

Congratulations! You are going home after a successful total knee replacement. Although there is still much work to do, we have already achieved a lot. So, when you get home, take a deep breath and relax. The benefits of a total knee replacement are great, but they do take a while to be realized.

We have put together some helpful hints, instructions, and information that will make your transition to home easier.

Getting Good Range of Motion After Knee Replacement

Most of your improvement after a knee replacement will take time. However, the one thing that you must feel some urgency to accomplish is getting good range of motion of your knee (flexibility).

Within 7 to 10 days after your knee replacement, you should be able to get your knee **entirely straight/full extension (Fig. 1)** (no space between the back of your knee and the table) and you should be able to **bend/flex** your knee to at least **90 degrees (Fig. 2)**. 90 degrees is the same thing as a right angle. If you achieve 90 degrees by one week, and continue to push forward after this, you will end up with excellent range of motion of your knee replacement. Most of our patients end up with 120 to 125 degrees of flexion.



Fig. 1



Fig. 2

Make sure that you know how much flexibility you have in your knee. Make sure you ask your therapist specifically how much bend your knee has at each visit. This will help you know if you are progressing appropriately. **We will call you at home after surgery and we will expect you to know the range-of-motion of your knee in degrees (extension AND flexion).** This will enable us to tell you if you have made the appropriate progress to have a successful outcome of your surgery.

Here are some tips that will help you accomplish full flexibility of your knee(s) in the appropriate time frame:

- Use commercial breaks (if you're a TV watcher) or the end of a chapter (if you're a book reader) to help gain the bend in your knee. Sit in a chair that will allow you to slide forward while keeping your feet firmly planted on the floor. Bend your knee as far as you can on your own. Then with your feet firmly planted in place, slide forward on your chair, which will force your knee into a more bent

Robert Arciero, M.D.
860.679.6645

Tessa Balach, M.D.
860.679.2105

Thomas DeBerardino, M.D.
860.679.6692

Vincent Williams, M.D.
860.679.8384

UConn Musculoskeletal Institute
263 Farmington Avenue
Farmington, CT 06030
860.679.6600
uconnmsi.uhc.edu

Avon Medical Office
2 Simsbury Road
Avon, CT 06001

Southington Medical Office
1115 West Street
Southington, CT 06489

position. Hold this position during the commercial time or for two minutes if you're a book reader. Then relax until next commercial or chapter break.



Make sure your chair is against a wall while doing these exercises.



• In the same manner, you can use a coffee table or a footrest to help gain the ability to straighten your knee fully. At each commercial or chapter break, rest your heel on the coffee table or footrest allowing gravity to pull the knee out straight. You may also push down on your knee for additional pressure in the downward direction. Hold this until the commercial is over or for two minutes. Another option is to roll up a bath towel, or use a 2-liter bottle, and place it under your ankle. Since most of us sleep with our knees bent it is important that you work on straightening the knee out as soon as you wake up in the morning. During the first month after surgery do not place anything under your knee while you sleep or rest.



Although many of you will have a therapist monitoring your progress at home, **it is your responsibility to obtain good range of motion.** The therapist and your family can encourage you, but you must do it. If you want to optimize the outcome of your knee replacement you must work hard to obtain the appropriate motion and full extension. Remember that there is no true mechanical barrier to your knee bending to 90 degrees within one week. The reason that it is difficult to bend is due to the pain. Work hard on controlling your swelling, ice the knee frequently, take your pain medications, and bend the knee. We want you to do your exercises 2 to 3 times a day, every day, for the first 2 to 3 months after your knee replacement. Although a therapist may be seeing you 2 or 3 times per week, this means that you are in charge of the majority of your

Robert Arciero, M.D.
860.679.6645

Tessa Balach, M.D.
860.679.2105

Thomas DeBerardino, M.D.
860.679.6692

Vincent Williams, M.D.
860.679.8384

UConn Musculoskeletal Institute
263 Farmington Avenue
Farmington, CT 06030
860.679.6600
uconnmsi.uhc.edu

Avon Medical Office
2 Simsbury Road
Avon, CT 06001

Southington Medical Office
1115 West Street
Southington, CT 06489

therapy sessions. If you do not bend the knee adequately it will become stiff and you will not have as good a result as the patient that does bend their knee.

If you do your exercises faithfully, straighten and bend the knee adequately, and follow the exercise program given to you at the hospital, you can do your therapy on your own (with the assistance of your family). The therapist's role is to monitor your progress, not to do the therapy for you.

