

TOTAL KNEE ARTHROPLASTY PROTOCOL

Dr Levene

REVISED 01/2013

BEFORE SURGERY:

1. Patient receives and reviews written information booklet regarding Total Knee Replacement
2. Patient has recent (less than 1 year old) x-rays to include AP, lateral, merchant
3. Patient has preoperative medical clearance by primary care or internal medicine
4. Patient has preop teaching regarding anticipated therapy course and hospital stay
5. All blood thinning medicine is discontinued at least one week prior to surgery (e.g. aspirin, ibuprofen, etc.) Patients that are on chronic anti-coagulation will coordinate this with the internist/PMD
6. Patient will visit with Dr. Levene within one month preceding the date of operation

HOSPITAL STAY

Day of Surgery, Date: _____

1. Spinal block (or regional nerve block) preferred
2. Autotransfusion from hemovac drains
3. PCA analgesia, AVI;s, incentive spirometer

First Post Op Day, Date: _____

1. Initiate CPM, 4-6 hours/day, Increase ROM as tolerated
2. Initiate XARELTO, 10 mg QDay
3. Transition to oral pain meds
4. Ambulation with crutches or walker, weight bear as tolerated (WBAT)

Second Post Op Day, Date: _____

1. Discontinue drains, Foley Cath, and antibiotics in AM
2. Continue rehab

Third Post Op Day, Date: _____

1. Wound Check

2. OK to shower and cleanse knee with soapy water; no submersion (such as hot tub, bath)
3. Usually discharge to Home

AT HOME

1. CPM 4-6/hours/day. Increase range of motion in 3-5 degree increments as rapidly as tolerated until limits reached (0-120 degrees)
Use for three to four weeks
2. Outpatient or home physical therapy
 - a. Active assist range of motion, Passive range of motion to achieve full extension and maximal flexion
 - b. Quad sets, Straight leg Raises (SLR), Short arch Quad sets, ankle pumps
 - c. Isometric hip girdle strength
 - d. Gait training, weight bear as tolerated, recommend crutches or walker for four to six weeks
 - e. Discontinue immobilizer when able to SLR with less than 5 degree lag
 - f. Spin on stationary bike when range of motion allows
3. Staples out of incision and steri-strips applied and 10-14 days post op
 - a. Prior to staple removal, wound should be covered with sterile dressing at all times except to shower.
 - b. Wash with soapy water, then blot to dry in shower. No submersion under water until staples are out (i.e. no bath, pool, or hot tub)
4. Call Dr. Levene (or on-call PBJC Doctor) right away for: fever over 101.5, uncontrolled pain, severe calf pain or swelling, increasing or foul-smelling wound drainage, redness or splitting at wound site, other concerns; 307-745-8851 or 307-742-2141 after hours
5. Go to ER immediately for: fever greater than 103, chest pain or shortness of breath, obvious wound infection

ANTICOAGULATION: Xarelto 10mg, Qday x12 days after discharge

If discharged on coumodin: use for four weeks; to be monitored by internal medicine doctor

TWO WEEKS POST OP, Begin Date: _____

Staples removed (see above)

Out of immobilizer if good quad control

Continue to full weight bearing status

Stationery bike when 90 degrees of knee flexion obtained

Focus on SLR and quad sets

Wean from assistive devices per physical therapy discretion

SIX WEEKS POST OP, Begin Date: _____

Begin theraband resisted closed chain PRE

Discontinue crutches or walker; Cane as needed

RECOMMEND NO HIGH IMPACT ACTIVITIES AS PERMANENT RESTRICTIONS; AVOID KNEELING FOR PROLONGED PERIODS

NOTE: EXPECT INCREASED WARMTH IN THE KNEE JOINT FOR UP TO A YEAR POST OP.

STRONGLY RECOMMEND USE OF ANTIBIOTICS PRIOR TO ANY INVASIVE PROCEDURES, SUCH AS DENTAL PROCEDURE OR ENDOSCOPY FOR LIFETIME. Please mention that you have an artificial knee to your dentist &/or medical doctor.