



# YOUR KNEE REPLACEMENT GUIDE

**UAMS** Health

Orthopaedics & Sports Medicine



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# WELCOME

On behalf of your surgeon and the entire joint replacement team, thank you for choosing UAMS for your surgery. We look forward to helping you return to a life of motion and providing you with the best possible care.

You play an important role in your success, and our goal is to involve you in every step of your care. The more informed you are, the better your experience will be.

This guide will help:

- Explain the parts of the knee and how it works.
- Prepare you for your surgery.
- Walk you through your hospital visit.
- Describe what you can expect following your knee replacement surgery.
- Teach you how to continue your successful recovery at home and in the years to come.

In addition to this guide, you will need to complete a brief course online called the Hip and Knee Academy. You can read more about this on page 15.

Please share this guide with your coach – a friend or family member who will be helping you throughout the knee replacement process.

If you have any questions, please don't hesitate to call your surgeon's office.

Once again, thank you for choosing UAMS. We look forward to caring for you!

**UAMS Health**

Joint Replacement Team

# OVERVIEW

## About the UAMS Joint Replacement Program

The UAMS Health Hip and Knee Replacement Program is a national and international leader in hip and knee clinical care, education, and research. All our surgeons are board-certified with specialized fellowship training in hip and knee total joint replacements. They are renowned for their expertise in caring for people with advanced osteoarthritis and other conditions requiring hip or knee joint replacement surgery. Our surgeons stay up to date on the latest research on treatment options, implant devices, and surgical techniques to provide state-of-the-art, customized care for patients.

The UAMS Health Hip and Knee Replacement Program is the recipient of The Joint Commission's Gold Seal of Approval® for Certification in Total Hip and Total Knee Replacement. The Gold Seal reflects our commitment to providing safe and quality patient care and preparing patients and their caregivers for discharge. To be awarded this certification, The Joint Commission evaluated the program's compliance with disease-specific care standards and total hip and total knee replacement requirements, including orthopedic consultation, and pre-operative, intraoperative and post-surgical orthopedic surgeon follow-up care. The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care.



In addition, our joint replacement program has been recognized by *US News and World Report* as a "High Performing" program, which is the highest designation possible. Our joint replacement program has also earned a Blue Distinction+ designation by Arkansas Blue Cross and Blue Shield. Blue Distinction Centers+ for Knee and Hip Replacement have demonstrated expertise in total knee and total hip replacement surgeries. These Centers have lower complication rates and fewer hospital readmissions.

Designated as a

**Blue  
Distinction<sup>®</sup>  
Center+**  
for Knee and Hip Replacement



# OUR JOINT REPLACEMENT SURGEONS



**C. Lowry Barnes, M.D.**

Professor and Chair, Department of Orthopaedic Surgery

**Medical School**

University of Arkansas for Medical Sciences (UAMS)

**Orthopaedic Surgery Residency**

University of Arkansas for Medical Sciences (UAMS)

**Fellowship**

Adult Reconstructive Surgery/Arthritis Surgery  
Brigham & Women's Hospital, Harvard Medical School



**Simon C. Mears, M.D., Ph.D.**

Professor, Department of Orthopaedic Surgery

**Medical School**

University of Pittsburgh School of Medicine

**Orthopaedic Surgery Residency**

Johns Hopkins University

**Fellowships**

Hip and Knee Replacement, Mayo Clinic  
Orthopaedic Traumatology, University of Maryland Hospital



**Jeffrey B. Stambough, M.D.**

Associate Professor, Department of Orthopaedic Surgery

**Medical School**

University of Pennsylvania School of Medicine

**Orthopaedic Surgery Residency**

Barnes-Jewish Hospital, Washington University in St. Louis

**Fellowship**

Adult Joint Reconstructive Surgery  
OrthoCarolina Hip and Knee Center



**Benjamin Stronach, M.D.**

Associate Professor, Department of Orthopaedic Surgery

**Medical School**

University of Alabama School of Medicine

**Orthopaedic Surgery Residency**

University of Alabama - Birmingham

**Fellowship**

Adult Reconstruction, University of Utah

# CONTACT INFORMATION

To talk with staff that work with your doctor, please use the contact information below Monday through Friday 8:00 a.m. to 4:30 p.m. Please call as early in the day as you can so we have time to return your call

Dr. Barnes' patients:	<b>501-614-2675</b>
Dr. Mears' patients:	<b>501-614-2493</b>
Dr. Stambough's patients:	<b>501-614-2491</b>
Dr. Stronach's patients:	<b>501-614-2686</b>
To schedule appointments:	<b>501-614-BONE(2663)</b>
To fax clearance letters and forms:	<b>501-686-6260</b> Be sure to write your surgeon's name on top of the form.
To email staff who work with your surgeon:	<b>TotalJointHip/KneeTeam@uams.edu</b>
To call after hours/weekends: (for urgent needs after surgery)	<b>501-502-0447</b> This is a direct number to a provider. *We do not refill medications or schedule appointments after hours.

For an emergency, call 911 or go to the Emergency Room (ER).  
If you go to the ER, please call our office, so that we may tell your doctor.



