



Joshua T. Anderson, MD
Patient Discharge Instructions
Total Knee Arthroplasty (TKA) or
Unicompartmental Knee Arthroplasty (UKA)

ACTIVITY RESTRICTIONS

- You can place full weight on your lower extremity unless otherwise directed.
- You may resume light to normal activity tomorrow.
- While ambulatory, always use your front-wheeled walker, at least until seen in clinic for your first follow-up visit.
- Start moving your knee as soon as you get home. Bend and straighten your leg frequently. Move your ankle around in circles to help with stiffness and swelling.
- You will start physical therapy 3x a week for the next 4 weeks. You should see your physical therapist for your first session 3-4 days after discharge. If you haven't already scheduled your appointment; please call the facility of your choice **right away** to schedule your appointment.

MEDICATION INSTRUCTIONS

- Your medications will be sent in 2-3 days ahead of your surgery to your pharmacy of choice. Please wait until after your surgery to begin taking these medications.
- After your surgery, you should be taking Aspirin 81 mg twice a day with food for blood clot prevention (*unless you are already on a different blood thinner or directed otherwise*). You have been prescribed a different blood thinner for blood clot prevention. Check your discharge medications for clarification. Alternatively, if you are already on blood thinners at home, you may restart your normal blood thinners the morning AFTER surgery unless otherwise directed.
- Take your Tylenol/acetaminophen 500 mg, 2 tablets every 8 hours. This will help provide a baseline level of pain control.
- If you were prescribed an anti-inflammatory prescription, typically meloxicam 15 mg, take this scheduled for the next 4 weeks. This will also help with baseline pain control and help with inflammation after your surgery.
- If you were prescribed dexamethasone, please take this twice daily for 4 days following surgery, starting on the first day after surgery.
- If you were prescribed tranexamic acid, please take 3 tablets daily for a total of 4 days. This will help with swelling, pain, and bruising/blood loss after surgery.
- If you were prescribed an oral antibiotic for additional infection prevention, please take this as scheduled on the prescription.
- You should also take the daily omeprazole for the next 4 weeks. This will help protect your stomach with all the new medications.
- If you are still experiencing moderate to severe pain, you may take your Tramadol prescription as directed. If you are experiencing severe or breakthrough pain, you may additionally take your oxycodone (or alternative opioid pain medication) prescription as directed. These medications should only be taken as needed.
- Unless otherwise directed, do not take other opioid pain medications in addition to what is prescribed to you for your postoperative medications.
- Your Zofran and stool softener medications can be used as needed if you are experiencing nausea and/or constipation.
- Resume your prescribed home medications as directed. When taking pain medications, you may experience dizziness or drowsiness. Do NOT drink alcohol or drive when you are taking these medications.

FOLLOW-UP INSTRUCTIONS

- Your first follow-up visit will be made for you prior to your surgery. This information will be given to you ahead of time.
- You will have a follow-up appointment with Dr. Anderson's nurse practitioner, Alex Perry, 2-3 weeks after your surgery.
- Your follow-up appointment with Dr. Anderson will be approximately 6 weeks after your surgery. Further follow-ups will be discussed and scheduled at this time.

GENERAL ANESTHESIA OR SEDATION

- Do not drive or operate machinery for the next 3-4 weeks. We will discuss this at your clinic visits.

- Do not use alcohol, tranquilizers, or sleeping medications for 24 hours.
- Make sure you have good help at home for the first 2 weeks after surgery. It is not advisable to stay home alone for the first 1-2 weeks after surgery.
- You may experience dizziness, sleepiness, muscle aches after surgery.

CARE OF SURGICAL SITE

- The wrap over your leg and the underlying cotton padding may be removed at your first physical therapy visit. You will have an additional surgical dressing directly over your surgical site. This is to remain in place until you are seen in clinic.
- Your surgical dressing was placed in the operating room under sterile conditions, therefore, leave it in place if it is not saturated or falling off.
- Regularly apply ice/cryotherapy to your surgical site at home while keeping it dry to help with inflammation, pain, and swelling.
- You may shower over your waterproof dressing. Do not submerge your surgical site under water. Let water run over it and pat dry.
- The incisions may be slightly red, swollen, or bruised, and there may be a small amount of drainage from the sites. This is normal.
- Keep your surgical dressing on until your first clinic follow-up appointment.

SPECIAL INSTRUCTIONS

- Keep affected leg elevated whenever possible, above chest, for the first 24-48 hours, to minimize pain and swelling.
- Ice your knee at least 4 times daily for about a ½ an hour while awake as needed for pain and swelling.
- When resting, rest with nothing underneath your knee and with a pillow under your ankle to help get your knee straight.
- Use the compression wrap or stockings to help control swelling and prevent blood clots.
- Allow appetite to dictate food intake. You may resume your home diet.

CALL YOUR SURGEON IF ANY OF THE FOLLOWING OCCUR:

- Fever over 101.5 by mouth.
- Signs of infection: redness, warmth, drainage that is not clear or bloody, hardness around incision.
- Tenderness, redness, or swelling of the calf.
- Unable to urinate.

*If you have any additional concerns or need to make a follow up appointment
please call: Bay Street Orthopaedics, at 231-347-5155.*

*If you have urgent questions or concerns after hours, please call McLaren Northern Michigan Hospital at 231-487-4000
and ask for the Bay Street Orthopaedic Surgeon ON CALL.*