



## Partial and Total Knee Arthroplasty: Inpatient Post-op Protocol

### What to expect in the first week

- **You will remain in the hospital for 1 overnight stay due to new Medicare guidelines.**
- It is perfectly normal within the first few days to start to experience a slight increase in pain and swelling. During the surgery, I inject the soft tissues around the knee with a series of medications that help reduce pain after surgery. While extremely helpful with post-operative pain control, it does begin to wear off 2-3 days after the surgery. It is expected and normal that you will feel slightly more pain and discomfort. It is therefore important to stay on top of the oral pain medications that have been prescribed to you.

### How to deal with swelling

- It is extremely important to use the compression stockings for nearly the entire day. They can be removed for showers, changing clothes, and to give the skin a break for a few hours. The rest of the time they should be worn. You should wear the stocking on your operative leg for 4 weeks after surgery. You should wear the stocking on your non-operative leg for 2 weeks after the surgery. Perhaps more than any other modality, these simple devices are the most helpful in decreasing overall swelling.
- Swelling can persist for months following the surgery. You should also use an ice bag or a cold pack on the knee 3 to 4 times daily for 15-20 minutes. If dressing gets wet from icing please call the office and let us know.

### Incision Care

- The dressing should stay on until your first post-operative visit 2 weeks after the surgery. You can take a shower with this dressing. Do not rub the area. Let the water run off, and pat dry. If the dressing is soiled/moist, please call the office immediately to let us know.
- You may have an incisional wound vac in place. This should remain in place for 2 weeks post-operative. The wound vac will run out of battery 5-7 days after surgery at which time it will beep. If this is the case, please cut the cord between the wound vac and the battery.
- At your 2-week follow up appointment, you will be seen by **Ashley Walton, PA-C**. We will remove the original dressing. We may also remove any sutures or staples that are in place.
- At your 6-week visit, Dr. Siram may give you permission to use Mederma or Vitamin E lotion to help lessen the appearance of the scar. You will also be able to submerge the wound at that time.

### Activities

- You are allowed to put all of your weight on your operative leg. Maintain the precautions that were taught to you by the physical therapist. A walker should be used initially. You may then transition to a cane and eventually nothing at all. Everybody heals at different rates. Do NOT compare your progress to others. For some, it may take a few months to walk without an assistive device.
- You can walk as much as you're comfortable. There are no restrictions. However, if you are experiencing pain, LISTEN TO YOUR BODY AND STOP!
- Sleeping: Do NOT place anything underneath your knee at any time. This includes when you sleep or when you want to rest your knee. This can negatively impact your range of motion. To elevate, only place things under your ankle.
- Physical therapy is of the utmost importance for a positive outcome and to regain range of motion.

### **Physical Therapy**

- You will be provided in home physical therapy for 2 weeks after surgery. This will be arranged by the case coordinator at the hospital following surgery. They typically come 2-3 times per week and will help to progress you from a walker to a cane as you are ready.
- After 2 weeks, you will begin outpatient physical therapy. You will call and set this up at a location near your home.

### **How to reduce the risk of blood clots**

- You should take an Aspirin twice a day for one month. You may also be prescribed Protonix 40mg to help protect the stomach lining for ulcers while using Aspirin.
- The compression stockings are also effective at keeping your venous system flowing and less congested. You will wear the compression stockings for the first two weeks.
- You will also be given sequential compression devices from the surgery center. They will be worn 8 hours a day for the first two weeks.
- Daily exercises such as walking and pumping your calves/ankles are helpful.
- If you have any predisposition or a previous history of blood clots or pulmonary embolism, please let us know. You may be given a specific protocol that will likely involve different medications.

### **Follow up**

- You will be seen in the office 2 weeks after your surgery date by **Ashley Walton, PA-C**. Please call **301-657-9876** for an appointment. At that office visit, x-rays will be taken, the wound will be examined, and certain medications will be discontinued. Other follow up visits will be 6 weeks, 4 months, and 1 year from the surgery date.

### **Post-operative appointments:**

- 2-week post-operative with Ashley
- 6-week post-operative with Dr. Siram
- 4-month post-operative with Ashley
- 1-year post-operative with Dr. Siram
- After that, please make an appointment every few years for a routine follow up.

### **When you may go to the dentist:**

- No dental cleaning or dental procedure for **3 months** following a joint replacement.
- Take Amoxicillin (4 tablets 1 hour prior to dental procedure) for the first 2 years following surgery.