# ABOUT KNEE REPLACEMENT

Joint replacements (arthroplasty) help decrease pain, bring back normal functions, and improve your quality of life. Keep in mind that a joint replacement is not a normal joint. It needs special care.

## How does my knee joint work?

Your knee is a hinge joint. Think of it like a hinge on a door. It lets your lower leg bend and straighten. It consists of the end of your thighbone (femur), the top of your shinbone (tibia), and your kneecap (patella). Cartilage covers the bone surfaces that touch.

Cartilage works as a cushion to let each part move smoothly. Fluid inside your knee joint also helps it move well. Large ligaments, tendons, and muscles around your knee let it move and help make it stable.

## Why do I need knee surgery?

You may need surgery if your knee is damaged. Sometimes knee problems can be treated without surgery. Your doctor may suggest medicines, weight loss, strengthening, physical therapy, or changing activities that make your problem worse. If these do not work, you may need surgery. Surgery removes the damaged parts of your knee and replaces them with metal and plastic. It can also put your knee back in its normal position.

## How can knee surgery help me?

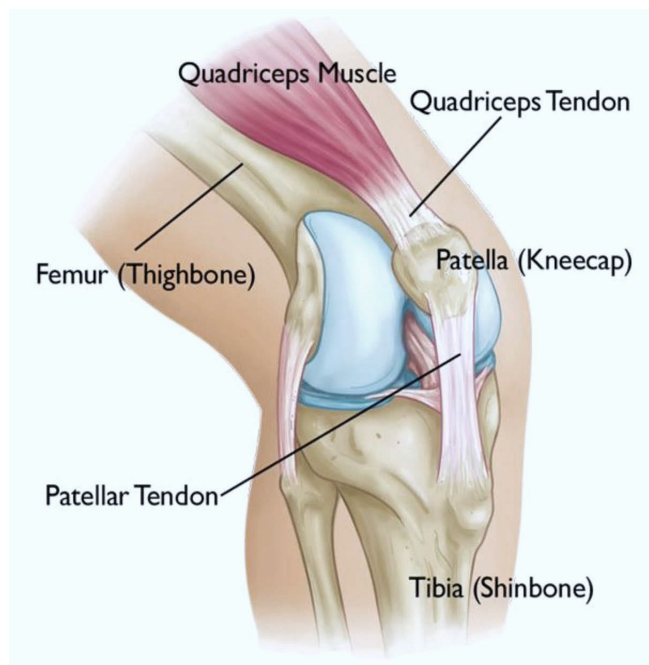
You should only have surgery if you have badly damaged joints. Surgery can:

- Ease your pain (the most common reason).
- Make your knee more stable.
- Make it easier for you to walk, stand, dress, and get in and out of the car.

## What causes joint damage?

There are a few things that can damage your joints:

- Degenerative arthritis (osteoarthritis): This is when your cartilage starts to break down due to “wear and tear.” This is the most common reason for a knee replacement.
- Inflammatory arthritis: This type of arthritis is caused by an immune system problem, which harms the cartilage. An example of inflammatory arthritis is rheumatoid arthritis.



**Normal Anatomy of the knee**  
Reproduced with permission from OrthoInfo©  
American Academy of Orthopaedic Surgeons.  
<http://orthoinfo.aaos.org>

## How long will my surgery last?

Your surgery will last about 1 hour. The time away from your family may be between 4 to 5 hours for:

- Sleeping and resting
- Positioning your body for surgery
- Waking up in the recovery room (PACU)

## What will happen during my surgery?

Below is a summary of the steps of the surgery:

1. A cut (incision) is made in your skin. The incision is over the kneecap.
2. We will trim down the end of the femur and the top of the tibia. These cuts are specially made for your knee.
3. We then put on trial parts and make sure your knee is stable and correctly sized.
4. If everything works well, we replace the trial parts with real implants.
5. Your knee is put back in place and we close your incision.

## What are some complications of surgery?

Your surgeon will do his best to prevent these problems:

- Bleeding
- Blood clots
- Fractures or breaks
- Nerve or blood vessel harm
- Infection
- Scarring

## What are my implants made of?

Many total knee systems are made of:

- Metals: cobalt, chromium, or nickel
- Polyethylene (plastic) can be used for the insert or liner.

## Will my implants set off metal detectors?

Yes. Metal implants will probably set off alarms. It may be helpful to tell the security officer beforehand. We don't give implant cards, as most people are scanned with or without one.

