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**CENTRAL INDIANA  
ORTHOPEDICS**

## **YOUR GUIDE TO A PLEASANT HOSPITAL STAY AFTER YOUR TOTAL KNEE REPLACEMENT**

### **PAIN CONTROL**

- All of your pain control options are listed below. Be sure to let your nurse know if and when your pain is starting to increase.
- **DO NOT WAIT UNTIL YOUR PAIN IS SEVERE.** Give your nurse some lead time to get you the medications you need, as they are also taking care of other patients.
  - Intravenous Narcotics
    - Strong, immediate relief
    - Dilaudid every 2 hours as needed
    - Morphine every 3 hours as needed
  - Oral Narcotics
    - Oxycodone- strong, immediate relief every 4 hours for breakthrough pain
    - Hydrocodone- milder, immediate relief every 4 hours for breakthrough pain
  - Anti-Inflammatory Pain Medication
    - Toradol- IV, very strong, every 6 hours for breakthrough pain not controlled by oral narcotics
    - Celebrex- oral, easier on the stomach, twice per day

### **REHABILITATION**

Surgery was half the battle. The other half starts now! It will begin with aggressive physical therapy. The main goals of physical therapy are:

- **FULL KNEE EXTENSION**
  - You cannot walk normally without the knee straight
  - The knee was fully straight in the operating room. The knee will want to scar and lock you in the position you leave it in.
  - If you do not work hard at keeping it straight and scar sets in this may prove detrimental to having a good outcome after surgery.
- **KNEE FLEXION**
  - Use your other knee as a guide to measure how much you should be able to bend your new knee (if your other knee is normal, that is)
  - You should get at least 80 degrees before you leave the hospital
  - Your physical therapist will show you important exercises for this.

There are a couple of easy passive things you can do to help achieve these goals

- Place a pillow under your ankle
  - This elevates your leg so that there is a space under your knee. This will allow gravity and the weight of your leg to help keep your knee fully extended.
  - AVOID placing a pillow under your knee! This only encourages the knee to stiffen up in this position, making your subsequent therapy/exercises even more difficult
  - You can also use buttock and thigh muscles to push down on the pillow to get your knee even straighter.
- Minimize the amount of time your leg is hanging down, dependent to gravity, when you are out of bed. You should spend no more than 45 minutes with the leg down. If you are sitting in a chair, prop it up to minimize swelling in your knee and ankle.
- **DO NOT fall behind with pain control.** Pain will inhibit you from maximizing your rehabilitation and may compromise your range of motion and outcome!



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## **PREVENTING BLOOD CLOTS (DVT- Deep Venous Thrombosis)**

- Aspirin
  - Aspirin 325 mg once per day for 30 days unless you are at increased risk for blood clots, in which case a DVT prevention plan will be discussed before surgery
- Compression Devices
  - Placed on the lower legs while in bed at the hospital
  - Intermittently squeezes your legs to propel the blood in your legs back to your heart.
  - May remove when out of bed but replace them when you get back in bed.
- Ankle Pumps
  - At least 10 repetitions every hour
  - The muscle contraction also squeezes the blood back up to your heart

## **BATHING**

- You will sponge bathe for the first 2 days after surgery while the soft dressing is on.
- You may shower after 48 hours after surgery with Mepilex bandage in place
- Do not remove the Mepilex bandage; it will be removed at your first post-op office visit