



AOA POST DISCHARGE PROTOCOL

TOTAL KNEE

- **Constipation**
 - Follow bowel protocol: Miralax and Senna (over the counter) twice per day during the period of time that patient is taking opioid medications.
 - Patient may wean off of bowel protocol as opioid medications are discontinued.

- **Physical Therapy**
 - 2-3 weeks of home health and then may continue as outpatient for a few more weeks, depending on recovery.
 - Some patients may go to outpatient right after surgery but must have adequate transportation to and from therapy appointments.
 - The sooner the patient can go to outpatient therapy, the better.

- **PT Goals/ Assistive Devices**
 - Walker for 2 weeks, then transition to cane for 3-4 weeks
 - The knee does not need to be protected but it takes a little while to regain strength and confidence.

- **Weight-bearing**
 - Weight-bearing as tolerated

- **Dressing Change**
 - Dressing change daily when draining.
 - Once no drainage x 24 hours, okay to leave incision open to air.
 - Avoid any creams or ointments until the skin is mostly healed.

- **TED Hose/Compression stockings**
 - Patient should wear TED hose x 2 weeks after surgery.
 - Patient may take TED hose off at night for periods of rest.

- **Bathing**
 - May shower after 24 hours if no drainage.
 - No need to cover incision during shower. May allow water to run over incision.



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- Driving
 - Patient may drive within 3-4 weeks. Patient must be transitioned to a cane and completely off of opioid medications.
 - Patient should be able to press the brake firmly in an emergency.

- Edema Management
 - TED hose x 2 weeks after surgery during the day. Patient may take TED hose off at night.
 - Elevate leg during periods of rest

- Pain
 - Up to 6 weeks post-op for opioids
 - Using ice during periods of rest for pain and swelling
 - Patient will be provided with pain prescription at pre-op visit

- Is it normal for my knee to “pop” or “click”?
 - Total knees can have a painless pop or click through certain motions due to the metal and hard plastic striking each other. This usually gets better with time as swelling decreases.

- Will I have a numb spot post-op?
 - All incisions on the front of the knee will cause an area of numb skin, typically on the lateral side of the knee. The size of this is variable. You will become less aware of this with time.

- Is bruising/ purple discoloration okay?
 - Yes, the blood thinner, including Aspirin, to prevent blood clots may increase bruising.

- How much swelling is to be expected?
 - This can be variable to all patients.
 - Often swelling is worse with activity or exercise.



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- The best treatment is rest, ice (15 min increments), compression and elevation.

- **Dental Precautions**
 - Single dose of antibiotic prior to dental cleaning or procedure for a minimum of 2 years.
 - Some patients that are immunosuppressed (cancer, rheumatoid arthritis, etc) or on chronic immunosuppressant medications (Humira, Prednisone, Methotrexate, etc.) may require lifetime antibiotic prophylaxis prior to any dental procedures.

- **Anti-coagulant**
 - 2 weeks
 - Aspirin 325mg or Xarelto/Coumadin for high-risk patients
 - Only send to Coumadin clinic if patient is considered high risk. This would be determined by the surgeon/PA. All other patients will be managed by AOA and/or Total Joint Nurse Navigator for arranging/verifying anti-coagulant plans.

- **Staple/ Suture Removal**
 - Staples to be removed 12-14 days post-surgery
 - Steri-strips applied after staple removal

- **CHG/Pre-op Wash**
 - All total joint patients will receive CHG kit at pre-op visit and should wash with it the night before and morning of surgery.