

Discharge Instructions

Unicompartmental Knee Replacement

Patient Information

Here are 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 be exhausting, especially if you have to travel distances on the road. After you are settled, begin the process of getting 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 pain medication – Endone and Panadol

Endone – This is a fast acting pain medication. Take 6hourly if required. Max 8 tablets/day. As your pain decreases, reduce the amount of endone you take. It is not unusual for you to be taking this medication for some months after your surgery.

Panadol – You should also take regular panadol 4 times a day. Max 8 tablets/day. This should be the last medication that you stop. Regular panadol can help reduce the amount of endone that you require.

Targin – You may have been prescribed this medication. This is a slow release, long acting pain medication. Take 12hourly/twice daily if required

Most patients experience pain after knee replacement surgery. Most patients will require some form of pain relief up to 6 months after the knee replacement. Ensure that you take some form of pain relief at least 30-45 minutes before any physiotherapy treatment or exercises at home so they are in your system and working for you.

Pain medications are not your only strategy for controlling the pain. Regular ice therapy will decrease the swelling and the pain. Wear some tubigrip over the knee, especially when mobilising. Distraction is also useful in helping you keep your mind off the pain. Television, reading, radio and friendly visits will also help with pain relief.

The pain medications and the decreased mobility after your knee replacement can cause you to become constipated. You should take something to help to avoid this. ie lactulose syrup or coloxyl/senna. Ensure that you drink plenty of water.

Wound Care

Please keep your dressing dry and intact. Your dressings will be taken down at your first post-operative visit. If you develop any redness, weeping or bleeding from your wound please contact Alicia (Practice Nurse) 4727 4111 immediately. Any possible infection must be dealt with early in order to increase the chance of successful treatment.

Swelling – Ice and heat therapy

Swelling of the knee and leg are normal after a total knee replacement. The knee itself will be more hot and swollen than the other knee for up to **3-6 months** after surgery. There are some things that you can do, however, to minimise this problem.

Ice the knee joint 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.

You can use tubigrip over the knee while it is swollen and this will aid in reducing the swelling also.

Heat packs can be useful if you are experiencing muscle cramps. Lay the hot towel or pack over your muscles (not directly on the skin) and leave. Massage gently to loosen the tightness in your muscles and repeat as required.

Avoid prolonged periods of sitting. **DO NOT** sit for hours on end, take short walks often. When laying down, spend time with a pillow or rolled up towel under your foot and ankle to allow your leg to straighten. **DO NOT** place a pillow under your knee to rest.

Bruising

You may develop bruising of the operative leg, particularly around the knee area. This is normal. Some patients even get bruising and swelling into the ankle regions. Men may even experience bruising and swelling of the scrotum. This is also normal after a knee replacement. The bruising will gradually disappear and ice may also prove useful in this circumstance.

Blisters

Some patients may develop blisters around the knee incision site. 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. If there is any sign of infection (redness of the skin or yellow wound ooze) please contact Alicia (Practice Nurse) immediately 4727 4111.

Numbness

Most patients develop an area of decreased sensation (numbness) on the lateral (outer) side of the knee. This area typically decreases in size over 6-12 months after the knee replacement. This numbness is expected and normal after knee replacement. Numb patches may remain indefinitely after your surgery.

DVT Prophylaxis/TED stockings

You will go home on Xarelto (Rivaroxaban) 10mg daily (pink tablet). This tablet is used to reduce the risk of developing a clot (DVT). You must take this for **15 days**. Once you have completed this, commence aspirin 100mg (either cartia or astrix). You can buy this from your local chemist. You must wear the TED stockings for a period of **6 weeks** following your knee replacement. You will have been given two pairs of these stockings from the hospital. You may remove them twice daily for one hour each. You must wear them at night. Once you have reached the **6 week** anniversary from your knee replacement you may cease the aspirin (unless it is a regular medication) and remove your TED stockings.

Weight Bearing, Walkers, Crutches, and Canes

You may place as much weight onto the operated leg as your pain and comfort allow. You will not be damaging your knee replacement by placing your weight on the leg. As you begin to put more weight on the leg, you may progress off of your walking aids as tolerated. We recommend that you continue the use of one crutch or cane until **6 weeks** after your surgery. Short walks inside may be permitted if you feel confident to do so. If you have been instructed not to fully weight bear on your leg, please follow these instructions.

Driving an automobile

You are **NOT ALLOWED** to drive for the first **6 weeks**. You will be advised at your **6 week** post operative appointment when you can commence driving again.

Sleeping and Eating Problems

Some patients have difficulty sleeping for a few months after a knee replacement. It will improve with time but it is a difficult problem to treat. Mostly patients find it hard to sleep because of uncontrolled pain. Control the pain and your normal sleep patterns will return. During the day ensure you do not regularly fall asleep, be active mentally and physically. During the day you have many distractions. At night time if you find you are experiencing pain, take your pain relief medication, get out of bed, watch some television or read until the pain is under control. Then try again to lay down and go to sleep. Sleeping pills will only be given to those patients who regularly take them.

Some patients may lose their appetite after a knee replacement. This is common and it will improve with time. Until it improves, try to eat several small meals a day rather than trying to force down large meals. Other alternatives such as sustagen from the chemist or supermarket will help increase your appetite and provide a protein rich diet that is essential for healing. In regards to dental work, patients must **ALWAYS** have antibiotic cover prior to dental treatment that involves breach of the gum line. Your dentist will be able to give you an antibiotic script prior to any dental treatment.

Your follow-up appointment will be between 10 and 14 days after your surgery.

If you have any questions, concerns or problems about your recovery after your partial knee replacement, please feel free to contact *Alicia (Practice Nurse) on 4727 4111.*