



# Plancher Orthopaedics & Sports Medicine

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## **POST OPERATIVE INSTRUCTIONS FOR KNEE UNI/TOTAL**

Elevation and ice: Icing and elevating your knee is imperative for recovery as it decreases swelling and the associated pain.

- Elevate your knee above the level of your heart. You can do so by placing pillows or blankets under your ankle, **NOT UNDER YOUR KNEE**. Placing pillows under your ankle helps you to gain full extension of your knee and helps to avoid blood clots.
- Anything you can do to minimize your foot being below the level of your heart will assist in decreasing the expected post-op swelling. Gravity pulls fluids down toward the calf and ankle. If you are working at a desk elevate your foot on the desk if possible, or at least on a chair, next to you.
- Ice and elevation are *imperative* during the first two weeks following your surgery. You cannot do either too much. You will continue to ice and elevate for approximately six weeks post surgery and then as needed after activity.
- A CryoCuff cooling system will be used to ice your knee. The CryoCuff is effective as it provides both cooling and compression to address your swelling. Use your CryoCuff as much as possible. You can sleep with the CryoCuff for up to six hours. Make sure the CryoCuff remains plugged in. Immediately post-op you will have on a bulky dressing and you will not feel the cooling system, however the compression will be useful.

Continuous Passive Motion (CPM) Machine: The CPM machine is used to regain the range of motion in your knee. Use it 20 minutes, 3 times each day. Begin 0 – 65 degrees then increase range of motion 5 degrees per day until maximum range of machine is met.

### Dressings:

- You will leave the hospital with a bulky dressing and with a drain in place. *Do not* change the dressing yourself and *do not* pull out the drain. You will be instructed

on how to change your dressing and given supplies at your post-op visits in our office and our clinical staff will pull the drain when appropriate.

- You will also leave the hospital in TED hose on both legs, designed for compression and clot prevention. Expect that the TED hose will stay on the non-operative leg for 2 weeks and on the operative leg for 2 months.
- Bloody drainage during the first few days post-op is normal. If your dressing becomes soiled, change it as needed to keep it dry and clean. If you experience heavy bleeding that soaks the bandages, contact the office.
- When changing your dressing, evaluate your incision and scope holes for possible signs of infection. These include increased redness, warmth, and/or milky drainage. Some redness and warmth are expected. We will evaluate also your incision site at your post-op visit. Fever can also indicate infection. While it is normal to have a low grade fever following surgery, a temperature of 101 degrees or higher should be reported to our office. If you are unsure or have any concerns, contact the office immediately.

#### Sutures and steri-strips:

- Your sutures will be removed at your two week post-op appointment.
- Your incisions are covered with small pieces of fibrous tape called steri-strips. The steri-strips hold the incision site together for better healing. You will see dried blood on them but we do not change them for two weeks as we don't want to pull off scabs or stress the incision site.
- You will come in to the office one day post-op and then for scheduled visits so that we can assess your incision site and healing progress. At two weeks we will remove the steri-strips, clip the ends of your sutures, and reapply new steri-strips.
- Let this second set of steri-strips fall off on their own. Do not remove them. As the edges of the steri-strips begin to pull up over time simply trim the edges.
- It is not unusual for the dissolvable threads used to close your incision sites to surface and as such you may feel them on the skin surface. Do not pull or them, cut them, or try to remove them as you will create a scar and introduce the possibility of infection. We will remove them at you office visit.

#### Bathing:

- It is important to keep the scope holes dry for the first 2 weeks post-op. We will supply you with a waterproof shower bag to use when bathing.
- If you choose not to use the waterproof bag you must hold off on showering for the first 2 weeks post-op.

- Additionally, *do not* soak in a tub or swimming pool until you are cleared to do so by our office, at approximately 3 weeks. We do not recommend a hot tub for approximately 6 weeks post-op as the heat can cause the knee to swell.

#### Range of Motion (ROM):

- Regaining extension (straightening) and flexion (bending) of your knee is imperative. In addition to using the Continuous Passive Motion machine, you will work through a series of activities described to you by our office staff and by your physical therapist that must be done 3 times per day once cleared to do so.

#### Crutches or Walker:

- Crutches or a walker are used after surgery to help you walk without a limp, to provide support and stabilization, and to avoid putting full weight on the knee. *Use them!!*
- While using crutches and walkers it is important to walk with full leg strides and heel-to-toe with each step. A conscious effort will need to be made to fully straighten your non-operative leg and to place your heel to the ground which will help you to regain full extension.

