ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

(513) 354-3700

FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

POST-OPERATIVE PROTOCOL

Total Knee Arthroplasty Revision

Post-operative recovery instructions from Dr. Pettit and team

Office: 513-354-3700 · Direct Line: 513-441-5639

Your surgical care team: **Robert Pettit, MD** — Orthopaedic Surgeon · **Maria Dodd, PA-C** — Physician Assistant, surgical & post-op care

WOUND CARE

- Remove ACE bandage in 2 days. Reapply ace bandage daily.
- You will have a silver waterproof dressing overlying your incision, please do not remove this; if it comes off, reapply a bandage over top.
- You may shower 3 days after surgery; be sure to pat the area dry afterwards.
- Do not scrub the area; just allow water/soap to wash over you.
- Do not bathe or swim until approved by surgeon.
- It is recommended to wear a compressive dressing daily- ACE or compression stocking.

ICE

- We recommend that you use ice on a consistent basis for the first 24–48 hours. This will help reduce post-operative swelling. After that, use as necessary.
- Use a cloth between the ice and your skin. DO NOT place ice directly on skin as this may cause frostbite. Do not leave ice wrap or cold therapy on for more than 20 minutes.

CRUTCHES & WEIGHT BEARING STATUS

- Following a **Total Knee Revision,** you will be able to weight bear as tolerated. You will likely require crutches or a walker for 1-3 weeks.
- Your physical therapist will assist you with weaning off crutches or walker.

PHYSICAL THERAPY

- **Formal Physical Therapy is crucial for your recovery**; this will need to be arranged prior to your surgery. Following surgery**, you should start physical therapy within 1-3 days of your surgery.**
- The prescription and protocol should be given to a physical therapist of your choosing.
  - Once you schedule surgery, you should contact your physical therapy facility to schedule your first PT appointments within 1-3 days.
- Until you begin working with a therapist, you can do some exercises at home, such as quad sets, leg raises, flexion and extension, and calf pumps (see pictures below).

HOME EXERCISE PROGRAM

Quad Set Exercise

Tighten the muscles on top of the thigh as tightly as possible and hold.
Pull your toes back.
Push the back of your knee down to the floor.
Try to push out and up through the heel.
Pull 10 seconds, trying every second to pull even tighter.
Relax 5 seconds.
Repeat for 2 sets of ten times. Rest 60 seconds between sets.

Straight Leg Raise

Tighten the muscles on top of the thigh as tightly as possible and hold.
Raise the entire leg holding the knee as tight as possible. Hold 5 seconds.
Lower leg and rest 2 seconds.
Repeat for 2 sets of 10 times.
Rest 1 minute between sets.

Calf Pumps

Pointing the Feet:- Action
(Keeping your foot strictly in line with the ankle knee and hip joints):
Point the foot away from you.
Repeat slowly, five to 10 times each foot.
Flexing Feet: Action
(Keeping your foot strictly in line with the ankle knee and hip joints):
Flex the foot, this time letting the heel push away from you, and the toe end of the foot come toward you.
Repeat slowly, five to 10 times each foot.

Heel Slides

Lie onto your back with both legs outstretched in front of you
Slowly, keeping your heel on the floor, slide your foot towards your backside
Go as close as comfortable, then stop
Keeping your foot on the ground, then slide your foot back out, straightening your leg slowly.
Repeat slowly, 5-10 times

PAIN CONTROL AND MEDICATIONS

You have been given a regional anesthetic block prior to your operation. This will wear off in the evening following your surgery.

