



Orthopaedic Associates of Zanesville
Post-Op Instructions Total Knee Arthroplasty/Unicondylar Knee Arthroplasty
Dr. Bonier

Please note that these instructions are general guidelines to be followed; however, any written or verbal instructions provided by your provider supersede the instructions below and should be followed.

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs.
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed, reinforce with additional dressing
- On the 3rd post op day please remove your ace bandage and fluff, leaving a waterproof dressing.
- **Please keep waterproof dressing in place for 2 weeks. Please remove at home after two weeks.**
- NO immersion in bath or pool until instructed by your provider.

MEDICATIONS

- Local anesthetics are injected into the wound on the shoulder and joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks
- You may have the below prescriptions sent into the pharmacy:
 - Oxycodone** is a narcotic pain medication which is sedating and constipating. Use the narcotic pain medication when your pain is most severe. Wean yourself off of the narcotic pain medication as soon as possible.
 - Celecoxib/Celebrex** - Prescription strength anti-inflammatory. You will take this twice daily for 5 days to help with pain and swelling. Do not take if you have any kidney disorders or told not to take NSAIDS.
 - Cefadroxil/Clindamycin/Bactrim**- You will be sent in a prophylactic antibiotic that you will take for 7 days after surgery. Take as prescribed.
 - Duloxetine/Cymbalta**- This medication helps with nerve pain following surgery. You will take this for 2 weeks following surgery. You may not be prescribed this based on your other medications.
 - Ondansetron/Zofran**- This is a nausea medication. Please take as needed for nausea/vomiting.
 - Omeprazole/Prilosec**- This medication is used to help prevent stomach ulcers due to the medications you have been prescribed.
 - Baby Aspirin**- You will take this twice daily for 4 weeks to help prevent blood clots. Do not take if you are already on a blood thinner.
- **Additional medications to pick up over the counter:**
 - Acetaminophen/Tylenol** - Please take 1000mg three times daily for one week. Please do not take if you have liver disease.

- **Docusate, Senna, and Miralax** - Please take a stool softener/laxative while taking narcotic to help prevent constipation. If you have diarrhea or your bowels are moving you can adjust the medications.

ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under the foot/ankle.
- Use a walker to assist with walking – you are able to bear as much weight as tolerated on operative leg unless otherwise instructed.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice packs for 40 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin.

EXERCISE

- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides, and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few days following surgery. It is safe to bend your knee in a non-weightbearing position when performing exercises unless otherwise instructed.
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- If formal physical therapy (PT) is needed, it is typically arranged prior to your surgery date. It generally begins several days after your surgery date unless your provider has stated otherwise. If you are unsure of this please call the office at 740-454-3273 to receive instructions for starting therapy.

EMERGENCIES

- Contact our office M-F 8:00AM – 5:00PM at 740-454-3273
- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain

- Fever (over 101° – it is normal to have a low-grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in distal arm and/or hand
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- Calf pain
- If you have an emergency after office hours or on the weekend, contact our after-hours answering service at 740-454-3273 to reach an OAZ provider on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our office at 740-454-3273 to schedule.
- Typically, the first post-operative appointment following surgery is 3 weeks following surgery
- If you have any further questions please contact us during office hours