

Post-op Total Knee Replacement Flow Sheet

Teo Nissen MD

Elizabeth Milne MHS, PA-C

Before Surgery:

Diet:

- Nothing to eat or drink after midnight the night before surgery.

Bowel/Bladder:

- Make sure you have a bowel movement the day before surgery.

Education:

- Be sure to attend your pre-op appointments with your primary care doctor, the hospital, and Elizabeth Milne PA-C.
- Attend pre-op classes at hospital.
- Call our office if you get an infection of any kind, or run a temperature over 101degrees the week before surgery.

Planning:

- Plan for family and/or friends to help you after surgery.
- Plan for family or friends to pick you up from the hospital 3-5 days after surgery.
- Pre-donate two units of your blood 14-35 days before surgery.
- Anesthesia team will tell you where and when to arrive the day of surgery.

Activity/Equipment:

Prepare your home for your return:

- Take up throw rugs
- Rearrange kitchen items for easy access
- Set-up bed on first floor if you live in two story house
- Make and freeze meals
- Arrange for extra pillows

Medication:

- Make a list of all your current medications, the dose and time taken. Be sure to bring this list the day of surgery.

Pain Control:

- Celebrex may be taken until the day of surgery.
- Stop taking aspirin or anti-inflammatory medications 10 days before surgery. (Anti-inflammatory medications include Motrin, Ibuprofen, Advil, Aleve, Naprosyn).
- Stop taking Warfarin or Coumadin 4 days prior to surgery date (or as instructed by your cardiologist or primary care physician).

- If you are taking Plavix, please discuss when to stop taking this with your cardiologist. We generally recommend that you stop taking Plavix 10 days prior to surgery to reduce the risk of excessive bleeding.

Day of Surgery:

Diet:

- Ice chips or liquid diet
- May advance to solid foods if tolerated.

Bowel/Bladder:

- A catheter is placed in your bladder (Foley Catheter) to drain your urine.

Education:

Learn About:

- PCA (patient controlled anesthesia), positioning, diet and eating, incentive spirometry, coughing and deep breathing, pain rating scale (0-10).

Planning:

- After surgery you will stay in the recovery room until your blood pressure, heart rate, and body temperature are stable, and your pain is under control. Once stable, you will be transferred to the floor.
- Your family can see you once you transfer to the floor (typically several hours after surgery is finished).

Activity/Equipment:

- Ice machine to operative knee at all times while in bed.
- SCD's (sequential compression device) on non-operative leg at all times while in bed. Foot pump to operative side at all times while in bed.
- Wound drain in place (removes excessive blood from operative site).
- No pillow under knee (OK under ankle only – bridging).

Medication:

- Intravenous (IV) fluids.
- Intravenous (IV) antibiotics.
- The nurses will give you your regular medication as needed.

Pain Control:

- Patient Controlled Analgesia (PCA) machine, or pain pills, or nerve block. At times will be a combination of several of these things to be determined by anesthesiologist and Dr. Nissen.

Post-op Day #1:

Diet:

- You may eat solid foods as tolerated.

Bowel/Bladder:

- Catheter typically stays in until POD#2.
- Stool softeners as needed.

Education:

- Physical Therapist instructs in exercises for knee (bridging exercises).
- Learn how to give blood thinner injections (Arixtra or Lovenox).
- Learn to use Continuous Passive Motion (CPM) device.

Planning:

- Social Worker or Case Manager may visit you today. This team will work with you to formulate a discharge plan (including ordering equipment for home).

Activity/Equipment:

- Continuous Passive Motion (CPM) machine may begin today. If not, will begin tomorrow. Can use CPM 8-10 hours a day. OK to use CPM while sleeping.
- Leg in “bridge position” when CPM not in use.
- Out of bed with Physical Therapist today using walker or crutches.
- SCD’s on non-operative leg at all times while in bed.
- Foot pump to operative side at all times while in bed.
- Weight bearing as tolerated on operative leg.
- Out of bed to chair for meals – practice deep breathing exercises.

Medication:

- IV fluids will slow down as you eat and drink more.
- Regular medications.
- IV antibiotics continued.
- Start blood thinner injections (Arixtra or Lovenox). Helps prevent blood clots.

Pain Control:

- Continue PCA.
- Start pain pills.

Post-op Day #2:

Diet:

- Eat solid foods.
- Drink plenty of fluids.

Bowel/Bladder:

- Catheter is removed.

- You may or may not have a bowel movement.
- Stool Softeners are continued.

Education:

- Learn dressing changes (keep staples clean and dry).
- Learn about using oral pain medications for pain control.
- Continue learning how to inject blood thinner medication (Arixtra or Lovenox).
- Review exercises with therapist.

Planning:

- A decision is made between all the members of the care team (MD, PT, nursing, social worker and case manager) regarding discharge to home, or to a skilled nursing/rehab facility.
- Confirm with family or friends regarding a ride home from hospital.

Activity/Equipment:

- First dressing change today. Drain is removed by MD or PA.
- Continue CPM use (8-10 hours a day).
- Leg in bridge position when no CPM in use.
- SCD's on non-operative leg at all times while in bed.
- Foot pump to operative side at all times while in bed.
- Continue physical and occupational therapy treatment.
- Continue self exercises 3 times a day.
- Home equipment needs assessed and equipment ordered.

Medication:

- Stop IV fluids.
- Stop IV antibiotics.
- Continue regular medications.
- Continue Arixtra or Lovenox injections.

Pain Control:

- Discontinue PCA.
- Pain pill regimen.

Post-op Day #3:

Diet:

- Eat regular foods.
- Drink plenty of liquids.

Bowel/Bladder:

- Urinate as usual.

- If no bowel movement since surgery, you may require help (with medication) to have a bowel movement today.

Education:

- Learn importance step to avoid infection (nurse will teach).
- Learn care of incision and review dressing change.
- Learn about take-home medications.
- Review home exercises with therapist.

Planning:

- Receive a follow-up appointment with Dr. Nissen or Elizabeth Milne PA-C.
- Receive a prescription for medication to take home.

Activity/Equipment:

- Dressing change daily.
- Continue CPM, therapy, home exercise, bridging, SCD's, foot pump.

Medication:

- Continue regular medication.
- Continue blood thinner injections (Arixtra or Lovenox).

Pain Control:

- Pain pill regimen.

After Surgery:

Diet:

- Continue with regular foods and plenty of water.

Bowel/Bladder:

- Pain medication may make you constipated. Be sure to take stool softeners while taking pain medication.

Education:

- Review home instructions with family members.

Planning:

- Call clinic to confirm follow-up appointment (707) 645-7210.
- Call therapy office to confirm physical therapy appointment.

Activity/Equipment:

- CPM while at home.
- Bridging as needed to improve knee extension.

- Change dressing daily.

Medication:

- Contact your primary care physician if you have any questions about your regular medications.
- Continue blood thinner injections (Arixtra or Lovenox) until post-op day #14.

Pain Control:

- Check your supply of pain medication. Refill of medication is not given after 5:00pm, or on Friday, weekends or holidays.