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MINIMALLY INVASIVE TOTAL KNEE REPLACEMENT SURGERY

PRE AND POST-OPERATIVE GUIDELINES

MEDICATIONS

- Prescriptions for pain, sleep-aids, and nausea are included in this pre-operative packet. If you have allergies to any of these or did not receive them, please call the office.
- Most patients benefit from sound sleep around the time of surgery. The sleep-aid is prescribed **ONLY** to assist sleep immediately before and after surgery. This medication will not be refilled.
- Pain relievers are best used on a regular basis rather than when the pain becomes so intense that it is intolerable. Pain usually lessens after the first 2-3 days. At this point, pain medication is not needed as often, but should always be used before your physical therapy sessions to maximize results.
- Pain medication should be taken with food to decrease the possibility of nausea. Should nausea occur, Phenergan, also prescribed for you, can be used to help control this. An additional side effect of narcotics is constipation. We do not prescribe laxatives, but recommend over the counter medications to control this.
- **Any requests for medication refills should be called in by you to your pharmacy. Your pharmacy will then request them from us via fax.** Refill requests from your pharmacy will be addressed between 8 and noon, Monday through Friday. **MEDICATIONS CANNOT BE REFILLED ON THE WEEKEND OR AFTER HOURS.** Vicodin or other narcotic pain relievers will be refilled a maximum of three times on a decreasing strength basis. Thereafter, only non-narcotic pain medications will be prescribed.
- Blood thinner medications may be prescribed by the internal medicine doctor or by us. Our preference is regular aspirin 325 mg, 2 times daily for 6 weeks unless otherwise instructed by your internist to use shots of low molecular weight heparin. Questions regarding shots should be addressed to the physician following you in the hospital.
- Resume all previously taken out-patient medications when returning home from the hospital unless instructed differently.
- **PLEASE MAKE SURE ALL PRESCRIPTIONS ARE FILLED PRIOR TO THE DAY OF YOUR SURGERY.**

INCISION CARE

- Swelling and bruising in the leg and foot is very normal to see during the first several weeks. Minimally invasive (MIS) total knee replacements differ from traditional extended incisions in that they are prone to swelling because of the smaller incision length. However, the more your knee swells, the more difficult are exercises. Since we expect a much faster recovery from MIS replacements, there are specific rules to abide by to assure maximum success. The best prevention for swelling is **ELEVATION** of the foot **HIGHER THAN YOUR HEART** on a wedge while resting. Never sit to pass the time. Always do exercises in a reclining position for the first two weeks. A good rule of thumb is to elevate the foot 1 hour for each 15 minutes that you walk or sit. Remember, any swelling that occurs in the first 2 weeks is difficult to resolve. Therefore, preventing it from occurring by **ELEVATION IN THE FIRST 2 WEEKS** will make your recovery much easier. If excessive swelling still results, you may need to reduce the amount of blood thinner medication you are receiving. Your internist who supplies this medication can advise you on this. Most swelling resolves in 2-3 months following surgery.
- Dressings should be changed every day. Showering may begin the day after discharge as long as the wound is cleansed with peroxide following the shower and dressed with a dry gauze dressing in a sterile fashion. Once the staples are removed, the dressings are no longer necessary.
- If any drainage occurs that appears yellowish, odorous or pus-like, or if you experience wound redness, fever (>101.0°) or pain that seems to be more intense than before, this could be a sign of an infection and you should **CALL THE OFFICE AT (713) 333-4100.**

