

PARTIAL KNEE REPLACEMENT

Your First Two Weeks After Surgery

Your surgery is done, and now the recovery starts. This guide walks you through the first two weeks, from the day of surgery until **your PA visit at 2 weeks** (your follow-up with our physician assistant). Keep it somewhere handy. It answers most of the questions patients call us about. Your medicines are covered in the separate **Medication Guide** that comes with it.

YOUR PLAN AT A GLANCE

WEIGHT ON YOUR LEG	Full weight as tolerated from day 1, with a rolling walker
BRACE	None. No brace is needed after a partial knee replacement
BENDING	Gentle, never forced. Goal: about 80° to 90° by your PA visit
STRAIGHTENING	Fully straight is the #1 priority. Never rest with a pillow under your knee
THE QUIET KNEE	Ice 20 minutes on, 20 minutes off while awake. Short walks, lots of rest for 2 weeks
PHYSICAL THERAPY	Starts 5 to 7 days after surgery, 2 times a week
INCISION AND SHOWERING	Shower from 48 hours . Waterproof dressing off at 5 days. Glue and mesh tape stay on 2 to 3 weeks . No soaking until cleared
FOLLOW-UP	Your PA visit at 2 weeks
QUESTIONS	(425) 656-5060 , day or night

What We Did

Your knee has three parts, or compartments: the inside, the outside, and the kneecap. Arthritis had worn away the cartilage in just one of them, like tread wearing off a tire. We **resurfaced only that worn part** with smooth metal and plastic pieces and left the rest of your knee, including your own ligaments, untouched.

Recovery is faster than a total knee replacement, but **the first week deserves the same respect**. What slows people down early is **swelling**, which causes pain, stiffness, and shuts off your quad (the big muscle on the front of your thigh). So the early rules calm the knee rather than push it. We call this **the Quiet Knee**.

Your three jobs for the next two weeks

- **Keep the knee quiet.** Ice, elevate, and rest between short walks. Less swelling now means faster progress later.
- **Get the knee fully straight, and keep it straight.** A knee that doesn't fully straighten early is very hard to fix later.
- **Wake up your quad.** Quad squeezes and ankle pumps every hour you are awake.

Day by Day

What to do, and what to expect, from the day of surgery to your PA visit.

DAY 0

The Day of Surgery

Goal: Get home safely, rest, ice, elevate, and keep the knee straight.

You go home the same day. **Rest today.** The main goal is to **prevent swelling and pain** and get your recovery started. **Icing and elevation** are the two best ways to do that.

- **Keep the knee straight.** When lying in bed or on the couch, put a pillow **under your calf or heel**, not under your knee. The knee should rest fully straight. This position is uncomfortable at first, but it is the most important position for your recovery.
- **Ice right away.** Put the ice machine pad over the dressing. Keep the leg raised above your heart while you ice.
- **Use the walker every time you stand up.** Your leg may feel heavy or weak for a few hours while the spinal anesthesia (the numbing medicine in your back) wears off. Have someone with you the first few times you get up.
- **Short trips only today:** to the bathroom and the kitchen. Sitting with the leg down or walking too much increases swelling and pain.
- **Ankle pumps:** point and flex your foot 20 times every hour you are awake. This keeps blood moving in your calf and helps prevent blood clots.

Your nerve block

Before surgery you had a **saphenous nerve block**, numbing medicine placed near a nerve on the inside of your thigh. It numbs the inside of your knee and shin. We also injected long-acting numbing medicine around the knee during surgery. Both usually wear off **12 to 24 hours** after surgery. Pain often climbs the first night as they fade. **Take your pain medicine before bed on the first night, even if you feel fine.** It is much easier to stay ahead of pain than to catch up to it. Numb skin can't feel when it is getting too cold, so **never put ice directly on bare skin.**

Before bed tonight

- ☐ Pain medicine taken
- ☐ Ice machine on, leg elevated on a pillow under the calf
- ☐ Ankle pumps and quad squeezes done
- ☐ Walker next to the bed, clear path to the bathroom, night light on

DAY 1

The Day After Surgery

Goal: Start your exercises, walk short distances, and keep icing.

