

Knee Arthroplasty Instruction Sheet

Dr. Solberg's Office Number is **213-455-8448**.

This information should be useful after your knee surgery. Please read this information carefully. You will receive further instructions at your next visit.

IN THE HOSPITAL

Expect to stay in the hospital about 3-4 days. For the first 2 days, you will have pain medication given through you IV. The advantage of intravenous pain medication is that it takes effect very quickly (within 60 seconds) but the disadvantage is that it is very short acting and therefore you have to ask for it often. I encourage patients to keep on top of their pain and not to wait until the pain is unbearable before asking for the pain medication. You will also receive oral pain medication and over the first 48 hours you will transition from the intravenous medication to the oral medication. The side effects of narcotics are numerous, and most of them are fairly mild. They include itching, nausea and sleepiness. These are normal so don't confuse them with an allergic reaction which usually involves hives and or a rash.

You will have a small drain in your knee to evacuate the blood that collects around the implant. The bandage will be changed and the drain removed on the second day after surgery. You will be switched to oral pain medication on the second day after surgery as well. If this does not control your pain adequately, you may ask for stronger pain medication.

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You will receive a combination of medications which are synergistic, that is they are more effective when used in combination than when used alone. The combination I use is Tylenol 1000mg every 6-8 hours, Dilaudid which is a very potent intravenous pain medication, Celebrex which is an anti-inflammatory medication and Norco which is an oral narcotic pain medication.

AFTER DISCHARGE FROM THE HOSPITAL

About two thirds of patients will go to a home after leaving the hospital. Most of the time a determination is made after 2 or 3 days as to whether you will be able to go home or to a rehab facility. This decision is made based on a number of factors including amount of support at home and progress while in the hospital. Most people stay at rehab between 1-2 weeks.

After leaving the hospital it is important to keep bending and straightening your knee. You may have a CPM (continuous passive motion) machine to assist in getting your motion back depending on whether your insurance company approves the use of the device. . You should use it at least 6 hours per day. Try to increase the amount of flexion from 5 to 10 degrees per day.

Most people will focus on flexion (bending) as a measure of progress. Don't forget extension (straightening). It is as important as flexion. Spend equal time on straightening and bending your knee. If you don't get full extension, you will have more difficulty walking

Keep your leg elevated as much as possible to keep swelling down in your leg. You may have compressive stockings which can also be used for leg swelling.

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Apply ice after each session with your physical therapist and after you use the CPM machine.

WOUND CARE AND PAIN MEDICATION

You should expect quite a bit of swelling in the foot on the affected side, you will also have some bruising which may track down to your foot or up to your groin. This is normal.

Take your pain medication as directed by your prescription. Do not wait until the pain is intolerable to take the medication. It will take between 30-60 minutes to begin working, so take it accordingly.

You should take your bandage off two day after leaving the hospital. There may be a small amount of drainage from the wound, this is normal. You can shower and wash the incision site with soap and water but don't immerse the incision in water such as a bath or in the pool. Once the oozing has stopped, leave the bandages off.

BLOOD CLOTS AND PREVENTION

Your greatest risk after leaving the hospital is developing a blood clot in your leg, so you will need to take medication to prevent your blood from clotting. The most common type of medication is called Lovenox which is an injectable medication that you administer via syringe every day. Most people are on this medication for a total of 14 days after surgery, the period of time that you are most at risk for developing a blood clot. Some individuals are given aspirin instead of Lovenox depending on their risk profile.

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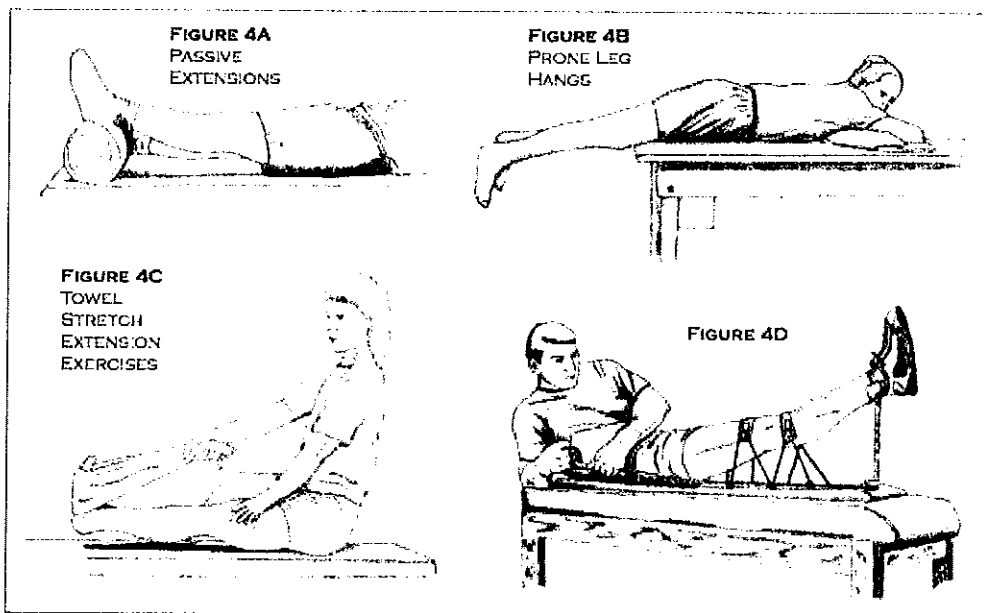
DRIVING

