Postoperative Care Instructions

Total Knee Arthroplasty/ MAKO Partial Knee Arthroplasty

Main Office Number (answering service at night): 480-483-0393
Medical Assistants (during office hours): Mishelle 480-440-6557

Website: https://tarlowknee.com
Email: doctlow@gmail.com

Please call during office hours for prescription questions. We will return after hours/weekend/holiday calls for non-urgent matters on the next business day.

ACTIVITY
• Limited activity for the next 3 days—NO strenuous activity. Rest/elevate your leg.
• Anesthesia can last for 24 hours. Move slowly to avoid lightheadedness.
• No driving/alcohol/important decisions for 24 hrs. No driving while on opioids.

WALKING
• Put full weight on your operative leg with cane/walker for 3-10 days after surgery.
• After 3-10 days, you can walk freely based on your confidence and performance.

DRESSING CARE AND SHOWERING
• Keep your dressing clean and dry for one day. Replace if saturated with blood.
• Remove your bulky dressing 1-2 days after your surgery. Leave the clear occlusive OpSite/TanJumpStart dressing for 3-10 days. Ace Wrap is optional after day 3.
• Shower with only the clear occlusive 1 day after surgery. Swim pool at 2-3 weeks.

SWELLING, BRUISING and ICING YOUR KNEE FOR THE NEXT 3 WEEKS
• Use ice or Gameready for 30-60 mins 4-6 TIMES PER DAY FOR UP TO 3 WEEKS.
• Leg swelling and bruising from thigh to ankle is usually more prominent than patients anticipate and usually maximizes 10 days after surgery, resolves at 3 weeks.
• You may have bruising/lower leg throbbing with standing for 3 weeks.

PAIN
• The anesthesiologist will perform an adductor canal nerve block prior to your surgery which minimizes your surgical pain for 24-30 hours.
• Prescription for 1 (uni) or 2 (total) opioid pain medicines. The quantity provided is usually sufficient. Use them as needed but judiciously. Additional opioid prescriptions are not needed/provided for the typical recovery. Ibuprofen400/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.
• 2 capsules Essential amino acids and 800-5000 IU Vit D3 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 but must wait until off opioids for a month if needed.
BLOOD CLOT PREVENTION FOR 3 WEEKS AFTER SURGERY - For “all” patients
- VenaGo (DONJOY) CALF COMPRESSION DEVICES and ASPIRIN FOR 3 WEEKS: These devices squeeze your calves (mimicking normally 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 but do not walk while using your devices.
- Opioid pain medications can cause constipation. Drink lots of fluids and eat a high fiber diet every 6 hours is recommended after the opioid period.
- Prescriptions for 1 uni or 2 total opioid pain medicines. The quantity provided is anticipatory and usually maximizes 10 days after surgery, resolves at 3 weeks.
- The anesthesiologist will perform an adductor canal nerve block prior to your surgery.
- You may have bruising/lower leg throbbing with standing for 3 weeks.
- Leg swelling and bruising from thigh to ankle is usually more prominent than patients anticipate and usually maximizes 10 days after surgery, resolves at 3 weeks.
- Use ice or Game Ready for 30-60 mins 4-6 TIMES PER DAY FOR UP TO 3 WEEKS.
- Shower with only the clear occlusive 1 day after surgery. Swim pool at 2-3 weeks.
- Remove your bulky dressing 1-2 days after your surgery. Leave the clear occlusive operated knee dressing for 3-10 days. Ace Wrap is optional after day 3.
- Keep your dressing clean and dry for one day. Replace if saturated with blood.
- After 3-10 days, you can walk freely based on your confidence and performance.
- Put full weight on your operative leg with cane/walker for 3-10 days after surgery.
- No driving/alcohol/important decisions for 24 hrs. No driving while on opioids.
- Anesthesia can last for 24 hours. Move slowly to avoid lightheadedness.
- Limited activity for the next 3 days—NO strenuous activity. Rest/elevate your leg.
- No exercise or stretching for the first 3 days.
- Put your leg in a supine position to elevate your leg during the day and nighttime.
- You may have difficulty sleeping for 2-3 months. Call the office for prescription.
- 2 capsules Essential amino acids and 800-5000 IU Vit D3 1 week prior and 2 weeks after surgery aids healing.

