

Wound Care:

- You will MAINTAIN your post-operative dressing for 7 days.
- After **7 DAYS** (from the date of your surgery), you will remove your dressing.
- It does not need to be covered after 7 days **IF THERE IS ABSOLUTELY NO DRAINAGE**
- **DO NOT** apply lotions or creams to incision site, unless instructed otherwise.
- Please contact your home health company or Dr. Jacob if the aquacel dressing is removed prior to **7 days**.
- Please visually inspect your wound(s) at least once daily once the dressing has been removed.



Aquacel Dressing

Wound Vac Instructions: (KCI Prevena, Medela Invia Motion, or Smith & Nephew Pico)

- You may have an incisional wound vac on your incision
- You will maintain your wound vac for 7 days (from the date of surgery)
- After 7 days, turn off your wound vac, remove your dressing
- **RETURN THE WOUND VAC TO AND ALL ITS PARTS TO DR. JACOB (discard soiled dressings)**
- It does not need to be covered after 7 days **IF THERE IS ABSOLUTELY NO DRAINAGE**
- Please contact your home health company or Dr. Jacob if the wound vac is removed prior to **7 days**.



Smith & Nephew Pico Wound Vac



Medela Invia Motion Wound Vac



KCI Prevena Wound Vac

home

What to do if you're having wound drainage:

- You will need to remove the dressing sooner if it becomes saturated.
- Replace the saturated dressing with the extra dressing you were sent with from the hospital
- Call your home health company if you need to replace your dressing
- If the wound drains or spots, the clock "resets" - make sure the wound has been drainage-free for **72 consecutive hours prior to showering.**

Showering: (After you have removed your dressing on day 7)

- IF the wound remains dry for **72 HOURS** straight you may begin to shower (usually 8 days from your date of surgery.)
- **SHOWER ONLY** No submerging the wound under standing water until cleared by your physician (no baths, hot tubs, swimming pools, etc).
- **ABSOLUTELY NO BATHING OR SWIMMING** until otherwise instructed.
- Sponge baths are the best way to perform personal hygiene while at the same time protecting the wound from moisture.
- Once you are allowed to get the wound wet, please use gentle soap to wash (ex. **baby shampoo**)
- No scrubbing the wound. You may "**pad dry**" the wound, but do not rub, as this may open up the wound and pre-dispose to wound infection.

CALL IMMEDIATELY IF:

- You have a fever above 101.3 for 24 hours
- A significant increase in your pain for no reason
- A significant change in the amount of drainage from the wound
- Pus draining from the wound site

Normal Findings: (It is normal for the following to occur)

- The operative knee will feel slightly warmer than the other side
- Bruising around the operative area
- Swelling around the operative site
- If you have questions or concerns about your incision or wound care call the office (405) 424-5426

Activity

- No heavy lifting, pushing, or pulling greater than 10 pounds.
- **No driving until cleared by Dr. Jacob.**
- No submerging wound under standing water (pool, bath tub, etc.) until otherwise instructed.
- You may progress to weight bearing as tolerated on your operative extremity.
- Use crutches or a walker for ambulation - wean off as tolerated.

Range of Motion:

- **Do not sleep with a pillow behind your knee under any circumstances.**
- You may sleep with a pillow behind your Achilles or foot. This will prevent your knee from getting stiff in the flexed ("bent") position and will encourage full extension (leg straightening).
- Be vigilant in terms of working on full knee extension and flexion.
- Your goal should be **0 to 100 degrees by 2 weeks post-op – MINIMUM**

Continuous Passive Motion (CPM machine):

- This device helps to bend and straighten your knee to assist you in regaining your range of motion
- The CPM machine should **NOT** be substituted for HARD WORK with your Physical Therapist
- **Work in cycles of 2 hours on and 2 hours off for a total of 6-8 hours daily**
- **You may advance the flexion (bend) by 10 degrees daily**
- When you increase your flexion you may want to slow the speed down in order to adjust to the new amount of flexion gradually
- In most cases you will have your CPM machine for 3 weeks
- The company renting the CPM machine to you will make arrangements to pick it up at the end of 3 weeks
- If you have any questions or feel your CPM is not working appropriately contact the rental company IMMEDIATELY so they can come out and assist you.

Pain Medication:

- DO NOT TAKE YOUR PAIN MEDICATION ON AN EMPTY STOMACH
- **Do not wait to take the pain medication until the pain is severe, as it will be difficult to "catch up" once this occurs.**
- The pain medication usually reaches its full effect ~1 hour after ingesting.
- Wean off of your pain medication as tolerated.

Tylenol (acetaminophen): (Ask your pharmacist if your pain medication contains Tylenol)

- Some pain medication (Percocet, Norco, Vicodin, Lortab.....) contain Tylenol in their ingredient lists.
- **DO NOT EXCEED 4,000 mg (4 grams) of Tylenol, from all sources, within a single 24-hr period.**
- **DO NOT** take Regular or Extra Strength Tylenol when taking pain medications that contain tylenol
- If your pain medication **DOES NOT CONTAIN TYLENOL** (oxycodone, tramadol, nucynta...) then you may take 1000 mg of Tylenol every 8 hours to assist in pain control.

