

MAINE MEDICAL PARTNERS – ORTHOPEDICS

Division of Joint Replacements

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HOME INSTRUCTIONS FOR PATIENTS AFTER TOTAL KNEE REPLACEMENT SURGERY

How often do I take my pain medication?

Upon leaving the hospital you will be taking a narcotic for pain control. This is to be taken as follows:

One to two tablets every four to six hours as needed for pain.

Please call our office if you run out of medication. Some prescriptions cannot be called into a pharmacy. You will need to take pain medicine for four to six weeks after surgery, depending on your pain tolerance. It is normal to take pain medicine for this length of time. Be sure to take your pain medicine one half hour prior to the therapist coming to your home to work with you on your exercises.

How do I take care of my incision?

The staples in your incision will be removed by home health nursing or at our office 10-14 days after surgery. Until then, leave the dry dressing on which was applied when you left the hospital. Steri-Strips will be applied to the incision after the staples are removed. The Steri-Strips may fall off in a couple of days; this is normal. You do not need to apply any other bandage to the area. Let the Steri-Strips fall off at their own pace.

You may shower 24 hours after the staples have been removed. Use a gentle soap, and pat dry. We would prefer that you do not soak in a tub until one month after surgery. You may experience some peeling of the skin around the incision after surgery; this is normal. You may apply lotion or cream of your choice to your leg.

Scars are often sensitive to the sunlight for several months after surgery. Therefore, if you go out into the sun you will need to protect yourself. Sunscreen should be applied to your incision, or you should wear clothing that covers the knee area.

You may also experience some numbness on either side of your incision; this is normal. This is due to the nerve endings being cut when the incision was made for the surgery. This numbness may always be there, but in time it may decrease in severity.

What may I do for activity after surgery?

You may walk as much as tolerated, using pain and swelling as your guide. You should limit the number of times you climb stairs, as this may increase your pain and swelling. At four to six weeks after surgery you may slowly increase stair climbing. Swimming and stationary biking are good forms of exercise. You should wait one month after surgery before you start swimming. When using a stationary bike, you will initially need to make the seat high and the resistance low. Use crutches or a walker for support when walking, and advance to a cane when your therapist advises you it is safe to do so.

Due to the weakness in your leg muscles and the danger of having an accident, we do not allow you to drive a car until four to six weeks after your surgery. It is okay for you to go for a ride in the car with someone else driving.

It is advisable that you not sit for any longer than one half hour at a time as this may increase the amount of swelling. You should get up and move around after sitting for a half hour.

Is swelling normal?

Swelling is normal after this type of surgery. The swelling may last for six months or longer, with a gradual decrease. You may have moderate to a large amount of swelling. We advise you to wear the white elastic stockings that are given to you in the hospital for six weeks after your surgery. These stockings will help to keep the swelling down and aid in proper return of circulation to your heart, decreasing the amount of swelling you may have. The stockings may be removed at night to sleep but they should be worn at all times when up and walking. You may remove the stocking on the non-operative leg when you are discharged to home.

Ice should be applied to your leg three to four times a day at 20-minute increments to help aid in decreasing swelling. You should also elevate your leg when you are sitting. This also helps to prevent swelling.

What about therapy after surgery?

You will have therapy while you are in the hospital, and this will continue when you go home. A therapist will come to your home for two to six weeks to do range of motion exercises with your knee, as well as to teach you exercises to do on the days he/she does not come to your home. It is necessary to do these exercises to prevent your knee from becoming stiff, resulting in loss of function of your knee. You may feel some pulling and tightness in your knee during exercise; this is normal, although severe pain should be avoided.

Most patients will go directly home from the hospital after surgery. If you live alone or need additional assistance with home care, you will go to a rehabilitation facility to better prepare you for home. The doctor in charge of your care while at the rehabilitation facility will keep our office informed of your progress.

Are there things I cannot do?

You should not kneel on the operated knee as this will cause pain. Additionally, if you kneel/twist just right when getting up, there is a chance you could dislocate the prosthesis.

You should not do high-impact activities such as jumping or running. These types of activities can cause the prosthesis to wear out sooner or become loose.

You should limit walking on uneven ground as you could sprain your ligaments.

What things can I do?

You can ride a stationary bike, swim, walk on a treadmill, cross-country ski, and walk on even ground as tolerated.

Climb stairs, in moderation. Excessive stair climbing activity may cause swelling.

You can go dancing, but be careful of twisting motions to the knee.