

# **Post-Op Instructions**

## **Unicompartmental (Partial) Knee Arthroplasty**

James D. Reeves, MD

Town Center Orthopaedic Associates, PC

(703) 435-6604

### **Activity**

- Start range of motion exercises at home.
- Do not drive until cleared by your surgeon.
- Never drive while taking opioid pain medication.
- You can weight bear as tolerated. Gradually wean from walker to a cane under the direction of your physical therapist.
- We encourage you to walk as much as you feel comfortable. Increasing your mobility will help to regain strength and function, and will help reduce the risk of blood clots.
- When resting, keep your ankle elevated above the level of your heart. This helps keep swelling down. It is important to keep the knee straight when elevating. You can place pillows beneath the calf and ankle to keep the knee straight. **DO NOT** put pillows behind the knee only, as this will cause the knee to bend and can lead to a flexion contracture. Another alternative is a wedge pillow. You can purchase a wedge pillow online.
- Perform ankle pump exercises (bend your foot up and down) as much as possible when resting.
- Practice flexing and extending your knee to improve range of motion.
- A floor-based pedal exercise machine can be used to perform range of motion exercises on your own. They are very affordable and can be purchased online. Check Amazon.com and search for “pedal exerciser.”

### **Incision Care**

- You have a waterproof dressing in place.
- You can shower with the waterproof dressing in place.
- Please leave the waterproof dressing in place until seen at your follow-up appointment.
- Icing helps reduce swelling. Use an ice pack wrapped in a thin towel to reduce the swelling. Keep the foot elevated while you ice the knee. Apply the ice pack for 20 minutes; then remove it for 20 minutes. Repeat as needed

### **Medication**

- Take your pain medication only as prescribed. Do not drink alcohol while taking pain medications.
- Celebrex is an anti-inflammatory that helps with pain and swelling. The prescription was provided at your pre-op appointment.
- Gabapentin is a medication for nerve pain. The prescription was provided at your pre-op appointment.

- Oxycodone is a narcotic pain medication that is taken on an AS NEEDED basis. You can take 1-2 tablets every 4 hours as needed for pain. The prescription was provided at the hospital. We recommend that you gradually wean off of this medication. Prolonged use can lead to dependence. Narcotic pain medication, such as oxycodone, can cause multiple side effects including, but not limited to, drowsiness, altered mental status, respiratory depression (difficulty breathing), depression, and constipation.
- Take the anticoagulant (blood thinner) medication as prescribed. Unless you are already on an anticoagulant (warfarin, Eliquis, Xarelto) or are determined to be at high risk for blood clots, we usually recommend aspirin 81 mg (baby aspirin) twice daily for 1 month after surgery. The prescription was provided at your pre-op appointment.
- If you need any pain medication refills, please contact the office 48 hours prior to running out of the medication. Refills are not provided on weekends by the on call physician. If you are going to run out of medication over the weekend, please contact the office on Thursday or Friday to obtain refills.

### **Constipation**

Constipation is one of the most common side effects of surgery and narcotic pain medication. We have prescribed PeriColace, a combination stool softener and laxative. It can be taken twice daily as prescribed. Discontinue use if you experience loose stool.

If you are still experiencing constipation despite the stool softener and laxatives, you can try other over the counter options including use of a fleets enema or magnesium citrate.

### **Blood Clot Prevention**

Blood clots are a risk of any lower extremity joint replacement surgery. Prevention of blood clots is very important and we recommend multiple modalities.

- Medication- Dr. Reeves' team will prescribe a medication to help prevent blood clots. Most commonly, we use aspirin 81 mg by mouth twice daily for 4 weeks. Sometime, when people are higher risk for blood clots, we will prescribe a stronger anticoagulant such as Lovenox, warfarin, or Xarelto. If you are already on an anticoagulant, we will likely resume this after surgery.
- Mobilization- One of the best ways to decrease the risk of blood clots is to get up and move. We recommend walking frequently throughout the day in addition to doing ankle/leg pumps while lying in bed or sitting down.

### **Other Precautions**

- Keep important household items you need within reach.
- Remove throw rugs, electrical cords, and anything else that may cause you to fall or trip.
- Free up your hands so that you can use them to keep balance. Use a fanny pack, apron, or pockets to carry things.

### **Follow-up**

- Physical therapy has been ordered. We recommend you start physical therapy within 1 week of surgery.
- Follow-up with Dr. Reeves at scheduled appointment 2 weeks post-op.

**Notify Dr. Reeves for any increased bleeding, redness, drainage, swelling, worsening pain, calf pain or swelling, or other concerning symptoms.**

**Dr. Reeves office number is (703) 435-6604.**

**Report to the emergency room immediately for any chest pain or shortness of breath.**