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## Post-Operative Instructions: Total and Partial Knee Replacement

### Medications

- **Pain Medications:** Your pain medication regimen is individualized and based on your allergies, medical history, and current medications. Please try to minimize your use of narcotics/opioids. Your goal should be to gradually decrease the use of pain medication over the next 2-4 weeks. **Only take narcotic pain medications (Oxycodone, Norco, Percocet) for severe pain!**
- **Anticoagulation Therapy:** Aids in the prevention of you acquiring a blood clot. If you experience excessive calf pain & swelling, that does not go away with elevation and rest; call our office. **Anticoagulation therapy is individualized and will consist of one of the below medications. Unless directed otherwise take Aspirin 81mg two times per day. If you were on a blood thinner before your surgery that medication will likely be re-started after your surgery as directed by Dr. Shield and his surgical team.**
  - Aspirin 81mg TWICE daily for 4 weeks
- **Constipation Prevention while taking narcotic medication:** Narcotic medication can cause constipation. To avoid constipation, take the prescribed stool softener (i.e. sennakot, Colace) twice daily while on pain medication. You may also need to take a laxative such as MiraLAX daily until normal bowel function returns.
- **Antibiotics:** Depending on your medical history and the type of surgery you had you may be placed on an antibiotic. Please take as directed. You will either be prescribed Duricef (cefadroxil) 500mg two times per day, Doxycycline 100mg two tabs per day, or Bactrim DS two tabs per day.

### Caring for your Knee Replacement

- **Icing:** Ice your knee 3-4x/day for 15-20 minutes, especially following activity; such as physical therapy. **Wrap ice pack in a thin towel or pillowcase**, so ice pack is not directly on your skin. You may use anything cold: ice pack, frozen veggie bags, polar ice machine, etc.

- **Incision Site:** Your incision may be warm to touch, itchy and slightly red for several weeks after surgery. If you experience excessive redness, soreness, or drainage from the incision area please contact our office.
  - **Prineo Glue:** This is a mesh that is glued in place to hold your incision together, do not remove this mesh, it will be removed at your first post-operative visit. You may shower immediately but do not put your incision under water, do not scrub the incision. Do not scratch your incision and do not apply any creams or ointments to your incision. When your incision is closed with Prineo no dressing is needed.

## Activity

- **Weight Bearing**
  - Unless otherwise directed you may put as much weight as you feel comfortable on your operative leg. If there are any weight bearing restrictions they will be noted below. You may need to use a walker or crutches but you may decrease your use of these devices as you feel more comfortable with walking.
- **Physical Therapy (PT):** It is essential that you follow the daily exercise program to regain flexibility and strength in your knee joint and improve your overall mobility.
- **Exercises:** Perform your exercise program two times per day, following the pre-printed instructions given to you by your hospital physical therapist.
  - **To gain full extension (straightening)** of the leg, it is important to continue elevating your heel on a pillow, coffee table, or chair two times per day for at least 30 minutes.
  - One of the best ways **to work on flexion (bending)** is to sit in a chair, keep both feet flat on the ground, bend your surgical knee while sliding your foot back under the chair, hold for a few seconds, and then slide your foot forward placing your foot in its original position.
- **Impact Loading:**
  - **Low-impact activities** such as walking can begin as soon as you get home and increase as tolerated. **Swimming** is allowed at 4 weeks once your incision is completely healed; using a straight leg, scissor, or freestyle kick.
  - A **stationary bike** at low resistance is okay once you can safely get on and off the bike, which is typically 3-4 weeks after surgery.



- Activities such as **golf, tennis, hiking, and dancing** can usually resume around 8-12 weeks postoperatively.
- **Avoid** high intensity activities involving quick starts and stops, or impact loading such as running, **to lower your risk of early loosening of the implant.**
- **Rest Periods: Gradually increase your activity daily.** Short frequent walks are better than one long walk. You should limit time being spent in bed and focus on gradually increasing the distance and number of times you walk each day. **Limit sitting to 30-60-minute intervals for the next 4 - 6 weeks.** Make sure you are doing ankle pump exercises while sitting.
- **Driving: You may drive once you are no longer taking narcotic medication during the day, have transitioned to a cane, and feel safe & comfortable operating your vehicle which is usually around 4 weeks after surgery.** While you are traveling as a passenger for the first 5 weeks following surgery, it is advised that you get out of the car at least hourly and take a short walk.
- **Traveling/Flying:** Please do not travel/fly for 4-6 weeks after surgery.

**Follow-Up:** Follow up in 2-3 weeks with Dr. Shield. If you do not already have an appointment, please call 813-684-2663 to schedule your post-operative appointment.

**Medication Refills:** We need 48 hours of notice to process medication refills. We are unable to re-fill prescriptions after normal business hours or on weekends.

## Common Problems

- **Difficulty Sleeping:** Most patients report more pain at night than during the day; resulting in difficulty sleeping. You may try to incorporate over the counter sleep aids such as Benadryl or melatonin per package recommendations.
- **Leg & ankle swelling:** You may have some swelling in your operated leg that should gradually decrease. If swelling occurs, lie down, rest, and apply an ice pack for 20 minutes.

- **Pain:** Pain may be a result of over-activity. **When you experience an increase in pain sit or lie down, elevate your legs, and rest.** If the pain does not subside, take the pain medication prescribed for you. Pain is a protective mechanism that helps to prevent over-usage and should not be ignored.
- **Call our office at 813-684-2663 if you experience one of the following:**
  - Temperature of 101° or higher
  - Drainage from your incision
  - Increasing redness around your incision
  - Increasing pain around the incision, unrelieved by pain medication
  - Excessive calf pain or thigh pain and swelling that does not go away with rest or elevation.

## **Antibiotic Use after Joint Replacement:**

**Dental Procedures:** To prevent the possibility of blood-borne bacteria that is carried from the mouth during a dental procedure and creating an infection in a total joint replacement; a combined task force of American Academy of Orthopedic Surgeons and the American Dental Association has made the following guideline recommendations:

- Following total joint replacement, all patients are advised to take an antibiotic regimen for all dental procedures, even annual cleanings for the remainder of their life. **Please wait 3 months after your joint replacement before getting any routine dental cleanings or procedures done.** Patients should take Amoxicillin 2 grams one hour before having any of the following procedures for the first 2 years after your joint replacement. If you are unable to take Amoxicillin, use Clindamycin 600 milligrams one hour before the procedure. Amoxicillin is a form of penicillin, if you are allergic to penicillin, you should take Clindamycin, not Amoxicillin. Another alternative to Clindamycin is Biaxin 500 mg or and Zithromax 600 mg.
- **Please tell our office immediately if any healthcare provider that is not within our practice wants to start you on antibiotics because of the appearance of your incision or for a wound near your incision.**
- Please let your doctor know about your joint replacement and need for prophylaxis.
  - Dental work or tooth cleanings
  - Skin biopsy
  - Podiatric procedures involving cutting into the skin

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- Cystoscopy - Your doctor may choose another antibiotic, but antibiotics must be given
  - Colonoscopy - same as above cystoscopy
  - Endoscopy—same as above cystoscopy
  - Dermatologic procedures which involve cutting into the skin
  - Invasive gynecological procedures
- Patients do NOT need to take antibiotics for the following procedures:
    - Pedicures/Manicures
    - Gynecologic exams
    - Cataract surgery
    - Injections or blood work
  - You may have a flu shot or COVID-19 vaccine at any time following your surgery