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POST-OPERATIVE INSTRUCTIONS - ANTERIOR APPROACH TOTAL KNEE REPLACEMENT

You have had a total knee replacement. Joint replacement surgery requires that you take an active role in your care and rehabilitation. This sheet provides important information about your care in the early postoperative period.

Physical Therapy

The physical therapist will review some exercises such as quad sets, dangles, leg extension and straight leg raises. The continuous passive motion (CPM) machine is an important piece of equipment for your rehabilitation. Use the CPM 8 hours every day. This may be split into two 2 hour sessions. Increase the degrees of flexion by 10° until you can easily reach 90°. Once you have reached 90°, you no longer need to use the CPM. However, it is important to continue with the other exercises the physical therapist has shown you. For knee flexion, perform leg dangles over the edge of your bed twice a day. Use a pillow or rolled towel under the ankle of the operative leg to achieve full extension. The use of a walker or crutches is helpful while you regain strength in the leg. A bag can be attached to your walker or crutches to assist you in carrying items. Remember, walking is the best exercise for your rehabilitation.

Pain

Pain is common and to be expected after this type of surgery. Medication has been prescribed for you. Take 1 or 2 tablets every four hours as needed. The oral pain medication may cause nausea, constipation and a light-headed sensation. If symptoms occur, call the office and the medication can be changed. You should not drink alcohol while on this medication.

Incision

The staples will be removed approximately 7-10 days after the surgery either at your first post-op visit or in the rehabilitation facility. You may experience numbness towards the outer edge of the incision. This is normal. If you note any new redness, swelling or drainage from your incision, please call the office. You may shower on post op day #3 if there is no drainage.

Temperature/Fever

Your temperature may be slightly elevated for several days after surgery. However, if fever persists above 101°F and is accompanied by chills, sweats, increased pain or drainage at the incision, you should call the office. These may be signs of infection.

Swelling

Swelling in the operative leg is a normal part of the postoperative course after surgery. Normal swelling is reduced in the morning, and gradually accumulates throughout the day. This can be reduced by elevating your legs or lying down for 30 minutes or an hour during the day. Any activity that leaves your feet on the floor, such as sitting in a chair or walking can lead to swelling. If the swelling is severe in the morning when first arising or if accompanied by leg pain, you should contact your surgeon. In a total knee replacement, it is normal for some degree of swelling to persist for several months.



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We do several things to reduce the risk of blood clots forming in the veins of your legs. You should continue the exercises and walk as tolerated to maintain blood flow. Pump your feet up and down 20 times each hour while awake and perform physical therapy exercises.

Activities during Rehabilitations:

Car: You should not drive until your knee bends easily and you can respond to situations when you need to get to the brake quickly. (Usually 4 weeks)

Stairs: When ascending or descending stairs, use the handrail or banister for stability. Lead off with your good knee to go up the stairs, and lead with your operative leg to go down stairs. Go up or down stairs one at a time.

Bathroom: You will not be able to take a bath until the incision is not draining and it has sealed up, plan to shower or sponge bath at home. Until that time. A shower seat may also be useful if applicable to your bathroom.

Antibiotics

Currently the American Dental Association and the American Academy of Orthopedic Surgeons have suggested that antibiotics before dental treatment are not needed. However, your doctor still uses an antibiotic regimen prior to dental treatment. Please call us, or your dentist, ahead of time so that an antibiotic can be prescribed before you have your dental work done. You will need to take antibiotics for dental work for the rest of your life. You may not have dental work performed for 3 months following your joint replacement due to the increased risk of infection. If a dental crisis occurs within this time period, please have your dentist get in touch with our office to discuss treatment.

Call the office immediately if you notice any of the following

- Circulation problems: the toes of the affected extremity present color changes (blue or white) with no pink at all
- Fever above 101° Fahrenheit
- Persistent swelling, redness, or uncontrolled pain in the surgical area
- Increased bleeding, drainage, or foul odor from the wound
- Severe calf pain or tenderness

Call 911 if you have sudden crisis such as symptoms of a heart attack, stroke, dizziness or confusion, or chest discomfort or pain.