1 Leave the dressing on until day 5

Your incision is closed in layers: **dissolving stitches** under the skin, then **skin glue with a mesh tape** on top, then a **waterproof dressing** over that. **Leave the waterproof dressing on until day 5.** You can shower with it on starting 48 hours after surgery. A small amount of dried blood under the dressing is normal. **No creams, lotions, or ointments** on the knee for 4 weeks.

If blood soaks through the dressing or is leaking out the edges, call **(425) 656-5060**. This is very unlikely.

2 Wake up your quad

- **Quad squeezes (quad sets):** With your leg straight, tighten the muscle on the front of your thigh by pushing the back of your knee down into the bed. Hold 5 to 10 seconds, then relax. Do 15 in a row, **every hour or two you are awake**.
- **Ankle pumps:** 20 at a time, every hour you are awake.
- **Straight-leg raises:** Once you can tighten your quad well, lift the straight leg 6 to 12 inches off the bed and hold for a few seconds. You may not be able to do this at first. Your strength will come back.

3 Straighten, then gently bend

- **Straightening comes first.** Rest with a rolled towel or pillow under your heel so the knee can sag down toward the bed. Let gravity do the work for a few minutes at a time.
- **Heel slides:** Lying on your back, slide your heel toward your bottom until you feel a stretch, then slide it back out. 10 at a time, a few times a day.
- **Do not force the bend in the first week.** Pushing a swollen knee makes it angrier, more swollen, and stiffer. Use common sense. The bending comes as the swelling goes down.

The two positions for your knee

Your knee should be in one of two positions: **out straight, or working on motion**. The most comfortable position is "slightly bent," with a pillow under the knee. **Avoid that position.** A knee that rests bent for two weeks can get stuck that way.

4 Walk a little, rest a lot

Walk with the walker and full weight on the leg, as comfort allows. Take **short, frequent trips** around the house, then get back to icing with the leg up. Several short walks are better than one long one.

Sleeping

Sleep on your back with the leg straight and a pillow under the calf, not the knee. Sleeping on your side is fine when it's comfortable. Plan to sleep on the ground floor for the first week or two if you can, to avoid stairs.

DAYS 2–7

The Rest of the First Week

Goal: A quiet knee, a straight knee, and a quad that fires.

- **Keep up the Quiet Knee.** Ice 20 minutes on, 20 minutes off while awake, with the ice machine or ice bags. Leg up when you rest.
- **Quad squeezes and ankle pumps every hour** you are awake, and straight-leg raises several times a day once you can.
- **Start physical therapy 5 to 7 days after surgery**, 2 times a week. Bring your PT prescription and protocol. Take your pain medicine about 30 to 60 minutes before PT if motion is painful.
- **Shower starting 48 hours after surgery**, with the waterproof dressing on. It can get wet. Pat it dry after. See the Frequently Asked Questions.
- **Day 5: take off the waterproof dressing.** Peel it off slowly, starting at one corner. **Leave the glue and mesh tape on.** They stay on for 2 to 3 weeks, and we will review taking them off at your PA visit. From

now on, shower with the glue and mesh tape uncovered: let the water run over it, don't scrub, and pat it dry.

- **Swelling and pain peak around days 2 and 3**, and bruising may creep down to your ankle. Both are normal. Keep icing and elevating.
- **Avoid long stretches of sitting, standing, or walking.** Short activity, then rest with the leg up.
- **Start cutting back the narcotic pain medicine** as the pain allows. See your Medication Guide.

WEEK 2

Until Your PA Visit

Goal: More motion, more strength, and a steadier walk.

