

DISCHARGE INSTRUCTIONS

UNICOMPARTMENTAL KNEE ARTHROPLASTY (UKA)

Dr. Tenholder Patients

GENERAL INSTRUCTIONS:

1. You have received a partial knee replacement. Unless you have been instructed otherwise, you have no weight-bearing or motion restrictions on your knee. You will not damage your knee replacement device by putting weight on that leg. If you are using a walker or a cane, it is to help you with your balance.
2. It is advised, but not necessary, to take your pain medication before exercising and apply ice to your operative knee after exercising. Ice the knee for 20 minutes every 4 hours to reduce pain and inflammation. If you were given a cryo cooling wrap for the knee, you can use this as much as tolerated. Make sure to keep active within your postoperative activity restriction and elevate your leg when you are lying down. You may notice some ankle swelling for the next 3 months, but it should be down in the morning.
3. **Full knee extension is important** to gain back quickly, and normalize, your gait. If you do not get your knee fully flat early in the recovery, it is very hard to get it back later. As often as you can, work on stretching the knee into extension: Sit on a chair or couch and place your heel on another elevated surface (coffee table), with nothing behind the knee. Relax your thigh and lower leg muscles, and with your hand, gently press down on your thigh. This goal is to have your knee flat by your first postoperative visit. This **cannot** be done in the bed, as the mattress is too soft and can prevent full extension. After you receive your partial knee replacement, it is important to avoid placing a pillow or towel under your knee for comfort. Placing something under your knee runs the risk of forming scar tissue, which will limit your ability to fully straighten your knee. This will affect standing, walking, and going up and down stairs.
4. Pump your ankles and wiggle your toes often to keep the blood flowing in your legs, which will help prevent blood clots. This can also help reduce swelling.
5. Quitting smoking before your surgery and staying tobacco, nicotine, and marijuana-free 6 weeks after will help decrease the chances of complications and contribute to a successful recovery.
6. Please make sure to cough and deep breathe as instructed for the first week or two after surgery.
7. Do not put a pillow under your knee at night for comfort. Because surgery can throw off your normal sleep cycle, it is recommended to do the following things to help you reset it: sleep in a dark room, avoid napping during the day, limit food and liquids close to bedtime, avoid alcohol and caffeine, ice your surgical site right before bedtime, sleep in a cool room. We recommend taking melatonin at bedtime – this can be purchased at any pharmacy without a prescription.

8. You should be able to return to your normal diet. You may have a loss of appetite after you return home. If you do, try eating 4-5 smaller meals for the day instead of 3 large meals.
9. Typically, if your job is sedentary, you may return to work after one month. If your job is more rigorous, you may require up to three months before you can return to full duty.
10. Before you can return to driving, you must be off your prescribed narcotic pain medication, and you should have enough range of motion and strength to operate the brake and gas pedals. If you had surgery on your left leg, you may be able to return to driving sooner than if you had surgery on your right leg. You need to have enough movement in your surgical leg to get in and out of the car.
11. Do not sit for more than 45-50 minutes at a time. Use chairs with arms. Frequent short walks, either indoors or outdoors, are the key to a successful recovery. Change your position every hour to decrease pain and stiffness.
12. When ascending stairs, use support and step up first with your nonoperative leg. When descending stairs, use support and step down first with your operative leg.
13. Exercises - Do these three times a day for 10 to 20 minutes: Quad sets (contracting your thigh muscles/simulating crushing an egg behind your knee), straight leg raising, active knee bending, and heel slides.

WHAT TO EXPECT AFTER YOU GO HOME

1. Clicking in your knee with motion.
2. Numbness near your incision or "pins and needles" sensation.
3. Small amount of swelling around your knee, and/or lower leg and a slight warmth around your knee.
4. It is quite common to have swelling and discoloration in your thigh, knee, and leg after knee replacement surgery. Blood from the operation site can settle behind the knee, and travel up and down the thigh and leg, and even into the foot and ankle area. Blood is a noxious substance, creating pain and inflammation in the local soft tissues where it resides. It can also create discoloration that looks like heavy bruising. This is all normal.

MEDICATION (please see separate paperwork on postop pain control instructions)

1. Pain Medication – We recommended and prescribed **Tylenol 1 gram every 8 hours for the first 14 days**. We also prescribed a narcotic pain medication that should be taken only as often as necessary for pain control, and not on a strict schedule. Do not take pain medication with alcohol, sleep aids, or other sedatives.
2. Anti-inflammatories (NSAIDs) – Such as Mobic or Celebrex. We prescribed one of these to be **taken regularly for the first 10 days**. This medication should be taken as prescribed to help with postoperative pain and inflammation. It should not be taken if you have kidney function abnormalities. They can irritate your stomach and even cause bleeding ulcers, especially if you are also taking aspirin, so please take them with food. You should be taking this medication unless it is contraindicated. Please do not take any additional

NSAIDs such as Ibuprofen, Aleve, Motrin, or Advil while taking Mobic or Celebrex without speaking to your surgeon first.

