



DISCHARGE INSTRUCTIONS FOR UNI-COMPARTMENTAL KNEE REPLACEMENT

1. Keep your operative leg elevated on at least 2-3 pillows. Ice your knee frequently for the first two-three weeks after surgery. Never put ice directly on the skin. It is particularly helpful to ice after you have done your exercises or been on your feet for a while. Swelling of the entire leg is also normal. This will slowly improve but may last for as long as several months. To effectively reduce the swelling, your foot should be above your heart. This will help decrease the swelling in your knee and leg and also help with discomfort. Avoid prolonged periods of sitting over the first 7-10 days after surgery. We recommend that you not sit for more than one hour before you get up and move around or lie down and elevate your leg.
2. Wiggle your toes and ankle as much as you can tolerate. This will circulate the blood from your toes to your heart.
3. Once the nerve block on your leg has worn off, you may place as much weight onto the operative leg as tolerated. You will not damage your knee replacement by placing weight on the leg. As you progressively put more weight on the leg, you may progress off of your ambulatory aids as tolerated. For example, when you no longer feel your walker or crutches are needed for your comfort and balance, you may progress to a cane. The length of time that it takes to get off of your ambulatory aids is not important and will not determine the success or failure of your knee replacement. However, you can walk without support whenever you feel that you are safe.
4. Two days after surgery you may remove the ace wrap and remaining dressing you may have. Cover your wound with waterproof dressing before showering. Keep incision dry until the staples are removed which will be approximately 10-14 days. Replace your dressing EACH DAY with a light, clean gauze dressing.
5. Take your pain pills as prescribed, but remember, narcotics can make you sleepy, nauseated, or constipated so take them with plenty of food and water. You may take a mild laxative or stool softener, such as colace, as needed. You may also take Ibuprofen 400-600mg by mouth every 6 hours as needed for pain. The Ibuprofen may be taken in conjunction with your prescribed pain medication. No alcoholic beverages while taking pain medications. Try to plan your pain medications around your exercise program. For example, it is helpful to take your pain pills about 30-60 minutes prior to doing your exercises.
6. You will need to take a 325 mg Ecotrin (coated aspirin) one tablet daily for four weeks after surgery as a blood thinner to prevent blood clots unless otherwise instructed by your physician.
7. Resume home medications as directed by physician. Diet as tolerated. No spicy or greasy foods recommended the day of surgery.
8. You have a follow up appointment scheduled with Dr. _____ on _____ at TALLGRASS or 29TH & URISH CLINIC

9. CALL YOUR PHYSICIAN'S OFFICE AT 233-7491 IF YOU HAVE ANY OF THE FOLLOWING:

1. Pain not controlled with pain medication
2. Nausea that does not subside after 24 hours after surgery
3. Redness or drainage from incision sites
4. Fever of 101 for 2 consecutive days
5. Any questions or concerns

WE STRONGLY SUGGEST A RESPONSIBLE ADULT REMAIN WITH YOU AT HOME TODAY AND TONIGHT FOR YOUR PROTECTION AND SAFETY. IF YOU HAVE ANY QUESTIONS, OR IF A PROBLEM DEVELOPS, PLEASE CALL YOUR PHYSICIAN IMMEDIATELY. IF YOU ARE UNABLE TO CONTACT YOUR PHYSICIAN AND YOU FEEL THIS IS AN URGENT SITUATION REQUIRING A PHYSICIAN'S ATTENTION, GO TO THE EMERGENCY ROOM CLOSEST TO YOU.

DESIGNATED CAREGIVER CONSENT

I WILL BE THE DESIGNATED DRIVER OF THIS PATIENT AFTER DISCHARGE FROM TALLGRASS SURGERY CENTER. I AM FULLY AWARE THIS PATIENT NEEDS CAREGIVING ATTENTION FOR THE FIRST 24 HOURS.

X _____
PATIENT/PATIENT FAMILY MEMBER

X _____
REGISTERED NURSE