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Instructions following Total Knee Replacement

Ambulation / Walking / Weight Bearing

Usually allowed to walk on the Next or 2nd postop day. You are allowed to put as much weight as you can on your operated leg (with the help of the walking aid). However, there may be a few exceptions like Revision total knee replacement surgery, etc. Initially a walker is used to start with, and as you feel better & comfortable you progress to a cane / stick. If using a cane, use it on the same side as your knee replacement, as walking aids prevents you from tripping and falling over while your muscles around the knee recover.

Exercise and Activity

Exercise is the key to success of total knee replacement. Knee-bending exercises is started on the very 1st day. In the immediate post-op period CPM machine is used, which is later followed by manual exercises. Quadriceps strengthening and knee straightening exercises are also started early. The exercises should not cause pain. If they do, either inform your physical therapist, surgeon or eliminate them from your exercise schedule for a while.

The exercises for the knee joints should be done regularly through out the life and also consist of the following and should be done by performing five to ten sets of through the course of the day if possible

- <u>Ankle & Foot Pumps:</u> Lying on your back while keeping legs flat on bed, move both your ankles and toes up and down hold for 5 counts. *Also known as Ankle stretching exercises.*
- <u>Static Quadriceps exercise</u>: Lying on your back flat on the bed or in sitting position pressing the knee down with pillow under the ankle. "*It is important to ensure that knee joint should not stay in persistent flexion after total knee replacement*". Also do not place a pillow under your knee at night or during rest as it prevents the knee from becoming straight.
- <u>Dynamic Quadriceps exercise</u>: While sitting on bed or in a chair with knee hanging on the side, straighten the knee up from flexed position (Do them initially with out weights & later with weights
- <u>Straight leg raises</u>: Lying on your back flat on the bed, raise your operated leg 12-18 inches; hold for 5 -10 counts and then lower leg slowly back to the bed. If you find it difficult or feel stress in your back then you can bend your non-operated leg and then perform this exercise (Do them without weights initially, but later can add weight gradually around ankle)







• <u>Sitting Exercises:</u> While sitting in a chair slowly bend your operated knee as much possible until you feel a gentle stretch across the knee. Slowly slide your foot under the chair as much as possible. You can also take the help of un-operated leg by bring ankle over the operated leg and then giving gentle push backward, so that it helps the operated knee bend further (*do not use much force*).



I recommend you walk as much as you feel comfortable at least three to four times a day, but try to walk a little further each time. You may walk inside the house initially, but start walking outside the house or in open space as soon as you feel more comfortable. People within the house tends to walk with a short stride (unlike people walking outside in a open space), thus takes longer to regain normal gait pattern.

My best advice to you during the recovery period is to listen to your body. That is, if you feel pain during the exercises or afterwards you have probably overdone it.

I also recommend that you ride a stationary bicycle as soon as you are comfortable to ride.

Dressing and Incision care

Bathing is usually not allowed until the stitches come out in 2 weeks. If the dressing appears soaked from underneath then please inform your surgeon immediately. The dressing applied in the hospital on the day of discharge can be left on until removed by your surgeon at 2 weeks (day of suture removal).

Pain Medicine

Pain medication often is needed for 3 to 6 weeks after total knee replacement. If however one feel severe pain or spasm, use ice packs besides calling your doctor or taking SOS additional pain medicine. Please remember that if you are taking pain medicine, you MUST avoid alcohol or illegal drugs.

Diet

You need to eat to gain back your strength. You should resume your pre-hospitalization diet unless otherwise instructed.

When should I go to outpatient therapy?

For the first two weeks after surgery it is better to have a physical therapist come to your home. After two weeks when the pain reduces and you also gain strength, **My recommendation is**, it is better to visit a physical therapist at his / her clinic for exercises. Going everyday to the physical therapist clinic is also an exercise (walking, climbing etc.,) besides doing exercises there with variety of equipment's. On the contrary at home you are exercising only for the duration therapist is at home without the equipment's.

When can I drive?

You should not drive as long as you are taking narcotic pain medications. It largely depends on your recovery, however 3 to 6 weeks is a good time to drive for most if not for all.

I am experiencing a lot of swelling, is it normal?

Fluid can accumulate in the legs due to the effects of gravity. Usually it is not a problem in the hospital, but it gets worse when you go home or rehab because you are doing more. To reduce this you should elevate your legs at night. Lie on your back and place pillows underneath the legs so that they are above the heart. Never place a pillow under your knee at night as it prevents the knee from becoming straight. However if your ankle and leg swelling does not get better then inform your surgeon. You can also use an ice pack for 15 - 20 minutes to reduce swelling.

You must call your surgeon!

If you experience any of the following problems

- Drainage from the incision
- Increasing redness of the suture line.
- Temperature over 101 degrees
- Sudden shortness of breath or chest pain or difficulty in breathing.
- Increasing tenderness of thigh or calf or increasing pain.
- Swelling of the knee, calf, or ankle that does not respond to elevation for few hours. The leg and ankle must be elevated above the level of the heart.