

TOTAL KNEE REPLACEMENT surgery

Rehabilitation from your KNEE REPLACEMENT begins the moment your surgery is completed and continues beyond the walls of the hospital.

YOUR FIRST FOLLOW UP APPOINTMENT WITH DR MOORE IS:

PAIN MANAGEMENT: Once you are discharged from the surgery center your pain will be managed by oral narcotic pain medication, most typically Percocet (oxycodone/acetaminophen) and or over the counter medications such as Tylenol or NSAIDS. Your prescription for pain medication will be E-prescribed initially to our First Health outpatient pharmacy (done by computer) with only one additional pain medication prescription which is typically prescribed at your follow up appointment with Dr Moore. Please be aware that we are committed to treating your post-surgical pain but want to prevent narcotic addiction. For these reasons we will gradually decrease the strength of your pain medications during your recovery from surgery and typically provide prescription narcotic pain medication a maximum of 2 prescriptions after surgery. After approximately 2-3 weeks we will begin use of non-narcotic pain medication as necessary which includes extra strength Tylenol and NSAIDs like advil, aleve, and ibuprofen. Please be aware that when you are taking any type of narcotic pain medication, constipation is common. It is advisable to purchase colace (docusate sodium) over the counter once to twice a day as needed for constipation. If you are a patient who takes narcotic pain medication prior to surgery and are under the care of pain management it is likely your pain management provider will continue to provide you your prescriptions for pain medications after surgery.

ANTICOAGULATION THERAPY: As discussed before surgery, one of the risks associated with any surgical procedure includes blood clot formation in your calves that can travel to your heart and/or lungs (deep vein thrombosis/pulmonary embolism). Because of this risk we have started you on one of several types of blood thinners (aspirin, Coumadin, lovenox or Xarelto/Eliquis). You received this medication after surgery and during your hospitalization. If you received ASPIRIN in the hospital, we will continue it

twice daily (325mg) for 6 weeks. If you were placed on XARELTO during your hospitalization, this means that you are at higher risk for blood clot formation than our standard patient. We would typically have our HIGH RISK patients also complete 6 weeks of DVT prevention medication after surgery unless otherwise indicated by Dr Moore or Michelle Moore, PA-C.

LOVENOX and ELIQUIS are several types of other blood thinners used in patients that who have had history of blood clots or pulmonary embolism after surgery.

SHOWERING: You may shower or bathe upon discharge from the hospital but must make certain that you have an airstrip dressing over your incision and staples at all times. The hospital will discharge you with several of these dressings for your use and we suggest you shower with a dressing on, towel off, remove the dressing you have in place and replace it with a new, clean dressing. We do not want for you to do any wound care, we do not want for you to apply any creams or ointments to your incision. Once you have seen Dr Moore for your first follow up appointment you may shower and bathe without any sort of dressing on. Your wound was closed using absorbable suture (no skin staples were used) and we sometimes also placed small strips across your incision called "steri-strips". If you have these steri strips they will typically fall off on their own but you may remove them after a week or so if they do not. Again, we do not advise the use of creams/solutions or ointments at the incision site.

BRUISING: Bruising and skin discoloration is expected after your surgery, please do not be alarmed by this finding. This bruising may extend into your thigh or ankle.

USE OF WALKER/CRUTCHES/CANE: You will be required to use either a walker, crutches, or cane for a full 4 weeks after your knee replacement. You may advance from a walker/crutches to a cane as tolerated, but we do want you to use one or the other until your 4 week follow up with Dr Moore for your safety. The discharge planner at the hospital should have made the arrangements for you to have a non-rolling walker for use and it is preferable to place tennis balls on the two front legs if you would like. We do not advocate the use of walkers with wheels simply because it would put you at increased risk of falls and injury.

ICE AND ELEVATION: Since *swelling after knee replacement is typical*, we would like for you to apply ice to your knee three to four times daily and elevate your knee during this process above the level of your heart.

RESUMING YOUR REGULAR DAILY MEDICATIONS: You will be allowed to return to the use of most of the medications you used prior to surgery at the time of your discharge from the hospital. If you were taking aspirin once per day (any dosage) prior to surgery, we will likely require you take 325mg twice daily for one month (exception is patients who are placed on other blood thinners besides aspirin in the hospital). You will be provided with a list of medications you may and may not take once home, and instructions for any new medication at the time of your discharge from the hospital.

Patients who take any type of hormone replacement therapy (estrogen/progesterone/testosterone) will not resume this type of medication for 6 weeks after surgery as this type of medications increase a patients risk of DVT/PE.

ACTIVITY/HOME PHYSICAL THERAPY/VIRTUAL PHYSICAL THERAPY: The discharge planner at the hospital should have met with you in the hospital and made arrangements for you to have either home physical therapy FOUR visits the first week you are home and TWO visits the second week after surgery OR OUTPATIENT PHYSICAL THERAPY OR VIRTUAL PHYSICAL THERAPY provided by a machine delivered to your home. Whether therapist comes to your home or your physical therapy is done using virtual physical therapy—a licensed physical therapist will help with increasing your motion and strengthening your muscles. The physical therapist will advise you on exercises to participate in while at home and help you progress with your walking patterns. You may put full weight on your surgery leg but may find it initially uncomfortable with eventual return to normal gait patterns. Again, we require our patients to use either a walker or a cane for a full 6 weeks after surgery. Otherwise, we suggest activity as tolerated--this means that you may be up and as active as your knee allows you to be. There are no bending restrictions and we prefer you actively bend and straighten your knee throughout the day. One of the best ways to rehabilitate after your knee replacement is to walk, stretch, and ride a recumbent bike. Occasionally, we will refer patients for outpatient physical therapy rather than home therapy and or suggest outpatient therapy

based on your six week follow up appointment with Dr Moore. It is unlikely Dr Moore will suggest outpatient physical therapy following the two weeks of home therapy until your six week follow up visit with him as he wishes your swelling and mobility to increase before he considers referral for more therapy.