### Day of Surgery Schedule:

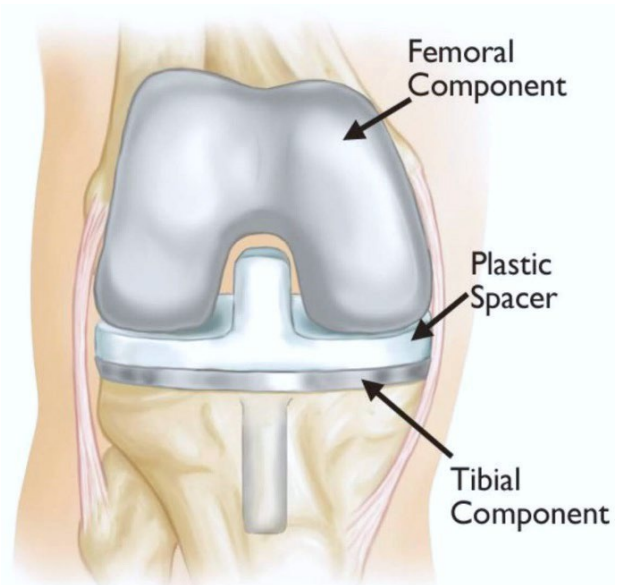
*\*Estimate only. Times may vary.*

1-2 Hours: Prep for Surgery

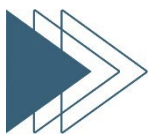
1-2 Hours: Surgery

(Surgeon or physician assistant will contact family/friend once surgery is completed.)

1-4 Hours: Recovery Area



**Artificial knee:** Reproduced with permission from OrthoInfo© American Academy of Orthopaedic Surgeons. <http://orthoinfo.aaos.org>.



Visit **UAMS.Health/KneeVideo** to view the knee replacement animation from the American Academy of Orthopaedic Surgeons.

# WHAT TO EXPECT

## What can I expect after surgery?

Patients have the most pain in the first 2 to 4 weeks after surgery. Most patients are happy with their results by 3 to 6 weeks after knee replacement. Many people say they have:

- Less pain
- Good return of movement
- More strength
- Daily activities get easier, such as:
  - Walking
  - Sitting
  - Driving
- Your appetite may be poor from taking pain medicine. Try to drink plenty of water to avoid dehydration (lack of liquid intake). It may take a while for your appetite to return.
- You may have trouble sleeping. This is common. Please see more about sleeping on page 12.
- It is normal for your energy level to be low for a month after surgery.
- It is normal to have redness, swelling, bruising, and warmth for up to 3 months after surgery.
- You may have constipation from the pain medicines. To help:
  - Drink plenty of water (at least 8 glasses a day).
  - Eat fresh fruits and vegetables.
  - Use over the counter stool softeners, such as Miralax or Colace. Follow the instructions on the package.
  - Fiber helps form soft, bulky stool. You should add fiber slowly to your diet to allow your body to get used to it. Foods high in fiber include:
    - Apples
    - Black-eyed peas
    - Broccoli
    - Cabbage
    - Carrots
    - Cauliflower
    - Kidney beans
    - Lima beans
    - Peaches
    - Prunes
    - Spinach
    - Sprouts
    - Tangerines
    - Whole wheat bread

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## What if my blood count drops during surgery?

- We might have to give you blood. This is called a blood transfusion. It replaces any blood that you lost during surgery. It is rare with first time knee replacements.
- You will be told if you need blood. We will ask you before surgery if we can give you blood. We will not do this without your permission.
- You can take over-the-counter iron pills before surgery to lower your risk of needing a blood transfusion.

## Is it normal for my knee to make noise?

Yes. Your knee replacement is made of metal and plastic. Popping or clicking sounds are normal.

## What are the risks of having knee replacement surgery?

There are some problems that can happen after a knee replacement. They are rare, but may include the following:

- **Infection**

If you get an infection, we will treat it with antibiotics and possibly more surgery. Here are things you can do to lower your risk of infection:

- Stop smoking.
- Lose weight (have a body mass index less than 40).
- Control your blood sugar levels.
- Do not take off your bandage until your clinic visit after surgery.

- **Implant loosening**

Too much stress or an injury can cause one or more of the parts of your knee replacement to loosen. An implant may last 20 years or longer, but it can vary. To address this:

- You may need another surgery. This is called a revision knee replacement.
- During a revision knee replacement, the loose implant will be replaced with new implants.
- Outcomes after revision knee replacements are harder to predict.

- **Stiffness**

Poor motion can occur within the first few months after surgery if you do not move your knee enough. Working hard on your range of motion, during physical therapy and at home every day, can help prevent this.

- **Pain**

Pain is expected for the first month after surgery and is a normal part of your recovery. Even when things go well, some patients continue to have knee pain without a known cause.

