

Brinley Crumley, PA-C 4700 Seton Center Pkwy, Ste 200, Austin, TX 78759 P: 512-485-0545, F: 512-439-1019

Total Knee Replacement Discharge Instructions

Phone Number: 512-485-0545, Option #2

Website: Abblittortho.com



Home Health Care: Company: ____ Accent Care ___ Phone: ____ Start Date: ____ **Table of Contents** Medications to stop prior to surgery ------ Page 2 ★ What to do to prepare for surgery ------ Page 3-6 Pre-Operative Exercise Program * Post-operative medications ------ Page 7-8 Medication schedule chart ★ What to expect after surgery ------ Page 9 * Activity after surgery ----- Page 10 Incision care ------ Page 11 When to call the office ----- Page 12 * Frequently asked questions ------ Page 13-14



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MEDICATIONS TO STOP PRIOR TO SURGERY



What to STOP 7 days prior to surgery

- * Plavix (Check with prescribing physician for stop date)
- * Aspirin (Bufferin, ASA, Ecotrin, Bayer, Alka-Seltzer, Goody's)
- Ibuprofen (Motrin, Advil, Midol, Nuprin, Pamprin)
- Naprosyn (Aleve, Naproxen, Anaprox)
- Celecoxib (Celebrex)
- Indocen (Indomethacin)
- Mobic (Meloxicam)
- Voltaren (Diclofenac Sodium)
- * Relafen (Nabumetone)
- Vitamins (Multivitamins, Vitamins B, C, K)
- * ANY Herbal Supplements

You may CONTINUE to take the following:

★ Tvlenol

★ Tramadol (Ultram) ★ Hydrocodone (Norco)

★ Iron Supplements

★ Glucosamine Condroitin

What to STOP 5 days prior to surgery

(Unless instructed differently by your doctor)

- Coumadin (Warfarin)
- Xarelto
- 🌋 Eliquis



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WHAT TO DO TO PREPARE FOR SURGERY

- * Arrange for a family member or friend to accompany you to the hospital on surgery day.
- * Cancel any dental appointments/ invasive procedures that fall between 3 weeks prior to surgery and 3 months after surgery.
- 🔻 AVOID ANY INJECTIONS INTO YOUR SURGICAL JOINT FOR 3 MONTHS BEFORE SURGERY.
- You will be discharged from the hospital as discussed previously, so plan ahead for transportation home by a family member or friend.
- * Arrange for someone to stay with you for the first few nights after you return home. You MUST have someone at home with you after surgery.
- * Remove small rugs or other obstacles that may be in your path as a tripping hazard.
- If you have pets, you may want to arrange for someone to assist in caring for them for a few days after you return home.
- * While taking narcotic pain medication, you will NOT be permitted to drive. You may need to arrange for transportation to your initial follow-up visit.
 - o These include: Oxycodone, Hydrocodone, Tramadol
- You will need to follow up with Dr. Abblitt approximately 2.5-3 weeks after your surgery.

 This appointment may have been made for you when you scheduled your surgery.
 - o Call 210-804-5687 if you need to arrange this appointment.
- Consider taking in additional protein prior to and after surgery for healing benefits.
- ★ Please stay "well-hydrated" 3 days prior to surgery.



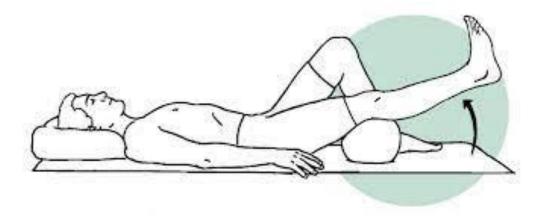
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PRE-OPERATIVE EXERCISE PROGRAM

- * If you are currently performing an exercise program, continue to do so.
- * If you are not, you may benefit from incorporating the below exercises.
- If you start exercises and they are too painful, stop doing them!
- After surgery, your physical therapist will give you a new exercise program and progress you appropriately.

