ACTIVITY:

- Limited activity for the next 3 days—NO strenuous activity. Rest and keep your leg elevated.
- Anesthesia can last for 24 hours. Move slowly to avoid lightheadedness (lying to standing).
- No driving, alcohol, or important decision making for 24 hrs. No driving while on opioids.

WALKING:

- You may put full weight on your operative leg using a cane or walker for 3-10 days after surgery.
- After 3-10 days, you can walk freely based on your confidence and performance level (good leg muscle and pain control)

DRESSING CARE AND SHOWERING:

- Leave your dressing clean and dry for the next two days. Replace if saturated with blood.
- You may remove your dressing two days after your surgery—remove all bandages and leave the sutures or staples. Gently wash your incision with soapy water and pat completely dry with a clean towel. It is optional to place a clean band aid or gauze/ace wrap after 2 days.
- Do not get in bathtubs for a week, hot tubs for 3 weeks, or swimming pools for 2-3 weeks.

SWELLING, BRUISING and ICING YOUR KNEE FOR THE NEXT 3 WEEKS

- You will be provided with an ice wrap to use for 30-60 mins 4-6 TIMES PER DAY FOR UP TO 3 WEEKS. DO NOT walk in your ice wrap.
- Leg swelling and bruising from thigh to ankle is usually more prominent than patients anticipate and usually maximizes 10 days after surgery.
- You may have lower leg throbbing with standing for 3 weeks.

PAIN

- You received an adductor canal nerve block prior to your surgery which minimizes your surgical pain for up to 24-30 hrs.
- You will be given a prescription for 1(unilateral) or 2(total) opioid pain medicines. The quantity provided is sufficient. Use them as needed but judiciously. Additional opioid prescriptions are not needed and will not be provided for the typical recovery. Ibuprofen200/Acetaminophen 500 every 6 hours is recommended after the opioid period.
- Stay on ahead of your pain the first 3 days. After 72 hours the pain will diminish daily.
- Opioid pain medications can cause constipation. Drink lots of fluids and eat a high fiber diet. Use a stool softener or laxative for severe constipation.

BODY CHANGES

- Poor appetite/Fatigue for 6-8 weeks(blood loss, surgical trauma, opioids). Multivitamin/500mg Vitamin C daily for a month helps.
- 2gm Essential amino acids and 800 IU VitD3 1 week prior and 2 weeks after surgery aids healing.
- You may also have difficulty sleeping for 2-3 months. Call the office for prescription medication if needed.

BLOOD CLOT PREVENTION FOR 3 WEEKS AFTER SURGERY
• **VENAFLOW CALF COMPRESSION DEVICES FOR 3 WEEKS:** These devices squeeze your calves (like your calves would normally squeeze with walking) to help push the blood out of the calf so the blood does not pool and result in a blood clot.
  - Wrap calf sleeves around BOTH lower legs AT NIGHT WHILE SLEEPING and ANY TIME YOU ARE NOT MOVING FOR >2hrs DURATION (watching a movie, computer work, travel, etc.)
  - You will use these for 3 WEEKS. Typically the charge is good for 5 hours per night.
  - Do not walk while using your devices.
  - If your unit malfunctions, please call Rachael and Mishelle at the office for a replacement pair.
• **ASPRIN 325mg TWICE DAILY FOR 3 WEEKS:**
  - Aspirin 325mg by mouth—one pill in the morning and one pill at night for at 3 weeks STARTING AT 8AM THE MORNING AFTER YOUR SURGERY.

**KNEE BRACE USED FOR 3 WEEKS AFTER SURGERY**
• A compression knee brace is placed during surgery. You have full range of motion of your knee to walk and do your exercises (see below).
• You will wear the brace for a total of 3 weeks after surgery:
  - Day 1-3: Wear brace DAY AND NIGHT except when showering.
  - Day 3-21: use brace only when WALKING. May stop brace when no longer require walker.

**EXERCISES AND PHYSICAL THERAPY (1st PT APPT ONE WEEK AFTER SURGERY)**
• Formal physical therapy is not mandatory, but may result in a more complete and speedier recovery.
• There is a list of preferred physical therapists on Dr. Tarlow’s website at https://tarlowknee.com/office/preferred-outpatient-physical-therapy-facilities/
• Your first physical therapy appointment should be scheduled for about ONE WEEK after surgery.
• **During the first week at home perform** 25 reps of straight leg raises and 25 knee range of motion exercises twice daily.

**DRIVING AND RETURN TO WORK**
• You may drive as long as opioid pain relievers are not being used---typically 3-14 days.
• Return to work for MAKO partial knee replacement 1-4 weeks and for total knee replacement 1-3 months.

**BODY CHANGES**
• You may have a poor appetite (related to surgery, fatigue, opioid pain medication). Try taking a multivitamin and 500mg Vitamin C daily for a month to help.
• You may also have difficulty sleeping for 2-3 months. Call the office for prescription medication if needed.

**IF YOU EXPERIENCE THE FOLLOWING SYMPTOMS OF INFECTION OR BLOOD CLOT, PLEASE GO THE CLOSEST EMERGENCY ROOM ASAP:**
- CHEST PAIN OR SHORTNESS OF BREATH.
- CALF OR THIGH PAIN THAT IS CONSTANT AND DOES NOT GO AWAY WITH REST, ELEVATION OR STRETCHING.
- SEVERE KNEE PAIN, FEVER >102, REDNESS/WARMTH/UNUSUAL DRAINAGE OR FOUL SMELL FROM INCISION.

*Updated February 2018*