

Total and Partial Knee Replacement



DR. EASTWOOD

Follow-up Appointment

If you have not already done so, please contact our office to set up an appointment 14 days after your date of surgery for removal of your suture/staple, an overall wound check, and a review of your progress with physical therapy.

If you have any significant medical issues you may want to check in with your primary care doctor around the same time.

Wound Care

Care for your incision is very important. If you have a PICO dressing placed in the hospital, leave this on for 7 days. If you have a one-piece island dressing placed at the hospital, leave this on for 72 hours after discharge. If the dressing is soaked, change earlier. Having a few dots of blood initially or thin yellow/clear dots for the first few days is to be expected, but any drainage should gradually decrease. If you have any blisters, foul discharge or pus-looking drainage, call immediately. The wound area will naturally feel a little warmer than the other knee due to the increased blood flow and healing response. Swelling is expected early on and gradually decreases over the first several weeks.

Once you begin dressing changes, use a nonstick dressing like Telfa or ABD pads; these can be found at your local drugstore. Dressings should be changed daily. Wounds may be dabbed with peroxide for cleansing. DO NOT use products like bacitracin or triple antibiotic ointment; they are mostly petroleum jelly and keep the wound too moist.

You **cannot** get the incision wet until we remove your staples or sutures. After that you may shower over the incision, but no soaking in a tub until 6 weeks post surgery.

*If you have any problems or questions,
please call your doctor's office (8am-5pm).*

Answering service for after hours.

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Physical Therapy and Weight Bearing

You may bear full weight on the knee. You may not feel like it at first, but it is cemented in there and it can take it!

If you are not in a rehab unit, or do not have home therapy set up, you need to call your local physical therapy clinic of choice and start outpatient physical therapy immediately. PT is necessary to restore your motion and function.

Prevention of Blood Clots

1. If you have a history of blood clots or are at high risk, you will be given a prescription for blood thinner such as Lovenox or Coumadin for the first few weeks after surgery.
2. Patients at normal risk for blood clots (DVT) will be placed on a 81mg aspirin twice a day, unless you have allergies to aspirin or a history of bleeding GI ulcers.
3. Using compression socks or stockings can also help with blood clot prevention.
4. PT and increasing your activity level will also help.

Concerns with Infection and Fevers

For a variety of reasons, a low-grade fever less than 101.5°F for a few days after surgery can be normal. If you have a high fever, chills and/or sweats and are concerned about infection, let us know. Refer to wound care above as well, about wound appearance.

Pain Medicine and Constipation

Yes, these unfortunately go hand in hand. You will be given a discharge prescription for a narcotic; we expect you to wean off these as soon as possible. All narcotics can make you constipated; you can compensate by increasing your water intake, fruits and veggies, and using a stool softener or Metamucil. If you are having severe constipation issues, contact your primary care doctor.