- **Keep the knee fully straight.** This stays the #1 priority.
- **Bending:** aim for about **80° to 90° by your PA visit** (close to a right angle). Many partial knee patients get there sooner. That is great, but it is not permission to force it.
- **Walker to cane:** most partial knee patients switch from the walker to a cane around week 2. Your therapist will tell you when you are steady enough. A fall costs far more than an extra week with the walker.
- **Stairs:** one step at a time, with a handrail. See the Frequently Asked Questions.
- **Keep going to PT** and doing your home exercises, and keep icing after every session.
- **Leave the glue and mesh tape on.** Don't pick at the edges or soak it. We will review taking it off at your PA visit.

Your PA visit at 2 weeks

We will check your incision and review taking off the glue and mesh tape, check your motion and your strength, review how PT is going, and answer your questions. Write your questions down as they come up, and bring this guide.

Managing Pain

Your medicines are explained on the separate **Medication Guide** that comes with this packet. Medicine is only one of the tools you have. These have been shown to lower pain and the amount of narcotic medicine people need:

- **Ice, elevation, and the anti-inflammatory medicine.** These three together are your best tools for pain and swelling.
- **Mindfulness meditation** has been shown to help with pain after surgery. Guided meditations are free at mindfulness-for-pain.mindful.org.
- **Listening to music** lowers pain levels and the need for narcotic pain medicine after surgery.
- **Accept that some pain is part of healing.** Your body sends blood flow and energy to the areas that hurt, and that is part of recovery. After the first couple of days, our goal is a pain level of about **6 out of 10 with medicine**. "Zero pain" is not the goal.

Expect pain to be worst on days 2 and 3. Most patients feel pretty good the day of surgery because of the numbing medicine used during surgery. Then things get sorer before they get better. This is normal and it passes.

Constipation

Narcotic pain medicine commonly causes constipation. Try these in order:

1. Cut back on the narcotic pain medicine if your pain allows.
2. Drink plenty of water and other decaf fluids.
3. Eat dried prunes or drink prune juice.
4. Take Senna (Senokot), an over-the-counter laxative.
5. Add Miralax, a stronger laxative. We prescribe it for your records; if you already have Miralax at home, you do not need to fill the prescription.
6. If you have not had a bowel movement in 5 days, call the office.

Icing Your Knee

If you have an ice machine (most of our patients have the **Breg Polar Wave**), **use it a lot**. Ice is one of the most effective tools you have for swelling and pain, especially in the first two weeks.

- **Use it 20 minutes on, 20 minutes off**, as often as you can while you are awake.
- **First 5 days:** Put the pad right over the waterproof dressing. The dressing protects your skin.
- **Compression is fine from day one.** If your machine has a compression setting, use it.
- **Always keep a layer between the pad and your skin**, such as a t-shirt or a pillowcase, once the waterproof dressing is off. Check your skin each time you take the pad off.
- **Keep the leg elevated while icing.** Ice works best when the leg is above your heart.
- **No ice machine?** Bags of ice or frozen peas wrapped in a thin towel work well, on the same 20 minutes on, 20 minutes off schedule.
- **Stock up on ice.** The machine can go through a bag a day.

Eat to Heal

What you eat has a **direct effect on how well and how fast you recover**. After surgery your body breaks down muscle to get the building blocks it needs for healing. Good nutrition lets it rebuild instead.

- **Protein:** Aim for 1.6 to 2.0 grams per kilogram of your ideal body weight each day. Most people eat far less. A protein shake is an easy way to close the gap when your appetite is low.
- **Creatine:** 10 grams a day. It helps muscle energy and lowers inflammation, and it is one of the most studied and safest supplements. Let your other doctors know you take it, since it can raise a kidney number (creatinine) on blood work.
- **Vitamin D:** 2,000 to 5,000 IU a day. Important for bone healing and your immune system.
- **Vitamin C:** 500 mg twice a day. Your body needs it to make collagen, the protein that holds tendons, ligaments, and your repair together.
- **Collagen peptides:** 10 to 20 grams a day, taken with the vitamin C.
- **Water:** 8 to 10 glasses a day. Well-hydrated patients have less pain, nausea, and fatigue.

