



ORTHOPAEDIC
SPECIALISTS
MELBOURNE

Mr Rodney Richardson

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TOTAL KNEE REPLACEMENT CARE OF YOUR KNEE AFTER SURGERY

Mr Richardson will expect you to remain in hospital until you are comfortable, medically stable, mobilising safely and independent in self care. Typically you will be ready for discharge 4-5 days after your surgery. If you are at all worried about going home around this time, then please discuss it with Mrs Richardson or the nursing staff looking after you. Inpatient rehabilitation is available for you if you live alone, or require additional time to regain your independence.

CRUTCHES

To improve your recovery and to minimise the risks of complications you will be encouraged to mobilise as soon as possible. You will be able to fully weight bear through your new knee, but will need crutches or gait aids for 3-4 weeks before your muscles have recovered their strength to be able to walk unaided. Please continue to use a single crutch or walking stick until you no longer limp when walking.

ANALGESIC

A Total Knee Replacement is a big operation and you will require regular narcotic based analgesia for 2-3 weeks. It is very important to make sure that you are as comfortable as possible immediately after your surgery so you can mobilise safely.

You will be given a pre-medication before your surgery which will continue for the first 4 weeks post-operatively. Your wound and all soft tissues will be infiltrated with local anaesthetic, making your procedure as pain free as possible. This will enable you to stand and walk immediately after your surgery, with the aim of weight bearing on the same day as your surgery.

You will be prescribed a combination of analgesics that can be given to you as required. You should never be left in pain, without something stronger being offered to you by your nurse.

For the first 2 weeks you will be given a regular slow release narcotic based pain killer (commonly called Oxycontin, Targin, Tramadol SR), along with paracetamol. You will have available top-up medication which is to be used for break-through pain.

When your serious pain starts to decline, Mr Richardson would expect you to cease the regular slow release narcotic, and to continue with panadol, non-steroidal anti-inflammatories and "top-up" narcotics only. It is best to avoid stronger analgesics during the day unless absolutely necessary. If the stronger pain killers are continued, the side effects such as nausea, lethargy, confusion and constipation will worsen.

Constipation is very common and you will be offered a laxative to help, which you are encouraged to keep taking until you are off all narcotic medications.

If you experience worsening pain after discharge then please consult your GP or contact Mr Richardson rooms for further advice.

WOUND

Mr Richardson sutures all his wounds with a dissolving suture. As a result, nothing needs to be removed.

Your wound will have the post-operative dressing left intact for your hospital stay.

Prior to discharge your dressing will be taken off. Small pieces of tape (steristrips) will be removed. There will be 2-3 cm of suture at the ends of the wounds which will be lifted up and trimmed flush with the skin. The wound will then be sprayed with a clear dressing. Nothing further needs to be done to the wound. You can then shower safely over the wound, with no other dressing required.

Please do not soak the wound in a bath, or swim in pool for a minimum of 2 weeks. You may do so after 2 weeks if the wound is perfectly clean and dry.

It is normal for a wound to be warm and swollen after surgery. Some redness around the wound can also be normal healing. At no stage should antibiotics be given for any of these symptoms.

However,

IF AT ANY STAGE AFTER DISCHARGE YOU EXPERIENCE A DISCHARGE FROM THE WOUND PLEASE CONTACT MR. RICHARDSON IMMEDIATELY.

PHYSIOTHERAPY

Your physical therapy will commence as soon as you are able. Typically you will be stood and taken for a short walk the first morning after surgery.

You will be encouraged to use a Continuous Passive Motion (CPM) machine after surgery. It is critical after a knee replacement to push your knee until you can easily achieve a perfectly straight leg (Full Extension). You will leave hospital with a minimum of 90 degrees of bend. Mr Richardson has the expectation that upon review at your 6 week appointment you will have achieved 120 degrees of flexion.

Your physiotherapist will give you an exercise programme, which will change as you progress. It is important to continue with this until your post-op review with Mr Richardson at the 6-week mark.

Occasionally it is necessary to be taken back to theatre to perform a manipulation under anaesthesia (MUA) if the range of motion is considered inadequate at the first post-operative visit.

DRIVING

You are not allowed to drive for a minimum of 6 weeks. Mr Richardson will assess your progress at the 6 week post-operative appointment as to when you may resume driving.