

Postoperative Instructions and Recovery Total Knee Arthroplasty

This guide offers general milestones; however, your surgeon may adjust instructions based on your specific condition. Always follow the instructions given by your healthcare team.

Immediate Post-Op (0-2 Weeks)

1. Incision and Wound Care

- Keep your incision and dressing clean and dry.
- Do not remove your surgical dressing unless specifically instructed. It will typically be removed or changed at your 2-week visit by your healthcare provider.
- Your dressing is water-resistant, not waterproof. It is okay to shower or sponge-bathe and let water gently run across the dressing, but do not scrub the incision.
- No bathing, soaking, hot tubs, or swimming while the incision is healing.
- If your dressing falls off, replace it with clean bandages and change daily while gently cleaning around the incision. Pat dry; do not rub.
- If you have surgical glue or Steri-Strips, do not peel or pick them from the skin. They will loosen with time.

2. Bathing

- Typically, you may shower 24-72 hours after surgery if your dressing is intact and you were told it is safe to do so.
- Let water run gently over the dressing/incision. Do not scrub the incision.
- No baths, hot tubs, pools, lakes, or swimming during this period.

3. Pain Management and Swelling Control

- Take prescribed pain medications only as needed and exactly as directed.
- Ice and elevation are very important after knee replacement. Use ice packs frequently, especially after therapy or walking.
- Elevate the leg with the knee and ankle supported so the knee can fully straighten. Avoid placing a pillow directly behind the knee for long periods, as this can lead to stiffness and difficulty regaining full extension.
- If no restrictions, it is okay to use non-narcotic medications such as Tylenol (Acetaminophen) and approved anti-inflammatory medications like Ibuprofen. Follow the bottle instructions or your discharge instructions for dosing.
- Narcotic pain medication can cause constipation. Consider a stool softener, drink fluids, add fiber, and stay mobile as tolerated.
- Restart home medications as directed by your primary care physician, surgeon, or discharge instructions.

4. Blood Clot Prevention

- Take your prescribed blood thinner or aspirin exactly as instructed.
- Wear compression stockings
- Perform ankle pumps frequently while awake.
- Walk short distances several times per day to improve circulation.
- Call the office for new calf pain, marked calf swelling, or increasing redness/warmth in the leg. Go to the Emergency Department for chest pain or shortness of breath.

5. Activity and Weight Bearing

- Unless told otherwise, patients are weight-bearing as tolerated using a walker immediately after surgery.
- Walk short distances multiple times per day. Avoid overdoing activity early, as excessive swelling can slow motion gains.
- Do not sit for long periods without changing positions. Get up regularly and move safely.
- Avoid falls. Use your walker, remove tripping hazards, and use help on stairs until safe and confident.

6. Knee Motion and Physical Therapy

- Begin physical therapy as directed. Early motion is critical after total knee arthroplasty.
- Work on fully straightening the knee and gradually improving knee bend.
- Do home exercises as instructed by therapy, but avoid aggressive unsupervised forcing of the knee.
- Some swelling, bruising, warmth, and stiffness are expected, especially after therapy.

7. Work

- It is advised not to return to work during this period unless cleared by your surgeon.
- Patients with desk work may return earlier than those with standing, walking, lifting, or labor-intensive jobs.

8. Driving

- Do not drive while taking narcotic pain medication.
- Do not drive until you can safely control the vehicle, brake quickly, and get in and out safely.
- Right knee replacement patients usually require more time before returning to driving than left knee replacement patients.

9. Concerning Symptoms

- Call the office if you develop fever over 101.5°F, chills, worsening wound redness, drainage, foul odor, wound opening, or severe uncontrolled pain.
- Call for new or worsening numbness, weakness, inability to bear weight, or a sudden major loss of knee motion.
- Present to the Emergency Department for difficulty breathing, shortness of breath, chest pain, fainting, or signs of a blood clot traveling to the lungs.

**We will see you back in the office 2 weeks after surgery for a wound check.
Please call the office to make or confirm this appointment.**

Early Recovery (2-6 Weeks)

1. Incision and Wound Care

- Continue to monitor the incision for signs of infection.
- You may keep the incision uncovered if it is dry and your provider has cleared you to do so.
- Do not use ointments, creams, peroxide, alcohol, or lotions directly on the incision unless instructed.
- Continue to avoid soaking the incision until cleared by your surgeon.

2. Bathing

- You may continue showering if the incision is dry and healing appropriately.
- Continue to avoid baths, hot tubs, pools, and swimming until the incision is fully healed and you are cleared, often around 6 weeks.

3. Pain Management

- Begin tapering stronger pain medications as your pain allows.
- Use ice, elevation, Tylenol, and approved anti-inflammatory medication as directed.
- Expect soreness after therapy. Pain should gradually become more manageable week by week.

4. Activity

- Gradually increase walking distance using a walker, cane, or no assistive device as directed by therapy.
- Continue fall precautions.
- Stairs may be used as instructed by therapy. Use handrails when available.
- Avoid kneeling directly on the surgical knee until cleared and comfortable.

