

Discharge Instructions

Unicompartmental Knee Replacement

Patient Information

We have put together some helpful hints, instructions, and information that will make your transition to home easier.

Activity

Take it easy the first day or two after you get home. The trip home will take a lot out of you. After the first few days, you can start trying to get back to normal activities.

Ensure when you get home to continue the exercises, as taught by the physiotherapist, at least twice daily. You should have a handout from the physiotherapist.

Pain Medications

On discharge the nursing staff will provide you with all the medication that you will require when you are at home. You have been taking all of these medications during your hospital stay.

Most patients will be given two pain medications, Oxycontin and Endone.

Oxycontin – This is a slow acting pain medication. Take twice daily morning and night, if required.

Endone – This is a fast acting pain medication. Take 6hrly if required.

Panadol – You can also take regular panadol 4-6 hrly PRN as required

As your pain decreases over the first few days at home you can decrease the amount of Oxycontin/Endone that you are taking

Mobic (Meloxicam) – This is an anti-inflammatory. Take twice daily morning and night with food.

The pain medications and the decrease in mobility after your knee replacement frequently causes varying degrees of constipation. We would recommend that you take something to help to avoid this. ie Lactulose/senna and ensure that you are drinking plenty of water.

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.

Pain medications are not your only strategy for controlling the pain. We also recommend that you ice your knee regularly and elevate your leg periodically. These help control the swelling and your pain. The better job that you do in controlling your swelling, the less pain that you will have

Wound Care

Please keep your dressing dry and intact. Your dressings will be taken down at your 10 day post operative visit. If you have developed any redness or weeping from your wound please contact Narissa (Practice Nurse) 4727 4296 immediately.

Swelling

Swelling of the knee and leg are normal after a unicompartmental knee replacement. There are some things that you can do, however, to minimize this problem.

Ice the knee frequently for the first two to three weeks after surgery. It is particularly helpful to ice after you have done your exercises or been on your feet for a while. Icing is very important and very helpful.

Please continue to use the tubi-grip, over the knee while it is swollen as this aids in reducing the swelling

Swelling of the entire leg is also normal. This will slowly improve but may last for as long as several months.

Avoid prolonged periods of sitting over the first 7-10 days after surgery. We recommend that you not sit for more than about 45 minutes to one hour before you get up and move around or lie down and elevate your leg. Please remember: NEVER PLACE A PILLOW DIRECTLY UNDER YOUR KNEE...always place the pillow under your foot and ankle.

Bruising

You may develop bruising of the operative leg. It is common and normal to develop bruising of your thigh, calf, ankle/foot. Bleeding normally occurs after a knee replacement and this blood can result in bruising of the thigh, calf and foot/ankle. This is normal and you should not be alarmed by it. Men may even get bruising and swelling of the scrotum. This is also normal after a knee replacement and you should not be alarmed by it. The bruising will gradually go away on its own as the body reabsorbs the blood.

Blisters

Some patients may develop blisters around the knee and/or the incision. Although they can be alarming in appearance, they pose no significant risk to your knee replacement. They may leak some clear fluid for a period of time but eventually a scab will form and they will heal. We recommend that you allow them to heal on their own.

If there is any signs of infection (redness, pus) please contact Narissa (Practice Nurse) immediately 4727 4296.

Numbness

Most patients develop an area of decreased sensation (numbness) on the lateral (outer) aspect of the knee. This is normal after a knee replacement. This area typically decreases in size over 6-12 months after the knee replacement. This numbness is expected and normal after knee replacement. It is not a sign of any problem.

DVT Prophylaxis/TED stockings

You will go home on Xarelto (Rivaroxaban) 10mg daily (this is a little pink tablet). You will be required to take it for 15 days. If you were taking Aspirin prior to surgery, do not recommence it until after you have taken all of the xarelto tablets. This tablet is a DVT prophylaxis and is used to reduce the risk of you developing a clot (DVT).

You will also be required to wear the TED stockings for a period of 6 weeks following your knee replacement. You will be given two pairs of these stockings to wash and wear. You may remove them twice daily for one hour each. These also help reduce the risk of you developing a blood clot (DVT).

Weight Bearing, Walkers, Crutches, and Canes

You may place as much weight onto the operated leg as your pain, comfort, common sense and balance will allow. Unless specifically instructed.

You will not damage your knee replacement by placing your weight on the leg. As you progressively put more weight on the leg, you may progress off of your ambulatory aids as tolerated.

You have our permission to walk without support whenever you feel that you are safe. Some of our patients do this within two week of surgery, others take four/five weeks or so.

Driving an automobile

You are not allowed to drive for a period of 6 weeks. You will be advised at your 6 week post operative appointment when you can commence driving again.

Sleeping and Eating Problems

Most patients have some difficulty sleeping for several months after a knee replacement. It will improve with time but it is a difficult problem to treat. We have not found anything that completely eliminates the problem, other than time. We do not advocate sleeping pills, unless you are accustomed to using these prior to your surgery. We avoid prescribing sleeping pills for this problem, as we have not found them to help much and they can cause other significant side effects. Rather, we recommend that you use your pain medications at bedtime to help you relax, control your pain, and facilitate sleep. It is also helpful to work hard during the day so that you are sleepy at bedtime. This seems to help as well. For many patients, you just have to work through this problem and let time solve it.

Many patients lose their appetite for several weeks (occasionally, for a few months). This problem is normal and should not alarm you. Your appetite will return to normal with time. It is sometimes helpful to eat several small meals/snacks rather than large meals until your appetite returns to normal.

Your follow-up appointment will be around 10 days after your knee replacement surgery date. This appointment has been made for you, if this appointment does not suit you, please contact the rooms.

If you have any questions, concerns or problems about your recovery after your knee replacement, please feel free to contact *Narissa (practice nurse) on 4727 4296.*