

Knee Replacement Discharge Instructions

Congratulations! If you are reading this, either you or a loved one has either had or is going to have a knee replacement. Dr. Sciortino has prepared these instructions to help you with your immediate post-operative recovery and hopefully answer any questions that you may have.

Medications

Pain medications. You will be given a prescription for a pain medication, typically hydrocodone with acetaminophen. (Norco, Vicodin). If you are allergic to this medication or have a problem taking it, you might be given a different pain medication. All narcotic pain medications can have side effects which can include nausea and constipation. If you need a refill of your pain medication, you will need to call our office during normal business hours and pick up a hand written and signed prescription. As of October 2014, most narcotic pain medication prescriptions can no longer be called in to a pharmacy.

Celebrex. Most patients will also be given a prescription for Celebrex. This is also used to help with pain. It is a long acting anti-inflammatory and should be taken once per day. It might help your pain so that you do not have to take as many of the narcotic pain medications. Celebrex can be taken even if you are taking anticoagulants. If you cannot get the Celebrex because it is not covered by your insurance or it is too expensive, then it is ok not to take it. However you may need to take more of the other pain medication. There is no other medication that can be used as a substitute for Celebrex.

Anticoagulant. You will also be given a prescription for some kind of anticoagulant. Most patients who are of normal or low risk for developing DVT (blood clots in the veins of the leg) will be given a prescription for aspirin. The usual dose of aspirin is 325mg (full strength, not low dose) twice per day. You should take this for at least one month post op. You do not need a prescription for this aspirin as it can be bought over the counter. If you are at higher risk for DVT, you will be given a prescription for either Coumadin or Xarelto. If you are put on Coumadin, you will be given a prescription for 2mg tablets. You will then be told how many tablets to take when you get home. Your dose may need to be adjusted after you get home. Dr. Sciortino uses the anticoagulation clinic at St. Luke's in order to determine what dose of Coumadin you should take. The anticoagulation clinic will arrange for blood tests to be performed that will determine whether or not your dose will need to be adjusted. If you are put on Xarelto, You will take this once per day for one month. There is no need to have blood tests taken or to adjust your dose with Xarelto, however this medication is often more expensive than Coumadin. Regardless of which blood thinner you use, you can usually stop it after one month. After the first month you should start aspirin 325mg per day for 1 more month. While

you are on Coumadin or Xarelto, you should not take aspirin or any other anti-inflammatory medication, other than Celebrex.

If you are already on a blood thinner prior to surgery such as Coumadin, Xarelto, Eliquis, or Pradaxa you can usually resume taking the same dose that you have been on the day after surgery and continue taking it when you go home.

Other medications. Generally you should resume taking all other medications that you were on prior to surgery, other than aspirin or anti-inflammatories.

Home health care

If Home health care is necessary, it will be arranged prior to your being discharged. Home health care is for physical therapy to assist you in learning to walk without assistance and to help you with range of motion, stretching, and strengthening exercises. Home health care can also assist you with wound care, and also draw your blood for determining your dose of Coumadin for those patients sent home with Coumadin as a blood thinner. Home health care is for patients who are home bound because of their surgery. Many of our patients do not require any home health care and can go directly to outpatient physical therapy. Most of my patients are not home bound for more than a week or two. Once you have progressed to the point where you no longer need to stay home all the time, your home health care nurse will no longer be able to see you at home. At this point you will need to call our office for outpatient therapy at a facility of your choice.

Compression Stockings

Dr. Sciortino uses pneumatic compression stockings at home for the first 10 days after surgery. Pneumatic compression stockings are devices that periodically compress your legs to promote blood flow in the first few days after surgery. This helps to prevent blood clots in your legs which can be a serious complication after hip or knee replacement surgery. Before you are discharged you will be provided with portable pneumatic compression stockings that can be worn at home. You should wear these as much as possible for the first 10 days after surgery. They can be worn at night, when you are sitting in a chair, and when you are walking. They are battery operated so they can be worn most of the time. You can remove them for skin care and bathing.

Wound care

Dr. Sciortino usually uses dissolving sutures and tissue glue to seal the incision. There are no sutures or staples to be removed. Because of this it is safe to shower when you get home. It is ok to get the incision wet when you shower, but do not soak it in a tub or go swimming for one month. After you shower, dry off the area of the incision and cover it with a clean dry bandage. If there is no drainage for two days in a row, you can leave the incision open to air. The tissue glue will typically begin to flake off at around 2-3 weeks post-op.

Physical therapy

Physical therapy is very important after a knee replacement. Physical therapy after you are discharged from the hospital can be done either at your home or as an outpatient. Home therapy is where the therapist comes to your house, and this can be arranged before you leave the hospital. Outpatient therapy is where you go to the therapist's office and you can call our office to help set this up. After you have finished with home therapy, you might need to contact our office to arrange outpatient PT.

You will probably need to use a walker right after surgery. This may be for as short as 2-3 days, or as long as 2-3 weeks. Your therapist will help you decide when it is safe to progress to a cane. You will need to use the cane for as short as 2-3 days or as long as 3-4 weeks. Your therapist will help you decide when it is safe to discard the cane. Generally you can discard the cane when you are no longer limping.

Return to activity

You can resume light activity as soon as you feel comfortable. There are no specific restrictions on the amount of walking that you do, but you should use common sense and gradually increase your activity. Often patients are able to return to sedentary work within 2 or 3 weeks. Light work is at 4-6 weeks and heavy work at around 6-12 weeks. These are just guidelines. You can drive at around 2-3 weeks, but you should not be taking any narcotic pain medications if you drive. Most patients are back to most normal activities by 4-6 weeks after surgery.