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## POST-OPERATIVE INSTRUCTIONS: KNEE REPLACEMENT

### MEDICATION

- A certain amount of pain, swelling and bruising is expected for the days following surgery. The goal of post-surgical pain medication is to *control* and *manage* post-surgical pain, not to *eliminate* it.
- Most patients will be given a prescription for a narcotic pain medication, Norco (hydrocodone) that is initiated shortly after surgery. Take it only as needed after your discharge.
  - Common side effects of the pain medication are nausea, drowsiness and constipation – to decrease the side effects take the medication with food. An over the counter stool softener (Colace/Ducolax) may be taken to prevent constipation.
  - You may not drive or operate heavy equipment while taking narcotic pain medicine.
  - Call the office immediately if you are having an adverse reaction to the medication.
- Resume all home medications unless otherwise instructed by Dr. Obermeyer or your primary care physician.
- You will be given a prescription for a blood thinner, which is individualized to you based on risk for clotting after surgery and your risk for bleeding. The type of medication is determined by Dr. Obermeyer and your surgical team. Please take as directed to avoid complications from clotting.
  - Most patients will take aspirin or Eliquis. If you have been given Eliquis for three weeks, followed by aspirin 81mg twice daily for another three weeks. If you are not given Eliquis, aspirin 81mg twice daily for six weeks is recommended starting the day after surgery.

### WOUND CARE

- It is recommended you leave in place the bandage you left the surgical facility with until the five (5) day mark after surgery. It is recommended the incision remain clean under that bandage for those days to prevent infection and promote early healing. You may shower with a sealed bag over the bandages during that time, ensuring the bandages remain dry.
  - Once the bandages are removed, the incision can be left open to air or replaced with a gauze or ace wrap. Do not apply lotion, cream, or ointments to the incision.
  - Showering is permitted at five days with gentle soaping, and you can let water run over the staples and the front of the knee at that time. Please avoid *submerging* the knee in a bath for a few weeks after surgery to prevent contamination of the incision and infection.
- Mild bleeding and swelling is normal. If blood soaks onto the bandage do not become alarmed, reinforce with additional dressing.



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- If there is excessive drainage from the surgical incision requiring multiple reinforcements and dressing changes, please contact the office to inform Dr. Obermeyer and the surgical team.
- If there is excessive redness or drainage from the incision, or fever greater than 101.5°F, contact Dr. Obermeyer and the surgical team. Lower grade temperature elevations for a couple days after surgery are normal and should not be a cause for alarm.

#### **BRACE/ACTIVITY**

- Depending on the type of regional anesthesia, a knee immobilizer may be placed in the operating room. If placed, it is to be worn for two days to prevent the knee from buckling until you can lift your entire leg up from the bed without assistance.
- Driving is not recommended for approximately four weeks following surgery unless specifically discussed with Dr. Obermeyer. This is for your own safety.

#### **COLD THERAPY**

- Ice can be applied through a clean plastic bag, or a bag of frozen peas accomplishes the same objective. Formal icing machines are not covered by insurance and are not routinely used, but Dr. Obermeyer supports their use if you have access to one. **Never apply cooling agents (ice, polar care etc) directly to exposed skin.**
- After the first day, use 20 minutes on, 20 minutes off, as long as it continues to help with pain. You may discontinue when you feel the cooling is no longer helpful.
- Consider using ice after physical therapy to help with swelling and pain.

#### **EXERCISE**

- Full weight bearing as tolerated on the involved leg is allowed unless instructed otherwise after surgery to help with balance and stability.
- Following the surgery three main goals exist:
  1. Full knee extension
  2. Quadriceps contraction and activation
  3. Control of pain and swelling
- Keep the leg elevated for several days to help with swelling.
- DO NOT put pillows under the knee at any time.
- Depending on your limitations after surgery, several exercises will be beneficial for you at home: quad sets, ankle pumps and straight leg raises will be demonstrated to you and should be done 3-4 times per day.
- To help gain full extension, place a small rolled up towel under your ankle and push the back of your knee back to the bed or floor by contracting your quadriceps muscle.
- Being up and around after surgery will help diminish the risk of blood clots.



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- Formal physical therapy (PT) will begin several days after surgery. Therapy is usually initiated with a therapist coming to the home.

#### RETURN TO WORK

- Returning to work depends on the type of work you do. Patients in seated jobs may return to work in as little as 3 to 4 weeks if demands on you are limited and you have transportation arranged. You will possibly be taking narcotic pain medications and not have the ability to drive. We typically recommend anticipating taking 6 weeks off. Patients with higher demands may require a longer time frame and Dr. Obermeyer or his team will discuss this with you. Please let our office know if you need assistance with paperwork for your time away.

#### EMERGENCIES

- Contact Dr. Obermeyer's office (847-285-4200) if any of the following are present:
  - Uncontrolled nausea and vomiting
  - Uncomfortable or painful swelling that affects the surgical leg much more than the other normal one
  - Unrelenting pain at the knee or **pain in the calf**
  - Fever  $>101.5^{\circ}$
  - Redness or continuous drainage around incisions
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room immediately for evaluation.**

#### FOLLOW-UP CARE

- Please make your first post-op visit 2 weeks after surgery if not done so already.
- **If you have any questions or concerns about the above please call Dr. Obermeyer and the team at 847-285-4318.**