### **Is it normal to feel depressed or sad after surgery?**

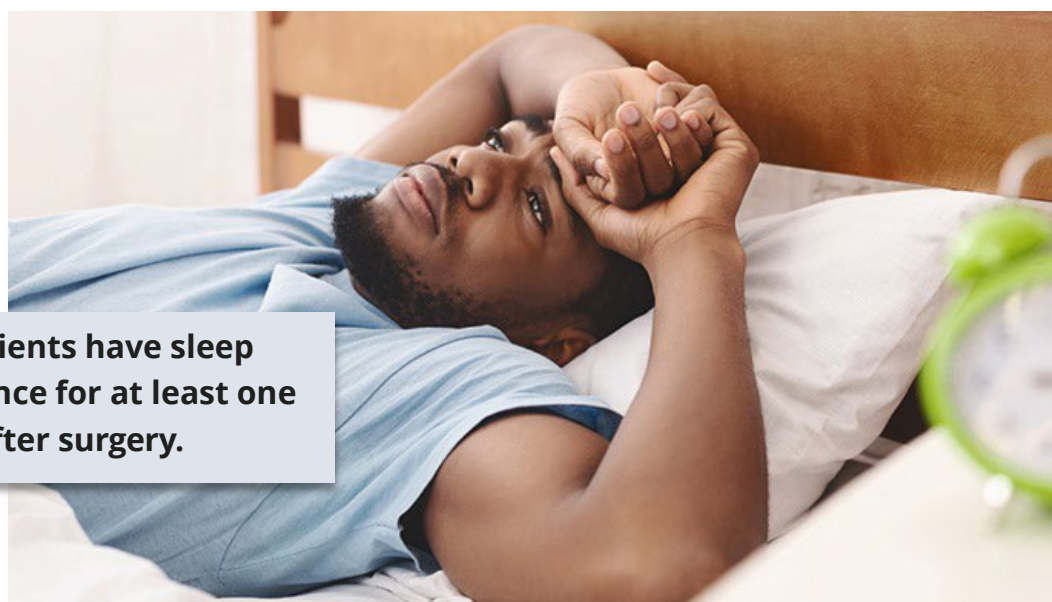
Yes. These feelings should get better as your pain and sleep improve. They will also get better as you become more active. If these feelings do not get better, or if they get worse, or you think about hurting yourself, please call your doctor.

### **Is it normal to have trouble sleeping?**

Yes. Trouble sleeping or insomnia is very normal after surgery. Pain after surgery and trouble finding a comfortable position are very common and can keep you awake.

It is helpful to avoid napping during the day, caffeine in the afternoon, and bright lights or screens at night. Practicing a regular sleep schedule may help.

You may also try Melatonin. We do not prescribe sleep aids or extra pain medicine, as these have not been shown to help and may cause falls. We understand that insomnia after surgery leads to irritability, mental fog, and depression. Please tell your doctor if these do not improve with time.



**Most patients have sleep disturbance for at least one month after surgery.**

# BEFORE YOUR HOSPITAL VISIT

## What do I need to do before my surgery?

Before you have surgery, it is important that you are as healthy as possible. You may need to make some changes to your daily habits before you have surgery. If you are not able to reach the goals listed below, your doctor may delay or cancel your surgery until you are able to reach them. To have surgery you will need to:

- **Quit using nicotine and tobacco products** (such as cigarettes, chewing tobacco, cigars, electronic-cigarettes, patches, and vaping). These products cause problems with joint replacement surgery, such as:
  - Higher risk of infection
  - Slower healing
  - Loosening of the implants
  - Higher chance of another surgery

If you cannot quit for good, then you need to stop for at least:

- 6 weeks before surgery
- 6 weeks after surgery

If you want help quitting smoking, talk to your doctor.

- **Make sure your diabetes is under control with an A1C lower than 8**, otherwise your surgery may be postponed. If your blood sugar is not under control:
  - You have a higher risk of infection.
  - You may heal more slowly.
- **Lose weight if your BMI is over 40**. Obesity (being very heavy) can cause many problems with your joint replacement surgery, such as:
  - It is harder to get your body in the correct place during surgery.
  - It is harder to put you to sleep, keep you asleep, and wake you up using anesthesia.
  - It is much harder to get your knee implants in the right place.
  - You have a higher risk of bleeding, kidney injury, and heart problems during surgery.
  - You have a higher risk of infection due to wound healing problems.

- **Make sure your mouth is healthy.** Tooth infections can spread through your bloodstream and may infect your new joint. See your dentist before surgery if:
  - You have tooth pain.
  - You need a cleaning.
  - You know or think you have a cavity.
  - You have not been to the dentist in the last year.
  - You have questions about your dental health.
- **Stop taking narcotics to treat pain at least 6 weeks before surgery.** This makes it possible to control your pain after surgery.

### What doctors do I need to see before my surgery?

You will see a UAMS primary care doctor before your surgery. We will make this appointment for you. It is to make sure that you are healthy enough to have surgery. During the visit, the doctor will:

- **Review your medical history and the medicines you take.**
- **Tell you what medicines to stop taking before your surgery,** such as:
  - Anti-swelling medicines such as ibuprofen
  - Hormone replacement therapies
  - Certain blood thinners
- **Get routine labs.**
- **Swab your nose to test for staph.** Staph is a type of bacteria that may live in your body. Staph is dangerous because many antibiotics cannot treat it. If you test positive for staph:
  - It only means that you carry the bacteria, **not** that you have an infection.
  - If positive, your doctor will prescribe 2 treatments to use before your surgery. This will help lower your risk of infection. These include:
    - Bactroban ointment. You will use this in your nose 2 times a day for 5 days before your surgery.
    - Hibiclens soap. You will use this in the shower, once daily, for 5 days before your surgery.

Before you see the UAMS primary care doctor, you should get written clearance to have surgery from any specialty doctors you see, including a cardiologist (heart doctor), a pulmonologist (lung doctor), and a nephrologist (kidney doctor). This will let us know about any problems that need to be taken care of before surgery. The doctor can fax the clearance to 501-686-6260. Please also bring copies to your pre-testing visit.

