Knee Replacement

DISCHARGE INSTRUCTIONS

Austin C. Nabet, DO, FAAOS

Patient: _____ Surgery date: _____ Side: Left / Right

THE FIRST WEEK: CONTROL SWELLING

Walk a little. Rest, elevate, and ice. Repeat.

Use these directions with your **final discharge medication list** and any personal instructions. If they differ, ask your care team before acting. Different orders may apply after complex or revision surgery.

Office: 757-321-3305, Monday-Friday | **After hours:** 757-875-9479
Call 911 for chest pain, trouble breathing, or another life-threatening emergency.

OUTPATIENT MEDICATIONS

Take only the medicines prescribed for you. Follow the next-dose times on your facility medication list; ask your discharge nurse if any time is unclear.

Pain medicine	Directions when prescribed
JOURNAVX 50 mg Non-opioid pain relief	Take **1 tablet every 12 hours** on your discharge schedule for the prescribed course, up to 14 days. Avoid grapefruit. **Next dose date/time: _____**
Tylenol (acetaminophen) 500 mg	Take **2 tablets (1,000 mg) every 8 hours** as prescribed. This equals 3,000 mg in 24 hours. Do not add other acetaminophen products; follow any lower limit ordered for you.
Motrin (ibuprofen) 800 mg	Take **1 tablet every 8 hours as needed** for pain, with food, only if included in your plan. Do not add other anti-inflammatory medicines.
Tramadol 50 mg Opioid rescue medicine	Take **1 tablet every 4 hours as needed** for pain not controlled by your prescribed non-opioid medicines.
Oxycodone 5 mg Opioid rescue medicine	Take **1 tablet every 4 hours as needed** for pain not controlled by the preceding prescribed steps. Do not combine with tramadol unless specifically instructed.

BLOOD CLOT PREVENTION

Aspirin EC 81 mg: take 1 tablet every 12 hours for 30 days when prescribed. If **Eliquis** or another blood thinner is prescribed instead, follow that medicine's dose and stop date. Do not add aspirin or combine blood thinners unless instructed.

My clot medicine/dose: _____ **Stop date:** _____
Next dose date/time: _____

Complete the prescribed course even when you feel better. Walking does not replace your clot-prevention medicine. Resume other home medicines only as directed on your discharge list.

MEDICATION SAFETY & REFILLS

Use your medication log. No alcohol with opioids; do not add sleep or sedating medicines unless cleared. Ask your team or pharmacist about missed doses, nausea, or constipation. Take an antibiotic only if it is on your discharge prescription list.

Refills: call the office at least **2 business days** before running out and provide your preferred pharmacy.

Patient: _____

Incision care, swelling & daily activity

WOUND DRESSING INSTRUCTIONS

Your usual closure has no external stitches or staples to remove. Leave the incision dressings in place as directed. Follow your personal instructions if your closure is different.

Dressing layer	What to do
ACE wrap	Remove **the day after surgery (postoperative day 1)**. Leave the incision dressings underneath in place.
Outer shower-protective dressing	Keep sealed and in place until your team directs removal, usually at the **10-14-day follow-up visit**.
SYLKE adhesive layer Directly on the incision	Remove **14 days after surgery**, as directed by Dr. Nabet's team. Do not peel it off early. Call if removal instructions are unclear.

SYLKE removal date (day 14): _____

SHOWERING

- Shower only as instructed, with the outer dressing sealed and the incision dry underneath. After dressing removal, shower only if the incision is dry and your team has cleared it.
- Do not scrub or pick at the incision. No creams, lotions, ointments, or topical antibiotics for **6 weeks**, unless specifically directed.
- No soaking in a bath, pool, hot tub, ocean, or lake until the incision is healed with no drainage or scabs and you are cleared, generally no earlier than **4-6 weeks**.
- **Call promptly** if water gets under the dressing, it loosens or becomes saturated, a rash develops, or drainage is new or increasing. Do not remove all layers on your own.

ICE, ELEVATION & COMPRESSION

Some bruising, swelling, warmth, and soreness can occur after surgery. Report new or worsening symptoms rather than assuming all swelling is normal.