KNEE BRACE USED FOR 3 WEEKS AFTER SURGERY - for most patients
- A compression neoprene knee brace is part of the standard post op knee dressing. Leave in place for 24-48 hours, then use only at night for 10 days. For additional Knee Stability while walking after 24-48 hours use the KNEE BRACE without the hinges. You will wear the brace for up to 3 weeks after surgery depending on progress-stop brace around the time you discontinue using the walker.
- NEUROMUSCULAR QUADRICEPS E-STIM (Chattanooga) - OPTIONAL-Online or Josh
  - Place garment with 4 pads black side skin side/silver grid side material side into square outline inside garment. Place on distal thigh just above knee. With garment on Knee, Set PRG button to P09, then “+” button to MAS=20 on each channel and use for 15 minutes 4-6 times daily for 3 weeks to improve leg strength and walking speed.
  - For technical questions phone Call Josh at OrthoSport (602) 332-4405.

EXERCISES AND PHYSICAL THERAPY (1st PT APPT ONE WEEK AFTER SURGERY)
- Formal physical therapy is optional, and may promote a speedier/complete recovery.
- There is a list of preferred physical therapists on Dr. Tarlow’s website at https://tarlowknee.com/outpatient-physical-therapy/
- Schedule first physical therapy appointment for 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.
- To purchase a knee brace, call Josh at OrthoSport (602) 332-4405.

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.

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.
POST OPERATIVE MEDICATIONS and RECOMMENDED USE

- **Percocet - Strong opioid**, contains oxycodone and acetaminophen. Use 1-2 tablets every 4 hours as needed for pain, not to exceed 12 tablets for a 24 hours time period. For major painful surgery start with 2 every 4 hours and if too strong decrease dose to one tablet every 4 hours. Expected use is 3-7 days after surgery.

- **Norco - Moderate opioid**, contains hydrocodone and acetaminophen. Use 1-2 tablets every 4 hours as needed for pain, not to exceed 12 tablets for a 24 hours time period. For moderate painful surgery start with 1 every 4 hours and if not effective increase dose to two tablets every 4 hours. Expected use is 3-7 days after surgery.

- **Dilaudid - maximum strength opioid**, usual use is for breakthrough pain. Example is a person takes 2 percocet and in that four hour period after the percocet dose the pain is too intense. That person would then add one 4 mg Dilaudid for the breakthrough pain in that 4 hour time period. Typically only prescribed for total knee replacement patient.

- **Meloxicam - NSAID (non steroidal anti-inflammatory)**, used for reduction of pain and swelling after knee surgery. Usually duration 1-3 weeks.

- **Zofran - ondansetron**, used to prevent and treat nausea and vomiting. Common form is oral dissolving tablet placed under the tongue. Only take if you develop symptoms, use is every 6 hours.

- **Aspirin 81 mg - chewable**, allow to dissolve in mouth (avoid swallowing). Used to mitigate the risk of postoperative DVT. Duration of treatment 3 weeks.

- **Lyrica (pregabalin) or Neurontin (gabapentin) - a gamma aminobutyric acid (GABA) analogue**, GABA reduces the excitability of nerve cells (neurons) in the brain, which play a role in the transmission of pain signals. For advanced multimodal pain suppression.

- **Cymbalta - Duloxetine** is an antidepressant medicine. It’s used to treat nerve pain. For advanced multimodal pain suppression.

- **Cefuroxime - antibiotic** - is a second-generation cephalosporin that maintains gram-positive activity of first-generation cephalosporins with added activity against e. coli, proteus, h. influenza and klebsiella. May be added in higher risk surgical patients such as diabetics, obesity, smoker, multiply operated knee, and previously infected knee.

SURGICAL INCISION SCAR CARE

- Surgical scars can leave skin dark and/or raised. These types of scars can restrict movement, itch or be cosmetically unappealing. Smith & Nephew Cica-Care is a medically proven treatment that can soften, fade and flatten incision scars. This is a reusable, washable self adhesive silicone gel pad. Cut and apply over scar for several weeks until scar appearance improves. Available from the usual on line sellers without a prescription.

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