## What else do I need to do before surgery?

- Schedule your first outpatient physical therapy appointment for the day after you arrive home from the hospital. This can be set up anywhere that you choose. We will give you your physical therapy prescription when you leave the hospital, and your therapist will ask you to bring this to your first appointment. Additional information about UAMS Physical Therapy locations can be found at the back of this guide on page 29. You do not have to choose UAMS for your physical therapy.
- Buy aspirin (81 mg) over the counter unless you already take blood thinners at home or your doctor's team has discussed using a stronger blood thinner for you after surgery, due to your medical history.
- Watch the Hip and Knee Academy video. This is an online video you and your coach, the person who will be taking care of you for at least the first week after surgery, must watch before surgery. It will help you get ready for your surgery. You will learn:
  - What to expect with a joint replacement
  - How to care for your new joint after surgery
  - Your nurses in the hospital
  - Your physical therapists
  - Exercises after surgery
  - Wound care
  - Medicines

These are the steps to complete the Hip and Knee Academy:



Visit <https://ortho.uams.edu/hip-and-knee>.  
You may also scan the QR code in the back of the book.

Scroll down to find "Preparing for Joint Replacement Surgery: Hip and Knee Academy" and select the red "Launch the Hip and Knee Academy Course" button.

After watching the course, please fill in the Hip and Knee Academy Survey located under the course button and press submit.

Additional information such as UAMS Physical Therapy locations and instructions for surgery medicines can also be found on this website.

## What time do I need to come for surgery?

A member of our team will call you one business day before surgery with instructions on what time to arrive at the hospital. You will need to arrive 2-3 hours prior to your scheduled surgery start time, so we can adjust if there are any schedule changes. If you are not at the hospital on time, your surgery could be delayed. If you have any questions, please contact your surgeon's office.

# EXERCISING BEFORE SURGERY

Exercising before your surgery is optional. The stronger and more flexible you are before surgery, the quicker you may recover. If an exercise is overly painful, you should not do it.

## **Straight Leg Raises to Strengthen the Knee and Hip**

1. Lie on your back on a bed or couch. The leg not having surgery may be bent with the foot flat on the bed or couch if more comfortable.
2. Keep the leg having surgery straight.
3. Tighten the muscle on the top of your thigh and lift that leg 12 inches off the bed or couch.
4. Keep your knee straight and toes pointed up.
5. Slowly count aloud to 5.
6. Slowly let your leg down and relax.
7. Repeat 10 times.
8. Repeat for the opposite leg.



*Photo showing starting position for straightleg raises.*



*Photo showing straight leg raises.*

## Knee Extension: Short Arc Quads

1. Lie on your back on a bed or couch.
2. Put a 2-liter soda bottle or rolled towel under your right knee.
3. Lift your foot, straightening the right knee. Do not lift your entire leg up off the roll.
4. Slowly count aloud to 5.
5. Repeat 10 times.
6. Repeat for the opposite leg.



*Photo showing how to start the short arc quad.*



*Photo showing short arc quad in motion.*

## Heel Slides for Range of Motion

1. Lie on your back on a bed or couch.
2. Bend your right knee and slide your heel toward your buttock.
3. Slowly count aloud to 5.
4. Slide your heel back and relax.
5. Repeat 10 times.
6. Repeat for the opposite leg.



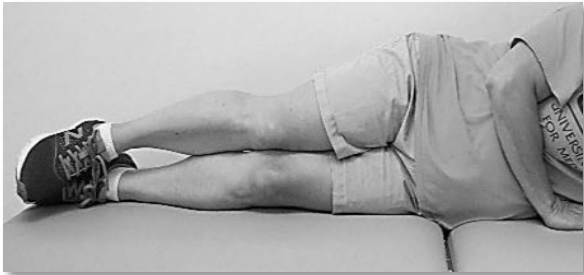
*Photo showing starting position of heel slide.*



*Photo showing heel slide in motion.*

## Side-Lying Hip Abduction

1. Lie on your side on a bed or couch. To make it more comfortable for you, you can put 2 pillows between your knees.
2. Bend your knee of the leg underneath.
3. Tighten the muscle on the front of your thigh (quadriceps).
4. Lift your leg 6 to 8 inches away from the other leg (off the pillow).
5. Slowly let your leg down and relax.
6. Repeat 10 times on each side.



*Photos showing side-lying hip abduction exercise.*

## Arm Strengthening

This exercise will help make your arms strong for getting up and down while walking with a walker or crutches.

1. Sit in a chair with armrests.
2. Put both hands on the armrests.
3. Straighten your arms, raising your bottom up as much as you can.
4. Slowly let yourself down and relax.
5. Repeat 10 times.