The full nutrition guide is at merrittsurgery.com/surgeries/nutritional-optimization

Is This Normal?

Use this page to decide whether to wait it out, call us, or call 911.

OK NORMAL

NORMAL — expected after surgery

- **More swelling on days 1 to 3** than on the day of surgery
- **Bruising** that spreads down the shin, calf, ankle, and even the foot over the first week
- A little **dried blood** under the waterproof dressing in the first few days
- A **low fever up to 100.5°F** for the first 2 to 5 days. Deep breaths help bring it down
- **Numbness** on the outer side of the incision. It usually shrinks over 6 to 12 months
- A **warm** knee for several months
- **Clicking** in the knee as you move it
- Hiccups, trouble sleeping, low energy, or feeling down for a few days

CALL CALL US

CALL US — (425) 656-5060

- **Temperature of 101.5°F or higher**, or shaking chills
- **Redness that spreads** away from the incision, or drainage that is cloudy, smells bad, soaks the dressing, or leaks out from under the mesh tape
- Any drainage that **starts or continues after day 4**
- **Calf pain or swelling that keeps getting worse**, especially if it is only in one leg
- Pain that is **not controlled** by your medicines
- Nausea or vomiting that keeps you from keeping down fluids or medicine
- **Unable to urinate** for 8 hours after surgery
- **Black or tarry stools**, vomiting blood, or bleeding that won't stop
- **Foot that is numb, tingling, cold, or pale** and doesn't improve with elevation
- **A fall** onto the knee

911 EMERGENCY

CALL 911

- **Chest pain**
- **Shortness of breath** or trouble breathing
- Coughing up blood
- Fainting or passing out
- **Very sleepy, hard to wake up, or slow or shallow breathing** (possible narcotic overdose)
- Swelling of the face, lips, or throat, or a widespread rash (allergic reaction)

Don't see an answer to your question here?

Call our office at **(425) 656-5060**, day or night
Learn more at **merrittsurgery.com**

Frequently Asked Questions

How much weight can I put on my leg?

Full weight, as much as is comfortable, from the day of surgery. Use the rolling walker for balance and safety. Most partial knee patients move to a cane around week 2 and walk without anything by weeks 3 to 4. Your therapist will help you decide when to switch. Don't rush it.

Why so much icing and rest? I thought I should push it.

Doing too much in the first two weeks makes the knee swell, and a swollen knee hurts more, bends less, and shuts off the quad. Partial knees often feel good early, which makes it tempting to overdo it. Short walks, your exercises, then ice with the leg up. Weeks 2 to 6 are when you build motion and strength.

When can I shower?

Starting **48 hours after surgery**, with the waterproof dressing on. It is made to get wet. **Take the dressing off at 5 days**, and after that shower with the glue and mesh tape uncovered. Let soapy water run over the incision, but don't scrub it, and pat it dry. Sit on a shower chair or stool if you have one, and have someone nearby the first time. **No baths, pools, or hot tubs until we clear you**, since soaking softens the glue and the healing skin.

Do I need stitches out?

No. All of your stitches are under the skin and dissolve on their own. The skin glue and mesh tape stay on for **2 to 3 weeks**, and we will review taking them off at your PA visit. Nothing else needs to be removed.

Why do I have hiccups or trouble sleeping?

If your Medication Guide includes a steroid medicine for the first few days, it commonly causes hiccups, a flushed face, and trouble sleeping. These go away when you finish it. Pain, the narcotic, and being out of your routine also make sleep hard for a few weeks. This is common and it gets better.

How do I do stairs?

"Up with the good, down with the bad." Going up, step up with your non-surgery leg first, then bring the surgery leg up to the same step. Going down, put the surgery leg down first, then your good leg. One step at a time, always with a handrail. Your therapist will practice this with you.

When can I drive?

Right knee: once you are off the walker, off all narcotic pain medicine, and able to brake hard, usually about 3 to 4 weeks. **Left knee (automatic car):** usually about 2 to 3 weeks, once you are off all narcotic pain medicine. Surgery and pain medicine both cause impairment, so use good judgment.

