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Post-op Instructions for Total Knee Replacement

These instructions are to compliment the information given by the nursing staff and physical therapists. They cover many of the common questions.

Wound Care

- Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding is normal. If this is happening, the dressing should be changed daily.
- You may get the incision wet when showering 3 days after surgery. The shower should be brief and the wound patted dry with a clean towel. No baths or soaking the incision until 2-3 weeks after surgery and scabs are absent.
- Staples or stitches are usually removed 2 weeks after surgery.
- If purulent drainage (thick white or greenish in color) is coming from the wound, or the wound has increasing redness, or if you are having a temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

Pain and Swelling

- Ice your knee as frequently as possible. We recommend 4-5 times per day for 20 minutes per time. You may use either the ice bag given to you at the hospital or simply place ice in a zip lock bag and place on the knee.
- Narcotic pain medication will be prescribed for use after you leave the hospital. Try to wean down as tolerated. These medications can cause constipation and you may want to use an over the counter stool softener. Tylenol products may be used instead of the prescribed pain medication. The prescribed narcotic medications should not be taken at the same time as plain Tylenol. If a refill of medication is needed, please call the office during regular business hours, Monday-Friday 8:00 a.m. to 5:00 p.m. In general, refills will not be made after hours or on weekends, so please plan ahead.
- Swelling to some degree is common after surgery. To reduce swelling, elevation is very helpful. Elevate the knee above the heart level ("toes above the nose") for the first 2-5 days after surgery. Elevation for 30 minutes every 2 hours is a good initial recommendation. The white stockings are also designed to reduce swelling. Excessive pain and swelling should be reported to your surgeon.

Weight Bearing

- Unless the physical therapist or nursing staff has told you otherwise, there are no restrictions for the amount of weight that you can put on your knee. You may require the assistance of a walker or cane for 2-3 weeks after your surgery.

Preventing Blood Clots

- Moving your ankles up and down on a regular basis helps circulate blood from your legs to help prevent a blood clot.
- Coumadin is a blood thinner that almost all patients will take after surgery for a total of four weeks. While on coumadin you will need to be monitored with a blood test called INR. This will be checked twice a week at a laboratory near you while you are taking coumadin. You will be contacted if you need to adjust your dose.
- White compressive stockings help prevent swelling and blood from pooling in your legs. You do not need to sleep with them on. You should put them on first thing in the morning. They are recommended for the first three weeks after surgery.

Driving

To drive you must no longer be taking narcotic pain pills (plain Tylenol is allowed). Also, you must feel strong and alert. Most people start driving 3-4 weeks after surgery.

Dental Work

Antibiotic prophylaxis for dental work will be necessary. This involves an oral dose of oral antibiotics before any dental procedure. Please talk to your dentist or call our office for a prescription before having any dental work.

Follow-up

Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 10-14 days after surgery.

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