Ice regularly during the **first 2 weeks**, especially during the first week and after activity. Use ice packs or your prescribed ice machine. Protect the skin with a barrier, check the skin, and follow the prescribed sessions and breaks. Do not assume continuous machine use is safe.

Stop cold therapy and call for burning, blistering, or new numbness. **Do not apply heat to the wound.** Elevate during rest rather than leaving the leg hanging down for long periods.

Use portable mechanical calf-compression devices, if provided, for the prescribed **2-4 weeks**. They do not replace your medicine or walking.

If told to reapply a light ACE wrap for swelling, use the method taught to you, from mid-calf to mid-thigh. This is separate from removing the original surgical wrap on day one.

WALKING & WEIGHT BEARING

You may put full weight on your knee unless your discharge orders say otherwise. Use your prescribed **walker or cane for at least 2 weeks** to prevent falls; progress as your team directs.

Walk a short distance **every hour while awake**. Avoid long walks and prolonged standing. Rest between activities; reduce activity if swelling or pain increases substantially. Eat balanced, protein-containing meals and drink within any prescribed fluid limits.

Patient: _____

Therapy, precautions & follow-up

PHYSICAL THERAPY

Start **home PT during the first week when prescribed**, typically 3 visits during the first 2 weeks, then outpatient therapy as directed. If starting directly with outpatient PT, begin **around postoperative day 7 or shortly afterward**. Call the office if your therapy plan is not arranged.

My therapy: Home / Outpatient **First visit:** _____ **Phone:** _____

Do the home exercises taught by your team several times a day; do not wait for your first PT visit. Use short sessions and do not force painful motion.

KNEE MOTION & HOME EXERCISES

During the first week, focus on **straightening the knee** while also practicing gentle bending. Sleep with the leg straight as tolerated. **Nothing behind the knee; support under the heel** as instructed.

Goal at 2 weeks: 0 degrees of extension to 90 degrees of flexion or more. Work toward this with your therapist; do not force painful motion.

- **Ankle pumps:** 3 sets of 10-15 repetitions, as instructed.
- **Straightening:** lying on your back, tighten the thigh and gently press the knee toward the bed. Hold 15 seconds; repeat 10 times for 3-5 sets as tolerated. In a chair, straighten and slowly lower the leg: 10 repetitions for 3 sets.
- **Heel support and bending:** support the heel and allow the knee to gently straighten. For bending, practice seated bends or slide your heel toward your bottom in bed, as taught.

No running or high-impact activity until cleared. **Avoid kneeling for 3 months.**

DRIVING & TRAVEL

Necessary travel only for the first **4 weeks**. Do not drive while taking tramadol, oxycodone, or another impairing medicine, or while still needing a walker. A cane may be acceptable. Driving often resumes around **2-4 weeks**, only when you can control the vehicle safely and your team clears you.

DENTAL CARE & OTHER PROCEDURES - BOTH HIP & KNEE

For **3 months after surgery**, avoid dental cleanings, dental procedures, and other elective invasive procedures, such as colonoscopy. **Emergency treatment is an exception: do not delay emergency care.** Tell the treating clinician about your joint replacement and notify Dr. Nabet's team.

After **3 months**, Dr. Nabet does **not routinely prescribe preventive antibiotics** before dental or other procedures solely because you have a joint replacement. Antibiotics may still be needed for an infection or another medical reason.

FOLLOW-UP & WHEN TO CALL

Keep visits at approximately **2 and 6 weeks**. Dates: _____ / _____
Call if a visit is not scheduled. A temporary disabled-parking permit, if needed, may be provided for up to 3 months.

CALL THE OFFICE PROMPTLY

Fever over 101 F; increasing redness, warmth, or drainage; worsening calf pain or leg swelling; chills/night sweats; uncontrolled or worsening pain; or difficulty following your medication plan.

CALL 911: chest pain, trouble breathing, inability to wake normally, uncontrolled bleeding, or another life-threatening symptom. Do not wait for an office reply.

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