### **When to call the doctor:**

- Sudden increase in pain
- Uncontrolled nausea or vomiting
- Inability to bear weight/walk
- Fever greater than 101
- Shortness of breath or chest pain
- If you must change the dressing more than twice before your one week follow up appointment due to drainage

**There is additional information that may be found on Dr. Siram's Website**

[www.drSiram.com](http://www.drSiram.com)

## Medications

Drugs	Instructions
Mupirocin Ointment Use: Pre-op	<ul style="list-style-type: none"> <li>• <b>When to use:</b> You will use this once a day beginning five days prior to surgery</li> <li>• <b>How to use:</b> apply a thin layer inside of each nostril as well as in the belly button. You can use your finger tip or a q tip.</li> <li>• Do not use morning of surgery.</li> </ul>
Tylenol Extra Strength 1000mg Use: Pain	<ul style="list-style-type: none"> <li>• <b>When to use:</b> One 1000 mg tablet (or two 500mg tablets) every 6-8 hours.</li> <li>• <b>How to use:</b> Should be used with tramadol to help with pain control.</li> <li>• Can be found over the counter in 500mg tablets.</li> </ul>
Tramadol 50mg Use: Pain	<ul style="list-style-type: none"> <li>• <b>When to use:</b> One tablet every 6 hours as needed for pain for the first 5-7 days.</li> <li>• <b>How to use:</b> Take with your Tylenol.</li> <li>• If pain persists 1-2 hours after taking Tramadol, try to use the Oxycodone.</li> </ul>
Oxycodone 5mg Use: Pain	<ul style="list-style-type: none"> <li>• <b>When to use:</b> One tablet every 6 hours as needed for pain</li> <li>• <b>How to use:</b> Use 1-2 hours after you use Tramadol if your pain persists.</li> <li>• This is a narcotic pain medication. This is your strongest medication.</li> </ul>
Decadron 4mg (Dexamathasone) Use: Inflammation	<ul style="list-style-type: none"> <li>• <b>When to use:</b> One tablet every 6 hours for the first 24 hours (4 tablets total).</li> <li>• This is an oral steroid to help control post-operative inflammation.</li> </ul>
Celebrex 200mg (celecoxib) Use: Inflammation	<ul style="list-style-type: none"> <li>• <b>When to use:</b> One tablet daily for the first 30 days.</li> <li>• <b>How to use:</b> Take with food.</li> <li>• If you have a Sulfa allergy, you will be given Meloxicam (Mobic) 15mg to take once a day instead of the Celebrex.</li> <li>• Do NOT use any other anti-inflammatory with Celebrex or Meloxicam.</li> </ul>
Aspirin 81mg Use: DVT / Blood clot protection	<ul style="list-style-type: none"> <li>• <b>When to use:</b> One tablet twice a day, once in the morning and once in the evening for 30 days</li> <li>• <b>How to use:</b> Take with food.</li> </ul>
Protonix 40mg (pantoprazole)	<ul style="list-style-type: none"> <li>• <b>When to use:</b> One tablet daily for the first 30 days following surgery.</li> <li>• <b>How to use:</b> Use when taking Aspirin. This lines your stomach to prevent ulcers.</li> </ul>
Duricef 500mg (Cefadroxil) Use: Antibiotic	<ul style="list-style-type: none"> <li>• <b>When to use:</b> One tablet twice a day (in the morning and evening).</li> <li>• This is your Post-Operative Antibiotic.</li> </ul>
Zofran 4mg (ondansetron) Use: Nausea	<ul style="list-style-type: none"> <li>• <b>When to use:</b> Take 1 tablet every 6-8 hours for <b>nausea</b></li> <li>• This is to be taken as needed.</li> <li>• It should reduce any nausea about 15-30 minutes after taking.</li> </ul>

### **Other Medications:**

- **Bowel Regimen:** The pain medications, iron tablets, and decreased mobility will make you more likely to experience constipation. It is important to drink plenty of water daily. It is also recommended that you take Colace/Senna (one tablet 2-3 daily) as well as a dose of MiraLAX in the morning. These are over-the-counter medications. You should have a bowel movement within 3 days of surgery.
- **Vitamins/Supplements:** You may resume taking Vitamin C and Vitamin D following surgery. For all other vitamins and supplements, please wait until 4 weeks after surgery.

### **To Note**

- If you have an allergy or intolerance to one or more of the above medications, your prescription profile may be slightly different.
- If you already use a blood thinner for other reasons prior to surgery, we will discuss how to use those medications post-operatively
- Tramadol and Oxycodone are narcotic medications and sometimes require prior authorization through your insurance company. If this happens, please call the office to let us know.