b>(start after surgery)</b>
Vistaril 25mg	Itching & insomnia	Take 1 capsule 3 times daily as needed <b>(start after surgery if needed)</b>
Tranexamic Acid	inflammation	Take 3 tablets once daily for 5 days after surgery <b>(start after surgery)</b>

## **PRE-SURGERY MEDICATIONS**

- **Vitamin C, B-complex, and Multivitamin**
    - -If you are not currently taking one, start now.
  - **Vitamin D**
    - -Take 2000 IU daily for 5 days PRIOR, and 3 weeks after surgery.
  - **Celebrex (Celecoxib)**
    - -Take medication as prescribed 5 days PRIOR, and for 7 weeks after surgery.
- \*\*If you have moderate to severe kidney disease do not take it \***
- -If you have a sulfa allergy- Mobic (Meloxicam) will be prescribed in place of Celebrex post operatively
  - **Hibiclens**
    - -Bathe/Shower daily with Hibiclens for 5 days prior to surgery
  - **Mupirocin**
    - -Apply to both nostrils TWICE daily 5 days prior to surgery
  - **Males will be given Flomax 0.4mg daily 5 days prior to surgery.**

**Main Office: 817-877-3432**

**Marcus Ford MD, Ashley Pair, PA, Jasmine Benson, RN**