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ORTHOPEDIC SURGERY & SPORTS MEDICINE

Total Knee Post-Op Instructions

Total Knee Arthroplasty (knee replacement).

FOOD

Start slowly. It's natural to want to eat a lot after surgery, but start with small amounts of your normal food, and eat more as your nausea improves.

INCISION

You will go home with a waterproof antimicrobial (silver) dressing. You may shower starting the day after surgery with the dressing on — let the water run over it and pat it dry. Leave it undisturbed for 5 to 7 days; we will tell you at discharge whether we change it in clinic or you change it at home. If it starts leaking at the edges, peels off, or the incision starts to drain, please contact the office. Do not soak your knee — no baths, pools, or hot tubs — until the incision is fully healed.

WEIGHT BEARING

You should be full weight bearing.

ACTIVITY

Stay as active as your pain and swelling allow — this helps prevent blood clots. You may bear weight as tolerated on the operative leg. You'll need a walker or crutches for two to three weeks, and possibly a cane for a few weeks after that. Perform your flexion and extension exercises two to three times a day. When sitting, keep the leg elevated and straight most of the time during the first few weeks. Walk as much as you are comfortable.

REHABILITATION: THE QUIET KNEE PROTOCOL

Your recovery follows the Quiet Knee Protocol. The idea is simple: calm the knee down first, then build it back up. For the first 3 to 4 weeks we focus on controlling swelling and gentle motion rather than aggressive bending, then move on to strengthening once the knee has settled. In these early weeks, focus on four things:

- Control the swelling. Ice often, keep light compression on, and elevate your leg so your toes are higher than your knee and your knee is higher than your hip.
- Keep the knee straight. Rest your heel on a rolled towel and let the knee hang into a straight line to maintain full extension — this is hard to regain if you lose it.
- Wake up the thigh muscle. Do gentle quad sets: tighten your thigh and press the back of your knee down.
- Ease into bending. Do gentle seated knee bends (toward 90 degrees) and slow heel slides through a comfortable range. Don't force it.

Take short, frequent walks rather than long sessions. We'll begin more progressive strengthening around week 4.

The 6-week motion check: by 6 weeks your knee should straighten to within 20 degrees of fully straight and bend to at least 90 degrees. If your motion is not there yet despite therapy, we will often schedule a manipulation under anesthesia (MUA) — a short procedure where I gently bend the knee while you are asleep to free up scar tissue. Doing this early works much better than waiting, so keep your follow-up visits and tell us if your motion has stalled.

DRIVING

Do not drive while taking narcotics, or until your leg strength and reaction time make you a safe driver. If it is your right leg, this usually takes 6 weeks or more.

BLOOD CLOTS

My biggest concern after TKA is the formation of blood clots. To prevent them, stay active and take one tablet (81 mg) of aspirin twice daily with food for 2 weeks. If you are at high risk for blood clots — a previous DVT or PE, a clotting disorder, active cancer treatment, or any other reason for increased clotting risk — aspirin is not enough: you should be on a stronger blood thinner instead, such as Eliquis, Xarelto, or Pradaxa. Please make sure this is arranged with Dr. Allred within 24 hours after surgery. What does a blood clot feel like? Blood clots usually (though not always) appear a few weeks after surgery. They typically cause new calf pain and new ankle swelling, and rarely cause shortness of breath. If you think you may have a blood clot, call the office immediately during office hours, or go to the ER after hours.

SWELLING

Ice machines or reusable ice pads (search “knee ice machine” on Amazon) can be great for reducing pain and swelling. I like them, but frozen peas work just as well. Be careful not to freeze your skin: use 20 minutes on and 10 minutes off, unless your machine has temperature settings that prevent freezing.

PHYSICAL THERAPY

Physical therapy follows the Quiet Knee Protocol above. Early sessions focus on swelling control, full extension, quad activation, and gentle motion; more progressive strengthening typically begins around 4 weeks. You should have a physical therapy appointment scheduled within a few days after surgery — if you don't, please call the office to arrange one.

MEDICATIONS

If you went home the same day, you were sent home with a steroid tablet (dexamethasone 16 mg). Take it the morning after surgery — it is one of the best tools we have against pain, swelling, and nausea in the first days. If you have diabetes, your blood sugar may run higher for a day or two; keep an eye on it.

As noted above, I recommend aspirin for two weeks. For pain, alternate over-the-counter ibuprofen and Tylenol — for example, take regular Tylenol, then ibuprofen 2 hours later. Do not take more than the daily dose shown on the label for either one. While taking ibuprofen, I also recommend over-the-counter Pepcid or another antacid to help prevent a stomach ulcer. For prescription pain medicine (narcotics), see below. If you are also taking daily aspirin to prevent blood clots, take your ibuprofen at least 30 minutes after the aspirin — or at least 8 hours before it.

NARCOTICS

You may need narcotics for several days, but the sooner you stop using them, the better you will feel. Refills are rarely needed. We do not refill these medications after hours or on weekends, and a refill takes about 72 hours, so please plan ahead. If you take narcotic medications regularly, you will need to make arrangements with your regular prescribing provider.

POST OPERATIVE VISITS

Call to schedule an appointment 2 weeks after surgery.

DENTAL CARE

I do not recommend routine dental care for 3 months after surgery. Unless you are at high risk for infection (a reduced ability to fight infections), I do not recommend antibiotics before dental procedures — a change made by the American Dental Association and our academy (AAOS) several years ago.

PRECAUTIONARY MEASURES

1. To prevent infection, you were given IV antibiotics before your surgery.
2. To prevent blood clots, stay active. Walk around your living room once every hour while you are awake, and take aspirin 81 mg twice daily for 2 weeks. (If you are on another blood thinner, do not take the aspirin.)
3. If you are taking narcotic pain medication (such as Percocet or Vicodin), you may need a laxative to prevent constipation. We recommend an over-the-counter stimulant laxative such as Senna. Narcotics slow the bowel down, and Senna works by stimulating it. Fiber-only products (like Metamucil) usually aren't enough on their own, since they add bulk but don't stimulate the bowel.

WHEN TO CALL / EMERGENCIES

Call the office or go to the ER if you experience any of the following:

- Incision opens
- Increased redness at incision site
- Pain uncontrolled by pain medicine
- Uncontrollable bleeding
- Fever > 101.5°F or shaking chills
- Difficulty breathing or chest pain
- New calf pain or ankle swelling
- Painful swelling

If this is a life-threatening emergency, call 911.

Don't know which number to call? Every clinic's emergency and daytime number is on one page — worth saving to your phone before surgery.

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