

DR. MCCLELLAN'S POST-OPERATIVE INSTRUCTIONS: TOTAL KNEE ARTHROPLASTY

Day of Surgery

- You will be admitted and meet the nursing and anesthesia team. Dr. McClellan will see you and sign your operative side.
- Anesthesia will place your spinal anesthetic in the pre-op area
- Your surgery will be performed and last approximately 1 – 2 hours. Upon waking, you will notice a dressing and ice pack on your knee.
- You will remain in the recovery room for 1 – 2 hours, then be transferred to your room on the orthopedic floor.
- If you are scheduled as an OUTPATIENT knee replacement, you will be up walking, then you'll be discharged home. When you arrive home, your team will be waiting for you in the driveway and Dr McClellan will personally call you that night or the next morning.

Day 1 Post-Op (if you stay overnight)

- You will have bloodwork drawn in the morning.
- Dr. McClellan or his PA will come by to check on you and discuss the details of your surgery.
- Physical therapy will evaluate you in the morning. You will start getting out of bed and ambulating with a walker. They will instruct you on knee motion exercises.
- Use your cold packs as instructed. This will decrease swelling and minimize pain.
- Social services will discuss your discharge plan.
- 95% of Dr. McClellan's total knee patients are discharged on day 1. The rest go home on day 2. This depends on how well you feel. Patients generally seem to feel better in their own home environment, and the risk of exposure to "bad bugs" is much lower. Rehab is rarely necessary and difficult to get in with increasing harsh insurance requirements.
- You will be likely taking Aspirin 81mg twice for 4 weeks to decrease the risk of a blood clot. If you have risk factors you'll be on Xarelto or Eliquis and not aspirin.

- You will not need compression stockings.
- You will be given a prescription for pain medicine upon discharge (Day 1 discharge is usually in the afternoon).
- You will most likely have a VAC dressing or Silverlon post-operatively. This will keep your incision dry as well as aid in early healing. The batteries will wear out and the VAC will lose suction around day 7 – 8 post-op. At that time, you may turn off the device but keep everything intact until your first post-operative visit with Dr. McClellan's team. If you have a Silverlon dressing, it remains on for 7 days then its removed by the home team. Your home team will know which dressing you have. If the dressing appears to be saturated, please call our office.
- You are permitted to shower immediately with the VAC. Do not soak the dressing – let the shower flow on your opposite side, and pat dry the plastic. Once the dressing has been removed, you may shower normally with the incision exposed. Do not rub the area – simply let soapy water run over the incision and lightly pat dry.

Day 2 Post-Op

- If you were not discharged on day 1, you will most likely be discharged day 2.
- Physical therapy will ambulate with you while evaluating your progress
- Discharge will generally be around 11-1pm

Day 3 – 14 Post-Op

- You will start home or outpatient physical therapy
- Your therapy prescription will be given to you upon discharge from the hospital
- You should continue doing your home exercises

Week 2 Post-Op and Forward

- You will have your first post-op appointment 2 weeks after surgery which should have been scheduled for you by our office. This appointment will be to check your incision, progression of therapy, and pain control.
- You will continue to use a cane or a walker until you feel safe enough to stop using it.

- After this visit, you will be scheduled for a 6-week post-op appointment. X-rays will be taken to evaluate the prosthesis. You will continue to advance range of motion.
- By 3 ½ to 4 months after surgery, you should have almost full range of motion and may resume most activities. You may have some pain around the knee with certain activities – this is completely normal.
- You will be scheduled for a 1-year post-op appointment to assess your outcome (sooner if Dr. McClellan feels it is necessary).

Pain: The immediate post-op period after knee replacement surgery can be painful. You should take your pain medicine as you need it, especially prior to physical therapy and bedtime. Your pain WILL get better, and you may transition to a milder pain medicine (with less side effects, such as Tylenol) as soon as possible. It is common to have pain at night that interferes with sleep – this can last for several months. Pain medicines can cause nausea and constipation – do not take more than you need.

You may be prescribed one or more of the following medications:

1. Celebrex – this controls inflammation and makes pain medications more effective – it will be taken twice a day
2. Tylenol – a pain medicine that can help to decrease your pain – you should take 1000mg 4 times a day.
3. Oxycodone – a VERY strong pain medicine that can be taken every 4-6 hours (instead of Tramadol) as needed to control your pain. This medication has the most side effects.
4. Aspirin 81mg – blood-thinning medication to help minimize the risk of development of blood clots

**unfortunate side effects of pain medication include nausea and constipation – if you experience these issues or have any questions about your post-op medications, call UOC at (814) 942-1166 for assistance/advice on how to manage these issues

Physical therapy is a VERY important part of knee replacement surgery. Social services will arrange for a therapist to come to your home to instruct you on exercises. It is very important to practice on your own (or with the assistance of a family member). While in the hospital, you will be shown a series of home exercises – you should perform these exercises 3– 4 times daily in addition to physical therapy. After home therapy, you will need to continue outpatient therapy for an additional 2-4 weeks. After 6 weeks, most therapy exercises can be done on your own.

You should get up to walk several times a day. Try not to stand longer than 1 hour at a time to minimize swelling. You may progress from walker to cane to ambulating independently as you feel comfortable.

**Remember to contact UOC at (814) 231-2101 if you develop any signs of infection, which include increased swelling, pain, redness, drainage from incision, warmth, fever, chills or severe pain unrelieved by pain medication, or any unusual chest pain or shortness of breath. It is normal to run a low-grade fever after surgery. If your fever is consistent at 101.0 or higher, you will need to contact the office.

The following are part of Dr McClellan's Team:

Brett Beech PA-C

John Vargo PA-C

Lauren Conrad PA-C

Tara McCaulley RN (Total Joint Coordinator)

Karen Noel MA-Dr McClellan's nurse

Cindy Wright MA-Brett Beech's nurse

Cheryl Davis RN-John Vargo's nurse