

WHAT YOU NEED TO KNOW

PRE-OP:

Medical Clearance

Arrange for pre-op testing with your medical doctor(s). You will need to be examined and cleared for surgery within 30 days of your surgical date.

Questions? Call the office

*Please call the office if you are taking any prescription blood thinners, for a preexisting medical condition such as Coumadin, Eliquis, Plavix, Pradaxa, or Xarelto. These medications will need to be stopped pre-operatively.

Education

Read the **"What to Expect"** book provided to you.

Attend our *Pre-Op Education Class*

[NYP Lawrence Hospital](#)

Classes are held on Wednesdays you will be contacted to schedule.

[Columbia University](#)

To schedule please contact Maiken Jacobs at 212-305-3521

Exercises

Pre-surgical knee conditioning exercises are encouraged. Please Refer to the AAOS hand out **"Knee Conditioning Exercises"** in your surgical packet.

Dental Prophylaxis

Avoid any non-emergent dental visits for approximately 3-4 months after your knee replacement surgery. **Dr.**

Geller's Dental Prophylaxis Protocol is 2 years from the date of surgery. Typically patients will take 2000 mg of Amoxicillin 1 hour prior to the dental visit. Patients with allergies to Penicillin will take Clindamycin 600 mg 1 hour prior to the dental visit.

KNEE REPLACEMENT

POST-OP:

SWELLING is normal, expect swelling about the knee, and even down leg to the foot and ankle. The easiest ways to manage swelling is to **ELEVATE**. Reduction of swelling is most effective when the limb is above the level of the heart. Get the toes to the level of your nose. Lying in bed



or on the couch with the leg elevated is the best position to reduce swelling. Elevate a minimum of 4x day for at least 20-30 minutes.

As swelling decreases, your ability to bend and straighten the knee will increase

AVOID prolonged sitting or sleeping in a recliner

DO NOT place any pillows UNDER the knee

ICE the knee as much as possible, you can use the cooling device provided to you at the hospital, this can be left on for long periods as it does not get as cold as an ice bag. If you are using an ice bag then apply for 20 min intervals.

ICING the knee and ELEVATING the leg will help reduce swelling - which will reduce your pain. As the swelling decreases so will the need for narcotic pain medication.

BRUISING: Is normal and will occur, you may see bruising all the way down the leg even in your toes.

SURGICAL INCISION/DRESSING: You will go home with a PRINEO dressing, this is a mesh tension resistant dressing applied to your surgical incision in the operating room and painted with surgical glue. This dressing will remain in place for about 2 weeks. The dressing will be removed at your first post op visit. It is OK to shower while the dressing is in place. Eat healthy, protein promotes wound healing, limit sugary snacks.

Please call the office 212 305 1120/914 787 246 should you experience any redness or drainage to the operative site.

Post-Op Medication

† Non-Steroidal Anti-Inflammatories (NSAID's) - Celebrex 200 mg 2x daily

We may from time to time substitute with Meloxicam 15 mg 1x daily. These meds are to be taken with food. These medications will **NOT** be prescribed to patients taking blood thinners, patients with compromised renal function, or GI contraindications.

Please do **NOT** take any other over the counter NSAID's (Advil/Motrin/Aleve) while taking these medications.

† Omeprazole (Prilosec) 40 mg daily while taking NSAID's –

Prilosec should be taken on an empty stomach.

† Lyrica (pregabalin) 75mg BID x 14 days

Is prescribed to interrupt the pain pathways to the brain, to decrease narcotic use

† Tylenol (Acetaminophen) 1000 mg every 8 hours -

The recommended maximum daily dose of Tylenol is 3000 mg/day with normal liver function - *Do not take if poor liver function.*

IF the above medications are not sufficiently relieving your pain then

† FOR SEVERE PAIN TAKE

OXYCodone IR 5mg take 1-2 tabs every 4-6 hours as needed

† FOR MODERATE PAIN TAKE:

Tramadol 50 mg 1 tab every 6 hours as needed

***NARCOTICS MAY CAUSE NAUSEA and/or CONSTIPATION**

† Zofran (Ondansetron) 4mg take 1 tab every 6 hours as needed for NAUSEA

† Colace 100 mg 2x day -stool softener

† Senna 2 tabs at bedtime - laxative

Should you experience constipation please call the office 212-305-1120.

† DVT PROPHYLAXIS - Treatment Varies

*-If you normally take blood thinners such as Coumadin, Eliquis, Plavix, Pradaxa, Xarelto or other for a preexisting medical condition these medications will be resumed post-surgery. You will **NOT** be prescribed NSAID's.*

*-Patients who cannot tolerate Aspirin or who have Gastro-intestinal issues will **NOT** be prescribed Aspirin.*

ALL OTHER PATIENTS WILL RECEIVE:

† Aspirin 81 twice daily for 3 weeks

ACTIVITY: Early ambulation (walking) is extremely important! Progression of assistive devices from walker, to cane, to no assistive device is encouraged — Remember Safety First!

EXERCISES: Will help strengthen the muscles around your new knee and improve your range of motion (ROM). ROM includes both bending (flexion) and straightening (extension) of the knee.

GOAL: is to improve your function, strength and flexion & extension.

Your physical therapist will guide you in getting your optimal strength and ROM post surgery.

It is imperative YOU work on strengthening & ROM at home!

Building ROM takes continued daily EFFORT — BE PERSISTENT



SEATED KNEE EXTENSION EXERCISE

When sitting in a chair you can work on extension. You can use a coffee table or footrest to help with extension, by simply resting your heel on and allowing gravity to pull the knee out straight.

Push down on the thigh for additional pressure.

This exercise can be fatiguing, allow the leg to rest periodically. These exercises should be done repeatedly 1000x day.



SEATED KNEE FLEXION EXERCISE

When sitting in a chair you can work on flexion, by crossing the legs at the ankle, and using the non-operative leg to push back. When resistance is met hold for 5 seconds and release. This exercise should be done repeatedly 1000x a day.



DEA - Controlled substance disposal locations:

<https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1> –