

After Your Surgery

Since every patient is unique, you may not experience everything listed here.

You will stay in the recovery room until the anesthesia has worn off and your vital signs are stable. We will then take you to the patient care unit. You will be on bed rest for the first evening following surgery.

In addition to receiving all of your usual medications, you will receive medication to:

- thin your blood to prevent blood clots (anticoagulants/blood thinners)
- help relieve your pain (analgesics)
- prevent infection (antibiotics)

We will check how your bowels are working after surgery. Depending on how you feel, you can probably sip fluids and possibly have something to eat.

After surgery your knee and leg will be placed in a bulky dressing with an ace wrap. We will have your operative leg up on two pillows.

You may have a wound drain placed near your incision following surgery. This drain will help to get rid of expected drainage.

We may place ice on your knee for 24 hours following surgery to help lessen swelling.

You will have special stockings on your non-operative leg to help circulation and prevent blood clots.

Day 1, After Your Surgery:

Your doctors will visit daily to monitor your progress.

We will be checking your vital signs (blood pressure, pulse and respiration) and fluid levels (fluid you drink and how much urine your body makes) regularly. We will be watching for drainage around your incision, increased pain and swelling, and how your legs and toes feel (numbness, tingling, and movement of foot and toes).

We will ask daily if you are passing gas and/or moving your bowels. We will also listen for bowel sounds. These things tell us if you are ready to eat. If you have questions or concerns about your diet, a dietitian is available to see you, let us know!

Blood work will be drawn to check your hematocrit (red blood cell count). You may have clotting studies (to check how “thin” your blood is) done daily until we discharge you. This depends on what blood thinner medicine your doctor places you on. Other blood studies may be done during your hospital stay depending on your medical history.

Use your Inspirex 10 times each hour while you are awake to help you take deep breaths. It is important that you do your deep breathing and coughing exercises every hour. This helps to prevent lung complications, such as pneumonia.

Please refer to your teaching notebook daily (with the help of the health care team).

The physical therapist will meet with you today.

With assistance, you will get out of bed to sit in a chair. Continue to keep your leg elevated while in bed and sitting in the chair.

The dressing will remain on your knee and you may still have the wound drain.

The case manager will meet with you to help monitor your progress and review your discharge plan.

You will have a special elastic stocking on your non-operative leg to help circulation and prevent blood clots. For both legs, do ankle pumps (step on the gas, then pull your foot up). Tighten your thigh muscles and push your knee down 10 times each hour while you are awake.

Day 2, After Surgery

Everything from the previous day, plus:

The dressing on your knee will probably be removed today and a smaller dressing placed on your incision. Pillows should not be placed directly under your knee once the bulky dressing is removed. You may place a pillow under your ankle or foot. When resting in bed or in a chair, position yourself to keep your knee **straight**.

The wound drain will probably be removed today (if you have one).

You will have an elastic stocking placed on your operative leg to help circulation and prevent blood clots

You will go to the Physical Therapy department twice for walking and bending exercises, including bending your knee. When not in physical therapy it is important that you do as much as possible for yourself. With help from the nursing staff, walk to the bathroom and in the hallway using your walking aides.

Continue your exercise program: move your feet up and down while in bed. Tighten your thigh muscles, push your knee down and hold. Bend your knee as much as you can tolerate.

We will probably remove your PCA machine today (if you are on one). Remember to ask for pain medication. We will encourage you to take pain medication about one half hour before you go to physical therapy.

The Occupational Therapist will meet with you. If you did not receive adaptive equipment during your pre-operative visit, the therapist will provide this equipment to you. The therapist will teach you how to use the equipment to dress and bathe.

Continue to eat and drink fluids as you are able. If you are eating and drinking well, we will take your I.V. out today (unless you need it for medications).

Some patients, depending on your needs and how you are doing after surgery, may be transferred to the Acute Rehabilitation Unit.

Day 3, After Surgery

Everything from the previous day, plus:

The doctor will visit to monitor your progress.

You will continue to go to physical therapy to practice walking and your knee exercises. Ice may be placed on your knee before and after therapy for added comfort and mobility. When not in therapy, it is important to do as much as possible for yourself. With help from the nursing staff, walk to the bathroom and in the hallway using your walking aides.

We will advance your diet as tolerated. Let us know if you have questions or concerns about your diet. A dietitian is available to see you.

Some patients will be discharged to home. Home care services will be arranged if needed.

Day 4-8, After Surgery

Everything from the previous day, plus:

The doctor will visit to monitor your progress.

As you continue to recover, you will feel stronger every day. Some patients may be discharged from the hospital by now, others will continue to need more time for recovery. If you are discharged to home, we will arrange for home care services if needed.

If unable to be discharged to home, patients may be transferred to University Hospital Acute Rehabilitation unit or a less intense subacute rehabilitation facility, where you will continue your physical and occupational therapy as needed.

Use ice and pain medication as needed to help your comfort and mobility.

Continue to use your adaptive equipment.

After you leave the hospital

If we are discharging you to your home, we may arrange for a physical therapist to visit you. We may also arrange for nursing help if you need it. If you are on the blood thinner, Warfarin (Coumadin), we will arrange for a lab or nurse to come to your home to draw your blood.