3. Constipation may occur after surgery because of relatively little activity and the use of pain medication. We have recommended **Colace 100 mg twice daily, with breakfast and dinner** to help prevent constipation while you are taking pain medication. You may also try to increase your water intake. Drink at least eight glasses of water daily. Try adding fiber to your diet by eating fruits, vegetables, and foods that are rich in grains. Stay active and walk as prescribed.
4. You were prescribed an antibiotic for infection prevention, finish it!
5. Nerve block – most patients receive a nerve block placed in the thigh to numb the knee. This can last 6-12 hours on average. Start taking your pain medication before, or at, the first sign that the nerve block is resolving (return of tingling or sensation in the leg). Once they start resolving, nerve blocks wear off quickly, and if you don't have pain medication circulating, it can be hard to get the pain back under control.
6. To help prevent blood clots (DVT), you will be prescribed a blood thinner for 30 days. Most commonly, this will be 81mg COATED ASPIRIN (ECOTRIN). This should be taken twice daily, with breakfast and dinner. If contraindicated or unable to take ASA, an alternative will be prescribed.
7. If you already take a blood thinner on a regular basis prior to surgery, (Plavix, Coumadin, Eliquis, Xarelto, etc.) make sure you are instructed at the time of discharge on how to handle your anticoagulation. Most often, your regular anticoagulant will be restarted immediately and will be used instead of aspirin.
8. Stop taking non-essential medications (supplements, fish oil, vitamins, etc.) while on blood thinners, as they can interfere with your blood-thinning medications. Typically, you may resume these medications 2 weeks after surgery.
9. Hormones (i.e., estrogen, testosterone) should be stopped for 2 weeks after surgery to decrease the risk of a DVT (blood clot). Smoking also elevates the risk of blood clots and should be discontinued.
10. Preventing infections is extremely important for the rest of your life. Your new knee is artificial and does not have your body's natural protection against infection. Bacteria from a variety of sources can enter your bloodstream and invade the area surrounding your new joint. This can eventually cause it to become loose and painful. Please do not have any dental or surgical procedures for the next 3 months. Make sure you wash your hands often.

WOUND CARE

1. **Most often**, patients will go home with an occlusive sealed dressing that remains in place and undisturbed until the first post-operative appointment. You may take a shower with this type of post-operative dressing in place. Keep it brief. Pad the dressing dry, do not swipe. Some spotting or staining will be visible through the dressing, this is normal. If fluid or blood begins to escape from under the dressing, or the dressing starts to come off,



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contact our office for further instructions. If you cannot immediately get hold of someone at the office, reinforce the dressing with gauze and tape until you can speak with a team member.

2. **Do not** swim, bathe, or submerge the incision until it is completely healed. This is typically 3 weeks after surgery (one week after the stitches, staples, and/or mesh are removed).

PHYSICAL THERAPY

1. You will be discharged with physical therapy, either Home Health PT or outpatient PT. This should begin the second or third day after surgery. For outpatient PT a prescription will be provided at your preop appointment or at the time of surgery.
2. **You must** have physical therapy **at least 3 times a week** for 6 weeks after your surgery.
3. Walk in the house, when possible, with a walker, crutches, or cane. Mobility is the best way to prevent a blood clot! Your physical therapist (or home physical therapy instructions) should help you transition off the walker or cane. Do not perform heavy exercise outside of physical therapy. This can exacerbate swelling and pain. It is OK to perform the daily exercises as noted above.

CALL YOUR SURGEON IF:

1. Pain is not controlled or significantly worsens the first few days after surgery.
2. Excessive redness, drainage of excessive bloody material from the incision, concern about infection (cloudy or purulent material), or loosening of the staples, stitches, or dressing. Some mild bloody drainage should be expected for a day or two.
3. Temperature (fever) greater than 101.5 degrees.
4. Persistent numbness or weakness in the leg below your knee. Weakness in your quadriceps is normal.
5. Severe increasing pain, or pain at the center of the back of the calf, knee, or thigh.
6. Go to the ER immediately for any chest pain, sudden increase in heart rate, palpitations, shortness of breath (possibly a blood clot in the lungs), or signs of a stroke: **FAST** – **F**acial drooping, **A**rm weakness, **S**peech difficulties, **T**ime to call 911.

RETURN TO YOUR SURGEON'S OFFICE

Your first return visit is typically within 10 to 14 days after your surgery. The postoperative appointment day and time were selected by you and our surgery scheduler during the scheduling process and were included in the folder you received at your preop appointment. If this was not communicated to you or you do not recall the specifics, please call the office at 850-863-2153. Any of the receptionists can help you. Alternatively, you can call our surgery schedulers directly.