Supine Knee Extension

- Lie on back with involved leg bent to 45 degrees, supported with a pillow as shown



Perform 3 sets of 10 repetition once a day

Rest 1 minute between sets

Perform 1 repetition every 4 seconds



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Isometric Quad Set

- ★ Sit with left leg extended
- ★ Tighten quad muscles on frontal plane, trying to push back of the knee downward → Return to starting position → Repeat



Perform 1 set of 10 repetition once a day

Hold position for 10 seconds

DO NOT HOLD BREATH

Seated knee extension

- 🔻 Sit against a wall, chair, or on firm surface with the knee bent
- Keep a straightened back, may use hands for support as shown



✓ Perform 1 set of 4 repetition once a day
 Hold position for 20 seconds

 Do not allow low back to lose natural curve
 ✓ It is common to experience leg shaking



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Straight Leg Raise

- 🔻 Sit on flat surface, supported by hands, uninvolved knee bent
- ★ Raise leg to thigh level of bent leg → Return to starting position →
 Repeat (Modification: may do exercise lying flat on back instead)



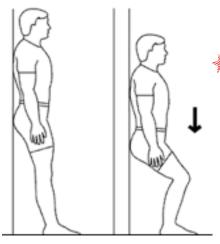
Perform 3 sets of 10 repetition once a day

Rest 1 minute between sets

Perform 1 repetition every 4 seconds

Mini Wall Squat

- * Lean on wall, feet approximately 12 inches from the wall, spaced shoulder distance apart
- ★ Bend knees to 45 degrees → Hold for 5 seconds → Return to starting position → Repeat



Perform 3 sets of 10 repetition once a day

Rest 1 minute between sets

Perform 1 repetition every 4 seconds

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POST OPERATIVE MEDICATIONS

- * Oxycodone: Short acting pain pill to be used as needed for breakthrough pain.
 - o You may take 1-2 tablets every 4-6 hours. Maximum 12 pills in 24-hour period.
- * Tramadol: Intermediate acting pain pill to be used as needed for breakthrough pain.
 - o You may take 1-2 tablets every 6-8 hours.
- Meloxicam: Anti-inflammatory medication.
 - o Take 1 time per day for 3 months total after surgery. Take with food.
- **Lyrica** (Pregabalin): To prevent nerve pain & tingling sensations.
 - o Take 2 times per day for 2 weeks after surgery.
 - o Not for patients over 70 years old due to risk of confusion.
- **Tylenol** (Acetaminophen): Pain pill to be taken on a scheduled basis.
 - o Take every 8 hours until you no longer have pain.
- **★ Senokot-S** (Senna with Docusate): Stool softener/laxative for constipation.
 - o Take 1-2 tablets 2 times per day until no longer taking oxycodone.
- * Zofran (Odansetron): To prevent or help with nausea.
 - o Take 1 tablet as needed.
- **★ Blood Thinner**: Take **ONE** of the following for 28 days after surgery to prevent blood clots.

Aspirin (ASA): 81mg tablet taken 2 times per day

OR

- Xarelto: 10mg tablet taken 1 time per day
- **Duricef**: Antibiotic prescribed only for patients with an increased risk of infection.
 - o Take 2 times per day for 1 week after surgery.

Please use mediation chart on following page for first week to help with scheduling



