

## **Dr Angus Nicoll**

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**Consultant Orthopaedic Surgeon – Surgery of Hip & Knee**

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## **TOTAL KNEE REPLACEMENT**

### **POST-OPERATIVE INSTRUCTIONS**

#### **Pain**

Pain will commonly increase as you become more active at home and during rehabilitation. You may experience thigh, knee and calf pain in the operative leg.

Medication will be prescribed for you. Take tablets regularly during the initial post operative period. Prescription pain medication may cause nausea, constipation and a light-headed sensation. If symptoms occur the medication can be changed. You should not drink alcohol while on this medication.

Simple analgesic (pain relief) medicine with paracetamol only may be substituted for prescription medication as your pain permits.

#### **Incision**

You should keep your wound dry beneath the water-resistant dressing for the first 2 weeks. Usually skin staples are used; they will be removed approximately 14 days after the surgery at the rooms for your first post-operative visit, at the rehabilitation facility or in the community.

You may apply ice in a bag to the operative region for 10-15minutes at a time, no more than once every hour. Take care not to injure the skin by direct application of freezing temperature. Take care not to disturb the dressing or traumatize the wound.

If you note any new redness, swelling or drainage from your incision, please call the rooms.

#### **Swelling**

Swelling in the operative leg is a normal part of the postoperative course after surgery. Normal swelling is reduced in the morning, and gradually accumulates throughout the day. This can be reduced by elevating your legs or lying down for around 30 minutes during the day. Any activity that leaves your feet on the floor, such as sitting in a chair, standing or walking can lead to swelling.

In total knee replacement, it is normal for some degree of swelling to persist for several months. You should continue the calf pump and circulations exercises and walk as tolerated to maintain the blood flow. If the swelling increasingly severe and accompanied by leg pain, you should contact the rooms.

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#### Temperature/Fever

Your temperature may be slightly elevated for several days after surgery. However, if fever persists above 37.5°C and is accompanied by chills, sweats, increased pain or drainage at the incision, you should call the rooms. These may be signs of infection.

#### Physical Therapy

The physical therapist will review your exercises. When you have good muscle control over your leg, you may discontinue use of the knee immobilizer. Aim to increase the flexion in your knee until you can easily reach 90° before discharge from hospital in most cases. It is important to continue with the exercises the physical therapist has shown you. Usually, additional physiotherapist supervision in the community will be recommended – this is often initiated after your first post-operative review.

For knee flexion, perform leg dangles over the edge of your bed at least twice a day. Use a pillow or rolled towel under the ankle of the operative leg to achieve full extension. You may bear your full weight on the operative leg, as tolerated. The use of a walker or cane is helpful while you regain strength in the leg. Remember, walking is the best exercise for your rehabilitation.

#### Travel

You should not drive for at least 4 weeks after surgery. Long journeys and flying are generally not recommended in the first 6 weeks after surgery.

#### Stairs

When ascending or descending stairs, use the handrail or banister for stability. Lead off with your good knee to go up stairs, and lead with your operative leg to go down stairs. Go up or down stairs one at a time.

#### Antibiotics

Prior to any dental, urological, gastrointestinal or surgical procedure you must notify your doctor that you have a joint replacement. You may need to take antibiotics to protect the prosthesis from infection.

***This information should serve as a general guide after surgery. As this is general information, your own care may be modified based upon the specific nature of your surgery and general condition.***