Wound Care

Do not place any ointments, creams, or lotions on your wound. We prefer that you leave your wound open to the air, as long as there is no significant drainage from the incision. If there is a small amount of drainage, keep a light dressing over the area that is leaking and tape with paper tape. When it stops draining, you may leave the wound open to the air. **If the drainage continues longer than 7 days, please call the office. A change in your rehab protocol may be necessary.** You may shower one week from the date of your surgery as long as the drainage has stopped. The staples will still be in place at that time. Allow soapy water to run over the incision, but do not scrub the incision. Pat the incision dry with a towel after your shower. Arrangements have been made for your staples to be removed about 10 to 14 days after your surgery. This will be done either at your first post-op office visit or by your home health nurse. Please **avoid** submerging your incision in a bath, pool or hot tub for a minimum of 4 weeks after surgery! If your incision has not completely healed by 4 weeks (i.e., there is still a scab on any part of your incision) please wait to begin any of these activities until it has completely healed.

Swelling

Swelling of the knee and leg are normal after a total knee replacement. There are some things that you can do, however, to minimize this problem. Ice the knee frequently for the first two to three weeks after surgery. It is particularly helpful to ice after you have done your exercises or been on your feet for a while. Icing is very important and very helpful. Swelling of the entire leg is also normal. This will slowly improve but may last for as long as several months. To help minimize the swelling, please follow the following recommendations:

First, take a break in the late morning and the late afternoon/early evening and lie down and elevate the leg on several pillows. To effectively reduce the swelling, your foot should be above your heart (see picture on the next page). This requires that you are lying down. Sitting with your foot propped up, although permissible to do, will not help the swelling of your foot and leg.

Robert Arciero, M.D.
860.679.6645

Tessa Balach, M.D.
860.679.2105

Thomas DeBerardino, M.D.
860.679.6692

Vincent Williams, M.D.
860.679.8384

UConn Musculoskeletal Institute
263 Farmington Avenue
Farmington, CT 06030
860.679.6600
uconnmsi.uchc.edu

Avon Medical Office
2 Simsbury Road
Avon, CT 06001

Southington Medical Office
1115 West Street
Southington, CT 06489



Avoid prolonged periods of sitting over the first 7 to 10 days after surgery. We recommend that you not sit for more than about 45 minutes to one hour before you get up and move around or lie down and elevate your leg. Please remember: **NEVER PLACE A PILLOW DIRECTLY UNDER YOUR KNEE...always place the pillow under your foot and ankle.**

Bruising

You may develop bruising of the operative leg. It is common and normal to develop bruising of your thigh, calf, ankle and foot. Bleeding normally occurs after a knee replacement and this blood will track along the tissue planes of your leg resulting in bruising of the thigh, calf and foot/ankle. This is normal after a knee replacement and you should not be alarmed by it. The bruising will gradually go away on its own as the body reabsorbs the blood.

Blisters

Some patients may develop blisters around the knee and/or the incision. Although they can be alarming in appearance, they pose no significant risk to your knee replacement. They may leak some clear fluid for a period of time but eventually a scab will form and they will heal. We recommend that you just “ignore” the blisters and allow them to heal on their own.

Numbness

Most patients develop an area of decreased sensation (numbness) on the lateral (outer) aspect of the knee. This is normal after a knee replacement. This area typically decreases in size over 6 to 12 months after the knee replacement. This numbness is expected and normal after knee replacement. It is **not** a sign of any problem.

TED Hose/Support Hose

You will be wearing TED hose/support stockings while you are in the hospital. Please check with your surgeon’s office for direction on continued wearing of these stockings. Whether you are told to wear them or not, please be diligent in doing your ankle pump exercises and not sitting for longer than 1 hour without getting up and moving around.

Robert Arciero, M.D.
860.679.6645

Tessa Balach, M.D.
860.679.2105

Thomas DeBerardino, M.D.
860.679.6692

Vincent Williams, M.D.
860.679.8384

UConn Musculoskeletal Institute
263 Farmington Avenue
Farmington, CT 06030
860.679.6600
uconnmsi.uchc.edu

Avon Medical Office
2 Simsbury Road
Avon, CT 06001

Southington Medical Office
1115 West Street
Southington, CT 06489



Orthopaedic Surgery

Joint Preservation and Replacement Center

After Total Knee Replacement Post Op Instructions.

