DISCHARGE INSTRUCTIONS FOR KNEE REPLACEMENT PATIENTS

1. Please, take with you the elastic stockings that were provided to you in the hospital, or get a pair of support socks in a medical supply pharmacy. Have someone put on your elastic stockings in the morning and have them removed at night before going to bed. Use large, comfortable shoes so you can easily put them on and take them off, without having to reach your foot. You will also need assistance to cut your toenails.

2. Follow the instructions given to you by the physical therapist at the hospital, regarding the use of a cane, crutches or walker, as well as the amount of weight that you were instructed to put on the operated leg.

3. Do the exercises instructed by me and by your physical therapist to achieve the best possible result. The most important ones are depicted below. During the first weeks you will gain most of the mobility of your knee, you must exercise consistently. You might feel discomfort or mild to moderate knee pain while exercising during the first weeks after surgery. If the pain is severe, stop and ice your knee. Take the pain medication one hour before exercising and ice your knee afterwards. The exercise that involves flexion and extension of your ankles and feet should be done as much as possible as it will prevent the formation of clots in your veins.

Exercise 1: Exercise your toes and feet frequently and vigorously to prevent blood clots. Wear elastic stockings.

Exercise 2: With a rolled towel under your heel, tighten your thigh muscle (quadriceps) bringing the back part of your knee down towards the bed. Keep the pressure for 10 seconds and relax. Repeat several times. This will prevent your knee from healing bent.

Exercise 3: Bend your knee as much as possible, keep the knee bent for a few seconds before putting it straight. With the repetitions, the bending and the extension will improve.
4. **IMPORTANT NOTICE ABOUT PAIN MEDICATION AFTER SURGERY**: Good pain control is important for a prompt recovery. You will probably need prescription pain medication during the first months after surgery. You will leave the hospital with the necessary prescriptions. If you need refills or a change in the type of pain medication, please plan ahead and let my office know at least 7 days in advance. Prescription pain medication needs to be mailed to your pharmacy and consequently there will be a delay of several days before you actually receive the medications that you need.

5. Apply ice to your knee intermittently. You should feel a pleasant cool sensation, not a burning sensation by the ice. Take the pain medication as instructed. A painless knee will rehabilitate better and faster than a painful one.

6. It will be more comfortable to sit in a high armchair, particularly one with armrest. Use your hands to assist you in sitting and rising from the chair. Use a high toilet seat.

7. If you had a right knee replacement or bilateral knee replacements, you cannot drive a car for the first six weeks after surgery. If you had a left knee replacement and you have a car with automatic transmission, you can drive as soon as you feel comfortable sitting on the driver’s seat. **YOU SHOULD NOT DRIVE** if you are under the effect of the potent pain medication prescribed after surgery. You could be a passenger, provided you are very careful getting in and out of the car. Place the seat high, back and recline the back-seat backwards.

8. If your bed is low, raise it by placing another mattress on it or blocks under its feet.

9. **Do not place towels or pillows under your knee.** A knee slightly bent will be more comfortable, however, it will make your knee to heal slightly bent, which is detrimental to the end result of your operation. **While in bed, keep your knee straight.** Your foot should be pointing to the ceiling.

10. **IMPORTANT NOTICE ABOUT ANTICOAGULATION AFTER SURGERY**: Depending on the type of surgery and your past medical history, I will prescribe a mild (aspirin) or a potent blood thinner after surgery (Coumadin):
    a. **If you are on aspirin**, continue taking Ascriptin (Aspirin) 325mgs., one after breakfast and one after dinner for another two weeks. Thereafter take only one after breakfast until you complete 6 weeks of treatment after the operation.
    b. **If you are on Coumadin**, the daily dose is dictated by the internist/rheumatologist/cardiologist that cleared you for surgery in HSS. Your need periodic blood tests to decide the daily dose of Coumadin. If you are at home, visiting nurses will order the tests. Make sure the results are transmitted to your internist who will advise the adequate daily dose. **This is paramount to prevent severe bleeding or inadequate anticoagulation.**

11. Some knee pain and swelling that could extend down to your leg is not unusual during the first few weeks after surgery, and it should ease as time goes by. Your level of activities can progressively increase as long as you have no knee pain. Your walking distance and level of activities can progressively increase according to how your knee feels.

12. You may have swelling in the knee area that could extend to the thigh and leg. You may also have black and blue bruising. It will subside in a few weeks, particularly if you follow the accompanying Swelling Instructions.
13. The staples should be removed 12 to 15 days after surgery. Ask the nurse for a staple removal kit before you leave the hospital. The staples can be removed in the rehabilitation center or by a local nurse or doctor. Otherwise, please call my office for an appointment and I will be glad to remove them for you. The day after the staples have been removed, you may take showers. Get into the shower as instructed by the physical therapist.

14. Read carefully the manual you received at the preoperative class “Your Pathway to Recovery following Knee Replacement”. It will provide useful information.

15. Please answer the enclosed questionnaire, to monitor your overall surgical experience.

The above is intended as a general guide during the first six to eight weeks after knee replacement surgery. You will return to see me for x-rays and examination on the date stated in the Appointment Card. At that time, depending upon your progress, activities are usually increased and restrictions decreased.

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