



A Positive Mindset Leads to a Positive Outcome

Preparing for hip or knee replacement surgery requires physical, mental, and emotional readiness. While post-surgical pain and soreness are expected, they are temporary and should improve over time. It's important to understand that everyone experiences pain differently, and there is no standard level or duration of post-surgical discomfort. Fortunately, our team is skilled at predicting and managing this pain effectively, often before it begins. We use advanced, multi-modal pain management techniques to ensure you remain as comfortable as possible after surgery.

An essential focus after surgery is using your new joint by walking and performing prescribed exercises. This will significantly reduce symptoms such as pain, swelling, and stiffness. Since each patient recovery journey is unique, our therapists will customize an exercise plan to meet your specific needs, preferences, and goals.

In most cases, you will be discharged the same day or less commonly after an overnight stay, depending on your individual plan. Post-surgery pain is normal but does not indicate illness, allowing you to return to the comfort of your home more quickly. Being in a familiar environment can improve your recovery by enhancing comfort, sleep quality, and independence in daily activities (ADLs), which are critical for restoring functional mobility.

In summary, actively participating in your recovery process is crucial. The success and satisfaction of your new joint largely depend on your commitment to following your surgeons' instructions and putting in the necessary effort. Trust in the personalized program developed for you, and this should lead to a successful, long-lasting result for the majority of patients.

Patient Responsibilities: Take an Active Role in Your Care

The most important person in your surgical journey is you. Our goal is to ensure you are well-informed and educated about your surgery and recovery process. If you have any questions, don't hesitate to ask your surgeon and make sure you fully understand the answers. Take the time to familiarize yourself with the details of your procedure, including the consent forms you sign, to ensure you are aware of the associated risks and benefits. Your active involvement will help lead to a smoother and more informed recovery experience.

Thank You, Dr. Chris McClellan



What Can I Expect in Terms of Pain After Surgery?

Many patients worry about pain following a surgical procedure. Research indicates that the first two weeks are typically the most challenging, with the swelling recovery process aligning with this timeline. Based on experience, there are three common pain spikes that most patients encounter. In some cases, opioid medications may be necessary to manage pain.

Common Situations Where Opioids May Be Needed (The Three Pain Spikes):

1. 24 to 48 Hours Post-Surgery:

Swelling tends to intensify as the initial nerve block wears off. If the pain becomes severe, stop any exercises and apply more ice. If prescribed, consider taking gabapentin and wait 20 minutes. If pain persists, opioids may be used. Once you feel better, gradually resume exercises.

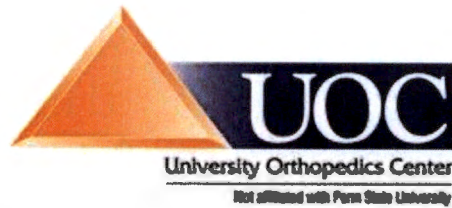
2. 3 to 5 Days Post-Surgery:

Pain levels often increase for 4 to 6 hours as the effects of long-acting pain blocks diminish. If this occurs, pause any exercises and apply more ice to help reduce discomfort. Gabapentin or an opioid can be used if necessary to manage the pain and help you get through this period.

3. 1 Week Post-Surgery:

Approximately 10% of patients experience a significant pain spike between days 6 and 9. This is what I call the "Something is wrong day"! Nothing is wrong, but this increase in pain often occurs suddenly and is linked to the peak swelling period. The leg may exhibit maximum swelling at this time, often accompanied by bruising in the calf and foot due to red blood cells breaking down. The swelling can make the calf feel tight and painful. In such cases, reduce activities, ice the area frequently, and consider using gabapentin or an opioid for relief.

Thank You, Dr. Chris McClellan



From your surgeon -Total Knee Replacement AFTER Surgery Instructions:

Silverlon dressing stays on for 7 days. It must be changed if it is soaked. This can be replaced with gauze and an ACE Wrap. Otherwise, if not soaked, it stays on for 7 days. Patients may shower after 2 days if the Silverlon is on because it is water resistant, but not Spa proof. ***The incision is to stay covered/protected until follow up.*** Any gauze can be used. If the Silverlon had to be removed early, please wait 5 days to shower. Quick showers, not Spa Time!

ICE and ELEVATE constantly.

