

Surgical Incision

You have a surgical wound that requires daily attention and monitoring. You should keep a clean gauze dressing over your wound, changing it daily after discharge. You can use your compression stocking to secure your dressing. Please keep your incision clean and dry at all times. Five days after surgery you may shower, lightly washing your incision with an anti-bacterial soap and water. If your incision is draining or does not appear to be healing well, do not shower and notify your surgeon. Do not immerse your incision in water for a total of six weeks after surgery. This includes pools, hot tubs, lakes, and bath water. You don't need to apply any special creams or ointments to your incision unless prescribed by your surgeon. Your healed wound is new skin and should be protected from the sun with sun block for the first year after surgery, then as needed.

Monitor your incision daily for signs and symptoms of infection which may include: redness, swelling, warmth, drainage, increase in pain, or a fever greater than 101 degrees. If any of these arise, please notify your surgeon immediately. It is normal to have some redness, swelling, and warmth after a knee replacement, but if it seems to increase or worsen, this should be evaluated.

A follow-up appointment for a wound check and staple removal will be made for you two to three weeks after surgery. You will be discharged from the hospital with your surgeon's card and phone number to The CORE Institute. Please call to arrange your follow-up appointments.

Blood Clot Prophylaxis

After an orthopedic procedure, patients are at an increased risk for developing blood clots or DVT (deep venous thromboses) in their lower extremities. A systemic complication of a DVT is a pulmonary embolism (when a piece of clot breaks off and travels to your lungs). In order to minimize the risk of blood clots, patients are treated with low molecular weight heparin injection (Fragmin), a blood thinner, immediately after surgery followed by aspirin therapy. Upon discharge you should take one 325 mg enteric-coated aspirin twice daily for six weeks total. Alternatively, some patients may be discharged on warfarin (Coumadin), a prescription blood thinner. This medication requires frequent monitoring of blood levels and patients will receive specific follow-up instructions if they are taking this medication. You should also wear your compression stockings that were given to you in the hospital for six weeks after surgery. These stockings should be worn at all times, with the exception of showering and sleeping at night. Remain as active as reasonably possible, as this also helps decrease your chance of blood clot formation and improves your overall health. Let pain be your guide when deciding on appropriate light, low-impact activities.

Please monitor for potential sign and symptoms of a deep venous thrombosis or pulmonary embolism, which may include: swelling or tenderness in the calves or legs, shortness of breath, heart palpitations, chest pain, or increased heart rate. If any of these symptoms

arise, you should notify The CORE Institute immediately and present to the emergency room.

Pain Management

After a major orthopedic procedure, most patients will require prescription pain medications, including narcotics, to treat their postoperative pain. Medications such as Percocet (Oxycodone), Vicodin (Hydrocodone), Darvocet (Propoxyphene), and Codeine are all controlled narcotic pain medications that need to be monitored closely. With chronic use, they pose a risk for addiction. Patients should treat their pain only as needed with these medications and wean off of the narcotics in the first few weeks following surgery. These medications can cause many side effects, which may include nausea, lightheadedness, confusion, sedation, urinary retention, and constipation. To avoid constipation, please take an over-the-counter stool softener such as Docusate or Senna.

If you require a refill on your narcotic pain medication, please notify your surgeon early. Federal law prohibits the renewal or refill of most narcotic pain medications by phone, therefore requiring a written prescription. Please allow sufficient time for your surgeon to complete a new prescription that may be either mailed to you at your home or picked up in person. Narcotic pain medications can NOT be renewed after hours or on the weekends. If you have questions regarding your prescriptions, pain, or find that your pain is not relieved by your prescription medication, please notify your surgeon.

Activity

You will receive therapy instructions before your discharge from the therapy department. Please follow these recommendations. Allow time a minimum of three times a day to aggressively work on your therapy at home. The first six to eight weeks are the most crucial for obtaining good motion in your new knee. Most patients will be referred to outpatient physical therapy after their hospital stay. Your goal will be to reach at least zero to 100 degrees range of motion by your two week wound check visit. The more energy you put into your own rehabilitation, the better the results. The CORE Institute wants you to enjoy an active and healthy lifestyle. Feel free to contact your therapist or your surgeon at any time regarding your therapy progress.

As your therapy advances, you will be able to quickly put aside your gait aid and walk without difficulty. We encourage you to exercise daily, whether this is walking, swimming (after six weeks), bicycling, or golfing (after six weeks). Avoid high impact activities such as jogging, basketball or heavy weight lifting. We recommend you do not repetitively lift over 40 to 50 pounds. Ease into activities slowly to see you're your knee will respond.

You may begin driving if you are able to get in and out of the car, move about in the seat, and react quickly, moving your foot to and from each pedal. You should be able to put all your weight on your knee and not require the assistance of a walker, cane or crutch.

Antibiotic Prophylaxis

You now have an artificial joint which is at risk for bacterial infection. Anytime you have a bacterial infection, it should be treated immediately with an appropriate antibiotic. Viral illnesses do not require antibiotics.

Antibiotics should be taken before any dental, genitourinary, or gastrointestinal procedures such as: dental cleanings, oral surgery, bladder scopes, urinary catheterizations,

colonoscopy, and/or flexible sigmoidoscopy. If there is any question if you should take an antibiotic or not, it is always safer to do so. But, feel free to call The CORE Institute. The recommended antibiotic regimen is:

- **two grams of oral Amoxicillin one hour before a procedure**

Penicillin allergic patients may take either two grams of Cephalexin or 600 mg of Clindamycin. A card outlining this will be given to you. Please ask your nurse or surgeon if you have not received this wallet sized card.

Respiratory

You will receive an incentive spirometer in the hospital. This is to help exercise your lungs after surgery. Take this device home with you and continue to use it regularly. The incentive spirometer along with daily activity will help prevent respiratory complications such as pneumonia. If you develop a cough, shortness of breath, thick and copious sputum, or a fever greater than 101 degrees, please notify your surgeon and primary care physician.