



**Dr. Carpenter's  
Total Knee Replacement  
Recovery Guide**

## DISCHARGE INSTRUCTIONS

### Activity:

1. You can bear as much weight as you tolerate on your knee *unless specifically instructed by Dr. Carpenter otherwise*. You may use the walking aid which you were discharged with. If you are using a walker, you can switch to a cane once you feel safe doing so. If you feel you can ambulate without any assistive device, you are welcome to do so for limited distances indoors and then progressing outdoors. We expect you to use an assistive device for outdoor walking for the first 2 weeks. Keep in mind that every patient moves at their own speed of recovery so take your time.
2. *Unless Dr. Carpenter or our office specifically instructed*, you DO NOT have any movement precautions with regards to your knee. It is important to participate with physical therapy. Achieving full extension and flexion is imperative to your satisfaction. Please follow the recommendations of your physical therapist.
3. High impact activity such as jumping, aerobics, tennis, and skiing should be avoided during the first 3 months after surgery.
4. Driving: There is nothing your surgeon can sign, do, or say that will determine when you can resume driving. Typically the brake reaction time after hip or knee surgery returns approximately 2 weeks after full weight bearing has been resumed. You can resume driving when you are off all narcotic medication and can bear full weight on the operative lower extremity.

**Many patients experience significant swelling and bruising (black and blue marks) in the thigh and shin, this may extend below the ankle.** The swelling and bruising generally **occurs and progresses over the first week** following your surgery, and will begin to resolve over the second week. It will largely resolve by your first post-operative visit. Provided you have been on a blood thinner since surgery (i.e. Aspirin, Xarelto, etc.), the risk of a blood clot is low and this swelling is an expected part of recovery. Swelling can be uncomfortable but generally not painful.

### Signs and symptoms to report :

- **Please note that a low-grade temp below 100.4 is not uncommon in the first 3 days after surgery.** Notify the office if your temperature rises above 101.
  - Persistent nausea and vomiting
  - Increased drainage from incision
  - Swelling that does not respond to ice and elevation
- \*\*If you experience chest pain or shortness of breath report to an emergency room.\*\***

### Wound Management:

1. You can remove your dressing 7 days after surgery (you may shower with your dressing prior to removal.)
2. If you have an incisional wound vac, please remove 7 days after surgery (dressing with a battery pack).
3. If the wound is draining, simply tape a dry gauze pad on the wound until it stops. Please note that mild dark brown or yellow tinged drainage is considered normal for approximately 72 hours following your surgery. If drainage persists past 72 hours, please notify our office.
4. If your wound is dry, and no drainage is noted, there is no need to apply a dressing. You may keep the wound exposed to air.
5. Do not apply any creams or ointments (eg. Neosporin) to your surgical site.

6. You should examine your wound regularly for any signs of infection which include:

Drainage of blood or pus from the wound, or any drainage that has a foul odor.

7. You may notice some bruising and/or mild swelling surrounding the surgical site, this is normal. As you become more mobile, you may notice this bruising around your lower leg. This is normal.

### **Showering/Bathing:**

1. You may shower 24 hours after surgery, provided there is no wound drainage. Your dressing is waterproof. Once you have removed the bandage, you can allow the shower water to run down the incision. There is no need to cover the wound while in the shower.

2. You should not scrub the incision. Be sure to pat the incision dry with a towel after showering.

3. If wound drainage is noted, you should sponge bathe instead of showering until the drainage resolves.

4. Any submersion in water, including a bath, jacuzzi, or swimming is **not permitted during the first 6 weeks.**

### **Diet:**

Resume your regular home diet.

Be sure you have a well-rounded diet with plenty of protein to aid in wound healing.

If you are diabetic, make sure you keep blood sugars **below 140** to promote healing.

### **Post-operative medications:**

1. You will be discharged with pain medication(s) and a stool softener. Please follow the instructions regarding these medications as provided by your nurse at the hospital. Please note that most narcotic pain medications have side effects that may include nausea, vomiting, sedation, dizzy spells, and/or constipation. If you experience any of these side effects to a severe extent, you should contact our office.

2. If you are suffering from constipation following your surgery, you may try taking both a stool softener and laxative together. A high fiber diet, as well as adequate hydration is also advised.

3. You should stop taking your opiate pain medication whenever you feel you can. A good way to wean off the pain medication is to cut the doses in half, or increase the time between doses. For example, if you are taking 1 tablet every 4 hours extend that time to every 6 hours, then every 8 hours and so on.

