



Total Knee Arthroplasty Postoperative Instructions

General

A family member or caregiver will likely need to assist you for the next few weeks.

- Helps with basic movement and function
- Helps with household chores
- Helps ensure all medications are administered
- Helps provide emotional support for daily life and rehabilitation

Furniture may need to be rearranged to avoid tripping and falling.
In general, the more you are up and ambulating, the better you will do.

Activity

Rehabilitation begins immediately following surgery. Getting knee extension (straight) is the most important motion to obtain in the early postoperative period.

You may bear weight on the operative leg. You have no restrictions to knee motion.

Do:

- Use a walker or crutches for stability and to prevent falls until your strength returns. This may take several weeks.
- Consider tools to help you reach objects without having to bend down yourself
- Place a pillow under your foot/ankle when lying down.
- Follow your physical therapist's instructions. Walking and cycling are excellent exercises.

Do Not:

- Place a pillow under your knee. It prevents the knee from fully extending.
- Bend down or reach out to grab items

Wound Care

Unless otherwise noted, your surgical site was closed with all-absorbable sutures under the skin, with glue over top to seal the incision.

You have a special bandage (Aquacel) over the top of your incision. This stays on for 7 days total.

- On day 7, remove the Aquacel dressing. You do not need to place a new dressing over top. Leave the glue in place - it will fall off on its own after several weeks.

Some drainage is normal for the first few days postoperatively.

- Excessive drainage that does not slow down after a few days is worrisome. Please call the office with any questions or concerns.

Some redness around the incision is also normal in the first week postoperatively.



- If the wound becomes progressively more red, swollen, or painful after several days, please call the office.

Medications

Unless otherwise noted, you will be given prescriptions for the following medications:

Aspirin 81 mg twice daily (6 weeks total)

- Helps prevent blood clots postoperatively

Acetaminophen (Tylenol) 1000 mg every 8 hours (2 weeks total)

- This high dose, combined with gabapentin and celecoxib, works very well for pain without the need for opioids.
- Do not exceed 3000 mg in a single day

Gabapentin (Neurontin) 300 mg twice daily (2 weeks total)

- Works along with acetaminophen and celecoxib
- May make you drowsy

Celecoxib (Celebrex) 200 mg twice daily (2 weeks total)

- Works along with acetaminophen and gabapentin
- Stay hydrated while on this medication

Oxycodone (Roxicodone) 5 mg every 4 hours as needed (1 week total)

- Strong pain medication that can cause addiction
- Indiana law only allows prescription of 1 weeks' worth of narcotics
- Only use this as a last resort
- May cause nausea, constipation, drowsiness, altered mentation

Docusate (Colace) 100 mg twice daily (2 weeks total)

- This helps prevent constipation associated with oxycodone

Ondansetron (Zofran) 4 mg dissolved on tongue every 6 hours as needed for nausea

- For postoperative nausea

Showering

You may shower on postoperative day 3

- Leave the Aquacel in place. It seals the wound.
- Let water run over the incision. Do not vigorously scrub. Pat dry.
- After the Aquacel is removed on day 7, the same shower rules apply.

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Do NOT soak or submerge under water (bath tub, hot tub, pool).

- Until wound is completely healed (usually around 6 weeks)

Driving

You may return to driving if:

- You are completely off narcotic pain medications
- Strength and reflexes are back to normal
- Typically no earlier than 2 weeks postoperatively

Follow-up

Dr. Baessler will see you back in the office 2 weeks postoperatively for a wound check.

Dental work

Delay any dental procedure 6 months following joint replacement to avoid infection. When getting a dental procedure, call the office for prophylactic antibiotics (Augmentin). Your dentist may also prescribe this.