You won't be able to drive for about a month after surgery because your knee won't bend enough for you to use the brake or gas pedals. In general, once you can bend your knee to 90°, I give you the OK to drive.

Try to be patient with your progress. Remember, it will take about 3-6 months for your new knee to work well. In the meantime, you need to keep working at getting your function back. Try to increase your motion a little bit every day and don't get discouraged because you will have good days and bad days, but overall you will get better.

CPM AND EXERCISES

I've included some exercises below that you can do in addition to the CPM machine. You should do these 2-3 times a day for about 5 minutes at a time. The first panel shows exercises that you can do to regain extension (the ability to fully straighten your leg)

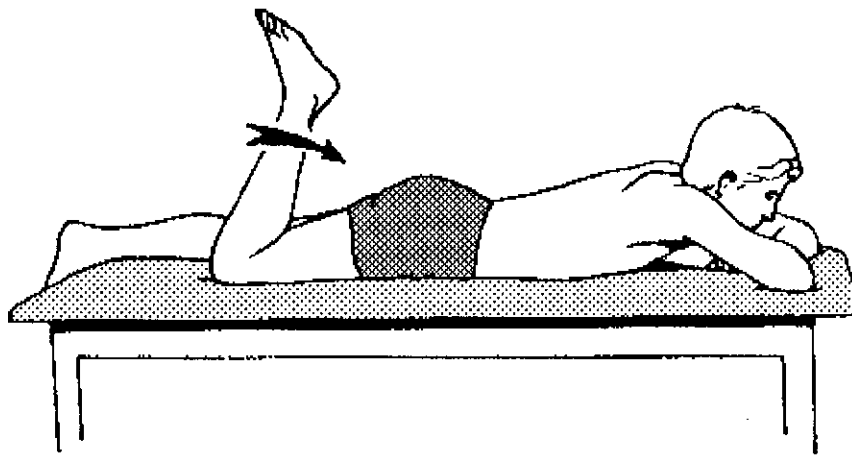


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The next exercise is used to gain flexion or the ability to bend your knee. I think you should do these stretches in the prone position (on your stomach) to keep you from cheating by flexing your hip. Get someone to help stretch your leg and the goal is to get your heel to touch your buttock.



Here are additional instructions and exercises that you can do on your own and discuss with your therapist

HOME EXERCISE PROGRAM

Instructions in your home exercise program may include the exercises shown below. Consult your therapist regarding the

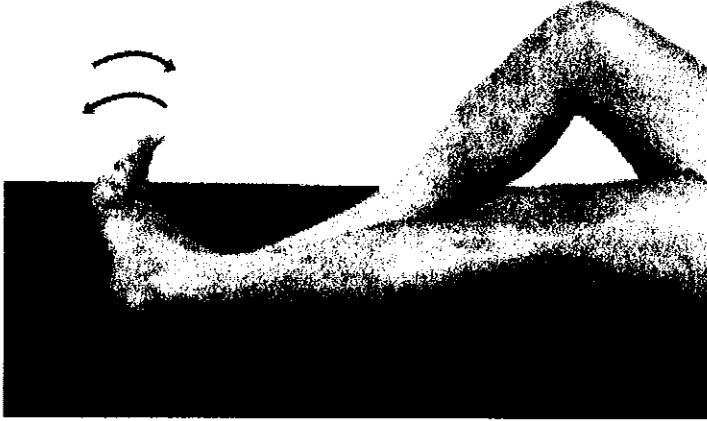
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appropriateness of the exercises and the number of reps.

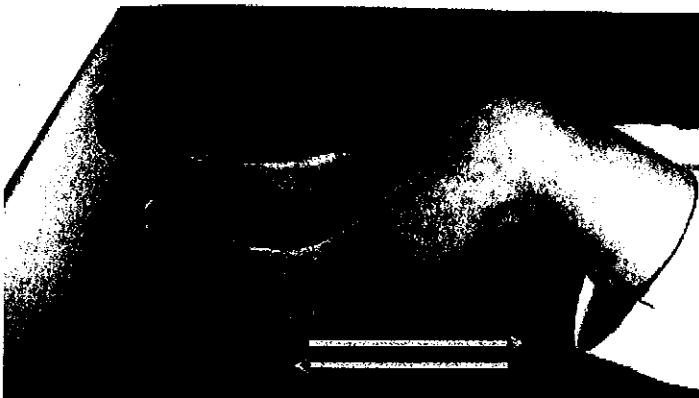
Ankle Pumps: Flex ankle up and down.



