

# KNEE: WHAT YOU NEED TO KNOW

## Pre-Op Medical Clearance

You will need to be examined and cleared for surgery by your medical doctor(s) within 30 days of your surgical date please schedule these appointments timely.

\*Please call the office at least 10 days prior to your surgical date if you are taking any Diabetes medications or Blood thinners, for a preexisting medical condition. These medications will need to be stopped pre-operatively. **You may continue Aspirin up until day of surgery.**

## Suggested Vitamins/Minerals

**Magnesium — Oxide or Glycinate**  
Total dose 400-600 mg/day may help with post op pain - start 2 days prior to surgery and continue for 2-3 weeks

Multi-Vitamin daily

## Pre-Op Education

### Pre-op Education

Contact **Maiken Jacobs 212 305 3521**

Log on: [www.hipkneesurgeongeller.com](http://www.hipkneesurgeongeller.com)

## Pre-op Exercises

Exercises are encouraged pre-op  
Refer to the AAOS hand-out  
“Knee Conditioning Exercises”

## Dental Prophylaxis

The most recent evidence demonstrates in general prophylactic antibiotics prior to dental procedures is not recommended routinely. Dental prophylaxis is considered for immunocompromised patients, and the within the first three months post joint replacement surgery.

# KNEE REPLACEMENT

## POST-OP:

**SWELLING** is not unusual, expect swelling around the knee, and even down leg to the foot and ankle. The easiest ways to manage swelling is to **ELEVATE**. Reduction of swelling is most effective when the limb is above the level of the heart. Get the toes to the level of your nose. Lying in bed or on the



couch with the leg elevated is the best position to reduce swelling. Elevate a minimum of 4x day for at least 20-30 minutes.

A light/medium over the counter (OTC) thigh-high compression stocking for two weeks post op - will help reduce swelling.

As swelling decreases, so will the stiffness — your ability to bend and straighten the knee will improve — and the pain will become less severe.

**AVOID prolonged sitting or sleeping in a recliner — WALK!**

**DO NOT place any pillows UNDER the knee**

**ICE** the knee as much as possible, you can use the Knee CRYO CUFF cold compression therapy device — or — you can simply use an ice bag - if applying an ice bag then apply for 20 min intervals, never directly on the skin. Icing will help decrease swelling and pain.

**ICING the knee and ELEVATING the leg will help reduce swelling - which will reduce your pain. As the swelling decreases so will the need for narcotic pain medication.**

**BRUISING:** Is not unusual and will occur, you may see bruising all the way down the leg even in your toes.

**SURGICAL INCISION/DRESSING:** Your surgical incision is closed with stitches that dissolve below the skin surface; then a surgical adhesive, is used seal your skin incision. The incision is finally covered with a flexible, waterproof, antimicrobial dressing. The dressing should be left in place until the first post op appointment. You may shower with the dressing in place.

**Eat healthy — avoid sweet/sugary snacks as this can contribute to infection — protein promotes wound healing.**

**Please call the office 914 787 2468 should you experience any redness or drainage to the operative site.**

## Post-Op Medication

### Non-Steroidal Anti-Inflammatory Drugs- NSAIDs

#### † Celebrex 200 mg once daily

We may occasionally substitute with  
**Meloxicam 15 mg once daily.**

NSAIDs should be taken with food. NSAIDs are NOT prescribed if you are taking blood thinners, have compromised renal function, or GI contraindications. Please do NOT take any other over the counter NSAIDs like Advil, Motrin or Aleve while taking Celebrex.

#### † Omeprazole (Prilosec) 40 mg once daily

Helps protect the stomach while taking NSAIDs and should be taken on an empty stomach 30 minutes before eating.

#### † Tylenol (Acetaminophen) 1000 mg every 8 hours

The recommended maximum daily dose of Tylenol is 3000 mg/24 hours with normal liver function. Do not take if poor liver function.

*The multi-modal combination of medications prescribed are designed to limit the use of opioids. Opioids may be taken for short term post-op pain management ONLY and should be used cautiously. They may cause Drowsiness and should NOT be taken in combination with alcohol, benzodiazepines, or sleeping medication. They may cause Nausea and/or Constipation*

#### † OXYCodone IR 5mg take 1-2 tabs every 4-6 hours ONLY IF NEEDED for SEVERE PAIN

#### † Tramadol 50 mg 1 tab every 6 hours ONLY IF NEEDED for MODERATE PAIN

#### † Zofran (Ondansetron) 4mg take 1 tab every 6 hours as needed for NAUSEA

#### † Colace 100 mg 2x day -stool softener

#### † Senna 2 tabs at bedtime - laxative

Be sure to Hydrate, eat fruits & vegetables  
*For Unrelieved Constipation Call the Office*

#### † DVT PROPHYLAXIS - Treatment Varies

*IF you normally take blood thinners such as Coumadin, Eliquis, Plavix, Pradaxa, Xarelto, Savaysa or others, for a preexisting medical condition these medications will be resumed post-surgery and you should not take NSAIDs Patients who cannot tolerate Aspirin or who have Gastrointestinal issues will NOT be prescribed Aspirin.*

ALL OTHER PATIENTS WILL BE PRESCRIBED

#### † Aspirin 81 twice daily for 3 weeks

**ACTIVITY:** Early ambulation (walking) is extremely important! Progression of assistive devices from walker, to cane, to no assistive device is encouraged — Remember Safety First!

**EXERCISES:** Will help strengthen the muscles around your new knee and improve your range of motion (ROM). ROM includes both bending (flexion) and straightening (extension) of the knee.

**GOAL:** is to improve your function, strength and flexion & extension.

**Your physical therapist will guide you in getting your optimal strength and ROM post surgery.**

**It is imperative YOU work on strengthening & ROM at home!**

**ROM takes continued DAILY EFFORT — BE PERSISTENT**



### SEATED KNEE EXTENSION EXERCISE

When sitting in a chair you can work on extension. You can use a coffee table or footrest to help with extension, by simple resting your heel on and allowing gravity to pull the knee out straight.

Push down on the thigh for additional pressure.

This exercise can be fatiguing, allow the leg to rest periodically. These exercises should be done repeatedly daily.



### SEATED KNEE FLEXION EXERCISE

When sitting in a chair you can work on flexion, by crossing the legs at the ankle, and using the non-operative leg to push back. When resistance is met hold for 5 seconds and release. This exercise should be done repeatedly daily.



**DEA - Controlled substance disposal locations:**  
<https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1> –