When can I go back to work?

It depends on your job. You'll still need to ice and elevate a lot in the first weeks, and jobs that involve standing, walking, or lifting take longer. We'll plan this together at your visits.

Can I travel or fly?

Long car rides and flights raise the risk of blood clots. It's best to avoid them in the first two weeks. If you must travel, get up and walk every hour, do ankle pumps often, and keep taking your blood clot medicine. Please let us know before you go.

My knee is numb on the outside of the incision. Is that normal?

Yes. Small skin nerves near the incision get stretched or cut. The numb patch usually shrinks over 6 to 12 months, but a small area may stay numb. It does not affect how the knee works.

Do I need antibiotics before dental work?

Yes. For **1 year** after your joint replacement, you need an antibiotic before dental procedures. Let your dentist know you had a joint replacement.

How do I get a refill?

Call **(425) 656-5060** during business hours, Monday through Friday, a day or two before you run out. Narcotic pain medicine cannot be refilled after hours or on weekends. You can also ask at your PA visit.

YOUR MEDICATION GUIDE

Knee Replacement

After surgery you go home with a small team of medicines. **Each one has a specific job**, and they work best together. This guide explains what each medicine is for, how to take it, and when to stop. Your prescription labels have your exact doses. If anything here differs from your label, follow the label and call us.

A knee replacement comes with more medicines than most surgeries. Several are short bursts for the first few days, when swelling and bleeding in the joint are at their worst. The chart on page 2 shows at a glance when each one stops.

Your Medicines at a Glance

These are my standard medicines after this surgery

Your plan may be different because of your allergies, your health history, or a different plan for pain or blood thinners (anticoagulation). If we discussed a different plan with you, follow that plan and your prescription labels.

Type	Medicine	Its job	How to take it
SWELLING	Anti-inflammatory medicine usually meloxicam (Mobic)	Calms swelling and inflammation where you had surgery, which also lowers pain.	Twice a day, with food
PAIN	Acetaminophen (Tylenol)	Works on pain in a different way than the other medicines, so together they work better with fewer side effects.	Every 8 hours
CLOTS	Aspirin 81 mg baby aspirin	Thins the blood slightly to prevent blood clots after surgery while you are less active.	Twice a day, unless you were given a different blood thinner plan
SWELLING	Tranexamic acid (TXA) 650 mg	Reduces bleeding inside the joint, so there is less swelling and it is easier to bend and straighten.	Once a day, 3 days
SWELLING	Dexamethasone 4 mg (steroid)	A short, strong burst against swelling and nausea in the first few days. It also helps pain and appetite.	Twice a day, 4 days
PAIN	Narcotic pain medicine usually oxycodone (or hydrocodone or Dilaudid)	Takes the edge off strong pain so you can rest, sleep, and do your exercises.	As needed
INFECTION	Antibiotic (cefadroxil) Only some patients get this	Extra protection against infection for patients at higher risk.	Twice a day, 7 days
HELPER	Anti-nausea medicine ondansetron (Zofran) If prescribed	Settles nausea from anesthesia or the narcotic.	As needed
HELPER	Miralax and Senna Miralax is prescribed; Senna is over the counter	Treat constipation from the narcotic, if it happens.	Only if constipated
HELPER	Omeprazole 20 mg (Prilosec) Prescribed	Protects your stomach if the anti-inflammatory or aspirin upsets it.	Only if stomach upset