Quadriceps sets: Tighten thigh muscles and Hold for five seconds.



Heel slides: Flex your hip and knee. Return knee to the straight position.

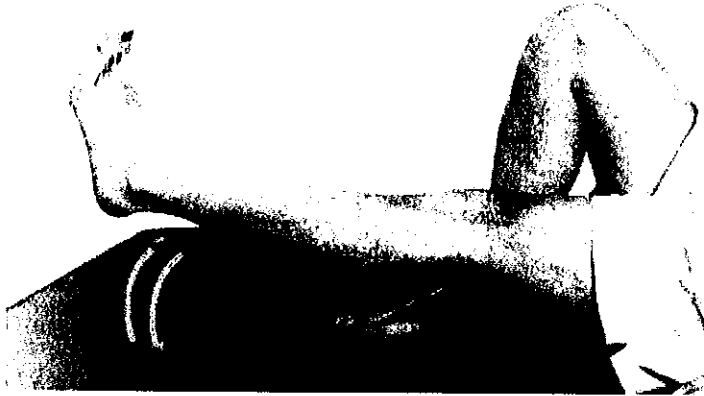


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Leg lifts: Raise leg six inches above the floor, keeping knee straight.



**Knee extension:
Place a pillow under your knee. Lift your foot off the mat.**

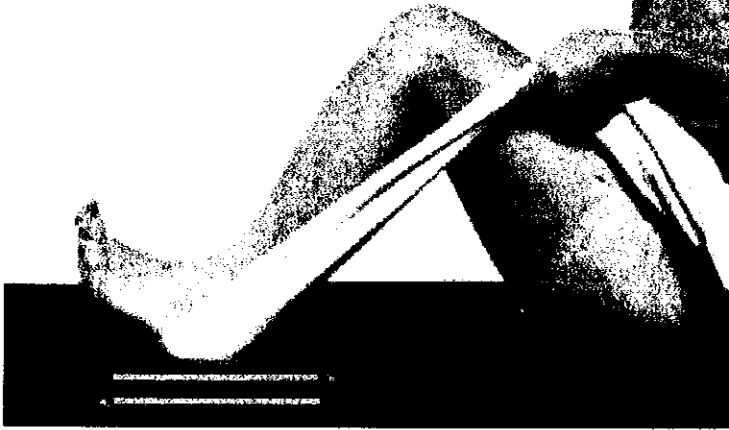


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Knee flexion stretch: Place a towel under your heel. Pull your knee towards your chest. Hold your knee in this flexed position for 15-20 seconds. Return knee to the straight position.



At Home

There are several things you can do at home to make your knee rehabilitation more successful. First of all, do the home exercise program as prescribed by your physical therapist.

Next, follow these suggestions for daily activities:

- . **Sitting:** Use a chair with arms to help you rise to a standing position. Avoid sitting for longer than an hour if possible. If you must sit for a longer time, elevate the foot to avoid swelling.
- . **Walking:** Do not put weight through the joint until you've been cleared to do so by your surgeon.
- . **Lifting:** Do not lift more than ten pounds. . **Showering:** Showering is preferable to bathing because of difficulties getting in and out of the tub.
- . **Exercising:** Do the exercises that were recommended by your doctor and physical therapist. Go to physical therapy as prescribed and get advice from your therapist as to whether you're doing the exercises correctly.
- . **Getting into a car and driving:** Get into a car by sitting on

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the edge of the seat, then pulling in the legs and turning to face forward. Driving is usually not recommended for the first six weeks post-op. Talk with your surgeon about driving sooner.

Long-Term Knee Rehabilitation Goals

Once you've completed your knee rehabilitation therapy, you can expect a range of motion from 100-120 degrees of knee flexion, mild or no pain with walking or other functional activities, and independence with all activities of daily living.

Call Dr. Solberg's Office if you notice any of the following symptoms. You may be connected with an associate if you are calling in the evening hours. Have your discharge orders and description of your procedure available.

Temperature over 101° Fahrenheit

Numbness in the foot

Increasing, severe pain in the knee

Increasing redness around the incisions

Markedly increased swelling in the leg

You have been prescribed pain medication which has a number of side effects. Most common are drowsiness, nausea and or vomiting, itching, constipation and irritability. If these are prolonged or severe, your pain medication may need to be changed. You must contact our office during business hours to have a new prescription written or a prescription refilled. After hours (after 5:00 pm or weekends), the on call doctor will not give you a refill or a new pain medication prescription.

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