If a drain is in place, it is to be removed when drainage is less than 10cc for 2 consecutive 8hr shifts by nurse, therapist, or whomever feels comfortable. It is very simple to remove.

IF PICO device in place, it will stay in place as indicated by home/rehab care staff. Also, every home nursing agency, Home PT, and Rehab is aware how this works. If your home nurse or Therapist says they don't know what this is, have them call UOC or their manager right away. It is meant to protect and help your incision heal faster. If the PICO had to be removed early then the patient should wait 5 days to shower. Quick showers, not spa time! Remember, ***incision is to stay covered until follow up.***

Please read the Dos and Don'ts Sheet. This paper and the Dos and Don'ts are the most important. The rest of your paperwork from hospital is redundant and/or confusing. This is the info I want you to take to heart. I typically give you 6 prescriptions. Some are sent to your pharmacy already. These are for use **AFTER** Surgery. They are:

1. Oxycodone or some form of narcotic pain pill. Please take. (Please note that due to State laws this medication can only be sent to your pharmacy on the date of your surgery. Subject to change pending state laws.)
2. Aspirin-this is for blood clot prevention, please take. You may have been prescribed something stronger than Aspirin, if so, you likely will not have a script for aspirin as you will take a different blood thinner.
3. Tylenol (As appropriate) for pain.
4. Zofran-this is for nausea, take if you need
5. Celebrex-Helps with inflammation, if not covered by insurance, then use Ibuprofen 600mg 2-3 times a day.
6. Duricef as appropriate antibiotic for infection prevention

It's advisable to take a **Probiotic** during your recovery to avoid diarrhea, available for a discount through UOC pharmacy or found at any drug store over the counter.

If any problems or concerns, please call UOC FIRST before going to ER.

Phone numbers are also located throughout your UOC packets. **800-505-2101**

1. Walking 5-10 steps/hour is all you need

Once an Hour while awake



SHORT WALK, DON'T OVERDO IT!!

2. Knee Bend

Perform 10x/hour while awake



WHILE IN A SEATED POSITION, SLIDE YOUR FOOT BACK TO A BENT KNEE POSITION. KEEP BALL OF YOUR FOOT PLANTED ON THE GROUND AND SCOOT FORWARD UNTIL A STRETCH IS FELT AT THE KNEE. HOLD FOR 3 SECONDS.

3. Knee Straightenings

10 times, Once an Hour, while awake



5. Heel Hang

Repeat 1 time - hold 5 minutes
complete 1 set.
Perform 3 times per day.



4. Ankle Pumps

Repeat 10 times, once an hour, while awake



**FLEX FOOT, POINT TOES, HOLD FOR COUNT OF 3.
(IMAGINE STEPPING HARD ON THE BRAKE)**

SIT WITH GOOD POSTURE. PROP YOUR HEEL ONTO SOMETHING IN FRONT OF YOU, AS SHOWN IN PICTURE. THIS CAN BE ANOTHER CHAIR, COFFEE TABLE, STOOL, ETC. THERE SHOULD BE NOTHING BEHIND YOUR KNEE. NOW, RELAX AND ALLOW GRAVITY TO HELP YOUR KNEE STRAIGHTEN. HOLD THIS POSITION FOR 5 MINUTES TOTAL AND PERFORM THREE TIMES A DAY (BREAKFAST, LUNCH AND DINNER.) YOU WILL FEEL A STRETCH, WHICH IS SOMETIMES UNCOMFORTABLE, BEHIND YOUR KNEE, THIS IS EXPECTED AND MEANS THAT THE STRETCH IS WORKING.

GETTING IN AND OUT OF A CAR WITH A WALKER

Begin by making sure the seat is pushed all the way back. Open up the car door and stand as close as you can with your back turned toward the seat and the walker placed in front of you. Place the walker to the side, making sure it is still within reaching distance. Place one hand on the door-frame and the other hand on the frame of the car.



Slowly lower your body onto the seat of the car, using your arms to steady yourself. Lift the leg that goes into the car first (will vary depending on if you are on the driver's side or passenger side). If this is your surgical leg, you may need to lift it with your arms. Then bring the other leg into the car. To get out of the car, perform these same steps.



STAIR CLIMBING: “Up with the GOOD, down with the BAD”

With a walker:

Begin by folding in the walker handles.