5. Knee Motion and Therapy Goals

- Continue formal physical therapy and home exercises.
- The main goals are improving knee extension, improving knee flexion, reducing swelling, and building quadriceps strength.
- Do not ignore difficulty straightening the knee. Regaining full extension is a priority.
- Stiffness is common, but motion should steadily improve with consistent therapy.

6. Work

- You may consider returning to light or desk-based work if pain is controlled, mobility is safe, and you are no longer taking narcotics during work hours.

- Jobs requiring prolonged standing, walking, climbing, lifting, or patient-care duties may require more time.

7. Driving

- You may return to driving only when you are no longer taking narcotic pain medication and can safely control the vehicle.
- Confirm with your surgeon if you are unsure, especially after a right total knee arthroplasty.

**We will see you back in the office 6 weeks after surgery.
Please call the office to make or confirm this appointment.**

Mid-Recovery (6-12 Weeks)

1. Incision and Wound Care

- Your incision should be well healed at this point.
- You may usually keep the incision uncovered.
- You may begin using over-the-counter scar creams or lotions only once the incision is fully closed and cleared by your provider.

2. Bathing

- You may typically return to baths, pools, hot tubs, and swimming once the incision is fully healed and your surgeon has cleared you.

3. Pain Management

- You should be relying less on prescription pain medication.
- Over-the-counter medications, ice after activity, and elevation should usually be sufficient.
- Some aching, swelling, warmth, and stiffness may persist for several months and can fluctuate with activity.

4. Activity and Exercise

- Continue progressing walking, balance, strength, and endurance.
- Physical therapy may focus on gait training, quadriceps strengthening, range of motion, stairs, and functional activity.
- Low-impact activities such as walking, stationary bike, elliptical, swimming, and light resistance training are typically encouraged when cleared.
- Avoid high-impact activity such as running, jumping, or repetitive heavy pounding unless specifically cleared by your surgeon.
- Continue to avoid falls and use an assistive device if your gait is not yet safe.

5. Work

- Many patients are able to return to work during this period depending on pain, mobility, and job demands.

- Heavy labor or jobs requiring prolonged standing, kneeling, climbing, or frequent lifting may require additional time or restrictions.

**We will see you back in the office 3 months after surgery.
Please call the office to make or confirm this appointment.**

Long-Term Maintenance (3 Months and Beyond)

1. Ongoing Exercise

- Continue a regular low-impact exercise program to maintain knee motion, strength, balance, and overall health.
- Walking, cycling, swimming, elliptical, and controlled resistance training are generally preferred.
- Avoid repetitive high-impact activity unless specifically cleared.

2. Knee Expectations

- Improvement can continue for 6-12 months after surgery.
- Mild swelling, warmth, clicking, numbness around the incision, or weather-related aching can be normal for an extended period.
- Call the office if pain suddenly worsens, the knee becomes newly unstable, or you develop new redness, drainage, fever, or inability to bear weight.

3. Dental Work and Procedures

- Tell your dentist or other healthcare providers that you have a knee replacement.
- Antibiotic recommendations before dental work or invasive procedures vary based on patient risk factors and surgeon preference. Contact the office if you are unsure.

4. Annual Check-Ups

- You may be scheduled for follow-up visits and x-rays to monitor the knee replacement over time.

5. Lifestyle Modifications

- Maintain a healthy weight to reduce stress on the knee replacement.
- Avoid smoking, as it impairs wound healing and overall recovery.
- Focus on nutrition, hydration, sleep, and safe exercise.

**We will see you back in the office 6 and 12 months after surgery.
Please call the office to make or confirm this appointment.**

Key Reminders Throughout Recovery

- Do your physical therapy and home exercises consistently. Motion is especially important after total knee arthroplasty.
- Ice and elevate frequently to control swelling.
- Avoid placing pillows directly behind the knee for prolonged periods. Focus on achieving full knee extension.
- Take blood clot prevention medication exactly as prescribed.
- Avoid smoking.
- Maintain good nutrition with adequate protein, calcium, vitamin D, and hydration.
- Attend all follow-up appointments and call with concerning symptoms.

Contact Information

Dr. Andrew Meyers

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Call the office if:

- Fever over 101.5°F or chills.
- Worsening incision redness, swelling, foul odor, purulence, drainage, or wound opening.
- Severe uncontrolled pain, sudden loss of knee motion, new inability to bear weight, or new/worsening numbness or weakness.
- New calf pain, marked calf swelling, or increasing redness/warmth in the leg.

Present to the Emergency Department if:

- Difficulty breathing or shortness of breath.
- Chest pain.
- Fainting, severe dizziness, or concern for a blood clot traveling to the lungs.

Disclaimer: This timeline is a general guide. Individual recovery can vary based on age, overall health, surgical findings, implant type, medical conditions, and progress with therapy. Always follow the personalized instructions provided by your surgeon and healthcare team.