Suezie Kim, MD
Orthopedic Surgeon • Sports Medicine

AFTER SURGERY

Postoperative Instructions: Total Knee Replacement

Weight-Bearing Status

COMPLETE AT DISCHARGE

- ☐ Non-weight-bearing
- ☐ Toe-touch / partial weight-bearing
- ☐ Weight-bearing as tolerated

Assistive device / brace: e.g., cane, crutches, or walker _____

Additional precautions: _____

Getting Home

- **An adult must drive you home after surgery.**
- You may feel dizzy from anesthesia and pain medication.
- Avoid driving, operating machinery, drinking alcohol, or making major decisions for 24 hours.

Surgical Dressing

- You may remove your dressing and shower 3 days after surgery.
- Let water run over the incision — do not apply soap, lotion, creams, or ointments to the wound.
- Pat the wound dry, then re-wrap your knee with the ace bandage.

Medications

You'll go home with Tylenol (acetaminophen) and Celebrex (an anti-inflammatory, taken for 3 weeks) for pain. If a stronger prescription pain medication is needed, it will be either a narcotic (Oxycontin IR) or Journavx® (suzetrigine), a non-opioid option.

Narcotic Pain Medication

- Take as needed, following the instructions on your prescription bottle.
- May cause nausea, vomiting, or constipation — a stool softener will also be prescribed.
- Do not drink alcohol or drive while taking this medication.
- Wean off as soon as your pain allows; transition to over-the-counter Tylenol (acetaminophen) as needed.

Journavx® (suzetrigine)

- Bring your prescription with you on the day of surgery — your first 100 mg dose is given in the preop holding area.
- Beginning 12 hours later: 50 mg every 12 hours, typically continued for up to 2 weeks.
- Swallow tablets whole — do not chew or crush.

Blood clot prevention: Aspirin 325 mg daily for 4 weeks. Resume your other home medications unless your surgeon specifically instructs otherwise.

Positioning & Icing

- Keep your knee straight while in bed — don't place a towel or pillow under it. A rolled towel under your calf can help, with your foot pointing toward the ceiling. (A knee allowed to heal slightly bent can affect your surgical outcome.)
- Apply ice intermittently — you should feel a pleasant coolness, not burning. Taking pain medication before exercising and icing afterward can help.

Equipment & Mobility

- Wear the elastic (TED) stockings provided at the hospital at all times except bathing — you may stop after 14 days.
- Use large, comfortable shoes you can put on and remove without reaching your foot; you'll need help cutting your toenails.
- Follow your hospital physical therapist's instructions for using a cane, crutches, or walker.

Exercises & Recovery

- Do the exercises instructed by your physical therapist consistently — you'll gain most of your knee's mobility in the first few weeks.
- Mild to moderate discomfort while exercising is normal; if pain is severe, stop and ice your knee.
- Ankle and foot flexion/extension is especially important and should be done often to help prevent blood clots.

Driving & Follow-Up

- **You cannot drive for the first 6 weeks after surgery — this is typically discussed at your 6-week appointment. Notify your insurance company when you resume driving. Do not drive under the effect of any narcotic pain medication.**
- You will see Dr. Kim or her PA about 2 weeks after surgery — call (503) 717-7060 if you're unsure of your appointment date.
- Your physical therapy appointment should begin within 1 week after surgery, as an outpatient.

If you're experiencing a medical emergency, call 911 or go to the nearest emergency room.