#### Blood Clots:

- Inactivity post surgery can lead to pooling of blood in the calves. While we do suggest that you to rest, you should also know what to do to avoid a clot and how to recognize one.
  - Blood clots can develop in either leg and generally manifest behind the knee or at the calf.
  - Signs and symptoms of a clot include pinpoint pain accompanied by redness and warmth.
- Placing pillows beneath your ankle also helps to reduce the risk of clot formation.
- Rotating your ankles regularly in all directions reduces the formation of clots by employing calf muscle contraction.
- If you experience difficulty breathing or shortness of breath, immediately call 911. This may be the sign of a clot that has travelled to your lung.

Developing a blood clot is unlikely however we want you to be informed. If you have any concerns that you may be developing one GO TO THE NEAREST EMERGENCY ROOM. The only true and reliable test to assess for clot formation is an ultrasound. Your local emergency room is equipped to perform this test.

Medication:

You were given prescriptions for 3 medications at your pre-op assessment. Use them as directed on the label. Read all the precautions regarding your medications and discuss all interactions with other medicine you are taking with your physician.

1. **Non Steroidal Anti-Inflammatory (NSAID):** begin this medication the day you return home from surgery. This anti-inflammatory is used to reduce swelling and decrease pain. You will take this anti-inflammatory daily for 3 months after surgery, even if you are not experiencing pain or have visible swelling. While you are taking your anti-inflammatory, do not take other NSAIDs such as advil, aleve, ibuprophen, or motrin. If need an over the counter medication for pain you may take Tylenol (acetaminophen). If you have an aspirin allergy, do not take NSAIDs. Your prescribed NSAID is one of these listed below:

- **Mobic** (Meloxicam) 7.5mg: Take one tablet each day for pain and inflammation

OR

- **Celebrex** (Celecoxib) 200mg: Take one tablet, twice a day for pain and inflammation.

2. **Antibiotic:** begin this medication the day you return home from surgery. This is used to prevent post operative infection. It is important to take the full prescription for full efficacy as well as to decrease the chance of developing a resistance to the medication in the future. Antibiotics can cause stomach upset, including diarrhea. To combat this you can increase your intake of yogurt or take a probiotic that can be purchased from your pharmacy. Note that some antibiotics alter the efficacy of birth control pills, so women using oral contraceptives should use a back up method for the remainder of the cycle. Women can also experience yeast infections related to antibiotic use. If this occurs it can be treated with over the counter medication. Your prescribed antibiotic is one of these listed below:

- **Keflex** (cephalexin) 250mg: Take 1 tablet 2 times per day for 10 days. Do not take this medication if you are penicillin allergic.

OR

- **Cleocin** (clindamycin) 300mg: Take 1 tablet 2 times per day for 10 days.

3. **Pain Killer:** begin this medication the day you return home from surgery on an as needed basis. A narcotic is used to decrease the expected pain and discomfort post surgery. Be aware that narcotic pain medications can cause nausea, constipation, and drowsiness. Do not consume alcohol or drive a vehicle while taking this medication. To avoid constipation you can use an over the counter fiber supplement such as Metamucil or Citrucel. If you do not want to take this medication, over the counter extra strength Tylenol is also an effective pain

reducer. You may take this medication along with your anti-inflammatory. Taking a pain killer on a regular basis can cause constipation. The pain medication you have been prescribed is:

**Vicodin** (Hydrocodone) 5/300mg: Take 1-2 tablets every 4-6 hours as needed.

4. **Blood Thinner:** you will be taking a blood thinner to help avoid clots. Prior to surgery you were given a prescription for weekly blood draws to monitor clotting ability (PT/PTT/INR). We will adjust the heparin as needed based upon lab results. The blood thinner you have been prescribed is:

**Coumadin** 2mg: take one time daily unless told otherwise by our office. This dosing can be changed related to the results of your INR test.

Because you will be taking Coumadin, you will also need to get a weekly blood draw. A prescription for this was given to you at your pre-op appointment. Your Coumadin dose may be changed if clinically warranted based upon these test results and you will receive a call from our office should that be necessary.

#### Physical Therapy:

- A prescription of physical therapy will be given to you at your first post-op visit. This prescription will outline any restrictions you may have.
- Be prepared to begin therapy immediately after your first post-op visit.
- We suggest therapy 2-3 times per week for the first 12 weeks after surgery. Your therapist will show also give you home exercises to do.
- Many therapists book in advance, it is a good idea to schedule several post-op visits for therapy ahead of time so that you can reserve the time and dates that work for you.

#### Follow-up visits:

Your first 3 post-op visits were scheduled by our front office staff prior to surgery. Appointments roughly mirror the below schedule but are subject to change at the discretion of the clinical staff:

Appointment #1: 1-3 days post-op for a dressing change, surgical site assessment, and physical therapy guidelines;

Appointment #2: 2 weeks post-op to have steri-strips changed, stitches removed, and to assess your progress;

Appointment #3: 4-5 weeks after surgery to assess progress;

Appointment #4: 12-14 weeks after surgery to assess progress and discuss appointment schedule moving forward.