Weight Bearing, Walkers, Crutches, and Canes

You may place as much weight onto the operated leg as your pain, comfort, common sense and balance will allow. You will not damage your knee replacement by placing your weight on the leg. As you progressively put more weight on the leg, you may progress off of your ambulatory aids as tolerated. For example, when you no longer feel that your walker (or crutches) is needed for your pain, balance, and common sense, you may progress to a cane. One clue is when you are carrying your walker more than using it for balance and safety. You may seek the advice of your physical therapist prior to making a decision about advancing from the walker to the cane. It is usually best to use the cane in the hand opposite of the knee replacement, but either hand is acceptable. When you no longer feel that a cane is necessary for pain, balance, and common sense, you may discard the cane. The length of time that it takes to get off of your aids is not important and will not determine the success or failure of your knee replacement. However, you have our permission to walk without support whenever you feel that you are safe. Some of our patients do this within two weeks of surgery; others take six weeks or so.

Remember that common sense and safety is the key.

In certain situations your surgeon may want to restrict the amount of weight you place on your operated leg. If any restrictions apply to you, you will receive instructions from your therapists in the hospital and at home. Please check with your surgeon and therapists regarding your weight-bearing status and the ability to progress off assist devices.

Pain Medications

We will provide you with prescriptions for your pain medications. You will need to have these filled at your pharmacy. Knee surgery is associated with pain. Our goal is to make your pain manageable (not absent, since this is usually not realistic) as you recover from your surgery.

Start out taking the medication as prescribed. As your pain starts to subside you should begin to decrease the dosage or the time interval between the pain pills. It is common for patients to take narcotic pain medications for about four to six weeks after knee replacement. Although it is unusual for you to be pain-free by six weeks after surgery, we do recommend that you stop taking narcotic pain medications at that time and use over-the-counter medications (for example, Tylenol and/or Aleve). Try to plan your pain medications around your exercise program. For example, it is helpful to take your pain pills about 30 to 60 minutes prior to doing your exercises.

Pain medications are not your only strategy for controlling the pain. We also recommend that you ice your knee regularly and elevate your leg periodically. These help control the swelling and your pain, the better job that you do in controlling your swelling, the less pain that you will have. We also recommend that you get some other stimuli into your life. For example, if you only focus on your knee, the pain generally seems worse than if you get some other distractions/stimuli to keep you from focusing only on the pain. For example, watch a movie, invite some friends over, play a board

Robert Arciero, M.D.
860.679.6645

Tessa Balach, M.D.
860.679.2105

Thomas DeBerardino, M.D.
860.679.6692

Vincent Williams, M.D.
860.679.8384

UConn Musculoskeletal Institute
263 Farmington Avenue
Farmington, CT 06030
860.679.6600
uconnmsi.uhc.edu

Avon Medical Office
2 Simsbury Road
Avon, CT 06001

Southington Medical Office
1115 West Street
Southington, CT 06489



Orthopaedic Surgery

Joint Preservation and Replacement Center

After Total Knee Replacement Post Op Instructions.

game, or call some friends. Anything that allows you to distract yourself from your knee can be helpful. As you get more mobile, getting out of your home is also helpful.

Driving an Automobile

You are allowed to operate an automobile when you are comfortably walking with a cane or without any support. For some patients, this will be within 3 to 4 weeks and for others it will take longer. When you are walking with a cane (or with no support), you have adequate control of your leg to operate your car. However, you should also use your common sense. If you do not feel that you are safe to drive a car, wait until you feel that you are ready. Keep in mind not to drive if you are still taking pain medications.

Blood Thinners

Some patients will be on a blood thinner called Coumadin (also called warfarin) after surgery. A blood test will be done once or twice per week to monitor your levels of anticoagulation (blood thinning). You will be given instructions on the length of time your doctor wants you to be on Coumadin. Depending upon the results of this study, your dosage of Coumadin may be increased, decreased or kept the same. It is common that we need to change the dosage during the weeks you are taking Coumadin. We have used this strategy to prevent blood clots for many years and have found it to be very safe and very effective. Others will be on a blood thinner called Lovenox (also called Enoxaparin). You will be instructed on how to appropriately give yourself the injection prior to leaving the hospital. In addition, you will be sent home with an instructional packet about the medication and the length of time you'll need to be on this medication.

Sleeping and Eating Problems

Most patients have some difficulty sleeping for several months after a knee replacement. It will improve with time but it is a difficult problem to treat. We have not found anything that completely eliminates the problem, other than time. We do not advocate sleeping pills, unless you are accustomed to using these prior to your surgery. We avoid prescribing sleeping pills for this problem, as we have not found them to help much and they can cause other significant side effects. Rather, we recommend that you plan to use your pain medications 1 hour prior to bedtime to help you relax, control your pain, and facilitate sleep. It is also helpful to work hard during the day so that you are sleepy at bedtime. This seems to help as well. For many patients, you just have to work through this problem and let time solve it. Many patients lose their appetite for several weeks (occasionally, for two months). This problem is normal and should not alarm you. Your appetite will return to normal with time. It is sometimes helpful to eat several small meals/snacks rather than a large meal until your appetite returns to normal.

