



TOTAL KNEE REPLACEMENT

HOME/VISITING NURSE/ PHYSICAL THERAPY GUIDE

WOUND CARE

- Leave Mepilex dressing in place until seen at your first post-operative visit with Dr Camilleri.
- Call the office if dressing becomes saturated.
- The dressing is water resistant and “shower proof”, but do NOT soak/submerge it in a tub or pool.

DVT PROPHYLAXIS

- Aspirin 325 mg once daily for 30 days unless at increased risk for blood clots, in which case a DVT prevention plan will be discussed before surgery

PAIN CONTROL

Most patients are sent home with:

- Percocet 5/325 1-2 tablets every 6 hours as needed. Do not exceed 6 tablets per day.
- Anti-inflammatory (NSAIDS) for swelling
 - If on an NSAID pre-operatively you may resume this
 - Otherwise, Aleve (naproxen) 1-2 tablets twice daily with breakfast and dinner. Over the counter strength is sufficient.
 - No NSAIDS for those with renal insufficiency or allergy
- Please contact us if pain control is inadequate.

NAUSEA CONTROL

- Zofran 4mg every 6 hours as needed. Prescription is provided at discharge
- Take pain medication with food, on a full stomach when possible.
- If pain medication is directly causing nausea that cannot be controlled, please contact us so that an adjustment can be made.

CONSTIPATION PREVENTION

- Constipation is a result of pain medication and dehydration

- Colace should be taken unless bowel movements are regular. Prescription will be provided at discharge.
- No patient should go more than 4 days without a bowel movement
- Hydrate, hydrate, hydrate!!!- Drink 1 gallon of water per day
- Apple juice or prune juice can be helpful
- Dulcolax suppository as needed
- MiraLAX if needed. Follow directions on label
- If problems persist, please contact us

LEG/KNEE SWELLING

- Swelling can be a major deterrent to pain control and progressing with your therapy.
- If you control swelling, you control pain, improve range of motion, and decrease side effects from narcotics. This is very important and preventable.
- **Minimize leg dependent (to gravity) time to 45-60 minutes at a time**
- Keep the leg elevated whenever possible; once the foot is down, the knee will swell
- If very swollen, you may need to back off PT for a day or two depending on severity of swelling
- Never push PT stretches to the point of severe pain as that will cause more swelling and will slow rehab down.

PHYSICAL THERAPY

- Most patients are discharged home 1-2 days after surgery
- PT will begin while in the hospital; please arrange PT appointments to begin the day after discharge from the hospital
- Comply with Home Exercises until PT gives new instructions

“THE ROUTINE”

“Sit and Scoot” and “Sit and Straighten” exercises 3x per day with each meal

1. Take pain medication after meal on full stomach to avoid nausea
2. Wait 30 minutes to allow pain medication to take effect
3. Do 1 set of 10 repetitions of “Sit and Scoot” and “Sit and Straighten” each. Each rep is held for 30 seconds. Expect discomfort; however, avoid pushing to extreme pain.
4. Immediately ice and elevate to prevent swelling.

RANGE OF MOTION

- Goals:
 - Full terminal extension by your first post-operative visit (10-14 days)
 - Flexion to at least 90 degrees by 2 weeks postoperatively
 - Flexion to at least 110 degrees by 4 weeks postoperatively
- Never push to the point of extreme pain!
 - Swelling will happen and will set back rehab
 - Pain and discomfort are to be expected with these exercises. If you do not have mild to moderate pain then you likely are not pushing hard enough. However, do not feel the need to be a hero or put yourself in tears.
 - Maintain full extension and at least 90 degrees for the first 2 weeks until the swelling is controlled. Then be more aggressive to reach 110 degrees
- TERMINAL KNEE EXTENSION IS MOST IMPORTANT!!!!
 - Once lost, it will be permanent
 - Pillow under the ankle while in bed to help keep knees extended
- Severe swelling may prevent progress! You may need to back off on frequency and intensity of exercises if swelling is severe. Do not push too hard with a swollen painful knee. It is better to allow it to subside before progressing.

STRENGTHENING (provided by the PT in hospital as well as after discharge)

- Quad sets
 - Active knee extension
 - Straight leg raises
- Hamstring sets

GAIT

- Gait training with walker
 - May graduate to cane only under supervision of physical therapist
- Stairs
 - “Up with the good, down with the bad”
 - Progress to reciprocating steps