



## **4-week Postoperative Visit Knee Replacement**

1. You may stop taking your postoperative aspirin, iron, and/or stool softener.
2. You may resume all of your normal preoperative medications/supplements.
1. Anti-inflammatories decrease pain and swelling. Transition to over-the-counter medications as needed, such as Aleve (naproxen) or Motrin (ibuprofen). Tylenol works well as a pain reliever and is not an anti-inflammatory.
3. It is normal to have pain surrounding your entire knee and numbness on the front/outside of the knee. This numbness will persist for several months and is from the surgical skin incision. It will resolve slowly over time.
4. Most patients have knee pain that is worse at night, especially when they are trying to sleep. The most common complaint is the inability to sleep well for more than 2-3 hours at a time. This will improve with time.
5. Physical therapy is still challenging for most people. Keep working hard!
6. Swelling, tightness and achiness are typically more pronounced in the evening, after you have been using your leg all day.
7. It can still be helpful to elevate and ice your knee.
8. Most patients feel exhausted! This is normal when recovering from a major operation. You will gain your endurance back over the next few weeks.

9. You may drive when you are comfortable and have regained the leg control to do so safely. You must be off narcotic medications (oxycodone, hydrocodone, or tramadol) before driving.
10. You may travel. When going through the airport, consider letting TSA officials know that you have had a joint replacement. The cards we historically handed out are no longer helpful (they are not government issued forms of ID). They may put you through the body scanner, and your bionic joint is not usually a problem. A standard metal detector may buzz.
11. You may progress off of the cane when you can walk without a limp, but it is best to carry it outside of the house for balance and support. You do NOT want to fall!
12. You may start light activity or exercise. Avoid high impact and heavy twisting (jumping, running, skiing, horseback riding, and tennis). Most people can tolerate walking and riding a stationary bike. After this is comfortable, you may progress to an elliptical, light lifting, golf, or swimming.
13. If your incision is healed, you may use Vitamin E lotion or Cocoa Butter on the area to help it smooth out and become less dry/itchy. Patients often have an area that is numb surrounding the incision and/or along the thigh.
14. We ask that you wait 90 days before seeing the dentist for a routine cleaning. The current AAOS/ADA guidelines say if you are of normal health, antibiotic prophylaxis is rarely indicated prior to cleaning. You are welcome to discuss this further with your dentist if this remains a persistent concern for you.
15. Your next follow up is in 3 months (4 months after surgery). Please make your next appointment on your way out today at the front desk.