1. **Pain Medication**: Tylenol 1000mg every 8 hours and, unless discussed otherwise, you have been prescribed a narcotic pain medication (Oxycodone 5mg) to take every 4-6 hours as needed.
   - DO NOT drive/use any heavy machinery, drink alcohol, make any life-changing or legal decisions (i.e. sign a will), or participate in activities that require a lot of physical skill, as narcotics may change your mental acuity. On rare occasions they may cause confusion or disorientation, we advise you to discontinue this medication should that occur.
   - Narcotics can be addictive. Dispose of any excess medication at a police/fire station.
   - Take a stool softener (e.g. Colace) while taking narcotic medication, as narcotics may cause constipation. If this does not help alleviate your constipation, you can try adding miralax or milk of magnesia. Please call our office if this regimen does not alleviate your constipation.
   - If you have any questions or concerns about narcotic strength medications, please contact us.
   - **Journavx (suzetrigine)**: If Journavx has been prescribed, take it in place of the Oxycodone. Start with a loading dose of 100 mg (two 50 mg tablets), then take one 50 mg tablet twice a day (every 12 hours) for two weeks. If you are not getting adequate pain control with Journavx, you may take Oxycodone instead. Do not take Journavx and Oxycodone at the same time, and avoid grapefruit while taking Journavx.
2. **Anti-nausea**: Zofran (Ondansetron): Take as prescribed if needed for nausea
3. **Anti-Inflammatory**: Unless contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Celebrex 200mg, Meloxicam 7.5mg, or Ibuprofen 800mg) for use postoperatively. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed every 8 hours with food to help reduce swelling and pain. Do not take other NSAIDs (Advil, Aleve, etc) with Celebrex/Meloxicam/Ibuprofen.
   - Celebrex – 1 tablet (200 mg) Twice per day, starting day of surgery for 5-10 days after surgery
   - Mobic (Meloxicam) – 1 tablet (7.5 mg) twice per day, day of surgery for 5-10 days after surgery
4. **DVT prophylaxis**: Please take one 81 mg Aspirin twice daily for 30 days following surgery to help minimize the risk of blood clot (extremely rare). If not able to take aspirin you will be prescribed Lovenox (40 mg daily injection) or Eliquis (2.5 mg Twice daily) for 30 days. If you are already on anticoagulation then you do not need to take additional medications, and you may resume your anticoagulant the evening of your surgery.
5. **Muscle relaxer**: Flexeril (Cyclobenzaprine) for muscle spasms. Take this as needed, it will make you drowsy.
6. **Antibiotic**: You will be given a prescription antibiotic as a precaution for 5 days- take twice a day.

Tylenol and Ibuprofen are the foundation for your pain control regimen

Example dosing: 1000mg Tylenol then 4 hours later 800mg Ibuprofen/Celebrex then 4 hours later repeat- every 4 hours alternate between Tylenol and Ibuprofen/Celebrex. Oxycodone as needed for breakthrough pain.

*You should not exceed 3,000mg of Tylenol or 3,200mg of Ibuprofen in 24 hours.

You are not required to take any medication aside from the antibiotic (Cefadroxil) and blood thinner/Aspirin; however, it is recommended that you stay on top of the pain with the anti-inflammatory and Tylenol.

DRIVING

— Do NOT drive if you are taking narcotics. If you have had surgery on your RIGHT knee, please wait 2-4 weeks after your surgery and once you have full range of motion of your knee. If you drive a manual transmission vehicle and have had surgery on your LEFT knee, please wait 2-4 weeks to prevent irritation from operating the clutch. We recommend you practice driving in an open parking lot before returning to the road. If you have to drive for long periods of time within 2-4 weeks after surgery, we recommend taking frequent breaks to decrease the risk of a blood clot.

DENTAL WORK

— Please do not undergo any dental work, including cleanings, six weeks prior to surgery, and six months post-surgery.

RETURN TO WORK

— You may return to work as soon as you are comfortable and able to safely weight-bear without using crutches. This typically occurs 3-4 weeks post-op.

FOLLOW-UP APPOINTMENT

— Schedule your first post-operative appointment 7-10 days following your surgical procedure. Dissolvable sutures are used during surgery, and do not need to be removed. If you do not have a post-operative appointment scheduled when you leave surgery, please call 513-354-3700 to make the appointment.

Signs & Symptoms to Immediately Report

Call **911** and go to the nearest hospital if you are having chest pain or trouble breathing

CALL THE OFFICE AT 513-354-3700 TO REPORT ANY OF THE FOLLOWING

— Persistent fever (101 or greater)

— Sudden increase in pain and swelling

— Wound redness or drainage (besides blood)

— Increased skin temperature around incision

— Deep calf pain and swelling

— Severe abdominal pain

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/protocols/total-knee-revision.pdf

These instructions are general guidelines for Dr. Pettit's patients. Your individual instructions may differ — always follow the specific guidance given by Dr. Pettit and your care team, and call the office with any questions.