

Discharge Instructions: Primary Total Knee Replacement (TKA)

1. What to Expect

| Normal in the first months | Call us if you notice |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Warmth and moderate swelling that fluctuates with activity• A “click” or “clunk” as muscles regain strength• Patchy numbness or temporary skin sensitivity | <ul style="list-style-type: none">• Swelling that suddenly worsens or makes the skin feel tight• Drainage that soaks the dressing or has an odor• Calf pain or swelling, redness or drainage along the incision |

2. Cryotherapy (Icing)

Best pain- and swelling-reducer you have!

| How | How long | Safety check |
|-----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gel pack, bag of ice, or cold-therapy machine | 20–30 min each hour while awake for 48 h; then at least 3–4 × daily | Inspect skin every 20 min ; stop if you feel burning, blistering, or color changes. Always keep a T-shirt or towel between skin and ice source. |

3. Elevation & Swelling Control

First 5–7 days are critical.

- Lie on your back and **prop the entire leg on 2–3 pillows**, toes above the heart.
*Tip: keep a small rolled towel under your ankle, **not** under the knee, to encourage full extension.*
- Wear your **TED hose/compression stocking** while out of bed; remove to wash or if it causes tingling/pain.
- Perform **ankle pumps** (point and flex the ankle) for 1 min every hour while awake to improve circulation.

4. Dressing & Incision Care

- Your incision is closed with a **Dermabond adhesive and mesh tape (Prineo)**. This acts as a sterile barrier and will stay in place for about **2 weeks**.
- **Do not pick at or remove the tape.** It will **start to peel off on its own**. Once it begins to lift, you may carefully **trim the loose edges with clean scissors**, but **do not pull on it**.
- Keep the incision **clean and dry**. You may shower once approved, but **do not soak** the incision or rub the adhesive area.

- If any part of the tape becomes soaked or falls off early, **cover the area with a clean bandage** and contact the office for further instructions.

| Do ✓ | Don't ✗ |
|---------------------------------------------------------------------------------|--------------------------------------------------------|
| Keep dressing clean & dry until removed by your surgeon/PT (usually day 10-14). | Remove or peek under the dressing. |
| If the edges loosen, reinforce with tape. | Apply lotions, ointments, or powders to the incision. |
| Observe any exposed skin (toes) for color and warmth. | Soak the leg (no tub, pool, or hot-tub) until cleared. |

5. Bathing / Showering

- Shower only when you have a **water-tight cover** over the dressing or once the dressing is off and the incision is fully sealed (no gaps or drainage).
- Pat the area dry—do **not** rub.

6. Mobility & Weight-Bearing

| Phase | Aid | Goal |
|--------------|---------------------------------------------|--------------------------------------------------------------|
| Days 0-7 | Walker with full weight as tolerated | Stand & walk short distances every 1-2 h while awake. |
| Weeks 2-4 | Walker → cane when gait is steady | Walk >¼-mile total per day; climb 1 flight of stairs safely. |
| Weeks 4-6 | Cane → independent | Walk >½-mile, practice gentle outdoor activities. |

Never twist on the operative leg; pivot by taking small steps.

7. Exercises (Start post-op day 1 unless told otherwise)

1. **Quad sets** – tighten thigh, hold 5 s (10 reps, 4 × day).
2. **Heel slides** – bend knee toward buttocks, then straighten fully (10 reps, 4 × day).
3. **Straight-leg raises** – in brace if provided (10 reps, 3 × day).
4. **Stationary bike** – when you reach 110° bend and surgeon okays it.



8. Pain Control & Medications

| Medication | Typical schedule | Key tips |
|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------------|
| Narcotic (e.g., oxycodone) | Every 4–6 h only as needed for severe pain | Use lowest dose, shortest time (< 1-2 weeks). |
| Acetaminophen 500-1000 mg | Every 6 h (max 3 g / 24 h) | Baseline pain control once narcotic tapered. |
| NSAID (ibuprofen/ celecoxib) | As prescribed | Reduces inflammation; take with food. |
| Aspirin 81 mg BID (or other anticoagulant) | 30 days | Prevents blood clots— do not miss doses . |
| Stool softener (docusate) | Nightly while on narcotic | Prevent constipation; add OTC laxative if no BM > 48 h. |

9. Driving

- **Right knee:** usually 4–6 weeks once you can safely brake, have < 75 ms reaction time, and are off narcotics.
- **Left knee/automatic car:** may be 2–3 weeks if strength and reflexes are normal and no narcotics.

10. Infection & Dental Precautions

- For **2 years** after TKA (or lifelong if immunocompromised) take a single dose of antibiotic **1 h before**:
 - Dental cleanings/extractions
 - Colonoscopy, cystoscopy, or any invasive procedure that causes bleeding

11. Warning Signs – Call Immediately

| Urgent (office) | Emergency (ER) |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Temp > 101.5 °F or shaking chills Increasing redness, drainage, or pain at the incision Calf pain, swelling, warmth | Chest pain, shortness of breath, sudden dizziness or fainting |

12. Long-Term Knee Care

1. **Exercise daily** – low-impact (walking, cycling, swimming); avoid running/jumping.
2. **Protect your joint** – avoid kneeling on hard surfaces until sensation returns; use a cushion if kneeling.
3. **Maintain ideal weight** – every extra pound adds three pounds of force across the knee.

13. Frequently Asked Questions



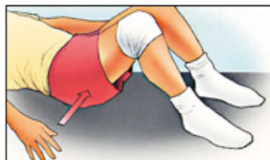
| Question | Quick Answer |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| When is my first visit? | 10–14 days post-op—call to confirm. |
| Who removes staples/strips? | Your incision is closed with Dermabond tape (Prineo) , which peels off on its own starting around 2 weeks after surgery. You may trim loose edges with clean scissors , but do not pull it off . It will come off completely over the following days. |
| How long will swelling last? | Up to 3 months; elevate & ice 20 min, 3–4× daily. |
| Is numbness permanent? | Usually improves in 6–12 months. |
| May I go outdoors? | Yes—walk on flat, dry ground with walker/cane. |
| When can I travel by car? | As a passenger anytime; stop every 45–60 min to stretch and pump ankles. |

Questions or concerns?

Dr. Grutter's Office

If you think you have an emergency, **dial 911**.

Your commitment to elevation, regular ice, and daily exercises is the fastest route to a strong, pain-free knee. We look forward to seeing your progress at your follow-up appointment!

| Initial Exercise Program | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Hamstring Contraction: 10 Repetitions - No movement should occur in this exercise. Lie or sit with your knees bent to about 10 degrees. Pull your heel into the floor, tightening the muscles on the back of your thigh. Hold 5 seconds, then relax. Repeat 10 times. |  |
| Straight Leg Raises: 10 Repetitions - Lie on your back, with uninvolved knee bent, straighten your involved knee. Slowly lift about 6 inches and hold for 5 seconds. Continue lifting in 6-inch increments, hold each time. Reverse the procedure, and return to the starting position. Repeat 10 times. Advanced: Before starting, add weights to your ankle, starting with 1 pound of weight and building up to a maximum of 5 pounds of weight over 4 weeks. |  |
| Buttock Tucks: 10 Repetitions - While lying down on your back, tighten your buttock muscles. Hold tightly for 10 seconds. Repeat 10 times. |  |