

First Post-op Visit-Knee Replacement

1. Continue all of the supplements we gave you including Aspirin, Iron (Vitron C) and Colace(stool softener) until 4 weeks then can decrease your aspirin to one pill. Don't stop taking aspirin until 3 months.
2. You can resume all of your normal pre-operative medications including vitamins and supplements.
3. Celebrex is an anti-inflammatory medication that helps with pain and swelling. If you have this, finish what you have. Transition to using over-the-counter anti-inflammatory medications as needed such as Aleve, Ibuprofen or Motrin.
4. It is normal to have pain on the inside of your knee and numbness on the outside. This numbness will persist for several months and is from the superficial skin incision. It will resolve slowly over time.
5. Most patients have knee pain that is worse at night when they are trying to sleep. The most common complaint is inability to sleep well for more than 2-3 hours at a time.
6. Physical therapy is challenging for most people!
7. It is important for you to increase the amount of walking you do. At a minimum, you should be getting out of the house for a minimum of 20-30 minute walk each day. If you are already walking this amount, increase your time on a daily basis.
8. Continue to work on getting your knee straight and improving your flexion.
9. You can walk with a cane/crutch in the hand opposite from your new knee. When you feel comfortable you can begin walking without the cane. Continue to use an assistance device if you are walking with a limp. You do NOT want to fall!
10. Most patients feel exhausted! This is normal recovery from a major operation. You will gain your endurance back over the next few weeks.
11. Typically swelling, tightness and achiness is more pronounced in the evening after you have been using your leg all day.

12. It can still be helpful to ice and elevate your knee.
13. You may drive when you are comfortable and have the leg control to do so safely. You should also be off all narcotic medications such as Norco/Hydrocodone before driving. Practice braking especially if you had your right knee replaced in a safe environment before driving.
14. You may travel after 4 weeks. When going through the airport, consider letting TSA officials know that you've had a joint replacement. The cards we used to hand out are no longer helpful (they are not government issued forms of ID) so they may put you through the body scanner and your new joint is not usually a problem. A regular metal detector may buzz.
15. You may start light activity or exercise. Avoid impact and heavy twisting (jumping, running, skiing, horseback riding, golf and tennis). Most people can now tolerate walking and riding a stationary bike. After this is comfortable, you may progress to an elliptical, light weights or swimming as you get stronger.
16. If your incision is healed, you may use Vitamin E, Cocoa Butter or other lotion on the area to help it smooth out and be less dry and itchy. Most patients have a numb area on the outside of the incision.
17. We ask that you wait 90 days before seeing the dentist for a routine cleaning. The current AAOS/ADA guidelines say if you are of normal health, antibiotic prophylaxis is rarely indicated prior to cleaning, but you may discuss this further with your dentist. We routinely give you a prescription for the first year.
18. Your next follow up is at the 3 month mark. Please make your next appointment on the way out today.