Brinley Crumley, PA-C
Week 1 Post-Operative Medication Chart 4700 Seton Center Pkwy, Ste 200, Austin, TX 78759
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Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
AM	AM	AM	AM	AM	AM	AM
☐ Tramadol	□ Tramadol	□ Tramadol	□ Tramadol	□ Tramadol	□ Tramadol	□ Tramadol
☐ Meloxicam	☐ Meloxicam	☐ Meloxicam	☐ Meloxicam	☐ Meloxicam	☐ Meloxicam	☐ Meloxicam
□ Lyrica	□ Lyrica	□ Lyrica	□ Lyrica	□ Lyrica	□ Lyrica	□ Lyrica
☐ Aspirin	☐ Aspirin	☐ Aspirin	☐ Aspirin	☐ Aspirin	☐ Aspirin	☐ Aspirin
☐ Senokot	☐ Senokot	☐ Senokot	☐ Senokot	□ Senokot	☐ Senokot	☐ Senokot
☐ Tylenol	□ Tylenol	□ Tylenol	□ Tylenol	□ Tylenol	□ Tylenol	□ Tylenol
Midday (8hr after AM)	Midday (8hr after AM)	Midday (8hr after AM)	Midday (8hr after AM)	Midday (8hr after AM)	Midday (8hr after AM)	Midday (8hr after AM)
☐ Tylenol	☐ Tylenol	□ Tylenol	☐ Tylenol	☐ Tylenol	□ Tylenol	□ Tylenol
☐ Tramadol	□ Tramadol	□ Tramadol	☐ Tramadol	☐ Tramadol	□ Tramadol	☐ Tramadol
PM	PM	PM	PM	PM	PM	PM
☐ Tramadol	□ Tramadol	□ Tramadol	□ Tramadol	☐ Tramadol	□ Tramadol	□ Tramadol
☐ Tylenol	☐ Tylenol	☐ Tylenol	☐ Tylenol	☐ Tylenol	☐ Tylenol	☐ Tylenol
□ Lyrica	□ Lyrica	□ Lyrica	□ Lyrica	□ Lyrica	□ Lyrica	□ Lyrica
☐ Aspirin	☐ Aspirin	☐ Aspirin	☐ Aspirin	☐ Aspirin	☐ Aspirin	☐ Aspirin
☐ Senokot	☐ Senokot	☐ Senokot	☐ Senokot	☐ Senokot	☐ Senokot	☐ Senokot
Oxycodone Time Table:	Oxycodone Time Table: *** You may take 1-2 tablets as needed for pain every 4-6 hours***	ablets as needed for pair	າ every 4-6 hours***			
Oxycodone Day 1	Oxycodone Day 2	Oxycodone Day 3	Oxycodone Day 4	Oxycodone Day 5	Oxycodone Day 6	Oxycodone Day 7
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm



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WHAT TO EXPECT AFTER SURGERY

- You will have bruising and swelling that will start at the surgical site and spread throughout the entire leg. This is to be expected, though severity varies by patient.
- * Bruising and swelling will continue to increase over the first 1-2 weeks after surgery.
- * You will feel stiff and tight in your surgical leg.
- You will feel tired and your energy level will be decreased.

	Day 1	Day 2-4	Day 5-7	Day 7-10	Day 10-21	Week 4+
Bruising & Swelling Ways to	Mild to moderate swelling & bruising	Increase in swelling & bruising	Increasing or stable swelling & bruising lce,	Stable or decreasing swelling & bruising lce,	Decreasing swelling & bruising	Mild or intermittent swelling for around 3 months
Minimize	TED hose, elevate leg	TED hose, elevate leg	TED hose, elevate leg	TED hose, elevate leg	TED hose, elevate leg	Heat/Ice, elevation
Physical Therapy & Activity	Focus on gentle range of motion	Focus on gentle range of motion, use ice You may note decreased motion and increased swelling.	Focus on range of motion, increase walking distance, use ice +/- decreased motion and increased swelling.	Focus on range of motion, increase walking distance, use ice	Focus on range of motion, initiate strengthening, increase walking distance	Progress strengthening program
Goals	Home Therapy		Possible to walk without assistance		Start clinic physical therapy	Can begin returning to normal activities.
Pain Management	As prescribed		Begin weaning oxycodone		Begin weaning tramadol	



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ACTIVITY AFTER SURGERY

- ✓ Unless told otherwise, you will be able to bear weight on your surgical leg as
 you can tolerate.
- During the first few weeks home after surgery, follow the home exercise program outlined by physical therapy.
 - o Overdoing activity can result in increased discomfort and swelling.
- *Transition off walker, crutches, & cane when you and your physical therapist feel safe to do so.
- 🔻 Ice at least 4 times per day; on for 20 minutes each time.
- * Elevate leg above heart frequently throughout the day.
 - o For 15 minutes every hour, place a pillow under foot and point toes up into the air. Let the knee sag to stretch the hamstrings behind the knee.



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INCISION CARE

Bandage

- Your incision will be closed with either glue or sutures.
- Keep bandage in place until follow-up appointment.
- You may remove ace bandage 2 days after surgery if not removed in hospital.
- Remove bandage if more than 50% saturated and replace (Fig 3).
- If continued drainage, please contact the office.









PICO

- If your bandage has a tube and suction device, you may cut tubing and disconnect machine 7 days after surgery. This is a PICO, or negative pressure bandage.
- If this becomes OVER 50% saturated, please contact the office.