RETURN TO WORK and TYPICAL ACTIVITIES: We do not have a defined period of time we suggest you be out of work or away from typical activities. Because you will be required to use a cane or walker for 4 weeks, it is typical for our patients to be away from work activities for that same period of time. It is predictable that many of our patients report feeling very well at four weeks postoperatively, although we are all unique individuals and this may vary. Our suggestion is to plan for three months recovery after your knee replacement and if you are ready to return to work or other activities sooner then we will consider this on a patient-by-patient basis. We will allow our patients to begin short game golfing at six weeks post-operatively.

DRIVING: Driving is completely restricted as long as you are on any controlled/narcotic pain medication. Assuming you have discontinued use of narcotic medication we will consider allowing driving on a patient by patient basis. Once you have reached the point where you are 4 weeks from your knee replacement and off all prescribed pain medication you may return to driving as long as your knee range of motion allows you to. We do not have restrictions with regard to being a passenger in an automobile after surgery. We do suggest that if you will be in a car longer than an hour, you stop periodically and walk to allow increased circulation in your legs.

FEVER: It is somewhat normal to have fluctuations in your temperature after receiving anesthesia for your surgical procedure. You may utilize over the counter acetaminophen (Tylenol) to treat any low-grade fevers but we would request your report any fevers above 101.5 degrees Fahrenheit. Additionally, should you have any mal-odorous incisional drainage, yellow/green/cloudy drainage or increasing redness with associated pain or swelling that does not resolve with rest-we would like for you to call us immediately as these *could* be symptoms of infection. Please remember that when you go home you may still have some clear, yellow incision incisional drainage (serous drainage). This is not an indication of any type of infection but just a part of the healing process in the fat below the skin level. This may continue from one to five days.

URGENT/EMERGENT CONCERNS: It is CRITICALLY IMPORTANT that you understand clearly what to do in a situation that is urgent or emergent. Dr Moore and his staff are committed to addressing these needs as quickly as possible and the following is the protocol you must follow if you are in a situation requiring quick care.

If you are having CALF PAIN, shortness of breath, chest pain, wound drainage that is more than the expected/mal-odorous, increasing bleeding that is not relieved within one hour, FEVER above 101.5 F that is not improved with Tylenol or spreading redness in and around your incision, PLEASE CALL OUR OFFICE at (910) 295-0224 Monday-Friday from 8am-5pm. We will make every effort to get you into be seen in our office by a physician or physician assistant/nurse practitioner within 24 hours of your concern. *****DO NOT GO TO THE EMERGENCY ROOM UNLESS YOU HAVE FIRST MADE CONTACT with DR MOORE, MICHELLE MOORE, PA-C or Dr Moore's office staff.**

Even if a therapist suggests you go to an emergency room, you must contact our office prior.

SLEEP DISTURBANCE: It is very typical for patients to complain of difficulty with sleep long after knee replacement surgery. Should you find yourself unable to sleep at night we have several suggestions including the use of over-the-counter Tylenol PM or Benadryl. Additionally, when weaning off of pain medication, we suggest you begin by eliminating day time pain medication first and your night time medication last. Night time knee discomfort occurs because as you progress in your recovery, you become more active. Although this activity is desirable, the more active you are, the more swelling you will likely have. By the end of a full day, you may experience slight fatigue and increased knee swelling which causes increased knee pain. It is *not* typical for us to prescribe any type of sleep aids (i.e. ambien or lunesta) because these medications have potential for addiction and must be used with great caution.

ANTIBIOTICS: Dr Moore requires *lifelong antibiotic prophylaxis* for all dental, conolscopy and urologic procedures, including regular dental cleanings. Additionally, we request our patients refrain from any elective dental/urologic procedures for three months after knee replacement surgery. Because infection is a serious long lasting risk after knee replacement

surgery, we want to stress the importance of this protocol and respectfully request that you inform our office when you have a procedure scheduled. We will send a prescription to your pharmacy for you. You will be instructed on the use of the antibiotic tablets when you receive your prescription.

AIR TRAVEL: We do not allow our patients to travel by airplane for 10 weeks post-operatively. This is because airplane travel puts travelers at risk for developing blood clots in their legs that could potentially travel up to the heart and/or lungs. If you recall, this is also a risk that is associated with bone surgery as well. We prefer not place you in a situation where you are at great risk for a potentially fatal medical complication.

REMINDER OF Dr Moore's RULES for patients after replacement surgery: Dr Moore had you sign a contract which he believes to be very important. The contract you signed discusses his request you not have any non-urgent medical appointments, surgeries or procedures of any kind for 14 weeks after your surgery. Dr Moore additionally asks you NOT go to an emergency room unless you have spoken with Dr Moore himself or Michelle Moore/a team Moore member about your medical issue. Dr Moore would always rather you be seen in our office rather than going to an emergency room for care. We make every effort to get you seen and wish to communicate with you as easily as possible. You were likely signed up for our GET WELL LOOP and will find this is the best way to get ahold of us for issues that arise.

**AT A GLANCE CONTACT
INFORMATION FOR
URGENT/EMERGENT NEEDS**

Dr Moore's office (910) 295-0224

Dr Moore (910) 724-8004

Michelle Moore, PA (910) 528-0120

Bridget Baird, RN (910) 215-2514

Get Well Loop