Nausea and Itching:

- Some common side effects of the narcotic pain medications include **nausea and itching**.
- You may have been given a prescription for **Vistaril (Hydroxyzine pamoate)**.
- This is a prescription used for the treatment of **ANXIETY, NAUSEA, ITCHING, and SLEEPLESSNESS**.
- **Benadryl** (diphenhydramine) is a great over the counter medication that helps calm your stomach, decreases your anxiety levels, and minimizes the itching.
- You can easily purchase this at your local pharmacy as an over-the-counter medication.
- Please abide by the instructions as printed on the bottle.
- If your nausea persists, make sure to take a small amount of crackers or other lighter foods.

Constipation:

- You have been sent home on **Colace**, this medication should be taken until you are off all narcotic (i.e. Vicodin, Percocet, Oxycodone, etc) pain medications, in order to soften your stool and help **prevent constipation**.
- If constipation persists you may take **Miralax or Docolax**. These medications are available over the counter.
- Please follow the directions on the package.
- If constipation persists for 24 hours after starting Miralax or Docolax call your primary care physician for further instruction

ICE / ELEVATION:

- **This is a very important part of controlling your swelling and pain along with your TED hose.**
- Your knee must be **above the level of your heart** in order to adequately decrease your swelling
- We encourage the use of an ice machine which you can rent or purchase from the CPM company
- If you did not rent / purchase an ice machine – use an ice pack **(20 min on and 20 min off)** throughout the day
- **DO NOT PLACE ICE DIRECTLY ON YOUR SKIN**

Follow-Up:

- Follow-up with Dr. Paul Jacob's office, on _____ for post-operative evaluation.
- Please call Dr. Jacob's office if you need to change your post-op appointment date / time.
- Please call Dr. Jacob's office at **405-424-5426** for orthopedic appointments.
- Please call the above numbers if you do not already have a date for scheduled follow-up or if you have not been contacted by the office within 1-2 days of discharge.

Blood Clot Prevention:

- We use a combination of treatments to help prevent blood clots including the following:
 - Early mobilization and walking
 - TED hose (compression stockings)
 - Sequential compression devices (leg squeezers)
 - Medication (aspirin, lovenox, coumadin, eliquis, xarelto....)
- You will need to complete one of the following treatments based on your risk of a blood clot (DVT)
 - 6 week course of aspirin (325mg twice daily)

OR

 - 3 week course of Lovenox (either 40 mg injection daily or 30mg injection twice daily)
- You will be supplied with the prescription to obtain this medication.
- Prior to your discharge from the hospital, the nursing staff will instruct you on self-administration of the Lovenox if needed.

TED hose: (white stockings)

- **TED hose should be worn on the BOTH the OPERATIVE and NON-OPERATIVE leg for 2 WEEKS.**
- You may remove them for an hour daily for hygiene purposes
- You should wear them continuously to control swelling and help prevent blood clots
- **DO NOT** discontinue wear unless discussed with Dr. Jacob.

Patient Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____
PRIMARY TOTAL KNEE / PARTIAL KNEE REPLACEMENT THERAPY PROTOCOL

Physical Therapy Orders:

1. Evaluate and Treat
2. Modalities as indicated

3. Treat 3-5 times weekly for 6-8 weeks
4. Progression to cane at therapist discretion

Weight Bearing Status: WBAT unless specified (for primary TKA / UKA)

Exercises:

- Active Range of Motion: Yes, encouraged
- Active Assistive Range of Motion: Yes
- Passive Range of Motion: Yes, aggressive as tolerated
- Contract/Relax: Yes
- Resistive: Yes at 3-4 weeks but prefer closed chain functional exercises (hams 10 pound limit, quads 10-15 pound limit)
- Closed Chain: yes
- Raised Seat Stationary Bike: yes at 3-4 weeks as tolerated
- Prone lying to promote extension: yes
- Standing exercises: yes

Additional Information:

- Patellar Mobilization: yes (once incision is healed)
- Scar Mobilization: yes, okay at 4-6 weeks postop (no lotions, creams or gels)
- Rolling: as tolerated, operative and non-operative side (**Do not sleep with the knee bent**)
- Shower: okay to shower at 7-10 days postop if wound dry for 24 hours (see discharge instructions)
- **No pool or bath for 8 weeks**
- Neuro Muscular E-Stim Quads: yes, after 4 weeks postop, prn
- Driving: Usually after 3-4 weeks, must wait until cleared by physician
- **Stress Home exercise / stretching**
- **Stress and instruct on appropriate ice and elevation**

Recreational Activities:

- Golf: 4-6 weeks (putt/chip/short irons); 6-8 weeks (long irons/woods)
- Swimming: 8 weeks
- Bowling: 8 weeks
- Biking: regular outdoor 12 weeks

PLEASE CALL THE OFFICE FOR ANY PATIENT ISSUES

DR. JACOB EXPECTS AGGRESSIVE HANDS ON THERAPY AS TOLERATED.

THE PATIENT SHOULD BE A MINIMUM OF **0-100 DEGREES** AT THE FIRST FOLLOW UP

PLEASE CONTACT DR. JACOB'S OFFICE WITH ANY QUESTIONS AT 405-424-5426

Medical Necessity

This is considered a medical necessity for the benefit of the patient and will enable the patient to achieve the maximum rehabilitation.



Paul B Jacob D.O.