REHABILITATION

- Six weeks before your surgery, you will be provided with a prescription for pre-surgery conditioning exercise. You may attend the physical therapy location of your choice. You will be taught a series of home exercises you should do every day in order to strengthen you for rehabilitation after surgery. This preparation should begin 6 weeks before surgery. This is also a marvelous opportunity to meet the therapist who will assist in your recovery.
- Outpatient physical therapy by a licensed physical therapist **MUST** start the day after discharge. Rehabilitation after a MIS replacement is a **FAMILY** event. To be effective at the physical therapist you must use narcotics to maximize exercise performances. Therefore, you will need a “designated” driver to get you to and from exercise. **DO NOT** try to rehab your new knee replacement on your own without the guidance of outpatient physical therapy. We don’t want you to waste time in completing your recovery. An experienced therapist will help expedite this process. The goal is 5 weeks of therapy until completion and discharge, however sometimes it is necessary to extend this to achieve full range on your knee. Aside from exercises given by your P.T., the best exercise is knee stretches. This should be done for at least 20 minutes, 3 times a day, for 2 weeks after surgery.
- Rocking chairs, low chairs and low sofas are good methods to help your knee regain range of motion.
- Swimming may begin in 2 weeks as long as the incision is completely healed.
- Exercises begin **THE DAY OF SURGERY**. This starts off with standing and many times assisted short walks to the restroom on the evening of surgery. The following exercises are to be done for at least 20 minutes, 3 times a day for 14 days after surgery. Remember: Do exercises in a reclining position as much as possible.
 1. Straight leg raising: Leg lifts with the knee straight should be done by lifting your leg 12” off the floor for 5 seconds. This is done in an effort to maintain strength of the quadriceps muscles, the front muscle of the thigh.
 2. Quad set strengthening: Tighten the front of the thigh for 5 seconds. When done correctly, you will see the knee cap move toward the hip. Extension of the leg is the most difficult. However, it is also the most important one to pursue. This exercise is particularly important to do while massaging or pushing the knee manually into a straight position.
 3. Hamstring exercises: This can be done by either heel drags and bending the knee backwards or by providing resistance of the opposite leg against the operated leg. This works the muscles behind the knee.
- The day after surgery is action packed with formal physical therapy 2 times during the day. If you feel like you are comfortable and want to go home, you can. We now offer a one day stay.
- After 2 weeks following surgery, the best exercise is to walk. Until this time, concentrate on elevation and stretches to keep the knee limber. You should also try to push yourself to attain more endurance by increasing the distance or duration that you are walking. Remember to elevate the knee after your walk.
- Equipment-assisted exercise: After 2 weeks bicycle exercises are ideally suited to total knee replacements. Bicycles should be set with no resistance and will force range in either extension (straightening) or flexion (bending) of the knee
- **SPECIAL EQUIPMENT:** We recommend that you obtain a foam knee wedge to elevate your knee after surgery in the hospital and at home for the first 2 weeks.(7-10 inches in height) They are available through AMED Home Health(409-935-1498) or at your local home health facility. A rolling walker, bedside commode, and cryo-cuff have been prescribed for you. The rolling walker and bedside commode are mandatory and should be covered by your insurance. The cryo cuff is intended to ice the knee after surgery. In most cases insurance companies will not cover the cryo-cuff. We recommend it but it is not mandatory.

PRECAUTIONS

- Unless otherwise instructed, you can bear full weight on your new knee replacement immediately.
- Driving may resume as early as 2 weeks so long as you are not under the influences of narcotics and have ample motor skills and reaction time. Remember you may not drive yourself to therapy sessions. Please arrange ahead of time for your family or friends to assist you with transportation needs during this time. They will be as anxious to see you progressing in your recovery as you will be.
- There are no precautions regarding sexual intercourse following total knee replacement.
- Most people can return to desk jobs in 3-4 weeks following surgery, but return to more strenuous jobs is only at Dr. Lionberger’s direction.
- Avoid activities that involve running, jumping, racket sports, or carrying heavy loads. You may kneel on your knee if desired. Dr. Lionberger’s patients are allowed to return to all other non-contact and non-pivotal sports as long as they do not train to become more aggressive in the sport. For example: A level II snow skier must stay at a level II.

LONG-TERM PRECAUTIONS

- Due to the remote possibility of infection to your total joint following surgical, dental or urologic procedures, we strongly recommend advising your physician/dentist of your total joint replacement.
- Antibiotic coverage should be initiated if a dental, skin or genitourinary procedure is performed within 2 years following your joint replacement.
- **CALL THE DENTIST OR PHYSICIAN DOING THE PROCEDURE FOR THE ANTIBIOTIC PRESCRIPTION.** The following are recommendations for preventative antibiotics:
 - Cephalexin or Amoxicillin: 2 grams orally 1 hour prior to the procedure. If unable to take oral medications: Cefazolin 1 gram or Ampicillin 2 grams IM/IV 1 hour prior to the procedure.
 - If allergic to Penicillin: Clindamycin 600 mg orally 1 hour prior to the procedure. If unable to take oral medications: Clindamycin 600 mg IM/IV 1 hour prior to the procedure.

FOLLOW-UP CARE

- **FOR ALL FOLLOW-UP APPOINTMENTS, CALL THE APPOINTMENT DESK DIRECTLY AT (713) 333-4103.**
- A post-operative follow-up visit is required at 3 and 6 weeks following surgery with Dr. Lionberger and Nicole Gussie, PA-C.
- A 3 month post-operative visit is optional but recommended for all patients. After that you should schedule a follow up visit on a yearly basis from the date of your surgery.
- **Regular follow-up post operative appointments are made on a next available basis and cannot be accommodated as work-ins. Therefore, all patients should schedule their post-operative appointments as early as possible.**

- **If you have any questions or concerns regarding the contents of this packet, please call the office BEFORE your surgery.**
- **BRING YOUR WEDGE, CRYO CUFF, AND WALKER TO THE HOSPITAL if you have purchased them.**