4. Unless instructed otherwise by our office, the use of any non-steroid anti-inflammatory medications besides Celebrex or Mobic including Aleve, Advil, Motrin, etc. should be avoided while taking your prescribed blood thinner to prevent bleeding. Unless otherwise instructed, you will take Mobic daily or Celebrex twice daily for 28 days.

5. A major, yet preventable, complication of Orthopaedic Surgery is a blood clot (DVT). You have been provided with a prescription for **ONE** of the following to prevent a potential blood clot:

- a. **Aspirin 81 mg, to be taken twice a day, with food, for 28 days.** Please note that this medication make cause an upset stomach or acid reflux. Please take an antacid to help prevent and alleviate these symptoms. You have been prescribed one, but there are many different over the counter options you can choose from.

**OR:**

- b. **Eliquis 2.5 mg, to be taken twice a day or Xarelto 10 mg daily for 28 days.** You were placed on one of these if you were taking one prior to surgery or are considered higher than normal risk for developing a blood clot.

**OR:**

- c. **Xarelto 10mg per day for a total of 28 days.**

6. You should restart all of your prescription medications once discharged unless specifically instructed otherwise.

7. Herbal supplements may be restarted 2 weeks after surgery.

8. If you have been given Coumadin as a blood thinner, please follow-up with your internist within the first 2 days after discharge so the medication can be appropriately dosed.

## **Pain Control:**

Stay on top of your pain for the first 48 hours. Set your alarm throughout the day and night to keep on schedule. It can take 6-8 hours to get your pain under control if you get behind.

**\*\*It is important to take all non-narcotic pain medication prior to taking tramadol or oxycodone**

### **Acetaminophen (Tylenol) 500 mg:**

\*\*This is an analgesic medication for pain relief.

\*\*Take two tablets every six hours on a **scheduled** basis, not as needed.

**\*\*Do not take more than 4000 mg a day**

### **Celebrex 200 mg or Mobic 15 mg:**

\*\*These are nonsteroidal anti-inflammatory drugs for relief of moderate pain and swelling.

**\*\*Discontinue all other anti-inflammatories.**

\*\*Take these medications **scheduled**, not as needed.

\*\*Celebrex 200 mg: Take one tablet twice a day on a **scheduled** basis for 14 days

-Or you can take Mobic if you have a sulfa allergy or insurance doesn't cover Celebrex

\*\*Mobic 15 mg: Take one tablet once a day for 28 days

### **Lyrica (Pregablin) 75mg:**

\*\*This is a nerve medicine that has been shown to decrease narcotic requirements.

\*\*Take one tablet at bedtime. It can cause drowsiness.

\*\*This medicine is sometimes not covered by insurance or is too pricey. If this is the case, you can leave this prescription unfilled

### **Tramadol 50 mg:**

\*\*This is a mild opioid pain medication.

\*\*This should be taken after Tylenol and Celebrex/Mobic but before oxycodone.

\*\*Take 1-2 tablets every 4-6 hours **as needed** for moderate to severe pain.

\*\*The goal is to discontinue this medication by 2-4 weeks post operatively

### **Oxycodone 5 mg:**

\*\*This is an opioid pain medication for severe pain after surgery.

\*\*Take 1 tablet every 6 hours as needed for severe pain

\*\*The goal is to discontinue this medication by 2 weeks after surgery.

**Flexeril (Cyclobenzaprine) 10 mg:** This is a muscle relaxer used to treat muscle pain.

\*\*Take one tablet three times a day as needed for pain.

### **Pepcid (Famotidine) 20 mg:**

\*\*Take one tablet daily while taking Aspirin and Celebrex/Mobic

### **Docusate Sodium 100 mg:**

\*\*This is a stool softener to use to prevent constipation.

\*\*Take one tablet twice a day as needed for constipation

You may return to work when your orthopedic surgeon clears you. Follow up with Dr. Carpenter in 2 weeks for a wound check as previously scheduled.

# POST OPERATIVE MEDICATIONS

## SCHEDULED

<b>Aspirin 81mg</b>	<b>Pepcid 20mg</b>	<b>Acetaminophen (Tylenol) 1000mg</b>	<b>Celebrex 200mg</b>	<b>Lyrica 75mg</b>
Twice a day *Prevent blood clots	Once a day *Prevent stomach ulcers	Every 6 hours *Pain control	Twice a day *Pain control	Every night *Pain control

## AS NEEDED



MODERATE PAIN

**Tramadol 50mg**

Every 6 hours PRN



SEVERE PAIN

**Oxycodone 5mg**

Every 6 hours PRN