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## Partial Knee Replacement Surgery Discharge Instructions

### What to Expect after surgery

- It is perfectly normal within the first few days to start to experience slightly increased pain and swelling. During the surgery, local medications are injected to help reduce pain after surgery. This medication begins to wear off 1-2 days after surgery.
- A number of patients remain in the hospital for 1-2 days after surgery. The majority of patients may transition to home while a small minority may require a stay at a rehabilitation facility prior to discharge home. This will be arranged by the hospital after surgery.
- You will not be allowed to drive until cleared by Dr. Mantell. You must be off all pain medications before returning to operate a vehicle.

### Bandages and Incision Care

- As long as the initial dressing is not soiled it should stay on for **one week** prior to changing. Please replace the dressing with another mepilex dressing give to you by the hospital. This will stay on until your first follow-up visit.
- You can shower with the dressing from surgery. Do not rub the incision area. You may pat the area dry with a towel.
- If the dressing is soaked or moist, please change it with clean gauze covered with tape
- After one month after surgery you may begin to use Vitamin E lotion or Mederma to lessen the appearance of the scar.
- The incision is closed with absorbable sutures and glue. There should be no stitches to remove.

### Icing

- It is helpful to use ice around the incision area for up to one to two week after the surgery.
- Please do not place the ice directly on the skin
- Ice for 20 minutes at a time up to 8-10 times per day
- Please try to prevent the wound and dressing from getting wet

## Medications

- There are a number of different pain medications (Oxycodone, Percocet, Norco, Vicodin, Dilaudid, or Tramadol) that may be prescribed after surgery. Please take as prescribed from the hospital.
  - Often times you will be able to take 1-2 tabs every 4-6 hours as needed for pain
  - If you are prescribed tramadol, oxycodone or dilaudid please take additional over the counter Tylenol 650 mg by mouth every 6 hours as needed for pain.
  - If you are prescribed Percocet, Norco, or Vicodin – these medications already have Tylenol in them and it is not advised to take additional Tylenol.
- Try to decrease the amount of pain medications you take by mouth each day. Narcotics can be addicting medication so it is best to stop using them as soon as possible. For more information please see <https://www.mattmantellmd.com/forms/>
- You will be prescribed a medication to help prevent blood clots as well. This may be **aspirin, lovenox, Coumadin, or xarelto**. Please take as instructed for up to **one month**.
- If you are prescribed **aspirin** please take with food and consider an over the counter medication for you stomach such as **Pepcid, Prilosec, protonix, or nexium**. This will help to prevent ulcers.
- Please take an over the counter **Colace/Senna** twice a day to help prevent constipation that may occur with the pain medicines. Getting up and walking also helps to prevent constipation after surgery. Please make sure to drink plenty of water as well.
- If you have an allergy to any of the medicines prescribed please notify Dr. Mantell or the physician who prescribed the medication.

## Preventing Blood Clots

- You will be prescribed a medication from the hospital that you will need to take for one month after surgery. Most often this will be Aspirin 325 mg by mouth twice a day.
- Please wear your compression stocking as much as possible for the first month after surgery.
- Daily exercises such as getting up, walking, and other sitting exercises such as ankle pumps help to reduce the risk of blood clots.
- If you have a predisposition to blood clots or a previous history of blood clots in your family please make sure that Dr. Mantell is aware as this may change your medications.

## Swelling

- It is important to use the compression stockings on your legs to help decrease swelling. These should be worn almost the entire day. They can be removed for showers, changing clothes, and to give the skin a break if necessary for a few hours each day. You should wear them for one month after your surgery. They help to decrease swelling and also decrease your risk of getting a blood clot in your leg.

- Elevating the leg above the level of your heart, particularly while sleeping, can also help to reduce swelling. You may put a few pillows underneath your leg (ankle/foot) while sleeping.

## Activities

- You are allowed to put all of your weight on your operative leg. You should use a walker or two crutches initially. You will be weaned down to a cane and eventually no assist devices. Everybody heals at different rates so it can sometimes not be helpful to compare yourself to others that had the same surgery. For some patients it may take a couple of months before they can go without an assistive device.
- Please continue to do the exercises from the therapists. It is important to get back your motion after surgery. Part of the success of the surgery is based on how well the rehab goes afterwards.
- **You may walk as much as you can.** There are no restrictions. If you are experiencing worsening pain please let Dr. Mantell know.
- Sleeping – if you are having trouble with sleep you may want to try an over the counter Benadryl before bed.

## Physical Therapy

- You will likely be discharge from the hospital with home physical therapy and occupational therapy that was set up for you by the case coordinator at the hospital.
- The therapists typically come 2-3 times per week and will help you progress from a walker to a cane as you are ready.
- Sometimes outpatient physical therapy is already set up for you when you are ready to leave the hospital.

## Follow-up

- Please call the office at **540-667-8975** to schedule a follow-up appointment for two weeks after surgery. You may also visit [www.mattmantellmd.com](http://www.mattmantellmd.com) to schedule an appointment online via email.
- At your office visit X-rays of the knee will be ordered, the wound will be examined and medications will be discussed. Your second follow-up visit will be scheduled at that time, usually for 2 months after surgery.

### **When to call the doctor:**

- Sudden increase in pain
- Uncontrolled nausea or vomiting
- Inability to bear weight or walk
- Fever greater than 101 degrees
- Shortness of breath or chest pain
- Any dizziness
- Redness or swelling around your incision
- A large amount of drainage or bleeding around the incision site