With one hand on the stairway railing and the other on the walker, place the walker on the next step up. Using your non-surgical leg, step up onto the first step. Then bring your surgical leg up onto the step. Place the walker on the next step and repeat, starting with your non-surgical leg



To go down steps, begin with one hand on the railing and one hand on the closed walker. Place the walker down one stair from the one your feet are on. With your surgical leg first, step down onto the stair below. Then follow with your non-surgical leg. Repeat this to continue.



With a cane:

Similar to using the walker, begin with both feet on the floor and the cane in the hand opposite the stair railing (1). Using the railing and the cane for stability, bring your non-surgical leg up onto the step (2). Next, bring the cane up onto the step (3) then follow with your surgical leg (4).

Repeat the process to proceed to the next step.



1



2



3



4

To go downstairs, begin with both feet on the ground, one hand on the railing, and one hand on the cane (1). Take the cane and place it one step below you (2). Next, step down with your surgical leg (3) and follow this with stepping down with your non-surgical leg (4).



1



2



3



4



How the Spine Impacts Joint Replacement

Many individuals with knee and hip arthritis also experience arthritis in the lower spine. While this may not be ideal news, understanding how these conditions are interconnected can help you better prepare for and manage your recovery after surgery.

Sometimes, knee replacement patients develop sciatica-like symptoms within the first few months' post-surgery. A common experience might sound like this:

Doctor, I was doing so well—everything was going according to plan—but suddenly, I started feeling pain while walking. Sometimes, I can't put ANY weight on my leg. The pain shoots down toward my toes! What's happening?

If this occurs, be sure to inform your doctor. In most cases, this pain is caused by arthritis in the lower spine, which may pinch a nerve and lead to these symptoms even without any back pain. Your doctor might recommend an office visit to take new X-rays of the joint and spine to investigate further.

Usually, these symptoms resolve on their own with time. However, in some cases, your doctor may prescribe medication, suggest an injection, or order additional imaging. Rest assured, while this setback can be frustrating, it is typically temporary.

Thank You, Dr. Chris McClellan



Total Knee Replacement Facts - Dr. Chris McClellan

Total knee replacement is a very successful surgery! However, therapy and pain management are crucial to your recovery. Please use your medications as prescribed.

Recovery, on average, takes about three months, but you will continue to gain motion and strength over the course of a year. Full recovery can take up to **two years**. At **one year**, you will be significantly better but not perfect—**two years** is considered the gold standard.

Healing cannot be rushed. Even NFL football players take a **minimum of four months** to return to practice after ACL surgery. Long-term improvement requires patience and commitment.

Swelling is expected for up to one year, especially after surgery. If you do not experience swelling, consider yourself fortunate. Almost **all patients** have mild swelling permanently due to the irritation caused by the artificial knee components. Around **1 in 200 patients** will experience moderate swelling long-term.

Bruising (ecchymosis) may appear extensively and look alarming, but it is harmless. Do not let friends or family convince you otherwise.

Your knee will feel warm to the touch for up to one year. This is **completely normal** and expected.

Kneeling is allowed, but that does not mean you will be able to. The incision may remain sensitive for years, and **about 30% of patients** experience ongoing discomfort when kneeling.

Some patients develop a numb patch on the outside of the knee, though this occurs in a small percentage of cases.

You are free to attempt any activity, but that does not mean you will be able to do everything. Your knee will determine its own limitations, but you are encouraged to try. **Highly active individuals with high physical demands tend to have the least satisfaction** with knee replacement results.

Your knee is mechanical, not bionic. It is made of **metal and plastic**, so it may make noises.

You may still need occasional ibuprofen or Tylenol for months after surgery.

Even after knee replacement, your knee remains susceptible to tendonitis, bursitis, swelling, and stiffness. Knee replacement does not prevent these issues.

The American Academy of Orthopedic Surgeons (AAOS) considers a 90% reduction in pain an excellent outcome. However, national standards do not expect patients to be **completely pain-free** after knee replacement.

Sleep patterns can take at least six weeks—and sometimes up to 12 weeks—to return to normal.

CT scans and MRIs are safe after knee replacement, but imaging around the knee may be limited due to **metal prosthesis distortion**

Thank You, Chris McClellan