*Photos showing how to strengthen your arms.*

# YOUR CHECKLIST BEFORE SURGERY

- If you smoke, stop smoking 6 weeks before your surgery.
- If you take narcotic pain medicine, stop taking it 6 weeks before your surgery.
- Get clearance letters from your specialty doctors (if you have one) and send them to your surgeon's office.
- Complete pre-testing (clearance) visit with the UAMS primary care doctor. We will schedule this for you. Please bring clearance letters from your specialty doctors.
- Get ready:
  - Put away loose items on the floor in your home.
  - Prepare meals.
  - Arrange help with pets.
  - Buy 81 mg aspirin (unless you already take a blood thinner at home, or you have been told by your doctor that you need a stronger blood thinner after surgery).
  - Buy stool softeners to take after surgery.
- Make sure you have a family member or friend to stay with you for 1 to 2 weeks after surgery. You will need a driver to and from your surgery.
- Schedule your physical therapy appointments with a provider of your choosing. You will go 3x/week for 4 weeks. Your first appointment should be the day after you arrive home.
- Ask someone to drive you to your appointments.
- Pack a bag for the hospital:
  - Loose fitting clothing, socks, and underwear
  - Sneakers or walking shoes with non-slip soles for physical therapy
- Watch the Hip and Knee Academy video and complete the survey.
- Call your surgeon's office before the day of your surgery if you have any new scratches or injuries to the skin.
- Remove all nail polish (fingers and toes) before surgery.
- Do not eat after midnight (12:00 a.m.) the night before your surgery.
- Do not drink anything 2 hours before your arrival time.  
*Up to 2 hours before you come to the hospital, you can have no more than 12 ounces of soda, sports drink, tea, or black coffee (no cream or sugar).*
- The morning of your surgery, only take the medicines your doctor has told you to take.
- Make sure to bring:
  - Your health insurance cards
  - A list of medicines you take
  - Your CPAP or Bi-PAP if you have one.

# AFTER KNEE REPLACEMENT

## In the Hospital

### How long will I be in the hospital?

Many patients will go home the same day, a few hours after surgery. Some patients may need to stay the night. Your doctor will talk about this in clinic.

### What medicines will I get for pain?

- In the hospital, we will give you pain medicine by mouth.
- We do not use pain pumps because they slow down your recovery.

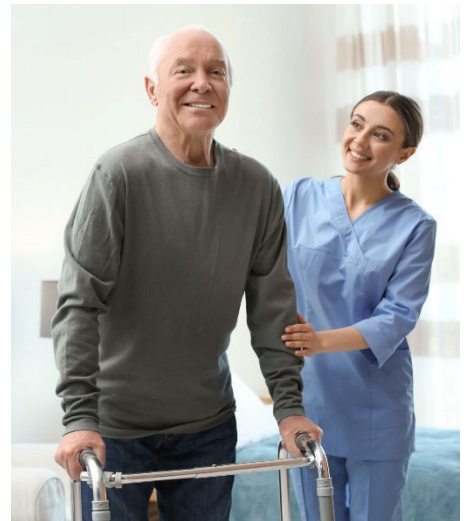
### What care will I get in the hospital?

Physical therapists will help get you out of bed and walk soon after surgery. This helps:

- Improve blood flow
- Lower the risk of blood clots
- Prevent skin damage from staying in one spot too long

You may have a physical therapy session before you go home, so that the therapist can teach you:

- Exercises for your knee
- How to walk with a walker
- How to climb stairs with a walker
- How to get in and out of the car and bed
- How to go to the restroom safely



## After you Leave the Hospital

### Will I go to a rehab facility after I leave the hospital?

Our goal is to send you home from the hospital. We do not send patients to inpatient rehabilitation (rehab) after a knee replacement. If you think you should be sent to a rehab hospital, you must talk to your doctor about this before surgery.

### After I leave the hospital, when will I go back to the clinic?

You will go back to the clinic 2 weeks after your surgery. At the visit:

- You may see a physician assistant, resident, or nurse practitioner who works with your doctor.
- We will take off the waterproof bandage and remove your staples, if you have staples.
- We will take X-rays.
- We will answer your questions and schedule your next follow-up visits based on your recovery.

## Will I need to have someone help me when I get home?

- You will need a friend or family member to stay at home with you for 1 to 2 weeks after surgery.
- You will need a driver for physical therapy and clinic appointments until you have been cleared to drive.

## How long will it take me to get better?

You will heal the most in the first 6 to 12 weeks after surgery. It may take 6 months or more before your new joint feels “normal” to you.

## Will I have home health?

No. We do not use home health physical therapy or nursing services. You will only need outpatient therapy after a knee replacement.

## Medicines You will Take

















### How do I manage my pain when I go home?

It is normal to have pain after surgery. Take your pain medicine the way your doctor prescribed. You should only need pain medicine for a few weeks after surgery.

- We will give you a prescription for narcotic (opioid) pain medicine before you leave the hospital. Take it as you need it for pain, but no more than every 6 hours, unless instructed by your doctor.
- You can plan to take Tylenol on a schedule every day. Do not take more than 3,000 mg of Tylenol per day. Please be aware that some pain medications already have Tylenol. Check the medication label on your bottle.
- You can plan to take NSAIDS (ibuprofen, Aleve, Advil, Meloxicam or Mobic, naproxen) on a schedule every day ONLY IF you have not been told to avoid these medicines. You can take NSAIDS with aspirin as needed. Do not take NSAIDS if:
  - You have kidney problems.
  - You have stomach ulcers.
  - You take a strong blood thinner (such as Xarelto, Eliquis, Lovenox, or Coumadin [warfarin]).
- Taking Tylenol and NSAIDS routinely (if able) will allow you to use the narcotic pain medicine less often.
- Slowly wean yourself from the prescription narcotics as you are able.




