A Typical Day

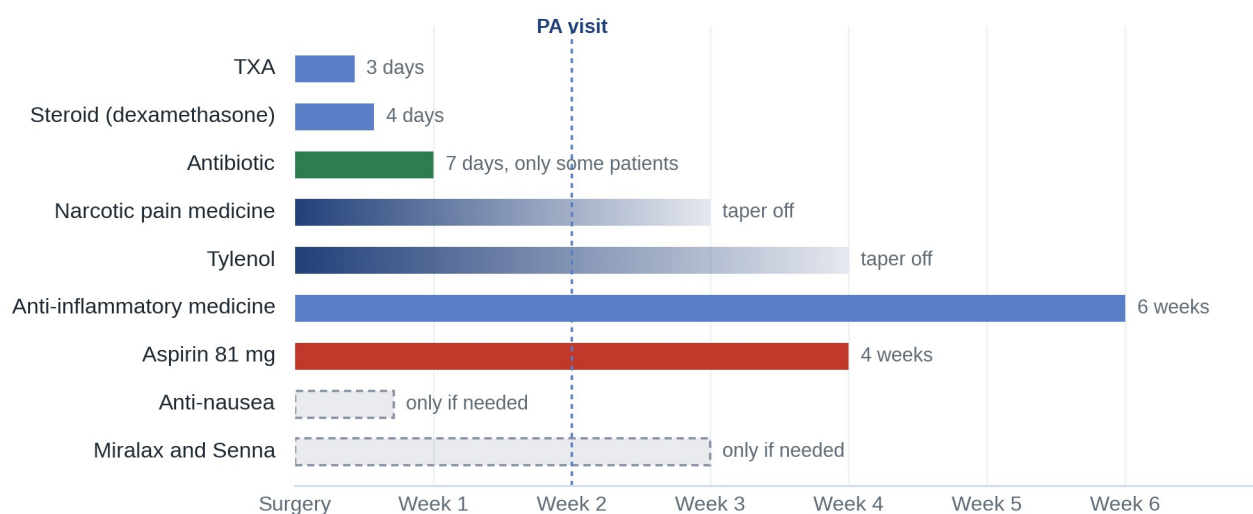
Scheduled medicines, spread through the day. Take the morning and bedtime doses with food or a snack.

Medicine	Morning with breakfast	Afternoon around 3 pm	Bedtime with a snack
Anti-inflammatory medicine	●		●
Acetaminophen (Tylenol)	●	●	●
Aspirin 81 mg	●		●
Tranexamic acid (TXA) 650 mg	●		
Dexamethasone 4 mg (steroid)	●	●	
Antibiotic (cefadroxil)	●		●

Only when needed: Narcotic pain medicine; Anti-nausea medicine; Miralax and Senna; Omeprazole 20 mg (Prilosec). Follow the label for how often.

How Long to Take Each One

Solid bars: take every day for the full time. Fading bars: taper off as you feel better. Dashed: only if needed.



Stop them in this order

- Short bursts end on their own:** TXA after 3 days, the steroid after 4 days, and the antibiotic (if given) after 7 days. Finish every pill.
- Narcotic next.** Most people are off it within 2 to 3 weeks.
- Tylenol**, once your pain is manageable without it.
- Aspirin at 4 weeks. Always finish the full course.** It protects against clots, not pain.
- Anti-inflammatory last, at 6 weeks.** We can discuss more at that visit.

Each Medicine in Detail

Anti-inflammatory medicine usually meloxicam (Mobic)

Its job: Calms swelling and inflammation where you had surgery, which also lowers pain.

How to take it: Take **twice a day** (morning and evening) **with food**, as directed on the bottle. Keep taking it for **6 weeks**, even when you feel good. We can discuss continuing it at your 6-week visit.

- **Do not add ibuprofen (Advil, Motrin) or naproxen (Aleve).** They are the same family of medicine, and taking two together raises the risk of stomach bleeding.
- Not prescribed if you are allergic to anti-inflammatories. If you already take your own anti-inflammatory, keep taking yours instead.

Acetaminophen (Tylenol)

Its job: Works on pain in a different way than the other medicines, so together they work better with fewer side effects.

How to take it: Take **1,000 mg (two 500 mg tablets) every 8 hours**. Continue until your pain is manageable without it.

