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During Business Hours: Call 312-996-1300 for any questions or concerns.

After Hours: Call 312-996-7000 for urgent questions after 6 PM. Ask for the orthopaedic resident on call.

Knee Surgery Patient Discharge Education

Diet:

- Begin with clear liquids and light foods (Jello, soup, etc.).
- Progress to your normal diet if you are not nauseated.

Post-Surgery Care:

- You may be in a hinged knee brace with range of motion limited for 2 6 weeks. Your brace should be worn at all times but can be removed for hygiene and physical therapy.
- You may also be prescribed a continuous passive motion machine (CPM) that will move your leg for you. If so, start with initial settings of 30-70 degrees at one cycle per minute for 4 hours each day and then increase the range of motion by 5-10 degrees each day, each direction as tolerated.
- Weight bearing status will be determined after the surgery, but you will be using crutches for 2 4 weeks for ambulation.
- You have TED hose (long white socks) after surgery. This can be removed on the third day after surgery.
- You will have a home exercise program to complete starting 24 hours after surgery unless instructed otherwise. Please see the last page for the list of exercises. This is in addition to therapy sessions.
- Complete exercises 3-4 times daily until your first post-operative visit.

Rehabilitation Protocol:

- On the day of surgery, you will receive a detailed rehabilitation plan for you and your physical therapist to follow after surgery. Please refer to this sheet for range of motion and weight-bearing restriction.
- Please make/confirm a physical therapy appointment within approximately 3 days of surgery unless instructed otherwise. Please take the rehabilitation sheet with you to your first therapy appointment.

Wound Care:

- It is normal to have minor drainage or oozing from the surgical sites from the fluid irrigation during the surgery.
- Keep your wounds dry and the bandages in place for the first 72 hours after surgery.
- After that time, you may remove the dressing. If minimal drainage is present, you may keep the
 dressing off, but you will notice special band-aids on the incision (Steri-strips) please leave these
 special band-aids in place.
- After the dressing has been removed, you may shower but DO NOT SOAK THE INCISIONS UNDER WATER. NO IMMERSION OF LEG/THIGHT INTO A BATH, POOL, etc.
- Dry gauze may be placed back over the incisions.



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Managing Swelling:

- If significant swelling occurs, contact your physician. Treatment options for swelling include oral antiinflammatory medications to relieve pain so therapy can be continued.
- **Icing:** Ice can also help reduce discomfort especially over the first 24 hours. If provided, use the ice machine as instructed. If not, place an ice bag over the joint for 20 minutes, ensuring it does not touch the skin directly. This can be done 4-5 times daily. Stop immediately if you experience numbness or tingling.
- Elevate the operative leg to chest level whenever possible to decrease swelling.

Pain Management:

- Pain medication is injection is injected in the wound and knee during surgery. This will wear off within 8-12 hours.
- You may have received a nerve block prior to surgery. If so, this will wear off within 24-36 hours.
- Medication:
 - o If you are having pain, please take your pain medication as prescribed.
 - Most patients require narcotic pain medication for a short period of time after surgery.
 - Common side effects include nausea, drowsiness and constipation. To decrease side effects, take these medications with food. If constipation occurs, you can utilize over the counter Colace or Miralax.
 - If you develop nausea/vomiting or rash while using the medications, please call the office so your medication can be changed.
 - o Do not drive a car or operate machinery while taking narcotic pain medication.
 - The following medications are prescribed after surgery:
 - Acetaminophen every 6 hours for pain control
 - Oxycodone every 6 hours as needed for pain control
 - Baby Aspirin twice a to help reduce the risk of blood clots
 - Zofran (Ondansetron) every 8 hours as needed for nausea
 - Colace (Docusate) twice daily for constipation prevention

Follow-up:

- Appointment: You will typically have a follow-up appointment 1-2 weeks after surgery. This appointment should be made before surgery. If not, please make an appointment with your doctor or their nurse practitioner/physician assistant. If you have any other questions, please contact your doctor at 312-996-1300.
- Contact the office at 312-996-1300 with any of the following:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever over 101°F or chills
 - Redness around incision
 - o Continuous drainage or bleeding from the incision (a small amount is to be expected)
 - Color change in the leg
 - Trouble breathing
 - o Excessive nausea or vomiting
- If you have an emergency that requires immediate attention, proceed to the nearest emergency room or call 911.



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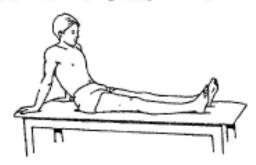
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KNEE POST OPERATIVE EXERCISES

HIP and KNEE - 11 Strengthening: Quadriceps sets



Tighten muscles on top of thigh by pushing knees down into floor or table.

Hold 5 seconds. Repeat 5 times.

Do 3 sessions per day. Copyright VHI 1990

ANKLE/FOOT - 18 Range of Motion: Plantar/Dorsiflexion



Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain.

Repeat 5_repetitions/set. Do 5_sets/session.

Do__3_sessions/day.

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HIP and KNEE - 46 Passive Range of Motion Knee Flexion

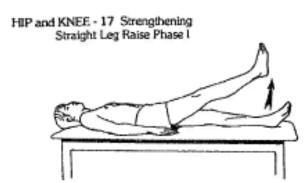


With towel around keel, gently pull knee upwards with towel until stretch is felt.

Repeat 5 Repetitions/set. Do 3 Sessions/day. Do 5 Sets/session.

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Home post-op exercises



Tighten muscle on front of thigh then lift leg 8-10 inches from floor keeping knee locked.

Hold 5 seconds. Repeat 5 times.

Do___3 sessions per day.

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HIP and KNEE - 49 Quad Set in Slight Flexion



Gently tense muscle on top of thigh.

Hold 5 Seconds, Repeat 5 Repetitions/set.

Do 3 Sets/session, Do 3 Sessions/day

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