Use ice to help with pain control throughout the day. You may ice for 20 minutes at time. Be sure to use a cloth barrier (such as a washcloth or thin towel) between your skin and ice pack. We have provided 2 charts that show you how often you can take these medicines. One chart avoids NSAIDS and the other includes NSAIDS. These are also available online at <https://ortho.uams.edu/hip-and-knee>.

# WAYS TO HELP WITH PAIN – NSAIDS AVOIDED

	Opioid	Acetaminophen (Tylenol)	Ice	Elevation
Morning 7 - 9 am			 20 minutes at a time	
Lunch 11am - 12 pm			 20 minutes at a time	 15 minutes at a time
Afternoon 3 - 4 pm			 20 minutes at a time	 15 minutes at a time
Dinner 5 - 6 pm			 20 minutes at a time	 15 minutes at a time
Bedtime 8 - 9 pm			 20 minutes at a time	 15 minutes at a time
Night time 1 - 2 am			 20 minutes at a time	

You may take one extra opioid tablet as needed in a 24-hour period.

# WAYS TO HELP WITH PAIN – NSAIDS INCLUDED

	Opioid	Acetaminophen (Tylenol)	NSAID (Ibuprofen, Motrin & advil)	Ice	Elevation
Morning 7 - 9 am		 500 mg.	 800 mg.	 <b>20 minutes at a time</b>	
Lunch 11am - 12 pm	 (1 Tablet)			 <b>20 minutes at a time</b>	 <b>15 minutes at a time</b>
Afternoon 3 - 4 pm		 500 mg.	 800 mg.	 <b>20 minutes at a time</b>	 <b>15 minutes at a time</b>
Dinner 5 - 6 pm	 (1 Tablet)			 <b>20 minutes at a time</b>	 <b>15 minutes at a time</b>
Bedtime 8 - 9 pm		 500 mg.		 <b>20 minutes at a time</b>	 <b>15 minutes at a time</b>
Nighttime 1 - 2 am	 (1 Tablet)		 800 mg.	 <b>20 minutes at a time</b>	

You may take one extra opioid tablet as needed in a 24-hour period.

## How many refills of pain medicine do I get?

We will give you 1 refill of your pain medicine if needed.

## What other medicines will I need to take?

### Antibiotics

- After Surgery: Your doctor may prescribe you an antibiotic to take for 1 week after surgery if you have a medical condition that increases your risk of infection.
- Dental Visits: For the first year after your surgery, you will need to take antibiotics before you go to the dentist. This will lower your risk of infection. Your dentist should prescribe them. We suggest you take amoxicillin (2 grams) 1 hour before your visit. If you are allergic to penicillin, you can take clindamycin (600 mg). Try not to visit the dentist for at least 3 months after your joint replacement.



### Blood Thinners

Having major surgery can raise your risk of developing a blood clot. After surgery, you will need to take a blood thinner for up to 6 weeks. To prevent blood clots:

- Get out of bed as soon as possible.
- Take your blood thinner as directed by your doctor.

If you were taking blood thinners before surgery or are at increased risk for a blood clot, we may give you a stronger blood thinner.

## What will happen if I get a blood clot?

Please call your surgeon's office if you are concerned you have a blood clot. We will evaluate you, and you may be given a stronger blood thinner.

# CARING FOR YOUR KNEE AT HOME

## How do I care for my wound?

You will have a tan or clear waterproof bandage over your incision. We place this bandage at the end of your surgery. It will keep your incision clean. You can take a shower with the bandage, but not a bath. **Do not take the bandage off at home. We will remove it at your first follow up visit.** Your doctor wants to limit how often it is changed. This lowers your risk of infection.

Do not use any creams, lotions, or ointments on your incision unless your doctor told you to.

## When do my stitches come out?

If your incision was closed with:

- Stitches under the skin, they will break down over time. They do not need to be taken out.
- Stitches or staples outside the skin, we will take them out at your follow up visit (2 weeks after your surgery).

## What should I do if my bandage is leaking?

Do not panic. If your bandage peels up along the edges and is leaking blood, do not take the bandage off. Cover the leaking edges with clean gauze and paper tape or silk tape. You can buy these at any pharmacy. If the leaking continues, or your bandage is full of blood or drainage, please call your doctor's office. You may use the after-hours number for this on nights, weekends, or holidays.

## Should I use ice or heat on my incision?

Ice is most helpful for the first month after surgery to help with swelling and pain. After the first month, you can try using heat, take turns between ice and heat, or just use whichever feels best.

## What You Can Do

### What should my activity level be after joint replacement?

Everyone is different. But you should try to do a little bit more each day. At some point, most people do too much and have more pain and swelling. Do not be worried. This is a normal part of your healing. If your pain gets worse even with rest and less activity, you should let your doctor know.