- **WARNING: Never take more than 3,000 mg of acetaminophen in a day from all sources combined.** Too much can seriously damage your liver.
- Some narcotic pills (such as Norco or Percocet) and many cold and flu medicines also contain acetaminophen. If yours does, it counts toward the 3,000 mg. We usually prescribe plain oxycodone for this reason. If you are not sure, ask your pharmacist or call us.

Aspirin 81 mg baby aspirin

Its job: Thins the blood slightly to prevent blood clots after surgery while you are less active.

How to take it: Unless we have discussed a different blood thinner plan with you, take **1 tablet twice a day** (morning and evening) for **4 weeks**. Finish the whole course, even if you feel great.

- **Some patients get a different blood thinner instead of aspirin**, for example if you already take one (such as Eliquis, Xarelto, or warfarin) or need a stronger one after surgery. If we have discussed a different plan with you, follow that plan instead of these aspirin instructions, and do not take aspirin on top of it unless we tell you to.
- If it upsets your stomach, take omeprazole (below).

Tranexamic acid (TXA) 650 mg

Its job: Reduces bleeding inside the joint, so there is less swelling and it is easier to bend and straighten.

How to take it: Take **3 tablets (1,950 mg) once a day for 3 days**.

- Some patients do not get this medicine because of their blood clot risk. That is on purpose.

Dexamethasone 4 mg (steroid)

Its job: A short, strong burst against swelling and nausea in the first few days. It also helps pain and appetite.

How to take it: Take **1 tablet twice a day for 4 days**.

- Take the second dose by mid-afternoon. A late dose can keep you awake.
- Hiccups, a flushed face, and trouble sleeping are common and go away when you stop.
- Not prescribed for people with diabetes because it raises blood sugar.

Narcotic pain medicine usually oxycodone (or hydrocodone or Dilaudid)

Its job: Takes the edge off strong pain so you can rest, sleep, and do your exercises.

How to take it: Take as directed on the bottle, **only as needed** for pain. Use the lowest dose that keeps your pain around 6 out of 10.

- **Do not drive**, drink alcohol, or take sleeping pills or anxiety medicine (like Ambien or Xanax) while taking it.
- It causes constipation. See Miralax and Senna below.
- **This is the first medicine to stop.** See "Stop them in this order" on page 2 for how long most people need it.
- Store it out of reach, and take any leftovers to a pharmacy drop box when you are done.

Antibiotic (cefadroxil)

Only some patients get this

Its job: Extra protection against infection for patients at higher risk.

How to take it: Take **1 capsule twice a day for 7 days**. Finish every pill, even if you feel well.

- Everyone got antibiotics during surgery, and for most people that is enough. If you did not get this prescription, you don't need it.

Anti-nausea medicine ondansetron (Zofran)

If prescribed

Its job: Settles nausea from anesthesia or the narcotic.

How to take it: Take as directed, **only as needed** for nausea. The dissolving tablet goes on your tongue if you can't keep pills down.

Miralax and Senna

Miralax is prescribed; Senna is over the counter

Its job: Treat constipation from the narcotic, if it happens.

How to take it: **Only if you become constipated.** Start with Senna, and add Miralax if you still need it. Follow the package directions, and see the constipation steps in your post-op packet. Stop when you stop the narcotic.

- **We prescribe Miralax for your records.** If you already have Miralax at home, you do not need to fill the prescription. Senna is over the counter.

Omeprazole 20 mg (Prilosec)

Prescribed

Its job: Protects your stomach if the anti-inflammatory or aspirin upsets it.

How to take it: **Only if you get an upset stomach or heartburn:** take 1 capsule once a day, 30 minutes before breakfast.

- **We prescribe omeprazole for your records.** If you already have it at home, you do not need to fill the prescription.
- If you already take a stomach medicine (Prilosec, Nexium, Protonix, Pepcid), keep taking yours instead.

Questions about your medicines?

Call our office at **(425) 656-5060**, day or night.

Refills: call during business hours, a day or two before you run out.

Call 911 for trouble breathing, or swelling of the face, lips, or throat after taking a medicine.