Showering

- Cover the bandage for showering as instructed by video/nursing in the hospital.
- Can consider over the counter/OptOrtho cover as well.
- https://optortho.com/products/tidiaquaguard-boot-shower-protectionboot/

TIDI AquaGuard Boot – Shower Protection Boot





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The TID AquaGuard Boot offers optimal shower protection for individuals with leg casts. Each package comes equipped with three boots and an added water-seal band. This design ensures that water is effectively sealed out, seleguarding your cast during showers Every package contains three (3) boots accompanied by a single water-seal band for serure and efficient use.

Product Features:

- Purpose: Protects surgical sites, wounds, ulcers, dressings, tattoos, and casts during showers. Ensure proper use by referring to instructions.
 Design: No adhesives needed, uses a Water-Seal Band with an auto-locking buckle.
- Design: No adhesives needed, uses a Water-Seal Band with an auto-locking buckl
 Coverage: A 43" waterproof sleeve-style boot that protects up to the lower thigh.



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Dr. Abblitt's Team: 512-485-0545

- Consistent fevers above 101.5
- ★ Drainage that fills over 50% of the bandage
 - *Pain is not controlled with medication
- Inability to bear weight on your surgical leg
 - **★**Confusion or disorientation
- *Foot that has no sensation or appears discolored

Call 911 with shortness of breath or chest pain



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FREQUENTLY ASKED QUESTIONS

What if my leg swells after surgery?

It is very common to experience swelling after surgery. Sometimes, you will not swell until several days after surgery. Remember that your body is healing from the surgery and some swelling is normal. The more activities and therapy are performed, the more swelling you may experience.

We do want you to remain active and participate in therapy. When sitting and resting, you can decrease the swelling by elevating your surgical leg and using ice. It is important to elevate your leg, with your knee above the level of your heart, 4-5 times a day for 15 to 30 minutes each time. Toes above your nose!

★ Will I have bruising after surgery?

Yes, you will have some degree of bruising after surgery, but everyone is different. Some will experience redness around only the incision, others will have bruising down the entire leg. Both are considered normal and will resolve over the first few weeks.

- * How much weight can I put on my leg after surgery?

 Put as much weight as you can tolerate on your surgical leg immediately after surgery.
- Is it normal to hear clicking in my knee after surgery?

 You may hear clicking in the knee after surgery and this is normal. It usually is more noticeable after surgery when there is more swelling.

★ Will I be able to kneel after surgery?

We recommend waiting 6 months before kneeling. Although it will not damage the knee, many patients find it mildly uncomfortable to do so. We always recommend placing a cushion under your knee to help alleviate the discomfort.

What positions can I sleep in?

You may sleep in any position you are comfortable in.



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What should I expect my activity level to be?

Every patient is different. The first week, you should rest as much as possible outside of gentle physical therapy. In the second week, you should begin increasing your activity level. Let pain level and swelling be your guide. You will make around 90% recovery by 6 to 12 weeks. The last 10% will come over a full year.

At some point, most patients overdo it with activities and therefore take a few steps back in recovery. You may have increased swelling or discomfort if this happens. You need to be concerned if you cannot control your pain with rest and medication, or if you have a difficult time bearing weight through your surgical leg.

When can I shower or bathe?

You can shower the day after surgery. Leave the bandage in place and cover it for showering as instructed in the hospital. To ensure that your incision heals properly, we do not want you in a bathtub or getting into a pool until you have seen us in the office. You may not get into a pool if there is a scab on the incision site.

What about a hot tub or whirlpool?

Due to heat and bacteria, do not use a hot tub, steam room, sauna, or pool for 10 weeks and until your incision is fully healed.

What should I do to avoid constipation?

You should start your stool softener (Senokot) 1 day before surgery and continue it twice daily until you have normal bowel movement or while taking narcotic pain medication (oxycodone). Stop the stool softener if you start to experience loose or watery stools. If you continue to have symptoms of constipation you can take milk of magnesia, MiraLAX, magnesium citrate, Dulcolax suppositories, or a fleets enema. All of these medications can be bought over-the-counter at a pharmacy.

How long do I have to wear the stockings?

You should wear the stockings on both legs for 2 weeks after surgery, and on the surgical leg for 4 weeks after surgery. During this time you must wear them during the day, but you can remove them at night. To wear the stockings properly, please make sure to smooth them out while wearing to avoid irritation to the skin.