## What exercises do I need to do?

Do the exercises that you learned from your doctor and physical therapist. The exercises will help you become stronger and more independent.

## Do I need to use crutches or a walker after surgery?

- Yes. You will use a walker or crutches full time after surgery.
- Do not stop using your walking aid until your doctor tells you it is okay to stop, even if you do not feel you need it.
- Your doctor will tell you when it is time to switch to a cane or one crutch. Be sure to hold it on the side that did not have surgery.

## How do I lie in bed?

You may sleep in any position that feels comfortable to you. If possible, we recommend putting all pillows and blankets under your foot or ankle, not beneath your knee. This helps keep your knee straight and elevates your foot to improve swelling. Try to focus on keeping your knee straight after surgery, when able. This is often harder than bending your knee, and it's helpful to reach your more difficult goals first. Bending your knee is also important, but it is usually easier to do.



## When can I shower?

You may take a shower with the tan or clear bandage. It is waterproof. Do not soak the bandage in water. Your doctor will tell you when you can take a bath.

## When can I drive?

Do not drive while taking pain medication.

- **Left** knee replacement: Wait at least 2-3 weeks before driving. You must be off pain medicine. Please talk to your doctor to confirm you are safe to drive again before doing so.
- **Right** knee replacement: Wait until your doctor tells you it is okay to drive. This will depend on your recovery.

Before you start driving on the road, practice in a large open parking lot. You must be able to quickly brake with your right foot before driving.

## When can I go back to work?

Talk to your doctor before you go back to work.

- If you work at a desk, you may be able to return within 1 month of your surgery.
- If you squat or climb at work, it may be up to 3 months before you can go back.

## When can I have sex again?

You can have sex when you feel ready.

## Can I kneel on my knee replacement?

Kneeling may feel unusual, but it will not hurt your knee replacement. You may first practice kneeling by using a knee pad or pillow.

## When should I call my surgeon?

Call your doctor if you think you may have:

- Lost the ability to pull your toes and foot up.
- Infection
  - Smelly fluid or pus coming from your incision.
  - Increased warmth or redness of your incision. Remember, some redness and warmth is normal for 2 to 4 weeks after surgery.
  - Chills or fever higher than 101.5 degrees that has not improved with Tylenol.
- Blood Clots
  - More swelling in your thigh, calf, or ankle compared to the other leg that does not get better when the foot is raised above your heart. Keep your foot raised and your knee straight for at least 30 minutes to properly elevate.
  - Increased pain or tenderness in your calf when gently touched.
  - Remember, some swelling is normal for 2 to 4 weeks after surgery.
- Pulmonary embolism (blood clot in your lungs)
  - Sudden chest pain
  - Trouble breathing
  - Feeling like you cannot catch your breath
  - Confusion or a mental fog
  - Heavy sweating

**If you think you have a pulmonary embolism, call 911.**

Thank you for choosing UAMS for your surgery!

To access the Hip and Knee Academy course online, you can scan the QR code to the right or visit:

<https://ortho.uams.edu/hip-and-knee/>.

Remember to complete the survey located under the course link.



# UAMS OUTPATIENT PHYSICAL THERAPY LOCATIONS

Physical therapy is an important part of your knee replacement journey and recovery. You will work with a physical therapist 3x per week for 4 weeks after surgery. You may arrange outpatient physical therapy with any therapist or practice you choose. Please have this scheduled before your surgery.

Although you do not have to choose UAMS for your physical therapy, we do offer excellent care at the locations below. Remember, working on your daily exercises at home is also an important part of your recovery. If you choose UAMS for your physical therapy, please let your surgeon's team know. We will help schedule your appointments.

## **WEST LITTLE ROCK**

**UAMS Orthopaedic and Sports Medicine Clinic** (501) 320-7777  
10901 N. Rodney Parham Road, Suite 7

**UAMS Orthopaedic Clinic** (501) 406-9234  
10815 Colonel Glenn, Ste. 500

## **NORTH LITTLE ROCK**

**UAMS Orthopaedic & Spine Clinic** (501) 526-7555  
4261 Stockton Drive

## **LITTLE ROCK-MIDTOWN**

**The Orthopaedic and Spine Hospital** (501) 686-6102  
801 Cottage Drive

**UAMS Reynolds Institute On Aging** (501) 526-5770  
629 Jack Stephens Drive

**UAMS Stephens Spine Center** (501) 661-7955  
501 Jack Stephens Drive



# PATIENT EDUCATION AND THERAPY RESOURCES AVAILABLE



## Exercise Handouts & Videos

- Pre-op and Post-op Exercises
- Troch, Pes, Iliopsoas Bursitis Management
- Full Exercise Schedules Included



## Videos

- What are my Implants Made of?
- Airport Travel Post TJA
- Primary THA and TKA Videos

## Podcasts



- Losing Weight
- Sleep Disturbance
- Pain Management

## Articles



- Primary THA and TKA Topics
- Post-op Return to Normal Life
- Non- Surgical Options

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