Constipation

Robert Arciero, M.D.
860.679.6645

Tessa Balach, M.D.
860.679.2105

Thomas DeBerardino, M.D.
860.679.6692

Vincent Williams, M.D.
860.679.8384

UConn Musculoskeletal Institute
263 Farmington Avenue
Farmington, CT 06030
860.679.6600
uconnmsi.uchc.edu

Avon Medical Office
2 Simsbury Road
Avon, CT 06001

Southington Medical Office
1115 West Street
Southington, CT 06489



Orthopaedic Surgery

Joint Preservation and Replacement Center

After Total Knee Replacement Post Op Instructions.

The use of narcotic pain medications, iron supplements and a decrease in your mobility after knee replacement frequently causes some degree of constipation. We would recommend, particularly if you are susceptible to constipation, that you take a stool bulking agent (for example, Metamucil) and, if necessary, milk of magnesia to prevent significant problems with constipation. Please avoid taking so much of these, however, that you develop diarrhea. This will be a difficult problem for you if you need to make many trips to the bathroom shortly after your return home. In addition, make sure you are well hydrated with fluids such as water and fruit juices.

If the above has not been helpful here is another plan that may be more beneficial:

Day one: Colace or Senokot with Stimulant, take as directed on package insert.

Day two, if no results from day one: Dulcolax tablets, two tablets twice this day.

Day three, if no results from day one: Dulcolax suppository

If no results by the p.m., use a Fleet enema

Iron can make your stools dark or black. This color might persist for several days after completion of the iron.

Expectations for Pain Relief After Total Knee Replacement

Total knee replacement is a great operation. It is highly predictable in terms of improvement in pain, function and quality of life. However, you must be patient to achieve many of these wonderful benefits of the surgery. The high quality pain relief that characterizes a good total knee replacement frequently takes 6 to 9 months to achieve. Patients predictably improve for up to a year after a knee replacement. Stated differently, it is normal for you to still have some pain in your knee for as much as 6 to 9 months after your surgery.

The pain relief will come, but you should not expect great relief of pain in less than this time. Higher demand activities (such as going up and down stairs) frequently take 6 to 9 months before patients feel comfortable doing them. It is permissible to go up and down stairs whenever you can safely navigate them but it will take much longer to do them normally and with great confidence.

Follow-up Appointments

Your specific doctor's office will instruct you when you should be seen in the office for post-operative care. You may schedule an appointment with your surgeon's office at any time during the intervals between scheduled appointments should any problems arise. Questions regarding follow-up office visits should be directed to your surgeon's office.

Questions or Problems

Robert Arciero, M.D.
860.679.6645

Tessa Balach, M.D.
860.679.2105

Thomas DeBerardino, M.D.
860.679.6692

Vincent Williams, M.D.
860.679.8384

UConn Musculoskeletal Institute
263 Farmington Avenue
Farmington, CT 06030
860.679.6600
uconnmsi.uhc.edu

Avon Medical Office
2 Simsbury Road
Avon, CT 06001

Southington Medical Office
1115 West Street
Southington, CT 06489



Orthopaedic Surgery

Joint Preservation and Replacement Center

After Total Knee Replacement Post Op Instructions.

If you have any questions, problems, or confusion about your recovery after your knee replacement, please feel free to call your surgeon's office during weekdays. If you require assistance after 4 p.m. or on weekends/holidays, please call the hospital operator at 860-679-2000 and ask to speak with the orthopaedic resident on call. Please plan ahead and call the office for pain medication refills Monday-Friday before 4 p.m. as we do not allow prescriptions of narcotic medications to be called in after 4 p.m. or on weekends/holidays. You are a priority of ours and we will not be upset with you if you call. We are committed to providing you with the best care possible.

Congratulations! You are now the proud "owner" of a knee replacement. We are confident that it will prove to be of great benefit to you. Work hard, be patient, and remember why we performed the surgery – to give you many years of excellent relief of pain and improvement in function and quality of life!

Please do not hesitate to call us if you have any questions, problems or confusion about your knee or your recovery.

Robert Arciero, M.D.
860.679.6645

Tessa Balach, M.D.
860.679.2105

Thomas DeBerardino, M.D.
860.679.6692

Vincent Williams, M.D.
860.679.8384

UConn Musculoskeletal Institute
263 Farmington Avenue
Farmington, CT 06030
860.679.6600
uconnmsi.uchc.edu

Avon Medical Office
2 Simsbury Road
Avon, CT 06001

Southington Medical Office
1115 West Street
Southington, CT 06489